مؤسسة حمد الطبية
Hamad Medical Corporation
HEALTH · EDUCATION · RESEARCH
صحة · تعليم · بحوث
Hamad

In Partnership with
Planetree

PCC Middle East Forum
2025 Doha

Shaping the Future of Care: Innovations in Person-Centered Care

2025
October
25–26

Call for Abstracts Guidelines

www.hamad.qa/PCCMEF2025

Brought to you by
Center for Patient Experience and Staff Engagement

Contents

Overview

The Person-Centered Care (PCC) Middle East Forum is to be held on 25 to 26 October 2025. The forum is hosted by Hamad Medical Corporation (HMC), in collaboration with Planetree International, a global healthcare leader in setting the global standard for person-centered excellence across the continuum of care.

This premier Forum will give you the opportunity to engage with over 2500 healthcare professionals not only in Qatar, but across the Middle East region, as it brings together key leaders and professionals from hospitals and health systems to share experiences, perspectives, insights, and the latest developments in humanizing the healthcare experience for patients, families, and communities.

The Person-Centered Care (PCC) Middle East Forum will be presented in both an in-person and a virtual format. Attendees of the forum are guaranteed to learn from big ideas, practical takeaways, key strategies, solutions, inspiring thought leadership, and fresh innovative approaches to care.

Learning Objectives

1. Understand the foundational principles and emerging trends in person-centered care, and how they align with digital innovation, collaboration, and system-level transformation.

2. Explore the role of digital health technologies and AI in enhancing personalization, improving access, and supporting patient autonomy across healthcare settings.

3. Identify strategies for fostering collaborative care models that empower interdisciplinary teams, patients, families, and communities to co-create care plans and solutions.

4. Analyze system-wide approaches to integrating person-centered care across networks, institutions, and care transitions, including policy and governance enablers.

5. Build capacity for leading organizational and cultural change that supports sustainable, person-centered care delivery and measurement of impact.

Learning Outcomes

1. Apply digital and data-driven solutions to deliver more personalized, responsive, and equitable care.

2. Design and implement collaborative care practices that engage diverse stakeholders and improve health outcomes and experiences.

3. Develop and support systems-thinking approaches that embed person-centered values across the full spectrum of care and across organizational boundaries.

4. Translate Forum insights into actionable strategies tailored to their local context, professional role, and institutional mission.

5. Champion a culture of person-centeredness in policy, leadership, and frontline care, leveraging partnerships and innovation for continuous improvement.

Forum Tracks

Track 1: Person-Centered Digital Transformation

This track explores how digital innovation is reshaping the future of care through the lens of person-centeredness. As health systems across the Middle East and the world embrace digital transformation, there is an urgent need to ensure that technologies—such as AI, telehealth, digital therapeutics, and patient portals—are designed and implemented with empathy, equity, and empowerment in mind.

Sessions in this track will highlight how digital tools can amplify patient voices, enable personalized interventions, and facilitate real-time decision-making while maintaining trust and human connection. Participants will engage with case studies, frameworks, and best practices that show how technology can be an enabler—not a barrier—to compassionate, person-centered care.

Key Themes:

- Humanizing digital care journeys
- Leveraging data for personalization and shared decision-making
- Ensuring digital equity and accessibility
- Designing digital health tools with and for patients
- Ethical considerations in AI-driven care

Track 2: Collaborative Care: Building Partnerships for Better Outcomes

This track centers on the power of partnerships in delivering integrated, person-centered care. Collaboration—across disciplines, sectors, and with patients and families—is essential for achieving outcomes that matter to individuals and communities.

Through this track, attendees will explore models of team-based care, co-design, and community engagement that foster shared accountability and holistic care delivery. Real-world examples will showcase how clinicians, caregivers, social services, and patients can form dynamic partnerships to enhance continuity, coordination, and compassion throughout the care journey.

