Education & Research Governance Handbook 2023/24

Irish Association For Palliative Care

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1. About IAPC

1.1 IAPC – The Voice of Palliative Care

Established in 1993 as an All-island body with the purpose of promoting palliative care nationally and internationally, the Irish Association for Palliative Care (IAPC) is a multi-disciplinary membership non-government organisation. The intention of the founders was that IAPC would be identified by its inclusiveness and would encompass the whole island of Ireland.

The IAPC membership reflects the entire spectrum of all those who work in or have a professional interest in the provision of palliative care, i.e. doctors, nurses, social workers, chaplains and pastoral carers, pharmacists, psychologists, physiotherapists, occupational therapists, dietitians, as well as executive staff and academics and educationalists. Membership also includes clinicians and allied health professionals working in related areas such as geriatrics, oncology, psycho-oncology, paediatrics, and pain management

The IAPC is organised around a number of working groups designed to create forums for shared best practice and learning opportunities, and to enable members to further their professional development.

The Association pursues its objectives through providing structured opportunities for:

- Networking
- Sharing and learning
- Educational offerings
- Promoting evidence-based research
- Publications
- Representation on national bodies and influencing the development of national policy.

At an International level, the IAPC is a member of the European Association for Palliative Care (EAPC) and supports it's work through attendance at conferences, seminars and by feeding into the international policy development of palliative care.

1.2 IAPC Constitution

A voluntary committee drew up the Constitution for the Association which was ratified in 1993. The IAPC has amended its Constitution over the years to reflect the changes to Company Law and the changing needs of the organisation.

1.3 Vision

The Vision of the IAPC is a world where palliative care is available to all of us, when we need it, wherever we are, so we can live life as well as possible until we die.

1.4 Mission Statement

The mission of the IAPC is to promote high-quality evidence-based palliative care in Ireland and internationally.

1.5 Working Groups

The IAPC Working Groups inform the strategic direction and policy decisions of the Board, thereby creating a strong foundation for the IAPC's position as the primary collective voice for palliative care in Ireland. Currently the working groups are under review, however the working groups will be re-instated perhaps in a different format to the one below:

- IAPC Education and Research Forum - active
- IAPC Palliative Nursing Forum - under review
- IAPC Children's Palliative Care Special Interest Group – under review
- IAPC Ethics Group - under review
- IAPC Psychology Group - under review
- IAPC Palliative Care Pharmacy Group – under review
- IAPC Older Person Care Special Interest Group - under review
- IAPC Primary Palliative Care Special Interest Group – under review
- IAPC Spirituality in Palliative Care Special Interest Group – under review

We receive project funding through the HSE and POBAL. We are a registered charity and a company limited by guarantee. A plan for funding the organisation and allowing it to continue to meet its objectives, will form part of the ongoing sustainability of the organisation.

2. Governance and Forum Composition:

2.1 Name:

Education and Research Forum of the Irish Association for Palliative Care (IAPC Education and Research Forum).

2.2 Governance:

The provisions of the Memorandum and Articles of Association of the Irish Association for Palliative Care govern the working of the IAPC Education and Research Forum.

The Chairperson of the IAPC and the Board are solely mandated to make representations on behalf of the IAPC to any and all of the Association's external stakeholders. The Board of the IAPC must always have, at least, one representative on the Education & Research Forum.

2.3 Purpose:

The IAPC Education and Research Forum is a major strand of the IAPC's work agenda. The purpose of the Forum is to address palliative care education and research as arises under the IAPC's Mission to promote palliative care through education, representation and networking and thereby build capacity in palliative care at the individual and at the sector level on the Island of Ireland.

2.4 Role:

The role of the IAPC Education and Research Forum is to promote and accelerate the undertaking of research among palliative care practitioners and researchers on the island of Ireland, to promote evidence-based research, and to build and increase research capacity in the sector. Specifically, it will:

- provide a forum to share best practice, information and knowledge and promote a network / community of interest in palliative care research
- plan and convene an annual seminar to showcase palliative care research
- call for and review research submissions for the annual seminar
- identify and create opportunities for Irish practitioners and researchers to learn from national and international "best practice" in palliative care
- publish seminar proceedings
- create a pathway of learning and development to researchers wishing to publish in high-impact, peer-reviewed publications
- educate researchers in research methods and presentation
- disseminate research and related material through publications, seminars, workshops, and other media
- strengthen and increase linkages with international palliative care associations such as the European Association for Palliative Care (EAPC), and individual European palliative care associations; Northern Ireland Cancer Network (NICaN); the International Association for Hospice & Palliative Care (IAHPC);
- strengthen and increase linkages with national and international institutions engaged in health research and education such as the Health Research Board (HRB); Institute of Public Health (IPH); European Palliative Care Research Centre (PRC); All-Ireland Institute for Palliative Care (AIIHPC).
- keep under review:
    - international developments in palliative care
    - new developments in education for palliative care
    - innovative channels for dissemination of newly emerging research and knowledge in palliative care

- undertake other initiatives that may be prescribed by or agreed with the IAPC Board of Directors.
- make recommendations and provide such advice to the IAPC Board of Directors as required so that the Association can achieve its strategic objective to improve the knowledge and expertise of individuals working within palliative care and thereby strengthen the capacity of the sector.

2.5 Membership:

The Education and Research Forum is a major strand of the work agenda underpinning the strategic objectives of the Irish Association for Palliative Care.

Only fully paid members of the IAPC are eligible for membership of the Education and Research Forum.

The Forum shall consist of up to 20 members.

Members should demonstrate a particular interest in palliative care research and/or education (although not necessarily in a specialist unit or education centre).

The Forum should reflect a diversity of discipline interests and a geographic spread.

Members of the Forum serve for a maximum of four [4] years at any one time after which they must retire.

Retiring members are not eligible for re-nomination to the Forum for a minimum of two [2] years thereafter.

Forum members will cease to be a member of the Forum if they:
- resign from the Forum
- fail to attend 3 consecutive meetings without good cause
- resign from the IAPC
- breach confidentiality

2.6 Succession Planning

Why Succession Planning?

Succession planning guarantees the continuous improvement and engagement of new committee members, ensures the organisation stays relevant, vibrant and above all responsive to the members' needs.

The benefits of succession planning are clear. Not only will it provide continuity for the IAPC at times of member rotation and a clear plan for member progression and replacement, but it also provides recognition and reward for long serving members as they mentor new members and share their knowledge. Succession planning shows clear leadership in identifying new members and ensuring the organisation can meet the new challenges ahead.

The main benefits are:

- Minimises risk to the organisation
- Provides continuous leadership
- Improves organisation culture/staff morale
- Increases value of the organisation
- Identifies gap areas before they are needed

Some of the reasons people may not become involved:

- Lack of information about opportunity
- Conflict with other volunteering activity
- **Never asked to volunteer**
- Lack of virtual volunteering opportunities
- Lack of short-term assignments

2.7 Who is responsible:

The Forum are responsible for the identification and recruitment of new members.

In that recruitment process, the Forum should consider diversity of ethnicity, gender, race, perspectives and thought processes.

The General Manager is involved in the discussion around future Forum needs and will take up the administration tasks relating to new recruits. The General Manager will make contact and provide information on the Board to prospective members, including the time commitment required.

Expression of Interest will be disseminated each year to members.

2.8. Roles and responsibilities of Officers and General Manager

General
The Chairperson as the lead officer of the Forum and the General Manager constitute a leadership partnership. The effectiveness and success of this partnership depends upon the development of a professional, honest and open relationship based on trust, and a clear understanding and respect for respective roles and boundaries.

2.9 Officers:

2.9.1 Role of the Chairperson

General

- Model, uphold and promote the highest standards of integrity
- Liaise with key stakeholders
- Be a general advocate for IAPC
- Be the primary media spokesperson for IAPC's messages and policies, requested by the Board
- Ensure that Forum members comply with the Governance Code
- Encourage Forum member's compliance with their role
- Monitor compliance with the Code of Governance
- Lead the Forum for tenure of Chair

- Build an effective and complementary Forum, initiating change and planning succession in Forum appointments
- Ensure accurate and timely reporting about the Forums performance to the Board so as to enable the Board make informed decisions
- Encourage active participation of all Forum members

The Chairperson shall be a member of the Forum and shall be elected by the members of the Forum for a period of two years [24] months, with a second term of twelve (12) months as "Immediate Past Chairperson" The IAPC Chairperson and Board of Directors shall be informed of the nominated Chairperson of the Group.

The responsibilities of the Chairperson include:
- convening and chairing meetings
- ensuring a quorum of members is present before a meeting proceeds
- guiding the meeting according to the agenda and time available
- ensuring all agenda items end with a decision, action or definite outcome
- reviewing and approving draft minutes before distribution
- ensuring minutes of the Forum are copied to the IAPC Executive Office
- planning meetings and developing the agenda in conjunction with the IAPC Executive Office
- attending conferences and meetings pertinent to palliative care education and
- research as a representative of the IAPC as deemed necessary by the IAPC Board and where funding to do so exists
- work with the Forum to develop an annual workplan/ work programme to
- include goals/priorities, along with an action plan to achieve these, to be
- provided to the IAPC Board for approval
- providing an update on the Forum's work progress and meetings to the IAPC Board of Directors as requested
- furnish an Annual Report of the Education and Research Forum for inclusion in the annual report of the IAPC
- inviting internal (IAPC) or external persons to attend meetings where advice and assistance is required or issues of particular interest are under discussion
- attending and reporting to meetings of the IAPC Board of Directors as required by the Board.

2.9.2 Role of the Vice-Chairperson
The Vice-Chairperson shall be a member of the Forum and persons going forward for the role of Vice-Chairperson may self-nominate or be nominated by the Forum itself. The Vice-Chairperson must have served for a period of twelve months as a Forum member.

