

The Plant Medicine School Herbal Training Courses Prospectus

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The Apprenticeship in Community

Herbal/Botanical Medicine (established 2008)

“Sustainable medicine for the future, respecting and reconnecting with the natural world”

The Apprenticeship is a practical experiential course, focusing on working with plants as a traditional medicine in the community circle. It is also the foundation training for those wishing to progress to the practitioner training programme. It is a 2-year programme designed for those who wish to empower themselves to work with plant medicines for themselves, their community, and their environment.

The programme weaves together the art and science of herbalism, reclaiming told ways of healing and bring these into the 21st century as valuable healthcare. It.

The need to move into a more balanced relationship with the rest of nature and more sustainable ways of being is very apparent; the Apprenticeship focuses on local indigenous and naturalised plants, those that grow around us. Some more exotic species are also studied since people and plants have been travelling the world for thousands of years. We will look at our own traditional systems of healing, whilst examining some energetic systems from other regions.

We incorporate many aspects of plant medicine -herbalism, aromatherapy, working with the plants as sentient healers, flower essences and more. We examine other aspects of the relationship between humans and plants– wild food and herbs in the diet, using plants for fibre, dyes, cosmetics, shelter, fuel, and other applications. We are passionate about developing sustainable herbal medicine, encouraging the promotion of biodiversity and the protection of our ecosystem, whilst helping to bring us back into remembering our place in the web of nature and into a healthy relationship with the Earth.

We include lifestyle, hydration, relaxation and breathing techniques, the language we use and much more. The emphasis is on practical, experiential knowledge that the student can apply in their own life. This will be backed up by the theoretical knowledge necessary to give an in depth understanding of plant medicine and its safe and respectful application.

Year 1 - Starting on The Plant Medicine Path

The first year helps you to learn about the plants, their healing properties, how to grow them, harvest them sustainably and make medicine from them and using direct perception to learn about our plant allies is a central theme to the course.

- History and philosophy – the roots of healing; history of medicine and herbal medicine; reductionism, modernism, post modernism and the place of science; different approaches to science and consilience; traditional uses of plants by our ancestors and the Celtic tradition; comparison of core techniques and wisdom from different cultures, including an examination of what tends to be termed plant shamanism although this is a rather incorrect term; the sacred ordinary and plants as spiritual beings and healers
- Ethics - the healer's way: Rigorous self-examination; the ego and holism.
- How plants work: Botany, ecology, habitats, habitat restoration, sustainable use, the web of nature, chemistry, how plants make medicine, cultivation, and sustainable wild crafting.
- Herbal pharmacy: Plant constituents, processing and making therapeutic preparations.
- Materia medica: the holistic therapeutics of medicinal plants and their different forms (including infusions, tinctures, essential oils, aromatic waters, macerated oils, talcs, salts, smudge, incense, syrups, vinegars).
- Energetics and working with the plants to heal spiritually, mentally, emotionally, and physically

Year 2 - Deepening the Medicine

In the second year we focus on therapeutics, relating the medicine of herbs to human wellness

It includes the following areas:

- The miracle of the human being and helping people re-balance their health on all levels
- How the human works in health and illness – a holistic view of anatomy, physiology and pathology; we investigate cultural aspects of disease and attitudes to different health problems, the symbolism and metaphysics of wellness and of disease
- Systems therapeutics and Materia medica, including herbs, aromatic waters, essential oils, nutrition, and lifestyle
- Traditional energetic approaches and cutting-edge scientific discoveries
- Ancillary techniques such as breath work, body unwinding, visualization and much more

No-one enjoys dry and stuffy study. Although this course covers some intensely complex and deep material (we are after all talking about some of the most complex beings on the face of the planet), it is hoped that it will be fun, amusing, demanding and enjoyable. Learning conducted this way sticks and embeds better! The study will be a journey and an adventure which may change your life and will definitely change some of your perceptions and perspectives. You will learn more about clarity and perception, experience how to bridge the scientific and spiritual approach and meet yourself through working with the plants. The study of the art and science of herbal medicine is a tradition that spans thousands of years, is continually evolving and can be guaranteed to provide stimulation for at least one lifetime; the more you learn, the more you find there is to learn and enjoy....

Please note that this is a foundation course, and that it does not qualify you to practice on the general public as a medical herbalist. For those wishing to take their studies further there is the option of progression to the Clinical Practitioner Training.

Course Leader and Founder

Nikki Darrell, - medical herbalist, botanist, aromatherapist. She is a practitioner, educationalist, writer, campaigner, grower. She has been working with plants for over 40 years.

Sister School Leaders:

Majella O’Riordan, and Siobhan Norton lead the School in Cork

Jane Wallwork leads the School in Exmoor

Grass Roots Remedies Cooperative lead the School in Scotland

Course Mentors:

Cathy Apples and Stacey Frampton in Exmoor

Majella O’Riordan and Siobhan Norton in Cork

Silja Harms and Tiarnan O’Sullivan in Hollyfort

Soraya Bishop, Catriona Gibson, Rhona Donaldson, and Ally Hurcikova

in Scotland

Fees:

The fees are €1,800.00 per year in the EU and £1,500 in the UK. See the Scotland prospectus for their details.

The fees cover access to online material including videos, lectures and notes; mentoring; zoom class tutorials; the immersion face to face classes and herb supplies used in class and plants for students to work with at home (the plants are given out at the workshops). It includes a vegan lunch for each study day and refreshments.

There are payment plans available for people wishing to pay their fees in instalments.

The two intensives

The immersion classes are split into two intensives which are in person and have a maximum intake of 18 students per class. The 2 three-day workshops are held with one in October/November and the second in May/June.

There are regular Zoom tutorials to allow students to interact with the tutors and each other. Students are supported by a mentor who gives a minimum of 10 hours mentoring per year (with the option of gaining extra hours if needed) to help them complete assignments and engage with the studies.

The online studies for the Apprenticeship consist of the filmed lectures and practical sessions plus course notes to ensure that all the materials presented in the videos are covered.

The student undertakes formative assignments and has these assessed by their mentor. In addition, they can discuss any areas where they need extra assistance with their mentor. All mentors have undertaken the Apprenticeship and have plenty of experience of herbal practice. Students can opt to undertake just the first year or both years of the Apprenticeship and it is acceptable to take a gap between the first and second years.

Certification

Only students who have undertaken the two years, attended the immersion schools (or provided documented evidence that they have acquired similar training in their locality) and submitted the assignments will be awarded a certificate of completion. The certificate enables graduates of the Apprenticeship to become Associate Members of the Irish Register of Herbalists.

Students wishing to become full clinical practitioners can then undertake a further 3 years clinical training and study to allow them to take the final clinical exam and gain the Herbal Practitioner Diploma.

Undertaking the Apprenticeship and Clinical Training Programme, completing all course assignments and requirements and passing the final clinical exam gives a sufficient level of training (complying with the IRH core curriculum) to enable graduates to apply for full membership of the IRH, the CPP and to NIMH via the individual registration route. The School is continuing to work with other professional organisations to enable students to join them.

Course Ethos and Aim

Our aim is to provide experiential, enjoyable training in an apprenticeship model. Our teachers and tutors are well experienced in their fields. We pride ourselves in providing a blend of scientific and traditional training with an emphasis on using local plant medicines sustainably. Our training gives students a knowledge of the plant from field to pharmacy and a blend of clinical and energetic approaches to the people and the medicines that the plants provide. We have a strong interest in community, in sustainability and traditional knowledge and wisdom so these are woven through the course material and teaching approaches.

We are a nature centred enterprise and educational establishment and as such we focus on environmentally and ecologically sustainable medicines.

