



Transitional Council of the College of Homeopaths of Ontario

Performance Indicators

March 2012

Preface

Purpose of this Document

This document describes the performance indicators that accompany *the Competency Profile for Entry-to-Practice Homeopaths Practising in Ontario* and also provides a brief description of the process followed to develop the Performance Indicator Profile.

Background: Development and Validation of the Competency Profile

In the fall of 2011, the Transitional Council of the College of Homeopaths of Ontario (TC-CHO) proceeded to develop an entry-level competency profile for homeopaths in Ontario. These competencies were developed to support regulatory activities that protect the public including helping the development of entry-to-practice assessment tools and quality assurance; help guide curriculum development; and increase public and employer awareness of practice expectations of entry-level practitioners.

The process used to create, review and validate the competency profile followed a best-practice approach to competency development and strongly relied on the content expertise of a diverse group of homeopaths. The profile was designed to be meaningful to practitioners as well as those who want to learn more about the practice of homeopathy. There were five key phases to the profile: (1) literature review and recommendation to Council; (2) five-day competency development workshop with a diverse group of homeopaths from across Ontario; (3) review and update by the Ad-Hoc Advisory Working Group and transitional Council of the College of Homeopaths of Ontario; (4) validation of the competency profile; and (5) finalization and additional review of the profile. The final profile was disseminated for a public 60-day review to solicit additional feedback from stakeholders to ensure that the competency profile reflected the practice of the entry-to-practice homeopath. The final competency profile was approved on February 27, 2012.

Development and Validation of Performance Indicator

In the spring of 2012, TC-CHO decided to continue its work on *the Competency Profile for Entry-to-Practice for Homeopaths Practising in Ontario* by developing specific performance indicators for each competency. Performance indicators are measurable

and observable features that can assist in determining whether performance expectations consistent with the entry-to-practice competencies have been met. In other words, performance indicators support the competencies by providing additional information on effective, observable behaviours associated with a competency. It is important to note that the performance indicators listed in this document do not represent an exhaustive list but rather a portion of all behaviours associated with a competency.

In order to develop the performance indicators, a group of subject matter experts met for a five-day session. After an initial training session, the group created the first draft of the performance indicator profile. Following the initial development of the profile, the outcomes were validated by the Steering Panel as well as by an Ad-Hoc Advisory Panel consisting of nine homeopaths who did not participate in the development of the initial performance indicators (See Appendix A). The document was reviewed, modified and approved by the TC-CHO Council on March 26, 2012.

Key and Safety Competencies

Consistent with the TC-CHO Competency Profile for Entry-to-Practice Homeopaths, Key Competencies are marked in this document with a “K”. Key Competencies are the knowledge, skills and abilities identified by subject matter experts as those that are most essential to competent practice at entry into the profession. These 39 competencies and sub-competencies are based on their importance to competent practice as well as their frequency of occurrence in practice.

There are 36 Safety Competencies. These are marked in this document with an “S”. Safety Competencies are the competencies and sub-competencies identified by subject matter experts as those most important to minimizing the risk of harm to the patient.¹

Note that there is significant overlap between the Safety Competencies and the Key Competencies. In other words, many competencies and sub-competencies that are deemed “Key Competencies” are also deemed “Safety Competencies.” Together Key Competencies and Safety Competencies comprise approximately 46% of the 106 competencies and sub-competencies in this document.

¹ Based on HPRAC- New Directions: Regulation of Homeopathy and Naturopathy, Ch. 5, p. 163, April 2006.

Performance Indicator Profile

	Competency	Indicator #	Performance Indicator
1	Professional Responsibility and Ethical Practice		
1.1	Provide patient-centred care within the scope of homeopathic practice as per <i>Homeopathy Act</i> (2007). (K, S)		
		1	Demonstrate the use of strategies that engage patient in a collaborative approach.
		2	Describe the scope of practice as defined by the <i>Homeopathy Act</i> (2007).
		3	Explain the role of homeopathic care within the Ontario health-care system.
1.2	Develop a professional therapeutic relationship with patient, maintain boundaries and act in the best interest of the patient. (K)		
		1	Recognize patient's concerns and requirements.
		2	Demonstrate respect for patient's personal boundaries.
		3	Identify commonly occurring boundary violations.
		4	Describe actions used to address boundary violations.

Competency		Indicator #	Performance Indicator
1.3	Demonstrate sensitivity to and respect for each patient's rights, autonomy, dignity and uniqueness. (K, S)		
		1	Identify homeopath's role in fostering the patient's right to make his/her own decisions regarding health and social well-being.
		2	Communicate in a manner that respects the patient's uniqueness.
		3	Identify socio-economic or socio-cultural factors that may be relevant to the patient.
1.4	Practise safely, ethically, collaboratively and within own level of individual competence. (K,S)		
		1	Recognize the personal parameters of professional competency and any limitations.
		2	Demonstrate knowledge of College of Homeopaths of Ontario regulations, guidelines and standards.
		3	Describe the processes used to report unsafe, incompetent or unethical practice.

Competency		Indicator #	Performance Indicator
1.5	Maintain patient confidentiality and privacy. (K, S)		
		1	Apply the confidentiality and privacy requirements as per the <i>Personal Health Information Protection Act</i> (2004).
		2	Apply the confidentiality and privacy requirements as per the <i>Personal Information Protection and Electronic Documents Act</i> (2000).
		3	Describe how confidentiality can be inadvertently breached.
		4	Provide an environment that fosters patient privacy.
1.6	Identify the potential effect of personal values, beliefs and experiences and utilize this self-awareness to provide unbiased care. (S)		
		1	Recognize factors that influence the ability to provide unbiased care.
		2	Formulate a plan to address actions that influence the ability to provide unbiased care.

