Strategies to Enhance Your Lectures

Bonnie C. Desselle, MD

Program Director

LSUHSC Department of Pediatrics

How to Present Like a PRO!

- By the end of the session, participants will be able to:
  - Prepare different types of presentations
    - Grand rounds, board review, resident lecture
  - Create effective Power Point slides
  - Deliver a lecture in an engaging, coherent and concise manner

Characteristics of the Worst Lecture

Characteristics of the Best Lecture

Why Lecture?

ADVANTAGES
Cost effective for transmitting a great deal of information
Content can be tailored to the audience
The lecturer can integrate, synthesize and evaluate the data for the learners
Can provide the most-up-to date information
Can bring together data from a wide variety of sources

Why Lecture?

ADVANTAGES	DISADVANTAGES
Cost effective for transmitting a great deal of information	Can transmit so much information as to be overwhelming
Content can be tailored to the audience	Audience rarely homogenous and lecture cannot be tailored to individuals
The lecturer can integrate, synthesize and evaluate the data for the learners	The lecturer can integrate, synthesize and evaluate the data for the learners, who may not learn to do so for themselves
Can provide the most-up-to date information	
Can bring together data from a wide variety of sources	

The Lecture

- ***"Lectures…can, in short, bring a subject alive and make it more meaningful. Alternatively, they can kill it"*** **- G. Brown and M. Monague, 2001**

Grand Rounds

Ground Rounds Preparation

- Select a topic/subtopic
  - Interesting, novel, innovative
  - Examples
    - Obesity in American Children vs
    - Adipocytokines and Insulin Resistance in the Obese Pediatric Population

Expected Outcomes

- **What are the *GOALS* of your presentation?**
- **Three to Five main objectives**
- **At the end of my presentation, I want the participants to……**

Example:

- By the end of the session, participants will be able to:
  - Prepare different types of presentations
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Audience Characteristics

- Demographic features
- Participants' prior knowledge
- Professional background

"Know your subject, know, your student."

Organization: Structuring Your Presentation

- Three main components:
  - Introduction = 3- 4 minutes
  - Body/Discussion = 40 minutes
  - Closure = 5- 10 minutes

Introduction

- Introduce yourself
- Provide your qualifications briefly
- Thank the audience for coming and thank whoever invited you
- Opening remarks (“hook”)
- Goals and objectives
- Overview

Body
Grand Rounds

- Background information
- Three to five major points
- Supporting details

Closure

- Review major concepts
- State a few take home messages
- If applicable, provide future plans

Transition Statements

- Two part statements
- Move your audience from one part of major point of the presentation to the next

Preparation

- **Locate appropriate resources**
- **Present latest up to date information**
- ***“If you fail to plan, then you plan to fail.”***

Answering Questions

- Repeat the question
- Keep the answers short
- Don’t get defensive

Board Review

- Focus on what is pertinent for Board Exam
  - PREP content specifications
  - Review board questions
- Time is very limited
- To emphasize, use statements:
  - “You need to know this…”
  - “Don’t confuse this with that.”

Board Review

- Speaker's ability to identify key points
- Engaging
- Lecture clarity
- Slide comprehensibility
- Format
- Case based

Successful lecturing: a prospective study to validate attributes of the effective medial lecture. Copeland et al. J Gen Intern Med. 2000 Vol 15, pg 366.

Power Point 101

Choose colors carefully

- **Dark background, light text**
- Poor contrast = hard to read

Carefully Choose Color Combinations

Don’t Choose
Nauseating
Color Combinations

Shouting

TEXT WRITTEN IN ALL CAPS IS MORE DIFFICULT TO READ THAN THE SAME SIZE TEXT WRITTEN WITH UPPER AND LOWER CAPS

Savvy Slides (44 point)

- **Arial 36**
- Arial 28
- Arial 20
- **Comic Sans MS 36**
- **Comic Sans MS 28**
- **Comic Sans MS 20**
- ***Times New Roman 36***
- ***Times New Roman 28***
- ***Times New Roman 20***

Backgrounds

- Readable, classic
- But, fatiguing over time

BACKGROUNDS

Pointless backgrounds

Are distracting

Slide Content

- One major point per slide
- About one – two minutes per slide
  - This ratio increases as the length of the talk increases
- Simplify information (on the slide!)

