

COMMENTARY ARTICLE

When Life Gives You Lemons, Make Lemonade: The Case of Hosting the Most Successful Regional Cardiovascular Symposium during the COVID-19 Pandemic — A Tale from the Oregon Chapter of the American College of Cardiology

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Abstract

The Sars-Cov-2 (COVID-19) pandemic has created unprecedented challenges, and revamped the way we live and work. Overall, this pandemic and its isolating consequences has forced societies to become more creative and develop new ways to engage. Professionally, employees are more secluded with attempts to work from home, while in the medical community, physicians have needed to either be on the frontlines treating patients or have adapted to interacting with patients virtually. Even with today's technological advances to virtually connect with patients, physicians have had to relearn and re-engage.

THE CHALLENGE

The Sars-Cov-2 (COVID-19) pandemic has created unprecedented challenges, and revamped the way we live and work. Overall, this pandemic and its isolating consequences has forced societies to become more creative and develop new ways to engage. Professionally, employees are more secluded with attempts to work from home, while in the medical community, physicians have needed to either be on the frontlines treating patients or have adapted to interacting with patients virtually. Even with today's technological advances to virtually connect with patients, physicians have had to relearn and re-engage.

In addition to the virtual patient care challenges for physicians, the impact of pandemic-induced social distancing is leading to new challenges in the delivery of medical education (1-3). Specifically, continuing medical education (CME) and maintenance of certification (MOC) educational opportunities across all subspecialties independent of current events, have been disrupted (4). As an example, this year's annual American College of Cardiology (ACC) meeting was canceled and converted to a virtual event. Multiple other regional and national cardiovascular societal meetings have been canceled or significantly modified in format. These meetings are venues to learn, collaborate, exchange new information, innovate with colleagues, and forge the field of cardiovascular medicine and surgery forward. There are no substitutes for these types of national events. Most critical to these meetings are the rollout of

guidelines, new technology, landmark findings, and the genesis of change in treatment strategies. Inasmuch as various members look forward to attending these meetings, it is the education component that is most invaluable.

Due to a variety of factors including fiscal vigilance, many regional meetings have become the defacto source of American Medical Association (AMA) category one contact hours (5). Significant travel restrictions, financial moratorium on expenditure by institutions, social distancing, and the stay at home orders issued by governors across the country, has collectively limited the ability of medical professionals to seek CME, nursing contact hours, and MOC opportunities (6).

The Oregon ACC (Oregon chapter of the American College of Cardiology) has always been an active resource in organizing and offering a state-of-the-art program for medical education in cardiovascular disease for the last two decades (5). The regional cardiovascular symposium held annually in the spring is a national attractant for members seeking to update their fund of knowledge, obtain CME hours, connect with colleagues, promote fellowship, and hear from national thought leaders.

The planning of our annual symposium begins at the end of the prior year's event, and therefore planning for the 2020 symposium began in the Spring of the prior year. The first case of COVID-19 in the US was detected on January 19, 2020 and confirmed by the CDC the following day. Since then

this virus continues to cripple the world. As the veracity of the virus became more obvious, governors across the country started imposing travel restrictions and social distancing moratoriums; the first of which were reported in early March 2020. The Oregon ACC symposium leadership recognized this initial phase as a harbinger of moratoriums to come, and expected forthcoming travel bans. Following initial meetings with the Oregon chapter governor and the education committee chair, the possibilities of hosting a live meeting were bleak and the best scenario was to move forward with a virtual format — something that our group had minimal experience in creating.

STRATEGY

Emails were sent out to speakers informing them of our decision to proceed with the symposium. Our intention was to develop a working list of presenters who would temporarily commit to presenting at the conference, which served as a framework for next steps. We stratified their responses into: (i) likely to speak, (ii) unlikely to speak, (iii) may or may not be able to speak. Surprisingly most of the planned speakers had a favorable response, and were willing to participate virtually or travel to Portland, Oregon.

