Hampshire Partnership NHS
NHS Foundation Trust

THE UNIVERSITY OF WINCHESTER

Kintampo Rural Health Training School

Ministry of Health

Curriculum for

Degree in Clinical Psychiatry

Date: 11 January 2010

The KINTAMPO project

Developing mental health services in Ghana

Version Control

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3 November 2009	1	Nil
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Preface

Welcome to an initiative to significantly improve the care of people with mental disorder in Ghana. The purpose of this document is to describe the need for, and the initial development of, two new types of mental health practitioner within the Ghanaian health system. It has been developed through the commitment of the Government of Ghana (GoG) via the Ministry of Health and Ghana Health Service and is a partnership between Ghana and the UK through collaboration with Hampshire Partnership NHS Foundation Trust and Kintampo Rural Health Training School. This document presents one of two curricula to establish new middle level health professionals in mental health who will contribute to the transformation of mental health services in the country. A programme of research and ongoing development will ensure that these roles will improve the quality of life for the people of Ghana through delivering the best possible care where it is most needed.

There are two curricula, which are very closely linked and complement each other. The curricula are;

1. Diploma in Community Mental Health, leading to Community Mental Health Officer (CMHO)
2. **Degree in Clinical Psychiatry, leading to Medical Assistant Psychiatry (MAP) – this curriculum**

Signed .....

Minister of Health .....

Date .....

Readership

This document is written for:

- Policy makers in health and education
- All stakeholders involved in the development of the MAP and CMHO curricula.
- Mental Health Service Providers
- Mental Health Service Users
- Civil Society
- Non - Governmental Organisations (NGOs)
- Educators of MAP and CMHO
- Any person wishing to become a MAP or CMHO
- Anyone likely to work alongside MAP or CMHO
- Any organization or entity wishing to employ a MAP or CMHO

Contents

Abbreviations

ANPH	- Ankaful Psychiatry Hospital
APH	- Accra Psychiatry Hospital
CBSV	- Community Based Surveillance Volunteer
CHCM	- Community Health Committee Member
CHN	- Community Health Nurse
CHO	- Community Health Officer
CHPS	- Community-based Health Planning and Services
MAP	- Medical Assistant Psychiatry
COHO	- Community Oral Health Officer
CPN	- Community Psychiatry Nurse
FT	- Field Technician
GES	- Ghana Education Service
GHS	- Ghana Health Service
GoG	- Government of Ghana
HIV/AIDS	- Human- Immune- Deficiency Virus/ Acquired Immune Deficiency Virus
KRHTS	- Kintampo Rural Health Training School
MA	- Medical Assistant
MAP	- Medical Assistant Psychiatry
MDGs	- Millennium Development Goals
MOH	- Ministry of Health
NGO	- Non Governmental Organisation
PHC	- Primary Health Care
PPH	- Pantang Psychiatry Hospital
SSA	- Sub–Saharan Africa
SDHT	- Sub-District Health Team
TBA	- Traditional Birth Attendant
TO	- Technical Officer
WHO	- World Health Organisation
WTE	- Whole Time Equivalent

The Curriculum

Degree in Clinical Psychiatry

The 2 years leading to the degree in clinical psychiatry is devoted to enabling practicing Medical Assistants to become competent independent practitioners in mental health. Graduates will be eligible to practice as a specialist Medical Assistant in Psychiatry.

Medical Assistants are a category of health professional currently functioning in regional and district hospitals and most of them are in-charge of Health Centres. They already have a broad medical background which will enable them to function as MAP after further training in psychiatry.

The rationale for the qualification and the Medical Assistant Psychiatry can be seen in Appendix A.

1.0 Aims and Objectives

1.1 The course provides the education and training to develop a Medical Assistant Psychiatry. A description of the function, roles and practice of the Medical Assistant Psychiatry can be seen in Appendix B.

1.2 The level of training is such as would be comparable with international standards. This is ensured by the involvement of visiting clinical and academic staff and external examiners for final exams.

1.3 This is a course for mature practitioners. It is predominantly practice based.

2.0 Duration of the Course

1.2 The duration of the MAP course is 1.5 academic years (18 months), comprising three semesters plus 6 months housemanship. The course follows the semester course unit system (SCUS) of KRHTS.

3.0 Entry Requirements

Entrants shall be;

Step 1

A Medical Assistant possessing the Advanced Diploma in Community Medicine and Health or it's equivalent from a recognised health training institution.

Or

A Community Oral Health Officer possessing the Advance Diploma in Community Oral Health and Medicine.

And

Step 2

Have served two years minimum in deprived areas or three years minimum in non- deprived areas.

Note: The number of students accepted into the School shall reflect the expressed national manpower needs as defined by the Ministry of Health.

4.0 Assessment Requirements

4.1 Assessment of students' performance in each course shall be through a combination of Continuous Assessment and End of Semester Examination.

The weighting shall be as follows:

a) Continuous Assessment = 40%

This will include assessment of;

performance in practice based competencies

and

satisfactory portfolio

b) End of Semester Examination = 60%

4.2 End of semester assessment shall consist of;

- Assignments/quizzes 15%
- Mid-semester assessment 15%
- End-of-semester examinations 70%

4.3 The following grading system applies to the internal examinations:

Letter Grade	Score Range (%)	Grade Point	Description
A	80-100	4.00	Distinction
A-	75-79.99	3.75	Very Good
B+	70-74.99	3.00	Credit
B	65-69.99	2.75	Above Average
C	60-64.99	2.50	Average
D	50-59.99	1.5 or 2.00	Pass
F	<50	1.00	Fail
I	0.00	0.00	Absent with Reason
X	0.00	0.00	Absent
Z	0.00	0.00	Disqualified

4.4 To progress to the next class the student must maintain a Grade Point Average (GPA)/ Cumulative Grade Point Average (CGPA) of 1.5.

4.5 Any student who fails in any course (subject) at the end of any academic year is required to redeem the course which means repeating all the assessments again for that course (assignments, class tests, quizzes, mid and end-of-semester examinations).

4.6 There are only three chances to redeem a course.

4.7 If the GPA/CGPA falls below 1.5 at the end of any academic year the student will not continue with the programme.

4.8 Transcripts reflect all grades and marks a student obtains for all courses (subjects) taken and these are used in the computation of a student's GPA/CGPA.

4.9 Full examination details and regulations can be seen at Appendix C.

5.0 Requirements for Graduation

5.1 Certification assessments are by External Examiners appointed by MOH/GHS. Only students who have passed all requirements at the end of the course of study are assessed.

5.2 The assessment is in two parts – mock and final. The mock is organized by KRHTS to prepare students for the final assessment.

5.3 An average score for all aspects of the assessment which is below 50% is a fail of the entire assessment and there are two more chances only to go through the whole assessment again.

5.4 Students scoring below 50% in any aspect of the assessment have the opportunity to go through that aspect of the assessment within six months upon declaration of results. Three chances are allowed here.

5.5 To qualify for the award of a Degree in Clinical Psychiatry, a student must:

a) have a total of at least 80 credit hours of course work.

b) pass in all courses taken earning a cumulative GPA of 2.0 or better.

c) a student should have a GPA of 2.0 or better in each course.

6.0 Important Additional Information

6.1 The educational principles underpinning the design of the MAP Curriculum and its structure can be seen at Appendix D.

6.2 The arrangements for attachments and work in school can be seen at Appendix E.

6.3 The management of the programme and recruitment can be seen at Appendix F.

6.4 Resources available can be seen at Appendix G.

6.5 Administration and education structures can be seen at Appendix H.

6.6 The programme quality assurance procedures can be seen at Appendix I.

6.7 The evaluation methods for the programme can be seen at Appendix J.

6.8 The process by which the curriculum was produced can be seen at Appendix K.

7.0 Course Structure

7.1 The programme has been developed along the Semester-Course-Unit System (SCUS) adopted by Ministry of Health Training Institutions. This is in conformity with Universities in Ghana and effectively integrates the programme into the education system.

7.2 In this programme, a credit is the equivalent of 15 hours of instruction per semester. A 2 credit course would have 2 contact hours a week for 15 weeks giving a total of 30 hours. A full course is a three (3) credit course, i.e. 3 contact hours a week for 15 weeks. A practical course will have 3 contact hours a week for 15 weeks. A 2 credit practical course will have 6 contact hours of instruction. A 3 credit course can have 2 contact hours of theory and 3 contact hours of practicals.

7.3 The Programme extends over two academic years. It comprises 1.5 years (3 semesters) of school based work and attachments plus 6 months housemanship.

Year 1

First Semester 16 weeks (1 week registration/ orientation, 12 weeks instruction, 1 week exam revision and 2 weeks end of semester exams).

Second Semester 16 weeks (13 weeks instruction, 1 week exam revision and 2 weeks end of semester exams).

Recess Term During the break between the end of the second semester and the start of the second year students shall undertake supervised practice attachments which will be assessed and graded as a required component of the programme of study).

Year 2

First Semester 16 weeks (13 weeks instruction, 1 week exam revision and 2 weeks end of semester exams).

Content of the courses

7.4 The courses cover the theoretical knowledge, clinical skills and experiences that the students will need to acquire and demonstrate during their training and practice. The content outlined below provides the students and the supervisors (tutors and preceptors) the basis for developing a plan for learning, and formative and summative assessment. The syllabus will be reviewed at agreed intervals to meet the development of the programme. The students will keep records of their learning as well as the outcomes of assessments.

7.5 All courses will build on the previous knowledge, skills and clinical experiences and academic achievements of the students. The later courses will be application or continuation of previous courses. Practical work and assessment may occur within attachment or field centres. The field work component of the three semesters will account for 70% of the syllabus. The field work component will take place in clinical settings and the communities. The 6 month housemanship will be applying theory to practice in clinical and community settings; this is reflected in the content of the Recess Term courses, some of which are repetition of other courses elsewhere in the programme. The descriptions give only broad headlines of topics to be covered in the programme; detailed content of the topics will be developed by the educators.

Knowledge, Skills and Attitudes

7.6 Given the starting point of the student overall aims and educational rationale for the programme, the following will be required of students in relation to mental disorders:

- Acquire knowledge, skill and attitudes necessary for recognition and management of mental disorders at all levels.
- Understand the community and social dynamics contributing to mental health problems in the community and to appreciate the concepts and principles of community psychiatric practice
- Develop an understanding of psycho-social models in mental health and their use.
- Develop a basic understanding of and skills in commonly used psycho-social interventions in mental health.
- Develop an understanding of the concepts and principles of community mental health practice and the role of various agencies in promoting mental health.
- Acquire understanding of the role of other professionals, services and agencies in the management of mental disorders.
- Acquire further skills and experience in leadership, team building and communication that are essential in providing mental health care in the community as well as multi-agency working.
- Acquire skills and experience in leading and managing change; and supervising and appraising colleagues and subordinates.

