Complementary Health Sciences

Certificate - Diploma - Master's Degree Course Curriculum

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EU-Project Leonardo da Vinci A/02/B/F/PP-124.205
edition@inter-uni.net

BUNDESGESETZBLATT
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302. Decree: Conferral of "university-level course" designation and stipulation of the academic degree "Master of Science (complementary, psychosocial and integrated Health Sciences)", "complementary, psychosocial and integrated Health Sciences" courses, Interuniversity Consortium for Integrated Health Promotion, Graz

302. Decree by the Federal Ministry for Education, Science and Culture on conferral of the "university-level course" designation and on stipulation of the academic degree "Master of Science (complementary, psychosocial and integrated Health Sciences)", "complementary, psychosocial and integrated Health Sciences" courses, Interuniversity Consortium for Integrated Health Promotion, Graz

On the strength of §124 Para. 6 of the Universities Act 2002, BGBl. I No. 120, last amended by Publication BGBl. I No. 21/2004, in conjunction with §§27 Para. 1 and 28 Para. 1 of the Law Governing University Studies, BGBl. I No. 48/1997, last amended by Federal Law BGBl. I No. 121/2002, it is decreed:

§ 1. The Interuniversity Consortium for Integrated Health Promotion, Graz, is entitled to designate the two-semester "complementary, psychosocial and integrated Health Sciences" course as a "university-level course".

§ 2. The Interuniversity Consortium for Integrated Health Promotion, Graz, is entitled to designate the four-semester "complementary, psychosocial and integrated Health Sciences" course as a "university-level course".

§ 3. The Interuniversity Consortium for Integrated Health Promotion, Graz, is entitled to designate the six-semester "complementary, psychosocial and integrated Health Sciences" course as a "university-level course".

§ 4. The Scientific Director of the six-semester "complementary, psychosocial and integrated Health Sciences" course confers on the course graduates the academic degree "Master of Science (complementary, psychosocial and integrated Health Sciences)", abbreviated to "MSc".

Note: The two-semester course concludes with the Certificate,
the four-semester with the Diploma, the six-semester with the Master's Degree

This curriculum meets the criteria of the inter-uni.net for integrated health sciences.

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In 2003 – 2005 representatives of a network of European university institutions and other partners developed a standard for continuing education for members of complementary medical professions and those complementary to conventional medicine within the frame of the Leonardo da Vinci project A/02/B/F/PP-124.205 of the European Commission. This standard is submitted to further research and is taught at an interuniversity college and Europe-wide campus network:
www.inter-uni.net > EU-Project: Master of Science, EU Diploma, EU Certificate

Coordination:
Interuniversity College for Health and Development, college@inter-uni.net

Produced as part of the *edition@inter-uni.net* within the framework of an EU Master's
Distant Learning Programme on complementary and integrated health sciences
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Complementary
psychosocial and integrated
Health Sciences

Scientific and psychosocial continuing education for academic members of helping professions including complementary medical (physicians), complementary to medical (other professions) or psychosocial original training to **qualify for research, teaching and public work** through

- Health promotion (WHO), individual promotion of health: Health-related knowledge
- Deepening of psychosocial skills: Communication competency in helping relationships and in public work
- Understanding paradigms of complementary-medical approaches and those complementary to medical methods as possibilities of regulatory resource promotion (without therapeutic claim)
- Research knowledge and working scientifically in the sense of interdisciplinary dialog skills

Course programme in accord with comparable international curricula for MSc (Health Sciences) in cooperation with international post-secondary educational providers, conducted according to the presented curriculum approved by the Ministry of Social Security and Generations (20.900/28-VIII/D/13/01) and by the Ministry of Education, Science and Culture (VII/D/2-3//10.04.2002).

Approved as Master's degree programme by the Ministry of Education, Science and Culture (BGBl II Nr. 203/2002 and BGBl II Nr. 302/2004) with currently about 140 students and graduates from various health-related academic fields, typically in the role of disseminators of this information.

Promoted by the European Commission within the frame of the "Leonardo da Vinci" project for clarity in continuing education (project A/02/B/F/PP-124.205FH), with funding for 2003/2004 by the Ministry of Education, Science and Culture.

Interuniversity College for Integrated Health Sciences

In cooperation with – among others – the Universities of Linz, Vienna, Klagenfurt, Freiburg, Oldenburg, Witten, Bern, Bristol, Southampton, Linköping, Tromsö, Verona, Bordeaux, the association "Universities for Health", the Polytechinc Institute Fulda and the European University Centre for Peace Studies

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Curriculum for Complementary, Psychosocial and Integrated Health Sciences

Scientific and psychosocial continuing education for academic members of helping professions with complementary medical (physicians), complementary to medical (other professions) or psychosocial original competency for **qualification for research, teaching and public work** through

- *Health promotion (WHO), individual promotion of health:* Health-related knowledge
- *Deepening of psychosocial skills:* Communication competency in helping relationships and in public work
- *Understanding paradigms of complementary-medical approaches and those complementary to medical methods* as possibilities of regulatory resource promotion (without therapeutic claim)
- *Research knowledge and scientific work* in the sense of interdisciplinary dialog skills

According to disclosures of the BMSG (Ministry of Social Security and Generations) and the legal department of the Austrian medical association in accordance with the Austrian laws governing education; course programme in accordance with analogous international curricula for MSc (Health Sciences) in cooperation with international post-secondary educational providers, conducted according to the presented curriculum approved by the BMSG (20.900/28-VIII/D/13/01) and the BMBWK (Ministry of Education, Science and Culture) (VII/D/2-3//10.04.2002).

Approved as ***university Master's degree programme for MAS since 2002*** by the Ministry of Education, Science and Culture on 5.2.2002 (BGB1 II Nr. 234/2002), with currently 72 students from various health-related academic fields, typically in the role of disseminators of this information.

Promoted by the European Commission within the frame of the "Leonardo da Vinci" project for clarity in continuing education (project A/02/B/F/PP-124.205FH) with funding for 2003/2004 by the Ministry of Education, Science and Culture.

Organizer
Interuniversity College for Integrated Health Sciences, Inc. (college@inter-uni.net) in international cooperation of post-secondary educational facilities.

Prerequisites for Admission
Graduates of university studies, polytechnic university studies and comparable educational programmes generally relevant to health:

- Human and dental physicians, psychologists, biologists, pharmacists, scientists in the fields of health, nutrition and nursing
- Members of health and social professions with therapeutic, counselling or care-giving licensure by virtue of their basic education, with academic degrees
- Psychotherapists
- After a correspondingly extended entrance interview, suitable persons with academic degrees in a field not immediately related to health, e.g. educators, scientists or members of health management, as well as graduates of pedagogic and social academies are also admitted
- After a correspondingly extended entrance interview, suitable persons without one of the above-mentioned degrees but with at least five years of relevant professional experience in public health or social work or another field relevant to health promotion are admitted, especially graduates of academies for midwifery and upper level medical-technical service, members of upper level health and patient care and graduates of training programmes for academic specialist according to UniStG (Austrian law governing university studies), as long as the earned qualification is comparable to a university degree (Bachelor level).

Preferred applicants include those who are able to demonstrate completion of education, continued or further education in the fields of complementary-medical (physicians), complementary to medical (other

professions) or psychosocial therapeutic, counselling, supporting, educational or scientific fields from professional organisations in accord with the laws governing education and professional practice of their choice.

All applicants must undergo an entrance interview ascertaining the level of prior education, scientific and psychosocial dialogue skills as well as a reality-based and legal appraisal of the additional qualifications to be earned in the course of study applicable to their own professional field.

In any case the course of study itself will provide no authorization for any kind of therapeutic professional practice but a qualification for research, teaching and public work.

For students without health-related professional training a 8-hour reference course "Main features of health laws with particular emphasis on laws governing the practice of health professions" or an equivalent is mandatory; students with health-related training get 8 hours credit.

Attendance, Duration and Possible Degrees
The course of study includes on-site and supervised Internet sessions. The following degrees can be earned:

- After 2 semesters: Certificate (Complementary, Psychosocial and Integrated Health Sciences)
- After 4 semesters: Diploma (Complementary, Psychosocial and Integrated Health Sciences)
- After 6 semesters academic degree: Master of Science (Complementary, Psychosocial and Integrated Health Sciences)

- Generally, physicians will be enabled to write their Master's thesis during semester 1 - 4 and get their Master's degree after 4 semesters.

An explicit professional designation in accordance with UniStG is waived.

For members of health professions recognition for the course of study as continuing education credits will be sought from the appropriate authorities.

Goals, Contents
- Intention of this course of study is the *promotion of quality in the field of complementary medicine, medical science, health work and health promotion* through further education of disseminators of this information skilled in scientific and psychosocial dialog, who in turn will be able to contribute to better reflexion of science-hostile currents in the complementary health field and unscientific methods undergoing a scientific-critical examination in order to counteract unscientific therapeutic currents.
- Further goal is to *interconnect perspectives* of members of various health and social professions and others working in health promotion in order to optimise public health. The student will undergo an interdisciplinary and interactive orientation, where applicable laws governing education and professional activity are upheld and no distortion of professional standing and competencies are supported. The student is familiarised with interlinking physiological, psychological, ecological and social aspects of the topics "prevention (medical prevention as well as non-medical prevention) – health – illness – healing – aftercare" on a university level in order to ensure a more comprehensive understanding for his/her own professional environment as well as more comprehensive principles for responsible action. Scientific or psychosocial-scientific, plausible, complementary-medical, body-oriented and psychosocial methods are understood in the sense of resource promotion. This overview facilitates understanding of basic principles of modes of action of overlapping methods and deconstructs negative preconceptions and positive over-valuations of various popular complementary methods.
- Moreover, *deepening psychosocial skills* is important, since complementary medicine and health promotion often have fewer technical tools available to them than conventional methods and thus must rely more heavily on psychological-methodological standards. The in-depth self- and communication-experience is accompanied by a process of individual and guided reflexion, portrayal and discussion on a meta-level and transference into written and oral verifiability and is thus scrutinised and generally objectified.

- Acquiring *strategies for managing stress and burnout* and its reflexion is also crucial in order to effectively counter a vast problem in helping professions.
- The development of an *interdisciplinary language* for various aspects of health promotion is also fostered. To this end all students are to acquire the tools necessary for integrating their professional activities into public health.
- Moreover, students will also hone their ability to do their own *working scientifically* and participate in concrete research projects. We want to point out that scientific reflexion does not necessarily mean scientific evidence of complementary medical methods, but it initiates a survey and assessment resulting in the student's more profound sense of responsibility in practising his/her original profession as well as augment recognition of the importance of psychosocial components (including placebo effect).

International Guidelines and Comparative Programmes

The details of the curriculum were brought into alignment with the corresponding information of MSc programmes especially of the School of Integrated Health of the University of Westminster, the Liverpool John Moores University, the Faculty of Health and Social Care of the University of Salford (MSc in Health Sciences), the University of Integrated Medicine in Washington, of the Southern Cross University Lismore NSW, of the Deakin University Melbourne, the Greenwich University Hilo, the West Chester University Pennsylvania, the Queen Margret University College Edinburgh and the University of East Anglia Norfolk (MSc in Health Sciences). A comparable course of study is also currently under preparation at the University Exeter/Plymouth.

Based on individual national educational and professional provisos members of health-related professions with a focus in complementary-medical methods, those complementary to medical methods or psychosocial aspects are conveyed a deepened scientific and psychosocial continuing education and qualification in research, teaching and public work. The curriculum includes in each case:

- Health promotion (WHO), individual promotion of health: Health-related knowledge
- Deepening of psychosocial skills: Communication competency in helping relationships and in public work
- Understanding paradigms of complementary-medical approaches and those complementary to medical methods as possibilities of regulatory resource promotion (without therapeutic claim)
- Research knowledge and Working Scientifically in the sense of interdisciplinary dialog skills

The term "Health Studies" offers a forum of internationally different approaches to health issues and is not completely congruent with the German term "Gesundheitswissenschaften". Further harmonisation of terminology etc. of other international courses of study within the frame of the EU-programme "Leonardo da Vinci" for clarity in continuing education is currently under preparation under the direction of the applicant institution (College for Integrated Health Sciences).

Main Body

1. Description of the Organizer, Responsibilities, Networking with International University Facilities and Professional Organisations

Organizer of the course of study "Complementary, Psychosocial and Integrated Health Science" is the *Interuniversity College for Integrated Health Sciences* (a non-profit organisation), ("college@inter-uni.net") located at
8042 Graz,
Petrifelderstraße 4.
Austria

Purpose of the association is:

Stimulating critical discussion between mainstream medicine and complementary-medical, complementary to medical and psychosocial elements, establishing criteria for an integrated (holistic) promotion of health,
Establishing qualitative criteria for complementary therapy methods, information for physicians and members of healing professions as well as professionals in the field of health promotion, information for patients / clients,
Interlinking existing relevant university and non-university research and educational facilities, creation of a scientific, public platform for discussion,
Evaluating complementary professional organisations, producing professional publications and teaching material, conductance of international professional conferences and symposia, working with the media,
As well as performing the function of a provider of a university course of study in accordance with § 27/28 UniStG by virtue of the decree of the Ministry on 05.02.2002.

In addition the association conducts a platform for research.

The College coordinates activities jointly with: Institute for Depth Psychology, Graz, Department of Psychotherapy and Psychoanalysis of the Institute for Psychology, University Klagenfurt (psychoanalytical and depth psychological contents), Institute for Environmental Medicine and Hospital Hygiene of the University Freiburg (current research in complementary methods), Institute for Holistic Medicine and Ecology of the University Urbino/Aquila (research methodology, depth psychological principles), Institute for Unconventional Medical Disciplines of the University Witten/Herdecke (current research in complementary methods), School of Integrated Health of the University Westminster (research in complementary methods, further psychosocial training), the German association "Hochschulen für Gesundheit (Post-secondary Schools for Health)" (curriculum) and other partners for establishing a European standard for further and continued education in complementary and psychosocial promotion of health. Non-European cooperation partnerships have been formed – among others – with the Universidad Andina, Quito, Ecuador and the Zaare Sedek Medical Centre in Jerusalem, Israel.

