



The Society of Homeopaths
representing professional homeopaths

CLINICAL EDUCATION GUIDELINES

***REVISED
MAY 2007***

THE SOCIETY OF HOMEOPATHS'

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Revised Document May 2007

The original Clinical Education Guidelines were derived from surveys, workshops and discussions between course providers and the education team between 2000 and 2002. The 2002 working document formed the basis for initial implementation work in courses and was revised in February 2004. This version was used as the basis for the Clinical Education Review process during 2005 – 2006. At the evaluation workshops in Autumn 2006 further recommendations from course providers were collected to contribute to this present version which also takes into account our joint work on fitness to practise, and the regulatory move towards fulfilling HE3 degree level descriptors.

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PART 1 - AIMS AND LEARNING OUTCOMES

Aims of course provision in clinical education

Clinical Education aims to enable homeopathy students to become proficient, safe and appropriately confident professional homeopaths. The framework of the course and the activities and opportunities within it will aim to encourage the student to formulate links between theoretical concepts and practice experience, and provide means for students and teachers to monitor and assess development.

Clinical Education aims to develop both *competence* and *capability* in students in a clinical practice.

Competence is defined as what individuals *know* and are able to *do* based on knowledge, skills and understanding.

Capability is defined as the individual's ability to *adapt to change*, *generate new knowledge*, and continue to *improve* performance.

Broad aims

By the end of the course, the student homeopath will be able to:

- prescribe effectively to treat and manage patients' ill-health and promote the maintenance of good health
- interact appropriately and effectively with patients and others
- reflect on themselves and on all aspects of clinical experience in order to improve performance
- practise professionally so that they always act within the Society's Code of Ethics and Practice, and the Core Criteria for Homeopathic Practice.

How will this be achieved?

1. Students' practical experience will be based on an understanding and developing knowledge of the principles of homeopathy including:

- philosophy
- Materia Medica
- case taking
- case evaluation
- methodologies

2. Students will need a variety of learning experiences and assignments in their clinical education courses to enable them to progress in stages through:

- observation of case taking
- increasing input and responsibility
- the development of reflective practice skills
- supervised case taking
- supervised case management
- fitness to practise

3. The education and development of professional homeopaths will need to facilitate understanding and experience in the following broad areas:

- A Personal responsibility
- B Responsibility to patients
- C Responsibility to colleagues

(see Learning Outcomes pp. 5 - 6)

4. For the successful completion of the Clinical Education programme qualifying students should be assessed as ready to practise professionally within the guidelines of:

- The Society of Homeopaths' Core Criteria for Homeopathic Practice
- The Society of Homeopaths' Code of Ethics and Practice
- The National Occupational Standards for Homeopathy
- The descriptors for a qualification at level HE3 according to the Quality Assurance Agency for Higher Education

Learning Outcomes for Clinical Education

The following list of broad learning outcomes has been collated through discussions between course providers and the education team. In planning your curriculum for each year, individual learning outcomes will need to reflect the appropriate level for each stage of the course.

A Understanding personal responsibility

Students will be expected to demonstrate personal responsibility by being able to:

- i. evaluate the effectiveness of the homeopathic process, recognising the potential complexity of the issues involved
- ii. explain their chosen methodology and approach in each case
- iii. engage in the supervision process and demonstrate affective awareness
- iv. synthesise information that contributes to appropriate professional judgments
- v. demonstrate that they are aware of the issues involved in practice management
- vi. demonstrate awareness and capacity for reflective practice
- vii. show ongoing commitment to continuing professional development.

B Understanding responsibility to patients

Students will be expected to demonstrate their responsibility to patients by being able to:

- i. demonstrate ethical behaviour
- ii. demonstrate awareness of the limits of their competence

- iii. demonstrate an integrated range of clinical skills, an understanding of a range of processes of health and disease and appropriate use of Materia Medica, Repertories and other sources of information
- iv. understand the cultural, social and psycho-social issues liable to affect a range of patients from across the community
- v. demonstrate patient-centred care, communicating appropriately and effectively and providing patients with the opportunity to make an informed choice about their treatment.

C Understanding responsibility to colleagues

Students will be expected to demonstrate their responsibility to colleagues by being able to:

interact and collaborate effectively with other homeopaths and professionals for the welfare of their patients and for their own continuing professional development.

