

How to migrate from a traditional live congress to a hybrid or totally virtual congress?

A case study

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Summary: The 7th Latin American Congress of Peritoneal Dialysis, scheduled to be held on March 27 and 28, 2020, in Cartagena de Indias, Colombia, provides an example of successful integration of online and face-to-face activities in their original design, and their subsequent migration to a totally virtual Internet-based event when the COVID-19 epidemic emerged.

This ongoing experience, which occurred at this point in time just by chance, could be useful for those leaders and organizations that are defining how to act during 2020 in the face of the current situation, with regard to both the uncertainty of scheduled live events depending on how the epidemic unfolds (1), and to the attendance of invited speakers and convened participants, once these live events are allowed to happen; and to the difficulty regarding attention span that poses live videoconferencing for long periods of time over several days, in different time zones, as a substitute for face-to-face events.

With this in mind, educational programs are currently designed for the United States by the University of Virginia CME Office and EviMed.

Description:

The concept of “**Extended Congress**” is the extension in time, space and languages of a medical congress. For example, a successful conference in Rheumatology or Infectious diseases in the US could be extended in *space* (to reach a larger audience who would not normally go to that conference, including domestic and foreign participants), in *time* (to allow those attendees and those who did not attend, to acquire the main new knowledge and validate it with colleagues, compared to an usually packed and intensive live and mostly didactic program), and in *languages* (allowing to those who do not master English to participate in it, with subtitled lectures and discussion forums in their own languages).

In this case, there was interest by the organizers of the 7th Latin American Congress of Peritoneal Dialysis to implement a hybrid model, with the usual live conference happening on March 27-28, 2020 in Colombia, and the extended congress, from March 23 to May 10 (2).

The extended congress was organized by the Colombian Society of Nephrology and endorsed by the International Society of Peritoneal Dialysis and the Latin American Society of Nephrology. Because of the COVID-19 crisis, the live event on the specified date had to be cancelled, so the scientific program and activities became all virtual.

The target audience were Spanish-speaking physicians and nurses dealing with patients undergoing peritoneal dialysis or with interest in the subject. The Extended Congress

included one introductory week, with discussion and voting of submitted papers and posters. There was a live opening Webinar during this first week, but most of the activities were designed to be asynchronous (such as watching lectures, performing clinical simulations and participating in discussion forums), not requiring a specific date and time to participate. Several Portuguese and English speakers were subtitled into Spanish. Networking is supported by a Facebook-like platform, where relationships are taken into account to strengthen trust and foster a significant dialogue among participants (3)

The participants by country showed a wide distribution, as expected theoretically, because of the lack of boundaries for participation for Internet-based programs: 702 participants come from 21 countries, mostly Latin America, Spain and Portugal, and the majority were from Mexico (144), Argentina (114), Costa Rica (92), Peru (76), Chile (55), Ecuador (38) and Colombia (38).

With this example and a long standing history of online educational activities (4), EviMed is currently designing similar programs in the United States, in association with the University of Virginia CME Office, under the leadership of Dr. Jann Balmer.

Discussion and conclusions:

Since Annual Conferences are a main source of revenue for most scientific societies, in usual times they would find these ideas threatening, because any changes to the status quo could potentially damage the financial health of the organization. But these are not ordinary times.

An important element in crisis management is to find an alternative to the status quo for the business-as-usual; in the cases of our institutions, in order to deliver quality education and opportunity to network to healthcare professionals. The intensive use of videoconferencing as a quick substitute for live events is not the best solution, because attendees cannot be expected to sit in front of a computer for hours and days, furthermore as they are participating from different time zones. Therefore, other educational models should be tested, such as the example showed here.

- 1) McGowan, BS. **Continuing Medical Education in a Time of Social Distancing.** Alliance Almanac, March 2020.
<http://almanac.acehp.org/p/bl/et/blogid=2&blogaid=597>
- 2) **Latin American Virtual Congress on Peritoneal Dialysis 2020.**
<http://redemc.net/congresoextendido>
- 3) Margolis A, López-Arredondo A, García S, Rubido N, , et al. (2019), **Social learning in large online audiences of health professionals: Improving dialogue with automated tools**, MedEdPublish, 8, [1], 55.
<https://www.mededpublish.org/manuscripts/2444>
- 4) Margolis A, López-Arredondo A (2019), **Eight years of MOOCs for physicians across Latin America**, IEEE 2019 Learning with MOOCs Conference, October 2019, Milwaukee, USA. <https://ieeexplore.ieee.org/document/8939603>

Short bio:

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Dr. Margolis is an internist with a Master's degree in Biomedical Informatics from the University of Utah (USA).

He is President of the Global Alliance for Medical Education (GAME), Associate Editor of Applied Clinical Informatics (an official IMIA Journal), and Founding Member of the International Academy of Health Sciences Informatics. He has been Vice President for Medinfos of the International Medical Informatics Association (IMIA), President of the Federation of Health Informatics Societies in Latin America and the Caribbean, and Vice-President for the region of the International Medical Informatics Association (IMIA). He is the President and CEO of EviMed, a CME company that works across the Americas.