Academics in Absentia: An Opportunity to Rethink Conferences in the Age of Coronavirus Cancellations

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Abstract

The COVID-19 pandemic has caused major disruptions to the academic medicine community, including the cancellation of most medical and health professions conferences. In this Perspective, the authors examine both the short- and longer-term implications of these cancellations, including the effects on the professional development and advancement of junior faculty and learners. While the COVID-19 pandemic is new in 2020, impediments to conference attendance and participation are not. Cost, personal responsibilities at home, and clinical duties have always restricted attendance. The authors argue that the unprecedented hardships of this pandemic present a unique opportunity to reimagine how conferences can be conducted and to rethink what it means to be part of an academic community. While there are challenges with this digital transformation of academia, there are also undeniable opportunities: online abstracts and recorded presentations enable wider viewership, virtual sessions permit wider participation and greater interactivity, and the elimination of travel facilitates more diverse expert panel participation. The authors conclude with proposals for how conference organizers and participants can expand access by leveraging available distance learning technology and other virtual tools, both during the COVID-19 pandemic and beyond.

In addition to its profound effects on public health, the COVID-19 pandemic has caused significant disruptions to medical education and scholarship. As educators, we must rethink how we teach in the context of closed universities, a dearth of face-to-face instruction, and worldwide conference cancellations. This crisis presents short-term challenges, but it also opens the door to opportunities for innovation and new practices in medical and health professions education, both now and in the longer term. In this Perspective, we describe short-term challenges caused by COVID-19 disruptions and potential solutions, with a focus on the cancellation of formal medical and health professions academic meetings (colloquially known as conferences) around the world. We then make the case that the unprecedented hardships of this pandemic also present a unique opportunity to reevaluate conference organization and participation, rethink what it means to be part of an academic community, and reflect on how we as educators and conference organizers can make the most of our current crisis.

Short-Term Challenges

For many medical and health professions educators, conferences play a major role in their professional lives. Social distancing efforts to reduce the spread of COVID-19 have led to travel restrictions and the cancellation of a large and growing number of medical and health professions conferences. For example, in April, the American Medical Association canceled its annual meeting due to the “demands upon our physicians and healthcare system,” and the Association of American Medical Colleges canceled multiple conferences to protect participants’ safety and well-being. More cancellations are likely into 2021. Among diverse professionals, such as our author team (representing a variety of ranks, specialties, and academic focus areas), conference cancellations have raised a number of questions, such as: Does work accepted at a canceled conference count as scholarship? What are the implications for future publishing opportunities if a conference chooses to disseminate accepted work in some other format?

In contrast to COVID-19’s health impact, which appears to disproportionately affect older adults, the academic consequences of conference cancellations are likely to hit learners and junior faculty the hardest. These individuals collectively represent the future of the health professions. Opportunities to present work, collaborate with colleagues, expand reputations, and bolster curriculum vitae (CV) are common reasons to attend conferences and, as the de facto currency of the academic world, are essential for promotion and advancement.

Conference cancellations impede these efforts. Promotion clocks are ticking, begging questions like: Should time constraints to achieve promotion be extended? These issues have become hot topics on social media. On Twitter, for example, many users have asked what to make of work that was accepted but not presented at now-canceled conferences. For example, one researcher tweeted:
Cancelled so far: 2 invited talks. As junior faculty, these were important for my CV and future promotion. So, I plan to list them with an *

* cancelled due to #COVID19

Consider doing the same for your cancelled poster or talk or session. You still deserve credit.

Scholarship, according to Boyer’s model, falls into 4 domains: discovery (build new knowledge), integration (interpret knowledge), application (address problems), and teaching (study optimal learning). By definition, scholarship requires dissemination; work kept to oneself, no matter how potentially impactful, is not scholarship. Therefore, do talks and posters that were accepted but not presented at canceled conferences qualify as scholarship? Is it ethical to include this work on one’s CV?

Short-Term Solutions

Boyer’s scholarship classification system, which is used by most institutions to differentiate types of scholarship, stipulates that work must be public, available to peer review, and conducive to reproduction and expansion by others. Limited guidance, however, clarifies what counts as “public” or “dissemination.” Community consensus is crucial to mitigating the immediate effects of the COVID-19 academic dilemma; institutions and promotion committees should come together to define these requirements for scholarship to ensure consistency throughout and across institutions.

So long as the work fulfills Boyer’s requirements and is disseminated in some form, we propose that it be considered scholarship. We encourage conference organizers to clarify their plans, whether it be to offer an alternate vehicle for dissemination, such as distance learning (e.g., virtual presentations, digital posters), or automatic acceptance of submitted work to next year’s conference. We suggest that accepted work be listed on CVs as accepted at said conference even if it was not formally presented (e.g., conference canceled due to COVID-19). Some societies have provided instructions for whether and how to list canceled conference presentations on CVs, and others have described similar recommendations to our own. However, these recommendations are hardly uniform or commonly available.

