

Clinical Supervision: The Missing Link into Professional Practice

Clinical Supervision is the time when a homeopathic student is directly involved with all aspects of clinical homeopathy, under the guidance of a mature supervisor/ mentor. My goal in this presentation is not only to describe effective clinical supervision, but also to argue that clinical supervision is the most effective link to clinical practice. I will consider the consequences of so little emphasis on clinical supervision at this time in homeopathic community in the United States.

HOMEOPATHIC COMPETENCY

A look at homeopathic competency from a skill-based perspective will facilitate an understanding of the outcome of clinical supervision.

A competent professional homeopath must be skilled in the following five areas:

- 1) **Case Taking:** The homeopath must have mastered the basic elements of case taking, including interview skills: observation, listening, case recording and physical examination.
- 2) **Case Analysis:** The homeopath must effectively organize the collected data according to basic classical homeopathic case analysis techniques.
- 3) **Case Management:** The homeopath must effectively manage clinical cases and clinical practice in all its complexities.
- 4) **Assessment of Effectiveness of Treatment.** The homeopath must be competent in assessing the effectiveness of homeopathic treatment.
- 5) **Compliance with Established Practices.** The homeopath must be compliant with the established practices of the homeopathic profession as well as practices generally accepted by the healthcare system in general.

Analysis of these criterion reveals an interesting consideration. A competent homeopath is required to have not only knowledge and comprehension of homeopathic principles, but he or she must also be skilled in the application of these principles. If one were to look at skill driven professions in general, one would find that they all require a tremendous amount of practice time or "preceptorship."

HANDS-ON TRAINING IN OTHER PROFESSIONS

The allopathic profession requires a minimum of one year hands on supervised training after the completion of the MD degree. The average "residency" is three years and for some types of specialization such as surgery more than five years of supervisory training is required. The chiropractic profession requires 25 new cases and 250 patient visits over an 18 month period. The acupuncture profession requires 150 hours of clinical

observation, 500 hours of supervision and 250 hands on treatments by the student. It is fair to say that most medical professions require tremendous amounts of clinical supervision

CLINICAL SUPERVISION VERSUS CLINICAL TRAINING

Recently, there has been a trend in the homeopathic profession towards clinical homeopathy programs. Many schools and seminars advertise clinical training. Often, students receive either video cases of the homeopath doing homeopathy, or live situations in which the teacher is taking the case in front of the students. While this is clinical training of a sort, it is more aptly termed clinical observation. Certainly this is of value to the student. Unfortunately many students believe they are clinically trained after attending these types of seminars. It is beyond the scope of this presentation to discuss the subtle difference. It has been discussed in a previous publication "Training the Homeopath: Supervision Homeopathy Today, Joel Kreisberg)

CLINICAL SUPERVISION AS SELF-DIRECTED LEARNING

In order to understand the subtleties of clinical supervision, a discussion of 'self-directed learning' is required. Self-directed learning is a learner controlled teaching strategy in which the student is more responsible for the learning than the teacher. In true clinical supervision, the student is in charge of all aspects of the case management, and in consequence, more responsible than the supervisor. What is the value of self-directed learning? P.C. Candy in Self-Direction for Lifelong Learning describes the value as two-fold: The first is autonomy, "a person who is autonomous would be both willing and able to exert a degree of control over aspects of his or her learning situation," and the second is character development, i.e "the development of self-directed individuals, that is, people who exhibit the qualities of moral, emotional, and intellectual autonomy." The value of autonomous learning greatly improves the transition into practice. A clinical practice requires complete autonomy by the practitioner. The value of autonomous is that it generates more mature individuals. Because self-directed learning facilitates individualizing the education of a practitioner, it can be only beneficial for the homeopathic profession. In fact since the goal of the homeopath is to find the simillimum or individual solution, Should not the goal of homeopathic education be generating and individual homeopath?? A self-directed learning environment, facilitates the simillimum for the emerging homeopath.

FORMAL ATTRIBUTES OF CLINICAL SUPERVISION

While the goal is self-directed learning, this does not preclude the supervisor having input during the process. The structure of clinical supervision I have developed follows the same five criteria needed for homeopathic competency.

I will discuss the guidelines for each of the five areas of clinical competency. I have found that the most effective way for clinical supervision to proceed is by requiring students articulate the basic methodology of homeopathy. To do this I have the students use forms that ask for certain types of information. The student submits the completed case notes and the analytical forms to the supervisor.

- 1) **Case Taking:** The student practices the basic structures of case taking, including interview skills: observing, listening, case recording and physical examination.