- Understand the principles and practice of ethics as well as professional attitudes and behaviour in relation to psychiatric practice.
- Understand research methodology in mental health and approaches to, and applications of qualitative and quantitative research.
- Apply the knowledge and understanding of research in evidence –based practice in psychiatry.
- Apply the knowledge, understanding and skills in research, audit and field survey in the practice of psychiatry.
- Understand and appreciate the principles of action, use and adverse effects of psychotropic medicines.
- Understand and appreciate the use of various commonly prescribed medicines for treatment of mental disorders and, if practicable, application of ECT.
- Use of specific medicines commonly used in psychiatry in Ghana, and the ethical and legal aspects of drug policy.
- Acquire practical skills in the management of psychiatric conditions in the district or community facility.
- Become familiar with the history of psychiatry in Ghana.
- Understand the association between psychiatric disorders and crime
- Understand the workings of the court, prisons and the police in relation to mental disorder
- Acquire a hands-on experience in assessment and management of psychiatric emergencies and acute conditions
- Acquire knowledge and skills to determine the causes if any of epilepsy and other seizures disorders; to be able to manage such conditions in both acute and long-term
- Acquire knowledge and skills in the identification and management of alcohol problems
- Acquire skills and experience in the management of psychiatric problems likely to occur in various medical sub-specialities
- Become familiar with care of children with psychological/psychiatric problems, the disabled/ mentally retarded and, procedures and provisions of rehabilitation

Structure of Semesters

Year 1: Semester I

Code	Course	C	F	TC
HMAP1101	General Psychiatry I	3	1	4
HMAP1102	Psychosocial perspectives of psychiatric practice	3	1	4
HMAP1103	Community Mental Health Practice I	1	1	2
HMAP1104	Management I - Leadership, Team building and communication	2	1	3
HMAP1105	Ethics & Professionalism	1	1	2
HMAP1106	Research & Evidence-Based Practice	1	2	3
	Total			18

Year 1: Semester II

Code	Course	C	F	TC
HMAP1201	General Psychiatry II	2	1	3
HMAP1202	Community Mental Health Practice II	2	1	3
HMAP1203	Management II - Managing Change, Supervision & Appraisal	2	1	3
HMAP1204	Psychopharmacology	2	1	3
HMAP1205	Clinical Psychopharmacology I	2	1	3
HMAP1206	Psychosocial interventions	2	1	3
	Total			18

Recess Term: Ten Weeks Attachment

Code	Course	C	F	TC
HMAP1207	Community Mental Health Practice and Primary Health Care (PHC)	-	3	3
HMAP1208	Community Mental Health Practice and Multi-agency working	-	3	3
HMAP1209	Clinical Psychopharmacology II	-	3	3
HMAP1210	History of Psychiatry in Ghana; Psychiatry and the Law	-	3	3
HMAP1211	Project Work	-	3	3
	Total			15

Year 2: Semester I

Code	Course	C	F	TC
HMAP2101	General Psychiatry III	2	1	3
HMAP2102	Epilepsy	2	1	3
HMAP2103	Substance Misuse Psychiatry	2	1	3
HMAP2104	Liaison Psychiatry	2	1	3
HMAP2105	Clinical Psychopharmacology III	2	1	3
HMAP2106	Child Psychiatry, Learning Disability & Rehabilitation	2	1	3
	Total			18

C = Classroom work credit; F = Field work credit; TC = Total Credit

Course Descriptions

First Year 1st Semester

HMAP1101	General Psychiatry I (4 Credits)
Course Aim	The aim of this course is to enable the student acquire knowledge, skill and attitudes necessary for recognition and management of mental disorders at all levels.
Learning Intentions	By the end of the course the student should be able to demonstrate: • Understanding of concepts of normality and abnormality, causes of mental disorders and how to classify mental disorders • Knowledge and understanding of causation of mental disorders • Knowledge and understanding of the range of psychopathology found in the major mental disorders • Beginning to acquire the knowledge and skills for taking and writing up a psychiatric history and, eliciting symptoms and signs of common mental disorders
UNIT 1	**1.1** Concepts of normality and abnormality **1.2** Features of abnormal mental state **1.3** General overview of causes of mental disorders • Myths associated with causes of mental disorders • Biological, psychological and socio-cultural causes **1.4** The mental disorders • Overview of ICD-10 & DSM IV classifications • Psychotic disorders • Mood disorders • Anxiety-related disorders • Illicit drug & Alcohol-related disorders • Organic Brain disorders and dementia • Developmental disorders **1.5** Epilepsy
UNIT 2	Descriptive Psychopathology
	2.1 Abnormal behaviour **2.2** Disorders of speech and thinking **2.3** Disorders of perception **2.4** Disorders of emotions/mood **2.5** Disorders of movement **2.6** Cognitive state and dysfunction **2.7** Insight
UNIT 3	**3.1** Basics history taking in mental health practice **3.2** Basic interviewing skills for mental health practice **3.3** Basic mental state examination **3.4** Investigation – social, biological, psychological **3.5** Basics of clinical formulation and differential diagnosis

HMAP1102	Psychs-social Perspectives for Psychiatric Practice (4 Credits)
Course Aim	To enable the student to develop an understanding of psycho-social models in psychiatric practice and their use.
Learning Intentions	By the end of the course the student will be able to: • Describe the psychological and social components of wellness • Demonstrate an understanding of the origins and the application of psychological principles to human behaviour • Understand human psychological and personality development • Traditional beliefs and practices
UNIT 1:	Psycho-Social Components of Wellness **1.1** Sense of self **1.2** Intrapersonal skills (stress management, problem solving skills etc) **1.3** Social factors including relationships and social inclusion **1.4** Occupation **1.5** Spirituality
UNIT 2	The role and various forms of involvement of various professionals and others involved in the identification and management the mentally disordered
UNIT 3	Introduction to Contemporary Psychological Concepts for clinical practice I
UNIT 4	Personality and introduction to personality disorders
UNIT 5	Traditional beliefs and practices

HMAP1103	Community Mental Health I (2 Credits)
Course Aim	To enable the student to emerge with an understanding of the concepts and principles of community mental health practice and the role of various agencies in promoting mental health.
Learning Intentions	By the end of the course the student will be able to: • Understand the concept and principles of community mental health practice • Demonstrate understanding of the roles of various professionals and agencies in the care of the mentally disordered person in the community
UNIT 1	Concept of community mental health practice **1.1** Explore the concept of community mental health practice **1.2** Explore the importance of community mental health practice
UNIT 2	Principles and practice of community mental health practice in primary and secondary health care
UNIT 3	The family and its role in mental health and access to care
UNIT 4	Community leaders and their role in promoting mental health
UNIT 5	Identifying vulnerable groups in the community
UNIT 6	Role of the MAP, psychiatric/mental health facilities, social and religious services and traditional healers in promoting mental health in Ghana

HMAP1104	Management I – Leadership, Team Building and Communication (3 Credits)
Course Aim	To enable students to acquire further skills and experience in leadership, team building and communication that are essential in providing mental health care in the community as well as multi-agency working.
1. Leadership	
Learning Intentions	By the end of the course the student should be able to: • Describe what is meant by leadership • Understand styles and types of leadership • Appreciate the qualities that contributes to good leadership • Improve their leadership skills
UNIT 1	**1.1** What leadership involves **1.2** Leadership styles **1.3** What makes a good leader? **1.4** What makes a leader effective **1.5** Leadership and emotional intelligence: Self-awareness; self regulation; motivation; empathy; social skills
2. Teambuilding	
Learning Intentions	By the end of the course the student should be able to: • Describe what makes a team, and to be able to clarify a team's purpose and goals • Acquire skills to ensure members of their team work well together, to strengthen the team's collective skills and to enhance commitment and confidence. • To be able create opportunities for team members to develop their skills and competencies. • Acquire skills for developing and making the best use of the capacity of their team so that its members jointly deliver high level of performance.
UNIT 2	**2.1** What is a team? **2.2** What are the characteristics of teams? **2.3** What are the factors that contribute to team's effectiveness? • Interpersonal understanding • Influence • Patient/service orientation • Adaptability • Achievement orientation • Organisational commitment **2.4** How should team performance be assessed? • Outcome measures • Quality of the processes contributing to the results or outcome **2.5** How should team performance reviews be conducted? **2.6** What needs to be done to obtain good team work?

3. Communications	
Learning Intentions	By the end of the course the student should be able to: • Define communication • Understand how communication processes work, and what makes them successful or not • Understand some specific approaches that aid effective communication • Understand where barriers and blockages to communication may arise, and how to take steps to overcome them • Understand how communication processes are manipulated and corrupted and how this occurs
UNIT 3	**3.1** Listening skills **3.2** Verbal and non-verbal communication **3.3** Interviewing skills **3.4** Principles of effective communication **3.5** Communication structuring **3.6** Communication policies and priorities

HMAP1105	Ethics and Professionalism in relation to psychiatric practice (2 Credits)
Course Aim	To understand the principles and practice of ethics as well as professional attitude and behaviour in relation to psychiatric practice
Learning Intentions	By the end of the course the student should be able to: • Understand the concepts and principles of ethics • Describe ethical issues in the practice of psychiatry • Demonstrate the professional attitudes and behaviour essential for the practice of psychiatry Apply ethical and professional principles in mental health practice
UNIT 1	Ethical issues in mental health promotion **1.1** Concept of ethics **1.2** Beneficence **1.3** Capacity **1.4** Respect to life **1.5** Confidentiality and privacy **1.6** Professionalism
UNIT 2	Ethical Aspects of Psychiatry **2.1** Ethics norms codes **2.2** Ethical values and attitudes **2.3** Duties towards the profession **2.4** Duties towards the public
UNIT 3	Professionalism and Psychiatry **3.1** Professional attributes and behaviour **3.2** Clinician-patient relationship/boundaries **3.3** Principles and practice of confidentiality **3.4** Lifelong learning and continuous professional development (CPD)
UNIT 4	Confidentiality and Psychiatric Practice **4.1** Confidentiality and its boundaries **4.2** Breaching confidentiality • Capacity • Paternalistic justification **4.3** Community psychiatry and challenges to the traditional medical ethical perspective on patient confidentiality **4.4** Information sharing within the multidisciplinary team and other agencies **4.5** Sharing information with carers • When in the patient best interest • When acting to reduce risk to the well-being of the family **4.6** Working in public places and development of care network in community **4.7** Risk assessment and risk management agenda

HMAP1106	Research and Evidence-Based Practice (3 Credits)
Course Aim	To understand research methodology in mental health and approaches to and applications of qualitative and quantitative research. To enable the student apply the knowledge and understanding of research in evidence – based practice in psychiatry.
Learning Intentions	By the end of the course the student should be able to: • Understand research methods and how to conduct research in mental health • Understand research methods and analysis used in the field of mental health and allied areas(e.g. sociology, psychology, anthropology) • Describe the sources of mental health information available for practitioners • Conduct a literature search • Access, appraise and apply evidence based practice • Understand process of audit , and field survey for mental health
UNIT 1	Developing and writing a research proposal
UNIT 2	Research methodology and analysis
UNIT 3	Sources of mental health information and conducting literature search
UNIT 4	Practice of evidence-based psychiatry • Formulating a question • Researching the literature • Appraising available evidence • Drawing conclusions applying the findings
UNIT 5	Introduction to audit and field survey

First Year: 2nd Semester

HMAP 1201	General Psychiatry II (3 Credits)
Course Aim	The aim of this course is to enable the student to recognize mental disorders including organic brain dysfunction.
Learning Intentions	By the end of the course the student should be able to: • Demonstrate understanding and skills in the assessment and management of psychotic, mood and other major mental disorders • Describe and understand organic mental disorders
UNIT 1	**1.1** Psychiatric interview and history taking in the mentally disordered **1.2** Mental state examination in the mentally disordered **1.3** Investigations - biological, social and psychological in the mentally disordered
UNIT 2	Anxiety disorders
UNIT 3	Mood disorders
UNIT 4	Schizophrenia and other psychotic disorders
UNIT 5	Organic Brain disorders, Delirium and Dementia

HMAP 1202	Community Mental Health II (3 Credits)
Course Aim	To enable the student acquire understanding of the concepts and principles of community mental health practice and the role of other professionals, services and agencies in the management of mental disorders
Learning Intentions	By the end of the course the student should be able to: • Dentify and explain factors contributing to mental disorder • Describe prevention strategies in mental health • Explain the rights of patients in community mental health practice • Demonstrate competence in planning educational activities and mental health programmes • Demonstrate competence in providing mental health education • Identify and explain the role of various community agencies in promoting good mental well-being
UNIT 1	**1.1** Psycho-social factors contributing to mental disorder **1.2** Socio economic; unemployment, poverty, crime, urbanisation, illiteracy **1.3** Cultural attributions and practices
UNIT 2	Prevention strategies in community mental health
UNIT 3	Rights of patients in community mental health practice
UNIT 4	Planning and implementing mental health programmes **4.1** Community organisation and participation **4.2** Involvement of other organisations/agencies such as NGOs
UNIT 5	Mental health education in the community

