The International Guidelines for Homeopathy Education

An ECCH & ICH document

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This document has been published by the International Council for Homeopathy (ICH) and the European Central Council of Homeopaths (ECCH). ICH represents homeopaths around the world. ECCH represents homeopaths in Europe.

ICH and ECCH aim to bring the benefits of high quality homeopathic treatment to all members of the public. In order to achieve this, homeopathy education must be of sufficient quality to facilitate students' development to become practitioners who are able to contribute positively to patients' health and healthcare, while at the same time ensuring their safety.

This report was ratified by the ICH Council at its (month year) meeting, and by the ECCH Council at its Annual General Meeting May 2011.

Preface to the 3rd edition, now renamed: *International Guidelines for Homeopathy Education*

Preface

This third edition of the Guidelines for Homeopathy Education has been renamed the 'International Guidelines for Homeopathy Education'. We would like to acknowledge the thorough consultation process which took place, involving a wide cross-section of the homeopathy profession, including individuals with expertise in the area of homeopathy education in 23 countries in Africa, America, Europe and Oceania.

These guidelines outline a framework for the education and training of a competent, autonomous homeopath. The homeopath should ideally be competent to work in a variety of roles, ranging from an independent consultant in private practice through to being an integrated member of a team of healthcare practitioners working in a clinical setting. Practitioners from other health care disciplines studying homeopathy are expected to complete the full homeopathy content of these guidelines, including the clinical requirements, in order to become competent homeopaths

We invite course providers, professional associations and individuals to assess the practical application of these Guidelines. All feedback is welcome, and will help us to make appropriate amendments for future editions. Readers and users are invited to send their thoughts to the International Council for Homeopathy (ICH).

Acknowledgements

We would like to thank the many individuals and groups who contributed to the early stages of development of this document in various ways. There are too many contributors to mention all individually, but we would in particular like to thank the editor of the 2000 edition, Ulrike Kessler.

Acknowledgments for the 3rd edition

We would like to acknowledge and thank all those who participated in the ECCH/ICH symposium on Homeopathy Education held in Leuven, Belgium, in April 2009. At the Symposium, a number of presentations were made by individuals with expertise in a range of areas relevant to homeopathy education. The presentations were followed by constructive discussions which provided additional information that contributed to establishing a solid basis on which revision process could begin.

Thanks to all those who volunteered to join the working groups which discussed and revised the new sections in the period from May 2009 to December 2010, especially Marita Byrne, Athena Cassar, Avghi Constantinides, Sue Crump, Melissa Dair, Alastair Gray, Øyvind Hafslund, Peter Kiefer, Ann McKay, Judyann McNamara, Katja Meier, Franc Müller, Gerry Murphy, Elia Onne, Riikka Sievänen, Wim Serneels, Beatrice Soldat, Matthias Strelow, Kathy Thomas, Anne Waters, Jerome Whitney, Linda Wicks.

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This edition is a joint publication of ECCH and ICH

ECCH, the professional platform for the homeopathy profession in Europe, consists of 28 member professional associations in 25 European countries. ECCH was founded in June 1990 and over the years has come to represent homeopaths in Europe.

ICH was founded in 2007 and represents the homeopathy professional globally. ICH has 33 member associations in 30 countries, including 25 countries in Europe, as well as associations in Australia, New Zealand, Japan, Canada and the United States of America.

Contents

Introduction

Homeopathy

"Homeopathy is that healing art and science of medicine which has been clinically developed from the principles discovered by Samuel Hahnemann and described in his treatise 'The Organon of Healing Art'. The practice of Homeopathy involves the selection and prescription of a single remedy, which through prior testing on healthy people and from clinical experience, is known to produce a similar symptom picture to that of the patient. The remedy is prescribed in the minimum dosage required to bring about healing." (ECCH Constitution 2009)

The competent homeopath has the potential to play a central role in the health care of each individual member of the population. Homeopathy offers the option of a primary therapy in a wide range and stages of disease conditions. Where full restoration to health is not possible, homeopathy can offer palliation, relief from suffering and assistance in recovery in support of other forms of treatment.

The education of Homeopaths

Homeopathy education aims to enable graduates to develop as autonomous and competent homeopaths, competent to work in a variety of roles, ranging from an independent consultant in private practice through to being an integrated member of a team of healthcare practitioners working in a clinical setting. The education needs to fulfill certain minimum requirements as to quality and content, and needs to be sufficiently long for the content of the study outlined in these Guidelines to be covered and assimilated. A range of educational experiences prepares students for a broad range of potential experiences they are likely to meet in practice.

The homeopathy education process recognises the student as an individual and creates an environment that enables students to realise their potential. Homeopathy education should therefore preferably be student centred. In order for students to learn how to become skilled practitioners, clinical experience and deep approaches to learning are central elements of their education (see chapters 4 and 6).

Learning activities and opportunities in the course, and the assessment of student progress, are designed in such a way that all the study topics are covered, and students can show evidence that:
- they *know* at a basic understanding level
- they *comprehend* through understanding relationships of ideas in concepts and procedures
- they can *apply* the material in a practitioner role, integrating understanding and refining knowledge

In addition, throughout the course students are encouraged to develop independence and autonomy, showing evidence that:
- they are able to analyse existing information or situations
- they can synthesise new ideas themselves from their own observation and experience
- they can evaluate their progress through use of reflective practice

Course providers will develop their curricula in ways that guide the teaching, learning and assessment towards these objectives.

The purpose of these Guidelines

This document is to be understood as a set of Guidelines, and not as criteria or a set of mandatory regulations. Individual national and regional situations may be influenced by legislation, regulation, national occupational standards, codes of ethics and other factors. The different areas of these Guidelines may therefore be more or less relevant to national guidelines, accreditation processes, curricula, syllabi or other documents and regulations which affect the education and training of homeopaths.

These Guidelines identify objectives and basic curriculum areas in homeopathy education and training, and may
- serve as a guide for the establishment of national or regional education guidelines
- facilitate the planning, implementation and evaluation of a course
- identify the relative importance of key topics
- serve as a guide for selection of learning opportunities and teaching approaches
- guide the development of effective, valid and reliable modes of assessment

The Guidelines may also play a major role in implementing an accreditation process for colleges and teaching institutions at a national or regional level. Please refer to regional accreditation documents, such as the European Guidelines for Accreditation of Courses of Education in Homeopathy (2002), or national accreditation documents, such as the AROH Accreditation and Audit Guidelines for Course Providers of Advanced Diploma of Homoeopathy (HLT 60607) (2009).

The History of the Guidelines

The first edition of the Guidelines for Homeopathic Education was produced in 1993, following a period of consultation with schools and professional associations in Europe and elsewhere in the world. Since   these Guidelines have been used to develop and assess homeopathy education around the world In March 1999 seventy participants from fifteen different countries around the world met in Barcelona to share their experiences of implementing the original Guidelines, and to launch a revision process for a new edition

The main issues discussed included:
- how to ensure the highest quality of homeopathy education
- how to further improve the Guidelines for Homeopathic Education
- how to clarify competence and competencies between schools and political organisations (national and international)
- how to support collaboration and exchange between schools and homeopathy educators

Following the symposium a revision process was set in train and a revised version of the Guidelines was published in 2000 entitled the European Guidelines for Homeopathy Education.

