



**CANADA**

19<sup>th</sup> International Congress of

**Nutrition and Dietetics**

Toronto, Ontario, Canada | June 12 - 14, 2024

## **ICND 2024 SUBMISSION GUIDELINES**

### **Introduction**

Dietitians of Canada (DC) and the International Confederation of Dietetic Associations (ICDA) are pleased to invite authors to submit abstracts for consideration to be delivered at ICND 2024 June 12-14, 2024 in Toronto, Ontario, Canada at the Westin Harbour Castle Hotel and Conference Centre. ICND offers a global platform for dietetics and nutrition, sharing the best of applied science, practice and training experiences. Every four years the ICND hosts the world's largest and most diverse representation of dietetics across the world. In 2024, Congress delegates will have unique opportunities for networking and sharing their professional experiences, to advance the science and practice of human nutrition.

Whether delegates are looking to for the latest advances in food and nutrition public policy, food and the environment, food sovereignty, technological innovation or nutrition across the lifespan, the ICND program will be sure to have something for everyone.

### **1. Congress Overview**

The theme for ICND 2024 is **“Rise to the Challenge”** and focuses on the key challenges, opportunities and learning needs faced by dietitians and nutritionists in all areas of practice. We hope to create an environment of engagement and action at ICND 2024. The intent of Congress is to provide high-quality presentations focused on educational content free from commercial influence or bias while leaving delegates to feel inspired by diverse perspectives and stimulating high-quality research.

Dietitians, applied nutrition researchers, academics, practicum and internship coordinators, trainees and students are all welcomed and encouraged to attend ICND 2024.

More information regarding the Congress can be found at <https://icnd2024.ca/>.

ICND 2024 is committed to being a mutually supportive, engaged, diverse and inclusive professional community. We strongly encourage applications from First Nations, Métis and Inuit peoples, racialized persons, and those who identify as 2SLGBTQIA+.

ICDA and DC prohibit presentations that have as their primary purpose or effect, promotion or advertising of a commercial entity or product. Presentations designed primarily as describing commercially marketed programs, publications, or products **will not be accepted**.

Please note that all ICND 2024 presentations will be presented in English.

## 2. Congress Program Focus

The theme of the 2024 ICND is **“Rise to the Challenge”**.

Proposals for oral and poster presentations that consider priorities of the profession and emerging issues in dietetic practice are strongly encouraged. When developing a session proposal, ask yourself, "will my submission...":

1. inform evidence-based practice and promote knowledge transfer?
2. highlight emerging issues of significance or impact on dietetic practice, or new practice opportunities?
3. take us deeper into emerging research or policy, and related practice applications?
4. offer the perspective of (or introduce) an inspirational speaker or idea?

You will be asked to choose one of two streams:

### *Research stream*

Research includes empirical inquiry or investigation that involves data collection, analysis, and results from this analysis.

### *Resource/Experience sharing stream*

Resource/Experience sharing could include development of curricula, programs, resources or experiences and lessons learned in the process of developing or sharing these resources or experiences.

Please see abstract submission requirements for each stream in Section 5 of these Guidelines.

## 3. Themes for Submissions

The Congress program includes themes across a wide range of areas pertinent to the dietetic profession. To ensure the success of your proposal, be certain that you assign your submission to one of the ten topic themes described below.

- 1. Professional Practice, Program Development and Quality Improvement**  
Research or resource development that supports ongoing professional knowledge, skill, and experience development within the dietetic, nutrition and foods profession(s) and those they serve.
- 2. Communication and Collaboration**  
Inquiry or resource sharing aimed at observing, understanding, and improving communication and collaboration within and beyond the nutrition and foods profession(s). This may include interventions, language, interpersonal skills, etc.
- 3. Dietetic and Interprofessional Education**  
Research and resource sharing from those engaging in dietetic and/or interprofessional education and associated curriculum development, implementation, and evaluation.
- 4. Leadership and Management**  
Research and resource/experience sharing on efforts made to capture, describe and /or understand leadership and/or management in dietetics, nutrition, foods, wellness and/or health.
- 5. Health Promotion and Public Health**  
Research and resource/experience sharing on assessment, monitoring and evaluation of food and nutrition needs with communities/ populations, and intervention planning, implementation, and evaluation.
- 6. Food Systems and Provision**  
Research and resource/experience sharing that examines processes and/or infrastructure involved in feeding/supporting a population (e.g. group, organization, community) as well as promoting food sovereignty and lessons learned.
- 7. Food Culture, Advocacy, and Social Justice**  
Research and resource/experience sharing with advocacy and/or social justice components specific to community-engaged, action-based learning, or integrated processes of knowledge mobilization relevant to food culture and foodways are particularly welcome.
- 8. Nutrition Care - Adult**  
Research and resource/experience sharing that explores the nutrition care process (NCP, as a conceptual or theoretical framework) and associated components (including assessment, diagnosis, intervention, monitoring and evaluation) in adult patients, communities, and populations fit within this theme. Research and resource sharing related to patient- or person-centered care, dietary interventions/ patterns, application and critical examination of NCP, counseling/ coaching, and associated documentation are appropriate submissions.
- 9. Nutrition Care - Pediatric**  
Research and resource/experience sharing that explores the nutrition care process (NCP, as a conceptual or theoretical framework) and associated components (including assessment, diagnosis, intervention, monitoring and evaluation) in pediatric patients, communities, and populations fit within this theme. Research and resource sharing related to patient- or person-centered care, dietary interventions/ patterns, application and critical examination of NCP, counseling/ coaching, and associated documentation.

