



COUNCIL FOR
HOMEOPATHIC
CERTIFICATION

Item Writer's Handbook



**The CHC is a member of the Institute for Credentialing Excellence (ICE)
and the CHC Certification Program is accredited by
the National Commission for Certifying Agencies (NCCA).**

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CHC Item Writer's Welcome Letter

Dear Item Writer Volunteers,

Thank you for your interest in the CHC exam development process. We greatly appreciate your help with the important task of writing items (questions) for the CHC Certification Exam.

We encourage you to write as many items as possible. Item writing can earn you valuable Continuing Education Credits (CEU's) that are necessary for annual recertification with the CHC. (As of November 30, 2021, you can earn 2 CEUs for every 5 approved items; and you can apply a maximum of 10 Item Writing CEU's towards CHC Recertification each year.)

A Word about Security...

Maintaining test security is essential to the test development process and therefore we ask you to sign an Item Writer's Letter of Agreement, before writing items, and Security-Assurance form after submitting items.

It is essential that, once submitted and approved, no electronic or other forms of items remain in your possession, and the items that you have written may not be used for purposes other than for the CHC Exam. Consequently, CEUs will be awarded after you have submitted the Security Assurance form, reconfirming that you have purged all items (electronic and hard copy) from your computer.

Please read this handbook and bring questions to the Item Writer's training. The training will be recorded in case you cannot attend on the scheduled date. All Item Writers must attend the training before writing items.

Warm regards,

The CHC Exam Committee

The CHC Exam

The CHC Exam is a valid and reliable measure of an individual's knowledge and skill in classical homeopathy required for an entry-level certified practitioner of homeopathy. The CHC is accredited by the National Commission for Certifying Agencies (NCCA) and the only accredited certification organization in homeopathy. Individuals who have met the CHC Homeopathic Educational Requirements are eligible to take the exam.

About the CHC

The Council for Homeopathic Certification (CHC) was formed in 1991 and incorporated in 1992 as a non-profit 501(c)(6) organization with the vision of a healthcare system that encompasses certified classical homeopathic practitioners accessible by all. Acting as an autonomous governing board, the CHC maintains oversight and responsibility for all certification and recertification policy decisions, including governance, eligibility standards, appeals and disciplinary actions, and the development, administration, scoring, and reporting of assessment instruments.

In July 2017, the CHC was accredited by the NCCA, designating it as the only accredited homeopathic certification organization in the industry. NCCA standards require that certifying exams meet psychometric content validity, reliability, and scoring standards and that certification processes adhere to best practices for certification organizations. The CHC is also an organizational member of the Institute for Credentialing Excellence (ICE). ICE is a private and voluntary membership organization that provides educational, networking, and other resources for organizations like the CHC that serve the credentialing industry.

CHC Mission

The CHC Mission is...To advance the homeopathic profession by certifying individuals who meet and maintain a recognized standard of professional and ethical competence in classical homeopathy and to assist the general public in choosing appropriately qualified homeopaths.

CHC Vision

We envision a healthcare system that encompasses certified classical homeopathic practitioners accessible by all.

Non-Discrimination Policy

The CHC does not discriminate on the basis of race, color, age, gender, sexual orientation, political or religious beliefs, disability, marital status, national origin, or ancestry.

Confidentiality Policy

Confidential information (non-public information including, but not limited to, name, address, social security number, bank or credit account numbers, financial or medical information, certification numbers, (etc.) is protected by federal and state statutes. To protect privacy, CHC's database of personal information is accessible only by designated staff and contractors operating under a nondisclosure agreement. This database may also be used in aggregate (such as pass rates, number of certificants, score trends) for the purpose of research reports and published data.

CHC Item-Writer's Letter of Agreement

To the Council for Homeopathic Certification (CHC) Board:

I, _____ (Print name), understand that I have been invited to submit examination items for the *CHC Certification Exam in Homeopathy*. I understand that there will be one multiple-choice exam that addresses the competency statements outlined in the *CHC Domains and Statement* document.

I also understand that my signature below indicates my willingness to submit such items and that once submitted they become the property of the *Council for Homeopathic Certification*. Furthermore, I understand that there are to be **absolutely no copies of any items I submit nor any records or documentation of item content maintained in my possession or on my computer after they are submitted to CHC**. I understand that I am to maintain security of all items submitted by promising that I will never discuss, write, talk about or communicate in any other way the content of the items.

In addition, by placing my initials on the line beside each point below, I am assuring the following:

_____ I have carefully read all of the attached documents and understand the criteria for item writing.

_____ CHC and I have agreed upon the knowledge and skill statements from the *CHC Domains and-Statements* for which I am writing items.

_____ My items were developed for the *CHC Domains and-Statements* assigned to me.

_____ All item responses have four options, are multiple-choice, and have only one correct answer.

_____ I have identified the correct answer.

_____ I have identified the content source from the *CHC Reference List*.

_____ All copies of these items will be deleted from my device as soon as I receive notification that CHC has approved my work and I have entered my work into Webassessor. **No paper copies, electronic, digital or other types of copies are retained by myself or anyone to my knowledge.** If I do not hear from CHC within 4 days, I will contact chcitemwriters@gmail.com to ensure my email arrived.

_____ I understand that I am not to disclose anything about these items, and never to use my knowledge acquired by writing items to assist any candidate in preparation for the examination.

I sign this agreement with complete willingness to participate according to the standards and criteria stated above.

First Name, Last Name _____

Address _____

Email Address _____

Phone Number _____

Signature _____

Date _____

SME Security Attestation Letter

Note: This form is to be signed and submitted at the completion of item writing; i.e., after items have been entered into Webassessor and the Item Writing Chair and/or Item Editing Chair have been notified.

The Council for Homeopathic Certification

SME Security Attestation for the CHC Certification Exam to the Council for Homeopathic Certification (CHC) Board:

I, _____ (Print name) attest that my signature below confirms that I have completed and will comply with the following:

_____ I will maintain security of all items submitted, reviewed or edited and I will never discuss, write, talk about or communicate in any other way the content of the items.

_____ I have deleted/destroyed all records and documentation related to the development, review or editing of items/questions. **No paper copies, disc copies, hard drive copies, or other types of copies are retained by me or anyone else to my knowledge. Absolutely no copies of any items nor any records or documentation of item content is maintained in my possession or on my computer.**

_____ I understand that I am not to disclose anything about these items, and never to use my knowledge acquired by writing items to assist any candidate in preparation for the examination.

_____ Any cases used as basis for items have not been published or presented previously.

_____ In any cases used as the basis for items, I have protected the privacy of clients by removing or disguising any identifying information.

Please initial each statement above and sign and date below.

I sign this agreement having purged all documentation related to item development, review and editing and will comply with all test security requirements.

Signature _____

Date _____

CHC Exam Development Overview

The CHC certification exam is *valid*, which means the exam content accurately reflects on-the-job skills and activities of homeopathic practitioners.

To ensure validity, CHC conducts a rigorous process required by accreditation authorities that entails:

1. Job Analysis

The first phase of exam development focuses on a Job Analysis (JA), an information gathering process that determines exam content. The CHC, along with a contracted psychometric firm, conducted its first JA in 2015 and its second in 2020. A volunteer Job Analysis Committee comprised of CCH Subject Matter Experts (SME) work together for about a year to produce a detailed outline of the job performed by an entry-level homeopathic practitioner. This outline is used to create the Job Analysis Survey. The Survey asks homeopathic practitioners to rate the importance and frequency of tasks performed on-the-job.

2. Survey Results, Psychometrics and Test Blueprint

After survey responses are collected, the psychometrician analyzes the data. This analysis helps the CHC prepare an accurate description of the knowledge and skills that an entry-level practitioner should possess to competently perform the work of a homeopath. The resulting set of domains and statements outlines the content assessed on the exam.

3. Item Writing

The next phase of exam development involves Item Writing – when volunteer Subject Matter Experts (SME) write exam items according to specific item writing guidelines addressing the required specific knowledge and skills outlined in the CHC Domains and Statements. More information about this phase is detailed throughout this handbook.

4. Item Review and Editing

Item Writers submit items, the Item Writing Chair reviews and approves appropriate items. Once items are entered into Webassessor, the items are reviewed by Item Editors. Review entails checking for content, clarity, grammar and adherence to the CHC Domains and Statements. Once edited, items are stored in the CHC Item Bank and are piloted or used on future versions of the CHC exam .

Thank you for your contribution to CHC Exam Development!