We focus on participatory education practices which enable students to mature into self-directed practitioners of their area of work whether it be as a grower, medicine maker and formulator, educationalist teaching workshops, creative artist or clinical practitioner.

Nurturing the individual towards becoming a fully realised member of the community, recognising that community is essential for success and therefore fostering egalitarian and peaceful communication and collaboration is core to our training.

Students are not permitted to use class time (whether face to face or on Zoom) or discussion forums to promote their own business, workshops or products without first gaining permission from their school principal.

The promotion of illegal activities in any of these settings is also not permitted. Whatever the personal views of students or staff regarding which plants/mushrooms are legal or illegal to use the school cannot permit the discussion or promotion of illegal activity.

Course requirements, who can sign up for the course?

The course is open to anyone with basic skills in reading, writing, and speaking English since all the course material is written in this language. Since this is a blended course with online content, students need a computer, tablet or smart phone to access this material. Basic skills regarding internet navigation, bookmarking, document downloading, editing and printing are all required. Computer skill courses are available in adult education centres, contact your library or citizens advice for local details.

Course dates

The Apprenticeship courses run from October to June each year with gaps for Christmas and Easter. The '2' intensive intensives run in October and May.

The Clinical training programme commences in September and some training clinics are held over the summer period to allow students to get the required 500 hours of supervised clinical training. Some training clinics are held virtually on Zoom allowing students to attend a wide range of them.

Course Structure

The first stage is structured as a two-year foundation apprenticeship leading to a certificate in community herbal medicine. The first year contains 10 modules plus study of about 80 plants. The second year contains 11 modules and a further 80+ plants are introduced.

For those who wish to become herbal practitioners there is a further three-year Practitioner Training programme, incorporating self-directed study, lectures, and supervised clinic training.

Only those completing the two tiers have fulfilled the core curriculum requirements for entry to the Irish Register of Herbalists (IRH), the Professional Organisation that accredits the training.

Students who can demonstrate sufficient prior experiential learning may be accepted onto the Clinical Training Programme from routes other than the Plant Medicine School Apprenticeship.

The School also runs CPD courses open to graduates of the School's Diploma and from other trainings. Some lectures and seminars are open to individuals looking for bridging training to allow them to be grand parented into the IRH.

The training is designed to be experiential, incorporating a lot of hands-on learning in conjunction with lectures, classes, demonstrations and self-directed study. The core emphasis of the course is an in-depth knowledge of the plants and their value for health, food and medicine alongside developing a good knowledge of the human condition both energetically and clinically. Field work, pharmacy practice and clinical work form a large part of the training. The ethos of the practice taught is sustainable holistic community based herbal practice.

Over the last year we have developed the school material to allow studies to continue during restrictions to movement and mixing.

Schedules of Study

Year 1 Starting on The Plant Medicine Path – Online Video Access and Zoom meetup dates

*Access to online materials is spread over 6 units to facilitate progressive studies at a manageable pace and **one continues to have online access for the course duration and for the year after your course completion.; this means one can study at one's own***

convenience and one is not tied to specific viewing times. About 10 days after access is given there is a zoom tutorial to allow discussions and to do some learning exercise; attendance at these tutorials (held from 7.30-9pm) is essential learning. The times below give a broad idea of the access dates but a detailed schedule will be provided when you apply for the course.

Personal development and growth will be explored with the students as the course progresses.

Access to Unit 1 and Zoom meet up October

We introduce the basic forms of herbal medicines (teas, infusions, decoctions, syrups, tinctures, infused oils, vinegars, creams and ointments etc). There will be an overview of about 20 herbs. We start to examine nonlinear approaches to science and to learning about our plant allies. We will explore the history of herbal medicine and of science and start to explore the healer's path. We also introduce sacred plant medicine journeying.

Access to Unit 2 and Zoom meet up November

How plants work; botany or the anatomy and physiology of plants, taxonomy or the name of plants and their families; the place of plants in the ecosystem; their role in creating, feeding and sustaining life; plants and people. Herb profiles. Understanding atoms (basic chemistry), capturing sunlight (photosynthesis), making molecules, how plants make their therapeutic compounds. Organoleptics; identifying constituents by taste and smell. Sprouting seeds for nutritional benefits.

Access to Unit 3 and Zoom meet up January

Herbal pharmacy, making medicines and understanding plant constituents; Hygiene and Good Manufacturing Practice, including the place of intention. Macerated oils cold and hot methods; Creams and ointments, plaisters, talcs and salts, vinegars, syrups, oxymels, electuaries, pills, tinctures, capsules and powders. Blending creams and essential oils –the concepts of blending; carrier oils and aromatic waters.

Access to Unit 4 and Zoom meet up February

Energetics and philosophy, plant spirit medicine, Galen's 4 temperaments and 4 qualities, Chakras, TCM energetics and the 5 elements; Comparisons of the 3 systems of energetics; similarities and differences. Developing a new energetic paradigm. Making Flower essences, Smudge, and aromatics

Access to Unit 5 and Zoom meet up March

Growing and tending Cultivation and plant recognition (revises some botany) Field growing, growing under cover, wild crafting Sowing seeds, suitable soil types and habitats, cuttings etc. Trees and tree essences. Revisiting the healing path

Access to Unit 6 and Zoom meet up April

Harvesting, drying and processing Gathering herbs sustainably – seed saving, wild crafting responsibly. Processing; revises some of the preparations from weekend 3. Producing therapeutic foods – devising recipes for optimum nutrition.

Materia medica

Herbs studied in first year:

Achillea millefolium, Aesculus hippocastanum, Ajuga reptans, Alchemilla vulgaris, Allium sativum, Angelica archangelica, Arctium lappa, Artemisia, Avena sativa, Betula sp, Calendula officinalis, Chamaenerion angustifolium, Cinnamomum verum, Citrus species, Corylus avellane, Crataegus laevatiga, Dianthus caryophyllis, Eucalyptus species, Eugenia caryophyllum, Euphrasia officinalis, Fagus sylvatica, Filipendula ulmaria, Foeniculum vulgare, Galium aperiene/odoratum, Geranium robertianum, Glycyrrhiza glabra, Hamamelis virginiana, Inula helenium, Juniperus communis, Kalanchoe pinnata, Lavandula officinalis, Linum usitassimum, Levisticum officinale, Malus domestica, Matricaria recutita, Medicago sativa, Melissa officinalis, Mentha sp., Origanum vulgare, Pelargonium species, Pinus sylvestris, Plantago lanceolata/major/psyllium, Primulas, Quercus robur, Ribes nigrum, Rosa damascena, Rosmarinus officinalis, Rubus idaeus, Rumex crispus/ obtusifolius, Salvia officinalis, Salix sp., Sambucus nigra, Stachys betonica, Stellaria media, Symphytum officinale, Taraxacum officinale, Thymus vulgaris, Tilia sp., Trifolium pratense, Urtica dioica, Vaccinium myrtillus, Valeriana officinalis, Verbena officinalis, Violas, Zingiber officinale

The study of the materia medica will be distributed over the year and there may be some variation and additions to the plants listed above; we will examine the physical, mental, emotional and holistic properties of the plant; focus is on local, indigenous and naturalised plants and those that can be easily grown in Ireland. Some more exotic species will be included where relevant.

We are constantly evolving the course and adding more plants to meet so there may be some variation in the herbs studied from those listed above.

