

# The **KINTAMPO** project

Ghana-Hampshire (UK) Mental Health Link

**Report on Teaching and Curriculum Planning week**

**held at**

**Kintampo Rural Health Training School**

**23<sup>rd</sup> May – 4<sup>th</sup> June 2010**



**Rural Health Training School, Kintampo**

and

**Hampshire Partnership**   
NHS Foundation Trust

## Contents

1. Background
2. Reasons for the visit
3. Dates of the visit
4. Group members
5. Achieving objectives 1 & 2
6. Evaluation of the week
7. Achieving objective 3
8. Teachers and students
9. Teaching approach and delivery
10. Teaching content
11. Feedback from students
12. Agreed systems for the future
13. Feedback from the UK teaching team

## Appendices

- Appendix A Timetable for work on curriculum development objectives  
Appendix B Timetable for MAP and CMHO programmes 2010/2011  
Appendix C External tutors and teaching topics  
Appendix D 'Hub and Spoke' Field Sites for MAP  
Appendix E Demographics of the MAP students  
Appendix F MAP teaching timetable – 23<sup>rd</sup> May – 4<sup>th</sup> June 2010  
Appendix G Weekly feedback sheet  
Appendix H Quotes from MAP students

## 1. **Background**

In March 2007 a Link was established between Hampshire Partnership NHS Foundation Trust (HPFT) in the UK and the Rural Health Training School in Kintampo (KRHTS). The Link was initiated by Dr Mark Roberts, via the Tropical Health Education Trust (THET). The link is to help to improve Mental Health Services in Ghana through the development and support of new mental health specialists.

The project started in earnest in November 2007 when the Ministry of Health decided to create two new community based mental health practitioners with training programmes at KRHTS. The two new posts are;

- Medical Assistant Psychiatry (MAP)
- Community Mental Health Officer (CMHO)

Since November 2007 much work has been undertaken to develop the programmes. The first intake of MAP students was April 2010. The first intake of CMHO students will be October 2010.

## 2. **Reasons for the visit**

There were three main aims to:

1. continue strategic planning of the curricula for the Medical Assistant Psychiatry (MAP) and Community Mental Health Officer (CMHO) programmes and their translation into practice (Strategy and educator development group).
2. continue educator development for the Programme Heads and resident tutors (Strategy and educator development group).
3. support the teaching of the current MAP students (Teaching group).

## 3. **Dates of the visit**

The visit was for 2 weeks. There were two workstreams.

1. Strategy and educator development group:  
23-29 May 2010 (activities 1 and 2 above)
2. Teaching group:  
23 May-4 June 2010 (activity 3 above)

## 4. **Group members**

Lead: Dr Mark Roberts

Strategic group. Dr Mark Roberts<sup>1</sup>; Dr Rosie Luszkat<sup>1</sup>; Professor Colin Coles<sup>2</sup>  
Teaching group. Mr Patrice Fugah<sup>1</sup>; Dr Tess Maguire<sup>1</sup>; Dr Greg Neate<sup>3</sup>

Footnotes:

<sup>1</sup> Hampshire Partnership NHS Foundation Trust

<sup>2</sup> University of Winchester, Faculty of Education

<sup>3</sup> Sussex Partnership and South West London & St Georges General Adult Psychiatry Training Rotation. At time of report on out of Programme Experience placement at Pantang Psychiatric Hospital, Accra

## 5. Achieving objectives 1 & 2

- ***Strategic planning of the curricula for the Medical Assistant Psychiatry (MAP) and Community Mental Health Officer (CMHO) programmes and their translation into practice***
- ***To continue educator development for the Programme Heads and resident tutors***

The overall work plan for these objectives is shown in Appendix A.

- (a) The primary intention was to continue working with resident and external tutors. Those involved were:

- Mr E Ofori, KRHTS Programme Head for MAP and Resident Tutor
- Mr E Okyere, KRHTS Programme Head for CMHO and Resident Tutor
- Mr N Ashithey, Deputy Director for Academic Affairs, KRHTS
- Mr P Adams, newly appointed Resident Tutor for mental health, KRHTS
- Mr B Akpalu, External Tutor (Clinical Psychologist, Kintampo Health Research Centre)
- Mr R Henneh, External Tutor (District Director of Health Services, Nkoranza)

Substantial progress was made on the development of both Programmes, as shown in Appendix B.

