

ANNUAL ASSEMBLY

HOSPICE & PALLIATIVE CARE

San Diego, CA • March 4-7, 2026

Thank you for generously volunteering your time and expertise as a reviewer for the 2026 Annual Assembly Principal Call for Abstracts.

Your thoughtful evaluation and commitment are essential to shaping a dynamic, high-quality program that reflects the breadth and depth of our field. We're grateful for your contributions to this important work—and to the hospice and palliative care community.

Principal Call for Podium Abstract Review Process

Reviewer Guidelines: Purpose and Standards

As a reviewer, you play a critical role in ensuring the educational quality and integrity of the Annual Assembly program. All accepted abstracts must align with the **ACCME definition of accredited continuing education**, serving to **maintain, develop, or increase the knowledge, skills, and/or professional performance and relationships** that healthcare professionals use to provide services for patients, the public, or the hospice and palliative care speciality.

Double-Blind Peer Review Process

Conference abstract submissions are managed under a double-blind, peer-reviewed process, meaning that both reviewer and author identities and institutions remain blinded throughout the review and selection process.

This peer review rubric is designated for podium (oral) presentations submitted during the Principal Call for Abstracts to the 2026 Annual Assembly of Hospice and Palliative Care:

- 55-minute podium presentation (can accept up to 16)
- 25-minute podium presentation (can accept up to 56)

Note: The Co-Chairs and Planning Committee determine the final presentation length based on reviewers' scoring outcomes and recommendations, identified knowledge, skills and practice gaps, committee recommendations, successful mitigation of conflicts of interest (where applicable) and overall programmatic needs of the Assembly.

General Guidance for Peer Reviewers

You will evaluate the abstract based on the following six (6) areas:

1. Clarity, organization, and adherence to submission guidelines (5 points)
2. Evidence-base (5 points)
3. Relevance to the field of Hospice and Palliative Care (5 points)
4. Impact on learner's competence, performance, and/or professional development (5 points)

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5. Influence on the field of Hospice and Palliative Care (5 points)
6. Overall merit score (5 points)

Additional Program Planning Criteria (Not Scored): After scoring, reviewers will be asked to assess three additional areas that help inform abstract placement within the program. These are not factored into the abstract's acceptance score:

1. To what extent the abstract reflects principles of justice, equity, diversity, and inclusion
2. To what extent the abstract integrates interprofessional or multidisciplinary collaboration
3. The primary learner experience level this abstract is best suited

Reviewer Abstract Scoring Guidelines

- Use the full scoring scale (1 = Poor to 5 = Excellent) to ensure a broad distribution of scores across all reviewed abstracts.
- For any rating of 1, 2, or 5 on the 1–5 Likert scale, provide a rationale in the comments section.
- Comments should be supportive, constructive and specific, aiding the planning committee in abstract selection and providing meaningful feedback for authors seeking to improve future submissions.
- Scoring comments will be de-identified before being shared as feedback.
- The total possible score is 30, distributed across 6 questions.

Bias / Conflict of Interest (COI) Disclosure

Reviewers are to disclose any potential bias or conflicts of interest before proceeding:

☐ Yes, I have a conflict of interest and need the abstract reassigned to a non-conflicted reviewer.

If yes, do not proceed. This abstract will be reassigned to a non-conflicted reviewer. Thank you for your transparency.

☐ No, I have no conflict of interest and can proceed with this review.

Please use the following criteria to evaluate submissions for relevance, rigor, and potential impact on practice and professional development.

Abstract Content Scoring Rubric (Max Score: 30)

Each criterion is scored on a Likert scale of 1-5 (1 = Strongly Disagree to 5 = Strongly Agree).

1. Clarity, Organization, and Adherence to Submission Guidelines

- ❖ Is the abstract clear, well-organized, and compliant with the submission guidelines?

Scoring Criteria:

1. (Poor) – Lacks clarity, disorganized, or does not follow submission guidelines.

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2. (Fair) – Makes some clear points but is disorganized, vague, or has noticeable formatting issues.
 3. (Average) – Reasonably clear and follows basic guidelines but lacks precision or concision.
 4. (Good) – Clear, well-structured, relatively precise and concise, and mostly adheres to guidelines.
 5. (Excellent) – Exceptionally clear, well-organized, precise, concise, and fully compliant with submission guidelines.
- ❖ For any rating of 1, 2, or 5 on the 1–5 Likert scale, provide a rationale in the comments section.

2. Evidence-Base

- ❖ Are the abstract's recommendations grounded in current scientific evidence?

