

European Guidelines for Homeopathic Education

2nd Edition June 2000



An ECCH Policy Document on the Education of Homeopaths in Europe

Preface

This is the second edition of the ECCH European Guidelines for Homeopathic Education, and we would like to celebrate the thorough consultation process that was involved with representatives of many professional associations and schools throughout Europe.

The contents of this document currently represent the consensus view of a wide cross-section of the European homeopathic profession and homeopathic education community as to the necessary requirements for the full education and training of a competent autonomous homeopathic practitioner. For a practitioner of any other health care discipline taking up the study of homeopathy with the aim of achieving full competence in homeopathic practice, it is expected that they should complete the full homeopathic content of this curriculum including the clinical requirements.

This document will now undergo its pilot stage by individuals and institutions in homeopathy making use of it. We invite feedback which will help us make amendments for future editions. Readers and users are invited to send their thoughts to the Editor at the address below.

Acknowledgements

We would like to thank all the many individuals and groups who have contributed in various ways to the development of this document. There are too many to identify individually, but we acknowledge the following groups in particular:

The group who drafted the first edition of the ECCH Guidelines for Homeopathic Education of 1993.

The member organisations of ECCH and their representatives from 1993 – 2000.

The colleges who gave ECCH the opportunity to evaluate their curricula from 1993 – 1998.

The participants in the Barcelona ECCH/ICCH Education Symposium of March 1999.

The participants in the Amersfoort European Network of Homeopathic Educators meeting of May 2000.

The members of the 1999 – 2000 ECCH Guidelines Revision working group, who came from Germany, Ireland, Israel, The Netherlands, Norway, Switzerland and United Kingdom.

Thanks to all the above-mentioned for their contributions in time and energy, and for the support and contributions of the professional organisations and schools involved.

Special thanks to the Society of Homeopaths, United Kingdom, for their generosity in sharing their experience and documentation with us.

General remarks

Where possible, it is recommended that all source material be studied in the original language.

For stylistic purposes the masculine gender is employed for both sexes.

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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 1990)

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.

The Education of Homeopaths

The homeopathic education process recognises the student as an individual and creates an environment that enables students to draw out their own potential.

The education of homeopaths has certain minimum requirements as to the quality and content. This is to enable homeopaths to participate effectively and equally in the integrated system of health care delivery of each country. A range of educational experiences prepares the student for the full range of potential therapeutic experiences they are likely to meet in practice.

The qualified homeopath is 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 therapists and diagnosticians working in an institutionalised setting.

The European Council for Classical Homeopathy, ECCH

ECCH was founded in June 1990. Over the years ECCH has come to represent homeopaths in Europe. ECCH currently consists of member associations in 14 European countries, and is steadily growing.

ECCH’s vision is to bring the benefits of high quality homeopathic treatment to the public. The intention of its work is to make sure that all citizens have the right and opportunity to get homeopathic treatment, provided by highly skilled homeopaths, prescribing high quality homeopathic remedies.

It is ECCH’s clear understanding that practitioners who have received a full training in homeopathy as a discrete clinical discipline in itself practise it best. This includes in-depth knowledge and understanding of homeopathy and its fundamental principles together with appropriate conventional medical knowledge.

The History of the Guidelines

After a period of consultation with existing schools and professional associations in Europe and elsewhere in the world, in 1993 the first edition of the ECCH Guidelines for Homeopathic Education was produced. Since 1993 these Guidelines have become the recognised blueprint for homeopathic education around the world.

Some 70 participants from 15 different countries all over the world met in March 1999 in Barcelona to discuss their experiences with the Guidelines.

The main issues discussed were

- how to ensure the highest quality of homeopathic education
- how to further improve the ECCH Guidelines for Homeopathic Education
- how to clarify competencies between schools and political organisations (national and international)
- how to support collaboration and exchange between schools and homeopathic educators

The European Network of Homeopathic Educators was established to meet this need. It is an organisation affiliated to ECCH, but with its own organisational structure. It may serve as a forum for intense collaboration and a lively exchange of ideas between the participants. Additionally, it may serve ECCH as a future advisory board in educational matters.

Objectives of the ECCH European Guidelines for Homeopathic Education

We are now pleased to present the ECCH European Guidelines for Homeopathic Education 2nd edition to the homeopathic community.

This document may serve as:

- a guide for those wishing to establish a new homeopathic teaching institution or course
- a standard to help established homeopathic training institutions evaluate their own courses
- a standard which registering organisations use to assess any course's training
- a reference document for regional, state, national and international government institutions to assess the quality of homeopathic training for professional homeopaths in their area of jurisdiction

How the Guidelines can be used

This document identifies objectives and basic curriculum areas in the different areas of homeopathic education and training. It may:

- facilitate the planning, implementation and evaluation of a curriculum 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 on a national or regional level. Please refer to the ECCH Accreditation Policy document.

