Title Page:

<u>Speaking up at conference question and answer sessions – disruptive behaviour typography and assessment scale</u>

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Running Head: Disruptive behaviours at conferences- an assessment scale

Abstract:

Conferences can be a space to present new research, network and provide an opportunity for learning. Delegates can meet field leaders, peers, top doctors and international colleagues in various areas of expertise. Challenging behaviours, in particular in the question and answer session (Q&A), but also during lectures themselves, may reduce overall enjoyment and learning. The authors of this article have written an observational reflection on some observed behaviours and have come up with a 10-point assessment scale. The article aims to stimulate discussion on what constitutes disruptive conduct, but also serves as a guide for conference session chair-people and delegates to spot patterns of contribution that may be unwelcome.

Background:

Asking questions of speakers at medical research conferences during and after talks encourages discourse and learning. It is also a way to get to know colleagues in your own areas of interest. Many postgraduate medical conferences have tentatively restarted as in-person events, since the Covid-19 pandemic, but even virtual conferences were able to facilitate question and answer sessions after presentations. Challenges have been identified, including in virtually delivered conference forums. Of Common decency and manners dictate that it is a matter of deciding when to speak up and ask questions after a presentation, and for how long, but the way in which attendees conduct themselves in that process can vary substantially. Recent discussions on social media have focused on intimidating and undermining behaviours at conferences, and some debates have garnered a huge response. One was even summarised in a Times Higher Education article, calling for sweeping changes. But there is very little in the way of quality improvement, educational or research literature on this topic.

Contributions after conference talks are usually channelled through a session chairperson. Based on years of observation and looking at post-conference feedback (written, verbal and via social media) the authors have agreed and collated some examples of behaviours observed, that are likely to maximise displeasure and conflict, but are perhaps perceived by many as on the fringes of acceptability.

Workshop:

We set up a workshop of clinicians, conference organisers and researchers who had medical postgraduate event-hosting experience, and had also previously collated post-conference feedback. We collected different behaviour types, and categorised them, based on anecdotal experience from

attending medical research conferences. Participants noted down behaviours that caused concern, friction and negative post-conference feedback. We have devised a 10-point SUPARCE, short for Speaking Up At Research Conference Event warning scale, each question answered in the affirmative scores 1 point (see table 1).

What we found:

Here are the top disruptive and problematic behaviours that participants observed at conferences. The most common involved a delegate asking a question and then proceeding to answer it him or herself. An example might be as follow: "Did you do any quantitative analysis? I mainly ask this because we did a similar study, slightly bigger of course, but we also integrated a quantitative arm, you see, and this is what we found."

Similar to the above, participants had observed attendees planting a 'non-question' to present some of their own work or observations. Often starting with this sort of introduction: "It's more of a comment, really, but when we conducted a survey on 120 farmers and their views on badgers, we found the following." This could then take on a full five minutes, especially if not interrupted by a chairperson.

Timing of a question was also raised, in particular, the 'pre-luncher', when a lot of questions had been asked already, lunch was waiting, and many conference attendees were hungry or restive. Any question, if long-winded, with concentration on the wane, could be perceived very negatively (compared to if the same question had been asked earlier on). This was felt to be something the session chair should be able to referee with a bit more authority.

'Repeat contributors' were also seen as common in both real-life and online events, raising their hand at any opportunity and taking on a lot of conference Q&A time. This was not always seen as a major problem, but on occasion could raise concerns, especially if it reduced air-time for other attendees. Again, it was felt that session chairs could be trained to spot this during a session.

In reality, the Q&A session can extend further, even after official questions have ended, as often speakers will be approached when other attendees are filing out of the room. This, too, called for some degree of collaborative and collegiate behaviour. Some contributors had felt uncomfortable at interrupting a participant with many queries, even when an orderly queue had formed behind the individual, also waiting to ask a question or introduce themselves.