Establishing a relevant Pan-European course of study "Complementary, Psychosocial and Integrated health Sciences" is promoted by the European commission within the frame of the "Leonardo da Vinci" project for clear-cut qualification in collaboration with the Ministry of Education, Science and Culture.

Director of the College is Dr. P. C. Endler, Graz, Prof. (Ret). of the University Urbino, Italy.

Those responsible for the project "Course of Study Complementary, Psychosocial and Integrated Health Sciences" at campus.at@inter-uni.net (for details, see –9-) are:

Course Director: *Dr. P. C. Endler, Prof. (Ret.)*

Medical Director: *Dr. Dr. Henry Spranger, Prof. (Ret.)*

Director of Depth Psychology: *Dr. P. F. Pass*

Design, coordination and scientific direction: Dr. P. C. Endler, Prof. (Ret.)

Salutogenesis: Dipl.-Psych Elke Mesenholl-Strehler (campus.at and campus.de),
Dr. Pam Schickler (campus.int)

Depth Psychology: Dr. P. F. Pass (campus.at and campus.de), Robert Withers (campus.int)

Regulatory Biology: Dr. Dr. H..H. Spranger, Prof. (Ret.)

Complementary-medical and Complementary to Medical Methods:
Dr. Peter Ferdinand (campus.at), Dr. Hubertus Hommel (campus.de), N.N. (campus.int)

Trans-disciplinary and Intercultural Aspects of Medical Science:
Univ.-Prof. Dr. K. W. Kratky

Research Methodology: Dr. P. C. Endler, Prof. (Ret.)

Overall responsibility of content to the Austrian Ministry of Education, Science and Culture:
Univ.-Prof. Dr. med. Michael Frass

Pedagogic Advice: Univ.-Prof. Dr. Erich Leitner

Didactic Advice and that Regarding Content: The international partners of the Leonardo da Vinci project A/02/B/F/PP-124.205FH, in particular Prof. Dr. Eberhard Göpel, Dr. Gudrun Bornhöft, (all Ger), Prof. Dr. Paolo Bellavite, (I), David Lorimer (GB), Dr. Maria Sagi (H), Dr. Michel van Wassenhoven (B).

Medical Advice: see advisory board (9)

Student-tutoring: Alexandra Zorn-Haas, Mag. David Dapra MAS

For a description of instructors' qualifications see (9).

The structure of this programme was developed in ***international collaboration of universities*** (www.inter-uni.net). It complies with British and German regulations for programmes of study including correspondence courses, where in this case supervised Internet attendance was instituted in addition to on-site attendance.

2. Legal Frame
The curriculum is established in an international cooperation of post-secondary educational facilities and is offered by a non-profit organisation. The development of this programme included making it suitable for continuing education accreditation in accord with the various affected professional groups (see licensure). The formal process regarding this goal is currently under way. The course of study constitutes a continuing education for additional qualification and does not lead in and of itself to licensure for therapeutic practice.

3. Goals (general, overlapping educational principles)

- Intention of this course of study is the *promotion of quality in the field of complementary medicine, medical science, health work and health promotion* through further education of disseminators of this information skilled in scientific and psychosocial dialog, who in turn will be able to contribute to better reflexion of science-hostile currents in the complementary health field and unscientific methods undergoing a scientific-critical examination in order to counteract unscientific therapeutic currents.
- A further goal is to *interlink perspectives* of members of various health and social professions and others working in health promotion in terms of optimising public health. The student will undergo an interdisciplinary and interactive orientation, where applicable laws governing education and professional activity are upheld and distortion of professional pictures and competencies are not supported. The students are familiarised with interlinked physiological, psychological, ecological and social aspects of the topics "prevention (medical prevention as well as non-medical prevention) – health – illness – healing – aftercare" on a university level in order to ensure a more comprehensive understanding for their own professional environment as well as more comprehensive principles for responsible action. Scientific or psychosocial-scientific, plausible, complementary-medical, body-oriented and psychosocial methods are understood in the sense of resource promotion. This overview facilitates understanding of basic principles of modes of action beyond individual methods and deconstructs negative preconceptions and positive over-valuations of various popular complementary methods.
- Moreover, deepening psychosocial skills is important, since complementary medicine and health promotion often have fewer technical tools available to them than conventional methods and thus must rely more heavily on psychological-methodological standards. In-depth self-awareness and communication-experience is accompanied by a process of individual and guided reflexion, portrayal and discussion on a meta-level and translation into written and oral verifiability and thus scrutinised and generally objectified.
- Acquiring strategies for managing stress and burnout and its reflexion is also crucial in order to effectively counter a vast problem in helping professions.

- The development of an interdisciplinary language for various aspects of health promotion is also fostered. To this end all students are to acquire the tools necessary for integrating their professional activities into public health.
- Moreover, students will also hone their ability to do their own Working Scientifically and participate in concrete research projects. We want to point out that scientific reflexion does not necessarily mean scientific evidence of complementary medical methods, but it initiates a survey and assessment resulting in the student's more profound sense of responsibility in practising his/her original profession as well as augment recognition of the importance of psychosocial components (including placebo effect).
- All in all the purpose of this course of study is to integrate diverse helping professions on the level of scientific discourse and psychosocial communication and not on the level of the individual's responsibility for professional practice.

4. Qualification Profile

Upon graduation the students will be equipped to view the expert knowledge and skills of their original (conventional) training as well as any further education in a complementary medical, complementary to medical or psychosocial method from a broader ("integrated") perspective, i.e. adeptly linking mainstream and complementary elements of knowledge in an interdisciplinary dialog.

The students are to integrate the acquired skills in principles of health promotion, general theory of conventional and complementary methods and depth-psychological relationship formation into a system beyond individual disciplines and critical assessment of complementary methods, into research methodology and current research of regulation medicine and into the principles of promoting quality in the complementary healing method of their original professional training. Graduation from this course of study is proof of fundamental knowledge in the listed subjects, corresponding discourse skills and the ability to conduct interdisciplinary, Working Scientifically. Fields of application of graduates are especially those of research, teaching and public work.

The course of study constitutes a continuing education for additional qualification and does not lead in and of itself to licensure for therapeutic practice.

Upon completion of the course of study the student will be able to:

- Establish an overview of the field of study
  - Delineate essential terms and facts of the field of study
  - Delineate essential concepts of the field of study (in an internal and external interdisciplinary approach)
  - Critically correlate and assess the pros and cons of these concepts as well as critically evaluate essential points of view

- Link the field of study with his/her original competency
  - Correlate relevant aspects between his/her original competency and the field of study and critically discuss these

- Apply and implement this synthesis into his/her own practise (see, the particular modules)

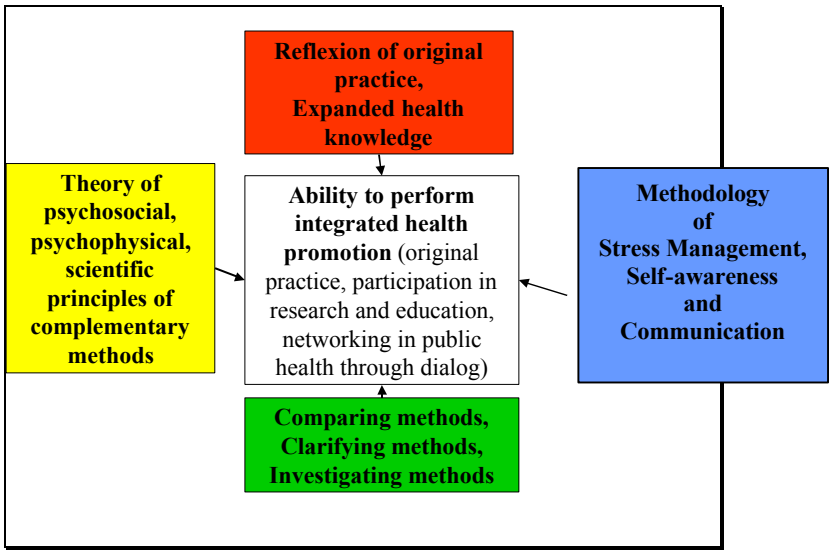
- Conduct relevant research
  - Formulate research questions in the field of study and their relevancy to his/her own original competency
  - Design and critically discuss such questions
  - Independently conduct relevant research
  - Delineate and critically discuss in an interdisciplinary context the results of such research

- Conduct relevant education (adult education)
  - Justify and discuss the choice and methodology of research questions, as well as propose and discuss alternative designs
  - Engage others in such research
  - Integrate alternative interpretations of the results in a critical discussion

- Perform corresponding public service
  - Make factual arguments in public discussions,
    abide by psychosocial communication rules, contrast and integrate alternative and contradictory points of view

- Coordinate several partners in research and publication
- Delineate and publish study results clearly and on diverse levels of understanding (e.g. experts - interdisciplinary interested parties - laymen)
- Chair public discussions
- Advise decision makers of public health
- Participate in relevant public health projects, independently conduct such projects, or coordinate them in a directing position.

For clarification, see figure 1.



5. Layout of Curriculum

The layout of the curriculum is based on international comparable courses of study (see enclosure).

5.1 Length of Study and Workload, Degrees Earned

Counterparts to the European Credit Transfer System corresponding to the Bologna Process in the German interpretation: The workload for the course of study, as accredited by the Austrian Ministry of Science, consists of 80 ECTS-credits. It is in accord with international guidelines for Master's degree programmes in continuing education, especially those of the Validation Board of the University of Wales in connection with British Universities and the requirements of the European Centre for Correspondence Courses, Sachsen-Anhalt in connection with German Universities.

Minimum length of study for the Certificate (225 contact hours = 15 semester hours + independent work) is 2 semesters; for the Diploma (total contact hours 425 = 28.3 semester hours + independent work) 4 semesters; for the academic degree (540 contact hours = 36 semester hours + independent work and composition of a written paper) 6 semesters. The course of study includes on-site and supervised Internet attendance, as well as supplementary independent work.

Table 1 (below) gives an overview over the expenditure of time regarding the various elements of the programme (total 540 hours = 36 semester hours, plus independent work, preparation for exams and written final paper).

5.2 Structuring

In order to ensure an optimal approach to the contents of the programme based problem-solving, practice-oriented, theoretical courses (S1 –S6), one course in scientific reflexion and deepening the student's original competency and public work (S7) and one course in guided deepening of psychophysical and psychosocial knowledge and skills (S8) are offered in combination. Each course 1 - 6 begins and ends with an on-site seminar. The on-site seminars take place on a quarterly basis. Work in the time between seminars consists of attendance phases in the respective subject in the form of supervised Internet sessions. Subjects 7 and 8, however, accompany the entire course of study over the 6 semesters. Additional seminars requiring attendance are held for subjects 7 and 8 (table 1). As per agreement

supervised Internet attendance phases can be replaced in certain cases by on-site attendance phases. In addition self-study, independent work and preparations for exams are required as well as a written final paper.

Legend to Table 1 (overleaf):

Term: Current year, semester and calendar month in chronological order (vertical)
Attendance Phases: either quarterly seminar (Quart. Seminar) = weekend seminar on a quarterly basis (as a rule 20 hours) or intermediate seminar (Interm. Seminar) (monthly, as a rule 3 hours; if necessary several seminars may be combined in one block for organisational reasons) or IP = supervised Internet attendance phase (as a rule 3 hours/week)
Time in h: duration of listed attendance phase(s) in hours
Focus: emphasis of course content of the respective quarterly seminar is as a rule the beginning or, respectively, the completion of instruction in one of the successive subjects 1 - 6 (S 1- 6, general theory), additional emphasis of every quarterly seminar is in the form of instruction in the accompanying subjects 7 (S 7, practical reflexion) and 8 (S 8, psychophysical and psychosocial knowledge and competency, PPPS)
Short description of courses: More detailed descriptions are given later on in the text
Exam: Final exams by committee
Intermediate sums workload segment 1, 2 and 3: Sums of supervised class hours in programme segments 1, 2 and 3
Total sum: Sums of supervised class hours of the entire course of study for the academic degree (MSc), also in semester hours.

In addition to supervised class hours the students will undergo continual self-study and supplemental independent work as well as preparation for exams and composition of a comprehensive written paper. Drafting this work (thesis) begins as a rule in semester 5 and requires two semesters. The succession of subjects 1 - 6 given in table 1 might be rearranged for organisational reasons.

Table 1

Term	Attendance Phase	Time (h)	Focus	Theory S1-6	Reflexion S7	PPPS S8
Year 1, Semester 1+2						
Oct	Quart. Seminar 1	20	Start of Subject 1, Salutogenesis	4	7	9
Nov	IP	18		18	-	-
	Interm. Seminar	3		-	-	3
Dec	IP	18		18	-	-
Jan	Quart. Seminar 2	20	End of Subject 1; Start of Subject 2, Depth Psychology	9	2	9
Feb	IP	18		18	-	-
	Quart. Seminar	3		-	-	3
Mar	IP	18		18	-	-
Apr	Quart. Seminar 3	20	End of Subject 2; Start of Subject 3, Work. Scientifically	9	2	9
May	IP	18		18	-	-
	Interm. Seminar	3		-	-	3
Jun	IP	18		18	-	-
Jul	Quart. Seminar 4	18	End of Subject 3	5	4	9
	Interm. Seminar	30		-	30	-
	(Students as a rule receive credit for this intermediate seminar for prior accomplishments)					
Intermediate sum workload Segment 1 ***(Certificate)***		*225*		*135*	*45*	*45*
Year 2, Semester 3+4						
	Interm. Seminar	5		-	-	5
Oct	Quart. Seminar 5	20	Start of Subject 4, Regulatory Biology	4	7	9
Nov	IP	18		18	-	-
	Interm. Seminar	3		-	-	3
Dec	IP	18		18	-	-
Jan	Quart. Seminar 6	20	End of Subject 4; Start of Subject 5, Introduction to Methods	9	2	9
Feb	IP	18		18	-	-
	Interm. Seminar	3		-	-	3
Mar	IP	18		18	-	-
Apr	Quart. Seminar 7	20	End of Subject 5; Start of Subject 6, Integration of Methods	9	2	9
May	IP	18		18	-	-
	Interm. Seminar	3		-	-	3
Jun	IP	18		18	-	-
Jul	Quart. Seminar 8	18	End of Subject 6	5	4	9
Intermediate sum workload Segment 2		*200*		*135*	*15*	*50*
Total sum workload Segment 1 + 2 ***(Diploma)***		*425*		*270*	*60*	*95*

Table 1, cont.

