

# Experiences of Turkey's First National E-Congress of Emergency Medicine

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## Abstract

**Aim:** In our study, by analyzing the first national emergency medicine e-congress organized during the pandemic process, it was investigated what differences it made to the emergency medicine field.

**Materials and Methods:** The study was arranged by taking data from www.acilakademi.net website, which was published under the title of "1<sup>st</sup> National Emergency Medicine E-Congress of the Emergency Medicine Physicians Association of Turkey (ATUDER)" between June 11 and June 13, 2020.

**Results:** A total of 120 speakers and 545 listeners attended. 66.7% of the speakers were male, 45% verbally (oral presentation) presented, and 45.8% participated with the title of attending physicians. 13.3% of the topics presented by the speakers were critical care. The clothes 69.2% of them wore were in the style of daily clothes. The average speaking time of the invited speakers is 18.71±4.91 (13.3-31.19) minutes. While the average number of people watching the invited speakers was 46.65±43.86 (16-252), the number of those who watched the presentations until the end was calculated as 14.73±8.43 people. It was observed that the male gender was in a significant majority with oral presentations, invited speakers, and moderators (p=0.020).

**Conclusion:** Organizing online congresses is advantageous for the participants as an alternative to the traditional congress and it can be made more effective with some arrangements.

**Keywords:** E-Congress, emergency medicine, pandemic, gender balance

## Introduction

Congresses are formal meetings, usually lasting a few days, where individuals with the same business or interests come together to share their views (1). Today, there is a rapid change in training and meeting models as in many areas. This situation has been seen more clearly in the coronavirus disease-2019 (COVID-19) pandemic we have experienced recently. The virus outbreak that occurred in Wuhan, China in December 2019 spread all over the world and was declared a global epidemic by the World Health Organization (WHO) in March 2020 (2). Many meetings, congresses, and training seminars, formal education programs were canceled or postponed. The trainers had to schedule their meetings as online webinars or offline sessions to continue their training.

In this context, emergency medical specialists who work under the Emergency Medicine Physicians Association of Turkey (ATUDER) moved their national and international congresses held annually to the online platform. In this study, the analysis of the First National Emergency Medicine E-congress organized during the pandemic process was made.

## Materials and Methods

The study was arranged by taking data from the www.acilakademi.net website published under the title of "1<sup>st</sup> National Emergency Medicine E-Congress of ATUDER" between June 11 and June 13, 2020. The study was conducted without the approval of the ethics committee as it evaluated the educational activity and publicly available data were used.



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The team conducting the study also served as the organizing committee and secretary of the congress. The congress was held free of charge with the support of sponsorship. Congress promotions started to be made about two weeks before the congress via Twitter, Instagram, Facebook, many WhatsApp groups including emergency medicine specialists, and the ATUDER web page (visual and audio promotion), SMS (to the mobile phones of ATUDER members). As of this date, it has been ensured that participants register for the congress. Participants were not required to be an emergency medicine specialist.

Four online sponsored webinars with session chairman, speakers, and participants in the congress program (topics; pain management, once corona, emergency management in seasonal diseases, management of respiratory tract infections in emergency medicine from influenza to corona), under six main headings (cardiovascular diseases, pediatric emergencies), trauma, toxicology and environmental diseases, critical care, emergency imaging and other (except for the specified categories) 35 offline sessions and a forum for participants to contribute and ask questions at the end of each session related to the topic. Suggestions and questions sent to this forum were planned to be discussed and answered online on the last day of the congress in the presence of the session chairman and speakers. Oral presentations were given on the last day of the congress and were limited to 5 minutes. It is planned to present the papers such as original study, case report, a methodological study prepared by the participants online in three separate server rooms. It was decided by a scientific committee consisting of six people to award three oral presentations.

On the congress days, the online webinar was broadcast live without being recorded. In offline sessions, the presentations of the speakers, which were required to last 15 minutes, were recorded by making an appointment at a suitable date, without specifying a special situation (dress, place, time, etc.). Offline recordings are planned to be published for 6 months period to ensure that participants can watch the sessions whenever they want.