Rule of 666

- Maximum of 6 words per line
- Maximum of 6 lines per slide
- Maximum of 6 sequential text slides

Slide Content

- For goodness sakes, don't read your slides!
- Avoid STDs
  - Speaker/text dissonance

Savvy Slides

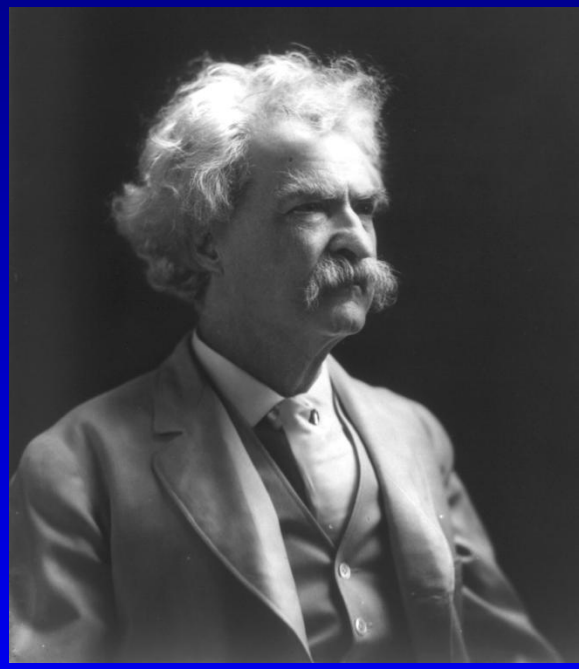
- Use animations sparingly
- Focus on Content, Not "Show"

Dim Text

- Good for lists
- Keeps audience focused on current point
- The rest of list is available for review

Effective Habits

- Prepare in advance!
  - "It usually takes more than three weeks to prepare a good impromptu speech." ***Mark Twain***
- Practice, practice, practice



