

THE ART OF CLINICAL TRAINING

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Homeopathy is named an art as well as a science. Accordingly teaching is said to be an art as well. Our lecture will tackle in more detail **in what way especially clinical training shows similarity to teaching art.**

Although there are specific challenges belonging to specific arts, in general one can say that art is conveyed by

- *Comparatively little theoretical and technical education*
- *And a majority of actual practising*
- *Supposing a minimum of talent and maturity*
- *Where by the teacher, coaching heterogeneous groups largely determines the final result*

The theoretical education familiarizes the student with the definitions of art, aesthetics, art history, different styles and movements.

The technical bit covers the use of the 'instruments', be it pencil or paint, the violin or the voice the artist will use as a means of expression.

The actual practising consists of a daily training until one masters the instrument enough to make a decent performance

And it will take a master or at least an experienced practitioner to help, guide and coach the novice along.

The authors argue that although learning theories may be helpful, teaching homeopathy really differs from teaching anything else. It takes place simultaneously at several levels.

Context and content in teaching homeopathy are inseparable. Where most other education typically focuses on coherent student groups, homeopathy student groups are heterogeneous and have more similarities to art classes. The theoretical cannot be separated from the clinical part. As in art classes students start off with an entire palette of colours from day one. However, the teacher will also transfer attitudes and implicit beliefs with every lecture.

The content of the lecture as well as the modelling of the homeopath will confront students with inner processes that require the teacher's attention. Teachers should provide individual guidance and supervision for every member of the group. An ideal educational model should offer apprenticeship, where the student is in close contact with an experienced practitioner, assisting him, working together with him and being supervised along the way.

Teaching homeopathy calls for a number of specific competencies and qualities of which the teacher's personal development is a crucial one.

Homeopathy in itself is compared to arts.

First of all, in order to determine what exactly to teach, learning objectives are to be set. So what are the skills that make a good homeopath?

The core idea of homeopathy is that the signs and symptoms of mind and body are but expressions of the disturbance of the dynamis or the vital force (Organon 11, 14, 18 etc) . This we call the vital disturbance. On top of that, these expressions on mind and body represent a coherent remedy picture or pattern.

To **discern this individualized portrait of disease** in every person demands from the homeopath, besides knowledge of the Materia Medica, being thoroughly familiar with the philosophy and instruments at our disposition. More importantly even, this requires *insight in the human nature* and the fostering of an inner state that facilitates the case witnessing process on which depends the quality of the information gathered from the patient. Last but not least the homeopath must be able to recognise *the strange, rare and peculiar* in the case.

From this it is already clear that there is more to homeopathy than knowledge of the remedies and following a certain protocol. Although we do not want to minimize the "scientific"¹ aspects of homeopathy, good practice surely resembles art² as well.

Education in general is a highly professionalised pursuit. One of its characteristics is its large freedom to determine how to reach its targets even when imposed from above. Also in practicing or teaching homeopathy – as opposed to medicine, at least in Belgium – no strict rules are put in place. Apart from the one objective in Aphorism 1³, and the voluntary application of the ECCH guidelines, training in homeopathy can freely choose its own nuances and viewpoints of which there are plenty in homeopathy.

Moreover, depending on the *goals* set by a specific homeopathic training, one can apply homeopathy on different *levels*, that can be compared to the levels of experience, used by contemporary homeopaths.

Different levels of application of the homeopathic philosophy and theory:

- **Mathematical** (level 1): after gathering the information in a rather systematized way, the rubrics are repertorized in the computer and give a more or less flat result
- **Technical** (level 2): a more clinical approach where by the pathology – be it physical or mental/emotional- is individualized. The prescription is based then on repertorizing the level that is disturbed or by knowledge of Materia Medica
- **Psychological** (level 3 and 4): the focus is either on the personality, regardless the physical symptoms and more or less type casting or the repertory rubrics reflect the motivations and beliefs behind the feelings

¹ Scientific meaning f.i. questioning time and again if the observed alterations in the patient are merely effects or real cure, as meant by Hahnemann in aforism 9 – ‘...the dynamis that animates the material body (organism), rules with unbounded sway, and retains all the parts of the organism in admirable, harmonious, vital operation, as regards both sensations and functions, so that our indwelling, reason-gifted mind can freely employ this living, healthy instrument for the higher purpose of our existence.’