## 10. Knowledge Translation and Mobilization in Nutrition and Foods

Research and resource/experience sharing that highlights the several ways in which nutrition and foods professionals and researchers engage in integrative knowledge translation, mobilization or knowledge to action (e.g. synthesis, original research, evaluation, implementation, mobilization) to support ongoing evidence-based innovation and improvement.

## 4. Presentation Formats

ICND 2024 will design educational sessions for the person, profession, as well as the practice of nutrition and dietetics, and offers traditional and alternative presentation formats in order to ensure a diverse and interesting learning experience.

### *Submission Types*

#### **Research Presentations**

Research presentations are based on empirical research where collection and analysis of data are undertaken. Delegates can choose one or both options for their presentation.

**Poster Presentations:** static presentations in which information is summarized using brief written statements and graphic materials, such as photographs, charts, graphs, and/or diagrams. Poster presenters will be assigned a day and time when they must be personally available to engage with delegates.

#### **Resources/Sharing Experience Presentations**

Resources/Sharing Experience presentations address topics related to clinical best practice, knowledge mobilization, innovative projects, education initiatives, and advancing the profession. Delegates can choose one or both options for their presentation.

**Poster Presentations:** static presentations in which information is summarized using brief written statements and graphic materials, such as photographs, charts, graphs, and/or diagrams. Poster presenters will be assigned a day and time when they must be personally available to engage with delegates.

## 5. Submission Guidelines and Requirements

Submissions will be accepted until **February 16, 2024, 11h59pm PST**. Please note that there will also be a late-breaking submission period to allow researchers the opportunity to submit preliminary research results and protocols (see the website for details on dates). Details about the late-breaking submissions will be available at <https://icnd2024.ca/>.

## What We Look for in a Proposal

Engagement and experience are an approach to adult learning that is proven to maximize learning. When submitting your abstract, be sure to select the presentation format that best enables your experience and provides engagement with your audience. Our audience loves peer-to-peer learning, knowing what's next, being given opportunities to apply their knowledge, and acquiring tangible benefits that can be applied towards professional development, business and relationship building.

## Submission Information

Please follow the following guidelines when preparing abstracts for submission for ICND 2024. Abstracts which are not correctly formatted or are incomplete will not be reviewed.

1. All submissions must be received via the presentation portal (email submissions will not be accepted or reviewed).
2. Be sure to indicate which presentation format best suits your presentation style (poster).
3. Submissions must be identified under the stream the author feels is most relevant and is the best fit.
4. Accepted abstracts must cover the same content and follow the same outline as described in the original submission.
5. Submission content will be published/reprinted as provided.

## How to submit an Abstract

Abstracts can be submitted through the Abstract Portal (email submissions will not be accepted or reviewed).

To submit an abstract, please click on the following link:

<https://icsevents.eventsair.com/PresentationPortal/icnd2024/icnd-abstract-submission-portal>

Once you enter the online abstract submission portal, start by creating an account/profile. Please be sure to include your member number (if you are a DC member), and a headshot photo if you wish. Under the suffix section please include your professional titles (RD, MSc, PhD, etc...).

Please keep a record of the account details you use to set up the account as you will require them to access both the abstract submission system and Congress registration portal.

You will have the ability to change, edit, or withdraw your presentation proposal until the deadline. If you are missing a required piece of information, you can save your work and log back in at a later time to finish, prior to the submission deadline. Please note: All proposals must be completed in order to be considered. **Any proposals left incomplete will not be considered.**

Before submitting, please be sure to double-check that your submission meets all general requirements outlined below.