Competency		Indicator #	Performance Indicator
1.7	Collaborate with colleagues, other health-care practitioners and community resources to facilitate patient care.		
		1	Explain the value of collaborating with colleagues and other health-care professionals.
		2	Recognize opportunities for shared decision-making while maintaining patient confidentiality.
		3	Describe approaches to intraprofessional and interprofessional collaboration.
		4	Establish intraprofessional and interprofessional collaboration in practice.
1.8	Maintain professional competency through ongoing self-assessment, intraprofessional collaboration and professional development.		
		1	Demonstrate an understanding of requirements in the Quality Assurance Regulation.
		2	Demonstrate ability to set goals to maintain professional competency.
		3	Participate in professional development and continuing education.

Competency		Indicator #	Performance Indicator
1.9	Use effective communication to develop professional relationships with patients, families and other health-care professionals.		
		1	Use clear and concise written communication.
		2	Use clear and concise verbal communication.
		3	Adapt communication to recipient (e.g., patients, families and other health-care professionals).
		4	Confirm that communication is being understood by recipients.
1.10	Recognize the limitation of their own individual experiences and knowledge, and seek guidance from and collaborate with experienced professionals. (S)		
		1	Identify personal limitations as they relate to practice.
		2	Identify situations where collaboration with intraprofessionals and interprofessionals is appropriate.

Competency		Indicator #	Performance Indicator
1.11	Demonstrate an understanding of the legal and ethical obligations as it relates to the practice of homeopathy, including those imposed by the <i>Homeopathy Act, 2007</i> and the <i>Regulated Health Professions Act, 1991</i> and Standards of Principles of Professional Ethics.(K)		
		1	Demonstrate knowledge of the ethical obligations of the noted legislation, standards and related guidelines.
		2	Demonstrate knowledge of the legal obligations of the noted legislation, standards and related guidelines (i.e., jurisprudence).

	Competency	Indicator #	Performance Indicator
	Knowledge-Based Practice - Body of Knowledge		
2	Knowledge-Based Practice - Body of Knowledge		
2.1	Demonstrate a thorough understanding of the philosophy and fundamental principles of homeopathy as outlined in the <i>Organon of the Medical Art</i> including but not limited to:		
a	Law of Similars; (K, S)		
		1	Explain the principle of the Law of Similars.
		2	Identify how the Law of Similars is applied to determine treatment plan.
		3	Describe homeopathic (therapeutic) law of nature (Aphorism 26).
b	Totality of symptoms; (K, S)		
		1	Explain the concept of “totality of symptoms.”
		2	Identify how the “totality of symptoms” is used to reach an understanding of the case.
		3	Describe how the “totality of symptoms” forms a remedy picture.
c	Minimum dose; (K, S)		
		1	Explain the concept of minimum dose.
d	Individualization of the case; (K, S)		
		1	Explain the concept of individualization in homeopathy.

	Competency	Indicator #	Performance Indicator
e	Theory of health and disease (e.g., acute and chronic miasm);		
		1	Define the concept of dynamic disturbance and disease.
		2	Compare and contrast the concept of health and disease in homeopathy with other health-care systems.
f	Principles and methods of cure; (K, S)		
		1	Explain principles and methods of cure.
		2	Identify how the principles and methods of cure apply to the treatment plan.
		3	Define primary and secondary action of medicines ² .
		4	Explain direction of cure.
g	Potentization of the medicines; (K) and		
		1	Define concept and the purpose of potentization.
		2	Explain the process of potentization.
		3	Explain different types of potentization methods.
h	Proving and action of medicine.		
		1	Explain the concept of proving in homeopathy.
		2	Explain the purpose of proving.
		3	Describe how provings are conducted.

² **Medicine:** Refers to homeopathic medicine, homeopathic remedy, homeopathic preparation and homeopathic drug as per the Evidence for Homeopathic Medicines Guidance Document (Health Canada, 2007) as well as products that the homeopath may compound, dispense or recommend for the individual use of the patient.

	Competency	Indicator #	Performance Indicator
2.2	Demonstrate thorough case-taking skills, including but not limited to the <i>Organon</i> (Aphorisms 6, 18, 82-104, 153, 210-213, 220). (K)		
		1	Explain steps in homeopathic case-taking.
		2	Demonstrate key case-taking skills presented in the noted Aphorisms (e.g., Aphorisms 6, 18, 82-104, 153, 210-213, 220).
		3	Demonstrate the ability to establish a therapeutic relationship with the patient.
2.3	Demonstrate a sound knowledge of Materia Medica including:		
a	The signs and symptoms of the most well-known medicines referred to as polycrests and “smaller remedies”;		
		1	Explain the main characteristics of polycrest homeopathic medicines.
		2	Demonstrate knowledge of “smaller remedies.”
b	Medicines indicated in specific circumstances (e.g., therapeutics such as first aid, injuries, acute conditions, palliative care, epidemics);		
		1	Identify commonly used first-aid medicines.
		2	Identify medicines used for common acute conditions.
		3	Identify common medicines used in palliative care.
		4	Identify medicines historically used for epidemics.

