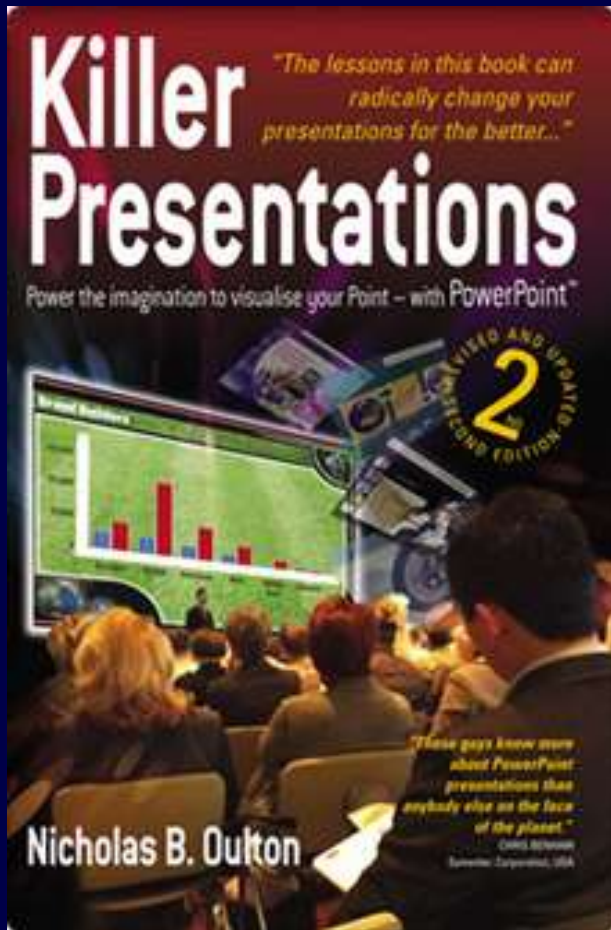




# Presentation Styles, Skills and Techniques

**A. John Camm**

# Commercial Company Advice



- Surprise the audience
- Walk into the audience
- Body language
- No cold water or coffee
- Microphone skills