Supervisory Methodology: The student submits the written case for assessment. Interview skills are assessed by the mentor either by watching the student practice or by having the student videotape the case and completing a written assessment of the video case. The supervisor watches the video, assessing the student and the self-evaluation. Written and direct feedback is required.

- 2) **Case Analysis:** The student organizes the collected data according to basic classical homeopathic case analysis techniques.

Supervisory Methodology: With the written case, the student completes two forms that ask for the following information.

CASE ANALYSIS FORM

Characterizing the Patient

- 1) Most characteristic and peculiar symptoms (Problem list (homeopathic))
- 2) Evaluation of problem list: evaluate, prioritize, organize into themes.

Repertorizing

- 3) Find rubrics for each theme. (List rubrics here, on repertory sheet or computer)

Searching for the Remedy

- 4) List keynote with the remedies.
- 5) Totality: List remedies from any repertorization
- 6) Essence: List any remedies that reflect the themes from # 2

Miasmatic Analysis

- 7) Miasmatic analysis.

Picking a Remedy

- 8) Choose three remedies; pick one remedy.

Prognostic Evaluation: used for potency

- 1) What is the Strength of the Vital Force?
- 2) Where is the Center of Gravity of the illness?
- 3) What is the Sensitivity of the person?
- 4) What is the Family History or Miasmatic History of the patient?
- 5) Is the patient taking any medicines?
- 6) How confident are you of your prescription?

Picking a Potency

- 7) Pick the potency.

- 8) What symptoms do you expect to respond?
- 9) What is your prognosis?
- 10) When should the follow-up be?

CASE EVALUATION FORM

Case Summary

Date last remedy was given, date of last visit, visit #

Summary of case analysis including plan and prescription:

Notation of any ancillary treatments, instructions or referrals:

Note medications taken by the patient.

Student self- assessment:

- 1) Describe the issues encountered while taking the case, including any personal reflection on about the process.
- 2) Which aspects of case analysis did you feel confident about? (Including but not limited to understanding the patient, identifying the issues, organizing the analysis, finding the rubrics, understanding materia medica, etc.)
- 3) Identify problems experienced while with working with this case. Is there anything a supervisor might help you with.
- 4) Are there other questions you now have for the patient?

These two forms, the Case Analysis Form and the Case Evaluation Form require the student to complete a thorough analysis of the case before discussion with the supervisor. The Case Analysis Form requires the student to complete a variety of different types of homeopathic analyses before choosing a remedy. It also requires the student to have more than one solution to the case.

The Case Evaluation Form requires the student to conceptually summarize the case analysis before completing the self-reflection of the analysis. The self-reflection facilitates the student directing the supervisor to areas of weakness.

3) Case Management: The homeopath manages clinical cases and clinical practice in all its complexities.

Supervisory methodology: Case Management requires the student conceptualize and assess cases over multiple visits. Students are required to complete the Case Evaluation Summary every three visits.

CASE EVALUATION SUMMARY

Case Summary

Date of initial interview. Number of visits.

Summary of plan and prescriptions.

Analysis and assessment of the progress of the case or issues raised in this case.

Student self-assessment:

- 1) Describe aspects of case analysis/ management in which you feel confident.

- 2) A. Identify problems encountered while analyzing the case.
B. Identify problems encountered while managing the case.
- 3) Are there further questions or areas of concern to be discussed with the supervisor.

By summarizing the progress of cases, students consider and isolate problems encountered during case management. The self-assessment requires student to reflect on areas of strength and weakness in long term management and assessment

4) Assessment of Effectiveness of Treatment. The homeopath must be competent in assessing the effectiveness of homeopathic treatment.

Supervisory methodology: Long term assessment of treatment effectiveness is approached using two forms. The Case Evaluation Summary, used in the previous section and The Functional Health Index., developed by the Rhus-tox Study Group of Homeopathia Internationalis (1)The Functional Health Index affords students an opportunity to practice with a numerically structured assessment tool.

1 . April 1988. Dean Crothers, Jennifer Jacobs, Nicholas Nossaman, Robert Schore, Jacqueline Wilson.

