Transitioning to Virtual: ACMT’s 2020 Annual Scientific Meeting

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Abstract
The American College of Medical Toxicology (ACMT) 2020 Annual Scientific Meeting (ASM) was scheduled to be held in New York City, March 12–15, 2020, and had the largest conference registration in the history of ACMT’s ASM. In the week prior to the conference, the severity of the COVID-19 pandemic in New York City and the USA was becoming apparent. On the first day of the conference, organizers canceled the live portion of the meeting and converted the conference into an entirely virtual meeting. We discuss the challenges of holding a virtual conference, future directions for online meetings, and why our conference was ultimately successful.

Keywords Virtual conference • Annual scientific meeting • Education • Medical toxicology

The Beginning
As the organizers of the American College of Medical Toxicology (ACMT) 2020 Annual Scientific Meeting (ASM), we were anticipating a remarkable conference. Initial planning for the 2020 ACMT Annual Scientific Meeting to be held in New York City began in October of 2018. We divided the March 12–15, 2020 meeting into a 1-day opioid symposium followed by a 3-day ASM. The conference was on track to be a great success: the week before the start, we had an outstanding lineup of speakers and a record number of registrations for both the symposium and ASM. The symposium was scheduled to have 17 speakers, and ASM would have 72 speakers and 15 moderators.

Storm Clouds
As the conference approached, we followed with concern as the first cases of coronavirus disease 2019 (COVID-19) emerged in the USA (January 20) and New York (March 1) [1–3]. On March 3, we received notification from our first (and keynote) speaker that his institution would not allow him to attend in person. At that time, we began to prepare for the possibility that other speakers would also need to present remotely. In the next few days, multiple other speakers followed suit and notified us that they would also need to present virtually. On March 9, we offered the option of remote attendance to registrants. By the end of that day, 50% of speakers and 25% of registrants had notified us they could not attend in person. That figure continued to increase heading into the start of the conference. By the morning of March 11 (the day before the start of the conference), 90% of speakers and over 50% of conference registrants had notified us that they were unable to attend in person.

In the week prior to the conference, we considered whether to cancel the live portion of the meeting. As COVID-19 spread, we looked for guidance from city officials and peer organizations. Recent conferences were known to be a potential source for disease spread; a Biogen corporate meeting had just been linked to approximately 80 coronavirus cases [4, 5]. Other scientific groups had canceled live meetings that week, including a large HIV conference in Boston and an allergy conference in Philadelphia [6, 7]. However, NYC authorities had not yet announced any restrictions, businesses and schools were operating normally, and the large Council of Residency Directors in Emergency Medicine (CORD) meeting proceeded earlier that week in NYC. There were several hundred known cases in NYC at that time, but no one yet fully appreciated the severity of COVID-19 in NYC [8].
The course organizers and the Board of Directors of ACMT monitored the situation and met several times in the week leading up to the meeting. The prevailing opinion was that we should deliver the option of a live course to attendees, most of whom were medical professionals: the Board of Directors of ACMT felt attendees could individually judge the risk. On March 11 (the day that many attendees would be arriving), the National Basketball Association (NBA) announced it was indefinitely suspending games [2].

On Thursday, March 12, the symposium was held with 63 registrants in attendance, 87 live stream viewers, and 95% of speakers presented remotely using WebEx by Cisco. During the symposium, we started seeing reports that the New York governor would declare a ban on large gatherings [9]. That afternoon during the symposium, the National Collegiate Athletic Association (NCAA) canceled its men’s basketball tournament, and Broadway theaters announced they would close their doors that evening [2, 10]. These decisions by large national organizations signaled a far more serious situation was developing.

The Board of Directors of ACMT convened an emergency meeting and concluded that the live portion of the meeting must be canceled to protect the health of attendees and show solidarity with public health efforts. The decision to cancel the live portion of the meeting, although clearly correct in hindsight, was not easy in the moment. For the first time, our annual meeting would be completely remote.

Transition to Virtual

Prior to the conference, ACMT had conducted over 30 WebEx events per year; thus, our staff had the technical expertise to transition the entire meeting online. We were able to contact all the speakers and assist in getting them comfortable with the virtual platform. ACMT upgraded its membership with WebEx to accommodate more viewers per session, and the sessions were set up to be recorded. Using video and chat functions, conference attendants were still able to interact with the speakers and other audience members.