Term	**Attendance Phase**	**Time (h)**	**Focus**	**Theory S1-6**	**Reflexion S7,** incl. health laws	**PPPS S8**
Year 3, Semester 5+6						
Oct	Quart. Seminar 9	25	S7/S8	15	10	
Nov						
	IP	5			5	
Dec						
Jan	Quart. Seminar 10	25	S7/S8	15	10	
Feb						
	IP	5			5	
Mar						
Apr	Quart. Seminar 11	25	S7/S8	15	10	
May						
	IP	5			5	
Jun						
Jul	Quart. Seminar 12	25	S7/S8	15	10	
Intermediate sum workload Segment 3		*115*			*75*	*40*
Total sum workload Segment 1+2+3 ***(MSc)***		*540*		*270*	*135*	*135*
Semester hours		***36***		***18***	***9***	***9***

The total amount of 540 contact hours divides into 270 contact hours of theory (subjects 1-6, including Internet contact), 135 contact hours of reflexion and scientific deepening of the original professional practice and 135 contact hours of guided deepening of *psychophysical and psychosocial competency based on theory, plus independent work and preparations for examinations as well as composition of thesis.*

Generally, physicians will be enabled to write their Master's thesis during semester 1 - 4 and get their Master's degree after 4 semesters.

5.3 Programme Segments and Available Degrees

Programme segment 1 consists of the successive subjects (= courses = modules) 1 - 3 as well as parts of the accompanying subjects 7 and 8 and concludes with seminar 4 at the end of semester 2 (table 1) (Certificate "Complementary, Psychosocial and Integrated Health Sciences"). It involves a total of 225 hours; this corresponds to 15 semester hours plus supplemental independent work, self-study and preparation for exams.

Programme segment 2 consists of the successive courses 4 -6 as well as parts of the accompanying subjects 7 and 8 and concludes with seminar 8 at the end of semester 4 (table 1) (Diploma "Complementary, Psychosocial and Integrated Health Sciences"). It involves a total of 200 hours; this corresponds to 13.3 semester hours plus supplemental independent work, self-study and preparation for exams.

Programme segment 3 consists of completion of subjects 7 and 8 (an additional 100 hours; this corresponds to 6.7 semester hours) and the comprehensive written final paper (thesis) and concludes with seminar 12 in semester 6.

After a total of 540 hours (36 semester hours) of class work plus independent work, self-study and preparations for examination as well as authoring of a comprehensive written paper and the successful performance on exams, the student will graduate – subject to the corresponding provisions - with the academic degree of Master of Science: "MSc (Complementary, Psychosocial and Integrated Health Sciences)".

For members of corresponding health professions recognition for the course of study as continuing education credits will be acquired from the appropriate authorities.

5.4 Contact Hours of Courses

Theory, general (subjects 1-6): 270 hours; this corresponds to 18 semester hours. Each of the subjects 1 –6 consists of 45 hours (3 semester hours).

Reflexion and Scientific Deepening of the Original Competency and Public Work (S7): 135 hours; this corresponds to 9 semester hours.

Guided Deepening of Psychophysical and Psychosocial Knowledge and Competency Based on Theory (S8): 135 hours; this corresponds to 9 semester hours.

5.5 Types of Instruction

Each of the subjects 1 - 6 begins and ends with an on-site seminar (see table 1 above). Work in the time between seminars consists of attendance phases in the respective subject in the form of supervised Internet sessions. Subjects 7 and 8 accompany the entire course of study. Additional seminars requiring attendance are held for subjects 7 and 8 (table 1). In addition self-study, independent work and preparations for exams are required as well as a written final paper.

Division into *on-site* and *supervised Internet* attendance phases:
As table 1 shows, mandatory attendance phases are conducted in part in the form of Internet sessions. Each supervised Internet attendance phase corresponds to individual contact, interactive instruction and individual discussion in one of the subtopics of subjects 1 – 6, listed further on, and in the third programme segment in subject 7. Moreover, part of the work with the multi-media teaching material is counted as self-study and independent work.

5.6 Subjects and subtopics are offered in form of seminars. Each of the subjects 1 –6 consists of 12 subtopics, subject 7 and 8 are not divided into individual topics. The student is responsible for composing a scientific paper on his own accord (with scientific guidance).

Overview of Subjects (Modules):

Subject 1: Fundamentals of Salutogenesis
Health promotion (WHO), individual promotion of health: Guided by Resources
(45 taught hours = 3 semester hours plus independent work and self-study) (7,5 credits points)

Subject 2: Fundamentals of Depth Psychology
Therapeutic Relationship Formation between Self-awareness and Casework
(45 taught hours = 3 semester hours plus independent work and self-study) (7,5 credits points)

Subject 3: Working Scientifically
in Integrated Medicine, Healthcare and Promotion of Health
(45 taught hours = 3 semester hours plus independent work and self-study) (7,5 credits points)

Subject 4: Fundamentals of Regulatory Biology
Paradigms and Scientific Backgrounds of Regulatory Methods
(45 taught hours = 3 semester hours plus independent work and self-study) (7,5 credits points)

Subject 5: Introduction of Regulatory Methods
Systematics, Description and Current Research
(45 taught hours = 3 semester hours plus independent work and self-study) (7,5 credits points)

Subject 6: Comparison and Integration of Complementary Medical Methods
Humanity and Medical Science
(45 taught hours = 3 semester hours plus independent work and self-study) (7,5 credits points)

Subject 7: Reflexion and Scientific Deepening of the Original Competency and Public Work
(135 taught hours = 9 semester hours plus independent work and self-study) (7,5 credits points)

Subject 8: Guided Deepening of Psychophysical and Psychosocial Knowledge and Competency Based on Theory
Psychoanalytical reflexion group and group work by Balint, group dynamic reflexion of theoretical course contents, psychophysical transformation of stress
(135 taught hours = 9 semester hours plus independent work and self-study) (7,5 credits points)

Subjects 1 – 6 follow in succession; subjects 7 and 8 accompany the entire course (see above, table 1). Every subject requires a final exam (see section 6).

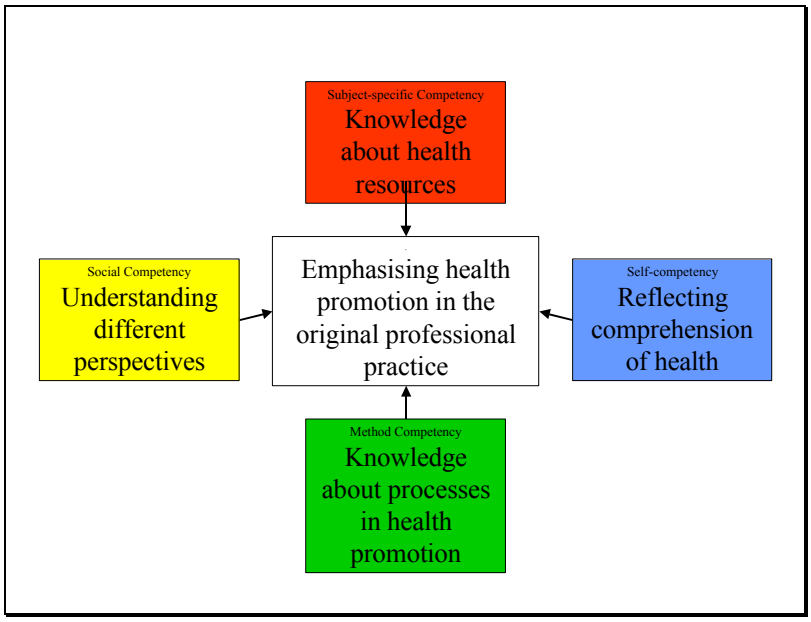
The final written thesis counts for 30 credit points.

Detailed Course Contents of Each Subject (Module)

Subject 1:

- ***Fundamentals of Salutogenesis***

Health promotion (WHO), individual promotion of health: *Guided by Resources*



Health promotion (as a social issue in the sense of the WHO-Ottawa-Charter, related to policies on living conditions) & promotion of health (on an individual level, more closely related to typical "health" topics)

Cognitive *teaching* goal of this subject is the theoretical foundation of responsible, health promoting and economically sensible actions.

Individual *learning* goal is the development of a health-promoting understanding for patients and co-workers of your own therapeutic, psychosocially supporting or nursing work.

For this purpose three fundamental paradigms of health promotion are emphasized:
A pathogenic view, based in deficits, which is sensible for therapy, psychological support and nursing, must be intertwined with a salutogenetic view, based in resources.

Views of health professionals in terms of self-determination about health must be integrated with the patients' views; shared decision-making concerning diagnosis and therapy must be applied whenever possible.

Health-promoting processes of change must occur in everyday events as well as in the health action of the affected to the same extent.

- **After completion of the module Fundamentals of Salutogenesis – Health promotion (WHO), individual promotion of health: Guided by Resources the student will be able to:**

  - Establish an overview of the field of study
  - Link the field of study with his/her original competency
  - Apply and implement this synthesis into his/her own practice
    - Self-competency:
      Delineate, illustrate and critically discuss his/her own attitude toward health and health related activities
    - Social competency:
      Demonstrate tolerance of individual attitudes of others toward health as a basis for relationships on equal footing, as well as illustrate and critically discuss this with examples from his/her own experience

    - Methods competency:
      Delineate and critically discuss procedures of health promotion as aids for planning and conducting of his/her own activities
    - Action competency:
      Delineate, illustrate with examples and critically discuss concepts of health research and promotion as motives for conducting and evaluating his/her own activities
- Conduct relevant research
- Conduct relevant education (adult education, including research methodology)
- Perform corresponding public service

General Aspects: The WHO-perspective of health promotion makes it clear that origin and maintenance of health are closely tied to general social conditions. The change of view from pathogenesis, the origin of illness, to salutogenesis, the origin of health, emphasises the necessity to also integrate physical, psychological and ecological causes. Working with external conditions and societal *situational* prevention goes hand in hand with working with individual *health competencies*, *attitudes* and *health behaviour*.

Why can one person grow under the same stress that makes another fall to pieces? This subject focuses on sense of coherence and hardiness. Holistic action requires a view of a person as a subject of his/her individual health action, not an object of a therapeutic measure. The attitudes and peculiarities of the people who put their trust in us are not swiftly "outfoxed", but integrated in a lasting fashion. Especially *individual* health action and *self-determination* can permanently enhance quality of life.

This subject shows agreements as well as differences to approaches of so-called complementary or alternative methods. The basis of salutogenetically oriented therapies, counselling or pedagogy is always symmetric communication between the expert of the method and the expert of one's own life – an easing of the burden of the therapist, who also is only responsible for his/her own health and action.

Organisation of Teaching Material: This subject combines people's everyday health action with concrete therapeutic situations. Examining views of experts and laymen shows where and why communication between patient and physician falters and how compliance can be optimised (1, 2). Knowledge of the psychological health models of salutogenesis is the foundation. Health can be interpreted as a balance between demands and resources (3). Knowledge of central health competencies (4) allows conclusions concerning the doctor-patient relationship. These fundamental ideas are the central theme of the following study fields. Observing an organisational development of public health facilities toward an even salutogenetic perspective rounds out awareness of communication possibilities and hurdles regarding fundamental health-promoting actions, which are not only relevant in treatment of patients but also in treatment of professional groups of public health (5). The topic of working conditions and unemployment as health factors shows that these rules can be generally valid for all social systems and offer the possibility to combine health promotion with economic interests (10). The economic perspectives of a health-promoting organisational development are addressed again in (11). The topic of miscommunication is again demonstrated looking at the difference of health actions of men and women on the one hand (8) and the making aware of therapy problems concerning healthcare of immigrants from other cultures (9) on the other hand. How misdiagnoses or makeshift diagnoses can come about by mistake, especially in treatment of immigrants, is clearly depicted. The examples nutrition (6) and relaxation / exercise (7) demonstrate what the subject-oriented approach of health promotion relative to people's daily activities can look like: criteria for individual fitting and situation-appropriate activities are developed using the senses. Stress factors and resources of the ecological living environment and social surroundings through fear of crises and war (11) delineate the limits of this approach and require symmetric communication in all areas as social competency. A summary and outlook, a glossary and a reference list rounds off this subject.