	Competency	Indicator #	Performance Indicator
c	Preparation of medicines (e.g., sources, methods); and		
		1	Identify the sources of medicine.
		2	Explain the process of preparation of mother tincture.
		3	Explain the process of trituration.
		4	Describe the process of succussion.
		5	Explain how potencies are prepared.
d	Relationships between medicines (e.g., complementary, follows well).		
		1	Describe the relationships between medicines in Materia Medica.
2.4	Apply knowledge of homeopathic principles, Materia Medica and repertorization to reach a homeopathic diagnosis. (K, S)		
		1	Formulate a homeopathic diagnosis using reference tools.
		2	Demonstrate knowledge of a range of techniques and their appropriate use in reaching a homeopathic diagnosis.
2.5	Understand and assess the various data sources available when selecting medicines including:		
a	Clinical data;	1	Seek sources of information about clinical data when necessary.
		2	Demonstrate an understanding of information obtained from clinical data (e.g., X-ray, blood test reports).
		3	Demonstrate the ability to utilize information obtained from clinical data to select medicine.

	Competency	Indicator #	Performance Indicator
b	Evidence-based research;		
		1	Seek sources of information about evidence-based current research when necessary.
		2	Demonstrate an understanding of information obtained from evidence-based research within and outside homeopathy (e.g., epidemiology).
		3	Demonstrate the ability to utilize information obtained from evidence-based research to select medicine.
c	Historical materials;		
		1	Seek sources of information from historical materials when necessary.
		2	Demonstrate an understanding of information obtained from historical materials.
		3	Demonstrate the ability to utilize information obtained from historical materials to select medicine.
d	Provings;		
		1	Seek sources of information on provings to select medicine when necessary.
		2	Demonstrate an understanding of information obtained from provings.
		3	Demonstrate the ability to utilize information obtained from provings to select medicine.

	Competency	Indicator #	Performance Indicator
e	Toxicological data; and		
		1	Seek sources of information on toxicological data to select medicine when necessary.
		2	Demonstrate an understanding of information obtained from toxicological data.
		3	Demonstrate the ability to utilize information obtained from toxicological data to select medicine when necessary.
f	Properties of the source materials.		
		1	Seek sources of information on properties of source materials to select medicine when necessary.
		2	Demonstrate an understanding of information obtained from properties of source materials.
		3	Demonstrate the ability to utilize information obtained from properties of source materials to select medicine when necessary.
2.6	Demonstrate a thorough knowledge of the process of repertorization including:		
a	The structure, organization, advantages and limitations of Repertory;		
		1	Explain differences between Repertories.
		2	Explain advantages and limitations of Repertories.

	Competency	Indicator #	Performance Indicator
b	Defining rubrics by translating patient narrative into the condensed language of the homeopathic Repertory;		
		1	Explain terminology and abbreviations used in Repertories.
		2	Demonstrate how to translate the language used by the patient into the language of the Repertory.
c	Grading of the symptoms and the remedies and their significance; and		
		1	Explain system of grading used in different Repertories and their significance.
		2	Explain the grading of rubrics.
d	Technique of repertorization.		
		1	Describe techniques of repertorization.
2.7	Demonstrate a thorough knowledge of prescribing that recognizes the need for flexible and individualized dosing for each patient including:		
a	Homeopathic potency, dose and frequency; (K, S)		
		1	Explain homeopathic potency.
		2	Explain homeopathic dose.
		3	Explain frequency of dosage.
b	Administration of medicines; (K, S)		
		1	Demonstrate knowledge of methods of administration of medicines.

	Competency	Indicator #	Performance Indicator
c	Sequence of medicines; and		
		1	Recognize when to select a different medicine, frequency or potency during the course of treatment.
d	Relation between medicines.		
		1	Demonstrate knowledge of how the relationship between medicines impacts treatment.
2.8	Understand how the psychological and emotional states of the individual can affect the patient's health and well-being. (K, S)		
		1	Explain basic concepts in psychology (e.g., depression, anxiety) and how these may affect patient's treatment and therapeutic relationship.
		2	Explain how the patient's emotional state can affect treatment.
		3	Seek sources of information regarding psychological/emotional concerns when necessary.
2.9	Identify potential obstacles to cure including, but not limited to, nutritional imbalances, environmental imbalances, and environmental exposure and toxicity. (K)		
		1	Recognize the scope and significance of common obstacles to cure.
		2	Explain characteristics of common obstacles to cure.

	Competency	Indicator #	Performance Indicator
2.10	Identify exciting causes and maintaining causes.		
		1	Define exciting causes.
		2	Identify common exciting causes.
		3	Define maintaining causes.
		4	Identify common maintaining causes.
		5	Explain how exciting and maintaining causes can impact patient treatment.
2.11	Possess a fundamental knowledge of human anatomy and physiology, based on the study of all body systems both structural and functional. (K)		
		1	Demonstrate a fundamental knowledge of the structural systems of the human body (e.g., skeletal, muscular).
		2	Demonstrate a fundamental knowledge of the functional systems of the human body (e.g., cardiovascular, respiratory).
		3	Demonstrate an understanding of medical terminology as it relates to anatomy and physiology.
		4	Seek additional current information related to anatomy and physiology when necessary.

	Competency	Indicator #	Performance Indicator
2.12	Possess a basic knowledge of biochemical processes (e.g., principles of metabolism) as it relates to assessing obstacles to cure and maintaining causes.		
		1	Understand how healthy biochemical processes are altered in a state of disease.
		2	Demonstrate an understanding of medical terminology as it relates to biochemical processes.
		3	Seek additional current information related to biochemical processes when necessary.
2.13	Demonstrate a basic understanding of reports from medical tests and diagnostic procedures as sources of information related to case-taking, analysis and management (e.g., Imaging, biopsy).		
		1	Describe purpose of common medical tests and diagnostic procedures.
		2	Understand common terminology and abbreviations frequently used in common medical tests and diagnostic procedures.
		3	Differentiate between normal and abnormal findings.
		4	Demonstrate how the medical tests and diagnostic procedures can help case-taking, analysis and management.
		5	Seek additional current information related to medical and diagnostic testing when necessary.

