Giving a talk is easy.
Giving a talk is easy.

• Pack information bullets onto slides
Giving a talk is easy.

• Pack information bullets onto slides
• Read the information to the audience
Giving a talk is easy.

- Pack information bullets onto slides
- Read the information to the audience
- The audience uses the hour to text friends, catch up on e-mail...
Giving a talk is easy.

• Pack information bullets onto slides
• Read the information to the audience
• The audience uses the hour to text friends, catch up on e-mail…
• It ends → polite applause
Giving a talk is easy.

- Pack information bullets onto slides
- Read the information to the audience
- The audience uses the hour to text friends, catch up on e-mail…
- It ends $\rightarrow$ polite applause
- The talk is soon forgotten
Giving a talk is easy.

• Pack information bullets onto slides
• Read the information to the audience
• The audience uses the hour to text friends, catch up on e-mail…
• It ends → polite applause
• The talk is soon forgotten
• You get out SAFELY
Giving a talk is easy.

• Pack information bullets onto slides
• Read them to the audience
• The audience uses the hour to text friends, catch up on email...
• It ends → polite applause
• The talk is soon forgotten
• You get out SAFELY
What Makes a Great Lecture?
Aristotle’s Three Principles
Aristotle’s Three Principles

1. Appeals to reason
2. Appeals to emotion
3. The character and personality of the speaker
The Dr. Fox Effect
The Dr. Fox Effect

Independent of content…

Engaging speakers → greater retention
What is the adult attention span?
What is the adult attention span?

10 minutes
Key Conceptual Points

• Relevance to audience
  – Why does it matter to them?
  – What can they DO with the info?
Key Conceptual Points

• Relevance to audience
  – Why does it matter to them?
  – What can they DO with the info?

• Not “you + topic” → “audience + topic”
Key Conceptual Points

• Relevance to audience
  – Why does it matter to them?
  – What can they DO with the info?

• Not “you + topic” → “audience + topic”

• Set goals appropriate for the audience
Key Conceptual Points

• Concepts and examples > facts
Key Conceptual Points

• Concepts and examples > facts

• Tie to existing knowledge and push further
Key Conceptual Points

- Concepts and examples > facts
- Tie to existing knowledge and push further
- Stories and metaphors
Key Conceptual Points

• Concepts and examples > facts
• Tie to existing knowledge and push further
• Stories and metaphors
• Enthusiasm and emotion
Visual vs. Auditory Channels

- The visual channel processes images, including the written word, while the auditory channel processes speech, so if the words on the slides are being read, then no one hears what the speaker is saying, because the visual channel dominates and we read faster than someone can speak.
Visual vs. Auditory Channels
How do you make a good slide?
How do you make a good slide?

Title = a complete phrase that makes a point
How do you make a good slide?

Title = a complete phrase that makes a point

Rest of slide = an image that complements the title and your content
How do you make a good slide?

Title = a **complete phrase** that makes a point

Rest of slide = an **image** that complements the title and your content

Do **not** make them read what you are saying
Refractory Heartburn - EGD

• Differential diagnosis
  – Reflux esophagitis
  – Alkaline reflux esophagitis
  – Infectious esophagitis
  – Eosinophilic esophagitis
  – Crohn’s Disease
Perform endoscopy to look for an alternative diagnosis

- Differential diagnosis
  - Reflux esophagitis
  - Alkaline reflux esophagitis
  - Infectious esophagitis
  - Eosinophilic esophagitis
  - Crohn’s Disease
Perform endoscopy to look for an alternative diagnosis
Perinatal transmission of HCV is infrequent

Meta-analysis of 77 studies -

Adjusted rate of transmission = 3 - 7%
HIV/HCV coinfected - 19.4%

Cesarean section was not protective
Breast feeding - 10 studies show no increased transmission

Yeung, et al. Hepatology 2001,
Perinatal transmission of HCV is infrequent

Transmission = 3-7%

HIV/HCV co-infected = 19.4%

Cesarean section not protective

Breast feeding – no transmission (10 studies)

What are the features of effective text slides?
What are the features of effective text slides?

• 28-point type – at least!
What are the features of effective text slides?

• 28-point type – at least!
• Max 6 lines with 6 words per line
What are the features of effective text slides?

• 28-point type – at least!
• Max 6 lines with 6 words per line
• Use one format
What are the features of effective text slides?

• 28-point type – at least!
• Max 6 lines with 6 words per line
• Use one format
• AVOID CAPITAL LETTERS
What are the features of effective text slides?