Tables and Graphs

Variable	Events		Odds ratio (95% CI)	p
	ACE-I	Control		
SAVE, AIRE, TRACE				
n	2995	2971	..	..
Death				
At 6 weeks	184 (6·1%)	236 (7·9%)	0·76 (0·62–0·92)	0·0059
At 1 year	458 (15·3%)	523 (17·6%)	0·84 (0·73–0·97)	0·0142
At 2 years	575 (19·2%)	695 (23·4%)	0·77 (0·68–0·88)	0·0001
At 4 years	679 (22·7%)	833 (28·0%)	0·75 (0·66–0·84)	<0·0001
Overall	702 (23·4%)	866 (29·1%)	0·74 (0·66–0·83)	<0·0001
Reinfarction*	324 (10·8%)	391 (13·2%)	0·80 (0·69–0·94)	0·0057
Readmission for CHF	355 (11·9%)	460 (15·5%)	0·73 (0·63–0·85)	<0·0001
Death or reinfarction	876 (29·2%)	1054 (35·5%)	0·75 (0·67–0·83)	<0·0001
Death or readmission for CHF	914 (30·5%)	1100 (37·0%)	0·74 (0·67–0·83)	<0·0001
Death/MI/or readmission for CHF	1049 (35·0%)	1244 (41·9%)	0·75 (0·67–0·83)	<0·0001
Stroke	121 (4·0%)	110 (3·7%)	1·10 (0·84–1·43)	0·48
SOLVD				
n	3396	3401	..	..
Death				
At 6 weeks	28 (0·8%)	45 (1·3%)	0·62 (0·39–0·99)	0·045
At 1 year	266 (7·8%)	305 (9·0%)	0·86 (0·72–1·02)	0·086
At 2 years	463 (13·6%)	553 (16·3%)	0·81 (0·70–0·92)	0·0019
At 4 years	740 (21·8%)	826 (24·3%)	0·86 (0·76–0·97)	0·0109
Overall	765 (22·5%)	844 (24·8%)	0·87 (0·78–0·98)	0·021
Reinfarction*	247 (7·3%)	312 (9·2%)	0·78 (0·65–0·92)	0·0043
Readmission for CHF	521 (15·3%)	742 (21·8%)	0·63 (0·56–0·72)	<0·0001
