How to give a Powerpoint Presentation….What they didn’t teach you in Med School

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## ChILD Classification

<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diffuse developmental disorders</td>
<td>Acinar dysplasia, congenital alveolar dysplasia, alveolar capillary dysplasia with misalignment of the pulmonary veins</td>
</tr>
<tr>
<td>Alveolar growth abnormalities</td>
<td>Pulmonary hypoplasia, chronic lung disease of prematurity (BPD), related to chromosomal disorders or congenital heart disease</td>
</tr>
<tr>
<td>Specific conditions of undefined etiology</td>
<td>PIG, NEHI</td>
</tr>
<tr>
<td>Genetic disorders of surfactant metabolism</td>
<td>SP-B, SP-C, ABCA3, GM-CSF-R, SLC7A7, TTF-1, NPC2 mutations</td>
</tr>
<tr>
<td>Disorders of the previously normal host</td>
<td>Infectious and post-infectious processes (BOS), related to environmental agents, aspiration, eosinophilic pneumonia</td>
</tr>
<tr>
<td>Disorders of the abnormal (immunocompromised) host</td>
<td>Opportunistic infections, rejection, related to chemotherapy or XRT</td>
</tr>
<tr>
<td>Disorders related to systemic disease</td>
<td>Immune-mediated disorders, connective tissue disorders, storage disorders, Langerhans cell histiocytosis</td>
</tr>
<tr>
<td>Masqueraders of interstitial lung disease</td>
<td>Pulmonary venous/lymphatic disorders; congestion related to cardiac dysfunction</td>
</tr>
</tbody>
</table>
Ultrasoundography for DVT

- Documentation of DVT often obviates the need for specific lung evaluation, as anticoagulation treatment is generally the same.

- Cheap, easy to perform, without procedural risk, and highly sensitive for lower extremity and jugular clot.

- Specificity and specificity 94% for proximal LE DVT in pooled meta-analysis of adult studies.

- Less sensitive for clot in the distal lower extremities, pelvis and upper intrathoracic veins.

- Misses more than half of patients with PE, and most children who die from PE have no detectable DVT.

Babyn Pediatr Radiol 2005, Goodacre BMC Med Imag 2005
Getting Started

A good lecture must have a clearly stated purpose or objectives!
Objectives

- Plan and prepare a lecture
- Design effective slides
- Devise a presentation style
Fear of Public Speaking

Why?
- Desire to be perfect
- “Audience wants me to fail”
- “Failed before – Will probably fail again”
- Don’t possess the necessary skills
Solutions

- Fictitious self-assurance
- Knowledge & experience remove fear
- No trick – only confidence
- Preparation! Preparation! Preparation!
Why most presentations suck

- Audience is unengaged
  - Presenter....
    - Not passionate
    - Not connected to audience
    - Uses slides as teleprompter
1 + 1 = 0
A PQI project is a Practice Quality Improvement project that is supposed to help the physician review and improve the quality in his or her practice. This is required in Part IV of the ABMS Maintenance of Certification Program. Because the ABR is a member board of the ABMS, Maintenance of Certification is required, including Part IV.

Subspecialty societies should develop complete ABR-approved PQI projects in various quality categories.

Small subspecialty societies can work with larger general radiology organizations to gain insight into all needs and to preserve resources. This is especially important in this era of scarcity of time and money in academic radiology departments. Subspecialty societies can also work with other subspecialty societies if there are common interests of the members of the societies.

The societies must submit their materials to the ABR at least one month prior to public announcement of the availability of the PQI project for review and approval of PQI project.

The subspecialty society members in charge of the PQI project development should read the PQI instructions carefully on the ABR website. This is regularly updated with the latest information that will be very helpful to the project developers.
Typical Negative Comments

- Content
- Delivery
- Image slides
- Text slides
- Command of English
Planning and preparation

- Slide construction
  - Effective and ineffective

- A-V equipment - familiarity
10% of what we know, we learn through sense of hearing
85% of what we know, we learn visually
Attention getters

- Moving objects
- Signaling colors
- Contrast-rich objects
- Big objects
Slide construction

- Keep simple
  - One visual – one idea
- Rule of 6
- Use key words
- Graphics > words
Slide construction

- Keep the slides very simple. You shouldn’t put too many words on one line.
  - Key words are important for retention of the essential ideas

Don’t add graphics if they don’t add to the presentation.
Just because there is a template...
Case 1:
First impression......
Connective Tissue Disorders
Lung Involvement

- Frequent in juvenile systemic sclerosis (JSS), juvenile dermatomyositis (JDMS), mixed connective tissue disease (MCTD), and Sjogren syndrome