Functional Health Index.,

Purpose:

To evaluate an individuals state of health (like an Apgar score)

To help in determining the prognosis

To assist in decision making regarding potency and repetition

To assist in case discussions

To assist in clinical research

Scores

Good (2): Approaching full function; minimal limitation of function

Intermediate (1) Somewhere between good and poor function

Poor (0) Severe limitation of function

Levels of functioning (0-2)

Mental: (0-2)

Orientation (0-2)

Memory: (0-2)

Concentration: (0-2)

Comprehension: (0-2)

Communication (mental perception and expression) : (0-2)

Energy: (0-2)

Vitality: (0-2)

Endurance: (0-2)

Social: (0-2)

Purposeful Activity: (0-2)

Interaction: (0-2)

Emotional: (0-2)

Sensitivity: (0-2)

Reactivity: (0-2)

Physical: (0-2)

Morphology: (0-2)

Function: (0-2)

Determination (will) : (0-2)

Comfort: (0-2)

Adaptivity (appropriateness) : (0-2)

Satisfaction: (0-2)

The net score for a level cannot be higher than the lowest score within that level.

Symptoms related to sleep and sex can affect all levels of the FHI

Scores range from 0 to 2 for each level, providing a sum of 0 to 10 overall.

A FHI of 7-10 represents a relatively healthy individual; 4-6 is poor health; 3 or less represents an extremely guarded prognosis.

Over time use of this form facilitates students measuring the effectiveness of homeopathic treatment. This tool reinforces objectivity assessment of clinical effectiveness for both student and supervisor.

5) Compliance with practices established by the profession and the society at large.

The student practices professional values.

Supervisory Methodology: For students to develop and understand healthy professional values, more than simply reading or memorizing a code of ethics is required. Student-centered problem-based tutorials have been developed in which students have to deal with situations such as the initial contact, fee's and scheduling, plagiarism, referrals, patients dying, prognostic projection, etc. Students are required to work through the tutorials in groups requiring cooperative learning skills. Cooperative learning skills facilitate open discussion and shared values. Complex clinical circumstances are handled openly and in a supportive environment. Students come in contact with the stressful situations of clinical practice before the complete autonomy of a professional practice. Outcomes are controlled in order to allow for student safety. If situations are beyond the skill level of the clinical group, students can engage the supervisor during tutorials.

CLINICAL COMPETENCY AND THE LINK INTO PRACTICE

Effective clinical supervision facilitates tremendous growth in the homeopathic student. By shifting the focus of responsibility to the student, the learning comes rapidly to a motivated student. Students are given a chance to develop and practice homeopathic skills in a supportive environment facilitating a genuine sense of accomplishment. Students take on responsibility gradually, with a skilled authority for support. Clinical supervision provides an arena for students to explore the personal issues which will naturally arrive when learning how to take responsibility for an individual's health. And, finally, supervision, provides a direct link between student and mentor that will benefit the greater homeopathic community.

To be effective, clinical supervision requires at least a year. For adult learners studying part time, two years is more realistic. Though beyond the scope of this discussion, there are a number of stages of development students go through as they emerge as homeopaths under supervision. I recommend students complete a minimum of 25 cases

and 250 follow-ups with supervision. I have found all my students completing clinical supervision (though few in number) have gone on to successfully pass their board examinations and enter practice, quickly becoming active participants in the homeopathic community.

LACK OF CLINICAL TRAINING

In 1999 the Council on Homeopathic Education led by myself, surveyed homeopathic schools in America and Canada. The report, recently published in the Journal of the American Institute of Homeopathy, found results of which two are significant to this discussion. "Very few graduates of homeopathic programs receive experienced clinical supervision," and "Clinical supervision is so variable, that it is clear that homeopathic institutions have not developed appropriate standards."

The consequences of the lack of consistency in clinical training and the general lack of supervision altogether cannot be overstated. One of the conclusions of the report addressed this issue. "Clinical supervision must be required and improved if we are to consider ourselves a clinical art or science with the goal of producing competent homeopaths." My argument is that homeopathy will take its rightful place as a leading form of Complementary and Alternative Medicine and gain respect from our peers both medically and academically when we required adequate clinical training requirements. The process of becoming a homeopath must reflect the richness and depth of the art of homeopathy. There is no logical argument that says training should be less stringent when becoming a homeopath than it is for any other form of medical practice. Yet our schools and seminar teachers give this impression, both covertly and overtly. The consequence of this lack of appropriate standards in training is that we will continue to exist on the margins of medicine and on the margins of society. We will continue to feel like outsiders until people perceive how difficult it is to learn our art, how much wisdom is required.

CONCLUSION:

Clinical supervision is the cornerstone of homeopathic training. Clinical supervision requires the student to become the homeopath, placing the emphasis of responsibility on the student. The most effective way to emphasize this autonomy, and refine the emerging homeopath's skills is through the self-directed methodology found in clinical supervision. It is my hope that I have made a sufficient case for the development of a consistent application of clinical supervision. If so, we will take our rightful place as the medicine of the 21st century.

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