# **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.