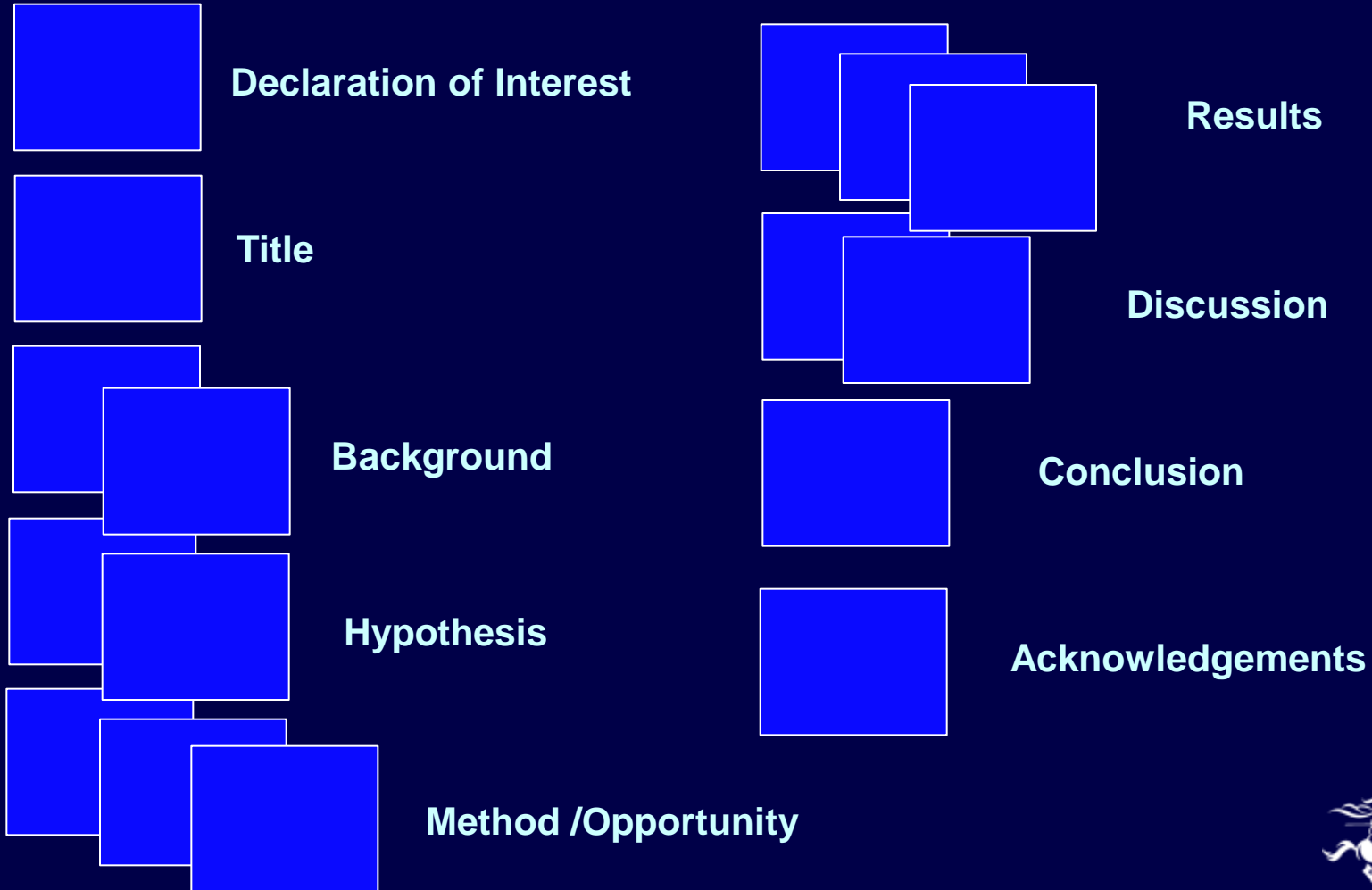
# Giving a Presentation

## STRUCTURE OF YOUR PRESENTATION

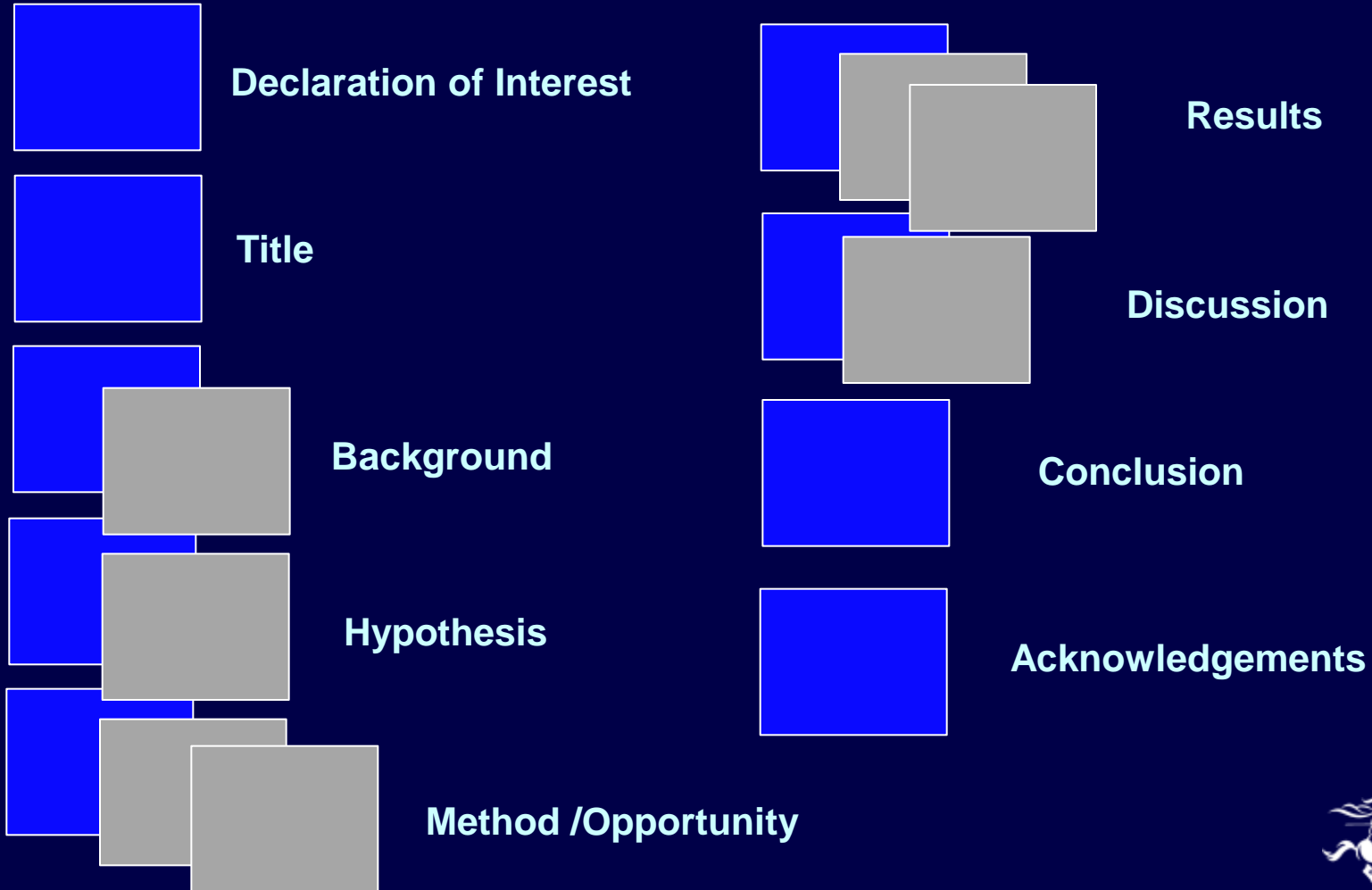
# Types of Presentation

- Abstract (5, 12 minutes)
- Poster
- Case History
- Journal Club
- Debate
- Grand Round
- Review
- Named lecture

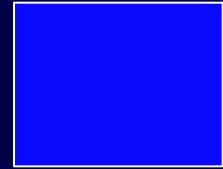
# Full Abstract



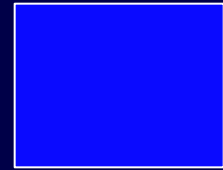
# Full Abstract



# Full Abstract



**Declaration of Interest**



**Title**



**Background**



**Hypothesis**



**Method /Opportunity**



**Results**



**Discussion**



**Conclusion**



**Acknowledgements**

# Short Abstract

**Results**

**Discussion**

**Conclusion**

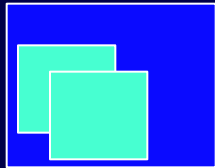
**Title, DOI,  
Acknowledgements**

**Background**

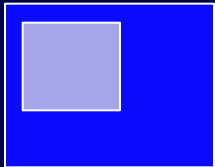
**Hypothesis**

**Method /Opportunity**

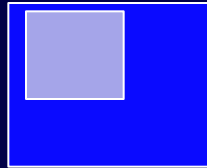
# Short Abstract



**Title, DOI,  
Acknowledgements**



**Background and  
hypothesis**



**Results and  
discussion**



**Conclusion**

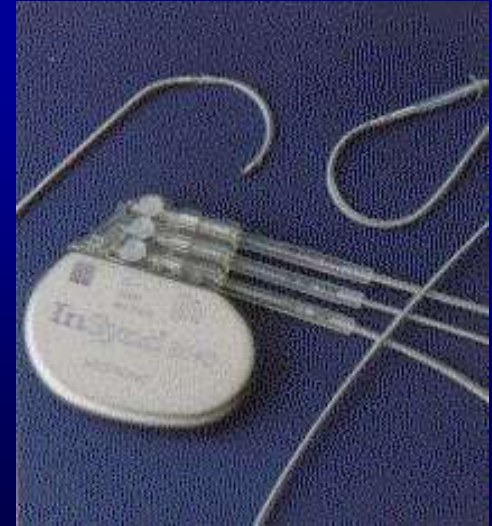


**Method /Opportunity**

*International Dialogues in Cardiovascular Medicine*  
*“A Debate” - Seville, June, 2003*

**Motion:**

**“Bi-ventricular pacing  
should be the standard  
procedure in all patients  
with severe heart failure”**



**Protagonist:**

**John Camm**

**St. George's University of London,**

**London, United Kingdom [jcamm@sgul.ac.uk](mailto:jcamm@sgul.ac.uk)**



# Debating Issues

- “standard”
  - Usual (good for protagonist) or compulsory (antagonist)
