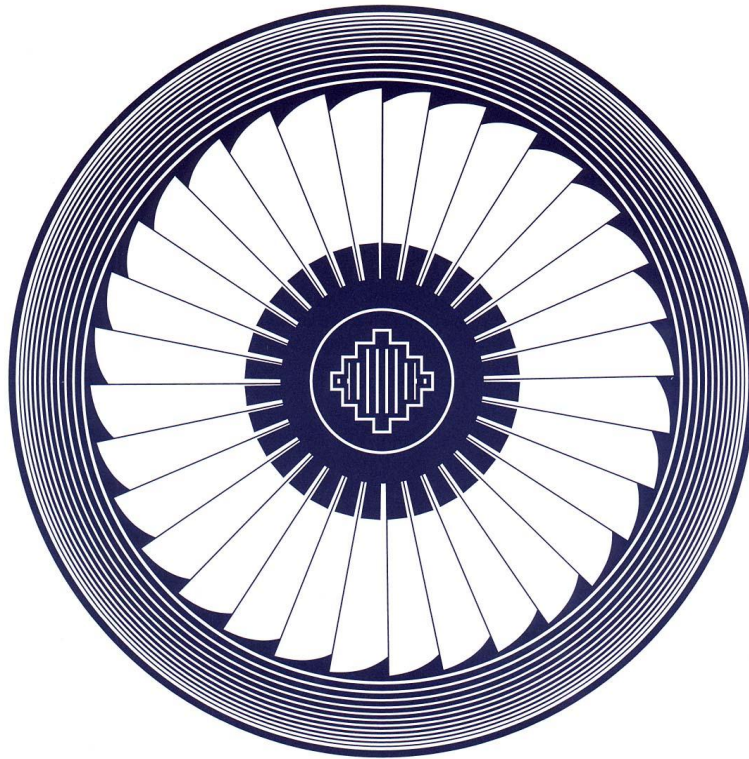


American Medical College of Homeopathy Clinical Training Manual



2010

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Dear Homeopathic Student:

Welcome to the American Medical College of Homeopathy Medical Center. This is the site where student clinicians undergo clinical training throughout all four years of the program. Although basic sciences and didactic lectures are important aspects of training homeopathic physicians, it is the clinical training that lies at the heart of creating true homeopathic healers.

Homeopathic medicine is integrated into all aspects of treatment at the American Medical College of Homeopathic Medicine Medical Center. Patients are treated on all levels of their being, including physical, emotional mental and spiritual dimensions. It is the presentation of the disease by the patient, rather than the disease itself (patient-centered medicine) which become the focus of treatment.

Homeopathic medical students are prepared at the medical center to become primary care, family practice physicians who specialize in the practice of homeopathic medicine. Patient education about removing obstacles to cure, disease prevention and wellness programs are an integral part of the healing experience. Homeopathic physicians are also committed to working with other medical and alternative disciplines to afford their patients a wide range of options. To this end, part of the clinical education program at AMCH is the integration of homeopathic physicians into the existing conventional and alternative paradigms without compromising the principles of homeopathic medicine. We have taken a proactive role in developing a wide variety of community relationships and affiliations that allow us to deliver medical services to all aspects of the community.

The Medical Center is staffed by over 25 faculty who possess extensive clinical experience. In addition, homeopathic medical students have the opportunity to work with other medical and alternative health care professionals to gain knowledge as to how to integrate the various disciplines and specialties of medicine.

The AMCH Medical Center is the largest clinical training site in the country. The medical center is also a site for externships and preceptorship rotations for students from other disciplines. Research is also integrated into the clinical training. By placing an emphasis on quality of patient care, quality of education and high academic standards, AMCH is setting the standard for clinical homeopathic education. We look forward to working closely with you during your years of training.

Warmly,
Todd Rowe, President AMCH

Introduction to the Clinical Training Handbook 2010-2011

How to Contact Us

American Medical College of Homeopathy
2001 W. Camelback, Suite 150
Phoenix, Arizona 85015; 602-347-7950

Other AMCH Resources

AMCH Catalog; AMCH Student Handbook; AMCH Faculty Handbook; AMCH Staff Handbook; Website: www.AMCofH.org

Student Responsibility

Students are responsible for understanding and complying with all policies and procedures contained in this handbook and other publications distributed by the College. This Handbook supersedes all previous editions. If you have any questions, or wish further clarification on material contained in this Handbook, please contact the Office of Clinical Affairs. Any member of the College Community has the right to propose changes. Such recommendations should be presented, in writing, to the Office of Clinical Affairs. Anonymous suggestions will not be considered.

About the Handbook

The Clinical Training Handbook of the American Medical College of Homeopathy is published to provide students with information about the College's policies and procedures that relate to clinical training. This does not constitute a contract. AMCH reserves the right to make changes in terms, conditions, regulations, rules and policies set forth in this at any time and without notice; however AMCH will make every attempt to communicate these changes with reasonable notice to interested parties.

The Clinical Training Handbook is an official document of AMCH. Excerpts have been adapted in part from publications from many colleges and universities, The School of Homeopathy-New York, The Southwest College of Naturopathic Medicine, Phoenix Institute of Herbal Medicine and Acupuncture being the major sources

Who We Are

AMCH is a tax-exempt, non-profit corporation. Its certificate programs are fully accredited through the Council on Homeopathic Education (not recognized by the State of Arizona). We are approved to offer degrees by the Arizona State Board of Private Post-secondary Education as described herein. Inquiries concerning standard or school compliance may be directed to The Council on Homeopathic Education, 101 S. Whiting Street, Suite 16, Alexandria VA, 22304.

Equal Opportunity Statement

AMCH, in compliance with state and federal laws and regulations, does not discriminate on the basis of race, color, national origin, religion, sex, sexual orientation, marital status, age, disability, or veteran's status in any of its policies, procedures, or practices. This nondiscrimination policy covers admission and access to, and treatment and employment in, College programs and activities, including but not limited to academic admissions, financial aid, educational services.

Listing of Clinical Faculty and Staff

Clinical Faculty

Sandra Auvil MD, MD(H)
 Carol Baldwin NP, PhD
 Doug Brown NP, CCH
 Josee Bourbeau MD
 Carole Eastman ND
 Yolande Grill HMA, CCH
 Cheryl Johnson ND
 Kannamma Kannan ND
 Ed Kondrot MD, MD(H)
 Jose Mullen MD, MD(H)
 Debbie Noah, HMA
 Todd Rowe MD, MD(H), CCH, DHT
 Joie Rowles HMA, PhD, CCH
 Neepa Sevak HMA
 Duncan Soule MD
 Nancy Tichenor RN, HMA
 Tina Williams HMA

Supervisory Faculty

Doug Brown NP, CCH

Josee Bourbeau MD
 Ed Gogek MD
 Yolande Grill HMA, CCH
 Cheryl Johnson ND
 Kannamma Kannan ND
 Ed Kondrot MD, MD(H)
 Jose Mullen MD, MD(H)
 Richard Plant MD, MD(H)
 Joie Rowles HMA, PhD, CCH
 Duncan Soule MD

Mentorship Faculty

Carole Eastman ND
 Yolande Grill HMA, CCH
 Michelle Kardys, HMA
 Joie Rowles HMA, PhD, CCH
 Todd Rowe, MD, MD(H), CCH, DHT

Clinical Staff

Mary Patterson, Clinic Manager

AMCH Medical Center General Information

The AMCH Medical Center house the teaching clinic for the American Medical College of Homeopathy. At this clinic, AMCH medical students achieve clinical competencies through their clinical rotations. In addition to the Medical Center, students are participating in rotations at other medical sites in Arizona.

The AMCH Medical Center offers multi-disciplinary primary medical care for common, serious and chronic health conditions for the entire family. The staff of homeopathic physicians treat patients of all ages using a variety of natural alternative for healing, treatment of chronic and acute medical conditions and staying well.

In addition to the services available at the Medical Center, The AMCH Pharmacy and Bookstore are located adjacent to the Medical Center. The Pharmacy is the largest homeopathic pharmacy in Arizona and provides professional quality homeopathic medicines at both prescription and non-prescription levels.

Clinical training is organized to allow gradual increasing responsibility in assessment and treatment of patients. During this time there is a responsibility for the diagnosis and implementation of treatment under the supervision of a licensed physician. Application will be made of the knowledge gained in course work and its use in practical patient care situation. It is expected that each student will work with the supervising physicians and staff as a team.

Location:

1951 W. Camelback, Suite 300
Phoenix, Arizona 85015

Contact Numbers:

AMCH Medical Center: 602-347-7950
AMCH Pharmacy: 602-347-7950
AMCH Bookstore: 602-347-7950

AMCH College Vision and Mission

Vision: To provide the highest standard of education in homeopathic medicine, which transforms health care and improves the quality of life.

Mission: To create and maintain a four-year full time homeopathic medical school and build a legacy for the future of homeopathy.

AMCH Core Values

- **Respect for the individual:** We recognize and honor the uniqueness of each individual. There are many ways in which each student best learns. We respect diversity and value the common experiences that bring us together.
- **Dedication to Life Long Learning:** At the core of our philosophy is educating students to lead lives of purpose and excellence. Development of individual talents, social responsibility, critical thinking, and problem solving skills allow graduates to connect thoughts with actions, deeds with results, and the past to the present and the future.
- **A Nurturing Environment that Fosters Academic Excellence:** The pursuit of academic excellence is accomplished in an environment where students feel safe and free and are encouraged to fully explore their interests and passions. We strive to provide an exciting cooperative atmosphere characterized by teacher/student and student/student interactions throughout the learning process. Our dedication to a low student/teacher ratio and our commitment to multiple teaching modalities allow our students to become engaged learners, to develop a strong sense of identity as a physician and to meet their full potential.
- **Community:** A collaborative environment allows students to prepare themselves for their postgraduate years. An open dialog among administrators and faculty models community behavior and teaches basic fairness, dignity and respect. Students learn to work as a team and to constructively resolve conflicts, establishing a foundation for becoming caring, thoughtful, responsible, and more effective participants and leaders in the homeopathic community. The school prepares students to be a contributing member of the homeopathic community.
- **Holistic and Experiential:** Wholeness is an important part of homeopathic education. Homeopathic education is more than knowledge. It also addresses the actions, heart and spirit. It is also a craft. Homeopathic education flows from awareness and experience. This involves developing the capacity to observe accurately, listen actively and perceive deeply. Holistic education integrates clinical experience with classroom learning.
- **Open Mindedness and Self-Awareness:** Students must learn to remove the obstacles to their own learning and take care of themselves to be an effective healer. Our goal is that our students graduate healthier than when they begin. We encourage a student attitude of wonder and open mindedness consistent with the development of freedom from prejudice, necessary for the growth of each student as a healer. To develop freedom from prejudice, one must first know oneself. Reflection and self-observation are that part of education where the greatest learning takes place.
- **Excellence in Teaching:** We encourage our students to become educators themselves- teachers for their patients and for their community. We recruit and retain the finest faculty by providing the best possible environment to spark the faculty's passion for teaching and love of learning in each student. Our instructors bring their energy and enthusiasm for homeopathy into their teaching in a way that is transformative for their students.