HMAP 1203	Management II: Change Management, Supervision and Appraisal
Course Aim	To enable students to acquire skills and experience in leading and managing change; and supervising and appraising colleagues and subordinates.
1. Managing Change	
Learning intentions	By the end of the course the student should be able to: • Describe steps to be taken to introduce change • Describe how to overcome resistance to change • Ensure change takes place as planned • Ensure that change happens smoothly when the occasion arises **1.1** Kinds of change • Organisational structure • Methods of working • Revision to job duties • Management systems • Alterations in terms and conditions of employment **1.2** Approaches to managing change • Directive • Bargained • Winning heart and minds • Analytical • Action-based **1.3** Overcoming resistance to change • Involvement • Communication of plans for change
2. Supervision	
Learning intentions	By the end of the course students should be able to: • Describe the nature and levels of supervision • Identify the responsibilities of a supervisor • Demonstrate the appropriate aptitude and attributes of a supervisor • Acquire the skills and characteristics needed by a good supervisor **2.1** Nature and levels of supervision **2.2** Duties and responsibilities of a supervisor **2.3** Qualities of a good supervisor **2.4** Effective communication and sound relationship in supervision **2.5** Use of supervisory tools **2.6** Outcomes of good supervision

3. Appraisal	
Learning intentions	By the end of the course the student should be able to: • Understand the purpose of an appraisal system • Describe appraisal systems and their challenges • Demonstrate skills in being an appraiser and appraisee **3.1** Purposes of appraisal • Performance review • Training needs assessment • Team development • Determining job change • Integrated objectives • Assessing problem areas • Other Personal and organisational needs assessment **3.1** Appraisal skills • Preparation • Encouragement • Praise • Empathy • Effective use of data • Constructive criticism • Discretion • Objective judgement **3.3** Training appraiser/appraise **3.4** Ethical issues and pitfalls with appraisal **3.5** 360 degrees appraisal

HMAP 1204	Psycho-Pharmacology (3 Credits)
Course Aim	To enable the student to understand and appreciate the principles of action, use and adverse effects of psychotropic medicines.
Learning intentions	By the end of the course the student should be able to: • Outline the pharmacokinetics and pharmacodynamics of psychotropic medicines • Describe the adverse effects and interactions of psychotropic medicines • Demonstrate working knowledge of the action and use of antidepressant, antipsychotic and anticholinergic medicines • Demonstrate working knowledge on the action and use of anti-convulsants, anxiolytic and hypnotic medicines
UNIT 1	Pharmacokinetics and pharmacodynamics
UNIT 2	Antipsychotics and anticholinergic medicines
UNIT 3	Antidepressant medicines
UNIT 4	Anti-convulsants and mood stabilisers
UNIT 5	Anti-anxiety and hypnotic medicines
UNIT 6	Adverse effects of psychotropic medicines

HMAP 1205	Clinical Psycho-Pharmacology I (3 Credits)
Course Aim	The aim of this course is to introduce the student to the use of specific medicines commonly used in psychiatry in Ghana, and the ethical and legal aspects of drug policy.
Learning intentions	By the end of the course the students should be able to: • Understanding the principles of clinical pharmacology in psychiatry • Demonstrate knowledge of terminologies used in pharmacology in psychiatry • Describe mechanisms of action of specific (non-traditional) medicines in various systems and diseases in psychiatry • Have a detailed knowledge of the indications of commonly used medicines in the treatment of depressive disorder, bipolar affective disorder, schizophrenia and other psychotic disorders and epilepsy • Describe the side effects, contraindications, interactions, precautions, complications and dosages of medicines commonly used in treating psychiatric conditions in Ghana • Understand the evolution of drug therapy and the implications of the essential drugs list and the national drugs formulary in psychiatry
UNIT 1	Basics of clinical pharmacology of psychotropic medicines
UNIT 2	General Principles **2.1** Administering of medicines **2.2** Bioavailability **2.3** Action of medicines
UNIT 3	Prescribing in psychiatry **3.1** Principles **3.2** Rational prescribing **3.3** Cost-effectiveness
UNIT 4	Adverse drug reactions
UNIT 5	The pharmacy in the health facilities and supply of psychotropic medicines **5.1** Psychotropic drug formulary **5.2** Stock control, regulation and dispensing **5.3** National drug policy

HMAP 1206	Psycho-Social Interventions in Psychiatry (3 Credits)
Course Aim	To enable the student to develop a basic understanding of and skills used in commonly used psycho-social interventions in mental health.
Learning intentions	By the end of the course the student should be able to: • Demonstrate an awareness of the ethical considerations in delivering psycho-social interventions • Demonstrate understanding of the concept and skills commonly used in psychological treatments • Deliver supportive therapy and problem solving skills to patients and family members/carers. • Have an understanding of Cognitive Behaviour Therapy (CBT) model • Be able to apply the CBT model to treating anxiety disorders and depression, obsessive compulsive disorder
UNIT 1	Ethical issues in psychosocial intervention **1.1** Consent **1.2** Confidentiality **1.3** Importance of supervised practice
UNIT 2	Understanding and practice of skills commonly applied in psychosocial interventions **2.1** The therapeutic relationship **2.2** Listening and talking **2.3** Emotional release **2.4** Restoration of morale **2.5** Suggestion and reassurance **2.6** Explanation and advice/providing rationale
UNIT 3	Treatment Modality **3.1** Individual interventions **3.2** Couples interventions **3.3** Family work **3.4** Group work
UNIT 4	Interventions **4.1** Crisis intervention **4.2** Problem solving **4.3** Supportive psychotherapy **4.4** Counselling **4.5** Apply the principles of Cognitive behaviour therapy (CBT) to the mental disorders within their remit (but this does not mean being able to fully practice as a CBT therapist)

Recess Term (Ten Weeks)

HMAP 1207	Community Mental Health (III) and Primary Health Care (PHC) (3 Credits)
Course Aim	The aim of this course is to enable students to understand the community and social dynamics contributing to mental health problems in the community and to appreciate the concepts and principles of community psychiatric practice.
Learning intentions	By the end of the course the student should be able to: • Describe the principles and practice of psychiatric practice • Identify community leaders and understand their role in social function of the community • Identify vulnerable groups in the community in relation to mental health • Describe socio-economic factors that contribute to mental disorders in Ghanaian communities • Practise strategies for the prevention of mental disorder in the community • Conduct mental health education / promotion in the community • Describe ethical issues in community mental health practice • Describe the existing mental health facilities and services and their role in promoting mental health in Ghana. • Organise and manage through community participation mental health programmes in order to provide preventive, curative and rehabilitative mental health care and support in the community • Promote multi-agency co-operation in order to maximise mental health care provided in the community • Apply social cultural values that promote or maintain mental health wellness
UNIT 1	Community psychiatric practice: concept and principles
UNIT 2	Community Leaders and their role in the community in relation to mental health and people with mental disorders
UNIT 3	Vulnerable Groups in the community
UNIT 4	Socio economic factors contributing to mental disorders
UNIT 5	Mental health education / promotion in the community
UNIT 6	The family and its role in the delivery of mental health care services
UNIT 7	Ethical issues in community mental health practice
UNIT 8	Psychiatric facilities and agencies, and their role in promoting mental health in Ghana **8.1** Psychiatric facilities and pathways to care (see the glossary for a definition of 'pathways to care' **8.2** Psychiatric rehabilitation centres **8.3** Department of Social Welfare and Social service centres
UNIT 9	Organisation and management of community mental health programmes **9.1** Identify key and influential persons to work as a team **9.2** Community participation and organisation
UNIT 10	Involvement of NGOs

HMAP 1208	Community Mental Health Practice and Multi-Agency Working (3 Credits)
Course Aim	To help the student reflect on what he/she has been able to learn and also practice. The student will also work in the community with other relevant professionals, opinion leaders and agencies.
Learning intentions	By the end of the course the student should be able to: • Attain proficiency in at least 80% of the values, skills and behavioural attitudes expected • Describe the role of other health professionals and providers and agencies including: Private mental health care providers, traditional leaders, herbalists, religious groups, spiritualists • Work collaboratively with the above persons and groups
Course Units	1. Visits to the above persons/groups, facilities and centres 2. Demonstrate effective collaborative working relationship with other health providers and agencies 3. Production of a fieldwork report, portfolio and logbook

HMAP 1209	Clinical Psychopharmacology II (3 Credits)
Course Aim	The aim of this course is to ensure the student understands and appreciates the use of various commonly prescribed medicines for treatment of mental disorders and, if practicable, application of ECT
Learning intentions	By the end of the course the student will be able to: • Demonstrate knowledge and understanding of the action and use of medicines used in rapid tranquilisation • Demonstrate knowledge of the action and use of medicines used in acute and maintenance treatment of various psychiatric disorders • Discuss the action and use of the medicines used in substance dependence • Clinically demonstrate knowledge of the action and use of medicines used in the treatment of epilepsy • Demonstrate knowledge and understanding of the action and use of the medicines used in treatment of adverse effects of psychotropic medicines. • Demonstrate knowledge on the action and use of medicines used in application of Electroconvulsive Therapy (ECT)
UNIT 1	Anxiolytics
UNIT 2	Typical/conventional antipsychotic medicines
UNIT 3	Atypical antipsychotic medicines
UNIT 4	Anti-convulsants
UNIT 5	Anti-muscarinic medicines
UNIT 6	Other medicines used in psychiatry
UNIT 7	Rapid tranquilisation
UNIT 8	Practice of Electro- Convulsive Therapy (ECT); medicines used in the applications of ECT:

HMAP 1210	**a): History of Psychiatry in Ghana (1 Credit)** **b): Psychiatry and the Law in Ghana (2 Credits)**
Course Aim	**a)** To be familiar with the history of psychiatry in Ghana **b)** To understand civil and criminal laws that relate to psychiatry **c)** To understand the association between psychiatric disorders and crime **d)** To understand the workings of the court, prisons and the police in relation to mental disorder
Learning intentions	By the end of the course the student should be able to: • Give an account of the history of psychiatry in Ghana, the psychiatric institutions and their pitfalls • Describe the relevant aspects of the law with respect to psychiatry • Understand the associations of mental disorder and crime • To understand the workings of the court, prisons and the police in relation to mental disorder • Assess the mentally disordered offender and provide report or advice
UNIT 1	**1.1** Exploring the history of psychiatry in Ghana **1.2** Evaluating psychiatric institutions and services in Ghana
UNIT 2	**2.1** Overview of relevant law in Ghana, including criminal, civil and the national insurance scheme **2.2** Association of mental disorders and crime **2.3** Psychiatric aspects of specific crimes: violence, homicide, sexual offences **2.4** The workings of the court, prisons and the police in relation to mental disorder **2.5** Effective collaborative working between the MAP, the Police, the courts and other law enforcement agencies **2.6** The Ghana Mental Health Act in detail (current., past and any pending Bills)

HMAP 1211	Project Work (3 Credits)
Course Aim	The aim of this course is to enable the student apply the knowledge, understanding and skills in research, audit and field survey in the practice of psychiatry.
Learning intentions	1. Student will be expected to undertake a project work in the form of an audit, a field survey or a case study. 2. Writing up a project work 3. Presentation of a project work

Year Two 1st Semester

HMAP 2101	General Psychiatry III (3 Credits)
Course Aim	The aim of this course is to enable the student acquire a hands-on experience in assessment and management of psychiatric emergencies and acute conditions
Learning intentions	By the end of the course the student should be able to: • Demonstrate knowledge of various psychiatric emergencies and acute conditions • Identify and assess psychiatric emergencies and acute conditions • Demonstrate skills in the management of acute conditions and emergencies cases
UNIT 1	Assessment of acute psychiatric conditions and related emergencies cases **1.1** Self-harm/Attempted Suicide and Suicide **1.2** Violence and assaultive behaviour **1.3** Severe mania **1.4** Acute psychosis **1.5** Catatonic stupor/excitement **1.6** Acute confusion **1.7** Acute severe adverse effects of medicines (e.g. dystonia, parkinsonism) **1.8** Status Epilepticus **1.9** Others e.g. panic attacks, acute intoxication and withdrawal states
UNIT 2	Management of emergencies **2.1** De-escalation **2.2** Control and restraint **2.3** De-briefing **2.4** Use of seclusion **2.5** Rapid tranquilisation **2.6** Treatment acute severe adverse effects and overdoses

