



AUSTRALASIAN COLLEGE  
FOR EMERGENCY MEDICINE

# CONTINUING PROFESSIONAL DEVELOPMENT

Form No: CPD427  
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Version: v1

## PEER REVIEW RECORD FORM - DIRECT OBSERVATION

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:

**Patient Details:** *(for the purpose of evidence for CPD compliance, please de-identify patient information)*

**Date of Review/Attendance:**                      **Sex:** M/F      **Age:**

**Total time for direct observation and feedback:**

**Type of review (circle as many skills as observed):**

1. **Clinical skills**
  - a. History, examination and management of a patient
  - b. Procedural skills
  - c. Communication skills
  - d. Other:
2. **Leadership/Management skills**
  - a. Team leadership e.g. Resuscitation of complex case
  - b. Clinical shift leadership
  - c. Medical education
  - 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.*