Scoring Criteria:

1. (Poor) – Lacks credible evidence or reasoning. Recommendations are outdated, biased, or unsupported.
 2. (Fair) – Some evidence is provided, but it is outdated, incomplete, or lacks clarity and balance in its presentation.
 3. (Average) – Evidence is included but contains gaps or lacks depth.
 4. (Good) – Supported by current evidence but with insufficient discussion of alternatives/counter evidence.
 5. (Excellent) – Stands out as carefully supported by evidence with balanced and comprehensive analysis of counter evidence and alternative approaches.
- ❖ For any rating of 1, 2, or 5 on the 1–5 Likert scale, provide a rationale in the comments section.

3. Relevance to Hospice and Palliative Care (HPC)

- ❖ Is the abstract relevant to the field of HPC? Does it reflect the field's foundational principles, priorities, and/or areas of focus?

Scoring Criteria:

1. (Poor) – Minimal or no connection to the field's foundational principles, priorities, and/or areas of focus.
2. (Fair) – Weak or indirect connection to the field. Key elements of HPC are not clearly addressed or integrated.
3. (Average) – Moderately relevant, touching on themes or issues related to hospice and palliative care without in-depth and/or clear articulation of HPC principles.
4. (Good) – Clear and direct articulation of how the abstract relates to HPC principles, priorities, and/or areas of focus while still lacking depth of connection.
5. (Excellent) – Highly relevant and deeply connected to the field. Demonstrates a strong understanding of key principles and clear explanation of how the presentation will incorporate them.

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- ❖ For any rating of 1, 2, or 5 on the 1–5 Likert scale, provide a rationale in the comments section.

4. Contribution to Learner's competence, performance, and/or professional development

- ❖ Does the abstract clearly indicate how the presentation will contribute to the advancement of learner's competence, performance, and/or professional development?

Scoring Criteria:

1. (Poor) – No clear potential for impact on the learner's competence, performance, and/or professional development; lacks relevance, depth, or educational value.
2. (Fair) – Some potential for small impact on the competence, performance, and/or professional development but relevance and educational value are unclear, unsupported, or poorly developed.
3. (Average) – Potential for impact on learner's competence, performance, and/or professional development without clearly defining plan for implementation and/or outcomes to assess impact.
4. (Good) – Strong potential for meaningful impact on learner's competence, performance, and/or professional development
5. (Excellent) – Promises to advance learner's competence, performance, and/or professional development in ways that meaningfully impact their practice, academic work, or career trajectories.

- ❖ For any rating of 1, 2, or 5 on the 1–5 Likert scale, provide a rationale in the comments section.

5. Importance / Influence in the Field of Hospice and Palliative Care (HPC)

- ❖ To what extent does the abstract contribute to shaping the future of hospice and palliative care by providing cutting-edge educational content that drives meaningful change in competence, practice, and development. Does the abstract present a novel approach or innovation that has the potential to shape the future of the field?

Scoring Criteria:

1. (Poor) – Does not demonstrate a clear contribution; unlikely to inform or influence any aspect of the field.
2. (Fair) – Limited originality and/or depth; low likelihood of informing or influencing the field.
3. (Average) – Potential to contribute to ongoing discussions in the field without significant novelty/innovation/influence.
4. (Good) – Introduces new ideas for the field with clear articulation of plans for implementation.
5. (Excellent) – Presents compelling, original, and/or innovative contributions with strong potential to shape the future of the field across disciplines and settings.

- ❖ For any rating of 1, 2, or 5 on the 1–5 Likert scale, provide a rationale in the comments section.

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6. Overall Merit Score

- ❖ This score reflects the reviewer's holistic assessment of the abstract and serves as a tiebreaker in cases where abstracts receive identical or very similar total scores. It is intended to capture the reviewer's expert recommendation beyond the individual rubric criteria.
- ❖ How strongly would you recommend this abstract be included as an Annual Assembly podium presentation?

Scoring Criteria:

1. (Poor) – Weak across multiple axes. Recommend against including presentation.
 2. (Fair) – Though abstract has some strengths, overall quality (considering clarity, evidence, relevance, contribution, and importance/influence) is insufficient.
 3. (Average) – Adequate abstract. Acceptable for inclusion if space allows, though does not stand out.
 4. (Good) – Strong abstract. Well-aligned with conference goals and likely to be of interest to the majority of learners. Recommend including as podium presentation.
 5. (Excellent) – Exceptional abstract. Innovative with ideal clarity, evidence base, and relevance. Highly likely to result in meaningful contributions for improvement in learner's competence, performance, and/or professional development. Strongly recommend prioritizing for inclusion.
- ❖ For any rating of 1, 2, or 5 on the 1–5 Likert scale, provide a rationale in the comments section.

