

Virtual Conferences of dermatology during the COVID-19 Pandemic

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Dear Editor,

In order to contain the spread of novel corona virus disease 2019 (COVID-19), most governments have put travel restrictions into place.^{1,2} Social distancing was advocated and all public gatherings were banned.^{3,4} This included cancellation/postponement of all international and national medical conferences. The first major dermatology conference to be cancelled in the wake of COVID-19 was the annual meeting of the American Academy of Dermatology (AAD), which was scheduled to take place in Denver earlier this year.⁵ Following this, other major dermatology conferences soon followed suit.⁶ However, with the number of meetings canceled rising sharply and the uncertainty regarding when the infection will finally become under control, novel ways must be explored to keep the flow of education going.

Video conferences (virtual conferences) are the need of the hour when meeting face-to-face is impossible. The presenters of the canceled AAD meeting are currently in the process of recording their presentations which will be available online by mid-May.⁷ Although virtual conferences can never replace a traditional meeting and presenting in person, they have their own advantages. First, they are most cost-efficient compared to traditional meetings because they

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save on expenditure for travel and accommodation. Additionally, there are fewer costs for logistics and booth development, and the entire carbon footprint is reduced – cost reduction makes virtual meetings sustainable. Second, they can be viewed in the comfort of one's home, at the attendee's convenience. Third, they motivate one another to keep innovating and presenting, when all feels lost in these trying times. Most importantly, it will ensure that dermatologists stay connected and share knowledge across a wide platform.⁸

An advantage for the speaker of an online event such as a Continuous Medical Education (CME) conference is that they can have better control on content and data, making sure that they match their audience interests. Additionally, virtual meetings are a very compact and clear source of information. In some sessions of virtual meetings there is more interaction than in traditional meetings as attendees are able to participate with posts or chats or even connect one-on-one with speakers before, during and after the session. In addition, as we regularly observe in our lectures that have gone virtual as well, the attendees active in the chatroom are not the same ones who constantly speak up in the actual lecture hall. Instead, novel and perhaps less extroverted colleagues get the chance to contribute – to the benefit of all, in our opinion. One distinct disadvantage of virtual lectures, however, is not being able to see the faces of the audience. We have observed this in all sorts of Zoom®/Teams®/Skype®/WebEx® and other meetings already and strongly argue for leaving the video feed turned on, as long as bandwidth permits. This is

one of the reasons why some will argue that the interaction between speaker and audience in traditional meetings is superior.

On the other hand, virtual meetings can overcome some of the weaker aspects of live meetings. Indeed, one distinct advantage of virtual meetings is that the interaction of the industry with healthcare professionals can be made fully transparent and traceable. Whilst sponsoring opportunities using the logo and ads of industry partners remain largely intact, the renting of booth space to interact with medical professionals is not an option in virtual meetings. The interaction must take place virtually – for example in group chats, which currently are however not useful for random meeting of people who are not contacts already. Also, incentives such as lunch boxes or snacks to attend industry-sponsored symposia are useless – instead, symposia must attract listeners with irresistibly interesting content, to the ultimate benefit of all attendees.

References

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1. Rudnicka L, Gupta M, Kassir M, et al. Priorities for global health community in COVID-19 pandemic. *Dermatol Ther.* 2020 Apr 1:e13361. doi: 10.1111/dth.13361.
 2. Sharma A, Fölster-Holst R, Kassir M, et al. The Effect of Quarantine and Isolation for COVID-19 in General Population and Dermatologic Treatments. *Dermatol Ther.* 2020 Apr 10:e13398. doi: 10.1111/dth.13398.
 3. Arora G, Kroumpouzos G, Kassir M, et al. Solidarity and Transparency Against the COVID-19 Pandemic. *Dermatol Ther.* 2020 Mar 31:edth13359. doi: 10.1111/dth.13359.
 4. Goldust M, Shivakumar S, Kroumpouzos G, et al. Where Do We Stand as Dermatologists in Combat With COVID-19. *Dermatol Ther.* 2020 May 22. doi: 10.1111/dth.13638.
 5. 2020 AAD Annual Meeting is canceled due to COVID-19 outbreak [Internet]. [cited 2020 Mar 29]. Available from: <https://www.aad.org/member/meetings/am2020>.
 6. More Medical Conferences Fall to Coronavirus [Internet]. Medscape. [cited 2020 Mar 30]. Available from: <http://www.medscape.com/viewarticle/926359>.
 7. Pre-AAD Meeting [Internet]. [cited 2020 Mar 30]. Available from: <https://pedsderm.net/meetings/pre-aad-meeting/>.
 8. Lewis CBM. Navigating Medical Conferences in the COVID-19 Era: A Focus on Engagement [Internet]. [cited 2020 Mar 29]. Available from: <http://www.pharmexec.com/navigating-medical-conferences-covid-19-era-focus-engagement>.