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.

<table>
<thead>
<tr>
<th>Name of Participant:</th>
<th>Membership No:</th>
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<tbody>
<tr>
<td>Name of FACEM Reviewer:</td>
<td>Membership No:</td>
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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

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.