The Vice-Chairperson shall be elected by the Forum for a period of twelve [12] months.

The position of Vice-Chairperson is normally considered to be "Chair Elect" of the Forum.

The responsibilities of the Vice-Chairperson include:
- to deputise for the Chairperson in the Chairperson's absence
- assist the Chairperson in drawing up annual work plans
- assist the Chairperson in drawing up the annual report on the work of the
- Group
- assist the Chairperson with matters between meetings as required
- agree and undertake such tasks as may be assigned or delegated by the Chairperson from time to time

2.9.3 Role of the Secretary

Agenda Setting:
The Secretary and General Manager in consultation with the Chairperson is responsible for developing a draft agenda in advance of each Forum meeting. In developing the draft agenda, care will be taken to ensure the Forum has sufficient time and opportunity to discuss the agenda issues and any other issues which may arise. The draft agenda is circulated to the Forum at least 7 days in advance of each meeting. The Forum may then request additional items to be placed on the agenda. Supporting material is circulated in advance of the meetings to provide background to any topics included on the agenda. Supporting material is circulated electronically and it is the responsibility of the Forum member to access the material and bring it to the meetings. Any difficulties with this process must be flagged to the Secretary. In agreeing the agenda, the General Manager will confirm the date, time and venue.

Minutes of Meetings
Draft minutes are recorded by the Corporate Secretary and circulated to the Forum for review, prior to the next meeting. Any issues arising from the draft minutes are discussed and recorded in the minutes of that meeting. Where no issues arise the draft minutes are approved by the Board.

Tasks:
- support Chair/Vice Chair in the preparation of meetings
- take notes of proceedings of the meeting and prepare the minutes of the meeting
- prepare the draft minutes for the Chairperson's review and approval
- provide minutes that are accepted by the members of the Group as a true and accurate record at the beginning of the next meeting
- prepare agendas of meetings of the Group and all necessary documents attaching to the agendas for information and discussion in conjunction with the Group Chairperson and IAPC Executive Office
- Prepare for meetings, read minutes
- Attend and participate in meetings (Zoom), Attend meetings in person when required

- Seminar Support: Develop Theme, suggest plenary speakers, workshop facilitators and adjudicators
- Discuss and select Topics
- Review and select abstracts for the day of seminar
- Support the General Manager, Chair and Vice Chair as required
- Carry out tasks as assigned
- Carry out tasks on Seminar Day as assigned

2.9.4 Role of Forum members

- Prepare for meetings, read minutes
- Attend and participate in meetings (Zoom), Attend meetings in person when required
- Seminar Support: Develop Theme, suggest plenary speakers, workshop facilitators and adjudicators
- Discuss and select Topics
- Review and select abstracts for the day of seminar
- Support the General Manager, Chair and Vice Chair as required
- Carry out tasks as assigned
- Carry out tasks on Seminar Day as assigned

2.10 Meetings

The Quorum necessary for the transaction of the business of the Forum may be fixed by the Officers of the Forum and unless so fixed is fifty per cent [50%] of the Members.

The Forum will meet a minimum of four [4] times a year, during COVID Zoom became the normal method of conducting the Forum meetings.

Decisions will be made by voting or by consensus agreement.

The Chairperson of the Forum retains a casting vote.

2.11 Secretariat Arrangements

IAPC staff members supporting the Group are:
Administration Assistant – Cathy Herbert
General Manager – Jacinta Cuthbert

2.11.1 Administrative Support

The IAPC Executive Office will provide support to the Group as follows:
- organise all meetings venues etc
- notify the Group members of upcoming meetings
- ensure agenda and documentation is distributed to the Group members at least one week prior to a meeting

- organise Seminar event ie venues/catering/IT etc
- carry out all administration tasks relating to the Seminar
- carry out all administration tasks for Forum meetings

3. APPENDICES

3.1 Example of Call for Abstracts

Dear Colleagues,

Irish Association for Palliative Care

Annual Education and Research Seminar YYYY

As we are all working in the "new normal" the 20th Anniversary of the Education & Research Seminar will be hosted live and interactive. The opening event will be held on the XXXX for which invitations will issue shortly. In the interim we would like to invite you to submit an abstract in preparation for this seminal event.

The Call for Abstracts for the IAPC Annual Education and Research Seminar in XXX

is now open at https://iapcseminar2021.exordo.com/

Important things to remember:

- Submission may only be made online at https://iapcseminar2021.exordo.com/

- Submissions made via any other method will not be accepted.

- Closing date and time for receipt of submissions is **5:00pm on Wednesday the XXXXXX**

- Please ensure you have read **ALL** submission criteria before submitting an abstract. **NOTE:** Abstracts that do **NOT** adhere to the criteria as set out will not be accepted. Full guidelines available at https://iapcseminar2021.exordo.com/submissions/new

We look forward to receiving your abstract submissions.

You are receiving this notification because your email is on the IAPC mailing list, to unsubscribe please contact info@iapc.ie.

Yours sincerely

Jacinta Cuthbert

CEO

3.2 Abstract Topics:

Abstracts are submitted in one of the following streams;

Research, Audit or Case study.

Authors are then asked to choose a maximum of three topics areas listed below.

Bereavement
Cancer
Children's Palliative Care
COVID
Education
Non-Malignant Conditions
Older Person Care
Pain and Symptom Management
Primary Care
Psychosocial Care
Quality Improvement and Policy Development
Rehabilitation
Spirituality, Cultural and Ethical Issues

3.3 Abstracts Submissions

3.3.1 Research Abstracts

(Consent must have been obtained where necessary)

- *Title, Authors, Institutional Address* (with or without logo)
- *Background:* Brief outline of essential information necessary to understand the study and its purpose.
- *Aim(s) and Objective(s) of the study:* the research question(s) or hypothesis(es) clearly and succinctly stated.
- *Methods*: briefly outline how the study was carried out and the data analysed.
- *Findings/Results*: Using graphs or tables briefly illustrate the results of the study providing clear and informative legend.
- *Conclusion:* This should reflect information presented only.
- *Funding Sources*

- *Was ethical approval sought:*

3.3.2 Case Studies

(Consent must have been obtained where necessary)

- *Title, Authors, Institutional Address* (with or without logo).
- *Background:* Identify the issue the case study/report addresses, why this case is important, current knowledge on the topic, and some indication of the case relevance to practice and research.
- *Case Presentation:* Presenting features of the case(s) and working/differential diagnoses. Brief summary of case(s) history, examinations and investigations.
- *Management and Outcomes:* Details of any treatment/intervention given and a description of the course/outcome(s) of the clinical issue(s) being reported. Description of case(s) outcome.
- *Discussion/ Learning Points/ What this Study Adds:* Description of lessons learnt from the case(s) and implications for future clinical practice or research. It is particularly important that the learning points from the case are clearly spelt out.
- *Conclusions*: Summary of pertinent points
- *Funding Sources*

- *Was ethical approval sought:*

3.3.3 Clinical Audits

- *Title, Authors, Institutional Address* (with or without logo).
- *Background & rationale for audit:* The title should reflect the essence of the audit being presented with reference to the population in question and audit cycle.

- *Aim(s):* Clear and succinctly expressed aims that are specific, measurable, achievable, realistic & time limited

- *Standard(s):* Clear evidence based standards identified & selected for audit. Fully compliant with SMART guidance

- *Methodology:* This should reflect all the appropriate elements for methodology in question.

- *Conclusions, Recommendations and Action Plan:* Conclusions excellently described with logical flow from audit aim(s). Recommendations specific, time limited and plan for re-audit is specified. Action plan outlined which flows logically from specified aim.

- *Results & Re-Audit of Implemented Recommendations:* There should be evidence in the abstract that a re-audit cycle was completed and that implemented changes were examined and a set of new recommendations and action plans are laid out.

3.3.4 Quality Improvement Projects

The abstract review group will base its decisions on the assessment of all abstract reviewers. All abstracts will be blindly reviewed by at least three reviewers taking the following criteria into account:

- *Background & rationale for QUALITY IMPROVEMENTS project (problem to be addressed)*

- Aims and Objectives - clearly stated aims and objectives

- *Methodology:* This should include measures, interventions and analysis of data.

- *Results:* Initial steps of the intervention(s) and their evolution over time including modifications made. Details of the process measures and outcomes. Associations between outcomes, interventions, and organisational elements. Unintended consequences. Observed associations between outcomes, interventions and organisational elements.

- *Originality of Project*

- *Contribution to Palliative Care practice/policy* – all abstracts should demonstrate a contribution to palliative care practice or policy

- *Conclusions, Sustainability, Next Steps:* How far did the QUALITY IMPROVEMENTS project go to address the identified issue. Usefulness of the work, sustainability, potential for spread to other contexts, implications for practice and for further study in the field, suggested next steps.

- *Contribution to Palliative Care practice/policy* – all abstracts should demonstrate a contribution to palliative care practice or policy

3.4 Abstract Review and Marking 2024

NOTE: Reviewers should base their marking on clarity, rigour, overall interest, presentation and originality. This will allow an early researcher to compete with an experienced research team. The strands have been adopted as a mechanism for the abstract reviewers to judge the quality of abstracts based on the level of research experience of the lead author. The strands should not determine whether or not submissions are accepted for platform or poster presentations. Rather, it will be the quality of the abstract that will determine the scores.

PATIENT CONSENT : You must clearly indicate in your submission that you have signed informed consent from patients (or relatives/guardians) before submitting an Abstract to the IAPC.

All information which could potentially identify the patient/case must be anonymized, e.g. specific ages, ethnicity, occupations.

Researcher Strands

The IAPC Education and Research Forum seeks to foster research activity among early researchers while also promoting larger scale research/audit among more experienced researchers, and provide a forum for disseminating and debating large scale research/audit, and/or innovative research designs.