• 28-point type – at least!
• Max 6 lines with 6 words per line
• Use one format
• AVOID CAPITAL LETTERS
• Minimize animation
What are the features of effective text slides?

• 28-point type – at least!
• Max 6 lines with 6 words per line
• Use one format
• AVOID CAPITAL LETTERS
• Minimize animation
• Sans serif vs. with serif
What are the features of effective text slides?

• 28 point type – at least!
• Max 6 lines with 6 words per line
• Use one format
• AVOID CAPITAL LETTERS
• Minimize animation
• Sans serif vs. with serif
What are the features of effective text slides?

- 28 point type – at least!
- Max 6 lines with 6 words per line
- Use one format
- AVOID CAPITAL LETTERS
- Minimize animation
- Sans serif vs. with serif
More hints for making slides

• Distinguish title and text
• Left justify the text
• Spell check and review slides
• Aim for one slide per minute
• Use a simple background
More hints for making slides

• Distinguish title and text
• Left justify the text
• Spell check and review slides
• Aim for one slide per minute
• Use a simple background
Bullets

• Bullets should be headlines, not full sentences.
• Bullets should have a minimum number of words.
• Have parallel structure in terms of grammar.
• Do not employ sub-bullets under your bullets.
• Capitalize your first word and avoid periods at the end.
Bullets

• Headlines – not sentences
• Few words
• Parallel structure
• No sub-bullets
• Capitalize first word → no period at end
<table>
<thead>
<tr>
<th>Variable</th>
<th>Cotuzimab plus Platinum–Fluorouracil (N=222)</th>
<th>Platinum–Fluorouracil Alone (N=220)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Sex — no. (%)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>197 (89)</td>
<td>202 (92)</td>
</tr>
<tr>
<td>Female</td>
<td>25 (11)</td>
<td>18 (8)</td>
</tr>
<tr>
<td><strong>Age</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Median age — yr</td>
<td>56</td>
<td>57</td>
</tr>
<tr>
<td>&lt;65 yr — no. (%)</td>
<td>183 (82)</td>
<td>182 (83)</td>
</tr>
<tr>
<td>≥65 yr — no. (%)</td>
<td>39 (18)</td>
<td>38 (17)</td>
</tr>
<tr>
<td><strong>Karnofsky score</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Median score</td>
<td>80</td>
<td>80</td>
</tr>
<tr>
<td>Interquartile range</td>
<td>80–90</td>
<td>80–90</td>
</tr>
<tr>
<td>&lt;80 — no. (%)</td>
<td>27 (12)</td>
<td>25 (11)</td>
</tr>
<tr>
<td>≥80 — no. (%)</td>
<td>195 (88)</td>
<td>195 (89)</td>
</tr>
<tr>
<td><strong>Duration of disease — mo†</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Median</td>
<td>15.5</td>
<td>15.8</td>
</tr>
<tr>
<td>Interquartile range</td>
<td>10.3–27.0</td>
<td>9.5–33.5</td>
</tr>
<tr>
<td><strong>Primary tumor site — no. (%)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Oropharynx</td>
<td>80 (36)</td>
<td>69 (31)</td>
</tr>
<tr>
<td>Hypopharynx</td>
<td>28 (13)</td>
<td>34 (15)</td>
</tr>
<tr>
<td>Larynx</td>
<td>59 (27)</td>
<td>52 (24)</td>
</tr>
<tr>
<td>Oral cavity</td>
<td>46 (21)</td>
<td>42 (19)</td>
</tr>
<tr>
<td>Other</td>
<td>9 (4)</td>
<td>23 (10)</td>
</tr>
<tr>
<td><strong>Extent of disease — no. (%)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Only locoregionally recurrent</td>
<td>118 (53)</td>
<td>118 (54)</td>
</tr>
<tr>
<td>Metastatic with or without locoregion recurrence</td>
<td>104 (47)</td>
<td>102 (46)</td>
</tr>
<tr>
<td><strong>Histologic type — no. (%)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Well differentiated</td>
<td>35 (16)</td>
<td>40 (18)</td>
</tr>
<tr>
<td>Moderately differentiated</td>
<td>93 (42)</td>
<td>101 (46)</td>
</tr>
<tr>
<td>Poorly differentiated</td>
<td>46 (21)</td>
<td>46 (21)</td>
</tr>
<tr>
<td>Not specified or missing</td>
<td>48 (22)</td>
<td>33 (15)</td>
</tr>
<tr>
<td><strong>Previous treatment — no. (%)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chemotherapy</td>
<td>90 (41)</td>
<td>80 (36)</td>
</tr>
<tr>
<td>Radiotherapy</td>
<td>189 (85)</td>
<td>190 (86)</td>
</tr>
<tr>
<td><strong>Percentage of EGFR-detectable cells — no. (%)‡</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>0</td>
<td>3/209 (1)</td>
<td>5/204 (2)</td>
</tr>
<tr>
<td>&gt;0 to &lt;40</td>
<td>32/209 (15)</td>
<td>32/204 (16)</td>
</tr>
<tr>
<td>≥40</td>
<td>174/209 (83)</td>
<td>167/204 (82)</td>
</tr>
<tr>
<td>Missing data</td>
<td>13/222 (6)</td>
<td>16/220 (7)</td>
</tr>
</tbody>
</table>