Year Two Deepening the Medicine

At each weekend, new herbs will be introduced for the system being studied; herbs from the first year with relevance will also be revised. Formulations and prescriptions for conditions relating to the system under discussion will be made up. There will be opportunities to practice consultation skills and work with the ancillary techniques that are introduced at each weekend. As well as looking at disease processes, there will also be an examination of the symbolism of diseases, of cultural aspects of disease, of energetic approaches and of developing new energetic paradigms

Access to Unit 1 and Zoom meet up October

- Introducing the Miracle of The Human Body, Our Community of Cells. Similarities in Anatomy and Physiology of Animals, Plants And Gaia.
- Introducing Disease Processes and The Symbolism of Disease
- Therapeutics
- Herbs for The Whole Body Including Adaptogens And Alternatives. Introduction of New Herbs and Revision of Herbs from Year 1
- Making Preparations for Whole Body Treatments – Massage Blends, Bath Blends, Herb Ball for Hot Herb Massage.
- Consultation Skills and Personal Development
- Body Dialoguing; The Inner Child; The Multiple Personality Concept.

- Consultation Skills; Questioning; Incorporating Energetic Principles; Sensory Acuity as A Way Of Enhancing Consultation And Of Understanding The Therapeutics Of Our Plant Allies

Access to Unit 2 and Zoom meet up November

The Heart of the matter and circulation; the heart as an endocrine organ; the heart as a brain; the heart as an organ of perception; heart entrainment; the circulation as a communication system within the body.

Lymphatic/immune system – defence and waste disposal

Visualisations

Access to Unit 3 and Zoom meet up January

The skin

- Our largest organ, our boundary between the external and the internal environment
- Dry skin brushing

The nervous system and special senses:

- The RAS, the Triune brain and peripheral nervous system
- Our 4 brains, plus the possibility of others
- Sensory acuity in the consultation process and in accessing information about the herbs
- Olfaction
- Visualization and relaxation techniques

- Stress management

Access to Unit 4 and Zoom meet up February

Muscles and bones - stretching, yawning and reaching out

- Psychological and physical holding patterns
- Myofascial unwinding techniques.
- The ancestors

The Respiratory System

- Oxygen, the primary nutrient
- The lungs and grief
- Learned breathing habits and breathing exercises to establish healthy breathing patterns

Access to Unit 5 and Zoom meet up March

Digestion and the digestive system

- The Gut brain
- Wild food
- Healthy gut flora
- Fasting and much more besides

The Urinary System

- The kidneys as an endocrine organ
- The culture of fear (the primary emotion associated with the kidneys)
- Hydration

Access to Unit 6 and Zoom meet up April

- The Endocrine system, another mode of internal and external communication and the wider hormonal system
- Reproduction, Pregnancy, the cycles of birth, life, death and rebirth

Herbs studied in 2nd Year:

Aloe vera, Aloysia triphylla, Anethum graveolens, Armoracia rusticana, Asclepias tuberosa, Asparagus officinalis, Astragalus membranaceus, Azadirachta indica, Beta vulgaris, Berberis Sp., Brassica sp., Borago officinalis, Camellia sinensis, Capsicum minimum, Carum carvi, Centella asiatica, Cetraria islandica, Chondrus crispus, Cimicifuga racemosa, Codonopsis pilosa, Coffea arabica, Coriandrum sativum, Curcuma longa, Cyanara scolymus, Echinacea Sp., Elettaria cardamomum, Eleutherooccus senticosus, Erythraea centaurea, Fagopyrum esculentum, Fucus vesiculosus, Fumaria Officinalis, Gentiana lutea, Glechoma hederacea, Hedera helix, Humulus lupulus, Hypericum perforatum, Hyssopus officinalis, Lactuca virosa, Leonorus cardiaca, Lycopus, Marrubium vulgare, Menyanthes trifoliata, Ocimum basilicum, Ocimum sanctum, Olea europea, Parietaria diffusa, Passiflora incarnata, Pimpinella anisum, Piper nigrum, Prunella vulgaris, Prunus serotina, Pulmonaria officinalis, Rhodiola, Schisandra, Scutellaria lateriflora, Tanacetum parthenium, Theobroma cacao, Tropaeolum majus, Tussilago farfara, Verbascum thapsus, Viburnum opulus, Vitex agnus castus, Withania somniferum

On completion of the two-year foundation apprenticeship with students can progress to The Clinical Practitioner Training Programme.

If intending to progress students can also complete 100 hours of observation in the training clinic during their second year of studies by arrangement with the course coordinator, Nikki Darrell; this requires agreeing to the practitioner student code of ethics.

The Practitioner Training Programme (established 2010)

The objective of the Programme is to provide training for students to become practitioners of Western Herbal Medicine and to be able to join a professional organisation such as the Irish Register of Herbalists. The programme is designed to be completed in 3 years although some students choose to complete it in 2 years and other take 4 or more years. There is no extra cost to taking longer to complete it unless additional attendance at lectures or tutor support is required.

Course structure and layout

The training programme consists of three elements:

Lecture - Seminar blocks

There are 2 five-day lecture blocks face to face; nine online lecture days in specific areas of therapeutics; 12 two hour tutorials on Zoom on systems therapeutics plus additional pop up lectures and tutorials held face to face.

Self-directed study

This element follows a carefully designed study plan to guide students through the topics. This will be assessed by continuous assessment consisting of a study portfolio and some long essays. Assessments are designed to allow the student to display the ability to weave together the different strands of their learning to formulate a diagnosis and treatment plan. Students will be expected to include relevant elements of their prior learning with the information delivered in the lecture blocks, tutorials, course notes, and teaching days.

Clinical observation and practice

500 hours of clinical training will be required. 100 hours of this will be clinical observation. The remaining 400 hours can be split between the training clinics set up in various locations in Ireland and the UK; of the 400 hours some may be completed with individual herbal practitioners once this has been discussed with the course co-ordinator. Various practitioners are offering supervised hours and enrolled students will be put in touch with these. Students may also negotiate to undertake hours with other practitioners with the agreement of the course coordinator (however, practitioners must have 5 years clinical experience and recognised training).

Once these three elements of the training are completed students will be eligible to sit their final clinical practitioner examination. The successful completion of this will enable them to become practitioners. It must be emphasised that whilst every assistance will be offered to students to complete the training there will be a need for students to be able to undertake a disciplined approach to the self-directed element of the course and to ensuring that they get full clinical hours etc to sit the final exam. It should be possible to offer some tutorial assistance with the self-directed learning. If a student fails the final practical examination they will be able to re-sit; however, the cost of re-examination is not included in the course fee.

Expected cost of training

€3750.00, including final clinical exam but not including clinical observation and practice training. This is to allow students flexibility in where they obtain their clinical training. It is estimated that it would cost each student around €1800 for the requisite 500 hours over 62 days since most practitioners charge €30.00 for an 8-hour day. At present clinics being run virtually are mostly two-hour sessions and the guide charge for these is €10.00 per session.

Lecturers:

The core team of lecturers are Nikki Darrell, Aine Marie Reilly, Andrew Chevallier, Jo Goodyear, Jane Wallwork, Sarah Neville, and Christine Herbert with other lecturers offering teaching from time to time.

The college endeavours to provide an eclectic and broad view of the Western tradition with some understanding of the energetic paradigms of Galenic, TCM and Ayurvedic medicine systems. We therefore have visiting lecturers from the following Western traditions – Medical Herbalists, Physiomedicalists, Master Herbalists, Naturopathic Herbalists and traditional community herbalists. The emphasis is on incorporating and reclaiming traditional approaches with an understanding of the value of clinical medicine and the ability to include research evidence. Science, intuition, tradition, food medicine and patient education are all incorporated into the practitioner paradigm. The students are encouraged to grow and prepare their own medicines as well as being taught about sourcing good quality medicines from ethical sources. They are encouraged to hone plant identification skills with regular plant identification walks in the gardens and have plenty of practical sessions on making medicines in clinic.

