

A Primer for Virtual Conferences: Focus on Implicit Bias and Gender Equity in Global Health

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Introduction and Objectives

Introduction

The Cleveland Clinic Lerner College of Medicine and the CWRU School of Medicine Andrew B. Kaufman World Medicine Pathway hosted the annual Global Health Conference, which explored gender equity, diversity, and implicit bias in global health. This year's virtual format was both a first and a success--our conference provides an innovative model for future virtual conferences that could be utilized to enhance virtual educational experiences. Virtual conferences are highly accessible, environmentally conscious, and cost-effective.¹ The COVID-19 pandemic highlighted how a virtual setting could allow us to gather and exchange ideas safely. As we continue to navigate our new normal, virtual conferences and meetings may be a mainstay.

Learning Objectives

1. Educational retreat participants will be able to plan, execute, and evaluate the success of a virtual conference using our 2021 Global Health Conference as a model.
2. Educational retreat participants will be introduced to at least 3 tools to make virtual conferences interactive, including the use of small breakout rooms with expert facilitators and incentives.
3. Educational retreat participants will be able to identify 3 benefits and challenges of a virtual conference and will learn how to elicit and use conference feedback when planning future conferences.

1. Nathans J, Sterling P. How scientists can reduce their carbon footprint. eLife [Internet] [cited 2021 Feb 21];5. Available from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4829415/>

Methods A: The PrePARE Model

Best Practices for Virtual Conferences

Consider following Rubinger et al.'s PrePARE model for planning a virtual conference (Figure 1):

1. Pre-planning considerations
2. Planning
3. Accomplishing conference goals through execution, gauging Response and Engaging the target audience for future cycles (PrePARE)