1) Homeopathy Education

Principles of Homeopathy

Rationale

To become a competent homeopath it is essential to have a strong grounding in the principles and concepts of homeopathy. To restore patients to health one needs to understand the fundamental principles of health and disease. Samuel Hahnemann's writings are the foundation of this.

Objectives

- To provide students with structured learning opportunities so that they develop a deep perception, a critical understanding and appreciation of the principles and theories, and the ongoing evolution of ideas in homeopathy
- To teach students how to differentiate concepts of health and disease in accordance with homeopathic principles and how to compare it to other healthcare theories or frameworks

Study areas

Fundamental concepts
- Concepts of health, disease and healing
- Concepts of susceptibility and causative factors
- Concepts of vital force
- Treatment according to the law of similars
- Definition of basic homeopathy terms

Symptoms and signs
- Strange, rare and peculiar symptoms
- The complete symptom
- Common and uncommon symptoms
- Pathognomonic symptoms
- Hierarchy of symptoms
- Critical evaluation of classification of symptoms through the history of homeopathy

Classification of diseases
- Critical evaluation through history
- Hahnemannian classification
- Natural and artificial diseases
- Acute and chronic diseases
- Miasmatic theory according to Hahnemann and others

Case management theory
- Case taking
- Case evaluation and analysis

- Prescription methods
- Evaluation of patients' responses
- Second prescription
- Directions of cure
- Obstructions to cure
- Primary and secondary reaction

The homeopathic remedy
- Homeopathy provings
- The single remedy
- Minimum dose
- Use of different potencies (D, C, Q)

History and Development of Homeopathy

Rationale

In order to understand homeopathy and develop it further it is essential to place Hahnemann's theories and those of his successors in the context of medical history.

Objectives

- To provide students with structured learning opportunities to understand the historical context and development of homeopathy's principles, including contemporary writings.

Study areas

- General overview of medical history in respect of the development of homeopathy
- Empiricism and rationalism
- Vitalism, animism, mesmerism and their oppositions
- Hahnemann in his time
- Development and spread of homeopathy
- Important contributors to homeopathy in their historical contexts
- The role of homeopathy in medicine historically and to the present day
- History of systems of classification concerning the constitution and diseases

Homeopathic Pharmacology

Rationale

In order to understand the healing potential of a homeopathic remedy it is essential to have good knowledge and an appreciation of its sources and methods of preparation. The quality of the remedy will affect clinical results. It is important to be aware that there is more than one pharmacopoeia.

Objectives

- To provide the student with information on the sources of existing and potential substances for homeopathic use
- To provide the student with information on the process and dynamics of the preparation of homeopathic remedies
- To provide the student with information on the different pharmacopoeias and taxonomy

Study areas

Sources of homeopathic remedies
- Elements
- Minerals
- Imponderabilia
- Plants
- Animals
- Nosodes
- Sarcodes
- Synthetic material
- Others

Nomenclature of homeopathic remedies

Preparation of source material
- Mother tincture
- Mother trituration

Potentisation
- Trituration
- Dilution
- Succussion
- C-potencies, D-potencies, Q-potencies: history, making
- Hahnemannian and other methods of potentisation

Preparation of homeopathic remedies
- Liquids
- Powders
- Tablets

- Globules of different sizes
- Others (injections, suppositories, ointments, etc.)

Homeopathic Materia Medica

Rationale

Two-hundred years of homeopathy have produced a wealth of materia medica derived from homeopathy provings and other sources. This treasury deserves a deep and critical approach.

The intensive study of original homeopathy proving symptoms is the basis of every remedy study. Toxicology and clinical experience are other important sources of homeopathy information. Clear acknowledgement of the various sources for materia medica knowledge is essential.

Teaching staff should carefully consider the range of materia medica to be taught at different stages of the course.

Objectives

- To ensure students acquire and develop the skills to make effective, efficient and critical use of relevant source materials to study remedies
- To ensure students acquire and develop a deep understanding of that which is curative in a particular remedy
- To ensure students acquire and develop the skills to make effective differentiation between the curative action of one remedy and another
- To ensure students acquire and develop an awareness of how the current materia medica content is constantly evolving
- To ensure students acquire and develop the ability to search for additional literature

Study areas

Substance
- Source (may include aspects like biology, chemistry, physics, doctrine of signatures, mythology, folklore, culture, applications, use in other forms of healing, etc.)
- Toxicology
- Pathogenesis
- Pharmacology
- Nomenclature

Homeopathy proving
- Author, year and methodology
- Proving symptoms

Clinically confirmed symptoms

Repertory rubrics

Etiology

Different approaches to symptomatology, such as
- Mental/emotional/physical
- General/particular
- Concomitant
- Complete/incomplete
- Common
- Characteristic
- Striking, individualising symptoms ('strange, rare and peculiar')
- Totality of symptoms
- Symptoms suggestive of miasmatic influence – miasmatic classification
- Organ affinities
- Pathognomonic symptoms

Other approaches
- Constitutional types
- Essences
- Core elements
- Central delusion
- Central disturbance
- Developmental stages in remedies from the picture in health through to deep pathology
- Others

Clinical application

Remedy relationships

Comparative materia medica

Cured cases

Research

Rationale

Research is vital to the development of homeopathy. As an empirical and phenomenological science there is a strict coherence in its principles between the knowledge acquired from the provings and the final application in clinical practice.

Research provides the context for dialogue within the homeopathy community and with the wider scientific community. Advances in communications technology make it easier to search for, exchange and increase knowledge and understanding of homeopathy through research.

Objectives

- To encourage the student to develop the neccessary skills to understand, participate in and critically evaluate research and research methods with special reference to the development of homeopathy and to develop a research based attitude to their own practice

Study areas

Philosophy of science

Terminology

Sources
- How to find
- How to use

Methodology
- Planning research
- Qualitative/quantitative methods
- Descriptive studies
- Controlled trials

Hahnemannian homeopathy provings
- Critical evaluation of existing concepts of homeopathy proving methodology
- Planning and conducting a homeopathy proving
- Evaluation of the proving symptoms
- Formulation of repertory rubrics
- Publication

Non-Hahnemannian approaches to proving
- Critical appraisal, advantages and limitations
- Different models of casual provings:
  - Contact provings
  - Dream provings
  - Meditation provings
  - Seminar provings
  - Others

Critical evaluation of research in homeopathy
- Fundamental research
- Clinical research
- Practical research

Clinical audit
Practical application of research and research methodology in daily practice

Practice Methodology

Rationale

Students need to learn how to synthesise homeopathy theory, philosophy and materia medica learning and apply it in clinical practice.

