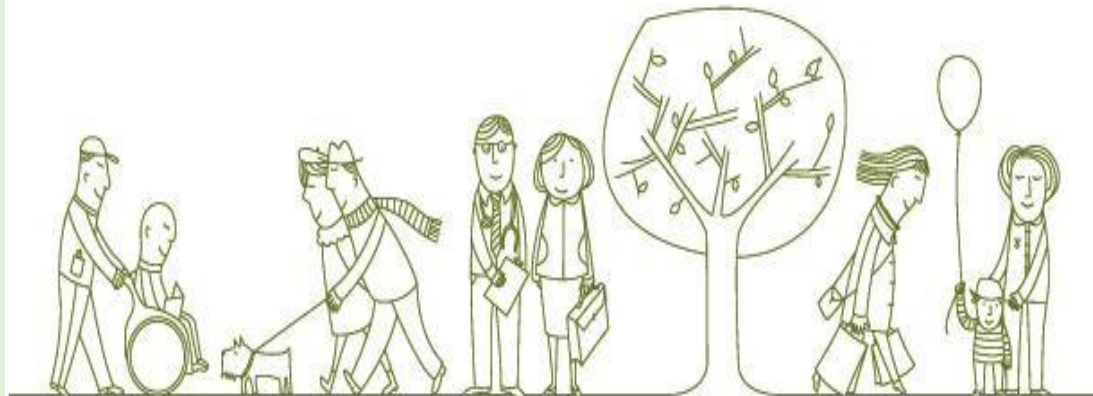




Guidelines for Oral & Poster presentations

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Dublin 7
D07RHA8

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EMAIL: info@iapc.ie

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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

Abstract Publication and Presentation Declaration

Authors are advised that abstracts submitted for consideration may be eligible for **publication following acceptance**, subject to the requirements and editorial processes of the relevant publication.

To be considered for publication, the submitted abstract must represent **completed work** and include the full results and conclusions of the study, project, audit, quality improvement initiative, or other work being presented.

Abstracts describing **ongoing or incomplete work**, including submissions where final results are not available at the time of abstract submission, **will not be eligible for publication**.

However, incomplete or ongoing work may still be considered by the Scientific Committee for **poster presentation at the conference**. Where such work is accepted for presentation, authors are encouraged to include any additional or final results that become available following the original submission on their poster or within their platform presentation on the day of the conference.

Authors should therefore indicate the status of their work at the time of submission:

☐ **Completed work** – Full results and conclusions are included within the submitted abstract and the abstract may be considered for publication if accepted.



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☐ **Ongoing/incomplete work** – Final results and/or conclusions are not yet available. I/We understand that the abstract will **not be eligible for publication**, but may still be considered for presentation at the conference, with updated or final results presented on the day.

By submitting an abstract, authors confirm that they understand and accept the above distinction between **acceptance for conference presentation and eligibility for publication**.

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.



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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)



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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:

4. Guidelines for Poster Presentations /Poster Video submissions: if Virtual

4.1 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.



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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.
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

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).



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- 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

4.7 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



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- 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.

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:

- (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



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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.

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.

6. Deadlines – Education & Research Seminar

Email: admin@iapc.ie



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