- “all”
  - The debate writer’s gift to the antagonist
- “severe”
  - ? NYHA III/IV, +, LVEF  $\leq$  30-35% - can be used by either side
- “the”
  - “the” President (stressed) or by “the” hand (unstressed)
  - another opportunity to the antagonist
- “should be”
  - now or in the future? - what a gift for the protagonist

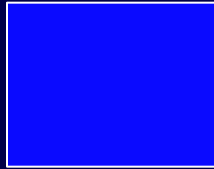
***“Bi-ventricular pacing should be the standard procedure in all patients with severe heart failure”***

# A Recent Example

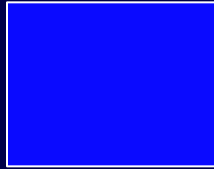
- Atrial trigger substrate ablation
- 1** Left atrial or AV node/His bundle
- “Catheter ablation is indicated in long-term persistent atrial fibrillation”
- 2** for what??
- Less AF
  - Improved CV outcomes
- 3** What does this mean?
- Long-standing
    - 6 months, 1 year, 2 years
  - Permanent

# The Debate

## Your Opening



- State the motion
- Examine motion
- Plan of your case
- Literature
- Illustrate with case histories
- Make a summary statement
- A photo of your opponent doing something silly



## Your Rebuttal



What's wrong with his case – as you saw it

What's wrong with his case – as you now see it - general slide

A quotation from you opponent to confirm that he agrees with you

# An Example!

**Motion: “LVEF is inadequate for prescription of an ICD”**

Pro: John Camm

Con: Jo Smith

“...there is no doubt that left ventricular ejection fraction is the best currently available method to select patients for implantation of an ICD. Other methods are insufficiently sensitive.....”

