



How to Give a Talk

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Remember this one thing!

A talk is a performance.

Gail Godwin 1937-

Good teaching =

$\frac{1}{4}$ preparation +

$\frac{3}{4}$ theater



Put another way.....

*“Presenting is storytelling.
It helps to have a good story,
but it is just as important, perhaps more
important, to be a good storyteller.”*

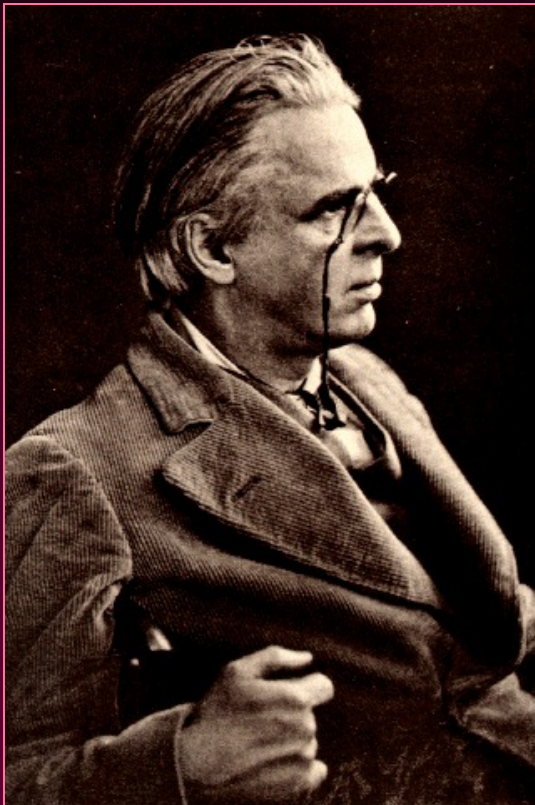
Bennett Lorber 2010

A talk is a performance.

But...

Teaching is not entertainment.

Teaching:

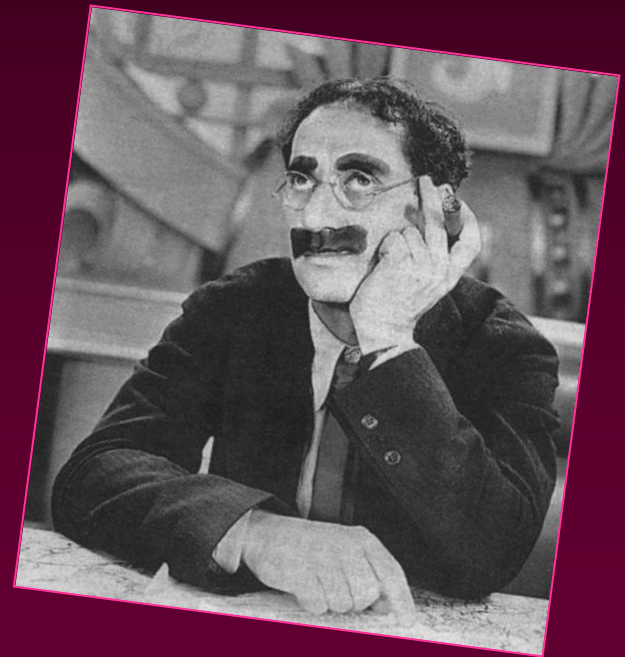


*“Education is not
the filling of a pail,
but the lighting of
a fire.”*

William Butler Yeats
1865-1939
Nobel Laureate 1923

Just guidelines:

- There is no single way to give a talk and no single approach that works for everyone.
- *“These are my principles. If you don’t like them, I have others.”*



Major elements of teaching:

- Mastery of the subject
- Clarity of expression
- Engaging the learner

Structure:

- Tell them what you want to say.
 - Say it!
 - Tell them again.
-
- Like any performance, a lecture should have a beginning, a middle, and an end.

