

Virtual Meetings are Here to stay: A Commentary on Virtual Meetings and Conferences in COVID Times “Am I Audible? Are my Slides Visible?”—Most Heard Sayings in the Last One Year!

Partha S Ray

ABSTRACT

Coronavirus disease-2019 (COVID-19) has had its share of evils that have been and continue to be so for all of us globally. Our lives as we used to know them prior to March 2020 have changed forever. The way we went about gathering in academic meetings to educate ourselves, present our work to others and meet people in our professional communities seems like from another era. We have now transitioned to the virtual format of medical conferences in league with all other professions taking on the advantages of the internet and the platforms that had been hitherto used for social communications in the last decade in a progressively finessed manner with seamless synchronous voice and video transmission using the webinar format. This has resulted in a change of the delivery of medical conferences that have come to stay not only for its advantages but also for the benefits of making use of technology available, costs, and convenience for all participants and reducing the carbon footprint and reducing the ozone layer depletion. A change of mindsets for attendees and newer ways of working for investors who relied on the older format will be the expected challenges, hopefully, overcome with the passage of time and adaptation of what is the perceived good for the global interests.

Keywords: Carbon emission, COVID, Medical conferences, Ozone layer, Virtual meetings.

Bengal Physician Journal (2021): 10.5005/jp-journals-10070-7040

INTRODUCTION

Through coronavirus disease-2019 (COVID-19), the format of medical meetings internationally has changed forever.¹ From the perspective of the medical community, this has been a blessing I believe. All of us who had to travel nationally and internationally to attend conferences several times a year and realized how much of a hassle it was have now suddenly realized how wonderful it is to have the same academic feast from the comfort of our homes and in a more cost-effective and convenient format. In addition, from an environmental perspective being friends of planet earth, we have most definitely reduced carbon emissions and footprint² and reduced depletion of the ozone layer significantly in the last year. Embracing the virtual format, we have spent far less money on conference costs as nearly all offerings have been free. We have absorbed and assimilated more information without having to contend with the cognitive side effects of jetlag and time travel as previously.³ In the short term, the hospitality and transportation sectors, the real estate space, and pharmacological industry exhibitors are suffering a loss which I am sure they, through new ways of working and creativity, can recover in due time.

WHY IS THE VIRTUAL FORMAT PREFERABLE?

- COVID is not leaving us anytime soon! This RNA nuisance virus is mutating and coming up with ever new variants with peculiar infectivity and pathogenicity trends for the last one year. We have vaccines of several modes of protection but specifically developed so far against the original viral RNA. The virus thought originally virulent to vulnerable to specific age-groups with specific comorbidities is now known to affect all! Thus, we are all vulnerable for the forthcoming

Department of Neurology and Clinical Neurophysiology NHS England at the Walton Centre for Neurology Liverpool; National Professor in Neurology, India

Corresponding Author: Partha S Ray, Consultant Neurologist and Clinical Neurophysiologist NHS England at the Walton Centre for Neurology Liverpool; National Professor in Neurology, India, Phone: +44 7759491315, e-mail: partha_ray@hotmail.com

How to cite this article: Ray PS. Virtual Meetings are Here to stay: A Commentary on Virtual Meetings and Conferences in COVID Times “Am I Audible? Are my Slides Visible?”—Most Heard Sayings in the Last One Year! *Bengal Physician Journal* 2021;8(1):12–14.

Source of support: Nil

Conflict of interest: None

years. Since we are sure that the aerosol route is the most definite and critical route for viral transmission among individuals, we can no longer congregate in medical meetings. There will always be the issue of “super-spreaders” and asymptomatic carriers who cannot be screened out for these meetings. Thus, the real risks last for many years and that outbreaks will remain a problem whenever and wherever crowds assemble.⁴ In any major international meeting and national ones as well approximately 10,000 people sit next to each other for five long days and then acting as “superspreaders” return home to infect their families, friends, and patients.