HMAP 2102	Epilepsy (3 Credits)
Course Aim	To enable student to acquire knowledge and skills to determine the causes if any of epilepsy and other seizures disorders; to be able to manage such conditions in both acute and long-term.
Learning intentions	At the end of the course student should be able to: • Explain the causes of seizures • Identify and describe various forms seizure disorders • Demonstrate skills and experience for managing patients with epilepsy and other forms of seizure disorders
UNIT 1	Aetiology – • Symptomatic • Idiopathic
UNIT 2	Classification: **2.1** Partial seizures • Simply partial • Complex partial **2.2** Generalized seizures • Absence seizures • Myoclonic seizures • Clonic seizures • Tonic seizures • Tonic - clonic seizures • Atonic seizures **2.3** Unspecified seizures • Status epilepticus
UNIT 3	Diagnosis – assessment, examination and investigations
UNIT 4	Treatment **4.1** General principles **4.2** Management of a convulsion **4.3** Elimination of precipitation of causative factors **4.4** Drug therapy • Anticonvulsants • Benzodiazepines • Management of status epilepticus

HMAP 2103	Substance Misuse/Abuse (3 Credits)
Course Aim	To acquire knowledge and skills in the identification and management of alcohol problems.
Learning intentions	By the end of the course the student should be able to: • Describe patterns of normal and abnormal use of alcohol • Identify various forms of alcohol misuse • Identify a problem drinker Discuss the causes of alcohol misuse • Assess and manage various degrees of alcohol misuse including acute and long-term complications
UNIT 1	Definitions: What is substance misuse/ harmful use /dependence/tolerance
UNIT 2	Causes of abuse and the extent and nature of the problem, with particular emphasis on alcohol misuse; but also drugs commonly misused e.g. cannabis, cocaine, opiates
UNIT 3	Assessment of alcohol use and misuse • Alcohol history • Life, social and family history • Physical examination • Mental state/psychological assessment • Investigations
UNIT 4	Complications of alcohol misuse • Socio-cultural and legal • Physical complications • Psychiatric complications • Intoxication/overdose • Withdrawal effects
UNIT 5	Management **5.1** General measures • Harm reduction • Counselling • Self-help groups • Assertiveness skills • Vocational rehabilitation • Crisis intervention • Inpatient care **5.1** Specific treatment methods • Detoxification for alcohol • Management of alcohol withdrawal effects • Use anti-craving medicines **5.3** The law and drug control policies and prevention of abuse

HMAP 2104	Psychiatry/Medicine Interface (Liaison Psychiatry)
Course Aim	To enable the student acquire skills and experience in the management of psychiatric problems likely to occur in various medical sub-specialities.
Learning intentions	By the end of the course the student should be able to: • Demonstrate an understanding of the co-occurrence of psychiatric disorder and physical illness in various settings including community, outpatients, hospitals and institutions. • Recognise and manage psychiatric problems in the patient presenting with physical conditions • Recognise and manage general medical conditions in patients with mental disorders.
UNIT 1	Understanding the association between psychiatric and physical disorders **1.1** Psychological factors as causes of physical illness **1.2** Psychiatric disorder presenting with physical symptoms **1.3** Psychiatric consequences of physical illness: • Delirium and other cognitive dysfunctions • Stress-related, anxiety, mood and psychotic disorders **1.4** Psychiatric and physical disorders occurring together by chance **1.5** Psychiatric problems with physical complications: • Attempted suicide and deliberate self-harm • Alcohol and other substance abuse • Eating disorders such as anorexia and bulimia
UNIT 2	Management of psychiatric disorders associated with physical illness **2.1** Consultation for patients in medical settings **2.2** Medically unexplained symptoms **2.3** Education of non-mental health care staff **2.4** Interventions using biological medicines, psychological (such as group therapies) and social practices

HMAP 2105	Clinical Psychopharmacology III (3 Credits)
Course Aim	1. The aim of this course is to enable the student acquire practical skills in the management of psychiatric conditions in the district or community facility. 2. The programme emphasizes a hands-on experience and inculcates into the student the necessary competencies required for the management of mental health conditions.
Learning intentions	By the end of the course the student will be able to: • Demonstrate understanding and skills in prescribing and monitoring of various medicines in the treatment of diverse psychiatric conditions with the main focus on schizophrenia (and other psychotic disorders), mood disorders, alcohol misuse, epilepsy, and psychiatric disorders due to general medical conditions.
UNIT 1	Clinically demonstrate skills in the prescribing and use of the medicines in the treatment of mood disorders
UNIT 2	Clinically demonstrate skills in prescribing and use of the medicines in the treatment of psychoses and related disorders
UNIT 3	Demonstrate understanding and skills in the use of the medicines for treating side effects of psychotropic medicines including depot antipsychotic injections.
UNIT 4	Demonstrate knowledge and understanding of the action and use of hypnotics and anxiolytics medicines
UNIT 5	Discuss the action and use of the medicines used in the treatment of substance dependence
UNIT 6	Clinically demonstrate knowledge on the action and use of medicines used in the treatment of epilepsy
UNIT 7	Demonstrate knowledge on the action and use of medicines used in mania both to control acute attacks and also to prevent their recurrence
UNIT 8	Demonstrate knowledge on the action and use of medicines used in Electro – convulsive Therapy (ECT)

HMAP 2106	Child Psychiatry, Learning Disabilities and Rehabilitation (3 Credits)
Course Aim	To be familiar with care of children with psychological/psychiatric problems, the disabled/mentally retarded and, procedures and provisions of rehabilitation.
Learning intentions	By the end of the course student should be able to: • Identify and describe common psychological and psychiatric problems amongst children and adolescents in the Ghanaian context. • Provide advice, manage or refer children and adolescents to appropriate services or agencies • Identify the mentally retarded person, and offer appropriate advice, education and support to the person and their family • Refer the mentally retarded person who is vulnerable to the appropriate services or agencies • Demonstrate knowledge in procedures and provisions for rehabilitation • Demonstrate skills in rehabilitation of patients at various stages and levels of care
UNIT 1	Child Psychiatry **1.1** Normal development **1.2** Socio-cultural factors in childhood problems **1.3** Common problems in early childhood, middle childhood and adolescence **1.4** Assessment of child psychiatry problems **1.5** Child abuse **1.6** Psychosocial interventions in childhood and adolescence problems **1.7** Use of illicit drugs in children
UNIT 2	Learning Disability/Mental retardation **2.1** Concept of mental retardation **2.2** Forms of disabilities and handicaps **2.3** Clinical features of mental retardation **2.4** Physical, psychological, and emotional problems in the mentally retarded **2.5** Assessment of the disabled person **2.6** Psychosocial interventions for the mentally retarded and their family/carers

UNIT 3	Rehabilitation **3.1** Concepts and principles of rehabilitation/long-term care **3.2** Procedures used in rehabilitation: • Medical • Psychological • Occupational • Social **3.3** Provisions needed for rehabilitation • Institutions • Day centres • Outpatient clinics **3.4** Provisions required for rehabilitation in the community • Appropriate accommodation • Suitable well-supported carers • Suitable occupation • Patient's collaboration with treatment and care • Effective collaboration among carers • Regular assessment physical health and psychosocial needs • Crisis intervention when the need arises

Appendix A

The Rationale for a Medical Assistant in Psychiatry

1. There is a global shortage of 4.3 million health workers (WHO "Working Together For Health" 2006). The most severely affected countries are those in Sub – Saharan Africa (SSA) which includes Ghana. When it comes to progress towards meeting the health related MDGs, again sub-Saharan Africa is significantly falling behind the other Regional Blocks (World Bank country report (2008) on human resource for health). Some of the reasons for such failures in the health sectors of SSA countries are:-
   - Lack of access to basic health services
   - Inadequate environmental and sanitary standards
   - Inadequate number of health workers
   - Inappropriate skill mix
   - Lack of skilled health workers
   - `Ineffective management coupled with inefficient ways of supplying logistics and pharmaceuticals.
2. In all of these, Ghana should be able to take a lead and find workable solutions to meet the ever changing needs of the populace. The wealth of a nation is the health of its people and therefore creating wealth through health is vital for any nation to make progress.

The rationale for increasing the number of mental health practitioners

High prevalence of mental disorder in Ghana and low treatment rates

3. There is a lack of comprehensive data on the incidence and prevalence of mental disorder in Ghana, but based on prevalence rates from the World Mental Health Survey 2004 it can be estimated that;
   - 13% of the adult population aged 18 and over (upto 2,816,00 people) are affected by mental disorder
   - 3% of the population (650,000 people) suffer from a severe mental disorder
4. Ironically, statistics from the health information systems in the country show that only 32,283 people are receiveing treatment for a mental health problem. This comes to a treatment rate of only 2%, which is abysmally low. The bulk of the total population expected to have a mental disorder are not able to have access to care (Ref: WHO - Ghana Country Summary, 2007).
5. Globally, the contribution of mental disorders to the disease burden is expected to rise from a level in 2000 of 12% to about 15% by 2020 (WHO 2007). This presents a challenging situation for Ghana in relation to the level (and model) of mental health services that should be provided. Over reliance on institutional based treatment and care with its huge cost in the midst of other pressing demands on the health budget, brings to the fore a need to shift focus much more towards community based care.

Mental health services in Ghana are sparse

6. In 2008, mental health services for the nation of 22 million people were provided at 68 health facilities only and most of these are in the south of the country. In 2008 these comprised;
   - 56 clinics run by community psychiatry nurses (CPNs)
   - 5 regional hospital psychiatry units with a total bed capacity of 77 (located at Ho, Koforidua, Kumasi, Sunyani, and Wa) (Ref MHaPP Country report- 2008)
   - 3 state-owned psychiatric hospitals in Accra, Pantang and Ankaful with a total bed capacity of 1550
   - 4 private psychiatric hospitals.
7. The 3 psychiatric hospitals in Accra, Pantang and Ankaful in all provide 7.04 beds per 100,000 of the population.

Summary of Inpatient Mental Health Services

Accra psychiatric hospital (APH) has 800 beds but most of the time it is over-stretched and houses about 1,100 patients.

Pantang psychiatric hospital (PPH) located 25km east of central Accra has 500 beds whilst Ankaful psychiatric hospital (ANPH) near Cape Coast in the Central Region has 250 beds. Four percent (4%) of the total number of hospital beds in these hospitals are allocated to children and adolescents. All the three hospitals have mental health outpatient facilities.

Invariably, there is overcrowding in the state hospitals due to insufficient beds resulting in patients sleeping on mats and mattresses spread on the floor. In 2005 6,454 patients were admitted in these 3 state psychiatric hospitals. Psychotic disorders constituted the most frequently diagnosed condition followed by substance abuse disorders (mostly alcohol and cannabis related) and mood disorders.

At ANPH, the average length of stay of admitted patients in 2005 was 82.2 days whilst in PPH the average length of stay for the same period stood at 285 days.

Some mental health patients who are considered ready for discharge continue to remain in the psychiatric hospitals. The Mental Health and Poverty Project (MHaPP) study by Dr. Victor Doku, Dr.Akwasi Osei and others shows that, in 2007, 520 patients who were said to be ready for discharge at APH remained there. One of the reasons appears to be the stigma attached to mental disorders which results in families and caregivers abandoning their relatives at the psychiatric hospitals. It is likely that lack of community support and rehabilitation services also contributes.

Due to unavailability of or inadequate community rehabilitation centres for people with mental health problems, some of the patients in the state hospitals have virtually no support once they are outside the walls of the psychiatric hospitals. As one health worker put it, 'there are some of the patients who have gone in and out of hospital so many times that they prefer to stay permanently in the hospital'.

One patient for instance has been in a psychiatric hospital for over 20 years occupying a single bed.

The aforementioned among others point to the fact that we as a nation have not been able to meet the mental health needs of the people.

8. At primary care level, basic mental health conditions are seen at district hospitals by generalist medical doctors (not specialists in psychiatry) and Medical Assistants.

Mental health staffing shortfalls

9. In 2005 official figures showed that there were only 15 psychiatrists in Ghana. In 2009 the situation was no better. Out of this number, 9 were retired and on short term contract for limited working hours. 2 were in private practice whilst 4 were working in Ghana Health Service facilities.
10. When it comes to Community Psychiatric Nurses (CPNs), the picture is not too different. Most of the 132 CPNs in post as at 2005 will be retiring in the next 10 years.
11. Psychologists and social workers who also play a vital role in the management of patients with mental disorders are so few that they are unnoticeable. Currently, there are 0.004 psychologists and 0.027 social workers per 100,000 of the population respectively.