	Competency	Indicator #	Performance Indicator
2.14	Demonstrate a basic understanding of laboratory data reports as it relates to case analysis and management (e.g., blood analysis, urinalysis).		
		1	Understand common terminology and abbreviations frequently used in laboratory data reports.
		2	Recognize normal and abnormal values of common laboratory data reports.
		3	Demonstrate how report findings can be applied to case analysis and management.
		4	Seek additional current information related to laboratory data reports when necessary.
2.15	Demonstrate a basic understanding of nutrition and the appropriate use of nutritional support.		
		1	Identify common nutritional deficiency conditions and their impact on health.
		2	Identify common nutritional support strategies to restore health.

	Competency	Indicator #	Performance Indicator
2.16	Demonstrate a basic understanding of pharmacotherapy including but not limited to pharmaceutical drugs and their:		
a	Actions;		
		1	Explain general actions of common drug classifications.
		2	Seek appropriate reference materials to understand actions associated with pharmaceutical drugs and natural health products.
b	Classification;		
		1	Explain common medical drug classifications and terms (e.g., analgesic, antibiotics).
		2	Seek appropriate reference materials to understand classification.
c	Side effects; and		
		1	Explain common side effects associated with pharmaceutical drugs and natural health products.
		2	Seek appropriate reference materials to understand side effects associated with pharmaceutical drugs and natural health products.
d	Toxicity.		
		1	Explain difference between side effects and toxicity.
		2	Seek appropriate source materials to identify the toxic effect of common natural health products or pharmaceutical drugs.

	Competency	Indicator #	Performance Indicator
2.17	Recognize the signs and symptoms of potentially serious or life-threatening conditions to determine whether referral to other health-care professionals or agencies is required. (S)		
		1	Identify common signs and symptoms of conditions that could pose serious or life-threatening risk to health (e.g., seizures, heart attack, shock).
		2	Offer appropriate support for serious or life-threatening conditions (e.g., CPR, first aid, 911, referral to other health-care professionals).
2.18	Identify disease processes and their manifestations to recognize a conventional diagnosis and understand its implication for the purpose of homeopathic assessment, prognosis, treatment and potential referral.		
		1	Demonstrate a basic knowledge of disease processes and their manifestations (e.g., pathophysiology).
		2	Identify common terminologies and abbreviations frequently used in diagnosis.
		3	Recognize common diagnoses from other health-care professionals.
		4	Demonstrate how other health-care diagnoses may impact homeopathic assessments.
		5	Seek current information related to conventional diagnoses when necessary.

	Competency	Indicator #	Performance Indicator
2.19	Recognize common symptoms of pathologies in order to identify characteristic and individualized symptoms in the patient. (K, S)		
		1	Demonstrate knowledge of common pathologies.
		2	Differentiate between common pathological symptoms and uncommon symptoms.
2.20	Demonstrate skills to perform a physical examination within the scope of homeopathic practice. (K, S)		
		1	Use appropriate physical examination skills (e.g., observation, palpation, inspection).
		2	Use infection control practices while performing a physical examination.
		3	Demonstrate knowledge of controlled acts under the <i>Regulated Health Professions Act</i> (1991) as they relate to physical examination.
2.21	Recognize when homeopathic treatment can complement, interact and/or interfere with other health care that the patient is receiving.		
		1	Demonstrate an understanding of the scope of practice of other health-care professions.
		2	Recognize when homeopathic treatment can complement, interact or interfere with other health-care treatment.
2.22	Recognize integrative modalities that may complement homeopathic treatment in improving patient outcome.		
		1	Identify circumstances when other modalities can complement homeopathy.

	Competency	Indicator #	Performance Indicator
2.23	Understand handling, dispensing and storage of medicines as set out in the professional practice guidelines. (S)		
		1	Identify factors that may inactivate medicines.
		2	Identify factors that may contaminate medicines.
		3	Explain the process of grafting.
		4	Explain the process of compounding.
		5	Identify types of storage materials that may be used to contain medicines.
2.24	Possess a current certification in health-care provider CPR and standard first aid. (S)		
		1	Possess a current certification in health-care provider CPR and standard first aid.

	Competency	Indicator #	Performance Indicator
Competent Application of Knowledge			
Initial Intake			
2.25	Inform the patient and obtain informed consent regarding the nature of the homeopathic process including:	1	Obtain informed consent throughout consultation and treatment.
a	Confidentiality; (K, S)		
		1	Describe what information will be collected and how it will be recorded, used and disclosed.
		2	Describe who will have access to the records.
		3	Explain the reason for maintaining confidentiality of patient information.
		4	Explain reasons for disclosure of confidential information without consent, as required or authorized by legislation.
b	Basic homeopathic principles and process;		
		1	Describe the concept of homeopathy.
		2	Describe risks and benefits of homeopathic treatment.
		3	Describe the patient's role and responsibility in the homeopathic process.
		4	Explain the role and responsibility of the homeopath.
		5	Explain how homeopathic treatment is planned, undertaken, evaluated and reviewed.
c	Nature and safety of medicine;		
		1	Explain the nature and safety of medicines.

	Competency	Indicator #	Performance Indicator
d	Duration and frequency of visits;		
		1	Explain the frequency and duration of typical visits.
e	Treatment expectations (acute vs. chronic, prognosis); and		
		1	Explain how treatment addresses acute versus chronic conditions.
		2	Explain reasonable outcome expectations of the treatment.
f	Fee schedule.		
		1	Explain fee structure for services.
		2	Explain fee structure for products and medicine.
2.26	Review patient intake form (e.g., family health history, patient health history, chief complaint, etiology, supplements and pharmaceuticals, lifestyle assessment).		
		1	Confirm intake form information during initial meeting with the patient.
		2	Evaluate and clarify any information pertaining to the form.