1) Homeopathic Education

a) 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. Hahnemann's writings are the foundation of this.

Objectives

- To provide students with structured learning opportunities so that they develop a deep perception and critical understanding and appreciation of the principles and theories, and the ongoing evolution of ideas
- To provide students with the ability to differentiate homeopathic concepts of health and disease from allopathic and other health care practices

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 homeopathic 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 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' response
- Second prescription
- Directions of cure
- Obstructions to cure
- Primary and secondary reaction

The homeopathic remedy

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

b) 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 for understanding the medical historical background and the development of homeopathic principles since ancient times, emphasising the historical context of Hahnemann's writings and of all subsequent significant authors up to present time

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

c) Homeopathic Pharmacology

Rationale

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

Objectives

- To provide the student with knowledge of the sources of existing and potential substances for homeopathic use
- To provide the student with an understanding of the process and dynamics of the preparation of homeopathic remedies
- To provide the student with knowledge of 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

Potentiation

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

Preparation of homeopathic remedies

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

d) Homeopathic Materia Medica

Rationale

200 years of homeopathy have produced a wealth of homeopathic provings and materia medica. This treasury deserves a deep and critical approach.

The intensive study of original homeopathic proving symptoms is the basis of every remedy study. Toxicology and clinical experience are other important sources of homeopathic 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. See also Appendix B: List of homeopathic remedies.

Objectives

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

Homeopathic proving

- Author, year and methodology
- Proving symptoms

Clinically confirmed symptoms

Repertory rubrics

Aetiology

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
- Organ affinities
- Pathognomonic symptoms

Miasmatic classification

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

e) 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 homeopathic community and with the larger scientific community. Advances in communications technology make it easier to search for, exchange and increase knowledge of homeopathy through research.

Objectives

- To provide the student with 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

Homeopathic provings

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

Casual provings

- 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

f) Practice Methodology

Rationale

Practice methodology is where the student learns how to synthesise the theoretical part of homeopathy i.e. philosophy and materia medica in order to be able to apply this to the treatment of patients.

Objectives

- To enable students to develop cognitive and practical skills to perceive the patient clearly and to acquire, record and analyse relevant information from patients
- To enable students to develop cognitive and practical skills to effectively use that 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 / Aetiology
 - 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
- Aetiology 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

- Homeopathic 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
 - Boeninghausen
 - 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
 - Cara©
 - 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 if 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

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

Subsequent action

- Do nothing
- Give placebo
- Repeat same remedy, same potency and/or dosage
- Repeat same remedy, different potency and/or dosage
- Change the remedy
- Antidote
- Referral if appropriate

g) Clinical Training

Rationale

Exhaustive clinical training is an essential requirement in the education of homeopaths. While much homeopathic theory, history and materia medica can be learned from books, it is impossible to gain clinical competence without practical clinical training and experience.

A well established teaching institution provides an appropriate student clinic or similar learning facility, where clinical training can be monitored from the initial observation sessions right through to independent case taking. The optimal situation for learning how to take a case is the one to one situation with the supervisor present.

Objectives

- To provide a range of supervised clinical learning experiences to facilitate the integration of the knowledge, practical skills and professional ethics and attitudes essential to clinical practice
- To provide experience in the application and integration of all course components
- To provide experience in the evaluation of approaches and strategies adopted by experienced homeopaths
- To establish an individual, flexible framework within which to develop a personal but effective approach to case work
- To provide an opportunity to record clinical data and carry out clinical research and audit
- To devise personal coping strategies in response to the unexpected demands and expectations of some patients
- To provide a pool of professional experiences to be shared with future professional colleagues or to be used as teaching material
- To allow the student to learn how experienced homeopaths respond in practice to ethical issues, both during and after the clinical intervention

Study areas

- Guided and structured observation and analysis of
 - Experienced practitioners working live in a clinical setting
 - Video relay of practitioners or students taking live cases
 - Paper cases / video recordings of experienced practitioners working
- Case taking and case management under supervision of experienced homeopaths
 - Individually (preceptorship)
 - In the group with additional feedback from group members
 - Analysis of real and simulated patient-practitioner interactions within a group setting
- Management of patients with potentially life threatening conditions
- Hospital training with in-patients (where possible)
- Clinical audit

In addition to all other clinical case work which is done during the course, students should have been actively involved in the supervised case taking and case management of a minimum number of 30 patients, covering a range of conditions over a number of consultations before graduation. The student should have been the primary case taker in at least 1/3 of the cases seen.

h) Anatomy, Physiology and Pathological Processes

Rationale

A thorough knowledge in anatomy, physiology and pathological processes enables the homeopath to differentiate between pathognomonic and individualising symptoms in a patient's case. It also enables the homeopathic 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 homeopathic knowledge. Should a homeopathic teaching institution choose not to teach anatomy, physiology and pathological processes itself, it is important that the institution ensures that its students already have appropriate knowledge within this area or acquire it in parallel with their homeopathic studies.

