Senior EM physicians encounter situations without concrete guidance to fall upon and a best intention decision must be made.

There may not be ready opportunities to discuss, reflect and review practice amongst peers.

In Jan 2016 a tool was introduced that allows impartial senior team review and reflection on a colleague’s clinical dilemma, personal debrief, and team CPD.

Dilemma description with management option choices were sent to the senior ED team, to vote for which one action they would have decided upon in that situation.

Separate, but identical voting polls were sent to EM consultants and trainees. The remote online survey enabled flexible and more ready participation.

Dilemma topics submitted included decisions around ceilings of care, ECG interpretation, care without onsite specialist services, police interactions.

The survey results also reinitiated enthusiastic discussions around the practice of emergency medicine, which during times of ED pressures had been diluted.

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**Keeping the dream alive**

**A rapid remote peer CPD tool for senior Emergency Physicians**

Dr Joanna Rowlinson, Consultant in Emergency Medicine, Queen Alexandra Hospital, Portsmouth, Sept 2016

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**CPR duration for 30yr old in PEA post electrocution**

- 1hr from ED arrival
- 1hr from Electrocrution
- 2 ED cycles, stop if no ROSC

**Exsanguinating new upper airway lesion**

- Palliate
- Theatre for tracheotomy, ITU admission

**Capacity & discharge assessment after overdose**

- 5:2
- Allow pt to leave