CHC Domains and Statements

| FOUNDATIONS AND THEORY OF CLASSICAL HOMEOPATHY | |
|---|---|
| FT-01 | Cites the development of classical homeopathy and the social forces that have influenced its practice over its history |
| FT-02 | Identifies the contributions of authors and philosophers who have had major influences on classical homeopathy (e.g., Hahnemann, Kent, Hering, Vithoulkas, Roberts) |
| FT-03 | Recognizes homeopathy's role in the current spectrum of healthcare practices |
| FT-04 | Describes the roles of the Vital Force and the Law of Similars in homeopathic practice |
| FT-05 | Explains the roles of the Totality of Symptoms, Direction of Cure (Hering's Law) and Individualization as they relate to homeopathic practice |
| FT-06 | Explains how Minimum Dose, Potentization and Single Remedies apply to homeopathic practice |
| FT-07 | Explains how Provings relate to the development of materia medica and homeopathic practice |
| FT-08 | States the Theory of Miasms from the perspective of classical homeopathic theory and identifies the characteristics of the psoric, sycotic, syphilitic, tubercular and cancer miasms |
| FT-09 | Lists the characteristics of a sound protocol for organizing and conducting a proving |
| FT-10 | Describes the dynamic nature of health, disease, and cure from a classical homeopathic perspective |
| FT-11 | Describes the nature of susceptibility and causative factors of disease including: environmental, physical, mental, emotional and spiritual mistunement as well as intra- and interpersonal relationships |
| FT-12 | Compares the practice of classical homeopathy with allopathic practices past and present |
| FT-13 | Explains how Vithoulkas' hierarchy of symptoms and the intensity of symptoms relates to the possibility of homeopathic cure |
| FT-14 | Identifies the potential pitfalls of keynote prescribing |
| FT-15 | Recognizes the importance of recommending remedies and potencies based upon the totality of symptoms as opposed to specific diagnoses of diseases and pathologies |
| FT-16 | Provides examples of primary and secondary actions of remedies |
| FT-17 | Employs open-ended questioning techniques suitable for case taking and follow-up |
| FT-18 | Identifies how projection, transference and counter-transference can impact homeopathic practice |
| FT-19 | <p>Uses a broad set of reference tools to enhance knowledge in all areas related to homeopathic practice:</p> <ul style="list-style-type: none"> • homeopathic remedies, materia medica • homeopathic provings, clinical studies, research • alternative/integrative methodologies • diseases, pathologies, symptoms and typical prognoses • medical tests, reports • allopathic medications and procedures and their possible side effects |

| MATERIA MEDICA | |
|-----------------------|--|
| MM-01 | Identifies the original source from which remedies are developed |
| MM-02 | Explains the manufacturing process of remedies from processing of source material to mother tincture or trituration through potentization |
| MM-03 | Defines nosodes and sarcodes and provides example remedies for each |
| MM-04 | Defines isopathy and tautopathy and provides example remedies for each |
| MM-05 | Identifies the 12 tissue salts and provides examples for their uses |
| MM-06 | Identifies the roles of agencies such as the US Food and Drug Administration (FDA), the <i>Homeopathic Pharmacopoeia Convention of the United States</i> (HPCUS) or the Canadian <i>Natural and Nonprescription Directorate</i> (NNHPD) in homeopathic remedy regulation |
| MM-07 | Defines polychrest and lists remedies commonly considered polychrests |
| MM-08 | Lists commonly used remedies for first aid and acute cases |
| MM-09 | States the keynote, primary indicators and affinities for Petroleum, Iodum, Aconitum napellus, Carbo vegetabilis |
| MM-10 | States the keynote, primary indicators and affinities for Ipecacuanha, Aethusa, Carcinosis, Phosphoricum acidum |
| MM-11 | States the keynote, primary indicators and affinities for Iris versicolor, Caulophyllum, Phosphorus, Agaricus |
| MM-12 | States the keynote, primary indicators and affinities for Allium cepa, Phytolacca, Causticum, Kali bichromicum |
| MM-13 | States the keynote, primary indicators and affinities for Kali bromatum, Aloe socotrina, Platina metallicum, Chamomilla |
| MM-14 | States the keynote, primary indicators and affinities for Chelidonium, Kali carbonicum, Plumbum metallicum, Alumina |
| MM-15 | States the keynote, primary indicators and affinities for Podophyllum, Anacardium, China officinalis, Kali phosphoricum |
| MM-16 | States the keynote, primary indicators and affinities for Cicuta, Antimonium crudum, Psorinum, Kali sulphuricum |
| MM-17 | States the keynote, primary indicators and affinities for Kreosotum, Pulsatilla nigricans, Antimonium tartaricum, Cimicifuga |
| MM-18 | States the keynote, primary indicators and affinities for Pyrogenium, Apis, Cocculus, Lac caninum |
| MM-19 | States the keynote, primary indicators and affinities for Argentum metallicum, Coccus cacti, Ranunculus bulbosa, Lachesis |
| MM-20 | States the keynote, primary indicators and affinities for Coffea, Latrodectus mactans, Rhus toxicodendron, Argentum nitricum |
| MM-21 | States the keynote, primary indicators and affinities for Arnica, Colchicum, Rumex crispus, Laurocerasus |
| MM-22 | States the keynote, primary indicators and affinities for Ledum, Arsenicum album, Ruta graveolens, Colocynthis |

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| MM-23 | States the keynotes, primary indicators and affinities for Conium, Sabadilla, Arsenicum iodatum, Lilium tigrinum |
| MM-24 | States the keynotes, primary indicators and affinities for Asafoetida, Crocus sativus, Sabina, Lobelia inflata |
| MM-25 | States the keynotes, primary indicators and affinities for Sambucus nigra, Crotalus horridus, Asarum europaeum, Lycopodium |
| MM-26 | States the keynotes, primary indicators and affinities for Aurum metallicum, Lyssin, Cuprum metallicum, Sanguinaria |
| MM-27 | States the keynotes, primary indicators and affinities for Cyclamen, Badiaga, Magnesia carbonica, Sarsaparilla |
| MM-28 | States the keynotes, primary indicators and affinities for Sepia, Baptisia, Digitalis, Magnesia muriatica |
| MM-29 | States the keynotes, primary indicators and affinities for Baryta carbonica, Magnesia phosphorica, Silica, Drosera |
| MM-30 | States the keynotes, primary indicators and affinities for Dulcamara, Belladonna, Mancinella, Spigelia |
| MM-31 | States the keynotes, primary indicators and affinities for Elaps, Bellis perennis, Medorrhinum, Spongia tosta |
| MM-32 | States the keynotes, primary indicators and affinities for Mercurius solubilis, Berberis, Equisetum, Stannum metallicum |
| MM-33 | States the keynotes, primary indicators and affinities for Staphysagria, Borax, Eupatorium perfoliatum, Mercurius corrosivus |
| MM-34 | States the keynotes, primary indicators and affinities for Euphrasia, Bromium, Mercurius iodatus flavus, Stramonium |
| MM-35 | States the keynotes, primary indicators and affinities for Bryonia, Ferrum metallicum, Sulphur, Mercurius iodatus ruber |
| MM-36 | States the keynotes, primary indicators and affinities for Cactus, Ferrum phosphoricum, Mezereum, Sulphuricum acidum |
| MM-37 | States the keynotes, primary indicators and affinities for Naja, Calcareo carbonica, Fluoricum acidum, Symphytum |
| MM-38 | States the keynotes, primary indicators and affinities for Calcareo fluorica, Natrum arsenicum, Gambogia, Syphilinum |
| MM-39 | States the keynotes, primary indicators and affinities for Tabacum, Calcareo phosphorica, Gelsemium, Natrum carbonicum |
| MM-40 | States the keynotes, primary indicators and affinities for Glonoinum, Calcareo sulphurica, Tarentula cubensis, Natrum muriaticum |
| MM-41 | States the keynotes, primary indicators and affinities for Calendula, Graphites, Natrum phosphoricum, Tarentula hispanica |
| MM-42 | States the keynotes, primary indicators and affinities for Hamamelis, Camphora, Natrum sulphuricum, Thuja |
| MM-43 | States the keynotes, primary indicators and affinities for Cannabis indica, Tuberculinum, Helleborus, Nitricum acidum |

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| MM-44 | States the keynotes, primary indicators and affinities for Nux moschata, Cantharis, Urtica urens, Hepar sulphuris |
| MM-45 | States the keynotes, primary indicators and affinities for Capsicum, Nux vomica, Hyoscyamus, Veratrum album |
| MM-46 | States the keynotes, primary indicators and affinities for Hypericum, Opium, Carbo animalis, Viburnum |
| MM-47 | States the keynotes, primary indicators and affinities for Zincum metallicum, Ignatia, Palladium metallicum |
| MM-48 | Identifies remedies that follow well from acute to chronic or chronic to acute prescribing |
| MM-49 | Defines and gives examples of sensation, modality, SRP (Strange, Rare, or Peculiar), concomitant and general symptoms as they relate to remedies |
| MM-50 | Recognizes remedies that may have a similar action but are developed from substances originating from different sources |
| MM-51 | Identifies conditions/substances that may antidote remedies |
| MM-52 | Defines complementary remedy relationships and cites common examples from the materia medica |
| MM-53 | Identifies remedies that often follow well in a series |
| MM-54 | Identifies remedies that are inimical to each other |
| MM-55 | Identifies remedies that are commonly associated with the five major miasms |
| MM-56 | Classifies the pace and depth of action of remedies |

| REPERTORY | |
|------------------|---|
| RP-01 | States the necessity of a repertory and explains the source of its content and historical development |
| RP-02 | Identifies and distinguishes the organizational structures, strengths and limitations in commonly used repertories |
| RP-03 | Defines medical and homeopathic terminology used in repertories such as abbreviations and archaic terminology |
| RP-04 | Explains symbols, references and remedy grades used in repertories |
| RP-05 | Explains how the number of rubrics selected for repertorization in a particular case and the number of rubrics selected to describe one symptom can affect the results of the repertorization process |
| RP-06 | Recognizes the potential bias inherent in the greater representation of well-proven versus less-well proven remedies in the repertory |
| RP-07 | Recognizes the effects of the grade (weight) of the remedies identified within a rubric and the intensity assigned to a rubric on the outcome of a repertorization |
| RP-08 | Reads and interprets repertorizations prepared both manually and from a variety of software programs |
| RP-09 | Identifies the advantages and limitations of using homeopathic software versus traditional printed repertories |