- Nonspecific interstitial pneumonitis (NSIP) is most common connective tissue disease with lung involvement

- Pulmonary lymphoid hyperplasia (especially Sjogren syndrome), organizing pneumonia (especially JDMS), vasculopathy, and pleuritis/pericarditis also occur

- Adverse prognostic factor, since it occurs more frequently and earlier in those who die from JSS, and severity is unrelated to duration of disease

- Pulmonary artery enlargement out of proportion to lung disease severity suggests serious pulmonary arterial vasculopathy in JSS
Opinion and Reaction?
First impression......
Opinion and Reaction?
Slide construction

- Avoid reds and greens
- Non-busy background
- \( > \text{or} \geq 36 \text{ point} \)
- Limited text on cartoons
- Proofread
Slide construction

- Avoid reds and greens
- Non-busy background
- > or = 36 point
- Limited text on cartoons
- Proofread
Slide Construction

- Use white to accentuate
- Other colors less dynamic
- Other colors less dynamic
- Other colors less dynamic
- Other colors less dynamic
Slide construction

- Avoid reds and greens
- Non-busy background
- > or = 36 point
- Limited text on cartoons
- Proofread
Which is best?

- 1. Which is best
- 2. Which is best
- 3. Which is best
- 4. Which is best
- 5. WHICH IS BEST
- 6. Which is best
Slide construction

- Avoid reds and greens
  - Non-busy background
  - > or = 36 point
  - Little text on cartoons
  - Proofread
Fonts – Serif vs. Sans serif

- Serif - Times New Roman
- > 50 for important (54 Arial)
- > 40 for less important (40 Arial)
- Shadows vs. No shadows
Letter case

- Use of upper and lowercase for improved comprehension
- CAPITALS PRESENT BOXY SHAPE – LESS READABLE
Aoccdrnig to rscheearch at Cmabridge Unnervtisy, it deosn't mttaer in waht oredr the ltteers in a wrod are, the olny iprmoetnt tihng is taht the frist and lsat ltteer be in the rghit pclae. The rset can be a total mses and you can sitll raed it wouthit porbelm. Tihs is bcuseae the huamn mnid deos not raed ervey lteter by istlef, but the wrod as a wlohe.
Slide construction

- Avoid reds and greens
- Non-busy background
- $> \geq 36$ point
- Limited test on cartoons
- Proofreced
How many mistakes?

1. 1
2. 2
3. 3
4. 4
5. 5
Slide construction

- Avoid reds and greens
- Non-busy background
- > or = 36 point
- Limited test on cartoons
- Proofread
Slide construction

- Simple transitions(“builds”)
- Keep audience in step
- Ensure no case identifiers
Slide construction

- Simple transitions
- Ensure no case identifiers
Images

- Images can’t be too large
- Enhance with labels and arrows
- Not too many – make your point
- Garbage in – garbage out
- Give ‘em time
A-V equipment and preparation

- Test in advance
- Know the podium
- Don’t stand between audience and visuals
A-V equipment and preparation

- Position and check microphone
  - Ask the audience
  - No shrieks or whistles
Presentation

- Voice
- Eye contact
- Mannerisms
- Delivery
- Humor
- Keep audience in step
On stage - Voice

- Lower, relaxed voices – credibility
- Faster speakers more persuasive
- Vocal variety = enthusiasm
- Incorporate pauses
On stage – Eye contact

- Dependent on audience size
- 2 - 3 seconds is ideal
- Never > 7 seconds
- Over their heads
On stage –
Distracting mannerisms

- Lecturn death clutch
- End-of-race pose
- The dancing pointer
- Swaying or rocking
On stage –
Distracting mannerisms

- Rattling keys or change
- Face the audience – not the screen
The Delivery

- Define goals
  - No more than 3 major goals
- Audience - short attention span
- Never apologize
- Don’t read
- Use gestures
The Delivery

- Keep audience in step with speaker
- Be interactive
- Tell ‘em! Tell ‘em! Tell ‘em!
- End on time
- Practice, practice, practice
Humor

- Builds rapport
- Humanizes the speaker
- Defuses tension
- Relieves boredom
- Makes a point
- Makes concepts easier to remember
Humor

- Avoid:
  - Profanity
  - Race, sex, religion
  - Put-downs (unless self-directed)
  - Words on slides
Sensitive topics
Summary

- Develop content based on audience needs
- Keep it simple-cover key points
- Clearly state your objectives
  - Tell ‘em, Tell ‘em, Tell ‘em
Summary

- Rule of six
- Don’t let technology dominate your message
- Devise consistent presentation style
- Proofread and Practice