September 11-25, 2023
Subsequent Call for Case Studies and Scholarly Works in Progress for Early Career and Professionals in Training
Submission Guidelines
Deadline for submission is September 25, 2023, at 12 Midnight PT

To our colleagues,

On behalf of the Annual Assembly Planning Committee, AAHPM and HPNA, thank you in advance for your submission contributions to the *Subsequent Call for Case Studies and Scholarly Works in Progress for Early Career and Professionals in Training.*

In addition, we appreciate your support of our Accreditation Standards of Integrity and Independence 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.

Sincerely,

Olumuyiwa (moo-yee-wa) Adeboye, MD MBA FACP FAAHPM - AAHPM Chair
Holli Martinez, FNP-BC ACHPN - HPNA Chair

The 2024 Annual Assembly will be presented as a modified hybrid event with combined livestreaming and in-person experiences, and on-demand access through July 1, 2024. Abstracts submitted through the **Subsequent Call for Case Studies and Scholarly Works in Progress for Early Career and Professionals in Training** opening **September 11, 2023**, and closing **September 25, 2023**, are for the Annual Assembly of Hospice and Palliative Care which will take place March 20 – 23, 2024 in Phoenix, AZ. Planning Committee *Subsequent call* abstract submission notifications will be communicated to authors in early December.

This *Subsequent* call is open for the following:
- 15-minute Podium Presentation (can accept 32)
- Poster Presentation (can accept 150)

The *Subsequent Call* is specifically intended for professionals in training (scholars) or early career hospice and palliative care professionals to have an opportunity to present their peer reviewed work at a nationally accredited conference in addition to having their work published in the Journal of Pain and Symptom Management. This subsequent call for abstracts collects case studies and scholarly studies/research in-progress in the form of 15-minute podium presentations or poster presentations.

Early Career Professionals (ECP) are defined as someone that has completed up to 5 years of post-training. Professionals in Training (PIT) are defined as scholars 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 Call for Case Studies and Scholarly Works in Progress for Early Career and Professionals in Training* for reconsideration by committee.

- Final results of your research or project **are not required** to be included in the abstract text for committee review for this *subsequent call*. This call accepts both works in progress and completed studies for abstract review.
- The presenter and lead author must be an early career professional or professional in training, though more senior co-authors may be included in the submission.
- Scholars (professionals in training) are not limited to poster presentations only. Scholarly works-in-progress are invited to be submitted as 15-podium podium presentations or poster presentations.
- Case studies may be submitted as 15-minute podium presentations or poster presentations.
- If your submission is not accepted as a 15-minute podium presentation it will automatically be considered as a poster presentation.
- 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.

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 limitations in reading character type symbols and formatting restrictions.
- 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.
- 15-minute podium (oral) Presentations (can accept up to 32)
- Poster Presentations (can accept up to 150)

TASK LIST 1 – 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. ***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 coordination.
- Enter authors designated as *Annual Assembly Presenters* on the submission form where prompted.
  - o There can be a max of eight (8) authors for 60 and 30-minute podium presentations.
  - o There is no max number of authors for 15-minute podium Scientific, QI and Research podium presentations.
  - o 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.

Task 2. 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 where 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 time of abstract selection prior to selection for 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.

TASK 3. 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.

- 15-minute Case and Scholar Podium (oral) Presentation Type (can accept 32 – 16 case and 16 scholar)
  - o Education
  - o Hospice
  - o Leadership / Program Development
  - o Pediatrics
  - o Symptoms Assessment and Management
  - o Legal / Ethical / Access to Care
  - o Quality Improvement/Evidence-Based Project
  - o 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 **do not need to be included** in the abstract.
  - QI and Research abstract submissions will undergo secondary AAHPM and HPNA research committee review.
- Cases and Scholar Poster Presentation Type (can accept 150 total – 75 case posters and 75 scholar posters)
  - o Education
  - o Hospice
  - o Leadership / Program Development
  - o Pediatrics
  - o Symptoms Assessment and Management
  - o Legal / Ethical / Access to Care
  - o Quality Improvement/Evidence-Based Project
  - o Scientific Research
    - Original Research/Systematic Review
    - Clinical Research
    - Health Services Research/Population-Based Research
    - Educational Research
    - 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 Phoenix 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 Phoenix, AZ and be registered to attend the 2024 Annual Assembly (schedule time/dates TBD).
  - A digital copy of the poster and a 2-minute accessible pre-recorded overview of the poster are requested to support virtual attendee access and learning.
  - Faculty are encouraged to engage with both live and virtual attendees via networking channels.