- (b) An early decision was to distinguish between tutors from different locations. The following terminology was agreed:

- Resident Tutors – staff appointed to and working at KRHTS
- External Tutors – tutors who reside in Ghana but who are full time staff at KRHTS
- Visiting Tutors – Tutors from outside Ghana
- Preceptors – clinicians supervising students on field visits and placements

- (c) A list of Tutors was drawn up and their likely contribution is as shown in appendix C

- (d) Field sites were agreed and some are shown in Appendix D

For larger group placements the sites need to be able to provide accommodation for the larger groups of students. These will be:

- Pantang Psychiatric Hospital, Accra
- Ankaful Hospital, Cape coast

For local experience whilst resident at KRHTS:

- Sunyani District Hospital
- Kintampo Rural Health Training School Psycho-Social Centre
- Faith based centres

For longer placements the aim is to have a main 'hub' placement with 'satellite' placements in the surrounding areas. The sites chosen as hubs are;

- Ti Sampaa Community Psychiatry Unit – Tamale Regional Hospital

- Tafo Government Hospital, Kumasi

(e) Resources

- Transport is crucial for field visits and needs further consideration
- Teaching and learning materials (posters, books, printed sheets) for students, tutors and preceptors need to be developed

(f) Preceptors – motivation/rewards important. This needs to be provided within the system.

(g) Meeting between UK visitors, Resident Tutors and MAP students (27<sup>th</sup> May)

Dr Roberts gave a short introduction stressing that the success of the programme(s) relies on student input. Students were then asked to outline areas they wished to discuss. These included:

Q1. Which school would be awarding the degree?

A1. Students were assured that this would soon be announced.

Q2. Could the name MAP be changed to avoid the word ‘assistant’ which some feel will constrain their clinical practice?

A2. This will be discussed further with the policy makers at the appropriate time.

Q3. What arrangements were being made for ‘placement’ (ie placement on the national salary spine) after qualification?

A3. This will be announced later.

Q4. What about career development after qualification?

A4. The Kintampo Project aims to support sub-specialisation once workforce numbers have increased.

Q5. Is it possible for the Ghanaian teachers to use similar approaches to those of the UK teachers?

A5. The students were reassured that this was being addressed.

Q6. Could there be a student exchange programme?

A6. This is unlikely although any students who eventually become programme educators might have the opportunity for overseas CPD experience.

Overall, students were very positive about their experience so far (see report of teaching).

(h) Curriculum Evaluation

This was discussed. It was agreed this would include:

- Ongoing evaluation - weekly summaries of what has been taught (to be compiled by Programme Heads), what has been learnt (to be listed by the students), and what could be improved (to be agreed between Programme Heads and students). These will be written up, recorded, and copies made available to students and to the UK Project team.
- Students’ examination results
- End of programme review

It was agreed that a curriculum evaluation strategy was required. Mr Ofori agreed to draft some initial notes which Professor Coles would develop further for wider consideration.

- (i) Closing meeting between the Resident Tutors and the strategic planning visiting team Saturday 29<sup>th</sup> May.

## **6. Evaluation of the week**

The Resident Tutors and the UK team members were invited to feedback on the developmental benefits of the week. The following comments were made:

### **Mr Ofori**

- Very successful and interactive meeting
- Learnt a lot about timetabling and agreeing specific details
- Shows that we are really serious about the work
- Gives a clear idea to the outside world about what should happen, when and who is responsible.

### **Mr Adams**

- Work on the 70/30 split of clinical and formal teaching was very useful
- Clarified the roles of individual tutors
- Discussion on evaluation approach was very helpful

### **Mr Okyere**

- Clear picture of who has to do what and when
  - to the outside world
  - to the Resident Tutors
- First time we've worked in this way
- We will be able to use it in future (on other programmes)

### **Professor Coles**

- Really enjoyed the week
- Working at a high level
- Truly 'translating the curriculum document into educational practice'
- Working in parallel with the UK Visiting Tutors ('lecture group') was very helpful so as to be able to inform each others' work
- We have been open and honest with each other

### **Dr Roberts**

- Really successful week
- Good to meet other tutors (external)
- Planning the spreadsheet (Appendix B) very useful
- Should do more of this type of work for UK curricula too
- Commitment of KRHTS to the Project in the form of
  - having the classroom ready in time
  - developing an office
  - making available the psycho-social clinic

### **Dr Luszkat**

- The interactive approach worked well
- Getting to know people

- Constructive feedback
- Huge development has occurred

All agreed that more tutor development will be needed (as planned).