Assessment is by completion of:

15 case studies

8 written assignments on clinical medicine

8 written assignments on therapeutics

Completion of reflective journal

25 plant profiles

Nutrition assignments

Research dissertation

Business plan assignment

Continuous assessment of progress in consultations with student progress forms giving feedback from clinic supervisor

The final examination is held in September or December after the 5th year is completed and is in 2 parts on Zoom at present. See structure below.

Programme Schedule

Practitioner Programme induction session-September

The induction session's aim is to orientate students in their studies and explain how to undertake the 3 strands of learning and get the most out of the course.

There will be time spent on explaining how to write the reflective journal, plant profiles, case studies and assignments.

There will be some brief presentations explaining the 3 strands; the opportunity to ask questions and to see examples of the required textbooks and equipment.

Students will meet the course co-ordinator and administrator and possibly the assignment tutor.

Year 3

Clinical Examination Seminar 1 (five days) November with three days on physical examination skills for the abdomen, cardiovascular system and respiratory system and then two days on pulse and tongue diagnosis

Clinical Examination Seminar 2 (five days) March three days on physical examination of the musculoskeletal and neurological systems plus revision of other systems, then 2 days on aromatic medicine techniques and formulation

Required Equipment: Stethoscope (Litmann classic III is the only one worth getting), patella hammer, tuning fork, blood pressure monitors or sphygmomanometer (manual, not electronic), neurological pin

October -July Systems therapeutics Zoom tutorials once a month

Clinical hours-150 minimum recommended

Year 4

There are 9 teaching days in the 4th year on the following topics:

Senior Health Andrew Chevalier

Chronic Inflammatory conditions, gut health and skin health (2 days) Christine Herbert

Reproductive health, fertility and conception Marie Reilly

Mental Health Jane Wallwork

Pregnancy and Birth Marie Reilly

Diversity, inclusivity, social justice and cultural studies Nikki/Jane

Sustainability and Supply chains Jane/Nikki

Acute Medicine and Paediatrics Jo Goodyear

At present these are held on Zoom to facilitate attendance due to restrictions and the wide geographical spread of students.

Additional seminars and lectures are added from time to time.

Clinical hours- 250 hours minimum recommended

Year 5

Completion of all course assignments

Submission of business plan and research project

Completion of clinic hours and case studies.

All course work to be submitted before sitting the final examination.

The final examination is held in September or December after the 5th year is completed and is in 2 parts on Zoom at present due to restrictions:

The first assessment is a consultation with a new patient with Nikki Darrell/Jane Wallwork and an external assessor observing.

- 20-30 minutes for asking questions/filling in the consultation form (definitely no less than 20 since you are obtaining a full medical history and it is an opportunity for you to observe the patient and for them to observe you).
- 10 minutes tongues/pulses/physical examination- since you are not face to face with the patient you can look at their tongue and then say what other physical examination(s) you would perform if you were face to face.
- 10 minutes for designing the formula and advice- reflecting by yourself, working out the herbs, the form, the proportions, the reasons and any other advice.
- 10 minutes for describing the formula (including proportions and why each herb was chosen and the forms used) and giving advice. I will post the prescriptions out to the patients.

= 60 minutes total

These are maximum times. The only reference you can use is the BNF or similar for checking pharmaceuticals the patient is on and this can be done online if you have not got a hard copy.

The second assessment will be assessed by two assessors on Zoom. You need a volunteer to demonstrate taking pulses and BP and another physical examination- either respiratory or

musculoskeletal since these are visible on zoom more easily than the others. This part of the assessment should take about 10 minutes. There will then be 20 minutes of Q&A on topics like red flags, ethics and safety of practice, favourite herbs for xyz and contraindications or cautions e.g. herbs for pregnancy etc.

Appendix 1

Core Curriculum fulfilment by the Apprenticeship and Practitioner Training Programme

Core Curriculum Required areas of study

Human Sciences - 250 hours

Year 2, 24 hours of lectures and 100 hours of home study with mandatory texts

Year 3, 20 hours of lectures (1-hour review at each therapeutics system lecture day, 10 hours during clinic examinations lecture days) and 90 hours' home study with mandatory texts.

Assessment by completion of Anatomy and Physiology colouring book and also integrated into clinical medicine and therapeutics written assignments. Also, by class discussion.

Nutrition - 80 hours

Years 1-4, Class practical's 53 hours, Years 1-3, 50 hours home study

Clinical Sciences - 350 hours

Year 2, 24 hours lectures

Year 3, 80 hours (two 40 hours lecture blocks on Clinical Sciences and additional 40 hours in the therapeutics by system tutorials)

Year 4, 80 hours' tutorial sessions incorporated into clinical training

Home study Years 2-4, 200 hours

Structured home study of mandatory texts

Plant Chemistry and Pharmacology - 80 hours

Lectures and class practical Year 1 - 8 hours, Year 2 - 12 hours

Home study Years 1-4, 20 hours per year (80)

Assessment by class discussion groups and pharmacy/pharmacology journal

Pharmacognosy and dispensing 80 hours

Lectures and practical sessions

Year 1 - 8 hours

Year 2 - 20 hours

Year 3 - 20 hours

Home study Years 2 to 4 - 30 hours per year, 120.

Assessment by students being able to demonstrate the ability to dispense correctly and by class discussion regarding areas such as sourcing, labelling, stock taking and so on

Practitioner development and ethics 40 hours

Year 1, 8 hours lectures

Year 2, 8 hours lectures

Year 3, 8 hours lectures

Assessment Years 1-5 reflective journal and case study completion 200 hours

Practitioner research - 80 hours

Years 1-4 Lectures 12 hours each year

Home study - 50 hours per year, 250 hours

Assessment Research project 100+ hours

The specific herbal tradition 1150 hours

Year 1 - 64 hours lectures

Year 2 - 96 hours lectures

Year 3+4 - 200 hours lectures

Home study - 600 hours

Field work 50 hours

Year 1 - 12 hours practical sessions

Year 2 - 20 hours practical sessions

Year 3 - 20 hours practical sessions

Year 4 - 20 hours practical sessions

Home study - 150 hours

Clinical practice 500

Year 2 - 24 hours supervised clinic and practical

80 hours home study (writing up case studies, formulating cases and possible treatment strategies for discussion in class)

Year 3 -5 - 500 hours Supervised clinics and 300 hours home study (writing up case, reflective journaling)

Clinical observation and practice 500 hours of clinical training are required. 100 hours of this will be clinical observation. The remaining 400 hours can be split between the training clinics set up in various locations; of the 400 hours 150 may be completed with individual herbal practitioners once this has been discussed with the course co-ordinator. Various practitioners of sufficient experience and training are offering supervised hours and enrolled students will be put in touch with these. Students may also negotiate to undertake hours with other practitioners with the agreement of the course coordinator.

Total Hours

Class hours 890, home study, 2140, exceeding required study hours 2560

Core curriculum subjects covered in Year 1

Core curriculum subjects covered in Year 1 (Assignments listed separately)

Plant chemistry and Pharmacology

Pharmacognosy and dispensing

Practitioner development and Ethics

The Specific Herbal Tradition

Workshop 1: History, Materia Medica, Practitioner Development, Botany, Chemistry, Materia Medica, Organolpetics

Workshop 2: Pharmacy, Medicine Making, Materia Medica, The Herbal Tradition (energetics), Materia Medica, Pharmacy and Dispensing

Workshop 3: Botany, Materia Medica, Field Work, Practitioner Development, Pharmacy, pharmacognosy, Herbal Tradition, Field Work

Assessment of the first year is by continuous assessment of formative assignments listed below. Students are encouraged to develop their own learning intelligences as a way of working with the plants and medicines. Journals can include writing, photographs, own formulae and recipes, researching formulae and recipes online, records of growing and plant identification with photographs or drawings or other methods discussed with the tutors and mentors.