American Medical College of Homeopathy School Oath

(Moses Maimonides was a Jewish medieval physician and philosopher. The following is adapted from his physician's prayer.)



Great Spirit, you have blessed your earth, rivers and mountains with healing substances; they enable your inhabitants to alleviate their sufferings and to heal their illnesses. You have endowed mankind with the wisdom to relieve the suffering of our fellow being; to recognize his disorders, to extract the healing substances, to discover their powers and to prepare and to apply them to suit every ill.

In your eternal wisdom, You have chosen me to watch over the life and health of your inhabitants. Inspire me with love for my art and for all beings. Do not allow thirst for profit, ambition or reputation interfere with the practice of my art.

Preserve the strength of my body and soul that I may ever be ready to cheerfully treat rich and poor, good and bad, enemy as well as friend. In the sufferer, let me see only the human being.

Illumine my mind that I recognize what presents itself and comprehend what is absent or hidden. Let me not fail to see in my work the invisible power and grace of your hand.

Let my mind always be clear and pure in attending the suffering of others for sacred are the thoughtful deliberations required to preserve the lives and health of your creatures.

Grant that my patients have confidence in me and my art and follow my directions and my counsel. Should those who are wiser than I wish to improve and instruct me, let my soul gratefully follow their guidance, for vast is the extent of our art.

Embue my soul with gentleness and calmness should others censure me. Then let love for my profession steel me against them, so that I remain steadfast without regard for age, reputation or honor.

Overview of Clinical Training

Overview

Clinical training is a central part of education at the American Medical College of Homeopathy. We believe that clinical training is the most effective method of learning. We begin clinical training in the first week of class and it continues throughout the program.

Clinical training is designed to help the student bridge the gap between classroom education and practice. Our goal is to prepare students to be comfortable practicing independently by the time that they graduate. The focus of the clinics are on building observation and perception skills, case taking, case analysis and case management.

Clinical Training Goals

The primary goals of the AMCH Clinical training program are as follows:

Goal #1: To fully prepare students for a successful and independent practice.

Goal #2: To develop the requisite clinical knowledge, skills and attitudes necessary for the professional practice of homeopathy.

Goal #3: To help students form an identity as homeopathic physician and a member of the homeopathic profession.

Goal #4: To promote skills in various specialty areas of homeopathic practice.

Goal #5: To guide the student in the integration of theoretical, didactic, and academic knowledge in the application and practice of the art of healing.

Goal #6: To help each student develop good research attitudes in the spirit of experimentation and inquiry.

Goal #7: To awaken student's awareness and skills as healers.

Goal #8: To promote awareness of the dynamics of the qualities of patient/healer interactions which promote or hinder healing beyond the confines of homeopathic case analysis and management.

Goal #9: To instill knowledge and understanding of conditions meriting patient referral and/or consultation with other homeopaths as well as colleagues from different medical and healing traditions, as well as comfort and skill in communication with colleagues in both initiating and receiving consults/referrals.

Goal #10: To promote understanding of medico-legal considerations and ethical considerations which may effect the course of clinical management.

Year One

There are four aspects of clinical training in the first year. These consist in classroom clinical observation, internet clinical observation, case based learning and mentorship.

• Classroom Clinical Observation

Classroom based observation is an opportunity for students to observe cured cases of the faculty using videotape technology. The purpose is to promote clinical observation and clinical perception skills in a group format. This course comprises 80 hours in the first year.

• Internet Clinical Observation

We have contracted with the Homeopathic Symposium (see p.) to provide internet based observation of cured cases. This is an opportunity for students to observe master homeopaths at work from around the world in a self-paced setting. Cases are correlated with material medica studied.

• Problem-Based of Case-Based Learning

Problem based learning is an effective teaching tool utilizing small groups that learn based on working on clinical problems. They are facilitated by an instructor and typically groups range from 6-8 students. This is a more intimate setting that allows students to work on problem solving skills. This comprised 30 hours in the first year.

• Mentorship

Students also meet monthly in small group mentorship. This is an opportunity to meet regularly with homeopathic practitioner/mentors from outside the program.

Year Two

There are four aspects to clinical training in the second year. These are Formal Clinical Training, Internet Based Clinical Observation, Advanced Clinical Training Skills Seminar and Mentorship.

• Formal Clinical Training

Clinical training in the second year (Clinical Training 201-204) begins formal clinical training. This is designed to introduce students to case taking and case analysis in a clinical setting. Each student will be taking cases with the instructor while watched by a small group of students using a close circuit TV. The first follow up is seen again in clinic and thereafter the patient is followed by the faculty while they continue to report back to the students on the patients progress. This comprises 48 hours in the second year.

• Internet Based Clinical Observation

We have contracted with the Homeopathic Symposium (see p.) to provide internet based observation of cured cases. This is an opportunity for students to observe master homeopaths at work from around the world in a self-paced setting. This is a continuation of the course offered in the first year with more advanced cases

available to students. Cases are correlated with material medica studied. This comprises 18 hours in the second year.

- **Advanced Clinical Training Skills Seminar**

Didactic clinical training concepts are taught through Advanced Clinical Training Concepts 204. This course provides some of the key knowledge and skills necessary to effective case taking and case analysis. Case recording including a SOAP format is included.

- **Mentorship**

Students also meet monthly in small group mentorship. This is an opportunity to meet regularly with homeopathic practitioner/mentors from outside the program. Students are also given opportunities to mentor more junior students within the student mentorship program.

Year Three

There are three aspects to clinical training in the third year. These are more advanced clinical training, pharmacy training and mentorship.

- **Formal Clinical Training**

Clinical training in the third year (Clinical Training 301-304) introduces students to case management and more advanced case taking and case analysis. Each student will be taking cases with the instructor while watched by a small group of students using a close circuit TV. Cases will be followed clinically over time. This comprises 96 hours in the third year.

- **Pharmacy Training**

Students are required in the second and third year to experience two AMCH pharmacy clinical shifts. The purpose of this is to familiarize the student with the structure and procedures of the AMCH Pharmacy.

- **Mentorship**

Students also meet monthly in small group mentorship. This is an opportunity to meet regularly with homeopathic practitioner/mentors from outside the program. Students are also given opportunities to mentor more junior students within the student mentorship program.

Year Four

Clinical training in the fourth year is comprised of three aspects. These include Advanced Clinical Training, Supervision and Mentorship.

- **Advanced Clinical Training**

Clinical training in the last year is designed to provide Off-Site clinical experience. Clinical training is offered under supervision in a variety of specialized clinics. Cases are followed clinically over time. These clinics include chronic disease, acute care,

pediatrics, women's health and HIV specialty clinics. This comprises 320 hours in the fourth year.

- **Supervision**

In addition, formal supervision takes place in the fourth year. This is a clinical experience where the student takes cases independently and then receives ongoing supervision after the case is taken. This comprises 80 hours in the fourth year.

- **Mentorship**

Students also meet monthly in small group mentorship. This is an opportunity to meet regularly with homeopathic practitioner/mentors from outside the program. Students are also given opportunities to mentor more junior students within the student mentorship program.

Scope of Practice

The scope of a homeopathic physician's practice is dynamic in nature. The homeopathic physician is trained as a primary care, family practice physician and has a responsibility to the patient to provide the best health care possible. The patient can expect that his or her health care to include some or all of the following:

- Thorough history, as appropriate to the condition
- Lifestyle and risk assessment
- Appropriate physical examination
- Appropriate diagnostic testing
- Accurate diagnosis
- Diet and nutrition analysis counseling
- Treatment
- Preventative medicine programs
- Appropriate referral where necessary
- Appropriate follow up

Graduation Requirements

Candidates for the Doctor of Classical Homeopathy degree must complete all the graduation requirements outlined in the college catalog in order to graduate from AMCH. In clinical training the students are required to complete a total of 75 credit hours and achieve all required clinical competencies. The College reserves the right to modify these requirements for students based on individual performance.

Clinic Policies

Assessment

Clinical assessment is dependent on the individual program. Details are provided in each program syllabus or course syllabus. Clinical assessment is dependent on both external and self assessment criteria.

Assignments of New Patients

Once the clinic begins, assignments will be made of who will take a new patient and on which dates. This will help you in planning.

Attendance

General

One hundred percent attendance is required for clinical training. Any absence due to legitimate illness, family emergency or other extreme circumstance may be considered excused and is made up under the discretion of the supervising physician. All excused absences must be made up within the current quarter or the break immediately following. A student should notify the supervising physician or the front desk of the Medical Center of an expected absence immediately. If a student fails to notify the Medical Center of an absence it will be unexcused. Any unexcused absence, habitual tardiness or leaving before clinical class objectives have been completed may result in failure of the clinical class to be determined by the supervising physician. All attendance requirements and absences procedures apply equally to off site rotations. Patient care must be completed before a patient leaves the clinical class.

Extended Absence

A student expecting to be absent for an extended period of time is required to complete an absence form for approval, which can be obtained in the Registrar's Office. Students should have all instructors affected by the absence to sign the form.

Excused Absences/Make Ups

Proper documentation may be requested to support an excused absence. Make up of rotations are arranged with the supervising physician. A student must get the permission of the supervising physician to make up hours with another physician. A student may only have two excused absences per clinical class. A third excused absence may be granted at the discretion of the supervising physician. Three absences will result in an automatic review by the Medical Director and rotation physician. Note that 100% of a student's required clinical classes must be completed before graduation. The Medical Director may refer a contested situation to the Academic Progress Committee.

