



How Principal Call Podium Abstracts Are Reviewed

To ensure a fair, rigorous, and informed review process, all abstracts submitted to the Principal Call are evaluated by qualified peer reviewers who bring diverse expertise across hospice and palliative care (HPC). Reviewers are selected based on their ability to provide objective, constructive, and high-quality feedback using standardized scoring criteria.

Reviewers must meet the following minimum requirements:

- Professional experience in hospice and palliative care, including relevant clinical, educational, program development, or leadership expertise
- Ability to evaluate abstracts objectively using defined scoring criteria
- Commitment to upholding fairness, confidentiality, and a spirit of constructive feedback throughout the review process

This structured process helps ensure that accepted abstracts reflect the highest standards in educational value, innovation, and impact across the field.

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.

The Principal Call abstract 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 for:

- 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, identified knowledge, skills and practice gaps, committee recommendations, successful mitigation of conflicts of interest (where applicable) and overall programmatic needs of the Assembly.

General Review Process

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

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

Additional Program Planning Criteria (Not Scored): After scoring, reviewers are 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

Scoring Rubric

The following criteria is used to evaluate submissions for relevance, rigor, and potential impact on practice and professional development.

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.
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.

2. Evidence-Base

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- ❖ 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 incomplete, or lacks clarity and balance in its presentation.
3. (Average) – Evidence is included but is limited 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.

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.

4. Contribution to Learner's HPC 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:

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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.

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

- ❖ 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.

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.

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.



- 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

Reviewer 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.

By adhering to these standards, the review process remains equitable, consistent, and aligned with



the values of our professional community. We are committed to selecting abstracts that reflect innovation, diversity, and excellence in hospice and palliative care.

Thank you for your contribution to advancing the field by submitting your work for consideration. We look forward to showcasing meaningful, high-impact content at the 2026 Annual Assembly.