Following the week there ought to be a monthly update.

Action points:

- Assessment (both formative and summative) during field placements needs further work
- Books required – Oxford Textbook of Psychiatry for reference, Tutors and key Preceptors to have copy of Shorter Textbook
- Information on epilepsy needed for wide distribution

## 7. **Achieving objective 3**

- ***To support the teaching of the current MAP students***

### Specific objectives

There were three specific objectives:

1. To provide UK teaching support for two weeks of the first term of the MAP course, following course content and curricula guidelines from the first term of the first semester
2. To incorporate reflective practice and interactive teaching methods into the approaches used, and facilitate field visits with support from local tutors
3. To liaise with resident tutors to discuss content covered and approaches used

## 8. **Teachers and students**

The UK teaching group consisted of:

- Dr Tess Maguire (Clinical Psychologist)
- Mr Patrice Fugah (Community Psychiatric Nurse)
- Dr Greg Neate (Psychiatrist)

Nine MAP students attended the teaching (seven students attended week one, an additional two students joined in week two). Further demographic information on the students is available in Appendix E.

## 9. **Teaching approach and delivery**

We used a didactic, multidisciplinary teaching approach incorporating interactive exercises (including clinical role plays) and frequent opportunities for reflection. The reasons for this were:

1. To facilitate learning whilst taking into account the varying levels of experience within the group
2. To encourage the application of knowledge to clinical experiences
3. To provide opportunities to practice new skills in a safe learning environment
4. To facilitate culturally sensitive learning and teaching

We held reflective practice groups at the end of each teaching day for the students to share experiences and learning, and consider clinical practice issues.

We held field visits to local traditional healers (a fetish priest and a prayer camp) and to a local clinic (to attend an assessment clinic and speak with a local pharmacist). We supported students to reflect on these experiences and link the learning to their development as MAPs.

## 10. **Teaching content**

The two week teaching content was linked to the learning intentions for Semester 1, Term 1 (see MAP curriculum document). See Appendix F for the teaching timetable.

Our teaching sessions covered:

- a brief assessment of psychiatric skills (led by Dr Neate)
- an introduction to schizophrenia/psychosis and mood disorders (led by Dr Neate)
- reflections on the biopsychosocial model and beliefs about mental health
- an introduction to psychological approaches to anxiety management and depression (led by Dr Maguire)
- discussions on the role of the MAP and how MAPs link with other services
- working with families (led by Mr Fugah)

We gave the students frequent opportunities to discuss and practice assessment and history taking skills.

All the teaching was closely linked to the core text (The Oxford Handbook of Psychiatry). We encouraged the students to read chapters as homework and use the text during teaching sessions.

## 11. **Feedback from students**

We collected feedback from the students on the content and delivery of the course at the end of each week using a student feedback form (see Appendix G). In general, the students were very positive about the teaching approach, and were able to identify specific examples of learning. They told us they had gained a better understanding of their role as a MAP. Direct quotes from the students are available in Appendix H.

In relation to the MAP course, the students were generally very positive about wanting to further their experience as a MAP. Their concerns focused on the difficulties that they had experienced in securing funding, their future career development prospects, the accreditation of the course (and in particular its status as a BA or BSc), and the title of *Medical Assistant* in Psychiatry (they said that they would prefer *Clinical Psychiatry Officer*).



**12. Agreed systems for the future**

We gave an overview of our two weeks teaching to the resident KRHTS teaching team (Mr Ofori, Mr Adams and Mr Okyere). It was agreed that the KRHTS team would continue to use the weekly feedback form (Appendix G) to help students to reflect upon their learning at the end of each week of teaching. The KRHTS teaching team were keen to continue to support the students to use reflective and didactic approaches to continue their learning.

**13. Feedback from the UK teaching team**

We all felt that we gained an incredible amount from the experience. In particular, it was a privilege to gain a first hand insight into the mental health system in Ghana. It was inspirational to work alongside such dedicated Ghanaian healthcare providers who work so incredibly hard to provide services under extremely difficult circumstances. We have thought more deeply about how UK services can support both staff and service users from ethnic minority groups, and ways for us to use our experience to improve our own practice especially when working with African and minority groups in the UK.

## **Appendices**

## **Appendix A**

### **Timetable for work on curriculum development objectives**

**Visit of UK Teaching and Development Groups to Kintampo Rural Health Training School May/June 2010: Timetable for Week One.**

May	Sa 22	Su 23	Mo 24		Tu 25	We 26		Th 27		Fr 28		Sa 29	Su30								
			Teaching	Development	All	Teaching	Development	Teaching	Development	Teaching	Development	All									
07.00 – 09.00	TG+MR travel to Ghana	TG+MR travel to KRHTS	Meet MAP students	RL+CC to KRHTS, arr. 12.30.  MR+KG meet	Meet: Ed. dev., Syllabus, Cur. eval, Std. hbk., CMHO curric. planning and doc. Prep.	See sep. prog.	KG+ and UKDG Detailed planning of the MAP course – all day.	See sep. prog.	KG+ and UKDG Detailed planning of the MAP course – most of the day.	See sep. prog.	KG+ and UKDG Meet: Cont. to Discus. Probably - detailed planning of the MAP course – most of the day.	Meet: Agree Plan for Week 2	UKDG dep. for K'm'si, Accra and L'nd'n								
09.00 – 10.00																					
10.00 – 12.00					MR+KG meet									Ditto the above							
12.00 – 14.00			RL+CC travel to Ghana	Review a.m. mtgs.  Pln. wk 1	MR+KG gp join TG and MAP students									TG+DG Meet.		Possibly - Obs.TG with MAP studs, then debrief		Possibly - Obs.TG with MAP studs, then debrief		Cur eval Std hbk CMHO curric. planning and doc prep.	
14.00 – 16.00														Free							Next steps
16.00 – 18.00			TG+MR Arr. 1800		PDP review with KG									Free							
Eve	TG+MR Accra	RL+CC Accra	Debrief		Free	Debrief		Debrief		Debrief											

**Key to groups:**

KG: Kintampo Group: E Ofori; E Okyere; R Asare; P Adams

KG+ As above but also includes visiting tutors – names to be confirmed

UKTG: Teaching Group – Tess Maguire; Patrice Fugah, Greg Neate

UKDG: Development Group - Mark Roberts (MR); Rosie Luszat (RL); Colin Coles (CC)

**NOTE:** Programme for Week Two provisionally planned but may be modified in the light of Week One teaching and on-going discussions.

## **Appendix B**

### **Timetable for MAP and CMHO programmes 2010/2011**

	Jan	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	July	Aug
KRHTS semesters (projected)																		
MAP semesters			In school - 2 days teaching/ 3 days field				4 wks field		3 wks fld		8 wks field		4 wks field		5 weeks field			Final Exams
CMHO semesters (projected)									1	1	1		4 wks field		2wks			
UK team visits																		

Please also see the accompanying general guidance notes either on the back or copied on a separate sheet

MAP Semester 1	MAP Programme	C	F	TC	1101	General Psychiatry I	3	1	4	1102	Psychosocial&psych prtctce	3	1	4	1103	Comm Mental H Practice I	1	1	2	1104	Management I	2	1	3	1105	Ethics & Professionalism	1	1	2	1106	Research&EvBas Practice	1	2	3	Total credits	11	7	18
MAP Semester 2	1201	General Psychiatry II	2	1	3	1202	Community Mental Health II	2	1	3	1203	Management II	2	1	3	1204	Psychopharmacology	2	1	3	1205	Clin Psychopharmacology I	2	1	3	1206	Psychosocial interventions	2	1	3	Total credits	12	6	18				
	Recess Term	1207	Comm MH Practice & PHC	0	3	3	1208	Comm MentalH &MultiA	0	3	3	1209	Clin Psychopharmacology II	0	3	3	1210	History Psych Ghana&Law	0	3	3	1211	Project Work	0	3	3	Total credits	0	15	15								
		MAP Semester 3	2101	General Psychiatry III	2	1	3	2102	Epilepsy	2	1	3	2103	Drug Misuse	2	1	3	2104	Liaison Psychiatry	2	1	3	2105	Clin Psychopharm III	2	1	3	2106	Child, LD, old age & Rehab	2	1	3	Total credits	12	6	18		
			CMHO Semester 1	1101	Gen Psych & psychology I	2	2	4	1102	Community MentalHealth I	1	1	2	1103	Drugs, medicines, physical	2	1	3	1104	Teams & communication	1	1	2	1105	Ethics & Professionalism	1	1	2	1106	Research in psychiatry	1	1	2	Total credits	8	7	15	
				CMHO Semester 2	1201	General Psychiatry II	2	2	4	1202	Community MentHealth II	1	2	3	1203	Psychopharmacology	1	1	2	1204	Psychosocial / therapies	1	2	3	1205	Child, LD, Old age	1	2	3	1206	Project work	1	2	3	Total credits	7	11	18