* Percentages may not sum to 100 because of rounding. EGFR denotes epidermal growth factor receptor.
† The duration of disease is the time from initial diagnosis to informed consent.
‡ These percentages are for patients in whom EGFR data were available.
<table>
<thead>
<tr>
<th>Variable</th>
<th>Cotuzimab plus Platinum–Fluorouracil (N=222)</th>
<th>Platinum–Fluorouracil Alone (N=220)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sex — no. (%)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>197 (89)</td>
<td>202 (92)</td>
</tr>
<tr>
<td>Female</td>
<td>25 (11)</td>
<td>18 (8)</td>
</tr>
<tr>
<td>Age</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Median age — yr</td>
<td>56</td>
<td>57</td>
</tr>
<tr>
<td>&lt;65 yr — no. (%)</td>
<td>183 (82)</td>
<td>182 (83)</td>
</tr>
<tr>
<td>≥65 yr — no. (%)</td>
<td>39 (18)</td>
<td>38 (17)</td>
</tr>
<tr>
<td>Karnofsky score</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Median score</td>
<td>80</td>
<td>80</td>
</tr>
<tr>
<td>Interquartile range</td>
<td>80–90</td>
<td>80–90</td>
</tr>
<tr>
<td>&lt;80 — no. (%)</td>
<td>27 (12)</td>
<td>25 (11)</td>
</tr>
<tr>
<td>≥80 — no. (%)</td>
<td>195 (88)</td>
<td>195 (89)</td>
</tr>
<tr>
<td>Duration of disease — mo†</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Median</td>
<td>15.5</td>
<td>15.8</td>
</tr>
<tr>
<td>Interquartile range</td>
<td>10.3–27.0</td>
<td>9.5–33.5</td>
</tr>
<tr>
<td>Primary tumor site — no. (%)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Oropharynx</td>
<td>80 (36)</td>
<td>69 (31)</td>
</tr>
<tr>
<td>Hypopharynx</td>
<td>28 (13)</td>
<td>34 (15)</td>
</tr>
<tr>
<td>Larynx</td>
<td>59 (27)</td>
<td>52 (24)</td>
</tr>
<tr>
<td>Oral cavity</td>
<td>46 (21)</td>
<td>47 (21)</td>
</tr>
<tr>
<td>Other</td>
<td>9 (4)</td>
<td>23 (10)</td>
</tr>
<tr>
<td>Extent of disease — no. (%)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Only locoregionally recurrent</td>
<td>118 (53)</td>
<td>118 (54)</td>
</tr>
<tr>
<td>Metastatic with or without locoregional recurrence</td>
<td>104 (47)</td>
<td>102 (46)</td>
</tr>
<tr>
<td>Histologic type — no. (%)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Well differentiated</td>
<td>35 (16)</td>
<td>40 (18)</td>
</tr>
<tr>
<td>Moderately differentiated</td>
<td>93 (42)</td>
<td>101 (46)</td>
</tr>
<tr>
<td>Poorly differentiated</td>
<td>48 (22)</td>
<td>46 (21)</td>
</tr>
<tr>
<td>Not specified or missing</td>
<td>48 (22)</td>
<td>33 (15)</td>
</tr>
<tr>
<td>Previous treatment — no. (%)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chemotherapy</td>
<td>90 (41)</td>
<td>80 (36)</td>
</tr>
<tr>
<td>Radiotherapy</td>
<td>189 (85)</td>
<td>190 (86)</td>
</tr>
<tr>
<td>Percentage of EGFR-detectable cells — no. (%) ¥</td>
<td>3/209 (1)</td>
<td>5/204 (2)</td>
</tr>
<tr>
<td>&gt;0 to &lt;40</td>
<td>32/209 (15)</td>
<td>32/204 (16)</td>
</tr>
<tr>
<td>≥40</td>
<td>174/209 (83)</td>
<td>167/204 (82)</td>
</tr>
<tr>
<td>Missing data</td>
<td>13/222 (6)</td>
<td>16/220 (7)</td>
</tr>
</tbody>
</table>

