

**The Homeopathic Consultation  
and the Homeopathic Practitioner's Health & Wellbeing Development:  
A Grounded Theory Study Protocol**



**Proposition Module  
CHE, Middlesex University**

**Gill Carrie  
14 April 2021**

# Proposition

## contents

- Proposition Module – 14 April 2021
- Proposition Plan – 11 November 2020 & Mentor's Comments
- Proposition Marking Grid & Marker's Comments

and for

## Toolkit Development

[gillcarrie.com](http://gillcarrie.com)

**The Homeopathic Consultation and the Homeopathic Practitioner's Health &  
Wellbeing Development: A Grounded Theory Study Protocol**

**Proposition Module**

**CHE, Middlesex University**

**Student: PT0217**

**14 April 2021**

## **The Homeopathic Consultation and the Homeopathic Practitioner's Health & Wellbeing Development: A Grounded Theory Study Protocol**

### **ABSTRACT**

The homeopathic consultation is paramount to building authentic and empowering practitioner-patient relationships and patient health and wellbeing outcomes. The whole person approach, the totality and individuality of the patient, sits at the centre of the homeopathic consultation. This unique and successful patient-centred approach, emphasizes why most research is focused on the patients experiences and outcomes. However, the homeopathic practitioners' experiences and their health and well-being are of equal importance in the consultation. Understanding this and the impact for the practitioners and their consultations, patients and practice, adds further immense value to the holistic experience. Therefore, this research protocol describes a qualitative study and a grounded theory approach using semi-structured interviews and reflective journals with the aim to understand the homeopathic practitioners' health and well-being processes in relation to the homeopathic consultation. Furthermore, to capture their processes, the proposed small sample group of six participants, potentially identified from The Centre for Homeopathic Education (CHE), will be formulated from individuals with the qualifying inclusion criteria of being graduate homeopathic practitioners who hold a professional Licentiate qualification (and/or degree) and are in their own practice and not in supervision. Overall, understanding the homeopathic practitioners' processes will have the potential to generate a theoretical model and further develop an effective and actionable toolkit for the practitioners' development of their health and well-being both from – and towards – the homeopathic consultation.

### **AIMS and OBJECTIVES OF THE STUDY**

The aim of this qualitative study is to understand the homeopathic practitioners' health and well-being process in relation to the homeopathic consultation and to further develop a toolkit for. With the focus and main concern for the homeopath practitioner being the health and wellbeing of their patients, equally important is to understand how the practitioners' balance and sustain this alongside their own health and wellbeing. Furthermore, what considerations, strategies and actions – both preventative and

## PT0217

reflective – do the practitioners' put in place for their health and wellbeing in relation to the homeopathic consultation and the impacts from:

- the patient-practitioner experience
- the relationship-building
- patient challenges or issues
- challenging patients for the practitioner
- new patients
- established patients
- boundaries
- time management
- skill / resource management
- communication
- protection of the practitioner to outside influences

Additionally, we must further consider what has developed and become more prevalent in the recent pandemic climate.

The objectives of the study are to:

- Explore the considerations the homeopathic practitioners' have taken prior, during and after the consultation
- Establish the strategies the homeopathic practitioners' have taken prior, during and after the consultation
- Determine the actions the homeopathic practitioners' have taken prior, during and after the consultation
- Identify the factors that affect the homeopathic practitioners prior, during and after the consultation
- Analyse the effects on the homeopathic practitioners' prior, during and after the consultation
- Evaluate the impact on the homeopathic practitioners' prior, during and after the consultation

Specific open-ended central and sub research questions will be developed from the above to narrow the aim of the study and form the core content for practitioner interviews (Creswell and Baez 2021) and along with reflective journals will answer the study aim via collecting and analysing data (Creswell and Baez 2021).

Overall, understanding the homeopathic practitioners’ processes will have the potential to generate a theoretical model and further develop an actionable toolkit for the practitioners’ development of their health and well-being prior to, during and after the homeopathic consultation.

### SEARCH CRITERIA and DATABASES

Literature resources were Databases PubMed and the electronic archives SagePub, ScienceDirect and searched with the search terms “grounded theory; qualitative research; well-being; burnout; wounded healer; self-care”.

Table 1: Literature Review

Citation	Reference	DOI / PMID / PMCID	LINK	
1	Azam, K., Khan, A., Alam, M.T., 2017. Causes and Adverse Impact of Physician Burnout: A Systematic Review. <i>J Coll Physicians Surg Pak</i> . 2017 Aug;27(8):495-501.	PMID: 28600843	<a href="https://pubmed.ncbi.nlm.nih.gov/28600843/">https://pubmed.ncbi.nlm.nih.gov/28600843/</a>	
2	Bikker et al. 2005	Bikker, A.P., Marce, S.W., Reilly, C., 2005. A pilot prospective study on the consultation and relational empathy, patient enthusiasm, and health changes over 12 months in patients going to the Glasgow Homeopathic Hospital. <i>Journal of Alternative and Complementary Medicine</i> , vol. 11, no. 4, pp. 591-600.	PMID: 16131282 DOI: <a href="https://doi.org/10.1089/acm.2005.11.591">10.1089/acm.2005.11.591</a>	<a href="https://pubmed.ncbi.nlm.nih.gov/16131282/">https://pubmed.ncbi.nlm.nih.gov/16131282/</a>
3	Burch et al. 2008	Burch, A.L., Dobb, B., Brian, S., 2008. Understanding Homeopathic Decision-Making: A Qualitative Study. <i>Forschende Komplementärmedizin</i> (2008), 15, 218-25. doi:10.1159/000138511	PMID: 18797331 DOI: <a href="https://doi.org/10.1159/000138511">10.1159/000138511</a>	<a href="https://pubmed.ncbi.nlm.nih.gov/18797331/">https://pubmed.ncbi.nlm.nih.gov/18797331/</a>
4	Charmaz 2014	Charmaz, K., 2014. <i>Constructing Grounded Theory</i> [online]. 2nd edition. London: Sage Publications Ltd.	<a href="https://us.sagepub.com/en-us/home/constructing-grounded-theory/book232599/sagepub/forname">https://us.sagepub.com/en-us/home/constructing-grounded-theory/book232599/sagepub/forname</a>	
5	Chabain 2007	Chabain, J., 2007. Pre-empting 'trouble' in the homeopathic consultation. <i>Journal of Pragmatics</i> [online], 40 (2), February 2008, 244-256.	<a href="https://doi.org/10.1016/j.pragma.2007.10.007">https://doi.org/10.1016/j.pragma.2007.10.007</a>	<a href="https://www.sciencedirect.com/science/article/pii/S0378375807003844">https://www.sciencedirect.com/science/article/pii/S0378375807003844</a>
6	Creswell and Baez 2021	Creswell, John, W., Baez, Johanna Creswell, 2001. 30 Essential Skills for the Qualitative Researcher. 2nd edition. SAGE Publications, Kindle Edition.		
7	Driscoll 2007	Driscoll, J., 2007. <i>Practising Clinical Supervision: A Reflective Approach for Healthcare Professionals</i> , 2nd ed. Edinburgh: Balliere Tintal Elsevier.		
8	Eyles et al. 2010	Eyles, C., Leydon, G.M., Lewth, G.T., Brian, S., 2010. A Grounded Theory Study of Homeopathic Practitioners' Perceptions and Experiences of the Homeopathic Consultation. <i>Evidence-Based Complementary and Alternative Medicine</i> [online], vol. 2011, Article ID 897508.	PMID: 20981269 PMCID: 319026658 DOI: <a href="https://doi.org/10.1155/2011/957508">10.1155/2011/957508</a>	<a href="https://pubmed.ncbi.nlm.nih.gov/20981269/">https://pubmed.ncbi.nlm.nih.gov/20981269/</a>
9	Eyles et al. 2012	Eyles, C., Leydon, G.M., Brian, S., 2012. Forging connections in the homeopathic consultation. <i>Patient Education and Counselling</i> [online], 2012 Dec;86(3):501-6. Epub 2012 Feb 26. PMID: 22570197.	PMID: 22570197 DOI: <a href="https://doi.org/10.1016/j.pec.2012.02.006">10.1016/j.pec.2012.02.006</a>	<a href="https://pubmed.ncbi.nlm.nih.gov/22570197/">https://pubmed.ncbi.nlm.nih.gov/22570197/</a>
10	Frank, 2002	Frank, R., 2002. Homeopath & patient: a study of harmony? <i>Social Science &amp; Medicine</i> [online], 55 (8), 2002, 1585-1596.	PMID: 12231009 DOI: <a href="https://doi.org/10.1016/S0277-9536(02)00263-0">10.1016/S0277-9536(02)00263-0</a>	<a href="https://pubmed.ncbi.nlm.nih.gov/12231009/">https://pubmed.ncbi.nlm.nih.gov/12231009/</a>
11	Glasser, 2010	Glasser, Barney G., 2010. <i>The Grounded Theory Review. An International Journal</i> [online]. N/A. Available from: <a href="http://groundedtheoryreview.com/wp-content/uploads/2012/05/GT-Review-vol-6-no-21.pdf">http://groundedtheoryreview.com/wp-content/uploads/2012/05/GT-Review-vol-6-no-21.pdf</a> [Accessed 10 November 2020].		<a href="https://pubmed.ncbi.nlm.nih.gov/22370491/">https://pubmed.ncbi.nlm.nih.gov/22370491/</a>
12	Hartog 2009	Hartog, C.S., 2009. Elements of effective communication – Radiocoveries from homeopathy. <i>Patient Education and Counselling</i> [online], 77 (3), November 2009, 175-178.	PMID: 19372024 DOI: <a href="https://doi.org/10.1016/j.pec.2009.08.021">10.1016/j.pec.2009.08.021</a>	<a href="https://pubmed.ncbi.nlm.nih.gov/19372024/">https://pubmed.ncbi.nlm.nih.gov/19372024/</a>
13	Horn and Johnston 2020	Horn, C.J., Johnston, C.B., 2020. Burnout and Self-Care for Palliative Care Practitioners. <i>Med Clin North Am</i> . 2020 May;94(5):661-672.	PMID: 32312415 DOI: <a href="https://doi.org/10.1016/j.mcna.2019.11.007">10.1016/j.mcna.2019.11.007</a>	<a href="https://pubmed.ncbi.nlm.nih.gov/32312415/">https://pubmed.ncbi.nlm.nih.gov/32312415/</a>
14	Jung 1982	Jung, C.G., 1982. <i>Collected Works of C.G. Jung. Volume 16: Practice of Psychotherapy</i> . Edited by GERHARD ADLER and R. F. C. HULL. Princeton University Press, 1982. 351pp. <a href="http://www.jstor.org/stable/4859169">www.jstor.org/stable/4859169</a> . [Accessed 14 Apr. 2021].		

Figure 1: Table showing Literature Review [hyperlinked version in Appendices].

## BACKGROUND & LITERATURE REVIEW

The reason for wishing to undertake this study is to review the consultation model – with the emphasis on the practitioner’s health and wellbeing prior, during and after consultation – for more balanced, healthier and sustainable relationships, outcomes and tools for practitioners, patients and practices. Existing evidence shows general healthcare’s overall focus of moving from practitioner-centred to being more patient-centred, which is the strength of homeopathic practitioners’ consultations (Bikker et al. 2005; Burch et al. 2008; Hartog 2009; Eyles et al. 2012), but equally important is to not forget the practitioner’s health and wellbeing in this progression.

This has become more of a key issue for many healthcare professions (WHO, 2019). “Burn-out “, now recognised as a syndrome (WHO, 2019) with testing toolkits (Maslach, et al, 2016) is a major growing factor in healthcare professionals - both medical, non-medical and including experienced and student practitioners. Overall, this defeats the purpose of being in healthcare – “The Wounded Healer” (NHS 2018; Morishita et al. 2020; Eyles et al. 2012), first conceptualised by Carl Jung of practitioners understanding patients more through their own pain and suffering (Straussner et al. 2018) but additionally having its limitations and with a conscious reminder of the importance of practitioner self-care that;

*“one cannot help any patient to advance further than on has advanced oneself”*  
(Jung 1982)

The practitioner’s perceptions and experience as ‘wounded healers’ (Morishita et al. 2020) may be a strength in “being the patient” (Morishita et al. 2020), cultivate empathy (Eyles et al. 2012) or predispose patient assumptions (Eyles et al. 2012) in the consultation but where does it leave the practitioners own self-care of their health and wellbeing?

The individuality of the practitioner (Khun and Flanagan 2017), their individual burnout effects (Azam et al. 2017) and their wellbeing, being multi-dimensional and incorporating their working environment (Khun and Flanagan 2017), creates different effects (Azam et al. 2017) and outcomes for self-care and practice interventions,

implementation and advancement (Khun and Flanagan 2017; Azam et al. 2017; Schrijver 2016; West et al. 2018). This is still such an untapped area of strength and development for the healthcare practitioner as it's the mirror-side of our clients/patients – our aims for them, how we work with them, especially homeopathic practitioners' key principle of individualisation – but often not necessarily seeing or applying to ourselves as individual practitioners in healthcare practice and industry.

If we are still tolerating burnout (Schrijver 2016), identifying it only as a work-related syndrome (West et al. 2018) and it's still remaining “under-reported and under-recognized” (Lacy and Chan 2018) then tailoring an approach for practitioner fulfilment and wellbeing (Schrijver 2016), “understanding self” and the interconnectedness of the patient and practitioner experience (Eyles et al. 2012), implementing leadership and practitioner wellbeing organisational strategies (Shanafelt and Noseworthy 2017) brings us to the importance of this study.

There's a gap. This gap became the idea for this proposition and developed from a background of being in my own client-centric businesses for many years with various teams, specialising in client consultation in my field throughout, re-studying and currently a student homeopathic practitioner, observing and sharing with my college peers and supervisors, developing a new homeopathic practice and further resonating with the following research paper;

“A Grounded Theory Study of Homeopathic Practitioners' Perceptions and Experiences of the Homeopathic Consultation” (Mary Ann Liebert 2009; Eyles et al. 2010).

Their research question was to;

“gain an in-depth understanding of homeopathic practitioners' perceptions and experiences of the consultation” (Eyles et al. 2010).

