



Royal College  
of Physicians

# RCP virtual poster competition 2024 abstracts



# RCP virtual poster competition 2024

## Introduction

Since 2021, the RCP regional team has been running virtual poster competitions across all English regions, Wales and Northern Ireland to ensure that resident doctors are able to participate in a competition online, allowing equal access for all regardless of their location.

This year, listening to feedback from previous participants, we have adapted the competition to become a national RCP virtual poster competition.

The 2024 competition was open to those training to be doctors at all levels, including medical students, international medical graduates (IMGs), foundation year (FY), IMT doctors, Medical Training Initiative (MTI) doctors, clinical fellows and ST4–7 (or equivalent) doctors.

Abstracts could be based on the following topics:

- > Quality improvement and patient safety / audit
- > Education, training and medical professionalism
- > Clinical / case reports / digital health
- > Research – including clinical, translational and innovation

In total, 229 applications met the criteria to proceed to shortlisting, which was undertaken by 40 judges across England, Northern Ireland and Wales.

A total of 70 entrants were selected to present their poster across the four virtual competition categories held on 16–17 September 2024, with a total of 14 judges scoring the presentations across the 2 days.

The winning and highly commended posters were announced, and these are showcased in this 'RCP virtual poster competition 2024' digest. The lead authors of the winning and highly commended posters also receive a free virtual place at Medicine 2025.

All shortlisted abstracts are also considered by the editorial teams of the RCP journals to see whether they offer scope for expanding into full journal articles for potential publication in one of our peer-reviewed journals.

Congratulations to the winners and the highly commended award winners, but also to those shortlisted within each category. We hope that you enjoy this digest of the 2024 competition. Entry to the RCP virtual poster competition is just one of a host of RCP membership benefits for resident doctors who are subscribing members of the RCP. For more information on the membership benefits available, please visit <https://rcp.ac.uk/membership/>

Applications for our 2025 poster competition will open on 29 March 2025. If you would like to receive an alert, please email [postercompetition@rcp.ac.uk](mailto:postercompetition@rcp.ac.uk)

**RCP regional team**

## List of judges who assisted with shortlisting in 2024

This competition would not be possible without the support of the RCP regional advisers, RCP committee representatives and RCP fellows from across England, Northern Ireland and Wales who have taken the time to review and score each abstract.

Dr Tun Aung – RCP fellow, censor – Yorkshire  
Dr Ash Bassi – RCP fellow, regional adviser – Mersey  
Dr Louise Bate – RCP fellow – North Western  
Dr Celia Bielawski – RCP fellow, clinical lead for assessments – Central and East London  
Dr Philip Bright – RCP fellow, head of postgraduate school of medicine – West Midlands  
Dr Seema Brij – RCP fellow – North Western  
Dr Antonia Brooke – RCP fellow, regional adviser – Peninsula  
Dr Ben Chadwick – RCP fellow, regional adviser – Wessex  
Dr Lindsay Chesterton – RCP fellow and IMT training programme director – East Midlands  
Dr Helen Collinson – RCP fellow, regional adviser – Yorkshire  
Dr Dhivya Das – RCP fellow, New Consultants Committee representative – North Western  
Dr Karl Davis – RCP fellow, elected councillor – Wales  
Dr Paul Dilworth – RCP fellow, elected councillor – Central and East London  
Dr Vivek Goel – RCP fellow, regional adviser – South East Wales  
Dr Sanjeev Gupta – RCP fellow, regional adviser – Peninsula  
Dr Asif Humayun – RCP fellow, regional adviser – Oxford and Thames Valley  
Dr Jeenat Khan – RCP fellow, SAS Committee representative – Northern Ireland  
Dr Mashkur Khan – RCP fellow, regional adviser – South London  
Dr Nigel Lane – RCP fellow, regional adviser – Severn  
Dr Andrew Lansdown – RCP fellow, regional adviser – South Wales Central  
Dr Ruth Law – RCP fellow, censor – Central and East London  
Dr Aidan O’Neill – RCP fellow, New Consultants Committee representative – Northern Ireland  
Dr Omar Pirzada – RCP fellow, former regional adviser – Yorkshire  
Dr Hermione Price – RCP fellow, regional adviser – Wessex  
Dr Vicky Price – RCP fellow and president-elect SAM – Mersey  
Dr Laura Pugh – RCP New Consultants Committee representative – East Midlands  
Dr Claire Pulford – RCP fellow, regional adviser – Oxford and Thames Valley  
Dr Rehan Qureshi – RCP fellow, regional adviser – North Western  
Dr Sam Rice – RCP fellow, regional adviser – West Wales  
Dr Megan Rutter – Former RCP Trainees Committee joint chair  
Dr Simon Saunders – RCP fellow, regional adviser – Mersey  
Dr Louise Southern – RCP fellow, New Consultants Committee representative – Northern  
Dr Andrew Spence – Former RCP Trainees Committee representative – Northern Ireland  
Dr Jo Szram – RCP fellow, trustee councillor – North West London  
Dr Ben Thomas – RCP fellow, regional adviser – North Wales  
Dr Sandy Thomson – RCP fellow, censor – North Western  
Dr Jeremy Tibble – RCP fellow, regional adviser – Kent, Surrey and Sussex  
Dr Laura Watkins – RCP fellow, New Consultants Committee representative – Mersey  
Dr Hilary Williams – RCP fellow, vice president for Wales  
Dr Thida Win – RCP fellow, regional adviser – Eastern

## Category: Quality improvement and patient safety / audit

### Overall winner

#### **Trialling Tiger: using QI methodology to promote use of the offensive waste pathway to reduce carbon emissions and cost**

**Lead author:** Dr Charles Nye, IMT3, Gloucestershire Hospitals NHS Foundation Trust

#### **Background**

Waste management makes up 2.6% of the NHS carbon footprint in England.<sup>1</sup> The NHS clinical waste strategy advocates disposing of 60% of clinical waste via the offensive waste (Tiger) pathway,<sup>2</sup> rather than as clinical infectious waste (orange), which has greater emissions and cost. Endoscopy is the third highest generator of waste per bed-day in healthcare<sup>3</sup> and the British Society of Gastroenterology recently released updated guidance of waste segregation to improve environmental sustainability.<sup>4</sup>