Objectives

- To provide the student with an appropriate model of the human being in health and 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 practice 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 diagnosis, with reference to common symptoms attributed to disorders of the following systems
 - integumentary (skin and connective tissues)
 - musculo-skeletal
 - gastrointestinal
 - respiratory
 - cardiovascular and haematological
 - immunological
 - reproductive (including obstetrics)
 - urinary
 - endocrine
 - neurological
 - special senses
 - mental and emotional
- Areas such as Oncology, Paediatrics, Geriatrics, Infectious diseases, Social medicine
- Common surgical procedures and anaesthetics
- Basic first aid techniques for effective emergency intervention
- Disorders due to physical agents
 - sunburn,
 - heat stroke
 - electric shock
 - radiation
 - high altitude
 - environmental pollution
 - others

- 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 diagnostic tests
- Examination and assessment techniques
- Referral procedures

i) 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 cure 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 judgement 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 that 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 cure
- To provide students with the skills to explore sensitively these maintaining causes and obstacles to cure with patients
- To provide students with 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 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
- Vaccinations
- Obstacles to the action of homeopathic remedies:
 - hormone substitution
 - pharmacological drugs
 - dental work
 - surgery
 - others
- The effects of other forms of complementary medicine
 - Traditional Chinese Medicine
 - Phytotherapy
 - Naturopathy
 - others

j) Practice Management

Rationale

Practice management skills increase the effectiveness of the work of a homeopath. Homeopathic education therefore includes the basics of office and practice management and will also provide information relevant to the student's own country's legislation as it relates to health care provision

Objectives

- To provide opportunities for students to learn business and other skills for building and maintaining a successful practice.

Study areas

- Premises
- Staff
- Out of hours availability / locum service
- Advertising / public relations
- Setting fees
- Accounts
- Book keeping
- Banking
- Taxation
- Clinical audit, practice audit
- Insurance
- Old age pension
- Stress management
- Legal status of practice
- Co-operation / Network / Referral
- Supervision
- Continual practitioner development

k) Practitioner Personal Development

Rationale

The aim of a homeopath is to improve patients' health in a rapid, gentle and permanent manner. The need for clarity, detachment and compassion is essential. In order to do this the practitioner needs to maintain a process of continual personal development to better understand themselves and the human psyche in general.

The therapeutic process can be stimulative for the patient. It is important that the practitioner has the understanding and skills to manage this process in a responsible and sensitive manner.

The therapeutic process will at times also be stimulative for the homeopath and bring to the surface issues in their own life. It is therefore important that they can recognise and manage their own emotions, prejudices and biases and not confuse them with those of the patient.

In maintaining a process of self-development the homeopath is in a better position to facilitate another person's healing process.

Objectives

- To provide students with basic counselling skills relevant to the therapeutic relationship between homeopath and patient
- To enable students to recognise their limitations and act appropriately
- To provide students with the opportunities to explore their inner world in a safe, supportive and confidential environment
- To enable students to understand how their personal beliefs can limit or support healing
- To enable the student to be innovative, self-confident and self-reliant, by developing good self-reflective assessment practices

Study areas

- Requirements, such as confidentiality, respect, detachment, clarity, rapport, self-esteem
- Self reflective assessment
- Counselling skills: listening, observing, body language etc.
- Handling of emotions (practitioner, patient)
- Referral
- Health awareness
- Ethics
- Limitations, personal and setting
- Boundaries
- Personal responsibility
- Sex and sexuality
- Myths and taboos in healing
- Human life stages
- Personal belief systems

- Stress management tools
- Relationships
- Practitioner trauma management
- Practitioner/patient relationship
- Projection, transference and counter-transference
- Patient management
- Coping strategies
- Professional relationships with colleagues and other professionals

1) Ethics of Health Care Practice

Rationale

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

Ethics are studied with referral to the professional code of ethics of the national associations of homeopaths.

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 homeopathic profession and that of health care professions in general
- To enable students to understand how their personal ethical values can limit or support healing

Study areas

Personal

- Honesty
- Self-awareness, e.g. weaknesses, strengths and opportunities for self development
- Own values and standards
- Analysis of professional codes

Professional

- Possibilities and limitations of treatment
- Responsibility in serious life threatening conditions
- Professional relationships with colleagues and other health care practitioners
- Referrals
- Availability

General

- Prejudices
- Confidentiality versus social and legal responsibility
- Respect for life
- Life and death issues
- Patient's right of choice
- Ethical conflicts
- National legal restrictions
- Ethical dilemmas regarding medical interventions: vaccination, abortion, organ transplants, euthanasia etc.