² Anne Vervarcke, *The Charm of Homeopathy*, p.82

³ ‘The physician's high and only mission is to restore the sick to health, to cure, as it is termed.’

- **Vital** (level 5): prescribes on the matching pattern of a remedy and the totality of the expressions on mind and body from that one and individual disturbance of the dynamis

Each level is more complicated and difficult to reach than the previous ones. But on the other hand, each level guarantees a more precise prescription than the previous one. Our aim at the CKH is to teach homeopathy in such a way that students start their practices beginning to master level 5.

Teaching is an art

□ **Skills of the homeopath/teacher**

Good professionals, as for instance good homeopaths, are not necessarily good teachers. They may have a large advantage, being passionate about their profession and thoroughly skilled at what they do. However, to induce students with those same skills comes to more than inspiring with successful cases or explaining the theory time and again.

- **Didactic skills**

For a start good teachers should be well versed in **didactics**. Evident as it may seem, in countries where homeopathy is not included in the official education, nor monitored by professional societies, teaching homeopathy often remains at a volunteering and idealistic level of handing over loose pieces of the puzzle, leaving it to the – more gifted – students to come to terms with the complex whole of homeopathy at the end of the day.

- **Selfassessment skills**

Essential is a **well balanced curriculum**, based on a thought-out instructional design. From there, a trained team of homeopathic teachers or teaching homeopaths should operate in a joint and coherent manner. Apart from didactic skills, this requires the capacity for **self-evaluation and teamwork**.

- **Group management skills**

Furthermore, in teaching homeopathy, we are dealing with heterogeneous groups of adult students. This means that **group management** is rather complicated. Nevertheless, as social context is an integral component, not just a container, for intelligent activity. (Hutchins, 1995)⁴, group and task climate are extremely important, according to constructivist learning theories.⁵ It is the teacher's responsibility to monitor those processes and the school's task to create the climate facilitating his work.

It is our experience that theory can be repeated a hundred times and still will not be recognized nor applied in practice. The only way to ascertain that students have grasped the theory is engage them in practice. The CKH's clinical training program has been carefully designed, based on a number of thumb' rules. Contemporary instructional design theories have been applied in the careful deployment of the rich subject of homeopathy.

⁴ Hutchins, E. (1995). *Cognition in the wild*. Cambridge, MA: MIT Press

⁵ Learning theories of Lev Vygotsky and Jean Piaget.

□ Knowledge-in-practice

Here we refer to Cochran-Smith and Lytle's (1999)⁶ work. They distinguish three types of knowledge, among which **knowledge-in-practice**. This knowledge, embedded in the practice of successful practitioners, is much more than the effective application of 'known' solutions. It involves a kind of artistry and it emerges primarily from practitioners reflecting on and enquiring into their own actions. Since it is embodied in people rather than in abstract prescriptions, it can, perhaps be coached and facilitated, but it cannot be formally taught, they argue.

□ Cognitive apprenticeship

Nevertheless, other research and more specifically the theory of **cognitive apprenticeship** brings a solution to this obstacle and is at the basis of the CKH's clinical training for last year's students and beginning homeopaths.

Cognitive apprenticeship finds its roots in the old master-apprentice model. In this model the novice will first observe how the master performs. Consequently he will try to fulfill the task under guidance of the master. He will start with simple and partial tasks and will be confided gradually more difficult activities. In this process the master will also gradually withdraw. *Observation, scaffolding and fading* are the core principles of this model (Collins, 1989). This theory is translated to the practice of clinical training.

□ Cognitive apprenticeship: Master Class

In the Master Classes a case is taken by the experienced homeopath. Usually the anamnesis is interrupted twice (the patient has been informed by this on beforehand). After each part the anamnesis is discussed. The discussions are recorded and later reproduced together with the actual anamnesis, to be collected in the Master Class Annual. Also the follow-ups of these cases are done in the same way, so students learn a great deal about case management: when to stick to a remedy or when to change, when to change the dose, what to do in case of an aggravation or acute crisis, how to handle desperate patients with suicidal tendencies and patients that 'refuse to get better'.

Typically, the student acquires and constructs knowledge on concepts of case-taking or case-witnessing in four steps.