Objectives

- To encourage students to develop cognitive and practical skills to perceive the patient clearly and to acquire, record and analyse relevant information from patients
- To encourage students to develop cognitive and practical skills to effectively use acquired information in clinical decision-making and prescribing

Study areas

Recording of personal data

Recording the case history
- Critical appraisal of various approaches to case-taking
- Different methods of eliciting and receiving the case from the patient
- Observation and sensory based information
- Physical examination
- Writing an accurate and representative record of a patient's case history, including:
  - Total symptomatology (physical, mental, emotional, spiritual)
  - Chief complaint(s)
  - Causative factors / Etiology
  - Relative significance of symptoms
  - Patient's medical history, including vaccination and medication
  - Family medical history

Case Analysis
- Different models of case analysis including contemporary approaches
- Identifying the central disturbance and meaningful totality of symptoms
- Etiology of disturbance
- Evaluation of symptoms:
  - Differentiation between signs and symptoms
  - Evaluation of pathognomonic symptoms
  - Differentiation between common and uncommon symptoms
  - Strange, rare and peculiar symptoms
  - Hierarchy of symptoms
  - Complete symptom: location, sensation, modality, etc.
  - Intensity of symptoms
  - Concomitant symptoms
  - Evaluation of the state of the vital force
  - Differentiation of case analysis in acute and in chronic cases
- Prognosis
- Long term management of cases
- Management of potentially life threatening conditions
- Palliation in terminal cases
- Criteria for appropriate referral

Repertorisation
- Homeopathy repertories
- Definition
- History
- Structure (schema) of Kent's Repertory, using the Final General edition
- Structure (schema) of Schroyens' Synthesis, and Van Zandvoorts' Complete Repertory
- Rubrics and sub-rubrics

Construction of symptom arrangement
- Timings
- Sides
- Sensation
- Location
- Modalities
- Extension
- Content of the main sections
- Detailed examination of specific general sections of the repertories with definition of pathological terms in historical context:
  - Generalities
  - Chill
  - Fever
  - Perspiration
  - Others
  - Exploring a particular theme through the different sections of the repertory, e.g. pregnancy or sexuality through sections other than Female Genitalia, or emotional states through the particular sections e.g. anger in Chest, Eye, etc.
  - Content of the Mind section
  - Rubric groupings and foundations for rubric definition, differentiating between similar rubrics
- Problems and mistakes in repertories

- Additions
- Other repertories: possibilities and limitations, appropriate use
  - Boenninghausen
  - Boger
  - Knerr
  - Künzli: Repertorium Generale
  - Barthel, Klunker: Synthetic Repertory
  - Murphy
  - Others
- Different approaches and techniques of repertorisation
- Combination and elimination
- Instruction on the use of repertory grids
- Others

Computer repertorisation - possibilities and limitations, appropriate use
- Isis
- MacRepertory
- Radar
- Reference Works
- Similia
- Others

Practical exercises, e.g.
- Lists of symptoms to find rubrics for
- Rubric groupings and definitions
- Finding rubrics in acute paper cases, video cases, live cases
- Finding rubrics in chronic paper cases, video cases, live cases
- Application of different repertories to cases where appropriate
- Extensive case-work with emphasis on refinement in rubric choice, differentiation and creativity
- Integration of repertory work in daily clinical work: case analysis, materia medica, theory, medical sciences
- Conclusions and consequences
- Verifying the choice of symptoms and remedy by materia medica studies

Prescription
- Selection of remedy and potency
- Selection of method of administration and frequency of dosage
- Referral when appropriate

Follow-up case taking
- Eliciting the patient's response
- Patient's sense of well-being
- Comments of family and friends
- The homeopath's observation
- Repertory additions from clinical practice

Follow up case analysis
- Evaluating the patient's response to the remedy

Improvement

- General
- Partial
- Patient improves but not the presenting complaint
- Aggravation
- Disruption
- Suppression
- Palliation
- Remedy antidoted
- No response
- Identifying changes in the vital force
- Changes in chief complaints and other symptoms
- Direction of cure; Hering's observations of cure
- Identification of other factors which could have influenced the case
- Placebo effect

Subsequent action
- Wait
- Give placebo
- Repeat same remedy, same potency and/or dosage
- Repeat same remedy, different potency and/or dosage
- Change the remedy
- Antidote
- Referral when appropriate

2) Anatomy, Physiology and Pathological Processes

Rationale

A thorough knowledge of anatomy, physiology and pathological processes enables the homeopath to differentiate between pathognomonic and individualising symptoms in a patient's case. It also enables the homeopathy practitioner to communicate with other health care professionals and to practise within each national health care system upon graduation. We strongly recommend that medical sciences be integrated with homeopathy knowledge. It is important that a homeopathy teaching institution ensures that its students already have appropriate knowledge within anatomy, physiology and pathological processes, or acquire it in parallel with their homeopathy studies, if the teaching institution chooses not to teach these topics.

Objectives

- To provide the student with information on the human being in a state of health and in states of disease
- To enable students to differentiate between pathognomonic and individualising symptoms
- To enable the student to effectively communicate and liaise with other health care professionals
- To enable the student to decide whether and to whom to refer a patient when necessary
- To enable the student to practise independently, competently and safely within the context of each national health care system

Study areas

- Anatomy, physiology and integrated functioning of all systems of the body
- Various stages of mental, emotional and physical development throughout life
- Functional disorders and pathological processes of the human being including differential analysis, with reference to common symptoms attributed to disorders of the following systems:
  - integumentary (skin and connective tissues)
  - musculo-skeletal
  - gastrointestinal
  - respiratory
  - cardiovascular and hematological
  - immunological
  - reproductive (including obstetrics)
  - urinary
  - endocrine
  - neurological
  - special senses
  - mental and emotional
- Areas such as oncology, pediatrics, geriatrics, infectious diseases, social medicine
- Common surgical procedures and anesthetics
- Basic first aid techniques for effective emergency intervention
- Disorders due to physical agents

- sunburn
- heat stroke
- electric shock
- radiation
- high altitude
- environmental pollution
- others
- Biochemistry
- Cell biology
- Pharmacology
- Poisoning and influence of crude medicinal substances and comparable therapeutic interventions
- Major effects and side-effects of other commonly used medicinal substances and therapeutic interventions
- Drug abuse, nutrition, lifestyle diseases
- Purpose, significance and effectiveness of commonly administered medical tests
- Examination and assessment techniques
- Referral procedures

3) Patient Health Awareness

Rationale

The goal of homeopathic treatment is improved health. As the patient's health improves from effective homeopathic treatment, there is often a need to explore and facilitate appropriate lifestyle changes, in order to support the movement towards health.

Students are taught how to explore and explain maintaining causes or obstacles to achieving good health in a sensitive manner. The importance of respecting the patients' dignity, autonomy and rights regarding any decisions around their lifestyle and an acknowledgement of their power to heal themselves is stressed.

It is also essential for students to be aware of their own potential biases when they make any judgment regarding a patient's health, lifestyle, etc. Students should have the skills, when requested, to help patients become aware of how social contexts and family dynamics, personal beliefs, self image, preferences and the choices they make affect their lives and how their psychological and emotional functioning influences their health and well-being.

Objectives

- To provide opportunities for students to observe and identify maintaining causes and obstacles to achieving good health
- To encourage students to develop the skills to explore sensitively these maintaining causes and obstacles to good health with patients
- To encourage students to develop the skills to empower patients to make decisions appropriate to their lifestyle
- To enable students to help patients to become aware that the homeopathic remedy is a stimulus to their own self-healing power

Study areas

- The vital force
- Concepts of health and disease
- Acute and chronic disease
- Obstacles to cure
- Maintaining causes
- Social context and family dynamics
- Lifestyle and nutrition
  Possible impact of aspects of conventional medicine:
  - hormone substitution
  - pharmacological drugs
  - vaccinations
  - dental work
  - surgery
  - others

- Possible effects of other forms of complementary medicine:
  - Traditional Chinese Medicine
  - Phytotherapy
  - Naturopathy
  - Others

4) Clinical Training

Rationale

Comprehensive clinical education and training is an essential requirement in the education of homeopaths. While much homeopathy theory, history and materia medica can be learned from books, it is impossible to gain clinical competence without practical clinical training and experience. Clinical training should be a main focus of homeopathy teaching programmes and should run concurrently with theoretical studies throughout the entire course. The skills and attitudes needed in order to become a competent homeopath are acquired by the rigorous application of an experiential and reflective process throughout the student's training.

