



# The Plant Medicine School

PROSPECTUS:

PLANT MEDICINE APPRENTICESHIP

&

CLINICAL HERBAL PRACTITIONER TRAINING PROGRAM

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# 01 - INTRODUCTION TO THE COMPLETE TRAINING

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The Plant Medicine School has now taken over the running of the Veriditas Hibernica Herbal Apprenticeship and the Colaiste Luibheanna Clinical Training Programme to bring them under one umbrella and bring about the possibility of undertaking some of your studies online for those who are living at some distance or who find that weekend scheduled classes do not fit into their life. Our apprenticeship is into its 11th year of running and the clinical training programme has just had its 4th intake of students and has been running for 7 years.

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## The Two Year Apprenticeship in Community Herbal and Botanical Medicine

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We now have 3 streams of study:

### *Face to face:*

With a maximum intake of 18 students per year. Structured as 6 weekend workshops per year plus a carefully structured course of self directed study to ensure that the student develops their own knowledge and skills.

### *Blended:*

A combination of Online study at the same pace as the face to face stream with a 6-day summer immersion course after the online studies are complete. This allows people in other countries, those working at weekends or those with care commitments to undertake some of the studies online and at times that suit them whilst keeping pace with the year's study. Online students are supported by a mentor/tutor 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 session from the face to face apprenticeship plus course notes to ensure that all the materials presented in class are covered. Additional films and materials are also included that specifically address the needs of distant learners.

The student undertakes the same assignments as the face to face students and has these assessed by their tutor mentor. In addition, they are able to discuss any areas where they need extra assistance with their tutor. All tutors have undertaken the apprenticeship and have plenty of experience at this level of herbal practice. As with the face to face course, the 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.

### *Distance learning:*

This option allows those who are not able to travel for the immersion summer workshop to study the online course and gain the other experience needed closer to their location with the support of their

mentor. They are given guidance in how to achieve the additional learning through local fieldwork and may be linked up with suitable workshop experience where they are. The mentor will also assess their logs of experience gained to make sure that this is in line with the training here.

Only students who have undertaken the two years, attended the summer immersion school (or provided documented evidence that they have acquired similar training in their locality) and submitted the assignments will be awarded a certificate of completion. Students wishing to become full clinical practitioners can then undertake a further 2 years clinical training and study to allow them to take the final clinical exam. Undertaking the Apprenticeship and Clinical Training Programme, completing all course assignments and requirements and passing the final clinical exam and gives a sufficient level of training (complying with the EHTPA and IRH core curricula) to enable graduates to apply for membership of the IRH and CPP. The School is continuing to work with other professional organisations to enable students to join them.

## Course Ethos and Aims.

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 and in sustainability and traditional knowledge and wisdom so these are woven through the course material and teaching approaches.

## 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. However, we have tutors fluent in French, Spanish, Portuguese and Italian and are hoping to have others fluent in German and Polish joining the team shortly. For the face-to-face course a reasonable level of mobility is also needed, but the online option makes study more accessible for those with limited mobility.

## Course dates

Courses run from October to June each year with gaps for Christmas and Easter. For online students the summer immersion schools happen in July or August.

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# The Two Year Clinical Herbalist Practitioner Training programme

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## Course dates

The Clinical training programme commences in November rather than October and some training clinics are held over the summer period to allow students to get the required 500 hours of supervised clinical training.

## Course structure

*The whole training is a two tiered programme;*

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 70 plants. The second year contains 11 modules and a further 70 plants are introduced.

For those who decide they wish to become clinical herbalist practitioners there is a second tier two year Clinical 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 PEL may be accepted onto the Clinical Training Programme from routes other than the Plan 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 practical work and 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 how to use them 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.

## 02 - OVERVIEW OF THE TRADITIONAL HERBAL AND BOTANICAL MEDICINE APPRENTICESHIP

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A practical experiential course, focusing on growing and using plants as a traditional form of medicine in the community circle.

### *Sustainable medicine for the future, respecting and reconnecting with the natural world*

The course is a 24 month programme designed for those who wish to re-empower themselves to work with plant medicines for themselves, their community and their environment.

It seeks to enable people to reclaim the old ways of healing and bring these into the 21st century as a valuable part of our healthcare. At the same time it seeks to weave together the art and science of herbalism as it has evolved to the present time and to incorporate the best of these approaches.

Humankind is starting to see the need to move into a more balanced relationship with the rest of nature and to stand up to the necessity of moving into more sustainable practices; the apprenticeship focuses on local indigenous and naturalised plants, those that grow around us, and how they can be used for medicine, food and other needs. Some more exotic species will also be included. We will also look at our own traditional systems of healing, whilst examining some energetic systems from other regions.

