



AUSTRALASIAN COLLEGE
FOR EMERGENCY MEDICINE

CONTINUING PROFESSIONAL DEVELOPMENT

Form No: CPD428
Approved: May-17
Last Revised: May-17
Version: v1

PEER REVIEW RECORD FORM - TEAM ACTIVITY

This form is to be completed by the reviewer and participant and a copy retained by both participant and reviewer as evidence of completion. Reviewers using this form as a record of peer review activity for CPD purposes, please de-identify the participant.

Name of Participant:	Membership No:
Name of FACEM Reviewer:	Membership No:

Date of review:

Date of attendance:

Total time for peer review activity:

Type of activity: *(circle one)*

1. Case review

- a. Mortality and Morbidity meeting
- b. Interdepartmental case review
- c. Peer discussion group
- d. Clinical simulation
- e. Chart review
- f. Other:

2. Performance review

- a. Performance appraisal
- b. Review of personal clinical practice with peer (radiology interpretation, use of antibiotics etc)
- c. 360-degree feedback
- d. Other:

Comments from Participant: *What did you learn? How did you change your practice as a result?*

Feedback from Reviewer

Signature of Participant.....Signature of Reviewer.....Date:

Peer review must take place in an environment conducive to the confidentiality of the patients being discussed and ensure the privacy of the doctors whose work is being reviewed.