Coordination of the education in homeopathy for doctors to meet the challenge of future generations - the new Swiss Academy

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Abstract:
The demand for doctors offering homeopathy in Switzerland has increased since Homeopathy has come to be refunded by the mandatory federal health insurance. This applies to doctors who are qualified in both conventional medicine and homeopathy. Unfortunately many Homeopaths and Homeopathy-teachers are about to retire. Furthermore medical students and doctors have very little time and show limited interest for Homeopathy. The aim of this project is to ensure the continuity of our high quality standard of training in homeopathy despite the dwindling number of students and the shrinking resources in terms of teachers.

5 historically separately grown Swiss schools for medical doctors practicing homeopathy have been united under the name SVHA Academy. All of them agreed to a new training project, starting 2014, with the help of an external consultant. Teachers from all schools were included. Following an ambitious time schedule a new modular training program was developed by a scientific board and implemented by a task force.

The external consultant has concluded his work and the newly created structure continues to develop the program. A first introduction day took place in the spring of 2016. In the autumn of 2016 the first module of the new training program in homeopathy will start.

We must work together to overcome differences so that we may be able to move on together. Focusing on good quality helps. By the time the LMHI congress takes place in 2017 we will be able to present a first evaluation of our new training concept.
Dr. med. Franziska Bläuer:

Continuity and teamwork is important. That is why the new Swiss Academy for classical homeopathy will not be presented by a single person, but by three. Each one represents a different angle in time and experience.

Clemens Dietrich knows the history of our Swiss society for homeopathic doctors SVHA and how associated schools developed, he will give us some basic thoughts regarding the re-structuration. Gisela Etter was the chairwoman of the education committee throughout the process of this project; she is the expert to explain the state of the structure. I am Franziska Bläuer, I will start with a view from outside and sum up with a general perspective at the end.

Networking in medical care is the topic of this congress, and it is as well topic of this talk. Networking means to successfully communicate with patients and other institutions in the field of primary care and to connect conventional medicine and homeopathy in the field of integrative medicine. But why we came to meet all of you here at the LMHI congress in Leipzig is, because we also have to work together within homeopathy, for the good of homeopathy, ourselves, our colleagues and patients.

The basis of a healthy network is good communication. Healthy communication allows flexibility. Without flexibility, a network can turn into a strangulating net. To be able to communicate clear and efficient, we should focus on a minimal consensus, on what we share, and not place peculiarities in the center. In a healthy network the focus is not on oneself, but on the needs of the students.

Why would we have to network inside homeopathy? Unity in plurality. Homeopaths can be individual, but they should make up their minds among themselves, and not each one present himself as best towards outside. We share one homeopathy. For the perception, visibility and credibility of homeopathy in the medical field and for potential students it helps to have one leading authority responsible for the contacts. Inside the field of homeopathy there can be different ways to approach a patient and a remedy. This stimulates students to question and can help them to connect to the matter of homeopathy. Students shall not have the burden in advance to choose one school, one direction; they shall be attracted by uniform advertisements, have easy access to one homepage (per language region) with information easy accessible. The concept, schedules and locations for seminars should fit the demand of the students.

The first trial and first step in this direction was to bring together the schools under a common roof called SHMS (Swiss Homeopathic Medical School):

Zürich/ J. Künzli: M. Righetti, HJ Hée, C. Dietrich, G. Etter and others (a.o.)
The French and Italian speaking parts still are run individually. The project concerned so far mainly the schools in the German speaking part. But still lectures were held in different locations following unsynchronized schedules, announced in different flyers and advertisements. Knowing each other was not enough to change something, even though it was at least a benevolent coexistence. The need for working together is not only given for doctors to the patients, but also for schools that so far have grown individually within time.

To everyone’s big surprise, all individual grown schools for doctors agreed to join the project, and it all went surprisingly fast. But step by step: a legacy of Martin Furlenmeier, one of the founders of these schools, left a generous legacy, and Jacqueline Ryffel inspired to use this money to initiate a project to bring together all Swiss schools with academic focus. An external consultant designed an ambitious time schedule for a new modular training program. In autumn 2014 the project started with an external consultant, there were professional PPT-presentations, many meetings and an ambitious time schedule. In autumn 2015 our Swiss society SVHA became the new project holder, contributing a start-up funding. The new structure was lean with people responsible for the awareness for structures and people responsible for the awareness of contents. Already in April 2016 we held the first introduction day of the new designed education cycle. The first phase with the external consultant was analysis of the present state, goal definition, plan how to get there. The second phase with SVHA as project holder was the implementation to realize the changes needed. During a first introduction day feedbacks were collected, reflected and communicated, and this lead already to changes for the following event(s). It is a continuous re-evaluation, and the process has to be continuously improved in order to be able to achieve our aims as well in future.