The programme aims to be holistic in its approach by incorporating all aspects of plant medicine — phytotherapy, botanical medicine, herbalism, aromatherapy, sacred plant medicine, flower essences and more. As well as learning about plants as medicines we examine other aspects of the relationship between humans and plants-wild food, herbs in the diet, using plants for fibre, dyes, cosmetics, shelter, fuel and other applications. Such a focus is in line with developing a sustainable system of 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.

At the same time we will take a holistic view of medicine by incorporating lifestyle, hydration, relaxation and breathing techniques, the language we use and much more. As with any apprenticeship the emphasis will be on practical, experiential knowledge that the student can apply in their own life. However, this will be backed up by the theoretical knowledge necessary to give an in depth understanding of plant medicine and to ensure safe and respectful application of plant medicines.

*Please note that this is a foundation course, and 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 Colaiste Luibheanna Clinical Practitioner Training.*

Course leader: Nikki Darrell, — medical herbalist, botanist, aromatherapist. She is a practitioner, educationalist, writer, campaigner, grower. She has been working with plants for over 30 years.

Course mentors: Majella O’Riordan, Siobhan Norton, Aurora Planells Bernat, Marion Jublier, Lucy Quane

Fees: The cost is €1,500 per year.

For face-to-face students this includes the course notes in book form, all required course materials, all classes and herb supplies used in class plus samples of herb material and plants for students to work with at home. It includes a vegetarian lunch for each study day and refreshments.

For blended students this includes access to all online lectures and material, 10 hours mentoring and course book: additional mentoring may be provided if required. The summer immersion 5 day programme including all course materials, lunches and refreshments is also included in the cost.

For the distant learners an additional 20 hours of personal mentoring are included and dried herb samples can be posted directly, to Ireland, the Uk and Europe.

We are sourcing suppliers of required herbal materials and plants for different localities for online students.

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## Year One - Starting on the Medicine Path

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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. It includes the study of botany, material medica, herbal pharmacy, the constituents of plants, making herbal medicines, growing herbs, history and philosophy of herbal medicine and energetics. Sacred plant medicine — 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 ancestors and the Celtic tradition; comparison of core techniques and wisdom from different cultures; Plant medicine people.

- Ethics - The healer’s way; rigorous self-examination; the Ego; 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 preparations for medicines
- Materia medica - The holistic therapeutics of medicinal plants and their different forms (e.g. infusions, tinctures, essential oils, aromatic waters, macerated oils, talcs, salts, smudge, incense, syrups, vinegars)
- Nutrition and lifestyle -



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## Year Two - Deepening The Medicine

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In the second year we focus on therapeutics, relating the medicine of herbs to the body systems. It includes the following areas: Herbal therapeutics through aromatherapy, aromatic waters, nutrition, wild food, the application of herbs in the forms learned about in year one. Using botanical medicine to help people re-balance their health on all levels. How the human body 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 of disease; traditional energetic approaches; the metaphysics of the body and Gaian physiology and anatomy. We also explore ancillary techniques such as breath work, body unwinding, visualisation and much more.

- The miracle of the human body
- Pathology and the symbolism of disease
- Systems therapeutics and materia medica
- Therapeutics for the systems, including herbs, aromatherapy, nutrition and ancillary
- History and philosophy
- Energetics and sacred plant medicine

No-one enjoys dry and stuffy study. So, 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 hopefully 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....

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# 03 - YEAR ONE - STARTING ON PLANT MEDICINE PATH

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## *Workshop one;*

- 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 also explore the history of herbal medicine and of science and start to explore the healer's path.
- Sacred plant medicine journeying.

*Herbs: Achillea millefolium, Allium sativum, Arctium lappa, Avena sativa, Calendula officinalis, Matricaria recutita, Crataegus laevatiga, Foeniculum vulgare, Glycyrrhiza glabra, Lavandula officinalis, Mentha sp., Rosa damascena, Rosmarinus officinalis, Salvia officinalis, Sambucus nigra, Taraxacum officinale, Thymus vulgaris, Valeriana officinalis, Zingiber officinale.*

## *Workshop two;*

- How plants work.
- Botany or the anatomy and physiology of plants, taxonomy or the name of plants and their families.
- We explore 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.
- We introduce organoleptics; constituents by taste and smell. Sprouting seeds for nutritional benefits.

*Herbs: Citrus, Eugenia caryophyllum, Cinnamomum verum, Tilia sp., Stachys betonica, Eucalyptus, Urtica dioica, Filipendula ulmaria, Euphrasia officinalis, Malus domestica, Juniperus communis, Medicago sativa*

### *Workshop three;*

- Making medicines.
- Herbal pharmacy, making preparations and understanding plant constituents.
- We explore 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 and tinctures, capsules and powders. Blending creams and essential oils – concepts of blending; carrier oils and aromatic waters.