Select Secondary Sub-Topic Category to the most applicable NCP Domain
https://www.nationalcoalitionhpc.org/wp-content/uploads/2020/07/NCHPC-NCPGuidelines_4thED_web_FINAL.pdf

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 synopsize 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**.**

- Research/QI related abstracts are to include the following headings:
  - Introduction/Context
  - Objectives – To be entered in separate Task: "Presentation Desired Learner Objectives"
  - Methods
  - Results
  - Conclusion
  - References/Citations – To be entered in "References", separate field that follows

Submission Tips for Symptom Assessment and Management Focused Abstracts:
- Case submissions describing a clinical condition or syndrome should 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.
- Submissions should address 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.

TASK 4. Presentation Desired Learner Objectives

Objectives 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:
1. Objective 1
2. Objective 2

TASK 5. 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.

   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 from the list below:
   □ Managing Suffering and Distress
   □ Disease specific management
   □ Emergencies / Refractory symptom Management
   □ Pharmacotherapeutics / Pharmacopalliation
   □ Interdisciplinary Teamwork / Professionalism
   □ Models of Palliative Care Delivery
   □ Innovative Technologies
   □ Diversity, Equity, Inclusion, Belonging, Justice
   □ Ethical / Legal Aspects of Care
   □ Management of Medical Interventions
   □ Surgical Palliative Care
   □ Loss, Grief, Bereavement

   □ Transplantation / Donation
   □ Integrative Medicine
   □ Quality Improvement
   □ Scientific Research
   □ Advocacy / Policy / Regulations
   □ Existential / Humanities / Spirituality / Religion
   □ Shared Decision Making / Advance Care Planning
   □ Communication
   □ Prognostication
   □ Workforce / Career Development
   □ Patient Outcomes
   □ Global Palliative Care
   □ Resilience/Well being
   □ Other not listed

3. **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 that pharmacotherapeutic content is addressed as defined above during the presentation.

4. **Publishing of Abstract:** All accepted Annual Assembly of Hospice and Palliative Care Abstracts that have not been published in another peer-reviewed journal, will be published in the Journal of Pain and Symptom Management (JPSM) with an estimated publishing release in May – June 2024. *Note that abstracts will be published as written; no additional copyediting will be done. Please ensure your work is copy-edited at the time of submission for potential Journal publication.* Please review the **Author Information Pack** Page 5 *Guide for Authors* provided by the Journal of Pain and Symptom Management to learn more about your abstract publication.
    https://www.elsevier.com/wps/find/journaldescription.cws_home/505775?generatepdf=true

    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.

TASK 6. DEI+B 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.

TASK 7. Annual Assembly Desired Outcome

Through interdisciplinary team collaboration and integrated enactment, our Annual Assembly 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 support the Annual Assembly Desired Outcome as stated above.

TASK 8. Registration and Session Pre-Recording Acknowledgement

- If your abstract is accepted, all *presenting* faculty must register for the Annual Assembly of Hospice and Palliative Care.
- Presenting faculty are expected to present live in-person in Phoenix, AZ 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 Homerooms 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.
- 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:
    o https://support.microsoft.com/en-us/office/make-your-powerpoint-presentations- accessible-to-people-with-disabilities-6f7772b2-2f33-4bd2-8ca7-dae3b2b3ef25
    o https://www.section508.gov/create/presentations/

Disclaimers: 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

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

TASK 9. Abstract Submission Fee Acknowledgement

There is a $40 non-refundable abstract processing fee for submission of individual abstracts for peer review to be paid upon submission completion. A $1.00 credit card transaction will be applied for a total of $41 to be charged to the credit card used.

TASK 10. Payment for abstract submission peer-review and abstract management fees.

Once 1-10 of the tasks have been completed, save your submission, and click to review your abstract submission for accuracy. Any edits can be completed and resaved for update throughout the open call timeframe.

Continue to monitor your task list for outstanding invited author completion to finalize your abstract submission.