The illustration of such a learning or development-cycle refers to Deming, a US physicist and leading head in quality assessment and quality management. It is also called PDCA-cycle, or one of the adaptions for the medical field is EPA: European practice assessment with the steps to observe, to do under supervision, to do it by oneself and to teach it. Evaluation of quality is a current concern in the medical field in Europe. As I just showed, this cycle of quality development can be applied for a school as well, and it reflects also the process of continuous personal education. It is important to develop a communication- and learning-culture, since learning is a process in time, lifelong, while contents of the ACADEMY stay the same. Homeopathy, as you know, is an art and a way of life.
In reality, there are not many artists who would reach a level Hahnemann achieved. But many of us are good craftspeople, and a broad basis knows at least some facts. This gives a stable pyramid with three levels of knowledge (information gathered) and skills (ability to solve and find new questions): (a) Teacher-level; (b) doctors with a certificate of capacity in homeopathy SVHA; hopefully able to treat chronic ill patients; and (c) doctors able to treat patients with acute diseases and know the regulatory aspect of homeopathy (that an effect you can observe differs from the efficacy of a substance): after basic education and exam. At the universities we try to get as many chances possible, to sprinkle the students over time with at least some information again and again.

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Education needs to be tuned with working conditions and possibilities within nations. It needs a good cooperation with politics and media appearance for a time-close communication when needed.

In Europe the current conditions allow a chance to integrate homeopathy into conventional medicine. The consensus work inside Switzerland resembles the connecting work in the beginning of ECH to bring together different platforms of education. Out of this it became possible to formulate the CEN document published last year. It concerns not only what a doctor has to know, but as well competences, skills, and his ability to communicate with patients and other institutions.

Worldwide problems with homeopathy and aims to overcome obstacles differ in time. We need a healthy network, based on minimal consensus. This means not to put particular interests in the center, but focus on what we share, for a strong, clear and significant homeopathy for the 21th century.

Homeopathy is an art; it’s a way of life. Let us speak in one voice when it comes to homeopathy in order to be visible, nevertheless allowing individual approaches. There may be different solutions, the needs change in time and depend from the conditions of your cultural and political surrounding, while contents stay the same.

We summed up now our current state of the art. We do not have the solution, but our steps tend to lead in a good direction. Students are extremely motivated, there is a good spirit. Benchmarks they claim are the local training days and interactive elements.

Obviously you are interested, because you are here. What are your aims in coming here? We are curious to hear from you: what YOUR problems are? What we SHARE is certainly bigger than particular interests.

Dr. med. Gisela Etter:

Swiss Society of Homeopathic Physicians (SVHA) realized the aging of the majority
of their members and the lack of following generations, even though homeopathy is very popular in public and homeopathic doctors are highly demanded…
There are several reasons for this gap and our community is challenged to find good solutions to keep alive the academic homeopathy as well as the community itself.

Job profile:
As a first step we worked out a self-confident job profile:
We are highly educated physicians with additional postgraduate education in homeopathy. To achieve the Certificate of Capacity in homeopathy, medical doctors have to complete conventional postgraduate medical training of at least 5 years.

We do homeopathy because…
➢ Homeopathy can help people with acute and especially chronic diseases.
➢ Homeopathy is safe.
➢ Homeopathy is an individual and holistic medicine. We take time for our patients and their stories.
➢ Homeopathy is cumulative knowledge: we have clear and comprehensive rules with a tradition of over 200 years of practice, teaching and research. The guidelines in conventional medicine often have very short half-value periods.
➢ Our work cannot be replaced by automated processes or artificial intelligence because the intellectual achievements and the skilled human intuition are essential…

Certificate of Capacity in homeopathy:
(Recognized by SIWF, Swiss institute for postgraduate and continuous medical education)

As a next step we made a total revision of our Certificate of Capacity. First we wanted the consistency of our high quality standard of training in homeopathy but also an accessible and flexible curriculum. We decided to adjust the hours to other similar certificates in Switzerland for example traditional Chinese medicine or anthroposophical medicine to be more competitive. Our goal is to attract academic people who are interested in homeopathy but need to be flexible due to their already busy schedule. We wish to inspire them so that they become enthusiastic and committed to homeopathy!
The new learning targets of the basics encompass the common homeopathic situations that a physician should be able to handle on the first day of working with patients. It is a competence-driven learning method with all subjects that cover the field of homeopathic medicine. This approach strives to promote the intellectual autonomy of students and promote a holistic vision of the practice of homeopathic medicine. For example: we focus on how to learn materia medica in various ways illustrated by several exemplary cases instead of covering an overwhelming amount of remedies.
We teach how to acquire skills rather than providing only contents. So the total amount of hours of the educational plan is not that important!

