Style Matters

Improving medical meetings

II—Organise lines of communication within the meeting

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Any conference that brings together a large group of people has inherent problems in communication, despite the fact that it is ostensibly designed to facilitate communication. Many individuals are unable to bring themselves to ask questions or contribute to discussion in large groups. Those with no acquaintances at the meeting may feel isolated. The organisers have problems in maintaining an effective message service. There are constraints on discussion time. Speakers may find difficulty in continuing discussion with interested parties or in correcting misunderstandings which have arisen during formal sessions. It may be difficult for participants with common interests to find others with whom to discuss them or to discuss topics which have arisen as spontaneous byproducts of the formal agenda. The larger and more "successful" the conference the more it is likely to suffer these disadvantages.

Here we discuss experience with "participant interaction messaging," a method devised by Judge¹ and modified by us to improve the conference process.

Participant messaging

Included in the conference satchel handed to each registrant on arrival is a single sheet explanation of the message system, which we print on highly coloured paper, and a notepad, usually provided by a pharmaceutical company. The explanation includes references to the problems mentioned above and invites registrants to use the notepads and message facility to indicate matters of interest to them such as: additional issues they would like to discuss; comments on points made by speakers; questions addressed to individuals, speakers, or groups; remarks on the programme; invitations to attend spontaneously organised meetings; organisational and other questions and complaints; comments on previous messages; humorous observations; or anything else relevant.

Participants may remain anonymous if they want. The location of marked boxes into which the messages should be placed is well publicised. The messages are collected twice daily, numbered for ease of reference, and typed out sequentially, with minimal editing, on to a full size sheet of paper or stencil for subsequent photocopying or duplicating. From these masters issues of a daily bulletin are prepared for distribution. Attempts are made to see that each participant obtains a copy, even if it means handing it out at each day's first session. The serial message numbers need to be continued from one issue of the bulletin to the next to avoid confusion. The bulletin is, of course, an effective vehicle for the organisers, who can insert messages and announcements relating to the conference programme.

In addition to the written explanation we have found it helpful to arrange for the organisers to mention the process to the audience at the beginning of several of the early conference sessions.

Results and discussion

We now have experience of using this method in a major medical conference and in a conference of medical records staff. The medical records staff adapted to the system more rapidly than did the medical practitioners, but in each case the messaging system made a tangible contribution to the conference. After the first day the bulletin ran to three foolscap pages at the medical conference and to two A4 pages in the medical records conference. The term "participant messaging" is an awkward one, even though it describes the process accurately. The medical records organisers called the process "interaction," a simple and sensible alternative.

The editorial function is important and should not be left to a secretary without special knowledge of the subject of the conference. It includes deciphering handwriting and thus rendering messages legible for the typist, separating messages on the same topic to give variety, mixing humorous and serious messages, ensuring that questions directed to a specific individual, such as a speaker, reach him or her quickly and are answered through the bulletin, reducing the length of long messages, generating a few stimulating messages at the outset to help get the first bulletin launched, and modifying (or omitting) excessively abusive or embarrassing messages. This last is rarely needed.

Analysis of the bulletins from the conferences shows that there are several different types of message contributed. In order of frequency these are:

Questions (a) directed to an individual—usually one of the speakers;

Example: To Professor B: "Are acupuncture points specific or will any point produce the same effect on endorphins and enkephalins?"

(b) of a more general nature seeking wider opinions or a consensus;

Example: "What do others think? Should slides be black and white? The newer technicolors don't seem so easily visible."

(c) seeking support for an advocated action or policy.

Example: "Could we not ask smokers to confine their smoking to coffee and lunch breaks?"

Responses to previous messages:

Example: "Ref No 5. A cry from the newest (or oldest) deprived group—the 7½% male colour blind. Slides can be black on

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white, white on blue (or vice versa) but *don't* include green, brown, red, or orange in graphs please! Take this to your committee and make them read it every year, and include this in their instructions to contributors. Am I seeing red or just feeling blue?"

Critical comments on matters such as behaviour of participants, such as smoking, excessive noise, speakers' deliveries, chairmanship of sessions, programme and/or organisational details. This type of message is not necessarily couched in acrimonious language—indeed, cartoons have been used to illustrate such points.

Examples: "You can't have 'three moities' Two only allowed. 'La moitie' means half."
"Please don't use dual projection to cram more information into the available time! I'm overloaded already."

General comments, insights, related experience, or humorous commentary and appreciative messages.

The messages used as examples were extracted from conference bulletins.

Some might ask—why have a bulletin at all? Why not just have a notice board? There are sound reasons for providing a bulletin. Some people dislike constantly monitoring notice boards at a central site and others cannot remember to do so. At a large conference crowds may gather about bulletin boards and obstruct them. Most important, perhaps, is the attachment most of us feel for the daily newspaper, enhanced, one hopes, in the case of a free, well produced conference "extra." Participant messaging overcomes the problems facing conference organisers of what to put in a daily bulletin; they often feel the need for some personalising influence in the meeting but lack material of sufficient interest to make a daily publication worth while. Messaging adds a new dimension of interest to a meeting. If the value of meetings is perceived to have some relationship to one's own input, as we believe it is, the messaging system offers the opportunity for a few more participants to go home satisfied.

Reference

- ¹ Judge AJN. Participant interaction messaging—improving the conference process. *Transnational Associations* 1980;1:27-35.

Lesson of the Week

An avoidable recurrence of cri du chat syndrome in the next generation

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Genetic counselling plays an important part in preventing handicap. Much attention is devoted to the identification of people at risk, especially for late onset autosomal dominant disorders, X linked diseases, and familial chromosomal translocations. In such cases it is common for family members to be unaware that they face substantial risks of having a handicapped child.

When carriers of balanced reciprocal translocations are ascertained through the birth of a child with unbalanced chromosomes the risk of a second child being malformed is close to 1 in 5.¹ Thus it is important to offer prenatal screening in all subsequent pregnancies. Considerable efforts are made to reach relatives at risk, but it is difficult to ensure that the necessary information is available to the next generation. Current practice is to tell the parents of the risk to offspring of their "carrier" children, and to suggest that they are told of the risk in late adolescence, when a further meeting with a genetic counsellor may be

Genetic registers may be necessary to reduce avoidable genetic abnormalities

arranged. Such advice is supported by a letter to the general practitioner. We report a failure of this line of communication and discuss the implications.

1964

The original proband was born on 28 September 1964, the seventh child of the family. He was severely mentally and physically retarded and at the age of 3 years blood was collected for chromosome examination. This showed a deletion of the short arm of a B group chromosome, resulting in the cri du chat syndrome. The family was referred for genetic advice. The couple had lost their three daughters in the first year of life; all three had failed to thrive and the causes of death had been gastroenteritis, pneumonia, and convulsions respectively. There were three healthy sons, all of whom, together with the mother, carried the same deleted B group chromosome and were presumed to be carriers of a balanced chromosomal translocation. The techniques available at the time did not permit an identification of the other chromosomes affected in the interchange.

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