Clinical training allows the student to develop the ability to observe and communicate with the patient, as well as to learn how to acquire relevant information from the patient and identify their particular healthcare needs. It is essential that students are actively involved in clinical training in order to make the most of teaching and learning experiences. Teachers should be aware that students engaged in casework might be at different levels of study and/or understanding.

Teaching institutions, whether classroom based or e-learning based, need to ensure that their students receive substantive and relevant clinical training. Clinical training needs to be monitored right through from initial observation sessions through to independent case taking. As with any other subject, clinical training in homeopathy should take each student's individual learning needs into consideration. Course providers should provide the best learning opportunities for students, and should actively demonstrate a professional and caring approach to the wellbeing of patients.

Training courses may offer clinical training in two ways:
- Clinical training in classes where students observe an experienced homeopath taking the case and where students are provided with ample opportunity to discuss any issues relating to the case under consideration
- Clinical training in small groups and/or one-on-one with a clinical training supervisor, where the student is in the practitioner role

Many courses include video cases and/or live cases from the onset. Students are given the opportunity to observe and practice various aspects of case taking, case analysis and case management on a regular basis. Levels of complexity increase as the course progresses, and students are given increasing degrees of autonomy as their competence develops. Reflective processes are encouraged and regular supervision offered, with appropriate feedback. These are important tools to ensure the continuous development of essential clinical skills.

It is imperative that course providers carefully consider their responsibility to the patients whose case studies are used for clinical training purposes, throughout all stages of clinical training. This includes patient confidentiality issues, continuity of treatment, and ensuring that high-quality treatment is given at all times.

Objectives

- To acquire the knowledge, practical skills, attitudes, awareness of ethical issues and professionalism, essential to clinical practice

- To gain experience and competence in the practical application and integration of all course components
- To develop the practical skills and sensitivities required in the therapeutic relationship with the patient
- To acquire the knowledge, skills and understanding needed to utilize the broad range of different approaches and strategies required in competent homeopathy practice
- To establish an individual, flexible framework within which to develop a personal and effective approach to case work
- To learn how to record clinical data, to participate in clinical research, and to conduct a clinical audit
- To devise personal coping strategies in response to the range of possible patient responses to homeopathy treatment
- To provide a pool of professional experiences which may be shared with professional colleagues, or used as teaching material
- To learn how to respond to the ethical issues which may arise in practice, both during and after clinical intervention

Approaches to clinical training

Clinical education is most effective when it covers a wide range of issues and is delivered in a variety of settings, for example:
- Guided and structured observation and analysis of cases taken by experienced practitioners, or students working in a clinical setting, live or video and/or audio recorded
- Supervised case taking, case analysis and case management by students
  - Under individual (one-on-one) supervision
  - In small groups with supervision
  - In small groups with peer supervision
- Analysis of patient-practitioner interactions within a group setting, both real and created (such as role play)
- Management of patients with potentially life threatening conditions
- Hospital training with in-patients (where possible)
- Clinical audit

It is essential that students are actively involved in the supervised case taking and management of individual patients before being considered eligible for graduation. These cases should cover a range of conditions, and include the initial consultation, plus a number of follow up consultations.

Additional comments on Clinical training

Video case studies provide a valuable tool, which allows students to observe the dynamics between the practitioner and patient. However, they cannot replace the student's actual experience of interacting directly with a patient. Therefore it is essential that students have ample opportunity to practise independent case taking.

Students should submit comprehensive case studies that include case analysis, rubrics and repertorisation, remedy differentiation, prescription and prescription response. Each case study should comprise the initial consultation, and at least two follow up appointments.

Where practical, it is advisable that both student and supervisor are in the same room as the patient. This allows the supervisor to observe the dynamics of the case taking, and to provide guidance when necessary. Alternatively, the students' case taking can be observed via close circuit TV, or a two-way view mirror, etc., for classroom based learning or other web based technology.

5) Practitioner and Practice Development

Practitioner and practice development are essential components of a homeopathy course curriculum. Their inclusion facilitates students in establishing and managing a successful practice capable of meeting the diverse needs of their patients

Important areas to be covered as part of the curriculum are:
- Personal and professional development
- Practice management and running a business
- Practitioner and patient relationship
- Practice promotion

Personal and Professional Development

Students come to study homeopathy from a variety of personal and professional backgrounds. In order to become a competent and successful homeopath, the student needs to be prepared to combine studying, including clinical experience, with their personal and professional development. Personal development is integral to an effective homeopathy curriculum, and is also a lifelong process that fosters expertise in identifying a patient's individual healthcare needs. Students should also be aware of their own emotional and physical needs, and be prepared to develop their reflective and interpersonal communication skills. Ongoing supervision and an in-depth comprehension of the importance of ethical practice are essential components of the student's professional development. The following broad areas should form part of an effective homeopathy curriculum.

Reflective skills, that include:
- Critical analysis
- Assessment
- Observation, awareness and perception
- Research and problem solving
- Organisational skills
- Self-awareness and self-management
- Time management
- Decision making

Interpersonal and communication skills, that include:
- Listening
- Speaking
- Presentation (written and non-written)
- Face-to-face communication
- Communication with patients, their families, healthcare professionals, colleagues, media
- Awareness of non-verbal communication, body language, facial expression, etc.

Personal development, that includes:
- Listening skills
- Empathy
- Trust
- Intuition
- Self-awareness
- Self-confidence
- Personal belief systems, e.g. awareness of attitude towards finances, failure, success

- Ethics

Personal health management that includes:
- Skills for practitioners preserving and promoting their own health, development and wellbeing
- Evaluating work/life balance
- Stress management
- Assertiveness
- Boundary setting, e.g. patient practitioner relationship, work hours, when to answer phone calls
- Identifying and developing individual and ongoing personal and professional support systems

Students should be encouraged to identify their individual strengths, weaknesses and needs in relation to the above areas. They should also be required to prepare an action plan during the first year of study, which allows them to monitor and assess their own progress throughout their homeopathy education. Students need to be encouraged to consider and develop their own individuality as practitioners.

Approaching personal and professional development in a structured way enables the student to maintain his/her continuing personal and professional development (CPD) after graduation. This includes such issues as academic work, multi-disciplinary collaboration, developing a private practice and mastery of homeopathy skills. CPD Guidelines are available at www.homeopathy-ecch.eu

Practice management and running a business

Managing a practice well is an essential component for the foundation of a successful career in homeopathy. Homeopathy courses should support students to develop skills that will result in the establishment of a professional, effective and financially viable practice. To ensure the necessary skills for building and maintaining a successful practice, the following areas need to be considered:

Regulatory issues, that include:
- National and local legislation relating to the practice of a healthcare profession and its marketing
- Tax reports / returns, obligatory taxes and V.A.T (Value Added Tax)
- Recording income and expenses, and managing bank accounts
- National and local insurance requirements for a practitioner and health insurance schemes for patients
- Registering with a professional association (for many potential patients a professional association is the first point of contact in looking for a competent homeopath)
- Confidentiality issues and awareness of disclosure legislation, i.e. situations in which patient information must be passed on to another party
- National requirements for the maintenance, retention and destruction of patient records
- Awareness of the national requirements for pension contributions and the personal implications of planning for retirement provision
- Awareness of national legislation