The Researcher Strands are intended to enable the IAPC Education and Research Forum to respond in a positive and developmental manner to the current state of research activity within palliative care in Ireland.

This process also enables the IAPC to play an active role in promoting research activity across the different strands and thereby the different stages of research careers among presenters. The strands are also intended to enable abstracts to be reviewed on a more equal footing according to whichever strand the lead author self-assigns him/herself.

The IAPC Education and Research Forum are aware that researchers in Ireland are at different stages in their career with varied experience and exposure to the palliative care research environment in Ireland. Authors must choose the strand from the following list that best describes the level they feel they are at as a researcher in line with the details below. The Abstract Review Group may query/review an author's strand selection.

First time or novice researcher

Abstracts that were led by a researcher who is inexperienced in undertaking research projects. This applies to a lead author who:

- does not have a PhD or MD Degree
- has not previously competed successfully as a Principle Investigator for a fellowship award or research grant
- has not previously presented a platform paper at a multidisciplinary national or international conference

The lead author may have been supervised in his/her research by an experienced researcher(s). However, the literature review informing the work, elements of design development, data collection and analysis, and discussion on findings should have been undertaken by the lead author.

Junior researcher

Abstracts that were led by a researcher who has some, albeit limited research experience. This implies the researcher:

- does not have a PhD or MD Degree
- has not previously held grants as PIs
- may have recently undertaken or be currently undertaking research training
- has a record of, or is currently undertaking research that has clear contribution to local service/policy/clinical
- previously had a paper accepted for platform/oral presentation at a national or multidisciplinary international conference

The lead author may have been supervised in his/her research by an experienced researcher(s). However, the literature review informing the work, elements of design development, data collection and analysis, and discussion on findings should have been completed by the lead author.

Experienced researcher

Abstracts that were led by an established researcher. This researcher may have previously held research grants or led projects as PI. The experienced researcher strand reflects a record in research training and activity and the researcher:

 may have completed or be undertaking doctoral studies

- has an established research record
- has had papers accepted for platform/oral presentation at multi-disciplinary national and international conferences
- has had paper(s) accepted in peer reviewed journals
- has previously undertaken or is currently undertaking research with clear national implications and relevance

The abstract submitted by the lead author may have a number of co-authors and may represent all, or an element, of large scale funded research.

<u>Full time researcher or research department or institute</u>

This strand is intended for abstracts on work led out by full-time researchers, senior academics (at the level of senior lecturer or higher) regular grant holders and/or research institutes or departments.

NOTE: Abstracts will only be considered for Platform presentations if full results are provided.
Abstracts will only be considered for Poster presentations if interim results are provided.

CLOSING DATE FOR SUBMISSION

Go to https://iapcseminar2024.exordo.com

3.5 Guidelines for Oral Presentations

Oral presentations will be presented … on .. February XXX. Please have your final presentation emailed to admin@iapc.ie by ….. Each oral presentation should be no more than 8 minutes followed by a live 2 minutes of questions and answers.

> *The abstract should include a statement on whether ethics was required and if so whether it was obtained*
>
> *Patient/participant anonymity must maintained*
>
> *Funding sources should be stated*
>
> *Consent should be obtained where necessary and stated in abstract*

Please use the following headings when preparing your presentation.

3.5.1 Research Abstracts
(consent must be obtained where necessary)

- *Title, Authors, Institutional Address* (with or without logo)
- *Background:* Brief outline of essential information necessary to understand the study and its purpose.
- *Aim(s) and Objective(s) of the study:* the research question(s) or hypothesis(es) clearly and succinctly stated.

- *Methods*: briefly outline how the study was carried out and the data analysed.
- *Findings/Results*: Using graphs or tables briefly illustrate the results of the study providing clear and informative legend.
- *Conclusion:* This should reflect information presented only.
- *Funding Sources:*
- *Was ethical approval sought:*

3.5.2 Case Studies
(consent must be obtained)

Anonymise patient and organisational details in abstract text

- *Title, Authors, Institutional Address* (with or without logo).
- *Background:* Identify the issue the case study/report addresses, why this case is important, current knowledge on the topic, and some indication of the case relevance to practice and research.
- *Case Presentation:* Presenting features of the case(s) and working/differential diagnoses. Brief summary of case(s) history, examinations and investigations.
- *Management and Outcomes:* Details of any treatment/intervention given and a description of the course/outcome(s) of the clinical issue(s) being reported. Description of case(s) outcome. Details of any outcome measures used.
- *Discussion/ Learning Points/ What this Study Adds:* Description of lessons learnt from the case(s) and implications for future clinical practice or research. It is particularly important that the learning points from the case are clearly spelt out.
- *Conclusions.*
- *Funding Sources*
- *Was ethical approval sought:*

3.5.3 Clinical Audits
- *Title, Authors, Institutional Address* (with or without logo).

- *Background & rationale for audit:* The title should reflect the essence of the audit being presented with reference to the population in question and audit cycle.
- *Aim(s):* Clear and succinctly expressed aims that are specific, measurable, achievable, realistic & time limited. Fully compliant with SMART guidance
- *Standard(s):* Clear evidence based standards identified & selected for audit.
- *Methodology:* This should reflect all the appropriate elements for methodology in question.
- *Conclusions, Recommendations and Action Plan:* Conclusions excellently described with logical flow from audit aim(s). Recommendations specific, time limited and plan for re-audit is specified. Action plan outlined which flows logically from specified aim.
- *Results & Re-Audit of Implemented Recommendations:* There should be evidence in the abstract that a re-audit cycle was completed and that implemented changes were examined and a set of new recommendations and action plans are laid out.
- *Funding Sources*

3.5.4 Quality Improvement Projects
- *Title, Authors, Institutional Address* (with or without logo).
- *Background & rationale for QUALITY IMPROVEMENTS project (problem to be addressed):* Context where work was conducted and describe team personnel involved. Problem description, available knowledge, rationale for QUALITY IMPROVEMENTS project
- *Aim(s):* Clear and succinctly expressed aims that are specific, measurable, achievable, realistic & time limited
- *Methodology:* This should include measures, interventions and analysis of data.
- *Results:* Initial steps of the intervention(s) and their evolution over time including modifications made. Details of the process measures and outcomes. Associations between outcomes, interventions, and organisational elements. Unintended consequences. Observed

associations between outcomes, interventions and organisational elements.

- *Conclusions, Sustainability, Next Steps, How the QUALITY IMPROVEMENTS project impacted the service :* How far did the QUALITY IMPROVEMENTS project go to address the identified issue. Usefulness of the work, Sustainability, Potential for spread to other contexts, implications for practice and for further study in the field, suggested next steps.
- *Funding Sources:*

ALL PRESENTATIONS MUST BE RECEIVED BY …. …
EMAIL TO ADMIN@IAPC.IE

#palcaresem24

3.6 Guidelines for Poster Presentations /Poster Video submissions: if Virtual

3.6.1 Poster:

We are aiming to have an in person seminar in 2024, however we are continuing with the online format for this year's seminar, we have decided to display the posters via PowerPoint and each attendee will receive a PDF version of submitted posters. If you do not wish your poster to be included in this, please decline the invitation to submit on Ex Ordo.

The abstract should include a statement on whether ethics was required and if so whether it was obtained

Patient/participant anonymity must maintained

Funding sources should be stated

Consent should be obtained where necessary and stated in abstract

Please email your poster to admin@iapc.ie by ….. If your poster has not been received by this date, it will not be included in this year's seminar.

3.6.2 Tips for Posters:
1. Poster should focus on presenting the main message from your project or research.
2. The poster should be in landscape design in a ratio of 16:9 (widescreen)
3. Posters must be one page and should be saved as a pdf. Only pdf versions will be accepted. There is no preferred size for the poster upload as long as it is in the same proportions as A0, A1, A2, A3, or A4 so that it will easily print on an A4 sheet.
4. Consider the visual appeal of posters (e.g. format, colour, graphics) more influential for knowledge transfer than actual content , free templates readily accessible online.

5. Text and images should be easily viewed on a screen or when printed on an A4 page.

6. Avoid excessive text, no more than 1,000 words in total

7. Recommend fonts: "sans serif" fonts such as Arial, Calibri, Century Gothic, Helvetica, Tahoma and Verdana.

8. Design the individual sections of your poster so that they can be quickly read – avoid large blocks of text and long sentences

9. Utilise bullet points or numbering to divide up blocks of text

10. Where possible, replace text with pictorial representation e.g. graphs, charts, tables, diagrams, photos to show complex information visually

11. Aim for approximately 50/50 ratio of graphics to text

12. Allow negative areas or empty space to give your poster room to 'breathe'

13. Ensure all charts, tables, diagrams have a label & reference them within body of text

14. Ensure the poster follows a logical flow using suggested subheadings

3.6.3 Research Abstracts
(Consent must have been obtained where necessary)

- *Title, Authors, Institutional Address* (with or without logo)
- *Background:* 3-5 short brief sentences outlining essential information necessary to understand the study and its purpose.
- *Aim(s) and Objective(s) of the study:* the research question(s) or hypothesis(es) clearly and succinctly stated.
- *Methods*: briefly outline how the study was carried out and the data analysed.
- *Findings/Results*: Using graphs or tables briefly illustrate the results of the study providing clear and informative legend.
- *Conclusion:* Many readers concentrate on this section, hence it should be short and easy to understand.
- *Funding Sources:*
- *Was ethical approval sought:*

3.6.4 Case Studies

(Consent must have been obtained where necessary)

Anonymise patient and organisational details in abstract text

- *Title, Authors, Institutional Address* (with or without logo).
- *Background:* Identify the issue the case study/report addresses, why this case is important, current knowledge on the topic, and some indication of the case relevance to practice and research.
- *Case Presentation:* Presenting features of the case(s) and working/differential diagnoses. Brief summary of case(s) history, examinations and investigations.
- *Management and Outcomes:* Details of any treatment/intervention given and a description of the course/outcome(s) of the clinical issue(s) being reported. Description of case(s) outcome. Details of any outcome measures used.
- *Discussion/ Learning Points/ What this Study Adds:* Description of lessons learnt from the case(s) and implications for future clinical practice or research. It is particularly important that the learning points from the case are clearly spelt out.
- *Conclusions*: Identify how the aims have been met.
- *Funding Sources:*
- *Was ethical approval sought:*

3.6.5 Clinical Audits

- *Title, Authors, Institutional Address* (with or without logo).
- *Background & rationale for audit:* The title should reflect the essence of the audit being presented with reference to the population in question and audit cycle.
- *Aim(s):* Clear and succinctly expressed aims that are specific, measurable, achievable, realistic & time limited
- *Standard(s):* Clear evidence based standards identified & selected for audit.
- *Methodology:* This should reflect all the appropriate elements for methodology in question.

