

Annual Assembly
Abstract Review Process

AAHPM and HPNA collaborate to review and select abstracts for Annual Assembly. The committees meet prior to the calls to review and update the Assembly objectives (Planning Committee), topic areas, keywords, criteria and process for each call based on the evaluations and opportunities for improvement that are identified from the previous planning and Assembly. (See Assembly Committee Charges in Appendix A.)

Members are responsible for content; staff are responsible for operations.

	Session Type	Responsible Committee	Membership	Abstract Reviews**
Call 1	workshops, concurrent sessions (including SIG endorsed)	Planning Committee	AAHPM co-chair + 4 members HPNA co-chair + 4 members	over 50-60 reviewers from AAHPM and HPNA (goal of equal representation) and committee members
Call 2	scientific and quality improvement projects papers and posters	Scientific Subcommittee	AAHPM co-chair + 4 members HPNA co-chair + 4 members	over 50-60 reviewers from AAHPM and HPNA (goal of equal representation) and committee members
Call 3	cases (papers and posters)	Case Subcommittee	AAHPM co-chair + 4 members HPNA co-chair + 4 members	c. 40 reviewers from AAHPM and HPNA (goal of equal representation) and committee members

**The number of reviewers is approximate. If more members express interest in reviewing, they can be utilized in the review process.

Call 1 - April/May

- Unblinded (reviewers see names and institutions of abstract authors); this offers the committee the opportunity to consider multiple variables when selecting sessions; it also assures that one author or institution or geographic area is not over-represented in the selection process
- SIG review and endorsement process occurs before the close of the call (separate process)
- Once the call is closed, each abstract is assigned 4 reviewers, 2 each from AAHPM and HPNA (Membership in a requisite for serving as a reviewer.)
- Reviews are completed based on the criteria that is included in the call for abstracts. The definition for scores (1-5) are detailed in Appendix B.
- Staff works with the meetings management team to determine the total number of rooms available for each type of session and a schedule template is developed.
- Once all reviews are completed, a summary report is developed that includes the abstract authors, title, audience level, reviewer scores, average score, topic areas (primary and secondary) author and reviewer comments. These excel spreadsheets (one each for workshop,

SIG endorsed, and concurrent) are presented to the co-chairs sorted by average score and topic category.

- A conference call or email communication with the co-chairs and staff liaison results in creating a cut off score for each type of session that results in the approximate number of accepted abstracts as there are session slots available.
- A call with the full Planning Committee (often 2 calls of 60-90 minutes are needed) is convened to review the results of these cut off scores. The discussion focuses on whether the content is balanced across practice settings, topics, and practice levels. Abstracts that fall near the cut off are reviewed. Is there an outlying score (3 reviewers scored high and one scored low)? Do reviewer comments help to discern value and need for the session? Does it cover a topic area that is underrepresented? Final selections are made based on consensus.
- Regarding SIG endorsed sessions, if an abstract scored well but is not accepted as a SIG endorsed session, it can be reconsidered for acceptance as a regular concurrent. This means that high quality SIG endorsed abstracts get considered twice by the Planning Committee.
- Primary authors and co-authors are notified of acceptance or non-acceptance.
- Sessions are slotted by staff based on topic area (spreading similar content across the Assembly) and slotting is reviewed by the co-chairs for topic balance. Once confirmed, authors are notified of the time and date of their presentation.

