

# ANNUAL ASSEMBLY

## HOSPICE & PALLIATIVE CARE

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[AnnualAssemblyHAPC.org](https://AnnualAssemblyHAPC.org)



### 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*. 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. 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.

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. A Subsequent Early Career and Professionals in Training call for abstracts will open September 3, 2024, and close September 30, 2024, at 12MN PT. This call is specifically intended for professionals in training or early career hospice and palliative professionals.

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.

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.

We anticipate planning committee principal call abstract submission notifications will be communicated to authors in late-September 2024. If your abstract is accepted, all *presenting* faculty must register to attend Annual Assembly of Hospice and Palliative Care in-person in Denver during the scheduled presentation time (TBD) assigned by the planning committee at time of acceptance notification.

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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### 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.
- Titles should be concise and descriptive.
- 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. **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. Decisions are 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)**.
  - There can be a maximum 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.
- **Required:** Primary (first) author's full first and last name, credentials, and current institutional affiliation, city and state.  
**NOTE: Names and credentials will be published as submitted.** The primary author will serve as the **designated corresponding author**. Abstract submission outcomes, management, all communications, and faculty coordination will be emailed to the primary author.
- Enter author(s) designated as *Annual Assembly Presenters* on the submission form where prompted.
  - 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 before 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 at time of submission:

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 Principal Call abstract submission.
  - 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
    - Basic Science

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- For Quality Improvement/Scientific/Research abstract poster submissions, **final research or project results must be included** in the Principal Call abstract submission.
- 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 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               | Existential Aspects of Care                                  |
| 2. NCP Domain 2: Physical Aspects of Care                      | 6. NCP Domain 6: Cultural Aspects of Care                    |
| 3. NCP Domain 3: Psychological and Psychiatric Aspects of Care | 7. NCP Domain 7: Care of the Patient Nearing the End of Life |
| 4. NCP Domain 4: Social Aspects of Care                        | 8. NCP Domain 8: Ethical and Legal Aspects of Care           |
| 5. NCP Domain 5: Spiritual, Religious, and                     |  |

**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 included in the reference/citation section after the abstract body section of the 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

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.

### 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



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**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/<br>Transdisciplinary Teamwork<br>/ Professionalism | <input type="checkbox"/> Advocacy / Policy / Regulations                       |
| <input type="checkbox"/> Models of Palliative Care Delivery                                    | <input type="checkbox"/> Existential / Humanities / Spirituality /<br>Religion |
| <input type="checkbox"/> Innovative Technologies   | <input type="checkbox"/> Shared Decision Making /<br>Advance Care Planning     |
| <input type="checkbox"/> Diversity, Equity, Inclusion, Belonging,<br>Justice                   | <input type="checkbox"/> Communication   |
| <input type="checkbox"/> Ethical / Legal Aspects of Care                                       | <input type="checkbox"/> Prognostication                                       |
| <input type="checkbox"/> Management of Medical Interventions                                   | <input type="checkbox"/> Workforce / Career Development                        |
| <input type="checkbox"/> Surgical Palliative Care  | <input type="checkbox"/> Patient Outcomes                                      |
|  | <input type="checkbox"/> Global Palliative Care                                |
|  | <input type="checkbox"/> Resilience/Well being                                 |
|  | <input type="checkbox"/> Other not listed                                      |

**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.*

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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.

### TASK: Registration and Session Pre-Recording Acknowledgement

- For accepted abstract submissions, 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 signed 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@aahpm.org](mailto:info@aahpm.org) for assistance. Thank you.

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