Practice management and business development that includes:
- Choosing suitable premises with regard to the physical design of the practice (e.g. with regard to access for the disabled)
- Awareness of confidentiality issues

- Deciding out of hours availability and locum cover (the homeopath should specify the hours when they are available and maintain a healthy balance between work and free time)
- Managing phone calls, answer phone messages, etc.
- Setting fees appropriate to local conditions and making it clear which services are covered by the fees (there should be clarity regarding the costs for an initial consultation and for subsequent appointments, including discounts where appropriate)
- The preparation of a business plan (regularly monitored) including the amount of patient fees, costs, salary expectations, etc. (this will help students to better understand the functioning of a small business)
- Record keeping including case notes, prescriptions, appointments, etc.
- Create patient referrals and a network for reciprocal referrals (to other homeopaths, therapists, doctors, healthcare professionals, (homeopathy) pharmacies)
- Clinical audit / practice audit (clinic and practice audit skills enable the homeopath to evaluate the effectiveness of their practice,which also helps to build a body of knowledge that can be used for research purposes and for sharing information with peers)
- Advertising, including business cards, targeted advertising, listings in printed or web based directories, local radio stations and newspapers, personal website, social media and other web based information channels

Time management and working hours, that includes:
- Planning a weekly schedule (planning time for clients and case analysis, setting patient telephone times, sending out prescriptions, personal supervision, case support, etc.)
- Ability to differentiate patients' demands on time, to give priority where appropriate and to have clear professional boundaries

Electronic and data management, that includes:
- Data protection legal requirements (homeopaths need to be aware of national and international legislation concerning the use of electronic information)
- Homeopathy software (schools should provide the opportunity for students to become familiar with the various homeopathy software programmes available)
- Backing up data (regular backups and safe storages)

Practitioner management

Homeopathy courses should support the development of the student's professionalism by providing opportunities to discuss and rehearse the following:
- Booking the appointment
- Managing the first contact, either through the practitioner or a receptionist (patients should feel safe and motivated to commit to a course of treatment)
- The practitioner needs to succinctly describe the framework of their practice such as when they see people for follow-ups, how they stay in touch in between appointments, treatment costs, a description of the homeopathy interview, and clarification of the patient's current understanding of the homeopathic process
- Discuss ways to encourage patients to follow through with homeopathic treatment
- Explore ways in which to advise and support patients with changing maintaining causes that are significant aspects of their current lifestyle
- Determine when and how to involve other persons, such as family or other health care professionals
- Explain to patients that homeopathy is a holistic system of medicine which may be an appropriate treatment option for future complaints

- Encourage accurate evaluation of treatment from the patient's perspective
- Patients may look for advice for a variety of concerns, so homeopaths need to provide patients with information in order to help them make their own informed decisions on wider healthcare and personal welfare issues

Practice Promotion

Practice promotion is a crucial skill for the newly qualified homeopath to develop. It is an ongoing process that should be commenced during study years, and then applied while working as a homeopath. Homeopaths do not practise in isolation; they are part of a wider professional community, and many patient referrals come as a result of personal recommendation. It is therefore important to help each student to define how they want to promote themselves and their practice.

It is recommended that students consider the following, in order to identify their practice preferences:
- What are your individual characteristics as a homeopath? What makes you special?
- What motivates you to be a homeopath?
- Would you like to work as a sole practitioner or be part of a group practice or multi disciplinary practice?
- Would you like to specialise and work with a specific group of patients?
- What kind of homeopath would you like to be for your patients?

Providing an excellent service and getting consistently good clinical results is the single most important factor in generating referrals. With this in mind, course providers should include the following subjects that are valuable in practice promotion:
- Research how homeopaths and other healthcare professionals promote their practices
- Learn how to create a referral network that could include other homeopaths, therapists, doctors, healthcare professionals, pharmacies, etc.
- Develop effective presentation skills in order to deliver introductory talks and courses on homeopathy
- Contact well-respected homeopathy pharmacies for handouts for lectures, as well as:
  - Present local workshops in order to promote yourself and homeopathy
  - Offer lectures to general public, health professionals, and patient groups at health food stores, libraries, and other facilities
  - Taking a stall at health event
  - Creating own handouts for distribution during lectures
  - Creating a logo which reflects your individuality as a homeopath
  - Make effective use of internet based resources
  - Approach local media resources such as radio stations and newspapers, offering to provide interviews and/or written articles

Ethics of Health Care Practice

Rationale

Ethical values are involved in all areas of health care practice. Therefore the development of relevant ethical values runs throughout the whole study of homeopathy, reflecting day-to-day practice.

Course providers should familiarise students with their responsibilities under the national code of ethics and practice of their national regulating body. Students need to understand the manner in which ethical considerations may impact upon their practice management.

The study of ethics fosters respect for the self and for others.

Objectives

- To help students explore and become conscious of their personal values, moral standards and integrity
- To help students establish their own personal code of ethics compatible with the code of ethics of the homeopathy profession and that of health care professions in general
- To enable students to understand how their personal ethical values can limit or support their homeopathy practice

6) Course Context and Framework

Teachers' competence and development

Teachers' roles

The main role of the homeopathy teacher is to support, inspire and help students in their development to become a competent homeopath. Teachers can help to facilitate students' learning and self-development so that they realise their potential both as practitioners, and as human beings (Castro 1997, Pool 1991, Rogers 1980, Ryan 1996, Townsend in Tudor and Worrall 2004). The teacher should provide support appropriate to the needs of each individual student (Bruner 1960).

Teachers may take on a number of different roles, depending upon the needs of both the course provider and the students. This may include being a resource person; a provider of knowledge; an administrator; a supervisor; a mentor; a communicator; a researcher; and a practitioner. The roles teachers take on should be relevant to students' learning objectives.

In order to be able to support students in their learning, teachers need to be competent to teach adults. It is important for teachers to have a basic training in adult education.

Teachers' qualities, knowledge and skills

Teachers need to act within their bounds of competence. The knowledge and skills teachers require, depends upon the role they are taking, the subjects they are teaching, the aims of their teaching activities, the students they are teaching, and the context within which they are teaching.

Teachers should have appropriate knowledge of the subjects they are teaching, and experience in the field in which they teach, especially in subjects closely related to the clinical practice of homeopathy. They should be able to integrate subject knowledge with didactic knowledge. They should be able to effectively communicate with students, and to facilitate students in their communication with each other (Øzerk 2006). Teachers need to be aware of the context, culture and framework within which students and the school function.

The teacher/student relationship should be characterised by mutual respect and trust, to contribute to a subject to subject relationship (Fjelde 2003). Teachers should be able to communicate the subjects they teach with enthusiasm, and encourage their students to have positive expectations of their learning aptitude. Feedback should be constructive, building on students' existing skills and helping to develop their self-confidence. Teachers need to be aware of their position of power, and avoid abuse of power. They also need to be able to work appropriately and effectively with each other, and they should be supported by and work effectively with their employers.

Teachers' development

The teaching of homeopathy and subjects relevant to homeopathy education (such as medicine, psychology and pedagogy) is constantly being developed. Teaching is an ongoing, self-developmental process. Good teaching skills include the ability to communicate subject knowledge effectively to students. Teaching also requires the ability to critically reflect upon existing subject knowledge and competencies, with a view to identifying areas to develop further, for the benefit of students. Subject

knowledge should be of relevance to patients and society in general, and should include a clear focus on ethics. Feedback from relevant individuals such as peers, employers and supervisors, provides teachers with the opportunity to reflect upon and further develop their existing skills and competencies, on an ongoing basis (Biggs & Tang 2007, Houghton 2004).

