

Organizing a virtual scientific conference: experiences from the Bethune Round Table 2021

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SUMMARY

In response to the COVID-19 pandemic, organizations used virtual platforms to host academic meetings. This includes the Canadian Network for International Surgery and the Centre for Global Surgery at the McGill University Health Centre, who were tasked with organizing the Bethune Round Table (BRT), held May 28–31, 2021. With 496 registrants and 300 attendees representing 50 countries, the BRT 2021 was the most trafficked BRT conference in its 20-year history. One month after the conference's conclusion, attendees were continuing to view the recorded sessions. Here we describe the successes of the virtual BRT 2021 conference and the plan to continue offering a digital mode of delivery for future BRT conferences.

Academic conference organizers were faced with a plethora of challenges due to the COVID-19 pandemic. Before the pandemic, these conferences were seldom conducted in a fully virtual format, but pandemic restrictions led many organizers to use virtual modes of content delivery and networking.¹

This situation was true for the annual Bethune Round Table (BRT) academic conference. The conference is named after the late Dr. Norman Bethune (1890–1939), whose contributions to surgery within Canada and abroad resulted in his international recognition,² thus leading to the establishment of the BRT in his honour. The BRT traditionally rotates through Canadian medical universities, who host the event in partnership with the Canadian Network for International Surgery (CNIS). Despite being cancelled owing to a pandemic for the second time in its 20-year history, first for SARS in 2003 and again in 2020 for COVID-19, the BRT was “locally” hosted in Montreal on May 28–31, 2021, by the Centre for Global Surgery (CGS) at the McGill University Health Centre, with national coordination by the CNIS. In order to successfully organize an international surgical conference in the midst of a pandemic, it was decided to host the first fully virtual BRT.

Although BRT 2021 was not the first surgical conference to employ a virtual setting, there was no widely accepted methodology for conducting such a conference. Literature on the topic suggested there were several considerations to be made to ensure its success,³ particularly because of its international nature. For example, the organizers needed to determine which platform would be accessible in low- and middle-income countries (LMICs) that would also offer efficient abstract management and would prove to be financially feasible. Additionally, CNIS had hosted an online curriculum review session⁴ and a virtual gala to celebrate its 25th anniversary using Zoom and prerecorded PowerPoint videos; they wanted to incorporate these technologies in BRT 2021, having benefited from them previously. Thus, the X-CD platform was chosen for the BRT, not only because it dealt with users' challenges and preferences from previous virtual conferences, but also because it allowed for international accessibility,

intuitive abstract management, and effortless integration with other online conferencing tools such as Zoom, PowerPoint videos, and YouTube broadcasting.⁵

For the purposes of this discussion, we define “registrants” as those who signed up for the BRT 2021, whereas we refer to “attendees” as those registrants who attended at least 1 of the BRT 2021 sub-events, including live or prerecorded presentations or exhibits. With collaboration between the CGS, CNIS, and X-CD Technologies, conference registration was unprecedented, with a total of 496 registrants and 300 attendees from 50 countries (Figure 1). The majority of registrants came from Canada ($n = 176$), followed

by the United States ($n = 32$), Brazil ($n = 31$), and Nigeria ($n = 20$). The historical average for the number of countries represented at the BRT is 15, but with 50 countries represented, the BRT 2021 demonstrated that the virtual format could increase the participation of scholars from LMICs. The BRT 2021 was the most attended conference in its 20-year history, with almost double the average of 155 attendees from the previous 10 years (Figure 2).

