

Clinical training in homeopathic practice

ECCH & ICH education conference
Leuven, Belgium April 24, 2009



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Hahnemann in „Chronic Diseases“

- The „main cause“ for the efficiency of the homeopathic treatment is the „medical treatment“ (Hahnemann, 1896)
- Really???

1. Research

- In his practice, Hahnemann anticipated elements of psychotherapy (*Busche, 2008*)

- Affective, emotional relationship
- Active participation
- Acknowledgement of competencies

1. Research

- Homeopathic consultation is a complex intervention (*Thompson and Weiss, 2006*)
 - In-depth inquiry → disclosure
 - Remedy matching process → therapeutic understanding
 - Etc.

2. Clinical training

So far unilaterally
concentrated on

*Homeopathic matching
skills*



2. Clinical training

“Holistic” approach:

Technical skills

+

„soft skills“



2. Clinical training

“Soft skills”:

e.g.

- Ability to foster an emotional and loving relationship w patients
- Ability to set appropriate boundaries
- Ability to deeply understand a patient's world
- Ability to communicate on a deep interpersonal level



3. Integration

The person-centred
approach (C. Rogers)



– Research: e.g. Lang
(2003)

– Self-actualising
tendency (Maslow,
1943) → Vital force
(Townsend, 2002)

3. Integration



Three Core conditions (Rogers, 1957)

- Acceptance / unconditional positive regard
- Empathy
- Congruence

3. Integration



Acceptance

- Non-judgemental observation of the patient's symptoms

+

- Value the patient
- Respect patient's decisions
- Etc.

3. Integration



Empathy

- Homeopathy: "Active listener", "painter" "warm and loving attitude"
- „the most powerful way we have of using ourselves“ (Rogers, 1957)

3. Integration



Congruence

- Homeopath as "real person", meeting patients with genuine interest and concern
- Has abandoned the professional mask / expert role

3. Integration



Congruence

- makes it easier for patients to trust and open up
- Interviews controlled and directed by experts do not accurately reflect the other person's view (Goldenberg, 2005)

4. Curriculum

- Constructive alignment (Biggs & Tang, 2007)
 - intended learning outcomes (ILO)
 - teaching and learning activities (TLA)
 - assessment tasks (AT)

4. Curriculum

- ILO: to drive a car
- TLA: to drive a car under supervision
- AT: student demonstrates that he/she is able to drive a car



4. Curriculum

- Curriculum design
- Defining ILOs in both areas:
- Theoretical
+
Practical



4. Curriculum

- Theoretical ILOs



different
TLAs and ATs

- Practical ILOs



4. Curriculum

Learning environment

- Small groups
- Adequately trained instructors
- Atmosphere free from fear and competitiveness



4. Curriculum

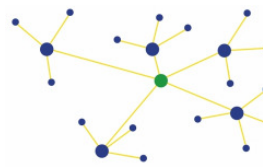
Hours

- Quality does not mean more hours
- It is not necessary to give the students fish



4. Curriculum

Infrastructure:

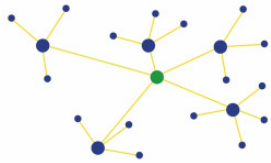


→ Use existing i. of practitioners in the area

→ Individual or small group placements

→ Long term!

4. Curriculum

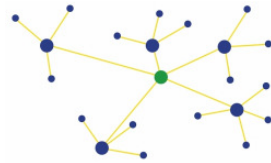


Preparation:

Students → familiar with ILOs

Practitioners → competent instructors

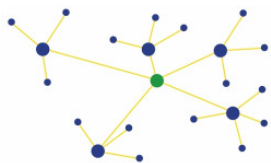
4. Curriculum



Training of instructors:

- According to agreed, international guidelines

4. Curriculum



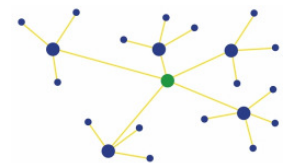
Training of instructors:

- therapeutic relationship
- communication
- education

4. Curriculum

Students' benefit:

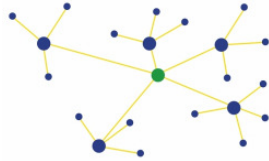
- Efficient preparation for clinical practice



4. Curriculum

School benefit:

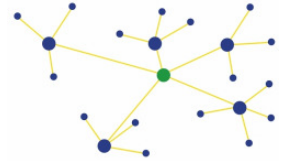
- Attractive curriculum
- Less infrastructure



4. Curriculum

Practitioner's benefit:

- Second foothold
- Opportunity to evaluate old habits



Clinical training in homeopathic practice

“A crisis is a dynamic and productive state of being...”

... if we manage to eliminate their tang of calamity”

(Max Frisch)



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Thank you!

Ulrike Kessler, Basel
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