This was derived from two phases of data collection sampled from registered medical and non-medical homeopaths and formed a theoretical model as at Figure 2;



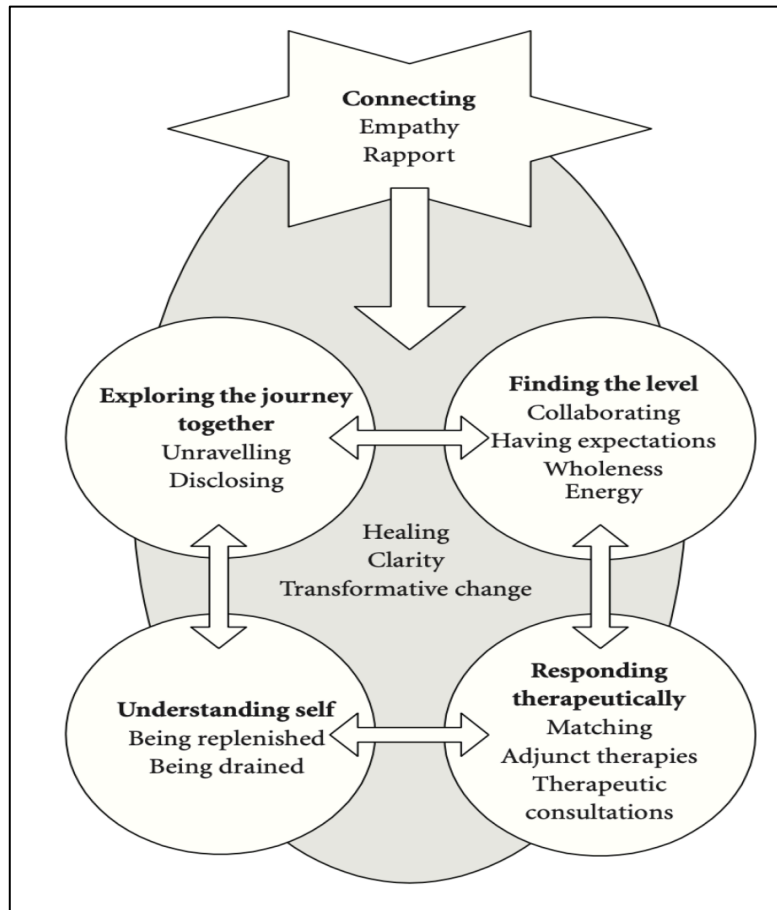


Figure 2: A model of a UK classical homeopathic consultation (Eyles et al. 2010).

I liked the paper and style (Eyles et al. 2010) as felt it aligned with the spirit of homeopathy, it rigorously explored the homeopathic consultation from the homeopathic practitioners' viewpoint (Eyles et al. 2010) and developed a theoretical model (Eyles et al. 2010).

Although Eyles et al (2010) paper makes no mention of the term “burnout”, the “wounded healer” is expressed with the homeopathic consultation model describing how the homeopathic practitioners perceive and experience the consultation process (Eyles et al. 2010). The homeopathic consultation is a powerful process and experience for both patient and practitioner and also a powerful mix of being mentally, emotionally, physically, spiritually, socially charged. This energetic exchange can be both positive and negative – prior to, throughout and after the consultation – and mostly ends with a remedy or remedies for the patient as Eyles et al (2010) suggests that;

“the process of identifying and prescribing the remedy is embedded in the consultation, highlighting the interconnectedness of the whole homeopathic consultation and aspects of the consultation that are unique and specific to homeopathy” (Eyles et al. 2010).

Interestingly, in this interconnectedness, what individual ‘remedy’ does the practitioner take to their next consultation/s other than their individual perceptions and experiences (Eyles et al. 2010) – as quite a broad central phenomenon (Creswell and Baez 2021) – and how do these change their approach to or further impact the next consultation/s? From patient relationship building, new and established patients, challenges and issues and boundaries all continuously happening inside and outside the consultation along with constant time and resource management and outside influences impacting the practitioner, we quickly see the hidden and unknown daily pressures of the homeopathic practitioner (Eyles et al. 2010). Self-awareness, inner work, counselling, mentoring, supervision along with outside activities and hobbies may help and maintain balance (Eyles et al. 2010) but how consistent, manageable and sustainable is this all for the practitioner? As most homeopaths – and complementary and alternative practitioners (CAMS) – are self-sustaining and looking after themselves, most set up their own individual practices plus work in all other aspects and roles in their business also eg. receptionist, book-keeper, marketing, administration, business development, etc. Additionally, being outwith the luxury of protection of large healthcare institutions, budgets and support systems and processes – they also become solely responsible for their own continuous personal development (CPD), reflective practice, peer programmes, supervision, interacting with professional bodies (Eyles et al. 2010) plus their own personal and professional coping strategies (Eyles et al. 2010). Furthermore, homeopathy is often a last resort for patients that are unhappy with their medical approach or practitioner, etc (Chatwin 2007) and therefore patients arrive with more co-morbidity and chronic conditions, further affecting the practitioner (Horn and Johnston 2020). Besides, patients having to pay for homeopathic consultations (Frank, 2002), the justifications and explanations for homeopaths to be accepted as being in professional healthcare and as equal health professionals (Eyles et al. 2010), adds further additional and unnecessary

tensions and pressures to the homeopathic practitioner (Eyles et al. 2010) and their practice.

To explore the considerations, establish the strategies and determine the actions, we can further identify the factors, analyse the effects and evaluate the impact the homeopathic practitioners' have taken prior, during and after the consultation.

Therefore, this study generates new knowledge by building onto the theoretical model of homeopathic practitioners' perceptions and experiences of the homeopathic consultation (Eyles, et al. 2010) and potentially further developing a theoretical model and actionable toolkit – for prior, during, after the homeopathic consultation – for practitioner health and wellbeing development. Overall, identifying and connecting this part in the homeopathic consultation cycle would be of great benefit as we see as a visual description in Figure 3;

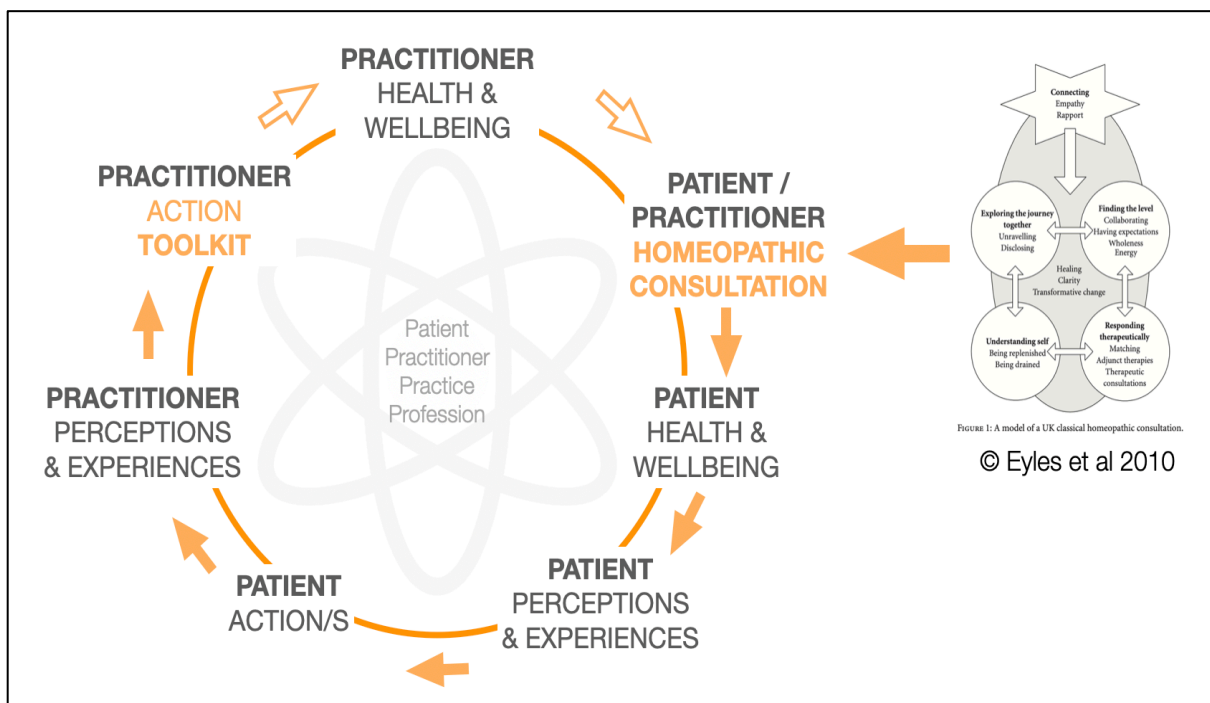


Figure 3: The Homeopathic Consultation Cycle ©gillcarrie2021

A toolkit to empower the practitioner as part of their everyday ongoing practice that aligns with their individual needs is more sustainable and regenerative instead of 'something else' and separately to do in a busy practice. Also, having a clear communication tool to further share for supervision, mentoring and CPD, additionally

develops educational and professional bodies courses, workshops and support to further fulfil practitioners adapting and ongoing needs. Overall, this is necessary to the professional / academic community to also bring balance back into and for healthcare professionals and the healthcare profession.

Therefore, this research study question would be to gain an in-depth understanding of the homeopathic practitioners' health and well-being development process in relation to the homeopathic consultation.

Overall, this understanding will have the potential to generate a theoretical model and further develop an effective, actionable and measurable toolkit for the practitioners' development of their health and well-being both from – and towards – the homeopathic consultation.

The significance of Eyles et al (2010) paper supports the reasons for investigating this topic by being experiential, cumulative (Eyles et al. 2010; Charmaz 2014; Glaser, 2010), “understanding self” in the theoretical model (Eyles et al. 2010) and the two phases of practitioner interviews and self-reflective diaries aligns with the homeopathic practice. The importance of self-reflection in clinical practice (Driscoll 2007; Rolfe 2001) as we see in Figure 4 below (Driscoll 2007), complements the homeopathic consultation cycle from Figure 3 above;

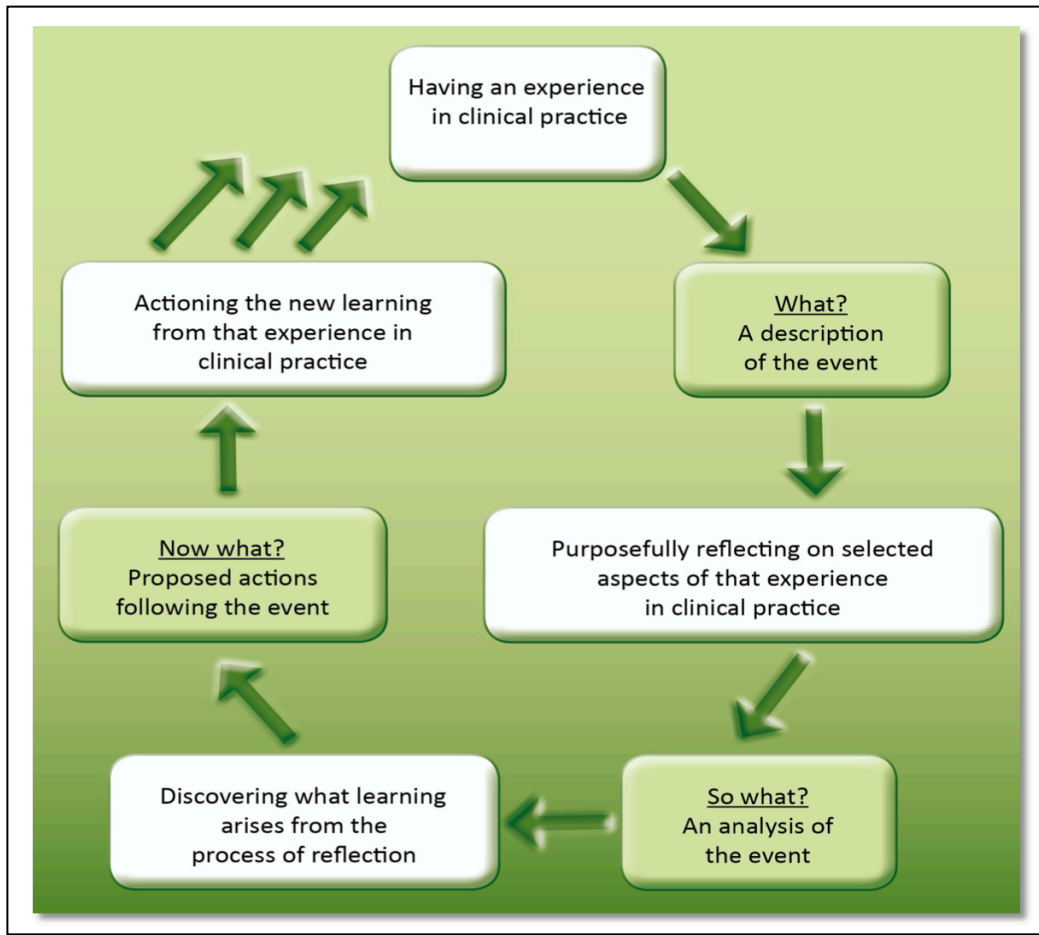


Figure 4: Driscoll's Model of Reflection (Nunn 2012).

This also supports considering that outwith clinical supervision, would the homeopathic practitioner do this cycle for every consultation in a busy practice? Also, how easily applied and sustainable is the 'actioning' (Schön 1983) of this reflective cycle for the busy practitioner.

The context area within which the research will take place will be graduate homeopathic practitioners of CHE, who hold a professional Licentiate qualification (and/or degree), are in their own practice, are currently practicing and are outwith clinical supervision.

Furthermore, is the importance to align with professional and ethical standards, best practice, fit for purpose and within a real working environment of the homeopathic practitioner and as discussed above.

## **METHOD**

### **Design**

This is a qualitative study using grounded theory methodology (Eyles et al. 2010; Charmaz 2014; Glaser, 2010; Creswell and Baez 2021) as the appropriate research method to understand the homeopathic practitioners' health and well-being process in relation to the homeopathic consultation. The justification for this is a cumulative process from "understanding self" (Eyles et al. 2010) to further develop on the qualitative continuum (Creswell and Baez 2021) an emerging design and inductive process with an important new context of participants' views and a complex picture of many moving parts (Creswell and Baez 2021) for a new practitioner development theoretical model and potential tool.