Teaching and learning approaches

The aims of homeopathy education

Education and training in homeopathy has become increasingly focused on developing the individual student's competence to practise. This is in line with higher education in other health care professions, and represents a move away from mainly structure and process based education (Carracio et al 2002, 2004).

Competent homeopaths are accountable and responsible practitioners, who provide their patients with professional and ethically responsible[2] treatment.

Course providers need to clearly communicate the aims and objectives of the homeopathy education being offered, so that students are aware of what will be expected of them.

It is the responsibility of the course provider and course teachers to provide an appropriate learning environment for their students. Although each student must take responsibility for his/her own learning, courses need to be structured so that they readily facilitate student learning, and realise the potential of each individual student. To clarify, the student 'learns' and the teacher 'teaches'. The aim of teaching is to make student learning possible (Rogers 2003). With this in mind, the effective development of students' skills and competencies should be fully integrated into the structure of the course curriculum (Øzerk 2006).

These guidelines recommend a focus on aims and objectives, however they also acknowledge that some skills are difficult or impossible to specify through objectives. Students will learn things that were not expected (Ramsden 2003), and if an unexpected achievement is identified, it can be incorporated into a revised learning outcome (Houghton 2003).

[2] *Ethically viable treatment can be understood as treatment according to existing codes of ethics of the profession (for example ECCH 2002) as well as basic principles of moral philosophy (Beauchamp and Childress 1994, Thompson 1990). Accountability and responsibility to the public for the competence of practitioners is a driving force to establish competence-based training, and it involves components of active learning.*

Aligning teaching approaches, learning objectives and assessment

The most effective learning is achieved when learning outcomes, teaching methods, and assessment procedures are aligned (Biggs 1996, 2003, Cohen 1987). This requires course providers and teachers to be clear from the onset about what they expect students to learn (the aims/objectives of the course). Course providers and teachers then need to determine which learning approaches are most suitable to enable students to achieve the required learning aims and objectives. An ongoing assessment strategy, which monitors the students' development, understanding and skills, needs to be in place. Assessment is aligned with the course's agreed learning aims/objectives and the selected teaching approaches. The course provider also needs to set in place a process whereby the institution

and its staff regularly reflect on and review whether the course itself is fulfilling its own projected goals and outcomes.

Which teaching and learning approach?

These Guidelines acknowledge that a wide range of teaching approaches may be used in order to help students achieve the learning objectives of the course.

Individual students will respond differently to a particular teaching approach, depending upon their own learning preference, which means that effective learning can be achieved in many different ways. Teachers may also have individual teaching approaches, and it is possible to deliver each separate component of a homeopathy course in a number of different ways.

These guidelines do not recommend one particular learning or teaching approach over another. We do however recommend that course providers and teachers consider carefully how they can best facilitate students' learning processes. Appendix A provides an overview of a range of different approaches that may be considered.

Because individual students learn effectively in different ways, it is mutually beneficial if the course provider and teachers are able to identify and meet students preferred learning approaches. Appendix B provides examples of different learning styles for students.

Some teaching and learning approaches may be more effective than others. For example, when the teachers lecture and students listen and remain relatively passive, students use surface learning approaches and may memorise information in order to pass tests/exams, but do not facilitate the development of a deeper understanding of the subject matter (Biggs & Tang 2007). Information learned via a surface approach is readily forgotten, and is generally of little relevance in real world situations (Ramsden 2003).

In contrast, deep approaches to learning help students to see the importance and relevance of learning (Biggs & Tang 2007), and encourage students to focus on underlying meanings, main ideas, themes and principles, and their successful application. They also help students to develop analytical skills, together with an understanding of the diverse healthcare needs of individual patients.

Typically deep approaches to learning encourage students to actively participate in a positive, supportive working atmosphere. This approach increases student contribution and helps to reduce the fear of making and admitting mistakes. Making mistakes is often an important part of the learning experience (Biggs & Tang 2007). By encouraging students to present problems, confront misconceptions, question subject matter and develop their critical faculties, deep learning approaches focus on the student's depth of subject knowledge and their understanding of concepts.

7) E- & distance learning programs

Introduction

The development of information technology (IT) has made it possible to deliver education from anywhere in the world, and has opened the way for a variety of possible teaching methods to be employed (Biggs & Tang 2007, Garrison & Anderson 2003). This flexibility of teaching approaches can also be applied to the education of homeopaths. The terms 'e-learning,' 'distance learning,' 'web-based learning' and 'online learning' have different definitions, and are often confused with each other.

In order to establish adequate and appropriate learning approaches in e- and distance learning programs, it is important to thoroughly understand the distinctive characteristics of each individual concept. This includes exploring and evaluating alternative approaches, selecting the best solutions, and promoting effective learning practices (Tsai et al. 2008). E-learning is usually associated with web-based learning which uses web-browser technology, normally delivered via the Internet or intranets (Collison et al. 2000, Driscoll 2002, Hall 1997, Horton 2000, Khan 2001, Rosenberg 2000). According to Schank (2001) learning activities involving computer networks are usually referred to as 'e-learning', however e-learning is not exclusive to distance learning.

The concept of 'online learning' pre-dates the appearance of the World Wide Web, but in current times online learning usually refers to materials delivered over the Internet or intranets (Malopinsky et al. 2000, Schank 2001). Learning focus has now moved from how teachers teach, to an emphasis on how students learn. This commonly involves the development of different learning methods such as problem-based learning, resource-based learning, student centred learning and e-learning (Biggs & Tang 2007). It is important to be aware that the quality of teaching and learning may be affected by a 'virtual' learning environment (Biggs & Tang 2007).

The following is an attempt to outline the basic differences between terms commonly used to describe e- and distance learning programmes. It describes both traditional, subject centred, pedagogical learning processes, where the student takes a fundamentally passive role in their learning, and adult learning strategies, where the student is encouraged to adopt more independent, self motivated approaches to their learning. This section also makes suggestions in relation to approaches to clinical practice, including raising awareness and understanding of ethical issues within the virtual learning/computer based education environment. Technical information is also provided.

For definitions relevant to e- and distance learning, please refer to Appendix C.

E-Learning – technology/resources and pedagogies

E-learning may assist in the positive development of for example project-orientated and problem based learning (PBL), as well as developing flexible learning formats (Bienzle 2008). E-learning may contribute to the development of quality learning by enabling process orientated teaching methods. The interests and motives students bring with them from their spare time, study and/or work life may become the building blocks for teaching and learning processes applied in virtual projects and group work (Biggs & Tang 2007, Georgsen & Bennedsen 2004, Palloff & Pratt 1999).

Because e-learning courses are mostly based on open learning processes, students take primary responsibility for their own learning. Online tutorials can serve as an aid to keep track of the learning process, and the student is expected to study written material and keep up to date with the material published on the teaching site (Georgsen & Bennedsen 2004). The student should be supported in their ongoing learning process, with the aim of encouraging continuation of learning and a sense of belonging.

Whenever possible, the choice of e-learning tools should reflect, rather than determine, the pedagogy of a course. However, as a general rule, how the student uses the technology is more important than which technology they use (Nichols 2008).