Key Themes:

- Interdisciplinary team-based care models
- Engaging patients and families as partners in care
- Cross-sector collaboration (health, social care, education)
- Communication and trust-building strategies
- Role clarity, leadership, and shared responsibility

Track 3: Care Beyond Boundaries: Systematic Personalization Across Networks

Person-centered care doesn't stop at the clinic door—it must be woven into every level of the health system. This track addresses how organizations and networks can systematically embed personalization into policies, pathways, and infrastructure to ensure that care remains tailored, consistent, and meaningful across settings and over time.

From population health strategies to continuity of care during transitions, this track will focus on how systems can be designed to scale person-centered principles. Sessions will include policy frameworks, health information exchange, integrated care networks, and measurement strategies that support personalization across geographic, institutional, and cultural boundaries.

Key Themes:

- Scaling person-centered care across health systems
- Continuity of care across transitions and settings
- Integrated care pathways and governance
- Policy and regulatory enablers of personalization
- Measuring and sustaining person-centered impact at scale

General Rules and Regulations

1. Each person is allowed to submit and be the first author (submitting author) in one abstract. Submission of an abstract constitutes a commitment by the first author to present their work, if the abstract is accepted.

2. The first author is responsible for ensuring that all co-authors listed in the abstract have given their approval.

3. The Abstract should be written in English.

4. Each abstract will be reviewed by the Person-Centered Care (PCC) Middle East Forum 2025 Sub-Committee. Final abstract acceptance decision is the exclusive right of the PCC Middle East Forum 2025 Scientific Planning Committee.

5. Copyright issues: authors who use original work (pictures, charts, graphs, videos, etc.) in the submission must cite the original source. If you are drawing heavily on another source, it is your responsibility to seek permission to use the material.

6. All abstract submissions must adhere to the standardized template and instructions, any submissions which do not, will not be considered.

7. The abstract should be submitted/uploaded in MS Word (doc or .docx) the format.

8. Only uploaded abstract submissions are accepted and must be submitted no later than 20 July 2025, Arabia Standard Time (AST) 11:59 PM. Late submissions will not be accepted and thus will not be considered.

9. Full disclosure of conflict of interests is required. This information will only be collected if your abstract is accepted.

10. For any inquiries, send an email to pccf@hamad.qa

Guidelines for Submission

The forum program is organized across dynamic conference tracks focused on topics related to Person-Centered Care. Submissions related to the tracks identified below are encouraged.

Types of Abstract Submission

A.   Presentation or Workshop

These are 60-minute sessions on a proposed topic (45 minutes presentation and 15 minutes interactive Q&A). The presenter will share solutions or practices that promote Person-Centered care.

B.   Poster

This is a graphical way of presenting solutions or practices undertaken that have improved the care experience of patients and their family members.

Submissions under this category include a combination of graphs, images and text. It should clearly state the desired outcome of the work undertaken and the solutions implemented to achieve that aim.

Submission Format

A. Presentation or Workshop

1. Presenter/Co-Presenter Information

Make sure to provide the names of the main presenter and co-presenter for your abstract. Submit information details of lead presenter and co-presenter that include the following: (Prefix (example, "Dr., Ms., Mr.), first name, last name, designation, email address, telephone number, organization represented).

2. Presentation/Workshop Title

The title of the abstract should be descriptive of the content. It should be written in upper and lower case, using capitals only for the first word, acronyms, and proper nouns. It should be engaging,   avoid acronyms, and exclamation points and have a character limit of 110, including spaces.

3. Introduction/Background

State the study objectives, study questions/hypothesis or describe the challenge addressed by the study.

4. Purpose

The presentation/proposal must clearly define the learning objectives. Clearly explain your idea or question your work addresses. A minimum of three should be included.

5. Methodology

Describe study design, setting, desired outcomes, procedures and techniques used to collect and analyze data. Include a description of appropriate statistical analysis.

6. Results

Share your results — the information you collected. What does the data say?

7. Conclusion

Describe the implications of the results presented and summarize key recommendations. Explain specific findings on how the research/project addressed the study question or challenge. If your project is still 'in progress' and you don't yet have solid conclusions, use this space to discuss what you know now (i.e. lessons learned so far, emerging trends, etc.).