To answer the research question or to develop further is in being experiential and requiring the experience of doing it, the adopt and adapt (Eyles et al. 2010; Charmaz 2014; Glaser, 2010), and with the open-ended interviews being indicator rich for data collection and interpretation (Creswell and Baez 2021), it is also a natural approach and environment for homeopathic practitioners that they can easily relate to.

Additionally, in researcher bias being present, we would move from the objective distance of the literature and theory (Creswell and Baez 2021) to a more personal style of presenting the practitioners' voice and views and with the researcher sharing experiences and personal opinion (Creswell and Baez 2021) for the reader.

The aims and objectives of this study will be achieved in interviews and in reflective journals. Self-reflective journals are essential for practitioners as a valuable tool already extensively used to explore their clinical practice experience with "the what?" being the context, "the so what?" being the reflective practice and "the now what?" being their further development (Driscoll 2007; Rolfe 2001).

Overall, it is important to note, the philosophy behind choosing this study and method as the researcher, which is best summed up and defined as constructivist by (Creswell and Baez 2021) as being;

“a paradigm world view of (interpretive) beliefs that individuals form their own realities, subjective participant views are important, researcher values should be made explicit, methodology is inductive, and a personal type of language should be used in writing” (Creswell and Baez 2021).

For myself, as the researcher, this so resonates with the practice of homeopathy and me as a homeopath and therefore aligns with my philosophy and feels authentic in doing.

### **Sample**

The proposed sample group (Eyles et al. 2010) and the qualifying criteria required for inclusion in the study will be graduate homeopathic practitioners who hold a professional Licentiate qualification (and/or degree), are in their own practice, currently practicing and not in supervision. Being purposeful sampling (Creswell and Baez 2021) or purposive sampling (Sbaraini et al. 2011) of individuals who are experiencing what this study is exploring (Creswell et al 2021), the aim is to cover a small sample group of six participants, formulated from individuals working in the context area identified above to capture their processes and with potential participants identified from The Centre for Homeopathic Education (CHE). Being flexible and creative in the sampling strategy (Creswell and Baez 2021) and utilizing multiple strategies instead of just one, will help with any challenges in recruitment (Creswell and Baez 2021). It is important that in being qualitative, the topic is explored in depth (Creswell and Baez 2021) and repeating data and no new information would be saturation and likely highlight the choice of a small sample group as adequate (Creswell and Baez 2021).

### **Inclusion / Exclusion**

The participants had to meet the following inclusion criteria:

- Homeopathic practitioners
- A graduate of The Centre for Homeopathic Education (CHE)
- Hold a professional Licentiate qualification (and/or degree)
- Are currently practicing in their own registered practice
- Are not currently in supervision

The following is the exclusion criteria for participants:

- Are currently in supervision
- Are pending graduation of Licentiate qualification (and/or degree) from CHE
- Do not currently have their own registered practice
- Are not currently practicing in their own registered practice

### **Informed Consent**

Informed consent and permissions obtained would contain an online application, detailed overview of the study (Creswell and Baez 2021) stating the purpose of the study, timelines, procedures for data collection, storage and access plus the researcher/s name, contact details and signature (Creswell and Baez 2021) and a specific consent form and how consent will be obtained. Additionally, further information on how the participants will be identified, approached, voluntary withdraw, their risks, benefits, compensation and how their confidentiality will be protected throughout (Creswell and Baez 2021) along with their signature. Attachments would also include all protocols including interview guidelines (Creswell and Baez 2021). The consent to participate form or letter (Creswell et al 2021) would be adapted from Creswell and Poth in 2018 (Creswell et al 2021) or from the question style format of the Agency for Healthcare Research and Quality 2009 (Creswell and Baez 2021).

### **Data Collection**

The involvement of the proposed sample group in the study and the two types and phases of data collection (Eyles et al. 2010) will extend to:

Stage 1 – online interviews with the homeopathic practitioners.

These would be one-to-one semi-structured interviews and online interviews (email, internet conversations, list servers) and with clear outcome measures.

Stage 2 – homeopathic practitioner self-reflective clinical journals.

Participants will be supplied with a self-reflective journal during the research study as an approach to capture and with which their recordings can be written, video or audio diary. The research will be looking at and analyzing their process of their consultations - prior to, during and after.



Additionally, throughout – the researcher will collect email, electronic messages, phone or text messages plus collate researcher memos.

Furthermore, Stage 1 data collection from the online interviews will develop the theoretical model (Eyles et al. 2010) with Stage 2 testing this emerging model (Eyles et al. 2010) from the self-reflective clinical journals. There will be both transcript and data recording – with data protection for recording – and will remain confidential at all times. The extent of the data collection would be further outlined in a table to highlight the data extent and depth (Creswell and Baez 2021);

The research study will take place online via Zoom one-to-one interviews and therefore, be recorded for reference also.

### **Recruitment**

The most appropriate homeopathic practitioners, that fit the study criteria, would be identified with CHE, with informed consent and the options for recruitment would be (Creswell and Baez 2021);

- Infographic flyer
- Email invitation letter
- Email or Web-based list server
- Closing interview question also (ethically)
- Snowballing or chain sampling for other information-rich participants or from participants themselves

Number of participants would be six participants, potentially identified from CHE, with the qualifying inclusion criteria previously outlined and furthermore, a table would be formulated for readers to understand the demographics of participants characteristics (Creswell and Baez 2021).

### **Reciprocity**

Due to the time participation and document sharing for each participant (Creswell and Baez 2021) the give forward to benefit the participants would be one CHE online course for each participant.

### **Interview protocol**

From the central phenomenon, specific open-ended central and 5-7 sub research questions will be developed to narrow the aim of the study and form the core content for practitioner interviews (Creswell and Baez 2021) and along with reflective journals will answer the study aim via collecting and analysing data (Creswell and Baez 2021).

### **Self-Reflective Journals protocol**

Utilising an existing self-reflective practice and journal we already use in clinical practice (Driscoll 2007) that brings awareness to practice situations that the homeopathic practitioners face and deal with, with every client/patient in the consultation;

- The What? The clinical practice experience.  
What happened?  
Describing the situation in/for context.
- So What? Reflective practice of the experience.  
What were you thinking?  
What were your reactions?  
How did you feel?  
What was good and bad about the situation?
- Now What? Further development from the experience.  
What can you understand about this situation/your reaction to it?  
Why did you feel the way you did?  
What could you have done differently?  
How might you deal with a similar situation in the future?

### **Data Analyses**

Inductive, interactive and simultaneous process from raw data to coding as outlined in Figure 5 (Creswell and Baez 2021);

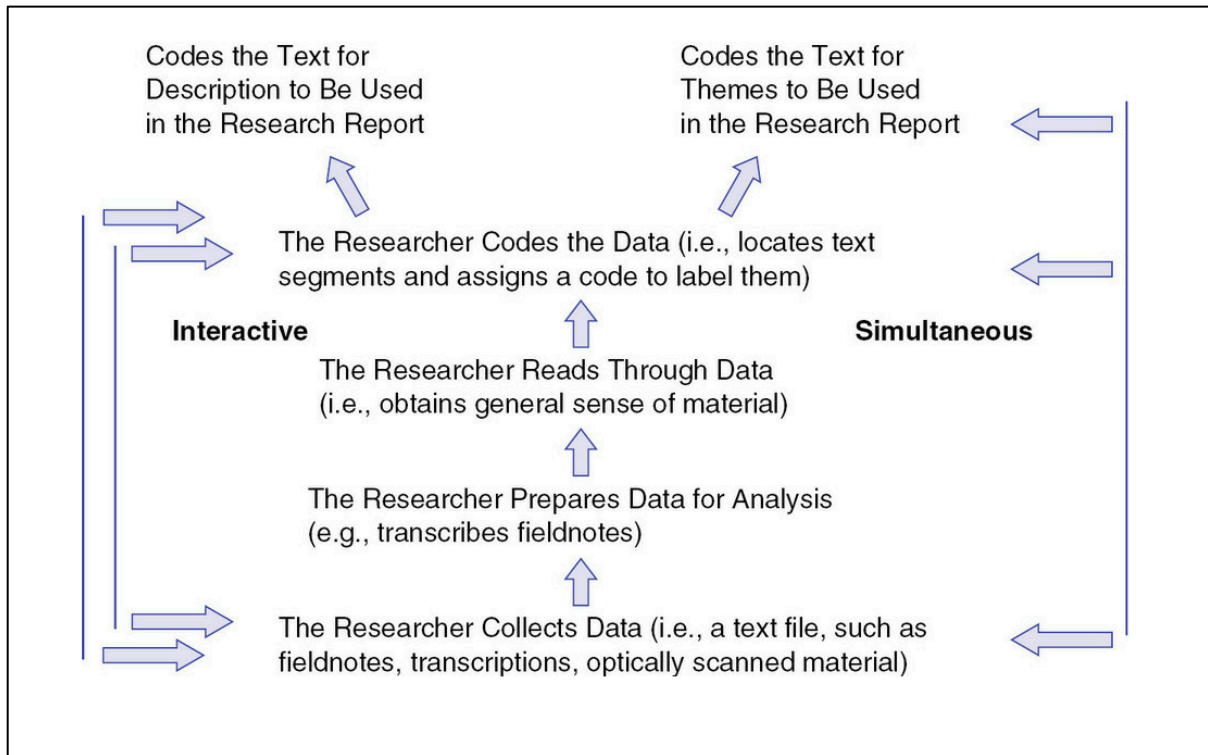


Figure 5: Data Analysis From the Raw Data to Codes (Creswell and Baez 2021).

## **Planning and Resources**

### **Preparing the data**

Text data is dense data, time consuming and needs time to understand plus it is interpretive by the researcher to assess for the study (Creswell and Baez 2021). With coding of text data from the open-ended question interviews in-vivo, field notes and memos, text in self-reflective journals - all the data is to be collected and prepared into a text database ready (Creswell and Baez 2021).

### **General procedures to be discussed**

1. Getting to know and understand the data by reading through all the text database, identifying participants actions and words and taking marginal notes (Creswell and Baez 2021).
2. Coding and understanding of the transcribed text data (Creswell and Baez 2021) to assign a code label to each of the text passages for code listing, which can be done manually by hand by colour coding and highlighting and/or done by qualitative data analysis (QDA) software (Creswell and Baez 2021).
3. Theming of similar codes for broader categories of information to eliminate, interrelate, write and create a theme passage and conceptual map that

becomes the narrative and the headings of the study findings (Creswell and Baez 2021).

4. Software for storing, analysing, reporting and visualising the codes and themes eg. MAXQDA software\* (Creswell and Baez 2021). [*to which as a novice researcher is currently exploring and trialling as a novice researcher*]. Validation procedures for researcher interpretation accuracy (Creswell and Baez 2021).
5. Validity strategy of multiple coders – a process called intercoder agreement – for when there are multiple individual coders and this validates similar codes (Creswell and Baez 2021).
6. The researcher/s would write themselves into the study with their personal experiences, biases and values in relation to the central phenomenon, how that defined the study development and the effect for the participants and the readers (Creswell and Baez 2021).

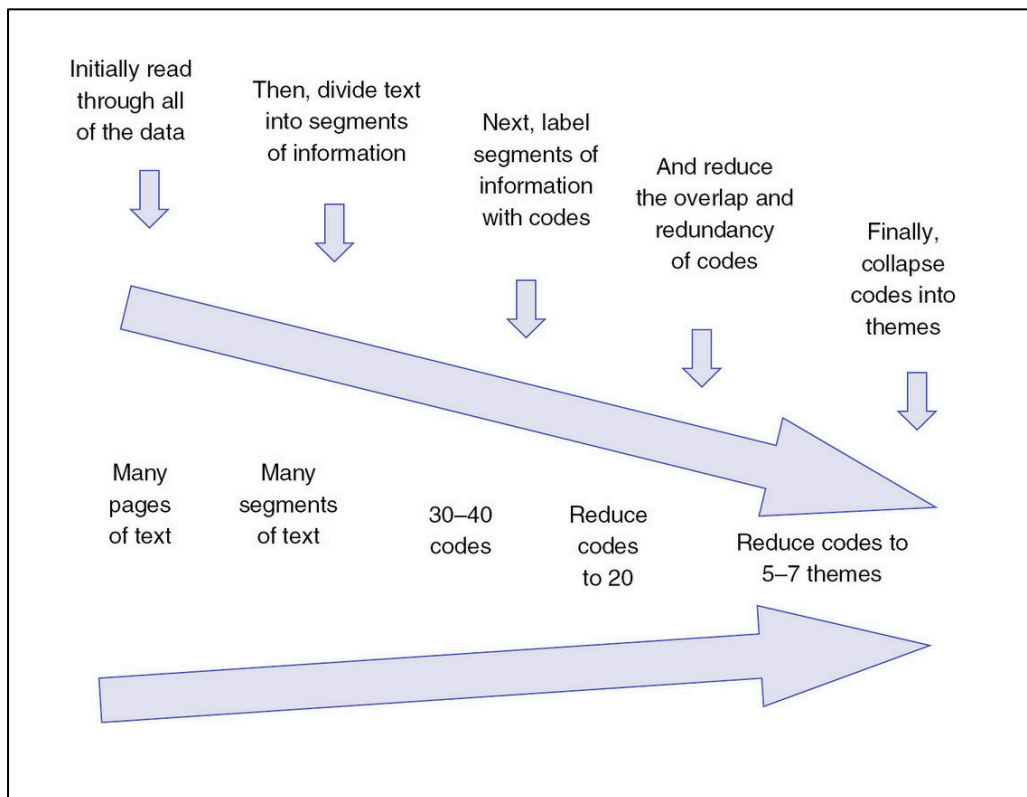


Figure 6: From Many Pages of Text to Themes (Creswell and Baez 2021).