*Herbs: Symphytum officinale, Ulmus falva, Origanum vulgare, Inula helenium, Rumex crispus, Hamamelis virginiana, Rubus idaeus, Plantago lanceolata/major/psyllium, Kalanchoe pinnata*

### *Workshop four;*

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

*Herbs: Trifolium pratense, Boswellia serrata, Commiphora molmol, Angelica archangelica, Artemisia. Pinus sylvestris*

### *Workshop five;*

- 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.

*Herbs: Verbena officinalis, Primulas, Linum usitatissimum, Alchemilla vulgaris, Violas, Galium aperine, Stellaria media, Quercus robur, Salix sp., Aesculus hippocastanum, Fagus sylvatica, Betula sp, Corylus avellana*

### *Workshop six ;*

- 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 will be distributed over the 6 weekends; we will examine the physical, mental, emotional and holistic properties of the plant; focus is on local, indigenous and naturalized plants and those that can be easily grown in Ireland. Some more exotic species will be included where relevant. Personal development and growth will be explored with the students as the course progresses. 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.

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

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- Plant chemistry and Pharmacology
- Pharmacognosy and dispensing
- Practitioner development and Ethics
- The Specific Herbal Tradition

Weekend 1: History, Materia Medica, Practitioner Development

Weekend 2: Botany, Chemistry, Materia Medica, Organoleptics

Weekend 3: Pharmacy,, Medicine Making, Materia Medica

Weekend 4: Herbal Tradition (energetics), Materia Medica, Pharmacy and Dispensing

Weekend 5: Botany, Materia Medica, Field Work, Practitioner Development

Weekend 6: 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 expand primarily the students are encouraged to explore how to use their own skills and intelligences to deepen their knowledge and skills with the plants).

## 04 - YEAR TWO - DEEPINGING THE MEDICINE

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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

### *Workshop one;*

- Introducing the miracle of the human body, our community of cells; Similarities in anatomy and physiology of animals, plants and Gala
- Introducing disease processes and the symbolism of disease
- Therapeutics
- Making preparations for whole body treatments; massage and bath blends, herb balls for massage
- Consultation skills and personal development
- Body dialoging; 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

*Herbs for the whole body including adaptogens and alteratives. Introduction of new herbs and revision of herbs from year one. e.g. Allium sativum, Arctium lappa, Echinacea sp., Fumaria officinalis, Galium aperiine, Berberis sp., Menyanthes trifoliaae, Gentiana lutea, Erythrea centaurea, Prunella vulgaris Eleuthroccocus senticosus, Ocimum sanctum, Panax, Schisandra, Withania somniferum, Smilax sp.*

### *Workshop two;*

- 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

*New herbs: Tropaeolum majus, Fagopyrum esculentum, Beta vulgaris, Tabebuia sp., Passiflora incarnata, Olea europea, Leonorus cardiaca, Theobroma cacao, Vaccinium myrtillus, Piper nigrum, Capsicum mimimum, Armoracia rusticana*

### *Workshop three;*

- 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.
- Sensory acuity in the consultation process and in accessing information about the herbs
- Olfaction
- Visualization and relaxation techniques, Stress management

*New Herbs: Hypericum perforatum, Scutellaria lateriflora, Aloe vera, Aloysia triphylla, Camellia sinensis, Coffea arabica, Centella asiatica, Humulus lupulus, Lactuca virosa*

### *Workshop four;*

- The Respiratory System.
- The lungs and grief
- Learned breathing habits and breathing exercises to establish healthy breathing patterns
- Muscles and bones - stretching, yawning and reaching out
- Psychological and physical holding patterns
- Myofascial unwinding techniques

- The ancestors

*New Herbs: Curcuma longa, Menyanthes trifoliata, Viburnum opulus, Cetraria, Chondrus crispus, Pulmonaria officinalis, Asclepias tuberosa, Hyssopus officinalis, Glechoma hederacea, Hedera helix, Verbascum thapsus, Tussilago farfara, Marrubium vulgare, Prunus serotina*

#### *Workshop five;*

- Digestion and the digestive system
- The Gut brain/ Healthy gut flora
- Wild food
- The Urinary System
- The kidneys as an endocrine organ
- The culture of fear (the primary emotion associated with the kidneys)
- Hydration

*New Herbs: Ocimum basilicum, Cyanara scolymus, Elettaria cardamomum, Coriandrum sativum, Pimpinella anisum, Alpinia officinarum, Anethum graveolens, Carum carvi, Parietaria diffusa, Barosma betulina, Asparagus officinalis*

#### *Workshop six;*

- The Endocrine system, another mode of internal and external communication
- The reproductive system, Reproduction, Pregnancy
- The cycles of life, death and rebirth

*New Herbs: Tanacetum parthenium, Borago officinalis, Fucus vesiculosus, Lycopodium sp, Brassica sp., Vitex agnus castus, Serenoa serrulata, Cimicifuga racemosa*



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## Core curriculum subjects studied in Year 2

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- Human sciences (Anatomy physiology and pathophysiology)
- Nutrition
- Plant chemistry and pharmacology; herb interactions
- Pharmacognosy and dispensing
- The Specific Herbal Tradition
- Clinical Practice observation 30 hours and home journalling
- 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 Nourishing Traditions by Sally Fallon, In Defence of Food by Michael Pollan and home study of course nutrition notes. In addition students continue their journals and bring case studies to class to discuss and draw up treatment plants. 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.