PART 2 – GUIDELINES FOR ASSESSMENT AND SUPERVISION

Assessment procedures and methods

1) Clear criteria for evaluating fitness to practise

Course providers will need to establish clear assessment criteria for fitness to practise, such as the students' willingness and ability to:

- i. accept the requirements of the course
- ii. practise being a learner and a supervisee
- iii. interpret what is taught and transform it into personal learning
- iv. reflect on and integrate all areas of relevant knowledge
- v. offer, receive and make positive use of feedback
- vi. build rapport and communicate effectively with the patient
- vii. record and keep patient notes appropriately and confidentially, and record analysis and prescribing
- viii. be aware of responsibility toward patients, recognising when to seek advice and when to refer
- ix. progress to professionalism through making responsible judgements in complex situations
- x. practise in a professional manner and communicate effectively with other professionals
- xi. adhere to the Society's Code of Ethics, have the capacity to meet the Core Criteria for Homeopathic Practice and fulfil relevant sections of the National Occupational Standards for Homeopathy
- xii. fulfil the qualification descriptors for level HE3 published by the Quality Assurance Agency for Higher Education.

2) Assessment models for evaluating fitness to practise

It is good practice to employ a variety of assessment methods in order to provide a number of ways for students to demonstrate their ability and achievement. The following methods are all used currently in homeopathy courses and may be useful in considering your own methods of evaluation and assessment:

- i. **Observation of student performance** in carrying out either clinical work or simulated activities, and participation in seminars indicating their critical awareness (e.g. through clinical supervisors' written reports, in group seminars with an assessed element)
- ii. **Oral questioning** to corroborate performance and elicit knowledge and understanding (e.g. in personal tutorials, individual presentation projects, in classroom dialogue)
- iii. **Written questioning** for more in depth coverage of knowledge and understanding (e.g. written assignments, or exams if used)
- iv. **Assignment/project work** for major coverage of scheme content which does not lend itself to performance assessment (e.g. individually designed and agreed large scale projects or research)
- v. **Workplace logs/diaries** to support assessment of performance (e.g. clinic reflection sheets, observation reports, summaries from personal learning journals)
- vi. **Student self-assessment** where students are involved in evaluation of their progress and assessment of readiness for practice (e.g. individual learning contracts assessed by student and tutor, use of reflective cycles evaluating specific areas of practice)
- vii. **Peer group assessment** where the group gives feedback (e.g. peer group assessment on agreed criteria of oral presentations of a student's work)
- viii. **Prior experience and learning** where the student can clearly prove that the standard has been reached and demonstrated in a prior setting.

3) Feedback and recording of assessment

Throughout the Clinical Education Programme assessment should provide appropriate, clear and regular feedback in order to cultivate openness and transparency, and to enable students to be aware of and understand whether or not they are fulfilling the required criteria in clinical practice. Where a student is having problems in one or more areas relating to fitness to practise, this should be noted and discussed with them at an early stage, providing therefore the opportunity for these problems to be effectively addressed.

To facilitate this, the following may be helpful:

- i. ongoing feedback throughout clinical practice
- ii. an agreement or learning contract between students and course providers with details of the assessment criteria and feedback mechanisms
- iii. clear and explicit outcomes in writing for each stage of clinical education
- iv. a written record of students' progress which is discussed with the student at formative and summative stages
- v. the use of supervision to identify, address and document problems as well as provide support for each students' clinical practice
- vi. establishing the student's practice of self-reflection and appropriate awareness of their own fitness to practise
- vii. assessment from a range of assessors and not one assessor only.

Supervision of students in clinical practice

Students need to be given clarity regarding the purpose, scope and nature of clinical supervision. This would form part of preparation for clinical practice, and would be included in, for example, a Clinical Handbook for Students. The Society of Homeopaths' Code of Ethics and Practice for Supervisors 2001 states that:

‘Supervision is a formal and mutually agreed arrangement. Practitioners, tutors or students contract to reflect on their work regularly with a supervisor who is an experienced and competent practitioner and who is prepared, through a recognised training in supervision, for the roles employed within the supervisory process. The aim is to work together to ensure and develop the supervisee’s therapeutic/ supervisory/ educational practice in order to promote patient welfare.’ (para. 7)

The following areas need to be considered by the course provider when establishing good supervisory practice.