Unexcused Absences

Students will be given an unexcused absence for failing to appear for an on-site rotation and failing to notify the clinic or off-site facility one hour before the rotation begins. An incident report will be filled out when a student fails to show for a rotation. Excessive unexcused absences will result in disciplinary action which may include failure of the class.

Beepers and Cell Phones

The usage of beepers and cellular phones that are sound activated is prohibited in the clinic. These devices should be turned to vibrate mode when in these settings.

Case Recording

A note should be written on every case that you personally follow in the clinic. Minimally each note should describe what is said, observations and an assessment and plan for each visit. Please provide a copy of each of your notes for the clinic chart after each patient is seen. See the Clinic Syllabus for more information on writing up cases, along with Homeopathic Methodology.

Clinic Behavior

Students are expected to have high standards of professional behavior in the clinic. Clinic behavior should follow guidelines established by the individual instructor. Students who engage in prohibited or unlawful acts that result in the disruption of clinical training may be directed by the faculty member to leave the clinic with the status of attendance (present or absent) up to the instructor. A disciplinary hearing will generally precede longer suspension from a class, or dismissal on disciplinary grounds. The College reserves the right, however, to suspend students pending hearings, when it is determined necessary to protect members of the College community or otherwise as determined by the College to be appropriate. If disruptive, the above mentioned "prohibited...acts" would include but are not limited to behavior prohibited by the instructor, persistent speaking without being called upon, challenging faculty in an unprofessional manner, lack of respect for others with differing opinions, consistently arriving late or leaving early, refusing to be seated, eating in classroom, putting feet on desks or tables, disrupting the class by leaving and entering the room without authorization, studying/reading material not related to attended class, etc. Recurrent unprofessional classroom behavior may result in the student being dropped from the course for disciplinary reasons (with a grade of No Pass).

The following general rules apply:

- Patients, peers, supervising physicians and staff are to be treated in a profession and courteous manner
- The supervising physician has the final say in patient care. If there are conflicts with a diagnosis or treatment program, the matter must be discussed in private with the supervising physician.
- Students are not to remove any patient chart from the medical center. Students are to review only those patient charts to which they are assigned.

- All supervising physicians must be addressed by their appropriate title and their last name in front of patients.
- Cooperation with clinical supervisors and staff is required.
- Students are not permitted in the administrative areas unless they are working as part of a class in the pharmacy or have received permission.

Clinic Procedures-General

The following are general guidelines for clinical training:

- Arrive prior to the start of clinic to review patients charts and be prepared to discuss cases.
- Check the schedule to see which patients and rooms you are assigned.
- Each student is to meet the patient under the direction of the supervising physician in the waiting room unless directed to do otherwise
- Students are to perform appropriate physical examinations as directed by the supervising physician unless directed otherwise.
- Treatment plans are only to be discussed with patients after consulting with the supervising physician. Patient return visits must be discussed with the supervising physician and recorded in the patient chart.

Clinic Referrals

We welcome your referrals to the clinic. The main selling points have been cheaper costs and shorter waiting lists. When patients call to schedule, please be sure to have them notify the front desk that they wish to see you as a practitioner.

Clinic Schedule

Second Year Clinics

First New Patient: 8:30AM-10:30AM
 Discussion of first case: 10:30AM-11:30AM
 First Follow Up: 11:30AM-12:15PM
 Discussion of First Follow Up: 12:15PM-12:30PM

Or:

First New Patient: 1:30PM-3:30PM
 Discussion of first case: 3:30PM-4:30PM
 First Follow Up: 4:30PM-5:15PM
 Discussion of first Follow Up: 5:15PM-5:30PM

Third Year Clinics

First New Patient: 8:30AM-10:30AM
 Discussion of first case: 10:30AM-11:30AM
 First Follow Up: 11:30AM-12:15PM

Discussion of First Follow Up: 12:15PM-12:30PM
 Lunch: 12:30-1:30PM
 Second New Patient: 1:30PM-3:30PM
 Discussion of second case: 3:30PM-4:30PM
 Second Follow Up: 4:30PM-5:15PM
 Discussion of second Follow Up: 5:15PM-5:30PM

Dress

All students are expected to dress in a professional manner while at the AMCH Medical Center, even if they are not scheduled to see patients. The following rules apply at both on-site and off-site:

- Photo ID's should be worn at all times
- Men must wear ties or bolos with a dress shirt, long pants, belt, shoes and socks. Beards must be well groomed and neat, and long hair must be tied back. Closed toe shoes are required per OSHA regulations.
- Women must ensure that necklines are not too low and hemlines are not higher than three inches above the knee to compromise professional appearance. Midsections must be covered. Undergarments must be worn. Long hair must be tied back. Closed toe shoes are required per OSHA regulations.
- Scents and perfumes are not allowed because of environmentally sensitive patients.
- Absolutely no blue jeans, faded or dressed down blue denim shirts, shorts, tight clothing, spandex, leggings, tee shirts, crop tops, spaghetti straps or gaping sleeveless shirts or sleeveless dresses that reveal undergarments.
- Unnatural hair colors such as orange, blue, purple, green, etc. are not to be worn.
- All body piercing except earrings, must not be visible.
- Students with gross inadequacies in appearance will be directed by any clinical physician or management staff to correct these immediately and will not be permitted to see patients until they do so. Students not allowed to see a patient because of appearance will be considered absent.

Food

No food or drink is permitted in the Medical Center with the exception of bottled water.

Follow-Ups in Third Year

All clinic patients are seen conjointly by the clinic student and clinic instructor for the first visit and first follow up. **Following this, it is the responsibility of the clinic student to arrange all follow ups.** This can be done at any time that you choose. You are welcome to utilize space at AMCH free of charge-if you wish to do this, please schedule this through the Clinic Office Manager at the front desk. Follow ups can also be done by phone. The front desk should not be scheduling appointments for Clinic Students after the first follow up.

Mailbox

Each clinical student has a mailbox at the AMCH Medical Center. This should be checked on a regular basis.

Patient Fees**Pharmacy**

Once a remedy has been chosen for a particular case, it is the student's responsibility that the patient receives the remedy or makes arrangements for the patient to pick up the remedy. Usually this means writing a prescription for the homeopathic remedy and leaving this at the AMCH Pharmacy.

Students are required in the second and third year to experience two AMCH pharmacy clinical shifts. The purpose of this is to familiarize the student with the structure and procedures of the AMCH Pharmacy.

Referrals to Clinic

We welcome your referrals to the clinic. If you wish to see them, when patients call to schedule, please be sure to have them notify the front desk that they wish to see you as a practitioner.

Student Services

AMCH students seeking a physician receive discounted services. They also receive a discount on homeopathic medicines and books from the AMCH Pharmacy and Bookstore. Student's family members also may receive care at the AMCH Medical Center and receive a discount on services.

Substance Abuse Policy

Students are required to follow the substance abuse policy as outlined in the Student Handbook.

Supervision of Clinic Cases

All routine issues pertaining to supervision on your cases after the first follow up should be done in the clinic, so that the other students can benefit from the discussion. For urgent or emergent issues, please contact the clinic director. Time will be made during the clinic to periodically go over all cases.

Patients who have issues and problems should first contact the Clinic Student. The Clinic Student can then contact the Clinic Instructor as needed. Patients should not be calling the Clinic Instructor directly.

Charting Procedures

The following charting procedures apply to all clinical rotations:

- Students are responsible for charting under the supervision of a licensed physician. The physician's signature must be the last one on the chart for any visit and nothing is to be added or altered after he/she signs. All charts are to be placed in the physician's box to be signed before being filed. All patient contacts are to be recorded and dated. Use a black ink pen. Complete all chart notes by the end of the clinic class unless discussed as otherwise with the supervising physician. Be aware that charts are routinely copied and sent to other doctors, insurance carriers and attorneys.

- For each visit, the chart contains the patient's name, age, date and length of visit. The rest of the charting for that visit is done in the SOAP formula (see appendix A). Be sure to keep accurate entries in appropriate medical terminology. Whiteout is not allowed. Incorrect information should be neatly crossed out with a single line, initialed and dated.

- Charts need to be legible, concise and thorough. Be sure that the chart is complete, including lab work etc. Effective communication is requisite for the team approach. Supervising physicians will review and make suggestions on charting.

- Information in the patient's chart is the property of the patient and may not be divulged to anyone without the patient's permission. The physical chart itself is the property of the clinical site and is not to leave the premises under any circumstances.

- Students removing patient chart notes from the clinic will be suspended for a period of time to be determined by the Chairman of Clinical Medicine. If the incident occurs a second time, the student will be dismissed from the clinical program permanently.

- Additions to a chart note can be listed as an addendum. These addendums must be dated on the day of entry.

- Students should legibly sign all patient charts and make sure that they are reviewed by clinic physicians.

Documentation for Off Site Training

Students are required to properly document clinical hours during their off site rotations. All original documentation must be submitted to the Registrar's office at the end of every quarter. Students are encouraged to make copies for their own personal records.

Off Site Clinic Time Sheets

For off site rotations, students are to log all clinical rotation times on an off-site time sheet. Forms not completed in entirety will not be accepted. The supervising physician must sign the forms at the end of the quarter. Forms must be submitted to the Registrar's Office within three days after the end of the quarter in order to receive credit for the rotation. Grade reports will not be issued unless all forms have been submitted to the Registrar's Office.

Student Evaluations

Supervising physicians will evaluate students each quarter. If necessary, the supervising physician may meet any time during the quarter to address specific areas of concern. Documentation of this meeting must be attached to the final evaluation. The evaluation of the student's performance is based on both objective and subjective criteria.

Evaluation of Physicians

At the end of the quarter student are to fill out an evaluation form on each of their supervising physicians.

Homeopathic Symposium

We have arranged for you to view cases through the Homeopathic Symposium in the first and second years of the program. Each student will be required to watch and analyze two cases each semester. You need to have successfully complete these two cases before the end of each semester before you can move on to the next semester. The Homeopathic Symposium will notify the school of successful completion of each of the cases. In registering, please use the designation "American Medical College of Homeopathy".