Core Curriculum Required areas of study;

Human Sciences 250 hours

Year 2 24 hours lectures 4 hours per weekend workshop) and 100 hours home study with mandatory texts

Year 3 20 hour lectures ( 1 hour review at each therapeutics systems 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.

# 05 - OVERVIEW OF THE CLINICAL HERBAL MEDICINE PRACTITIONER TRAINING

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

The college endeavours to provide a catholic 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, Physio medicalists, Master Herbalists, Naturopathic Herbalists and traditional community herbalists. The emphasis is on incorporating and re-claiming 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;*

- 10 case studies
- 8 written assignments on clinical medicine
- 8 written assignments on therapeutics
- Completion of reflective journal
- 20-25 plant profiles
- Nutrition assignment
- Continuous assessment of progress in consultations with student progress forms giving feedback from clinic supervisor
- A 75 minute examination
- 30 minute consultation

- 15 minutes Clinical examination

30 minutes discussion of case with examiners to include summary of case, suggestions for lifestyle and dietary advice and drawing up a prescription suitable for the patient

### *The Practitioner Training Programme in Western Herbalism*

The objective of the Programme is to provide a bridging training for those with adequate Prior Experiential Learning (PEL) to become practitioners of Western Herbal Medicine and to be able to join a professional organization such as the Irish Register of Herbalists.

Applicants will be accepted from the following routes:

- Graduates of the Veriditas Hibernica/Plant Medicine School apprenticeship in Traditional Herbal and Botanical Medicine
- Graduates of other apprenticeships who can demonstrate sufficient PEL
- Practitioners of other therapeutic modalities who can demonstrate that they have sufficient PEL

The next programme commences in December

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## Course structure and layout

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The training programme consists of three elements:

### *Lecture/ Seminar blocks/Course notes:*

There are six, four day, lecture blocks; two covering clinical examination skills, clinical medicine and differential diagnosis; the third and fourth covering systems therapeutics and the fifth and sixth covering therapeutics for specialist areas.

The lectures are also available to practitioners of herbal medicine as CPD so students often get the opportunity to meet practitioners who are participating in these days which provides valuable networking.

### *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 in order to formulate a diagnosis and treatment plan. Students will be expected to include relevant elements of their PEL training such as nutrition, pathophysiology, materia medica with the information delivered in the lecture blocks.

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 Coachford, Cork and around the country; 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.

Once these three elements of the training are completed students will be eligible to sit their final clinical practitioners 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 in order 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: €3500.00, 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 the majority of practitioners charge €30.00 for an 8 hour day.

## 06 - ABOUT THE LECTURERS

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### Nikki Darrell MBS, B.Sc.(Hons), Dip. Phyt., MIRH, MIFA

Nikki is a botanist, medical herbalist and aromatherapist who has spent many years researching and working with plants and their connection with people. She has a BSc (Hons) in Horticulture and Plant Science from Nottingham University; after graduating she spent 5 years as a research scientist researching into phytochemistry and plant tissue culture. She then studied massage, aromatherapy, reflexology, and fitness instruction as a way of paying her way through herbal school. In 1999 she graduated with a diploma in Herbal Medicine from the School of Phytotherapy. In 2008 she completed a MBS in Social and Co-operative Enterprise with her minor thesis researching the potential for co-operatives to help develop a Medicinal and Aromatic Plant industry in Ireland.

She works as a practitioner of herbal medicine, aromatherapy and aromatic medicine. She has lectured for various 3rd level institutions, and runs short introductory courses about herbs and their uses, as well as walks and talks on wild food and medicine. She has set up a 2 year Apprenticeship course in Herbal and Botanical Medicine for people who wish to learn community herbalism. She is the founder of Veriditas Hibernica, a not-for-profit organization devoted to helping people reconnect with nature and plant medicine ([www.veriditashibernica.org](http://www.veriditashibernica.org)). She designed the Practitioner Training Programme and is the course consultant for this.

### Ainé Marie Reilly BSc (Hons), MIRH, MNIMH, Dip. Coun.

Ainé Marie graduated from the College of Phytotherapy degree course with a BSc(Hons) degree in Herbal Medicine, having conducted her undergraduate research dissertation on the Use of Adaptogenic Herbs in the Treatment of Chronic Fatigue Syndrome (CFS/ME). She is currently Director of the Lismore Clinic, a multidisciplinary health clinic in Co. Waterford, where she also runs a busy herbal medicine practice. AineMarie began the University of Wales-accredited Scottish School of Herbal Medicine Masters degree programme in 2008, and completed the taught part of the course in 2010. She is currently conducting postgraduate research into the herbal treatment of functional fertility.

