



32nd World Congress of the IALP

Aotea Centre, Auckland, New Zealand
20 - 24 August 2023

How to Use the Online Abstract Submission System for 32nd World Congress of the IALP 2023

Important Information

- Abstracts are submitted via an online submission system. Register with the abstract submission website and establish your username and password.
- If you are submitting more than one abstract you **must** use the same login for each abstract.
- The maximum length of an abstract is **250 words**. **Please ensure that your findings are described to a level sufficient for reviewers to make an informed decision on quality. Abstracts that fail to meet these criteria will be rejected.**
- Do not include author names in the title or body of your abstract – these are entered online during the submission process.
- You can alter your abstract at any time up to the submission deadline of **6th January 2023**.
- To ensure a fair and scientific review of abstracts we will use a blind review process. Abstracts will be reviewed for the level of innovation/contribution to the field and the general standard of academic writing of the abstract.
- We wish to provide a rich and varied scientific programme. Authors may be listed on as many abstracts as they wish - however during the scientific programme development stage, we aim for a **maximum of 2 'presenting author' oral presentations per person and 2 posters**, so please share the presenting load with your colleagues and students.
- Please note that the presenting author **must** register in full to attend and present the abstract at the congress.

1. Congress Topics

Abstracts may be submitted to the following topics:

- Acquired Cognitive Communication Disorders
- Adult Swallowing: Normal and Disorders
- Assistive Hearing Devices
- Augmentative & Alternative Communication (AAC)
- Autism Spectrum Disorders
- Business and Management in SLT/SLP, Audiology and Phoniatics
- Central Auditory Processing
- Collaborative Practice in SLT/SLP and Phoniatics / Interprofessional practice
- Craniofacial and Velopharyngeal Anomalies
- Cultural and Linguistic Considerations in SLT/SLP, Audiology and Phoniatics
- Electrophysiology in SLT/SLP, Audiology and Phoniatic
- Equity and accessibility in SLT/SLP, Audiology and Phoniatics
- Fluency and Fluency Disorders
- Hearing and Cognition
- Hearing Implants
- Hearing Screening and Pro-Active Referral in Adults



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- ICT (Information Communications Technology)
- Language, Communication and Mental Health Learning
- Language and Communication in Early Childhood
- Language, Learning & Communication in School-Aged Children and Adolescents
- Literacy Assessment and Intervention
- Medical Audiology - Pharmaceutical and Surgical Monitoring
- Motor Speech Disorders in Adults
- Motor Speech Disorders in Children
- New-Born Hearing Screening and Management
- Paediatric Feeding Disorders
- Phonological Awareness
- Professional Bodies: Collaborations & Contributions
- Professional Education in SLT/SLP, Audiology and Phoniatics
- Professional Issues in SLT/SLP, Audiology and Phoniatics
- Speech, Language and Hearing Science
- Speech Sound Development in Children
- Speech, Language & Hearing in Adults with Complex Disabilities
- Speech, Language & Hearing in Children with Complex Disabilities
- Tele-Practice in Research and Practice
- Tinnitus
- Traumatic Brain Injury
- Vestibule Function, Diagnosis and Treatment
- Voice, Voice Disorders, Upper Airway Issues and Alaryngeal Communication
- STANDING COMMITTEE - Aphasia
- STANDING COMMITTEE - Audiology
- STANDING COMMITTEE - Augmentative and Alternative Communication
- STANDING COMMITTEE - Child Language
- STANDING COMMITTEE - Child Speech
- STANDING COMMITTEE - Craniofacial Dysmorphias and Related Syndromes
- STANDING COMMITTEE - Dysphagia
- STANDING COMMITTEE - Education for Speech-Language Pathology
- STANDING COMMITTEE - Educational Committee for Phoniatics
- STANDING COMMITTEE - Fluency
- STANDING COMMITTEE - Motor Speech Disorders
- STANDING COMMITTEE - Multilingual Affairs
- STANDING COMMITTEE - Voice

3. The Submission Process

Submitting an abstract is a **3-step process**. We strongly recommend that you complete your submission at one time.

Step 1: Register on the system

We are using a dedicated website for abstract submission and you must first register on the system. The website is accessible by username and password. Please note that you will need to create your own username and password to access the system.



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You only need to register once - each subsequent time that you visit this page, you will log in with your e-mail and chosen password.

