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Commentary: Zoom now, tweet later...chat in a real room—always. Life in the “brave new world”

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COVID-19 has been one of the most disruptive events of this century and has affected our personal, social, and work lives in an unprecedented manner. The impact has extended to the manner in which we as surgeons practice and teach trainees. The use of telehealth has grown exponentially and the technology is trying to keep up with the demand in volume as well as the breadth of settings in which it is being used. The article by Vervoort and colleagues¹ in this issue of the *Journal* is a timely reflection on the current experience with virtual conferencing and virtual education in the COVID-19 era. The article highlights the successes and the challenges of adopting the virtual platforms and explores some ideas for improving on the traditional ways of connecting with one another and for disseminating information.

The authors point out the possibilities of using virtual technology can be quite immense, particularly as we integrate the technology to enhance the delivery of education and societal programs. The 100th annual meeting of AATS was attended by 6000 participants from all over the globe and captured a broader swath of the cardiothoracic community than traditionally. In essence, anyone with an internet connection could participate without any restrictions associated with the cost of travel and the need to obtain visas. The global summit on reactivating cardiothoracic surgery programs in May 2020 was another

Drs Hamza Aziz and Jennifer S. Lawton “catching up” in the brave new world.

CENTRAL MESSAGE

COVID-19 poses challenges for traditional societal meetings. Incorporating virtual conferencing with traditional in-person networking may provide a practical hybrid approach for the future.

truly unique event that brought together the global leadership in cardiothoracic surgery and attracted viewers from 57 countries.

In addition to the number of participants, the level of audience engagement also changed. Technologic difficulties limited the full potential of audience engagement, but the concept of audience participation via chat boxes allowed the audience to pose their questions without fear of mispronunciation or the need to walk to the microphone to ask the question. That being said, the level of debate that would frequently ensue with open microphone format was quite instructive, and the face-to-face interaction was irreplaceable.

The COVID-19 pandemic has had a tremendous impact on resident training. All hands-on courses and didactic lectures were cancelled. The virtual substitutes are a work in progress but do not fully rectify the situation. The authors have raised some interesting prospects in this regard, including the use of augmented reality² or extended reality platforms,³ use of virtual grand rounds, and greater dissemination of vodcasts, web-based modules, and operative videos. This remains an area of challenge that is also ripe with great opportunities to enhance the educational experience.

Finally, networking has been an essential feature of in-person conference attendance and its most rewarding

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FIGURE 1. Drs Hamza Aziz and Jennifer S. Lawton “catching up” in the brave new world.

aspect. Catching up with old friends in between sessions in the hallway, loading up on gossip (yes, we all love it), interviewing potential candidates over coffee, sitting in the presidential address and being inspired...there is no good virtual substitute for all these experiences (Figure 1). The authors concede that a “hybrid approach” with virtual elements integrated with a truncated in-person meeting format may be the way forward.

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