*Smith J. et al, Circulation, 2005*


# Rules of Debate

- Be charming and gracious to the chairman
- Appeal to the worst instincts of the audience
- Be complimentary to your opponent before annihilating him
- Rephrase the motion to suit your case
- Find and show an embarrassing photograph of your opponent
- Quote your opponent if it supports your hypothesis

# Rules of the Debate

- Use anecdotal data, particularly if not known to anyone
- Obfuscate data to be used against you
- Quote Framingham at least once
- Anticipate your opponent's case and destroy it before it is made
- Get your opponent's slides from organiser and don't share your slides
- ***Spend as much time as possible explaining the rules of the debate***

# The Review



**Start with the title – usually it has been given to you. However, think about whether you can really talk to the title. A small change may make it much more suitable.**

Proposal:

*“Modern Management of Atrial Fibrillation”*

Revised Proposal:

*“Modern Medical Management of Atrial Fibrillation”*

**Next go to your conclusion slide**

**This forces you to think about:**

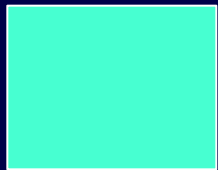
**the important content of your lecture, and  
the order of you messages**



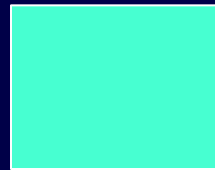
# The Review



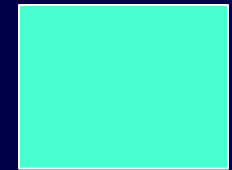
**Part 3**



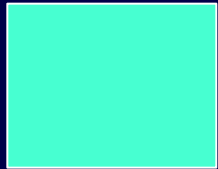
**The story**



**End  
of  
Part 1**

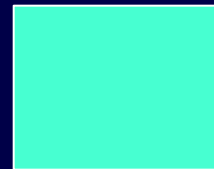
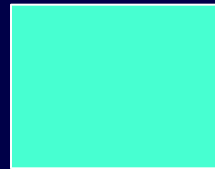


**End  
of  
Part 3**



**Part 1**

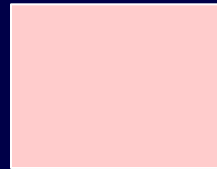
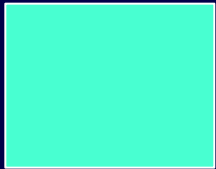
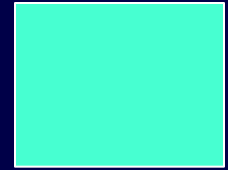
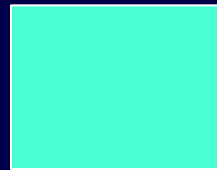
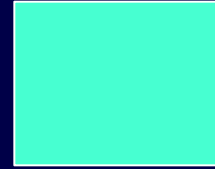
**Part 2**



**End  
of  
Part 2**

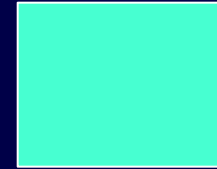
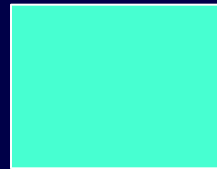