	Competency	Indicator #	Performance Indicator
Case-Taking Consultation			
2.27	Establish a therapeutic relationship by developing a rapport with patients that facilitates the sharing of information in a professional environment.		
		1	Use active listening to facilitate reciprocal communication.
		2	Understand non-verbal communication.
		3	Minimize obstacles to communication.
		4	Manage personal responses to patient's information.
2.28	Collect detailed information regarding the health status of the patient to obtain a totality of symptoms using the following:		
Subjective findings including:			
a	Patient's personal account of chief complaints and other symptoms (e.g., health/illness/experiences and the effects on quality of life); (K, S) and		
		1	Use active listening skills to obtain account of chief complaints.
		2	Document detailed information about chief complaints and other symptoms.
b	Information provided by the patient's extended network if appropriate (e.g., family, caregiver).		
		1	Document information provided by the patient's extended network.

	Competency	Indicator #	Performance Indicator
Objective data including:			
c	Homeopath's observation (i.e., visual, etc.) (K, S)		
		1	Observe patient's non-verbal communication.
		2	Document detailed information about observations.
d	Physical exam, as required, within the scope of practice of homeopathy; (K, S) and		
		1	Demonstrate an understanding of conditions when physical exam may be necessary.
		2	Conduct physical exam as necessary.
		3	Document observations and clinical data from physical exam.
e	Medical tests, diagnostic or laboratory result reports.		
		1	Review medical, diagnostic and laboratory reports as they relate to the case.
		2	Apply the data from medical, diagnostic and laboratory reports to the case analysis.
		3	Document conclusions obtained from medical tests and diagnostic or laboratory reports.
2.29	Utilize effective listening and communication skills, taking into account the age, gender, culture, language, ability, emotional and developmental state of the patient. (K)		
		1	Demonstrate active listening skills.
		2	Adapt communication techniques to the recipient (e.g., patient, family, other health-care professionals).

	Competency	Indicator #	Performance Indicator
2.30	Demonstrate interviewing and case-taking skills to elicit spontaneous responses from the patient (e.g., using open-ended questions, avoiding leading questions, respecting silence). (K)		
		1	Demonstrate interview techniques that allow the patient to share information.
		2	Respect the boundaries of the therapeutic relationship.
2.31	Encourage more detailed responses from the patient to formulate a complete symptom statement.		
		1	Demonstrate how to pose specific questions that elicit more detailed responses from the patient for symptom clarification (i.e., peculiar, uncommon, characteristic symptoms).
		2	Respect the boundaries of the therapeutic relationship.
Case Analysis			
2.32	Analyze case findings to identify the characteristic signs and symptoms to construct a hierarchy of symptoms (e.g., “image of the disease”).		
		1	Analyze the totality of collected data.
		2	Extract relevant data to construct hierarchy of symptoms.
2.33	Use various approaches to case analysis (e.g., etiology, totality of characteristic symptoms, constitutional basis).		
		1	Apply suitable methods of case analysis to arrive at a homeopathic differential diagnosis.

	Competency	Indicator #	Performance Indicator
2.34	Select rubrics for repertorization to reach a homeopathic differential diagnosis.		
		1	Demonstrate how to select relevant rubrics pertaining to the case.
		2	Develop a short list of rubrics for the case.
2.35	Research homeopathic references and literature to confirm the medicine selection using:		
a	Materia Medica;		
		1	Demonstrate how to seek the required information of the indicated medicine in Materia Medica.
		2	Apply information from Materia Medica to confirm the medicine selection.
b	Clinical and proving data;		
		1	Demonstrate how to seek the required information of the indicated medicine in the clinical and proving data when necessary.
		2	Apply information from the clinical and proving data to confirm the medicine selection when necessary.
c	Historical journals; and		
		1	Demonstrate how to seek information on indicated medicines in historical journals when necessary.
		2	Apply information from the historical data to confirm the medicine selection when necessary.

	Competency	Indicator #	Performance Indicator
d	Cured cases.	1	Demonstrate how to seek information on cured cases when necessary.
		2	Apply information from cured cases to confirm the medicine selection when necessary.
2.36	Synthesize the collected information and utilize critical thinking to arrive at homeopathic diagnosis. (K)		
		1	Analyze information using homeopathic methodologies.
		2	Interpret collected information using critical thinking skills.
		3	Apply homeopathic principles to arrive at a homeopathic diagnosis.
Selection and Dispensing of Medicine			
2.37	Select suitable medicine or sequence of medicines to restore/maintain optimal health and vitality. (K, S)		
		1	Select medicine that will have a desired effect based on the differential diagnosis.
		2	Select subsequent medicine based on the outcome of the previous medication and the current differential diagnosis when necessary.
2.38	Select administration of medicine including:		
a	Homeopathic potency (e.g., MT, X, D, C, Q or LM); (K)		
		1	Determine case-specific potency.
b	Posology (e.g., dosage); and (K)		
		1	Determine case-specific posology.