Death or reinfarction	849 (25·0%)	989 (29·1%)	0·80 (0·72–0·90)	0·0001
Death or readmission for CHF	1048 (30·9%)	1254 (36·9%)	0·74 (0·67–0·83)	<0·0001
Death/MI/or readmission for CHF	1112 (32·7%)	1366 (40·2%)	0·70 (0·64–0·78)	<0·0001
Stroke	118 (3·5%)	139 (4·1%)	0·84 (0·66–1·08)	0·185
All trials				
n	6391	6372	..	..
Death				
At 6 weeks	212 (3·3%)	281 (4·4%)	0·73 (0·61–0·88)	0·0009
At 1 year	724 (11·3%)	828 (13·0%)	0·85 (0·76–0·94)	0·0028
At 2 years	1038 (16·2%)	1248 (19·6%)	0·79 (0·72–0·88)	<0·0001
At 4 years	1419 (22·2%)	1659 (26·0%)	0·80 (0·74–0·87)	<0·0001
Overall	1467 (23·0%)	1710 (26·8%)	0·80 (0·74–0·87)	<0·0001
Reinfarction*	571 (8·9%)	703 (11·0%)	0·79 (0·70–0·89)	0·0001
Readmission for CHF	876 (13·7%)	1202 (18·9%)	0·67 (0·61–0·74)	<0·0001
Death or reinfarction	1725 (27·0%)	2043 (32·1%)	0·77 (0·72–0·84)	<0·0001
Death or readmission for CHF	1962 (30·7%)	2354 (36·9%)	0·74 (0·69–0·80)	<0·0001
Death/MI/or readmission for CHF	2161 (33·8%)	2610 (41·0%)	0·72 (0·67–0·78)	<0·0001
Stroke	239 (3·7%)	249 (3·9%)	0·96 (0·80–1·15)	0·63

CHF=congestive heart failure; MI=myocardial infarction. *If only the adjudicated MI from SAVE are included, the odds ratio is 0·83 (95% CI 0·71–0·98) for SAVE, AIRE, and TRACE and 0·81 (0·72–0·91) for all trials.

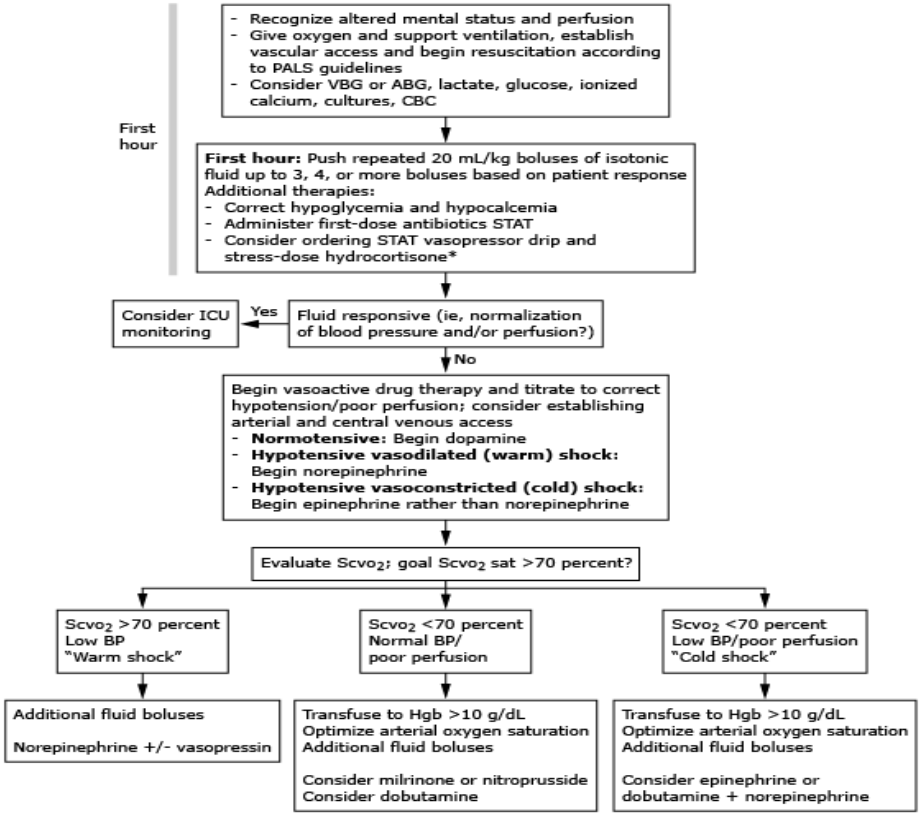
Table 3: **Summary of major clinical events**