Sequence of Study Fields:

1
Health Action, Coping with Disease: Patients' Points of View

2
Being Healthy and Being Ill: Experts' Points of View

3
Health as Balance: Strengthening Resources, Coping with Demands

4
The Key to Salutogenesis: To Sense Coherence, To Develop Competency

5
Developing Organisations: Promoting Health in Prevention, Treatment and Rehabilitation

6
Eating or Nourishing: Balanced in Taste, Socially Differentiating

7
Relaxation and Movement: Balance of Physical Activities

8
Health does (not) have a Gender: Health Action of Men and Women

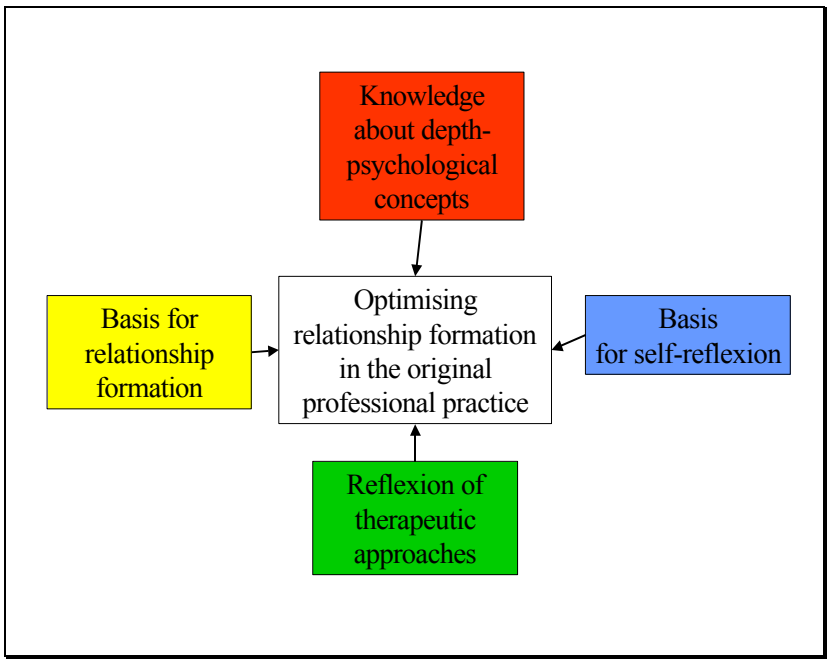
9
Health in Migration: Mediating between Cultures

10
Social Challenges: Healthier Work, Unhealthy Unemployment

11
Living Space: Psychosocial and Ecological Stress Factors, Crises and Fear of War; Resources

12
Summary and Outlook

Subject 2
Fundamentals of Depth Psychology
- Therapeutic Relationship Formation between Self-awareness and Casework



Cognitive teaching goal of this subject is to convey insight into the significance and possibilities of utilizing effective factors of depth psychology in complementary and integrated health work. A complementary and integrated health science requires knowledge which complements traditional medical knowledge about psychological processes regarding health, illness and healing.

The individual learning goal is acquiring depth-psychological manners of observation and communication competencies, which are complemented by further points of view. The basic topic is the significance of relationship formation for therapeutic and psychosocial work surrounding management and healing of illness and creation of health. The approaches of depth psychology are rendered useful in their effectiveness in medicine and health care. Aspects of ethnotherapy, utilizing spiritual resources, as well as creativity and illness convey further practice-oriented instructions and information.

After completion of the module <u>Fundamentals of Depth Psychology</u> the student will be able to:

- Establish an overview of the field of study
- Link the field of study with his/her original competency
- Apply and implement this synthesis into his/her own practice
    - Self-competency:
      Demonstrate the theoretical basis for professional psychosocial self reflection (e.g. Johari Window), illustrate with examples from his/her own experience and discuss critically
    - Social competency:
      Delineate, illustrate and critically discuss depth-psychological aspects of relationship formation (e.g. transference and counter-transference) as a foundation of integrated health promotion
    - Methods competency:
      Delineate, illustrate and critically discuss depth-psychological attitudes (e.g. holding and containing, free floating attention) and their application to the general promotion of health
    - Action competency:
      Delineate, illustrate and critically discuss depth-psychological concepts relating to psycho-dynamic processes and psychosocial contexts of illness and recovery (e.g. progression and regression, superego, ego and id)
    - Delineate and illustrate basic elements of relationship formation during conflict and crisis in connection with the module *Psychophysical and Psychosocial Knowledge and Competency* (see below)
- Conduct relevant research
- Conduct relevant education (adult education)

- Perform corresponding public service

General Aspects: The pioneering work in depth psychology on understanding illness as well as therapy as scenic interactions conducted around 1900 of is still a basic model of therapy today. The discovery of transference and counter-transference leads to the fundamental effective factors: “Healing through Relationship”. The authors introduce a therapy paradigm for asking new questions and finding answers for and with people suffering from psychological and psychosomatic problems. It shows a fundamental attitude, which facilitates learning to be aware of and understanding people with ailments, as well as adequately relate to them. Last but not least this course teaches how to use this fundamental attitude for continuing your own creative, living development in this process, coping with your own, especially emotional, burdens and transforming these into your own productive energy, and maintaining or regaining the “capability to work and love” as a therapist (which usually is usually considered a therapeutic goal).

Organisation of Teaching Material: This course supports the students’ reflexion and introspection regarding deepened therapeutic skills in conventional as well as complementary therapeutic actions and conveys background knowledge relating to the topics of depth psychology and psychoanalysis as one of the historic roots of integrated medical science and health work (1). Object and goal of psychoanalytical methods, personal autonomy, are explained (2), and existing parallels to further complementary methods, based in long-term goals, are pointed out. Study field (3) addresses the systematic therapeutic mental state of abstinence and free-floating attention, which can also be utilized in other complementary methods, aside from psychoanalytical work, and sketches the interplay of transference and counter-transference.
The topic “Illness as Message” describes the psychoanalytical access of psychosomatics and of salutogenetic resource promotion (4); “The Language of Dreams” deals with the therapist’s own introspective (developmental) work as well as access to the patient (5).
Study fields (6) and (7) address again the usefulness of analytical fundamental knowledge in everyday therapeutic conversations and present relative effective factors of therapeutic relationships. Study field (7) goes especially into the awakening and allowing of your own resources and of the original competency. Study field (8) deals with the topic of crisis intervention and the students’ own limits pertaining to this issue, (9) burnout and personal avoidance of burnout. Study field (10) “Ethno-therapeutic Aspects” addresses self-awareness, communication and therapy through imagination and the discovery of your own archaic body symbols. Study field (11) deals with the topic of spiritual health. Overall multiple crossovers with other complementary methods result. An appendix depicts further disciplines in great detail. A summary rounds off this subject.

Sequence of Study Fields:

1
The Topicality of Depth Psychology

2
Object and Goal of Psychoanalysis: The Search for the True Self – The Autonomous Human Being Conversing with His Inner World

3
Transference and Counter-transference in Every Therapeutic Relationship – Abstinence and Free-floating Attention as Challenge for the Therapist

4
Illness as Message or the Salutogenetic Turning Point

5
The Language of Dreams

6
Effective Factors in Therapeutic Communication

7
Didactic Perspective: Awakening and Allowing of Resources and the Original Competency

8
Crisis Intervention

9
Burnout – Origin and Management

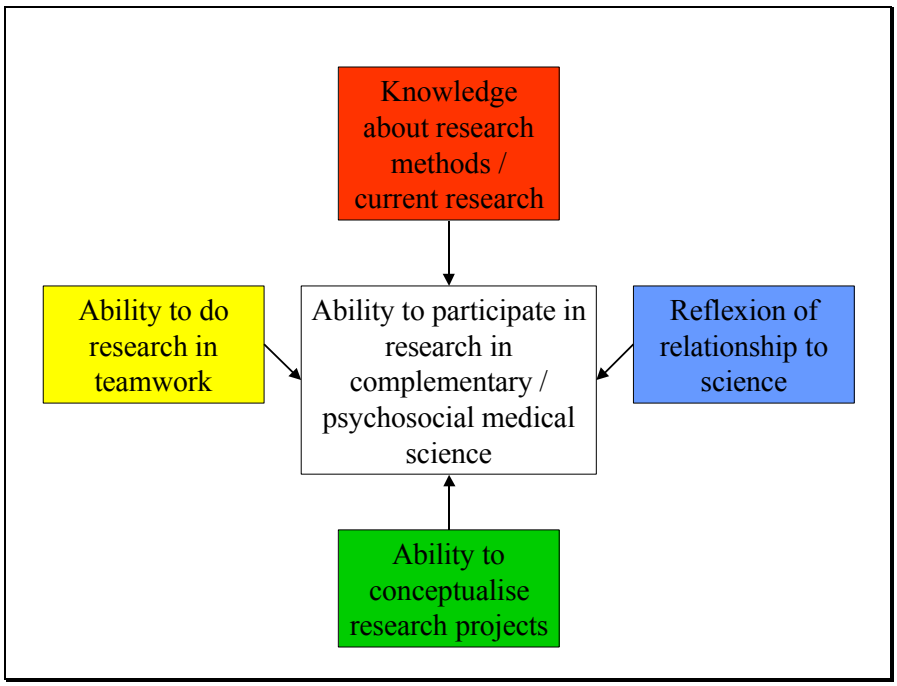
10
Ethno-therapeutic Aspects of Body-oriented Psychotherapy.
Imagination and Archaic Gestures - The Therapist as Remedy

11
Spiritual Health

12
Summary

Appendices:
Robert Withers: Placebo

Subject 3
Working Scientifically
in Complementary Medicine and Integrated Promotion of Health



Cognitive teaching goal of this course is, aside from a general pragmatic introduction of the topics science and research, to critically convey knowledge about diverse procedures, which are utilised in research of complementary medical disciplines as well as in general health promotion and provide a professional foundation for regarding your own everyday practice with a critical eye.

The foundation for further scientific development of complementary medical / psychosocial topics are deepened with the capability of participating in research projects or conceptualising your own research questions.

Individual learning goal is to acquire the ability to develop your own and inter-collegial research activities, so that complementary medicine will more and more be able to undergo a search for an *evidence basis*. A constructively critical view of existing research designs in complementary medicine can serve as a basis for your own research. To this end a practical, applied manner of research is worked out, which can make the professional routine more like research and make research more routine.

After completion of the module <u>Working Scientifically,</u> the student will be able to:

- Establish an overview of the field of study
- Link the field of study with his/her original competency
- Apply and implement this synthesis into his/her own practice
    - Self-competency:
      Delineate and discuss in a well-thought out manner his/her own relationship to science
    - Social competency:
      Document the capability of interdisciplinary cooperation and making diverse quantitative as well as qualitative research approaches suitably available for collective use
    - Methods competency:
      Delineate, illustrate and critically discuss research methods, research problems and possible study designs of complementary procedures
    - Action competency:
      Design his/her own research plans under supervision, originating in conventional standards and taking into account specific necessities of the complementary area, conduct research, evaluate the results and publish in a scientific medium
- Conduct relevant research
- Conduct relevant education (adult education)
- Perform corresponding public service

Sequence of Study Fields:

1
Prerequisites for Working Scientifically. Terms Relevant to “Science”

2
Methods of Working Scientifically. Terms Relevant to “Studies”

3
Structure of Your Own Scientific Work

4
Databases and Literature Search

5
Avoidance of Typical Mistakes in Planning and Interpretation of Studies – “The Dog, that Lays Eggs”

6
Examples of Studies I: Unspecific Regulatory Procedures

7
Examples of Studies II: Unspecific and Individualised Homeopathy

8
Qualitative Studies

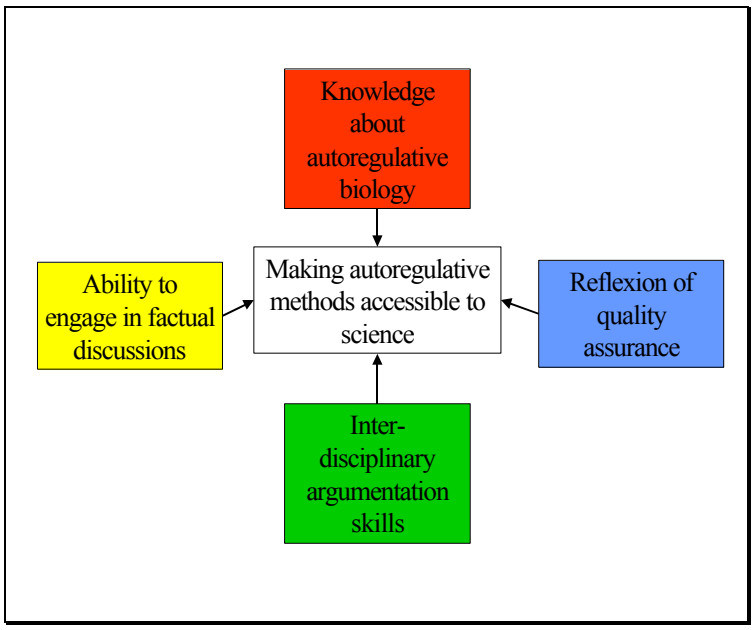
9
Inspiration and Perspiration: What Every Researcher Needs to Know

10
The “Similarity Principle” as Guiding Principle of Scientific Research

11
Sustainability as Guiding Principle of Scientific Research

12
Summary

Subject 4
Fundamentals of Regulatory Biology
Paradigms and Scientific Backgrounds of Regulatory Methods



Cognitive teaching goal of this subject is to critically convey the physiological and biophysical foundation and fundamental biological concepts of regulation medicine.

We begin with conventional biological-medical knowledge, link this knowledge and build a bridge to more recent biophysical data and ideas.

As far as experiential healing methods are based on empirical observations and models, they can principally be made available for scientific views.

Individual learning goal is to open fundamentals of regulatory methods to scientific understanding and discourse, regardless of current polemic controversies, to show the necessity of research and/or suggest research and express current experiential healing concepts in scientific terms.

After completion of the module <u>Fundamentals of Regulatory Biology</u> the student will be able to:

- Establish an overview of the field of study
- Link the field of study with his/her original competency
- Apply and implement this synthesis into his/her own practice
    - Self-competency:
      Delineate and critically discuss regulatory-biological concepts as a theoretical basis of his/her own work
    - Social competency:
      Delineate and critically discuss regulatory-biological concepts as a basis for a factual discussion about complementary medicine (medical science, health promotion)
    - Methods competency:
      Delineate and critically discuss regulatory-biological concepts and fundamental research as a basis for understanding and further development of complementary medicine (medical science, health promotion)
    - Action competency:
      Delineate regulatory-biological concepts in their practical impact on his/her own work (in therapy, attendance or education), assess in comparison with other approaches and evaluate critically
- Conduct relevant research
- Conduct relevant education (adult education)
- Perform corresponding public service

General Aspects: In connection with a controversial, often ideologically positioned discussion about complementary healing methods, it is task of basic research and finding an interdisciplinary terminology to initiate an objective discussion. Since experiential healing methods are based on empirical observations and models, they appear to be interesting not only as aspects of healing but also as a medical science. To this end specific ideas of regulation-therapeutic schools are introduced and discussed. Also results and models of physical and biomedical research – based on regulation-physiological theories – are introduced. We will investigate which complementary ideas could be plausible from the view of natural science, where plausibility will be understood as justification for further research.