You should:

- Think of your talk as a performance.
- Know your lines.
- Be scintillating.
- Look at the audience. Make eye contact.
- Look at laptop, not the screen.
- Anchor yourself; pace and move for effect.
- Respect the audience: don't be too casual.
- Take an occasional breath.

Something important:

- Never exceed your allotted time.
- Be prepared to be flexible.
- Better to stop before done than exceed time.

- Something else important.....

Check the spelling!!!!

The Venue:

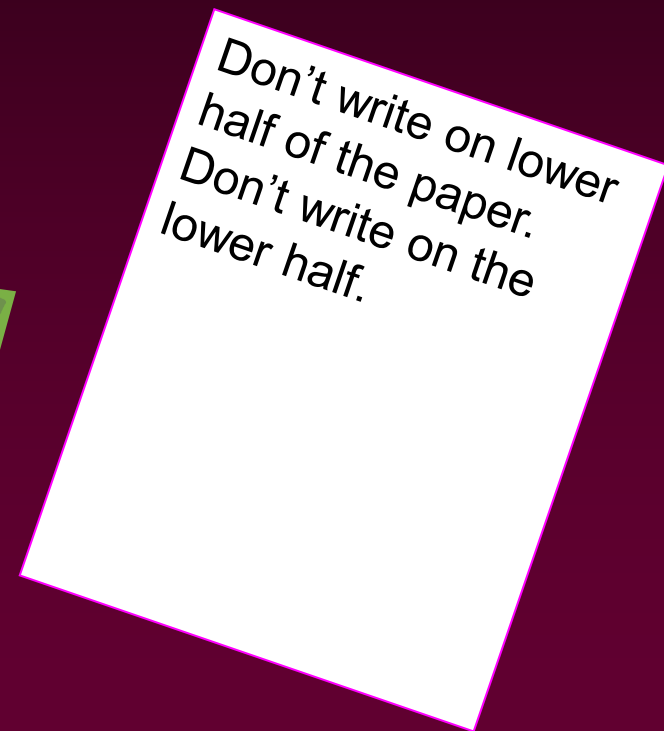
- Communicate in advance about equipment.
- Show up early:
 - *Make sure things work*
 - *Check picture size, clarity*
 - *Check lighting*
 - *Check pointer*
 - *Check microphone*
 - *Check clock*

The Pointer:

- Use sparingly.
- Point; don't wave.
- Don't make circles.
- Don't underline each line of text.
- Be sure it is off when you aren't using it.

If you use notes:

- Write only on top 1/2 – 1/3 of paper.
- Use finger to hold place.



Bad things happen:

- Have a backup plan.
- Charge laptop and have power cord.
- Take hard copy of your talk.
- Have another flash drive or CD.

Anxiety:

- Being a little nervous shows you care; just don't let it get in your way.
- Say: “good morning” or “afternoon”
- Time the talk.
- *Rehearse. Rehearse. Rehearse.*
 - *As Shakespeare has Hamlet say, “The readiness is all.”*

Talk to your audience:

- Know who they are.
- Know what they know.
- Know what you want them to know.
- Know what they might find interesting.
- Don't assume – ask if you don't know (preferably in advance).

Enthusiasm:

- Enthusiasm is often what matters most.
- If you don't have *passion*- at least *pretend* you are interested in the subject.
- Change the volume for emphasis.
- Pause before an important point, or repeat it, or tell them you are about to reveal an important point.

“Nothing great was ever achieved without enthusiasm.”

Emerson

Less is more.

Less is more:

- Don't try to do too much.