# The Review



**Quotation  
Cartoon  
Joke**

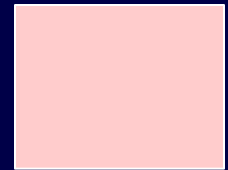
**Quotation  
Cartoon  
Joke**



**Quotation  
Cartoon  
Joke**

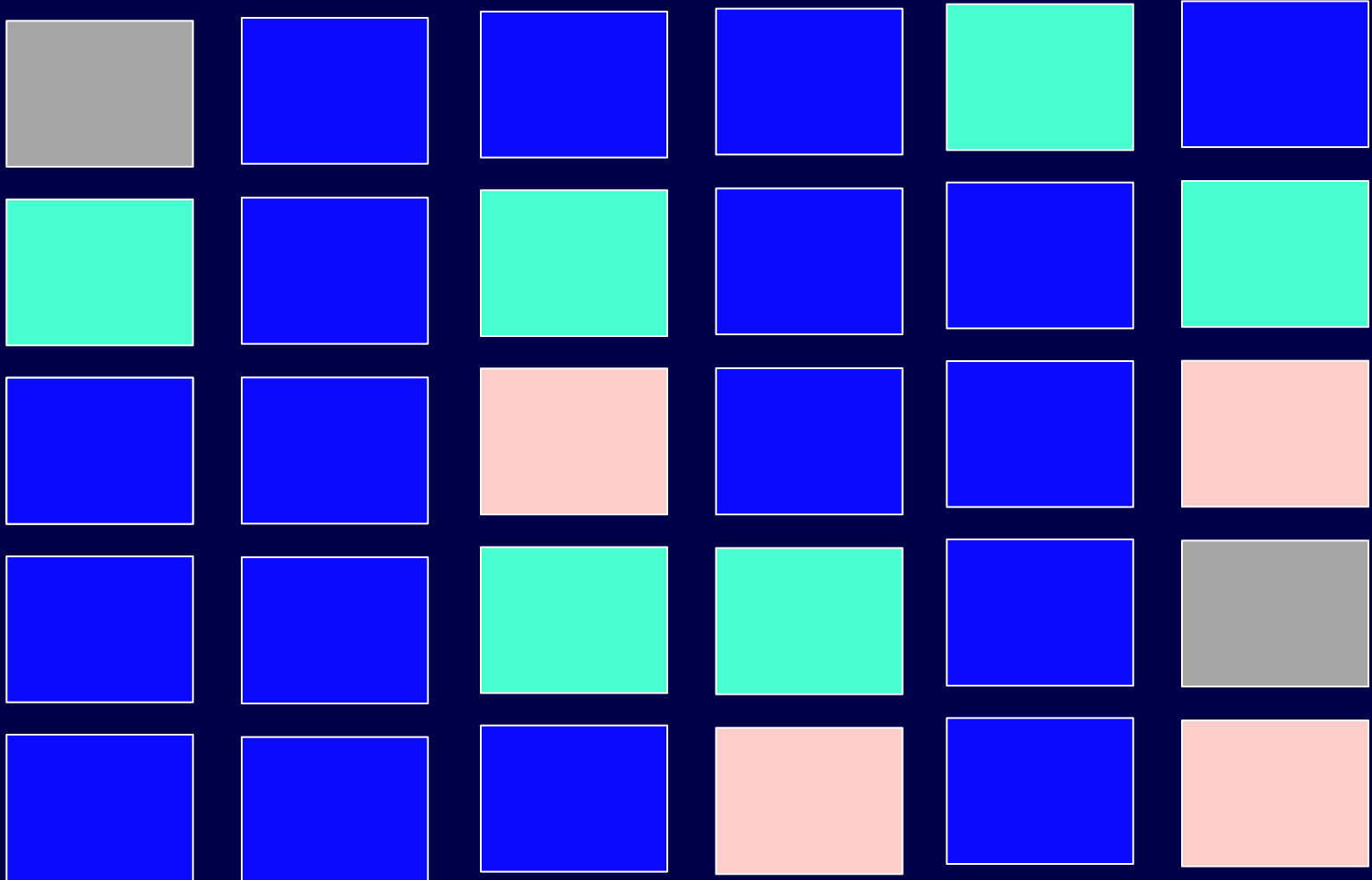


**Quotation  
Cartoon  
Joke**



# The Review – 30 minutes

Data slides



# Giving a Presentation

## STYLE OF PRESENTATION

# Podium Skills

- Pointer
  - Leaving it switched on, waving aimlessly, repetitively circling, pointing at the audience
  - Computer pointer versus stand-alone
- Microphone
  - Correct distance, correct side, don't walk or turn away
- Style
  - Conversational, emotional, conspiratorial, presentational, degree of animation
  - Hand movements, where to look: script, slides, audience
- Speech
  - Slow but varied pace, expression

# Reading or Giving you Presentation

- Reading your presentation
  - From a script or from the slides
- Giving the presentation
  - Rehearsing the presentation
  - Working out awkward phrases
  - Memorise the first few words
- No audiovisual
  - Intentional, broken projector, broken computer
  - Paper back up or know your talk

# Timing of the Presentation

- Keep to time
- One slide for each minute of talk (titles, quotations, breaks etc. may take less time)
- Do not use complicated slide builds
  - irritating, distracting and difficult to time – much to go wrong
- Complicated animations
  - take time and can be very distracting
- Control of computer



# Giving a Presentation

## OPTIMAL USE OF POWERPOINT

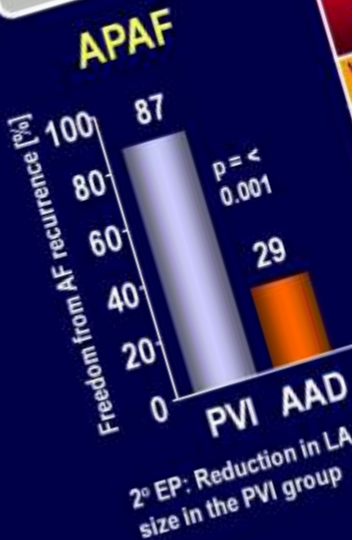
# What should be on the slide?