Organisation of Teaching Material: First specific ideas of regulation-therapeutic influences are introduced and discussed: effects, which are based in the complex paradigm of analogy and similarity (1) and characteristic symptom progression of lasting healing (2). Study field (3) deals with quality promotion and assurance in complementary medicine. Furthermore, we will emphasize the significance of the networking cybernetics and system theory also in conventional physiology (4) and that of cross-linked diagnosis and therapy in conventional medicine (5) and thus form the basis for acceptance of complementary medicine. The following topics stress reaction of the organism and psycho-neuroendocrine immunology and basis system (6) broaden the conceptual scope of conventional medicine. The process of autoregulation is especially emphasized, which is significant not only in complementary medicine, but is there treated as regulatory-biological key concept. From projection physiology and pathology reflex zones and fascial points as biological references for acupuncture, neural therapy and further specific stimulus therapies are introduced and cross-linking is illustrated with examples of focal events (7). Study field (8) deals with improper multi-therapies, displaced clinical pictures of "modern" illnesses, as well as the observation of variability of physiological rhythms as control of the state of health. Furthermore, recent biophysical ideas are conveyed regarding the topics of *Life between Order and Chaos*, chaos control, the term coherence, physiological communication through electromagnetic fields (9), as well as the topic of quantum physiology (10). An exemplary research outlook (11) and a summary round off this course.

Sequence of Study Fields:

1
Healing with Similarity – not only in Homeopathy
Similarity and Paradox. A General Principle of Integrated Medicine?

2
Characteristic Symptom Progression of Lasting Healing
The Appearance and Alternating of Symptoms as a Sign of Healing

3
Quality Assurance in Complementary Medicine - Healing Successes between Technically Objectifiable Effect and Psychological Competence

4
Cybernetics and System Theory in Physiology and Conventional Medicine:
A Linked View

5
Cross-link-oriented Diagnosis and Therapy in Conventional and Complementary Medicine

6
Stress Reaction, Psychoneuroimmunology and the Grundsystem

7
Projection Physiology, Reflex Zones and Focal Relationships

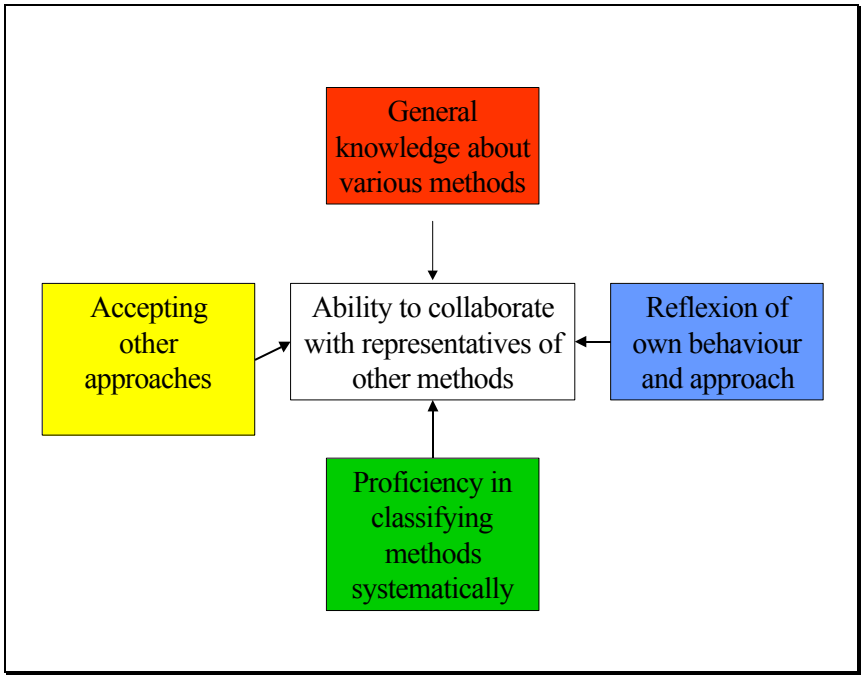
8
Polypragmasy and Improper Multi-therapies, Displaced Clinical Pictures, Variability of Physiological Rhythms as Control of the State of Health

9
Recent Biophysics and Regulation Therapies
Chaos Control, Biological Coherence, Communication through Electromagnetic Fields

10, 11
Further Aspects of Regulatory Principles Biology, Pathology, Therapy (PPTs)

12
Summary

Subject 5
Introduction of Regulatory Methods
Systematics, Description and Current Research (without therapeutic claim)



Cognitive teaching goal of this course is to convey compare-systematic knowledge about regulatory interventions (such as methods of complementary medical methods of resource promotion), where attention is explicitly drawn to laws governing professional provisos (laws governing medical practice).

Individual learning goal is to acquire knowledge about regulatory interventions and their relevant results of clinical trials, as well as their systematic placement, in order to optimise working together with colleagues of other professional groups and disciplines beyond those of your original competency.

After completion of the module <u>Introduction of Regulatory Methods</u> the student will be able to:

- Establish an overview of the field of study
- Link the field of study with his/her original competency
- Apply and implement this synthesis into his/her own practice
    - Self-competency:
      Delineate his/her own (therapeutic, counselling, pedagogic, researching) activity in the context of regulatory interventions, as well as illustrate and critically discuss these with examples from his/her own experience
    - Social competency:
      Arrange possible interventions on a scale from repair- to regulation-oriented and critically discuss these with representatives of conventional as well as complementary methods
    - Methods competency:
      Delineate and compare-systematically classify different interventions and clinical research, possibly illustrate with examples from his/her own experience and critically discuss
    - Action competency:
      Theoretically discuss and practically evaluate the appropriateness of diverse regulatory interventions applied to a concrete case
- Conduct relevant research
- Conduct relevant education (adult education)
- Perform corresponding public service

General Aspects: In resource-oriented medicine as well as in resource-oriented health promotion the term regulation plays a central role, not in terms of an external standardisation but in terms of self-control, in connection with the term *autoregulation*. Autoregulation makes available resources (reserves), parts of one's own health potential, which have not been accessible before. Auto-regulatory processes can be compared to cybernetic feedback processes.

Autoregulation is defined to be the organism's capability to react to outer and inner influences and to maintain or restore a functional balance. Autoregulation aims to guarantee function and structure within the highly complex system human being in the interplay with his surroundings. Autoregulation assures self-organisation, self-determination and self-design for the individual.

Correspondingly, regulatory medicine is a procedure, which economises and supports the primary self-regulating processes toward health.

If the following text introduces several procedures, it does so to deepen recognition of individualised proceedings via practical examples, which are an essential requirement for any holistic counselling and therapy. These methods and their fundamental paradigms need to be discussed in order for research questions to arise.

In order to be able to critically assess the scientific plausibility of the discussed methods, the most recent clinical research is presented.

Therefore the descriptions of this teaching project do not constitute practical-therapeutic training. For implementation of these methods a formal education of the particular method within the associated legal frame is required. National laws governing education and professional provisos and laws governing medical practice determine which persons have available to them what therapeutic training. This particular teaching project does not offer such education but considers itself a scientific and psychosocial resource-oriented continuing education programme for persons in the helping professions.

Sequence of Study Fields (without therapeutic claim):

1
Regulatory Interventions – from Non-specific to Individualised Processes

2
Movement as Metabolic Stimulus

3
Nutrition, Diet, Fasting

4
Balancing Tension and Relaxation

5
Physical (Stimulus) Therapies within Natural Healing Methods

6
Herbal Healing Methods
Phytotherapy – Herbal Aromatherapy

7
Methods of Various Cultures
Ayurveda – Traditional Chinese Medicine – Hildegard Medicine

8
Local Interventions – Global Effect
Acupuncture and Acupressure – Manipulative Therapies – Neural Therapy

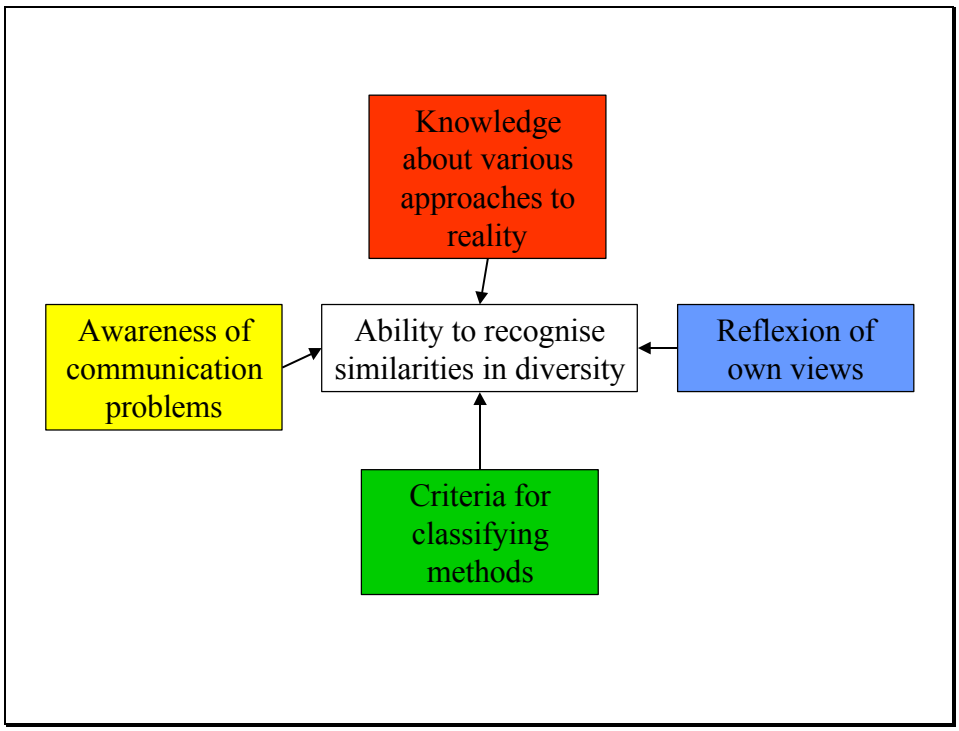
9
Information as Key
Homeopathy – Bioresonance – Bach Flowers

10
Music Therapy

11
Complementary Therapy Schools: Survey of the European Commission

12
Summary

Subject 6
Comparison and Integration of Complementary Medical Methods
Humanity and Medical Science



Cognitive teaching goal of this course is to give an overview of the multitude of complementary medical methods and a fundamental typology of the human being for a "holistic" approach. In combination with mainstream medicine this will yield a picture of an integrated, interdisciplinary medical science and health promotion.

Individual learning goal is to understand that the basic principles of complementary medical/ psychosocial disciplines reflect basic principles of worldviews. Awareness of this perspective facilitates communication beyond cultural limitations. With this approach the world can be seen
- as systematic, as a linear causal chain
- as a systemic feedback loop
- as a symbolic reflexion in macro- and microcosm
- as unity.

After completion of the module <u>Comparison and Integration of Complementary Medical Methods</u> the student will be able to:

- Establish an overview of the field of study
- Link the field of study with his/her original competency
- Apply and implement this synthesis into his/her own practice
    - Self-competency:
      Delineate and discuss his/her own world view as "relative", as a pragmatically convenient construction and as a communication aid
    - Social competency:
      Trace communication problems between representatives of different disciplines as well as between treating and treated persons to possible relevant world views
    - Methods competency:
      Delineate criteria for the classification of therapy-relevant approaches, world views and views about humanity
    - Action competency:
      Delineate and illustrate the world views of diverse therapeutic disciplines as a basis of interdisciplinary study and discuss their particular features
- Conduct relevant research (see above)
- Conduct relevant education (adult education) (see above)
- Perform corresponding public service (see above)

General Aspects: The existence of various forms of therapy is at first confusing. However, working out similarities and differences allows discovery of several basic principles, which enable systematisation and categorization of groups. To this end we will not only consider diverse disciplines from outside but also attempt to enter the thought processes of the particular methods. For this reason no external evaluation of these disciplines will be performed. It will ultimately be up to the students to decide which method(s) to implement in their practice according to their own personal desire, talent and training.

Sequence of Study Fields:

1
Explanation of Terms: Mainstream and Complementary Medicine
Area of Tension between Specialised Disciplines and Holistic Medicine

2
Communication Problems between Ages and Cultures,
e.g. European Antiquity and Modern Scientific Medicine

3
Systemic View

4
Comparison of Methods I: Homeopathy and Related Methods Compared to Allopathy

5
Comparison of Methods II: Feedback Diagnoses and Feedback Therapies

6
Comparison of Methods III: Traditional Chinese Medicine (TCM)

7
Comparison of Methods IV: Indian Medicine (Ayurveda) and Tibetan Medicine

8
Evolution of the Intercultural Model

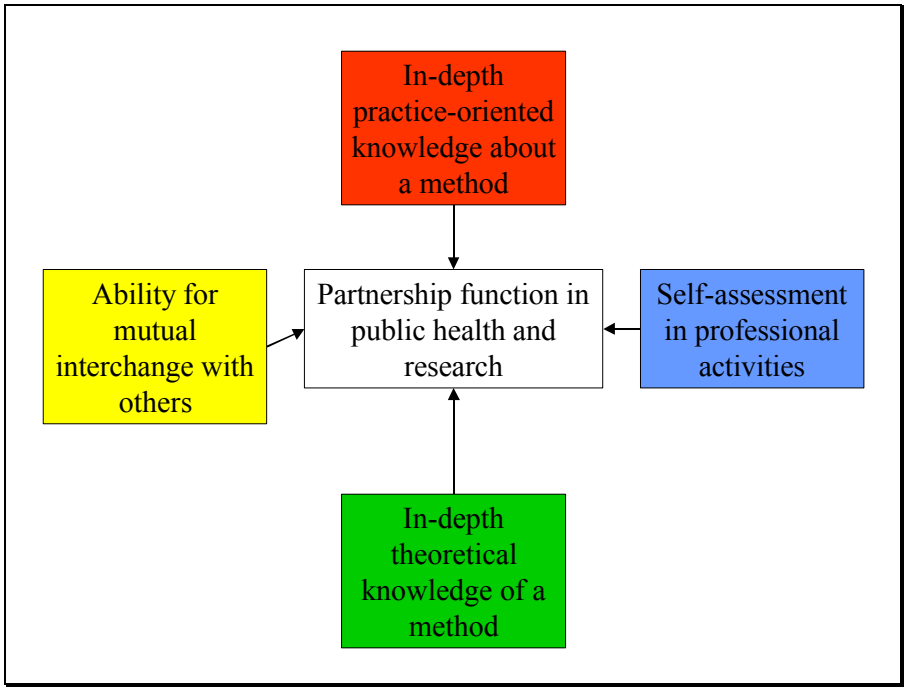
9
Chronobiology and Chronomedicine
Dynamic Aspects Illness and Healing

10
Western Typologies

11
A Deeper Understanding of Illness and Healing

12
Outlook and Retrospect

Subject 7
Reflexion and Scientific Deepening of the Original Competency and Public Work



General Aspects: Main qualification of participants requires as a rule – beyond the actual requirement for admittance, the Bachelor degree – proof of training or continuing education, which is complementary to mainstream medicine, of a therapeutic, counselling, supporting, pedagogic or scientific nature. Here "complementary" means either complementary medical (in Austria this means methods reserved for physicians only, e.g. medical homeopathy, medical acupuncture, medical manual methods, medical neural therapy, medical traditional Chinese medicine) or complementary to medical methods (in the sense that a method or a body-oriented, psychosocial or pedagogic health promotion or counselling competency appears likely to extend possibilities of mainstream medicine and promotion of health, e.g. nutritional science, psychotherapy, music therapy, social and life counselling, medical massage, shiatsu, qigong, hospice work). Comparable theoretic acquirement of health-related knowledge, in particular verifiable instructed preparation or independent conduction of your own scientific work in a complementary area also serve as a criterion for acceptance into the programme.