- *Conclusions, Recommendations and Action Plan:* Conclusions excellently described with logical flow from audit aim(s). Recommendations specific, time limited and plan for re-audit is specified. Action plan outlined which flows logically from specified aim.
- *Results & Re-Audit of Implemented Recommendations:* There should be evidence in the abstract that a re-audit cycle was completed and that implemented changes were examined and a set of new recommendations and action plans are laid out.
- *Funding Sources:*

3.6.6 Quality Improvement Projects
- *Title, Authors, Institutional Address* (with or without logo).
- *Background & rationale for QUALITY IMPROVEMENTS project (problem to be addressed):* Context where work was conducted and describe team personnel involved. Problem description, available knowledge, rationale for QUALITY IMPROVEMENTS project
- *Aim(s):* Clear and succinctly expressed aims that are specific, measurable, achievable, realistic & time limited
- *Methodology:* This should include measures, interventions and analysis of data.
- *Results:* Initial steps of the intervention(s) and their evolution over time including modifications made. Details of the process measures and outcomes. Associations between outcomes, interventions, and organisational elements. Unintended consequences. Observed associations between outcomes, interventions and organisational elements.
- *Conclusions, Sustainability, Next Steps, How the QUALITY IMPROVEMENTS project impacted the service :* How far did the QUALITY IMPROVEMENTS project go to address the identified issue. Usefulness of the work, Sustainability, Potential for spread to other contexts, implications for practice and for further study in the field, suggested next steps.
- *Funding Sources:*

ALL POSTERS MUST BE RECEIVED BY…….
EMAIL TO ADMIN@IAPC.IE

#palcaresem24

3.6.7 To record your video:

1. Use this handy link to record your PowerPoint and video at the same time:

Use this link to record your camera and your PowerPoint window while presenting. We recommend doing a test recording to make sure you can see and hear yourself clearly.

https://www.panopto.com/record/?origin=nav

In the settings tab (bottom right) make sure it has ticked:

- Count down when pressing record
- Capture in HD
- Show as side by side

When you are happy with your recording, please download the video file. Click this icon to download:
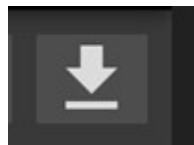
2 - Please see some shooting tips below:

Technology

Make sure your PC/Laptop is on a steady surface and not held by somebody else.

Audio
If you have a headset, use it while you are recording – this makes the audio much clearer. Find a quiet place and close windows to avoid outside noise.
Be careful of jewellery/accessories that could interfere with audio.

Lighting
Do not stand in front of a light source – no bright windows behind the presenter please. If possible, add more light behind the camera to spotlight the presenter.

Clothing

Stick to solid, warm colours.
Avoid clothing with stripes and, if possible, remove glasses as they can reflect light back to the camera.

Positioning
Place yourself central on camera with your shoulders and head visible. Position camera at eye level.

Checklist for video submission

- Email info@iapc.ie by
- PowerPoint presentation
- Recorded video file from https://www.panopto.com/record/?origin=nav
- Exordo Abstract ID number

Incomplete submissions or late submissions may not be accepted.

3.7 Submission Guidelines
3.7.1 Research

The abstract review group will base its decisions on the assessment of all abstract reviewers. All abstracts will be blindly reviewed by at least three reviewers taking the following criteria into account:

- Background - relevance of hypothesis or theoretical framework
- Aims and Objectives - clearly stated aims and objectives
- Methods and Methodology – Quality of method: sampling, data collection, analytical strategy, stringency of theoretical position, reference to relevant knowledge base etc.
- Findings/Results – clear presentation of results, statistical power, originality of research and application to palliative care practice etc.
- Originality of research- all abstracts should demonstrate originality or provide stringency of arguments when repeating previous work.
- Contribution to Palliative Care practice/policy – all abstracts should demonstrate a contribution to palliative care practice, policy or research work, or make a contribution to a relevant theoretical or methodological debate.
- Conclusions - supported by the data presented, quality of interpretation of own work

Background – Relevance of hypothesis/theoretical framework*

5	**Excellent**	Background sets the scene and includes study population, method** used and specific measure addressed (if relevant). Clear rationale of the need for the study/review/innovation
4	**Good**	Good background reflecting method, study population and measure examined. Some evidence for need of study/review/innovation
3	**Acceptable**	Moderate background but little evidence of need for study/review /innovation
2	**Unacceptable**	Background neither reflects the study/review/innovation presented. Rationale is not supported in the background. Little evidence of rationale for study
1	**Rejected**	Abstract has no results

- ***In the case of qualitative/action research designs**
- ****For the purposes of abstract reviewing, method encompasses research design and methodology**

Aims and objectives – Clearly stated Aims and Objectives

5.	**Excellent**	Clear and Succinctly expressed aims and objectives, with evident links to study title, background, population, method and outcome measure clearly indicated
4	**Good**	Clear aims and objectives, with good links to study title, background, and method, with some scope to be more succinct
3	**Acceptable**	Moderately well expressed aims and objectives but not well linked to outcomes or background
2	**Unacceptable**	Aims and objectives poorly articulated
1	**Rejected**	Abstract has no results

Methods and methodology – Quality of method: sampling, data collection, analytical strategy, stringency of theoretical position, reference to relevant knowledge base etc.

5	**Excellent**	The submission presents all the appropriate indicators for the reporting of the study in question Study: framework adopted, clear search strategy, research design, population, sample, data collection, analysis & conclusions
4	**Good**	The submission presents most of the main elements expected for the type of presentation presented
3	**Acceptable**	The submission presents some of the main elements expected for the type of presentation presented
2	**Unacceptable**	The submission utilises a flawed methodological approach for the presentation.
1	**Rejected**	Abstract has no results

Findings / results - clear presentation of results, statistical power, originality of research and application to palliative care practice etc.

5	Excellent	The submission contains a summary of findings/results that reflect all the aims and objectives of the study being reported (numerical data in the case of quantitative studies)
4	Good	The submission includes a summary of findings/results that reflects the main aims, objectives and methods
3	Acceptable	The submission includes only partial findings/results
2	Unacceptable	Limited or no findings that reflect the study aims, objectives and/or methods
1	Rejected	Abstract has no results

Originality of research- all abstracts should demonstrate originality or provide stringency of arguments when repeating previous work.

5	Excellent	Clear relevance and clear originality to palliative care knowledge for practice/policy/service development
4	Good	Relevant to palliative care with partial knowledge for practice/policy at local level or enquiry methods; with some originality
3	Acceptable	Relevant to palliative care practice, policy or research work, with limited originality
2	Unacceptable	Tenuous relevance to palliative care practice, policy or research work
1	Rejected	Abstract has no results

Contribution to Palliative Care practice/policy- all abstracts should demonstrate a contribution to palliative care practice, policy or research work, or make a contribution to a relevant theoretical or methodological debate.

The extent to which the research contributes to Regional/National/International Service/Policy/Clinical Guidelines and Focus on Transferability Beyond Local Setting to National/International Setting within limits of the particular strand should also be taken into account by the reviewer.

5	Excellent	Innovative contribution to practice and policy at the appropriate level for the researcher
4	Good	Some contribution to practice
3	Acceptable	Confirms existing practice
2	Unacceptable	Not Linked
1	Rejected	Abstract has no results

Conclusions - supported by the data presented, quality of interpretation of own work

5	Excellent	Conclusions excellently described with logical flow from study aims and results/findings; interpretation of results rather than a reiteration; pertinent to practice

4	**Good**	Conclusions well described arising from results/ findings and pertinent to practice
3	**Acceptable**	Conclusions informed by and linked to findings and design
2	**Unacceptable**	Poorly informed conclusions, minimally linked to findings and design
1	**Rejected**	Abstract has no results

3.7.2 Clinical Audits

The IAPC Education and Research Forum welcomes the submission of Clinical Audits however please note the following Criteria for the Submission of Clinical Audits:

Abstracts must follow the following layout:
- (i) Background & rationale for audit
- (ii) Aim(s)
- (iii) Standard(s) (and Criteria)
- (iv) Methodology
- (v) Results
- (vi) Conclusions, Recommendations and Action Plan
- (vii) Re-Audit of Implemented Recommendations

Audits will only be accepted if the audit cycle has been completed.

What is Clinical Audit?

The systematic review and evaluation of current practice against research based standards with a view to improving clinical care for service users. Clinical Audit is a way to *continually* assess and improve patient care, benchmark against best practice, to uphold professional standards and ultimately to improve the quality and effectiveness of healthcare.

An audit is a piece of work in which local performance is assessed against a standard with the aim of improving practice, where appropriate. This standard may be locally or nationally produced.