“Comprehensive”
is Bad

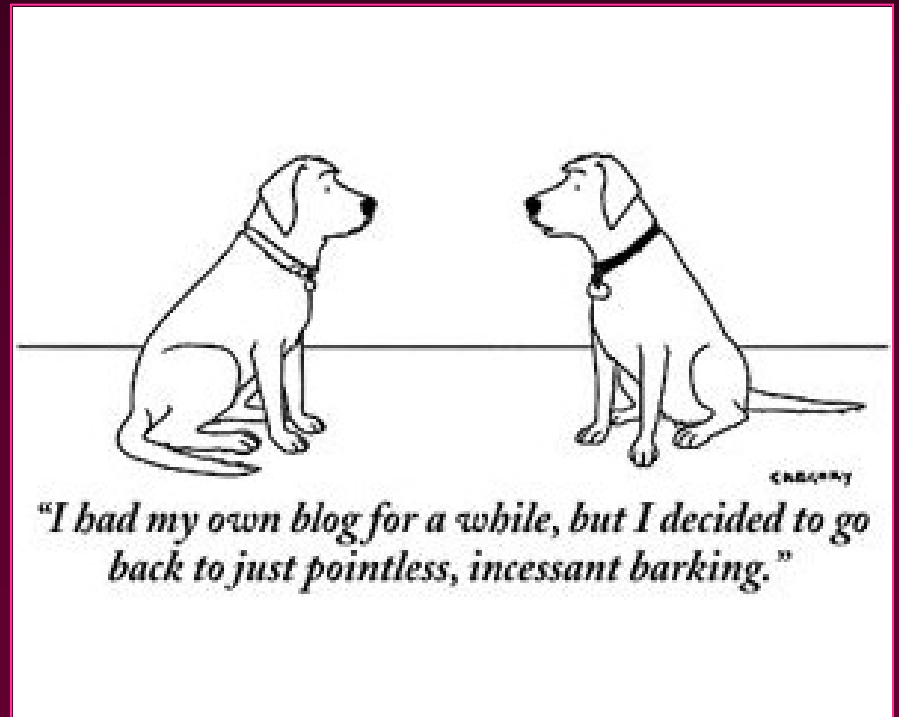
- 80% of average lecture information is forgotten by students in 8 weeks.

Give them a break:

- About 3 “intermissions” per hour
 - A. *Vary teaching approach:*
 - ask question*
 - tell a story*
 - have a case*
 - B. *Rest period:*
 - review*
 - cartoon, quotation, picture*

Give them a break:

- If you use a cartoon:
 - *Describe what is pictured*
 - *Read the caption*



PowerPoint Suggestions

Some general guidelines:

- **Bold the text**
- **Use largest font possible**
- Use lower case only
- Three colors at most
- No distracting elements
- Contrast is critical
- Rule of 5s: 5 words across x 5 lines down
- Never more than 8 lines per slide

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Contrast is critical:

- This is not enough contrast.

This isn't either.

But this is.

You can use shadow to
increase contrast.

More guidelines:

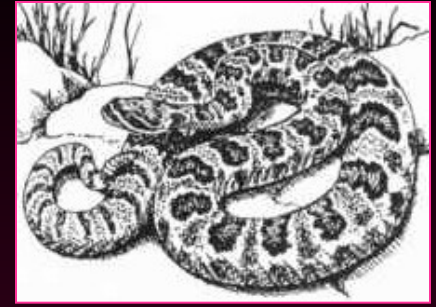
- Animation for emphasis only.
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More guidelines:

- Unless you are giving a lecture on heart murmurs, use sound sparingly and for emphasis or a little “vacation.”

For example...

Salmonella and snakes:



- 30-year-old man with AIDS admitted to Texas hospital with fever. He had septicemia due to *Salmonella arizonae*.
- He regularly ingested capsules containing rattlesnake meat powder.
- Culture of the capsules grew the same *Salmonella*.



DON'T USE ALL CAPS:

- IT IS HARDER TO READ THE TEXT.
- IT MAKES FOR A MORE DIFFICULT READ.
- THE EYES JUST DON'T LIKE TO LOOK AT A TEXT THAT USES ALL CAPS.
- THE SCREEN JUST LOOKS TOO BUSY AND LESS ORDERED.

Don't use all caps:

- It is harder to read the text.
- It makes for a more difficult read.
- The eyes just don't like to look at a text that uses all caps.
- The screen just looks too busy and less ordered.