Below you will find instructions on how to use the Homeopathic Symposium web site. Please note that to successfully use their program, you must have a DSL line. If you do not have one, these are available through any public libraries or at AMCH..

There is no fee for this service. This is included in the cost of your class tuition. However, if you wish to view cases beyond the two required cases for this school, you

will need to pay Homeopathic Symposium approximately \$25 per case. There are some free trial cases which you can view there as well.

How to View Cases

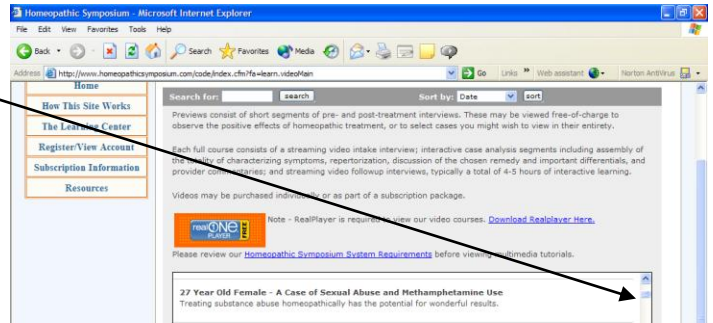
There are several modules in an entire case. Steps for using each module are explained below. You should review all steps before you begin to use the site for the first time.

Before you Begin:

- Register for site
- Have username and password
- Download RealPlayer v2.0
- Subscribe to the site

Intake Module

The Intake Module contains the initial case broken into chapters. You can choose to view it with or without commentary from the practitioner who took the case.

Step	Action	Example
1	From our homepage, click The Learning Center.	 <p>The screenshot shows a web browser window titled 'Homeopathic Symposium - Microsoft Internet Explorer'. The address bar shows 'http://www.homeopathicsymposium.com/code/index.cfm?fa=learn_videos'. The page content includes a navigation menu on the left with links for 'Home', 'How This Site Works', 'The Learning Center', 'Register/View Account', 'Subscription Information', and 'Resources'. The main content area features a search bar, a 'sort by:' dropdown set to 'Date', and a list of video training modules. A specific module titled '27 Year Old Female - A Case of Sexual Abuse and Methamphetamine Use' is highlighted, with a description: 'Treating substance abuse homeopathically has the potential for wonderful results.' An arrow from the 'Action' column points to this module in the screenshot.</p>
2	Click View All Video Training Modules.	
3	Scroll down through the list of cases until you find the one you wish to view and click on it.	

Step	Action	Example
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The video preview below the list will change.

Tip-Click on [Download Real player Here](#), if you don't already have Real Player v 2.0 installed on your computer.

4 Click Start Course.

The *User Authentication* page will appear.

5 Enter your username and password and click Submit.

Tip-Your username is the email address you used to register. Copy and paste your password into the Password field. For more information refer to "How to Log-in."

6 The *Learning Center-Course Confirmation* page will appear. Select if you want to View with Practitioner Commentary or No Practitioner Commentary and click Begin.

The *Learning Center-Subscription Options* page will appear.

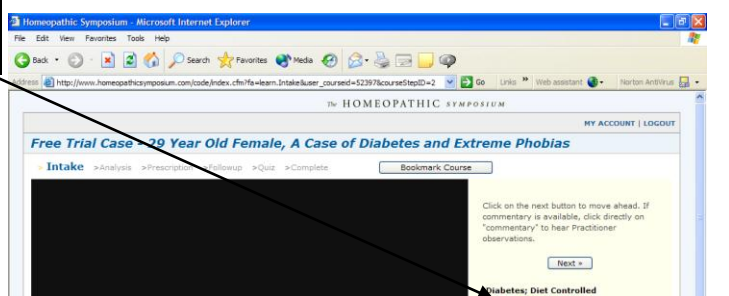
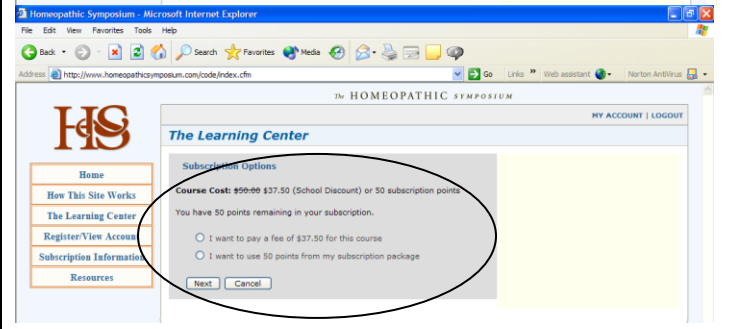
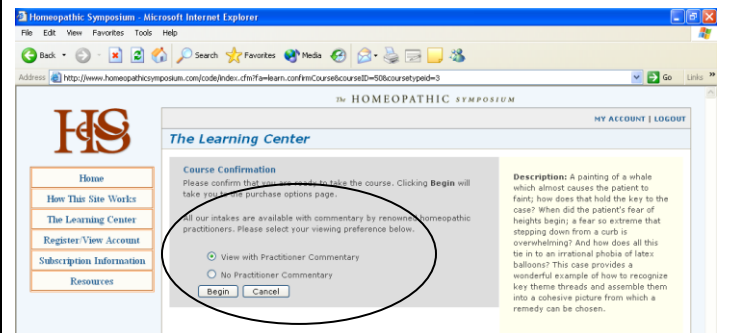
7 Click to pay with points if you have a subscription or pay with a credit card and click Next.

If you have a subscription the site will track how you spend these points.

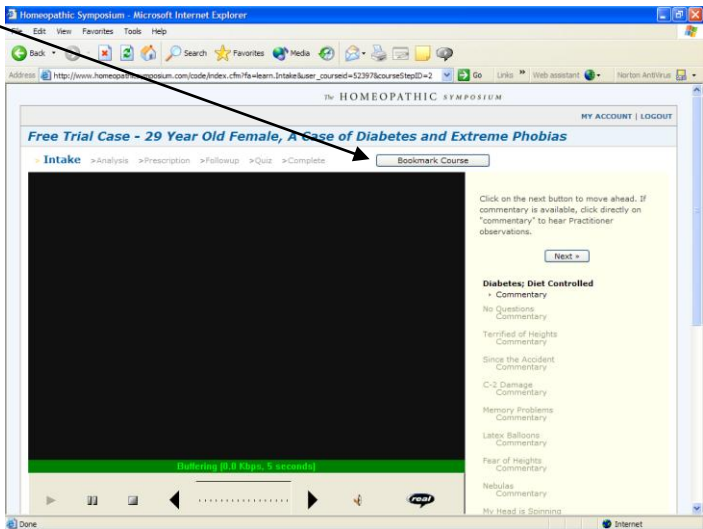
You should now be at the beginning of your first case.

Tip-The first Chapter will load automatically. The screen may be black while the video is loading!

8 Once the first video clip ends, click Commentary, if available, to

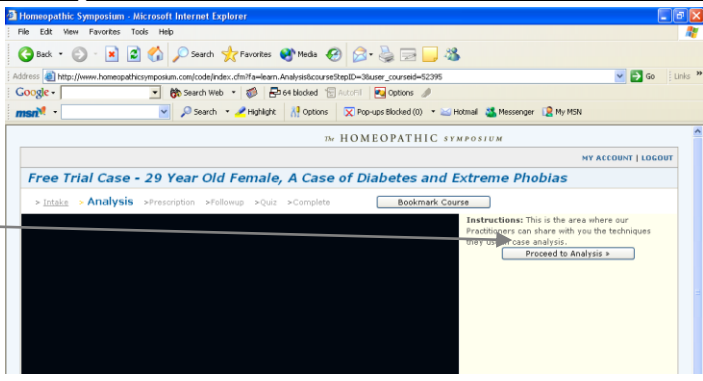
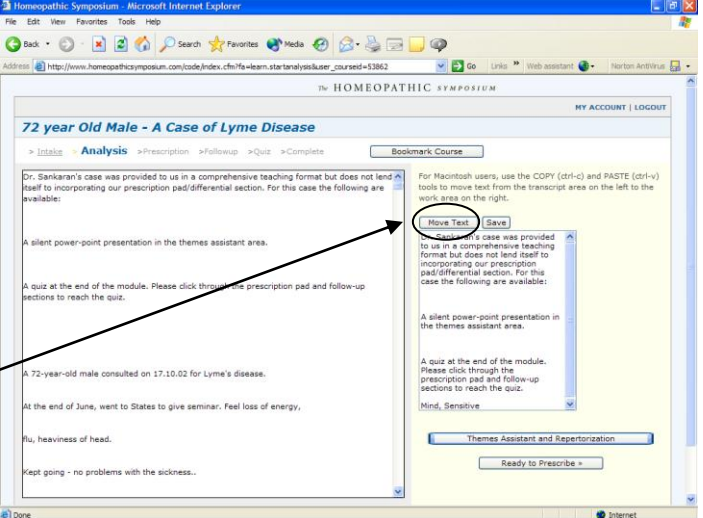
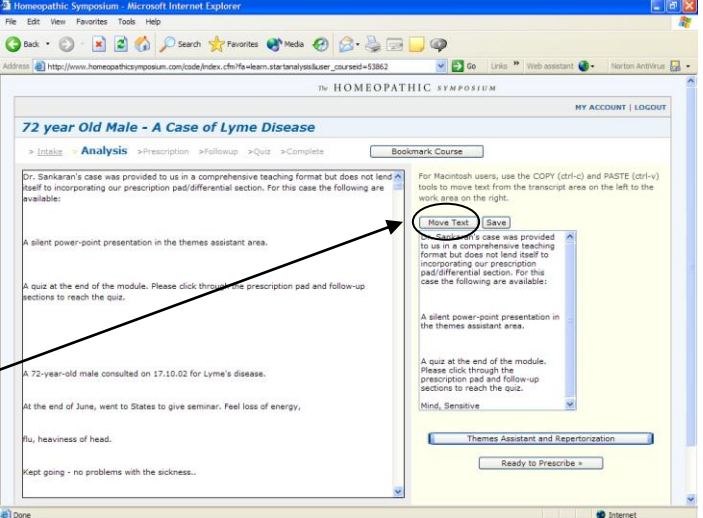


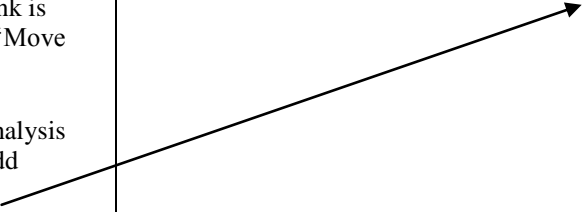
Step	Action	Example
9	view the Practitioner commentary on the Intake. Click Next to move to the next video clip of the Intake.	