Clarification of:

- i. the purpose, nature and scope of clinical supervision
- ii. the supervisors’ role - not to dictate on prescriptions but to support, challenge, deepen understanding and encourage self-reflection
- iii. how many supervised hours or cases the course requires
- iv. arrangements for supervision within the course, and for working with an external supervisor including advice on contracting and remuneration (both the student and the external supervisor need guidance about what procedures to follow)
- v. what proportion of a student’s case taking should have a supervisor present, and/or at what stage students are considered ready to see patients on their own. (At this stage students would still be in supervision but would have fulfilled the course’s criteria for taking the case alone. One criterion for reaching this stage would be the students’ capacity for self- reflection.)

- vi. the provision of agreed 'handover' procedures if a student changes supervisor during the course, to maximise continuity while maintaining patient confidentiality
- vii. the necessity of ensuring there are no conflicts of interest in the allocation of students and patients, or in the allocation of students and supervisors, for example a student supervised by their own homeopath, or taking family cases

Inclusion of:

- i. opportunities for discussion on process and approach as well as case discussion
- ii. the role of supervision in personal development and on the student's capacity for self-reflection on professional development
- iii. the integration of students' overall clinical experience with their experience in external supervision
- iv. the recommendations of the Society of Homeopaths' Code of Ethics for Supervisors

Transparency about:

- i. the criteria for assessment of fitness to practise in each area of clinical work
- ii. whether the patient will be giving feedback to a supervisor or course provider on aspects of the students' case taking, and to what extent this is appropriate or ethical
- iii. how external supervisors are involved in the assessment process (e.g. possibly not grading work but giving feedback on ethics and conduct, NOS HM1 & 2, self-reflection)

Good practice in:

- i. the recruitment of external supervisors according to agreed criteria and providing a range of supervision models
- ii. induction and continued training and development for external supervisors, and recognition of the need for their own supervision.

Insurance for students in clinical practice

Students need to be insured for clinical practice. Many courses make it a requirement that students take out Student Clinical Membership of the Society of Homeopaths which includes insurance cover and access to the Society's Professional Conduct services in addition to membership benefits.

Students and course providers must be able to show that students are working within the course's criteria for clinical practice and that they are fully supervised. The Society's insurers say that within their cover it is understood that at a certain stage students may be ready to make some independent decisions in their supervised casework. They expect, as we do, that courses will have clear criteria and a policy for deciding if students are ready for this, that this is known and adhered to and that a course provider is able to demonstrate a student's competence.

As a course provider you may be held responsible for a student in supervised practice if s/he is found not to be competent as you are underwriting their readiness to be taking cases. It is possible also for patients to hold the course provider liable.

We recommend that students are given opportunities to understand, and demonstrate their understanding of, the Society's Code of Ethics and Practice. They should have the opportunity to seek advice if they do not understand any aspect of it, or are uncertain of the ethics of a particular situation. You might also prepare a document for them to sign indicating acceptance and understanding of the Code.

Supervisors who are Registered Homeopaths with the Society are covered in all situations for their work as supervisors, except if negligence lies with the student e.g. informing supervisors inaccurately, or not informing supervisors of a relevant point.

If the supervisor is not a registered member of the Society of Homeopaths it is the course provider's responsibility to establish whether their insurance extends to supervision cover.

Society of Homeopaths' Education Team
May 2007

APPENDICES

The Society of Homeopaths' Core Criteria for Homeopathic Practice

The Society of Homeopaths' Code of Ethics and Practice for Supervisors

The Quality Assurance Agency's Degree Level descriptors



Core Criteria for Homeopathic Practice

The Core Criteria are the general principles underpinning the professional practice of homeopathy. They have been written by homeopaths as a description of the qualities required in our profession, and were derived to form a framework for the National Occupational Standards (NOS), which are specifications of work performance. By describing the core principles and values within homeopathy, they give a professional context within which the more behavioural NOS can be understood.

The Society of Homeopaths intends that all the Core Criteria should be capable of demonstration in each module of the NOS. It should be possible to link every element to at least one criterion. Criterion 1 should underpin all work.