Ainé Marie is a member of the National Institute of Medical Herbalists (NIMH) in the UK, and formerly served on the council of the Irish Institute of Medical Herbalists (IIMH), of which she is still a member. She taught on the BSc Herbal Sciences course at CIT in 2008, and has provided clinical training for students from CIT and various colleges in the UK.

### Peter Jackson-Main MA FAMH MGNI

Peter trained in the Master Herbalist tradition and has been in practice for over 20 years as a herbalist, iridologist and natural healer. He is a fellow of the Association of Master Herbalists, of which he is a founder member and former chair. He was the Secretary of the European Herbal and Traditional Medicine Practitioners Association (EHTPA) from 1999-2007 and Treasurer from 2007-present. He is the author of *Practical Iridology*, published in 2004 by Carroll and Brown and a contributor to *Reshaping Herbal Medicine*, published by Elsevier in 2005.

He has lectured for the Irish School of Natural Healing, and the College of Naturopathic Medicine in both Ireland and the UK. He is the Director and Principal of the College of Holistic Iridology, running professional training courses in Iridology. He currently practices in Cambridge at the Natural Centre and the Beechwood Complementary Medical Centre. He also practices in London at the Heavenly Spa in Paddington.

## Kevin Orbell-McSean MNIMH, MIMHO

Kevin graduated in 1988 after completing the four year full-time course at the School of Herbal Medicine (which became the College of Phytotherapy), Tunbridge Wells, Kent and follows in a family tradition of professional herbal practice that has continued now for nearly one hundred years. Kevin had the good fortune to spend many years learning from his grandfather, Albert Orbell FNIMH, who worked in herbal practice for more than sixty years. Kevin became a member of NIMH in 1989, and since 1990 has been in full time practice at the Evergreen Clinic of Natural Medicine in Cork.

In the early 1990s Kevin was a founder member and President of the Irish Association of Medical Herbalists and for many years worked hard to promote herbal medicine in Ireland and initiated political lobbying for the recognition of professional herbal medicine by the State. From 2005-2010 Kevin was a member of NIMH's Ethic Committee, also filling the challenging role of Professional Conduct Officer, dealing with complaints against NIMH members.

Kevin practices very much in the style traditionally associated with the NIMH, taking a comprehensive case history, using orthodox medical science for examination and diagnosis, allied with a holistic approach, encompassing a thorough enquiry into diet and lifestyle. After more than twenty years of professional practice Kevin has a particular interest in the cardiovascular and respiratory systems but avoids claims of speciality, since, when it boils down to it, he is particularly interested in every presentation of illness, and continues to enjoy treating the wide range of illnesses which present in general herbal practice.

## Jacqueline Kilbryde MNIMH MIRCHM SHNS.Dip.Arom.

Jacqueline is a member of the National Institute of Medical Herbalists and a member of the Irish Register of Chinese Medical Herbalists. She also has a diploma in Aromatherapy. She has been in practice for 20 years, in Ireland, and spent one month in Nanjing China, doing clinical work in hospitals there.

She uses both native and Chinese herbs in her practice and treats a variety of conditions. As well as growing herbs for use in her practice she also runs workshops, in the summer months, from her home in West Cork, helping the public to identify native plants and showing how to make very useful preparations from plants gathered or grown.

## Andrew Chevallier FNIMH MCPP

Andrew is a Fellow, and past President, of NIMH and a member of the CPP. He started practice in 1986 and, though he was for 10 years a Senior Lecturer at Middlesex University on the BSc Herbal Medicine, he has always seen himself first and foremost as a herbal practitioner. He has a particular interest in the area of treating Seniors.

## Carole Guyett MNIMH

Carole has been practicing herbal medicine for 25 years, initially in the UK and for the past 15 years in Ireland. She has a special interest in women's health and has gained a reputation, both in Ireland and abroad, as an expert in fertility and pregnancy. Her therapeutic approach includes care and support for the body, mind, spirit and emotions. Carole's healing centre in Co. Clare is a haven where plant medicines are grown and made. She teaches both in Ireland and internationally.

## Danny O'Rawe N.D. Dip Herb, Dip Aro, Dip Nat. MGNC

Danny began growing herbs in 1979 and started a lifelong interaction with plant medicines. He initially self-taught himself herbal medicine from books such as Maud Grieve, Juliette de Bairacli Levy and RC Wren and began a rudimentary practice by 1988 when he also completed a certificate in aromatherapy. Living in a sustainable smallholding in the late 80's/early 90's helped to consolidate this knowledge in terms of growing and making herbal medicines using only those herbs which could be wild-crafted or cultivated, and an understanding of humoral medicine.