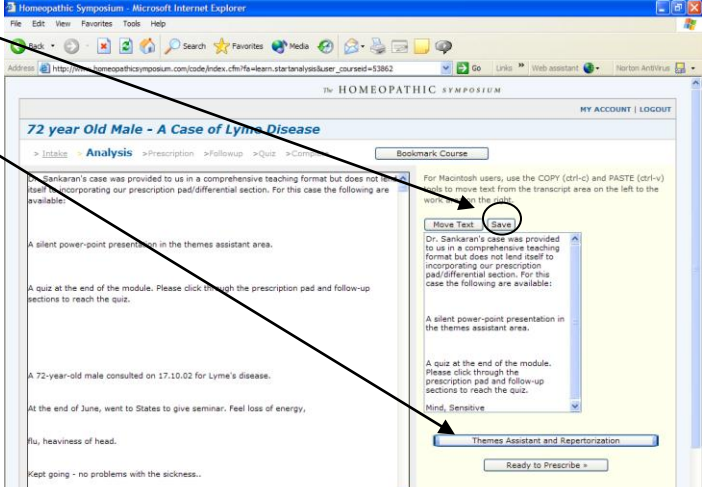
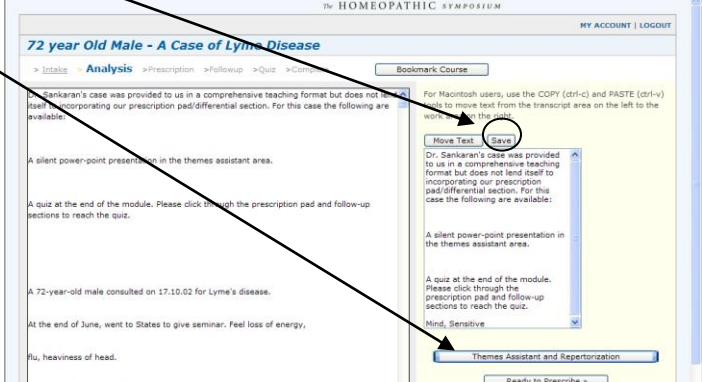
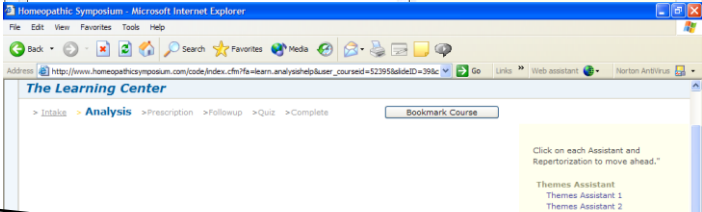
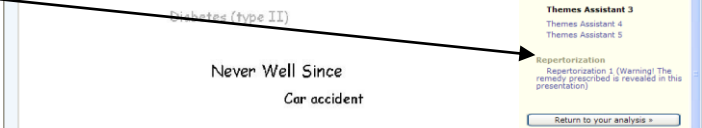
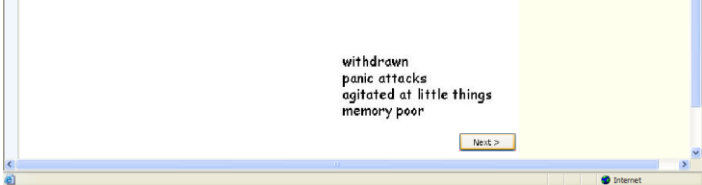
Step	Action	Example
10	<p>Click Bookmark Course to save your place before you exit the website.</p> <p>WARNING: If you leave the case <i>without</i> bookmarking the course you will have to PAY AGAIN to enter the case again.</p>	

Analysis Module

When you complete viewing the intake, the site will take you to the Analysis module. This module includes thoughts from the practitioner on how they analyzed the case. Part of the analysis involves a repertorization where you will put your skills to the test. There is a section for you to add your theme work as well as the rubrics you would consider in this case.

Step	Action	Example
1	<p>Watch the Analysis lecture, if there is one associated with the case.</p> <p>The Analysis lecture will automatically load and play.</p>	
2	<p>Click Proceed to Analysis button.</p> <p>This module contains the transcript of the Intake.</p>	
3	<p>Analyze the case using theme work, rubrics, etc.</p> <p>Tip- You may want to Bookmark the Course at this point, analyze the case off-line and then Resume the case.</p> <p>Be sure to BOOKMARK before you leave or you will HAVE TO PAY AGAIN to resume the case. Refer to “Bookmarking the Course” and “Resume.”</p>	

Step	Action	Example
4	Highlight the text you think is relevant and click on the 'Move Text' button. You can also type your analysis directly into the area to add additional information.	

Step	Action	Example
5	Click Save when your analysis is complete.	
6	<p>If you want more assistance analyzing the case, click Themes Assistant and Repertorization button for more guidance.</p> <p>The first Theme Assistant video will load automatically.</p> <p>If you are ready to prescribe, click on Ready to Prescribe and skip to the steps in the Prescription Module.</p>	
7	Click on the remainder of the Theme Assistant videos to view them.	
8	<p>After completion of the Theme Assistant videos, click on the first Repertorization video.</p> <p>Tip-The remedy prescribed is revealed in the Repertorization section.</p>	
9	After completion of the Repertorization videos, click Return to your analysis button.	

Supervision

Acknowledgments and Definitions

We gratefully acknowledge the extensive help from Jo Daly CCH, RSHom and The School of Homeopathy New York in writing these guidelines. Note that through out the text, practitioner, student and supervisee are used interchangeably. Also, teacher and supervisor are used interchangeably.

What is Supervision

Supervision is a complex process that occurs between student and supervisor. It is one of the most effective tools in developing clinical practice. It is much more than transmitting skills. In the clinical work, what is deepest in the homeopathic student touches what is deepest in the supervisor. Every student will assume the roles of supervisor and supervisee often on the homeopathic journey.

Supervision provides the student an opportunity to reflect on their work with someone who is more experienced. Supervision provides a calm, clear and unhurried space to reflect on the practitioner's work. It allows the practitioner to stand back and see the totality of the case, obtaining a 360 degree viewpoint.

Good supervision helps the student to see more accurately their strengths and their weaknesses, to analyze the way they think about their cases, to examine what obstacles they bring into their case work and to help try to remove them.

Supervision should be distinguished from consultation. In consultation, the roles are far more collegial. Neither participant takes on responsibility for the case material of the other individual and the process is far more informal. Consultation is a good way to informally run a case by another homeopath and to get some quick feedback.

Specific Skills to be Developed During Supervision

The supervision process should help to put theory into practice in a clear, logical way under guidance from your supervisor. This process should demonstrate that you are developing the ability to reflect upon your work, to question, to remain open minded and to accept that you do not yet know all the answers. The following is a partial list of specific skills to be developed during the supervision process:

- Application of homeopathic principles and philosophy
- Case receiving
- Case analysis
- Case management
- Second prescription
- Rapport
- Identity as a homeopathic practitioner
- Self reflection and self-analysis
- Identifying your strengths and weaknesses as a practitioner
- Identifying methods of growth in professional development
- Marketing a practice

Types of Supervision

- **Shadowing Supervision**

In shadowing supervision, students work with a practitioner in their office by either observing case taking or helping the homeopathic practitioner to take a case.

- **Formal Supervision**

In formal supervision, the student takes the case on their own and then discusses the case with the supervisor after the case taking is completed. The ultimate responsibility for the patient lies in the hands of the homeopathic student.

- **Peer Supervision**

Peer supervision is another form of supervision that can be very effective. Students often feel more comfortable sharing their deepest fears and slip ups with their peers. It is very important that the peer supervisor be someone at the same level of training and that there is considerable comfort between each other. In addition, the peer must be willing to view the student's work critically or learning will not occur. Another form that this can take is for each peer to see the difficult cases of the other homeopath in consultation. Peer supervision can be a very powerful experience and many students describe this experience as one of the most important aspects of their training.

- **Group Supervision**

Group supervision is a model that some practitioners move into once they are more well established in their practices (Heaton 1998). Most often these groups are leaderless or the leadership rotates meeting by meeting. Generally the group size is kept small to encourage adequate participation. Members of the group agree on basic responsibilities of being a member, inclusion requirements, confidentiality, case discussion or topic discussion formats, time limits and guidelines for constructive feedback. As with individual supervision, it is crucial that members have approximately the same level of experience. Group supervision is not as intimate as individual supervision, but it provides a forum for voicing a variety of opinions and reactions to presented material. A well constructed group supervision environment can be tremendously supportive and enriching for its participants.

- **Research Supervision**

Another aspect of supervision is research supervision. This requires a different scope of knowledge than clinical supervision, but the requisite supervisory attitudes and skills are identical. Research supervision is a critical part of programmatic student theses and research projects. Provings also represent an opportunity for research supervision.

Supervision Course Requirements

Shadowing Supervision Requirements Year One:

Students will select a homeopathic supervisor and provide a minimum of one patient to the supervisor. These patients will pay the homeopathic supervisor their customary fee (minus a discount for the first visit). Students will watch the supervisor take the case and the supervisor will discuss the case with the student afterwards. Follow ups are the responsibility of the supervisor, although the supervisor should keep

the student abreast of how the patient is doing over the following two to three years. The student and practitioner decide together who will follow the patient after the student graduates.

Shadowing Supervision Requirements Year Two:

Students will select a homeopathic supervisor and provide a minimum of two patients to the supervisor. These patients will pay the homeopathic supervisor their customary fee (minus a discount for the first visit). Students will jointly take the case with the supervisor and jointly discuss the case afterwards. Follow ups are the responsibility of the supervisor, although the supervisor should keep the student abreast of how the patient is doing over the following one to two years. The student and practitioner decide together who will follow the patient after the student graduates.

