



Australasian College for Emergency Medicine

Audit Record

Continuing Professional Development

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

Name

ACEM ID

Audit year

Period audit conducted

Total hours spent on audit

Nature of audit

Individual

Team:

Departmental

Hospital

Other team audit - Please specify:

If team-based, please outline your contribution to the audit:

Each team member must complete an Audit of Medical Practice record form

Audit type

Clinical Quality.

E.g. mortality rates, procedural audits

Documentation & Communication.

E.g. quality of discharge instructions

Patient Flow.

E.g. "did not wait" patients, patient satisfaction, observation or short stay units

Workforce.

E.g. staff satisfaction, burnout, leave or retention rates

Education.

E.g. workplace-based assessments, mentoring program, ground rounds

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Topic for audit

Rationale for audit

(Briefly describe the reasons for undertaking this audit e.g. Quality Improvement in the Emergency Department)

Describe the audit

(Brief summary of the methodology of the audit and your contribution to the audit if team based)

Key findings of the audit

Describe any recommendation based on this audit

(Incorporate Specific Measurable Achievable Realistic Timely (SMART) principles in your recommendation)

Overall comments

Signature of Participant:

Date

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

Important information

Please save a copy of the completed audit for your records. If you are audited for CPD with ACEM, a copy of this form will need to be submitted.