# Self-reflection, Evaluation and Feedback Form

**e-Learning course: Oral and intravenous vitamin C use in health care**

**CPD provider:** Nutrition in Medicine Research Group (University of Otago, Christchurch)

**Date:** **MCNZ No:**

**Name** (Optional):

**Email** (Optional):

**Occupation** (GP, Practice nurse, etc):

Your feedback helps us to maintain the quality of CME courses. Thanks for taking the time to give feedback so we can incorporate it into future CME courses.

Please select the most appropriate number:

1. How relevant/useful did you find the course overall?

Irrelevant Extremely useful

 [ ] 1 [ ] 2 [ ] 3 [ ] 4 [ ] 5

Comment (optional):

1. Which of the Modules did you complete? (please select only those completed)

[ ] Module 1. Overview of vitamin C’s functions, pharmacokinetics and safety

[ ] Module 2. Overview and measurement of vitamin C intake and body status

[ ] Module 3. Oral and intravenous vitamin C use in infection and sepsis

[ ] Module 4. Oral and intravenous vitamin C use in cancer

[ ] Module 5. Role and use of vitamin C use in cardiometabolic conditions

[ ] Module 6. Intravenous vitamin C administration for practitioners

[ ] All 6 Modules

1. Which of the Modules did you find the most relevant/useful? (you can select more than one)

[ ] Module 1. Overview of vitamin C’s functions, pharmacokinetics and safety

[ ] Module 2. Overview and measurement of vitamin C intake and body status

[ ] Module 3. Oral and intravenous vitamin C use in infection and sepsis

[ ] Module 4. Oral and intravenous vitamin C use in cancer

[ ] Module 5. Role and use of vitamin C use in cardiometabolic conditions

[ ] Module 6. Intravenous vitamin C administration for practitioners

[ ] All 6 Modules

Comment (optional):

4. How do you rate the overall quality of the course (or Modules completed)?

Terrible Excellent

 [ ] 1 [ ] 2 [ ] 3 [ ] 4 [ ] 5

Comment (optional):

5. Was the material presented in a balanced way?

Highly biased Highly objective

 [ ] 1 [ ] 2 [ ] 3 [ ] 4 [ ] 5

Comment (optional):

6. Do you feel the course was a good investment of your time?

Not worth the time Well worth the time

 [ ] 1 [ ] 2 [ ] 3 [ ] 4 [ ] 5

Comment (optional):

7. Did the course contain information new to you?

 [ ] None [ ] Some [ ] Significant

If yes, what information was new to you?

Comment (optional):

8. Has the course changed your thinking on this topic?

Not at all Significantly

 [ ] 1 [ ] 2 [ ] 3 [ ] 4 [ ] 5

Comment (optional):

9. Do you currently use oral and/or intravenous vitamin C in your healthcare practice?

 [ ] Yes [ ] No [ ] NA

10. If not, do you think you are now more likely to use vitamin C in your healthcare practice?

 [ ] Yes [ ] Maybe [ ] No [ ] NA

11. Overall, do you think that the learning in this course can be applied to your clinical practice?

 [ ] Yes [ ] Maybe [ ] No [ ] NA

Comment (optional):

12. What were the best aspects of the course?

13. In what ways could the course be improved? (e.g. format, content, resources)

14. How did you hear about this course?

*Thank you for your response. Please email the completed form to Assoc Prof Anitra Carr at anitra.carr@otago.ac.nz to receive a certificate of completion.*