SOUTHERN TIER REGIONAL EMS COUNCIL

Quality Improvement Program

Case Review Evaluation

Please complete this evaluation of the Case Review you attended today, in an effort to improve this learning experience for future programs. Thank you.

AGENCY AFFILIATION

CATEGORY: (Check all that apply)	___ED MD	___ ED RN	___ ED Other	___ STREMS Staff
	___EMT	___AEMT-I	___AEMT-CC	___AEMT-P
	___Other :			

DATE OF CASE REVIEW

1. What did you enjoy most about the case Review?

2. What was the most clinically helpful aspect of this case review?

3. What was the least helpful aspect of this case review? Please explain why.

4. Please rate the usefulness (educationally) of this case review on a scale of 1 - 10.

Not at all Useful	1	2	3	4	5	6	7	8	9	10	Very Useful

5. Do you have any specific type of problem (patient presentation) you would like to see reviewed via Case Review in a future program?

6. Do you have any other comments or suggestions? (use back of page)