- Heading – plain or interrogative?
- Data - how much?
- Images
  - Redraws – avoid badly redrawn images
  - Cut and paste .PDFs – use highest magnification
  - Scanned images - take care with orientation and book folds
- References
  - Always credit/ acknowledge data and images (full references except title are needed)

# Characteristic, Constant Slide Template

Recognition, Personality, Simplicity

AF Ablation or Antiarrhythmic Drugs?



## GUIDELINES APPLIED TO PRACTICE

Journal of the American College of Cardiology  
© 2005 by the American College of Cardiology Foundation  
Published by Elsevier Inc.

Vol. 46, No. 7, 2005  
ISSN 0735-1017/05/\$18.00  
doi:10.1016/j.jacc.2004.12.003

### Guideline-Based Standardized Care Is Associated With Substantially Lower Mortality in Medicare Patients With Acute Myocardial Infarction

The American College of Cardiology's Guidelines Applied in Practice (GAP) Projects in Michigan

Kim A. Eagle, MD, FACC,\* Cecilia K. Montoye, MSN,<sup>††</sup> Arthur L. Riba, MD, FACC,<sup>‡</sup> Anthony C. DeFranco, MD, FACC,<sup>§</sup> Robert Partish, MM,<sup>¶¶</sup> Stephen Skowec, MPH,<sup>\*\*</sup> Patricia L. Baker, MS,<sup>†††</sup> Jessica Faul, MPH,<sup>††††</sup> Sandeep M. Jani, MPH,<sup>\*</sup> Benzong Chen, PhD,<sup>††</sup> Canopy Roychowdhury, PhD,<sup>††</sup> Mary Anne C. Elms, BA,<sup>§§</sup> Kristi R. Mitchell, MPH,<sup>§§</sup> Rajendra H. Mehta, MD, MS, FACC<sup>††††</sup>

Ann Arbor, Dearborn, West Bloomfield, Flint, and Farmington, Michigan; Edgewood, Kentucky; Bethesda, Maryland; and Durham, North Carolina

**OBJECTIVES** We sought to assess the impact of the American College of Cardiology's Guidelines Applied in Practice (GAP) project for acute myocardial infarction (AMI) care, encompassing 37 acute-care hospitals in southeastern Michigan, on rates of mortality in Medicare patients treated in Michigan.

**BACKGROUND** The GAP project increases the use of evidence-based therapies in patients with AMI. It is unknown whether GAP also can reduce the rate of mortality in patients with AMI.

