



Australasian College for Emergency Medicine

Peer Review Record Direct Observation

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.
- 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 of FACEM
reviewer:**

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

Leadership/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:

Date:

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