

Australasian College for Emergency Medicine

Peer Review Record Direct Observation

Continuing Professional Development

- Please download this form to your computer and fill it out it using Adobe Acrobat Reader software, available at <u>get.adobe.com/reader</u>.
- Ensure you save the completed form for your records; it may need to be submitted as evidence of your CPD activities.
- 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. Reviewers using this form must de-identify the participant.

| Name | of participant: | | ACEM ID: |
|---|-------------------------------------|------|--|
| Name o review | of FACEM er: | | ACEM ID: |
| Patient Details: (for the purpose of evidence for CPD compliance, please de-identify patient information) | | | |
| Date of | review/attendance: | Sex: | Age: |
| Total time for direct observation and feedback: | | | |
| Type of review: (tick as many skills as observed) | | | |
| Clinical | skills | Lead | ership/Management skills |
| | History, examination and management | | Team leadership e.g. Resuscitation of complex case |
| | Procedural skills | | Clinical shift leadership |
| | Communication skills | | Medical education |
| | Other: | | Other: |



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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:

(for the purpose of evidence for CPD compliance, a signature is required)

Date:

