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Submission Guidelines

Principal Call for Abstracts on Emerging Scientific and Clinical Advances in the Field of Hospice and Palliative Care

Deadline for submission is August 12, 2024, at 12MN PT

On behalf of the Annual Assembly Co-Chairs, Planning Committee, AAHPM and HPNA, thank you in advance for your submission contributions to the *Principal Call for Abstracts on Emerging Scientific and Clinical Advances in the Field of Hospice and Palliative Care*. In addition, we appreciate your support of our Accreditation Standards of Integrity and Independence which are designed to:

- ensure that accredited continuing education serves the needs of patients and the public
- present learners with only accurate, balanced, scientifically justified recommendations and
- assure healthcare professionals and teams that they can trust this accredited continuing education conference to help them deliver safe, effective, cost-effective, compassionate care that is based on best practice and evidence.

Your contributions support our shared Annual Assembly goal to enhance our learners' knowledge, skills, strategies to increase competency, influence behaviors, and/or improve patient outcomes in hospice and palliative care.

The 2025 Annual Assembly will be presented as a modified hybrid event with combined livestreaming and in-person experiences, and on-demand content access through May 15, 2025. Abstracts submitted through the Principal Call for Abstracts on Emerging Scientific and Clinical Advances in the Field of Hospice and Palliative Care are for the Annual Assembly of Hospice and Palliative Care which will take place February 5 – 8, 2025 in Denver, CO. The principal call is open to all hospice and palliative care professionals across all settings and career stages to include early career and professionals in training. Selected content is intended to enrich hospice and palliative care, education, science, and practice. All scientific research referred to, reported, or used in this accredited educational conference in support or justification of a patient care recommendation must conform to the generally accepted standards of experimental design, data collection, analysis, and interpretation.

This Principal call is open for the following:

1. Podium (oral) presentations
2. Scientific Research and QI Podium (oral) Presentations
3. Scientific Research and QI Poster Presentations
4. **Call for Reviewers** for Principal Call for Abstracts on Emerging Scientific and Clinical Advances in the Field of Hospice and Palliative Care

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A *Subsequent Early Career and Professionals in Training* call for abstracts will open in mid-September 2024. This call is specifically intended for professionals in training or early career hospice and palliative professionals defined as below:

- Early Career Professionals (ECP) are defined as someone that has completed up to five years of post- training.
- Professionals in Training (PIT) are defined as someone currently engaged in a formal education/training program.
- Early career and professionals in training author abstract submissions not accepted in the July *Principal Call for Abstracts on Emerging Scientific and Clinical Advances in the Field of Hospice and Palliative Care* are eligible for resubmission to the *Subsequent Early Career and Professionals in Training Call* for reconsideration by committee.
- *For the subsequent call, final results of your research or project **will not be required** for committee review.

We anticipate planning committee Principal call abstract submission notifications will be communicated to authors in mid-October 2024.

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Getting Started with your ABSTRACT SUBMISSION

Submission Title:

- The full title of abstract is limited to 100 characters.
- Characters/symbols/quotations/italics/bold, etc. are not accepted due to abstract platform formatting limitations.
- Titles should be concise and descriptive for attendees to decide which sessions they wish to attend.
- When entering the abstract title, use mixed case (avoid all caps or all lowercase) and do not place a period at the end of the title.
 - Example of correct title formatting:
 - ✓ Correct: This is a Properly Formatted Abstract Title
 - × Incorrect: THIS IS AN IMPROPERLY FORMATTED ABSTRACT TITLE
 - × Incorrect: This is an *"improperly formatted"* abstract title.

Enter the title in the "Title" field only and do not reenter into the abstract body.

Select Preferred Presentation Length and Primary Topic Categories Note: The Annual Assembly Co-Chairs and Planning Committee will determine final presentation length based on submitter's requested preferred length, submission review, scoring, selection, and acceptance.

- 60-minute Podium Presentation Topic (can accept 23)
- 25-minute Podium Presentation Topic (can accept 48)
- 15-minute Podium Presentation Type (can accept 32)
- Poster Presentation Type (can accept 100)

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TASK: Authors

Enter Abstract Primary and Contributing Author(s) Information

- The max number of abstracts allowed per primary submitter is three (3).
- Primary (first) author's full first and last name, credentials, and current institutional affiliation, city and state are required. **NOTE: Names and credentials will be published as submitted.** The primary author will serve as the **designated corresponding author** for abstract submission outcomes, management, communications, and faculty coordination.
- Enter author(s) designated as *Annual Assembly Presenters* on the submission form where prompted.
 - There can be a max of eight (8) authors for 60 and 30-minute podium presentations.
 - There is no max number of authors for 15-minute podium Scientific, QI and Research podium presentations.
 - There is no max number of authors for Scientific, QI and Research poster submissions.
- Enter contributing authors' full first and last names, credentials, and current institutional affiliations, cities and states. *Consult with your co-authors on how they would like their names, credentials, and emails to appear prior to submission of the abstract.* **NOTE: Names and credentials will be published as submitted.** Contributing authors are to be entered at time of submission in addition to the primary author information.

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Task: Disclosures

Disclosures: relevant financial relationship(s) with ineligible companies whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients are to be disclosed at time of abstract submission for the primary and contributing authors.

- The primary author will be asked to complete this information on the submission form when prompted under “invite author name”. This information will be used to send an email link to the email listed for the corresponding contributing author(s) to complete individual relevant disclosures via the abstract collection portal.
- Applicable disclosure mitigation will be completed at the time of abstract selection prior to acceptance.

Note: Per Standards for Integrity and Independence in Accredited Continuing Education: Information Package © 2020 by the ACCME® you **are not required** to disclose financial relationships as a stockholder of publicly traded companies, or holders of shares through a pension or mutual fund.

Disclosures and Declaration of use of generative AI and AI-assisted technologies in the writing process:

Authors are required to disclose all generative AI and AI-assisted technologies used in the development of abstract content submitted for review. Authors will be required to respond to the following statement:

During the preparation of this work, the authors used (*insert generative AI and AI-assisted technologies used in the writing process in the box below*). After using this tool/service, the author(s) reviewed and edited the content as needed and agree to take full responsibility for the content publication.

If no AI or AI-assistive technology was used in the development of this content, please state "*no generative AI and AI-assisted technologies were used in the development of this content*" in the text box.

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TASK: Abstract

Select a Topic from the Drop-Down List. The selection will default to the preferred presentation length selected at the beginning of the abstract submission process.

- 60-minute Podium Presentation Topic (can accept up to 23)
 - Innovations in Care (new for 2025)
 - Education
 - Hospice
 - Leadership/Program Development
 - Pediatrics
 - Symptoms Assessment and Management
- 25-minute Podium Presentation Topic (can accept up to 48)
 - Innovations in Care (new for 2025)
 - Education
 - Hospice
 - Leadership/Program Development
 - Pediatrics
 - Symptoms Assessment and Management
- 15-minute Podium Presentation Type (can accept up to 32)
 - Quality Improvement/Evidence-Based Project
 - Scientific Research
 - Original Research/Systematic Review
 - Clinical Research
 - Health Services Research/Population-Based Research
 - Educational Research
 - Basic Science
 - For Quality Improvement/Scientific/Research abstract submissions, final results of your research or project **must be included** in the abstract.
 - QI and Research abstract submissions will undergo secondary AAHPM and HPNA research committee review.
- Poster Presentation Type (can accept up to 100)
 - Quality Improvement/Evidence-Based Project
 - Scientific Research
 - Original Research/Systematic Review
 - Clinical Research
 - Health Services Research/Population-Based Research
 - Educational Research

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- Basic Science
 - For Quality Improvement/Scientific/Research abstract poster submissions, **final research or project results must be included** in the abstract.
 - Quality Improvement/Scientific/Research abstract poster submissions will undergo secondary AAHPM and HPNA research committee review.
- Accepted posters are planned to be presented in Denver in physical format in the Assembly Poster Hall and are to include an accompanying digital QR code for virtual attendee access.
- As a condition of acceptance *at least one author per submitted poster* is required to participate in-person in the faculty attended poster sessions in Denver, CO (schedule time/dates TBD) and be registered to attend the 2025 Annual Assembly.
- A digital copy of the poster and a two-minute accessible pre-recorded overview of the poster are to be provided to support virtual attendee access and learning.