Approximately one month after the end of the congress, work started to evaluate the congress. In offline presentations, the speaker's gender, academic title (professor, associate professor, doctoral lecturer, specialist, other), whether the dress he wears during the presentation is official (cases where the tie and shirt are not worn together in men; sleeveless and very open-collared shirt, blouse or dress for women wearing considered daily clothing) (3), the subject area (cardiovascular diseases, pediatric emergencies, trauma, toxicology and environmental diseases, critical care, emergency imaging, and other), the presentation time, the number of clicks for offline viewing of

the presentation and how many times exactly it was checked whether questions were asked to the forum completed by the person and created at the end of each presentation regarding the subject.

In the oral presentation module, the speaker's gender, academic title (professor, associate professor, doctoral lecturer, specialist, other), specialty, the subject area (cardiovascular diseases, pediatric emergencies, trauma, toxicology and environmental diseases, critical care, emergency imaging and other) has been examined.

### Statistical Analysis

The relationships of the variable at the categorical measurement level with each other were examined using Fisher's Exact chi-square. As descriptive statistics, numbers and percentage values are given for categorical variables. SPSS Windows version 23.0 package program was used for statistical analysis and  $p < 0.05$  was considered statistically significant.

### Results

A total of 120 speakers and 545 listeners attended the congress. 66.7% of the speakers were male, 45% verbally presented, and 45.8% participated with the title of an attending physicians. 13.3% of the topics presented by the speakers were critical care, 12.5% trauma, 10.8% cardiovascular diseases, 10% toxicology and environmental diseases, 7.5% emergency imaging, 4.2% of them were pediatric emergencies, and 30.9% under the other heading [(n=6, 5%) mostly infectious diseases] (Table 1).

As the camera angle showed the upper chest, the dressing style of many speakers could not be determined exactly, but most of the 39 speakers (69.2%), whose clothing style could be determined, wore daily clothes. The average speaking time of the invited speakers is  $18.71 \pm 4.91$  (13.3-31.19) minutes. While the average number of people watching the invited speakers was  $46.65 \pm 43.86$  (16-252), the number of those who watched the presentations until the end was calculated as  $14.73 \pm 8.43$  people.

It was observed that the male gender was in a significant majority with oral presentations, invited speakers, and session chairman ( $p=0.020$ ). The number of attending physicians is higher than other titles, both in oral presentations and as invited speakers; Speakers with the title of professor found more space in the chairmanship of the session ( $p=0.001$ ). Oral presentations were mostly covered under the title of other topics, followed by trauma-related topics in the second place. In the invited speeches, mostly critical care and cardiovascular diseases were the second most important ( $p=0.001$ ) (Table 2).

Parameters		n	%
<b>Gender</b>	Male	80	66.7
	Female	40	33.3
<b>Reasons for attendance</b>	Guest speaker	53	44.2
	Moderator	13	10.8
	Oral presentation	54	45.0
<b>Academic title</b>	Professor	20	16.7
	Associate professor	12	10.0
	Asistant professor	26	21.7
	Attending physician	55	45.8
	Others	7	5.8
<b>Subject area</b>	Cardiovascular diseases	13	10.8
	Pediatriic emergencies	5	4.2
	Trauma	15	12.5
	Toxicology and environmental diseases	12	10
	Critical care	16	13.3
	Emergency imaging	9	7.5
	Neurological diseases	9	7.5
	Others	28	23.4

## Discussion

Female physicians constitute only 27% of the workforce in the academic field of emergency medicine (4). In many studies, it has been shown that male speakers are predominant in congresses and female speakers are not given sufficient presentation opportunities (4-6). Carley et al. (5) examined the presentations made in eight emergency medicine congresses and found that the presentation times (23 vs. 21 min 25 s) and number (29.9%) were less in women than in men. In a study where the presentations at 29 congresses held by the Spanish Society of Emergency Medicine (SEMES) between 1988 and 2017 were examined, it was observed that 79.6% of the speakers were male (7). In our study, it is seen that the participation of female physicians in congress is less (33.3%) and this is similar to the literature. The imposition of women on different missions in the society (motherhood, home-work responsibilities, etc.) can be shown as a reason for lagging in scientific activities or not being able to take part in them adequately. We think that women frequently experience problems such as distraction, focus problems, and insomnia, especially after motherhood (8), women often have to choose between family and career (9), and this is an important factor that prevents them from participating in academic activities. To increase the participation of women in academic activities, Martin's (10) ten basic rules can be applied to achieve a gender balance among speakers