#### **Objective**

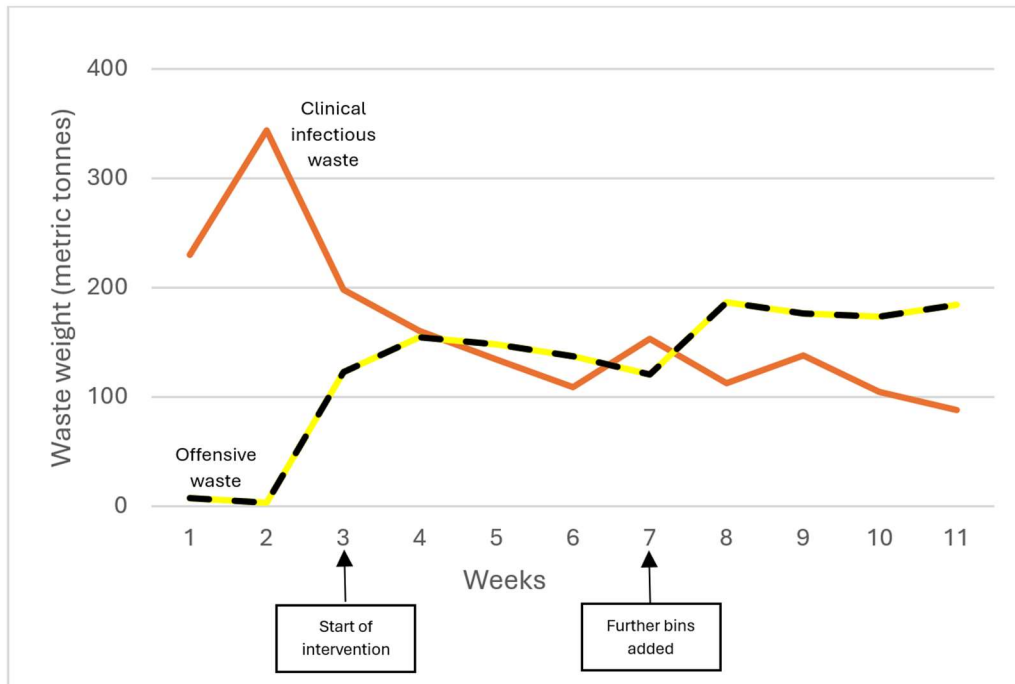
This multi-cycle quality improvement (QI) project aimed to achieve the national target of 60% of clinical waste utilising the offensive waste pathway.

#### **Methods**

The initial pilot study was conducted in one site across four endoscopy theatres. In each endoscopy theatre, at least one Tiger bin was introduced and the room layout was adjusted to optimise accessibility. Orange bin availability was reduced to a single bin. Bin labels and posters were designed to educate staff regarding waste streams. 'Green champions' were recruited in the department, who provided staff education about waste segregation. Daily waste stream weights were measured pre- and post-intervention; sharps bins and pharmaceutical waste were not included. Subsequent cycles involved implementing the changes at other endoscopy sites in the trust and in other departments as part of an expanded pilot project (theatres, oncology, and obstetrics and gynaecology).

#### **Results**

The introduction of Tiger bins with staff education led to an increased use of the offensive waste pathway for clinical waste from 2% (total clinical waste) of offensive vs clinical waste in the pilot endoscopy department to 65%. Increased use of Tiger bins was adopted by staff within a week. This improved waste segregation is estimated to lead to an annual saving of 3 tonnes CO<sub>2</sub> equivalent (CO<sub>2</sub>e) and annual cost saving of £1,400 in the initial site. The set-up cost in our pilot site was £1,600. Trust-wide, the pilot project has led to an increased use of the offensive waste pathway from 3% to 30% with an estimated yearly saving of ~60 tonnes CO<sub>2</sub>e and cost saving of ~£28,000. The cost of bins and posters for the trust-wide pilot was £13,000. The next step is to add more clinical departments and aim to further improve compliance.



## Conclusion

Diverting appropriate waste into the offensive waste stream is cost-effective and can deliver measurable carbon savings in a short period of time. Hospitals should be encouraged to review their waste segregation practice, specifically use of the offensive waste pathway.

## References

- 1 Tennison I, Roschnik S, Ashby B, Boyd R, Hamilton I, Oreszczyń T *et al*. Health care's response to climate change: a carbon footprint assessment of the NHS in England. *Lancet Planet Health* 2021;5:e84–92. [https://doi.org/10.1016/S2542-5196\(20\)30271-0](https://doi.org/10.1016/S2542-5196(20)30271-0)
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- 3 Siau K, Hayee B, Gayam S. Endoscopy's current carbon footprint. *Tech Innov Gastrointest Endosc* 2021;23:344–52. <https://doi.org/10.1016/j.tige.2021.06.005>
- 4 Sebastian S, Dhar A, Baddeley R, Donnelly L, Haddock R, Arasaradnam R *et al*. Green endoscopy: British Society of Gastroenterology (BSG), Joint Accreditation Group (JAG) and Centre for Sustainable Health (CSH) joint consensus on practical measures for environmental sustainability in endoscopy. *Gut* 2023;72:12–26. <https://doi.org/10.1136/gutjnl-2022-328460>

## Category:

# Quality improvement and patient safety / audit

## Highly commended

### **Patient safety incident reporting and excess patient mortality: maximal effort, minimal association**

**Lead author:** Dr Ashvin Kuri, foundation, Royal Free London NHS Foundation Trust

**Co-authors:** Dr Daniel Richardson, Dr Jack Barton, Ms Aleksandra Nowak, Mr Abhisekh Chatterjee, Mr Viraj Shah, Dr Caitlin Norris-Grey

## Introduction

Patient safety incidents (PSIs) are defined as ‘any unintended or unexpected incident which could have, or did, lead to harm for one or more patients receiving healthcare’.<sup>1</sup>

PSIs are common, costly and almost always avoidable.<sup>2-4</sup> A recent review examining PSIs relating to NHS prescribing and drug administration estimated that approximately 237 million errors occur annually, with 28% leading to patient harm.<sup>3</sup>

Within the NHS, there are several approaches to improve patient safety. One such approach is to record high-quality data describing individual PSIs and then explore their contributing factors. The intended purpose is to then reduce the likelihood of similar incidents in the future. The National Reporting Learning System (NRLS) collates PSIs from care settings across the UK. It receives approximately 2 million reports annually, and is the world’s largest and most comprehensive patient safety reporting system.<sup>1</sup>

Another means through which hospital performance, and by extension patient safety, is monitored is via the Summary Hospital Level Mortality Indicator (SHMI).<sup>5</sup> This is a ratio of the actual number of patients who die following hospitalisation and the number that would be expected to die, adjusted for the demographics and socioeconomic status of the patients treated there.

Given the reported validity of the two metrics, and the relative weight given to the findings from NRLS to guide wide-scale interventions, one might reasonably assume that PSI reporting would relate in some way to SHMI.

We sought to explore the current association between PSIs (reported via NRLS) and excess mortality (reported via SHMI). We also wanted to explore how a ‘safety culture’ might impact excess mortality. Using levels of reporting of no/low harm PSI reports as a surrogate for the development of a risk- or safety-aware culture, we sought to see how such PSI reporting is associated with excess mortality.