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Select Secondary Sub-Topic Category to the most applicable NCP Domain

<https://www.nationalcoalitionhpc.org/wp-content/uploads/2024/03/NCHPC67840.html>

1. NCP Domain 1: Structure and Processes of Care
2. NCP Domain 2: Physical Aspects of Care
3. NCP Domain 3: Psychological and Psychiatric Aspects of Care
4. NCP Domain 4: Social Aspects of Care
5. NCP Domain 5: Spiritual, Religious, and Existential Aspects of Care
6. NCP Domain 6: Cultural Aspects of Care
7. NCP Domain 7: Care of the Patient Nearing the End of Life
8. NCP Domain 8: Ethical and Legal Aspects of Care

Enter Key Message: A Key Message statement, limited to 50 words, should synopsise the content, and highlight its significance. This key message, referenced during the selection process, is used to describe your session, and will be included in the Annual Assembly Schedule session description and the published abstract in JSPM as applicable. The 50-word key message is in addition to the 300-word count limit for the abstract body.

Enter Abstract Body: A concise, structured abstract of not more than 300 words is required for submission and consideration for acceptance.

- References and citations are to be included in the reference/citation section following the abstract body section of the abstract submission.
- For case submissions describing a clinical condition or syndrome include a brief narrative review of the evidence supporting best practices in assessing and/or managing that condition. Additionally, the narrative review should include a description of the condition or syndrome, prevalence and pathophysiology, and a concise summary of treatment options with the evidence supporting each.
- Research/QI related abstracts are to include the following headings:
 - Introduction/Context
 - Objectives
 - Methods
 - Results
 - Conclusion
 - References/Citations to be included in the references and citations section

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References, Citations References

Number references in order of their use in the text; do not alphabetize. Identify references in the text with Arabic numerals inside parentheses. When listing authors in the reference list: Five authors or less, list all five authors; six authors or more, list the first three authors followed by et al. Reference accuracy is the responsibility of the author(s).

<https://www.sciencedirect.com/journal/journal-of-pain-and-symptom-management/publish/guide-for-authors>

Citations in text

Please ensure that all references cited in the text is also present in the reference list (and vice versa). All references cited in the abstract must be given in full. For additional information please access <https://www.sciencedirect.com/journal/journal-of-pain-and-symptom-management/publish/guide-for-authors>

TASK: Presentation Desired Learner Outcomes (Objectives)

Outcomes are evaluated to determine the impact of educational activities on patient care and the continuing professional development of the learner. Start by asking the question "*what would I want the learner's outcome be as a result of participating in this session?*". For more information on writing cognitive learning behavioral objectives/outcomes, access Bloom's taxonomy of cognitive learning objectives via the following link:

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4511057/>

Examples of cognitive learning behavioral outcome/objective:

1. Utilizing a case-based approach, participants will self-report the ability to apply, analyze and evaluate shared experiences in caring for people with serious illness nearing life's end as an opportunity for healing, forgiveness, and reconciliations for future practice application in embracing whole person care.
2. Utilizing simulation technology approaches, participants will self-report the ability to mitigate communication errors to support shared decision-making using evidence-based information technology resources.

Enter 2 desired outcomes/objectives the attendee should achieve after participating in this session where prompted.

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TASK: Submission Information

- 1. Enter response to engagement of patients/public as planners and faculty of submitted abstract.** Accredited education is enhanced when it incorporates the interests of the people served by the healthcare system. This is first achieved when patients and/or public representatives are engaged in the planning of the education content. Public and patient engagement is a component of the abstract review process.

Did this abstract submission include planners who are patient and/or public representatives?