		Reason of participation						p value
		Oral presentation (n=54)		Guest speaker (n=53)		Moderator (n=13)		
		n	%	n	%	n	%	
<b>Gender</b>	Male	29	53.7	40	75.5	11	84.6	<b>0.020</b>
	Female	25	46.3	13	24.5	2	15.4	
<b>Academic Title</b>	Professor	0	0.0	15	28.3	5	38.5	<b>0.001</b>
	Associate professor	3	5.5	8	15.1	1	7.7	
	Assistant professor	10	18.5	13	24.5	3	23.1	
	Attending physician	34	63.0	17	32.1	4	30.7	
	Others	7	13.0	0	0.0	0	0.0	
<b>Subject Area</b>	Cardiovascular diseases	4	7.4	9	16.9	<b>0.001</b>		
	Pediatriic emergencies	0	0.0	5	9.4			
	Trauma	9	16.7	6	11.4			
	Toxicology and environmental diseases	5	9.3	7	13.3			
	Critical care	0	0.0	16	30.2			
	Emergency imaging	5	9.3	4	7.5			
	Neurological diseases	5	9.3	4	7.5			
	Others	26	48.0	2	3.8			

P value was obtained from Fisher's exact chi-square test.

at congresses. We can also suggest that physical arrangements (such as baby care support, mini-nursery, and child activities) be made in such meetings to increase the concentration of women with maternity qualifications in academic activities.

The vast majority of speakers at the national emergency medicine congresses held in Turkey every year are physicians who are in academic positions (11,12). This situation may change in congresses in different countries and besides physicians, nurses and ambulance personnel can also make presentations at emergency medical congresses (7). When we examined the e-congress organized, most of the speakers (45.8%) consisted of physicians without academic positions and there were no speakers other than physicians. If it is accepted as the field of work where there are different health professionals such as physicians, nurses, paramedics and emergency medical technicians in emergency departments, the participation of other health professionals in emergency medical congresses may present a different perspective to the congresses.

In organizations such as congresses, in addition to scientific content, especially speakers may feel obliged to dress formally. On different blog sites, the speaker is given tips and advice on clothing (13,14). In our study, it draws our attention that 69.2% of the speakers make their presentations in daily clothes. We think that e-congress provides a sense of comfort for the speakers in scientific meetings.

Prolonged speaking times in presentations (didactic lecture) can reduce the participants' attention and memory retention of the subject. Regarding the duration of the presentations, although a clear presentation time is not specified in the studies, studies are indicating that the participant concentration decreases during the presentation period and attention decreases to the lowest level within 20 min (15). Lenz et al. (16) in his study stated that changing the presentation tempo or giving a cognitive break every 15-20 minutes can regain attention. In our study, the average speaking time was completed under the time recommended in the literature, but an average of 14.73±8.43 people out of 545 spectators watched the presentations where the percentage is very low (about 2.9%). We attribute this to the notion of not being able to focus on the lesson on the computer according to the traditional congress or the obligation to wait and listen to the presentation until the end in order not to disturb the flow of the presentation. In our opinion, this requirement probably disappears in the online platform.

## Conclusion

Although organizing online congresses is advantageous not only during the pandemic but also in terms of comfort (clothing, office

or home environment, etc.) and cost as an alternative to the traditional congress, it can become more effective by demanding a certain amount of participation to keep the participation rates high. While giving presentations to the speakers in congresses, attention should be paid to the gender distribution balance. We can also suggest that physical arrangements (such as baby care support, mini-nursery, and child activities) made in such meetings to increase the concentration of women with maternity qualifications in academic activities. Presentations should not be longer than 20 min in order not to distract the participants. The participation of health professionals such as nurses and paramedics rather than a congress attended only by emergency physicians may also present a different perspective to the congress.

## Ethics

**Ethics Committee Approval:** The study was conducted without the approval of the ethics committee as it evaluated the educational activity and publicly available data were used.

**Informed Consent:** Written informed consent form was not obtained from the participants due to the retrospective nature of the study.

**Peer-review:** Externally peer-reviewed

## Authorship Contributions

Concept: M.S., B.K., Design: M.S., Supervision: B.K., Resources: M.S., M.B., Materials: M.S., Data Collection and/or Processing: T.E., Analysis and/or Interpretation: M.S., M.B., Literature Search: T.E., B.K., Writing: M.S., M.B., Critical Review: T.E., B.K.

**Conflict of Interest:** No conflict of interest was declared by the authors.

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