

Reflections on educational gatherings in the COVID era

The COVID pandemic has brought disruption and uncertainty for the organisers of medical conferences. ENT and audiology have always thrived on a healthy exchange of views and the sharing of knowledge across subspecialties and across national boundaries.

Ray Clarke asked some of the key players involved in forthcoming events to reflect on how their societies are responding to the crisis.

INTERVIEWED BY



Prof Ray Clarke,
President, ESPO 2023,
Liverpool.



Elisabeth V Sjögren,
Secretary General-Elect, CEORL-HNS.
General Secretary, European Laryngological Society.

“As for the future, one could philosophise about the benefits of bringing various subspecialty conferences under one roof”

How do we keep members and delegates engaged during this possibly prolonged period of travel restrictions?

I think we, as ENT specialty and subspecialty societies, have to keep asking ourselves what added benefit we provide for our members. In doing this, my experience is that we have to move with the times, even without the current travel restrictions. In my opinion, next to the traditional scientific work of a subspecialty society, we need to look at teaching and training and how to bring the senior members of the society into closer contact with the junior members so that they have an opportunity to learn which they may not otherwise have had. In the case of the CEORL-HNS, as an umbrella organisation for ENT, we are looking at how to implement outreach programmes to support ENT development throughout Europe. Obviously, digital communication, such as video meetings and webinars, will have to play a big role in this. Solid national networks with frequent reporting of local activities within general ENT and subspecialty fields is another way to help members feel connected.

The 13th Congress of the European Laryngological Society (ELSoc) has been rescheduled for 26-29 May 2021 in Berlin.
www.elsoc.org

Diaries are likely to get very crowded when we return to face-to-face meetings, as societies try to ‘catch up’. Any tips re how we make sure the subspecialty societies co-ordinate their endeavors so meetings don’t clash?

This is definitely an issue, but it helps that there is a general awareness of this problem. In my experience most societies have been eager to make sure that their rescheduled conference does not clash with that of other societies. Fortunately, through our networks, most board members of subspecialty societies have contacts in other boards and have used them to coordinate their activities. One of the best examples of this is the successful re-coordination of the CEORL-HNS main conference schedule with those of the different member sub-societies. Due to good contacts, flexibility and a positive outlook on all sides, this now seems to be solved for the future. My tip to keep ensuring coordination is to stay in touch with each other and continue the positive collaborations we have seen so far. As for the future, one could philosophise about the benefits of bringing various subspecialty conferences under one roof - such as in the American COSM model - but I think it is too early to tell if this is a way forward for the European situation.

The 6th Congress of European Orl Head and Neck Surgery (CEORL-HNS) is scheduled for 29 October - 2 November 2022 in Milan.
www.ceorlhns2022.org



"Virtual conferences can limit damaging carbon footprints and, at the same time educate, connect and inspire their audiences"

Prof Gerry O'Donoghue,
Master of BACO 2021.

Travel is expensive. Hotels and conference fees are expensive. Delegates from poorer countries just haven't got the same spending power as delegates from the well-off western nations. Is now a time to redress that, and look at how we can be more inclusive about education and learning so that everyone benefits? Can we make the conference scene fairer and more 'equal'?

Most emphatically, conferences need to be more accessible to professionals in low- and mid- income countries who care for 85% of the world's population and, in this respect, virtual meetings have the potential to be transformative. Also, academic conference organisers of the future must respond to the threat of climate change and make conferences environmentally sustainable. Large in-person meetings place considerable pressure on the environment through air travel, energy costs, unused food and the tons of conference waste generated. So virtual conferences can limit damaging carbon footprints and, at the same time educate, connect and inspire their audiences. I hope the next face-to-face BACO will be a carbon neutral meeting and that BACO will lead the way in promoting environmental awareness.

Gerry, a big part of your work I know has been advocacy on behalf of children, especially in low-resource settings. Much of that has come about because of the connections you have made globally. Is COVID going to make the divide between high and low-resource healthcare settings worse? And how can we protect the huge strides already made, for example, in global provision of support for hearing-impaired children in a post-COVID world?