Formal Supervision Requirements Year Three:

Students are required to take five cases in their third year on their own and to follow these patients for a minimum of six months under supervision (two follow ups each). Supervisors are selected from the homeopathic community and supervision time is paid for by the student. These patients follow the student after graduation. A listing of available homeopaths who can do homeopathic supervision is listed in the Appendix. This homework is due in December 2005. These supervisors are also available to the students outside of the normal course work.

Beginning Supervision

While enthusiasm may mean that you want to start taking cases under supervision as early as possible, it is important that you do this only when you are sufficiently ready from the point of view of both your technical and personal competence. Shadowing supervision begins in the first and second year. Formal supervision is reserved for the third year.

Supervision Fees for Formal Supervision

Cost is an important factor for formal supervision. With five or more case takings, each with two or more follow ups, to be reviewed by your supervisor, plus additional advice and discussion over the year period, this is obviously going to take a fair amount of he/her time and hence incur some expense to you. You will also have phone bills and maybe travel bills to take into account.

It is difficult for us to give clear guidelines for the overall cost as it will vary considerably. It depends upon the amount of support that you need, how well you interact with your supervisor, what your client fees are, what your supervisor's charging policy is and other factors. You must bear in mind that a good supervisor is also a busy practitioner, whose time is valuable. While we encourage practitioners to be as reasonable as they can in the rate that they charge for undertaking supervision, you will find that they need to charge professional rates.

We have used average rates as follows for formal supervision:

• 5 new cases (average of 1 hour supervision per case)	\$500
• 12 follow ups with an average of 30 minutes per session	\$600
• 3 extra hours for reflection and evaluation	\$300
Total	\$1400

Although you may be able to cover a fair part of this from the fees that your clients pay you, you may have to also fund some from other sources.

Choosing a Supervisor

The relationship that you have with your supervisor is clearly going to be central to your gaining as much as possible from the process. Ideally, the supervisor will be someone trained by the School, with whom you feel comfortable. Good supervision will challenge you and bring new perspectives, and should leave you feeling affirmed and clear about where to go next in your work.

In reality, it is not always easy to find someone who fully meets this ideal-the final choice may therefore require some compromise. There are two key aspects about your supervisor that you should look for:

1. He/she must be able to give technical support and advice on your casework in a way that is supportive-if their method of practice is clearly conflicting in its approach to the way you have been taught, then their feedback is likely to be confusing.
2. He/she must be someone with whom you feel you can reasonably relate at a personal level, in a constructive and open way.

It is an important part of the supervision process that your contact with your supervisor includes some meetings when you reflect on your working relationship and review your general progress, rather than discussing specific case takings. This provides a clearer space for you both to evaluate your interactions, your skill development, your strengths and your difficulties, your need for help and support. Ideally this should be face to face, but may need to be by phone. The regular review contact must be maintained even if you are not very active with your case-taking for a while, so that your supervisor is kept aware of what is happening with you.

For formal supervision, try not to focus too much on hourly rates in choosing a supervisor. You may well need fewer contact hours and learn more with a practitioner charging a higher rate than with one charging a lower rate. The key aspect is the quality of interaction that you are likely to have with them, so that you stand the best chance of gaining maximum benefit from the process.

Any supervisor you choose will have to be acceptable to DISCH. If he/she is someone already on the recommended DISCH list, then no further verification will be required. If you choose someone who is not however, then we will have to give our clearance, as obviously it is important that their practice and supervision methods are compatible with those taught at DISCH. For this, we require some information about the practitioner including their name, contact details, training and qualifications, practice size and nature and an outline of their approach to homeopathy and supervision. You should send us this information as soon as you have made a provisional agreement with your proposed supervisor so that we can confirm their suitability with a phone conversation between our Director of Supervision and the supervisor candidate.

Setting Up a Contract With Your Supervisor for Formal Supervision

It is important when embarking on supervision that there is a written contract between the student and supervisor. Minimally the contract should cover what kind of support is going to be provided, how it is going to be delivered and what is going to be the cost. This includes the following areas:

- Supervisor availability, including email
- Discussion of boundaries, confidentiality issues and ethics
- The handling of evaluations
- Creation of shared goals
- Discussion of when, if ever, to bring clients in to be seen by the supervisor
- Handling disagreements
- What to tell the client concerning supervision
- Handling emergencies
- Honoring each others expertise and experience
- When and how to end supervision

Much of the initial work in supervision is concerned with establishing a working relationship and developing comfort with each others styles. Students generally start from previous experience in supervision. Most students have had some previous experiences with supervision and have developed a series of expectations about the supervisory process. It is very helpful for the supervisor to explore these experiences and expectations at the beginning of supervision.

The supervisor must initially assess the level of training and experience of the supervisee. There should be a discussion of what clients are appropriate for the student's current level of training. Each supervisee is unique and the supervisor will need to set up the supervision process to fit each student. Each student also represents a distinct learning opportunity for the supervisor.

Legal Responsibilities for Formal Supervision

One important aspect in the contract with your supervisor that you must understand is that you have full legal responsibility for your practice and for the treatment that you provide for your clients. Although your supervisor is there to give you guidance and help with your homeopathic skills and understanding, neither they, nor the school, can accept responsibility if there are any legal difficulties arising either with your choice to practice or from the results of your prescribing. You should make yourself fully aware of the legal situation with regards to practice in your state, accept full professional and ethical responsibility for what happens between you and your clients, and ensure that your clients fully understand any limitations of the service you are providing.

Supervision Assessment for Formal Supervision

The school needs to carefully monitor the progress of supervision to ensure that proper operation and standards are being followed. This is carried out by our Director of Supervision to whom you will need to send copies of all your Case Summary sheets.

It is important that you take your time to properly understand and benefit from the process. Do not rush to get lots of clients, but build your practice slowly. That way you will get maximum benefit from your interaction with your supervisor in developing your skills and confidence with less risk of making mistakes.

The process is as follows:

- Take and analyze each case (initial and follow up)
- Write up the case, with analysis and proposed remedy to discuss with your supervisor
- Review with your supervisor; this may involve re-analysis and further review
- Agree together on a prescription and discuss prognosis and management needs
- Give prescription
- Update case write up as necessary
- Write up case Summary Sheets after every appointment with a client and get supervisor's comments added to them; you must send a copy of these to the Supervision Director for overview

Case Summary Sheets for Formal Supervision

Please see the appendix for an example of a Case Summary Sheet. A Case Summary Sheet should be completed for every case-taking that you carry out during your Clinical Supervision process. It is important that you use these Summary sheets as directed and submit them to the School so that your progress in Supervision can be evaluated.

Side One

This is a summary case document—a summary of the synthesis of the patient's homeopathic case. You will need to have set up a contract with your patient that his/her case will be reviewed by your supervisor. The top sheet needs to contain pertinent information necessary for prescribing and notes on case management issues. If you need more space than is provided for, then attach another sheet. Some examples of what could constitute pertinent information include:

- A concise summary of your perception of the patient's life themes as polarities, diagram, sketch or paragraph
- Miasmatic and etiological information
- Time line
- Center of gravity
- SRP's
- Key themes
- Selected rubrics
- Potency and repetition
- Case management issues and strategies

Side Two

This is a reflection on what is being learned from the case and the practice in general. This included issues of personal and professional development and ethics as well as demonstrating your practical grasp of homeopathic philosophy. This reflection

assists the supervision process in that it highlights your current learning, as well as revealing obstacles to clear perception. It enables the school to join with you and your supervisor in assessing your progress towards competent and ethical practice.

Side Three

This is for reflection by the supervisor of the supervision process including the specific case presented. It is important that your supervisor complete this part of the sheet either during or immediately after the supervision session. If it is left until later, then the information is forgotten and the form becomes useless. It is helpful to discuss the feedback with your supervisor at the time. Please add signatures at the bottom of this page as you complete each case summary document.

Sending Case Summary Sheets to the School's Supervision Assessor

This is a very important part of the Supervision process. You are required to send a copy of all versions of Case Summary Sheets to the Supervision Assessor every time that you have two case takings completed. Do not stockpile them as this leads to a delay in assessing the supervision process and may lead to a delay of your graduation from the school. Remember that separate Summary Sheets are required for every new case and for every follow up. These are the prime input for our Assessor to monitor your progress and your interaction with your Supervisor. If there are any queries or concerns arising from them, the Assessor will contact you.

Guidelines for Completion of Formal Supervision

The final stage of your supervision is the presentation of your Clinical Portfolio to the Director of Supervision. This portfolio represents a summary of your homeopathic supervision and includes:

- Your final Review
- Your supervisor's final review
- Case summary sheets

Student's Final Review

This is an essay which should include answers to the following questions. Bear in mind that we are looking for your reflections on your learning process rather than having mastered all of these issues:

1. Look back at when you began clinical training and consider where you are now. How do you feel in general about your clinical training and your supervision, including your interaction with your supervisor?
2. How do you assess yourself in terms of your development in the following areas:
 - case receiving
 - case analysis
 - use of repertory
 - differentiating between remedies and remedy choice
 - assessing prognosis
 - dealing with follow up interviews

-case management skills

3. What have you learned about the following?

-Interactions with clients

-managing your homeopathic practice

4. What are your clinical learning goals? What needs more attention?

5. How will you address your learning goals over time? Is there any particular help that you need?

When you have completed your review, pass it on to your supervisor for his/her comments. Your supervisor will look at it, and will also address the same questions in the light of his/her view of your work. If your supervisor has concerns about any aspects, he/she may ask for you to reflect on those parts and then to resubmit them. Once your supervisor is satisfied with your Review, he/she will then go on to prepare his/her Final Review.