E-learning is a means to education, and can be applied to varying teaching and learning approaches (Thorpe 2002). Weller (2002) lists the following pedagogies:

- constructivism
- resource-based learning
- collaborative learning
- problem-based learning
- narrative-based teaching
- situated learning

Technology is a neutral learning tool because it can support any and all of the pedagogies listed above. Educational technology (ET) and information technology (IT) are different approaches to virtual learning. ET has great potential in helping achieve educational aims and objectives: in managing learning, in engaging students in appropriate learning activities, in assessing learning and in enabling off-campus learning (Biggs & Tang 2007).

The benefit of e-learning requires significant up-front investment. However, substantial gains in student outcomes and efficiency can result directly from e-learning interventions. These interventions have various degrees of the following six key characteristics (Twigg 2003):

- Whole course/programme redesign (to remove duplication of effort and to ensure consistency)
- Active learning (focusing students on doing)
- Computer-based learning resources (including online exercises and low stakes quizzes)
- Mastery learning (modular, self-paced course design with clear learning objectives)
- On-demand help (crucial for student satisfaction)
- Alternative staffing (through specialisation, freeing academics to concentrate on teaching)

Training in homeopathy taught via an e-learning model must facilitate basic training in the subjects advised elsewhere in these guidelines. Students can attain encouraging evidential benefits from learning via an e-learning model, but ethical issues in relation to clinical training and live cases, must

be considered. Much technology provided by professionals does have features which support confidentiality, however, emphasis on engagement with the patient-practitioner relationship, and development of personal and professional skills, will require live clinics and supervision where practical, so that students can obtain the objectives and learning outcomes of clinical training.

Although these skills are more usually associated with classroom teaching, they can also be achieved in an e-learning setting. The virtual teaching room is well suited for student engagement and part of the teaching strategy is to have group presentations, which is weighed with a considerable percentage of the assessment strategy.

E-learning is often project oriented and resembles varieties of problem-based learning. It is easy for students to access resources and build on each others' online resources. Students develop easily and become more critical, more active and more constructive. Because the students are more active, the quality of learning becomes much higher (Georgsen & Bennedsen 2004).

Because of the high standard expected of students, coupled with the fact they are working at a distance in isolation a lot of the time, e-learning group work covering 25 % of the total assessment should be organised as part of any e-learning course.

All learners in a group are able to profit from the tabling of similar or thoughtfully contrasting examples, which had been encountered by their peers, which is why the students can be asked to make presentations on the same topic (Cowan 2006).

Kolb's expanded learning cycle (1984) of concrete experience, reflective observation, abstract conceptualisation and active experimentation is suited for homeopathy teaching, especially clinical training, as it forms itself around these concepts and is easily applied using the e-learning model.

8) Assessment

Rationale

Assessment is the feedback process through which both student and course provider identify learning needs, achievements, and pathways to progress.

It is designed and planned to be an integral part of the whole curriculum. The strategy adopted agrees with the stated learning objectives and with the teaching and learning methods. An assessment program enhances the students' learning and awareness through teacher and peer assessment, as well as by using professional self-appraisal and self-assessment techniques and developing their critical faculties.

Assessment or evaluation of learning is achieved by describing learning outcomes that are consistent with the nature of homeopathy principles and practice, for example the 'what and how' of learner performance as a response to their learning experience and effort. This allows flexibility of application appropriate to the individuality of ethos of each educational institute. Having defined the learning objectives in a curriculum document, schools are then in a position to develop their own assessment criteria and methods, for measuring the expected learning outcomes for their students.

A well-structured assessment programme provides valuable learning opportunities for the course provider, so that not only can they evaluate the progress of each student, but they can also evaluate the effectiveness of the course itself. Assessment can be both formative; providing feedback so that the student can identify areas of improvement, and summative; determining if the student has achieved learning intentions, usually at the end of a block of learning.

The course handbook should describe the assessment process used, so students are aware from the start of how they will be assessed.

Objectives

- To provide feedback to students so that they can identify areas for improvement
- To motivate students and focus their sense of achievement
- To enable students to learn and improve
- To enable students to develop effective self-assessment practice
- To consolidate student learning
- To evaluate students' potential to progress
- To assess students' suitability for clinical practice

Methods of assessment and moderation

In order to meet the variety of skills and comprehension levels in students it is important to have a matrix of assessment modes comprising a variety of methods. It is important to recognize that each assessment method may be advantageous to some students and disadvantageous to others. Assessment necessarily needs to reflect the subject being taught.

Methods range from traditional written exams, through many kinds of alternative exam formats, to a wide variety of other 'measurables' that can be a product of students' individual or collaborative work.

It is important to ensure that the standards of assessment, both within a course and between courses, are themselves assessed and checked. This process of moderation needs to be carried out both internally and externally in order to maintain high standards and the integrity of any awards given.

Examples for different modes of assessment

- Feedback questionnaires
- Oral feedback
- Self assessment
- Self reflection
- Written tests – more or less open questions, multiple choice, paper cases
- Oral contributions to lectures
- Oral examinations
- Casework
- Paper presentations
- Home assignments
- Practical tests
- Projects
- Supervision
- Tutorial

Learning activities and opportunities in the course, and the assessment of student progress, should be designed so that all the study topics are covered, and students can show evidence that:
- they know at a basic understanding level
- they comprehend through understanding the relationships of ideas in concepts and procedures
- they can apply the material in a practitioner role, integrating understanding and refining knowledge

In addition, throughout the course students are encouraged to develop independence and autonomy, showing evidence that:
- they are able to analyse existing information and situations
- they can synthesise new ideas themselves from their individual experience
- they can evaluate their progress through use of reflective practice

The course provider will develop the curriculum in ways that guide the teaching, learning and assessment towards these objectives.

For further details, please refer to other chapters of these Guidelines, in particular the Introduction, and Chapters 4 and 6.

Assessment for readiness for professional clinical practice and for accreditation of education and learning

Assessment of fitness to practise

Forms of assessment to assess a graduate's competence and readiness to begin professional clinical practice vary from country to country, and in some cases from one region to another. In some countries final assessment of readiness to begin clinical homeopathy practice is carried out by Governmental institutions, whereas in others the profession has introduced systems of voluntary self-regulation which includes assessment of homeopathy graduates.

Course should have processes in place to assess whether a student is fit to begin professional practice whether or not there is any external assessment in place.

Accreditation of courses

Systems for accreditation of education programmes also vary from country to country. An example of guidelines for accreditation are available at http://homeopathy-ecch.eu

Length of courses

In line with developments within the Higher Education Community in Europe via the Bologna Process, this document does not recommend a specific number of hours, or course length or stipulate the number of clinical hours. The Bologna process proposes the introduction of a modular system and the awarding of points per module. Each course can then map its curriculum and allocate points for each module. Course completion and fitness to practice is then measurable and transparent. The onus is on the course to show that its curriculum is at the required level for homeopaths to enter professional practice.

Appendix A – Teaching and learning approaches

The following overview contains a number of suggestions for teaching and learning approaches (TLAs) that may be used as part of a homeopathy course. TLAs are used to help students learn what we want them to learn (Ramsden 2003). This overview is by no means exhaustive, and other effective teaching approaches may be applied.