If there is no standard against which performance is being assessed this is not an audit and should not be submitted as an audit, (this may be a service review or a case series etc)

Clinical Audit Support Documents

http://hse.ie/eng/about/Who/qualityandpatientsafety/Clinical_Audit/clinicalauditdocuments.html

http://www.hse.ie/eng/about/Who/qualityandpatientsafety/Clinical_Audit/clinicalauditdocuments.html

http://www.hse.ie/eng/about/Who/qualityandpatientsafety/Clinical_Audit/RoutineAuditTools2.html

SMART Guidelines

Specific - Clear, unambiguous and jargon-free. A standard should only mean one thing to all people who read them.

Measurable – Is the information required to answer your standard available? For example, "information leaflet should be given to patients". If data is collected retrospectively, how will you know if it's a failure of practice or a failure of documentation?

Agreed - By all concerned with delivering that aspect of care.

Relevant - To area of care being audited / concern that has been raised.

Theoretically sound - Based on evidence about best practice, reviewed and updated as new evidence becomes available.

Reviewing Guidelines for Reviewers ONLY
Title – The title should reflect *the essence of the audit being presented with reference to the population in question and audit cycle.*

Background & Rationale for Audit

5	**Excellent**	Sets the scene with reference to national and/or international best practice. Discussion of local population, Clear rationale of the need for the audit and potential inconsistencies in practice.
4	**Good**	Good background, and some evidence for need of study/review/innovation
3	**Acceptable**	Moderate background but little evidence of need for study/review /innovation
2	**Unacceptable**	Background neither reflects the study/review/innovation presented. Rationale is not supported in the background.
1	**Rejected**	Audit cycle not completed

Aim(s)

5	**Excellent**	Clear and succinctly expressed aims that are specific, measurable, achievable, realistic & time limited
4	**Good**	Clear aims with some scope to be more succinct
3	**Acceptable**	Moderately well expressed aims
2	**Unacceptable**	Aims poorly articulated, disorganised and non-specific, not achievable within context of specific audit project
1	**Rejected**	Audit cycle not completed

Standard(s) (and Criteria)

5	**Excellent**	Clear evidence based standards (local or national) identified & selected for audit with appropriate referencing. Source & Strength of evidence base commented upon. Specific criteria for audit drawn from standards & threshold for each criterion set (e.g. 100%, 80%). Reference made to exceptions where applicable. Fully compliant with SMART guidance.
4	**Good**	Good selection of evidence based standards but inadequately referenced. Criteria nominated with threshold but scope to be more succinct. Complaint with SMART guidance.
3	**Acceptable**	Selection of standards evident but inadequately referenced. Selection of criteria but poor or absent justification of threshold set. No reference to exceptions. Partially compliant with SMART guidance.
2	**Unacceptable**	Standards not evidence based nor referenced. No reference to consensus discussion in absence of local or national standard. No

		derivation of criteria for audit or setting of target threshold for each criterion.
1	**Rejected**	Audit cycle not completed

Methodology

5	**Excellent**	The submission presents all the appropriate elements for methodology in question. Clear parameters of the audit are set out including selected time period, location, justification of number of cases, selection of data collection tool, method of data extraction & analysis. Appropriate sampling is utilised to ensure that it is representative of practice.
4	**Good**	The submission presents most of the main elements expected for the audit presented. Parameters are articulated with scope to be more specific. Reference is made to data extraction & method of analysis.
3	**Acceptable**	The submission presents some of the main elements expected for an audit. Partial fulfilment of parameters of audit with incomplete data extraction and/or analysis.
2	**Unacceptable**	The audit omits key elements expected for fulfilment of the methodology expected in audit. Inadequate expression of parameters or audit, inconsistent sampling & data extraction, no reference to data collection tool or analysis
1	**Rejected**	Audit cycle not completed

Results

5	**Excellent**	The audit summarises results in a clear & succinct manner utilising raw data or percentages where appropriate and consistent with articulated aims. Comparison for each criterion is made to pre-set standards.
4	**Good**	The audit summarises findings/results with reference to the main aims.
3	**Acceptable**	The audit includes only partial findings/results
2	**Unacceptable**	Results bear no reflection to audit aims, poor articulation of criteria & no evidence of comparison to standards.
1	**Rejected**	Audit cycle not completed

Conclusions; Recommendations and Action Plan

5	**Excellent**	Conclusions excellently described with logical flow from audit aim(s). Conclusions highly pertinent to local practice and plans for dissemination incorporated. Recommendations are specific, time limited and plan for re-audit is specified. Action plan outlined which flows logically from specified aim. Consideration is given to measures to address shortfalls in practice, & barriers to change discussed.
4	**Good**	Conclusions well described arising from aims & partial exploration of shortfalls in local practice made. Plans for dissemination incorporated.

		Recommendations set out & plan for re-audit referenced. Action plan linked to aims with gaps in practice referenced. Some reference to identification of barriers in implementing change.
3	**Acceptable**	Conclusions partially linked to aims with some attempt at interpretation evident. No reference to plans for dissemination. Recommendations partially outlined. Partial linkage of action plan to aims. Incomplete exploration of barriers to implementing change.
2	**Unacceptable**	Incorrect or no conclusions drawn, little relevance to local practice, no exploration of reasons for falling short of set standard. Inadequate or no action plan specified. No reference made to change management process and recommendations incomplete or irrelevant. No plan for re-audit specified.
1	**Rejected**	Audit cycle not completed

Re-Audit of Implemented Recommendations

There should be evidence in the abstract that a re-audit cycle was completed and that implemented changes were examined and a set of new recommendations and action plans are laid out.

5	**Excellent**	Results are contrasted across at least two cycles of data collection indicative of re-audit and closure of audit loop.
4	**Good**	Comparison of criteria to some of the pre-set standards evident across at least 2 audit cycles but scope exists for greater clarity/detail
3	**Acceptable**	Incomplete or inconsistent comparison across at least two cycles of data collection.
2	**Unacceptable**	No re-audit evident - A single cycle of results presented for consideration only.
1	**Rejected**	Audit cycle not completed

3.7.3 Case Series/Case Reports:

Abstracts in this category must be structured using subheadings as follows:
      (i) Background
      (ii) Case Presentation
      (iii) Management & Outcomes
      (iv) Discussion/Learning Points/What this Study Adds
      (v) Conclusions
      (vi) Contribution to practice and originality

Background: Identify the issue the case study/report addresses, why this case is important, current knowledge on the topic, and some indication of the case relevance to practice and research.

Case Presentation: Presenting features of the case(s) and working/differential diagnoses. Brief summary of case(s) history, examinations and investigations etc.

Management & Outcomes: Details of any treatment/intervention given and a description of the course/outcome(s) of the clinical issue(s) being reported. Description of case(s) outcome. Details of any outcome measures used.

*Discussion/*Learning *Points/What this Study Adds:* Relevance of the findings to clinical practice, theory or research methodology. Include references and relevant learning. Description of lessons learnt from the case(s) and implications for future clinical practice or research. It is particularly important that these learning points from the case are clearly spelt out.

Conclusions: Identify how the aims have been met

PATIENT CONSENT: You must clearly indicate in your submission that you have signed informed consent from patients (or relatives/guardians) before submitting an Abstract to the IAPC.

All information which could potentially identify the patient/case must be anonymized, e.g. specific ages, ethnicity, occupations.

Reviewing Guidelines for Reviewers ONLY

Background – Identify the issue the case study/report addresses, why this case is important, current knowledge on the topic, and some indication of the case relevance to practice and research

5	**Excellent**	Background identifies the issue the study/report addresses; clearly outlines why this case is important, includes current knowledge on the topic, and provides a clear indication of the case relevance to practice and research
4	**Good**	Good background reflecting the issue the study/report addresses; provides some information on why this case is important, includes some current knowledge on the topic, and provides an indication of the case relevance to practice and research
3	**Acceptable**	Moderate background but little evidence on why this case is important, limited current knowledge on the topic, and very little indication of the case relevance to practice and research
2	**Unacceptable**	Background neither identifies the issue the case study/report addresses, nor includes why this case is important, provides no current knowledge on the topic, and no indication of the case relevance to practice and research
1	**Rejected**	Consent not obtained

Case Presentation – Presenting features of the case(s) and working/differential diagnoses. Brief summary of case(s) history, examinations and investigations etc

5	**Excellent**	Clear and succinct presentation of case
4	**Good**	Clear presentation of case with some scope to be more succinct
3	**Acceptable**	Moderately well expressed case presentation
2	**Unacceptable**	Case presentation poorly described
1	**Rejected**	Consent not obtained

Management & Outcomes– Details of any treatment/intervention given and a description of the course/outcome(s) of the clinical issue(s) being reported. Description of case(s) outcome. Details of any outcome measures used.

5	Excellent	Excellent, clear and succinct description of patient management. Appropriate use of medical sources to guide management plan and illustrate understanding. Appropriate justification of management. All aspects of case covered including follow-up. Clear and succinctly expressed presentation of outcomes.
4	Good	Good description of patient management. Clearly expressed outcomes. Good coverage of relevant history. Scope to be more clear and succinct.
3	Acceptable	Some description of patient management. Reasoning not clearly demonstrated or details omitted. Moderately well expressed outcome. Missing relevant history or unfocused description.
2	Unacceptable	Patient management not described or inappropriate management described (including inappropriate drug dosing). Case outcome poorly articulated. Relevant details omitted.
1	Rejected	Consent not obtained

Discussion/Learning Points/What this Study Adds- Relevance of the findings to clinical practice, theory or research methodology. Include references and relevant learning. Description of lessons learned from the case(s) and implications for future clinical practice or research. It is particularly important that these learning points from the case are clearly spelt out.