## Methods

This was a retrospective observational study utilising data from two publicly available datasets: the Summary Hospital Level Mortality Indicator (SHMI) and the National Patient Safety Incident Reports (NaPSIR).

## Results

There was no association between PSI reporting and SHMI. There was no association between SHMI and total PSIs ( $p > 0.05$ ), any degree of harm ( $p > 0.05$ ) or category of harm ( $p > 0.05$ ). Secondary outcomes comparing ratios of severity ( $p > 0.05$ ) or harm to bed number ( $p > 0.05$ ) or per 1,000 bed-day rate ( $p > 0.05$ ) demonstrated no association with SHMI.

## Discussion

We have performed a large retrospective analysis of 5 years of data, including over 6.5 million data points from 125 NHS acute hospitals. We found no association between PSI reporting and excess patient mortality. The lack of association remained persistent after adjusting for likely confounders.

Our research suggests that the relationship between incident reporting, safety culture and reducing excess mortality is complicated. Simply increasing the rate of reporting does not improve patient outcomes. We suggest that future research should examine the impact of incident reporting on safety culture as a whole, and the use of other metrics, such as junior doctor satisfaction.

## References

- 1 NHS England. Learning from patient safety events. [www.england.nhs.uk/patient-safety/patient-safety-insight/learning-from-patient-safety-events/report-patient-safety-incident/](http://www.england.nhs.uk/patient-safety/patient-safety-insight/learning-from-patient-safety-events/report-patient-safety-incident/) [Accessed 6 April 2024].
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## Category:

# Quality improvement and patient safety / audit

## Virtual competition judges:

Dr Ben Chadwick  
Dr Mustafa Kadam  
Dr Thida Win

RCP regional adviser – Wessex  
RCP regional adviser – South London  
RCP regional adviser – Eastern

## Shortlisted abstracts presented on 16 September 2024 (listed in surname order)

### **Are mortality rates increased in patients with systemic rheumatic diseases compared to the general population?**

**Lead author:** Ella Akhurst, medical student, Royal United Hospitals Bath NHS Foundation Trust  
**Co-author:** Dr Jessica Ellis

### **Neuroimaging in staging patients with non-small cell lung cancer (2023–24): are we getting it right?**

**Lead author:** Dr Sarah Alzetani, foundation, Salisbury District Hospital  
**Co-author:** Dr Aazzalrahman Alghoul

### **Smoking cessation in medical inpatients**

**Lead author:** Dr Chloe Beckett, foundation, Walsall Healthcare NHS Trust  
**Co-author:** Dr Rehab Haider

### **Statins as a secondary prevention of atherosclerotic cerebrovascular disease: audit of current practice in a district general stroke unit**

**Lead author:** Dr Evan Best, foundation, Dartford and Gravesham NHS Trust  
**Co-author:** Dr Abinas Gurung

### **Polypharmacy versus medicine rationalisation: a balancing act. A quality improvement project**

**Lead author:** Dr Rittika Biswas, clinical fellow, University Hospitals Birmingham NHS Trust  
**Co-authors:** Dr Harmeet Dhillon, Dr Shazia Akhtar, Dr Ravi Shankar

### **Improving DVLA advice on discharge summaries for patients diagnosed with acute coronary syndrome in the cardiology ward at Southend Hospital: a quality improvement project**

**Lead author:** Dr Jonard Carpio, IMT3, Mid and South Essex NHS Foundation Trust

### **An audit to evaluate the response rate of patients treated with a first course of omalizumab for chronic spontaneous urticaria**

**Lead author:** Dr Sophia Chen, foundation, Milton Keynes University Hospital NHS Foundation Trust

### **Implementation of an electronic referral system for geriatric liaison and expansion of the service**

**Lead author:** Dr Hannah Costelloe, ST5, Royal Free London NHS Foundation Trust  
**Co-author:** Dr Yarlini Anita Bhahirathan



**A general internal medicine referral screening initiative with a subsequent cost analysis; does it save time and money?**

**Lead author:** Dr Tomas Ellis, IMT1, Cwm Taf Morgannwg University Health Board

**Co-authors:** Dr Tomos Sennitt, Dr Jack Boylan

**Patient safety incident reporting and excess patient mortality: maximal effort, minimal association**

**Lead author:** Dr Ashvin Kuri, foundation, Royal Free London NHS Foundation Trust

**Co-authors:** Dr Daniel Richardson, Dr Jack Barton, Ms Aleksandra Nowak, Mr Abhisekh Chatterjee, Mr Viraj Shah, Dr Caitlin Norris-Grey

**Documentation and accessibility of inpatient consultant ward rounds – an audit**

**Lead author:** Dr Daniel Mynors-Wallis, IMT2, University Hospitals Dorset NHS Foundation Trust

**Co-authors:** Dr Hina Aslam, Dr Mohammed Jamsheed

**Doing nothing was NOT an option: successful collaboration leading to transformational change in our same day emergency care (SDEC)**

**Lead author:** Dr Amritha Narayanan, ST5, Ashford and St Peter's Hospitals NHS Foundation Trust

**Co-author:** Dr Ishleen Kaur

**Trialling Tiger: using QI methodology to promote use of the offensive waste pathway to reduce carbon emissions and cost**

**Lead author:** Dr Charles Nye, IMT3, Gloucestershire Hospitals NHS Foundation Trust

**Polypharmacy in geriatric medicine: improving the use of STOPP-START criteria in OPS inpatients**

**Lead author:** Dr Bosire Oroko, clinical fellow, Barts Health NHS Trust

**Co-author:** Dr Cody Cassidy

**Healthcare-associated infections (HAIs) in a post-COVID era for patients who have had delays in discharge in an NHS England tertiary medical centre**

**Lead author:** Dr Harish Shankar Kumar, clinical fellow, Leeds Teaching Hospitals NHS Trust

**Co-authors:** Dr Helen Singleton, Dr Christopher Barrett

**Development and implementation of an ambulatory care pathway for treatment of acute myeloid leukaemia (AML) patients at the Royal Surrey County Hospital**

**Lead author:** Dr Erica Tang, IMT2, Royal Surrey NHS Foundation Trust

**Improving inpatient referral system in a district general hospital with a pilot digital system: a QIP**

**Lead author:** Dr Sumana Vasishta, IMT1, Hywel Dda University Health Board

**Co-authors:** Dr Deval Mehta, Dr Gabrielle Dominisac, Dr Christopher Roberts, Dr Damien Tyborowski

**Efficacy and safety of endoscopic retrograde cholangiopancreatography in elderly patients over 80 years: a district general hospital experience**