3) Course Context and Framework

a) Teachers' Qualifications

Introduction

The education of homeopathic practitioners requires a facilitation of the individual student's learning process. Teachers need to understand the educational process in order to provide a range of teaching methods. This will enable individual students to learn in their own unique way. An effective education process and a diversity of teachers with varying styles and methods are essential. In this way students synthesise their understandings to develop an individual approach to practice. It is necessary for teachers to have an open and critical attitude to old and new theories and ways to practise homeopathy and have the commitment to continue their own professional development.

Objectives

- To encourage teachers to have experience and qualification in both homeopathy and education
- To provide teachers with the skills to develop a self-critical attitude towards their work

Teachers' qualifications

Each school must address the issue of employing teachers who are both

- qualified homeopaths with sufficient current clinical practice to have the necessary practical homeopathic experience
- qualified teachers, using a wide range of teaching methods appropriately

The educational qualification of teachers may be assessed by

- the homeopathic education of the teachers themselves
- previous teaching qualifications and experience
- the number of years of full time clinical practice (at least 5 years)
- continual homeopathic education and supervision
- publications in national and international homeopathic journals, public lectures etc.

We recommend that each school

- supports staff to obtain teaching qualifications
- provides an opportunity for the teachers to exchange their teaching experiences
- uses professional educators and supervisors to educate the teachers
- uses evaluation charts to review the educational qualification of teachers as viewed by students

b) Learning Strategies and Teaching Modes

Rationale

In line with the homeopathic principle of similars, we respect the individuality of each student. This “learner-centred” approach has become a guiding principle in education generally. In order to enable students to work to their full potential, an appreciation of the range of learning styles and teaching methods is essential.

Objectives

- To provide students with the opportunity to experience different teaching styles
- To encourage students to develop their own individual ways of thinking and studying
- To offer different teaching methods according to different learning styles in students
- To provide the experiences and opportunities for learning which prepare a student to begin professional practice

Acquisition of Knowledge

Knowledge can be acquired in many different ways

- Propositional knowledge – knowing about an issue through theories and ideas, accessed through written and spoken information
- Presentational learning – creative, metaphoric or symbolic representation of material, accessed through patient narrative, myth, folklore, poetry etc.
- Experiential learning – accessed through: observation, role play, case taking, problem oriented learning
- Practical knowledge – knowing about an issue through the acquisition of practical skills

The student will learn to look at

- attitudes – how we think about what we do
- skills – what tools must be mastered to be effective at our task
- knowledge – what we need to know to be competent

Teaching modes will vary in relation to this, and in relation to students’ learning strategies.

Learning Strategies

It has been suggested that learning is making meaningful patterns out of confusion. For individual students to achieve this, homeopathic education needs to pay attention to the variety of ways in which an individual can learn.

For example, learning is affected by

- The physical learning environment
- The student’s state of mind and physical health
- The student’s disposition to learn in certain ways – through natural intelligence in the areas of language, logic, inter-personal, intra-persona, visual, auditory and kinaesthetic abilities

Teaching Modes

To address these different learning strategies, different teaching modes are needed, e.g.

- Audio-visual opportunities
- Lectures
- Case studies
- Problem based learning
- Projects
- Presentations
- Clinical activities
- Self-reflective exercises
- Others

Different teaching methods also require different teaching settings, e.g.

- Lectures
- Individual home-study
- Supervision, tutorials etc.
- Collaborative group work
- Clinical experience
- Others

Teaching and learning at different levels

- The level of teaching and learning will increase in complexity. The same topics will be approached first in a descriptive manner, then through comparative or differentiating work, finally at a level of synthesis and evaluation
- Students' self-directed learning will increase gradually through the course as they approach the autonomy of practice

c) Assessment

Rationale

Assessment is the measurement of what the student has learned from the opportunities provided by the course. It is designed and planned as 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 programme enhances the students' learning and awareness by using professional self-appraisal and self-assessment techniques and developing their critical faculties. These abilities will play an essential role in responsible homeopathic practice and continuing practitioner development.

Assessment, or the measurement of learning, is best achieved by describing learning outcomes, i.e. what a learner can do as a result of learning. 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 also provides valuable learning opportunities for the course provider.

Assessment can be both formative and summative:

- formative assessment is part of learning and provides feedback so that the student can identify areas for improvement.
- summative assessment determines whether the student has achieved the learning intentions, usually at the end of a block of learning.