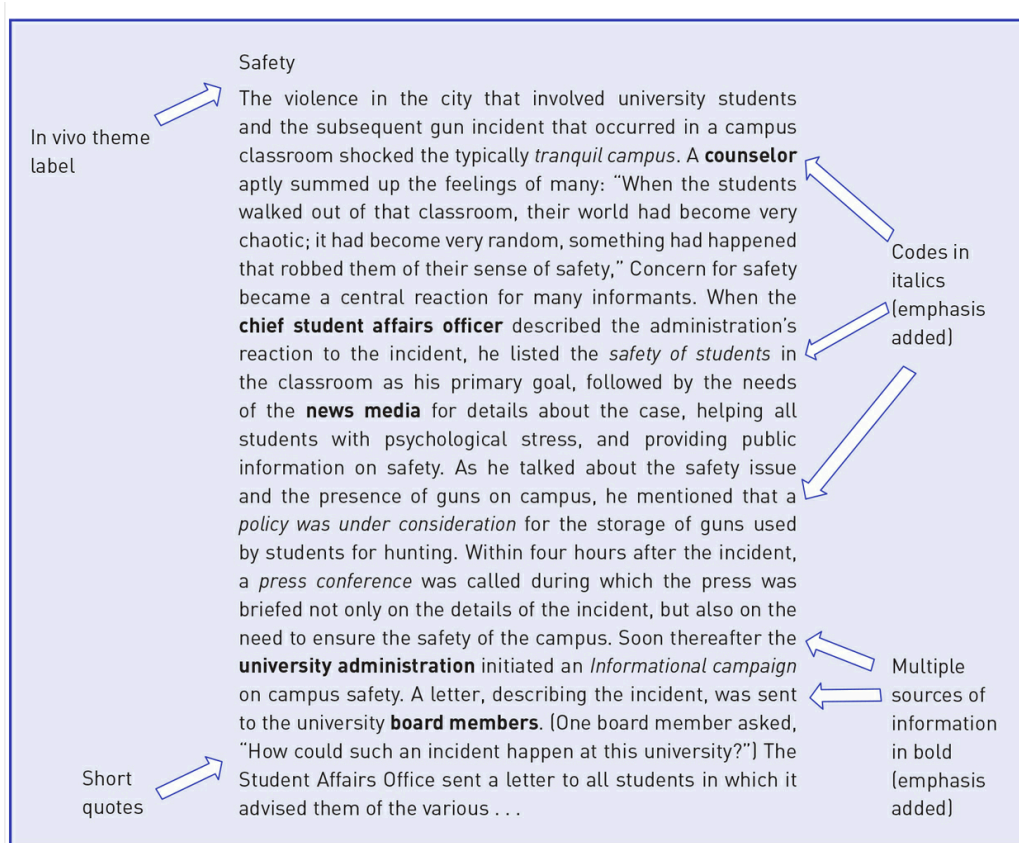


Figure 7: Theme Passage That Illustrates Coding (Creswell and Baez 2021).

Interestingly, Creswell himself (2021) states working backward by visualising and understanding the end of the study and work backwards from there, which deeply resonates as a novice researcher as my actual way of working and achieving in other fields.

To complete for publication, all will be checked of the original study checklist compiled and incorporate Levitt et al (2018) “Journal Article Reporting Standards (JARS)” as stated by (Creswell and Baez 2021).

### **Ethical considerations and Approval**

Consent will be obtained from respondents via email and once consent to their participation is received, the timescales and timetabling will be clearly defined and scaled over 6 months to incorporate sending participation invitations, time to respondent, reminders sent, interviews scheduled and self-reflective clinical journals submitted and as outlined above in informed consent and as in Figure 8;

PREPARATION		MONTH 1	MONTH 2	MONTH 3	MONTH 4	MONTH 5	MONTH 6	
<p>ONLINE APPLICATION DETAILED OVERVIEW OF STUDY and PURPOSE TIMELINES PROCEDURES for DATA COLLECTION, STORAGE, ACCESS RESEARCHER/S NAME, CONTACT INFO and SIGNATURE/S CONSENT PARTICIPANTS IDENTIFIED, APPROACHED INFORMATION on VOLUNTARILY WITHDRAWAL, RISKS, BENEFITS, COMPENSATION, CONFIDENTIALITY, PARTICIPANTS SIGNATURES PROTOCOLS INTERVIEW GUIDELINES. NOTE: Agency for Healthcare Research and Quality, (2009, September). The AHRQ informed consent and authorization toolkit for minimal risk research.</p>	<b>PARTICIPANTS</b>	<p>WEEK 1: PARTICIPATION INVITES WEEK 1-2: TIME FOR RESPONDENT WEEK 3-4: REMINDERS &amp; CONFIRMATION <b>IMPORTANT: INFORMED CONSENT</b></p>	<p>1. PARTICIPANTS INTERVIEWS SCHEDULED. 2. SELF-REFLECTIVE JOURNALS TO PARTICIPANTS</p>	<p>1. INTERVIEWS SCHEDULED.</p>	<p>2. SELF-REFLECTIVE JOURNALS SUBMITTED</p>	<p>3. FOLLOW-UP CONVERSATIONS ONLINE [RECORDED / AUTOMATICALLY TRANSCRIPTED] and/or by EMAIL</p>		
		<b>DATA COLLECTION</b>			<p>TRANSCRIPTION of INTERVIEWS</p>	<p>TRANSCRIPTION of SELF-REFLECTIVE JOURNALS</p>	<p>ADDITIONS TO TRANSCRIPTS</p>	
	<b>RESEARCHER</b>	<b>MEMO WRITING &amp; DIAGRAMS</b>	→	→	→	→	→	→
		<b>DATA ANALYSIS</b>	Table 1: Timetabling for the study		<p>and ANALYSIS of INTERVIEWS</p>	<p>and ANALYSIS of SELF-REFLECTIVE JOURNALS</p>	<p>ADDITIONS TO ANALYSIS form ADDITIONAL TRANSCRIPTS</p>	<p>THEMATIC ANALYSIS, CODING, FINAL ANALYSIS</p>

Figure 8: Timetabling for the study

Participation in this study presents no potential risks to the participants as the participants and their practices will not be named in materials submitted for publication. The procedures intended to follow in order to maintain the anonymity and confidentiality of the subjects and as outlined in the informed consent above and protocols. It is also of paramount importance the research is globally culturally aware and competent (Creswell and Baez 2021) as not only are we a multi-cultural society, we can also easily access each other globally. Additionally, homeopathy is still controversial in many communities and countries and although the study is with graduate homeopaths, overall the research needs to embrace, be aware and be present with this at all times. Understanding this as a practicing student homeopath is a strength and also cautionary of the study being in my own practicing field (Creswell and Baez 2021). Ethical issues will also occur and be addressed at different phases in the research (Creswell and Baez 2021).

**Potential resources, difficulties or limitations**

The potential challenges may be analysing data skill as a novice researcher and additionally analysing data being time-rich and will need funding for. The solution for this is further preparation for the research committee meetings with my best material for expert feedback (Creswell and Baez 2021) – as my feedback from my tutorials was of an outstanding benefit that supported me in developing further to bring forward my passion for wellbeing – and in being able to communicate this professionally to the committee too. This plan will be set out to incorporate a structure of before during and after the committee meetings (Creswell and Baez 2021) so as a novice researcher, I can prepare and develop from and throughout each stage.

Self-care as a novice researcher is also of importance so as not to perpetuate ‘the wounded healer’ (Jung 1982). Although enjoy the up-close nature (Creswell and Baez 2021) of the interviews and self-reflective journals, additionally it is labour-intensive, potentially frustrating, feelings of isolation, insecurity, inadequacy, sensitive to interpretation and recruitment challenges, learning and working with new research language and rejection from the graduate committee (Creswell and Baez 2021). Solutions would be to understand rejection from the graduate committee for the study (Creswell and Baez 2021), adapting, re-defining and re-presenting plus working or being mentored with other more experienced researchers.

Being a graduate research study the method chosen I initially thought would be cost-effective in resources but in being data rich, would require funding which will have to be costed. Additionally, strict procedures in compliance would be set out as preventative measures.

**Total Word Count: 3893 words**

**KEYWORDS for this study:** Homeopathic Consultation, Practitioner Development, Qualitative Study, Grounded Theory, Health and Wellbeing.

**ACKNOWLEDGEMENT**

This proposition was undertaken as a degree student at The Centre for Homeopathic Education (CHE), London and the author acknowledges the infrastructure and support of the college, lecturers and staff.

**AUTHOR CONTRIBUTION**

The degree student designed the study protocol with supporting tutorials from CHE appointed lecturer.

**FUNDING**

Personally funded by the author as part of BSc (Hons) Homeopathy at CHE.

**AVAILABILITY OF DATA AND MATERIALS**

Non applicable.

**ETHICS APPROVAL AND CONSENT TO PARTICIPATE**

Non applicable.

**CONSENT FOR PUBLICATION**

Non applicable.

**CONFLICT OF INTEREST / COMPETING INTERESTS**

No Conflicts of Interest.

**AUTHOR DETAILS**

Student PT0217, CHE, Middlesex University, London.

**SENT / RECEIVED / ACCEPTED**

14 April 2021 (pdf) and by 17 April 2021 (2 bound copies sent)



## REFERENCES

1. Azam, K., Khan, A., Alam, M.T., 2017. Causes and Adverse Impact of Physician Burnout: A Systematic Review. *J Coll Physicians Surg Pak.* 2017 Aug;27(8):495-501.
2. Bikker, A.P., Mercer, S.W., Reilly, D., 2005, 'A pilot prospective study on the consultation and relational empathy, patient enablement, and health changes over 12 months in patients going to the Glasgow Homoeopathic Hospital', *Journal of Alternative and Complementary Medicine*, vol. 11, no. 4, pp. 591-600.
3. Burch, A.L., Dibb, B., Brien, S., 2008. Understanding Homeopathic Decision-Making: A Qualitative Study. *Forschende Komplementärmedizin* (2006). 15. 218-25. 10.1159/000138511.
4. Charmaz, K., 2014. *Constructing Grounded Theory* [online]. 2<sup>nd</sup> edition. London: Sage Publications Ltd.
5. Chatwin, J., 2007. Pre-empting 'trouble' in the homoeopathic consultation. *Journal of Pragmatics* [online], 40 (2), February 2008, 244-256.
6. Creswell, John, W., Baez, Johanna Creswell, 2021. *30 Essential Skills for the Qualitative Researcher*. 2<sup>nd</sup> edition. SAGE Publications. Kindle Edition.
7. Driscoll, J., 2007. *Practising Clinical Supervision: A Reflective Approach for Healthcare Professionals*. 2nd ed. Edinburgh: Bailliere Tindall Elsevier.
8. Eyles, C., Leydon, G.M., Lewith, G.T., Brien, S., 2010. A Grounded Theory Study of Homeopathic Practitioners' Perceptions and Experiences of the Homeopathic Consultation. *Evidence-Based Complementary and Alternative Medicine* [online], vol. 2011, Article ID 957506.

9. Eyles, C., Leydon, G.M., Brien, S., 2012. Forming connections in the homeopathic consultation. *Patient Education and Counselling* [online], 2012 Dec;89(3):501-6. Epub 2012 Feb 26. PMID: 22370197.
10. Frank, R., 2002. Homeopath & patient—a dyad of harmony? *Social Science & Medicine* [online], 55 (8), 2002, 1285-1296.
11. Glaser, Barney G., 2010. *The Grounded Theory Review: An international journal* [online]. NHS. Available from: <http://groundedtheoryreview.com/wp-content/uploads/2012/06/GT-Review-vol-9-no-21.pdf> [Accessed 10 November 2020].
12. Hartog, C.S., 2009. Elements of effective communication—Rediscoveries from homeopathy. *Patient Education and Counselling* [online], 77 (2), November 2009, 172-178.
13. Horn, D.J., Johnston, C.B., 2020. Burnout and Self Care for Palliative Care Practitioners. *Med Clin North Am.* 2020 May;104(3):561-572.
14. Jung, C.G., 1982. *Collected Works of C.G. Jung, Volume 16: Practice of Psychotherapy*. Edited by GERHARD ADLER and R. F. C. HULL, Princeton University Press, 1982. *JSTOR*, [www.jstor.org/stable/j.ctt5hhr69](http://www.jstor.org/stable/j.ctt5hhr69). [Accessed 14 Apr. 2021].
15. Khun, C.M., Flanagan, E.M., 2017. Self-care as a professional imperative: physician burnout, depression, and suicide. *Can J Anaesth.* 2017 Feb;64(2):158-168.
16. Lacy, B.E., Chan, J.L., 2018. Physician Burnout: The Hidden Health Care Crisis. *Clin Gastroenterol Hepatol.* 2018 Mar;16(3):311-317.
17. Mary Ann Liebert, Inc, 2009. *The Journal of Alternative and Complementary Medicine* [online]. Mary Ann Liebert, Inc. Available from:

<https://www.liebertpub.com/doi/10.1089/acm.2008.0105> [Accessed 10 November 2020].

18. Maslach, C., Jackson, S.E., 2016. *Maslach Burnout Toolkit (MBI)* [online]. Mind Garden, Inc. Available from: <https://www.mindgarden.com/117-maslach-burnout-inventory-mpi> [Accessed 10 November 2020].
19. Morishita, M., Iida, J., Nishigori, H., 2020. Doctors' experience of becoming patients and its influence on their medical practice: A literature review. *Explore* (NY). 2020 May-Jun;16(3):145-151.
20. NHS, 2018. *The Wounded Healer* [online]. NHS. Available from: [https://www.practitionerhealth.nhs.uk/media/content/files/PHP-report-web%20version%20final\(1\).pdf](https://www.practitionerhealth.nhs.uk/media/content/files/PHP-report-web%20version%20final(1).pdf) [Accessed 10 November 2020].
21. Nunn, C.S., 2012. *Critical Reflection on Practice Development: A reflection on a project to introduce self-medication on an acute medical ward* [online]. FoNS. Available from: [https://www.fons.org/Resources/Documents/Journal/Vol2No2/IDPJ\\_0202\\_10.pdf](https://www.fons.org/Resources/Documents/Journal/Vol2No2/IDPJ_0202_10.pdf) [Accessed 14.4.21].
22. Rolfe, G., Freshwater, D., Jasper, M., 2001. *Critical reflection in nursing and the helping professions: a user's guide*. Basingstoke: Palgrave Macmillan.
23. Sbaraini, A., Carter, S.M., Evans, R.W., Blinkhorn, A., 2011. How to do a grounded theory study: a worked example of a study of dental practices. *BMC Med Res Methodol* 11, 128 (2011).
24. Schön, D. A., 1983. *The Reflective Practitioner: How Professionals Think in Action*. Aldershot: Ashgate Publishing.

