

ACADEMIC RESIDENT

News and Information for Residents Interested in Academic Emergency Medicine

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PREPARING A DIDACTIC PRESENTATION

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Preparing a formal presentation to deliver to your peers and attendings can be a very intimidating task for the resident, especially the first time. Public speaking remains one of the most anxiety provoking activities that we face. The following reflects a philosophy about approaching the mandated "lecture" activity and using it as an opportunity for personal growth while providing an invaluable educational experience to your audience. Life is too short to sit through hours of poorly developed or presented information.

The Product

Your goal should be to develop a high quality interactive presentation that provides a state of the art update on the topic. This includes the 3-5 critical "take home" points that you'd like your audience to remember 6 months later. A brief hand-out will reinforce these points for the audience. The delivery is interactive (talking *with*, *not at* the audience) to increase attentiveness, retention and allow tailoring to learner needs.

The Process

- Become "the expert". If you have any impact in the selection of a topic, consider taking one that makes you feel uncomfortable. This will maximize your potential for personal growth. Start by reviewing text information on the topic. Perform a "learner's needs assessment" by asking your colleagues and EM faculty what areas they would like to hear about ("What makes you most uncomfortable about x?" or "What are the biggest dilemmas you've faced with this problem?"). Contact non-EM faculty who specialize in the area of your topic and pick their brain ("What problems or mistakes have you seen in the ED

management of a patient with X" or "How can we best assist you in caring for one of your patients who presents to the ED with Y?"). Finally, contact EM community practitioners and elicit their perspective about these patients and how they are cared for outside of the academic ED.

- Perform a literature search and cross reference it with the bibliography in the text chapters. If you missed a sizable number of the text chapter citations, ask the search librarian for assistance in your search. Review these references and critically appraise any that will be used in your presentation. If the information appears to conflict with that you've heard from one of the folks above, contact them again and request clarification ("3 of the studies suggested that diagnostic test Z doesn't assist in managing the patient acutely...I was curious if you agree with their recommendations").
- Investigate costs and charges for diagnostic tests, therapies and medications. I call local pharmacies to ascertain *charges to patients* for medications, and our inpatient pharmacy for inpatient/ED costs and charges. Your medical director of the ED should be a valuable asset in obtaining this information.
- Create a lesson plan. This is not an outline of the topic, or a reprint of power point slides. It is a description of what you will teach over your allotted time and *how* you will teach the information. Decide what the key 3-5 "take home" points are and build your lesson plan around these. Ask yourself: "if I was sitting in the audience, would I care about hearing such and such". If the answer is "no", why inflict it on your peers? EM is a clinical specialty and practical in its approach. Any discussion about pathophysiology, epidemiology, etc. *must* be placed in a clinical context. If it can't be, it's extremely unlikely your audience will

remember it 6 months (2 minutes...) later. Paradoxically, it may actually lessen your overall effectiveness as members drift into daydreaming from disinterest and distraction. Caveat: since you've now become an "expert" there will be aspects about your subject that you now find really interesting; unfortunately your audience will not share your zeal. Be realistic and stick to the take home messages.

- Develop a delivery method: will you use PowerPoint, overhead, dry erase board or nothing? Will special AV resources be needed? If so, arrange months ahead of time. How will you make your presentation *interactive and conversational*? Seek guidance from a faculty mentor whose delivery style you respect.
- Practice: even before the "dry run" you should be able to do 80% of your presentation without reading extensively from your notes. Ask a friend, spouse or colleague to listen to 15 minutes of your presentation, tracking your use of "space-fillers" such as "uh", "uhm", or "OK".

Delivery

- Arrive early and assure the AV program is ready (practice setting it up ahead of time on the *same* computer that you will use). Dress comfortably but business like. Speak loudly and slowly, projecting your voice to the back of the room. In larger venues or if you speak softly, ask for a volunteer (in the back of the room) to raise their hand if they cannot hear you (be sure to glance back there about once a minute).
- Introduce yourself and your topic. *Do not* apologize for your topic...find a "hook" to show them why paying attention will reap rewards for them ("statistically, 1 in 5 of you will be successfully sued within 5 years of graduation for failing to make this diagnosis").

- Get out from behind the podium and mingle...speak *with* the audience, rather than carrying on a monologue. Ask leading questions, solicit perspectives, and use "real life" vignettes. After asking a question to the audience, use a pause to force interaction (17 second rule).
- AV aids should enhance rather than detract from your message (be careful that they don't "become" your message). Be very careful with builds, clip art, or vacation or family photos (the latter 2 increase audience day dreaming as it sparks them to think of their own kids or last vacation). Humor is great *if* it ties into the presentation, is not used excessively and is tasteful (you're there to inform, not entertain...think long term message). An offended audience will remember none of your take home messages...thus you have failed in your endeavor.
- Repeat questions or solicited responses to the entire audience. Otherwise many will not hear what was said, and interest will drift.
- Provide literature citations for more controversial or cutting edge recommendations, or to emphasize a point. "Landmark" articles should be listed in your hand-out.
- Summarize! Go back over the 3-5 points that you wish the audience to remember.
- Have fun. You've spent hours preparing for this, so why not enjoy the fruits of your labor?
- Dealing with stage fright: public speaking remains one of the most feared tasks. A good controlled rush of adrenaline at the start of a presentation may enhance your skills, but too much can cause your presentation to unravel. *Practice* is the best preparation. *Rehearse* your opening 2-5 minutes so that it's an unconscious process. Remember that it's not a hostile crowd that you're addressing...it's your peers and friends and they wish you success. If you've prepared, you have become "the expert" ... as such draw strength. Beta blockers have been effective for those who are paralyzed by public speaking, but be certain to trial these ahead of time if you choose to use them.
- Speaking to an unknown audience: When speaking at national meetings, I always assess the composition of the audience prior to

beginning my presentation. This will better allow me to tailor my comments (e.g. if 80% of the audience are RN's versus 80% attending faculty physicians) to the interests and expertise of the audience. I also take a moment to find out what their expectations of the presentation are so that I can be certain to address those issues (or tell them right up front that I will be unable to do so).

Major Mistakes

- Reliance on text material (not becoming the "expert")
- Attempting to cover too much information
- Podium hugging
- Speaking too softly or too rapidly
- Not repeating a question (or solicited answer/observation) from 1 audience member to the entire group.
- Failure to keep eye contact with the audience
- Reading to the audience
- Lacking enthusiasm
- Excessive space fillers ("uhm", etc.)
- Losing the message in the presentation (too many bells and whistles)
- Poor Power point slide colors/font detract from presentation (addressed in a future article)