8. Track Selection

The submitter must select the most appropriate track relevant to his/her submission

B. Poster

1. Author and co-authors information

Make sure to provide the name of the author first, followed by the name of members listed alphabetically. Submit information details of main author and co-authors. Only 1 main author and a maximum of 10 authors only. (Prefix (example, "Dr., Ms., Mr.), first name, last name, designation, email address, telephone number, organization represented)

2. Poster Title

The title should be engaging, avoiding acronyms, and exclamation points. The title should have a character limit of 50, including spaces. It should be descriptive of the contents of the abstract. Be sure to capitalize the first letter of each word in the title, except for prepositions and articles.

3. Introduction/Background

State the study objectives, study questions/hypothesis or describe the challenge addressed by the study.

4. Purpose

The poster must clearly define the learning objectives/purpose. Clearly explain your idea or question your work addresses. A minimum of three should be included.

5. Methodology

Describe study design, setting, desired outcomes, procedures and techniques used to collect and analyze data. Include a description of appropriate statistical analysis.

6. Results

Share your results — the information you collected. What does the data say?

7. Conclusion

Describe the implications of the results presented and summarize key recommendations. Explain specific findings on how the research/project addressed the study question or challenge. If your project is still 'in progress' and you don't yet have solid conclusions, use this space to discuss what you know now (i.e. lessons learned so far, emerging trends, etc.).

8. Track Selection

The submitter must select the most appropriate track relevant to his/her submission.

9. Data Accuracy

You are responsible for the data accuracy and ensuring you have permission to publicize this at a public conference.

10. Poster Template

Use the official poster template, downloadable in the online submission platform.

11. Submit poster design

Actual submission/uploading of poster design in jpeg or pdf format.

Submission Poster Design Tips

A.   Presentation or Workshop

MAKE IT VISUAL! Use clear and impressive charts:

Consider ways to present your points with more than words. Examples include drawings, photographs, charts, and graphs. Make sure that the photographs are not pixelated.

ARRANGEMENT:

The poster should have a definite sense of direction and should match the logical flow of information. Your poster should generally be read from left to right, following the outline. Use lines, frames, contrasting colors, or arrows to call attention to important points.

LETTERING:

Select a clean, simple letter font/style and use it consistently throughout the poster. Less words (Font Arial, body 10-12 titles 14-20) the smallest letters should be at least ¼" tall (18 point) and easy to read. Use both upper- and lower-case letters (do not use all capital   letters) especially in body copy.

COLORS:

Light background, Black fonts. Aim to use no more than four colors. Color can help to highlight sections or point out similarities and differences but too many colors can detract   from the main message.

AVOID CLUTTER:

Communicate enough information so that viewers understand your work but avoid unnecessary details that may confuse the message. Overcrowding is a problem with poster design. While accuracy is important, your poster should stimulate interest rather than provide complete details.

NUMBERS: Spell out numbers only at the beginning of a sentence. Use zeros before decimal points.

SYMBOLS: Use only industry standard symbols where applicable.

TABLES AND GRAPHS: Graphs and tables MUST include the source of the data. Titles of tables and graphs MUST include the measures and you should label all axes.

LAB OR DATA VALUES: When citing recorded values in your hospital, include units and range for normal.

ABBREVIATIONS: Use the complete term/phrase before including the acronym or abbreviation in parentheses – remember there are others who may be interested in your poster who may not be familiar with industry/clinical terms. Remember to define your terms clearly and succinctly to avoid confusion.

Author Consent Declaration Form

First Author Name	
Organization/Affiliation	

Email address		Contact number	

(The first author is defined as the submitting author. He bears the responsibility of presenting their work, if the abstract is accepted).

Authorized Contact for Agreement (name, email):	
Title:	
Track:	

By signing this authorization form, you, as a Co-author, acknowledge and agree to submit the abstract with the abovementioned title to the Person-Centered Care (PCC) Middle East Forum 2025.

Name of Co-Authors	Email Address	Signature

If you have any concerns regarding this, you may can contact us on pccf@hamad.qa