The BRT 2021 was not inexpensive. However, registration fees were lower in 2021 because there were no costs incurred from nutrition breaks or booking venues. There was no charge for registrants from LMICs,

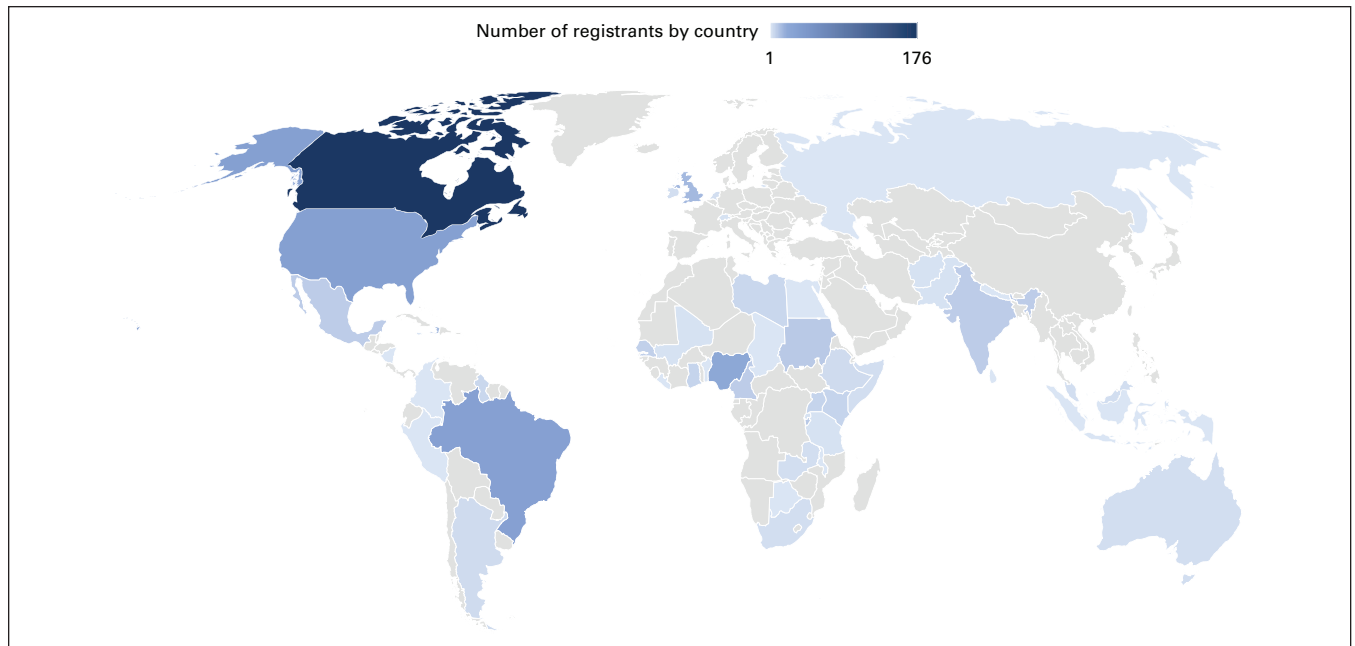


Fig. 1. Choropleth of the 2021 Bethune Round Table attendee demography by country of registration.