**Lead author:** Dr Jessiya Veliyankodan Parambil, ST6, Royal Berkshire NHS Foundation Trust

**Co-author:** Dr Mohamed Ibrahim

**Improving the weekend electronic medical handover at a district general hospital**

**Lead author:** Dr Gowthaman Yogarajah, clinical fellow, Aneurin Bevan University Health Board

**Co-authors:** Dr Ali Mahmood, Dr Afaque Nadeem

## Category:

# Education, training and medical professionalism

### Overall winner

#### Reducing anabolic-androgenic steroid misuse: a primary prevention initiative for school-aged children

**Lead author:** Dr Rebecca Heath, IMT3, Cardiff and Vale University Health Board

**Co-authors:** Dr Heledd Thomas, Miss Rafaella Blaylock-Smith, Mr Trevor Tam, Dr Holly Morgan, Dr Melanie Nana

#### Background

Anabolic-androgenic steroids (AAS) are synthetic steroids, therapeutic indications for which include management of delayed puberty and hypogonadism. They are also used recreationally as image- and performance-enhancing drugs (IPEDs); 80% of recreational users have been found to be non-athletes taking AAS for cosmetic reasons.<sup>1</sup>

Complications of AAS use, which often go unmonitored, include increased rates of cardiovascular, haematological, endocrine and psychiatric disease.<sup>2</sup> In the UK, prevalence of AAS use is highest between 20–40 years; however, in 25–30% of cases, misuse begins in adolescence.<sup>3</sup>

#### Objectives

To increase awareness of the adverse effects of AAS misuse in adolescents.

#### Methods

We applied for and were successfully awarded a Society for Endocrinology (SfE) public engagement grant to facilitate development of educational resources that could be utilised by secondary school children. A team was constructed including an endocrinology registrar, two cardiology registrars, an IMT doctor and two medical students (one (RB-S) a previous school teacher). In a series of planning meetings, we reviewed the literature on risks of AAS use, and developed three educational videos filmed by the team. These videos were reviewed by SfE experts in the field to confirm factual accuracy. RB-S reviewed the videos to ensure that they were appropriate for the grade of student.

This aspect of the initiative focused on trialling the material for secondary school-aged children attending the SfE schools outreach event at the British Endocrinology Society annual conference. A six-point questionnaire was distributed at the end of the session to collate feedback on the material developed.

#### Results

In total, 15 students aged 15–16 completed the feedback form. 8/15 (53%) were unaware of AAS abuse prior to the session. Following the session, 15/15 (100%) thought that this topic should be included in the school curriculum and, on a scale of 1–5, 100% rated the session 4 or 5 (good or excellent) with an average rating of 4.73. A representative quote reflecting open box feedback of what the students enjoyed was ‘taught us info in a cool and different way’.

Feedback was received from four teachers at the event, with 100% stating that their students would benefit from this form of education; 4/4 (100%) in a personal, social health and economics (PHSE) lesson, and 3/4 (75%) in a science class. Additionally, 100% rated the session 5/5 (excellent). A representative quote reflecting open box feedback from the teachers included 'A great topic to bring into schools. Pupils are not aware of the negative effects and can be easily influenced by social media.'

Informal feedback by the event organisers was strongly positive and the team was invited to deliver the session at next year's event.

## Conclusion

Lack of awareness of the risks of AAS abuse exists among adolescents. Educational material co-developed by the team was found to be relevant by both students and teachers. In future work, we will disseminate digital educational content and resource packs including worksheets aimed for delivery in PSHE lessons in schools and assess the effects on student knowledge of the risks of AAS abuse.

## References

- 1 Parkinson AB, Evans NA. Anabolic androgenic steroids: a survey of 500 users. *Med Sci Sports Exerc* 2006;38:644–51. <https://doi.org/10.1249/01.mss.0000210194.56834.5d>
- 2 Pope HG, Wood RI, Rogol A *et al.* Adverse health consequences of performance-enhancing drugs: an Endocrine Society scientific statement. *Endocr Rev.* 2014;35:341–75. <https://doi.org/10.1210/er.2013-1058>
- 3 McVeigh J. The use of image and performance enhancing drugs in the United Kingdom. National Institute for Health and Care Excellence (NICE) Expert Testimony.

## Category: Education, training and medical professionalism

### Highly commended

#### The worry of wellbeing: a quality improvement project for the mental health and wellbeing of non-consultant grade doctors

**Lead author:** Dr Amy Wright, foundation, Cwm Taf Morgannwg University Health Board

**Co-author:** Dr Katey Beggan

#### Introduction

For over a decade, the need for significant improvement in provision of wellbeing services for staff across the NHS has gained repeated attention, as highlighted by the Boorman review in 2009,<sup>1</sup> and further reinforced more recently by the NHS Health Education England NHS staff and learners' mental wellbeing report.<sup>2</sup> There is a growing evidence base that mental health and wellbeing of doctors has a direct relationship with patient outcomes.<sup>3</sup> Worryingly, research in recent years has evidenced a decrease in job satisfaction, poorer wellbeing and higher rates of burnout for doctors.<sup>4</sup> We were particularly interested in exploring potential solutions dependent upon the extent and impact of these factors.

#### Aim

To identify areas of concern regarding mental wellbeing in non-consultant grade doctors and initiate a bespoke intervention to improve overall wellbeing.

#### Method

A qualitative prospective cohort study of 20 non-consultant grade doctors working in the Royal Glamorgan Hospital, Llantrisant, south Wales. The intervention included targeted wellbeing sessions in fun and enjoyment, communication, self-care and relaxation hosted over a 2-week period in March 2024. These were tailored to low-scoring categories in the pre-intervention survey. Staff wellbeing was defined using the Short Warwick-Edinburgh Mental Wellbeing Scale (SWEMWBS).<sup>5</sup> Surveys were anonymous, with 20 responses pre- and post-intervention.

#### Results

Based upon the SWEMWBS, the average pre-intervention score was 22/35, sd=3.6. The average post-intervention score was 24/35, sd=2.8. This takes the average wellbeing of non-consultant grade doctors from below the national average pre-intervention, to above the national average post-intervention. Our two-tailed P value = 0.0041, therefore the improvement was statistically significant. The largest increase in average scores was seen when people attended more than one session. This was reflected by the verbal and written feedback collated.

#### Conclusion

Evidently, simple targeted wellbeing initiatives provide a quantifiable improvement of mental wellbeing in non-consultant grade doctors. We believe that our method, implementation and results further highlight the issues surrounding the prevalence of poor doctor wellbeing, but additionally, also provide a potential solution to tackle this escalating issue. We would recommend doctor training programme providers and health boards to consider formally adopting tailored wellbeing

programmes as essential components of postgraduate medical education. This would support the mental and emotional wellbeing of doctors in training and aid in better patient outcomes.