Call 2 – July/August

- Blinded call (reviewers do not see authors or institutions of submissions); abstracts are research, science and quality improvement projects so blinding the reviews promotes objectivity.
- Once the call is closed, each abstract is assigned 4 reviewers, 2 each from AAHPM and HPNA (Membership is a requisite for serving as a reviewer. The Research Committees and SIGs from both organizations have representation on the committee and serve as reviewers.)
- Reviews are completed based on the criteria that is included in the call for abstracts. The definition for scores (1-5) are detailed in Appendix C.
- Staff clarifies the number of rooms available for paper sessions and the amount of space available for posters onsite to define the maximum number of abstracts – papers and posters – that can be accepted.
- Once all reviews are completed, a summary report is developed that includes the abstract title, reviewer scores, average score, type of abstract (original, systematic review or quality improvement project), topic areas (primary and secondary), keywords and author and reviewers' comments. These excel spreadsheets (one each for abstracts to be considered for papers only, posters only, or either paper or poster) are presented to the co-chairs sorted by average score and by average score and keyword.
- A conference call with the co-chairs and staff liaison results in creating a cut off score for papers and posters that results in the approximate number of accepted abstracts as there are session slots and poster space available.
- A call with the full Scientific Subcommittee (60 minutes) is convened to review the results of these cut off scores. The discussion focuses on whether the content has balanced topics and practice levels. Abstracts that fall near the cut off are reviewed. Is there an outlying score (3 reviewers scored high and one scored low)? Do reviewer comments help to discern value and

need for the session? The priority is to feature the best and most relevant research and quality improvement projects at Assembly. Final selections are made based on consensus.

- Primary authors are notified of acceptance or non-acceptance.
- Sessions are slotted by staff based on keywords or topic area (attempting to group paper presentations with other research and quality improvement projects that are related) and slotting is reviewed by the co-chairs. Once confirmed, authors are notified of the time and date of their presentation.

Call 3 - October

- Blinded call (reviewers do not see authors or institutions of submissions) based on the decisions of the co-chairs starting in 2014 (for the 2015 Assembly)
- Once the call is closed, each abstract is assigned 4 reviewers, 2 each from AAHPM and HPNA (Membership in a requisite for serving as a reviewer.)
- Reviews are completed based on the criteria that is included in the call for abstracts. The definition for scores (1-5) are detailed in Appendix D.
- Staff clarifies the number of rooms available for case sessions and the amount of space available for posters onsite to define the maximum number of abstracts – oral and poster – that can be accepted.
- Once all reviews are completed, a summary report is developed that includes the abstract title, reviewer scores, average score, topic areas, author, and reviewer comments. These excel spreadsheets (one each for abstracts to be considered for oral only, posters only, or either oral or poster) are presented to the co-chairs sorted by average score and by average score and domains.
- A conference call or email communication with the co-chairs and staff liaison results in creating a cut off score for oral and posters that results in the approximate number of accepted abstracts as there are session slots and poster space available.
- A call with the full Case Submission Subcommittee is convened to review the results of these cut off scores. The discussion focuses on whether the content has balanced topics, practice levels and interdisciplinary. Abstracts that fall near the cut off are reviewed. Is there an outlying score (3 reviewers scored high and one scored low)? Do reviewer comments help to discern value and need for the session? The priority is to feature the best and most relevant interdisciplinary case studies at Assembly. Final selections are made based on consensus.
- Primary authors are notified of acceptance or non-acceptance.
- Sessions are slotted by staff based on topic area (attempting to group case presentations with other interdisciplinary case studies that is related) and slotting is reviewed by the co-chairs. Once confirmed, authors are notified of the time and date of their presentation.

Coming for 2018! Fellow and Scholar Poster Pilot

AAHPM and HPNA are working with academic leaders to set up a call for posters from fellows and scholars currently enrolled in a Hospice and Palliative Care/Medicine education program. The call will be in the late fall.

Fellows and scholars of all disciplines will be invited to submit an abstract related to research or quality projects; work in process is welcome. Abstracts must be endorsed by a faculty member or mentor.

More details to come!

APPENDIX A

ANNUAL ASSEMBLY PLANNING COMMITTEE

Purpose: Design a comprehensive educational experience including plenary, concurrent, and paper/poster sessions using evaluation and needs assessment data, educational abstract submissions, and knowledge of current issues.

Charges:

1. Oversee program development and structure for the Annual Assembly in collaboration with HPNA, the joint sponsor.
2. Design a comprehensive educational experience based on practice gaps, needs assessment data and previous evaluations that incorporates palliative care competencies.
3. Review educational content including plenary, concurrent sessions, SIG symposia pre-conference workshops that address the educational needs of diverse HPM practice arenas. Monitor disclosures and content for commercial bias.
4. Plan to attend Annual Assembly and moderate sessions as needed.