Objectives

- To enable students to develop effective self-assessment practices
- To provide feedback to students so that they can identify areas for improvement
- To enable students to correct deficiencies
- To motivate students and focus their sense of achievement
- To consolidate student learning
- To evaluate students' potential to progress

Methods of assessment and moderation

In order to meet the variety of skills and comprehension in students it is important to have a matrix of assessment modes which is made up of a variety of methods. It is important to recognise that each assessment method is 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 work or of their 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 is called the process of moderation, and it needs to be carried out both internally and externally in order to maintain the standard and integrity of awards.

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
- Others

d) Designing a Curriculum

Objectives

The ultimate objective of a homeopathic education course is to enable graduates to develop as autonomous and competent homeopaths. The education needs to be sufficiently long for the content of the study outlined in the ECCH Education Guidelines to be covered and assimilated.

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 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.

Course duration

Current experience within the education community of professional homeopathy shows that effective education in homeopathic practice takes a minimum of 3 – 4 years of full-time study at professional higher education level, or first degree level (according to the education system of each country).

Clinical education

As a core requirement prior to graduation students should have been actively involved in the supervised initial case-taking and on-going case management of a minimum number of 30 patients, covering a range of chronic conditions over a number of consultations. The students should have been the primary case-taker in at least 1/3 of the cases worked on.

It should be stressed that this is the absolute minimum requirement for this type of clinical learning. Active supervised clinical learning and problem solving will provide the background needed to develop the student for this final requirement. Other kinds of clinical experience and activities usually made available are:

- acute and chronic paper cases
- acute and chronic video cases
- active and passive roles in live case-taking of new and follow-up cases
- structured sitting-in with experienced practitioners
- case-study exercises
- other activities

There are a number of models for the actual design of a curriculum. These are outlined in Appendix C.

Appendix A: Bibliography

Introductory Notes

This list is intended to give an overview of the literature which is most used in homeopathy. We are aware that it is by no means complete. Titles not listed are not considered as being of lesser worth.

The bibliography may serve students as a suggestion for homeopathic reading, and for teachers as a suggestion for teaching material.

There was a request for this document to identify literature that is really basic for homeopathic learning and, moreover, for study at different levels. We refrain from doing this at the moment and leave this task to future drafts.

Where the information was available, the first edition of a book in its original language is included. Where reprints are mentioned, especially Indian editions, one should be aware of the fact that the year of reprints can vary, as in India new reprints are issued quite often.

Some titles mentioned are not available nowadays, i.e. there are no new editions or reprints published. They were considered valuable. We include them as a suggestion for homeopathic publishers to reprint them.

Notes by the compilers were set in [brackets].

Regarding the large number of new editions, reprints, translations etc., it will be necessary to update this list from time to time. Corrections, additions and other notes should be sent to the Editor (address see under "Introduction").

The following letters indicate the language in which the title has been published:

- (d): German
- (e): English
- (f): French
- (s): Spanish
- (i): Italian
- (dt): Dutch

Overview of Topics

- 1) Literature in general (bibliographies, dictionaries, other references)
- 2) Principles of homeopathy
- 3) History and development of homeopathy
- 4) Homeopathic pharmacology
- 5) Homeopathic Materia medica
 - How to study homeopathic Materia medica
 - Indexes to homeopathic provings
 - Collections of original provings
 - Current journals with articles related to provings
 - Materia medica collections
 - Remedy relationships
- 6) Research
 - Research methods
 - Clinical research in Homeopathy

- Proving methodology
- Elementary research and the physics of Homeopathy
- 7) Practice methodology
 - Case taking, case analysis, prognosis
 - Repertories
- 8) Clinical training
 - General writings
 - Case collections
 - Therapeutic manuals
 - Collected writings, miscellaneous
- 9) Practice management
- 10) Practitioner personal development
- 11) Learning strategies and teaching methods
- 12) Assessment
- 13) Course duration: hours and study points
- 14) List of homeopathic literature publishers

(Note: with some titles it was difficult to decide for the correct topic. Some titles were therefore listed under more than one heading.)

1) Literature in General (bibliographies, dictionaries, other references)

Note: The following list contains titles, that are actually not available for purchase, neither the original printing, nor any reprint. They were included because of their bibliographic relevance for the following lists.

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Note: An old English language encyclopaedic dictionary is useful to help understand archaic medical terms. Webster's or Funk & Wagnall are suggested. Particularly because of changes in the German language we would recommend obtaining older editions (before 1900).

