



PCR REVIEW FOR CME

Counts for one half hour of CME

Employee Name: _____ **Date:** _____ **Run #** _____

Patient's Age ____ **Male** ____ **Female** ____ **Chief Complaint** _____

Summary of the call

Was there anything that stood out as being unique about the patient's condition?

Was there a status change in your patient's condition during the trip or at the hospital?

What information did you learn about your patient's condition from the ED staff?

Were there differences in your assessment and the ED's assessment?

Did this call relate to other areas of training you have had, and if so what was that training?

Would you like to see additional training provided to help deal with this type of call?

Additional comments or questions you may have:

Employee _____ Print Reviewer _____ Print

Employee _____ Signature Reviewer _____ Signature