25. Shanafelt, T.D., Noseworthy, J.H., 2017. Executive Leadership and Physician Well-being: Nine Organizational Strategies to Promote Engagement and Reduce Burnout. *Mayo Clin Proc.* 2017 Jan;92(1):129-146.
26. Schrijver, I., 2016. Pathology in the Medical Profession?: Taking the Pulse of Physician Wellness and Burnout. *Arch Pathol Lab Med.* 2016 Sep;140(9):976-82.
27. Straussner, S.L.A, Senreich, E., Steen, J.T., 2018. Wounded Healers: A Multistate Study of Licensed Social Workers' Behavioral Health Problems, *Social Work*, Volume 63, Issue 2, April 2018, Pages 125–133.
28. West, C.P., Dyrbye, L.N., Shanafelt, T.D., 2018. Physician burnout: contributors, consequences and solutions. *J Intern Med.* 2018 Jun;283(6):516-529.
29. WHO, 2019. *Burn-out an "occupational phenomenon": International Classification of Diseases* [online]. NHS. Available from: [https://www.practitionerhealth.nhs.uk/media/content/files/PHP-report-web%20version%20final\(1\).pdf](https://www.practitionerhealth.nhs.uk/media/content/files/PHP-report-web%20version%20final(1).pdf) [Accessed 10 November 2020].

**APPENDICES**

Figure 1: Table showing Literature Review

Figure 2: A model of a UK classical homeopathic consultation (Eyles et al. 2010).

Figure 3: The Homeopathic Consultation Cycle ©gillcarrie2021

Figure 4: Driscoll's Model of Reflection (Nunn 2012).

Figure 5: Data Analysis From the Raw Data to Codes (Creswell and Baez 2021).

Figure 6: From Many Pages of Text to Themes (Creswell and Baez 2021).

Figure 7: Theme Passage That Illustrates Coding (Creswell and Baez 2021).

Figure 8: Timetabling for the study

Additionally: Proposition Plan attached.

Table1: Literature Review

	Citation	Reference	DOI / PMID / PMCID	LINK
1	Azam et al. 2017	Azam, K., Khan, A., Alam, M.T., 2017. Causes and Adverse Impact of Physician Burnout: A Systematic Review. J Coll Physicians Surg Pak. 2017 Aug;27(8):495-501.	PMID: 28903843	<a href="https://pubmed.ncbi.nlm.nih.gov/28903843/">https://pubmed.ncbi.nlm.nih.gov/28903843/</a>
2	Bikker et al. 2005	Bikker, A.P., Mercer, S.W., Reilly, D., 2005, 'A pilot prospective study on the consultation and relational empathy, patient enablement, and health changes over 12 months in patients going to the Glasgow Homoeopathic Hospital', Journal of Alternative and Complementary Medicine, vol. 11, no. 4, pp. 591-600.	PMID: 16131282 DOI: <a href="https://doi.org/10.1089/acm.2005.11.591">10.1089/acm.2005.11.591</a>	<a href="https://pubmed.ncbi.nlm.nih.gov/16131282/">https://pubmed.ncbi.nlm.nih.gov/16131282/</a>
3	Burch et al. 2008	Burch, A.L., Dibb, B., Brien, S., 2008. Understanding Homeopathic Decision-Making: A Qualitative Study. Forschende Komplementärmedizin (2006). 15. 218-25. 10.1159/000138511.	PMID: 18787331 DOI: <a href="https://doi.org/10.1159/000138511">10.1159/000138511</a>	<a href="https://pubmed.ncbi.nlm.nih.gov/18787331/">https://pubmed.ncbi.nlm.nih.gov/18787331/</a>
4	Charmaz 2014	Charmaz, K., 2014. Constructing Grounded Theory [online]. 2nd edition. London: Sage Publications Ltd.		<a href="https://us.sagepub.com/en-us/nam/constructing-grounded-theory/book235960?page=1#preview">https://us.sagepub.com/en-us/nam/constructing-grounded-theory/book235960?page=1#preview</a>
5	Chatwin 2007	Chatwin, J., 2007. Pre-empting 'trouble' in the homeopathic consultation. Journal of Pragmatics [online], 40 (2), February 2008, 244-256.	<a href="https://doi.org/10.1016/j.pragma.2007.10.007">https://doi.org/10.1016/j.pragma.2007.10.007</a>	<a href="https://www.sciencedirect.com/science/article/abs/pii/S0378216607001944">https://www.sciencedirect.com/science/article/abs/pii/S0378216607001944</a>
6	Creswell and Baez 2021	Creswell, John, W., Baez, Johanna Creswell, 2021. 30 Essential Skills for the Qualitative Researcher. 2nd edition. SAGE Publications. Kindle Edition.		
7	Driscoll 2007	Driscoll, J., 2007. Practising Clinical Supervision: A Reflective Approach for Healthcare Professionals. 2nd ed. Edinburgh: Bailliere Tindall Elsevier.		
8	Eyles et al. 2010	Eyles, C., Leydon, G.M., Lewith, G.T., Brien, S., 2010. A Grounded Theory Study of Homeopathic Practitioners' Perceptions and Experiences of the Homeopathic Consultation. Evidence-Based Complementary and Alternative Medicine [online], vol. 2011, Article ID 957506.	PMID: 20981269 MCID: <a href="https://pubmed.ncbi.nlm.nih.gov/20981269/">PMCID2958658</a> DOI: <a href="https://doi.org/10.1155/2011/957506">10.1155/2011/957506</a>	<a href="https://pubmed.ncbi.nlm.nih.gov/20981269/">https://pubmed.ncbi.nlm.nih.gov/20981269/</a>
9	Eyles et al. 2012	Eyles, C., Leydon, G.M., Brien, S., 2012. Forming connections in the homeopathic consultation. Patient Education and Counselling [online], 2012 Dec;89(3):501-6. Epub 2012 Feb 26. PMID: 22370197.	PMID: 22370197 DOI: <a href="https://doi.org/10.1016/j.pec.2012.02.004">10.1016/j.pec.2012.02.004</a>	<a href="https://pubmed.ncbi.nlm.nih.gov/22370197/">https://pubmed.ncbi.nlm.nih.gov/22370197/</a>
10	Frank, 2002	Frank, R., 2002. Homeopath & patient—a dyad of harmony? Social Science & Medicine [online], 55 (8), 2002, 1285-1296.	PMID: 12231009 DOI: <a href="https://doi.org/10.1016/s0277-9536(01)00283-0">10.1016/s0277-9536(01)00283-0</a>	<a href="https://pubmed.ncbi.nlm.nih.gov/12231009/">https://pubmed.ncbi.nlm.nih.gov/12231009/</a>
11	Glaser, 2010	Glaser, Barney G., 2010. The Grounded Theory Review: An international journal [online]. NHS. Available from: <a href="http://groundedtheoryreview.com/wp-content/uploads/2012/06/GT-Review-vol-9-no-21.pdf">http://groundedtheoryreview.com/wp-content/uploads/2012/06/GT-Review-vol-9-no-21.pdf</a> [Accessed 10 November 2020].		<a href="http://groundedtheoryreview.com/wp-content/uploads/2012/06/GT-Review-vol-9-no-21.pdf">http://groundedtheoryreview.com/wp-content/uploads/2012/06/GT-Review-vol-9-no-21.pdf</a>
12	Hartog 2009	Hartog, C.S., 2009. Elements of effective communication—Rediscoveries from homeopathy. Patient Education and Counselling [online], 77 (2), November 2009, 172-178.	PMID: 19372024 DOI: <a href="https://doi.org/10.1016/j.pec.2009.03.021">10.1016/j.pec.2009.03.021</a>	<a href="https://pubmed.ncbi.nlm.nih.gov/19372024/">https://pubmed.ncbi.nlm.nih.gov/19372024/</a>
13	Horn and Johnston 2020	Horn, D.J., Johnston, C.B., 2020. Burnout and Self Care for Palliative Care Practitioners. Med Clin North Am. 2020 May;104(3):561-572.	PMID: 32312415 DOI: <a href="https://doi.org/10.1016/j.mcna.2019.12.007">10.1016/j.mcna.2019.12.007</a>	<a href="https://pubmed.ncbi.nlm.nih.gov/32312415/">https://pubmed.ncbi.nlm.nih.gov/32312415/</a>

1 4	Jung 1982	Jung, C.G., 1982. Collected Works of C.G. Jung, Volume 16: Practice of Psychotherapy. Edited by GERHARD ADLER and R. F. C. HULL, Princeton University Press, 1982. JSTOR, www.jstor.org/stable/j.ctt5hhr69. [Accessed 14 Apr. 2021].		
1 5	Khun and Flanaga n 2017	Khun, C.M., Flanagan, E.M., 2017. Self-care as a professional imperative: physician burnout, depression, and suicide. Can J Anaesth. 2017 Feb;64(2):158-168.	PMID: 27910035 DOI: <a href="https://doi.org/10.1007/s12630-016-0781-0">10.1007/s12630-016-0781-0</a>	<a href="https://pubmed.ncbi.nlm.nih.gov/27910035/">https://pubmed.ncbi.nlm.nih.gov/27910035/</a>
1 6	Lacy and Chan 2018	Lacy, B.E., Chan, J.L., 2018. Physician Burnout: The Hidden Health Care Crisis. Clin Gastroenterol Hepatol. 2018 Mar;16(3):311-317.	PMID: 28669661 DOI: <a href="https://doi.org/10.1016/j.cgh.2017.06.043">10.1016/j.cgh.2017.06.043</a>	<a href="https://pubmed.ncbi.nlm.nih.gov/28669661/">https://pubmed.ncbi.nlm.nih.gov/28669661/</a>
1 7	Mary Ann Liebert 2009	Mary Ann Liebert, Inc. 2009. The Journal of Alternative and Complementary Medicine [online]. Mary Ann Liebert, Inc. Available from: <a href="https://www.liebertpub.com/doi/10.1089/acm.2008.0105">https://www.liebertpub.com/doi/10.1089/acm.2008.0105</a> [Accessed 10 November 2020].		<a href="https://www.liebertpub.com/doi/10.1089/acm.2008.0105">https://www.liebertpub.com/doi/10.1089/acm.2008.0105</a>
1 8	Maslach , et al, 2016	Maslach, C., Jackson, S.E., 2016. Maslach Burnout Toolkit (MBI) [online]. Mind Garden, Inc. Available from: <a href="https://www.mindgarden.com/117-maslach-burnout-inventory-mpi">https://www.mindgarden.com/117-maslach-burnout-inventory-mpi</a> [Accessed 10 November 2020].		<a href="https://www.mindgarden.com/117-maslach-burnout-inventory-mpi">https://www.mindgarden.com/117-maslach-burnout-inventory-mpi</a>
1 9	Morishit a et al. 2020	Morishita, M., Iida, J., Nishigori, H., 2020. Doctors' experience of becoming patients and its influence on their medical practice: A literature review. Explore (NY). 2020 May-Jun;16(3):145-151.	PMID: 31843394 DOI: <a href="https://doi.org/10.1016/j.explore.2019.10.007">10.1016/j.explore.2019.10.007</a>	<a href="https://pubmed.ncbi.nlm.nih.gov/31843394/">https://pubmed.ncbi.nlm.nih.gov/31843394/</a>
2 0	NHS 2018	NHS, 2018. The Wounded Healer [online]. NHS. Available from: <a href="https://www.practitionerhealth.nhs.uk/media/content/files/PHP-report-web%20version%20final(1).pdf">https://www.practitionerhealth.nhs.uk/media/content/files/PHP-report-web%20version%20final(1).pdf</a> [Accessed 10 November 2020].		<a href="https://www.practitionerhealth.nhs.uk/media/content/files/PHP-report-web%20version%20final(1).pdf">https://www.practitionerhealth.nhs.uk/media/content/files/PHP-report-web%20version%20final(1).pdf</a>
2 1	Nunn 2012	Nunn, C.S., 2012. Critical Reflection on Practice Development: A reflection on a project to introduce self-medication on an acute medical ward [online]. FoNS. Available from: <a href="https://www.fons.org/Resources/Documents/Journal/Vol2/No2/IDPJ_0202_10.pdf">https://www.fons.org/Resources/Documents/Journal/Vol2/No2/IDPJ_0202_10.pdf</a> [Accessed 14.4.21].		<a href="https://www.fons.org/Resources/Documents/Journal/Vol2/No2/IDPJ_0202_10.pdf">https://www.fons.org/Resources/Documents/Journal/Vol2/No2/IDPJ_0202_10.pdf</a>
2 2	Rolfe 2001	Rolfe, G., Freshwater, D., Jasper, M., 2001. Critical reflection in nursing and the helping professions: a user's guide. Basingstoke: Palgrave Macmillan.		
2 3	Sbaraini et al. 2011	Sbaraini, A., Carter, S.M., Evans, R.W., Blinkhorn, A., 2011. How to do a grounded theory study: a worked example of a study of dental practices. BMC Med Res Methodol 11, 128 (2011).	PMID: 21902844 CID: <a href="https://pubmed.ncbi.nlm.nih.gov/21902844/">PM3184112</a> DOI: <a href="https://doi.org/10.1186/1471-2288-11-128">10.1186/1471-2288-11-128</a>	PM <a href="https://pubmed.ncbi.nlm.nih.gov/21902844/">https://pubmed.ncbi.nlm.nih.gov/21902844/</a>
2 4	Schön 1983	Schön, D. A., 1983. The Reflective Practitioner: How Professionals Think in Action. Aldershot: Ashgate Publishing.		
2 5	Shanafe lt and Nosewo rthy 2017	Shanafelt, T.D., Noseworthy, J.H., 2017. Executive Leadership and Physician Well-being: Nine Organizational Strategies to Promote Engagement and Reduce Burnout. Mayo Clin Proc. 2017 Jan;92(1):129-146.	PMID: 27871627 DOI: <a href="https://doi.org/10.1016/j.mayocp.2016.10.004">10.1016/j.mayocp.2016.10.004</a>	<a href="https://pubmed.ncbi.nlm.nih.gov/27871627/">https://pubmed.ncbi.nlm.nih.gov/27871627/</a>
2 6	Schrijve r 2016	Schrijver, I., 2016. Pathology in the Medical Profession?: Taking the Pulse of Physician Wellness and Burnout. Arch Pathol Lab Med. 2016 Sep;140(9):976-82.	PMID: 26828114 DOI: <a href="https://doi.org/10.5858/arpa.2015-0524-RA">10.5858/arpa.2015-0524-RA</a>	<a href="https://pubmed.ncbi.nlm.nih.gov/26828114/">https://pubmed.ncbi.nlm.nih.gov/26828114/</a>
2 7	Strauss ner et al. 2018	Straussner, S.L.A., Senreich, E., Steen, J.T., 2018. Wounded Healers: A Multistate Study of Licensed Social Workers' Behavioral Health Problems, Social Work, Volume 63, Issue 2, April 2018, Pages 125–133.	PMID: 29425335 CID: <a href="https://pubmed.ncbi.nlm.nih.gov/29425335/">PMC6042294</a> DOI: <a href="https://doi.org/10.1093/sw/swy012">10.1093/sw/swy012</a>	PM <a href="https://pubmed.ncbi.nlm.nih.gov/29425335/">https://pubmed.ncbi.nlm.nih.gov/29425335/</a>