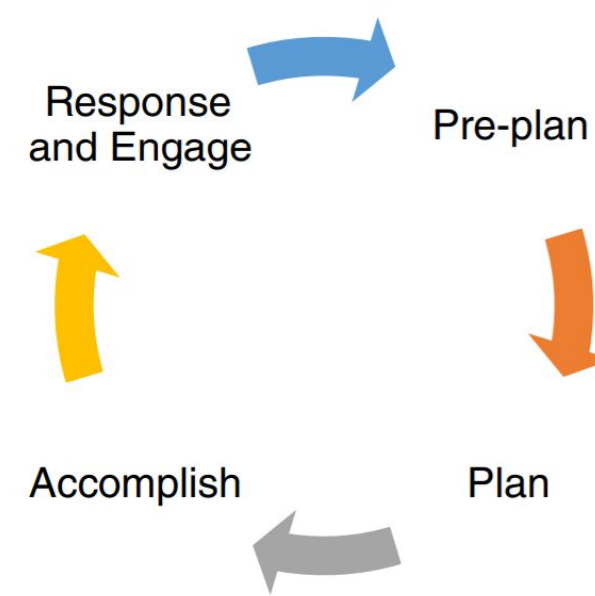
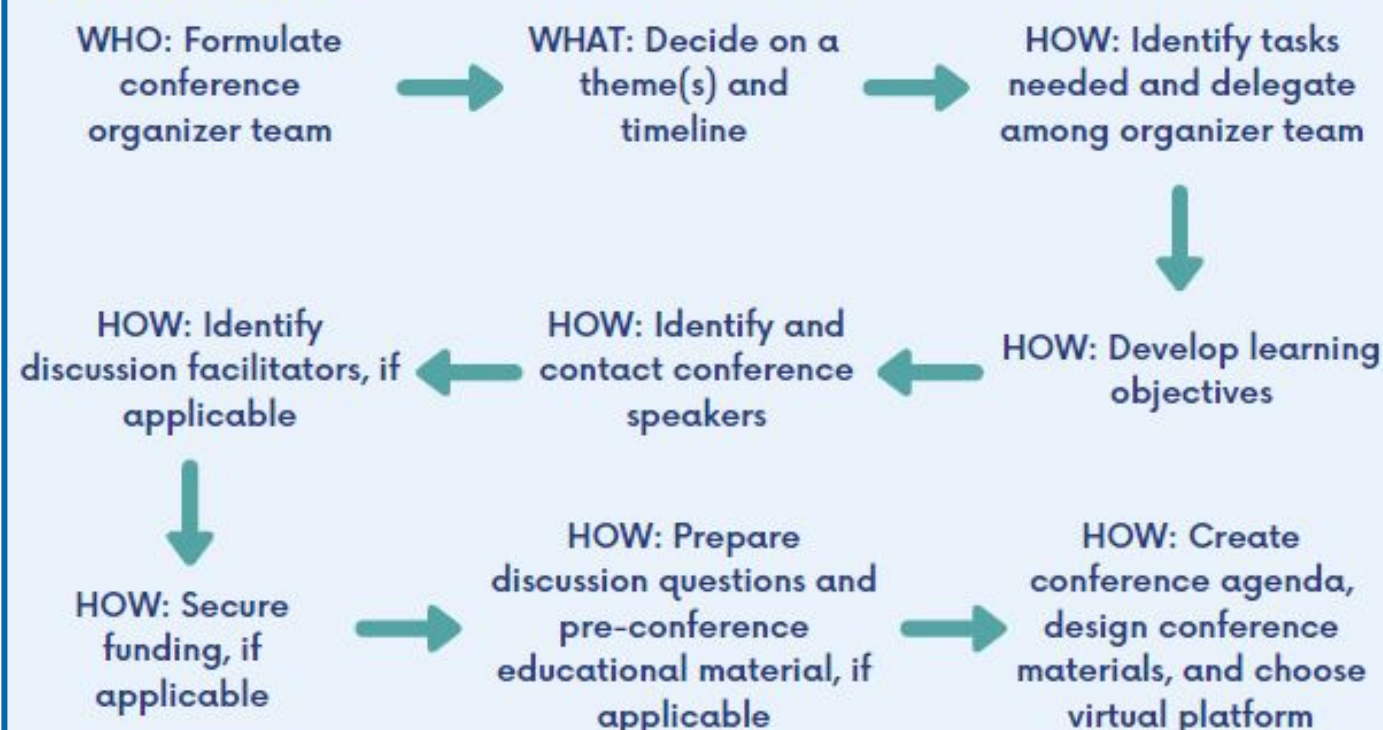


Figure 1. Rubinger et al.'s PrePARE model†

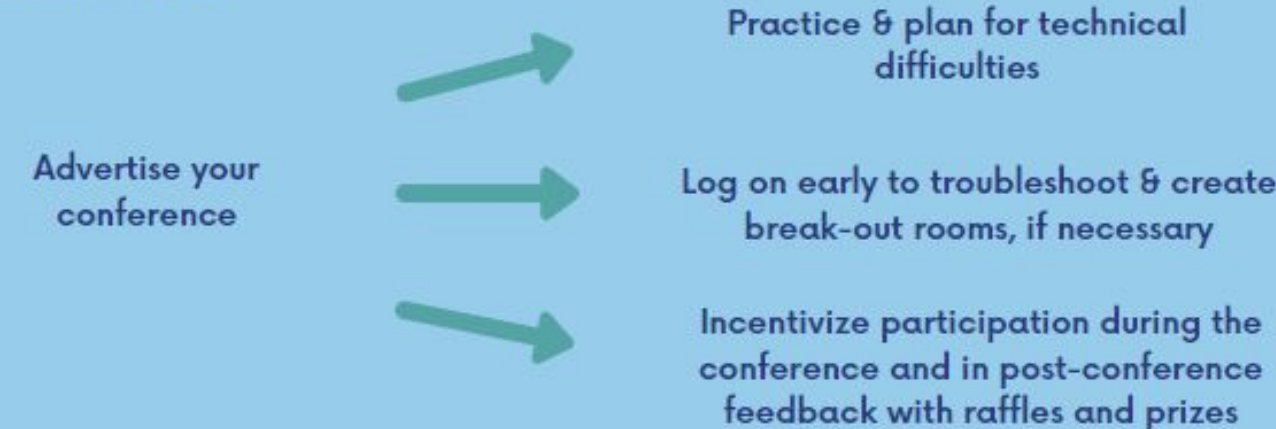
†Rubinger L, Gazendam A, Ekhtiari S, et al. Maximizing virtual meetings and conferences: a review of best practices. Int Orthop 2020;44(8):1461-6.