## References

- 1 Boorman S. *NHS health and well-being: Final report*. Department of Health, 2009. [https://webarchive.nationalarchives.gov.uk/ukgwa/20130124052412/http://www.dh.gov.uk/prod\\_consum\\_dh/groups/dh\\_digitalassets/documents/digitalasset/dh\\_108907.pdf](https://webarchive.nationalarchives.gov.uk/ukgwa/20130124052412/http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_108907.pdf) [Accessed 1 November 2024].
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## Category: Education, training and medical professionalism

### Virtual competition judges

Professor Philip Bright  
Dr Dhivya Das  
Dr Lindsay Chesterton

Head of postgraduate school of medicine – West Midlands  
RCP New Consultants Committee representative – North Western  
IMT training programme director – East Midlands

### Shortlisted abstracts presented on 16 September 2024 (listed in surname order)

#### Practical procedures in medicine – our experience with augmented reality

**Lead author:** Dr Apichaya Amrapala, clinical fellow, Chelsea and Westminster NHS Foundation Trust

**Co-authors:** Dr Thomas Jacob Davies, Dr Arabella Chapman, Dr Amrita D'Souza, Dr Rebecca Murphy-Lonergan, Dr Kallpana Dhas, Dr Hira Sajjad

#### Advancing OSCE preparation teaching programmes: the impact and effectiveness of the Code Blue OSCE Crew medical education

**Lead author:** Dr Omar Elboraey, IMT2, Mersey and West Lancashire Teaching Hospitals NHS Trust

**Co-authors:** Miss Patricia Lapitan, Miss Evelyn Wong, Miss Laura Chan

#### Reducing anabolic-androgenic steroid misuse: a primary prevention initiative for school-aged children

**Lead author:** Dr Rebecca Heath, IMT3, Cardiff and Vale University Health Board

**Co-authors:** Dr Heledd Thomas, Mr Trevor Tam, Miss Raffaella Blaylock-Smith, Dr Holly Morgan, Dr Melanie Nana

#### Increasing internal medicine trainees' satisfaction with their formal teaching programme: a two-cycle quality improvement project

**Lead author:** Dr Lennart Marahrens, IMT2, Royal Free London NHS Foundation Trust

**Co-author:** Dr Adam Twigg

#### Preparing to step up: developing simulation training for internal medicine trainees (IMTs) and medical registrars in our trust

**Lead author:** Dr Sarah Marguerie, clinical fellow, University Hospitals Dorset NHS Foundation Trust

**Co-authors:** Dr Abigail McGinley, Dr Kelham Slinger

#### Simulation-based training for situation awareness skills development in acute medical scenarios for internal medicine training

**Lead author:** Dr Muzammil Ahmad Nahaboo Solim, ST4, County Durham and Darlington NHS Foundation Trust

#### Improving the quality of journal club at IMT teaching in Wigan, Wrightington and Leigh NHS Foundation Trust

**Lead author:** Dr Ross Pointon, IMT 1, Wigan, Wrightington and Leigh NHS Trust

**Sophrology as a tool for improving wellbeing and avoiding burnout in IMT doctors**

**Lead author:** Dr Yasmin Rahim, IMT2, Dartford and Gravesham NHS Trust

**Co-authors:** Dr Georgina Slee, Dr Darshana Nair

**Neurology for MRCP PACES: Launching a new, low-cost neurology course to combat neurophobia among PACES candidates**

**Lead author:** Dr Habiba Shabir, foundation, University College London Hospitals NHS Foundation Trust

**Co-authors:** Dr Clara Salice, Dr Timothy Yates

**Novel methods for simulating general practice placements and delivering the general practice curriculum**

**Lead author:** Ms Natasha Syed, medical student, Royal Devon University Healthcare NHS Foundation Trust

**Co-author:** Dr Lara Andreski

**Bespoke teaching board game series – a novel and interactive approach to small group medical teaching**

**Lead author:** Dr Jennifer Tucker, ST3, Sheffield Teaching Hospitals NHS Foundation Trust

**Co-author:** Dr Naseema-Maria Begum

**The worry of wellbeing: a quality improvement project for the mental health and wellbeing of non-consultant grade doctors**

**Lead author:** Dr Amy Wright, foundation, Cwm Taf Morgannwg University Health Board

**Co-author:** Dr Katey Beggan

**Integration of interprofessional education within student-led ward rounds – an educational intervention for final-year medical students**

**Lead author:** Dr Mohammed Azib Zahid, IMT1, Mid and South Essex NHS Foundation Trust

**Co-author:** Dr James Hartley

**Treatment of rheumatoid arthritis: 'rheum' for more?**

**Lead author:** Dr Quazi Wafiq Zaman, IMT2, Raigmore Hospital (Inverness), NHS Highland

## Category: Clinical / case reports / digital health

### Joint first place winner

#### Evaluation of the digital support tool GRO health W8Buddy as part of Tier 3 weight management service

**Lead author:** Dr Farah Abdelhameed, clinical fellow, University Hospital Coventry and Warwickshire NHS Trust

**Co-authors:** Dr Mohammed Sahir, Dr Petra Hanson

#### Introduction

The escalating prevalence of obesity worldwide increases the risk of chronic diseases and diminishes life expectancy, with growing economic burden necessitating intervention.<sup>1</sup> The existing tiered approach to weight management, particularly specialist Tier 3 services, falls short of meeting the population's needs. The emergence of digital health tools, while promising, lacks exploration in specialised NHS weight management services (WMS).

#### Methods

This was a service evaluation study to evaluate the effectiveness and clinical impact of the W8Buddy digital support tool as part of a specialist WMS. W8Buddy was collaboratively developed in September 2022 with input from patients and clinical teams. It is a personalised platform, offering users a tailored weight management plan to empower individuals or caregivers to cultivate the necessary attitudes, knowledge and skills to self-manage their health. All patients accessing the service were offered W8Buddy and everyone received standard of care regardless of whether they used the digital tool. No financial incentives were given for using W8Buddy.

#### Results

Complete data were available for 226 patients (118 users, 108 non-users). W8Buddy users, predominantly female (80%) and Caucasian, had a mean age of 42 years, while non-users averaged 48 years ( $p=0.01$ ). Comorbidity frequencies were comparable. Users had significantly higher baseline weight (135 kg vs 123 kg,  $p=0.003$ ) and BMI ( $48 \text{ kg/m}^2$  vs  $45 \text{ kg/m}^2$ ,  $p=0.009$ ) than non-users. During follow-up (3 months for users, 6 months for non-users), 28% ( $n=220/783$ ) activated the tool by June 2023, of whom 93% ( $n=205/220$ ) actively engaged with the platform. W8Buddy demonstrated a substantial impact on absolute weight loss ( $\beta -1.16$ , Shba1c E 0.40,  $p=0.004$ ) compared to standard care alone. Time using W8Buddy was a crucial predictor of weight loss ( $p=0.05$ ), with a 0.74 kg monthly loss compared to standard care ( $\beta -0.74$ , 95%CI (-1.28, -0.21),  $p=0.007$ ). W8Buddy users with type 2 diabetes (T2DM) experienced a significant HbA<sub>1c</sub> reduction (59.8 mmol/mol to 51.2 mmol/mol,  $p=0.018$ ) compared to non-users with T2DM. Optional surveys included satisfaction with life, PHQ8, Karolinska scale and quality of life score (EQ5D5L). W8Buddy users showed significant improvement across all the aforementioned psychological outcomes ( $p<0.001$ ) during follow-up.