PT0217

28	West et al. 2018	West, C.P., Dyrbye, L.N., Shanafelt, T.D., 2018. Physician burnout: contributors, consequences and solutions. J Intern Med. 2018 Jun;283(6):516-529.	PMID: 29505159 DOI: <a href="https://doi.org/10.1111/joim.12752">10.1111/joim.12752</a>	<a href="https://pubmed.ncbi.nlm.nih.gov/29505159/">https://pubmed.ncbi.nlm.nih.gov/29505159/</a>
29	WHO, 2019	WHO, 2019. Burn-out an "occupational phenomenon": International Classification of Diseases [online]. NHS. Available from: <a href="https://www.practitionerhealth.nhs.uk/media/content/files/PHP-report-web%20version%20final(1).pdf">https://www.practitionerhealth.nhs.uk/media/content/files/PHP-report-web%20version%20final(1).pdf</a> [Accessed 10 November 2020].		<a href="https://www.practitionerhealth.nhs.uk/media/content/files/PHP-report-web%20version%20final(1).pdf">https://www.practitionerhealth.nhs.uk/media/content/files/PHP-report-web%20version%20final(1).pdf</a>

Figure 1: Table showing Literature Review



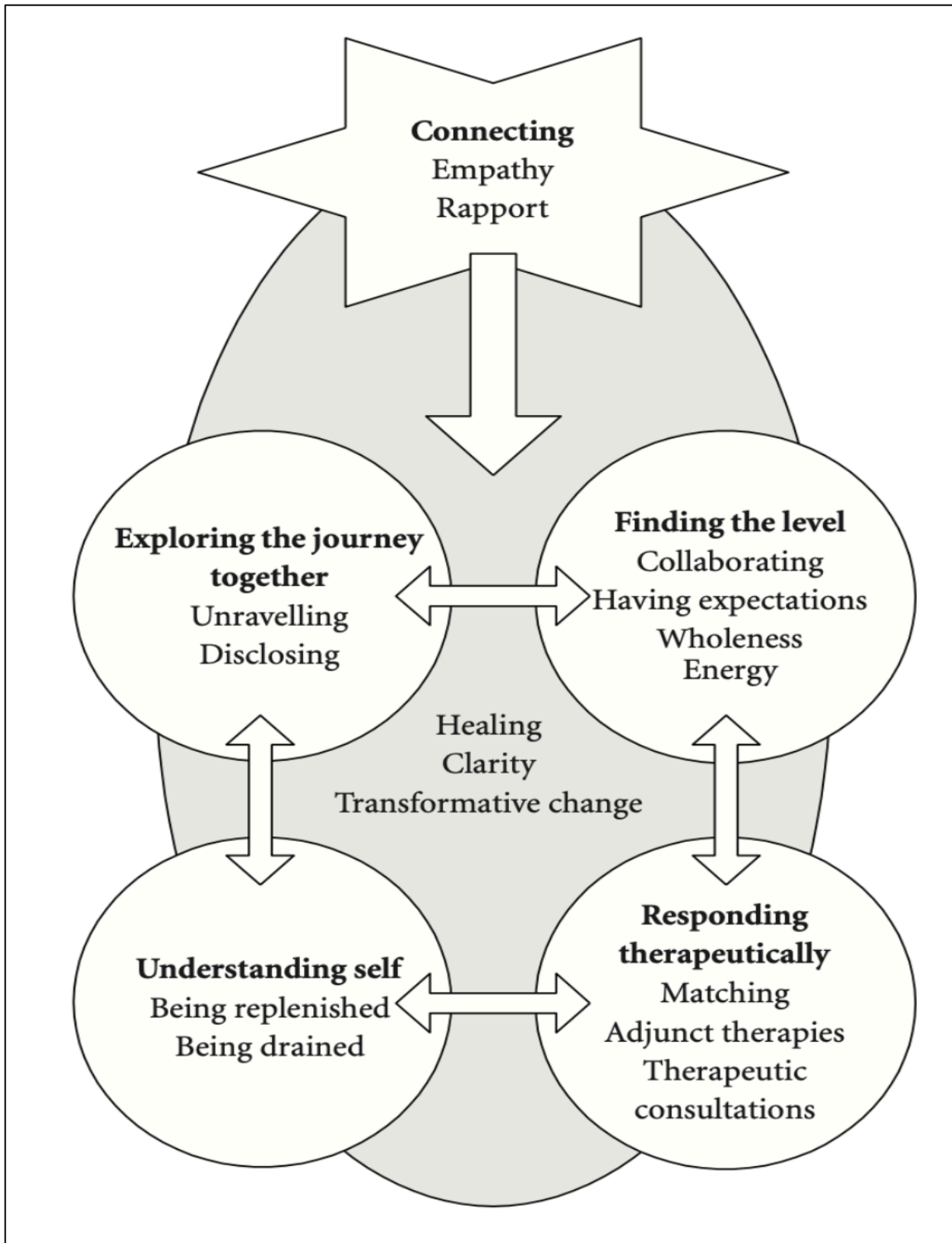


Figure 2: A model of a UK classical homeopathic consultation (Eyles et al. 2010).

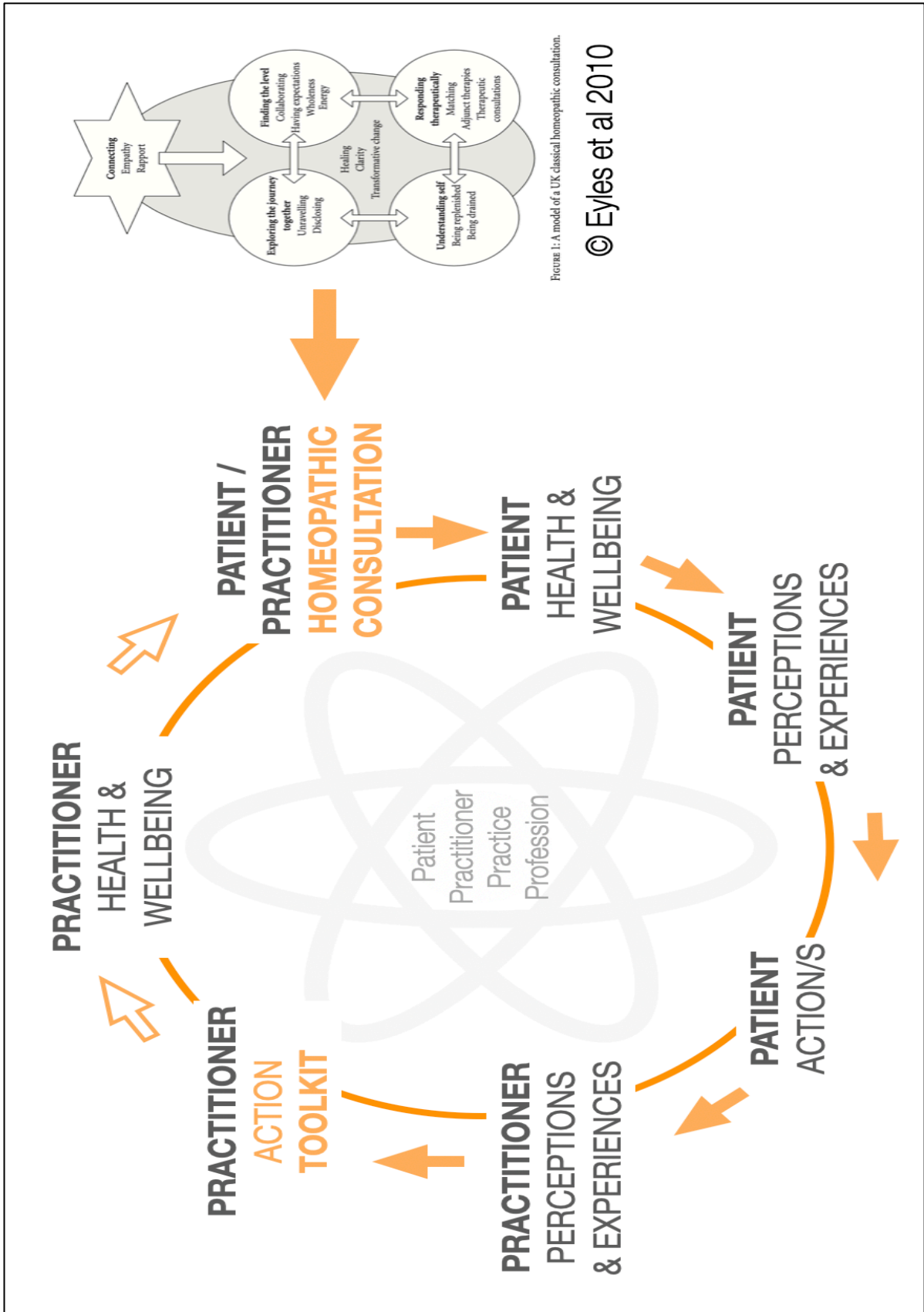


FIGURE 1: A model of a UK classical homeopathic consultation.

© Eyles et al 2010

Figure 3: The Homeopathic Consultation Cycle ©gillcarrie2021

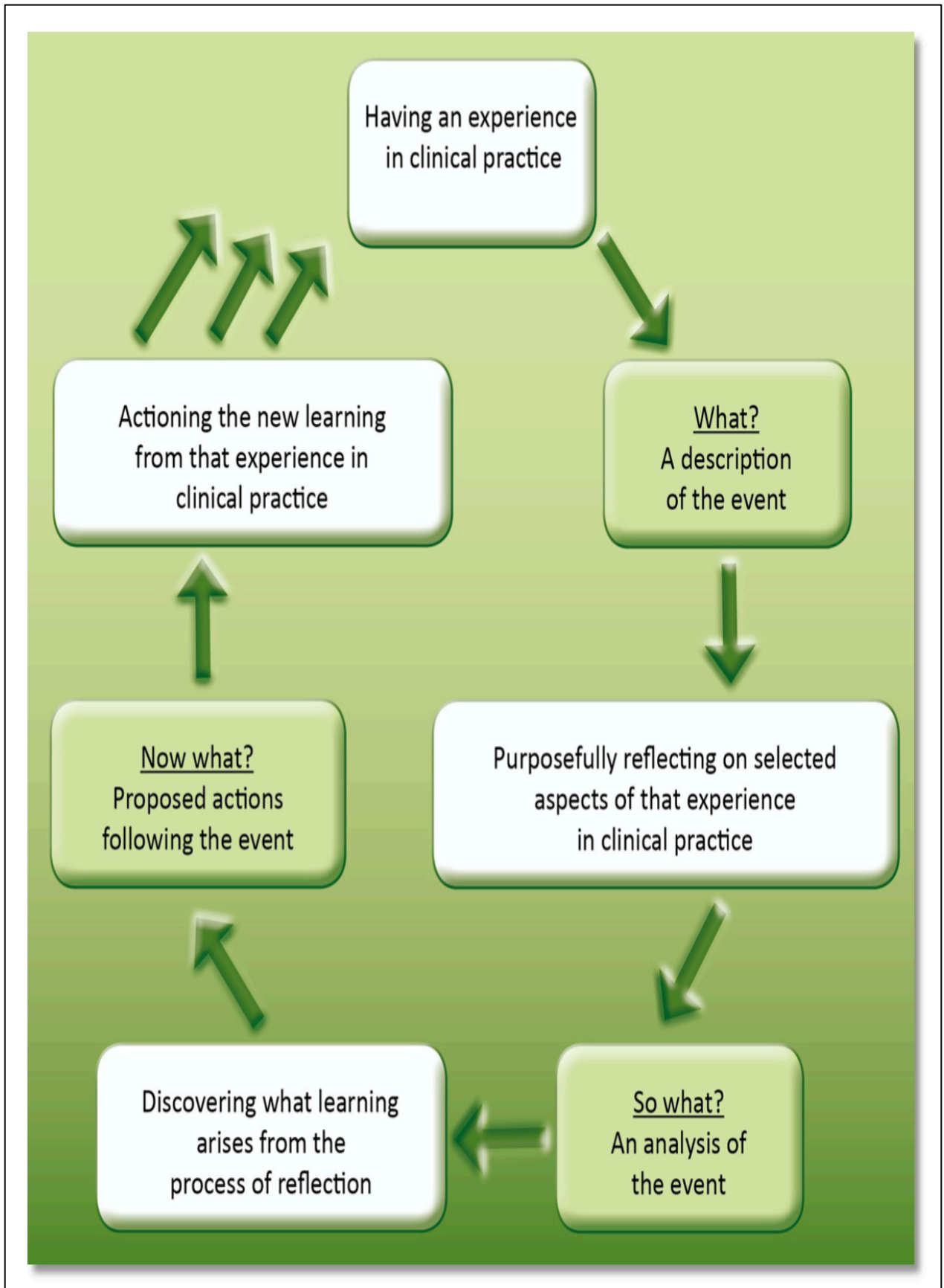


Figure 4: Driscoll's Model of Reflection (Nunn 2012).