Purpose and Use of the Core Criteria for Homeopathic Practice

The Core Criteria make explicit the regular demonstration of an implicit body of knowledge. The existing elements within the NOS are grouped together into units or modules, and these are arranged so that these lists of observable behaviours with **particular** Performance Criteria never contravene any of the **general** Core Criteria. These criteria are implicitly at honours degree level, and cover a full range of understanding and intellectual skills that make up professional competence.

The Core Criteria can be used as a way to present material for assessment, specifically at the pre-registration level. Candidates would compile portfolios of practice-based evidence and a supporting commentary to demonstrate that they have fulfilled *simultaneously* both the competence requirements of the N.O.S. and the core criteria. They would choose to present a demonstration of their work as they prefer, noting which performance criteria, and which core criterion they are to be evaluated against. All Core Criteria would be represented within the overall body of work to be assessed.

There is also a place for the use of the Core Criteria to inform curriculum planning in educational courses, alongside close reference to the National Occupational Standards. Since the Core Criteria present achievements desirable for a practising homeopath, they could also have a place in Continuing Professional Development for the individual practitioner or to inform programme development.

CRITERION 1: "Commitment to Professional Principles and Values"
Self-awareness and commitment to putting professional principles and values into practice.

Practitioners can demonstrate:

- 1) an understanding of homeopathic philosophy and an ability to apply it in practice; this includes:
 - a) an awareness that health and disease are dynamic and meaningful;
 - b) a reflective awareness of the individual and their familial, social, spiritual, cultural and economic context;
 - c) clearly relating the approach to practice chosen in any situation, to a coherent set of homeopathic and ethical principles.
- 2) respect for patients' dignity, privacy, autonomy and right;
- 3) regard for the safety of the patient and of themselves at all times, both physically and psychologically;
- 4) employment of
 - a) prescribing practices which are safe for both homeopath and patient, whatever the context.
 - b) administrative practices which are safe for both homeopath and patient, whatever the context

CRITERION 2: "Continuing Professional Development"

A commitment to reflection on practice and a deepening of professional understanding.

Practitioners can demonstrate that they:

- 1) learn from others, including patients and colleagues, both through organised programmes and in everyday practice;
- 2) recognise that professional judgements are open to question;
- 3) engage in on-going self-evaluation, using cycles of reflection and action.

CRITERION 3: "Affective Awareness"

The monitoring, understanding and effective management of the emotional state of oneself and others.

Practitioners can demonstrate:

- 1) an awareness of their own emotional state and responses, ensuring these are appropriate to the situation;***
- 2) an awareness of the emotional state and responses of patients, incorporating such awareness into their understanding and management of the patient;***
- 3) an awareness of the emotional state and responses of others (eg colleagues, other health workers etc), in order to develop effective collaborative relationships;***

- 4) *a willingness to take issues to supervision, or to work effectively on them in other ways, when this becomes necessary for the benefit of themselves or their patients.*

CRITERION 4: "Effective Communication"

Ability to communicate appropriately with a range of people.

Practitioners can demonstrate that they communicate:

- 1) clearly, concisely and in a professional manner;
- 2) in ways which are sensitive to the needs of the intended audience and varied according to purpose.

CRITERION 5: "Practical Effectiveness"

Decisiveness in making judgements in complex situations involving responsibility for patients or colleagues

Practitioners can demonstrate that they:

- 1) work with confidence, independence and sensitivity;
- 2) can interpret information and evidence in terms of a clearly established purpose, and integrate new information as situations develop;
- 3) use
 - a) prescribing practices which are competent, and safe for both patient and homeopath; and
 - b) administrative practices which are competent, and safe for both patient and homeopath;
- 4) can limit difficulties in case management and practice management;
- 5) develop and nurture optimum effort in themselves, knowing how to conserve their own energy.

CRITERION 6: "Effective Synthesis of a Wide Range of Knowledge"

A willingness to add to their knowledge base and an ability to put knowledge and theory into practice.

Practitioners can demonstrate that they:

- 1) have a variety of ways of analysing cases so that an appropriate pathway to understanding can be found for an individual patient and for the patient's situation
- 2) undertake systematic, critical evaluation of professional knowledge and research;
- 3) understand current legislation and policy as it relates to homeopathic practice;
- 4) can relate specific details of a situation to its wider context and to appropriate theoretical models; acknowledge the value of, and use, research (including provings, audit and case studies) to critically evaluate theoretical models and to plan, implement and evaluate treatment strategies.