Workforce attrition

12. It is known that due to undesirable service conditions, mental health workers continue to move away from the field of mental health practice to general practice.
13. Preparing a well motivated and skilled mental health workforce with improved service conditions supported by an adequate budget will begin to reverse the poor state of mental health staffing and services for the population.
14. It is therefore important at this stage of our development to take into consideration the human resource for health development requirement for mental health alongside other priority needs. A lot more needs to be done by Central and Local Government, NGOs, Research, Education and training institutions as well as civil society to address mental health issues.

Moving away from institutional care

15. The policy of the Ministry of Health is now to shift the focus of mental health treatment from specialist institutional care in the large mental hospitals to community services and general health care settings throughout the country. This policy is clearly ripe for implementation.
16. The New Mental Health Bill strengthens community mental health services, helping those who need mental health care to be more easily identified and managed.
17. This move to a more community based approach, apart from reducing the cost of in-patient care, will also prevent the influx of persons to the three state- run psychiatric institutions which are all located in the urban coastal cities of southern Ghana (Accra, Pantang near Accra, and Ankaful near Cape Coast). The policy will increase access to mental health care in the least restrictive environment as near to the sufferers' home as possible which are basic health care rights for the populace.

The rationale for the mental health workforce scale up being through the creation of MAP and CMHO

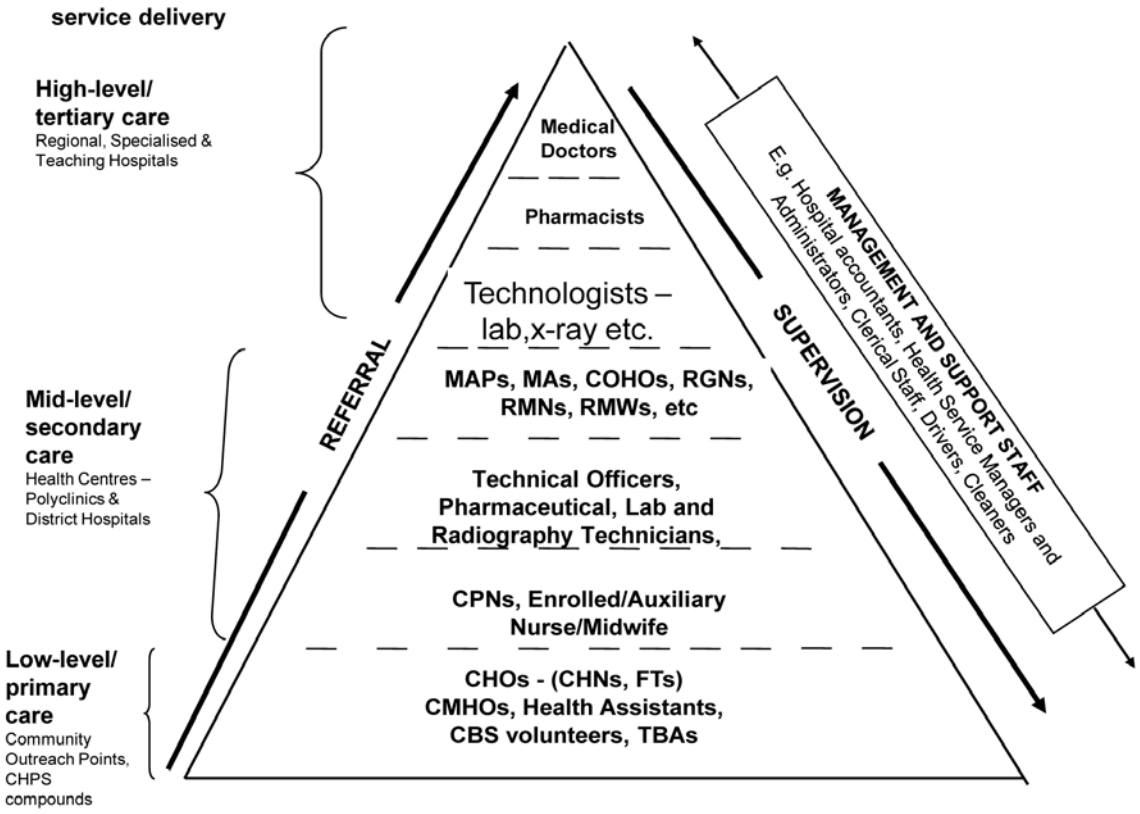
18. Commitment to primary health care delivery in Ghana after independence led to the establishment of a Rural Health Service. This led to the training of a cadre of middle level health professionals known as health centre superintendents who were later on called Medical Assistants.
19. Today, much rural health care particularly in Northern Ghana is provided at health facilities staffed by Medical Assistants. They have become the backbone of the health system (Non-Physician Clinician study in forty-seven Sub-Saharan African Countries; Mullan & Frehywot, 2006).

20. Despite the efforts being made since 1980, to train large numbers of health workers including physicians the problems of shortage of physicians and other health professionals as a result of brain drain is still a problem. Most district hospitals are under-staffed.
21. A review of training policies of MOH/GHS indicates the need to educate and train an upgraded Medical Assistant who is well motivated to provide integrated health care mainly in the rural and underserved locations of the country. An underlying factor for the success of the 'MA' model of health care is also to ensure adequate educational and professional career progression for MA's to attain self-actualisation and self-esteem.
22. Medical Assistants with additional training in psychiatry will naturally fit into psychiatric practice. As certified middle level health professionals who already practise medicine under the supervision of physicians (medical doctors), MAs have the authority to diagnose and treat patients with a range of medical conditions.
23. The broad medical education and professional training of Medical Assistants covers internal medicine, emergency medicine, paediatrics, surgery and community health providing a solid foundation for their clinincal practice.
24. Further educational and professional training of Medical Assistants in clinical psychiatry will equip them to practise psychiatry in a range of settings. A Medical Assistant Psychiatry will be able to address the diverse medical as well as the mental health needs of mental health patients.
25. A lower tier of mental health practitioner is needed to work with MAP. A MAP working without such a tier would be professionally isolated, overburdened and overstretched trying to cover the mental health needs of all those requiring specialist care.
26. The Community Psychiatric Nursing (CPN) model of community care has so far illustrated that the CPN framework in Ghana cannot provide the community care required. An alternative resource that is available now is MAP combined with a specialist Community Health Officer (CHO) workforce . CHO's work within CHPS as described below.

CHPS (Community-based Health Planning and Services)

As a way of bringing health services closer to the 'door steps' of the populace in Ghana, a Community-based Health Planning and Services (CHPS) strategy was introduced. Community Health Nurses, Field Technicians, Midwives and other frontline health workers upon completion of their courses of study are given further training and designated as Community Health Officers (CHOs). They are posted to CHPS compounds to provide integrated services. Working as a team with Community Based Surveillance Volunteers (CBSV), Traditional Birth Attendants (TBAs) and Community Health Committee Members (CHCM), CHOs plan and manage health conditions and events covering the management of common ailments, growth monitoring and promotion, immunisation, family planning, antenatal & postnatal services, disease control and surveillance and health promotion among other duties.

27. It is estimated that several thousands (15,000 or more) CHOs will be needed in the next 5-10 years to sustain and move CHPS forward. In line with this and other developments, MOH/GHS has significantly increased the intake of CHO learners into training schools.
28. New schools have also been established to absorb more CHO trainees to be able to meet the human resource requirements..
29. The academic and professional career progression for CHO to attain self-actualisation and self-esteem is vitally important for long term job satisfaction and workforce retention. An upgraded CHO, well educated and trained in the area of community mental health, resourced and supported to perform his/her duties will be highly motivated. Such an upgraded Community Mental Health Officer (CMHO) can be part of a multi-disciplinary team with MAP and a wide range of allied professionals. to provide mental health services in the community. This will bring about continuity of care and integrated services from the household/family through to the highest level of care.
30. MAP and CMHO fit into the existing workforce as illustrated below;



Appendix B

Description of what the MAP will do

Overview

1. The duties of the qualified Medical Assistant Psychiatry will be almost identical to those of a psychiatrist (including diagnosis and prescribing), but like a Medical Assistant the MAP will work under the supervision of a doctor (Medical Officer). The MAPs will act within the formal code of conduct of statutory and professional associations. The MAP will work with other relevant stake holders and cases will be referred as appropriate.

Intended workforce density

2. The initial intended workforce density of MAP is one WTE per district.

What does the MAP do ?

3. The MAP will have less medical and psychiatric knowledge than a psychiatrist, so they will not treat the whole range of psychiatric conditions that exist. Furthermore, if they were expected to treat the full range of conditions they would be overwhelmed and workforce retention would become a concern.
4. Evidence from the World Health Organisation and the series of publications on Global Mental Health in the Lancet in 2007 suggests that initial actions to scale up mental health services in low and middle income countries should consist of basic, evidence based packages of care and services for core mental disorders. These should be disorders which both contribute significantly to the burden of disease and have an evidence base for treatments which are effective and available.
5. With these factors in mind, the curriculum developers in conjunction with key stakeholders including the Chief Psychiatrist and other practicing psychiatrists in Ghana have concluded that MAPs and CMHOs shall be confined to managing the following conditions:-

		ICD-10 code
1	Schizophrenia	F20 and F22-F29
2	Bipolar Affective Disorder ('Manic depression')	F30 and F31
3	Depressive Disorder	F32, F33 and F34.0 (but not F34.1)
4	Hazardous alcohol use	F10.1-F10.7
5	Epilepsy	

6. The first three are major mental disorders as defined in the WHO International Classification of Diseases (ICD 10).
7. Hazardous levels of Alcohol use are, on average,
   - 20g pure alcohol/day for women (1 bottle beer / day)
   - 40g pure alcohol/day for men (2 bottles beer / day)

   Alcohol dependence syndrome is also defined by the WHO ICD 10

8. Epilepsy is included because currently it is not treated by doctors in Ghana. Although it is treated by neurologists in Western countries the inclusion of epilepsy for MAP is not unreasonable as people with epilepsy, at a community level, face many of the same problems as those with mental illness. A community mental health service such as the MAPs and CMHOs will operate in a way that can meet those needs. Furthermore, neurologists are even scarcer than psychiatrists in Ghana.
9. Treatments available for the 5 conditions have an evidence base. The treatments consist of-

Disorder	Main evidence based treatments
Schizophrenia	Antipsychotics and psychosocial support
Bipolar Affective Disorder	Mood stabilisers and psychosocial support
Depressive Disorder	Antidepressants and psychosocial support.
Hazardous alcohol use	Detoxification and brief psychological interventions.
Epilepsy	Anticonvulsant medication.

10. MAPs and CMHOs will also give psychological and social support for the families and carers of patients. They will work closely with the community, providing education about mental disorder and will have links with groups such as the police, churches, traditional healers and schools.
11. Regarding other conditions that MAPs and CMHOs may come across, the following pertain:-
    - **Non Schizophrenic Psychoses. e.g. Organic Psychoses and Drug Induced Psychoses**. MAPs should be able to diagnose and manage the acute presentation of these conditions. They would be expected to refer organic psychoses to a physician and provide some input in the acute phase. They should be able to distinguish Drug Induced Psychoses from Schizophrenia but not to provide long term management due to limited treatment options and workload considerations.
    - **Other Substance Misuse problems**. It is recognised that drug abuse such as cocaine and cannabis is a growing problem in Ghana. However, limited resources and lack of available treatments mean that, in the early years of the service, MAPs should confine their work to alcohol detoxification.
    - **Anxiety Disorders**. Due to large numbers of potential cases and limited effectiveness of available treatments these would not fall within the MAPs and CMHOs remit. They would be expected to recognise these as a category and refer on using protocols as a guide.
    - **Learning Disability / Mental Retardation**. The expectation would be to diagnose and offer advice. Ongoing treatment would not be available
    - **Dementia**. These cases would be referred on to a psychiatrist for further treatment of any reversible cause, again with the aid of protocols.
    - **Child Psychiatric Disorders**. Only children above the age of 12-14 will be treated by MAP / CMHO at this stage. Treating children is quite technical and will be for psychiatrists until the MAP / CMHO workforce expands.
    - **Status Epilepticus**. This is a medical emergency and will be managed by Medical Officers (MO) or Medical Assistants (MA) in the first instance, unless no MO or MA is available. Psychiatric in-patients who suffer status epilepticus would be managed initially MAP.
12. MAPs can refer cases they have difficulty managing to psychiatrists, they can contact psychiatrists by mobile phone and specialist outreach clinics staffed by psychiatrists shall be available.