The evaluation criteria are based on plausibility of the method in natural science, science of psychology as well as health science, willingness for interdisciplinary dialogue, corresponding subject-specific didactic preparation of teaching material, reality-based assessment of applicability of the method, knowledge of its limits and knowledge of contraindications. These criteria must be fulfilled. Furthermore, we emphasise that complementary training, reserved for physicians, always implies authorization to practice as a physician.

In all cases no authorization of practising any therapeutic activity will ensue from this curriculum.

In this module scientific reflexion of original competencies as well as relevant topics for deepening understanding are practised in instructed group work with individual presentations.

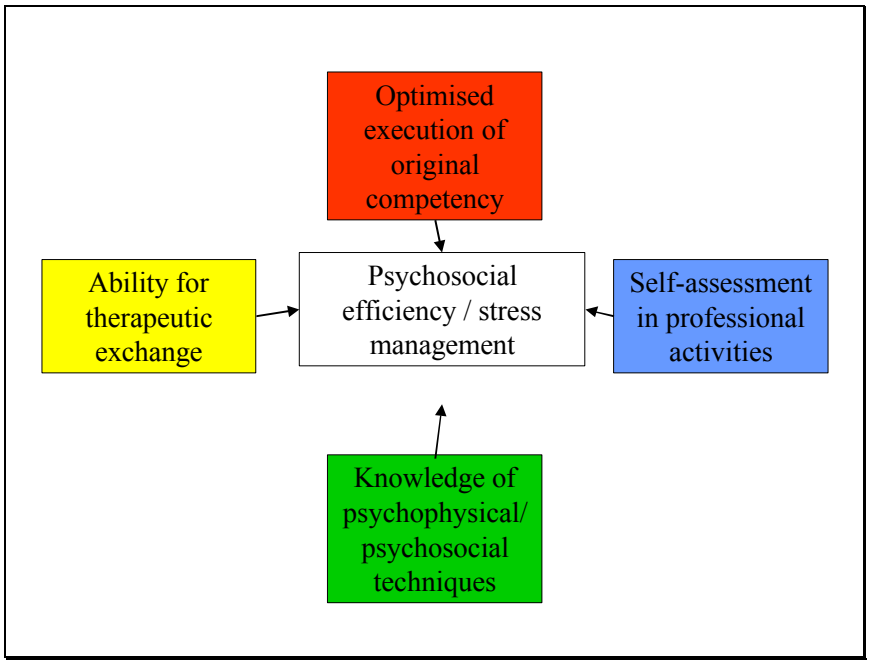
For students without health-related professional training a 8-hour reference course "Main features of health laws with particular emphasis on laws governing the practice of health professions" is mandatory; students with health-related training get 8 hours credit.

After completion of the module Reflexion and Scientific Deepening of the Original Competency and Public Work the student will be able to:

- Establish an overview over the original method / original discipline
- Apply the method of critical reflexion on a meta-level to the original method/discipline
- Apply and implement this synthesis into his/her own practice

    - Self-competency:
      Delineate and critically discuss the extent of his/her own (therapeutic, counselling, pedagogic, scientific) competency in his/her original method/discipline
    - Social competency:
      Delineate and critically discuss his/her original method/discipline with representatives of other methods as well as with patients/clients and the public
    - Methods competency:
      Delineate and critically discuss the empirically known limits and possibilities of his/her original method
    - Action competency:
      Document the capability to apply his/her original method in an optimal manner after interdisciplinary reflexion
- Conduct relevant research
- Conduct relevant education (adult education)
- Perform corresponding public service

Subject 8: Guided Deepening of Psychophysical and Psychosocial Knowledge and Competency Based on Theory
Psychoanalytical Reflexion Group and Group Work by Balint
Group Dynamic Reflexion of Theoretical Course Contents
Psychophysical Transformation of Stress



General Aspects: *Psychoanalytical Reflexion Group and Group Work by Balint*
Introduction to the work by Balint between self-awareness and casework: The technique of Balint, generally accepted for continuing education in general medicine, serves to optimise the relationship between therapist and client and generally deepen psychosocial competency. Self-awareness serves as casework. Elements of group dynamics and group communication help reflecting relationships between therapist and client. What happens in the group is seen as reflexion of the introduced social-professional relationship and reflected. It is an invitation to indirectly experience the practical reality of working with clients within a group setting; to observe relationships and their effects on the therapist – confirmation, questioning, exhaustion, etc. The participants are prepared for encountering people suffering from psychological and psychosomatic problems. Participants will work in small groups under guidance.

The emphasis of this group work remains the productive cultivation of therapeutic relationships. An understanding for conflicted relationships in social professions utilizes the ability for a client-centred self-awareness and leads – as a side effect – to desirable "transformations" (Balint) within the group participants' personalities. Guided theoretical reflexion.

Group Dynamic Reflexion of Theoretical Course Contents
Knowledge of elements of group dynamics and group communication, as practised within the scope of the course with unbiased contents and process progressions, helps reflexion of your own behaviour in relationships within the healthcare system.

Psychophysical Transformation of Stress
Introduction to psychophysical techniques of self-awareness, knowledge about methods for transforming emotional stresses into productive energy (movement and breath work, Feldenkreis, relaxed concentration). Self-awareness serves as acquisition of knowledge and casework.

For deepening theoretical embedding of this subject 8, see subject 2.

After completion of the module <u>Deepening the Psychophysical and Psychosocial Knowledge and Competency</u> the student will be able to:

- Establish an overview of the module
- Link the module with his/her original competency

- Apply and implement this synthesis into his/her own practice
    - Self-competency:
      Demonstrate the individual application of selected psychophysical methods for conquering stress (e.g. Autogenic Training) as well as deepening psychosocial competency (e.g. work by Balint) and illustrate these with examples from group experiences; Critically discuss the extent of his/her own ability to cope with pressure as well as his/her own psychosocial competency; Illustrate and critically discuss in what way the extended psychophysical and psychosocial knowledge and competency promotes his/her contentedness with his/her profession as well as professional satisfaction and patient/client satisfaction, using examples from his/her own professional experience relevant to his/her original competency
    - Social competency:
      Document the ability to competently recommend such methods
    - Methods competency:
      Delineate, illustrate and critically discus selected methods for conquering stress and deepening psychosocial competency
    - Action competency:
      Delineate, illustrate and critically discuss the connection between selected methods for conquering work-related stress and deepening psychosocial competency
- Conduct relevant research
- Conduct relevant education (adult education)
- Perform corresponding public service

Written Final Paper for the Academic Degree (THESIS)

Scientific qualification must be proven through independent authoring of a scientific work. The topic may be chosen within the scope of areas of the curriculum in agreement with the advisor. Supervision during seminars (seminars 9 – 11, see table 1 above), Internet discussions and exclusive tutorials takes place as per agreement. Students are encouraged to conduct part of their work in collaboration with one of the international cooperation partners, if possible on-site abroad. The thesis is written in German or English, as a rule. The thesis as a rule is reviewed by at least one international external assessor aside from the in-house supervisors of the programme.

6. Examination Regulations

6.1 Examiners

All concerns related to exams are governed by the board of examiners (= "programme committee").
Its members are:

- The programme coordinator or a member of the responsible directors and department heads chosen by him as chair
- The remaining responsible directors and department heads, with right to vote
- Two student representatives from the student body of the curriculum, with advisory vote

The chair of the examination board summons and conducts the meeting of the board of examiners.

The chair of the examination board makes all decisions regarding:

- Admittance to examinations, allocation of examiners, scheduling examinations
- Repudiation of examinations

The board of examiners performs especially the following duties:

- Decisions regarding principles of the organisation and conductance of examinations and exercises
- Decisions regarding violations of regulations
- Informing the student about examination rules
- Appointing examiners for examinations by committee
- Decisions regarding the equivalence of education and prerequisites for admission to the programme
- According credit for and approving previous academic and equivalent studies and examinations. In particular students may get credit for parts of studies in human and dental medicine as well as studies in psychology / psychotherapy for subjects 7 and 8 so that composition of thesis can already begin prior to semester 5 and thus shorten the total duration of course of study to two years; furthermore, credit may be received for elements of studies in human and dental medicine as well as psychology /psychotherapy for a maximum of two of the subjects 1 –6.
  In particular the continuing education modules "Elderly Care" and "Child Development" offered by the interuniversity college can replace in addition two of the subjects 1 –6, which does, however, not result in a shortening of the total duration of study.
  Other prerequisites can be obtained by attending the intermediate seminar (see table 1) intended to take place in the summer of the first year of study.
  Furthermore, students may receive credit for successful participation in the programme of complementary, psychosocial and integrated health promotion (MAS, BGBl II Nr. 234/2002) or parts of this programme or other international programmes related to complementary and integrated health sciences..

6.2 Assessment of Proficiency: Individual Evaluation

Examination and individual assessment of student performance in each subject:
The knowledge and skills acquired in the respective courses are tested and assessed separately in each of the 8 subjects. Six of these individual tests (concerning subjects 1 –6 in the segments 1 and 2 of the programme) cover the material taught in the respective 3 semester hours, two of the individual tests (on subjects 7 and 8) cover the material taught in the 11 semester hours (7.3 semester hours in the segments 1 + 2 and 3.7 semester hours in segment 3). In addition the knowledge acquired in independent work and self-study is also included. To earn the academic degree an examination by committee is also mandatory (see below).

Proficiency in the individual subjects is assessed on a scale of up to 30 points and is composed of:

subjects 1 –6:
Course Participation:

- Participation in the introductory on-site seminars for each subject (2 points).
- Participation in the supervised Internet sessions in each subject, including composition of written individual papers on the topics of each course (24 points).
- Class participation in the concluding on-site seminars for each subject (2 points).
- *An oral exit interview or an equivalent written test or multiple-choice test* confirms the student's independent work (2 points).

Proficiency in the subjects 1 –6 may also be assessed in form of an oral examination in presence of the examiner and one other person from the faculty or an equivalent written test.

In preparation for the examination by committee (see below) a concluding relationship to each of the subjects 1 –6 is established proceeding from and linked to the chosen topic of the thesis (see below).

Subjects 7 and 8,
Course Participation:

- In-class participation for each subject, including one presentation each with moderated discussion (5 points for each of segments 1, 2 and 3)
- *An oral exit interview or an equivalent written test or a multiple-choice test* verifies that the teaching goals of the subject have been met (5 points for each of the segments 1, 2 and 3).

Proficiency in subjects 7 and 8 may also be assessed in form of an oral examination in presence of the examiner and one other person from the faculty or an equivalent written test.

In preparation for the examination by committee a concluding relationship to each of the subjects 7 and 8 is established proceeding from and linked to the chosen topic of the thesis.

This type of assessment is to ensure maximal *efficiency* (combination of participation, submitted written work and performance in the exit interview or, respectively, the equivalent written test) as well as maximal *security* (individual evaluation of students). Standardisation of the written work to be submitted by a group of individuals including the subject's instructor and one other member of the teaching body ensures maximal *perspicuity*. As a rule one to two points are awarded for successful completion of written work submitted. Due to an evaluation scale of 30 points a minimum of 18 points must be earned per subject with mandatory verification of independent work, otherwise the examination must be repeated. Overall assessment in each subject takes place as a rule directly after the respective instruction. In justified cases individual written work may be repeated or submitted at a later date. In case the assessment in the concluding interview or written test for verification of independent composition of written work is not positive, the student must repeat the written work submitted and undergo another concluding interview. An additional, second repetition would be handled as an examination by committee (see below).

The students will be informed about the examination rules upon registering for the programme. Registration for examination (assessment of participation, submitted written work plus concluding interview or written test) goes hand in hand with the introductory seminar for the next course, as a rule 12 weeks prior to conclusion of the course. The candidate has the right to withdraw from registration for examination without stating justification up to one week prior to the concluding interview or written test. Scheduling repetition of examinations is arranged on an individual basis; a date must be set at least two weeks prior to the date of conclusion of assessment. Replacement of an indisposed examiner by substitute examiner is admissible.

6.3 Examinations by Committee

The second repetition of a failed exam as well as the final examination for award of the academic degree (MSc) is an examination by committee. They are conducted by a committee of at least two responsible directors or department heads or their representatives under direction of the chair of the board of examiners or his representative as third party. This panel also includes the primary assessor of the thesis or his representative. In this process each of the three examiners makes his own assessment of the student's performance on the 30-point evaluation scale. The total number of points is calculated as the unweighted arithmetic mean of individual evaluations. At least 18 points must be achieved to pass the final examination. A failed final examination may be repeated twice.