Longer-Term Opportunities

The challenges we have described for medical and health professions education are not unique to today, even if the COVID-19 pandemic has made them readily apparent. There have always been barriers to conference attendance. Cost, declining budgets, personal and family responsibilities, physical disabilities, and clinical duties can be prohibitive. Conferences also may be inaccessible to learners of limited means or those with conflicting personal obligations. Someone must remain to care for patients, which inevitably means many must miss out on attending conferences. Given the pandemic’s economic devastation, less funding likely will be available for travel even once restrictions are lifted. If we as educators value conferences as a means to build community, transmit knowledge, and disseminate critical innovations, we should take advantage of this crisis to redesign the conference model and expand participation.

Below, we offer several proposed changes that, if enacted, would affect how educators participate in conferences in times of social distancing (see also Table 1). While no studies or specific paradigms verifying these proposals exist, they are consistent with the tenants of the National Research Council’s How People Learn: Bridging Research and Practice. Specifically, that cultural experience and community participation are fundamental forms of learning. We should encourage this exchange of information through distance learning to augment face-to-face efforts.

Recently, others have commented on the need to embrace distance learning—instruction through technology despite physical separation—in medical education. As a proximal step, we recommend considering distance learning for scholarship dissemination. Conferences could publish abstracts and slides in print or online in journals or supplements. Currently, only a minority of conferences in medical and health professions education take this approach. Online publication dispenses with the constraints of limited print space for abstracts, wall space for posters, and time constraints for oral presentations. At the same time, additional space (virtual or physical) does not mean curation and quality control need be abandoned.

Peer review can and must remain at the forefront, just as it has for manuscripts published in online-only journals.

Presentations could be livestreamed, presented as webinars, or recorded for later consumption, enabling more individuals to participate. Some prepandemic conferences leveraged recordings to make sessions available for later review, for attendees unable to join that particular session, or for those unable to attend the conference sometimes at a reduced cost. Recordings could be made publicly available to all or restricted to conference attendees. Conference organizers could potentially increase revenue this way, while maximizing use of the material for learning and increasing dissemination.

While a departure from attending a conference in person, this strategy offers benefits that are worth considering. Perhaps incorporating distance learning will result in shortening the total length of conferences while maximizing time for in-person teaching, socialization, and mentorship.

Current technology also permits virtual interaction between speakers and the audience, such that participants can remotely pose questions or participate in discussions. Instead of answering only the questions posed by those who jump to the microphones first, questions could be upvoted (attendees indicate their approval of a question and the question becomes more prominent and more likely to be seen by others) to identify those of greatest interest to the audience, ensuring that limited discussion time is used most effectively. The ubiquity of videoconference tools today (such as FaceTime, Skype, Zoom, and WhatsApp) means virtually all smartphone users can participate in real time from nearly anywhere. Asynchronous communication tools can be used to create breakout chat rooms, community, and personalized interaction following recorded sessions.

In addition, research and case vignette posters could be shared online. Virtual participants could connect electronically, by speaking or writing, and respond to one another. Sixty-second videos could succinctly introduce a poster. Taken further, participants could navigate through a virtual room filled with posters and presenters, moving from one poster to the next, engaging in discourse
Table 1  
**Suggested Ways to Expand Medical and Health Professions Education Conference Participation Virtually During the COVID-19 Pandemic**

