

# Guidelines and Marking for abstracts presentations 2025



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**1. Abstracts Submissions**

1.1 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:*

1.2 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:*

1.3 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.

1.4 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

**2. Abstract Review and Marking 2025**

**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.

**First time or novice researcher**

This strand is intended for abstracts on work that was led by a researcher who is inexperienced in undertaking research projects.

**Junior researcher**

This strand is intended for abstracts on work that was led by a researcher who has some, albeit limited, research experience.

**Experienced researcher**

This strand is intended for abstracts on work that was 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.

**Full time researcher or research department or institute**

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.**

**3. 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.

3.1 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:*

3.2 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:*

3.3 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*

3.4 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 3rd October 2025**

**EMAIL TO ADMIN@IAPC.IE**

**#palcaresem25**

**4. Guidelines for Poster Presentations /Poster Video submissions:**

4.1 Poster:

The seminar will be in person and hosted in Dublin in February 2025.,

**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.**

4.2 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.

1. Consider the visual appeal of posters (e.g. format, colour, graphics) more influential for knowledge transfer than actual content , free templates readily accessible online.
2. Text and images should be easily viewed on a screen or when printed on an A4 page.
3. Avoid excessive text, no more than 1,000 words in total
4. Recommend fonts: “sans serif” fonts such as Arial, Calibri, Century Gothic, Helvetica, Tahoma and Verdana.
5. Design the individual sections of your poster so that they can be quickly read – avoid large blocks of text and long sentences
6. Utilise bullet points or numbering to divide up blocks of text
7. Where possible, replace text with pictorial representation e.g. graphs, charts, tables, diagrams, photos to show complex information visually
8. Aim for approximately 50/50 ratio of graphics to text
9. Allow negative areas or empty space to give your poster room to ‘breathe’
10. Ensure all charts, tables, diagrams have a label & reference them within body of text
11. Ensure the poster follows a logical flow using suggested subheadings

4.3 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:*

4.4 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:*

 4.5 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:*

4.6 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

#palcaresem25

***Incomplete submissions or late submissions will not be accepted.***

**5. Submission Guidelines**

5.1 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  |

5.2 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:

* 1. Background & rationale for audit
	2. Aim(s)
	3. Standard(s) (and Criteria)
	4. Methodology
	5. Results
	6. Conclusions, Recommendations and Action Plan
	7. 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**

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

**M**easurable – 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?

**A**greed - By all concerned with delivering that aspect of care.

**R**elevant - To area of care being audited / concern that has been raised.

**T**heoretically 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 |

5.3 Case Series/Case Reports:

Abstracts in this category must be structured using subheadings as follows:

* 1. Background
	2. Case Presentation
	3. Management & Outcomes
	4. Discussion/Learning Points/What this Study Adds
	5. Conclusions
	6. 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

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| **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

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| **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.

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| **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.

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| **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.

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| **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.

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| **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  |

5.4 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

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| **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

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| **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

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| **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

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| **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.

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| **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

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| **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

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| **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 |

## **6. Deadlines – Education & Research Seminar 2025**

Closing date for abstract submissions – 3rd October 2024

Closing Date for presenters to accept – 2nd December 2024

Closing date for platform presentations – 2nd January 2025

Closing date for poster presentations – 5th January 2025

**Email:** **admin@iapc.ie**

**#palcaresem25**