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Beaconsfield Publishers: 20 Chiltern Hills Road, Beaconsfield, Bucks, HP9 1PL (UK)	Kluwer
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Blackwell Science	Kai Kröger, Rendsburg (D)
Ulrich Burgdorf Verlag für homöopathische Literatur / Edition Nereide, Göttingen (D)	Langenscheidt-Verlag, Postfach 40 11 20, 80711 München (D)
Churchill Livingstone	Bernd von der Lieth, Verlag für homöopathische Literatur, Hamburg (D)
Cooper Publishing	Medizinverlage Heidelberg (MVH) GmbH & Co. KG, Steiermärker Str. 3-5, 70469 Stuttgart (D)
Daniel Saffron Walden	Merlijn Publishers
Dynamis-Verlag: Am Vogelherd 18, 46147 Oberhausen (D).	North Atlantic Books, Berkeley (CA)
Educational Development Center	Oise Press
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Elephas Buchverlag, Fürstenlandstrasse 109, CH-9014 St. Gallen (CH)	O.-Verlag: see Barthel & Barthel
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Hahnemann Academy of North America	Routledge
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Harvard Business School Press	Similimum Verlag, Aleksandar Stefanovic, Ruppichteroth (D)
Haug (see: Medizinverlage Heidelberg)	Sonntag Verlag GmbH: Steiermärker Str.3-5, 70469 Stuttgart (D)
Hippokrates Verlag GmbH: Steiermärker Str.3-5, 70469 Stuttgart (D).	Spring Publ
Homoeopathic Book, London, UK	Springer
Homoeopathic Medical Publishers: Dinar, 20 Station Road, Santacruz (W), Bombay – 400 054 (INDIA).	T & W, Dreieich (D)
Hyden House	Verlag homöopathisches Wissen (vormals G.H.G.Jahr Verlag), Rainer Bütow, Oststrasse 21, Euskirchen (D).
Institute for Research in Homoeopathic Information and Symptomatology Leidschendam (NL)	John Wiley & Sons
International Foundation for Homeopathy	Williams and Wilkins

Appendix B: List of Homeopathic Remedies

This list of homeopathic remedies is neither complete nor does it suggest that all remedies mentioned should be taught. It is intended as a recommended list. Some schools will teach more remedies, others less.

The abbreviations of the remedies are taken from Zandvoort, Roger van: *The Complete Repertory*. Leidschendam: Institute for Research in Homoeopathic Information and Symptomatology, 1997.

The relative importance of a remedy is indicated in the same manner as the degrees in Kent's Repertory: **Primary**, *secondary*, tertiary.

For the newly proven remedies to be included here, the provings have had to be published more than two years ago and cured cases have had to be published.

With regard to the large number of homeopathic proving carried out over recent years, it will be necessary to update this list from time to time.

Corrections, additions and other notes should be sent to:

The Editor,

European Guidelines for Homeopathic Education

C/O The ECCH General Secretary at the contact address on page 3 of this document.

List of Homeopathic Remedies

Abies-n	<i>Aur-m</i>	Chin	Fago
Abrot	Aur-m-n	Chin-ar	Ferr
Absin	Aur-s	Chin-s	Ferr-acet
Acon	Bac	Chlf	Ferr-ar
Act-sp	Bad	Chlor	Ferr-i
<i>Aesc</i>	Bamb-a	Choc	Ferr-m
<i>Aeth</i>	Bapt	Chr-ac	Ferr-ma
Agar	Bar-ac	Cic	Ferr-p
<i>Agn</i>	Bar-c	Cimic	Ferr-pic
Ail	Bar-i	Cimx	Fl-ac
Alet	Bar-m	Cina	Form
<i>All-c</i>	Bell	Cinnb	Gall-ac
All-s	Bell-p	Cist	Gamb
<i>Aloe</i>	<i>Benz-ac</i>	Clem	Gels
Alum	<i>Berb</i>	Cob	Germ
Alumn	<i>Bism</i>	Coc-c	Gins
Alum-sil	Bor	Coca	Glon
Ambr	Both	Cocaine	Gnaph
Am-br	<i>Bov</i>	Cocc	Goss
<i>Am-c</i>	<i>Brom</i>	Coff	Graph
Am-caust	Bry	Coff-t	Grat
<i>Am-m</i>	<i>Bufo</i>	Colch	Guai
Aml-n	<i>Cact</i>	Coll	<i>Ham</i>
Anac-oc	Cadm	Coloc	Hecla
Anac	Calad	Com	Hell
Androc	Calc	Con	Helon
Ang	Calc-acet	Conv	Hep
Anh	Calc-ar	Cop	Hura
Anthr	Calc-caust	Cor-r	Hydr
Ant-ar	<i>Calc-f</i>	Crat	Hydrc
Ant-c	Calc-i	Croc	Hydrog
Ant-s	Calc-p	<i>Crot-c</i>	Hyos
Ant-t	<i>Calc-s</i>	<i>Crot-h</i>	Hyper
Apis	<i>Calc-sil</i>	<i>Croto-t</i>	Ign
Apoc	Calen	Cub	Iod
Aral	<i>Camph</i>	Cund	Ip
Aran	Cann-i	Cupr	Irid
Arg	<i>Cann-s</i>	Cupr-acet	Iris
Arg-n	<i>Canth</i>	Cupr-ar	Jab
Arist-cl	Caps	Cur	Jug-r
Arn	Carb-ac	Cycl	Kali-ar
Ars	Carb-an	Daph	Kali-bi
<i>Ars-br</i>	Carbn-s	Dig	Kali-br
Ars-i	Carb-v	Dios	Kali-c
Ars-s-f	Carc	Diph	Kali-chl
Art-v	Card-m	Dros	Kali-cy
Arum-t	Carl	Dulc	Kali-fcy
Arund	Cast	Dys-co	Kali-i
Asaf	Cast-eq	Echi	Kali-m
Asar	Caul	Elaps	Kali-n
Asc-t	Caust	Elat	Kali-p
Aspar	Cedr	Equis	Kali-sil
Aster	Cench	Erig	Kali-s
Atro	Cham	Eucal	Kalm
Aur-ar	Chel	Eup-per	Kola
Aur-i	Chen-a	Eup-pur	Kreos
Aur	Chim	Euphr	Lac-ac