5	Excellent	Emphasises why the case is important. Medical evidence is linked to opinion and to practice. Case linked to background. Clear, valid and good breadth of reasoning. Support for key points with appropriate evidence. Case should be novel – either in presentation, investigation, treatment or outcome, and can act as a hypothesis generator for further study.
4	Good	Medical evidence is linked to opinion and to practice. Case linked to background. Support for key points with some evidence. Case has some, albeit limited novelty.
3	Acceptable	Some discussion of how case fits with medical evidence. Case lacks novelty.
2	Unacceptable	No discussion of context or reference to medical literature. Case lacks novelty
1	Rejected	Consent not obtained

Conclusions: Identify how the aims have been met.

5	Excellent	Conclusions excellently described with logical flow from case aims and discussion / literature; interpretation of case rather than a reiteration; pertinent to practice.
4	Good	Conclusions well described arising from discussion / literature and pertinent to practice.

3	Acceptable	Conclusions informed by and linked to case discussion.
2	Unacceptable	Incorrect or no conclusions, learning points or details of what this case adds.
1	Rejected	Consent not obtained

Contribution to Palliative Care practice/policy- all abstracts should demonstrate a contribution to palliative care practice, policy or research work, or make a contribution to a relevant theoretical or methodological debate.

The extent to which the research contributes to Regional/National/International Service/Policy/Clinical Guidelines and Focus on Transferability Beyond Local Setting to National/International Setting within limits of the particular strand should also be taken into account by the reviewer.

5	Excellent	Innovative contribution to practice and policy at the appropriate level for the researcher
4	Good	Some contribution to practice
3	Acceptable	Confirms existing practice
2	Unacceptable	Not Linked
1	Rejected	Consent not obtained

3.7.4 Quality Improvement Projects:
The abstract review group will base its decisions on the assessment of all abstract reviewers. All abstracts will be blindly reviewed by at least three reviewers taking the following criteria into account:

- *Background & rationale for QUALITY IMPROVEMENTS project (problem to be addressed)*

- Aims and Objectives - clearly stated aims and objectives

- *Methodology:* This should include measures, interventions and analysis of data.

- *Results:* Initial steps of the intervention(s) and their evolution over time including modifications made. Details of the process measures and outcomes. Organisational elements that interacted with intervention. Associations between outcomes, interventions, and organisational elements. Unintended consequences. Observed associations between outcomes, interventions and organisational elements.

- Originality of Project

- *Contribution to Palliative Care practice/policy* – all abstracts should demonstrate a contribution to palliative care practice or policy

- *Conclusions, Sustainability, Next Steps:* How far did the QUALITY IMPROVEMENTS project go to address the identified issue. Usefulness of the work, Sustainability, Potential for spread to other contexts, implications for practice and for further study in the field, suggested next steps.
- *Contribution to Palliative Care practice/policy* – all abstracts should demonstrate a contribution to palliative care practice or policy

Background

- Context where work was conducted and describe team/ personnel involved
- Problem description
- Available knowledge
- Rationale for QUALITY IMPROVEMENTS project

5	**Excellent**	Background sets the scene and includes ● Context where work was conducted and describe team/ personnel involved ● Problem description ● Available knowledge ● Rationale for QUALITY IMPROVEMENTS project
4	**Good**	Good background. Some evidence for need QUALITY IMPROVEMENTS project
3	**Acceptable**	Moderate background but little evidence of need for study/review /innovation
2	**Unacceptable**	Background neither reflects the QUALITY IMPROVEMENTS project presented. Rationale is not supported in the background. Little evidence of rationale for project
1	**Rejected**	Section not included

Aims and objectives – Clearly stated Aims and Objectives

5	**Excellent**	Clear and Succinctly expressed aims and objectives, with evident links to study title, background, population, method and outcome measure clearly indicated

4	**Good**	Clear aims and objectives, with good links to study title, background, and method, with some scope to be more succinct
3	**Acceptable**	Moderately well expressed aims and objectives but not well linked to outcomes or background
2	**Unacceptable**	Aims and objectives poorly articulated
1	**Rejected**	Section not included

Methods and methodology –

- Intervention: Description of proposed intervention. Description of team involved in the intervention
- Study of the intervention: Approach used to establish whether outcome was observed due to intervention. Was intervention modified?
- Measures: Measures chosen for studying the processes and outcomes of the intervention: Rationale for same, definitions, validity and reliability. Description of the approach to ongoing assessment of contextual elements that contributed to success, failure, efficiency and cost.
- Analysis

5	**Excellent**	The submission presents all the appropriate indicators for the reporting of the study in question
4	**Good**	The submission presents most of the main elements expected for the type of presentation presented
3	**Acceptable**	The submission presents some of the main elements expected for the type of presentation presented
2	**Unacceptable**	The submission utilises a flawed methodological approach for the presentation.
1	**Rejected**	Section not included

Findings / results.

- Initial steps of the intervention and their evolution over time inc. modifications made during project
- Details of process measures and outcomes

- Organisational elements that interacted with intervention
- Associations seen between outcomes, interventions, and organisational elements
- Unintended consequences (balancing measures)
- If full results are not available, preliminary results should be included as it may be an ongoing project and this should be stated

5	Excellent	The submission contains a summary of findings/results that reflect all the aims and objectives of the study being reported ● Initial steps of the intervention and their evolution over time inc. modifications made during project ● Details of process measures and outcomes ● Organisational elements that interacted with intervention ● Associations seen between outcomes, interventions, and organisational elements ● Unintended consequences (balancing measures) ● If full results are not available, preliminary results should be included as it may be an ongoing project and this should be stated
4	Good	The submission includes a summary of findings/results with some detail omitted
3	Acceptable	The submission includes only partial findings/results
2	Unacceptable	Limited or no findings that reflect the study aims, objectives and/or methods
1	Rejected	Section not included

Originality of QUALITY IMPROVEMENTS project- all abstracts should demonstrate originality or provide stringency of arguments when repeating previous work.

5	**Excellent**	Clear relevance and clear originality to palliative care knowledge for practice/policy/service development
4	**Good**	Relevant to palliative care with partial knowledge for practice/policy at local level or enquiry methods; with some originality
3	**Acceptable**	Relevant to palliative care practice, policy or research work, with limited originality
2	**Unacceptable**	Tenuous relevance to palliative care practice, policy or research work
1	**Rejected**	Section not included

Contribution to Palliative Care practice/policy- all abstracts should demonstrate a contribution to palliative care practice or policy.

- Potential for spread/ expansion to other settings
- Implications
- Next steps/ Further study

5	**Excellent**	Innovative contribution to practice or policy
4	**Good**	Some contribution to practice
3	**Acceptable**	Confirms existing practice
2	**Unacceptable**	Not Linked
1	**Rejected**	Section not included

Conclusions/ How the QUALITY IMPROVEMENTS Project Impacted the Service

- How far the QUALITY IMPROVEMENTS project went to address the identified issue
- Summary
- Interpretation
- Sustainability

5	**Excellent**	Conclusions excellently described info on • How far the QUALITY IMPROVEMENTS project went to address the identified issue • Summary

		• Interpretation • Sustainability
4	**Good**	Conclusions well described
3	**Acceptable**	Conclusions informed by and linked to findings and design
2	**Unacceptable**	Poorly informed conclusions, minimally linked to findings and design
1	**Rejected**	Section not included

3.8 Example of Registration Form

Please complete the following form (which can be disseminated) and return it to info@iapc.ie. Registration will not be complete until payments are received at paypal@iapc.ie or by EFT IBAN: IE89BOFI90009249082473 by one week before

Plenary Speaker: name

Who and from where: title/place of word

Please reserve my place for the IAPC Annual Education & Research Seminar

(Please print in block capitals)

Name: _____

Job Title: _____

Work Address: _____

_____

Email Address: _____

Telephone: _____

Signature: _____

IMCN (if applicable) _____

	Member	**Non-Member**	**Student**
Seminar only:	☐	☐	☐

Select one only

Workshop   1   Title and Presenter

Workshop   2

Workshop   3

We would like to invite you to become a member of IAPC and contribute to the growth and development of the organisation. There are many benefits to being part of this vibrant organisation, and if you would like further information please do not hesitate to contact me. Follow this link and contribute to and support the ongoing growth and development of the organisation: http://www.iapc.ie/iapc-membership/.

We look forward to your attendance and can assure you that the day will be packed full with information and will also offer an excellent opportunity to network and share experiences.

Please feel free to disseminate this booking form.

Booking form return by email to: admin@iapc.ie

Yours sincerely

Jacinta Cuthbert, CEO

Web: www.iapc.ie

email: admin@iapc.ie

Twitter: #palcaresem21

3.9 Platform Judging Form

Presentation Number

Presentation Title

Presenter

Please tick the column which reflects the "score" that you would give each of the following key aspects of the presentation.

		0	1	2	3	4
1	Purpose					
2	Relevance					
3	Subjects/Materials/Target Group					
4	Design/methods					
5	Results and Analysis (For a non research project, this could be omitted)					
6	Conclusion					
7	Originality or Contribution to Palliative Care Knowledge					
8	Presentation Delivery					

Please add up the scores in items 1-8 above and enter the total scores below

Total score: /32

Comments: (These will form the feedback for the overall winner and the top three presentations).