COVID has painfully illustrated how outcomes from disease are so often determined by social factors (as pointed out by Sir Michael Marmot in a keynote address at BACO 2018). Even within high-income countries, families in the poorest communities (migrants, ethnic minorities, refugees, meat-factory workers and others) had the worst outcomes. So, as we rightly search for vaccines, I also hope that governments will move to address the social determinants of pandemics by eliminating child poverty and building fairer societies with equitable access to health and social care. Recent trends, even in rich countries, do not give rise for much optimism but I hope that, as physicians, we will continue to act as advocates for the most vulnerable in our societies. And here again, the digital world may be key as it has the ability to connect, train and empower clinicians, even in the remotest communities – and this may be the silver lining the COVID cloud has made for us.

BACO International 2021 will be taking an exciting new form as the first ever virtual BACO conference from 10-12 January 2021. www.baco2020.org



"Meeting our partners from industry is particularly useful. Being able to trial new instruments and devices will be useful for as long as surgery remains non-virtual!"

Sujata De, Chair of the local organising committee, ESPO Liverpool 2023.

Delegates have now had a taste of some really good 'virtual' conferences. How do we restructure face-to-face meetings when we return so that delegates feel it is worth the time, the travel, and the expense? Do we need to 'up our game' re how we run conferences?

I think I'm in the tiny minority, or perhaps a silent larger proportion of people, who have found it incredibly difficult to engage with the online virtual platforms for teaching, training, webinars, and conferences. I have only just managed relatively short business meetings via Teams, Zoom and GotoMeeting. It's important to understand what delegates like about virtual conferences and what they don't, so that when we do get back to face-to-face meetings, we can steal the good bits from virtual and ensure that the not-so-good bits about virtual meetings are done exceptionally well face-to-face. So what do they like? I think the foremost advantage is the accessibility, particularly the ability to re-watch the presentations or watch them at their own time and pace. The cost or lack thereof is the other obvious advantage. I suspect some delegates prefer the anonymity. The thought of raising a hand to ask a question in a room full of eminent people can be quite intimidating; doing this on a chat application is far less so.

A face-to-face meeting will always incur greater expense in terms of registration, travel and accommodation. However, for biennial, four-day meeting like ESPO, this is an expense that can be absorbed in many countries by a 'study leave' budget. Most meetings are run on a break-even/tiny profit basis already, so cutting these costs further is probably not a viable option. So we do have to up our game providing some of the positives of a virtual meeting, like recording talks so that delegates can access them online up to six months after the conference. This is particularly useful where there are multiple simultaneous 'streams' - delegates will be able to attend or virtually attend any sessions that interest them. An app that facilitates networking is another virtual feature that should be incorporated. The app can be used to help with delegate participation during the sessions with real-time questions/polls.

The clear benefits of a face-to-face meeting are the social and networking aspects, the opportunity to 'switch off' from what's happening back at base and focus on three days of learning from each other - all in the same time-zone. A virtual meeting of this length would be impossible for most delegates to manage as screen fatigue sets in within a few hours. Simulation is another feature that cannot be done as well yet on a virtual platform. This is something that should be built upon and become integral to face-to-face meetings. Meeting our partners from industry is also particularly useful. Being able to trial new instruments and devices will be useful for as long as surgery remains non-virtual!

Trainees and junior doctors love to hear the 'big players', the experts, the authors and leading lights in each subspecialty and to meet them in person. Is there any way they can connect with the luminaries of the specialty remotely?

I agree that there are certain people that will draw in a crowd time after time for their wisdom, experience, reputation and presentation skills. It can in fact be incredibly nerve-racking as a junior to try to approach them, standing on the periphery of a group waiting to dive in with a clever question or observation. We tend to forget that most surgeons are introverted, some more than others - that's both seniors and juniors. IT can in fact help to overcome this. Virtual chatrooms, WhatsApp-type group chats are great. The key here is to keep numbers to a level that enables a small group chat, perhaps 10 to 20 at a time.

The type of webinar that consistently receives the best reviews is a panel discussion with participants posing questions to eminent colleagues who very often don't quite agree with each other.

Social media is another way to make contact. Twitter has given me the confidence to contact people I wouldn't normally - I asked Nigella Lawson for advice on a raspberry and chocolate cake recipe and she answered!