One behaviour that was seen as problematic during lectures, workshops and in Q&A sessions was behaviour, sometimes inadvertent, that caused a lot of distraction. People standing up and leaving early during a Q&A, or phones/devices causing sound or light distractions.

This also went for online events, where some participants had not muted their devices and a constant sound disturbance was disrupting proceedings, including Q&A sessions. Visual distractions like not 'un-raising' a hand were seen as less problematic. All these were potentially reducible when a competent chair, with suitable authority to mute and edit, was present.

Table 1 SUPARCE assessment scale

A tick next to each statement that applies.

opportunity.

A useful guide for conference chairs and attendees to spot behaviour that may be or become disruptive and aggravating to others.

Delegate will ask a long-winded question and insert numerous facts and figures about their own experience/work etc, that then drifts further and further away from the initial topic under discussion.

"Question, what question?" Delegate pretends to ask a question of the speaker or panel, but then proceeds to launching into a long monologue about their own work, essentially presenting a mini-abstract of their own. Sometimes can start with "It's mainly a comment, but..." and can end with "I don't really have a question, to be honest, just thought I would share that".

Timing of question. After chairperson has announced there is only time for one further (short) question please before lunch, a delegate launches into multiple long questions.

Asking a question of every single speaker. Every chairperson we spoke to had experienced this,

often one person who takes over the Q&A of each session and will raise their hand at every

Cornering the speaker after they have finished. Hogging the speaker after they have finished, in
the post-Q&A time was occasionally seen as problematic, with some chair people having to extract
session speakers from over-zealous interviewers.
Microphones: Delegates who chose to station themselves in mid-aisle areas so that it is
difficult to get the roving microphoned to them, and who then decline to use a microphone,
meaning they are not audible.
Leaving early: Organisers commented on disruption when (esp mid-row) delegates went for
toilet breaks during sessions. Toilets are much less busy when sessions are live, so some delegates
would leave early to get to the restroom, and then also get an early coffee/tea without having to
queue.
Bright screens and notification sounds. Keeping phones, tablets and/or laptops openly visible
and on high volume, or setting up a mini-desk on the neighbouring seat was seen as a major cause
of distraction. Visual and auditory notifications could be a significant nuisance for other delegates
including those sitting behind , including during the Q&A session. Chair people asking for notification
sounds to be switched off, but also screen brightness of various devices to be reduced at the start of
a session, was seen as essential.
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Online events: Not muting and leaving camera running when clearly moving around and not
concentrating was seen as an issue in some virtual or hybrid events. Especially distracting were
added sound effects, and examples included hearing someone eating crisps or speaking to someone
else. Chair people having control to mute and or switch off delegates video function was seen as
essential.
Rise of the Legacy Hand: When attending an online or hybrid event, putting a virtual hand up
after talks, and then not 'un-raising it' could be seen as challenging. Chair person of Q&A events
would not always know if they could 'un-raise' the delegate's hand on their behalf or whether they
had another query.
Discussion:

The above assessment scale has not been validated. This article contains some serious messages relevant to researchers, clinicians, and conference attendees and there are probably numerous additions and variations to the above behaviours. These behaviours may be of use to people chairing sessions and how to respond to some of the more disruptive behaviour. Such conduct can be highly undesirable and off-putting for other conference attendees. People in the position of chairing sessions should be aware, and have perhaps even processes in place, in order to deal with these common issues. Conference etiquette is a matter of hot debate. Some feel that scientific debate requires a bit of challenge and conflict, and that question and answer sessions should be used for this purpose. But avoiding the above behaviours is unlikely to reduce quality of debate and discourse. Rather, it will help it continue, whilst setting some ground rules, and help those with less high scores, have their say (and enjoy the event more).

Session chairs should set out behaviour rules for both online and in-person events and should actively discourage selfish, self-aggrandising or belittling behaviour when it is spotted.

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None

Patient and Public Involvement Statement:

It was not appropriate or possible to involve patients or the public in the design, or conduct, or reporting, or dissemination plans of our research

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