	Competency	Indicator #	Performance Indicator
c	Delivery mechanism (e.g., dry, liquid, injectable when or if approved in the scope of practice). (K)		
		1	Select appropriate delivery mechanism.
2.39	Provide written instruction to patient on use of medicine including:		
a	Administration; (K, S)		
		1	Provide, in writing, how medicine is to be taken.
b	Storage; (K, S)		
		1	Provide, in writing, how medicine is to be stored.
c	Cautions and warnings; (S)		
		1	Provide, in writing, the cautions and warnings associated with taking the medicine.
d	Interactions; (K,S) and		
		1	Provide, in writing, the possible interactions with other treatments.
e	Dietary and lifestyle recommendations. (K, S)		
		1	Provide, in writing, recommended dietary and lifestyle changes.
2.40	Communicate individualized treatment plan to the patient.		
		1	Adapt communication of treatment plan to the patient.
		2	Confirm that patient understands the treatment plan.

	Competency	Indicator #	Performance Indicator
2.41	Document treatment plan in patient's file including name, potency and posology, and rationale of medicine. (K, S)		
		1	Record all applicable data related to patient treatment plan.
Case Management			
2.42	Monitor patient response to medicine, and changes in patient health status. (S)		
		1	Record patient's observations after administration of medicine.
		2	Record objective, subjective and diagnostic changes.
		3	Encourage patient to keep homeopath informed of notable changes.
2.43	Evaluate, interpret and adjust treatment plan (e.g., second prescription) taking into consideration direction of cure, return of old symptoms, and/or new symptomatology. (S)		
		1	Recognize impact of previous treatment.
		2	Identify when there is a need for change to the treatment plan.
		3	Determine the prognosis after observing the action of the medicine.
		4	Adjust treatment plan.

	Competency	Indicator #	Performance Indicator
2.44	Promote patient-specific healthy lifestyle choices to optimize treatment outcome.		
		1	Determine the impact of current lifestyle on patient's case.
		2	Identify aspects of lifestyle that may be improved.
		3	Encourage patient to adopt lifestyle choices that will optimize health.
2.45	Develop in consultation with patient, a plan for the continuation of homeopathic care.		
		1	Confirm that treatment plan reflects the patient's concerns and health-care goals.
		2	Demonstrate effective ways to enable individuals to recognize progress.
2.46	Recommend referral and/or collaborate with other health-care practitioners, as required, to provide optimal care to the patient. (S)		
		1	Collaborate and refer in the best interest of the patient.

	Competency	Indicator #	Performance Indicator
	Practice Management		
3	Practice Management		
3.1	Manage a practice environment that is professional and safe for patients and staff. (K, S)		
		1	Maintain a professional personal presentation (e.g., attire, hygiene, etiquette).
		2	Maintain professional practice environment.
		3	Identify risks to safe practice (e.g., harassment, physical abuse, discrimination, sexual harassment).
		4	Address the identified risks to safe practice.
3.2	Maintain confidential patient records as per standards, regulations and guidelines. (K)		
		1	Demonstrate knowledge of relevant standards, regulations and guidelines.
		2	Demonstrate how to protect confidentiality and security of information throughout collection, use, storage, disclosure and destruction processes.
3.3	Develop administrative and management skills (e.g., maintaining patients' and financial records, managing staff).		
		1	Demonstrate administrative skills.
		2	Demonstrate office management skills.

	Competency	Indicator #	Performance Indicator
3.4	Respect patients' right to choose to integrate other therapeutic modalities in combination with homeopathic treatment.		
		1	Support of informed decision-making.
		2	Support patient's choice to seek care from other health-care professionals.
3.5	Implement safety measures to protect patients, self and colleagues from injury and hazards. (S)		
		1	Identifying physical risks to self and others within treatment facility (e.g., icy walkway, trip hazard, fire, chemical, choking hazard).
		2	Address physical risks to self and others.
3.6	Develop and maintain appropriate billing practices as per standards, regulations and guidelines.		
		1	Develop appropriate billing practices as per standards, regulations and guidelines of the College of Homeopaths of Ontario.
		2	Maintain appropriate billing practices as per standards, regulations and guidelines of the College of Homeopaths of Ontario.

Glossary

Active listening

Active listening aids the homeopath in recording the patient's words and non-verbal cues. As contrasted with passive listening, the homeopath confirms what he/she has heard by restating or paraphrasing in order to optimize case-taking. This form of communication requires the listener to be compassionate, engaged and objective.

Acute Disease

An illness that is usually brief in duration and self-limiting. It will result in a recovery or death.

Biochemical Processes

A process characterized by, produced by, or involving chemical reactions in living organisms.

Body Systems

A series of interconnected or interdependent parts or entities within the human body that act together toward a common life-sustaining purpose. These include the following: musculoskeletal system; endocrine system; nervous system; cardiovascular system; integumentary system; respiratory system; gastrointestinal system; urinary system; reproductive system; eyes, ears, nose and throat; lymphatic and immune systems. (Gray, 2010)

Boundary Violation

A breach in the barrier between a professional and the client, e.g., a reversal of roles in the relationship between a physician and a patient.

Characteristic Symptom

A symptom of an unusual, striking, rare nature that gives the case a pronounced individuality. These symptoms often point to the best indicated medicine.

Chronic Disease

An illness that usually develops slowly results in deterioration of health and does not resolve without intervention.

Competencies

The specific knowledge, skills, attributes and abilities required of an entry-to-practice homeopath in order to practise safety and ethically.

Compounding

Compounding is generally understood as a process whereby a health-care practitioner mixes or prepares health products (natural, medicinal, etc.) to an exact specification tailored to a patient's needs, and in a vehicle desired (cream, lotion, gel, drops, capsules, pellets, etc.). Compounding is generally used to:

1. Provide products unavailable or not readily available in the specifications needed by a practitioner (e.g., strength) to address the specific health concerns, symptoms and needs of a particular patient, and/or to meet the specific requirements of a particular health care practice;
2. Provide products free of preservatives, dyes and chemical allergens; and
3. Prepare palatable flavoured dosage forms.