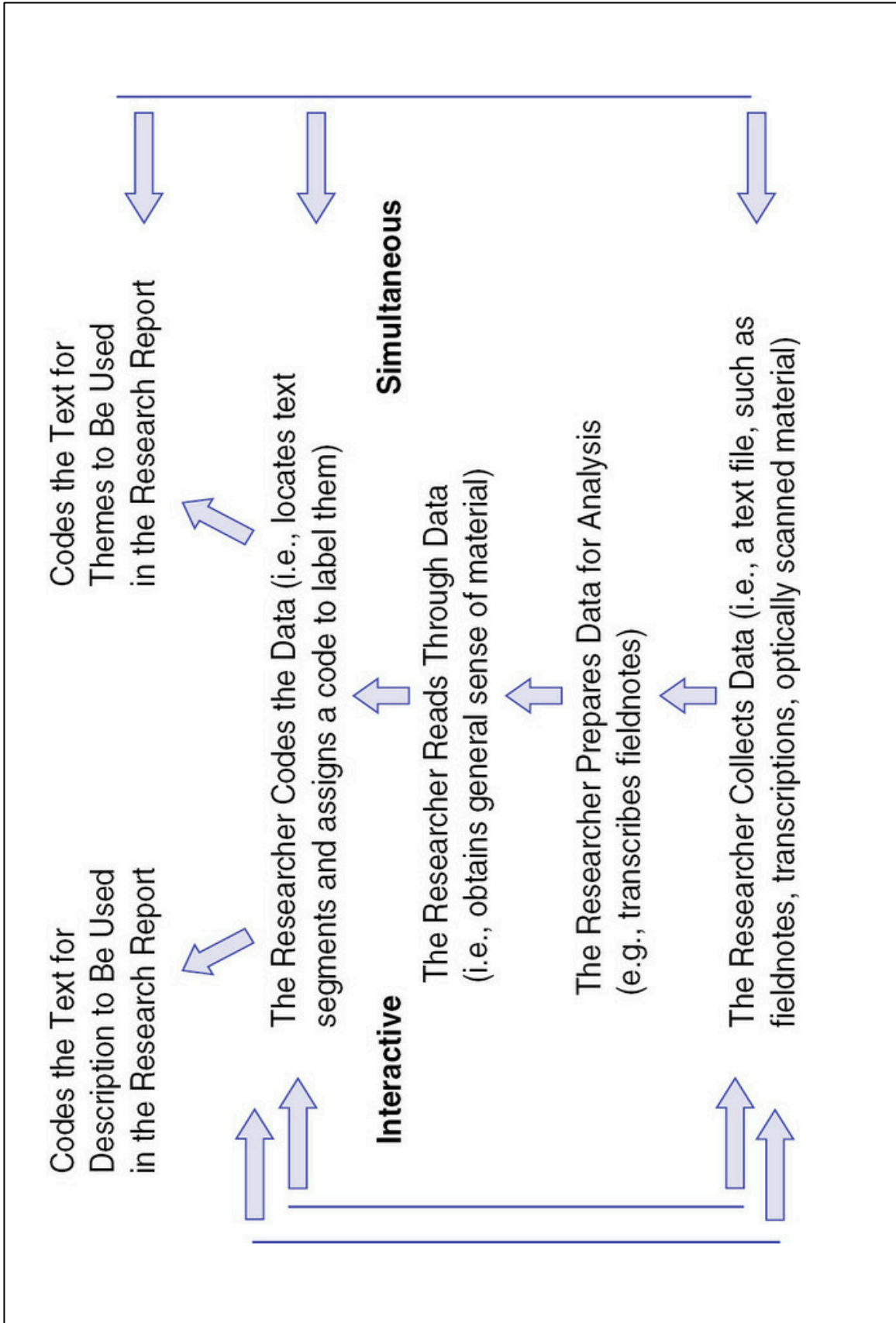


Figure 5: Data Analysis From the Raw Data to Codes (Creswell and Baez 2021).

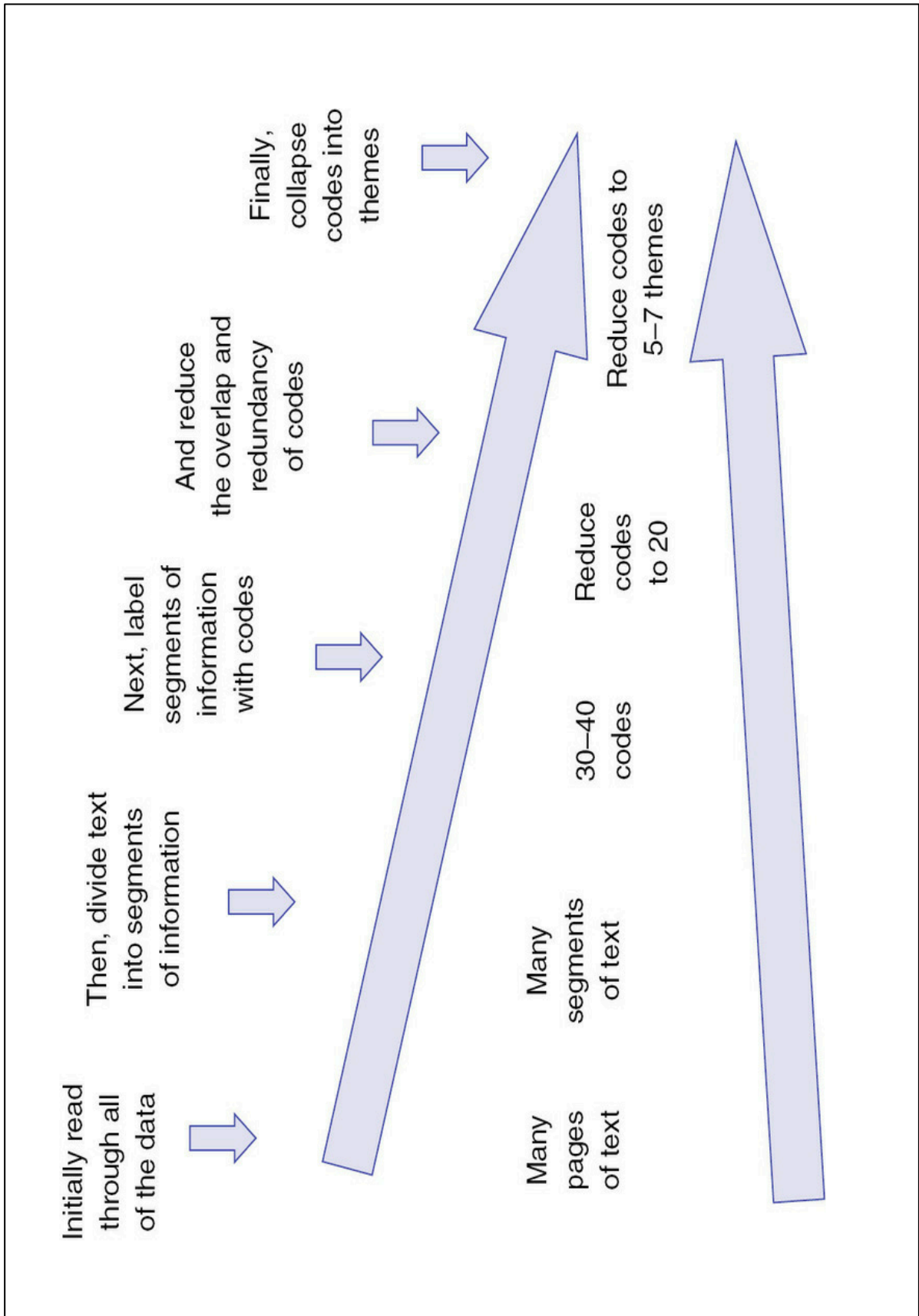


Figure 6: From Many Pages of Text to Themes (Creswell and Baez 2021).



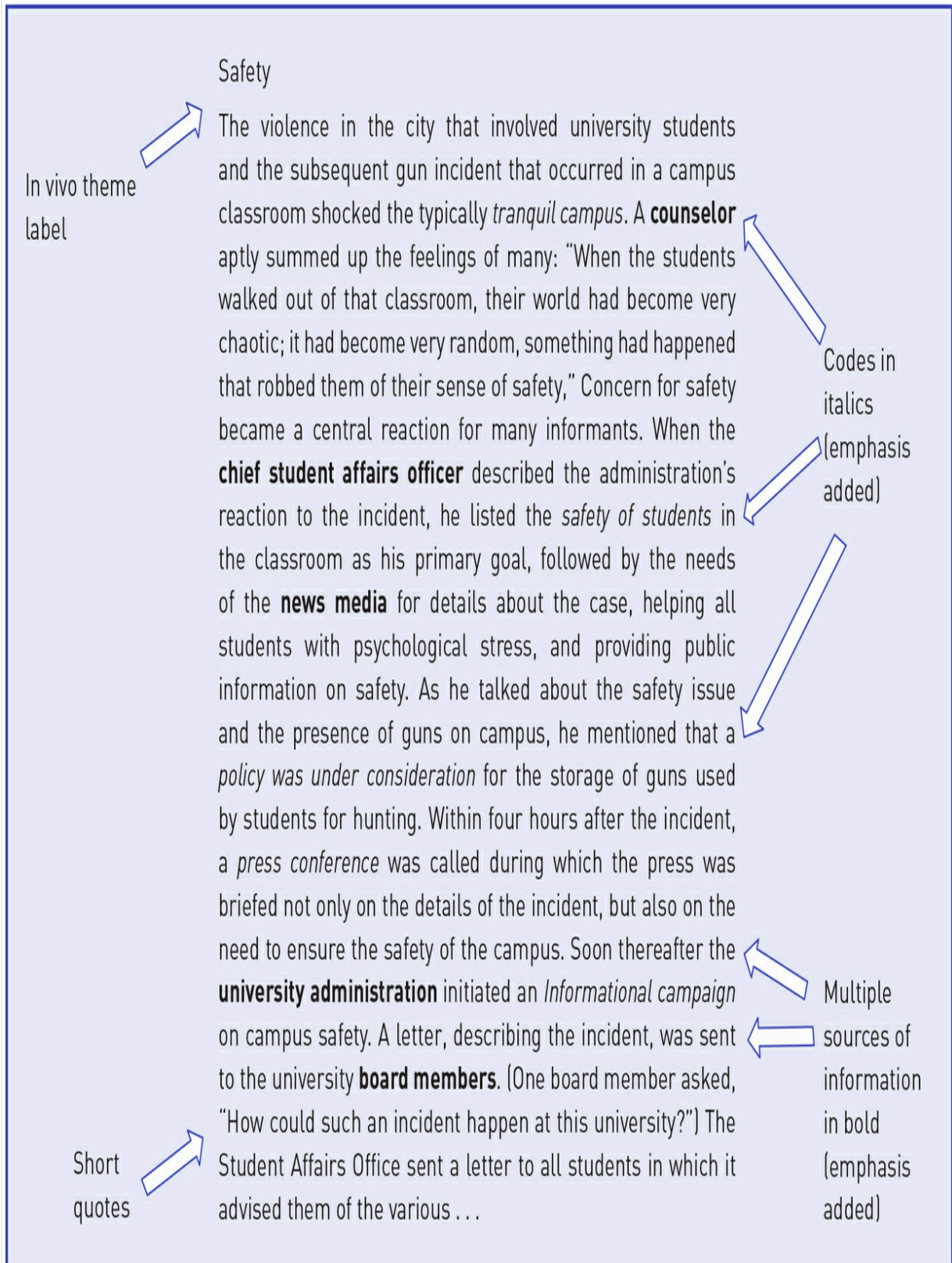


Figure 7: Theme Passage That Illustrates Coding (Creswell and Baez 2021).

	MONTH 1	MONTH 2	MONTH 3	MONTH 4	MONTH 5	MONTH 6
<b>PREPARATION</b>  ONLINE APPLICATION DETAILED OVERVIEW OF STUDY and PURPOSE TIMELINES PROCEDURES for DATA COLLECTION, STORAGE, ACCESS RESERACHER/S NAME, CONTACT INFO, and SIGNATURE/S CONSENT PARTICIPANTS IDENTIFIED, APPROACHED INFORMATION on VOLUNTARILY WITHDRAWAL, RISKS, BENEFITS, COMPENSATION, CONFIDENTIALITY, PARTICIPANTS SIGNATURES PROTOCOLS INTERVIEW GUIDELINES. NOTE: Agency for Healthcare Research and Quality (2009, September). The AHRQ informed consent and authorization toolkit for minimal risk research.	<b>WEEK 1:</b> PARTICIPATION INVITES <b>WEEK 1-2:</b> TIME FOR RESPONDENT REMINDERS & CONFIRMATION <b>IMPORTANT: INFORMED CONSENT</b>	<b>1. PARTICIPANTS INTERVIEWS SCHEDULED.</b> <b>2. SELF-REFLECTIVE JOURNALS TO PARTICIPANTS</b>	<b>1. INTERVIEWS SCHEDULED.</b>	<b>2. SELF-REFLECTIVE JOURNALS SUBMITTED</b>	<b>3. FOLLOW-UP CONVERSATIONS ONLINE (RECORDED / AUTOMATICALLY TRANSCRIPTED) and/or by EMAIL</b>	
	<b>PARTICIPANTS</b>	<b>DATA COLLECTION</b>	<b>TRANSCRIPTION of INTERVIEWS</b>	<b>TRANSCRIPTION of SELF-REFLECTIVE JOURNALS</b>	<b>ADDITIONS TO TRANSCRIPTS</b>	
<b>RESEARCHER</b>	<b>MEMO WRITING &amp; DIAGRAMS</b>					
	<b>DATA ANALYSIS</b>	<b>Table 1: Timetabling for the study</b>	<b>and ANALYSIS of INTERVIEWS</b>	<b>and ANALYSIS of SELF-REFLECTIVE JOURNALS</b>	<b>ADDITIONS TO ANALYSIS form ADDITIONAL TRANSCRIPTS</b>	<b>THEMATIC ANALYSIS, CODING, FINAL ANALYSIS</b>

Figure 8: Timetabling for the study

**The Homeopathic Consultation and the Homeopathic Practitioner's Health &  
Wellbeing Development: A Grounded Theory Study Protocol**

**Proposition Plan**

**CHE, Middlesex University**

**Student: PT0217**

**11 November 2020**



## **ABSTRACT**

The homeopathic consultation is paramount to building authentic and empowering practitioner-patient relationships and patient health and wellbeing outcomes. The whole person approach, the totality and individuality of the patient, sits at the centre of the homeopathic consultation. This unique patient-centred approach, emphasises why most research is focused on the patients experiences and outcomes. However, the homeopathic practitioners' experiences and their health and well-being are of equal importance in the consultation. Understanding this and the impact for the practitioners and their consultations, patients and practice, gives a holistic picture with the potential to generate a theoretical model for practitioners.