We now have at least 260h of basic and at least 100h of advanced learning including supervision. We have an early examination after the basic level and a second evaluation of the practical training under supervision of a certificated teacher of our ACADEMY. Students need to hand in three of their own homeopathic cases, an acute one and two with a follow-up time of at least one year. With this second examination we are able to measure the students’ abilities very precisely.
Really smart, motivated and autonomous students who are engaging in a lot of self-studies can complete the Certificate of Capacity within the total amount of 360 hours in 3 years, but most of the students will need more time.

SVHA ACADEMY:
The third step included organizing a new kind of school for the entire country which consists of three parts: one each for the German-speaking region, the French-speaking and the Italian-speaking part of Switzerland.

SVHA ACADEMY current state:

Target group:
Target groups include people of all academic professions within health care and also students from these groups! We work together with veterinarians and pharmacists. But our main goal is to attract medical practitioners. We work hard to make sure that homeopathic knowledge within the general medical studies is offered as well. It is a great accomplishment at the university level that the new learning targets catalog „PROFILES“ (= Principal Relevant Objectives and Framework for Integrated Learning and Education in Switzerland) for physicians, which was officially approved this year in march, includes complementary medicine!

EPA 1.9 Explore the patient’s use of medicine and treatment, including complementary and alternative medicine.
EPA 7.3 Adopt a shared-decision making approach in establishing the management plan, take into account patients’ preferences in making orders; take into account an indication or request for complementary medicine;…
SSP 262 benefits and risks of complementary medicine… not vice versa! They had to push hard for this!

We are on a promising path but the difficulties lie in the actual implementation!

ACADEMY learning targets catalog:
Students know the basic theories and terms specific to the homeopathic method. They also have a distinguished understanding of diseases and know the concrete approach of homeopathic doctors compared to conventional medicine. On top of that, they have an understanding of the possibilities to integrate homeopathy into the conventional medical system. Participants know of the history and progress of homeopathy. Students are able to do homeopathic case taking, case analysis with various approaches, prescription of remedies and evaluation of follow-ups in acute and chronic diseases. They know Hahnemann’s classification of chronic diseases, the miasms and their interpretations. They have an overview of modern methods of homeopathy. They know about the limits of homeopathic treatment. Also, they know of particular diseases and their special treatments. They learn how to deal with the limits of pathology as well as their personal limits. They know the most important obstacles of the healing process and can name agents and aspects that can disturb homeopathic treatment. Participants are familiar with the various repertories and their structure. They know how to study materia medica. They understand the basic steps of the production of homeopathic potentiated substances and various potencies (incl. Q-potencies). Students know the principles of drug effects and have partial
knowledge about drug proving. They know the current state of research in homeopathy.

Structure:
Introduction day (1 day per semester)
4 modules (1 module per semester)
1 module equals 4 entire days including one day of working in small groups.

Students visit the modules in a flexible and individual sequence. Only the introduction day is recommended to be done first.

The primary goal of working in small groups is the social bonding of students and teachers. The homework assignments are designed to motivate students to build study groups. Working in small groups is an excellent way for practicing (e.g. case taking).

The hours of a module count twice because students need to prepare the material very thoroughly and also have to revise it. Homework assignments should provide preliminary knowledge so that more fundamental questions and exemplary cases can be discussed in class.

At the end of each module there will be a quiz to motivate students in their learning process and to recognize their improvements.

Operative part:
Task Force is responsible for…
  ➢ dates, accommodations, costs
  ➢ textbook
  ➢ evaluation protocols
  ➢ advertisements
  ➢ fundraising

Scientific board is responsible for…
  ➢ learning target catalogue, control & modification of contents
  ➢ determination of learning materials
  ➢ assessment of evaluation protocols and if necessary replacement of teachers
  ➢ organization of an annual teachers’ meeting

Each module will be organized and conducted in detail by a coordinator.

There will be one teacher who serves as a responsible contact person for students during the overall training period.

Evaluation:
The evaluation will be conducted by students, professors, and experienced colleagues in the audience. Evaluation is very important to ensure continuous improvements and the high quality standards of our training.

Advertising:
  ➢ We offer free introduction days and student events at universities.
  ➢ We have a very new homepage, flyers & stickers.
- We show presence at congresses of conventional medicine through workshops and information stands.
- Last but not least and important to mention is that personal relations generate the greatest benefits!

**Work in progress:**

We believe in a culture of progress through assistance, meaning that experienced colleagues and additional teachers will enrich our discussions in class. Also task force, scientific board and teachers meet regularly to make adjustments. The first feedbacks after having held three introduction days and two modules are encouraging, the diversity of teachers is appreciated and the number of medical doctors in the courses is rising. Eleven physicians may be eleven members of our society within the coming two years! Not a bad start…