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| RP-10 | Selects appropriate rubrics for Mind symptoms |
| RP-11 | Selects appropriate rubrics for General symptoms |
| RP-12 | Selects appropriate rubrics for Vertigo and Head symptoms |
| RP-13 | Selects appropriate rubrics for Face, Teeth and Mouth symptoms |
| RP-14 | Selects appropriate rubrics for Eye, Ear and Nose symptoms |
| RP-15 | Selects appropriate rubrics for Vision and Hearing symptoms |
| RP-16 | Selects appropriate rubrics for Neck, External Throat and Throat symptoms |
| RP-17 | Selects appropriate rubrics for Back, Chest and Larynx/Trachea symptoms |
| RP-18 | Selects appropriate rubrics for Bladder, Urethra and Urine symptoms |
| RP-19 | Selects appropriate rubrics for Urinary Organs, Kidneys and Prostate symptoms |
| RP-20 | Selects appropriate rubrics for Male Genital/Sex, Female Genital/Sex and Male and Female Genital /Sex symptoms |
| RP-21 | Selects appropriate rubrics for Respiration, Cough and Expectoration symptoms |
| RP-22 | Selects appropriate rubrics for Chill, Fever and Perspiration symptoms |
| RP-23 | Selects appropriate rubrics for Sleep and Dream symptoms |
| RP-24 | Selects appropriate rubrics for Abdomen and Stomach symptoms |
| RP-25 | Selects appropriate rubrics for Rectum and Stool symptoms |
| RP-26 | Selects appropriate rubrics for Extremities and Skin symptoms |

| HEALTH SCIENCES | |
|------------------------|--|
| HS-01 | Names the organ systems of the body and their major functions. |
| HS-02 | Uses proper anatomical terminology to describe body components, body directions, surfaces and planes |
| HS-03 | Uses common medical terminology appropriately |
| HS-04 | Identifies the range of normal physical, mental and emotional development at various ages |
| HS-05 | Recognizes the signs and symptoms of a client needing urgent or emergency medical care and formulates a plan of action with the client based on that determination |
| HS-06 | Identifies the normal signs and symptoms of common pathologies and progression of disease for infectious conditions |
| HS-07 | Identifies the normal signs and symptoms and progression of common pathologies for malignant conditions |
| HS-08 | Identifies the normal signs and symptoms and progression of common pathologies for immunological conditions |
| HS-09 | Identifies the normal signs and symptoms and progression of common pathologies for skin conditions |

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| HS-10 | Identifies the normal signs and symptoms and progression of common pathologies for gastrointestinal and mouth and nutritional /metabolic disorders |
| HS-11 | Identifies the normal signs and symptoms and progression of common pathologies for cardiovascular/hematological conditions |
| HS-12 | Identifies the normal signs and symptoms and progression of common pathologies for endocrinological conditions |
| HS-13 | Identifies the normal signs and symptoms and progression of common pathologies for musculoskeletal conditions |
| HS-14 | Identifies the normal signs and symptoms and progression of common pathologies for ophthalmological conditions |
| HS-15 | Identifies the normal signs and symptoms and progression of common pathologies for Ear, nose, throat and respiratory conditions |
| HS-16 | Identifies the normal signs and symptoms and progression of common pathologies for neurological conditions |
| HS-17 | Identifies the normal signs and symptoms and progression of common pathologies for psychiatric conditions |
| HS-18 | Identifies the normal signs and symptoms and progression of common pathologies for genitourinary and reproductive conditions |
| HS-19 | Identifies the normal signs and symptoms and progression of common pathologies for pediatric conditions |
| HS-20 | Does not make medical diagnoses, change or recommend changes to medically prescribed medications or treatments unless licensed to do so |
| HS-21 | Recognizes the potential consequences of withdrawal from prescribed and self-administered drugs or other substances, as well as the importance of referrals to support systems |
| HS-22 | Identifies significant components to request in health histories such as childhood illnesses, traumatic events, surgeries, accidents, pregnancies, allergies, medications, medical diagnoses |
| ETHICS AND PROFESSIONAL PRACTICE | |
| ET-01 | Conducts all interactions with clients and other health care professionals ethically and with integrity |
| ET-02 | Safeguards clients' rights to impartial access to homeopathic care, to actively participate in one's health care decisions, and to have another person present during consultations |
| ET-03 | Maintains client confidentiality, privacy and professional boundaries in all personal and professional communication, including casual conversations |
| ET-04 | Provides accurate information to clients and the public regarding the homeopath's education, training, and certification status |
| ET-05 | Examines one's personal values, culture, beliefs and education in regard to race, age, gender, sexual orientation, cultural, national or ethnic origin, political or religious belief, and/or disability to prevent bias and prejudice thereby respecting client/practitioner and professional relationships |

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| ET-06 | Contributes to the homeopathic profession through activities such as presenting at conferences, conducting research, writing articles, teaching, supervising, leading a study group, conducting a proving, advocating for homeopathy in the public sector, volunteering for homeopathy organizations and committees as well as by conveying case studies and research accurately, honestly and without distortion while protecting the confidentiality and privacy of the client |
| ET-07 | <p>Establishes, safeguards and maintains secure, confidential client records (paper/digital) in accordance with HIPPA privacy standards which includes the following:</p> <ul style="list-style-type: none"> • contact information • demographics • signed consent/release/agreement forms • chief complaint • notes in client's own words • practitioner notes • health histories • medical tests/records (if available) • remedies recommended with potency and form • directions for remedy administration • dates administered • follow-up notes • client's general reaction to the remedy • observed changes in client's appearance, demeanor, body language and physical characteristics • review of presenting symptoms and identification of changes • new or previously unreported symptoms • decisions regarding "new" symptoms (accessory remedy symptoms or a return of former "old" symptoms) • mental/emotional states • head-to-toe physical symptoms • assessment and plan |
| ET-08 | Identifies the requirements for setting up a homeopathic practice and the development of a business plan |
| ET-09 | Collects and evaluates data from one's practice, such as remedy response, the proportion of returning clients, referrals, and/or client satisfaction as well as reviews and maintains an environment (physical or virtual) and office practices/procedures that ensure accessibility, confidentiality, privacy and safety for clients. |
| ET-10 | Uses self-reflections and identifies strategies for continual growth in one's professional skills and abilities (e.g., conferences, seminars, study groups, advanced study, networking with colleagues for case review, supervisory support/feedback) |
| ET-11 | Identifies the benefits and requirements for obtaining and maintaining professional certification through the CHC |

HOMEOPATHIC CASE TAKING

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| CT-01 | <p>Provides pre-consultation information to client, including:</p> <ul style="list-style-type: none"> • a description of the framework of the practice • health benefits of homeopathy • safety of homeopathic remedies • nature of disease from a homeopathic perspective • the homeopathic process • methods for communication between visits • time and scheduling of follow-ups • full disclosure of the homeopath's training and credentials • fee schedules and methods of payment • client rights <p>Requests the client complete forms providing information or signatures for:</p> <ul style="list-style-type: none"> • health histories (including family health histories) • emergency contacts • consent for audio or videotaping (if applicable) • releases for consultation or supervision (if applicable) • parental consent for minors (if applicable) • general consent/acknowledgement for all clients |
| CT-02 | Establishes a secure, professional and confidential environment for consultations that is quiet, accessible and distraction-free |
| CT-03 | Maintains an atmosphere conducive to mutual respect and open communication between client and homeopath. |
| CT-04 | Meets with the client to determine health concerns, symptoms, family/health history and etiology |
| CT-05 | Observes client's appearance, demeanor, non-verbal expressions or body language as well as observable physical characteristics such as condition of skin, pallor, odor, signs of inflammation, injury or shock |
| CT-06 | Asks open-ended questions that do not judge or lead the client |
| CT-07 | Identifies interviewing techniques applicable to individualized homeopathic case taking and follow-up (e.g., observing, active listening, questioning skills, clarifying, wait time, tone, pace) |
| CT-08 | Identifies and applies case taking techniques to accommodate differences in age, stages of life, culture, lifestyle, ethnicity and education |
| CT-09 | Identifies and applies interviewing techniques for loquacious/rambling clients and encourages discourse from "closed" or frightened clients or those who have difficulty expressing themselves |
| CT-10 | Clarifies unfamiliar vocabulary, expressions, slang, colloquialisms used by the client in his/her description of symptoms |
| CT-11 | Takes clear, coherent notes that incorporate the client's own words and the homeopath's observations. |
| CT-12 | Elicits and reviews "head to toe" symptoms; seeks clarification and additional details regarding each symptom |
| CT-13 | Records timeline, from birth to present, of client's and family significant life events (physical, mental, emotional, social and environmental) |
| CT-14 | Observes and records client behavior, disposition, mental and emotional symptoms |
| CT-15 | Explores possible initiating cause of complaints such as suppression, over-the-counter medications, prescriptions, immunizations, medical procedures, alternative healing, trauma, exposure or infections |