He has continued to grow and work on a wide range of crops in numerous settings across Europe. He is also qualified with the internationally renowned Royal Horticultural Society. He has continued to expand his knowledge after completing a diploma in herbal medicine and a further diploma in aromatherapy and is a qualified naturopath with a special interest in biochemical nutrition. He had a brief apprenticeship with a Curanderos in the Peruvian Amazon and is currently studying with the legendary David Winston. He is now working towards an MSc in Herbal Medicine with the University of Central Lancashire. Danny is one of the founders of the Community of Irish Herbalists and as a life-long activist is passionate about sustainability and evolving non-hierarchical community. He lectures in nutrition and herbal medicine. He is a former president of the IRH. He runs a busy practice in Belfast.

Annie McIntyre (bio to be posted once sent)

Lecturers may vary from time to time.

## 07 - LECTURE BLOCK OUTLINES

<b>Title, duration and month</b>	<b>Systems included</b>	<b>Lecturers (may change)</b>
<b>Clinical Medicine 1 4 Days December</b>	Clinical examination and differential diagnosis – the abdomen, cardiovascular and respiratory systems	Nikki Darrell/ Niall Hogan
<b>Clinical Medicine 2 4 days February</b>	Clinical examination and differential diagnosis – musculoskeletal system, the skin, the neurological system	Nikki Darrell/Niall Hogan
<b>Therapeutics 1 4 days March</b>	Cardiovascular system	Kevin Orbell-McSean
	The Musculoskeletal system	Peter Jackson-Main
	First Aid and trauma	Peter Jackson -Main
	The Immune System	Ainé Marie Reilly
<b>Therapeutics 2 4 days May</b>	The Digestive system	Jackie Kilbride
	The Respiratory system	Kevin Orbell-McSean
	Neuro-endocrine System 2 days	Danny O’Rawe
<b>Therapeutics 3 4 days June</b>	Psychiatry focusing on affective disorders	Andrew Chevallier
	Senior Health	Andrew Chevallier
	Dermatology	Annie McIntyre
	Paediatrics	Annie McIntyre
<b>Therapeutics 4 4 days September</b>	Fertility, Pregnancy and Birth	Carole Guyot
	Genito-urinary system	Carole Guyett
	Aromatic Medicine	Nikki Darrell/Danny O’Rawe
	Aromatic Medicine	Nikki Darrell/Danny O’Rawe
	Summary day	



## 08 - SELF DIRECTED STUDY OUTLINES

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*These are laid out here to give an idea of what is involved and these will be explained at the first lecture block*

For Clinical Science - First Trimester

Mandatory Textbooks:

Davidson's Medicine pub. Churchill Livingstone

Regularly practice the medical record and interview techniques. Once the clinical examinations skills lectures and practicals have taken place regularly practise the clinical examination techniques. Keep a log of the examinations carried out and write reflective journaling regarding areas where you are experiencing difficulties.

*Medicine:*

Read the relevant chapters in Davidson's Medicine following the timetable below

Week	Chapter(s)
1	Genetic factors in disease/ immunological factors in disease/ Climate and environmental factors in disease
2	Disease of the cardiovascular system
3	Diseases of the respiratory system
4	Diseases of the alimentary tract
5	Diseases of the liver, Nutritional factors in Disease
6	Disturbances in water, electrolyte and acid-base balance
7	Psychiatry
8	Diseases of the nervous system
9	Diseases of the blood
10	Diseases of the connective tissues, joints and bones
11	Diseases due to infection
12	Endocrine and metabolic diseases
13	Diseases of the kidney and genito-urinary system
14	Oncology

For each chapter make comprehensive notes and prepare questions on areas that you are uncertain about for the lecture sessions. Lay out your notes in a format that enables you to append more information once tutorials and lectures have taken place and the specialities are studied. Also make sure that the format allows you to append therapeutics information once this module commences.

### *Differential Diagnosis*

Read the relevant chapters in The Symptom Sorter following the timetable laid out below:

<b>Week</b>	<b>Chapters</b>
<b>1</b>	1-3 Abdominal pain in Adults Abdominal Pain in Children Backache
<b>2</b>	4-6 Belching, Bloating and Flatulence Breast lumps Chest Pain
<b>3</b>	7-9 Colds, Flus, and Stuffy Nose Constipation Cough
<b>4</b>	10-12 Diarrhoea Dizziness, Lightheadedness and Vertigo Earache
<b>5</b>	13-15 Facial Pain Fatigue Fever
<b>6</b>	16-18 Forgetfulness Headache Heartburn, Indigestion and Dyspepsia
<b>7</b>	19-21 Insomnia menstrual irregularities Menstrual Pain
<b>8</b>	22-24 Nausea and/or Vomiting without Abdominal Pain Pain in the Foot Pain in Lower Extremities in Adults
<b>9</b>	25-27 Pain in Lower extremities in Children Pain in Upper Extremity Palpitations
<b>10</b>	28-30 Shortness of Breath Skin Problems Sore Throats
<b>11</b>	31-33 Swelling of the Legs Urethral Discharge and Dysuria Vaginal Discharge and Itching
<b>12</b>	34-36 Vision Problems and Other Common Eye Problems Voiding Disorders and Incontinence Weight Loss