Lac-c
Lac-d
Lac-f
Lac-h
Lach
Lachn
Lact
Lap-a
Lat-m
Laur
Led
Lept
Lil-t
Lith-c
Lob
Lyc
Lycps
Lyss
M-arct
Mag-c
Mag-m
Mag-p
Mag-s
Maland
Manc
Mang
Med
Meli
Meny
Meph
Merc
Merc-c
Merc-cy
Merc-d
Merc-i-f
Merc-i-r
Merc-s
Merl
Mez
Mill
Morph
Mosch
Mur-ac
Murx
Mygal
Naja
Naph
Nat-ar
Nat-c
Nat-h
Nat-m
Nat-n
Nat-p
Nat-s
Nicc
Nit-ac
Nuph
Nux-m
Nux-v
Oena

Ol-an
Olnd
Onos
Op
Orig
Osm
Ox-ac
Ozone
Paeon
Pall
Paireir
Par
Petr
Petros
Phel
Ph-ac
Phos
Phys
Phyt
Pic-ac
Piloc
Pip-m
Plan
Plat
Plb
Podo
Pop
Prun
Psor
Ptel
Puls
Pyrog
Rad-br
Ran-b
Ran-s
Raph
Rat
Rheum
Rhod
Rhus-a
Rhus-t
Rhus-v
Rob
Rumx
Ruta
Sabad
Sabal
Sabin
Sac-alb
Sal-ac
Samb
Sang
Sanic
Saroth
Sars
Sec
Sel
Senec
Seneg
Sep

Sil
Sin-n
Spig
Spong
Squil
Stann
Staph
Stel
Stict
Stram
Stront-c
Stroph
Stry
Sul-i
Sulph
Sul-ac
Sumb
Symph
Syph
Tab
Tarax
Tarent-c
Tarent
Tell
Ter
Teucr
Thal
Thea
Ther
Thlaspi
Thuj
Thyr
Tril
Tub
Urt-u
Ust
Uva
Vac
Valer
Vario
Verat
Verat-v
Verb
Vesp
Vib
Vinc
Viol-o
Viol-t
Vip
Visc
Wye
X-ray
Zinc
Zinc-p
Zinc-s

Appendix C: Hours, Study Points and Course Duration

a) Hours

A primary professional degree in Europe involves about 1200 hours (60 min.) student contact *and* home study time, full time, per year, i.e. about 3600 - 4800 hours (60 min.) in 3 - 4 years.

Part-time courses provide the same amount of hours but extend their programme over 4 – 6 years.

The proportion of student contact time to home study depends on the subject taught. For more theoretical subjects fewer contact hours and more home study hours seem to be appropriate, for more practical subjects the contact hours and home study hours may be defined as at least equal, e.g.:

- Principles of homeopathy, History, Pharmacopoeia, Research about 1:4 (student contact time : home study)
- Materia Medica, Practice Methodology, Anatomy, Physiology and Pathological Processes, Patient Health Awareness, Practice Management, Ethics 1:2
- Clinical training, Practitioner development 1:1

Full time course, 3600 hrs:

One week equals about 40 hours (student contact time *and* home study), therefore 3600 hours can be taught in 3 years / 30 weeks.

Full time course, 4800 hrs:

If one week equals 40 hours (student contact time and home study), then 4800 hours can be delivered in 4 years / 30 weeks *or* 3 years / 40 weeks.

