

Role of Homoeopathic Repertory in Competency-Based Dynamic Curriculum: An Educational Approach to Developing Clinical Reasoning Skills in BHMS Students

Dr. Rudra Sahu

MD (Homoeopathy), Department of Repertory, SMMHMC, Vadodara, Gujarat, India

Abstract

The Competency-Based Dynamic Curriculum (CBDC) represents an important change in the educational approach to undergraduate Homoeopathy, with emphasis on competency development, clinical application, integration of knowledge, and learner-centred education. Repertory has an important role in this framework because it provides a systematic method for organizing patient information and applying repertorial analysis during case management. This review discusses its potential contribution to clinical reasoning, case analysis, selection of characteristic symptoms, repertorial technique, interpretation of repertorial results, and professional competencies.

Keywords: Homoeopathic Repertory; CBDC; competency-based education; clinical reasoning; repertorisation; BHMS; case-based learning; medical education.

1. Introduction

Medical education is progressively moving from knowledge-oriented teaching towards competency-based education. In a competency-based approach, students are expected not only to acquire theoretical knowledge but also to demonstrate the ability to apply knowledge, skills and professional attitudes in appropriate clinical situations. The National Commission for Homoeopathy (NCH) has introduced a Competency-Based Dynamic Curriculum (CBDC) with emphasis on competency development, integration and clinically relevant learning. Repertory connects case taking with systematic analysis of symptoms and the study of Materia Medica; teaching should therefore move beyond memorization towards clinical application and interpretation.

2. Repertory as a Clinical Learning Tool

A student performing repertorisation has to collect relevant information, identify clinically meaningful symptoms, assess their importance, differentiate common from characteristic symptoms, select appropriate rubrics, analyse the repertorial totality, compare findings with Materia Medica and correlate them with the complete clinical picture. Thus, repertorisation can provide an opportunity for students to practise structured clinical thinking.

3. Repertory in CBDC

The CBDC approach provides an opportunity to introduce Repertory as an application-oriented subject. Early learning may include basic concepts, repertory structure, symptoms, repertorial language and simple exercises. Intermediate learning may include case analysis, characteristic symptoms, rubric selection and interpretation. Advanced learning may involve complete acute and chronic clinical cases, follow-up cases and cases with complex symptomatology.

4. Development of Clinical Reasoning through Repertorisation

A useful learning sequence is: Patient → Case taking → Symptoms → Characteristic features → Totality → Rubric selection → Repertorisation → Materia Medica correlation → Clinical decision. Repertorisation should not be taught as a mechanical process in which the highest numerical score is automatically considered the final prescription. Repertorial results require clinical interpretation and correlation with the totality of symptoms and Materia Medica.

5. Integration with Other Homoeopathic Subjects

Repertory has a natural relationship with Organon of Medicine, Materia Medica, Practice of Medicine, Pathology and Pharmacy. Organon provides principles related to case taking and individualisation; Materia Medica supports comparison and final evaluation; clinical subjects provide the medical context for symptoms and diagnosis. Repertory can therefore function as an integrating discipline connecting theoretical and clinical knowledge.

6. Case-Based Learning in Repertory Teaching

Case-based learning can make Repertory teaching more clinically relevant. Students can identify important symptoms, classify them, select and justify rubrics, perform repertorisation, compare remedies, consult Materia Medica and explain their reasoning. Structured feedback can help students understand why a particular rubric is selected rather than simply which rubric is selected.

7. Role of the Repertory Teacher

The teacher can function as facilitator of clinical learning, mentor during case analysis, demonstrator of repertorial techniques, evaluator of student performance, provider of constructive feedback and coordinator of interdisciplinary learning. Methods may include small-group discussions, case demonstrations, bedside teaching, problem-based learning, case-based learning, seminars, tutorials and formative assessment.

8. Assessment of Repertory Competencies

Assessment should measure not only factual knowledge but also application. Knowledge may be assessed through MCQs and structured questions; skills through rubric selection and repertorisation; clinical application through OSCE/OSPE, case-based assessment, viva and supervised cases; and professional behaviour through communication, documentation, teamwork and ethical conduct.

9. Use of Technology

Digital repertories and educational technology can supplement traditional teaching. Software may allow rapid repertorisation, but students should first understand case analysis and rubric selection. Technology

should support rather than replace clinical reasoning. Students can document the original patient expression, selected symptoms and rubrics, rationale, method, result and Materia Medica correlation.

10. Challenges

Challenges include excessive theoretical emphasis, limited complete clinical cases, mechanical software use, difficulty translating patient language into repertorial language, inadequate integration with Materia Medica and Organon, variable clinical exposure, limited feedback and difficulty objectively assessing clinical reasoning.

11. Recommendations

Introduce clinical examples early; use progressively complex cases; integrate Repertory with Organon, Materia Medica and clinical subjects; require justification of important rubrics; use case-based and problem-based learning; incorporate formative assessment; provide feedback; teach appropriate software use; encourage reflective case documentation; develop structured competency-based assessment tools; and conduct educational research.

12. Discussion

The transition from subject-based teaching towards competency-based education requires changes in teaching methodology and assessment. Repertory has potential as an application-oriented component because it requires students to transform clinical information into an organized symptom representation and interpret repertorial findings. Its educational value should not be restricted to numerical ranking of remedies. Future empirical educational research is required to evaluate specific teaching strategies and measurable outcomes.

13. Conclusion

Repertory can play an important educational role in the Competency-Based Dynamic Curriculum of BHMS. When taught through clinical cases, integrated learning and structured assessment, it can provide students with opportunities to develop systematic approaches to case analysis and clinical reasoning. The focus should gradually shift from memorization and mechanical repertorisation towards understanding, application, interpretation and reflective clinical learning.

References

1. National Commission for Homoeopathy. Introduction to the Competency Based Dynamic Curriculum (CBDC). New Delhi: National Commission for Homoeopathy.
2. National Commission for Homoeopathy. Homoeopathy Graduate Degree Course – Bachelor of Homoeopathic Medicine and Surgery (B.H.M.S.) Regulations, 2022. New Delhi: NCH.
3. National Commission for Homoeopathy. National Commission for Homoeopathy (Minimum Essential Standards for Homoeopathic Colleges and Attached Hospitals) Regulations, 2024. New Delhi: NCH.
4. National Commission for Homoeopathy. Curriculum Document: M.D. (Homoeopathy) Homoeopathic Repertory and Case Taking. New Delhi: NCH; 2024.
5. Norman G. Research in clinical reasoning: past history and current trends. *Med Educ.* 2005;39(4):418-427.
6. Kassirer JP. Teaching clinical reasoning: case-based and coached. *Acad Med.* 2010;85(7):1118-1124.