Between weekends students are expected to work on their journals and work with the herb samples they receive, as well as studying the course notes (sometimes specific exercises are

recommended, sometimes the students help design these exercises and primarily the students are encouraged to explore how to use their own skills and intelligences to deepen their knowledge and skills with the plants).

Core Curriculum subjects studied in Year 2

Human sciences (Anatomy physiology and pathophysiology)

Nutrition

Plant chemistry and pharmacology; plant herb interactions

Pharmacognosy and dispensing

The Specific Herbal Tradition

Clinical Practice observation 30 hours and home journaling

Practitioner research

Each weekend covers the 7 areas above in relation to specific body systems

Assessment includes home study of Ross and Wilson and completion of the accompanying colouring book for self-assessment. Nutrition study includes study of course nutrition notes, recommended texts and articles.

In addition, students continue their journals and bring case studies to class to discuss and draw up treatment plans. Students also start their own consultation practice under supervision in class, with an emphasis on using herbs and lifestyle advice to improve their own health and they continue this as part of their home study.

The Practitioner Training Programme

provides the additional training required to progress to a qualified practitioner. The college endeavours to provide a wide and varied view of the Western tradition with some understanding of the energetic paradigms of Galenic, TCM and Ayurvedic medicine systems. We therefore have visiting lecturers from the following Western traditions – Medical Herbalists, Physiomedicalists, Master Herbalists, Naturopathic Herbalists and traditional community herbalists. The emphasis is on incorporating and reclaiming traditional approaches with an understanding of the value of clinical medicine and the ability to include research evidence. Science, intuition, tradition, food medicine and patient education are all incorporated into the practitioner paradigm. The students are encouraged to grow and prepare their own medicines as well as being taught about sourcing good quality medicines from ethical sources. They are encouraged to hone plant identification skills with regular plant identification walks in the gardens and have plenty of practical sessions on making medicines in clinic.

Assessment is by completion of

15 case studies

8 written assignments on clinical medicine

8 written assignments on therapeutics

Completion of reflective journal

25 plant profiles

Nutrition assignment- group assignment designing and drawing up a healthy eating recipe book to use with patients

Continuous assessment of progress in consultations with student progress forms giving feedback from clinic supervisor

Final assessment with external examiners (see details above)

Appendix 2 Assignments

Apprenticeship Homework Assignments

Year 1

Over the course of the year you are encouraged to pick 10-12 of the plants we are studying to work more closely with. These are plants that you will develop your own profiles of, grow from seed, observe through the year. Break this down into working with 2-3 from the first workshop and then add a couple more after each workshop; choose ones that you are particularly drawn to as these are your closest allies. Plant profiles

Workshop 1 & 2

Take a few moments to write a paragraph or page outlining why you decided to do the course

Use the samples/ list of herbs received to experiment with teas and other preparations. Pick 3 that you are particularly drawn to and start working with those.

Start a journal of your experiments recording any recipes/combinations, your experiences or those of others you give them to. Start with using teas and decoctions; the range of recipes will expand as we explore other forms of medicine. (Pharmacy lab journal)

Also start journaling about how your thoughts about healing, health and the healing path and your relationship with the plants in general are developing. Writing is a good way of recording your thoughts and feelings, so is drawing, photographing, your recipes and anything else that appeals. (Reflective journal)

Take time to review the notes from the weekend; drinking a cup of tea made from a plant that you are reading about really helps to deepen the learning and your relationship with that plant.

Start developing your own databases (either on index cards or on your computer) of the properties and actions/uses of plants – in other words draw up lists of plants with the same properties and of those used to treat similar conditions/symptoms. Start developing databases of plants by their main constituent groups.

Continue to work on plant profiles.

Continue to work on reflective journal.

Continue your pharmacy lab journal.

Workshop 3 & 4

Continue to add to your group of 10-12 plants to work with. Experiment with making some of the different forms we learned to make at the workshop. Enter these experiments in your pharmacy lab journal

Draw comparisons between the different energetic systems that we explored seeing how similar they are and where the differences lie. Bear in mind that systems of energetics

should be living and evolving so start to weave in your own ideas. With your plant allies start to explore them energetically – are they cooling, heating or neutral; are they drying or moistening (it is possible for a plant to do both at the same time). What other information can you get about their energy such as affinity to a particular chakra, body system, organ or emotion? If you wish to you can also explore the energetics of particular groups of constituents for example tannins are most definitely drying and astringing.

Comparisons of the different energetic systems can be entered in your reflective journal.

Organoleptic explorations of the plants and constituents on an energetic level can be entered in your pharmacy lab journal and added into plant profiles if you are exploring plants that you are also profiling.

Workshop 5 & 6

Take a few moments to review what you wrote regarding why you decided to do the course and add a page or paragraph on how you are doing now.

Start working with different seeds, taking cuttings and the other techniques we worked with at the workshop. Particularly the ideas around tuning into the seeds to work out how deep they need to be planted and so on; when taking cuttings listen to the plant as regards how much to cut and whether it will produce viable cuttings etc.

Harvest, process, dry material from your plants. Design some wild food recipes and share them with the rest of the group.

Use the email group to exchange recipes, questions and other valuable info such as websites or books or other sources of info you come across.

Year 2

Continuation of formative assignments from Year 1

Anatomy Physiology and Pathophysiology Home study 120 hours

Required texts: Ross and Wilson Anatomy and Physiology in Health and Illness Anne Waugh and Alison Grant; Anatomy and Physiology Colouring and Workbook Anne Waugh and Alison Grant unless this area of study has been completed before

Unit 1: Chapters 1-3

Unit 2: The blood, The cardiovascular system, The Lymphatic system, Resistance and immunity

Unit 3: The nervous system, The special senses, The skin

Unit 4: The respiratory system, The musculoskeletal system

Unit 5: Introduction to nutrition, The digestive system, The urinary system

Unit 6: Introduction to genetics, The reproductive system, The endocrine system

Nutrition 80 hours

Years 1-4, Class practical's 53 hours and 50 hours home study Years 1-3

Home study Course notes

Assessment: 3 essays of 1200 words/or dietary plans and recipe design

Year 3

Clinical Medicine Assignments

To be completed once the self-directed study of Medicine, Clinical Examination and Differential Diagnosis and the first two lecture blocks have been taken. You can start the formative work for these as you study. They are designed to help you join up these areas of learning and clarify your understanding of clinical medicine.

8 essays of 1000-1500 words

For each of the following conditions describe the pathology (what the changes in the body are with this condition and any subsets); the causes; the clinical signs and symptoms and the epidemiology (who tends to get it). Discuss what other conditions you would need to differentially diagnose from; describe what clinical examinations you would carry out and what lab tests might be desirable. Also list the pharmaceutical medicines most commonly prescribed.

Hypertension/High Blood Pressure

Depression and Anxiety (differentiate between the two)

Irritable Bowel Syndrome

Eczema

Arthritis (differentiate between osteo and rheumatoid)

Diabetes I and II

Chronic Obstructive Pulmonary disease

Benign Prostate Hyperplasia

Year 4

Therapeutics Assignments:

8 essays of 1000-1500 words to be completed after the lectures have been attended and self-directed study completed. The formative work on these essays can be done as you study.