The 16th Congress of the European Society of Pediatric Otorhinolaryngology, Liverpool, UK, has been rescheduled for 20-23 May 2023.

<https://espo.eu.com>



Prof M Shahed Quraishi, OBE,

Director, ENT Masterclass®.

Shahed, you have a lot of experience with the Masterclass. Is that the model for future delivery of medical education? Tell us a little re how you overcame the practical problems, time zone differences, language issues, legal issues re data sharing in different jurisdictions etc.

The philosophy behind the ENT Masterclass® was the natural outcome of the needs of a wide spectrum of our trainees, which now spans four continents. Its model is unique in that it delivers training, free at the point of delivery. The contribution of the international volunteer faculty is a model which should continue as a gesture of 'giving back'. Each Masterclass® event requires a lead time of at least a year. The challenges range from finding an appropriate partner in that part of the world, to visas and other travel arrangements including security for the international faculty, local choice of venue, catering requirements, IT support and engagement of the local trainees and surgeons as delegates. The official language for all our events is English and, to overcome language issues, we have had real-time translators in China and Uzbekistan. In Beijing we have a very popular ENT Masterclass® 'English translators club', consisting of local volunteer ENT trainees. As an open source training platform, we have not had any legal issues re data sharing and our faculty have been very kind with their material.

Surgeons have always benefitted from the sort of mentorship and support that is only available when, for example, a surgeon who has a particular expertise travels to impart that expertise to colleagues, through workshops, theatre sessions, and one-to-one teaching. Is

this now at risk, and how can we ensure continued sharing of good operative techniques, especially novel ones?

One of the biggest casualties of the current 'COVID new world order' has been face-to-face training. Surgical education has always been a tale of apprenticeship delivered via mentorship, fellowships and hands-on dissection courses. Many of us have spent time with the masters of our specialty and taken back skills and ideas which have evolved over decades of personal experience, defined as 'this is how I do it'. To try and overcome this important gap, ENT Masterclass® is launching the 5th Edition of the *Cyber Textbook of Operative Surgery* on 13 August 2020 - www.entmasterclass.com/cybertextbook.htm

This is the world's largest free 'virtual library' of ENT surgical videos with over 540 videos from International Centres of Excellence (House Institute, Mayo Clinic, Cleveland Clinic, Univ of Texas, Causse Clinic, LION Global, UK, Germany, Singapore, Turkey, Australia, New Zealand, India etc). Keeping up with times, here is an attempt to get together the immense resources available in the public domain on the internet, YouTube, Google and various academic websites, and shortlisting the best. The videos are mostly under 30 minutes each and demonstrate techniques which may vary according to local preferences. This unique resource is completely free to access from any part of the world without any passwords, on computers, tablets or even smartphones if you are on the go.

A number of ENT Masterclass events have been scheduled to take place throughout 2021. Turn to page93 for more information.
www.entmasterclass.com

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Claire Benton,
Board Director for Conference,
BAA.

“It’s hard to generate the same energy when you are sat down talking as when you are stood up in front of a crowd, and this can make your presentation sound flat.”

Conferences are a big part of the income stream to keep societies going. COVID-19 has posed a big financial headache for many, with some on the brink of financial ruin. Do we need to look at how we resource education and training for established surgical and audiology professionals? And can societies survive the dreaded ‘second wave’?

Most societies are dealing with some financial costs associated with cancelling any conferences that were planned this year. Costs to host a conference continue to rise, with limited opportunity to increase registration fees and maintain delegate numbers. Additionally, funding for CPD within some Trusts for healthcare scientists can be hard to obtain and delegate numbers for large conferences are decreasing. We need to look at how we can support members in a different way to be sustainable. However, the societies are more than just their conference and need to look for ways to support their membership in an accessible format, that could indeed reach more people and allow members to feel they are getting tangible benefits for their membership fees.

When advising speakers to prepare for an online lecture, what do you suggest they do differently than they would do for a face-to-face lecture?

This is tricky. Delivering an online lecture can mean sitting alone in your office chatting to your computer – which is a little unsettling as most speakers are used to watching their audience to

get some feedback on how well the topic is coming across. It also can mean you are sat there only seeing your slides and your own face, which can be equally unsettling and distracting!

