



Digital Surgical Conferences during COVID-19 Pandemic Newer Challenges & Opportunities

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Editorial

COVID-19 pandemic has caused untold miseries to life and livelihood of people across world. Surgical teaching and training have been severely disrupted in the past 18 months. Increasing hours have been spent by surgical fraternity in treating COVID victims and hence leaving very little time for the surgical education. Repeated lock downs, travel restrictions, increased cost of travel & stay and presumed impact on their clinical practice have all prevented many surgeons from attending surgical workshops, skill courses and annual conferences. Improvement in the quality and speed of net connectivity and innovations in audio visual technology have made distant learning in digital platform as a safe practical alternative in this challenging period. Hence webinars, online master classes and virtual live operating surgical sessions have become an integral part in surgical learning with unmeasured benefits [1]. Indian Association of Gastrointestinal Endo Surgeons (IAGES) is an academically vibrant minimal access surgery association in India with nearly 8,000 members. IAGES conducts periodic fellowship training courses and surgical conferences wherein all interested surgeons and postgraduates would be able to come and interact with eminent faculty across the globe and also could present their research papers and videos. In view of relentless turmoil due to COVID pandemic, IAGES has conducted both midterm (INDOUK SURGICON 2020) and annual conference (IAGES 2021@ COIMBATORE) in digital format in the last academic year. The experience and feedback from these virtual conferences have given lot of insights with regards to future directions for any virtual conferences. INDOUK SURGICON was the midterm international collaborative conference between IAGES and Royal College of Surgeons of Edinburgh on 16th & 17th October 2020. This was attended by nearly 1500 delegates and 150 faculty. IAGES 2021 was the 18th annual national conference that was held on digital platform with nearly 2,600 delegates and 250 faculties on 8th & 9th May 2021. In both the major digital conferences, 8 Subspecialty sessions were held in parallel halls with live/virtual live operative sessions, expert talks, panel discussions, debates, orations and free papers. Soon after the conclusion of the virtual conference, a structured questionnaire was electronically distributed to all the registrants via emails to obtain their feedback with regards to both the events and their views regarding future directions for distant learning. There were total of 307 respondents (167 following INDOUK SURGICON and 140 following IAGES 2021) whose data were analyzed and findings were noted. Following were the key questions in the Google form for which answers were sought.

- Category of registration: Faculty/Delegate/Postgraduate
- The subspecialty most preferably attended
- Most preferred/watched session
- Maximum time spent on virtual platform
- Global assessment of virtual event compared to historical onsite event
- Suggestions with regards to areas for improvement

General laparoscopy session was the most preferably viewed specialty followed by hernia, colorectal and endoscopy sessions. Most of the viewers preferred to watch live/virtual live operating session (85%) followed by expert talks and panel discussions. Two third of the viewer spent more than 4 h to 8 h during those 2 days of academic event. Almost all of the viewers were happy with overall experience of attending digital conference and nearly 60% of them told that it really exceeded their expectation on several aspects. When we asked the viewers with regards to what could be done to improve the virtual conference in the future, following were the common suggestions given,

- Better 2-way communication with faculty

- Access to archives of concluded sessions for review
- Ease of navigation between the halls
- Meet the professor sessions
- Networking with friends
- Taking a poll during a discussion

Distance learning has gained popularity as a means of learning in recent years due to widely distributed trainees, busy schedules, travel restrictions and rising travel costs. Videoconferencing is being extensively used by the National Board of Examinations in India for the training of postgraduate and doctoral students in medical specialties including super specialties [2]. Tele-consultation, tele-proctoring robotic surgery, and even tele-presence surgery are only part of the promise of new technology. Technological innovation has broadened access to higher quality healthcare and education without regard to time, distance or geopolitical boundaries. We are now able to provide best of scientific program with best of faculty across the globe. Multi centre transmission helps us to make robust scientific program with minimum efforts and cost. But there are still quite a few challenges to successfully conduct a digital conference. We should ensure good net connectivity and uninterrupted power supply to avoid ghost images

and poor audio quality. Delegates often feel disconnected from the speaker and get distracted by their local commitments. Timing of the academic event is critical for good attendance. Psychomotor skill transfer for surgeons is still a challenging area to fulfill. We need to find a way to teach other non-cognitive attributes like empathy, compassion and importance of team work to the budding surgeons [3]. This is the apt time for surgical trainers to evaluate and reflect on the impact that medical calamities could have on surgical training and education and to formulate their plans to ensure quality training even in the face of constant disruptions from pandemic outbreaks. Digital or hybrid conferences are the 'new normal' for most of the surgical fraternity for foreseeable future.

References

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