-
-

Can anyone read this?

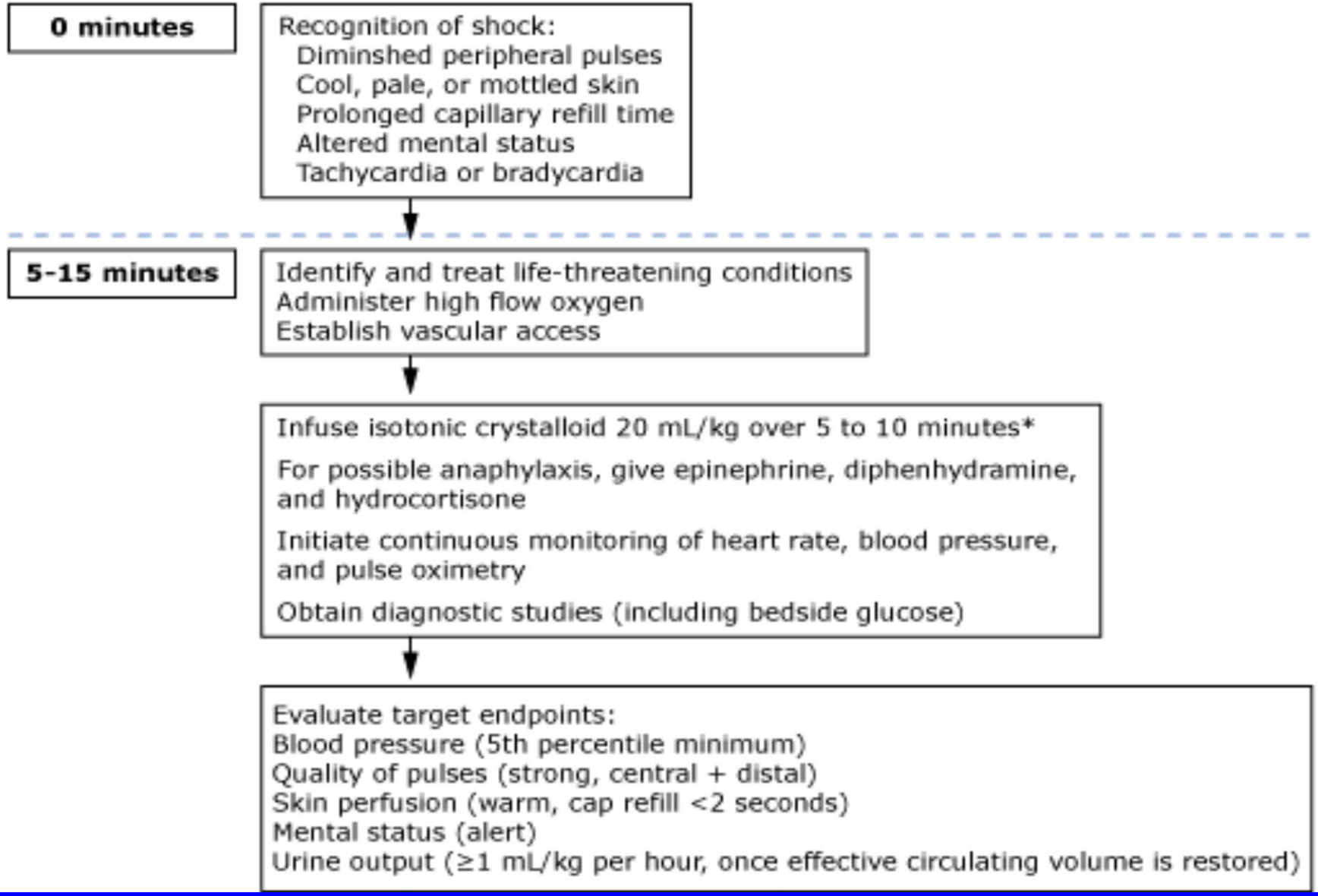
Flather MD, et al. Lancet 2000. 355: 1575