Additional Criteria – While not factored into the abstract's acceptance score, these criteria help guide the structure and flow of the Annual Assembly by influencing how accepted presentations are organized—such as aligning with specific audience tracks, reflecting overarching conference priorities, and ensuring balance across disciplines and topic areas.

- A. The abstract includes diverse representation with a focus on historically minoritized and marginalized populations and/or is anchored in principles of justice, equity, diversity, and inclusion (JEDI).

Scoring Options:

- 1) Not demonstrated – The abstract does not include diverse representation or reference JEDI principles.
- 2) Partially demonstrated or unsure – The abstract shows some consideration of diversity or JEDI principles, but the connection is limited, not clearly articulated, or lacks sufficient detail.
- 3) Clearly demonstrated – The abstract clearly includes diverse representation and/or is explicitly grounded in JEDI principles.

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- B. The abstract integrates interprofessional/multidisciplinary collaboration with a meaningful impact on hospice and palliative practice, team-based care, and/or professional development.

Scoring Options:

- 1) Not demonstrated – The abstract does not show evidence of interprofessional/multidisciplinary collaboration or its impact.
- 2) Partially demonstrated or unsure – The abstract mentions interprofessional or multidisciplinary collaboration. The impact on practice, team-based care, and/or professional development is not fully explained, lacks specific examples, or is difficult to interpret. Select this option if you see some evidence of collaboration but are unsure about its significance or relevance due to limited detail or unclear connections.
- 3) Clearly demonstrated – The abstract clearly integrates interprofessional/multidisciplinary collaboration with a meaningful impact on hospice and palliative care practice, team-based care, and/or professional development.

C. Reviewer-Identified Target Learner Level

Please indicate your assessment of the primary learner experience level this abstract is best suited for, based on the content's complexity, depth, and intended application. This will help ensure proper session placement and audience alignment.

Learner Levels:

1. Level 1 – Awareness
Learners have limited or no prior knowledge of the topic; the session introduces key concepts or issues.
2. Level 2 – Basic
Learners have foundational knowledge and can begin to apply related skills in practice with frequent support or supervision.
3. Level 3 – Intermediate
Learners have a broad understanding of the topic and can apply related skills in practice with minimal guidance.
4. Level 4 – Advanced
Learners have in-depth knowledge and can apply related skills independently in complex or variable practice settings.
5. Level 5 – Expert
Learners are highly experienced; they apply skills independently and may mentor, advise, or instruct others on this topic.

Final Notes for Reviewers

- Be objective and unbiased—if a conflict of interest exists, do not proceed with the review.

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- Ensure fairness and consistency in scoring across all abstracts.
- Use constructive feedback to guide authors in improving their work.
- All feedback will remain anonymous when shared with authors.

Thank you for your time, insight, and dedication to this important work—your thoughtful reviews help shape a meaningful and impactful Annual Assembly experience for all. By following these best practices, we ensure a rigorous, high-quality selection process that promotes the advancement of hospice and palliative care education, practice, and professional development.

Abstract Reviewer Reference **Track Descriptions Principal Call**

Each track supports evidence-informed, inclusive, and interdisciplinary work aimed at bridging practice gaps and enhancing the competence and performance of hospice and palliative care providers. Conference tracks will advance professional development across key competency domains including patient care, clinical knowledge, systems-based practice, interprofessional communication, professionalism, and practice-based learning.

Leadership & Program Development

Content Focus:

Strategies to design, lead, and sustain high-quality hospice and palliative care programs across diverse clinical settings. Topics may include team building, leadership development, change management, business planning, financial sustainability, strategic planning, workforce development, equity-focused system design, regulatory and policy navigation, succession planning, quality metrics, and the scaling and replication of innovative care models.

Who Should Submit:

Current and aspiring leaders across all levels of hospice and palliative care—program directors, operational and clinical leaders, early-career professionals in leadership roles, administrators, and quality improvement specialists. This track welcomes submissions from individuals and teams working to strengthen organizational effectiveness, lead change, foster team development, and build sustainable, high-impact programs.

Session Attendee Target Audience:

Clinicians, administrators, and team leaders seeking tools, strategies, and insights to guide program development, operational effectiveness, and long-term sustainability. This track is also well-suited for early-career professionals preparing for leadership roles, as well as seasoned leaders looking to adapt to changing healthcare environments and community needs.

Hospice

Content Focus: Best practices and advances in hospice care, with a focus on improving quality, access, and equity across settings. Topics may include symptom management, caregiver support and bereavement services, interdisciplinary teamwork, serious illness communication, regulatory and reimbursement updates, hospice quality

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reporting, rural and underserved care delivery, culturally responsive care, hospice eligibility and recertification challenges, innovations in home- and community-based hospice, integration of specialty consult services, and strategies for improving transitions of care and continuity across the serious illness trajectory.

