INTRODUCTION
The prescription of intravenous fluids is a common procedure undertaken by junior medical staff (1). Foundation year doctors have been shown to struggle with the composition of the Fluids, and the patients themselves (2). The reasons for this are multifactorial, but often there are discrepancies between textbooks as to practices and principles (3).

Guidance from large communities such as GIFTASUP and NICE have made movements to standardise practices (2.4). Lecture based teaching in Prescribing practice quotes as helpful for baseline understanding, but lacking the authenticity students need to feel they can take responsibility for it (5).

ORIGIANAL TEACHING
Prior to this development, much of intravenous fluids teaching was experiential on ward placements, in small group sessions planned in year 5 and supplemented by a single lecture by our biochemistry team given in year 4.

New local guidelines are due to be released within the NHS deanery. With the co-ordination and coalition of active frontline NHS staff we aligned this, and the national NICE, and international GIFTASUP (6) guidance to blueprint a multi-academic level syllabus to tie traditional systems teaching to more modern online medium to demonstrative practical principles beyond lectures or experience.

CPD REQUIREMENTS
Using the GMC guidance on CPD as a “learning outside [...] training that helps maintain and improve performance” (7) we arranged a sessions to present the updates to local guidance and blueprint to undergraduate teaching to consultants across specialties. Given the multi-speciality team, it allowed for further opportunities to standardise locally, and discuss individual service developments. This worked into both advertising the local guidance and standardisation in the eventual ward based/experiential teaching.

All physicians were able to use this as evidence in annual appraisal, and to identify their own ongoing CPD needs. This was the cornerstone of how professionals could also benefit from participation.

DISCUSSION
Mobile Learning was used (OMBESA system) in year 1. Homeostasis lectures to engage students, and had become ubiquitous within the student cohort prior to this initiative. M-learning has been shown to be more engaging to students, though like most online mediums improvements in outcomes has limited data thus far (8).

There were limited timetabling opportunities for IV fluid specific teaching in Year 2, but improved signposting in surgical and Renal lectures and workshops were arranged, and advice given in line with subsequent lectures.

The focus of our early interventions in the MBCHB were aimed to improve the knowledge base (per Bloom's taxonomy (9)) required to allow the subsequent years to move to metacognition in a contextual, but clearly standardised environment.

CONCLUSION
We reviewed the issues with discrepancies in educational opportunities and textbooks, and made a modern and engaging lesson set to address the difficulties faced by students in understanding fluid therapy.

Our hope is to assess improvement in end outcomes and knowledge testing, and to incorporate the final blueprinting into a rubric for summative assessment.

REFERENCES

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