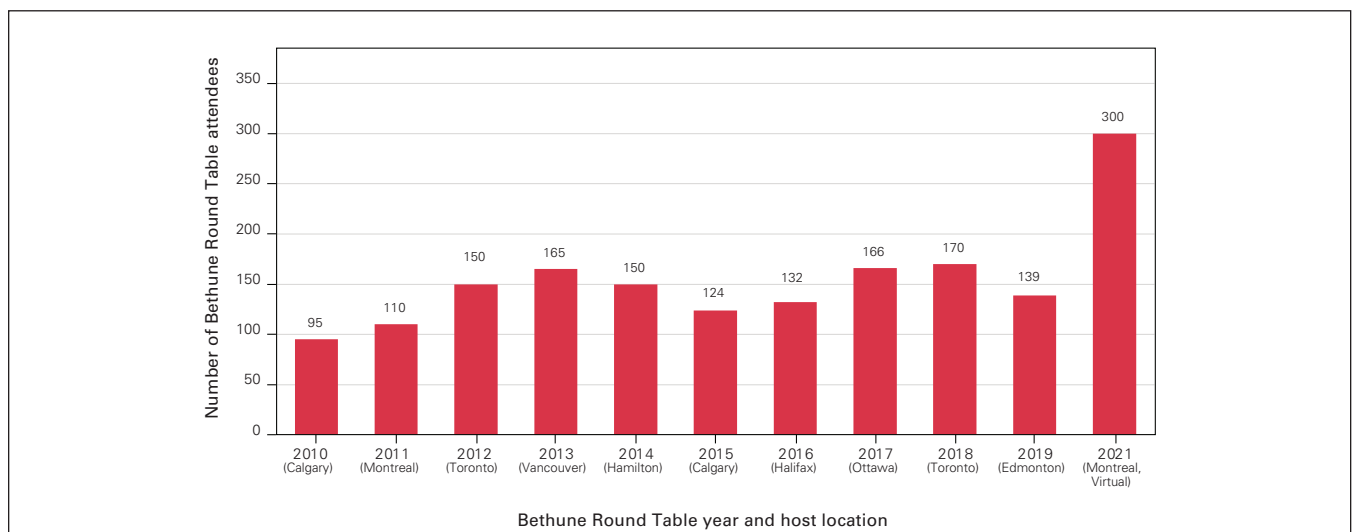


Fig. 2. Number of Bethune Round Table attendees and conference locations for the conferences held between 2010 and 2021. The first virtual conference was in 2021.

regardless of professional background. Students and non-MDs outside of LMICs paid the lowest registration fees (\$10 CAD and \$50 CAD, respectively). The CNIS also offered a 20% discount to its members. Airfare and visas, which have limited international participation in the past, were not needed and thus did not pose financial hurdles. Moreover, we noticed a discrepancy between the number of registrants and attendees (496 v. 300), which may be attributed to the lack of commitment required to attend an online meeting. Of the 196 registrants who did not attend the conference, 100 were from high-income countries and 96 were from LMICs. This phenomenon should be anticipated for future virtual conferences and strategies should be developed for mitigation.

The CGS was responsible for receiving, evaluating, and notifying authors about abstract submissions. A call for abstracts was issued 7 months in advance. Once abstracts were selected, the final versions of the abstracts were imported into the X-CD abstract management system for presenters to later go through and record their presentations. This was done 1 month before the release of the abstracts. Because of the streamlined nature of this process, the BRT 2021 was able to facilitate the presentation of 75 abstracts pertaining to global surgery. These were released on a sessional schedule for on-demand and postconference viewing.

In its 20-year history, abstracts from the BRT have been published 10 times in *CJS*.⁶ In keeping with this tradition, the top 15 abstracts from the BRT 2021 will be selected for submission to the journal. The most popular abstract pertained to equality in global surgery curricula, with 100 views by 35 viewers.

There were 38 invited speakers for a total of 14 live presentations. Speakers joined a private Zoom call, where the session was live-streamed to the conference system for attendees. Attendees joined directly from the conference system to view these sessions, which were didactic, panel-based, or experiential in nature. Attendees were also given the option to ask questions, which were relayed to the speakers through Zoom chat by a member of the CGS team. More than 140 questions were asked across the 14 live presentations. The most popular presentation discussed global partnerships to strengthen advocacy. At least one-third of attendees, coming from both local and international regions, watched 1 or more live presentations.

CONCLUSION

We share our experiences conducting the first virtual BRT conference, which remained available online until the end of 2021. Despite pandemic limitations, the conference was the most popular BRT in its 20-year history. International participation was not hindered by travel and registration costs, visa procurement, or jet lag. The virtual conference platform allowed for 75 abstract presentations, 38 invited speakers, and 3 virtual exhibition booths. By sharing the successes of the BRT 2021 conference in the literature, we hope to encourage other scientific conferences to consider digital modes of conference delivery. The virtual delivery of the BRT continued, as the University of British Columbia planned a fully virtual conference for 2022.

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Competing interests: D. Deckelbaum serves as chair of the board of DeckTherapeutics. T. Razek was the president of the Trauma Association of Canada for 2021–22. No other competing interests were declared.

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