SCIENTIFIC SUBCOMMITTEE

Purpose: Review, assess and select abstracts, as well as determine paper and poster award winners.

Charges:

1. Review, score, select abstracts and determine award winners per policy in the research and fellow/resident/student categories for presentation as papers and posters at the Annual Assembly and for publication in the journal.
2. Collaborate with the research committees and communities of AAHPM and HPNA to promote opportunities for attendees to interface with scientific content and research mentors.
3. Participate in online poster judging (before Annual Assembly) and moderate paper sessions at Annual Assembly

CASE SUBMISSION SUBCOMMITTEE

Purpose: Review, score, and select case abstracts for oral and poster presentations.

Charges:

1. Review, score, and select case abstracts for oral and poster presentation at the Annual Assembly.
2. Collaborate with the Early Career SIG and communities of AAHPM and HPNA to encourage submissions from those early in their hospice and palliative care careers and those with more experience.
3. Once cases are selected, participate in online poster judging (before Assembly) and moderate sessions at the Annual Assembly.

APPENDIX B

Call 1 Review Criteria Definition

Criterion 1: Adds to Existing Knowledge

- 1: Old, outdated, basic 101
- 2: Repetition of previous work with limited applicability
- 3: Perhaps unique, but not necessarily important to the field of hospice and palliative care
- 4: Unique slant/new approach on a common problem or issue
- 5: Hypothesis or premise of the abstract is exceptional and distinctive, novel, not been addressed.

Criterion 2: Presents an Innovative/cutting-edge topic/new approach

- 1: Will make no difference in practice
- 2: Repetitive and without unique features
- 3: Important information but application is limited and/or difficult to replicate
- 4: Presents important outcomes and information; COULD change practice
- 5: Presents important outcomes and information; WILL change practice

Criterion 3: Has significance/importance/relevance to hospice and palliative care

- 1: Not related or relevant at all
- 2: Some relationship and significance to hospice and palliative care, but not critical
- 3: Critical information for a select few practitioners/discipline
- 4: Critical knowledge for many practitioners/multiple disciplines
- 5: Critical knowledge for MOST all practitioners, regardless of discipline

Criterion 4: Is well balanced in terms of time, teaching methods, interdisciplinary representation and # of presenters

- 1: Inappropriate number of presenters for the topic (too few or too many)
- 2: Straight didactic, no attempt to apply to multidisciplinary audience, unrealistic amount of information (too much/too little) for allotted time.
- 3: Questionable in terms of numbers and disciplines of presenters, little creativity in teaching methods, amount of information to be presented.

4: Given the topic, has some representation by multidiscipline, appropriate number of presenters, beyond didactic teaching methods, amount of material to be presented is appropriate.

5: Given the topic, has appropriate and critical representation by multidiscipline, appropriate number of presenters, interactive and novel presentation approaches, amount of material to be presented is appropriate WITH time built in for Q & A.

Criterion 5: Is well written and clearly communicated

1: Unclear, poorly written and organized, AND does not adhere to AA format

2: Unclear, poorly written and/or organized, OR does not adhere to AA format

3: Fairly well written and clear, acceptable organization, adheres to AA format

4: Well written, clear, well organized, adheres to AA format

5: Excels in presentation, exceptionally clear, well written, organized, includes references and adheres to AA format. (You don't want to miss this one based on the submitted abstract.)

APPENDIX C

Call 2 Criteria Rating Descriptions

Criterion 1: Advances hospice and palliative care knowledge or practice; represents a novel topic or an innovative approach

- Does the abstract address a relevant and significant problem?
- Does the abstract present either a new or novel approach to a cutting-edge topic?
- Are the findings likely to impact the practice or delivery of hospice and palliative care?
- Does the abstract contain results?
 1. Will not advance hospice and palliative care knowledge or practice and is not novel or innovative.
 2. Probably will not advance hospice and palliative care knowledge or practice and is not very novel or innovative.
 3. May advance hospice and palliative care knowledge or practice or may be considered novel or innovative.
 4. More than likely will advance hospice and palliative care knowledge or practice and/or is novel or innovative.
 5. Will advance hospice and palliative care knowledge or practice and is novel or innovative.