OK to use caps for emphasis
(same for italics and underlines):

- It is **HARDER** to read the text.
- It makes for a more ***DIFFICULT*** read.
- The eyes just don't like to look at a text that uses all caps.
- The screen just looks too busy and **LESS ORDERED.**

Font:

- Use **Arial** or **Times New Roman**.
- This bullet point is written using the Arial font and is easy to read.
- This one uses Times New Roman and is also easy to read.
- Avoid others:

THIS ONE ISN'T AS EASY TO READ;

nor is this one, *or this one.*

Font:

- Some fonts are more “serious” than others and are more likely to convey “truth.”
- Baskerville and Times New Roman are serious.
- Comic Sans, Jokerman, Chiller and Playbill are not.

Color Scheme:

- Use white or yellow on a dark background.
- Use black on very light background.

Like this **or like this**

Or like this

Or like this

Don't use red and blue together.

It is hard on the eyes

See what I mean?



How to Give a Lecture

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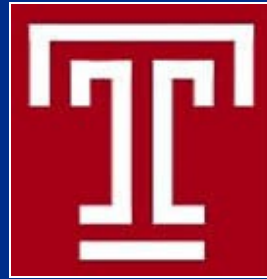
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How to Give a Lecture

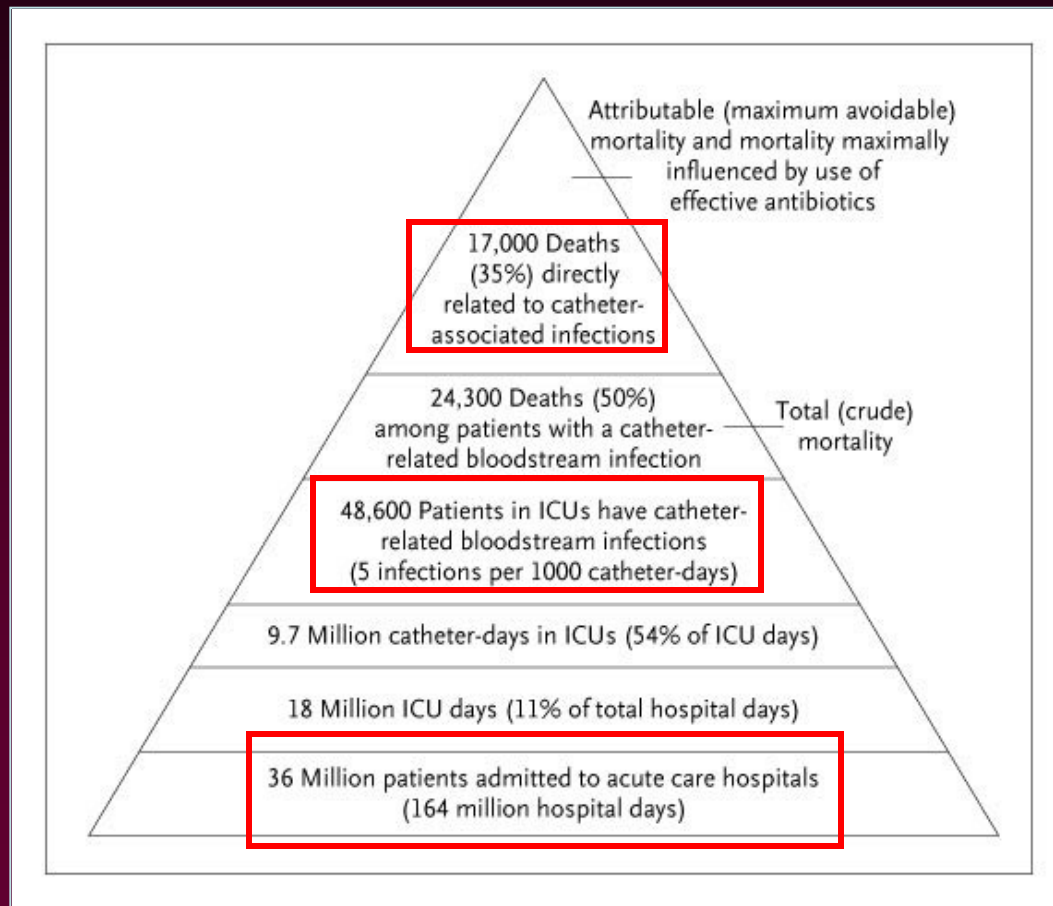
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Figures and Tables:

- Figures are generally better.
- Distill the data (not too busy).
- Avoid numbers if % will work.
- Tell what table/figure is about and what the axes represent.
- Highlight the important data.
- Reference the data.

Background:



Rates of Catheter-Related Bloodstream Infection from Baseline (before Implementation of the Study Intervention) to 18 Months of Follow-up

Table 3. Rates of Catheter-Related Bloodstream Infection from Baseline (before Implementation of the Study Intervention) to 18 Months of Follow-up.*

Study Period	No. of ICUs	No. of Bloodstream Infections per 1000 Catheter-Days				
		Overall	Teaching Hospital	Nonteaching Hospital	<200 Beds	≥200 Beds
		<i>median (interquartile range)</i>				
Baseline	55	2.7 (0.6–4.8)	2.7 (1.3–4.7)	2.6 (0–4.9)	2.1 (0–3.0)	2.7 (1.3–4.8)
During implementation	96	1.6 (0–4.4)†	1.7 (0–4.5)	0 (0–3.5)	0 (0–5.8)	1.7 (0–4.3)†
After implementation						
0–3 mo	96	0 (0–3.0)‡	1.3 (0–3.1)†	0 (0–1.6)†	0 (0–2.7)	1.1 (0–3.1)‡
4–6 mo	96	0 (0–2.7)‡	1.1 (0–3.6)†	0 (0–0)‡	0 (0–0)†	0 (0–3.2)‡
7–9 mo	95	0 (0–2.1)‡	0.8 (0–2.4)‡	0 (0–0)‡	0 (0–0)†	0 (0–2.2)‡
10–12 mo	90	0 (0–1.9)‡	0 (0–2.3)‡	0 (0–1.5)‡	0 (0–0)†	0.2 (0–2.3)‡
13–15 mo	85	0 (0–1.6)‡	0 (0–2.2)‡	0 (0–0)‡	0 (0–0)†	0 (0–2.0)‡
16–18 mo	70	0 (0–2.4)‡	0 (0–2.7)‡	0 (0–1.2)†	0 (0–0)†	0 (0–2.6)‡

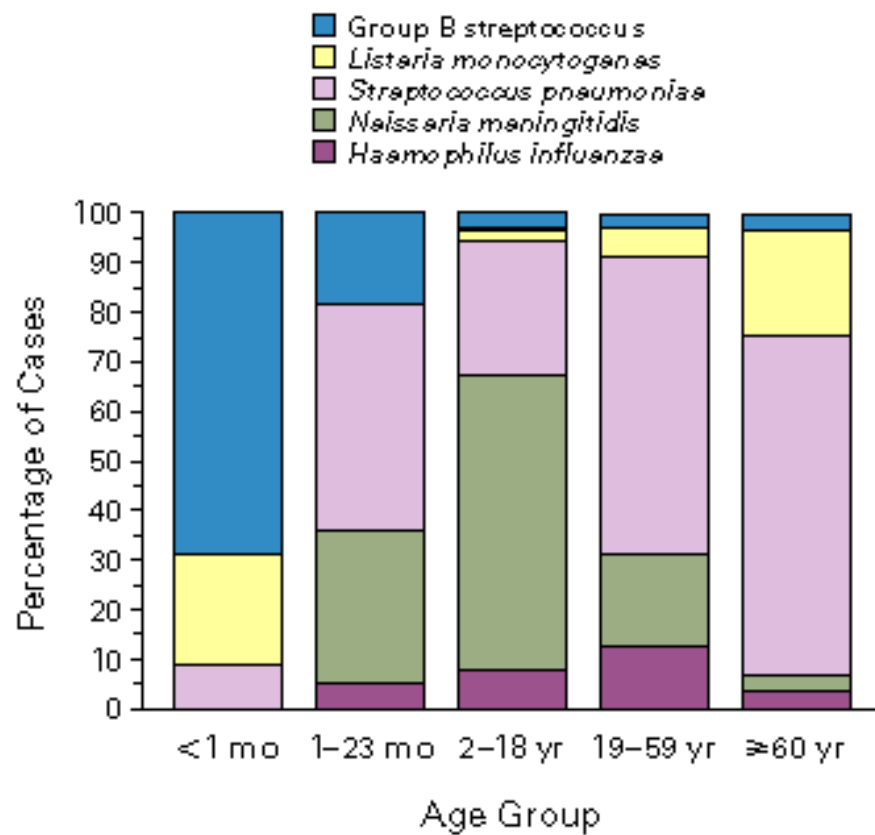
* Because the ICUs implemented the study intervention at different times, the total number of ICUs contributing data for each period varies. Of the 103 participating ICUs, 48 did not contribute baseline data. P values were calculated by the two-sample Wilcoxon rank-sum test.