Repeating a passed examination is allowed. A passed examination will be nullified by repeating the examination. The written work for verifying independent scientific qualification may only be repeated once. Should a student fail a given examination or written assignment three times he/she will be discharged from the programme.
Examinations are scheduled to take place during the attendance phase concluding the course of study (seminar 12, see above, table 1), registration is conducted as a rule during semester 11, but no later than one month prior to the date of examination. Repetitions of examinations are scheduled on an individual basis and must be set at least one month prior to date of examination. The candidate has the right to withdraw from an exam without justification up to one week prior to the date of examination.

6.4 Written Final Paper, Final Exam, Diploma

All students are required to compose a final paper (thesis) at the conclusion of the course of study is to demonstrate the student's capability to independently, methodically and effectively process a question relating to a particular subject or one of its subtopics and demonstrate mastery of the essentials of a subject – also in context. As a rule the

thesis also links the chosen topic to an overview of the course contents. This concluding work is in the form of a project.

Any of the responsible directors or department heads may serve as advisors for drafting the final paper. The advisor will be 1st assessor and 1st examiner in the final examination by committee. A suitable expert in the field may serve as 2nd advisor and/or 2nd assessor. The chair of the board of examiners has an advisory role.

The student may suggest a topic for the final paper. The topic must be narrowed down so that the thesis may be completed in the time span of 2 semesters. Upon submission of the thesis the student must confirm in written form that he/she authored the paper independently without any assistance other than from the above-mentioned sources. A positive evaluation of the written final work earns a minimum of 30 not to exceed 60 points determined by the 1st advisor.

Prerequisites for admission to the final exam are proof of proficiency in subjects 1 – 8 of the course programme (*verification and assessment*, see above) as well as the positively evaluated written final paper.

The final examination for the Master degree is an examination by committee, which assesses the student's knowledge of the material covered in the entire course of study. It is conducted by a committee of at least two responsible directors or department heads or their representatives under direction of the chair of the board of examiners or his representative as third party. This panel also encompasses the primary assessor of the thesis or his representative. The minimum duration of the final examination is one hour. The maximal number of points earned is 30.

Thus the maximal number of points earned in the second year of study is 220 and 330 for the third year.

The *final transcript* contains the total number of points earned by examination of subjects 1 – 8 (max. 240), as well as those of the written final paper (max. 60) and the examination by committee (max. 30) along with the total number of possible points (= 330) and the % earned. Overall, at least 192 points (= 58%) must and a maximal of 330 points (= 100%) can be earned.

7. Prerequisites for Admission

Graduates of university studies, polytechnic university studies and comparable educational programmes generally relevant to health:

- Human and dental physicians, psychologists, biologists, pharmacists, scientists in the fields of health, nutrition and nursing
- Members of health and social professions with therapeutic, counselling or care-giving licensure by virtue of their basic education, with academic degrees
- Psychotherapists
- After a correspondingly extended entrance interview suitable persons with academic degrees in a field not immediately related to health, e.g. educators, scientists or members of health management, as well as graduates of pedagogic and social academies are also admitted
- After a correspondingly extended entrance interview suitable persons without one of the above-mentioned degrees but with at least five years of relevant professional experience in public health or social work or another field relevant to health promotion are admitted, especially graduates of academies for midwifery and upper level medical-technical service, members of upper level health and patient care and graduates of training programmes for academic specialist according to UniStG (Austrian law governing university studies), as long as the earned qualification is comparable to a university degree (Bachelor level).

Preferred applicants include those who are able to demonstrate completion of education, continued or further education in the fields of complementary-medical (physicians), complementary to medical (other persons) or psychosocial therapeutic, counselling, supporting, educational or scientific fields attended at professional organisations in accord with the laws governing education and professional practice of their choice.

All applicants must undergo an entrance interview ascertaining the level of prior education, scientific and psychosocial dialogue skills as well as a reality-based and conforming-to-law appraisal of the additional qualifications to be earned in the course of study applicable to their own professional field.

In any case the course of study itself will provide no authorization for any kind of therapeutic professional practice but a qualification for research, teaching and public work.

For students without health-related professional training an 8-hour reference course "Main features of health laws with particular emphasis on laws governing the practice of health professions" is mandatory; students with health-related training get 8 hours credit.

8. Available Resources

For the central organisation the offices of the Interuniversity College for Integrated Health Sciences, Inc., Graz, Petrifelderstraße 4, Austria, including corresponding infrastructure and access to the digital network are made available.

The seminars are held as a rule in the Seminar Centre Schloss Seggau near Graz instead of online at (campus.at@inter-uni.net) but can also be held at other suitable locations within the frame of the transnational EU-inter-uni.net for Integrated Health Sciences (> campus.de@inter-uni.net; campus.lu@inter-uni.net, see www.inter-uni.net).

9. Persons and Institutions Involved

9.1 Developmental Team

The course of study was developed by the European partners of the Leonardo da Vinci project A/02/B/F/PP-124.205 in accord with information provided by the International Validation Board of the University of Wales and other carrier organisations in a general sense of comparable programmes jointly with the cooperation partners of the universities Klagenfurt, Freiburg, Oldenburg, Witten, Bern, Bristol, Southhampton, Verona, Bordeaux, the German association "Hochschulen für Gesundheit", the European Centre for correspondence studies of the university association of Sachsen-Anhalt, members of the Austrian medical association, representatives of complementary professional organisations as well as the Austrian Ministry for Social Security and Generations and the Austrian Ministry for Education, Science and Culture.

Development of the course of study also included exchange with and study visits at international institutions offering comparable programmes.

The allotted time for Internet attendance phases were established in accord with international information and evaluations in collaboration with the European Centre for Correspondence Courses of the university association of Sachsen-Anhalt, the German association "Hochschulen für Gesundheit" and the developmental team for the correspondence programme in integrated health promotion of the University of Applied Sciences Neubrandenburg.

9.2 Coordination Team

Those responsible for the project "Course of Study: Complementary, Psychosocial and Integrated Health Sciences" (for details, see section 9) are:

Director of Course of Study overall: *Dr. P. C. Endler, Prof. (Ret.)*

Medical Director: *Dr. Dr. H.H. Spranger, Prof. (Ret.)*

Director of Depth Psychology: *Dr. P. F. Pass*

Coordinator of campus.at*: Alexandra Zorn-Haas*

Coordinator of campus.de*: Dipl.-Psych. Elke Mesenholl-Strehler*

Coordinator of campus.int*: Chris Colombo*

Design, coordination and scientific direction: Dr. P. C. Endler, Prof. (Ret.)

Department of Salutogenesis: Dipl.-Psych Elke Mesenholl-Strehler (campus.at and campus.de),
Dr. Pam Schickler (campus.int)

Department of Depth Psychology: Dr. P. F. Pass (campus.at and campus.de), Robert Withers (campus.int)

Department of Regulation Biology: Dr. Dr. H..H. Spranger, Prof. (Ret.)

Department of Complementary-medical and Complementary to Medical Methods:
Dr. Peter Ferdinand (campus.at), Dr. Hubertus Hommel (campus.de), N.N. (campus.int)

Department of Trans-disciplinary and Intercultural Aspects of Medical Science:
Univ.-Prof. Dr. K. W. Kratky

Department of Research Methodology: Dr. P. C. Endler, Prof. (Ret.)

Overall responsibility of content to the Austrian Ministry of Education, Science and Culture:
Univ.-Prof. Dr. med. Michael Frass

Didactic Advice and that Regarding Content: The international partners of the Leonardo da Vinci project A/02/B/F/PP-124.205FH.

Medical Advice: see advisory board (9)

Student-Tutoring: Alexandra Zorn-Haas, Mag. David Dapra MAS

9.3 Instructors, Tasks and Qualifications

Subject 1: Fundamentals of Salutogenesis – Health Promotion (WHO), individual Promotion of Health
Dr. Pam Schickler
(lecturer at the University of Westminster, UK. Further information forthcoming)

Subject 2: Fundamentals of Depth Psychology - Therapeutic Relationship Formation between Self-awareness and Casework
Dr. P. F. Pass
(Teaching analyst for psychoanalysis, teaching therapist for dynamic group psychotherapy, teaching therapist for group psychoanalysis, supervisor, university instructor of the psychotherapeutic propaedeutics, publications, chair of the Steiermark state association for psychotherapy)
Robert Withers
(Senior lecturer on the therapeutic relationship Uni of Westminster, analyst (Member of the Society of Analytical Psychology the IAAP and BCP), homeopath (R.S. Hom.) acupuncturist (B. Ac.). Holder of a first degree in philosophy (special interest in the mind body problem) and a research degree (M. Phil.) on the psychology of homeopathy. Relevant publications include: Towards a psychology of homeopathy British Homoeopathic Journal July 1979 Psychoanalysis Complementary medicine and the placebo in Understanding the placebo effect in complementary medicine edited by Dr. David Peters pub Churchill Livingstone 2001. The demonisation of the body in analysis in Controversies in analytical psychology edited by Robert Withers pub Brunner Routledge 2003)

Subject 3: Working Scientifically in Integrated Complementary Medicine and Integrated Health Promotion
Dr. P. C. Endler, Prof. (Ret.)
(Human biology in combination with human medicine and continuing education in psychotherapy, lengthy experience in research and teaching in the field of basic research in complementary medicine and research methodology in complementary medical science, numerous publications, initially at various facilities of the University of Graz, since 1990 at the Boltzmann Institute for Homeopathy in Graz, 1994 – 2002 Prof. at the University for Holistic Medicine and Ecology of the University of Urbino, since 2002 director of the university study programme for Integrated Health Sciences, Graz and director of the developmental team for a course of study for integrated health management of the University of Applied Sciences, Joanneum, Graz)
Mag. Harald Lothaller *(Psychologist, statistician at the Institute for Psychology of the University of Graz)*

Subject 4: Fundamentals of Regulatory Biology -
Paradigms and Scientific Backgrounds of Regulatory Methods
Dr.Dr. H. H. Spranger, Prof. (Ret.)
(Dental and human physician, founding dean of the University Witten/Herdecke, professorships at several German universities and in Lima, Peru, research experience and publications in the field of complementary medical methods)

Subject 5: Introduction of Regulatory Methods – Systematics, Description and Current Research

Dr. Peter Ferdinand *(Physician, lengthy experience in research in the field of pharmacology, general practitioner with specialty in chronic illnesses, publications and seminars with focus on prevention as well as integration of complementary methods into mainstream medicine)*
Dr. Hubertus Hommel *(information forthcoming)*
Univ.-Prof. Dr. Paolo Bellavite *(Pathologist at the University Verona, experience in research and publications in the field of investigation of complementary medical and complementary to medical methods)*

Subject 6: Comparison and Integration of Complementary Medical Methods – Humanity and Medical Science
Univ.-Prof. Dr. K. W. **Kratky** *(Physicist, lengthy experience in research and teaching in the field of chaos control as well as systemic approaches and complementary medicine at the Institute for Experimental Physics of the University of Vienna and the medical faculty of the University of Vienna as well as the Vienna International Academy for Holistic Medicine, numerous publications)*

Subject 7: Reflexion and Scientific Deepening of the Original Competency and Public Work
Endler, Pass, Ferdinand, Univ.-Prof. Dr. M. Frass

Subject 8: Guided Deepening of Psychophysical and Psychosocial Knowledge and Competency
Psychoanalytical Reflexion Group and Group Work by Balint
Pass *(campus.at);* ***Ulrich Walter*** *(campus.de),* ***Withers*** *(campus.int)*

Group Dynamic Reflexion of Theoretical Course Contents
further staff
Psychophysical Transformation of Stress
further staff

Coordination, teaching and research tasks may also be performed by other persons with corresponding qualifications.

9.4 Overview of Persons Involved, Advisory Board campus.at and campus.de (see also 9.5).; campus.int: forthcoming

Legend: *** = Coordination of a subject; ** = Guest lecturer/-author;
* = Member of the developmental team or the advisory board

Eva **Adamer-König**, Dr. phil., PI Joanneum, Graz und Gleichenberg

Peter **Andersch**, Dr. med., Austrian Society for Homeopathic Medicine, Graz **

Madeleine **Bastide**, Univ.-Prof. Dr. phil., University Montpellier *

Beate **Blattner**, PI - Prof. Dr. phil., PI Neubrandenburg ***

Marco **Bischof**, Scientific Publicist*

Gudrun **Bornhöft**, Dr. med., University Witten-Herdecke *

Corrado **Bornoroni**, Univ.-Prof. Dr. med., University Urbino *

Veronika **Carstens**, Dr. med., Nature and Medicine,
Society for the Promotion of Experiental Medical Science, Bonn *

Harald **Cesnik**, Univ.-Prof. Dr. med. (Ret.), Graz *

Bernhard **Cronenberg**, Univ.-Doz. Dr. phil., Conservatory Graz *

Friedrich **Dellmour**, Dr. med. Ing., Wiener Internationale Akademie für
Ganzheitsmedizin and European Committee for Homoeopathy, Brüssel *

P. C. **Endler,** Dr. phil., Boltzmann Institut für Homöopathie, Graz ***

Walter **Feigl**, Univ.-Prof. Dr. med. (Ret.), University Vienna **

Peter **Ferdinand**, Dr. med., Graz**

Ingrid **Fleck**, Psychotherapist, Graz **

Michael **Frass**, Univ.-Prof. Dr. med., Wien *

Stephen **Fulder**, Dr. phil. M.A., Foundation for Integrated Medicine, Western Galilee, Israel *

Ingrid **Gerhard**, Univ.-Prof. Dr. med., Univ. Heidelberg *

Eberhard **Goepel**, Prof. Dr. med., PI Magdeburg *

Veronique **Gorris**, Univ.-Lekt. Dr. med., Asutria/Ecuador (Univ. Quito) **

Bernhard **Harrer**, Patienteninformation für Naturheilkunde e.V., Berlin *

Karl **Hörmann**, Univ.-Prof. Dr. Dr., European Umbrella Association for Artistic Therapies, Sports Academy Cologne and University Münster *

