**NESH Guided Case Studies In Theory & Practice: Diving Into Polycrests (12-Month Online Course)**

**Feedback Form**

**(please email to** **KMcGuire@nesh.com****)**

**Your Name (optional if aren’t submitting for CE’s):**

**Program Objectives: By the conclusion of the course, attendees should have …**

1. Gained a great deal of practical experience in a very short period of time by walking through many case examples, each illustrating multiple main points we talked about in the NESH Two-Year Course.
2. Increase your confidence in identifying how patients who need polycrest remedies present in practice in order to more effectively recognize those patterns and get to the remedy more quickly.
3. Expand your familiarity with the repertory language through the presentation of numerous examples of rubrics that could have been used for each main idea (Segment) in the cases studied.

**1) Please rate whether the program achieved its objectives.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Objectives (listed above)** | **Absolutely Yes** | Yes | **No** | **Absolutely No** | **No Opinion** |
| Number 1 |  |  |  |  |  |
| Number 2 |  |  |  |  |  |
| Number 3 |  |  |  |  |  |

**2) Please rate the usefulness of the program to you.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Absolutely Yes** | **Yes** | **No** | **Absolutely No** | **No Opinion** |
| Was attending the program a good use of your time? |  |  |  |  |  |
| Did the program contribute to your professional effectiveness and improve your ability to treat and manage clients/patients? |  |  |  |  |  |
| Did the program address a professional practice gap? |  |  |  |  |  |
| Will you be able to apply what you learned in your practice? |  |  |  |  |  |
| Was the length of the program appropriate for covering the intended material? |  |  |  |  |  |

**3) Please help us provide feedback to the speaker.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Did the speaker:** | **Absolutely Yes** | **Yes** | **No** | Absolutely No | **No Opinion** |
| Present current information and seem knowledgeable about the topic? |  |  |  |  |  |
| Have the ability to communicate clearly? |  |  |  |  |  |
| Relate the content of the presentation to clinical practice? |  |  |  |  |  |
| Respond appropriately to questions and comments? |  |  |  |  |  |

**4) Please rate the extent to which this program was free of bias.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Absolutely Yes** | **Yes** | **No** | Absolutely No | **No Opinion** |
| Was this presentation balanced, fair, and free of commercial bias? |  |  |  |  |  |

What are some of the biggest challenges you have in your practice?

What other topics would you like to see covered?

Other Comments