† P≤0.05 for the comparison with the baseline (preimplementation) period.

‡ P≤0.002 for the comparison with the baseline (preimplementation) period.

TABLE 2. AGE-SPECIFIC INCIDENCE IN 1995 OF BACTERIAL MENINGITIS
AND OF ALL INVASIVE BACTERIAL DISEASE.

AGE GROUP	<i>HAEMOPHILUS INFLUENZAE</i>	<i>STREPTOCOCCUS PNEUMONIAE</i>	<i>NEISSERIA MENINGITIDIS</i>	GROUP B STREPTOCOCCUS	<i>LISTERIA MONOCYTOGENES</i>
cases per 100,000 population					
Meningitis					
<1 mo	0	15.7	0	125.0	39.2
1-23 mo	0.7	6.6	4.5	2.8	0
2-29 yr	0.1	0.5	1.1	0.1	0.04
30-59 yr	0.2	1.0	0.3	0.05	0.1
≥60 yr	0.07	1.9	0.1	0.1	0.6
Total invasive disease					
<1 mo	78.4	94.1	0	1984.0	39.2
1-23 mo	2.4	183.0	11.1	18.4	0
2-29 yr	0.5	8.6	1.5	0.6	0.1
30-59 yr	1.2	18.9	0.6	4.2	0.4
≥60 yr	5.6	55.9	1.3	18.3	1.8



Suppose you were giving a talk on candidemia and wanted to talk about the frequency of this problem:

Table 1. Incidence rates and distribution of pathogens most commonly isolated from monomicrobial nosocomial bloodstream infections (BSIs) and associated crude mortality rates for all patients, patients in intensive care units (ICU), and patients in non-ICU wards.

Pathogen	BSIs per 10,000 admissions	Percentage of BSIs (rank)			Crude mortality, %		
		Total (n = 20,978)	ICU (n = 10,515)	Non-ICU ward (n = 10,442)	Total	ICU	Non-ICU ward
CoNS	15.8	31.3 (1)	35.9 (1) ^a	26.6 (1)	20.7	25.7	13.8
<i>Staphylococcus aureus</i> ^b	10.3	20.2 (2)	16.8 (2) ^a	23.7 (2)	25.4	34.4	18.9
<i>Enterococcus</i> species ^c	4.8	9.4 (3)	9.8 (4)	9.0 (3)	33.9	43.0	24.0
<i>Candida</i> species ^c	4.6	9.0 (4)	10.1 (3)	7.9 (4)	39.2	47.1	29.0
<i>Escherichia coli</i>	2.8	5.6 (5)	3.7 (8) ^a	7.6 (5)	22.4	33.9	16.9
<i>Klebsiella</i> species	2.4	4.8 (6)	4.0 (7) ^a	5.5 (6)	27.6	37.4	20.3
<i>Pseudomonas aeruginosa</i>	2.1	4.3 (7)	4.7 (5)	3.8 (7)	38.7	47.9	27.6
<i>Enterobacter</i> species	1.9	3.9 (8)	4.7 (6) ^a	3.1 (8)	26.7	32.5	18.0
<i>Serratia</i> species ^b	0.9	1.7 (9)	2.1 (9) ^a	1.3 (10)	27.4	33.9	17.1
<i>Acinetobacter baumannii</i>	0.6	1.3 (10)	1.6 (10) ^a	0.9 (11)	34.0	43.4	16.3