These hours might be subdivided in (e.g.):

Curriculum area	3600 hrs	Contact time	Home study	4800 hrs	Contact time	Home study
Principles, History, Pharmacopoeia, Research	375	75	300	500	100	400
Materia Medica	675	225	450	900	300	600
Practice Methodology	450	150	300	600	200	400
Clinical Training	830	415	415	1100	550	550
Anat., Physio.& Path. Processes	830	275	555	1100	360	740
Practitioner. Develop., Patient Health, Practice Management, Ethics	440	220	220	600	300	300
(60 min teaching hours.)	3600	1360	2240	4800	1810	2990

b) Study points

Another way of expressing standards is the study point model. Here are two examples from The Netherlands and Norway:

The Netherlands

Any higher professional teaching institution in the Netherlands uses study points instead of hours to define the final attainment levels at the end of the course. The whole professional training always adds up to 168 points. One of the benefits of working with study points is that it is useful for the comparison of courses, e.g. full time and part time courses.

A full time course for a regular higher professional education in the Netherlands lasts for 4 years in most cases, a part time course lasts up to 6 years. At present, most of the homeopathic teaching institutions teach 5 year courses.

One study point equals 12 contact hours and 40 study load hours (60 min. hours, contact hours and home study).

	Total	4 yrs Full time Per year:	5 yrs Full time Per year:	6 yrs Part time Per year:
Study points	168	42	33.6	28
Contact hours	2016	504	403,2	336
Study load hours	6720	1680	1344	1120

At the moment, the NVKH uses the following scheme (issued March 1999)

Curriculum area	Study points	Contact hours	Study load hours
Philosophy / Theory	13	156	520
Materia Medica	19	228	760
Practical skills	20	240	800
Anatomy, Embryology, Physiology, diagnostics, Pathology, Psychiatry, First Aid, Pharmacology	43	516	1720
Other issues (Dietetics, Psychology, Naturopathy, Practitioner Development, Ethics, Practice Management, Law, Sociology and Anthropology, other Therapies, Structure and Requirements of National Health Care System)	41	492	1640
Clinical Training	28	336	1120
Further to be defined	4	48	160
Total (= 6720hours)	168	2016	6720

Norway

One of the ways in which higher education is planned and evaluated in Norway is by study points.

One year of full-time study and exams has a value of 20 study points. In Norway each academic year has 40 weeks of study, so each study point consists of two weeks of study including lecture hours, practical training and self study using a compulsory reading list.

The number of lecture hours including supervised training needed for each study point will vary according to the nature of the study (some freedom is also given to the schools). The amount of hours that equal a study

point varies according to whether the emphasis of the material is mainly theoretical or mainly practical. This can vary from about 15 lectures per study point for a more theoretical subject and 30 hrs per study point for a more practically or clinically oriented training.

The number of pages to be read for each study point will also vary greatly according to the nature of study (more for theoretical, like materia medica, and fewer for practical studies, like clinical training). Most higher education will have a range of the compulsory reading from 150 – 250 pages per study point. (Note: For a book of totally 300 pages introduction, contents, pictures, half blank pages index and so on will be subtracted, so the number of pages counted may be only 170).

An example of how study points are calculated in the plan of study of the Skandinavisk Institut for Klassisk Homeopati (SIKH) (one of 3 homeopathic schools in Norway):

Subject	Study points	Lectures/supervised training	Home study	Compulsory reading
	Points	Hours	Hours	Pages
Anat,Phys Path, Pharm	20	600	1200	3500
Principles and history	2,5	77	133	730
Methodology	5,0	147	353	1500
Materia Medica	17,5	225	1175	3500
Clinical training	12,5	508	492	1500
Research and essay	2,5	17	183	500
Total	60 *	1574	3536	11230

*** 3year full-time or 4 year part-time**

c) School of Medicine, Harvard, Massachusetts, USA

Recently, the development of curriculum guidelines has shifted its emphasis from classroom hours to performance standards in order to determine the length of the course. Under this system lecture hours have been cut by up to 75% to allow each student to have more direct contact with the faculty members. Although the overall course length has not been altered, the amount of time that students spend preparing for tutorials and the ratio of students to staff has been taken into account.

It requires four years of graduate school to complete a medical doctor degree (MD). However, the first two years have changed from an average of 30 hours a week of lectures to an average of 8 hours a week. Another 8 hours are spent in problem based learning tutorials. These tutorial groups have access to a teacher or mentor during these hours. The rest of the time is unstructured, leaving time for students to direct their own learning.

This type of program designs and organises its curriculum around measurable learning objectives. These include appropriate attitudes, gaining competency in a set of skills and acquiring the necessary knowledge and comprehension. There is no effective way of measuring the length of classes based on process-oriented curriculum guidelines. Effective assessment and evaluation are required.