* Percentages may not sum to 100 because of rounding. EGFR denotes epidermal growth factor receptor.
† The duration of disease is the time from initial diagnosis to informed consent.
‡ These percentages are for patients in whom EGFR data were available.
The addition of BOC or TVR to PegIFN/RBV Improves SVR in Genotype 1 Patients

The addition of BOC or TVR to PegIFN/RBV
Improves SVR in Genotype 1 Patients

The addition of BOC or TVR to PegIFN/RBV
Improves SVR in Genotype 1 Patients

The addition of BOC or TVR to PegIFN/RBV
Improves SVR in Genotype 1 Patients

The addition of BOC or TVR to PegIFN/RBV
Improves SVR in Genotype 1 Patients
Concepts + examples > Test
4-5 points per ex
Relevance to audience
Tie to existing knowledge +
push further
Stories + metaphors
Enthusiasm + emotion
Aristotle - Appeal to emotion,
character + personality
Quote
Dr. Foo expressed a slide + picture
Attention span ~ 10 mins (old studies)

Visual + Auditory channels - key concepts

Visual aids - audience
-Conventional tone
-N. Podium - get close
Use visuals
ARS or T-P-S
Ex: 1 minute 

Slides 6
1 min/slide

You can vary - at the slides
Approach:
Present - Set goals relevant to audience
Not Test Method = The result
Case the joint
Begin - Set goals - why does it matter to you? 1 min
Moral - should it happen? 1 min
Avoid - 4+ points + support
Emphasis - when presenting
Analysis participaton - 15 mins
Repeat to other do take-up
End - Summary
Q&A
Ex: 1st - 2nd slide

Presentation of lecture - engaging
classify
case-based
Second:

Stories - Mikado Jan 23
Rainbow - Morgan Han Apr 2001
(11/12)
One Preparation Technique

• Make text heavy slides to start
• Pare down to key words as you practice
• Replace words with images
• Keep text version for your notes
Simply use slide notes to add important reminders or key bullet points with information that will help you deliver a better presentation to your audience.
How do you prepare to give the talk?

Practice!!
Check out the venue – lights, screen
Check out the devices – pointer, laptop, mike
Flip through slides
Advance them yourself
Connecting with the Audience

• Conversational tone, with energy—don’t memorize or read
• Tell a story – present a case
• Face front
• Lots of light
• No podium
Connecting with the Audience

• 1-2 min to make impression – need a hook!
• Eye contact – “The Cone”
• Vary volume and pitch
• Use names
Connecting with the Audience

• 1-2 min to make impression – need a hook!
• Eye contact – “The Cone”
• Vary volume and pitch
• Use names

Humor?
Make the talk “interactive”

• Ask rhetorical questions
• Make them “Think of a case”
• Think-Pair-Share
• Show a Video
• Poll the group - ARS
end of slide show – click to exit
Ways to Finish Strong

- Simplify key message
- Use an example or story
- Maintain high energy
- Use a quote
- Make a call to action – what can they take away
- Inspire
You’ve heard it – now do it!
You’ve heard it – now do it!

• Keep the audience in mind – relevance!
You’ve heard it – now do it!

• Keep the audience in mind – relevance!
• Don’t be afraid to leave things out
You’ve heard it – now do it!

• Keep the audience in mind – relevance!
• Don’t be afraid to leave things out
• Simplify your slides – more images, less text
You’ve heard it – now do it!

• Keep the audience in mind – relevance!
• Don’t be afraid to leave things out
• Simplify your slides – more images, less text
• Never read your slides
You’ve heard it – now do it!

- Keep the audience in mind – relevance!
- Don’t be afraid to leave things out
- Simplify your slides – more images, less text
  
  Never read your slides
  
Try it out on a talk you’ve already given
Some people get tired of a lecture in 10 minutes

Clever people can do it in 5

Sensible people never go to lectures at all

Stephen Leacock, 1925
Making Effective Presentations

Robert C. Lowe M.D.
Boston Medical Center