Yes **No**

- 2. Select Key Words:** Abstracts are to reflect two of the listed Keywords or phrases that best describe your primary content. Key words are used in indexing and assist in the abstract review selection process. 2 drop-down menus will be provided for you to select your 2 key words or phrases from the list below:

- | | |
|---|---|
| <input type="checkbox"/> Hospice | <input type="checkbox"/> Loss, Grief, Bereavement |
| <input type="checkbox"/> Pediatrics | <input type="checkbox"/> Transplantation / Donation |
| <input type="checkbox"/> Managing Suffering and Distress | <input type="checkbox"/> Integrative Medicine |
| <input type="checkbox"/> Disease specific management | <input type="checkbox"/> Emergency Interventions |
| <input type="checkbox"/> Emergencies / Refractory symptom Management | <input type="checkbox"/> Quality Improvement |
| <input type="checkbox"/> Pharmacopalliation | <input type="checkbox"/> Scientific Research |
| <input type="checkbox"/> Interdisciplinary/ Transdisciplinary | <input type="checkbox"/> Advocacy / Policy / Regulations |
| <input type="checkbox"/> Teamwork / Professionalism | <input type="checkbox"/> Existential / Humanities / Spirituality / Religion |
| <input type="checkbox"/> Models of Palliative Care Delivery | <input type="checkbox"/> Shared Decision Making / Advance Care Planning |
| <input type="checkbox"/> Innovative Technologies | <input type="checkbox"/> Communication |
| <input type="checkbox"/> Diversity, Equity, Inclusion, Belonging, Justice | <input type="checkbox"/> Prognostication |
| <input type="checkbox"/> Ethical / Legal Aspects of Care | <input type="checkbox"/> Workforce / Career Development |
| <input type="checkbox"/> Management of Medical Interventions | <input type="checkbox"/> Patient Outcomes |
| <input type="checkbox"/> Surgical Palliative Care | <input type="checkbox"/> Global Palliative Care |
| | <input type="checkbox"/> Resilience/Well being |
| | <input type="checkbox"/> Other not listed |

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3. Nursing Category 1 Designated Pharmacotherapeutic Credit Hour Determinations:

- For content that includes pharmacotherapeutic applications, submissions are to identify pharmacotherapeutic content presentation time relevant to national ANCC and AANP NP/CNS recertification which includes current clinical application of pharmacology across the life span including drug specific information, safe prescribing practices and information, safe medication administration, prescribing methodologies, new regulations and/or similar content.
- Pharmacotherapeutic time is determined in 15-minute increments. Select the number of minutes (0, 15, 30, 60) that pharmacotherapeutic content is addressed as defined above during the presentation where applicable.

4. Publishing of Abstract

Accepted Annual Assembly of Hospice and Palliative Care abstracts that have not been published as written in another peer-reviewed journal, are planned to be published in the Journal of Pain and Symptom Management (JPSM) with an estimated publishing release in May – June 2025.

Note that abstracts are published as written; no additional copyediting will be done. Please ensure your work is copy-edited to professional standards at the time of submission.

Please review the **Author Information Pack Guide for Authors** provided by the Journal of Pain and Symptom Management to learn more about the abstract publication guidelines. <https://www.sciencedirect.com/journal/journal-of-pain-and-symptom-management/publish/guide-for-authors>

If your abstract has been submitted to, or published in, a peer-reviewed journal and is accepted for presentation at the Annual Assembly, it will not be published in JPSM to avoid copyright infringement.

5. Identify the learner experience level you are targeting in your session.

- Level 1 – Awareness (learner has heard of but has little knowledge of the topic)
- Level 2 – Basic (learner has foundational knowledge about the topic and is able to apply related skills in practice with frequent guidance)
- Level 3 – intermediate (Learner has broad knowledge of the topic and is able to apply related skills in practice with little guidance)
- Level 4 – advanced (Learner has in-depth knowledge of the topic and is able to apply related skills in practice independently)
- Level 5 – expert (Learner has in-depth knowledge of the topic, is able to apply related skills in practice independently, and is able to advise, instruct others on the topic)

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TASK: DEI Acknowledgement

Submitted abstracts are to address the impact of the proposed topic or research on underrepresented and underserved populations to better equip hospice and palliative care professionals with knowledge and skills to deliver high quality, culturally sensitive person-centered care. You are asked to address issues of cultural humility and sensitivity in your abstract, case examples, and, where applicable, describe how issues of cultural diversity and inclusion are considered in the specific aims or session narrative of your proposed content. This inclusion criteria will be scored as part of the abstract review process. For additional information on use of inclusive language, reporting sex- and gender-based analysis, and race and racial disparities visit <https://www.elsevier.com/journals/journal-of-pain-and-symptom-management/0885-3924/guide-for-authors>.

