

The logo for the Annual Assembly features the text "ANNUAL ASSEMBLY" in a bold, white, sans-serif font. The word "ANNUAL" is smaller and positioned above "ASSEMBLY". A thin white horizontal line is placed below "ASSEMBLY". The background of the logo is a gradient of orange and yellow, with a pattern of overlapping, semi-transparent hexagons on the right side.

ANNUAL ASSEMBLY

HOSPICE & PALLIATIVE CARE

San Diego, CA • March 4-7, 2026

Early Career and Professionals in Training Subsequent Call for Abstract Review Process

Thank you for generously volunteering your time and expertise as a reviewer for the 2026 Annual Assembly Early Career and Professionals in Training 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.

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 specialty.

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.

About This Call

This call is designed to showcase **case studies** and **scholarly works in progress** from qualified professionals as defined below:

- **Early Career Professionals** (within 5 years of completing formal training)
- **Professionals in Training** (currently enrolled in a formal education or training program)
- Open to all disciplines in hospice and palliative care (e.g., medicine, nursing, social work, pharmacy, chaplaincy, psychology, and others).

Accepted abstracts will be considered for:

- 15-minute podium (oral) presentations
- Poster presentations

Note: The Co-Chairs and Planning Committee determine the final presentation format 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)
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

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 high or low scores, 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.

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Abstract Content Scoring Rubric (Max Score: 30)

Each criterion is scored on a Likert scale of 1-5 (1 poor to 5 excellent).

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 adhere to submission guidelines.
2. (Fair) – Makes some clear points but is disorganized, vague, or has noticeable formatting issues.
3. (Average) – Reasonably clear and follows submission guidelines but lacks precision or concision.
4. (Good) – Clear, well-structured, relatively precise and concise, and mostly adheres to submission guidelines.
5. (Excellent) – Exceptionally clear, well-organized, precise, concise, and fully adheres to submission guidelines.

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.

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:

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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 lacking depth of connection.
- ❖ (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 reflect the field’s priorities, and/or areas of focus.

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) – Designed 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

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competence, practice, and/or professional 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 areas. 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.

***Required Field question 6** - Enter Reviewer comments - Please provide constructive and specific feedback explaining the rationale for your selection above.



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.

7. JEDI Representation

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).

Reviewer Response:

Please indicate **Yes, No, or Unsure**, and provide brief comments if applicable.

8. Interprofessional/Multidisciplinary Representation

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

Reviewer Response:

Please indicate **Yes, No, or Unsure**, and provide brief comments if applicable.

Final Notes for Reviewers

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

Abstract Reviewer Reference Information
Track Descriptions Early Career / Professionals in Training

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.

Opportunities Available in the Early Career and Professional in Training Abstract Call

The **2026 Annual Assembly** welcomes abstract submissions from early-career professionals and those in



training who are advancing hospice and palliative care. This track provides a platform for **fellows, residents, recent graduates, and trainees** to share their work, connect with peers and mentors, and contribute to professional dialogue across disciplines.

Focus Areas and Submission Types

Track	Focus Area	Who Should Submit
Early-Career and Professionals in Training	Showcases the work of early-career professionals and those in training. Sessions highlight clinical, educational, and systems-level contributions that support learning, dialogue, and professional development.	Fellows, residents, graduate students, and early-career clinicians (within 5 years of training completion) across all disciplines.
Sub-Categories	Focus Area	Who Should Submit
Cases	Present meaningful clinical experiences, communication challenges, ethical dilemmas, or systems issues—regardless of outcome complexity. Well-presented cases promote reflection, insight, and discussion.	Early career professionals and professionals in training are invited to submit compelling case presentations that illustrate meaningful clinical experiences. This includes: <ul style="list-style-type: none"> • Fellows and residents in hospice and palliative care • Professionals in training across disciplines (e.g., medicine, nursing, social work, chaplaincy, pharmacy) • Early-career clinicians (within 5 years of completing training) • Individuals who are currently enrolled in a formal education program and engaged in serious illness care.
Scholarly Works in Progress	This category is designed for early-career professionals and professionals in training who are leading or contributing to projects in progress	This submission category is intended for early-career professionals and professionals in training who are



	<p>that go beyond the conceptual stage.</p> <p>Submissions should include projects with clearly defined aims, design, and methods, and must show tangible progress (e.g., data collection, analysis, implementation, or evaluation underway). Final results are not required at the time of submission.</p> <p>This is an excellent opportunity to share evolving work that has the potential to inform or improve practice in hospice and palliative care.</p>	<p>leading or contributing to projects in progress that are beyond the conceptual stage.</p> <p>Eligible submitters include:</p> <ul style="list-style-type: none"> • Fellows, residents, and trainees across all disciplines • Individuals who are currently enrolled in a formal education program and engaged in scholarly, quality improvement, or educational initiatives • Early-career professionals (within 5 years post-training) developing programs or evaluations in clinical, educational, or systems-based work
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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. If you require assistance or have questions, please e-mail info@aahpm.org or call 847.375.4712 between 8am-5pm CT, Monday through Friday. We look forward to seeing you in San Diego in March!