## ICD - Upward Trends

ICD Implants per 100,000

2005 2008

Comparison  
per 10<sup>6</sup> inhabitants  
per 10<sup>6</sup> inhabitants



France, Germany, Italy from 04 to 06

# Develop a Template

Name of Symposium, Place and Date

Title of Session



Title

Conclusions

- aaaaaaaaaaaaaaaaaaaaaaaaaaaaa
- bbbbbbbbbbbbbb
- ccccccccccc
- dddddd
- eeeeee



John Camm  
St. George's University of London  
United Kingdom



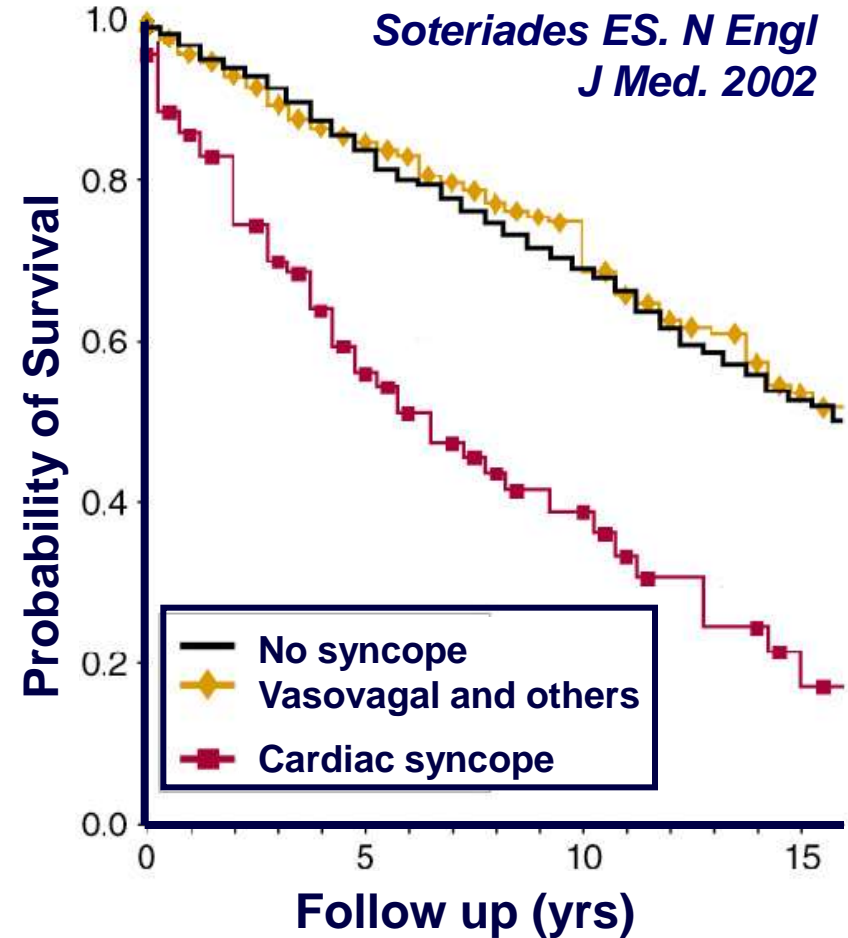
John Camm

Conflicts of Interest: Consultant/Advisor/Speaker

Advisor / Speaker :Ambit, Servier, Novartis, sanofi aventis, Astra Zeneca, Cardiome, Astellas, Menarini, Xention, Bristol Myers Squibb, Daiichi, Bayer, Merck, Medtronic, St. Jude, Biotronik, Boehringer Ingleheim, Takeda, GlaxoSmithKline, Boston Scientific, Pfizer, Actelion, Johnson and Johnson, Solvay Pharma

# Cardiac Syncope and Sudden Death

- Risk Stratification
  - Age over 45 years
  - History of congestive heart failure
  - History of ventricular arrhythmias
  - Abnormal ECG
- Arrhythmias or death within one year
  - 0-7% with 0 risk factor
  - 58-80% with 3 or more



# Bullet Lists

- It is unwise to write long and very detailed bullet lists which you then read word for word to the audience
- It tempts the audience to read every word along with you and this stops them concentrating on the point you are making
- The audience is irritated when you deviate from the script - just a word out of place and you are sunk
- On the whole this way of giving a presentation is rather boring and unadventurous
- The technique of reading long bullet lists gives the impression of nervousness, and lack of confidence – worse it makes it look as though you do not know your subject

# Bullet Lists

- Reading Bullets – better like this
  - Nervousness
  - Lack of confidence
  - Audience also reads
  - Worries about faltering
  - Lack of attention
  - Boring
  - Unadventurous

# Too many bullets

- This is a very basic mistake
- Presenters often put many bullets on their slides
- The bullets
  - often have sub-bullets
- Because there are too many bullets
  - The script has to be reduced in size
  - The script is crowded together
  - **Narrow fonts** and **bold fonts** are often chosen
- It is much easier to put bullet lists side by side if you need to list many things
- However, the audience will not read a crowded slide in any case
- We will shortly examine a crowded table
- This can be very distressing for an audience, especially old blind fellows

