

Inhale . . . Exhale: Active Learning in Homeopathy

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Hold the Bill Clinton jokes! We're talking about active learning here. Most homeopathy instruction is based on dumping a truckload of information on students. But homeopathy is something you DO! a set of skills that need to be *practiced!*

The Dominant Paradigm

In traditional homeopathic education, the dominant paradigm is lecture format. Students diligently copy down information transmitted by an expert – with PowerPoint accompaniment if they are lucky, to reinforce the auditory content with visuals. In this paradigm, the more pages of notes the students get, the better the class.

But how good is the retention with this type of learning? How many of us go back and reread seminar notes a year later and can't remember a single thing – maybe can't even recognize the notes as our own!

Students need to express what they've learned – to close the loop. They need to spend as much time doing something with the information as the time spent taking it in. Inhale . . . exhale . . .

A great example of this principle was Jackie Clason's recent seminar on the Lanthanides at Teleosis. She spent the first hour reviewing Lanthanides themes, then the rest of the day was spent on cases, with the participants in small groups working together to spot the Lanthanide themes in each case and ferreting out the differentials. Finally all the participants – our advanced students plus local homeopaths – joined in a community effort to develop a fuller picture of the Lanthanides.

Confidence-Building

When education means backing up to the students' desks with a front-end loader full of information, the result can be – as we often hear at the end of an expert seminar – “The instructor knows so much. There is so much materia medica to learn. I'll never know that much! I'll never be ready to practice!”

What kind of learning outcome is that? This focus on simply acquiring information is disempowering to students. What they need instead is to focus on acquiring SKILLS. Knowing how to research materia medica is a skill in itself – as is case management, perhaps even more essential to a successful practice than finding the “right remedy” in the first place.

Students need to have all the skills for a task – say case analysis – broken down into manageable steps. In class exercises and homework, they can master each small step before moving on to the next one.

ASK and ye shall learn more effectively

ASK stands for Attitudes, Skills and Knowledge. Knowledge is only a part of what homeopaths need to learn! Since knowledge is easily available in books and on computer programs, knowledge can be acquired as part of homework. Students can be given assignments to help assimilate their knowledge. For example, Margaret Roy's book on Materia Medica is full of creative activities for exploring remedies.

Skill-training is a much better use of class time. Think of all the skills that a professional homeopath needs to master:

- interviewing a client in a timely manner
- navigating the shoals of tricky questions on topics like sexual abuse or addictions

- analysing the resulting information well: identifying characteristic symptoms, the broad themes in the case, finding appropriate rubrics, considering the top 10 or even 20 remedies in a repertorization

- identifying miasmatic factors and considering a miasmatic remedy, if that analysis strategy is used

Many more skills are needed to interview a patient and analyze the resulting information . . . plus all the additional skills needed for the larger context of a homeopathy practice, such as:

- explaining homeopathy to a prospective client
- talking to a prospective client on the phone and determining whether you're a good fit for her needs . . . and whether she's likely to be a problem client

- creating a fee structure

- analyzing followup information for case management decisions

- handling dissatisfied clients

- the list goes on and on.

Many of these skills can be practiced during class time. Students can interview each other; they can role play phone calls from prospective clients or irate "aggravators."

Scaffolding: climb up the ladder of learning

Scaffolding means accomplishing at least two learning goals with each activity. Of course materia medica will be taught in class and not just relegated to homework. But instead of lecturing on a remedy family, the teacher can have students bring in comparison charts they made themselves for homework . . . then do a skit in which each person is playing a different remedy type. We had them do Nightshades for Halloween!

So with each activity, a particular aspect of knowledge can be taught (often a remedy or remedy family) while a skill is being practiced simultaneously (anything from interviewing skills to learning how to discern which symptoms in a case are typical of a remedy family, which symptoms are useful for a differential diagnosis).

In the beginning of the school year, skills practiced in class can also include interpersonal ones. Getting-to-know-you activities can help students become comfortable working together in teams . . . and also help them perceive other students as experts in different fields. Each student is likely to bring useful experience in something—whether giving remedies to their kids, or using remedies in their veterinary practice, or recognizing personality types from their counseling practice. This perception, this bond among the students, this practice of turning to each other for expertise, helps them when they graduate: instead of practicing in isolation, they have a built-in sense of community so sadly lacking for many homeopaths.

You're Giving Me an Attitude

So what about the third part of the triad? Knowledge, skills, attitude . . . Attitudes do not have to be taught as a separate part of the curriculum. They infuse our teaching anyway. We just need to be aware of what attitudes we are conveying . . . and make sure that these subliminal messages are what we really want to teach. Here are some examples:

"My way of doing homeopathy is the best way, so you my students should do it my way," or even

"My way of doing homeopathy is the only right way. Everyone else is doing it wrong."

How about, by contrast,

"My way of doing homeopathy works well for me. Other homeopaths can get good results with other methods. I can only teach what I do myself . . . but I respect other ways, I

will invite guest lecturers who teach different ways, and I encourage you to try other approaches until you find one that works well for you.”

What a difference these attitudes can make in community-building among homeopaths!
How about these attitudes?

“There is only one right way to solve this case. Any student who got a different answer got it wrong,” versus

“This is the remedy that worked for this case. We’ll never know if another remedy might have worked too. I’m interested in hearing from students who got different answers. Please present your reasons for your solution. I may not agree with you, but I respect your ability to think for yourself. I’ll let you know where I think you went off track so all of us can learn more from this case.”

Or how about this pair of attitudes?

“The patient has to aggravate in order to get better. Even if you’re sure of the remedy, you have to give a higher potency to make them aggravate,” versus,

“It’s better for the client if you can get steady improvement without aggravation. Here are some ways to modify your posology so that the patient does not have to suffer.”

Or this pair of unspoken attitudes?

“You students will never be as good at homeopathy as I am,” versus

“Each of you has the potential to be better than I am in treating your particular clientele, the type of clients that you will attract.”

Bottom Line

Students need to exhale as much as they inhale;
they need active learning in class time and in doing homework;
instructors need to carefully plan what skill set is taught in each activity;
skills need to start simple and build on each other;
students need a sense of mastery at each step to build confidence;
teachers need to be aware of their unconscious attitudes, and ideally to project attitudes that will empower the students and strengthen our sense of community.

Where Credit Is Due

The concept of Knowledge-Skills-Attitude is from Joel Kreisberg, DC, CCH and the concept of scaffolding from Tim Owens, CCH, these two being the founders of Teleosis. The ideas about active learning are from educator and visionary Dr. Dawna Markova. There’s lots more where these ideas came from; I haven’t even mentioned how to teach students using the auditory, kinesthetic and visual learning channels differently. Teleosis is fortunate to have an expert on Dr. Markova’s work on our faculty: Peris Gumz, RN, CCH. If you’re interested, please consult Dr. Markova’s books. This article is not even the tip of the iceberg of her brilliant work. It’s more like a snowflake on the tip of the iceberg!

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