Induction and registration

Mid-semester exams

End-of-semester exams

First Semester break

MAP split into 2 groups - 4wks TS + 3wks TC then reverse

2 UK team based at Tafo and Ti Sampaa

Christmas break

Lecture blocks split to aid learning

Ti Sampaa and Tafo Clinic

Ti Sampaa and Tafo Clinic

Mid-semester exams

End-of-semester exams

Second Semester break

2 UK team based at Tafo and Ti Sampaa



**Timeline for Medical Assistant Psychiatry (MAP) and Community Mental Health Officer (CMHO) Programmes 2010 - 2011**

Programme leads;  
MAP - Mr Emmanuel Ofori  
CMHO - Mr Emmanuel Okyere

Kintampo Rural Health Training School

www.thekintampoject.org



Ti Sampaa, Tafo clinic and satellite attachments

Recess break

CMHO split into 2 groups - half at each place then reverse

Lecture blocks split to aid learning

Ankaful and Pantang Hospitals with a focus on satellite field sites too

Ankaful and Pantang Hospitals with a focus on satellite field sites too

Mid-semester exams

End-of-semester exams

Christmas break

Induction and Registration

Ankaful and Pantang

Ti Sampaa and Sunyani

Mid-semester Exams

Ti Sampaa and Sunyani

End-of-semester exams

Break

MAP split into 2 groups - half at each place then reverse

Lecture blocks split to aid learning

This is 4 weeks at the same place - no swapping over half way

Ti Sampaa and Sunyani

Mid-semester exams

Ankaful and Pantang

End-of-semester exams

Christmas break

Break

General guidance notes to accompany the MAP / CMHO Timeline 2010 - 2011

- 1 The timetable is a guide. The timing of the courses shall be adhered to as far as possible but it is recognised that classroom teaching blocks will be held when teachers are available to visit the school so some course content might be provided out of sequence. However, the overall pattern shall be used.
- 2 Although the courses consist of both classroom credits and field credits, it would be wrong to assume that all classroom credits shall be at KRHTS and all field credits 'in the field'. Some classroom credits can be accrued at field placements, for example by holding tutorials in 'protected' time (eg by half an hour of supervised learning after a busy clinic, although not in the busy clinic itself). Field credits could be accrued during a period of 'classroom' planning for field work and then again afterwards (in the 'classroom') through debriefing and discussion to consolidate learning from the field work.
- 3 A general principle in place throughout the timetable is that some courses work well via a thorough introduction, then a period of field work exposure, then further course work on the same topic towards the end of the semester for students to consolidate their learning. On the contrary some courses can be covered adequately in one block (combined with field learning through practice) and these are the courses which appear in the middle of the semesters.
- 4 A general guideline for all teaching activities is to try and identify the students' pre-existing knowledge and experience and adjust the teaching accordingly, drawing on students experience wherever possible
- 5 The structure of the first MAP semester is based around an average pattern, over the semester of 2 days classroom and 3 days practical work based at local field sites including the psychosocial centre in Kintampo.