Criterion 2: Research design and methodology are rigorous and appropriate for the study question

- Is the study question and/or hypothesis clearly and succinctly stated?
- Is the study design appropriate for the study questions?
- Is the sample appropriate for the study questions and methodology?
- If the abstract is a systematic review, does it utilize rigorous methodology?
 1. The research design and methodology have serious flaws.
 2. The research design and methodology have many flaws or missing information that is needed.
 3. The research design and methodology have some flaws or missing information that is needed.
 4. The research design and methodology have minor flaws or missing information.
 5. The research design and methodology are rigorous.

Criterion 3: Conclusions address the study question and are supported by appropriate analyses and the results obtained.

- Is the analysis sound, appropriate and sufficiently described?
- Are the results clearly presented, and if applicable, are measures of significance or association or effect sizes stated?
- Are the conclusions substantiated by the results?
 1. There are fatal flaws in the data analysis, thus results and conclusions cannot be supported. (For example, the analysis is inaccurate.)
 2. There are many flaws or missing information regarding data analysis, thus results and conclusions cannot be supported.
 3. There are some flaws or missing information regarding data analysis, thus results and conclusions may not be supported.

4. Data analysis is appropriate and results and conclusions are fairly clear.
5. Data analysis is appropriate and clear; results and conclusions are clear.

Criterion 4: Overall presentation

- Is the abstract well-organized and clearly written?
- Does the abstract reflect a thoughtful submission?
 1. Exceptionally clear, well written, organized.
 2. Well written, clear, well organized.
 3. Fairly well written and clear, acceptable organization.
 4. Unclear, poorly written and/or organized.
 5. Extremely unclear, poorly written, poorly organized.

APPENDIX D

Call 3

Case Review Criteria Definition

Criterion 1: Adds to Existing Knowledge, presents an innovative/cutting edge topic

- 5: Novel or exceptional – High potential for practice change
- 4: Unique or new approach – Could change practice
- 3: Important, but with limited application or difficult to replicate
- 2: Repetitive – Nothing new – Limited applicability
- 1: Too Basic – Will not impact practice change

Criterion 2: Has significance/importance/relevance to hospice and palliative care

- 5: Critical knowledge for MOST all practitioners, regardless of discipline
- 4: Critical knowledge for many practitioners/multiple disciplines
- 3: Critical information for a select few practitioners/discipline
- 2: Some relationship and significance to hospice and palliative care, but not critical
- 1: Not related or relevant at all

Criterion 3: Scientific/Clinical content is valid and supports the conclusion

- 5: There is valid scientific or clinical content that clearly supports the conclusion for use in practice
- 4: The scientific or clinical content is only partially clear as to how it would support practice
- 3: The scientific or clinical content is not clearly related to practice
- 2: The scientific or clinical content is not valid
- 1: Scientific or clinical content is absent

Criterion 4: Is well written and clearly communicated

- 5: Excels in presentation, exceptionally clear, well written, organized, includes references and adheres to Annual Assembly format (You don't want to miss this one based on the submitted abstract.)
(Submissions cannot contain any information that could personally identify a patient or staff member, or any identifying geographical or facility names.)
- 4: Well written, clear, well organized, adheres to Annual Assembly format (Submissions cannot contain any information that could personally identify a patient or staff member, or any identifying geographical or facility names.)

3: Fairly well written and clear, acceptable organization, adheres to Annual Assembly format
(Submissions cannot contain any information that could personally identify a patient or staff member, or any identifying geographical or facility names.)

2: Unclear, poorly written and/or organized, OR does not adhere to Annual Assembly format
(Submissions cannot contain any information that could personally identify a patient or staff member, or any identifying geographical or facility names.)

1: Unclear, poorly written and organized, AND does not adhere to Annual Assembly format (Submissions cannot contain any information that could personally identify a patient or staff member, or any identifying geographical or facility names.)