<table>
<thead>
<tr>
<th>Approach</th>
<th>Description</th>
<th>Examples of organizations currently using approach (not comprehensive)</th>
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</thead>
<tbody>
<tr>
<td><strong>Dissemination of content</strong></td>
<td></td>
<td></td>
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<tr>
<td>Open-access abstracts</td>
<td>Publish abstracts in supplement or online.</td>
<td>ASCO, CCME, DEM, ESC, PHM, SGIM, SHM</td>
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<td></td>
<td>Permit larger group to view and leave comments.</td>
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<td>Virtual posters</td>
<td>Make high-resolution posters available for easy review online. Record a 1- to 4-minute presentation to accompany each poster. Audience members can leave comments or questions for the poster author in a chat. Enable a large audience to briefly review and interact with the poster, almost as if they were standing with the author.</td>
<td>ACP, AMEE, ASCO, ESC, SAEM</td>
</tr>
<tr>
<td>Recorded presentations</td>
<td>Make presentations available for remote viewing later.</td>
<td>ACC, ASCO, CCME, SGIM</td>
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<td></td>
<td>Increases the number of audience members who benefit from a presentation. Allows audience members to later watch presentations that occurred simultaneously to other events.</td>
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<td><strong>Interactivity with the audience</strong></td>
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<td>Live online presentations with audience participation (1 presenter, 1 moderator, large audience, 20 minutes)</td>
<td>Livestream presentations, enabling a larger audience to watch from around the world. Presenter can pose questions to the audience members, who can respond to polls. Enables near-real-time audience participation, even with very large groups. Audience members can pose questions in a chat and vote up/down questions that are proposed. A moderator interacts with the audience to clarify or combine questions to ask the presenter. Enables questions that are most relevant to be addressed first, increasing the yield for the audience.</td>
<td>ACC, ADA, AMEE, APA, ASCO, eLife, ESC, SAEM</td>
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<td>Online panel discussions</td>
<td>Similar to live presentations, described above, but would feature a panel of experts. Enable more underrepresented minority and women panel participants by removing the financial and personal costs of travel to a conference.</td>
<td>ADA, ESC, SAEM</td>
</tr>
<tr>
<td>(2–5 presenters, 1 moderator, large audience, 20–30 minutes)</td>
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<tr>
<td><strong>Community building/mentoring/networking</strong></td>
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<td>Determining organization priorities and electing leadership (entire membership)</td>
<td>Enable the entire membership of an organization to meet and determine the organization’s direction and leadership team. At some traditional conferences, only members who are present are able to vote; online voting would democratize the process, enfranchising all members of a professional society to determine its direction.</td>
<td>AMA (planned)</td>
</tr>
<tr>
<td>Online small-group discussions (5–10 participants, 1 moderator, no audience, 1 hour)</td>
<td>Small-group discussions to discuss specific topics. Allows groups to focus on prepared questions or those determined to be most interesting to the audience (see live online presentations above).</td>
<td>SAEM</td>
</tr>
<tr>
<td>Mentoring sessions (1 mentor, 1 mentee, 15–20 minutes)</td>
<td>Speed dating sessions where senior faculty meet with junior faculty and learners one-on-one and offer advice or make introductions.</td>
<td>SAEM</td>
</tr>
</tbody>
</table>

Abbreviations: ACC, American College of Cardiology; ACP, American College of Physicians; ADA, American Diabetes Association; AMA, American Medical Association; AMEE, Association for Medical Education in Europe; APA, American Psychiatric Association; ASCO, American Society of Clinical Oncology; CCME, Canadian Conference on Medical Education; DEM, Diagnostic Error in Medicine conference; ESC, European Society of Cardiology; PHM, Pediatric Hospital Medicine conference; SAEM, Society for Academic Emergency Medicine; SGIM, Society of General Internal Medicine; and SHM, Society of Hospital Medicine.

*Suggestions are consistent with the principles in the National Research Council’s *How People Learn: Bridging Research and Practice*.*
and asking questions, in real time or asynchronously. Such preconference virtual rooms could provide useful feedback to presenters and inform their preparation for the subsequent live event. Twitter communications also have become a widespread means of health professions education dissemination and learning and could augment virtual conference offerings allowing participants to interact with each other. Finally, the current divide between free open access medical education and the traditional conference structure could be bridged by this new hybrid virtual/in-person approach.

Critics may argue that journals and traditional media outlets will be uninterested in publishing partially presented topics already in the public sphere. However, traditional slide sets delivered by a conference presenter already are public. To address this concern and protect conference integrity and finances, materials could be made available only to those registered for the conference or posted for a limited time online after which the abstract, poster, slides, or data would disappear (a Snapchat for conference materials, so to speak).

We are not proposing eliminating live, in-person conferences—we value the in-person discourse. Face-to-face interactions at conferences build and strengthen the academic community, and live discussion provides a form of real-time peer review. But, including virtual platforms can make more effective use of in-person interactions. Face-to-face sessions at conferences could include the most hands-on and interactive sessions where small-group breakout sessions are best and where topics are more effectively taught in person (e.g., procedures, physical diagnosis skills, etc.). We should be creative in restructing conferences: what they provide, how they enhance academic relationships, and how they disseminate knowledge, with the goal of enhancing learning with both deeper and broader reach, including to a larger audience beyond physical attendees.

Conclusions

COVID-19 has pushed conference organizers, presenters, attendees, and the larger academic community into unchartered territory. From crisis can be borne opportunity. Flexibility, thoughtfulness, clarity, consistency, and most of all creativity are needed to rethink what we as medical and health professions educators want and get from conferences today and how we define and expand opportunities for all members of our academic community. Let us not waste this crisis.

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