_____
_____
_____
_____
_____

Judge's Name: _____

Date:_____

	3.10 Judging Criterial for Poster Presentations Prompts	Max Marks	Marks awarded
Title	How specific/adequate/long/short is the title?	2	
Poster Requirements	Does the Poster meet the Seminar's criteria – size, orientation (Portrait)	2	
First Impression	How easy is it to read the poster? How are colour schemes used, are they easy on the eye? Is there a good flow of information (logical, layout of information)? Does the poster stimulate interest and discussion? How easy is it to follow the sequence in the poster? Balanced visual layout of text, charts/diagrams, pictures/photos	6	
Readability	Is font size or style easily readable? How much text does the poster contain – enough / too little / too much? Are there any grammar or spelling errors?	6	
Aims/ Objectives:	Are they clearly stated? Are they relevant to the research question posed?	8	
Methods:	How detailed, appropriate, original are the methods? Is there enough explanation? Are methods explained clearly and easily understood? Could I replicate this study by reading the method?	8	
Results:	How well are the results presented? Are they presented creatively? How clear and well labelled are graphs and figures?	8	
Conclusions:	Are any conclusions presented and if so do they reflect the aims and are they supported by the data? Is there a memorable "take-home" message? Limitations and Avenues for Future Research	8	

Scientific content:	Was the research put into broader context/ justification for research? Was the content suitable for experts and non-experts alike? Was there sufficient scientific explanation?	12	
Total Score		60	
Judges' Comments **Please note why you scored a poster particularly high/low, or note any elements that really stand out.**			

3.11 BMJ Supportive & Palliative Care: Prize Publication Policy – Ireland

Award: BMJ Supportive & Palliative Care Education and Research Seminar Prize

Concept:

Research awarded 'Education and Research Seminar Prize" at the Irish Association of Palliative Care (IAPC) Research Seminar will be considered for publication in *BMJ Supportive & Palliative Care*.

Aim:

- To provide young researchers in the field of Palliative Medicine the opportunity to rapidly publish in an internationally renowned journal.
- To encourage young researchers to do quality research that is locally relevant and receive internal recognition.

Timeline:

- The Irish Association of Palliative Care Education and Research Seminar is held annually the first Thursday of February.
- Submission to *BMJ Supportive & Palliative Care*. should be within 4 months and no later than 6 months of prize award.

Process:

- Stringent internal peer review will be conducted by at least two official representatives of the Society before submission to *BMJ Supportive & Palliative Care*.
    - The internal peer review team will consist of:
        - 1.
        - 2.
        - 3.
    - If the author is from the same institution as any peer reviewer, that reviewer will be excluded.
        - The Associate Editor, *BMJ Supportive & Palliative Care* will identify other reviewers if needed.
    - The peer review should be completed within 2 weeks.

- Upon completion of internal peer review, submit to BMJ SPCare via ScholarOne following the Instructions for Authors as a 'Short Report' or 'Original Research'.

    - Author should submit title page indicating:
      'Education and Research Seminar Prize' Irish Association of Palliative Care Seminar
- Email Editor-in-Chief directly with submission details (declan.walsh@atriumhealth.org):

- o Title
  - o Article #
  - o Date
- No additional peer review from BMJ SPCare will be conducted.
  - o The Editor-in-Chief will review and decide on publication.
- The author is also requested to provide a summary of the submission for the BMJ SPC Blog to the Social Media Associate Editor – Dr. Mark Taubert (Mark.Taubert@wales.nhs.uk)

3.12 Peer Invitation on headed paper

Date:

Dear

This is the second year for the IAPC Education & Research Seminar to collaborate with the *BMJ Supportive & Palliative Care* to offer the winner of the platform presentation an opportunity to publish their research. The BMJ Prize Publication Policy is attached.

The winner this year was:

Authors:

As part of the process, the IAPC are to nominate two peer reviewers. This internal peer review process is to expedite the award winning research being published. Could you please assist and undertake a peer review of this important work?

Also attached to this invitation is a summary and template of the BMJs own advice to Peer Reviewers who undertake a formal peer review on behalf of the journal.

We understand that undertaking a peer review and short report of a research paper is time consuming, on top of already busy clinical or academic workloads, but in view of the primary purpose of expediting the review we are eager to complete the review within a very short time frame ideally over the next seven days.

Thank you again sincerely for agreeing to help us and support the process.

Many thanks

Name, Chairperson Education and Research Forum IAPC

Name: Chairperson Board of Directors IAPC

3.13 IAPC Peer Review Template

Prompts based on BMJ's own Internal Peer Review Process.

To assist in preparing your Peer Review Report of the Article the following maybe of use.

1. Is the article important?
2. Will it help BMJ S and Palliative Care readers to make better decisions and, if so, how?
3. Will the article add enough to existing knowledge?
4. Does the article read well and make sense? Does it have a clear message?
5. Specifically for research articles:

Originality - does the work add enough to what is already in the published literature? If so, what does it add?

Importance of the work to general readers - does this work matter to clinicians, researchers, policymakers, educators, or patients? Will it help our readers to make better decisions and, if so, how? Is a general medical journal the right place for it?

Is the research question clearly defined and appropriately answered?

Overall design of study - appropriate and adequate to answer the research question?

Participants - adequately described, their conditions defined, inclusion and exclusion criteria described? How representative were the authors of patients whom this evidence might affect?

Methods - adequately described? Main outcome measure clear? Is the study fully reported in line with the appropriate reporting statement or checklist (these are all collected and regularly updated at http://www.equator-network.org)?

Was the study ethical (this may go beyond simply whether the study was approved by an ethics committee or IRB)?

Results - answer the research question? Credible? Well presented? Interpretation and conclusions - warranted by and sufficiently derived from/focused on the data? Discussed in the light of previous evidence? Is the message clear?

References - up to date and relevant? Any glaring omissions?

Abstract/summary/key messages/what this paper adds - reflect accurately what the paper says?

Documents in the supplemental files, eg. checklists for reporting statements such as CONSORT, PRISMA, and STROBE (see http://www.equator-network.org for other examples and for extensions to existing statements); and the protocol for an RCT. Do these properly match what is in the manuscript? Do they contain information that should be better reported in the manuscript, or raise questions about the work?

Using the Above Questions as Prompts

1. Brief Summary of Article and Its Importance

2. Major Comments

3. Minor Comments

3.14 Example of Virtual task list on the day
Timeline for IAPC 20th Annual Education and Research Seminar

Time	Event	Speaker	Committee role
08.30-09.30	Opening and poster registration		• **Everyone** online and ready to roll at 09.20 • Host – to set up moving background (ensure backup host)
09.30 – 09.45	Opening and welcome	Chair	• Chair to send V Chair a copy of her speech
09.45 – 10.00	Presentation 1	**(12: 26 mins)**	• **V Chair** to have slides ready to share • Chair to introduce each slide • In the event of lapse of IT – backup of Chair • **Secretary** to collate Q&A throughout presentations and will send them to Chair (backup send Qs to Vi Chair)
10.00-10.15	Presentation 2		As above
10.15 – 10.30	Presentation 3	**(11: 03 mins)**	As above
10.30- 10.45	Presentation 4	**(11: 59 mins)**	As above
10.45 -11.00	Q&A		Secretary to send collated questions to Chair Virtual Champion to make each presenter a panellist
11.00 -11.15	Comfort break		
11.15 – 12.15	Plenary speaker	Prof Andrew Davies	**Vice Chair** has a copy of AD's presentation in the event of failure (as does GM as back up)

		(approx. 50 mins + 5-10 mins of Q&A)	**Secretary** to collate and send any questions to **Chair** (backup send Qs to Vice Chair)
12.15- 12.45	Break		
12.45- 13.00	Presentation 5	(07:45 mins)	• **Vice Chair** to have slides ready to share • Chair to introduce each slide • In the event of lapse of IT – Secretary to step in for Chair • Secretary to collate Q&A throughout presentations and will send them to Chair (backup send Qs to Vice Chair)
13.00- 13.15	Presentation 6	(12:11 mins)	As above
13.15 – 13.30	Presentation 7		As above
13.30-13.45	Presentation 8		As above
13.45- 14.00	Q&A		• Secretary to send collated questions to Chair (backup: send Qs to Vice Chair) • Virtual Champion to make each presenter a panellist
14.00 -14.15	Poster presentation		**Vice Chair** to announce poster winner (Chair has back up of Vice Chair speech)

14.10- 14.20	Closing remarks	Chair of IAPC Presentation	**Virtual Champion** to make Chairperson of IAPC a panellist
14.20- 14.30	Platform presentation winners	Chair E & R Forum Prof Declan Walsh	Chair to announce winner **Secretary** has contact numbers for Platform Judges(Vice Chair is back up)

3.15 Example of roles on the day

1. **<u>Host: Virtual Champion</u>**
- Start the stage at 08.30
- Screen share Welcome slide from 08.30
- Stop screen share 09.30
- Pass over presenter role to Claire at 09.30
- Pass over presenter role to Prof Davies at 11.15
- Pass back presenter role to Claire at 12.15
- Screen share holding slide during comfort break/lunch
- Manage promoting/demoting presenters to panellists for Q&A sessions
- Mute/remove attendees if required
- **NB: camera off and microphone muted throughout**

2. **<u>Presenter: Secretary</u>**
- Screen share all 8 oral presentations
- Take cue from Fiona Woods to start playing presentation
- **NB: camera off and microphone muted throughout**

3. **<u>Panellist and Chair:</u>**
- Introduction and welcome at 09.30
- Introduce each presentation while Claire transitions between presentations
- Chair Q&A session at 10.45
- Introduce Prof Davies at 11.15 and chair discussion
- Chair Q&A session at 13.45
- Introduce Niamh Cleary at 14.00
- Announce presentation winner at 14.20

4. **<u>Panellist and Vice chair:</u>**
- Monitor Q&A box and collate questions for Q&A sessions/Prof Davies Q&A
- 'Backup' for Fiona Woods if any technical glitches

5. **<u>Panellist and CEO: JACINTA CUTHBERT</u>**
- To address where possible any technical queries sent by email throughout the day
- To record attendance for CPD/NMBI
- 'Backup' for Virtual Champion (will need host code) and for Secretary (will need access to and have available all 8 presentations)
- **NB: camera off and microphone muted throughout**
-