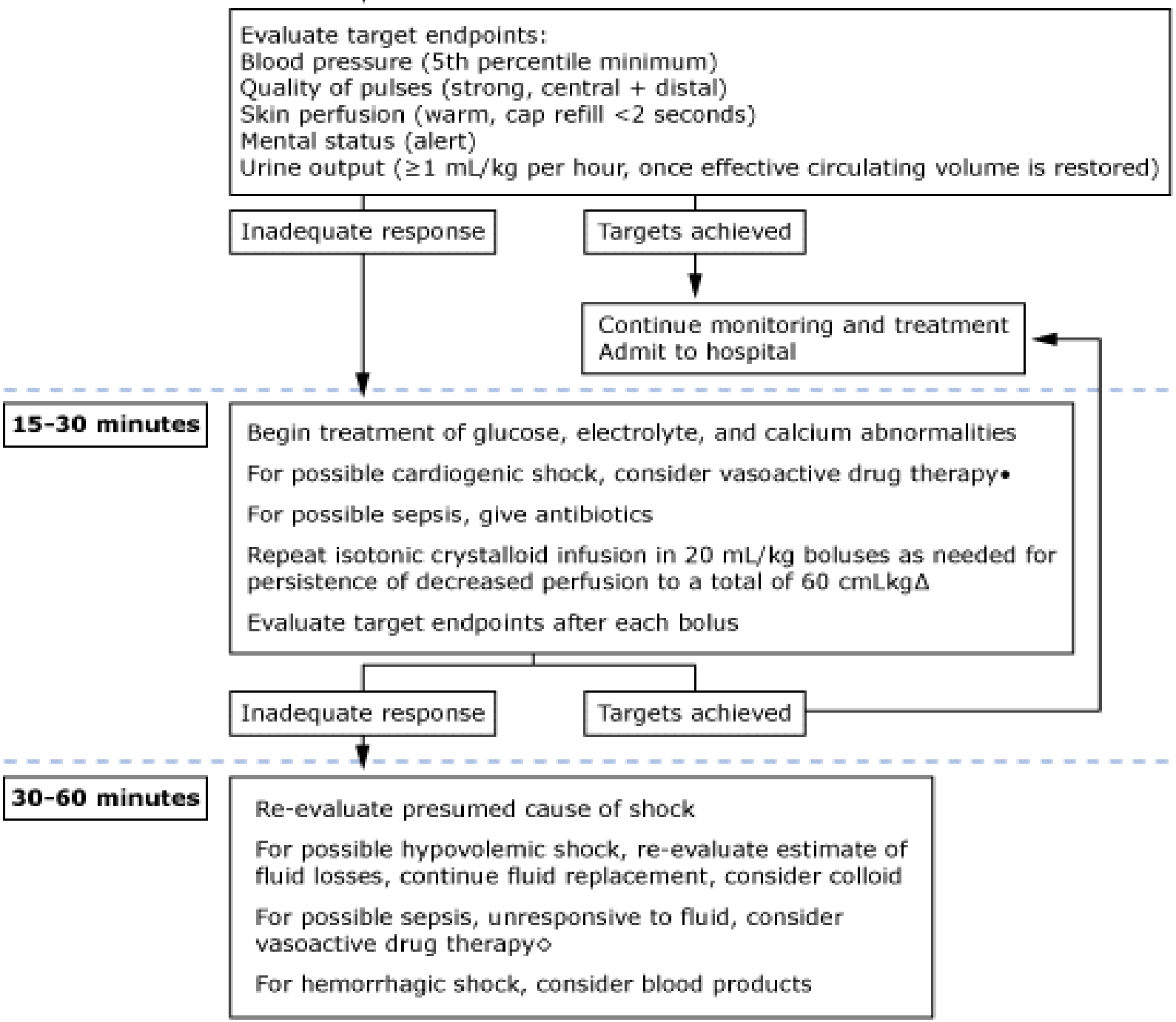
PALS septic shock algorithm



* **NOTE**: Fluid refractory and dopamine- or norepinephrine-dependent shock defines patient at risk for adrenal insufficiency. Draw baseline cortisol; consider ACTH stimulation test if unsure of need for steroids. If adrenal insufficiency is suspected give hydrocortisone ≅2 mg/kg bolus IV; maximum 100 mg.

Approach to the initial management of shock in children




Evaluate target endpoints:
Blood pressure (5th percentile minimum)
Quality of pulses (strong, central + distal)
Skin perfusion (warm, cap refill <2 seconds)
Mental status (alert)
Urine output (≥1 mL/kg per hour, once effective circulating volume is restored)
Inadequate response
Targets achieved
Continue monitoring and treatment
Admit to hospital
15-30 minutes
Begin treatment of glucose, electrolyte, and calcium abnormalities
For possible cardiogenic shock, consider vasoactive drug therapy•
For possible sepsis, give antibiotics
Repeat isotonic crystalloid infusion in 20 mL/kg boluses as needed for persistence of decreased perfusion to a total of 60 cmLkgΔ
Evaluate target endpoints after each bolus
Inadequate response
Targets achieved
30-60 minutes
Re-evaluate presumed cause of shock
For possible hypovolemic shock, re-evaluate estimate of fluid losses, continue fluid replacement, consider colloid
For possible sepsis, unresponsive to fluid, consider vasoactive drug therapy◇
For hemorrhagic shock, consider blood products