Abstract accepted titles undergo secondary DEI title review by the AAHPM DEI and HPNA DEIB committees. Minor adjustments may be made to submitted abstract titles to reflect AAHPM's and HPNA's commitment to an inclusive and welcoming learning environment that embraces diverse perspectives, cultures, and maximizes positive impact through evidence-based programming. You will be notified of any title updates and the revised title will be reflected in accepted content.

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TASK: Annual Assembly Desired Outcome

Through interdisciplinary team collaboration and integrated engagement, our Annual Assembly's desired outcome is *to enhance the learners' knowledge/skills/strategy or performance to increase competency, influence behaviors, and/or improve patient outcomes in hospice and palliative care.*

You will be asked to confirm that your abstract submission aligns and supports the Annual Assembly's Desired Outcome as stated above.

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TASK: Registration and Session Pre-Recording Acknowledgement

- If your abstract is accepted, all *presenting* faculty must register to attend Annual Assembly of Hospice and Palliative Care in-person in Denver.
- Presenting faculty are expected to present live in-person in Denver during the scheduled presentation time (TBD) assigned by the planning committee at time of acceptance notification.
- Faculty and presenters are highly encouraged to participate in end-of day Homeroom sessions to engage with learners and colleagues in reflective discussions surrounding key learning points for practice application, as well as, provide feedback to individual learners and the group on your session outcomes.
- **As part of your presenter agreement, presenting faculty must prepare and submit an accessible self-recording of their session(s) before the opening of Annual Assembly for on-demand access to all registrants.** The presentation recordings submitted are to adhere to best practices in accessibility to ensure content is inclusive to all learners, including people with disabilities. Resources on making your presentation(s) accessible to people with disabilities include:
 - <https://support.microsoft.com/en-us/office/make-your-powerpoint-presentations-accessible-to-people-with-disabilities-6f7772b2-2f33-4bd2-8ca7-dae3b2b3ef25>
 - <https://www.section508.gov/create/presentations/>

Disclaimer: Abstract acceptance is pending review and/or successful mitigation of disclosed relevant financial relationship(s) with ineligible companies whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.

TASK: Abstract Submission Fee Acknowledgement

There is a \$45 non-refundable abstract processing fee for submission of individual abstracts for peer review to be paid upon submission completion.

TASK: Payment for abstract management fees.

Once the tasks have been completed save your submission and click to review your abstract submission for accuracy. Any edits can be completed and re-saved for update throughout the open call timeframe. Continue to monitor your task list for outstanding invited author completion information to finalize your abstract submission prior to the close of the call August 12, 2024 at 12:00 MN PT.

For questions or clarifications regarding abstract submissions, please email info@aaahpm.org for assistance. Thank you.

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Call for Reviewers for *Principal Call for Abstracts on Emerging Scientific and Clinical Advances in the Field of Hospice and Palliative Care*

The call for abstract peer reviewers is open July 15 – August 12, 2024, through 12:00 MN PT.

AAHPM or HPNA membership is required to be eligible to review abstracts. As a potential reviewer, we ask that you complete a conflict-of-interest disclosure form to ensure educational content is fair and balanced, and any clinical content presented supports safe, effective patient care.

- You are able to choose which category of abstracts you would like to review based on your clinical background, knowledge and expertise of the subject categories.
- You will be provided with portal access to the abstracts for review and scoring criteria with definitions and instructions.
- For outlier scores, you will be asked to provide comments to assist in selection decisions. Comments should be communicated clearly and professionally as the confidential review outcome may be referenced to provide author feedback, as requested, for learning development.