Who should submit: This track welcomes submissions from professionals from all disciplines who are committed to advancing high-quality, person- and family-centered hospice care. Early career clinicians and team members are encouraged to contribute as well. Submissions highlight direct patient care, interdisciplinary team dynamics, operational innovations, community-based approaches, regulatory navigation, or quality and compliance strategies.

Session Attendee Target Audience: Hospice clinicians and interdisciplinary team members alongside administrators, quality and compliance professionals, and early-career providers seeking to enhance hospice care delivery across settings and populations. This track is also relevant for learners preparing for leadership roles in hospice practice and program development.

Pediatrics

Content Focus: This track explores the unique needs of children with serious illness and their families, with a focus on evidence-based approaches to communication, symptom management, psychosocial support, and care delivery. The track welcomes innovative models that improve access, equity, and continuity of pediatric palliative and hospice care across settings.

Who should submit: Clinicians and interdisciplinary professionals providing care for pediatric patients with serious illness including researchers, educators, and program developers working in perinatal, adolescent, or transitional palliative care. Submissions from those integrating pediatric best practices into lifespan-based care are also encouraged.

Session Attendee Target Audience: Interdisciplinary team members who care for seriously ill children and their families in any setting. This track is ideal for pediatric-focused clinicians, learners in pediatric subspecialties, and those seeking to integrate developmentally and family-centered approaches into broader palliative care practice.

Innovations in Care

Content Focus: This forward-looking track highlights transformative innovations and quality improvement initiatives that are reshaping hospice and palliative care. Topics may include the use of emerging technologies, digital health tools, novel care delivery models, data-driven decision-making, artificial intelligence, and predictive analytics. Additional areas of focus include system redesign, equity-enhancing interventions, serious illness population health strategies, rapid-cycle improvement, and scalable approaches that improve access, outcomes, and patient and caregiver experiences across diverse settings and populations.

Who should submit: Clinicians, administrators, researchers, educators, and interdisciplinary teams at any career stage who are developing, implementing, or evaluating innovative practices in serious illness care. This includes individuals involved in quality improvement, health technology, systems-level change, or cross-sector partnerships aimed at advancing the field.

Session Attendee Target Audience: Interdisciplinary professionals committed to improving care delivery through innovation—particularly those engaged in program redesign, technology integration, quality improvement, and

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systems-based practice. This track is also valuable for learners interested in the future of hospice and palliative care and in understanding how innovation can drive equity, effectiveness, and sustainability.

Symptom Assessment & Management

Content Focus: This clinically focused track advances evidence-based strategies for comprehensive assessment and management of the complex symptoms experienced by individuals with serious illness. Topics may include pain and non-pain symptom management, psychological and emotional distress, existential suffering, integrative therapies, pharmacologic and non-pharmacologic interventions, interdisciplinary approaches, patient-reported outcomes, and innovations in symptom evaluation tools and clinical workflows. Emphasis is placed on person-centered care and the translation of evidence into everyday practice across care settings and populations.

Who should submit: Hospice and palliative care clinicians and interdisciplinary team members who are engaged in improving symptom management at the bedside, within programs, or through systems-level initiatives. Submissions are encouraged from those developing, testing, or implementing new tools, models, or approaches to enhance symptom-related outcomes.

Session Attendee Target Audience: Clinicians and learners seeking to strengthen their expertise in symptom management, including those in clinical practice, fellowship training, or advanced roles. This track is especially relevant for those who deliver direct care, lead symptom-focused programs, or support quality improvement in symptom control across diverse care settings.

Education

Content Focus: This track focuses on inclusive, advanced, and evidence-informed approaches to teaching, learning, and professional development in hospice and palliative care. Topics may include curriculum design, interprofessional education, fellow and trainee development, simulation and experiential learning, digital and asynchronous learning strategies, reflective practice, narrative medicine, structured assessment tools (e.g., milestones, EPAs), and strategies for integrating DEI principles into educational content. Emphasis is placed on aligning educational strategies with evolving learner needs, competency frameworks, and real-world practice improvement.

Who should submit: Educators, program directors, faculty, curriculum developers, fellowship leaders, clinical preceptors, and learners who are designing or delivering education in hospice and palliative care. Submissions are encouraged by those advancing teaching methods, developing competency-based education, promoting educational equity, or evaluating learning outcomes.

Session Attendee Target Audience: Educators, program directors and clinicians involved in teaching across disciplines and settings—including academic institutions, clinical training programs, and continuing education. This track is ideal for individuals involved in the development of learners at all levels, from students and trainees to practicing professionals, as well as those focused on innovation in faculty development, lifelong learning, and professional mentorship.