- From a content point of view, the virtual learning platforms are far more efficient in disseminating new research and current and emerging treatment options.⁵

- Attending National and particularly International conferences has been difficult for clinicians and trainee doctors particularly from lower- and middle-income countries. This has been through costs of air travel, hotel costs, and subsistence proving to be a disincentive for wider participation of citizens from these countries. The virtual meeting format provides global access and a level playing field to all participants who are no longer restrained^{6,7} including being able to carry on professional clinical activities. With the changing demographics of females in the medical workforce and the challenges of organizing childcare in nuclear families, the virtual platform will be a boon for our female colleagues with young families or with eldercare responsibilities.^{8,9} Fathers also benefit as they no longer must stay away from families for the sake of pursuing their continuous medical education needs.
- Learning is most efficient when the trials of travel and jet lag, uncomfortable and unfamiliar hotel rooms, and additional distractions (trying to find a particular conference room in a big venue in a strange country!) are no longer confounders. We can now all access the educational offerings seamlessly from the comfort of our living spaces and move from one conference room to another at the click of a mouse! Economisation of time and energy is a major gain consequently. The ordeal of having to clear security through scanning of conference bags and body scanning in all US venues and most EU venues are also avoidable not only through time saved but also through the infringement of personal space to ensure collective safety! Our western colleagues have been in the past year very motivated to attend our virtual Indian high-impact conferences and webinars and they readily admit that traveling to India for the in-person version in the past had been a thought block for them as travel expenses, health issues, and pretravel vaccinations and ground-level security were perceived as impediments to their attendance.¹⁰
- The trainees are the ones who should most benefit from the virtual fare. They no longer must wait for acceptance of their abstracts for the leave and travel expenses to be granted. There is no longer a ceiling on how many postgraduates can attend at any one time through work rotas having to be juggled. This opens up frontiers very early on in the academic career to network globally.¹¹ In addition, it is far easier to present an abstract virtually and thereby build up confidence and improving one's CV without having the anxiety of presenting in-person in front of a sea of unfamiliar people. One can ask questions to top international experts which may be difficult to undertake face-to-face.¹² Visa restrictions to travel to the West and the high cost of the same and the uncertainties and the wasted energy could be better channeled into attending the virtual meetings to present a paper and preparation time of high-quality papers from the phenomenal pathology and sheer numbers that we have to offer for global learning for all. There is also the advantage of not having to rely on industry support at an early stage in the career (when finances are limited!) to preserve financial probity for junior colleagues and trainees that is so important to practice and endorse among the medical profession.
- Most of the offerings in any of these virtual conferences are available for postconference viewings for a significant time afterward. The additional phenomena of parallel sessions where one has to choose between offerings of eight sessions can easily be all reviewed in due course and take advantage of the slides for later recapitulation and dissemination of information to colleagues and students.
- The virtual format has finally offered global equality and universal access to the top educational offerings to all including in remote areas in Africa¹³ where through internet connectivity and intensive smartphone usage, doctors have tapped into the best and the brightest basic scientists and clinicians educating and presenting their latest academic achievements to anyone sitting anywhere in the world and for that, we are most grateful to our information and technology colleagues and the World Wide Web. Education and healthcare must no longer remain the preserve of the privileged few. It is indeed sad that we had to wait for a drastic cataclysmic event like COVID to bring this universal right of health information to fruition.
- The virtual platforms are incredibly cost-effective from the point of broadcast and end-user doctor/nurse/medical technologist/allied health professional is simply paying for the bandwidth and the existing hardware which makes the entire transaction potentially 0.5% or even less than the previous physical arrangements. This has definitely to be congratulated.
- The major winner has been the health and safety of attendees as a number of them will be senior clinicians with comorbidities. Even with vaccination roll out traveling by air to distant countries unless mandated is better suspended for the foreseeable future as the COVID-19 illness has been most unpredictable at best and fatal at worst, and we simply cannot afford to lose any more colleagues in the line of duty.¹⁴
- Social and cultural programs have lent themselves to "virtual" formats to round up the academic conference day.