- First the teaching homeopath provides the beginner with an '*advanced organizer*': just by observing how the anamnesis is taken, the student assimilates the natural flow of the case-taking process.
- Consequently, by discussing the questions and answers during the break after each part, the students understand where and *how distinctions and decisions* in the case-taking process are made that otherwise would remain unconscious and unknown.
- These distinctions and decisions are *internalized* (third step), so now the student can foretell what the next question or reaction of the teacher will be.
- Also, at the end of the anamnesis, the students compare their thought processes with those of the teacher so *feedback* and corrections are provided and the student can *reflect* upon his own mistakes and improvements.

We must not forget to mention the importance of the context in which this learning process takes place: this is an actual and true setting of a real consultation but with

⁶ Cochran-Smith, M; and Lytle, S. (1999). 'Relationships of Knowledge and Practice: Teacher Learning in Communities', *Review of Research in Education* 24: 249-306.

the safety of having an expert at the helm so nothing can go wrong. Moreover, the group provides creative ideas and feedback for every student to enrich his own thinking processes. This is especially the case when a group with mixed but not too much difference in experience is discussing the case.

□ Transfer

The challenge is to **transfer** the techniques and tasks that have been shown and assimilated to one's own practice. The next step therefore is that students take a case in the teacher's practice with the guidance of the teacher. The procedure is the same: the student will interrupt the session once or twice to confer with the teacher. Feedback on how the anamnesis is going and advice how to proceed further provide a secure basis for the student to apply the knowledge and techniques observed in the master class sessions and workshops. A group of students witness the anamnesis on a screen in a separate room and learn again – not by observing the teacher but this time by also observing their fellow student and more specifically how he/she transfers the acquired knowledge in his own case-taking process. A teacher is monitoring this group to provide feedback and evoke, guide and correct their thought processes.

All this is easily said but for the expert homeopath it can be hard work to convey for himself and others exactly what he is thinking and doing. The expert is capable of recognizing meaningful patterns, has a deeper understanding of the patient and a larger knowledge of materia medica than the beginner and knows what technique or what knowledge to apply in what situation to solve the case. He has more easy access to information that is needed on the spot. To relate all this to a group of beginners is a real challenge. (Bransford, Brown & Cocking, R.R., 2000)

To transfer expertise, four areas have to be considered: *content, method, sequence and context*.

- Content means materia medica, the step-by-step plan of how to take a case, and a number of inbuilt controls and routine strategies.
- Method means the expert taking the case and the student observing, later the roles are exchanged. Important is that the student is allowed and encouraged to think aloud at specific and crucial points in the case-taking process.
- The order in which the clinical training is given is essential and inseparable from the context; this means from fictional paper cases over selected video cases to life cases.
- A last aspect to consider is whether to organize clinical training within a group setting or privately in the teacher's practice.

Once the student is more or less firmly rooted in the matter of case-taking, it is advisable to observe practicing as many experts as possible, in order to dispose of a number of variations on the prime model that can serve as back-up lest the basic model fails to be transferred in certain circumstances in practice.

Teaching homeopathy resembles teaching art

This whole process has some resemblance to training in the arts in that from day one the student starts with the *whole palette of colors*. It's not that he starts with one color and then two and when he is more skilled he can add colors until by the end of the training he masters them all. But although all colors were at his disposal from the very first day, he'll surely be able to get a lot more out of them when he finishes his training. And he'll continue discovering new possibilities for the rest of his life.

Likewise the teacher in homeopathy feels he has to tell the student everything at once from the start: philosophy, Materia Medica, theory, repertory, case taking. While he can't say the one without the other, he can't say everything at the same time either.

The solution is to **shift focus** from year to year.

The first year the accent will be more on the philosophy, the second year more on theory and Materia Medica and later more on practical application of all what is learned so far.

Basically the same things will be repeated every year in a cyclic mode, be it with *increasing depth* (cfr. Ken Wilber's evolutionary theory: There are fewer organisms than cells; there are fewer cells than molecules; there are fewer molecules than atoms; there are fewer atoms than quarks. Each has a greater depth, but less span⁷).

It appears that in homeopathy, the theoretical cannot be separated from the clinical. In the cognitive apprenticeship model discussed above, the expert is asked to verbalize his thought processes to come to a strategy that could be generalised. Likewise, in an NLP project⁸ an attempt was made to "upchunk" the different thought processes of the homeopath during case-taking. It became clear that on different levels too many processes go on simultaneously that are hard to define or describe incoherently: observation, scanning, empathy, intuition, cognition, recognition, categorizing, discerning, internal navigation, focusing... If you pick one out, you neglect all the others.