Ellis **Huber**, Dr. med., former President of the Medical Association Berlin *

Georg **Irmey**, Dr. med., Medical Association for Experiential Medical Science, Heidelberg *

Thomas **Kenner**, Univ.-Prof. Dr. med., University Graz *

Annemarie **Kleber**, Dr. med., Austrian Society for Homeopathic Medicine *

Katharina **Krassnig**, Dr. med. / Psychotherapist, Graz **

Axel **Krefting**, Univ.-Prof. Dr. phil., University Klagenfurt *

Karl W. **Kratky**, Univ.-Prof. Dr. phil., University Vienna and Vienna International Academy for Holistic Medicine ***

Kurt **Langbein**, Scientific Publicist *

Michael **Lehhofer**, Prim. Univ.-Doz. Dr. psych. Dr. med., LSF Graz *

Erich **Leitner**, Univ.-Prof. Dr. phil., University Klagenfurt*

Kevin **Lewin**, Univ.-Lect. D.C.B.M., Open Internat. Univ. for Complementary Medicine *

Nicole **Lieger**, p. t., European University Centre for Peace Studies

Klaus **Linde**, Univ.-Asst. Dr. med. University Munich *

Harald **Lothaller**, Mag.phil., Psychological Institute of the University of Graz

Wolfgang **Mastnak**, Univ.-Prof. Dr. Dr. Dr., Conservatory, Munich *

Peter F. **Matthiessen**, Univ.-Prof. Dr. med., University Witten /Herdecke *

Elke **Mesenholl**, Dipl.-Psych. association "Hochschulen für Gesundheit" *

Simon **Mills**, MA, University of Exeter *

Helmut **Milz**, Dr. med., Physician and Publicist, Marquartstein *

Franz **Moser**, em. Univ.-Prof. Dr. phil., Graz *

Lieselotte **Nausner**, Mag. phil., Psychotherapist and Gestalt Therapist, Graz **

Menachem **Oberbaum**, Dr. med., Zaare Sedek Medical Centre / Hebrew University, Jerusalem *

Thomas **Ots**, Univ.-Prof. Dr. phil. Dr. med., University Graz *

Paul F. **Pass**, Dr. theol., Steirmark State Association for Psychotherapy ***

Tanja C. **Pass**, Dr. phil., Psychotherapist, Graz **

Walter **Pieringer**, Univ.-Prof. Dr. med., University Graz **

Herbert **Pietschmann**, Univ.-Prof. Dr. phil., University Vienna *

Ursula **Püringer**, Dr.phil, PI Joanneum and University Graz

Wolfgang **Rieger**, Mag. päd. (D), Adult Educator, Graz*

Antonella **Rodari**, Dr. med., Graz **

Waltraud **Scherer-Pongratz**, Dr. phil., Boltzmann Institut für Homöopathie, Graz *

Pam **Schickler**

Wolfgang **Schmidbauer**, Dr. phil., Psychotherapist, Scientific Publicist, Munich*

Jürgen **Schulte**, Sen. Sci. Dr. rer. nat., University of Technology, Sydney and European Committee for Homoeopathy, Brüssel *

Franz **Senekowitsch**, Dr. med., Graz *

Henry **Spranger**, Dr. Dr. med. dent., Prof.(ret.), Dersum – Graz ***

Rainer **Stange**, OA Dr. med., B. F. University Berlin and
Medical Association for Naturopathy Berlin-Brandenburg *

Wolfgang **Stock**, Dr. jur., Office for Health Rights, Graz

Friedrich **Theiler**, Dr. med., Graz

André **Thurneysen**, Dr. med., KIKOM - University Bern *

Gerhard **Tucek**, Institute for Ethnomusic Therapy, Niederneustift **

Michel **van Wassenhoven**, Dr. med., Coordinator Unkonventional Medicine, COST B4,
European Union, Brüssel *

Roeland **van Wijk**, Univ.-Doz. Dr. phil., University Utrecht *

Harald **Walach**, Univ.-Doz. Dr. phil., University Freiburg *

9.5 The inter-uni.net for integrated health sciences

Funded by the European Commission as Leonardo da Vinci Project A/02/B/F/PP-124.205, 2002-2004

The aim of association with *inter-uni.net* is in the first place to document the international interest in further psychosocial and scientific qualification of professionals in alternative, complementary and integrated health care.

The *inter-uni.net for integrated health sciences* is a network of institutions already active in this field. Partners may come from both the fields of CAM, and from related fields such as education, psychosocial training, public health, health promotion, natural science and medicine.

- Furthermore, if they wish, partner institutions may take a specific role in activities of the *COLLEGE*, linked with the distant learning project on integrated health sciences (based on a post-secondary *Master Course* according to the Austrian Law on University Studies and funded by the European Commission, see www.inter-uni.net), such as support of or participation in research, documentation of literature and data, peer-review and co-editing of teaching materials, quality assessment (evaluation and audit), and others from the point of view of education, psychosocial training, public health, health promotion, natural science, medicine or other upon separate agreement. Such engagement may be reimbursed upon agreement.

- The partners of *inter-uni.net* may, if they wish, participate in further EU-fundraising coordinated by *COLLEGE*, specially in the promising Erasmus Mundus Programme, and may have the opportunity to become national centres when the distant learning course on integrated health sciences (which is at present funded by the European Commission) is licensed to local national centres.

Furthermore, inter-uni.net partners may, if they wish, be enabled to give the *EU-Certificate on Integrated Health Sciences* to their local students if their local curricula are accepted by the Validation Unit of the Leonardo da Vinci EU-Project A/02/B/F/PP-124.205.

Core members of the *inter-uni.net on integrated health sciences* (as of 15.11.2004) are the following Academic Institutions.

Austria

- Arbeitsgemeinschaft für Bioinformatik am Institut für Biomedizinische Forschung
  Medizinische Universität Graz, A (F. Senekowitsch, biomedical research)

- Institut für Soziologie
  Universität Graz, A (F. Höllinger, sociological aspects)

- Universitätspraxis Wien VIII
  Medizinische Universität Wien, A (S. Ibrahim, complementary therapies research)

- Department für Psychotherapie und Psychoanalyse des Institutes für Psychologie
  Universität Klagenfurt, A (A. Krefting, depth psychology)

- Abteilung für Politik- und Entwicklungsforschung, Institut für Soziologie
  Universität Linz (I. Wintgen-Samhaber, sociology and health)

- Institut für Grenzgebiete der Wissenschaft
  Universität Innsbruck (A. Resch)

- European University Centre for Peace Studies
  (N. Lieger, Vienna, health and peace)

- Ludwig Boltzmann Istitute for Homeopathy, Graz, A
  (M. Haidvogl, complementary therapies research)

Swizzerland

- Kollegiale Instanz für Komplementärmedizin
  Universität Bern, CH (A. Thurneyssen, regulatory biology)

France

- Departement de Biologie Cellulaire, Faculté de Pharmacie
  Université de Bordeaux 2 (J. Cambar, consultation basic research methods)

- Faculté Libre de Médicine de Lille
  Lille (C. Creusy, international relations)

Italy

- Dipartimento di Scienze Morphologico-Biomediche / Chair of General Pathology
  Università degli Studi di Verona, I (P. Bellavite, regulatory biophysics)

- Internal Relations Office, Facoltà di Medicina
  Università degli Studi di Firenze (L. Della Corte, international relations)

- Centro Sperimentale per l'Educazione Sanitaria Interuniversitario
  Università degli Studi di Perugia (L. Briziarelli)

- Istituto di Medicina Olistica e di Ecologia, Anguillara / Roma
  Università di Urbino until 2002, reg. ass. since then (C. Bornoroni, complementary therapies didactics)

United Kingdom

- Division of Primary Health Care
  University of Bristol, UK (T. Thompson, integrated health care)

- Complementary Medicine Research Unit, School of Medicine
  University of Southampton, UK (G. Lewith, complementary medicine research)

- School of Nursing, Midwifery and Health Studies, Faculty of Health
  University of Wales, Bangor, UK (Anne Squire)

- Centre for Complementary Health and Integrated Medicine
  Thames Valley University, UK (Anja Morris-Paxton, anja.morris-paxton@tvu.ac.uk)

- Faculty of Homeopathy
  The Royal London Homoeopathic Hospital, UK (P. Fisher, peter.fisher@uclh.org)

- Faculty of Health & Life Sciences, Complementary Therapies Centre
  Napier University (C. Donnelly)

Netherlands

- Institute for Ethnobotany & Zoopharmacognosy
  (A.G.M. v. Asseldonk, asseld@telebyte.nl, www.ethnobotany.nl)

Danmark

- The Quality of Life Research Centre
  Copenhagen (Soren Ventegodt, tfm@livskvalitet.org)

Sweden

- Department of Health and Society
  University of Linköping, S (M. Eklöf, complementary health care research)

Norway

- National Research Center on Complementary and Alternative Medicine, Faculty of Medicine
  University of Tromsö, N (V. Fönnebö, complementary medicine research)

Iceland

- Department of Education, Faculty of the Social Sciences
  University of Iceland (R. Traustadottir)

Estonia

- Estonian Centre of Behavioural and Health Sciences
  University of Tartu (Jaanus Harro)

Germany

- Institut für Umweltmedizin und Krankenhaushygiene
  Universität Freiburg, D (H. Walach, complementary therapies research)

- Lehrstuhl für Unkonventionelle Medizinische Richtungen
  Universität Witten/Herdecke, D (P. Matthießen, G. Bornhöft, didactics and research methods)

- Lehrstuhl für qualitative Forschung in der Medizin, Institut für Musiktherapie
  Universität Witten/Herdecke, D (D. Aldridge)

- Magdeburger Institut für Supervision, Therapie, Evaluation und Lehre an der
  Hochschule Magdeburg, D (E. Göpel, consultation health promotion)

- Zentrum für wissenschaftliche Weiterbildung
  Universität Oldenburg, D (J. Rieforth, consultation psycho-social aspects)

- Fachhochschule Fulda - University of Applied Sciences, Fulda, D
  (B. Blättner, consultation health promotion and promotion of health)

Hungary

- Department of Applied Health Sciences
  University of Szeged, HU (Z. Benkó)

Poland

- Biochemistry Department
  University M. Curie-Sklodowska, Lublin, PL (E. Dernatowicz-Malarczyk)

- Department of Public Health
  Medical University of Warsaw, PL (J.D. Karaki, jbkhealth@viamedica.pl)

Bulgaria

- Department of Chemistry and Biochemistry
  Medical University Plovdiv (V. Kamenov, M. Arginova)

- Faculty of Public Health
  Medical University Varna (S. Popova)

- The Scientific Research Department
  Sofia University (A. Kuyvnezieva)

(Israel)

- The Center for Integrative Complementary Medicine
  am Shaare Zedek Medical Center, Lehrkrankenhaus der medizinischen Fakultät der Universität Beer-Sheva
  (M. Oberbaum)

(Egypt)

- Complementary Medicine Unit, Faculty of Medicine
  Cairo University (A. Bayoumi Hammad)

10. Evaluation

10.1 External Evaluation of Teaching Material

Ongoing evaluation of teaching materials and interactive approaches to Internet sessions are preformed by the study board "Komplementäre und integrated Gesundheitsarbeit" of the association "Hochschulen für Gesundheit", Germany, in collaboration with the chair for Unconventional Medical Disciplines of the Uiversity of Witten-Herdecke and the department of Health Education and Adult Education of the University of Applied Sciences of Neubrandenburg. The international partner organisations of the Leonardo da Vinci project A/02/B/F/PP-124.205FH may have an advisory function.

10.2 Ongoing Evaluation of the Course Programme, Committee

Internal measures for evaluation include:

- Student evaluation of individual seminars and completed classes
- Analysis and annual report on student test scores
- Discussion of above points by the instructors
- Confirmation of instructors' qualification for university-level instruction
- Regular updating of curriculum

External measures of evaluation include a regular colloquium of a committee consisting of the programme committee (see above, board of examiners) as well as one representative each of one of the academic facilities more closely

involved in the international provider cooperation (invited). The Interuniversity College for Integrated Health Sciences, Inc. invites participants to the colloquium. Participants vote in an evaluation report (see enclosure).

11. International Guidelines and Comparative Programmes

The details of the curriculum were brought into alignment with the corresponding information of MSc programmes especially at the School of Integrated Health of the University of Westminster, the Liverpool John Moores University, the Faculty of Health and Social Care of the University of Salford (MSc in Health Sciences), the University of Integrated Medicine in Washington, at the Southern Cross University Lismore NSW, at the Deakin University Melbourne, the Greenwich University Hilo, the West Chester University Pennsylvania, the Queen Margret University College Edinburgh and the University of East Anglia Norfolk (MSc in Health Sciences) (see enclosures). A comparable course of study is also currently under preparation at the University Exeter/Plymouth.

Based on individual national educational and professional provisos members of health-related professions with a focus in complementary-medical and complementary to medical methods or psychosocial aspects are conveyed a deepened scientific and psychosocial further education and qualification in research, teaching and public work. The curriculum includes in each case:

- Health promotion (WHO) and individual promotion of health: Health-related knowledge
- Deepening of psychosocial skills: Communication competency in helping relationships and in public work
- Understanding paradigms of complementary-medical approaches and those complementary to medical methods as possibilities of regulatory resource promotion (without therapeutic claim)
- Research knowledge and Working Scientifically in the sense of interdisciplinary dialog skills

Workload

Postsecondary Master degree programmes in the Anglo-Saxon region are based as a rule on fewer contact hours than required by the Austrian UniStG (law governing university studies). On the other hand additional furthering self-study is stimulated and expected as a necessary indication of the graduate's independence. The expected proportion of attendance phases (on-site or in form of Internet sessions) and independent work may be 1 : 10. In order to comply with the provisos of §§ 27-28 of the UniStG the course of study presented here consists of 540 contact hours plus independent work (self-study, composition of thesis, preparations for examinations).