THE LOSERS

- Conferences have been a major source of revenue for many professional bodies as I have seen in the many audit reports and with the initial virtual free offerings from these same bodies likely to be converted to a nominal fee for virtual registration, many of which have already started, this will clearly lead to a dent in their earnings.¹⁵
- The hospitality and travel sectors as well as the conference floor space revenue will take a hit but COVID has taught us to accept changes and work innovatively to offset the loss wherever we can and maybe it simply demonstrates that many conferences were unnecessary and that it became an unusual human habit within the medical profession to attend conferences and becoming a source of revenue generation for multiple stakeholders in that conference path.¹⁶ There was also the role of the pharmacy industry to promote that behavior pattern.
- Networking in the face-to-face format has been the norm in conferences. Here one built contacts and references between peers from countries and institutions for future career progress and job opportunities both in research labs as well as in clinical posts. It was also the time to catch up with long-lost colleagues and mentors through snatches of conversations over a buffet meal or a cup of coffee. Industry partners certainly heavily relied on their stalls to promote their business through freebies and other incentives to work on the collateral forms of advertisement of the product information dissemination.¹⁷ Although the virtual format makes its way for a minimized version of all these, it will never be the same again as the focus will be on the academics and not the collateral activities!
- Twitter poll conducted by European Urology (@EUplatinum), followers were asked "As we round out 2020 and the ongoing pandemic: Are you more or less likely to submit an abstract to a

conference if the meeting is going to be virtual?" The majority of respondents indicated that they would be less likely to submit to a virtual conference (54%).¹⁸ With clinicians and researchers less inclined to submit their work to strictly virtual conferences, the ramifications of these "lost opportunities," from the perspectives of both research dissemination and in-person fostering of research/mentoring collaborations, remain to be determined.

- This transition to virtual meetings has probably also hampered professional development, particularly for individuals in medical training. First, research productivity and the associated conference presentations are key components of applications for residency and fellowship. These presentations reflect the trainees' research acumen, critical thinking skills, and presentation ability. The loss of in-person conferences will diminish opportunities to hone public speaking skills. Furthermore, there is a loss of the opportunity to present and interact with an audience, providing lessons in answering questions, taking feedback, and defending one's research, not to mention the exposure granted by these presentations. The ad hoc spontaneous networking opportunities afforded by in-person conferences cannot easily be replicated in a virtual setting. Thus, opportunities for collaboration, mentorship, and generating new ideas for clinicians, researchers, and medical trainees are probably lost.

CONCLUSION

As concern over COVID-19 sets in and the uncertainties of protection that vaccines will provide us, the global community must rethink large gatherings. The novel COVID-19 has reshaped the way we work; it will change conference delivery, a trillion-dollar international industry in which millions of people participate each year across all business and education sectors. Given the uncertainty of whether large in-person gatherings will be permitted, advisable, or responsible later into the summer of 2021 and beyond, these guidelines will aid many events being converted and scheduled as virtual-only meetings in the future. For the high-risk takers, there is always the hybrid format to attend in person. I am quite happy to carry on from the quiet comfort of my computer desk for the foreseeable future!