General recommendations:
- Raise students interest and expectations
- Ensure variety
- Motivate students
- Build on students' current knowledge and experience, develop what they already know
- Ensure good communication, explain when necessary
- Encourage students to pose questions, make requests and comments
- Provide opportunities for each individual student to be heard
- Encourage mutual respect and positive attitudes towards and between students, between students and staff, and a wish to learn together
- Show interest in students' point of view, actively listen and comment in a non-judgmental, positive and constructive way, focusing on what is useful

To help students to recognise the knowledge they already have and to encourage them to learn something new, the difficulty of the subject being taught should be set 'one level above' the students' current level of knowledge (Krashen 1981, Vygotsky 1978, Øzerk 2006). It is advisable to begin with simpler tasks and move gradually towards more challenging tasks. This is in line with Bruner's (1960) principle of a 'spiral curriculum'. Such a curriculum revisits basic ideas repeatedly, but at increasing levels of complexity and/or difficulty.

Raising expectations

By setting high standards and making it clear that students are expected to achieve high standards, course providers and teachers help to stimulate students' self-esteem and self-confidence. This approach can also help to encourage students to consider course aims/objectives as inspiring challenges rather than insurmountable tasks. It may be helpful to set learning aims/objectives within time frames, which provide structure, and help students to stay on track and retain focus. Time frames should be flexible, and adjusted to meet students' individual needs.

Raising interest and explain

Teachers should provide students with clear explanations to facilitate their understanding and raise interest. Ideally, material should be presented with enthusiasm 'face to face', and in an interesting manner (Ramsden 2003). It is much harder to raise interest or enthusiasm through written material alone. When appropriate, examples should be provided to illustrate theory (Felder and Silverman 1988). Students should be presented with clear, adequate teaching notes and other relevant resource material, which should have meaning to students 'real life' problems whenever possible (Ramsden 2003). Enhanced learning can be facilitated by raising students' awareness of the possible range of learning models and activities (Felder and Silverman 1988).

Ensuring variety

As individual students learn best in differing ways, teaching and learning approaches should be varied. Students' attention span varies and can be poor during lectures (Brown and Race 2002, McKeachie 1994). Research suggests attention decreases from ten minutes into lectures and students only recall

significant knowledge from the first parts (McKeachie 1994). Mismatch between learning and teaching styles may result in boredom, inattentiveness, poor test results, discouragement and even drop-out. It is recommended that course providers and teachers endeavor to match teaching approaches to individual students' learning styles whenever possible (Felder and Silverman 1988).

Learning may be achieved by using different sensory channels (Dunn 2000):
- Verbal/visual presentations (varied colors/volume levels, variety of technology/media)
- Individual reflection
- Discussions
- Allow students to present materials to suit their learning styles
- Carry out tasks that are as closely matched to real-world situations as possible
- Use both inductive and deductive approaches in teaching
- Balance concrete information with abstract concepts (Felder and Silverman 1988)
- Balance the focus on fundamental understanding with problem-solving methods (Felder and Silverman 1988)
- Focus on intuitive and sensing patterns (e.g. recognising patterns through linking of items and encouraging generalisation from observations, observing material in teachers' and other students' presentations/findings) (Felder and Silverman 1988)
- Provide intervals for reflection and active participation (Felder and Silverman 1988)

Activate students
- Encourage students to actively participate in, and directly experience their own learning, rather than to passively read, hear or see (Stice 1987)
- Give students tasks to solve through project and problem-based learning (Pettersen 2001, Øzerk 2006). Practical exercises can for example involve patient observation, listening, questioning, raising self-awareness, and awareness of the process itself. The patient may be real, or a student acting as a patient
- Encourage students to solve problems and discuss material together
- Encourage students to teach each other
- Provide opportunities to practise (Felder and Silverman 1988). This could involve case taking as an integrative approach. Students can be actively involved in case-taking and – evaluation, through either direct interaction with patients, peers or by analysing video-taped or other types of cases. All aspects of homeopathy education and training could be integrated into different subjects taught throughout a course
- Encourage group work (Armstrong 2004, Taylor et al. 2000) underpinned by clear group rules, so that individual students feel safe in the learning environment, thereby enabling the group to function effectively (Armstrong 2004, McGill and Beaty 1995, Nordland 1997)
- Encourage self-reflection and the use of learning journals and/or learning portfolios. Through self-evaluation, students can learn how to regularly review their homeopathy and other competencies. This may contribute both to student learning during education, and to their continuing professional development after graduation
- Encourage students to consult with a homeopath themselves, in order to better understand the process of case taking, and the patient/practitioner relationship

Appendix B – Determining students' preferred learning approaches

The following overview contains a number of suggestions for models that can help to determine homeopathy students' individual learning preferences. (For more information on these approaches, see the reference list). This overview is by no means exhaustive and many other approaches exist. Course providers and teachers are encouraged to consider the presented models, as well as other models that may contribute to the assessment of individual students learning preferences.

Multiple intelligences (Gardner 1983, 1993, 1999)
- Linguistic intelligence
- Logical/mathematical intelligence
- Spatial intelligence
- Bodily/kinaesthetic intelligence
- Musical intelligence
- Intra-personal intelligence
- Inter-personal intelligence

Dunn and Dunn learning style model (Dunn 2000)
- Environmental: Sound, light, temperature, seating layout
- Emotional: Motivation, responsibility/conformity, task persistence, structure
- Sociological: Self, pair, peers, team, adult, variety
- Perceptual: Intake, time of day, mobility
- Psychological: Analytic, global, reflective, impulsive

Index of learning styles (ILS) (Felder and Silverman 1988)
- Inductive – Deductive
- Sensing – Intuitive
- Visual – Verbal/auditive
- Active – Reflective
- Sequential – Global

VARK learning preferences (VARK undated)
- Visual
- Auditive
- Read/write
- Kinaesthetic

Appendix C – E- & distance learning terminology

E-learning is mostly associated with activities involving the simultaneous use of computers and interactive networks. The computer does not need to be the central element of the activity or provide learning content. However, the computer and the network must be significantly involved in the learning activity. E-learning has been defined as a "pedagogy empowered by digital technology". In the United States e-learning is defined as a planned teaching/learning experience which uses a wide spectrum of mainly internet or computer-based technologies to reach learners. In most universities, e-learning is now used to define a specific method in which a course or study program is delivered. Students study online and therefore rarely, if ever, attend for on-campus access to face-to-face educational facilities.

Web-based learning is associated with learning materials delivered in a web browser, including when the materials are packaged on a CD-ROM or other media.

Online learning is associated with content readily accessible from a computer. The content may be on the Web, the Internet, the computer's hard drive, or simply installed on a CD-ROM. The concept of online learning surfaced before the development of the Web, and before learning materials were delivered over the Internet or networks, so network use is not necessarily required.

Distance learning involves interaction at a distance between teacher and student, and enables the teacher to react and respond to the needs of the student. Simply posting or broadcasting learning materials to students is not distance learning. Instructors must be involved in receiving feedback from learners (Keegan 1986, Garrison & Shale 1987).

Distance learning is a concept older than most of the others discussed here. It does not necessarily require the use of computers or networks. It involves interaction between class members primarily at a distance, and enables the teacher to interact with students. Distance learning is typically associated with televised broadcasts and correspondence courses, but it also applies to certain E-learning applications.

The primary characteristic of the learning activity differentiates between each of the following concepts: web-based learning, online learning and distance learning. Intensive use of the defining feature is required. Incidental or occasional use of a characteristic feature is not sufficient to qualify for a certain type of learning. Ideally concepts and methods are merged to facilitate broader learning and accommodate ethical concerns.

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