Step 2: Submit your abstract

- Once you have registered and created your profile, you must log in to the dedicated submission [webpage](#), when you have prepared your abstract - enter your email address and the password you chose when you registered.
- Submitting an abstract requires that you complete a questionnaire for each abstract. Some questions are mandatory (marked with an asterisk) and you will not be able to complete your submission until these questions have been answered. You will be required to provide **the topic to which you are submitting your abstract, the names and affiliations of all authors and confirmation that all authors have approved the submission**. You will also be able to indicate if you wish your abstract to be considered for oral presentation.
- It is strongly recommended that you complete your submission once started. However, if you decide to start your submission for completion at a later point, you must ensure to “Submit” your incomplete abstract. It will then be available for you to finish at a later stage. **Failure to “Submit” your incomplete abstract will result in it being lost and you will have to start again.**
- Mandatory questions are marked with an asterisk (*) and must be answered. Your submission will not be complete if a mandatory question is left unanswered. Incomplete submissions will not go for review.
- If you exceed the word count for either the title or abstract, your submission will be marked as incomplete in our system. Incomplete submissions will not go for review.

Step 3: Confirmation e-mail

You will receive an e-mail confirming that your submission has been received. The subject of the mail will indicate if your submission is complete or incomplete. An incomplete submission may have an answer that is unfinished or you may have exceeded the word limit for the abstract. Incomplete submissions will not go for review. You **must** log back into the submission system, click on the title of the abstract and complete it. Once complete you will receive the confirmation e-mail.

If you wish to make another submission, please click on New Submission and a new blank submission form will open.

4. Amending a Submission

You may wish to change your submission. You can do this at any time up to the deadline of **6th January 2023**.

- Log in to the abstract submission system.
- You will see the abstract(s) that you have submitted. Click on the abstract title to open the file.



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- Amending an abstract is just the same as the original submission process except that the online form will be automatically filled in with the answers that you gave previously. You don't have to change an answer if you don't want to.
- Once you click "Submit", your changes will be saved and you will be sent an email confirming that your abstract has been amended. **Your changes will not be recorded if you fail to click "Submit".** You will also receive an e-mail confirming that an amendment has been made to your abstract.

5. Queries

If you have any queries about the submission process or you want to withdraw an abstract, please contact the congress administrator at abstracts@ialpauckland2023.org



6. Sample abstract

Competency Development in Objective Measures of Videofluoroscopic Swallowing Studies

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Abstract

Background: Validity & reliability of objective videofluoroscopic study of swallowing (VFSS) measures has been demonstrated in research settings but has not been widely incorporated into clinical practice. The purpose of the study was to investigate competency development in novice & experienced speech and language therapists (SLTs) in objective VFSS measurement techniques. The objective VFSS measures comprised of swallow gestures timing, bolus timing and pharyngeal displacement measures.

Methods: Six novice (no VFSS experience) & four experienced (2-10yrs VFSS experience) SLTs participated in four hours of training. SLTs were asked to independently rate three VFSS videos per week, for eight weeks using the measures. Speed of completion, measurements & clinical interpretations were collected weekly. Ratings of perceived competence & perceived pressure were also collected weekly.

Results: All SLTs increased mean speed of task completion across the 8-week period (week 1- 50 mins; week 8- 25 mins, $p < .001$). Inter-rater reliability across all measures improved across the 8-week period, with the exception of the airway closure duration, which retained poor agreement throughout. Specifically, pharyngeal constriction ratio and maximum pharyngoesophageal opening measures improved from moderate (ICC=0.54; ICC=0.60) to almost perfect agreement (ICC=0.86; ICC=0.96). Total pharyngeal transit time improved from fair at week 1 (ICC=0.32) to substantial agreement (ICC=0.71) by week 8. Percentage accuracy in measures (compared to three expert clinicians) improved from 60-70% (week 1) to 90% (week 8) for all SLTs. Perceived competence increased over time ($p < .01$); while perceived pressure reduced over time ($p < .01$). There was no significant difference in time, accuracy, inter-rater reliability, perceived competency or pressure between novice and experienced SLTs.

Conclusions: Both novice & experienced SLTs are capable of achieving competency in objective VFSS measurement within a short time frame. Speed of task completion is feasible within a hospital workload.

Learning Outcomes: To understand the feasibility of incorporating objective measures into clinical practice: speed, inter-rater reliability & accuracy. To understand the competency development of incorporating objective measures into clinical practice across an 8-week period.