Tables, Charts, and Graphs

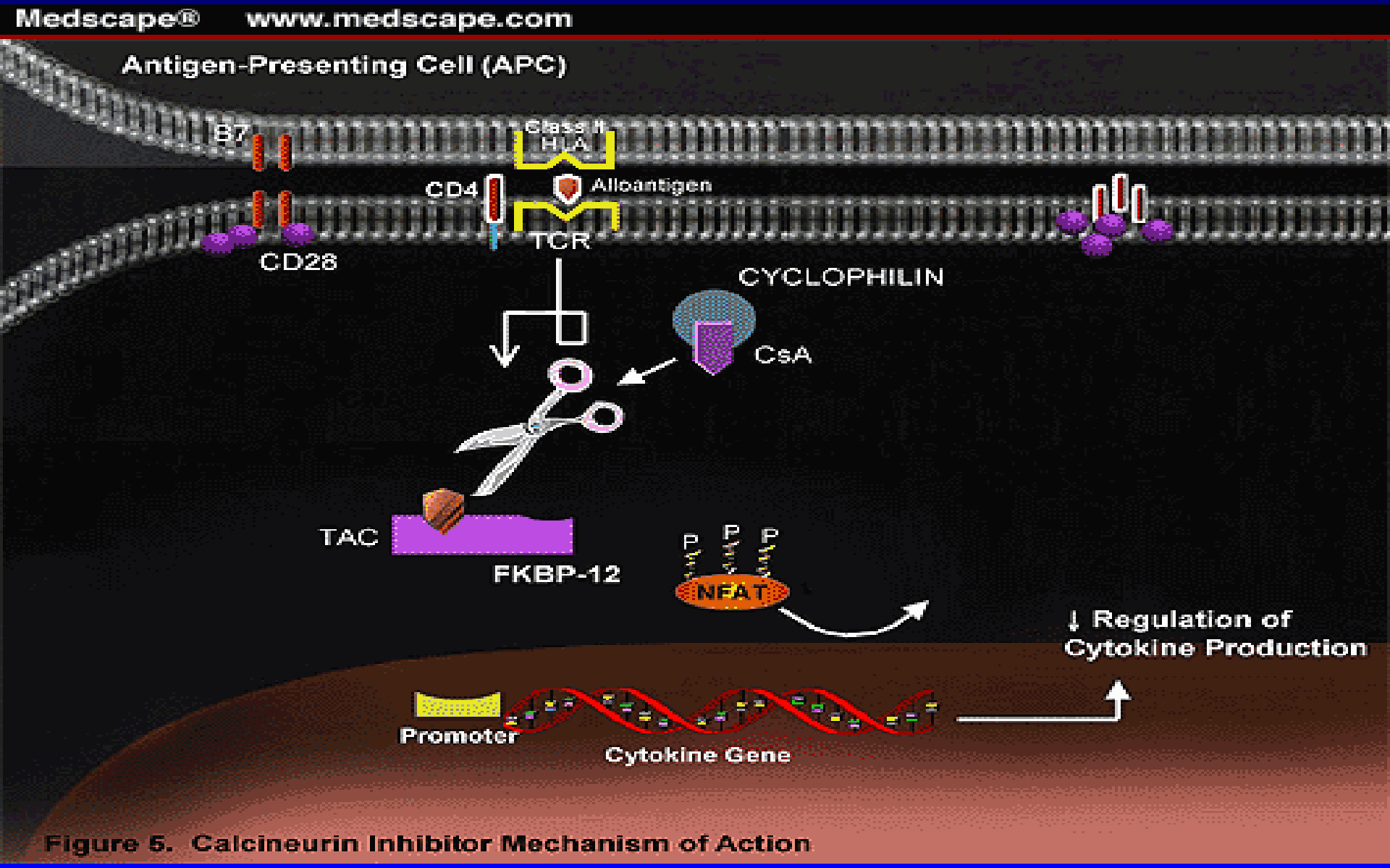
- Select tables & figures from journals that will project well
- Tables & figures should be clearly labeled, and make sense at a glance
- Orient the audience & walk them through the data

ACE Inhibitors and Mortality Reduction

Trial	Mortality ACEI	Controls	RR (95% CI)
Chronic CHF			
CONSENSUS I	39%	54%	0.56 (0.34–0.91)
SOLVD (Treatment)	35%	40%	0.82 (0.70–0.97)
SC			)
Post			
SA			)
AIRE	17%	23%	0.73 (0.60–0.89)
TRACE	35%	42%	0.78 (0.67–0.91)
SMILE	6.5%	8.3%	0.78 (0.52–1.12)
Average	**21%**	**27%**	**0.77**

Make another point with text box or highlighting

Garg R et al. JAMA. 1995;273:1450–1456.



http://canadiancpd.medscape.com/content/2002/00/43/71/437182/437182_fig.html
Accessed 7/2/2009

Delivery Tips

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- Energy
- Enthusiasm
- Excitement

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- Energy
- Enthusiasm
- Excitement

Delivery Tips

- Always face the audience
- You are the focus of attention, not the slides
- Use eye contact
- Voice quality – pleasing, enthusiastic, and engaging
- DO NOT READ YOUR NOTES

Delivery Tips

- Be confident
- Stand up straight and firm
- Gestures – use movements with emphasis
- Nervousness – normal, plan ahead
- Observe yourself in front of mirror

Equipment

- Check out room and equipment prior to lecture
- Familiarize yourself with slide pointer and advancer
- Make sure microphone functions well
- Always have printout of your slides

Take Home Points

- Be knowledgeable and enthusiastic
- Focus on a few take home points
- Legible slides
- Develop good presentation style