REFERENCES

1. Porphiglia F, Checcucci E, Autorino R, et al. Traditional and virtual congress meetings during the COVID-19 pandemic and the post-COVID-19 era: is it time to change the paradigm? *Eur Urol* 2020;378(3):301–303. DOI: 10.1016/j.eururo.2020.04.018. PMID: 32334884; PMCID: PMC7158826.
2. Duane B, Lyne A, Faulkner T, et al. Webinars reduce the environmental footprint of pediatric cardiology conferences. *Cardiol Young* 2021; 1–8. DOI: 10.1017/S1047951121000718. PMID: 33685550.
3. Rubinger L, Gazendam A, Ekhtiari S, et al. Maximizing virtual meetings and conferences: a review of best practices. *Int Orthopaed (SICOT)* 2020;44(8):1461–1466. DOI: 10.1007/s00264-020-04615-9.
4. Desai AN, Patel P. Stopping the spread of COVID-19. *JAMA* 2020;323(15):1516. DOI: 10.1001/jama.2020.4269. PMID: 32196079.
5. Achakulvisut T, Ruangrong T, Bilgin I, et al. Improving on legacy conferences by moving online. *Elife* 2020;9:e57892. DOI: 10.7554/eLife.57892. PMID: 32308195; PMCID: PMC7170649.
6. Gurwitz KT, Aron S, Panji S, et al. Designing a course model for distance-based online bioinformatics training in Africa: the H3ABioNet experience. *PLoS Comput Biol* 2017;13(10):e1005715. DOI: 10.1371/journal.pcbi.1005715.
7. Fadlelmola FM, Panji S, Ahmed AE, et al. Ten simple rules for organizing a webinar series. *PLoS Comput Biol* 2019;15(4):e1006671. DOI: 10.1371/journal.pcbi.1006671 [Erratum in: *PLoS Comput Biol* 2019;15(5):e1007048]. PMID: 30933972; PMCID: PMC6443143.
8. Houston S. Lessons of COVID-19: virtual conferences. *J Exp Med* 2020;217(9):e20201467. DOI: 10.1084/jem.20201467. PMID: 32735327; PMCID: PMC7392635.
9. Brassil KJ, Banerjee R. Virtual conferences: optimizing oncology nurses' experience. *Clin J Oncol Nurs* 2020;24(6):699–702. DOI: 10.1188/20.CJON.699-702. PMID: 33216062.
10. Falk MT, Hagsten E. When international academic conferences go virtual. *Scientometrics* 2020;1–18. DOI: 10.1007/s11192-020-03754-5. PMID: 33230351; PMCID: PMC7676402.
11. Rich S, Diaconescu AO, Griffiths JD, et al. Ten simple rules for creating a brand-new virtual academic meeting (even amid a pandemic). *PLoS Comput Biol* 2020;16(12):e1008485. DOI: 10.1371/journal.pcbi.1008485. PMID: 33338032; PMCID: PMC7748144.
12. Murdock HM, Penner JC, Le S, et al. Virtual morning report during COVID-19: a novel model for case-based teaching conferences. *Med Educ* 2020;54(9):851–852. DOI: 10.1111/medu.14226. PMID: 32403168; PMCID: PMC7273056.
13. Taubert M, Webber L, Hamilton T, et al. Virtual reality videos used in undergraduate palliative and oncology medical teaching: results of a pilot study. *BMJ Support Palliat Care* 2019;9(3):281–285. DOI: 10.1136/bmjspcare-2018-001720. PMID: 30808627; PMCID: PMC6817702.
14. Brüssow H. Efforts towards a COVID-19 vaccine. *Environ Microbiol* 2020;22(10):4071–4084. DOI: 10.1111/1462-2920.15225. PMID: 32893468.
15. Kalia V, Srinivasan A, Wilkins L. Adapting scientific conferences to the realities imposed by COVID-19. *Radiol Imag Cancer* 2020;2(4):e204020. DOI: 10.1148/rycan.2020204020. PMID: 33778727.
16. Wang VX, Xing BB. Battling uncertainty: corporate disclosures of COVID-19 in earnings conference calls and annual reports. Available at SSRN 3586085. 2020.
17. Bzdok D, Dunbar RIM. The neurobiology of social distance. *Trends Cogn Sci* 2020;24(9):717–733. DOI: 10.1016/j.tics.2020.05.016. PMID: 32561254; PMCID: PMC7266757.
18. Walsh CM, Fung M, Ginsburg S. Publication of results of abstracts presented at medical education conferences. *JAMA* 2013;310(21): 2307–2309. DOI: 10.1001/jama.2013.281671.