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TITLE

The impact of interventional radiology educational webinars during the COVID-19 pandemic and beyond - The Asia-Pacific Society of Cardiovascular and Interventional Radiology (APSCVIR) experience.

BACKGROUND

The COVID-19 pandemic had a significant limitation on our opportunities to engage in in-person educational activities. This abstract describes a series of webinars by APSCVIR as a substitute for educational outreach activities since the dawn of the pandemic.

METHODS

From December 2020 to December 2023, a total of 13 virtual interventional radiology (IR) seminars were organized. Four of the sessions were organized in collaboration with the Japanese Society of Interventional Radiology under the umbrella of Seminar for Interventional Radiology in Asia Pacific (SIRAP). The other 9 were solely organized by APSCVIR. A retrospective review was performed for the webinars solely organized by APSCVIR, between July 2021 to December 2023. The main outcome measure was to explore the engagement of the live webinars and the secondary outcome measure was to look at the interest level of the online video resources. Webinars took place on Saturday afternoons between 1400-1600 hrs (Singapore time) using a virtual online platform Zoom Video Communications Inc., San Jose, CA, USA. The target audience was IR healthcare staff, predominantly physicians, who were invited to participate via email, e-flyers on social media platforms, short-text messaging, and word of mouth. Participation was free. After each virtual session, the recordings of these sessions were posted online and made accessible via a link (<https://www.apscvir.com/outreach-programme/>) on the APSCVIR website. Link access to these recorded seminars was also emailed to participants. Descriptive statistics were used for the analysis of the quantitative data.

RESULT

A total of 9 sessions were conducted focusing on a theme in IR each. There was a median of 6 presenters per session with 6 subtopics. There was a median of 264 (IQR 223 – 295) registered participants and a unique median attendance of 128 (123 – 154), representing a total attendance of 1184 and registration to participation conversion percentage of 52%. Most participants (median ≥ 94%) were from countries with societies affiliated with APSCVIR with the highest number of viewers from Indonesia 18.5% (219/1184), Pakistan 15.1% (179/1184) and India 10.8% (128/1184). The viewership duration was 29.2% (346/1184) for less than one hour, 31.8% (376/1184) for between one and two hours and 39% (462/1184) for the full two-hour duration. All 9 webinars were uploaded for view. The top 3 videos with the highest viewership and watch time were on liver tumour embolisation (621 views, 86 hours watched) non-oncological embolisation (347 views, 48.5 hours watched) and lower limb angioplasty (326 views, 56.1 hours watched). The videos which attracted the top 3 number of new subscribers were on liver tumour embolisation, non-oncological embolisation and dialysis access intervention.

CONCLUSIONS

The use of webinars for IR education in the Asia Pacific region was well received. Our experience demonstrates the viability and ability of virtual IR educational programmes to reach underserved communities where IR has room to grow. The study's findings will guide health institutions to create more effective webinars for IR education. Further studies on the perspective of participants will be useful in defining future platforms for IR education.

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