CRITERION 7: "Intellectual Flexibility"

General perceptiveness and insight together with a willingness to be open-minded about alternatives and to change one's practice management or treatment accordingly.

Practitioners can demonstrate:

- 1) capacity for careful, sensitive observation;
- 2) awareness and understanding of the inherent complexity of issues or situations;
- 3) a clear relationship of the approach they have chosen in any situation to a coherent set of principles.

QUALIFICATION DESCRIPTORS

We expect courses to be graduating students at an equivalent or similar standard to that of an Honours degree (level HE3). We have also included the descriptors for levels HE1 and 2 to give an indicator of progression during a course. The qualification descriptors used by the Quality Assurance Agency for Higher Education are as follows:

Descriptor for a qualification at level HE1: Certificate of Higher Education

Certificates of Higher Education are awarded to students who have demonstrated:

- i) knowledge of the underlying concepts and principles associated with their area(s) of study, and an ability to evaluate and interpret these within the context of that area of study;
- ii) an ability to present, evaluate, and interpret qualitative and quantitative data, to develop lines of argument and make sound judgements in accordance with basic theories and concepts of their subject(s) of study.

Typically, holders of the qualification will be able to:

- a) evaluate the appropriateness of different approaches to solving problems related to their area(s) of study and/or work;
- b) communicate the results of their study/work accurately and reliably, and with structured and coherent arguments;
- c) undertake further training and develop new skills within a structured and managed environment;

and will have:

- d) qualities and transferable skills necessary for employment requiring the exercise of some personal responsibility.

Descriptor for a qualification at level HE2: degree (non-honours)

Non-honours degrees are awarded to students who have demonstrated:

- i) a critical understanding of the well-established principles of their area(s) of study, and of the way in which those principles have developed;
- ii) ability to apply underlying concepts and principles outside the context in which they were first studied, including, where appropriate, the application of those principles in an employment context;
- iii) knowledge of the main methods of enquiry in their subject(s), and ability to evaluate critically the appropriateness of different approaches to solving problems in the field of study;
- iv) an understanding of the limits of their knowledge, and how this influences analyses and interpretations based on that knowledge.

Typically, holders of the qualification will be able to:

a) use a range of established techniques to initiate and undertake critical analysis of information, and to propose solutions to problems arising from that analysis;

b) effectively communicate information, arguments, and analysis, in a variety of forms, to specialist and non-specialist audiences; and deploy key techniques of the discipline effectively;

c) undertake further training, develop existing skills, and acquire new competences that enable them to assume significant responsibility within organisations;

and will have:

d) qualities and transferable skills necessary for employment requiring the exercise of personal responsibility and decision making.

Descriptor for a qualification at level HE3: Bachelors degree with honours

Honours degrees are awarded to students who have demonstrated:

i) a systematic understanding of key aspects of their field of study, including acquisition of coherent and detailed knowledge, at least some of which is at, or informed by the forefront of defined aspects of a discipline;

ii) an ability to deploy accurately established techniques of analysis and enquiry within a discipline;

iii) conceptual understanding that enables the student:

- to devise and sustain arguments, and/or to solve problems, using ideas and techniques, some of which are at the forefront of a discipline; and
- to describe and comment upon particular aspects of current research, or equivalent advanced scholarship, in the discipline;

iv) an appreciation of the uncertainty, ambiguity and limits of knowledge;

v) the ability to manage their own learning, and to make use of scholarly reviews and primary sources (eg refereed research articles and/or original materials appropriate to the discipline).

Typically, holders of the qualification will be able to:

a) apply the methods and techniques that they have learned to review, consolidate, extend and apply their knowledge and understanding; and to initiate and carry out projects;

b) critically evaluate arguments, assumptions, abstract concepts and data (that may be incomplete); to formulate judgements, and to frame appropriate questions to achieve a solution - or identify a range of solutions - to a problem;

c) communicate information, ideas, problems, and solutions to both specialist and non-specialist audiences;

and will have:

d) qualities and transferable skills necessary for employment requiring:

- the exercise of initiative and personal responsibility,
- decision making in complex and unpredictable contexts, and
- the learning ability needed to undertake appropriate further training of a professional or equivalent nature.

Reference: *The framework for higher education qualifications in England, Wales and Northern Ireland - January 2001* www.qaa.ac.uk