Therefore we argue that more importantly the students should be questioned about their thought processes. To do so a safe climate is to be created, where the student feels free to reveal his feelings and opinions and to argue and question the anamnesis as well as the analysis of the case.

Not merely the students' thought processes should come up, but also they should be encouraged to diagnose and formulate what obstacles they observe for practicing and what learning gaps are to be overcome. (Knowles and Associates, 1984)⁹

A side-effect of this method is that teachers themselves become more aware of their practice and conscious of their strategies, which makes them not only better teachers but in the end also better practitioners.

Another resemblance with arts studies is that the group of students tends to be heterogeneous. This is normal for adult learners' classes. The difference is that the personal traits and talents do matter more in homeopathy than in other branches. The requirements to be admitted in a homeopathic training are less objective than in scientific or technical trainings. As difficult it might already be to define **talent** in arts, the more complex it is to identify the abilities one needs to become a good homeopath. Therefore a policy of giving chance to a multitude of candidates seems

⁷ Ken Wilber, *A Brief History of Everything*, Shambhala Publications, 1996, p34

⁸ To this aim, Vervarcke, Lombaerts joined L. Lera, NLP Master, in Nottingham who is working on an NLP project to distinguish the different phases and states of the practitioner during case taking. We worked for three days, taking cases in turn. Both practitioner and patient were video taped and the case-taking was interrupted frequently to explain the inner state of the practitioner as well as the mental processes going on at each step of the way.

⁹ Knowles, M.S. and Associates (1984). *Andragogy in action: Applying modern principles of adult learning*. San Francisco Jossey-Bass.

desirable. During the course of time the groups most likely will become more homogeneous by natural selection.

Personal development is an intrinsic part of homeopathic training. A lot of that will go 'unnoticed', hence implicit, since it is unavoidable when listening to the intimate inner world and suffering of people in cases, and is given by the approach and personality of the teachers.

The way they handle the variation in complaints, the diversity in patients' personalities and attitudes, long term case management, criticism, failures and the like will all be 'learning experiences' for the student.

Again it is the teachers' responsibility to assist students in the process of learning "how to change our perspectives, shift our paradigms, and replacing one way of interpreting the world by another" (Brookfield, 1986, p.19)

As in arts an ideal training should offer the possibilities of apprenticeship, as described above: being in close contact with a master, assisting him, working together and being guided and corrected along the way. Although not easy to organize this with limited means, it could be an ideal to strive for.

Although it is useful and necessary to teach the students therapeutic skills, case management, ethics etc, still in clinical training a firm personalised guidance and supervision is crucial. To succeed in this aspect of clinical training, the level of **personal development of the teachers** might be a critical factor that risks to be overlooked. On the one hand, because often teachers will be younger and lacking the wisdom some of their students might have, a training should be aware of this while setting standards and assessing the students. On the other hand, these teachers may face challenges in classes, in-service, workshops, and courses that seem to turn them off instead of motivating for growth, learning and change. (Lawler, 2003)¹⁰

Conclusion

Good homeopathic practice comes to more than applying certain techniques. A form of art is involved which is difficult to teach.

One solution is to teach the totality of subjects in increasing depth. With regard to clinical training the master-apprentice approach can be useful, provided that a number of critical factors are taken into account: the differences in talents between student, a safe climate that encourages both teacher and students to reveal thought processes and bring up difficulties.

There should be a balance between showing the students that there is no absolute and final fixed "truth" in homeopathy, again in analogy to the arts, but there surely is a distinction in levels and quality.

One major difference between arts and homeopathy obviously is that in the former the artist is expressing his most personal inner world while in the latter the homeopath is - as much as possible- an unprejudiced witness, an undisturbed receiver of the expression of the inner world of the person in front of him. He tries not to let his own inner state interfere in order to fully 'observe' the state of the patient. In doing so he judges continuously between the common and the peculiar, but 'he thinks nothing of it'¹¹

Maybe the most significant and discriminating skill (or talent?) of the homeopath is **the faculty of discernment**. The question is: can this be taught?

¹⁰ Lawler, P.A. (2003). Teachers as adult learners: a new perspective. In: New directions for adult and continuing education, 98, p. 15-22

¹¹ Ken Wilber, A Brief History of Everything, Shambhala Publications, 1996