NOTE. *Bacteroides* species (n = 150; 1.4% of isolates) ranked ninth in non-ICU wards. CoNS, coagulase-negative staphylococci.

^a P < .05 for patients in ICUs vs. patients in non-ICU wards.

^b Significantly more frequent in patients without neutropenia.

^c Significantly more frequent in patients with neutropenia.

Nosocomial bloodstream infections

24,179 cases - 1995–2002

Organism	Isolates %	Mortality %
Coagulase-negative staphylococci	31	21
<i>Staphylococcus aureus</i>	20	25
Enterococci	9	34
<i>Candida</i> species	9	39
<i>Escherichia coli</i>	6	22
<i>Klebsiella</i> species	5	28
<i>Enterobacter</i> species	4	27
<i>Pseudomonas</i> species	4	39

Think about line breaks:

Major Elements of Teaching

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Think about line breaks:

An Outbreak of Hospital-
Associated Pneumonia
Due to *Acinetobacter*
baumanii

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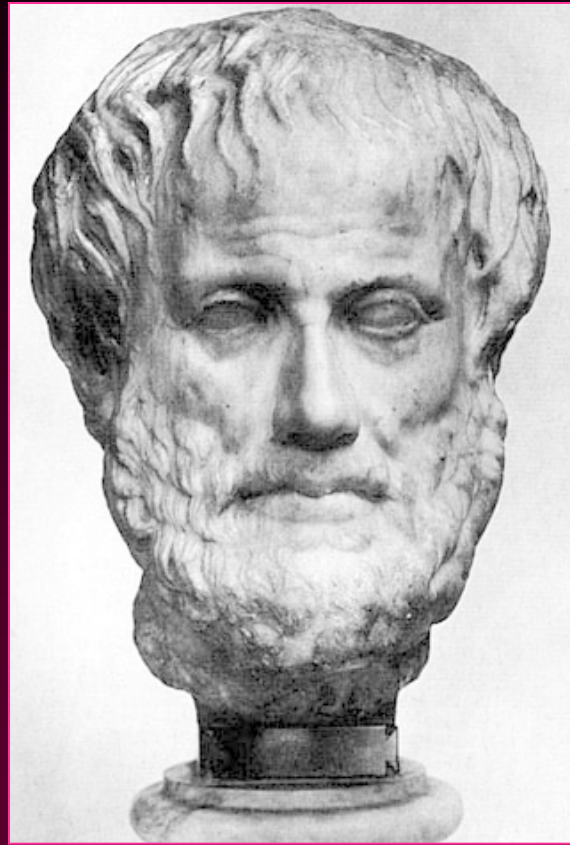
An Outbreak of Hospital-
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Think about line breaks:

An Outbreak of
Hospital-Associated Pneumonia
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Very little is truly new.*