For the following conditions give a brief discussion, discuss what dietary and lifestyle recommendations may be helpful, incorporate knowledge from material medica, herb and medicinal indications of plants modules, discuss what you feel would be the most useful herbs for treating the condition(s). Formulate a possible prescription, giving quantities and dosage and the form(s) in which, the herbs be used. If relevant suggest both internal and external applications. Also discuss any contra-indications for the herbs. You are expected to incorporate information from your training and your own reading, learning and experience.

1. High cholesterol
2. Menopause
3. Post viral syndrome/ME
4. Psoriasis
5. Constipation
6. Urinary tract infections
7. Arthritis; discuss the differences and/or similarities in approach for osteo- and rheumatoid arthritis
8. Colds/influenza/sinusitis/rhinitis. Discuss the similarities and differences in approach to treating these upper respiratory conditions. In particular discuss whether there are differences in approach to treating infections and atopic conditions and what they are.

Continuation of plant profile development

Continuation of reflective journal

Start of 15 case studies

Year 5

Continuation of journals and plant profiles

Completion of case studies

Business plan

Research project

Clinical Training completion

Portfolio The portfolio consists of 15 case studies consisting of a consultation and at least one follow up treatment, but preferably 3 or 4 follow-ups. The case study will have the consultation form, prescription, observations, clinical examination findings, and information from the follow-ups. Also included, should be, feedback information from the supervisor. No case studies are to be started until there are 100 hours of clinical practice or observation.

Also included in the portfolio is The Reflective Journal. This is a method of self-reflection that records such information as which bits of practice were challenging or which bits were thought of as going well (and why). Questions one might ask are:

How can I improve on particular areas? How can I research ways to improve? That didn't feel quite right I wonder why? Why am I not gelling with this patient? That went really well, why was that?

Do I know that herb; would I like to explore more about it?

Do I need to read up more about the patient's condition?

Do I need to explore more about what dietary, nutritional or lifestyle advice would be good for that person? Or I like the approach taken with that person's diet and lifestyle advice?

Do I want to explore that therapeutic approach more? Which system of energetics resonates?

Should I explore that form of application more? Or try making that form of medicine? What alternative herbs could be used if one recommended is endangered or what herbs could we use from our own ecosystem?

Other things to consider are different ways to approach the patient or the consultation, for example, as a plant person, from a heart space, informed authority, right brain, left brain or other aspects. Observing what other practitioners do, knowing where you are coming from, developing your own approach.

Clinical Assessment is based on:

Appearance – neat, non-threatening

Attitude & rapport with patient – what kind of space do you make for the patient, listen to their story, allowing them to say it. Allow the patient's own healing to unfold. Suspend judgement. What lifestyle changes can you recommend. Work with achievable goals. View the consultation as a conversation. The consultation form is a reminder of what to ask. Setting the professional relationship. (The reflective journal helps with this).

Clear Language - adapting the language that we use to the situation, make sure that the patient understands what you are saying.

Time Keeping – bring people back to the point, for example by saying I just need to find out about this.....

Legible Writing on forms – part of this is developing the skill of looking like you are listening whilst writing at the same time. Record keeping – including record form and prescription card.

Follow ups – how you have modified the prescription

Appendix 3

Course descriptors

Module Descriptors

These module descriptors are drawn up to give an indication of the equivalence with NFQ levels and course credits obtained in 3rd level institutions. They are drawn up to meet the standards laid out in the core curricula of the National Herbal Council (Ireland) and the European Herbal and Traditional Practitioners Association. They do not imply that there is

external validation by HETAC or an equivalent body, nor that the course has obtained accreditation. Graduates of the course are eligible to apply for membership of the Irish Register of Herbalists or the Association of Master Herbalists (UK).

Module 1

Short Title: Clinical Sciences

Long title; Clinical Medicine, Clinical Examination and Differential Diagnosis Skills

NFQ Level: 8

Credits: 15

Description: The main aims of this module are to teach the practical skills of clinical examination and case history taking; to provide learners with the theory and practical skills which enable them to perform differential diagnosis of signs and symptoms of the major body systems, including a thorough knowledge of clinical medicine and appropriate medical laboratory science.

Learning Outcomes: On successful completion of this module the learner will be able to:

Describe clinical examination diagnostic techniques and their clinical applications in orthodox medical practice

Demonstrate effective case history taking

Perform a clinical examination of the major body systems using palpation, auscultation, observation and other relevant techniques.

Recognise red flags (potentially serious signs and symptoms) and recognize when to refer patients to orthodox medical practitioners.

Describe diseases leading to the differential diagnosis of common symptoms and signs affecting the covering and support systems of the body (skin, joints and bones), control systems (nervous and endocrine), and maintenance systems (cardiovascular, respiratory, gastrointestinal and urinary systems)

Discuss the distribution of disease in the community and the approach to prevention from the orthodox and holistic points of view.

Interpret basic pathology laboratory data and results of orthodox investigative procedures.

Understand how to incorporate all the theory and skills learned in this module into an effective system of differential diagnosis.

Indicative Content:

The orthodox medical model; causes and mechanisms of disease, describing diseases, the principles of differential diagnosis.

Disorders of cells; local response to tissue injury; general response to tissue injury; disturbance of body response; infectious diseases.

Symptoms and signs related to diseases of the body systems (Skin, Musculoskeletal, Nervous, Special senses, Endocrine; Cardiovascular; Lymphatic and immune; Respiratory; Gastrointestinal; Genito-urinary; Reproductive)

Tests in clinical sciences – pathology tests on body fluids; blood, urine, cerebrospinal fluid, faeces. Investigative tests X-ray, CT, ultrasound, MRI

Physical examination; cardiovascular, respiratory, abdominal, neurological, musculoskeletal

Assessment breakdown:

8 long essays 1000-1500 words 100%

Course Breakdown:

Lectures 80 hours.

Self-directed study, including written assignments, 295 hours.

Indicative reading:

*British National Formulary (published yearly) British Medical Association

The Merck Manual (current edition). Merck Research Laboratories.

Dorland's Pocket Medical Dictionary. W.B. Saunders Company.

*The Lecture Notes Series (Dermatology, Geriatrics, Gynaecology, Obstetrics, Pathology etc.) Blackwell Science

*Bates B. (1995) A Guide to Physical Examination and History Taking. J.B. Lippincott Company

* Lynn S. Bickley, Peter G. Szilagyi & Barbara Bates (2006) Bates' Pocket Guide to Physical Examination & History Taking

*Edwards C., Bouchier I., Haslett C., Chilvers E., Davidson's Principles and Practice of Medicine. Churchill Livingstone. (Current edition)

Epstein O., Perkin G., de Bono D., Cookson J. (1992) Clinical Examination. Mosby

Hope R., Longmore J., McManus S., Wood-Allum C. Oxford Handbook of Clinical Medicine. Oxford. (Current edition)

Gascoigne S.(2001) The Clinical Medicine Guide. A Holistic Perspective. Jigme Press.

Jamison J. (2007) Differential Diagnosis for Primary Care A handbook for healthcare professionals. Elsevier

Module 2

Short Title: Therapeutic Approaches in Western Herbal Medicine

Long Title Integration of Traditional Specific Materia Medica, Nutrition and Other Approaches to Treatment Strategies in General Herbal Practice and Specialized Areas

NFQ Level: 8

Credits: 15

Description: This module aims to integrate and build on the material medica, herbal therapeutics, nutrition and other therapeutic approaches studied prior to this to enable the learner to develop a rational and effective therapeutic strategy for their individual patients. The importance of understanding herb-herb interactions and herb-drug interactions, the suitability of nutritional approaches and other therapeutic factors for the individual patient's condition will also be emphasized.