#### Conclusion

W8Buddy demonstrated significant improvements in clinical and psychological outcomes for users. The tool positively influences lifestyle and health management, reflected in enhanced glycaemic control, mental wellbeing, sleep quality and perceived quality of life. These findings suggest that digital tools can play a pivotal role complementing traditional services and promoting patient empowerment. Future research should explore the key beneficial aspects of the tool for users and



strategies to boost activation and engagement rates. Endorsed by the National Institute for Health and Care Excellence (NICE) guidelines, W8Buddy holds promise for improved weight management and glycaemic control within specialised WMS.

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## Category: Clinical / case reports / digital health

### Joint first place winner

#### A case of unusual blistering eruption

**Lead author:** Dr Thandiwe Banda, clinical fellow, Sandwell and West Birmingham Hospitals Trust

**Co-authors:** Dr Pui Chi Lee, Dr Kashini Andrew

A man in his 40s presented with widespread blisters on his trunk and limbs following a recent hiking trip in France. He described an itchy rash appearing on both wrists following an insect bite on his left calf 2 days prior. There were associated pyrexia and rigors; the rash progressed to vesicles and tense bullae, which evolved to pustules during his admission. All skin areas were affected, but his head and mucosal surfaces were spared. On examination, there were widespread tense blisters and erosions present with background erythema in all skin areas but sparing the head. Nikolsky's sign was negative, and there was no oromucosal or genital involvement. He had no significant comorbidities and was not taking any regular medication.

#### Investigations

Blood tests revealed raised inflammatory markers with raised WCC ( $14.4 \times 10^9/L$ ) and neutrophilia ( $13.08 \times 10^9/L$ ). There was also positive anti-BP230 antibody (18 U/mL) and negative anti-BP180 antibody (10 U/mL). Autoimmune screen was negative aside from a weakly positive ANA and slightly raised IgA and IgM. Tumour markers were negative. A CT neck, thorax, abdomen and pelvis was also performed, which showed no evidence of occult infection or malignancy. Skin biopsies showed marked spongiosis with large areas of spongiotic vesicles containing predominant neutrophils. There was a large area of subepidermal oedema, filled with mixed inflammatory infiltrate. Direct immunofluorescence was negative.

He was diagnosed with atypical bullous pemphigoid and managed with 30 mg oral prednisolone once a day, analgesia and supportive care. He was also treated with IV clindamycin, doxycycline, aciclovir and meropenem under microbiology guidance.

#### Discussion

Bullous pemphigoid (BP) can have a polymorphic presentation with atypical manifestations; it is reported that up to approximately 20% of patients observed with BP had an atypical presentation.<sup>1</sup> ELISA can detect circulating autoantibodies directed against BP antigen 180 and/or BP antigen 230. Histopathological evaluation may not always provide a definitive diagnosis as demonstrated in this case, whereas serum ELISA analysis has high sensitivity and prognostic value.<sup>2</sup> Careful clinical evaluation and thorough investigations are important in patients presenting with an atypical blistering rash.

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## Category: Clinical / case reports / digital health

### Virtual competition judges

Dr Sandy Thomson	RCP censor – North Western
Dr Nigel Lane	RCP regional adviser – Severn
Dr Sam Rice	RCP regional adviser – West Wales
Dr Laura Watkins	RCP New Consultants Committee representative – Mersey

### Shortlisted abstracts presented on 17 September 2024 (listed in surname order)

#### **Evaluation of the digital support tool GRO health W8Buddy as part of Tier 3 weight management service**

**Lead author:** Dr Farah Abdelhameed, clinical fellow, University Hospital Coventry and Warwickshire NHS Trust

**Co-authors:** Dr Mohammed Sahir, Dr Petra Hanson

#### **A case of rapidly progressing peripheral oedema**

**Lead author:** Dr Barbara-Alex Alberts, IMT2, Swansea Bay University Health Board

**Co-author:** Dr H Wai

#### **Nitrous oxide: a young person health crisis – de-legalisation doesn't go far enough**

**Lead author:** Dr Rose Ameli, clinical fellow, Lewisham and Greenwich NHS Trust

**Co-authors:** Dr Katharine Powell, Dr Tina Ameli

#### **A case of unusual blistering eruption**

**Lead author:** Dr Thandiwe Banda, clinical fellow, Sandwell and West Birmingham Hospitals Trust

**Co-authors:** Dr Pui Chi Lee, Dr Kashini Andrew

#### **Recurrent postictal pulmonary oedema (neurogenic pulmonary oedema) in patients with established epilepsy exhibiting medication non-compliance: a case report**