* I shamelessly stole this idea from Jay Keystone, MD



Aristotle

384 -322 BC

Aristotle's Rhetoric

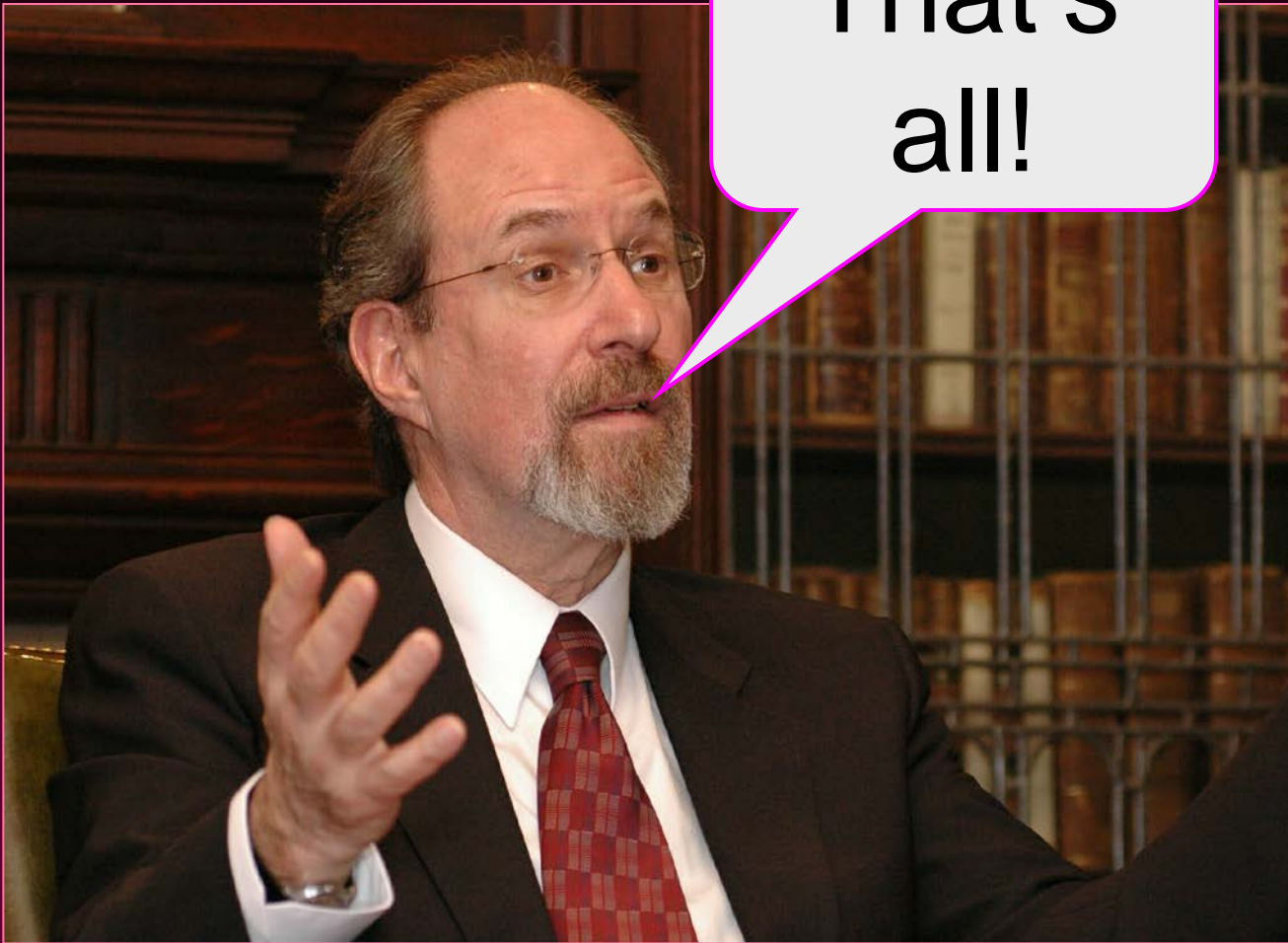
1. You must make the audience well-disposed towards yourself.
(Know your subject, outline objectives, engage listeners)
2. Magnify the leading facts.
(Emphasize, less is more)

Aristotle's Rhetoric

3. Excite the required state of emotion in your hearers.
(Be enthusiastic, passionate)
4. Refresh their memories by means of recapitulation.
(Summarize main points)

Remember this one thing!

A talk is a performance.



That's
all!