The transition was extremely successful, but we identified areas for improvement in the future.

We initially had problems with communication between the audience, moderator, and speaker; we had not established an agreed-upon mechanism to give the speaker time warnings from the moderator or questions from the audience. Slides with animations did not work as expected. Moving online also posed scheduling challenges. Simultaneous sessions had to be canceled or rescheduled, and multiple moderators had to be changed.

The time difference between the eastern and western USA also presented a dilemma. We had planned an in-person meeting in the eastern time zone. However, with the virtual transition, the morning portion of our program would begin at 5:00 am Pacific time. We could not shorten the length of the program without canceling speakers. This led to west coast speakers presenting at 5:00 am and 6:00 am local time.

The conference concluded on March 15. We had no major technical issues, and all speakers successfully presented remotely. All speakers at the symposium and ASM were individually rated very highly by attendees. The majority of free text comments expressed positive sentiments about the content and the transition to the virtual meeting. We attribute the excellent speaker evaluations to the strength of our conference organization committee and the talent, preparation, and flexibility of our speakers. The outstanding speaker scores also reflect the technical success of the course, which we attribute to staff familiarity with the conferencing software and staff preparation ahead of the course. We always had at least one staff member on hand managing the technical aspects of the meeting.

The main areas of potential improvement that arose were related to the late cancellation of the meeting and the loss of the ability to network and see friends in person. As course organizers, we accept this criticism. There were 11 days between the first reported case in NYC (March 1) and the planned start of our meeting (March 12). In that short time, the idea of canceling the in-person component of our annual meeting went from unimaginable to, frankly, unavoidable. In hindsight, cancelation was the correct decision.

Although spread of COVID-19 occurred at other medical conferences in NYC that week, we did not receive any reports of the infection among individuals who had traveled to the city for our conference [11].

Potential Future Directions

The COVID-19 pandemic has caused nearly every industry to turn to virtual platforms for their day-to-day functioning. Some aspects of this transition have been favorable, making some reconsider whether we should ever fully “go back.” As of publication of this commentary, multiple medical organizations have decided to transition their meetings to being fully virtual this fall including ACEP 2020, ACOEP 2020, NACCT 2020, ACMT Board Review Course, American Academy of Neurology, American Society of Regional Anesthesia and Pain Medicine, American Society of Clinical Oncology, and the American College of Surgeons Clinical Congress.

We do not anticipate that online medical meetings will replace in-person meetings when the pandemic subsides. Much of the draw for in-person conferences cannot be reproduced in the online environment. People travel to meetings to take advantage of opportunities for tourism and reconnect with old friends and colleagues. Live speakers can engage an audience in ways that a remote speaker cannot. Live
meetings present networking opportunities that cannot be reproduced online. We expect that future meetings will be held live but with some virtual features and options. A hybrid live-online course may allow for a broader range of speakers and attendees both nationally and internationally. A speaker who cannot commit to 2 days of travel may be able to provide 1 hour of screen time. For registrants, a virtual option is more affordable, as most of the costs of a live meeting are related to travel and lodging.

**How to Optimize a Hybrid/Online Course Even Further?**

Consider time zone differences when scheduling sessions and speakers. Plan to hold popular sessions at times convenient for the majority of registrants. Consider a shorter conference day: the audience may not tolerate 8 hours in front of a screen. A shorter conference day would help accommodate more time zones, as well. To substitute for the loss of interactivity from a speaker in the same room, the hybrid course may need to use more polling and chat functions to engage the audience.

Our conference was rated as excellent by the audience. Of all the elements of the meeting, the speakers were rated highest. This suggests that behind the façade of technology, the human aspect of the online meeting is still the most important for success. For planners, there is no shortcut in doing the work of finding engaging speakers who are interesting to your audience. Of course, a conferencing platform is needed to deliver that content to the audience, but that platform is no better than the staff who will operate it. With a strong planning committee and engaging speakers, the virtual platform for the future of medical conferences can be successful in providing high-quality educational material. As physicians and scientists, we attend conferences to learn and connect with colleagues and friends. By necessity, the pandemic has forced us to distance from one another. The connection we gain from conferences, even remote conferences, is more vital today than ever before.

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