**Lead author:** Dr Alaa Elbestawy, clinical fellow, Aneurin Bevan University Health Board

**Co-author:** Dr Abdelrahman Sayed

#### **Illuminating relief: A comparative study of lasers and steroids in the quest to quell oral lichen planus**

**Lead author:** Dr Gopinath Gangdharan, clinical fellow, George Eliot Hospital NHS Foundation Trust

#### **A case of lymphoplasmacytic lymphoma with osteoporosis and primary hyperparathyroidism: is it all incidental?**

**Lead author:** Dr Kapil Kumar Garg, ST6 rheumatology registrar, Mid and South Essex NHS Foundation Trust

#### **Acquired long QT syndrome**

**Lead author:** Dr Tanvi Garude, clinical fellow, Betsi Cadwaladr University Health Board

**Co-author:** Dr Divya Singh

**Unexplained hypoxia following recent PJP – a case report**

**Lead author:** Dr Wajiha Gul, IMG, Birmingham, Sandwell and West Birmingham Hospitals NHS Trust

**Co-author:** Dr Saleem Chaudhri

**Statin-induced myositis: the importance of early recognition and treatment**

**Lead author:** Dr Shivika Gupta, IMT3, University Hospitals Birmingham NHS Foundation Trust

**Co-author:** Dr Gomathy Suresh

**Assessment of quality of life in insulin pump users on fast-acting insulin aspart (FIAsp)**

**Lead author:** Dr Abidullah Khan, ST7, University Hospitals Liverpool

**Co-author:** Dr Philip Weston

**Oral condylomata lata**

**Lead author:** Dr Carine Moezinia, IMT2, University College London Hospitals NHS Foundation Trust

**Co-authors:** Dr Benjamin Zuckerman, Ms Ayeshah Abdul-Hamid

**Gossypiboma and the ASIA syndrome**

**Lead author:** Dr Carine Moezinia, IMT2, University College London Hospitals NHS Foundation Trust

**Co-authors:** Dr Benjamin Zuckerman, Dr Tamara Aaron

**Air embolism: post-lung biopsy complication**

**Lead author:** Dr Rawia Mustafa, IMT1, James Paget University Hospitals NHS Foundation Trust

**Co-author:** Dr Darya Petrik

**Successful non-surgical management of chylothorax caused by follicular lymphoma**

**Lead author:** Dr Usman Saleem, IMT1, Frimley Health NHS Foundation Trust

**Co-author:** Dr Devavratha Muthalagappan

**A case report of secondary haemophagocytic lymphohistiocytosis with multiple aetiological possibilities**

**Lead author:** Dr Kriti Sharma, IMT3, University Hospitals Birmingham NHS Foundation Trust

**Co-author:** Dr Nawal Al Daqqaq

**Carotid occlusion and thrombolysis: a new paradigm shift in stroke management**

**Lead author:** Dr Weiyi Ivy Xia, Foundation, James Cook University Hospital

## Category: Research – including clinical, translational and innovation

### Overall category winner

#### Hitting the nerve of Crohn's disease – exploring alternative therapeutic avenues

**Lead author:** Dr Khalid Shamiyah, foundation, Milton Keynes University Hospital NHS Foundation Trust

#### Introduction

Crohn's disease (CD) significantly deteriorates the quality of life for its patients and frequently necessitates surgical interventions.<sup>1</sup> The enteric nervous system (ENS) has recently been highlighted as a potentially critical factor in CD progression. This emerging evidence opens new avenues for understanding and potentially treating CD, suggesting that the ENS may play a pivotal role in the pathology and symptomatology of the disease.<sup>2,3</sup>

#### Objective

The primary goal of this study is to analyse the architectural, cellular and molecular alterations of the ENS in regions of the bowel affected by CD, compared to healthy adjacent tissues. By constructing a detailed map specific to the ENS within the context of CD, our research aims to deepen the understanding of its role in the disease's mechanisms.

#### Method

Our approach involves preparing formalin-fixed paraffin-embedded (FFPE) tissue blocks from paired surgical resection specimens of more than 20 patients with CD, focusing on both affected and adjacent normal tissues. We have sectioned these FFPE blocks for further analysis, employing haematoxylin and eosin (H&E) staining for expert histopathological assessment of ENS changes. Additionally, we use immunohistochemical markers such as S100B for glial cells and PGP9.5 or TuJ1 for neuronal axons, with automated quantification executed through digital pathology software. This method allows us to establish qualitative and quantitative changes in ENS architecture associated with CD lesions.

#### Results

This meticulous process has enabled the identification of specific ENS changes within the context of CD, providing insights into how the ENS architecture is altered by the disease. It is important to note that this study is ongoing, and the goals of fully elucidating the ENS's role in CD have not yet been achieved. The preliminary findings, however, may lead to the development of targeted therapeutic strategies by revealing new biomarkers and understanding the mechanisms through which the ENS impacts immune responses and intestinal integrity.

#### Conclusions

Our ongoing study highlights the significant role of the ENS in the development of CD and positions it as a potential focal point for new therapeutic approaches. By detailing the specific alterations in the ENS linked to CD, our research sets the stage for the development of novel treatment modalities that could substantially improve disease management and patient quality of life.

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## Category: Research – including clinical, translational and innovation

### Highly commended

#### Exploring perceptions of barriers to cervical cancer screening in sexual minority women: a qualitative study in Scotland

**Lead author:** Mr Max Powell, medical student, King's College Hospital NHS Foundation Trust

#### Introduction/background

As the fourth leading cause of cancer deaths in women worldwide, with an estimated 604,000 new cases and 342,000 deaths in 2020,<sup>1</sup> cervical cancer represents a significant public health concern, not solely on the international stage, but domestically. With approximately 3,200 new cases reported in the UK annually, and a rate of six women diagnosed each week in Scotland alone,<sup>2</sup> cervical cancer stands as a significant threat to the health and wellbeing of women. Yet specific subcultures, including sexual minority women (SMW), have been thought to face elevated risk for this specific cancer type.<sup>3</sup> This community, comprising lesbian, bisexual and women who have sex with women, are more frequently shown to be non-routine screeners, perceiving fewer benefits, greater barriers and more discrimination than routine screeners.<sup>4</sup> Moreover, the higher prevalence of modifiable risk factors among SMW than in the general population<sup>5,6</sup> has been thought to place them at yet a greater risk for cervical cancer, underscoring the need for enhanced research into this specific demographic.

#### Objective

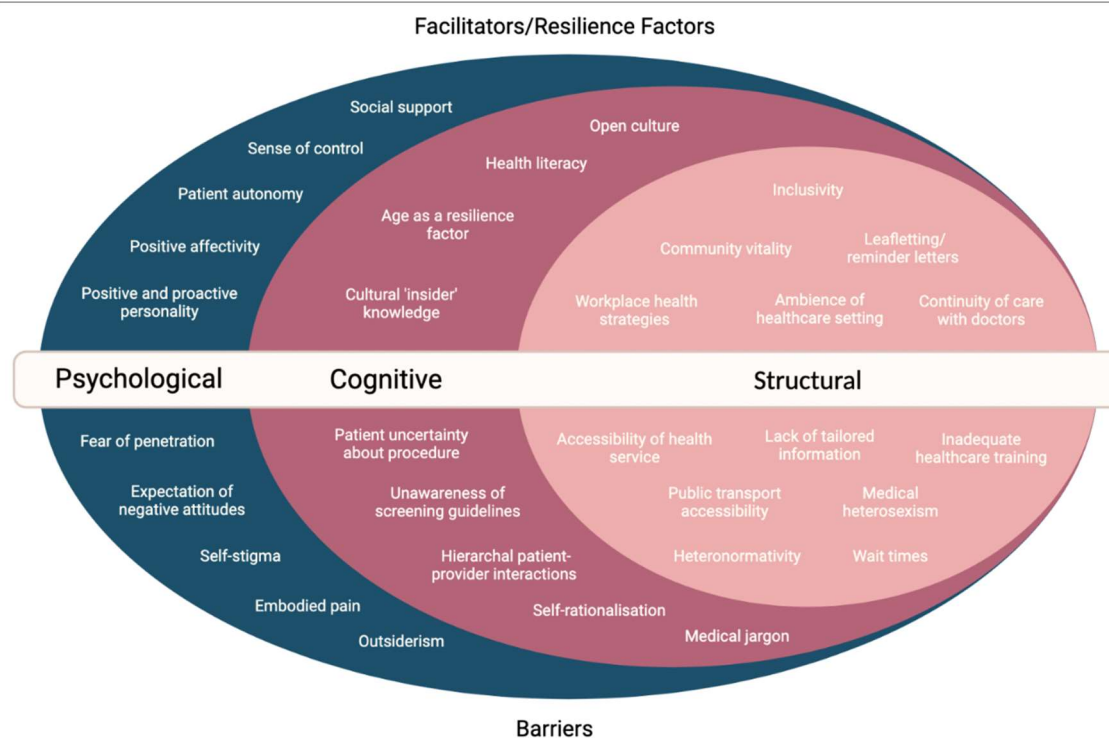
To explore perceptions of barriers to cervical cancer screening (CCS) in SMW living across Scotland.