- 6 HMAP 1101,1102 and 1103 require a combined average of 7 hours 'classroom' teaching / week if spread across the semester, but by concentrating the classroom teaching into two blocks there is an average of 14 hours / week during each 3 week block. The learning focus for HMAP 1101, 1102 and 1103 is for there to be a predominantly classroom based introduction to the subject areas at the start of the semester, then use field visits in the middle of the semester to apply the learning, then to return to a classroom / theory based focus again at the end to consolidate learning (however these are general guidelines only and classroom does not = 'lectures').
- 7 When field visits are being undertaken from KRHTS it would be advantageous to link the field visit with any classroom topics scheduled for that week
- 8 Field placement centres have been chosen for their proximity to other field sites and capacity to accommodate students. The placement centres will serve as a base for the students from where they can gain experience locally, but the students will also be able to go to nearby sites where preceptors will be ready to receive them for day visits. For example, the placements at Ti Sampaa in Tamale and Tafo Clinic in Kumasi both link to 7 other training field sites in the vicinities.
- 9 For some field placements students will be split into two groups – half at each site. During the next placement the groups will swap around so that everybody has exposure to both placements.
- 10 For placements at Pantang and Ankaful students will not be placed at a hospital at which they have already had substantial work contact (ie worked there) (unless they specifically would like to go back there)
- 11 During placement at Pantang Hospital, students will visit Accra Psychiatric hospital.

May 2010

Contact

For MAP Programme enquiries: Mr Emmanuel Ofori 0209138018  
For CMHO Programme enquiries: Mr Emmanuel Okyere 0205769880

## **Appendix C**

### **External tutors and teaching topics**



Name	Title/Role	Subjects
Dr A Osei	Chief Psychiatrist, Ghana Health Service	'Big picture', MAP role, International
Dr ET Adjase	Director KRHTS	Management
Dr Armah-Arloo	Psychiatrist, Ankaful Psychiatric Hospital	General Psychiatry, links between community and psychiatric hospitals, outreach clinics
Dr Jones-Techie	Psychiatrist, Sunyani District General Hospital	Expertise at District level
Rev Father J Appiah Poku	Head of Behavioural Sciences, SMS, KNUST, Kumasi	Ethics
Ms Deborah Morny	Principal, Ankaful Nurse Training College	
*Ms Isabella Assam	Nurse, Pantang Hospital	
Ms Priscilla D A Kitsi	Staff Nurse, Ankaful Psychiatric Hospital	
*Ms Priscilla Elikplie Tansiah	Staff Nurse, Ho District Hospital	
*Mr Kumfo	Senior Lecturer at University of Cape Coast	Mental Health and Health Sciences
Mr Richard Henneh	District Director of Health Services, Nkoranza	Management and Organisational Development
Mr Emmanuel Obeng	Nursing Officer, Tafo Hospital Kumasi (also Head of Preceptors)	Mental Health
Mrs Elvis Akuamoah	Senior Staff Nurse, Pantang Hospital and Co-Coordinator of nurse training	
Mr Richard Asare	Nursing Officer and Tutor Kumasi	
Mr Jo Quist	Formerly Principal Nursing Officer (now retired) at Accra Psychiatric Hospital	
Mr Bright Akpalu	Clinical Psychologist, Kintampo Health Research Centre	International mental health, counselling, psycho-social support
Mr Said Al-Hussein	Deputy Director HR, Ghana Health Service, Accra	Management, service planning
Mr Seth Acqual	HR Specialist at Ghana Health Service in Accra	
Mr Nsiah Anyetei	Principal Nursing Officer, Accra Psychiatric Hospital	
Dr Kwaduro Mensah	Researcher in Kumasi	
Dr Albert Akpalu	Neurologist	

The list was also processed to show all tutors against courses as follows

1. General Psychiatry 1  
Tutors:

- Dr Akwasi Osei
- Dr Jones

- Dr K Armah-Arloo

2. Psychosocial Perspectives of Psychiatric Practice

Tutors:

- Mr Kumfo
- Mr Peter Ibrahim Adams
- Mr Nsiah Anyetei

3. Community Mental Health Practice 1

Tutors:

- Mr Emmanuel Obeng
- Mr Elvis Akuamoah
- Ms Priscilla D A Kitsi
- Ms Priscilla Elikplim Tawiah

4. Management 1 – Leadership, Team Building and Communication

Tutors:

- Mr E T Adjase
- Dr Seneya
- Mr Said Al-Hussein
- Mr Seth Acquah

5. Ethics and Professionalism

Tutors:

- Reverend F Appiah Poku
- Dr Jones
- Mr Richard Henneh

6. Research and Evidence-Based Practice

Tutors:

- Reverend F Appiah Poku
- Dr Jones
- Mr Richard Henneh
- Mr Bright Akpalu
- Dr Rosie Lusznat
- Dr Mark Roberts
- Dr Kwadwo Mensah

## **Appendix D**

### **'Hub and Spoke' Field Sites for MAP**

## **Hub and spoke field site placements for MAP**

### **Northern Region of Ghana**

Regional Co-ordinator: Mr Abudulai John Ibrahim - Principal Nursing Officer (PNO)

Ti Sampaa Community Psychiatry Unit – Tamale Regional Hospital

1. Bole Hospital
2. Savelugu Hospital
3. Walewale Hospital
4. Salaga Hospital
5. Bimbila Hospital
6. Yendi Hospital

### **Field Sites in Ashanti Region of Ghana**

Regional Co-ordinator: Mr Emmanuel Obeng

Tafo Government Hospital

1. Komfo Anokye Teaching Hospital
2. Cheshire Rehabilitation Home
3. Bekwai Hospital
4. Mampong Hospital
5. Ofinso Hospital
6. Konongo Hospital
7. Tapa Hospital

## **Appendix E**

### **Demographics of the MAP students**

### **Demographics of the MAP students**

All students were 39 years or older, had at least 5 years or more working as a Medical Assistant (MA) and had been qualified as nurses for more than 10 years, some had also completed psychiatric nurse training. The students came from a variety of clinical settings (e.g. inpatient, community, psychiatry, physical health) and from different areas of Ghana (e.g. rural/city, south/central). They had varied knowledge and expertise in the field of mental health - five of the students worked in mental health settings, but four students had no specific mental health experience.

## **Appendix F**

**MAP teaching timetable – 23<sup>rd</sup> May – 4<sup>th</sup> June 2010**

**Teaching timetable: MAP course: Semester 1: Term 1**

w/c: 24<sup>th</sup> May 2010

	Mon	Tues	Weds	Thurs	Fri
7-9	Introductions – pictures from UK, roles etc. (Tess, Patrice, Greg) Students hopes / worries etc.	Introduction to Community Mental Health Practice (Patrice) The concept and importance of community mental health practice	Psychological perspectives of Psychiatric Practice (Tess) The biopsychosocial model, the 3 p's and vicious cycles	Field Work – visit to fetish priests	Feedback from field trip – reflection on written accounts (Tess)
10-12	General Psychiatry (Greg) Assessment task	General Psychiatry (Greg) Assessment task	General Psychiatry (Greg) Schizophrenia and psychosis	Field work – visit to prayer camp	Introduction to Community Mental Health Practice (Patrice) Principles and practice of CMH in primary and secondary care
12-2	Reviewing morning meetings – plan Thursday's trips and rest of wk 1 teaching	Free	Preparation for Field Work (Patrice and Tess) – stigma, beliefs and myths; and the cognitive model	Field Work – visit to spiritual healer	General psychiatry (Greg) Psychosis, schizophrenia and schizoaffective disorders
4-6	Reflection / peer supervision – incl. student handbook (Tess and Patrice)	Free	Reflective practice (case discussion 'psychosis' – linked to teaching)	Session with tutors and UK links	Reflection / Supervision (Greg, Patrice and Tess) Psychosis teaching and learning from week