As an accepted abstract reviewer for the Principal Call for Abstracts on Emerging Scientific and Clinical Advances in the Field of Hospice and Palliative Care, please plan to be available **August 20 – September 4th, 2024**, to conduct the abstract review process through the online abstract collection portal.

- The online abstract review process typically involves the review of 10-15 abstracts per person.
- The total time takes ~2-4 hours in review.

Reviewers are recognized as contributors to the Annual Assembly planning team and are listed on the Annual Assembly site for their contributions in selecting quality content to include in the Assembly Accredited Continuing Education offerings. Thank you for considering this opportunity to participate in the Annual Assembly planning process as an abstract reviewer.

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Abstract Review Process

Annual Assembly abstracts are managed under a double-blinded, peer review process. Both the reviewer's and abstract author's identities are blinded from each other throughout the review process.

Abstract Review Guidelines

Accepted content is aimed to advance research, clinical best practices, and practice-related guidance in the delivery of quality serious illness care to include:

- A. balanced and evidence-based, evaluated to guide safe, effective care.
- B. designed for relevance to practice based on unique learner identified needs and knowledge of practice gaps.

The following scoring considerations will be taken into consideration during the peer review process:

Novelty: The abstract shows innovative information or presents a new topic or application

Advancement of field:

1. The abstract presents a significant contribution to the field of palliative and/or hospice care, and the authors must specify how the paper will contribute to the development of practice knowledge.
2. All scientific research related to the submission, conforms to the generally accepted standards of design, data collection, analysis, and interpretation.
3. The quality of an abstract will be considered indicative of the quality of the final presentation by the reviewers and planning committee. Authors should use care, assuring that the reviewer will discern the background information and adherence to the submission guideline requirements.
4. Material presented in the abstract submissions must be concise and coherent, with the focus to enhance the learners' knowledge, skills, strategies to increase competency, influence behaviors, and/or improve patient outcomes in hospice and palliative care.

Accredited Education Content Validity:

1. Abstract is fair and balanced and is based on evidence that is accepted within the specialty as adequate justification of recommendations.
2. All scientific research referred to, reported, or used in support or justification of a recommendation conforms to the generally accepted standards of experimental design, data collection and analysis.
3. Abstract meets the definition of accredited continuing education and serves to maintain, develop, or increase the knowledge, skills, and/or professional performance and relationships used to provide services for patients, the public, or the palliative and/or hospice profession.

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Abstract Paradigm Shifting Impact Potential:

1. Abstract is of highest quality of importance and interest in the field and should be presented; likely to have high impact on future palliative and/or hospice research/practice.
2. Abstract addresses cultural humility and sensitivity in case examples and where applicable, describes how issues of cultural diversity, equity, and inclusion are considered in specific aims or narrative of proposed content to include impact of proposed topic or research on underrepresented and underserved populations.
3. Abstract features an innovative/cutting-edge approach or discusses emerging research that could inform and improve patient care or features common practices in a new way.

Abstract Content:

1. Recommendations for patient care are based on current science, evidence, and clinical reasoning, while giving a fair and balanced view of diagnostic and therapeutic options.
2. Abstract is well written and clearly communicated, organized, includes references, and generative AI and AI-assistive technology disclosures and adheres to Annual Assembly format (submissions cannot contain any information that could personally identify a patient, faculty or staff member, or any identifying geographical or facility names, logos, etc.)
3. Given the topic, abstract has appropriate and critical intra-professional team representation.
4. Abstract is interactive and uses novel presentation approaches for the amount of material to be presented with appropriate with time built in for Q & A.

Additional Review Scoring Criteria for Quality Improvement/Scientific/Research abstract and poster submissions:

1. The study question and/or hypothesis is clearly and succinctly stated?
2. The sample is appropriate for the study questions and methodology?
3. The analysis is sound, appropriate, and sufficiently described?
4. Research design and methodology are rigorous and appropriate for the study question.
5. Results reflect the described approach appropriate for the research question and support the conclusion.

Note: Review criteria may be revised based on planning committee recommendations.