HOW TO GIVE A GOOD PRESENTATION

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HOW TO GIVE A PRETTY GOOD PRESENTATION

SETH COHEN, MD, MSC
Faculty give a lot of talks

Prioritize quality content over amazing slides

Be kind to yourself

Know when slides are good enough
Itinerary
Itinerary

Introduction

Learning Strategies
Itinerary

- Introduction
- Design
- Tactics
- Data
- Learning Strategies
Strategies for effective learning
Hook ‘em with a case
“I’m looking through broken glass”

- 27 year old woman
- 2 days PTA developed R eye lacrimation and headache
- 1 day PTA developed 3 lines across her vision and a “web” in the bottom right corner
“I’m looking through broken glass”

- PMHx: Celiac
- Soc: From Seattle, works in a vegan restaurant, occasional MJ, no other drugs
“I’m looking through broken glass”

- Exam: Vitals normal
- Visual acuity: OD: 20/60, OS: 20/20
- IOP normal
- Slit lamp: normal fluorescein stain
- Normal AC without flair
To be continued...
The Four Questions

• How can I create the right learning environment?
• How can I motivate the audience?
• Do I have too much information?
• How can I make the important points stick?
Break the invisible barrier
Remote control, breaker of chains
Enthusiasm + Relevance
= Motivation
Your teaching has the power to change the lives of learners

https://www.teachhub.com/
Motivation

• Is this at the right level?
• How is this relevant to the learner?
• “Your pager goes off!”
• “This will be on the boards”
• “You need to give an important talk”
Make it stick

• Less is more: What do they need to know?
• Repetition
• Emotional or Narrative
  • Make it relevant and you may even change behavior
• Summary points
When is the best time to summarize?
Break your talk into pieces

- Intro
- Strategy
- Tactics
- Design
Learning Strategies: **Summary**

- Use a hook
- Motivate
- Simplify
- Break the invisible barrier
- Break into pieces and summarize
“Education is not the filling of a pail but the lighting of a fire”

-Attributed to W. B. Yeats
Less is more
Use **transitions** to break up your talk
“I’m looking through broken glass”

- Additional history
- Has a dog at home (no bites)
- No travel
- Swam near a stream in the woods a few weeks ago
- Saw lots of wildlife nearby
“I’m looking through broken glass”

- Ddx?
- Ocular larva migrans
- Panretinal degeneration due to infection, typically due to nematodes (worms)
Ocular larva migrans

- Size of the tracks is helpful (like footprints)

- Smaller nematodes found in SE US, Caribbean and South America (Toxocara canis, hookworm)

- **Larger** worms in Western US, Asia and Europe

Arévalo et al. Diffuse Unilateral Subacute Neuroretinitis (DUSN). In: Retinal and choroidal manifestations of selected systemic diseases 2012
Tactics (how to get the job done)
Asking **Questions**

- How long should you wait?
- How should you call on people?
Have you heard this before?

“I’m know I’m short on time so I’ll just speed through the last bit”

“I just have a few slides left”

-Person who as 23 slides to go
Time management

- People are rarely unhappy with speakers who end early
- Build in time for questions
- Practice, practice, practice
- Simplify, simplify, simplify
- Slides are iterative
Have *you* heard this before?

I know this slide is busy and hard to read but...

-Person who pasted in Table 2
How to present data

- We all like to present that NEJM table
- How could this be improved?

<table>
<thead>
<tr>
<th>End Point</th>
<th>2.5 mg Twice Daily (N=5114)</th>
<th>5 mg Twice Daily (N=5115)</th>
<th>Combined (N=10,229)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Efficacy</strong></td>
<td>number (percent)</td>
<td>number (percent)</td>
<td>number (percent)</td>
</tr>
<tr>
<td>Death from cardiovascular causes, myocardial infarction, or stroke — primary end point</td>
<td>313 (9.1)</td>
<td>313 (8.8)</td>
<td>626 (8.9)</td>
</tr>
<tr>
<td>Death from cardiovascular causes</td>
<td>94 (2.7)</td>
<td>132 (4.0)</td>
<td>226 (3.3)</td>
</tr>
<tr>
<td>Myocardial infarction</td>
<td>205 (6.1)</td>
<td>179 (4.9)</td>
<td>384 (5.5)</td>
</tr>
<tr>
<td>Stroke</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Any</td>
<td>46 (1.4)</td>
<td>54 (1.7)</td>
<td>100 (1.6)</td>
</tr>
<tr>
<td>Ischemic</td>
<td>30 (1.0)</td>
<td>35 (0.9)</td>
<td>65 (0.9)</td>
</tr>
<tr>
<td>Death from any cause, myocardial infarction, or stroke — secondary end point</td>
<td>320 (9.3)</td>
<td>321 (9.1)</td>
<td>641 (9.2)</td>
</tr>
<tr>
<td>Death from any cause</td>
<td>103 (2.9)</td>
<td>142 (4.4)</td>
<td>245 (3.7)</td>
</tr>
<tr>
<td>Stent thrombosis</td>
<td>47 (2.2)</td>
<td>51 (2.3)</td>
<td>98 (2.3)</td>
</tr>
<tr>
<td>TIMI major bleeding not associated with CABG</td>
<td>65 (1.8)</td>
<td>82 (2.4)</td>
<td>147 (2.1)</td>
</tr>
<tr>
<td>TIMI minor bleeding</td>
<td>32 (0.9)</td>
<td>49 (1.6)</td>
<td>81 (1.3)</td>
</tr>
<tr>
<td>TIMI bleeding requiring medical attention</td>
<td>492 (12.9)</td>
<td>617 (16.2)</td>
<td>1129 (14.5)</td>
</tr>
<tr>
<td>Intracranial hemorrhage</td>
<td>14 (0.4)</td>
<td>18 (0.7)</td>
<td>32 (0.6)</td>
</tr>
<tr>
<td>Fatal bleeding</td>
<td>6 (0.1)</td>
<td>15 (0.4)</td>
<td>21 (0.3)</td>
</tr>
</tbody>
</table>
## Important Safety Outcomes With Rivaroxaban