13. Support - Whilst the benefits of restricting the MAP and CMHO's work are clear, there will undoubtedly be many challenges. Practitioners may be working in relative isolation and face pressures from within the service, as well as from patients and families. This could lead to difficulties maintaining boundaries, such as whom to treat and for how long. Add to this the diagnostic uncertainties there will be and it can be seen how working within strict guidelines may prove difficult at times. To help manage this, specialists in Hampshire Partnership NHS Foundation Trust in partnership with experts in Ghana will provide long term support for MAPs and CMHOs.
14. The future - Looking to the future it can be expected, that with workforce and service development, the remit of MAP and CMHO will expand. Some of the limitations faced now are due to lack of resources and available treatments. Changes and improvements will lead to MAPs and CMHOs being able to treat a wider range of conditions in the future. In time, as more practitioners qualify, strengthening the workforce and developing the service, it is hoped that MAPs will have a wider range of specialist skills. They will eventually be under less pressure to practice as generalists alongside their specialist role thus allowing room for their practice to expand. This, and their continuing professional development, will give scope to manage psychiatric disorders outside the five core conditions. The longer term vision of developing routes for career progression may also provide opportunities for sub specialist qualifications in mental health and subsequent expansion of roles.
15. At the end of the programme, a Medical Assistant Psychiatry should be able to undertake administrative and management duties in line with their qualification as MAP and Medical Assistant plus clinical duties in line with their role as MAP. These include;

Administration

- Managing mental health units at district level and below
- Organising and supervising mental health activities at district level and below
- Attending any relevant planning meetings relating to mental health issues
- Compiling records and writing monthly reports on mental health cases and submitting to the SDHT and DHMT
- Preparing and disseminating reports on PHC mental health related activities.
- Conducting research into mental health problems in the district and disseminating the findings as part of problem solving activities.
- Collecting data on mental health cases in the community for analysis and use for decision making
- Managing medicines, equipment, materials and other resources for mental health activities.
- Demonstrating an understanding of national health policy and its relevance to mental health.
- Recognising the role of other sectors in contributing to community mental health
- Managing general health and mental health information systems
- Participating in PHC activities
- Performing any other function that may be assigned as and when required by line managers

Training

- Conducting mental health training needs assessment and training other health workers

Clinical

- Recognition of all mental disorders but with a specific focus on diagnosis of those mental disorders prioritized for treatment by MAP as described in paragraphs above
- Planning and administering treatment plans for mental disorders as described in paragraphs above. Treatment includes prescribing medication.
- Managing mental disorders in the community – limited to the range of conditions described in paragraphs above
- Understand the beliefs, value systems and culture of the communities they serve
- Promoting mental health through collaboration and networking with other sectors
- Working with other members of the health team, other agencies/organizations and the community to plan, implement and evaluate health activities.
- The ability to plan and execute health education programmes.

Continuing professional development

- Maintain and update professional practice by uundertaking continuous professional development (CPD).

16. The MAP does not provide complex psychotherapies. Simple supportive psychotherapy will be provided, including 'counselling' and illness education, but not psychotherapies such as CBT, DBT etc. These therapies will only be available from either psychiatrists or other practitioners with specific training for their provision.

17. MAP prescribing will be from a broad but restricted range of medicines. For example it will not include prescribing narcotics or amphetamines for mental health problems.

Who does the MAP work with ?

18. The MAP has key relationships with;

- Psychiatrists
- Medical Officers
- Community Mental Health Officers
- Community Psychiatric Nurses
- Other health professionals in the community
- Patients and their family members
- Community leaders
- Social workers
- Traditional healers and church leaders
- Police
- Prisons
- NGOs

(note – there will be others too, this list is not exhaustive, it is just a guide)

Where do MAP work ?

19. The priority is provision of services to rural and semi urban communities. MAP will mainly operate from district and sub-district facilities.

What is the supervision framework for MAP ?

20. Supervision is provided by Medical Officers

What are the line management arrangements for MAP ?

21. These are determined by MoH / GHS

Resource requirements for MAP

22. The resources needed by MAP are determined by GHS and local arrangements. Absolute priorities will include (this list is not exhaustive);

- Accommodation
- An office
- Means of transport (a motorbike)
- An adequate supply of psychotropic medication
- Means of communication

23. Transport is crucial as MAP are fully community based. Each MAP requires the use of a motorbike without which their practice would be severely restricted

Values underpinning the practice of MAP

24. MAPs have obligations to their patients, to society and their chosen profession. This requires commitment to life-long learning and continuing professional development.

25. MAP are professional practitioners who;

- Show respect and see patients as a whole, not just a 'disease' or 'condition'
- Understand and acknowledge the ethical, cultural and socio-economic context of the person.
- Foster relationships of trust, honesty and understanding between practitioner and patient
- Establish clear and empathic communication that will promote understanding and partnership
- Develop professionally and practise within the scope of expected competence
- Form the habit of reflecting on issues and occurrences in quest of deeper understanding, knowledge and good practice.
- Are both team players and have the ability to practise with autonomy within the structure and framework of professional practice.

26. MAP will uphold the principles of the medical profession, particularly the principle of 'first do no harm'. An important implication of this is that there is no automatic assumption that western approaches to health practice are superior to traditional practices. Many traditional practices can be as good as and sometimes better than western approaches for some conditions, so all cases will be treated individually. The mental disorders that MAP will primarily treat are those which are safer managed by western medical treatments.

Appendix C

Guidelines for Assessment, Examination and Grading of Students

1. Assessment shall be both formative (to help the student understand their progress, so that they can plan their future learning) and summative (for teachers/assessors to determine the student's progress/level).
2. Assessment shall be continuous, playing a fundamental role in the teaching/learning process. It takes into account the professionalism, education, values, attitudes, knowledge and skills of the student and the needs of the employer. The assessment process is subjective and there is no single method that will overcome this. The professional judgement of the teacher or preceptor will always be a key component of the process. In order to be fair, teachers and preceptors shall make on-going judgements of the teaching/learning process and such judgements are part of a well planned process producing multiple perspectives. A range of assessment methods (including case studies, short tests, field work report, reflective accounts of practice, observations, mid semester examination, end of semester examination, licensure examination) will be used. The units of the curriculum content will be assessed based on aim and learning intentions set. The role of assessment therefore is to;
   - Ensure the appropriate development of the student. It shall cover any of the situations in which aspects of the student's education are measured, recognised or formally appreciated by teachers, preceptors or the students themselves.
   - Demonstrate how well and in what ways the student has profited from learning opportunities as reflected in their self knowledge and deliberation with those who teach them.
   - Allow students to integrate and or link theory and practice.
   - Allow students demonstrate creative approaches to knowledge and understanding.
   - Inform and shape the understanding of both teacher and student about the student's progress and achievements
3. All the assessment methods will allow the learners to integrate theory and practice.
4. Professional practice related skills will be assessed through skills and practice based assessments.
5. The academic tutors, clinical supervisors and preceptors will play a key role in facilitating learners' ability to make links between theory and practice.
6. The assessment of each unit will be based on the learning outcomes.
7. Students will receive constructive feedback for each assignment from teachers and peers.
8. Students will be required to successfully achieve and complete practice based clinical competencies within each unit.
9. The expected competencies are outlined in an Assessment of Practice (AOP) document.
10. The assessment of professional practice will be part of the academic credits accrued which forms an essential component of the requirement for the successful completion of the programme,

11. In recognition of the need to properly assess, examine and grade students in accordance with the structure and content of the curriculum, the school hereby provides the following guidelines to regulate the summative assessment, examination and grading of students:

12. **Purpose of Assessment/Examination**

- To assess the effectiveness of teaching.
- To determine the level of learning that has taken place (i.e. students 'mastery of lessons planned and implemented in the curriculum)
- To provide the basis for:
- Repetition of instructions in specific areas not well understood by students.
- Promotion, referral, demotion or dismissal
- Satisfactory completion of programme (course of study)

13. **Types of Assessment/Examination**

The types of assessment/examination conducted in the school include:

- Assignments
- Periodic class tests
- Quizzes
- Assessment of competencies
- Assessment of portfolios
- Case studies
- Vivas
- Mid-Semester examination
- End-of-Semester Examination
- Professional Examinations (Theory, Practical & Oral)

14. **Method of Assessment/Examination**

The various methods to be employed include:

- Objective questions
- Essay questions.
- Demonstration of competency in practical skills
- Demonstration of satisfactory portfolio
- Viva Voce

15. **Preparation for Assessment/Examination**

It is mandatory for students to be ready for and participate in all assessments and examinations in the academic calendar and as and when determined by tutors.

A week prior to assessment/examination students will be informed orally for minor and by prepared timetable for major examinations.

Students must possess their own materials for assessment/ examination unless instructed otherwise by tutors or the school's Academic Board. Students are permitted to use the following during an assessment/examination:

- Mathematical set (should not contain any paper)
- Pen (s)
- Pencil and sharpener
- Eraser

- Ruler
- Watch
- Scientific Calculators (please take note that mini-computers/Organizers, any calculator having the alphabets A-Z on it and mobile phones are not permitted. They will be confiscated if found).

16. Qualification for Assessment/Examination

If a student misses more than 25% attendance for a subject, he/she does not qualify to be assessed/examined in that subject.

17. Conduct in Examinations

Students must take note of the following during assessment/examination:

- No student should have on him/her any material not permitted during assessment/examination.
- No student should bring any type of book/notes into and around the venue of the assessment/examination.
- No student should attempt to communicate in any way with another student. All matters should be communicated to the tutor/invigilator.
- No student should attempt to borrow any material from another student.
- No student should attempt to take any answer sheet/booklet, either unused or spoilt out of the venue of the assessment/examination.
- Students should make it top priority to write their index numbers on all answer sheets/booklets used during an assessment/examination. Any answer sheet/booklet without an index number cannot be traced to the owner and therefore will be discarded.
- Students are advised to draw the attention of the invigilator/ Tutor when they discover any act of misconduct by other students during an assessment/examination.

18. Sanctions

Any student found contravening any of the rules and regulations regarding assessment/examination will be expelled from the venue of the assessment/examination and sanctioned appropriately. In this regard, invigilators/tutors have the mandate to take the most appropriate action on the spot and report to the Academic Office for further action to be taken.

19. Licensure Examinations

These are conducted by external examiners for students who have passed all courses (subjects) at the end of a programme of study. They are in two parts – mock and final.

The mock is organized to prepare students for the final professional examinations.

Any student whose average score for all papers taken falls below 50% will be considered to have failed the entire examination.

Any student who is referred in any paper will be given the opportunity to re-write that paper within six months upon declaration of results.

Students have three chances to pass a referred paper.

Appendix D

The Educational Principles Underpinning Curriculum

The interdependence of education, service and workforce

1. This curriculum is determined by the crucial interdependence of;

a) the **education** being provided for MAPs

b) the clinical **services** that currently exist and those that will develop as the roles of MAP fully unfold when they are in post

c) the current workforce and the emerging **workforce** (MAP, CMHO, RMN's, psychiatrists etc) to provide those services.

2. The curriculum design recognises that any one of the above – whether education, service or workforce – cannot develop appropriately or satisfactorily in isolation from the other two.

Determining what the practice of MAP should be

3. In 2009 when this curriculum came into existence there were no Medical Assistantsin Psychiatry (MAP). MAP were a new cadre of mental health professionals being introduced alongside the (also) new Community Mental Health Officers (CMHO). The students therefore had no role-models to follow and no established practice to emulate. Although there is a vision for the intended practice of MAP, it is part of the education for MAP within this curriculum, for the MAP students to develop their understanding of what their practice will be, and (crucially) what the actual best role of the MAP is. This will be learnt / developed by MAP as their learning unfolds (as it is likely that the intended practice of MAP as described earlier will eventually modify as MAP practice develops and embeds). The full details of the knowledge, skills and expertise MAP will need will only be known once MAP practice becomes well understood which will begin in earnest once the first cohorts of MAP actually start to practice
4. This uncertainty and the 'developmental' perspective is new for both students and teachers of KRHTS. It has critical significance for the design of the curriculum and the associated curriculum and education work being carried out in KRHTS and attachments. Some details of what may be required are given below. Others however will emerge as the curriculum is translated into practice. Because of this the curriculum design is a 'work-in-progress' and will be for many years to come. It does and will require continuous evaluation, review and renewal.