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| CT-16 | Elicits general symptoms such as sleep patterns, weather preferences, menstrual history, environmental and occupational stressors, perspiration, thirst, and food preferences |
| CT-17 | Explores location, sensation, modalities, concomitants, times, and etiology of physical symptoms |
| CT-18 | Clarifies information from the medical history and/or medical reports |
| CT-19 | Explores client's use of and reactions to substances such as coffee, tea, herbs, spices, supplements, over-the counter medications, prescription medications, other healing therapies, alcohol and recreational drugs |
| CT-20 | Explores any obstacles to cure that may influence the case |
| CT-21 | Obtains observations from family members or caregivers of the client's health condition, if appropriate |
| CT-22 | At all appropriate stages in the homeopathic process, provides clear written and verbal explanations to the client for <ul style="list-style-type: none"> • obtaining remedies • taking remedies (form, frequency and succussion) • possible reactions to remedies • methods for reporting reactions • processes for asking questions • processes and time expectations for responding to questions and concerns • timing and scheduling of follow-ups • next steps in the homeopathic process |

HOMEOPATHIC CASE ANALYSIS

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|-------|--|
| CA-01 | Applies well-accepted models of case analysis appropriately, such as totality of symptoms, essence, miasms (Hahnemann, Kent); center of gravity, hierarchy of symptoms (Withoukcas) |
| CA-02 | Repertorizes symptoms to assist in determining an appropriate remedy |
| CA-03 | Makes reasonable prognoses based on all factors related to the case |
| CA-04 | Identifies the main complaint in the case |
| CA-05 | Differentiates whether a case is acute or chronic |
| CA-06 | Distinguishes what needs to be cured in the case |
| CA-07 | Studies timeline information to identify conditions/events that mark the onset of symptoms and correlate to the etiology of symptoms |
| CA-08 | Applies information from the client's medical history (including medical tests, allopathic diagnoses, pharmaceuticals, and alternative modalities) to the case analysis |
| CA-09 | Recognizes the various mental and emotional states in response to stressful life events, such as death and dying, physical, mental, emotional trauma, separation from loved ones, divorce, or unemployment |
| CA-10 | Considers the potential impact of the miasmatic aspects of the family and client's history when performing case analysis and remedy selection |
| CA-11 | Ascertain the most characteristic symptoms of the case and ranks symptoms from most to least vital |
| CA-12 | Identifies Strange, Rare and Peculiar (SRP) symptoms |

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| CA-13 | Identifies location, sensation, modalities, times of aggravation or amelioration, onset, or concomitants that modify or affect important symptoms |
| CA-14 | Identifies any common symptoms of reported diseases |
| CA-15 | Ascertains the intensity of symptoms |
| CA-16 | Ascertains the strength of the vital force by considering factors such as age, severity of symptoms, energy level, current medications, known pathologies and sensitivities |
| CA-17 | Examines any possible obstacles to cure and/or maintaining causes |
| CA-18 | Selects a set of rubrics that accurately fits the characteristic symptoms of the case |
| CA-19 | Combines rubrics appropriately to describe single symptoms |
| CA-20 | Repertorizes either manually or with a software program to identify a set of remedies that potentially match the symptom picture of the case |
| CA-21 | Selects the best-fit remedies based on the repertorization and the totality of symptoms |
| CA-22 | Studies and compares the 4-5 best-fit remedies to identify the single best-fit remedy for the case |
| CA-23 | Differentiates among remedies that have similar symptom pictures but may not have appeared within the repertorization |
| CA-24 | Considers factors such as miasm, kingdom, provings, and sources when making a remedy choice |
| CA-25 | Matches the remedy's affinities (organ/mind) and pace of action (slow vs. fast acting) with the case |
| CA-26 | Uses confirmatory symptoms from the case to identify the best-fit remedy |

POSOLOGY

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| PS-01 | Identifies and compares the various forms by which homeopathic remedies are manufactured and administered (e.g., globules, liquid, powder, olfactory, topical, or aqueous dilution) and the use of each |
| PS-02 | Identifies the various potencies in which homeopathic remedies are manufactured (i.e., C, X, M, Q, LM) and the use of each |
| PS-03 | Articulates the circumstances (e.g., age, sensitivity, condition, nature of the remedy) in which different potencies are suitable or recommended by various authors |
| PS-04 | Identifies precautions when recommending potencies in the context of particular diseases and pathologies |
| PS-05 | Selects an individualized remedy potency based on factors such as client's strength of vital force, age, gender, type and severity of symptoms, individual sensitivities and susceptibilities, current lifestyle, medications or other treatments |
| PS-06 | Identifies and compares directions for administering and/or succussing various potencies and forms |
| PS-07 | Determines the frequency of repetition, if applicable |

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| PS-08 | Identifies the possible outcomes of administering a correct remedy but in a potency too high or too low |
| PS-09 | Identifies possible outcomes of administering a remedy too frequently or too infrequently |
| PS-10 | Is familiar with the differences among the 4 th , 5 th and 6 th editions of the Organon as it pertains to dosing |

FOLLOW-UP AND CASE MANAGEMENT

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| FM-01 | Evaluates and monitors client's progress on the recommended remedy |
| FM-02 | Applies all aspects of effective case taking and case analysis to follow-up and case management processes |
| FM-03 | Accurately assesses and manages potentially challenging aspects of cases such as homeopathic aggravations, anti-doting, obstacles to cure, suppression, return of old symptoms, and/or accessory symptoms |
| FM-04 | Identifies the use of and explores the possible impact of any non-recommended single or combination remedies on the effectiveness of a recommended remedy |
| FM-05 | Re-evaluates and adjusts course of action and prognoses, as needed |
| FM-06 | Reviews client's records from the original and previous consultations |
| FM-07 | Observes changes in the client related to vitality, appearance, demeanor, body language as well as in physical characteristics such as color of orifices, complexion, odors or signs of inflammation or injury |
| FM-08 | Ascertains when (or if) the client began taking the remedy and the frequency taken |
| FM-09 | Ascertains the client's general reaction to the remedy (e.g., sense of well-being, energy, sleep patterns) |
| FM-10 | Inquires about the status of the presenting (main/chief) complaint and identifies any changes in the original symptom picture |
| FM-11 | Determines if there is a change in symptom frequency or intensity (using a measurement tool such as a scale of 1-10) |
| FM-12 | Reviews mental/emotional states and "head to toe" physical symptoms |
| FM-13 | Requests and reviews allopathic summaries, test results, if appropriate |
| FM-14 | Inquires about any symptoms that appear to be "new" or previously unreported |
| FM-15 | Determines whether "new" symptoms are accessory remedy symptoms, a return of former "old" symptoms or brand-new symptoms |
| FM-16 | Determines whether or not the remedy acted |
| FM-17 | Determines whether the case is moving in the direction of cure (Hering's Law) |
| FM-18 | Determines whether to wait, repeat the remedy, repeat the remedy in a different potency, change the form or frequency of administration, change the remedy or retake the case |
| FM-19 | Manages client's urgent conditions and acute illnesses while treating the chronic case |
| FM-20 | Explores how changes in remedy effectiveness may be caused by factors such as alterations in medications, lifestyle, relationships or one's work or home environments |

| | |
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| FM-21 | Recognizes the need for and makes referrals and/or recommendations as necessary |
|-------|---|

CHC Study References List

Philosophy

- Hahnemann: *Organon of Medicine*, 5th & 6th Editions; *Chronic Diseases*, Theoretical Part
- Kent: *Lectures on Homeopathic Philosophy*
- Roberts: *The Principles and Art of Cure by Homeopathy*
- Vithoulkas: *The Science of Homeopathy*
- De Schepper: *Hahnemann Revisited*

Materia Medica

- Boericke: *Materia Medica with Repertory*
- Clarke, J.H.: *Dictionary of Practical Materia Medica*
- Cummings & Ullman: *Everybody's Guide to Homeopathic Medicine*
- Gibson, D.: *First Aid Homeopathy in Accidents & Injuries*
- Kent: *Lectures on Homeopathic Materia Medica*
- Kruzel: *The Homeopathic Emergency Guide*
- Morrison, R.: *Desktop Guide*
- Vermeulen, F.: *Prisma: The Arcana of Materia Medica Illuminated, Similar and Parallels Between Substance and Remedy*
- Vermeulen, F.: *Concordant Materia Medica*
- [Remedy Relationships chart](#)

Repertory and Language

- Allen, K.: *A Tutorial Workbook for the Homeopathic Repertory*
- Kent: *Repertory*
- Pasma, A.: *Practice Makes Perfect*
- Schroyens: *Synthesis Repertory*
- van Zandvoort: *Complete Repertory*
- Yasgur: *Dictionary of Homeopathic Medical Terminology*