**MAP course: Semester 1: Term 1  
w/c: 31<sup>st</sup> May 2010**

	Mon	Tues	Weds	Thurs	Fri
7-9	General Psychiatry (Greg) Mood disorders, particularly depression	Psychological perspectives of Psychiatric Practice (Tess) Interpersonal and communication skills	General Psychiatry (Greg) Mood disorders, particularly bipolar disorder (Tess to meet Peter Adams)	Feedback from visits: Reflective accounts – role plays for initial assessments (depression) (Greg, Patrice and Tess)	Psychological perspectives of Psychiatric Practice (Tess) Psychological approaches to depression
10-12	Psychological perspectives of Psychiatric Practice (Tess) Introduction to working psychologically with affect – anxiety and the hot cross bun	Preparation for Field Work – assessment and history taking (Greg)	Field Work - visit to clinic	General Psychiatry (Greg) Practice of assessments (Psychosis)	General Psychiatry (Greg) Introduction to medications in practice
12-2	Research & Evidence Based Practice (Tess) – critiquing research – looking at clinical evidence papers	Working ethically and professionally (Greg, Patrice and Tess)	Field Work – visit to pharmacy	Introduction to Community Mental Health Practice (Patrice) The role of the family in accessing care	Going through forms from the preceptor manual and giving examples, and reflecting on learning from the week (Tess)
4-6	Reflection on articles & resources (Tess, Greg, Patrice)	Writing letters and reports (Patrice)	Reflection time – completing reports/diaries	Reflective practice – clinical case discussion	Reflection and handover to tutors (Patrice, Greg and Tess)

**Appendix G**  
**Weekly feedback sheet**

Weekly feedback sheet

**MAP Course**  
**w/c:**

**Year:** \_\_\_\_\_ **Semester:** \_\_\_\_\_

**What has been covered this week? (identify modules and topics here)**

**HMAP** : \_\_\_\_\_ :

Lecturers:

**What have the students learnt? (gather this information from the students)**

**Appendix H**  
**Quotes from MAP students**

## **Quotes from MAP students about the content and delivery of the teaching**

### ***The teaching approach***

"I have really enjoyed the teaching."

"I found the visit to the prayer camp useful."

"I liked the reflective practice."

"The reflective presentation was helpful to me to share ideas and to learn new things that I have not learnt previously."

"I like (the reflective practice) very much and would like it to continue for the rest of the teaching."

"The assessment and history taking and clinical interviewing skills and CBT sessions stood out for me"

"The role plays made me understand real situations better."

"The reflective practice reminds me of my work area and helps me to remember what I have learnt."

"The role plays exposed me to real practice situations. I found them really helpful."

"I have enjoyed it very much!"

"The presentation and the method of teaching has been excellent."

"Field visits is an area I like so much."

"The assessment and history sessions were really interesting."

### ***Increasing confidence***

"The basic assessment opened my mind and let me know that the information I learnt in nursing was still there. I really enjoyed it. I didn't think that I'd know the answers then I did."

"In a nutshell, all of the topics have been beneficial to me."

"The role play was what we see daily in our hospital, this has helped us to know how we can handle a patient acting this way."

"Before I came to do this post I was doing some of these things, but now there is a new dimension in that I need to take care of psychiatric patients, so I learnt a lot more."

"I have added more skills to what I know."

"The assessment and history taking was perfect. I am now looking forward to facing and assessing the psychiatry patients, which I was afraid of doing before - now I've seen that it is not that difficult."

"This weeks lecturers have boosted my confidence in psychiatry. I have learnt how to diagnose, classify and categorize mood disorders and how to manage them, and use techniques to elicit information."

### ***Specific learning***

“I didn’t have much exposure to schizophrenia and psychosis before, now I really understand what it is and how to classify it.”

“I have learnt that your understanding about certain beliefs will affect the way you approach mental health issues.”

“The biopsychosocial model has helped me to understand the causes of relapse so I can help to educate my clients.”

“The teaching was very interesting and has increased my knowledge, especially in schizophrenia.”

“I enjoyed the CBT for depression lecture, anxiety and anxiety management, vicious cycle and breaking them in the management of depression.”

“The report writing was superb, as we now know the best way to write a report now.”

“I didn’t think of family members as co-workers and co-patients, I thought that they only accompanied patients, but now I know that they can help me with assessment and treatment plans.”

“I didn’t know about the signs and symptoms of depression, and positive and negative symptoms of psychosis and I’ve learnt them.”

“At first I didn’t know that depression has typical and core symptoms, through this, if I get a depressive case I will be able to know the core and typical symptoms.”

### ***Learning about the role of a MAP***

“I learnt that as a MAP we can encourage helpful practice and try to modify those that aren’t helpful by using our experiences.”

“I now understand the importance of the role of the MAP and that a MAP doesn’t work in isolation, that you have to work with other organisations, community leaders and members of others professions in the health service.”

“I learnt about how a MAP can liaise with the traditional healers.”