(Health Canada, Natural Health Products Directorate, October 2006)

Conventional Diagnosis

Medical diagnosis by a physician.

Diagnosis

See Homeopathic Diagnosis.

Differential diagnosis (homeopathic)

The differentiation between two or more similar medicines under consideration for a patient. (Yasgur, 1998)

Dis-ease

A lack of ease. This can be an illness or sickness; a disturbance in structure or function of an organ, body system, part of the body or mental state. (Castro, 1996)

Dynamic Disturbance

The level at which the causation of the disease originates and disrupts homeostasis.

Ethics

The branch of knowledge that deals with moral principles; especially those principles related to or affirming a specified group, field or form of conduct. (Oxford Dictionary, 2010)

Evidence-Based Research

Evidence research can encompass proven practices and methodology such as clinical trials.

Grafting

Process of medicating blank pellets. (Yasgur, 1998)

Homeostasis

A balanced state of health.

Homeopathic Diagnosis

The process of establishing a meaningful totality from the patient's signs and symptoms directed from mental, emotional and physical signs and symptoms, past and present symptoms, acute and chronic states, physical pathologies and life experience. (Castro, 1996)

Informed Consent

Ensuring that the patient understands and appreciates the nature, anticipated benefits, material risks and side-effects and alternatives, including the likely consequences of not proceeding, of the proposed intervention and agrees to proceed with it. (*Health Care Consent Act*, 1996)

Integrative Modalities

Treatment strategies that combine conventional therapeutic options with traditional healing systems for patient-centred care.

Intraprofessional

Providers from same professions working together with interaction as an important goal to collaborate in providing services. (Adapted from the World Health Organization, 1998)

Interprofessional

Providers from different professions working together with interaction as an important goal to collaborate in providing services. (Adapted from the World Health Organization, 1998)

Jurisprudence

The knowledge of the legal and professional principles that apply to the practice of the profession.

Law of Similars

The principle of “like cures like.” This means if a substance can cause symptoms in a healthy person, it can treat a sick person suffering from similar symptoms.

Materia Medica

Latin for “material of medicine.” A reference book listing of medicines and their therapeutic actions/indications. This information comes primarily from the provings of the medicines and also clinical observations.

Medicine

Refers to homeopathic medicine, homeopathic remedy, homeopathic preparation and homeopathic drug as per the Evidence for Homeopathic Medicines Guidance Document (Health Canada, 2007) as well as products that the homeopath may compound, dispense or recommend for the individual use of the patient.

Miasms

A block to health, usually left by a disease. This can be inherited or acquired and is an obstacle to cure. (National Center for Homeopathy, 2011)

Naturopath

A practitioner of a system of medical science comprising many natural healing techniques. (Yasgur, 1998). In the Province of Ontario, a naturopath is someone who is registered with the College of Naturopaths of Ontario.

Obstacle to Cure

Something that hinders or prevents cure or recovery from an illness or injury. (Yasgur, 1998)

Old Symptoms

Symptoms associated with the patient's first departure from good health. These symptoms are associated with chronic disease and are of high value in case management. (Yasgur, 1998)

Organon of the Medical Art

The philosophical and practical guideline of the medical art and science of homeopathy as written by its founder, Samuel Hahnemann. Note that references throughout the document refer to the 6th edition. However, TC-CHO recognizes that many practitioners may practice using earlier versions of the *Organon of the Medical Art*.

Patient

May be an individual, group or organization receiving professional homeopathic services, products or information.

Patient-Centred Approach

An approach in which patients are viewed holistically. In addition to delivering services, a patient-centred approach involves advocacy, empowerment and respecting the patient's self-determination.

Pharmacotherapy

Medical treatment by means of drugs including pharmaceutical and natural health products.

Potency

The level of potentization of a homeopathic medicine. Potency is represented as a number attached to the medicine name (e.g., Aconite 30c or Arnica 6C). (Castro, 1996)

Potentization

The multi-step process of preparing a medicine according to the standards of homeopathic pharmacy.

Proving

A controlled clinical trial in which a medicine is administered to healthy volunteers to ascertain what changes (signs and symptoms) the medicine produces on the body and the mind. Participants in a proving record their symptoms, and the symptoms are collated and used as therapeutic indications for prescribing that substance.

Repertorize

To research rubrics in the repertory in order to determine which remedy (or remedies) is common to the presenting symptoms.

Repertory

An index to the Materia Medica: an index of symptoms with a list of remedies indicated for each symptom.

Rubric

An abbreviated symptom listed in a homeopathic repertory. Each rubric is followed by a listing of all the remedies that have either brought out the symptom in a proving (pathogenic) or that have cured the symptom in a patient (clinical). (Yasgur, 1998)

Scope of Practice

Encompasses the services that its practitioners are educated, competent and authorized to provide. (National Physiotherapy Advisory Group, 2009)

Therapeutic Relationship

Is an important relationship that develops trust in the patient and creates a safe space for the disclosure of information and a sense of being listened to and understood. (Gray, 2010)

Totality of Symptoms

All signs and symptoms of the disease including mental, emotional and physical. (Yasgur, 1998)

Unbiased Care

To provide care without being influenced by preferences or an inclination that inhibits one's impartial judgment.

Uniqueness

Includes, race, ancestry, place of origin, colour, ethnic origin, citizenship, creed, sex, sexual orientation, age, marital status, family status or disability (Ontario Human Rights Code, 1990).