Ethics

- [CHC Code of Professional Ethics](#) and [CHC Client Healthcare Rights](#)
- Corey Gerald, *Issues and Ethics in the Helping Professions*
- Robinson, Theodore, W. *How to Open or Improve a Successful Alternative Health Care Practice*
- Wilson, Lawrence, *Legal Guidelines for Unlicensed Practitioners*

Health Sciences (Note: these links work best using a Chrome browser)

- Seller, R.: *Differential Diagnosis of Common Complaints*
- *The Merck Manual of Medical Information, Home Edition*
- Thibodeau/Patton: *The Human Body in Health & Disease*
- American Red Cross: *Standard First Aid & Personal Safety*
- Taber: *Cyclopedic Medical Dictionary*
- [CHC Health Sciences Human Pathology Study Guide](#)
- www.webmd.com
- <http://www.mayoclinic.com/health/DiseasesIndex/DiseasesIndex>
- <http://www.cdc.gov/DiseasesConditions/>

Standards and Competencies

- *Standards for Homeopathic Education and Competencies for the Professional Homeopathic Practitioner in North America*, September 2013, <https://achena.org/refresh/wp-content/uploads/2019/02/Standards-for-Homeopathic-Education-and-Competencies.pdf>

Additional Websites (Note: these links work best using a Chrome browser)

- National Health Freedom: nationalhealthfreedom.org
- Ullman: [A Condensed History of Homeopathy](#)
- Grief.com: [The Five Stages of Grief](#)
- [HIPPA](#)
- [CHC Website](#)
- [CHC Certification Handbook](#)

List of Remedies for Study

| | | |
|-----------------------|--------------------------|----------------------|
| Aconitum napellus | Digitalis | Natrum muriaticum |
| Aethusa | Drosera | Natrum phosphoricum |
| Agaricus | Dulcamara | Natrum sulphuricum |
| Allium cepa | | Nitricum acidum |
| Aloe socotrina | Elaps | Nux moschata |
| Alumina | Equisetum | Nux vomica |
| Anacardium orientale | Eupatorium perfoliatum | |
| Antimonium crudum | Euphrasia | Opium |
| Antimonium tartaricum | | |
| Apis | Ferrum metallicum | Palladium metallicum |
| Argentum metallicum | Ferrum phosphoricum | Petroleum |
| Argentum nitricum | Fluoricum acidum | Phosphoricum acidum |
| Arnica | | Phosphorus |
| Arsenicum album | Gambogia | Phytolacca |
| Arsenicum iodatum | Gelsemium | Platina metallicum |
| Asafoetida | Glonoinum | Plumbum metallicum |
| Asarum europaeum | Graphites | Podophyllum |
| Aurum metallicum | | Psorinum |
| | Hamamelis | Pulsatilla nigricans |
| Badiaga | Helleborus | Pyrogenium |
| Baptisia | Hepar sulphuris | |
| Baryta carbonica | Hyoscyamus | Ranunculus bulbosa |
| Belladonna | Hypericum | Rhus toxicodendron |
| Bellis perennis | | Rumex crispus |
| Berberis | Ignatia | Ruta graveolens |
| Borax | Iodum | |
| Bromium | Ipecacuanha | Sabadilla |
| Bryonia | Iris versicolor | Sabina |
| | Kali bichromicum | Sambucus nigra |
| Cactus | Kali bromatum | Sanguinaria |
| Calcarea carbonica | Kali carbonicum | Sarsaparilla |
| Calcarea fluorica | Kali phosphoricum | Sepia |
| Calcarea phosphorica | Kali sulphuricum | Silica |
| Calcarea sulphurica | Kreosotum | Spigelia |
| Calendula | | Spongia tosta |
| Camphora | Lac caninum | Stannum metallicum |
| Cannabis indica | Lachesis | Staphysagria |
| Cantharis | Latrodectus mactans | Stramonium |
| Capsicum | Laurocerasus | Sulphur |
| Carbo animalis | Ledum | Sulphuricum acidum |
| Carbo vegetabilis | Lilium tigrinum | Symphytum |
| Carcinosin | Lobelia inflata | Syphilinum |
| Caulophyllum | Lycopodium | |
| Causticum | Lyssin | Tabacum |
| Chamomilla | | Tarentula cubensis |
| Chelidonium | Magnesia carbonica | Tarentula hispanica |
| China officinalis | Magnesia muriatica | Thuja |
| Cicuta | Magnesia phosphorica | Tuberculinum |
| Cimicifuga | Mancinella | |
| Cocculus | Medorrhinum | Urtica urens |
| Coccus cacti | Mercurius solubilis | |
| Coffea | Mercurius corrosivus | Veratrum album |
| Colchicum | Mercurius iodatus flavus | Viburnum |
| Colocynthis | Mercurius iodatus ruber | |
| Conium | Mezereum | Zincum metallicum |
| Crocus sativus | | |
| Crotalus horridus | Naja | |
| Cuprum metallicum | Natrum arsenicum | |
| Cyclamen | Natrum carbonicum | |

Step-by-Step Overview of the Item Writers Process

Step 1: Sign and Submit the CHC Volunteer Forms and Item Writer's Letter of Agreement

Step 2: Read the Job Analysis Domains and Statements for Exam Content

Read the *CHC Domains and Statements* to become familiar with the exam content.

The exam tests what is expected of the minimally competent certified homeopath.

Step 3: Domains/Statements Selection

With the help and guidance of the Item writing Chair you will be assigned the Domain(s) and Statements for which to write. Item writers are asked to confirm all choices with the Item Writing Chair at chcitemwriters@gmail.com. The Chairperson will confirm your choices or suggest alternative Statements to balance the distribution of Domain and Statement.

Please do not begin writing until your domain/statement choices have been confirmed.

Step 4: Submit Sample Items

In a word processing document, write at least 2 sample items following the guidelines included in this handbook. With each sample, item, be sure to include the Domain/Statement code, the stem, key, options, and resource used. Email your samples as an attachment to chcitemwriters@gmail.com for review by the Item Writing Chair.

Step 5: Feedback from the Item Writing Chair

The Item Writing Chair will return your document with feedback and instructions for the next step.

Step 6: Compose your Items

After your sample items are approved, proceed to write the items relating to the Domains/Statements to which you were assigned in a word processing document and email the document as an attachment to chcitemwriters@gmail.com for review. may ask for revisions or clarification.

Step 7: Feedback from the Item Writing Chair

The Item Writing Chair will return your document with feedback and instructions for the next step.

Step 8: Entry of the Items into Webassessor

After your Items are approved, you will receive login information for Webassessor, the web-based item bank. The technical instructions how to enter your items are contained in this handbook.

Step 9: Notify the Item Writing Chair that you have uploaded your Items

After you have completed Webassessor entry, please contact chcitemwriters@gmail.com.

Wait for Item Writing Chair to confirm your entries.

Step 10: Sign and submit the Security Attestation Form

Upon confirmation of the item entry, you must sign and submit the Security Attestation form and email it to both the Item Writing Chair chcitemwriters@gmail.com and the Item Editing Chair at chcitemeditors@gmail.com. The Item Writing Chair will grant 2 CEU's for every 5 items that are accepted.

Item Writing 101

The CHC Item Writing Process involves several steps that ultimately lead to approved exam items ready for the CHC Item Bank. Item Writers play an important role in developing clear, knowledge-based items that differentiate between test takers with high levels of knowledge and those with low levels of knowledge.

The task of the item writer is critical in the exam development process. Without well written items, it is impossible to have a valid and reliable exam. Item Writers should be familiar with the knowledge and skills necessary for the practice of homeopathy.

Keep in Mind...

The best option – referred to as the item key – must reflect information that can be found and cited as it appears in a resource from the CHC Study References List. However, avoid copying content directly from printed materials as they do not yield strong test items.

The Item Writer's own experience in work situations is likely to suggest problems and situations around which items can be written.

Approved items rarely measure rote memory. Instead, approved items attempt to evaluate a test taker's ability to apply principles and demonstrate insights and understanding.

The exam and certification promotes public safety and quality assurance. With this in mind, the item writer can often recall functions, roles, concepts and abilities that comprise essential knowledge for the entry-level practitioner.

In situations involving safety issues, items can be written to determine whether test takers know what should be done. Other sources of inspiration might include situations in which a less-than-competent person could cause harm or where an improper sequence or lack of knowledge could lead to an undesirable outcome.

Item Writing Terminology

The use of a standard terminology promotes clear communication between Item Writers and Item Reviewers/Approvers. The following list includes several commonly-used terms:

Item - This is often referred to as a test question. In many cases it is not a question, and therefore, the more general term 'item' is appropriate.

Stem - This is the first part of the item that is to be responded to. 'Stem' refers to everything other than the options.

Options - For multiple choice or multiple response items, a list of options is presented. These are also called alternatives, choices, answers and distractors.

Distractor - Every multiple choice item needs incorrect options. These are intended to distinguish between test takers that know the material and those that do not. The purpose is to distract lower performing test takers from inadvertently selecting the correct answer.