#### Method

A qualitative study design was used, specifically semi-structured, individual in-depth interviews (IDIs) with SMW. Recruitment involved purposive sampling techniques, with a total of eight participants interviewed. Interviews were conducted virtually over a period of approximately 4 weeks, beginning in late February and concluding in early April 2023. Data analysis was conducted using principles of thematic content analysis, with codes and broader themes inductively and deductively determined from the interviews themselves and existing literature, respectively.

#### Results/benefits

Findings revealed that SMW face three central barrier types to CCS: structural, cognitive and psychological barriers. Each class confers its own health impacts, which operate both independently and cooperatively to promote screening-avoidant behaviours and sustain health inequities throughout this community. Chronic experiences of heteronormativity and sexualism, inadequate healthcare training and public education, unaddressed fears and anxieties, together producing a felt sense of social invisibility, reflect just some of the varied structural, cognitive and psychological barriers expressed by participants (Fig 1). In addition to perceived barriers, various facilitating factors emerged, of which social support, continuity of care, and workplace health strategies were discussed as key influencers of screening adherence. Structural barriers appeared to be defining factors in the onset and progression of screening avoidance among SMW, that conferred various psychological and cognitive after-effects, cumulatively impacting patient experience.



## Conclusion

The present study explores the diverse and intersecting factors that collectively influence the health experiences of SMW, in specific focus of how these interact to promote screening-avoidant behaviours within this underserved community. Accordingly, structural interventions focused on improving healthcare training of minority identities are of paramount importance, in addition to public health strategies that enhance education of and adherence to CCS, in the ultimate pursuit of health equity.

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## **Category:** Research – including clinical, translational and innovation

### **Virtual competition judges**

Dr Anita Jones	RCP regional adviser – Northern
Dr Mashkur Khan	RCP regional adviser – South London
Dr Muhammad Azam	RCP SAS Committee representative – West Midlands
Dr Aidan O’Neill	RCP New Consultants Committee – Northern Ireland

### **Shortlisted abstracts presented on 17 September 2024 (listed in surname order)**

#### **Platelet monocyte complex formation, consequent rapid monocyte surface receptor change and use of anti-platelets as anti-inflammatories**

**Lead author:** Mr Debarghya Chakraborty, medical student, Barts Health NHS Trust

#### **Screening for QT prolongation in at-risk patients due to medication prescribed**

**Lead author:** Ms Ayman Faisal, medical student, Imperial College Healthcare NHS Trust

**Co-author:** Miss Dania Khunda

#### **Evaluating the compliance of escalation and clinical review of patients with NEWS 5 | 6 in line with RCP standards and the impact on outcomes in a north-west London hospital trust**

**Lead author:** Dr Dana Hassan Bendahan, IMT3, London Northwest University Healthcare

**Co-authors:** Dr Sophia Lekh, Dr Jessica Padley, Dr Jie Siang See

#### **Associations of protein quantitative trait loci and primary Sjögren’s syndrome: a Mendelian randomisation study**

**Lead author:** Mr Joshua Heihre, medical student, Guy’s and St Thomas’ Hospital Trust

**Co-authors:** Dr Benjamin Zuckerman, Mr David Nana, Dr Caitlin Lee, Dr Jelena Vukovic,

Dr Alasdair Warwick

#### **Precision medicine in type 2 diabetes: targeting SGLT2-inhibitor treatment for kidney protection**

**Lead author:** Dr Thijs Jansz, ST4, Royal Devon University Healthcare NHS Foundation Trust

#### **A systematic review of current evidence into the determinants of nodal metastases in lip squamous cell carcinoma**

**Lead author:** Mr Daniel Lam, medical student, University of Liverpool

#### **Comparative analysis of COPD exacerbations requiring hospital admission: pre-, during and post-COVID-19 pandemic in a tertiary centre in the UK**

**Lead author:** Dr Sonia Mannan, ST5, University Hospitals of North Midlands NHS Trust

**Co-authors:** Dr Lokesh Kovvuri, Dr Hifza Habib

#### **Exploring perceptions of barriers to cervical cancer screening in sexual minority women: a qualitative study in Scotland**

**Lead author:** Mr Max Powell, medical student, King’s College Hospital NHS Foundation Trust

**Hitting the nerve of Crohn's disease – exploring alternative therapeutic avenues**

**Lead author:** Dr Khalid Shamiyah, foundation, Milton Keynes University Hospital NHS Foundation Trust

**A review and meta-analysis of the use of magnetic resonance-guided focused ultrasound in the treatment of essential tremor**

**Lead author:** Ms Alyssa Shiramba, medical student, University of Liverpool

**The impact of the Myanmar military coup on junior medical doctors: a cross-sectional study**

**Lead author:** Dr Kyaw Tun, ST4 (or equivalent), Barking, Havering and Redbridge University Hospitals NHS Trust

**Co-authors:** Dr Khine Kyaw Nyein Chan, Dr Zin May Phyu, Dr Thit Htoo Aung

**Standardising the preparation of platelet-rich plasma in the treatment of patients with Achilles tendinopathy: a systematic review**

**Lead author:** Ms Emily Vaillant-Allen, medical student, University of York

**Co-author:** Dr Antonios Matsakas

**The efficacy and safety of using therapeutic dosage of anticoagulants in managing thromboembolic complications in COVID-19 patients: a systematic review with meta-analysis**

**Lead author:** Dr Aashritha Vangeti, foundation, University of Chester

**Co-author:** Miss Rinky Sharma

**Life expectancy of UK physicians in the early 21st century: an evaluation of 1,000 entries from the Royal College of Physicians' Munk's Roll**

**Lead author:** Mr Ioan Woolley, medical student, Cardiff and Vale University Health Board



The **RCP virtual poster competition 2025** will launch on Saturday 29 March 2025 and will close on Wednesday 21 May 2025.

If you would like to receive an alert when the competition opens, please email [postercompetition@rcp.ac.uk](mailto:postercompetition@rcp.ac.uk)