Methods B: How To Plan a Virtual Conference

PRE-PLAN & PLAN



ACCOMPLISH



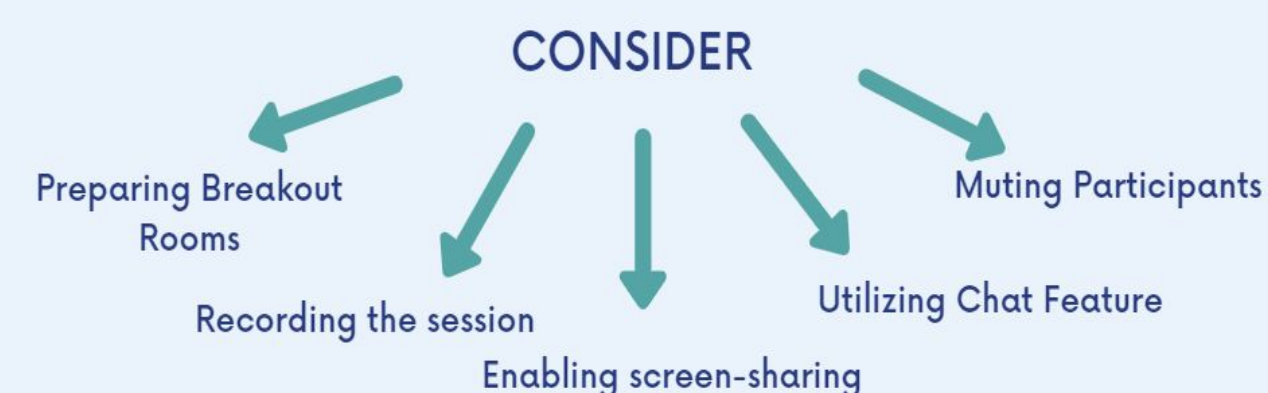
RESPONSE & ENGAGE

- Develop a post-conference evaluation to assess participants' experience
- Send follow-ups, thank you letters, and gifts (if applicable) to speakers, facilitators, participants, etc.

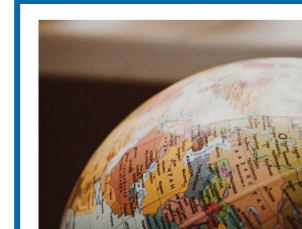
OPTIONS FOR VIRTUAL VIDEO-CALL PLATFORMS

Platform	Key Features Available on All Platforms:
Zoom App download required 100 participant capacity (free) 1000 participant capacity (paid)	Dial-in phone participation Screen-sharing Recording Breakout Rooms Integration with calendars
Microsoft Teams Not just a conferencing tool Complete collaboration functionality 250 participant capacity (free)	
Webex No mobile version 1000 participant (free)/3000 participant capacity (paid)	
Google Meet Captions feature No co-host capacity 100 participant capacity (free) 150/250 participant capacity (paid)	

Optimizing Virtual Education Using Platform Tools



Results: Our Conference



Conference Format: Zoom

- 2 keynote speaker presentations
 - Dr. Adrienne Fletcher, Assistant Dean of Diversity and Inclusion at the Mandel School of Applied Social Sciences at CWRU
 - Dr. Roopa Dhatt, Executive Director of Women in Global Health
- 52 attendees
- 2 breakout room discussions after each speaker
 - ~5 conference attendees + 1 facilitator
- 2 large group discussions