Learning outcomes: On successful completion of this module the learner will be able to:

Assess individual patient case histories and devise a suitable treatment strategy, including nutritional and lifestyle advice and suitable herbal prescription.

Ensure that the treatment strategy is suitable for the patient as regards their physiology, age, other special requirements and considering orthodox and other complementary treatments that are being followed concomitantly.

Conduct follow-up consultations with patients and adjust their treatment strategy as necessary through a course of treatment.

Display an understanding of applying herbal therapeutics in the following areas; gynaecology and obstetrics, paediatrics, psychiatry, dermatology, geriatrics and in general practice.

Co-requisite modules: Clinical Sciences module, Clinical Practice module

Indicative content:

The botanical, pharmacognostic, pharmacological and therapeutic aspects of a minimum of 150 therapeutic plant species. For each remedy it's indications for treatment.

Contraindications, incompatibilities, interactions with other herbs and pharmaceutical drugs, posology for all groups will be covered. Plants will be discussed from a traditional therapeutic aspect, considering their traditional energetics; they will also be discussed from a modern scientific research perspective. Specific indications of plants will be discussed, as well as herb combinations and synergies. Plant remedies will be discussed from the perspective of conservation and sustainable production; there will be an emphasis on native species. The skills of building a synthesis of clinical diagnostic skills, energetic diagnostic skills, herbal prescription, nutritional and life style advice for general practice and the specialities (paediatrics, dermatology, psychology, gynaecology and obstetrics and geriatrics) will be developed through lectures, tutorials and practical exercises.

Assessment breakdown:

Eight 1000-1500 written assignments 100%

Coursework breakdown:

Lectures 120 hours

Self-directed study and assignments 255 hours

Indicative reading:

*Barker J (2001) *The Medicinal Flora of Britain and Northwestern Europe*. Winter Press.

*Bartram T (1995) *Encyclopedia of Herbal Medicine*. Grace Publishers.

Blumenthal M, Goldberg A, Brinckman J (2000) *Herbal Medicine: Expanded Commission E Monographs*. Churchill Livingstone.

Bone K (2003) *A Clinical Guide to Blending Liquid Herbs*. Churchill Livingstone.

Bone K & Mills S (2005) *The Essential Guide to Herbal Medicine Safety*. Churchill Livingstone.

Brincker F (2001) *Herb Contraindications and Drug Interactions*. Eclectic Medical Publications.

Catty S (2001) *Hydrosols*. Healing Arts Press.

Chevallier A (1996) *The Encyclopedia of Medicinal Plants*. Dorling Kindersley.

Conway P (2001) *Tree Medicine A Comprehensive Guide to Over 170 Trees*. Piatkus.

Davies J (2000) *Self Heal*. Gateway.

Duke J (1997) *The Green Pharmacy*. Rodale.

Escop Monographs (2003). Thieme.

Harkness R. & Bratman S. (2003) *Handbook of Drug-Herb and Drug-supplement Interactions*. Mosby.

Hoffmann D (2003) *Medical Herbalism. The Science and Practice of Herbal Medicine*. Healing Arts Press.

Holmes P. *The Energetics of Western Herbs, Volumes 1&2*. Snow Lotus.

Lust J (2005) The Herb Book. New York, Beneficial Books.

McIntyre A. (2005) Herbal Treatment of Children Western and Ayurvedic Perspectives. Elsevier.

Menzies-Trull C (2003) Herbal Medicine; Keys to Physiomedicalism Including Pharmacopeia. Christopher Menzies-Trull.

Mills S & Bone K (2000) Principles and Practice of Phytotherapy Modern Herbal Medicine. Churchill Livingstone.

Ody P (1993) The Herb Society's Complete Medicinal Herba . Dorling Kindersley.

Paine A (2006) The Healing Power of Celtic Herbs O Books

Price L (1999) Carrier Oils for Aromatherapy and Massage. Riverhead.

Price L & Price S (2004) Understanding Hydrolats. Churchill Livingstone.

Price S & Price L (2007) Aromatherapy for Health Professionals. Churchill Livingstone Elsevier.

Priest A & Priest L (1983) Herbal Medication A Clinical and Dispensary Handbook C.W. Daniel.

Schnaubelt K (1995) Advanced Aromatherapy. Healing Arts Press.

Schnaubelt K (1995) Medical Aromatherapy. Healing Arts Press.

Scott J, Barlow T (2003) Herbs in The Treatment of Children Leading A Child To Health. Churchill Livingstone.

Tobyn G (1997) Culpeper's Medicine A Practice of Western Holistic Medicine. Element.

Weiss R (1998) Herbal Medicine. Beaconsfield.

Wren R (1988) Potter's New Cyclopaedia of Botanical Drugs and Preparations. C.W. Daniel.

British Herbal Pharmacopoeia (1983) B.H.M.A

Historical texts e.g. Thompson, Skelton, Coffin, Cooke, Thurston, Grieve.

Module 3

Title: Clinical Practice

NFQ Level: 8/9

Credits: 30

Description: To promote the learner's development of the full range of a herbalist's skills under the careful supervision of experienced herbal practitioners, including developing a herbal medicine treatment strategy, dispensing herbal medicines, dispensary management, health and safety aspects and practitioner development issues

Learning outcomes: On successful completion of this module the learner will be able to demonstrate the following skills;

Herbal Medicine practical skills; dispensary administration, including ordering and stock rotation; herbal quality assessment and safe storage; weighing, packaging, labelling and safe dispensing of herbs in their various forms.

Practise and extend the theories of herbal medicine and develop diagnostic skills including: taking the case history (building rapport, clear questioning, good record keeping); making the diagnosis (including pathology and aetiology) according to the theories of herbal medicine; palpation and sensitivity to the patient and responsiveness to physical clues; appropriateness of the patient's condition for treatment with herbal medicine; analysis of the patient's condition from a herbal medicine perspective and the selection of the most

appropriate formulae and herbs; modification of the herbal strategies used as the patient's condition changes

Patient-practitioner relationship skills; establishing good contact and building confidence and trust; providing information in everyday language/ language that the patient understands; time management.

Patient management skills; lifestyle monitoring and advice; limits to competence; referrals and recommendations; drug monitoring and management; response of the patient to herbal treatment; ethical considerations

Reflective practice; understanding the importance of reflection as a tool for learning and developing; reflective and self-directed learning and practice as a way to reach their full potential as a practitioner as regards effectiveness and satisfaction in their professional life.

Ethical practice; the student will develop a further understanding of the place of ethics and codes of practice and how to implement these ethics within clinical practice.

Co-requisite Modules: Modules 1+2

Indicative content: During clinical practice students will begin to practice the skills outlined above under learning outcomes. At first these skills will be practised with close supervision and support, but increasingly the students will be encouraged to formulate their own decisions regarding the diagnosis and treatment and the progress of the patient's healing and recovery. Their judgements must then be checked with the clinical supervisor before action is taken. Students will also be expected to contribute to discussions on case histories.

Indicative reading:

Conway P (2011) *The Consultation in Phytotherapy*. Churchill Livingstone.

Gascoigne S (2001) *The Clinical Medicine Guide: A Holistic Perspective*. Jigme Press.

Johns C (2004) *Becoming a Reflective Practitioner* (2nd edition). Blackwell.

Silverman J, Kurtz S & Draper J (1998) Skills for Communicating with Patients. Radcliffe Medical Press.

Texts for modules 1&2

Assessment breakdown:

Continuous practical assessment 45%

Formal Examination

Practical clinical examination 65% 90 minutes at end of module.