<table>
<thead>
<tr>
<th>Safety Outcome</th>
<th>2.5 mg BID (N=5114)</th>
<th>5 mg BID (N=5115)</th>
<th>Placebo (N=5113)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intracranial Bleeding</td>
<td>14 (0.4)</td>
<td>18 (0.7)</td>
<td>5 (0.2)</td>
</tr>
<tr>
<td>Fatal Bleeding</td>
<td>6 (0.1)</td>
<td>15 (0.4)</td>
<td>9 (0.2)</td>
</tr>
</tbody>
</table>

Adapted from Andy Luks
Asymptomatic Carrier Prevalence of C diff

- Healthy adults: 3%
- Hospitalized adults: 20-50%
- By comparison, asymptomatic bacteriuria rates in long term care: 50%
Asymptomatic Carrier Prevalence

Healthy Adults: 3%

Hospitalized adults and long term care facilities (20-50%)

Asymptomatic bacteriuria in LTC facilities: 50%

Sources:
Zacharioudakis Am J Gastroenterol. 2015
Riggs CID 2007
Nicolle Inf Dis Clin NA 1997
Partial Oral versus Intravenous Antibiotic Treatment of Endocarditis

- Randomized multi center trial of 400 adults with left sided endocarditis
- All patients received at least 10 days of oral antibiotics
- How could this graph be better presented?

Iversen NEJM 2019
Probability of the Primary Composite Outcome*

*all-cause mortality, unplanned cardiac surgery, embolic events, or relapse of bacteremia

Changing to oral therapy was non-inferior

Iversen NEJM 2019
Tactics: **Summary**

- Transition slides can be helpful
- End early, encourage Q&A
- Distill the data
Ocular larva migrans

- Based on the size of the tracks, at least 2 worms have been implicated
- Smaller nematodes found in SE US, Caribbean and South America (Toxocara canis, hookworm)
- Larger worms in midwest US, Asia and Europe…

Arévalo et al. Diffuse Unilateral Subacute Neuroretinitis (DUSN). In: Retinal and choroidal manifestations of selected systemic diseases 2012
Baylisascaris Procyonis

- The raccoon round worm
- Most commonly implicated cause of OLM in the US
- Worms mature in raccoons and release millions of eggs
- Survive for years in the environment

Arévalo et al. Diffuse Unilateral Subacute Neuroretinitis (DUSN). In: Retinal and choroidal manifestations of selected systemic diseases 2012
In humans, eggs hatch after ingestion, and larvae penetrate the gut wall and migrate to a wide variety of tissues and cause VLM and OLM.

Larvae encyst in tissue.

Small mammals (woodchucks, rabbits, etc.) and birds

Adults in small intestine.

Eggs passed in feces

External Environment (2-4 weeks until infective)

Embryonated egg with larva

Eggs

* Dogs can also serve as definitive hosts as they harbor infections and shed eggs.  

1 = Infective Stage  
Δ = Diagnostic Stage
CDC Lifecycles: The surest way to lose your audience
Upon further questioning...

- Many raccoons spotted while swimming

- CDC expert advice:
  - “Should you suspect that you may have ingested raccoon feces, seek immediate medical attention”

Arévalo et al. Diffuse Unilateral Subacute Neuroretinitis (DUSN). In: Retinal and choroidal manifestations of selected systemic diseases 2012
Design
Oh $%^ not this theme!

★ Don’t do it!
★ Same with cheesy animation
★ Clipart: NOPE!
★ Widescreen ratio often projects better
Commandments for **text** and **bullets**

- 24 pt Font is the smallest
- 5-6 bullets **max**
- Sans Serif fonts
Commandments for **text** and **bullets**

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**Serifs**

**vs.**

**Sans Serifs**
How to Avoid Implicit Bias in Presentations?

- Remove images of people unless absolutely needed
- Use patient first language (CDC and NIAID style guides available)
- Avoid gendered terms
- Give “why” behind Epi, structural, racial, or geographic associations
- Consider asking someone else to review slides
Are title slides important?
Tropical Arboviruses!