Practice based learning

5. The course is predominantly (70%) practice based learning, because the students are mature practitioners who are already qualified. They have already been in clinical practice and are experienced.

MAPs are self directed learners

6. The students shall act as 'self-directed learners' for as much of the course as possible. This contrasts with undergraduate courses which cannot have such a strong self-directed focus. This self directed learning will be facilitated by course tutors and attachment preceptors.

   The learning and teaching framework will include the following;

   - Students will undertake observation in clinical settings so that they can learn to see, analyse and interpret mental health clinical practice
   - Students will be learn the processes of reflection, self-knowledge and self appraisal.
   - Small group activities will encourage students to test ideas in a safe and supportive environment
   - Practice based learning activities will facilitate students to develop a wider sense of belonging both with others with whom they must relate
   - Students will be exposed to problem solving and problem based learning techniques to enable them to identify and propose solutions to problems in relation to the area of mental health, educational and social issues.

Principles guiding the curriculum content

7. Mental health (and non-mental health) practitioners in Ghana and the UK have been consulted concerning the practice / service required of MAP. This has included medics, nurses, Medical Assistants in Ghana in particular policy makers.

Appendix E

Arrangements for Attachments and Work in School

The MAP course is predominantly provided via practice based learning on attachment

1. The main place for learning MAP practise is in the practice setting (on attachment). Classroom teaching in school is aimed primarily at supporting the learning whilst on attachment.
2. The balance of time the MAP students spend 'in school' (at KRHTS) versus time on supervised attachment has been set (in the first instance and for a trial period) at a ratio of 30% 'in school': 70% on attachment
3. Individual students meet with their supervising tutor/mentor to review and discuss progress. Both keep written records of these meetings – students in their portfolio (see below); tutors in their student records.
4. Students' written examinations are conducted in school (see below).
5. Decisions about the students' progress (how they are getting on) and progression (whether or not they should proceed/graduate) are taken in school (see below).

'In school'

6. The general purpose of the 30% of students' time spent at KRHTS ('in school') is:
   - To introduce the students to the aims of the course, its intentions, structures, processes, procedures and requirements
   - To prepare students for their work in supervised practice attachments
   - To provide students with study material (see below)
   - To provide resources for attachment preceptors (see below)
   - For students to work in learning groups to debrief on their work from their practice attachments, facilitated by their school tutor(s)
   - To offer occasional lectures to students on relevant topics provided by visiting/outside speakers.
   - To arrange appropriate examinations to assess and record students' progress and achievements
   - To provide support for students through tutorial, mentor, remedial procedures
   - To evaluate the course for developmental and regulatory purposes.

   Some of the work in school occurs in 'whole group' sessions, with all students together (either the entire year group of MAPs and CMHOs or separate groups of MAPs and CMHOs as necessary).

'In practice'

7. The general purpose of the 70% of students' time spent on attachment is:
   - To provide experience of and exposure to mental health practice
   - For practical engagement in the provision of mental health services
   - To offer support for students' clinical practice and learning through the provision of appropriately qualified and trained supervisors and good supervisory processes.
   - To make provision for students to gain access to settings where community mental health is needed, such as schools, workplaces, residences, the police and public places

Attachment locations

8. The location of attachments include:
   - National psychiatric tertiary hospitals
   - Regional hospital psychiatric departments
   - District hospital
   - Health centres
   - CHPS compounds

Attachment rotations and experience

9. Student attachments rotate between practice attachments in blocks of time, interspersed with blocks of time at KRHTS. Students also gain practice experience through day release attachments whilst 'in school'.

Experience gained by MAP on attachment

10. On attachment, students gain experience of, and begin to develop their practice in:
    - In-patient care
    - Out patient care
    - Community care
11. During attachment, students gain experience and develop a significant understanding of the contribution made by other providers of mental health care, including:
    - Traditional healers
    - Prayer camps
    - Schools
    - The police
    - Community leaders and groups

Developing MAP practice

12. Through their work both in school and on attachment, students develop their capacity to:
    - Devise appropriate systems and procedures for mental health care where this currently does not exist
    - Liaise with existing providers of mental health care (including 'traditional' and other providers) to create working partnerships for the benefit of clients, their families and those who care for them.
    - Develop links (and where these do not currently exist, establish links) with other professional carers at district, regional and national levels.
    - Establish and develop appropriate links with CMHOs within their practice areas.
13. Students mainly gain their 'formal knowledge' through written material, including copies of published texts, monographs and review articles, although where facilities exist students are encouraged to use the internet too.
14. Resource material will be developed by specialist teachers and made available (some through electronic media such as CDROMs and DVDs). Where this material replaces the need for lectures it will reduce the need for lecturers and lecture accommodation. The general principle in this curriculum is that if a topic can be given as a lecture then it can be presented in an electronic form for personal and group study instead.

15. Students require access to computing facilities (most conveniently through portable 'lap-tops') eventually individually but initially through sharing.
16. Some knowledge necessary for effective practice is not found in published texts, and some cannot be defined in advance of students engaging in clinical practice. This is known as 'practice knowledge'.
17. Sources of practice knowledge include the 'know how' of existing practitioners and providers of health care. MAP students are expected to explore, unearth and capture this knowledge through their studies in the practice setting.

The Role Of The Teacher and Learner In The Learning - Teaching Process

18. The teaching – learning interaction involves the teacher / supervisor / preceptor and the learner (the student). In the course of the interaction both the teacher and student seek and share knowledge. The teacher is a facilitator for the student and a leader within the group.

The Role of the Teacher

19. The teachers should be able to:
    - Create conducive learning environments and facilitate the learning
    - Encourage students to explore
    - Stimulate students to think critically
    - Stimulate students to reflect on professional practice.
    - Encourage participatory learning
    - Assess the work of students (using case studies, reflective accounts of practice, professional conversations, essays, examinations, and assessment of practice capability).

The Role of the Learner

20. The learners should be able to:
    - Participate in learning
    - Seek knowledge independently
    - Seek and share knowledge in collaboration with all stakeholders in the teaching and learning process
    - Communicate effectively both in writing and orally
    - Aspire to become competent
    - Explore and further develop professional practice.
    - Assess their own work (self-assessment and group assessment)
    - Critique their own work

Arrangements for attachments

21. Students work and study together on attachment in 'learning groups' of three to eight students
22. Attachment 'learning groups' comprise a mix of MAP and CMHO students.
23. Group study is facilitated by a preceptor
24. Other practitioners in the attachment setting also provide input to the group's study as appropriate

25. An example of a typical weekly programme is as follows:

	Morning	Morning	Afternoon	Afternoon
Mon	Orientation Meet preceptor Plan weeks activities	Meet staff and other activities	Ward based work Eg see patients take histories	Small group session Case presentations to each other
Tues	Ward based seeing patients shadowing staff		Community based visits Eg With CPN or other staff	
Wed	Local visits eg police station Prayer camp	Reflective group discuss prompts Present Plan activities	Ward or community See patients Interview families Work on tasks	
Thur	Ward or community		Group session with preceptor Formal teaching by students to the group Case presentations Discussion group Reflective practice/writing	
Fri	1:1 with preceptors Review week Plan next week	Ward or community		Writing up

26. Students access resources (textbooks, monographs, review articles, CDROMs, DVDs, internet searches, etc) as and when they need to understand more fully what they are experiencing in the practice setting. Preceptors help facilitate students' to study and learn this way (see preceptor development below

27. Students are encouraged to share and discuss (with each other and their teachers) their experiences, their developing knowledge and the content of resources they access. They discuss their understanding of this and its significance for both the immediate clinical and organisational problems they are experiencing in their practice attachment and for their longer term development as practitioners.

28. Students capture their learning through extensive use of a portfolio (see below).

29. Students' attachment work is assessed by their preceptors (see below).

30. Work undertaken on attachment is part of their overall assessment.

Appendix F

Management of the Programme and Recruitment

Who Manages The Curriculum?

1. Kintampo Rural Health Training School (KRHTS) is one of several health training institutions under Ministry of Health (MOH) in Ghana. It is only one of its kind in the country. Currently, each health training institution, with the available material and human resources, manages the curriculum for each programme in close consultation with MOH headquarters in Accra, specifically the human resources division, and other stakeholders like the Ghana Health Service (GHS).
2. Since 2002, MOH headquarters has been organising meetings for heads (as representatives) of the training institutions and its (MOH headquarters) staff to consider overall management issues of the institutions, including that of curricula. Therefore issues pertaining to curriculum management are considered and conclusions arrived at within the context of the individual institutions. The decisions are informed by communities, local problems and the needs of the health sector.

KRHTS Context

3. KRHTS currently has nine programmes running and has structures (both material and human) in place in managing each of the curricula of the nine programmes. It would not be difficult, with some modifications, to integrate the Medical Assistant Psychiatry (MAP) programme into these structures.

Entry requirements and recruitment processes for the MAP course

Background

4. KRHTS has (in 2009) two main entry groups depending on the nine programmes offered. These are:

a. Senior High School leavers for the following programmes:
- Technical Officer Health Information Diploma programme (3yrs duration)
- Technical Officer Disease Control Diploma Programme (3 yrs duration).
- Technical Officer Nutrition Diploma programme (3 yrs duration)
- Technical Officer Laboratory Technology Diploma programme (3 yrs duration)
- Dental Surgery Assistant Diploma programme (3 yrs duration)
- Field Technician Certificate programme (2 yrs duration)
- Direct Medical Assistant Advanced Diploma programme. (4 yrs duration)

b. Health Professionals in service:
- State Registered Nurses (SRNs) and Registered Mental Health Nurses (RMNs) for the Advanced Diploma Post Basic Medical Assistant (PBMA) programme.
- State Registered Nurses (SRNs) and Registered Mental Health Nurses (RMNs) for the Advanced Diploma Post Basic Community Oral Health Officer (PBCOHO) programme.
- Field Technicians (FTs), Community Health Nurses (CHNs) and Environmental Health Assistants (HIAs) for the Technical Officer Communicable Disease Control Diploma programme.
- Field Technicians (FTs), Community Health Nurses (CHNs) and Environmental Health Assistants (HIAs) for the Technical Officer Nutrition Diploma programme.

5. Due to the urgent need for the MAP health professionals and the short duration of the programme, the entry group for the start of the programme will be PBMAs and PBCOHOs who have served two years minimum of service in deprived areas or three years minimum of service in areas not deprived. By 2014 Direct Entry Medical Assistants may also enter.

Recruitment processes

6. Recruitment processes are the same as those used for all courses at KRHTS. They will take place during the 5 months running up to each programme intake.
7. The following steps apply;
   - Advertisement: The Ministry of Health, via KRHTS inform potential entrants by advertising in the most widely circulated national news papers (Daily Graphic and the Ghanaian Times). Copies of the advertisement are also displayed on notice boards in the KRHTS.
   - Submission of an application form: The advert directs prospective entrants to buy, complete and submit an application form.
   - Entrance examination: nil
8. Selection Interview: This is organised by KRHTS.
9. Candidates with a score range of 50 – 100% are selected for admission.
10. The areas for scoring at the interview are:
    - Commitment to practicing in mental health
    - Appearance and behaviour (including evidence of composure and good character)
    - Current Practice (including experience and team work)
    - General knowledge and life experience
    - Academic ability to complete the programme
    - Commitment to pursue the programme
    - Commitment to professional practice
    - Communication skills
11. Particular weight is placed on character, communication and commitment to mental health.

Appendix G

Resources

Location of the programme

1. The MAP and CMHO programmes are based at the Kintampo Rural Health Training School in the Brong Ahafo region of Ghana.

General Administration

2. The Director is the overall administrative and academic head of the institution which is sub-divided into:
   - Day-to-day administration: headed by Deputy Director for Administration supported by a secretary.
   - Finance: Headed by an Accountant supported by two accounts clerks.
   - Academic: Headed by Deputy Director for Academic Affairs supported by teaching staff, academic committee, programme leads and fieldwork coordinator.
   - Student Welfare: Headed by Dean of Students supported by housemasters, tutor in-charge of sports and entertainment, catering committee, disciplinary committee and Students Representative Council.