Supervisor's Final Review

With reference to individual cases as appropriate, the Supervisor should indicate the practitioners' competence in the following areas:

-case receiving

-case analysis

-case management skills

-rapport and effective management of emotional responses to others

-awareness of and commitment to professional values, including the ethical and confidential nature of the work

-ability to communicate effectively

-the capacity to handle crises

-effective synthesis of a wide range of knowledge of homeopathic principles and practice

-capacity and commitment to ongoing reflection and learning

Suggested Readings

1. Fish, Della and Twinn, Sheila; *Quality Clinical Supervision in the Health Care Profession*; Butterworth Heinemann; 1997.
2. Gaie, Houston; *Supervision and Counselling*; Rochester Foundation, London; 1990.
3. Hawkins, P. and Shohet, R.; *Supervision in the Helping Profession*; Open University Press; 1989.
4. Page, S. and Wosket B.; *Supervising the Counselor*; Routledge Publishing; 1994.
5. Rowe, Todd; *The Homeopathic Journey*; Desert Institute Publishing; 1992.

Mentorship Guidelines

What is Mentorship?

In the *Odyssey* by Homer, Mentor was entrusted with the education of Odysseus's son, Telemacheus. Mentor served as a guardian who protected and a wise teacher who educated him in the ways of the world.

Mentorship is an opportunity to meet with faculty and homeopathic practitioners in a more intimate and relaxed setting. It provides a forum to discuss issues pertaining to the program and the development of each student as a professional homeopath. Mentorship helps students identify where they are on their homeopathic journey and then to take the next step. Mentors help to hold up a mirror so that students can see themselves and to inspire them to reach beyond where they are.

Mentorship is not supervision. Supervision is mostly case focused whereas mentorship is more process focused. There will be opportunities throughout the program, especially in the last year of training for supervision.

There are two types of mentorship at AMCH. The first is group mentorship. Each student is assigned a group mentor to meet with throughout the entire program. In addition to formal group mentorship, DISCH also offers student mentors. Student mentors are volunteers who meet with students in person or by phone to aid them in their homeopathic studies.

Making the Most Out of Group Mentorship

The best mentorship experience only comes with both student and faculty preparation. As you go through the month, preparing for class, write down any questions or problems that arise and bring these to your group mentorship sessions.

Mentorship is more process focused than content focused. It is an opportunity to talk about issues pertaining to what it is to become a homeopath and one's homeopathic journey.

The Details of the Group Mentorship Process

1. Each student is assigned a group mentor for a one year block of time. Typical mentorship groups consist of 4-6 students and a mentor. Mentorship continues throughout all three years of the program.
2. Each mentor meets with their students face to face every month when class is in session (except December). Typically these sessions are from 60-90 minutes. Your group mentor will let you know of the dates and times of meeting.
3. If a significant problem occurs during the mentorship process, please refer this to Mentorship Director.
4. Student mentors are also available to students on request (see student mentor policy). If a particular student is requiring time outside of the normal mentorship process, a referral to a student mentor may be appropriate.
5. Mentorship evaluations are conducted every six months. This is an opportunity for faculty mentors and students to give feedback on the mentorship process (see mentorship evaluation forms).

Mentorship Bibliography

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- Daloz, L; *Effective Teaching and Mentoring*. San Francisco: Jossey-Bass, 1986.
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- Lindeman, E. C. (1989); *The Meaning of Adult Education*; Norman Printing Services, University of Oklahoma.
- Murray, M; *Beyond the Myths and Magic of Mentoring: How to Facilitate and Effective Mentoring Program*. San Francisco: Jossey-Bass 1991.
- Phillips-Jones, L. *Mentors and Proteges: How to Establish, Strengthen and Get the Most from a Mentor-Protégé Relationship*. New York: Arbor House, 1982.
- Schlossberg, W. K., Lynch, A. Q. And Chickering, A. W.(1989); *Improving Higher Education Environment for Adults*; Jossey-Bass Publishers, San Francisco, CA.
- Zachary, Lois (2000); *The Mentors Guide*; Jossey-Bass Publishers, San Francisco, CA.

Problem Based Learning

What is Problem Based Learning

Problem-Based Learning is an instructional approach used increasingly in medical education (Bridges and Hallinger 1995). It also has expanded into many other forms of education (Bridges and Hallinger 1995; Boud and Feletti 1998). It uses a tutorial format and begins with a practical problem that the student is likely to encounter in the “real” world of practice. Problems are chosen to illustrate core concepts in the school curriculum and typically are open ended. Often these are written cases, or problem focused topics. Students must identify the problems in the case, formulate tentative hypotheses, identify learning needs, access resources, pursue the implications of their hypotheses, reformulate the problem and come up with a plan of action.

Overview of Problem Based Learning

Students ultimately practice in problem-oriented environments but generally learn in subject or discipline-oriented environments. Problem Based Learning (PBL) is loosely centered on the concept of cooperative learning (Slavin 1990 and Steven and Slavin 1995). Here, the focus is on collaboration. Students serve as teachers for each other and typically work in teams of four to eight students.

Students are given considerable responsibility and autonomy for directing their learning. Learning is done in dyads or small teams of ideally six to seven students. Through this process, students gain skills in self direction, reasoning, problem solving and collaboration. Ultimately, they gain a feeling of what it is like to be a practitioner.

The key points for problem-based learning are as follows:

- The starting point for learning is a problem.
- The problem is one that students are likely to experience as a professional.
- The knowledge that students are expected to acquire during their professional training is organized around problems rather than subjects.
- Students assume a major responsibility for their own instruction and learning.
- Learning occurs within the context of small groups.

The teacher has a different role in PBL. They serve more as a facilitator, a cross between a mentor and a teacher. They challenge their students through questioning designed to stimulate their thinking and challenge their assumptions. These teachers support their students by helping to foster a feeling of collegiality and creating a nurturing and supportive environment. They work to build each student's capacity for learning.

Teachers who use Problem-Based Learning methods encourage diversity and self reflection. They model effective listening techniques, group process skills and communication skills, while ensuring that the group stays focused on the task. They encourage individuals to take ownership in the process by knowing when to keep quiet and when to intervene. The teachers demonstrate learning along side their students. Lastly, they direct group members to resources both within and outside the group.

Groups typically take on roles of recorder, process observer and manager. They create ground rules before beginning to work together and agree on a process to use. This helps to teach students how to effectively collaborate, a skill that will be vital once they begin practicing. Students typically rush to solve the problem without fully understanding it or try to incorporate a solution into their initial understanding of the problem. The teacher must refocus them on the larger task.

Differentiating Problem Based Learning from Mentorship

Problem based learning groups are topic based and group process focused. Mentorship groups are an opportunity to meet with the faculty in a more intimate and relaxed setting. They provide opportunities for students to discuss issues pertaining to the program and the development of each student as a homeopath. Mentorship helps

students identify where they are on their homeopathic journey and then to take the next step. Mentors help to hold up a mirror so that students can see themselves and to inspire them to reach beyond where they are. They bring out the full potential of their students.

Goals of Problem Based Learning

- Facilitate self-learning
- Developing problem solving skills
- Developing Group Process skills
- Developing knowledge and awareness of the homeopathic community

Off Site Rotations

In addition to AMCH Medical Center, AMCH students have access to a variety of off site clinical settings. These off site rotations are designed to provide students with opportunities for exposure to diverse patient populations and areas of special emphasis and to develop their therapeutic style. Students are placed with a variety of providers and are required to establish an approving learning plan. The methods of evaluation used for off sites rotations are the achievement of objectives in the Learning Plan and the off site physician evaluation form completed by the supervising physician.

Most off site rotations are completed in the State of Arizona. A limited number of credits may be completed out of state or out of the country. Any new off-site must get the approval of the Clinic Director prior to the beginning of the rotation. No credit will be assigned to rotations completed at an unapproved off-site.

Off-Site Set Up Requirements

The following steps are to be followed in order to get a new off-site approved (including Out-of-State and Out-of-Country)

1. Complete the Mentor Practitioner information sheet
2. Provide of Copy of the Practitioner's License
3. Provide an educational plan written by the physician(s) with whom the student will be working
4. Include the name of the clinic/hospital, location (city, state and country, if out of state)
5. Turn in the above mentioned documentation to the Registrar's Office.
6. As soon as the new off-site is approved by the Medical Director, the rotation will be scheduled and the student contacted.

Credit for Off-Site Rotations

The following information is required from the off-site rotation to receive proper credit:

1. Student evaluation form from the off-site physician(s)
2. Evaluate of the physician(s) completed by the student
3. Off-site time sheet

AMCH Pharmacy

Overview

The AMCH Pharmacy is the largest and most complete homeopathic pharmacy in Arizona. It provides a complete stock of homeopathic medicines of all potencies. Bach flower remedies and cell salts are also available. Remedies can be special ordered or mailed to patients if necessary. The Pharmacy is open to the public, although prescriptions are needed for homeopathic medicines stronger than 30C potency.

Mission

The mission of the AMCH Pharmacy is to

- Serve the homeopathic pharmaceutical needs of the AMCH Medical Center
- Serve the homeopathic pharmaceutical needs of the Southwestern United States
- Provide an educational resource for customers and homeopathic medical students

Location and Hours of Operation

The AMCH Pharmacy is located adjacent to the AMCH Medical Center. Its hours of operation are Monday through Friday 8AM to 5PM.

Student Pharmacy Shift

Students are required as part of their clinical training to spend two shifts assisting in the AMCH Pharmacy. These shifts are scheduled through the Pharmacy.

AMCH Bookstore and Giftshop

Overview

The AMCH Bookstore is the only homeopathic bookstore in Arizona. It provides a complete stock of all student textbooks and introductory homeopathic books for the public. Books can be special ordered at discount prices.

Mission

The mission of the AMCH Bookstore is to:

- Provide public information and education about homeopathy
- Serve the resource needs of AMCH medical students

Location and Hours of Operation

The AMCH Pharmacy is located adjacent to the AMCH Medical Center. Its hours of operation are Monday through Friday 8AM to 5PM.

Clinic Objectives

(pending)

Preceptorships

AMCH Preceptorships are rotations for medical students from other disciplines. These provide opportunities for students to experience homeopathic medicine as part of an elective rotation. Rotating students include medical students, osteopathic students, naturopathic students, medical residents and medical fellows. Please be courteous and welcome these students as they sit in on your classes and rotations.

Appendix A: SOAP Formula

The following format should be used for each visit whether it be a constitutional case or follow-up.

S-Subjective:

This is the patient's description of how they are doing or a description of symptoms.