Advice from the BAA Digital Communications Executive would be to pay more attention to your computer set up:

1. Raise your camera (or your computer) up. The webcam needs to be a little higher than your natural eye-line level to make it look more natural (avoids double-chin exaggeration and views of nostrils).
2. Think about the lighting. Try and have some light on your face from a light source behind your computer (not above your head).
3. Check your background. Keep it plain. You don’t have to have an intimidating and well-stocked bookcase behind you but remember that people are looking!
4. Look into the camera rather than at your screen. Sit a little further back if necessary, this will allow you to look at the camera but to still have your slides in view.

It’s hard to generate the same energy when you are sat down talking as when you are stood up in front of a crowd, and this can make your presentation sound flat. Move: use your hands – even if they aren’t seen it makes you sound more engaging. Smile: even if they can’t see you, your voice will sound like you are smiling and you sound warmer. Don’t read your presentation: even if not on camera, people can still tell and it sounds flat. Remember to pause: without the audience feedback it can be hard to judge your pace. And remember to turn off your phone.

With the BAA annual conference cancelled for 2020, the BAA Board has been working to provide members with alternative provision. From July to November, a series of webinars have been organised in monthly themes. The culmination of BAA Online will be a week of webinars in the last week of November featuring some of the keynote speakers who were due to present at the annual conference.
www.baaudiology.org/baa-online



Prof Naishadh Patil,
President, IOS.

Societies depend a lot on commercial sponsorship to run high-quality meetings. How do we keep our friends and colleagues in industry engaged?

The Irish Otolaryngology Society is traditionally engaged in a positive and collaborative manner with trade members and exhibitors. We have always had a vibrant trade fair at which participants, not just from Ireland but from the UK and further afield, including India, have demonstrated their products and new innovations. Workshops have also been set up so that they can exhibit their state-of-the-art technology. Additionally, throughout the year we have sought support for our webinars and other meetings. Given the fact that we are now running a virtual event, we have reached out to our partners in trade to offer options for sponsorship and signage as well. Further measures, such as the setting up of a medal for the best head/neck paper, are also afoot. The Society aims to ensure that this interaction is a win-win one so that it provides advantages to both sides.

COVID has shown us dramatically how global a community we are, and how much healthcare systems can learn from each other. How do we marshal and use that momentum to move the agenda forward re global health?

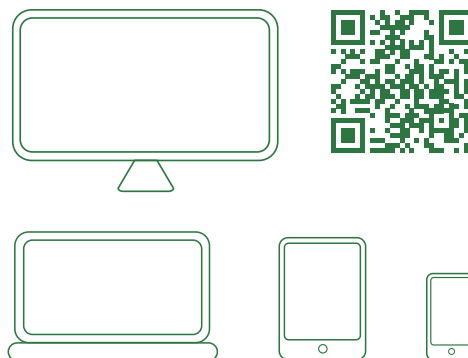
It is absolutely true that the current COVID-19 crisis has created a 'global village' for healthcare of sorts. In this regard, the digitalisation of our meetings and data has been a huge step forwards in how we interact with partners, societies and/or share information. Of particular note is the fact that the Royal College of Surgeons, Dublin, has recently appointed Professor Mark Shrive as the O'Brien Chair for Global Surgery. Additionally, our own ENT colleague, Professor Camilla Carroll, has been nominated as the RCSI Council Chair for International development. These steps highlight the college's commitment to international training and the practice of surgery all across the world. The IOS itself is considering fellowships for deserving trainees and looks forward to working with Professor Carroll to expand its global footprint in the years ahead.

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The IOS 2020 has been rescheduled as a shortened virtual session based at the Royal College of Surgeons in Dublin on 10 October.
www.iosconference.org

The future of educational gatherings and the impact of COVID-19

To watch the Zoom meeting visit
www.entandaudiologynews.com



(L-R) Claire Benton, Rosaleen Shine, Shahed Quraishi, Naishadh Patil, Ray Clarke and Gerry O'Donoghue got together on Zoom to further discuss the future of educational gatherings and the impact of COVID-19.