# **NESH 150-Hour Online Course**

# February 2022 - September 2023

1. **Please rate the effectiveness of this course in fulfilling the learning objectives.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| As a result of attending this course, I am better able to: | **Strongly Disagree** | **Disagree** | **Neutral** | **Agree** | **Strongly Agree** |
| Differentiate Acute / Chronic Issues | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Understand Casetaking Techniques  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Differentiate the Individual versus the Pathology | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Understand Provings | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Understand Epidemics  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Understand Follow-ups | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Understand Miasms | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Understand Potencies  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |

1. **Please rate the projected impact of this course on your knowledge, competence\*, performance, and/or patient outcomes: \***competence is defined as the ability to apply knowledge, skills, and judgment in practice (knowing how to do something)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Yes** | **No** | **No Change** | **If yes, please describe:** |
| This course increased my knowledge | [ ]  | [ ]  | [ ]  |       |
| This course increased my competence | [ ]  | [ ]  | [ ]  |       |
| This course improved my performance | [ ]  | [ ]  | [ ]  |       |
| This course will improve my patient outcomes | [ ]  | [ ]  | [ ]  |       |

1. **Please identify how you will change your practice as a result of attending this course (select all that apply).**

 [ ]  This activity validated my current practice; no changes will be made.

[ ]  I’ll create/revise protocols, policies, and/or procedures.

[ ]  I’ll change the management and/or treatment of my patients overall.

[ ]  I will use homeopathy more often constitutionally and/or for chronic conditions rather than just for acute.

[ ]  I will be more patient to give the remedies time to act before repeating or changing remedies.

[ ]  While I’m waiting for the remedy to act, I’ll feel more confident in what other treatment modalities can be used and not interfere with the remedy.

[ ]  Not applicable as I am not currently in practice

[ ]  Other, please specify:

1. **The content of this course matched my current (or potential) scope of practice.** **[ ]  Yes** **[ ]  No, please explain:**
2. **How might the format of this course be improved for the content presented (select all that apply)?**

[ ]  Format was appropriate; no changes needed [ ]  Schedule more time for Q and A

[ ]  Include more case-based presentations [ ]  Include more optional content

[ ]  Increase interactivity with attendees [ ]  Do not include as much optional content

 [ ]  Increase the number of quizzes per Module [ ]  Other, describe:

 [ ]  Increase the amount of homework assignments for each Module

1. **Overall, were the speakers knowledgeable regarding the content? [ ]  Yes [ ]  No, please explain:**
2. **Overall, were the presentations balanced, objective, and scientifically rigorous? [ ]  Yes [ ]  No, please explain:**
3. **Was there an opportunity to discuss practice-relevant issues with the speakers? [ ]  Yes [ ]  No, please explain:**
4. **Describe any presentations that were exceptional?**
5. **Describe any presentations that did not meet your needs or expectations:**
6. **Do you feel the course was free of commercial bias\* or influence?** **[ ]  Yes** **[ ]  No, please explain**:

\*Commercial bias is defined as a personal judgment in favor of a specific product or service of a commercial entity.

1. **Please identify any knowledge gaps or clinical situations that you find difficult to manage or resolve that you would like to see addressed in future educational activities:**

Please SAVE this document & then email completed evaluation to: Kim McGuire

Thank you.