O: Objective:

These are your objective findings to include observations, physical exam, lab, x-ray results.

A: Assessment:

Here the condition is assessed both homeopathically and from the standpoint of conventional medical diagnostic criteria.

P: Plan:

Here a plan for continued course of action is written. The homeopathic physician writes a plan that addresses all of the health concerns of their patient. All treatments should be listed including those continued from the past and new treatments prescribed. Ideas for future plans may also be included. A plan should be written for appropriate follow-up.

Follow Up Visits:

Appendix B: Screening Physical Examination

Each student will be expected to adequately perform the following physical examination. Students are urged to perform as many local or full physical exams as possible during their clinical rotations.

Patient Seated; Examiner Facing Patient and Standing

1. Wash hands and make sure patient is appropriately groomed.
2. Inspect general appearance.
3. Take oral temperature
4. Palpate, count radial pulse.
5. Count respiratory rate.
6. Measure blood pressure.
7. Measure orthostatic blood pressure.
8. Inspect hands, nails, skin, joints and palms.
9. Test shoulder, elbow, wrist and finger ROM.
10. Inspect face and head.
11. Examine hair, scalp, skull and face.
12. Test visual acuity.
13. Check visual fields.
14. Test ocular movements.
15. Inspect conjunctiva, sclera and cornea.
16. Test pupillary reactions to light and accommodation.
17. Ophthalmoscopy.
18. Check auditory acuity.
19. Examine external ears.
20. Otoscopy.
21. Examine nose and sinuses with speculum.
22. Wrinkle forehead.
23. Palpate masseter and temporal muscles with teeth clenched.
24. Test sensory portion of cranial nerve V.
25. Show teeth.
26. Protrude tongue.
27. Inspect lips, gums, teeth, tongue and buccal mucosa.
28. Inspect pharynx and have patient phonate.
29. Test range of motion of neck.
30. Check muscle strength of the SCM.

31. Shrug shoulders and check strength of trapezius.
32. Palpate thyroid.
33. Inspect percuss spine and renal angles.

Patient Seated; Examiner Behind Patient and Standing

34. Test lumbar ROM.
35. Examine chest, symmetry and expansion.
36. Percuss posterior and right lateral chest.

Patient Seated; Examiner Facing Patient and Standing

37. Auscultate posterior and right lateral chest.
38. Percuss anterior lung fields.
39. Auscultate anterior lung fields.

Patient Supine; Examiner On Patient's Right Side and Standing

40. Palpate axillary nodes.
41. Palpate epitrochlear nodes.
42. Inspect and palpate precordium.
43. Percuss cardiac border.
44. Auscultate heart.
45. Auscultate carotids.
46. Auscultate midepigastrium.
47. Auscultate femoral areas.
48. Inspect abdomen.
49. Palpate abdomen.
50. Palpate bimanually for liver.
51. Palpate bimanually for spleen.
52. Palpate inguinal nodes.
53. Palpate femoral pulses.
54. Palpate for femoral hernia.
55. Inspect, palpate and test range of motion of hips, knees and ankles.
56. Test for pretibial edema.

Patient Standing; Examiner Facing Patient and Standing

57. Palpate dorsalis pedis and posterior tibial pulses.
58. Test plantar reflexes.
59. Test knee and ankle reflexes.
60. Test biceps and triceps reflexes.
61. Test rapid alternating movements.
62. Test finger to nose and heel to shin.
63. Test light touch and pinprick on limbs.
64. Test position sense and vibration sense in toes and feet.

Patient Standing; Examiner Standing

65. Romberg test.
66. Check gait.
67. Walk on toes and heels.

Additional Exam as Indicated

- 68. Male genitalia and hernia exam.
- 69. Male rectal and prostate exam.
- 70. Female breast, pelvic and rectal exam.
- 71. Full dermatological exam.

Appendix C

AMCH Supervisory Case Summary Sheet

Practitioners Name:

Practitioners's Class:

Client's Initials and Birth Date:

Date of Interview:

Check here to indicate that permission has been granted from the client that the case will be supervised and reported in confidence to the school's assessment team:

Sequence of Interview: First _____ Second _____ Third _____ Fourth _____

The Case

Patient's Chief Complaint:

Medical Diagnosis from a Physician:

Medications:

Homeopathic Recommendation:

Auxiliary Treatments, Referrals and instructions to the patient:

Summary of the case, action plan and prescription (This summary should be a bare bones summary overview of the case including prescribing symptoms, differentiation, thoughts on remedy and potency and action plan. In the case of follow up visits, make a note of the response to the prescription and a note of management issues. Feel free to use additional pages if necessary).

Your Reflections Upon:

1. Receiving the case. How did you feel and what you you learned about the process?
2. Analyzing the case. (Please do not repeat your summary here. This is for your self-reflection upon the process). Were you able to get a handle on what needs to be cured in this case and what was characteristic? Could you find suitable rubrics to express this? Did you find a remedy by means other than use of repertory? Write about what you experienced and how you proceeded in the case of a follow-up, were you clear about what was going on and how to proceed? Please specify any areas you need help with, either in supervision, or from teachers, mentors, or others at the school.

Supervisor's Feedback (to be written by the supervisor): Please give a commentary on the supervision process and please continue on a separate sheet if you want to say more than will fit in this space.

Signature of Student _____ Date _____

Signature of Supervisor _____ Date: _____

Appendix D

AMCH Clinic Instructor Evaluation Form

Date:

Clinic instructor:

We would appreciate your frank and constructive evaluation of this course. Please return to Desert Institute School of Classical Homeopathy, 5501 N. 19th Avenue, Suite 425, Phoenix Arizona 85015.

Please mark your ratings on the 1-5 scale corresponding to each of the following questions. Scale: 1=Strongly disagree, 5=Strongly Agree.

- | | |
|---|-----------|
| 1. The instructor demonstrated a broad knowledge of the subject | 1 2 3 4 5 |
| 2. The instructor was effective in facilitating the case taking | 1 2 3 4 5 |
| 3. The instructor effectively managed class discussions | 1 2 3 4 5 |
| 4. The instructor was enthusiastic about the subject | 1 2 3 4 5 |
| 5. The audiovisual equipment was effective and worked well | 1 2 3 4 5 |
| 6. My overall evaluation of the instructor | 1 2 3 4 5 |

What were the best elements about the class?

What were the least effective elements in the class?

What suggestions do you have for improving the class?

Any other comments or suggestions?

Appendix E

AMCH Mentorship Evaluation Form

We would appreciate your frank and constructive evaluation of your mentorship over the last six months. Please return to Desert Institute School of Classical Homeopathy, 2001 W. Camelback, Suite 150, Phoenix Arizona 85015.

Date:

Mentor:

Please mark your ratings on the 1-5 scale corresponding to each of the following questions. Scale: 1=Strongly disagree, 5=Strongly Agree.

- | | |
|---|-----------|
| 1. The mentor was accessible to their students. | 1 2 3 4 5 |
| 2. The mentor was responsive to their students needs. | 1 2 3 4 5 |
| 3. The mentor displayed a depth of knowledge. | 1 2 3 4 5 |
| 4. The mentor was enthusiastic about mentorship. | 1 2 3 4 5 |
| 5. My overall evaluation of the mentor. | 1 2 3 4 5 |

What were the best elements about the mentorship?

What were the least effective elements in the mentorship?

What suggestions do you have for improving mentorship?

Any other comments or suggestions?

Appendix F

AMCH Student Mentorship Evaluation Form

We would appreciate your frank and constructive evaluation of your mentorship students over the last six months. Feel free to copy this form as much as you need. Please return to Desert Institute School of Classical Homeopathy, 2001 W. Camelback, Suite 150, Phoenix Arizona 85015.

Date:

Student:

Please mark your ratings on the 1-5 scale corresponding to each of the following questions. Scale: 1=Strongly disagree, 5=Strongly Agree.

- | | |
|---|-----------|
| 1. The student regularly attended mentorship sessions | 1 2 3 4 5 |
| 2. The student regularly participated in mentorship sessions | 1 2 3 4 5 |
| 3. The student displayed a depth of knowledge. | 1 2 3 4 5 |
| 4. The student is establishing their identity as a homeopath. | 1 2 3 4 5 |
| 5. My overall evaluation of the student. | 1 2 3 4 5 |

What were the best elements about working with this student?

What were the least effective elements in working with this student?

Any suggestion for how this student can best continue their growth?

Any other comments about this student?

Appendix G

Guidelines on How To Give Constructive Feedback

As part of your clinical training experience, you will be giving feedback to other students. It is important for students to first self-evaluate their own strengths and weaknesses before their clinical teacher or other students offer their feedback. Also in giving good feedback, it is important that the other student feel validated and not undermined. Below are some guidelines on how to give good feedback.

Clear: Good feedback is not open to misunderstanding. It uses language that is non-technical and direct. It also must be honest.

Owned: Giving good feedback is not pronouncing judgment or giving advice. Good feedback uses “I” statements rather than “you statements”. For example it is better to say “When you use a certain tone of voice, I feel that I am being criticized” rather than “You are overly critical during your case taking”.

Regular: Good feedback is not stored up. It should be shared soon after the specific event while it is still fresh to provide maximum benefit.

Balanced: Good feedback both supports and challenges at the same time. It is important to balance both positive and negative feedback. Good feedback should always be kind, even when critical.

Specific: Good feedback is not overly general. It provides specific behavioral and emotional examples.

Time for Response: It is important

AMCH Clinic Charting Policy for Third Year of Certificate Program

1. All students enrolled in the third year of the AMCH Certificate Program are required to maintain three complete patient charts at AMCH. These three chart must include all notes and communications with clients treated by AMCH students.
2. All clinic charts must be organized professionally. This includes minimally the following:
 - Patient Registration Forms
 - Signed Informed Consent
 - Initial Case Taking Notes
 - Follow Up Appointment Notes
 - All initial and follow up appointment must include a treatment plans.
 - Correspondence (Including Phone Communications)
 - Termination Note (If applicable)
3. All treatment plans and notes must be signed and dated by the student.
4. All treatment plans and notes must be countersigned by the AMCH Clinic Director.
5. Certificate program students are unable to graduate unless they have completed all three clinical chart recording and have had all notes countersigned by the clinic director.

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