Coursework breakdown:

500 hours practical consisting of:

100 hours clinical observation (as evidenced by clinic log sheets)

400 hours clinical practice (a minimum of 300 in training clinics approved by the course co-ordinator; 100 hours may be taken with recognised practitioners at the discretion of the course co-ordinator).

Clinic portfolio consisting of:

15 case studies; Clinic log sheets (a record of hours attended at training clinics and with individual practitioners, signed off by the student and the supervising practitioner); Clinic feedback forms;

Reflective journal

250 hours other (assessment and self-directed study)

Appendix 4

Code of Ethics Conduct and Discipline

Students are expected to conduct themselves in the same professional manner as a practitioner from the commencement of their training; the word student and practitioner are used interchangeably in the codes laid out below. By embarking on the practitioner training course you are agreeing to abide by these codes. Any student not abiding by these codes may be subject to disciplinary action. Within the training clinic setting students should defer to the supervisor and treat both the supervising practitioner and the clinic setting with proper respect; this should also be extended to their fellow students.

Rule One: *Students shall at all times conduct themselves in an honourable manner in their relations with patients, the public, other members of the profession, with members of other professional bodies and in all matters.*

Students obligation to patients:

The relationship between a practitioner and a patient is that of a professional with a client. The patient puts complete trust in the practitioner's integrity and it is the duty of students not to abuse this trust in any way. Proper moral conduct must always be paramount in students' relationships with patients. Students must act with consideration concerning fees and justification for treatment. Students must strive to adopt a non-judgmental attitude towards patients.

Where a student considers that treatment is beyond their capacity or skill, the patient (with their consent) should be referred to another practitioner or an appropriate health care practitioner.

Students must take care when explaining the procedures and treatment which they propose to administer and should recognize the patient's right to refuse treatment or ignore advice. It is unacceptable to solicit a patient by any means to accept treatment when they have not specifically requested it.

Students shall take particular care in treating children and minors. The consent of a parent or legal guardian should be obtained in respect of any person under 18 years of age, or whatever age is specified in law at the time of treatment.

Students shall be responsible for being aware of their position and liability in law.

Students must take care to see that their practices are managed with due diligence, in particular, delegation of professional duties should be made to enable patients to receive treatment.

Students have an implicit duty, within the law, to keep all information concerning, and views formed about, patients entirely confidential between the student and the patient concerned; this same level of confidence must be maintained by assistants and receptionists when these are employed. Even the fact of a patient's attendance at a practice should be considered confidential, and should not be disclosed to a third party without the patient's consent.

Students are warned not to assume details of a wife's or husband's case should be freely discussed with the other. The above ruling applies to all parties including next of kin and students should never allow a third person to be present unless with the express consent of the patient.

Disclosure of any confidential information to a third person is only in order when all the following requirements are met: -

Disclosure is in the patient's interest.

It is done with the patient's knowledge and consent except where the patient is not in a condition to give this and a third person is in a position to be responsible for the patient's interests.

There is a real need for such information to be imparted, such as when a student considers a case should be referred to a colleague.

The only exceptions to this principle of confidentiality are: -

When the law requires the information to be divulged.

When for reasons relating to the condition or treatment of a patient it is undesirable to seek their consent, but it is in the patient's own interest that confidentiality be broken.

When the member reasonably considers that their duty to society at large takes precedence.

When case histories are used for herbal training, research or publication. In these cases, the patient's anonymity must be very strictly preserved.

Students must ensure that they keep clear and comprehensive records of the treatments they administer to patients.

Use of the title Doctor: No student may use the title Doctor either directly or indirectly in such a way as to imply that they are a registered medical practitioner, unless this be the case.

Students Obligations to other Practitioners: It is against the interests of the profession to have distrust or dispute between members. Students shall at all times conduct themselves in an honourable manner in their relations with other students and practitioners. Students shall at all times avoid discrimination against others, especially regarding nationality, sex or creed.

Transfer of a Patient: Action taken by a student to persuade the patient of another practitioner to patronize them is in all circumstances unethical and contravenes this code of Ethics. In consequence it is advisable that students should apply a clear and proper procedure when exchanging or referring patients or dealing with patients of other practitioners.

Denigration: No matter how justified a practitioner may feel in holding critical views of a colleague's competence or behaviour, it is unprofessional and would be considered unethical that they should communicate such an opinion to a third party.

Rule Two: *Students shall at all times abide by professional advertising codes*

Rule Three: *Students shall at all times comply with the requirements of the code of practice*

Rule Four: *Students shall refrain from proscribed conduct*

Students shall not bring the profession into disrepute by their personal behaviour; by being convicted of drunkenness, drug abuse, or an offence of dishonesty.

Students shall not fail to give proper care for a patient or neglect their practice.

Students shall not abuse their position of trust as a medical herbalist by breaching a patient's confidence or by using undue influence to obtain gifts or other benefits from a patient.

Personal relations between Medical herbalists and their patients:

Certain behaviour may render a member liable to prosecution under Irish Law. Even if there is no prosecution such behaviour is likely to be treated as serious professional misconduct. The abuse of knowledge gained in professional confidence to pursue a personal relationship with either the patient or a member of the patient's family, is viewed as unethical.

It is possible for patients to cause embarrassment and worry by forcing their attentions on a practitioner.

Code of Practice

A practitioner is required: -

To avoid giving any herbal treatment to terminate a pregnancy

To be aware of those diseases that are notifiable and to take appropriate action in these cases.

To keep detailed records of prescriptions and dispensing.

To label all medicines clearly, indicating the correct dosage and other directions for use and with the name and address of the practitioner and the date of dispensing.

Not to claim verbally or put in print to be able to cure any life-threatening or serious disease.

To ensure that the distribution or display of letter headings, business cards or practice information should be compatible with the highest medical standards.

To consider very carefully the implications of recommending a course of treatment contrary to the advice of the patient's registered medical practitioner or of not recommending referral to a registered medical practitioner in the case of serious disease or uncertain diagnosis (Practitioners must be aware of their vulnerability under the law on this issue and must ensure in such a case that all available information is given to the patient and that the patient makes the final decision without coercion).

To seek the presence of a parent or guardian during any treatment or examination of a child under the age of 18.

To respond promptly and responsibly to any warning concerning the quality or safety of any medicine.

To secure and maintain full professional indemnity insurance once qualified.

Consulting Room Protocol

1. All students are to be tidily dressed.

2. All students to arrive for 9.30 in order to ensure that the room can be set up; that returning patients records can be reviewed and that new patients can be assigned to students.
3. During the consultation only the person conducting the consultation should interact with the patient; all other students to observe and practice taking consultation notes.
4. No personal details should be recorded on students' observation notes.
5. All consultation forms for patient cases (those of the person taking the consultation) to be stored in the files box.
6. Once questions are opened to observing students only ask questions if there is an area that has not come up in the consultation.
7. No advice to be offered to the patient until the group discussion has occurred (with the exception of the supervising practitioner).
8. If a student has conducted the consultation they will feed in their observations and diagnosis first; it will then be opened up to the group, likewise with lifestyle advice and prescription formulation.
9. The consulting practitioner will make up the prescription - if the clinical supervisor takes the consultation then a student will be assigned to this. A second student will be assigned to assist with the prescription card and labelling.
10. The consulting student will give the lifestyle advice.
11. Students are not to offer advice without this being agreed with the supervisor.
12. All consultations are confidential and are not to be discussed outside the consulting room.

Pharmacy Protocol

1. Only those who are dispensing or assisting should be in the Pharmacy when this process is being conducted. No student should be in the pharmacy without the supervision of a member of staff.
2. Students will only dispense medicines after asking the clinic supervisor's permission. The dispensing student will give the patient the medicine and explain how to take it.