3.16 Example of Event tasks on the day

Task	Owner	Description
Registration Desk **(x 2 persons)** **Not registered**	3 People	Registration of all Attendees. Provide Name Badge and Seminar Pack and direct to Tea and Coffee area and area where posters are displayed
Posters **2 x Room with Poster Boards**	3 People	Ensure participants place their posters beside their given number and assist them to hang their posters Get Permission slips signed by Poster Presenters
Chairperson of Proceedings	2 People	- Introduce the Seminar - Introduce all presenters before their individual presentations - Ensure good timekeeping on the part of presenters and attendees - Ask different disciplines to stand up????
- Liaison with Platform Presenters/Speakers **- Manage IT re PPPs** **(x 1 person)**	3 People	- Ensure all PPPs are in running order per programme - Ensure all presenters are clear re the stage set-up and are familiar with the laptop and PPP - Direct presenters to their seats (chairs at the front of the room are reserved for them) - Maintain a presence near stage to assist presenters throughout the day.
Traffic Light system & Time Keeping of Oral Presentations **(x 1 person)**	1 Person	- Ensure presenters are aware of and familiar with how the Traffic Light System works in keeping to time (12/13 minutes) on their oral presentations. - Ensure presenters do not exceed their time - No Q&A from audience once time is up
Marshalling Morning and Afternoon 9.20am Start 12.00pm post Refreshment restart	2 People	- Know the programme timetable - Respectfully ask delegates to take their seats in the Seminar room: - for Seminar start - for start after the tea/coffee break

14.15pm post Lunch restart		- for start after the lunch break
Roving Mics	2 People – am 2 People - pm	- Where time is permitted after a presentation, scan the room for delegates with question - Bring a Mic to delegate as required
Judges – Platform & Poster Presentations	KD to ask judges what one they prefer Oral or Poster 3 People	- Judge the presentations - announce the overall poster winner - announce the overall platform winner - Photo op to be taken with prizewinners - Provide Admin with details of prizewinners - KD to liaise with judges re advance documentation -Announce winners (with a Judge)
Chair Workshops	3 People	Introduce workshops and Presenters

3.17 Schedule of Meetings

Date	Who	Activity	
7th February – 14th April 2023		Send to Cian Lannon and circulate to peer reviewers	
17th April 2023 – 5th May 2023	Peer Review x 2 people	Peer review comments returned to JC/HL Send to Cian Lannon	
2nd May 2023		Call for Expression of Interest for Forum Members Newsletter/Twitter	
8th May – 30th May 2023	Cian Lannon	Review and amend accordingly From peer reviewers	
18th May 2023	4pm Sub-Grp	Approve new candidates	
6th June 2023	Submission to BMJ	Within 4 months of Seminar (no later than 6 months)	
6th July 2023 4pm	Forum Meeting	Handover to new members from previous members	

		Query from 2022: Marking criteria Audits, Developing QUALITY IMPROVEMENTS projects	
10th July 2023	2nd Monday doctors change positions		
27th July 2023	Forum Meeting	Decide platform/theme Select: Chair/V.Chair/Secretary/Virtual Champion/ Contact for abstract queries Theme/tag line Develop flyer and send out Twitter/Newsletter Develop Registration form	
24th August 2023	Sub Grp 4pm	Progress work/ Plenary Speaker Communications plan	
28th August 2023	IT Training (if required)	Set Up Exordo	
31st August 2023	Workshop & Call for Abstracts 4pm	Workshop? Send out flyer/twitter etc Develop Registration form	
7th September 2023	Forum Meeting 3pm	Induction and marking criteria workshop Fiona Woods & Fiona Cahill/Cathy Herbert	
14th September 2023	Forum Meeting 4pm	Develop programme, workshops, Speaker, Discuss markings and Select Topic headings	
28th September 2023	Sub Committee 3pm	Ex-Ordo – Criteria JC hols	
September/October	Who?	Liaise with abstract queries	
Early October 2023	SubGroup	If author requires feedback	
5th October 2023 In case we need to push out one week		Deadline for submissions	
12th October 2023	4pm Forum Meeting	Disseminate abstracts. Select abstract immediately – in case there are some for reallocation Select Speaker and contact	

10th November 2023		Deadline for markings	
13th November 2023 11am	Forum Meeting	Select Platform presenters, Select Poster. Invite Chair of IAPC to meeting address	
17th November 2023	IAPC	Select and Contact adjudicators Posters and Platforms (external, Platform 3 minimum and Posters 4 minimum) depending on the number of abstracts	
November 2023		Contact Workshop facilitators,	
1st December 2023		Deadline for presenters to accept	
2nd week December		Sub Committee meeting	
December 2023	IAPC	Bursary?	
December 2023	Chair	Liaise with BMJ	
4thJanuary 2024	Platform	Deadline for Presenters powerpoint to be submitted. They present themselves unless there are IT issues	
5th January 2024	Posters	Deadline for Posters must comply with guidelines.	
January/February 2024	IAPC	Update and invoice Registrations for Seminar and Workshop CPD Applications RCPI & NMBI	
4th January 2024	Sub Committee meeting		
4th January 2024	IAPC	Develop Registration for Seminar and Workshops and evaluations forms	
9th January 2024	IAPC	Develop task list and running order of the day	
8th January 2024	Posters	Circulate posters to each judge, must be divided so that each judge gets to work with another judge. Ie no two judges mark a number of posters. Send out posters	
8th – 14th January 2024	IAPC	Ensure all Platform and Poster presentations have been received	
8th – 14th January 2024	IAPC	Prepare powerpoint of posters	
11th January 2024	Forum Meeting	Finalise programme and send to printers	

18th January 2024	Forum Meeting	Tidy up/any items outstanding	
22nd January 2024	Poster Judges	Deadline for Poster judging	
24th January 2024	Poster Judges meeting	Poster Judging finalised If required	
31st January 2024	Judges	Send a list of all platform presentations to judges, with all authors listed in full	
8th February 2024 – proposed date	Seminar	Send evaluations on the day 2 QUALITY IMPROVEMENTS projects to be presented at the end of the day (judges given extra time for marking Platform)	
5th February 2024	Chair	Liaise with BMJ and winner re: publication	
5th February2024-19th April 2024	Platform winner	Complete first draft and submit to Chair IAPC & Chair E& R Forum & Peer Reviewers with Guidelines from Handbook	
15th February 2024	Workshop 1		
22nd February 2024	Chair/E & R & IAPC Admin	Call for peer reviewers for BMJ submission	
15th February 2024	Workshop 2		
1st March 2024	Workshop 3		
February 2024	IAPC	Send out CPD, Certs of Attendance & Evaluation	
February 2024	IAPC	Send out in post on good paper Winners and Highly commended Certs	
29th February 2024	Forum	Wrap up meeting	
February 2024	IAPC	Pay bursary to winners	
March 2024	IAPC	Draw up evaluation report Disseminate and communicate	
March 2024	IAPC	Liaise with AIIPHC re: winners for Palliative Care week	
18th April 2024	Review Comments submitted	Comments returned to Chair IAPC & Chair E & R and winner	
22nd April – 6th May 2024	Winner reviews and amends		

3.18 Contact Details

FIRST NAME	LAST NAME	POSITION	PLACE OF WORK	DISCIPLINE	EMAIL
Claire	Kruger	Chair	Milford	Registrar	krugerc@tcd.ie
Maeve	Brassil		UHG	Registrar	maevebrassil1@gmail.com
David	Murphy		UHG	Registrar	davmur40@gmail.com
Felicity	Hasson		Ulster University	Lecturer	f.hasson@ulster.ac.uk
Ray	Elder		Southeastern H&SC Trust	Strategic Lead	ray.elder@setrust.hscni.net
Lauren	Boland		St Francis	Senior Occupational Therapist	lboland@sfh.ie
Thomas	Cahill		Milford Care Services	Registrar	theos.cahill@gmail.com
Niamh	Cleary		St Francis	Registrar	niamhie07@yahoo.ie
Aishling	Ní hAonghusa	Co Vice Chair	Marymount	Speech & Language Therapist	anihaonghusa@marymount.ie
Esther	Beck	Co Vice Chair	Ulster University	Lecturer	e.beck@ulster.ac.uk

Barbara	Sweeney		St Francis	Head of Education	bsweeney@sfh.ie
Tom	Hefferon	Secretary	UHG	SHO	Tom.Hefferon@hse.ie
Sarah	Ruthledge		Marymount	Registrar	sruttledge1@gmail.com
Elaine	Cunningham		Marymount	Registrar	elainecunningham180@gmail.com
Rianna	Minogue		UHG	Registrar	rianaminogue@gmail.com
Alison	Hay		Tallaght Hospital	Consultant Emergency Medicine	alison.e.hay@gmail.com
Julie	Donnellan		Marymount	Registrar	juliedonnellan14@gmail.com
Joanne	Callianan		Milford Care Centre	Librarian	joanne_callinan@hotmail.com

3.18.2 IAPC Officer Board Members

Hannah	Linane	Secretary	Fellow in adolescent and young adult palliative medicine (in children's health Ireland)	hannahlinane@gmail.com
Korn	Bettina	Vice Chair/IAPC	End of Life Co-Ordinator St. James Hospital	bkorn@stjames.ie
McGrath	Ciara	Secretary	Clinical Fellow Marymount, Cork	ciara.mcgrath0789@gmail.com

Walsh	Maria	Treasurer	Specialist Registrar In Palliative Medicine Limerick	maria_walsh@umail.ucc.ie

3.18.3 IAPC Staff Members

Cuthbert	Jacinta	IAPC	CEO	info@iapc.ie 01-8734735
Herbert	Cathy	IAPC	Accounts & Administration Officer	admin@iapc.ie 01-8734735
Dempsey, O'Reilly	Zara	IAPC	Digital Marketing & Communications Officer	comms@iapc.ie 01-0873910135