## **AIMS and OBJECTIVES OF THE STUDY**

The aim of this study is to understand the homeopathic practitioners' health and well-being process in relation to the homeopathic consultation. With the focus and main concern for the homeopath practitioner being the health and wellbeing of their patients, it is equally important to understand how the practitioners' balance and sustain this alongside their own health and wellbeing. Furthermore, what considerations, strategies and actions – both preventative and reflective – do the practitioners' put in place for their health and wellbeing in relation to the homeopathic consultation and the impacts from:

- the patient-practitioner experience
- the relationship-building
- patient challenges or issues
- challenging patients for the practitioner
- new patients
- established patients
- boundaries
- time-management
- communication



Overall, understanding the homeopathic practitioners' processes will have the potential to generate a theoretical model of the practitioners' development of their health and well-being both from – and towards – the homeopathic consultation.

## BACKGROUND & LITERATURE REVIEW

The reasons for wishing to undertake this study are to re-balance the consultation model for more balanced, healthier and sustainable relationships, outcomes and tools for practitioners, patients and practices. Existing evidence shows healthcare's overall focus of moving from practitioner-centred to being more patient-centred, which is the strength of homeopathic practitioners' consultations (Bikker, et al. 2005; Burch, et al. 2008; Hartog 2009; Eyles, et al. 2012), but equally important is to not forget the practitioner's health and wellbeing in this progression.

This is the importance of this study, as this has become more of a key issue for many healthcare professions (WHO, 2019), both medical and non-medical, but often heightened in homeopathic practitioners, mostly due to the nature of homeopathic practices. Most homeopaths set up their own individual practices and additionally work in all other aspects and roles in their business also eg. receptionist, book-keeper, marketing, administration, business development, etc. Additionally, often homeopathy is a last resort for patients that are unhappy with their medical approach or practitioner, etc (Chatwin 2007) and therefore patients arrive with more co-morbidity and chronic conditions. Also, patients having to pay for homeopathic consultations (Frank, 2002) along with the justifications and explanations for homeopaths to be accepted as being in professional healthcare and as equal health professionals add further additional and unnecessary pressures to the homeopathic practitioner. Furthermore, "Burn-out", now recognised as a syndrome (WHO, 2019) with testing toolkits (Maslach, et al, 2016) is a growing factor in healthcare professionals which overall, defeats the purpose of being in healthcare – "The Wounded Healer" (NHS 2018).

The idea for the project came from being a student homeopathic practitioner, being in business, as an observer of my peers and resonating with the research paper;

“A Grounded Theory Study of Homeopathic Practitioners' Perceptions and Experiences of the Homeopathic Consultation” (Mary Ann Liebert, 2009; Eyles et al, 2010).

The hypothesis/research question was to;

“gain an in-depth understanding of homeopathic practitioners' perceptions and experiences of the consultation” (Eyles et al, 2010).


This was derived from two phases of data collection sampled from registered medical and non-medical homeopaths.

Its significance supports the reasons for investigating this topic by being experiential, cumulative (Eyles et al, 2010; Charmaz 2014; Glaser, 2010), “Understanding Self” in the theoretical model (Eyles et al, 2010) and the two phases of practitioner interviews and self-reflective diaries, which aligns with the homeopathic practice.

This study generates new knowledge by building onto the theoretical model of practitioners' perceptions and experiences (Eyles, et al, 2010) by further developing a practitioner development theoretical model which is necessary to the professional/academic community to bring balance back into and for healthcare professionals and the healthcare profession.

The context area within which the research will take place will be graduate homeopathic practitioners who hold a professional Licentiate qualification (and/or degree) and are in their own practice. This aligns with professional standards and a real working environment of the homeopathic practitioner and as discussed above.

### **Search Criteria and databases**

Literature resources were Databases PubMed and the electronic archives SagePub, ScienceDirect and The Royal Society of Medicine and searched with the search terms “Consultation; homeopathy; interventions; patient experiences; self-employed; workaholic; Lewith, George; Brien SB”. 

## METHOD

This is a qualitative study using grounded theory methodology (Eyles et al, 2010; Charmaz 2014; Glaser, 2010) as the appropriate research method to understand the homeopathic practitioners' health and well-being process in relation to the homeopathic consultation. The justification for this is a cumulative process, continuing from "Understanding Self" (Eyles et al, 2010) and further developing into a practitioner development theoretical model and potential tool.

To answer the research question or to develop further is in being experiential and requiring the experience of doing it, the adopt and adapt (Eyles et al, 2010; Charmaz 2014; Glaser, 2010), and with the open-ended interviews being indicator rich is a natural approach and environment for homeopathic practitioners and that they can easily relate to.

### Sample group and data

The proposed sample group (Eyles et al, 2010) and the qualifying criteria required for inclusion in the study will be graduate homeopathic practitioners who hold a professional Licentiate qualification (and/or degree) and are in their own practice. The study will aim to cover a small sample group of six participants, formulated from individuals working in the context area identified above. Potential participants will be identified from The Centre for Homeopathic Education.

The involvement of the proposed sample group in the study and the two phases of data collection (Eyles et al, 2010) will extend to:

- Stage 1 – online interviews with the homeopathic practitioners.
- Stage 2 – homeopathic practitioner self-reflective clinical journals

Furthermore, Stage 1 data collection from the online interviews will develop the theoretical model (Eyles et al, 2010) with Stage 2 testing this emerging model from the self-reflective clinical journals. These will remain confidential at all times.

**Ethical considerations and timetabling**

Consent will be obtained from respondents via email and once consent to their participation is received, the timescales and timetabling will be clearly defined and scaled over 6 months to incorporate sending participation invitations, time to respondent, reminders sent, interviews scheduled and self-reflective clinical journals submitted.

Participation in this study presents no potential risks to the participants as the participants and their practices will not be named in materials submitted for publication. The procedures intended to follow in order to maintain the anonymity and confidentiality of the subjects are in line with our existing professional standards already utilised in our College Clinical Practice.

**Potential resources, difficulties or limitations**

Being a graduate research study the method chosen will be cost-effective in resources and with no difficulties or limitations in compliance.

**Total Word Count: 1085**

**KEYWORDS for this study:** Homeopathic Consultation, Practitioner Development, Grounded Theory, Health and Wellbeing.

**ACKNOWLEDGEMENT**

This literature review was undertaken as a degree student at The Centre for Homeopathic Education, London and the author acknowledges the infrastructure and support of the college, lecturers and staff.

**CONFLICT OF INTEREST**

No Conflicts of Interest.

## REFERENCES

1. Bikker, AP, Mercer, SW & Reilly, D 2005, 'A pilot prospective study on the consultation and relational empathy, patient enablement, and health changes over 12 months in patients going to the Glasgow Homoeopathic Hospital', *Journal of Alternative and Complementary Medicine*, vol. 11, no. 4, pp. 591-600.
2. Burch, A.L., Dibb, B. and Brien, S., 2008. Understanding Homeopathic Decision-Making: A Qualitative Study. *Forschende Komplementärmedizin* (2006). 15. 218-25. 10.1159/000138511.
3. Charmaz, K., 2014. *Constructing Grounded Theory* [online]. 2<sup>nd</sup> edition. London: Sage Publications Ltd.
4. Chatwin, J., 2007. Pre-empting 'trouble' in the homoeopathic consultation. *Journal of Pragmatics* [online], 40 (2), February 2008, 244-256.
5. Eyles, C., Leydon, G.M., Lewith, G.T. and Brien, S., 2010. A Grounded Theory Study of Homeopathic Practitioners' Perceptions and Experiences of the Homeopathic Consultation. *Evidence-Based Complementary and Alternative Medicine* [online], vol. 2011, Article ID 957506.
6. Eyles, C., Leydon, G.M. and Brien, S., 2012. Forming connections in the homeopathic consultation. *Patient Education and Counselling* [online], 2012 Dec;89(3):501-6. Epub 2012 Feb 26. PMID: 22370197.
7. Frank, R., 2002. Homeopath & patient—a dyad of harmony? *Social Science & Medicine* [online], 55 (8), 2002, 1285-1296.
8. Glaser, Barney G., 2010. *The Grounded Theory Review: An international journal* [online]. NHS. Available from: <http://groundedtheoryreview.com/wp-content/uploads/2012/06/GT-Review-vol-9-no-21.pdf> [Accessed 10 November 2020].

9. Hartog, C. S., 2009. Elements of effective communication—Rediscoveries from homeopathy. *Patient Education and Counselling* [online], 77 (2), November 2009, 172-178.
10. Mary Ann Liebert, Inc, 2009. *The Journal of Alternative and Complementary Medicine* [online]. Mary Ann Liebert, Inc. Available from: <https://www.liebertpub.com/doi/10.1089/acm.2008.0105> [Accessed 10 November 2020].
11. Maslach, C. and Jackson, S. E., 2016. *Maslach Burnout Toolkit (MBI)* [online]. Mind Garden, Inc. Available from: <https://www.mindgarden.com/117-maslach-burnout-inventory-mpi> [Accessed 10 November 2020].
12. NHS, 2018. *The Wounded Healer* [online]. NHS. Available from: [https://www.practitionerhealth.nhs.uk/media/content/files/PHP-report-web%20version%20final\(1\).pdf](https://www.practitionerhealth.nhs.uk/media/content/files/PHP-report-web%20version%20final(1).pdf) [Accessed 10 November 2020].
13. WHO, 2019. *Burn-out an "occupational phenomenon": International Classification of Diseases* [online]. NHS. Available from: [https://www.practitionerhealth.nhs.uk/media/content/files/PHP-report-web%20version%20final\(1\).pdf](https://www.practitionerhealth.nhs.uk/media/content/files/PHP-report-web%20version%20final(1).pdf) [Accessed 10 November 2020].

**MARKING GRID**  
**And**  
**MARKER'S COMMENTS**



## THE PROPOSITION MARKING GRID

<b>Student Number: PT0217</b>	<b>Course: PT</b>	<b>Year: 3rd</b>
-------------------------------	-------------------	------------------

### GRADE: 1

Performance	Best Possible				Fail
Grade Level	<b>1-4</b>	<b>5-8</b>	<b>9-12</b>	<b>13-16</b>	<b>17-19</b>
<b>Abstract (10%)</b>	Abstract is self-sufficient and has a clear summary of project focus and justification.	Clear summary of the project and salient points of method are represented.	Abstract is adequate but requires greater linkage to the project and the problem under investigation.	Abstract contains some indication as to focus, but requires greater clarity.	Abstract is either absent or weak with no balance of material or focus.
<b>Aims and Objectives (15%)</b>	Aims are clearly stated and justified. The research question or hypothesis is well defined and clearly focused. Objectives are concisely elaborated; clearly state how aims are to be accomplished and how they are going to answer the question.	Aims and objectives are identified and mostly relevant to project. The question or hypothesis is identified and reasonably focused. Good attempt to link aims and objectives to the research question.	Aims and objectives are relevant but described in broad terms only. The question or hypothesis is identified but may lack focus, and has weak link to the project's aims and objectives.	Aims, objectives and hypothesis are unclear with unclear focus. Limited explanation how aims are going to be accomplished and how the research question will be answered.	Aims and objectives are poorly stated or not relevant. Hypothesis is absent or the research question is not clearly defined or justified.
<b>Background and Literature Review (30%)</b>	Excellent critical review and evaluation of the literature that outlines the background for the research project. The	Good review that is reasonably critical and provides a good overview of the background and	Good range of literature examined throughout and is mostly relevant to the project's background and	Review is mainly descriptive and of limited relevance to the subject. Evidence of limited background	Review is limited and uses inadequate sources. Lacks evidence of knowledge relevant to the project's

	project is clearly defined within the context of the literature. Relevance and significance of the project are clearly defined.	context for the project. Relevance and significance of the project are evaluated but its development from the literature is not clearly defined.	context. Key studies contrasted but little evidence of evaluation. Poor understanding of project's significance.	and knowledge of topic. There is scant evidence to link the project to the literature. Project's significance is limited or absent.	context or background. Relationship between literature and project poorly communicated or absent. Fails to identify the project's significance.
<b>Method, Planning and Resources (30%)</b>	Method used is the most appropriate to the project. All fundamental components are included. The full justification for method selection is provided. Key ethical issues related to the proposed research well addressed. Clear indication to all required planning and resources.	Attention is given to the selection of a method. It includes the necessary components. Good justification of the method given. Ethical consideration clearly stated. Required planning and resources are indicated.	Method is appropriate to the project but the required components are partially described. Average justification of the method given. Average ethical consideration; incomplete or inappropriate. Project time line is satisfactory.	Method lacks clarity and may not be the most appropriate. It is lacking in some of the key components. Weak or incomplete justification for method's selection. Ethical considerations are weak or absent. Planning and resources are partially outlined or absent.	Issue of method not addressed and inappropriate method used to support the project. Incomplete components presented. It is lacking in detail and justification of choice. No ethical consideration given. No consideration for the planning and resources is given.
<b>Citation/ Referencing (10%)</b>	Clear, relevant and consistently accurate citation and referencing.	Citations and referencing relevant and mostly accurate. Some discrepancies to the referencing style present.	Minor inaccuracies or inconsistencies in citation. Relevance of reference material is mixed.	Limited use of references and citations from a mix of sources, most non-academic.	Few, inappropriate, inaccurate or no referencing and citations used.
<b>Writing, Presentation, Use of English (5%)</b>	Excellent organisation and standard of presentation and use of academic English throughout. Adaptation of the presentation guidelines to suit the chosen project is demonstrated.	Work is well organised and the standard of presentation is good adhering to guidelines. Sound use of English to communicate ideas and arguments.	Some evidence of organisation and structure. The level of English does not detract from the project but lacks sufficient academic tone.	Poor standard of presentation and little attempt at organisation. Fair use of English but lacks sufficient academic tone.	Very weak structure and/or presentation. Poor use of English throughout. Communication of ideas is poor or confused.

**Marker's Comments:**

This is an excellent work; it is very well written and researched. I enjoyed to read it, it prompted some of my own self reflection. In addition, it was refreshing to read the qualitative research project because it is very rarely chosen by students. Well done.

**2<sup>nd</sup> Marker's Comments:**

Excellent work, thought provoking and a joy to read.  
There is a mature approach in both writing and purpose in this proposal.  
You have been thorough in concept and how to carry out your idea.  
Very well done.