Key - The key is the option that is considered the correct answer.

Domains - Subject categories on an exam.

Statements - Tasks, knowledge and skills necessary for an entry-level practitioner to perform the work of a homeopath. Statements are determined during the Job Analysis process.

Common Item Formats

There are two common formats for multiple choice items. *The first is to simply ask a question* and list several possible answers; *the second is to formulate the item as a sentence completion* or fill-in-the-blank task. Below is an example of the same item, with the same key(*) and distractors, formatted in two different ways:

Format 1:

What is the capital of Norway?

- A. Oslo.*
- B. Bergen.
- C. Stavanger.
- D. Stockholm.

Format 2:

The capital of Norway is

- A. Oslo.*
- B. Bergen.
- C. Stavanger.
- D. Stockholm.

Good Stem Characteristics

The following list contrasts poor and better stems.

1. A good item stem presents a problem situation clearly.

Poor: An elevated white blood cell count is

- A. a sign of infection*
- B. dangerous.
- C. normal.
- D. any count over 20,000.

Better: An elevated white blood cell count is most often symptomatic of

- A. infection*.
- B. diabetes.
- C. high blood pressure.
- D. respiratory insufficiency

In the poor item, the stem does not pose a problem; it fails to provide test takers with a frame of reference for answering the question. In the better item, test takers know that they are looking for something of which an elevated white blood cell count is a symptom. This suggests that the correct option will be in the form of a disease or a pathological state.

2. A good item stem is stated positively rather than negatively.

Poor: Which of the following is NOT a city in California

- A. Boise*
- B. Sacramento
- C. Los Angeles
- D. San Francisco

Better: In what state is the city of Boise located?

- A. Idaho*
- B. Iowa
- C. New Jersey
- D. California

At times, a negative stem is unavoidable, as in a safety related question where it is important for candidates to know what **NOT** to do in a certain situation. In those cases, the negative term (e.g. **NOT, EXCEPT, LEAST, CONTRAINDICATED**, etc.) should be capitalized, presented in bold face or underlined to call attention to it.

3. A good item stem avoids the use of the pronouns “it”, “he”, “she”, and “you”.

In the case of “it”, “he”, and “she”, the candidate may be uncertain about the referent. Questions that ask, “What would you do?” can have no single right answer, since individual candidates could justify their individual responses.

4. A good item stem is presented as simply as possible, including only information that is necessary to understand the problem.

Poor: Mr. Watson is a 73-year-old widower who has suffered from headaches for several years. His wife died four years ago, as the result of a stroke. They had two children, both now grown and living in other parts of the country. Mr. Watson believes that his headaches may be due to high blood pressure, but tests to date have not confirmed his suspicions. In an effort to establish the cause of Mr. Watson’s headaches, what is the first procedure that should be initiated?

Better: What should be the first procedure to be initiated to diagnose the probable cause of chronic headaches in an otherwise healthy 73-year-old man?

5. A good item stem includes all words that would have to be repeated in each option.

Poor: Ice forms on water when

- A. the temperature falls below 32 degrees F at sea level*
- B. the temperature falls below 24 degrees F at sea level.
- C. the temperature falls below 12 degrees F at sea level.
- D. the temperature falls below 0 degrees F at sea level.

Better: At sea level, ice forms on water when the temperature falls below

- A. 32 degrees F.*
- B. 24 degrees F.
- C. 12 degrees F.
- D. 0 degrees F.

6. A good item stem specifies the authority or standard upon which the correct option is based, if the item calls for a judgment.

Poor: The diet of Americans provides vitamins and minerals in amounts that are

- A. adequate for normal nutrition*.
- B. inadequate for normal nutrition.
- C. in excess of normal requirements.

D. variable in relation to individual requirements.

Better: According to the American Medical Association, the diet of the average American provides vitamins and minerals in amounts that are

- A. adequate for normal nutrition.*
- B. inadequate for normal nutrition.
- C. in excess of normal requirements.
- D. variable in relation to individual requirements.

7. A good item stem poses a problem to which the correct answer is not likely to change over time.

Poor: Who was the President of the United States last year?

- A. Barack Obama*
- B. Jimmy Carter
- C. Gerald Ford
- D. Ronald Reagan

Better: Who was the President of the United States in 1995?

- A. Bill Clinton*
- B. Jimmy Carter
- C. Gerald Ford
- D. Ronald Reagan

8. A good item stem focuses on important learning objectives and avoids testing trivia.

Poor: The initials NRA stand for

- A. National Recovery Act*.
- B. National Rifle Association.
- C. Northeast Regional Accreditation.
- D. Nebraska Recreational Administration.

Better: What legislation, passed by Congress during the Great Depression, was later found to be unconstitutional?

- A. National Recovery Act*
- B. Work Projects Administration
- C. Civilian Conservation Corps
- D. Public Works Administration

The poor item illustrates more than one defect. The item is testing at a trivial level, and any of the four options would be correct. The better item requires candidates to apply more knowledge in selecting the correct option.

Item Writing Checklist

In acceptable items...

- **The key is *unquestionably* correct**, and incorrect options (distractors) are *unquestionably* wrong.
- **All four options are grammatically related to the stem.**
If the stem asks a question each of the four options provides a plausible answer to the question.
If the stem is an incomplete statement, each option serves to complete the statement.
- **All four options are homogeneous in terms of structure as well as content.**
To achieve this, present a clearly defined question or problem.
- **The correct option is close in length to the distractors.**
If the item contains distractors that are short and imprecise and the key that longer, test takers quickly recognize and reject the distractors.
- **If the key includes one or more words that appear in the stem, the distractors should also contain those keywords.**
- **Absolute terms have been avoided.** In poorly constructed test items, options containing “all”, “none”, “always” and “never” are likely to be found in distractors, while less definite terms such as “generally” and “often” are likely to be used in keys. Test takers will quickly recognize the absolute terms in the distractors and reject those distractors.
- **Options are mutually exclusive.**
If two options have the same meaning, and only one answer is to be selected, test takers will realize that both options must be incorrect and recognize them as distractors.
- **The key does not contain any incorrect information.** If the key did contain incorrect information, it might force test taker to choose between ignoring the incorrect information and selecting some other option.
- **“None of the above” has not been used as an option.**
- **“All of the above” has not been used as an option.**

Guidelines for Submitting Homeopathic Case

As homeopaths, case taking, and case analysis are at the core of what we do. Testing these skills are a crucial part of the CHC exam. Here are the guidelines for submitting these cases:

- Cases need to be from CCHs.
- The case can be either acute or constitutional
- The remedy choice must be clear but not obvious
- The case must be an actual case that you have taken including follow ups that confirm the remedy choice.
- The case should be an initial case – not follow-ups alone.
- The remedy that was recommended must be on the list of remedies for exam study.
- Items must be written with the understanding that examinees will not have access to software or any other materials to analyze the case.
- The client's symptoms should span a range of physical, mental, emotional, and energetic.
- The case should not present symptoms that would lead to an obvious answer. However, the case and items should not be unreasonably difficult or obscure for an entry-level homeopath.
- Cases that require knowledge about the client's past history – or any information not in the summary – should be avoided.
- ***Cases must not have been used as a teaching case, published at any time in the past, or planned for public discourse in the future.***

Procedure for case/items submission:

- Use a word processing application to write your case summary and items.
- The case summary including follow ups *should be no more than one page*, single spaced (i.e., up to 600 words).
- In your summary, you must protect the privacy of the client by using a pseudonym.
- Please insert into the case document a screenshot of a 4 repertorizations including 3 choices as distractors. Be certain that any identifiable information is removed from the repertorization.
- Submit 6-12 related multiple choice items with each case.
- Label each item with a corresponding Domain & Statement code.
- Email your document that contains your case summary and clearly labeled items chcitemeditors@gmail.com

Example of a Case with Several Items

44 yo married woman; music teacher; amateur artist. Observation: Intense, animated, talks with hands.

She reports the following symptoms all of which have worsened since her husband lost his business about five months ago. She is very uncomfortable, restless and anxious about her health. She indicates the doctors haven't helped her and she doesn't trust them.

She is experiencing tremendous fatigue after several rounds of bronchitis during the previous winter/spring. The fatigue is getting worse. "I can barely drag myself through the day." < Waking/Morning.

She has had no menses for last four months. Typically, she is very irritable before menses. (Generally, PMS symptoms > once flow begins.) She says her interest in sex is "zero". She has hot flashes, every 15 minutes. Dripping perspiration with flushing.

It is difficult for her to empty her bladder completely, the flow is slow to start and it hurts (9 out of 10). It feels like when she has had cystitis in the past.

"I'm trapped in this marriage! My husband doesn't do anything for us! I want him to be part of the family! When he comes home, he's always in a bad mood and criticizes me. I wish he would go to work and never come home. I don't think I get the truth from him. Something's up with him!"

"I've been having panic attacks that wake me in the middle of the night. I'm afraid I will not be able to support the kids and myself. I sleep better with the window open and wearing a loose fitting nightgown.

Heart Surgery 11 years ago: Mitral valve prolapse. Valve repair.