You will receive a confirmation email upon successful submission of the abstract. If you have not received a confirmation email, please check that your abstract is not left in draft format and is fully submitted by logging back into the portal and checking 'Edit Abstracts'.

## Submission Process & Requirements

The online abstract submission system is a simple step-by-step process and will ask you to input the following details:

- **Title (max. 10 words):** The title should describe the abstract clearly. It should be brief and interesting and express the scope, content, and particular focus of your presentation.
- **Preferred Presentation Format:** Select the preferred presentation format (poster)
- **Stream:** Select from the abstract streams (research or resource/ experience sharing) that best defines your submission.
- **Contact details of all authors:** Full name, organization/institution/city & country (as you would wish it to appear in the programme), email, work telephone, and mailing address of submitter. Please note that the first author is considered the presenter of the presentation. Affiliations include the organization where authors work or conduct their research.
- **Brief biography of presenting author(s):** 200 words max for each author.
- **Fit with Congress Themes:** Select from the abstract themes (e.g. Leadership & Management, Food Systems & Provision, Nutrition Care, etc...).

### For Poster Abstracts

#### For Research Abstracts (300 word limit):

1. **Background:** a brief background that includes a compelling yet concise description of the rationale for conducting the research (1-2 sentences).
2. **Research objective or question(s):** the aim of the study and/or the objective(s) of the research (~1 sentence).
3. **Methods:** a brief description of the study protocol. This may include an overview of the research design, participants, sample size, measurements/assessments, and statistical analyses.
4. **Results:** a brief presentation of the primary findings related to the aim/objectives of the study.
5. **Discussion:** a brief summary that positions the study findings within the context of broader literature, provides a high-level conclusion and suggests next steps. Novelty and/or impact of the work may also be mentioned.

You can view an example of a research abstract that uses the appropriate format in Appendix 1.

#### For Resources/Sharing Experience Abstracts (300 word limit):

1. **Background:** a brief description of the educational product, program, resource or experience and why was it undertaken.
2. **Aim:** the aim of the presentation (~1 sentence). (e.g., to present patient education material, process, lessons learned, learning objectives, etc.).
3. **Summary:** a brief summary of what was done/achieved and how this was accomplished.

4. **Discussion:** a brief summary of the significance for the profession, lessons learned and future directions.

You can view an example of a resource/experience sharing abstract that uses the appropriate format in Appendix 2.

### ***Presentation Requirements***

Please note that ICND 2024 presentation rooms will be equipped with a lectern microphone, LCD projector, screen and laptop. You may request additional audio-visual requirements here. However, by filling out this submission, you understand that your request may not be granted. If your request is denied, Congress staff will work with you to come up with a reasonable compromise.

### ***Review, Submit, Terms and Conditions***

This section will show a summary of the information provided in each section. If one or more sections are incomplete, you will not be able to submit the form, but will be able to save it as a draft. Once the form is completed, it can be submitted.

Before submitting your abstract(s), you will have to agree to the following terms and conditions:

1. The abstract submitted adheres to the abstract submission guidelines outlined above.
2. The text of the abstract, along with the names and affiliations, poster, PowerPoint presentations and/or additional documents as requested, will be published on the Congress website and book of abstracts; this will not raise any copyright issues.
3. A submission as a particular presentation format may be changed to a different format following review in order to be accepted and included in the programme.
4. Presenters may be recorded for live streaming. A recording of the presentation and a copy of the slides may be published online after Congress.
5. It is the responsibility of the main presenter to submit the abstract. They are the main contact whose responsibility it is to communicate with other co-authors and ensure that they register to be included in the programme.
6. The organizer of the workshop/panel discussion/expert lecture is responsible for ensuring that all moderators and presenters have agreed to participate in the workshop/panel discussion/expert lecture.
7. It is the responsibility of the main presenter to submit the abstract. They are the main contact whose responsibility it is to communicate with other co-authors/presenters/moderators and to ensure that they register in order to be included in the program.
8. All presenters are responsible for their own expenses, including travel, accommodation, and any other related costs.
9. All presenters will receive \$100 off of the full regular conference registration fee.
10. All presentations will be in Toronto, Ontario, Canada.
11. PowerPoint presentation will be the primary resource available for presentations.
12. Congress sessions may not be used as self-promotion or for sales presentations.
13. Disclosure of potential conflicts of interest are required at the beginning of each slide presentation.
14. The author(s) retain the right, after presentation at Congress, to include the work in articles, books, or derivative works that they author or edit provided said use does not imply the



endorsement of the Dietitians of Canada or the International Congress of Nutrition and Dietetics.

