

ISARIC Briefing Paper: Global Clinical Conference Calls

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Who are you talking to?

Clinical calls are often arranged by an international public health organization or agency like WHO. All who dial in are dialling in by invitation. They may be clinicians in the country affected by an outbreak, some may be policy-makers or other agency employees, and some are dialling in as 'experts' in their fields, be it epidemiology, virology, critical care, paediatrics, statistics, infectious diseases, or other. It is not always possible to know who will dial in, but it is very likely that those participating are not all native English speakers, or used to the same kind of professional language that you are.

What is Jargon?

Every aspect of human interaction within a specified group is packed with jargon. Do you know what 'Due diligence' is? A Business Manager probably would. Or how about 'Cell'?

Being part of a global effort to quickly respond to emerging threats and pandemics invariably comes with spending hours on conference calls. This note aims to provide a few suggestions to new and regular 'teleconference-callers', in the hope of making TCs as efficient and – enjoyable, as possible.

Overview

Global efforts - global teleconference calls (TCs). The sheer impossibility to get busy people together for urgent face-to-face meeting whenever and wherever an outbreak happens hardly needs pointing out. It does, however, set the scene for a curious, if not downright artificial, scene for communication. In essence, you find yourself zapped into a non-existent room talking to people whom you cannot see or read, and may not even know. Your TC colleagues are, as for ISARIC members, dialling in from all corners of the world, representing an impressive variety of disciplines that are often different to your own, and come from diverse cultural and language backgrounds.

This diversity is what makes ISARIC special and it is wholly positive, but it can also pose significant communicational challenges. We need to be capable of communicating our science and viewpoints effectively to everyone wherever they come from or whatever their backgrounds. Central to this is listening more and sometimes talking less! Keeping your comments short and to

the point, speaking slowly in common language, and not interrupting others is key to a smoothly run TC.

TCs are notoriously difficult for everyone, especially across different time zones and multiple languages, often on poor telephone lines, with dozens of people dialling in at the same time. If you speak a second language, it is worth joining a call in that second language to realize just how difficult it is to understand everything that is being said!

No magic tricks

There are, unfortunately, no simple solutions applicable to communication – appreciation of the challenges and training are the only things that really work, in combination with practice. Interestingly, one often finds that those who claim that they are too senior to benefit from training probably need it the most! It is also very helpful to understand the context for the call in advance, and to reflect on the one most important thing (if you are not a communications professional): your **audience**. If you don't know your audience, you will have lost them before you've even started.

Pharmacists and biologists everywhere would raise their hands, and refer to different things. Not to mention 'agonal', 'JT', 'NPO', or 'IM' – all medical jargon to confuse your Project Manager with. Overall, jargon should be avoided. Project Managers aside, the terms and jargon used within a specified group such as 'Clinicians' is not necessarily the same everywhere in the world, or even within all fields of medicine. You will not be 'dumbing it down' by explaining what you mean in easy words – see it as a challenge. If possible, please avoid abbreviations altogether.

Evaluation

Once you have dialled off – if at all possible, it would be good if you would take a few moments to reflect on the call and your own performance. What went well, and what – if anything, could be done differently next time? Ask others who were on the call. Within ISARIC, Kajsa, Gail, and Chair or Vice-Chairs will be on many of the calls and we would be very pleased to provide constructive thoughts and welcome them in return! This feedback loop within ISARIC would benefit everyone. When the next time comes, you will thank yourself for having evaluated your efforts.

If dialling in on behalf of ISARIC, the Coordinating Centre is there to assist and support you, so please drop Kajsa or Gail a line if needed. You may also contact the Coordinating Centre or the group involved with the call before the call to get a briefing on the topic for the call and the context in which it is taking place.

Who you are talking to and why

This is meant to be a checklist that will help you find your audience, and modify your efforts accordingly:

- What is expected from you? Can you access any guidance regarding expectations or an agenda prior to the call?
- What is its size?

Crowded calls are more challenging than small ones, and require much shorter sentences, in simple language and directed comments. Saying less is often more! Appreciate that on a one hour call, there are only a very limited number of points that can be made. Other points can be followed up by emails or other forms of communication.

- Is it a captive audience?

Everyone dialing into a teleconference, including you, is there by invitation representing different areas of expertise. They are keen to hear and understand what you've got to say.

- Socio-economic background (age, prevalent gender, culture, etc.) matter.

All of these issues may affect the language used and the readiness to speak on calls.

- Language skills

English, the language most commonly used within ISARIC, is the mother tongue of a mere 5.6% of the World's population. A global call will therefore pose a challenge in terms of language use and pronunciation. **Beware of talking too fast, accents, colloquial language, abbreviations, acronyms, and jargon** (see explanation to the left).

- Professional culture

Not everyone on the call will be involved with clinical research or have the same educational background. As with other perceptions of culture, professional cultures develop their own vocabulary and paradigms. Avoid unnecessary technical terms, and when used, be prepared to explain them in other

worlds, using metaphors, imaginaries, similes etc. And remember that clinical research may not be on the top of everyone's agenda or be reflected in their experience.

- Ideological and religious beliefs

This is a very difficult subject to handle, and often overlooked. There may be sensitivities that you have not considered related to social and ethical implications of your work in cultures unknown to you. It is not always possible to prepare for it. Even the concept of 'Science', is perceived differently by different actors in differing environments.

- Familiarity with the medium or context of communication

Technology is not always on our side, though undoubtedly very helpful. It is often difficult to hear or to be heard on a crowded TC. Speak up, keep it brief, simple, slow, and polish your accent. If you are in a crowded or noisy environment, press the 'mute' button until you are talking or asked to comment. If you are unable to hear a question directed to you, do not hesitate to ask the other person on the line to repeat the question or comment.

Are you hosting a call?

A few points to consider:

- Read this briefing paper!
- Assign *one* Chair for the call
- Send the agenda in advance
- Ask everyone to introduce themselves briefly, unless they all know one another
- Ask speakers to repeat themselves if they or the line was unclear
- Cut speakers short if they go on for too long – 1 hour is not a long time!
- Be patient with speakers who speak slowly
- Remember that nobody can see your body language