### *Therapeutics Study Outline:*

We recommend that other texts are also used according to the students own approach. A list of suggested supplementary texts will be supplied

Textbooks: Medical Herbalism David Hoffmann

Complete Herbal Tutor Anne McIntyre

Alongside the mandatory text it is recommended to read as widely as possible and incorporate the information from your material medica, pharmacognosy and other relevant lectures in previous courses of study. The self-directed study will be re-enforced by the lectures and by the clinical practice hours. Self directed study over 20 weeks:

- 1 The holistic approach
- 2 Herbal Actions and constituents
- 3 Herbal actions and constituents
- 4 Materia medica
- 5 Materia medica
- 6 Materia medica
- 7 Materia Medica
- 8 Digestive system
- 9 Lymphatics
- 10 Cardiovascular system
- 11 Respiratory system
- 12 Nervous system Psychiatry
- 13 Urinary system
- 14 Musculoskeletal system
- 15 Skin and dermatology
- 16 Immune
- 17 Endocrine
- 18 Obstetrics and Gynaecology
- 19 The elderly /Geriatrics
- 20 Children/Paediatrics

## 09 - FULFILLMENT OF CORE CURRICULUM

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### Clinical Sciences - 350 hours

#### *Lectures and class practical:*

- Year 2 - 24 hours (4 hours per weekend workshop)
- Year 3- 80 hours (2x 32 hour lecture blocks on Clinical Sciences and additional hours in the other lecture blocks by system)
- Year 4 - 80 hours tutorial sessions incorporated into clinical training

#### *Home study:*

- Years 2-4 200 hours
- Structured home study of mandatory texts
- Year 2 Anatomy and Physiology in Health and Sickness Ann Waugh

#### *Assessment:*

- By completion of colouring book in year 2
- By eight written assignments in year 3

### 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

### *Lectures and practical sessions:*

- Year 1 8 hours lectures
- Year 2 8 hours lectures
- Year 3 8 hours lectures

### *Home study:*

- Years 1-4 reflective journal and case study completion 200 hours

### *Assessment:*

- Review of the home study, reflective journal and case study completion.

## Practitioner research - 80 hours

### *Lectures and practical sessions:*

- Years 1-4 Lectures 12 hours each year = 48

### *Home study:*

- 50 hours per year = 150 hours

### *Assessment:*

- Group discussions and contributes to written assignments.

## The specific herbal tradition - 1150 hours

### *Lectures and practical sessions:*

- Year 1 - 64 hours lectures
- Year 2 - 96 hours lectures
- Year 3 - 200 hours lectures

### *Home study:*

- 600 hours spread over the four years

## Field work 50 hours

### *Practical sessions:*

- Year 1 - 12 hours
- Year 2 - 20 hours

- Year 3 - 20 hours
- Year 4 - 20 hours

*Home study:*

- 150 hours

Clinical practice - 500 hours

- Year 2 - 24 hour of supervised clinic and practical.

*Home study:*

- 80 hours (writing up case studies, formulating cases and possible treatment strategies for discussion in class)
- Year 3 and 4 - 500 hours of supervised clinics
- 300 hours home study (writing up case, reflective journaling)

TOTAL class hours 890 home study 2140 = 3030 which is exceeding the required study hours of 2560

# 10 - APPENDIX 1: ASSIGNMENTS

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## Apprenticeship Year 1 Homework Assignments

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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:*

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.

### *Workshop 2:*

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:*

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



### *Workshop 4:*

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:*

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.

### *Workshop 6:*

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.

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## Apprenticeship Year 2 Homework Assignments

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### Anatomy Physiology and Pathophysiology

#### *Home study:*

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

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 practicals 53 hours and 50 hours home study Years 1-3

### *Home study:*

Mandatory texts:

Michael Pollan In Defence of Food

Nourishing Traditions Sally Fallon

Course notes: for more detailed info about minerals, vitamins and amino acids visit [www.healthvitamins-guide.com](http://www.healthvitamins-guide.com)

### *Assessment:*

3 dietary plans

Recipe design

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## Year 3 Clinical Medicine Assignments

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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.