### Consent, Permissions and Copyright

In submitting an abstract, you must confirm that:

- You accept responsibility for the accuracy of the submitted abstract and understand that the content cannot be modified or corrected after the submission deadline and be published exactly as submitted.
- All co-authors are aware of and agree to the content of the abstract and support the data presented.
- The submitter accepts responsibility as the contact person for all correspondence about the abstract and to share information with all authors.
- You have secured any copyright/permissions clearance required for inclusion in Dietitians of Canada and International Congress of Nutrition and Dietetics events and publications.
- For all studies involving human participants or animal subjects, permission has been obtained from the relevant regulatory authority and properly informed consent given for the work completed and/or the intent to present.
- Anyone who is identifiable in the abstract and presentation has given their consent to be included.
- The work does not infringe upon any copyright, proprietary, or personal right of any third party.
- You have identified any potential conflicts of interest.
- Consent to have authors' names, affiliation, and biological material used in connection with the publication of your work.

### **Questions**

For assistance preparing your submission or if you have any questions please contact:

DC's Congress Program Manager

[icnd2024-program@icsevents.com](mailto:icnd2024-program@icsevents.com)

### **Appendix 1- Research Abstract Example**

*(the below abstract is fictitious and is only meant to be used as an example of how to structure your abstract submission)*



**Background:** Malnutrition occurs in ~50% of hospitalized patients and is associated with negative health outcomes. Early identification of at-risk patients and nutrition intervention are among key factors that optimize nutritional status but are not widely implemented in the hospital setting.

**Research objective:** The objective of this study was to explore the effect of nutritional screening, assessment, and intervention compared with standard of care on malnutrition prevalence upon discharge.

**Methods:** Patients admitted to a surgical in-patient unit between September and December 2025 were randomly assigned to the intervention or control in a 1:1 allocation ratio. The intervention included malnutrition screening, nutritional assessment of patients with, or at-risk for, malnutrition, and individualized nutrition intervention. The control was standard of care (recommended nutrition screening of all admitted patients). Prevalence of malnutrition was assessed by Subjective Global Assessment within 1 day of hospital discharge. Difference in the proportion of patients with malnutrition upon discharge was determined by the chi-square test for homogeneity. Data are presented as mean  $\pm$  standard deviation or frequencies. Difference in proportion of patients with malnutrition at discharge was considered significant for  $p < 0.05$ .

**Results:** One hundred and sixty patients ( $60 \pm 11$  years; 56% male; body mass index:  $25.1 \pm 6.2$  kg/m<sup>2</sup>; length of stay:  $5 \pm 2$  days) were included. At time of admission, 36 (45%) patients in the intervention group and 34 (42.5%) patients in the control group presented with malnutrition ( $p = 0.750$ ). At time of hospital discharge, 25 (31.2%) patients who received the intervention and 40 (50%) patients who received the control had malnutrition ( $p = 0.016$ ).

**Discussion:** Nutrition screening, assessment, and intervention showed positive impact on the prevalence of malnutrition at time of hospital discharge in an in-patient surgical ward. Further implementation of nutrition screening, assessment, and intervention are warranted to decrease the burden of hospital malnutrition and improve patient outcomes.

## Appendix 2 - Resource/Experience-sharing Abstract Example

*(the below abstract is fictitious and is only meant to be used as an example of how to structure your abstract submission)*

**Background:** Culinary Medicine Labs (CMLs) formally integrate lifestyle approaches into medical school curricula to increase nutrition competence of graduates and encourage healthy habits, which can translate to improved patient care and health outcomes. The medical culture needs to recognize the role of nutrition in medical education as well as self-care.

**Aim:** The aim of the presentation is to demonstrate a need for mandatory, integrated CML curriculum which was done using a multi-prong approach.

**Summary:** Multiple data sources (focus groups, needs assessment, environmental scan) plus targeted implementation, evaluation and content validation informed a comprehensive, integrated CML curriculum that supports numerous accreditation requirements including self-care. Advocacy and promotion demonstrated high interest and need for mandatory integration. As a result, twelve hours of instructional activities via six CMLs have been aligned with Year 1 medical curriculum and implementation is planned for 2019-20.

**Discussion:** This experiential interprofessional learning model provides new concepts and strategies around nutrition care for medical students. It demonstrated how food and nutrition content should be woven into the entire curriculum. Thus, the CML model can enhance medical nutrition curriculum and is a significant tool to promote the roles of dietitians in medical education.