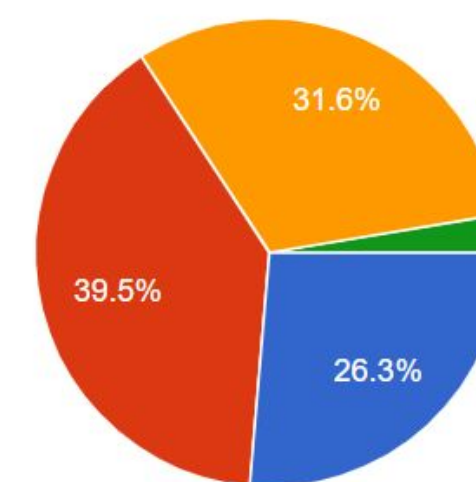


Theme	Speakers	Facilitators	Funding	Evaluation and Follow-Up
We chose implicit bias and gender equity as our conference themes based on current events/interest	Considerations during this process included identifying diverse speakers (i.e. women, people of color, younger faculty)	Our conference featured 10 small group discussion facilitators who were identified from local teaching hospitals (e.g. MD, PhD)	Conference funds were secured through various sources from the medical school	Our planning committee developed and disseminated a post-conference evaluation that used a Likert scale to elicit feedback

Discussion: Evaluation Feedback

What is your preferred format for this conference (outside of COVID-19 safety considerations)?
38 responses

- In person
- Virtual
- Both in person and virtual options
- No preference



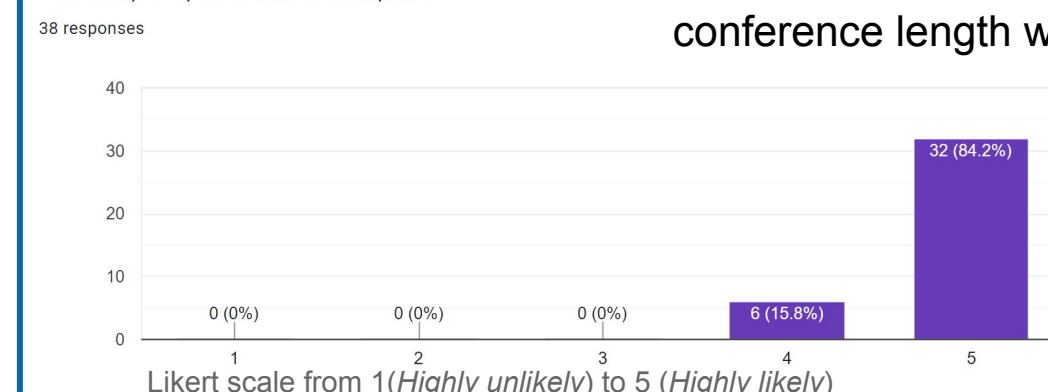
73% response rate (N=52)

Attendees who provided feedback included:

- 19 medical students (50.0%)
- 9 dental students (23.7%)
- 6 residents (15.8%)
- 3 physicians (7.9%)
- 1 nurse (2.6%)

Attendees enjoyed the virtual nature of the conference and the majority of participants would prefer a virtual conference or a conference with virtual components

How likely are you to attend next year?
38 responses



81.6% of attendees thought the conference length was appropriate

All respondents were likely or highly likely to attend next year

Conclusion:

A virtual format was a feasible and affordable way to host a global health conference in compliance with current social distancing recommendations. This format was highly accessible and far-reaching, with a peak attendance of 52 participants. Furthermore, this format enabled us to attract a keynote speaker that may have otherwise been impeded by geographical barriers, were the conference to occur in person. Based on our experience and quantitative feedback, we highly recommend this format, with a particular focus on integrating the PrePARE model into planning schema.†