After my heart surgery, I had to take care of the house and kids myself, while my husband went skiing. Friends helped, but it was very embarrassing. I told my friends he was on a business trip. He abandoned us. My heart was broken in more ways than one." I'm having pain in my chest again. Squeezing. Aching. (6 out of 10) "I think it's a broken heart."

Childhood: I had some asthma as a child, it would be worse when my allergies flared in the winter and spring. My nose and eyes run. I was always an "outsider." I was a tomboy. Our town had a school for boys who were interested in industrial arts and engineering. I begged my parents to let me go. When I graduated, I wanted to go to music school, but my parents wouldn't let me. I went to school for applied mathematics instead. My parents never understood me. My father drank. They abandoned me. I didn't fit in. I didn't want to follow their rules or live up to their expectations.

I was in love with a boy in high school. The relationship had to end, because he developed mental illness. I really loved him. I still do. I'm so sad. I miss him.

Fears: Financial security. Heights. Falling. Death. Fm Hx: Alcoholism-father. Depression-mother.

Important themes to consider when analyzing this case are:

- A) Allergies, Asthma, Heart valve prolapse, fear of falling
- B) Loss of income, abandonment, feeling criticized, disappointed love
- C) Bladder pain, abandonment, need for open air, relationship with children
- D) Being an outsider, alcoholic father, fatigue, perspiration

A general symptom in this case is:

- A) Fatigue < morning
- B) Cystitis

- C) Irritability
- D) Embarrassment

A common symptom in this case is:

- A) Pain with cystitis
- B) Inability to empty her bladder
- C) Her alcoholic father
- D) Feelings of abandonment

A modality affecting her bronchitis is .

- A) Time of day
- B) Fatigue
- C) The seasons
- D) Opening a window

The correct order of events in this case is:

- A) Panic attacks, husband lost business, cessation of menses, fatigue
- B) Teenage love affair, asthma, cessation of menses, husband lost business
- C) Asthma, bronchitis, husband lost business, panic attack
- D) Mitral valve prolapse, marriage, asthma, bronchitis

Asthma and bronchitis are what type of symptoms?

- A) General
- B) Mental/Emotional
- C) Concomitant
- D) Physical

As important aspect of this case is:

- A) Financial worries
- B) Mitral valve prolapse
- C) Embarrassment
- D) Need to sleep with an open window

Select the best set of rubrics to include in a repertorization of this case from the following:

- A) Mind, Forsaken feeling (191 rxs); Mind, Ardent (36 rxs); Mind, Fear, High Places, of (120 rxs); Female Genitalia/Sex, Tumors, Uterus, myoma (95 rxs); Female Genitalia/Sex, Menses, Absent (212 rxs)
- B) Mind, Forsaken feeling (191 rxs); Mind, Ardent (36 rxs); Mind, Fear, High Places, of (120 rxs); Female Genitalia/Sex, Tumors, Uterus, myoma (95 rxs); Female Genitalia/Sex, Menses, Absent (212 rxs)
- C) Mind, Forsaken feeling (191 rxs); Mind, Ardent (36 rxs); Mind, Fear, High Places, of (120 rxs); Female Genitalia/Sex, Tumors, Uterus, myoma (95 rxs); Female Genitalia/Sex, Menses, Absent (212 rxs)
- D. Mind, Fear of Poverty (66 rxs); Mind, Suspicious (148 rxs); Mind, Ailments from love, disappointed (57 rxs); Bladder, Urination, retarded (121 rxs); Chest, Pain, aching (73 rxs)

Guidelines for Creating Repertorization Items

A repertorization chart can be used to write a series of questions about a follow-up or acute repertorization.

Example of Repertorization Items (from the CHC Exam Handbook)

Select the best set of rubrics to include in a repertorization of this case from the following:

| | | | | | |
|------|--|--|--|---|--|
| 24.1 | The numbers 118, 47, 72, 18 and 89 represent _____. | A.) The total weight (degree) of the remedies shown in the chart | B) The number of remedies identified for each rubric | C) The page on which the remedy is found in the repertory | D) The importance of the rubric in the repertorization |
| 24.2 | The number 4 in the Sulphur column represents _____. | A)The grade of the remedy within the rubric | B) The total number of rubrics that contain Sulphur | C) The total weight (degree) of Sulphur in the repertorized rubrics | D) The probability that Sulphur is the correct remedy |
| 24.3 | The rubric, "Generalities, Grief, sorrow, agg." is underlined to indicate _____. | A) Small rubrics have been combined | B) The high intensity of the symptom | C) It is a strange, rare and peculiar symptom | D) It is the only rubric in a particular family |
| 24.4 | Two remedies of equal probability in this repertorization are _____. | A) Arsenicum and Phosphoric acid | B) Lycopodium and Lachesis | C) Chamomilla and Lachesis | D) Natrum carbonicum and Lycopodium |
| 24.5 | Not included in this repertorization are _____. | A) Physical modalities | B) General modalities | C) Mental symptoms | D) Characteristic symptoms |

Procedure for repertorization item submission:

- Use a word processing application to write your repertorization items.
- Insert the image from the repertorization into your document. Be sure to remove any client names or identifiers from the image.
- Be sure the full rubrics can be seen in the screenshot
- Identify the software application used in the repertorization.
- Email your document that contains your repertorization, along with a signed Case Assurance form to chcitemeditors@gmail.com

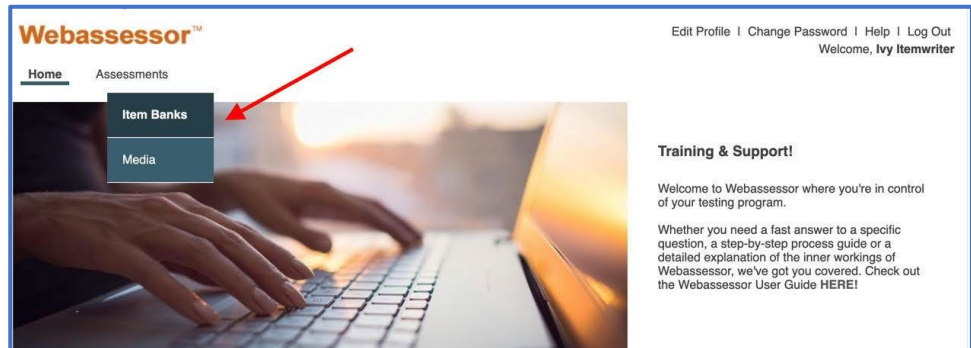
Entering Your Items into Webassessor

1. Open a web browser and go to <https://webassessor.com/chc>

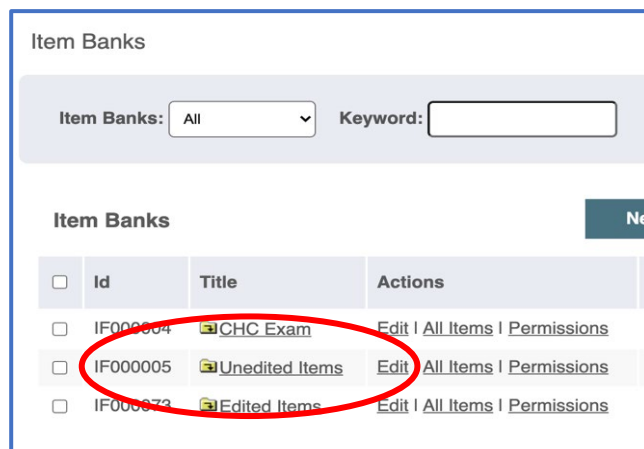
2. Land on CHC Login Page, and enter Login Name and Password and click **Log In**.



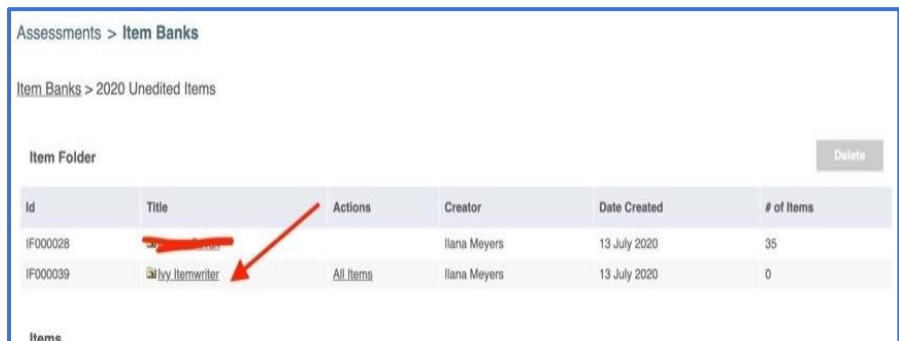
3. On the **Webassessor Home** page, hover over **Assessments** and click on **Item Banks**.