References

- Alberta College of Occupational Therapists. (2004). *Essential competencies of practice for occupational therapists in Canada* (2nd ed.). Calgary, AB: Author.
- Ania, F. (1995). *Homeopathy in Canada: A synopsis. Health and homeopathy* 1 (1). p. 4-8.
- Bickley, L. (2007). *Bate's pocket guide to physical examination and history taking* (5th ed.). Philadelphia: Lippincott, Williams and Wilkins.
- Castro, M. (1996). *The complete homeopathy handbook* (3rd ed.). Bolton, ON: PAN MacMillan.
- College of Nurses of Ontario. (2008). *National competencies in the context of entry-level registered nurse practice*. Toronto: Author.
- Consortium of Massage Therapy Regulators. (2012). Inter-jurisdictional competency project practice competency/performance indicator grid. *Consultation document*. Retrieved 5 March 2012
<http://www.cmtom.com/pdfs/MassageTherapyCompetencyIndicatorConsultationDocumentJan132012.pdf>
- Government of Canada's Personal Information Protection and Electronic Documents Act (2000). Retrieved on 2 April 2012, <http://laws-lois.justice.gc.ca/PDF/P-8.6.pdf>
- Gray, A. (2010). *Case taking: Best practice and creating meaning in the consulting room*. New Delhi: B. Jain Archibel.
- Hahnemann, S. (1842). *Organon of the medical arts* (6th ed.). Birdcage Books. (W. Brewster O'Reilley - copyright 1996).
- Health Canada. (2004). *Natural health product regulation*. Retrieved 12 October 2011
<http://www.hc-sc.gc.ca/dhp-mps/prodnatur/index-eng.php>
- Kaplan, B. (2001). *The homeopathic conversation: The art of taking the case*. Oregon: Natural Medicine Press.
- National Center for Homeopathy. (2011). *Homeopathy today*. Autumn 2011. Alexandria, VA: Author.

National Physiotherapy Advisory Group. (2009). *Essential competency profile for physiotherapist in Canada*. Toronto: Author.

Ontario's *Health Care Consent Act* (1996). Retrieved 5 December 2011
http://www.e-laws.gov.on.ca/html/statutes/english/elaws_statutes_96h02_e.htm

Ontario's *Regulated Health Professions Act*. (1991). Retrieved 13 October 2011
http://www.e-laws.gov.on.ca/html/statutes/english/elaws_statutes_91r18_e.htm

Ontario Human Rights Code, R.S.O. (1990) c. H-19. Retrieved 2 December 2011
http://www.e-laws.gov.on.ca/html/statutes/english/elaws_statutes_90h19_e.htm

Ontario's *Personal Health Information Protection Act* (2004). Retrieved 2 April 2012
http://www.e-laws.gov.on.ca/html/statutes/english/elaws_statutes_04p03_e.htm

Ontario's Homeopathy Act (2007). Retrieved 13 October 2011
http://www.e-laws.gov.on.ca/html/statutes/english/elaws_statutes_07h10_e.htm

Oxford dictionary (7th ed.). (2000). Hinsdale, IL: Penguin Press.Oxford Dictionary

Skills for Health U.K (2009). *National occupational standards for homeopathy*. Retrieved 5 March 2012,
http://www.homeopathy.org.mt/national_occupational_standards_for_homeopathy.pdf

Society of Homeopaths (2011). Complimentary and natural healthcare national occupational standards for homeopaths. Retrieved 5 March 2012, <http://www.a-r-h.org/Members/NOS.pdf>.

World Health Organization. (1998). *Health promotion glossary*. Geneva, Switzerland. Retrieved 13 October 2011
http://who.int/hpr/NPH/docs/hp_glossary_en.pdf

Yasgur, J. (1998). *Yasgur's homeopathic dictionary and holistic health reference*. El Paso, Texas: Van Hoy Publishers.

Appendix A – Acknowledgements

The development of the *Performance Indicator Profile* was made possible through the hard work and devotion of many groups and individuals.

Thanks are extended to the members of two dedicated Panels that included homeopaths from across the province, representing the educational and professional sectors, who contributed content expertise.

Performance Indicator Panel consisting of Whitney Collins, Lucia Dias, Kerri Flood, Savitri Kulkarni, Bhupinder Sharma and Kelly Warren.

Ad Hoc Advisory Panel consisting of Eden Gajraj (transitional Council), Nadia Bakir (Board of Directors of Drugless Therapy - Naturopathy), Iman Navab (Canadian College of Holistic Medicine), Charlotte Robertson (Canadian College of Homeopathic Medicine), Sheila McKenzie (Canadian College of Humanitarian Medicine), Alka Dalal (Homeopathic Medical Association of Canada), Kashka Kril-Atkins (North American Society of Homeopaths), Haroula Battista (Ontario College of Homeopathic Medicine), Dennis Chadbourne (Ontario Homeopathic Association) and Christine Jambrosic (School of Homeopathy).

Special thanks are extended to members of the transitional Council for their hard work and leadership including:

Steering Panel consisting of Kathy Desjardins, Eden Gajraj, Ling Goh, Bhupinder Sharma and Kelly Warren.

Transitional Council consisting of Jim Dunsdon, Whitney Collins, John Curran, Kathy Desjardins, Eden Gajraj, Ling Goh, Ron Harris, Margaret Martin, John Millar, Wangari Muriuki, Luba Plotkina, Bhupinder Sharma and Kelly Warren.

Transitional Council staff Katharine McEachern provided the leadership, and Basil Ziv, Janet Blanchard and Mary Kennedy provided team and administrative support for the project.

Karine Georges of *Assessment Strategies Inc.* was the project consultant. The high quality of her guidance and assistance is recognized and appreciated by all involved in this project.

Finally, this project would not be possible for the funding from the Ministry of Health and Long-Term Care to whom we are extremely grateful.



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