By this time, the second week of March, we had contracted two independent CME companies to provide three symposium sessions and cancelling implied that we would have to forfeit their support. Similarly, our venue hotel also notified that

cancellations meant deposit forfeiture and required commitment to the food and beverage contract regardless of hosting decisions. The net loss of cancellations was estimated at \$50,000 separate from the need to return revenues already collected. An additional concern was the ability to offer CME, MOC, and Nursing CE with a virtual event. The CME vendors were responsive and agreed to offer education hours as an enduring event.

The education committee of the Oregon ACC decided to proceed with a virtual meeting. All of the speakers were approving of our decision to proceed, who pledged support by virtual attendance. To augment registrations, we reduced our registration fee, marketed aggressively and converted to a fully digital format.

The digital concept and virtual meeting format was forwarded as a prerecorded set of presentations by speakers instead of trying to host a live symposium. There were several considerations that went into this choice.

- Live feeds require complex orchestration and production teams to seamlessly integrate communication
- Live feeds need the learner to attentively participate in one continuous session for 8–10 hours, akin to attending a conference (i.e. binge-watching)
- Given our production expertise we felt that managing the event with recording delay would help with better timing of event details

- Video editing enables the ability to effectively merge the speaker and their content
- In lieu of Q&A, we planned for presenters to close their presentation by answering the top 3 questions most frequently asked by an audience following a similar presentation
- We planned to present the speaker with a pre-recorded introduction and then have the talk merged to closure and behave as a choreographed cohesive unit
- Many CME vendors require events to be recorded for future potential review and so our format was conforming with those requirements

We discussed the potential of using Zoom video conferencing (Zoom Video Communications Inc., San Jose, California), since we have internal expertise, as a platform for our symposium. We offered education to our invited speakers on how to record their video while ensuring proper background lighting and sound.

An economic downside to our virtual format, is that exhibitors who potentially gain with the interaction from attendees and share updates are impacted by our platform. Our administrative team took on the lead role in optimizing the Zoom experience while the clinical team provided support and feedback for the process.

We scheduled dedicated time for each speaker to meet our administrative team and learn Zoom (lighting, sound and presentation structure) to optimize and ensure programmatic consistency. A quick

reference sheet was developed and sent to the speakers in advance of training sessions. Most presenters were very enthusiastic about prospects of developing their talks with prompt technical support.

The speakers recorded their presentations and uploaded them to Dropbox (Dropbox Inc., San Francisco, California), our administrative team edited the videos for dead time, added an opening title slide, and merged the pre-recorded introductions to the video, resulting in the finally viewed presentation. Each presentation was reviewed by our education committee members to ensure lack of bias as well as confirm flow.

The presentations were readied to be linked from our web site to the Dropbox folder, and plans were announced that all presentations would be available for viewing on April 17th – the official start of our symposium. Registrants were emailed their user name and passwords and instructions on how to access presentations. Additionally, an easy to follow link for speaker evaluations were placed under the presentation link and a full course evaluation link was provided to ensure appropriate application for Nursing CE, CME, and MOC credit. A downloadable checklist was produced for participants to track their progress. While some participants binge-watched the symposium (and completed the viewing experience in 2 days), the majority of symposium registrants viewed sessions at leisure and paced their learning experience. Several registrants commented that they enjoyed being able to stop the presentations, identify a particular

time stamp in the talk, and obtain additional knowledge on a nuanced learning point that might have been missed on first pass.

OUTCOME

As so many CME/MOC and Nursing CE programs were canceled outright, we recognized that a high-quality CME educational program could be in high demand for clinicians who were unable to travel, but still needed to meet requirements. Registration for our symposium continued to be received at the time of this writing as the event is enduring for CME through the remainder of the year.

The current dilemma for the Oregon ACC is to consider whether to: 1) go back to a standard live event which enables participants to collectively learn and derive benefits that we know are important, 2) cultivate and refine our virtual concept, or 3) perhaps migrate towards a hybrid symposium. Mandatory masks, social distancing, venue capacity limits, and contact tracing are important considerations to logistics of symposium event planning unlike the past (7,8). Though Oregon ACC is one of the smaller chapters, we produced a national caliber symposium with international presenters, and enrolled a record number of registrants. As our experience suggests, it is possible to make lemonade out of lemons delivered to your doorstep.

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