- 1 Hypertension/High Blood Pressure
- 2 Depression and Anxiety (differentiate between the two)
- 3 Irritable Bowel Syndrome
- 4 Eczema
- 5 Arthritis (differentiate between osteo and rheumatoid)
- 6 Diabetes I and II
- 7 Chronic Obstructive Pulmonary disease
- 8 Benign Prostate Hyperplasia

## 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

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## Year 4 Clinical Medicine Assignments

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- Continuation of journals and plant profiles
- Completion of case studies
- Business plan
- Research project

# 11 - APPENDIX 2: COURSE DESCRIPTORS FOR CLINICAL PRACTITIONER TRAINING

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## Module Descriptors

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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. However, graduates of the course are eligible to apply for membership of the Irish Register of Herbalists or the College of Practitioners of Phytotherapy in the UK.

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### Module 1

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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:

- 1 Describe clinical examination diagnostic techniques and their clinical applications in orthodox medical practice
- 2 Demonstrate effective case history taking
- 3 Perform a clinical examination of the major body systems using palpation, auscultation, observation and other relevant techniques.
- 4 Recognise red flags (potentially serious signs and symptoms) and recognize when to refer patients to orthodox medical practitioners.

- 5 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)
- 6 Discuss the distribution of disease in the community and the approach to prevention from the orthodox and holistic points of view.
- 7 Interpret basic pathology laboratory data and results of orthodox investigative procedures.
- 8 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. Szilagy & 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

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## Module 2

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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:

- 1 Assess individual patient case histories and devise a suitable treatment strategy, including nutritional and lifestyle advice and suitable herbal prescription.
- 2 Ensure that the treatment strategy is suitable for the patient as regards their physiology, age, other special requirements and taking into account orthodox and other complementary treatments that are being followed concomitantly.
- 3 Conduct follow-up consultations with patients and adjust their treatment strategy as necessary through a course of treatment.
- 4 Display an understanding of applying herbal therapeutics in the following areas; gynaecol-

ogy 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, taking into account 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

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.

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

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

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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.

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## Module 3

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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;

- 1 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.
- 2 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
- 3 Patient-practitioner relationship skills; establishing good contact and building confidence and trust; providing information in everyday language/ language that the patient understands; time management.
- 4 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 increas-

ingly 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)

# 12 - APPENDIX 3 CODE OF ETHICS AND PRACTICE

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## Code of Ethics, Conduct and Discipline

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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 unethically 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.

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## Code of Practice

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### *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:*

- All students are to be tidily dressed.
- 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.
- During the consultation only the person conducting the consultation should interact with the patient; all other students to observe and practice taking consultation notes.
- No personal details should be recorded on students' observation notes.
- All consultation forms for patient cases (those of the person taking the consultation) to be stored in the files box.

- Once questions are opened to observing students only ask questions if there is an area that has not come up in the consultation.
- No advice to be offered to the patient until the group discussion has occurred (with the exception of the supervising practitioner).
- 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.
- 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.
- The consulting student will give the lifestyle advice, otherwise another student will be assigned to this.
- Students are not to offer advice without this being agreed with the supervisor.
- All consultations are confidential and are not to be discussed outside the consulting room.
- If there are sensitive issues to be discussed with the patient etc then they should be brought back into the consulting room in order to do this.

### *Pharmacy Protocol*

- 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.
- 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.
- If you are unclear about any part of the protocol please check with the clinic supervisor before proceeding.



## *Clinical Training Notes*

100 hours of clinical observation 400 hours of clinical practice

## *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, 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

# 13 - APPENDIX 4: APPRENTICE AGREEMENT & APPLICATION FORM

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## Herbal Apprenticeship Application Form and agreement:

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*First Name(s):*

*Surname:*

*Address:*

*Email address:*

*Phone Number:*

*Date of birth:*

*Previous courses or experience, if any:*

I agree to attend all workshops. I understand that I also need to complete the self-directed study element of the course outlined in the course information.

I agree to arrive promptly to all seminars and workshops and to conduct myself in an appropriate manner

I agree to notify the course co-ordinator if I cannot attend a seminar/workshop so that alternative arrangements can be made.

I agree to adhere to the code of ethics and practice attached.

I agree to respect the views of fellow students, tutors and mentors and to work harmoniously with people of all cultures and backgrounds.

I agree to pay the full course fees each year.

*Signed:*

*Date:*

Please also write and forward a brief (up to 1 page type written) outline of why you wish to undertake this course of training.

## Practitioner Training Application Form:

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*First Name(s):*

*Surname:*

*Address:*

*Email address:*

*Phone Number:*

*Date of birth:*

*Previous courses of study (include name/s of establishments where undertaken, year of commencement and completion)*

I agree to abide by the code of ethics and conduct during my clinical practitioners training (see attached copy).

I agree to arrange to complete 500 hours clinical training as part of the practitioner training and understand that these are not included in the course fee of €3 250.00.

I agree to attend all lecture hours outlined in the course information and to submit the written assignments outlined. I understand that I also need to complete the self-directed study element of the course outlined in the course information.

I agree to pay the full course fees for the bridging training as a deposit of €500.00 and 11 monthly payments of €250.00, from the date of the course commencing September 2016:

*Signed:*

*Date*