Seth Cohen MD, MSc
Clinical Assistant Professor
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Infection Prevention

Seth Cohen MD, MSc
Medical Director, Infection Prevention
Clinic Chief, Infectious Disease & Travel Medicine Clinics
Northwest Hospital
Infection Prevention
Infection Prevention
How to Keep Our Patients Safe

Seth Cohen MD, MSc
Medical Director, Infection Prevention
Clinic Chief, Infectious Disease & Travel Medicine Clinics
“Arguably the greatest risk... to human health comes in the form of antibiotic resistant bacteria”

-World Economic Forum, 2013
Slides can be monotonous
CASE

• A 27 year old man presents with a painful penile ulcer. He reports recent intercourse with a sex worker while on a business trip in Jamaica.

• On exam he has a small penile ulcer with irregular borders, tender to touch and with a purulent base. Tender lymphadenopathy is present. HSV testing is negative
Which of the following is the most likely diagnosis?

A. Syphilis
B. Acute HIV
C. Chancroid
D. Lymphogranuloma venereum
E. Granuloma inguinale
Which of the following is the most likely diagnosis?

A. Syphilis
B. Acute HIV
C. Chancroid
D. Lymphogranuloma venereum
E. Granuloma inguinale
GENITAL ULCERS

• Painless
  • LGV: Tender inguinal nodes
  • Granuloma inguinale: Rare, slowly progressive ulcer + granulomas in Pacific Islands, S. Africa, Caribbean
  • Syphilis

• Painful
  • Chancroid
  • HSV

How could this slide be improved?
PAINLESS GENITAL ULCERS

- LGV
  - Tender inguinal nodes or proctitis

- Granuloma Inguinale
  - Klebsiella granulomatis
  - Rare, slowly progressive ulcer + granulomas in Pacific Islands, S. Africa, Caribbean

- Syphilis
PAINFUL GENITAL ULCERS

- Chancroid
- HSV

Recurrent: HSV, Behcets, fixed drug eruption
The Antibiotic Ladder
Seth Cohen MD, MSc

Staph
- Daptomycin
- Linezolid
- Vancomycin

Not Staph
- Meropenem
- Pip-Tazo
- Estapenem
- Cefepime
- Cefazidime
- Quinolones
- Aztreonam

MSSA
- Cefazolin / Cephalexin
- Na/cillin

MRSA and VRE
- Oral MRSA drugs
  - TMP-SMX
  - Doxycycline
  - Clindamycin

Healthcare associated
- Metronidazole

Community
- Ampicillin-Sulbactam
- Amoxicillin-Clavulanate
- Azithromycin
- PCN allergy

Penicillin

Lucidchart
Oral MRSA drugs:
- TMP-SMX
- Doxycycline
- Clindamycin

Antibiotics:
- Cefazolin / Cephalexin
- Nafcillin
- Ceftriaxone
- Ceftazidime
- Aztreonam
- Quinolones
- Metronidazole
- Ampicillin-Sulbactam
- Amoxicillin-Clavulanate
- Azithromycin

PCN allergy

Community

Lucidchart
C. diff: Infection Prevention Variables

How can we effectively tackle behavior change?
NORTHWEST HOSPITAL
INFECTION PREVENTION

May 2019 | Contact us at 206-668-1705

MEASLES IN CONTEXT

Measles is now confirmed in 26 states, with over 940 cases, the largest outbreak since measles was considered eliminated in the US in 2000. Many of the current outbreaks can be traced back to travelers from several countries with ongoing measles outbreaks.

Every year, almost 90,000 people die from measles around the world. 1/1000 cases develop encephalitis, which may cause brain damage or death.

MEASLES IN WASHINGTON STATE

Why did WA declare a state of emergency?

As of May 25, WA state has had 80 cases of measles in 2019, including 6 in King County. The majority of these (52) have been under 10 years old.

Is there a measles booster?

There is NO measles booster. If patients or their family members received vaccinations in

should be kept away from patient waiting rooms. Potential cases should be met outside, masked at that time, and escorted into the examination room.
“There are two types of speakers: Those who get nervous and those who are liars.”

-Mark Twain
Speaking Anxiety

- This is normal!
- Practice, esp your intro
- Exercise
- Alcohol usually not effective
- Meds eg beta-blockers can be VERY effective
TAKE HOME POINTS

1. Learning environment
2. Structure, Summarize, Simplify
3. Know your audience
4. Distill the Data
5. Design can be fun (Content is more important)
6. Anxiety is normal
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1. Learning environment
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Life Tip: Beware raccoon roundworms in sandboxes
THANK YOU!

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Special thanks to Andy Luks