4. On the **Item Banks** page, click on **Unedited Items** folder.



5. In the **Unedited Items** folder, click on the folder that has your name.



6. You will see your Item Writing page and a set of **Domain** folders.

Assessments > Item Banks

Item Banks > 2020 Unedited Items > Ivy Itemwriter

| Item Folder | | | | | | | Copy | Delete |
|--------------------------|----------|--|-----------|---------------|--------------|------------|------|--------|
| <input type="checkbox"/> | Id | Title | Actions | Creator | Date Created | # of Items | | |
| <input type="checkbox"/> | IF000040 | Foundations and Theory of Classical Homeopathy | All Items | Iliana Meyers | 13 July 2020 | 0 | | |
| <input type="checkbox"/> | IF000041 | Materia Medica | All Items | Iliana Meyers | 13 July 2020 | 1 | | |
| <input type="checkbox"/> | IF000042 | Repertory | All Items | Iliana Meyers | 13 July 2020 | 0 | | |
| <input type="checkbox"/> | IF000043 | Health Sciences | All Items | Iliana Meyers | 13 July 2020 | 0 | | |
| <input type="checkbox"/> | IF000044 | Ethics | All Items | Iliana Meyers | 13 July 2020 | 0 | | |
| <input type="checkbox"/> | IF000045 | Homeopathic Case Taking | All Items | Iliana Meyers | 13 July 2020 | 0 | | |
| <input type="checkbox"/> | IF000046 | Homeopathic Case Analysis | All Items | Iliana Meyers | 13 July 2020 | 0 | | |
| <input type="checkbox"/> | IF000047 | Posology | All Items | Iliana Meyers | 13 July 2020 | 0 | | |
| <input type="checkbox"/> | IF000048 | Follow-up and Case Management | All Items | Iliana Meyers | 13 July 2020 | 0 | | |
| <input type="checkbox"/> | IF000049 | Continuing Professional Development | All Items | Iliana Meyers | 13 July 2020 | 0 | | |

7. Click on the Domain folder corresponding to the Domain for which you have written items. Click on the **New** button.

Home Assessments

Assessments > Item Banks

Item Banks > 2020 Unedited Items > Ivy Itemwriter > Materia Medica

| Item Folder | | | | | | | Delete |
|-------------|-------|---------|---------|--------------|------------|--|--------|
| Id | Title | Actions | Creator | Date Created | # of Items | | |
| None found. | | | | | | | |

Items

| <input type="checkbox"/> | Item ID | Item Text | Point Value | Type | Creator | Date Created | New | Copy | Move | Delete |
|--------------------------|----------|--|-------------|------|----------------|--------------|-----|------|------|--------|
| <input type="checkbox"/> | IT000089 | The first President of the United States | 1 | MC | Ivy Itemwriter | 13 July 2020 | | | | |

8. In the **Item Objective** box, enter the code that you see in left column of the Domains and Statements list for the corresponding Domain/Statement.

For example, if your item is based upon Materia Medica statement number 3, enter MM-03.

IMPORTANT Be sure to enter the code exactly as you see it in the list – i.e., two characters followed by 2 digits with a dash in between (XX-00).

Assessments > Item Banks

Item ID: Use System Generated Id IT000602 Use Client I

Item Objective:

Item

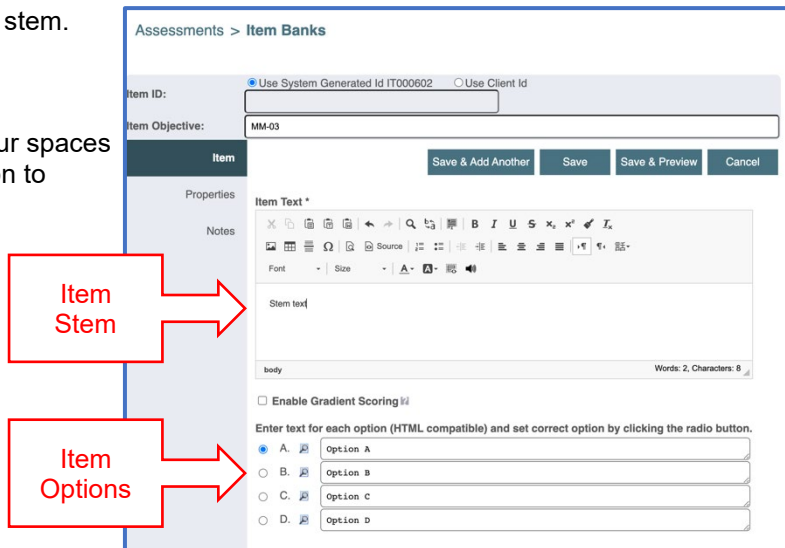
Properties

Item Text *

Save & Add Another

9. In the **Item Text** box, enter the item stem.

10. Next, enter **Item Options** in the four spaces provided, and choose ONE radio button to identify the key.

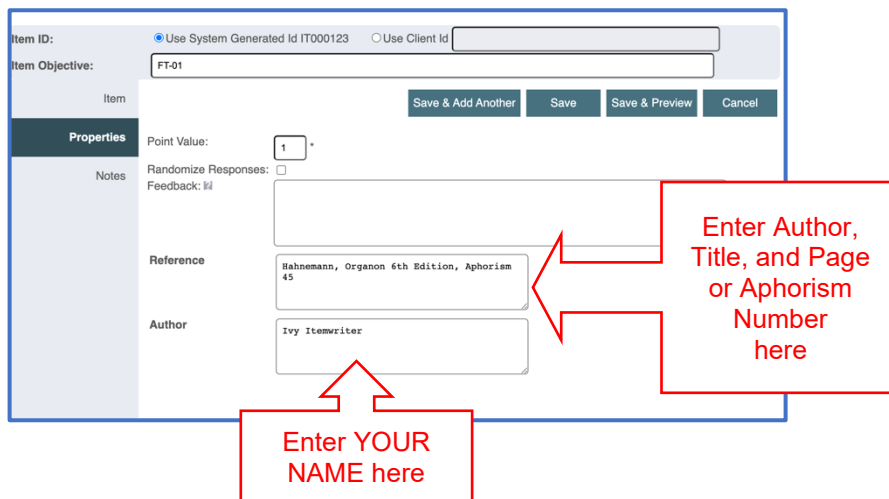


11. Click on the **Properties** tab on the left side.

In the **Reference field**, enter the Author, Title and Page number or Aphorism number of the reference that you used to write the item.

(e.g. Kent: Lectures on Homeopathic Philosophy, p. 10)

In the **Author field**, enter YOUR NAME into the Author box.



12. Be sure to click on the **Save** button, upper right.

13. When done editing the item, click on the **Done** button and you will automatically return to the **Domain** folder page.



14. If you have other items to enter, click on **your name** to return to the list of Domain folders:

Assessments > Item Banks

Item Banks > 2020 Unedited Items > Ivy Itemwriter > Materia Medica

Item Folder Delete

| Id | Title | Actions | Creator | Date Created | # of Items |
|-------------|-------|---------|---------|--------------|------------|
| None found. | | | | | |

Items New Copy Move Delete

| <input type="checkbox"/> | Item ID | Item Text | Point Value | Type | Creator | Date Created |
|--------------------------|----------|--|-------------|------|----------------|--------------|
| <input type="checkbox"/> | IT000089 | The first President of the United States | 1 | MC | Ivy Itemwriter | 13 July 2020 |

15. Select a Domain folder and repeat the process described above.

Assessments > Item Banks

Item Banks > 2020 Unedited Items > Ivy Itemwriter

Item Folder Copy Delete

| <input type="checkbox"/> | Id | Title | Actions | Creator | Date Created | # of Items |
|--------------------------|----------|--|-----------|--------------|--------------|------------|
| <input type="checkbox"/> | IF000040 | Foundations and Theory of Classical Homeopathy | All Items | Ivana Meyers | 13 July 2020 | 0 |
| <input type="checkbox"/> | IF000041 | Materia Medica | All Items | Ivana Meyers | 13 July 2020 | 0 |
| <input type="checkbox"/> | IF000042 | Repertory | All Items | Ivana Meyers | 13 July 2020 | 0 |
| <input type="checkbox"/> | IF000043 | Health Sciences | All Items | Ivana Meyers | 13 July 2020 | 0 |
| <input type="checkbox"/> | IF000044 | Ethics | All Items | Ivana Meyers | 13 July 2020 | 0 |
| <input type="checkbox"/> | IF000045 | Homeopathic Case Taking | All Items | Ivana Meyers | 13 July 2020 | 0 |
| <input type="checkbox"/> | IF000046 | Homeopathic Case Analysis | All Items | Ivana Meyers | 13 July 2020 | 0 |
| <input type="checkbox"/> | IF000047 | Posology | All Items | Ivana Meyers | 13 July 2020 | 0 |
| <input type="checkbox"/> | IF000048 | Follow-up and Case Management | All Items | Ivana Meyers | 13 July 2020 | 0 |
| <input type="checkbox"/> | IF000049 | Continuing Professional Development | All Items | Ivana Meyers | 13 July 2020 | 0 |

Items New

16. When you have entered all items into Webassessor, notify chcitemwriters@gmail.com that you have completed submitting your items.

17. After you receive confirmation from the Item Writing Chair that your items have been recorded, the Item Writing Chair will request that you sign and submit the Security Attestation form.

The award of CEU's is dependent upon your completion of this final step and submission of a completed Security Attestation form.