Physical Facilities

3. The school has a wide range of facilities including administrative block, store blocks, hostel blocks, a Catering Unit, a Library block, a computer laboratory, classrooms, skill laboratories, internet connectivity (non-functional), conference room, meeting room, vehicles.
4. Placement facilities are not described in this curriculum.

Teaching Staff

5. There are full time teachers in various disciplines, many part time teachers and preceptors both within and outside the country to assist with teaching. There are two permanent teaching staff with mental health background for the MAP and CMHO programmes.

Teaching and learning materials/aids

6. A range of audio visual aids are available at KRHTS including laptops, LCD projectors, overhead projectors, television sets, video cassette players, video recorder and digital camera.

Placements

7. These will be at various facilities throughout the country.

Appendix H

Administration and Education Structures

Programme Lead

1. Mr. Emmanuel Ofori is the Programme Lead for the MAP course

Educational support for teachers

2. Teachers are key stakeholders in curriculum design and development. MoH and KRHTS recognise this through capacity building strategies to upgrade its teachers both in teaching methods and management. Teachers are granted study leave with pay and sponsored to go through first and second degree programmes related to their professions, in universities in Ghana and outside Ghana. They also attend workshops, seminars and short courses.
3. The institution is accredited to award diplomas. A capacity building strategy is on-going and the MAP programme will be part of this. Through its aim to attain a university status teacher capacity building at KRHTS is also focusing on higher degrees (Masters and PhD) in education. This is being supported by external collaborations such as that between MoH, KRHTS and Hampshire Partnership NHS Foundation Trust project. Teachers may also train at the Education Department of the University of Winchester for capacity building.

Appendix I

Quality Assurance Procedures

1. Quality Assurance (QA) is important in every endeavour.
2. To ensure quality of the MAP programme:
   - A programme lead will be appointed to coordinate the programme.
   - A programme committee will be formed of all staff teaching on the course and at least one student representative who will bring student concerns to the committee and feedback to the students on the programme. The committee will meet at least once each semester to ensure the smooth running of the programme.
   - The curriculum will be reviewed, by the collaborative efforts of all stakeholders, as and when the need arises but by formal review every 5 years.
   - Appropriate recruitment and admission policies will apply.
   - An assessment policy including marking and moderation procedures will be produced.
   - An academic misconduct including plagiarism policy and a student complaints policy will be developed.
   - Appropriate educational opportunities will be provided to build capacity of tutors, preceptors, clinical instructors, mentors and other stakeholders, including preceptor training at least annually and the opportunity to develop personal research.
   - A process of annual staff peer review will be introduced.
   - The collaboration of key stakeholders will encourage multidisciplinary teaching and learning.
   - There will be ongoing monitoring and evaluation especially of performance of teachers and learners. This will be aided by a process of annual reporting by the programme leader to the Academic Board, which will include written student, tutor and preceptor evaluations. The format and process for this annual monitoring will be developed.
   - External examiners feedback and feedback from the report received from Ministry of Health-Ghana, Hampshire Partnership NHS Foundation Trust, University of Winchester, Service Managers, Regulatory Bodies, General Public (users, non-users, relatives of users), and National Accreditation Board will be sought.
   - Adequate and appropriate teaching and learning resources will be provided.
   - Learners will be licensed to practice and regularly reviewed.

Appendix J

Evaluation of the Programme

1. Curriculum evaluation is part of the total process of curriculum design and development. Its purpose is to show how the curriculum is effective
2. The evaluation will take into account a wide range of perspectives covering all aspects of the programme through qualitative and quantitative methods. It will focus on the aims and expected learning outcomes of the programme and the use of and effectiveness of the opportunities provided in order for this to be achieved. The success of the programme may be known when the educational aims and the learning intentions are met and the learner (MAP) can demonstrate competence thereof.
3. The evaluation will be done by an internal steering committee (academic and governing board of the school, learners representative, representatives from district and regional health directorates, traditional and alternative medicine counsel, department of social welfare and criminal justice) and an external oversight committee (Ministry of Health, National Accreditation Board, and Regulatory Body). The internal committee will evaluate the programme on yearly basis and send copies of their report to all relevant stakeholders. The committee will focus on the initiation of the curriculum, through the design and implementation and any other aspect of the programme that the committee deems necessary. The external committee will evaluate the programme at 3 – 5 years interval and send copies of their report to all relevant stakeholders.
4. The key question the evaluation team will be asking is in what ways the curriculum design is being translated into practice.It is important that the evaluation team clarifies and discusses as widely as possible the purpose of the evaluation and the methods used to all those who will be part of the evaluation. The evaluation team should ensure confidentiality and at least anonymity to all those they will encounter as part of the evaluation.
5. During the evaluation, the team will;
   - Review minutes of meetings of the curriculum design team
   - Review the curriculum plan i.e. study documents.
   - Interview the curriculum design team.
   - Engage the design team in a deep deliberation to enable the evaluation team provide feedback. This helps to focus the design team's attention on the educational values they are espousing (orally and in writing)
   - Review the aims and intentions of the curriculum and the rationale behind it
   - Review the implementation of the curriculum. Here the emphasis will be on teaching sessions, activities of the learners and committees that meet to discuss curriculum's activities. The evaluation team in some way need to make essence of all this. This will be achieved through observation.
   - Review what is experienced in the field. The essence is that experiences differ and it may be that what planners consider ought to be happening may well differ from what is actually happening.
   - Conduct surveys using questionnaires administered to all relevant stakeholders to solicit their views on the effectiveness of the programme to learners, teachers, managers, policy makers and the public in general.
6. Resources such as transport (vehicle and fuel), logistics (computer, printer, stapler and pins, binding machine) stationery (A4 Sheets, pens) and any other resource (relevant to the evaluation process) that would be required by evaluation team will be made available.

A programme of educational research and inquiry for the curriculum

7. A programme of educational research for the curriculum will be developed in collaboration with key stakeholders. The research will assist the development of the programme as a whole and the curriculum in specific through providing evidence of efficiency, effectiveness and cost-effectiveness. This will include factors contributing to success and identifying barriers that need to be overcome to support greater positive impact. Evidence from short and intermediate outcome measures will be gathered and used to develop the curriculum on an ongoing basis, contributing to its development over time.
8. Both quantitative and qualitative methods will be used as most appropriate to the particular questions to be answered by the research. Grounded theory and inductive-deductive approaches will ensure that questions important to key stakeholders are addressed in a meaningful way that will provide useful, practical knowledge to ensure evidence-based curriculum development.
9. The detailed programme of research and development will be presented in a separate document currently being written in collaboration with key stakeholders to ensure its meaningfulness and usefulness.

Appendix K

The Process by which this Curriculum was produced

1. This curriculum was produced over the period 2008 – 2009. The process was detailed and included many meetings and consultation, particularly with practicing clinicians and teachers from many fields of mental health and general health practice. Those consulted have included;
   - The Honorable Minister of Health, and Directors of The Ministry of Health
   - The Director General, Ghana Health Service and Directors of GHS
   - Dr Akwasi Osei, Chief Psychiatrist
   - Reverend Professor Fr J Appiah-Poku, Head of School of Behavioural Sciences, KNUST
   - Mrs Amina Bukari, National CPN Coordinator
   - Principals of Nurse Training Schools
   - BasicNeeds, Ghana
   - Ghana Mental Health Educators in the Diaspora
   - Dr Victor Doku, Psychiatrist, Ghana Lead for Mental Health and Poverty Project
   - Traditional Practitioners
   - Police Service
2. The group that developed the curriculum included representatives from:
   - Kintampo Rural Health Training School (KRHTS) - Ghana
   - Hampshire Partnership NHS Foundation Trust (Project Team) - United Kingdom
   - University of Winchester – United Kingdom
3. The document was written by :
   - Dr. E. T. Adjase, Director – KRHTS
   - Mr. Emmanuel Ofori, Curriculum Lead, Medical Assistant Psychiatry – KRHTS
   - Mr. Emmanuel Okyere, Curriculum Lead, Community Mental Health Officer - KRHTS
   - Mr. N. A. Ashitey, Deputy Director Academic – KRHTS
   - Dr. M. Roberts, Consultant Forensic Psychiatrist - HPFT
4. The following UK practitioners provided educational and clinical advice:
   - Professor Colin Coles – University of Winchester, UK
   - Dr. Mark Roberts – Hampshire Partnership NHS Foundation Trust
   - Ms. Sally Gore – Hampshire Partnership NHS Foundation Trust
   - Dr. Stroma Macfarlane – Hampshire Partnership NHS Foundation Trust
   - Dr. Obed Bekoe – Hampshire Partnership NHS Foundation Trust
   - Dr. Rosie Lusznat – Hampshire Partnership NHS Foundation Trust
   - Dr. Gwyn Grout – Hampshire Partnership NHS Foundation Trust
   - Mr. Daniel Okyere – Hampshire Partnership NHS Foundation Trust
   - Dr Anita Mcbride – Hampshire Partnership NHS Foundation Trust

5. Documents consulted included:
   - Ministry of Health Programme of Work
   - The Mental Health Law of Ghana
   - Ghana Mental Health & Poverty Project (MHaPP) Country Report, June 2008
   - Lancet Global Mental Health Series
   - Medical Education: Developing a curriculum for practice – Fish and Coles, 2005
   - Kwame Nkrumah University of Science and Technology, MB ChB, Degree in Medicine
   - Curriculum Framework for the Surgical Care Practitioner – Department of Health, UK, April 2006
   - Competence and Curriculum Framework for the Physician Assistant, Department of Health, UK, September 2006
   - Physician Assistant in Psychiatry, American Academy of Physician Assistants, December 2006
   - European curriculum for training in adult respiratory Medicine – 2nd Report of the HERMES Task Force.
   - The curriculum for training mental health nurses – Ghana
   - The curriculum for training registered general nurses - Ghana
   - The curriculum for training Psychiatry Clinical Officer (PCO) – Uganda
   - The curriculum for training Psychiatry Clinical Officer – Tanzania
   - The curriculum for training Clinical Officer Psychiatry (Direct Entry) Zambia
   - All relevant KRHTS curricula
   - PLoS 2009 series on 2Packages of Car" for mental health disorders in low and middle income countries
   - Mullan F, Frehywot S. Non-physician clinicians in 47 sub-Saharan African countries. Lancet 2007; published online June 14. DOI:10.1016/S0140-6736(07)60785-5.
   - Mid-level cadres as substitutes for internationally mobile health professionals in Africa. A desk review. Dovlo. D. Human Resources for Health 2004, 2:7 doi:10.1186/1478-4491-2-7
   - The effectiveness of mental health services in primary care: the view from the developing world. Alex Cohen, WHO, 2001.

Appendix L

Definition of terms used in the Document

Term	Definition
Audit	A management method for measuring performance against expected standards
Drug	An illegal substance such as cannabis, amphetamine etc. This could also include, for example valium bought on the open market without any recommendation from a mental health practitioner. The only time drug is used instead of medicine is the title of an official document eg 'National Drugs Formulary'
Medicine	In everyday speech we often refer to 'drugs', eg psychotropic drugs, but sometimes this can cause confusion with illicit 'drugs', so in this curriculum we use the word medicine rather than drug. However, the term medicine does not extend to traditional medicines, unless specifically stated (eg'..the study of traditional practitioners and traditional medicines….")
Mental disorder, mental illness, mental health	Please refer to textbooks for definitions. The definitions can be lengthy and vary from one place to another. The course textbooks for this curriculum are the Oxford Textbooks of Psychiatry. Classification of mental disorders in Ghana uses ICD 10 (this is agreed by the Chief Psychiatrist), For this curriculum mental disorder also includes epilepsy
Pathway	A patients 'journey' to care (eg, a 'journey'/ pathway to a psychiatrist could be - consult a friend, go to a traditional practitioner, go to a Medical Assistant in local hospital, go to MAP, go to Psychiatrist)
Preceptor	Clinician who supervises students on attachment (please see the separate preceptors manual for more information)
Tutor	Degree holding educator based at KRHTS

MOH

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NHS Foundation Trust

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