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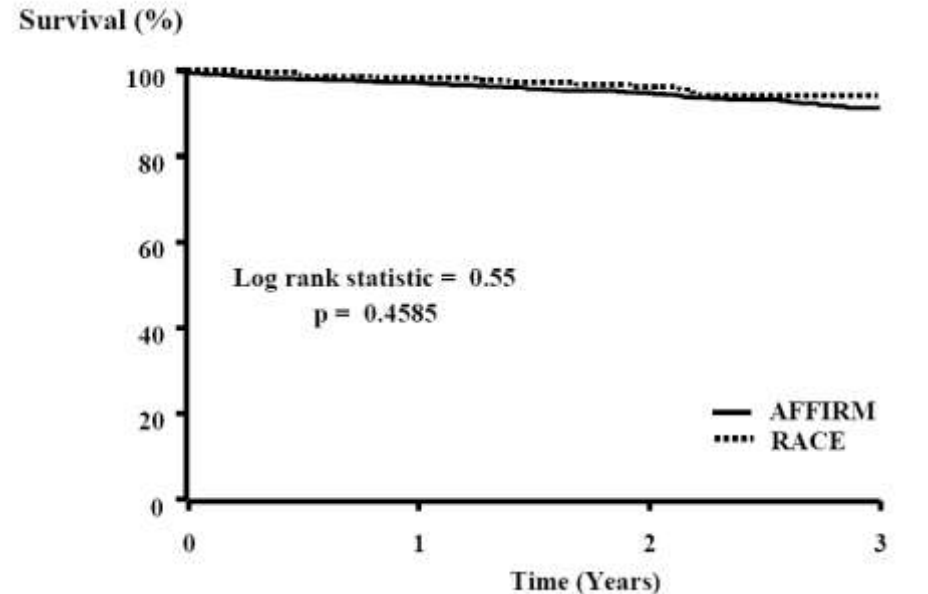
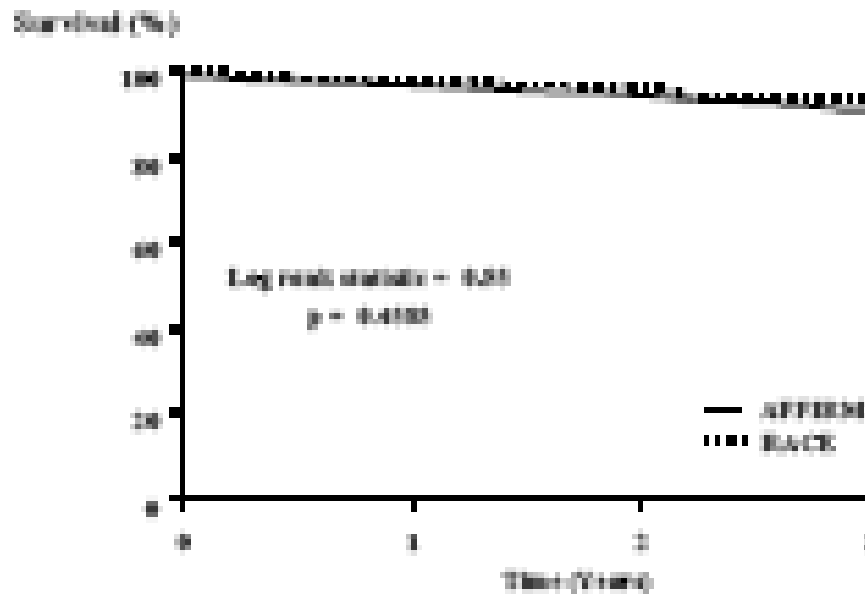
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# AFFIRM Data – from a PDF

Taken at low magnification

Taken at high magnification



Illegible

Clear

# Connexin Remodelling in Atrial Fibrillation

Study	Dhein, 2001	Kostin, 2002	Nao, 2003	Boldt, 2005	Allessie, 2000	Zipes, 1997
Species	Human	Human	Human	Human	Goat	Dog
N	12 AF, 12 SR	31 AF, 22 SR	10 AF, 20 SR	77 AF, 15 SR	36	12
Heart disease	Mixed	Mixed	20 MVD, 10 CABG	41 lone AF, 36 MVD	Atrial pacing model	Atrial pacing model
AF duration	Permanent	Permanent	Permanent	28 PAF, 49 permanent	1-16 weeks	10-14 weeks
Sample	RAA	RAA, RAFW	RAA	LAA	LAA, RAA	RA tissue
Methods	Western blots, densitometry, immunohistochemistry					
Cx40	↑ × 2.3-fold	↓ × 2-fold in RAA, but ↑ in RAFW	↓ × 2.5-fold, but ↑ × 2-fold in phosphorylated Cx40	↑↑ in all AF	↓ but re-distributed to lateral cell-cell contacts	Not studied
Cx43	Re-distribution to lateral cell-cell contacts	↓ × 2-fold and re-distributed to lateral cell-cell contacts	No changes	↑ in AF + MVD (n.s.)	No changes	↑↑ in AF, ↓ after RF ablation

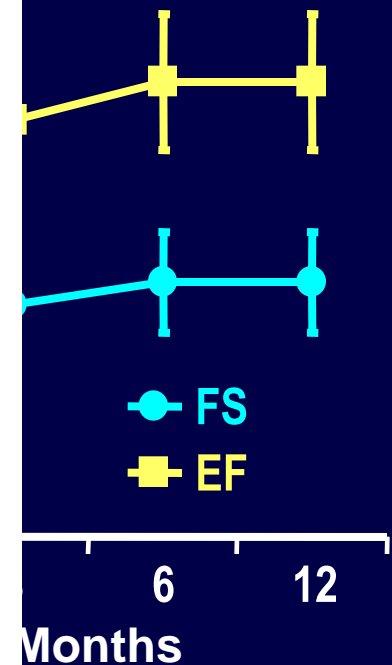
This is a busy slide ! Good for a paper but not a presentation

# AADs vs Radiofrequency Ablation

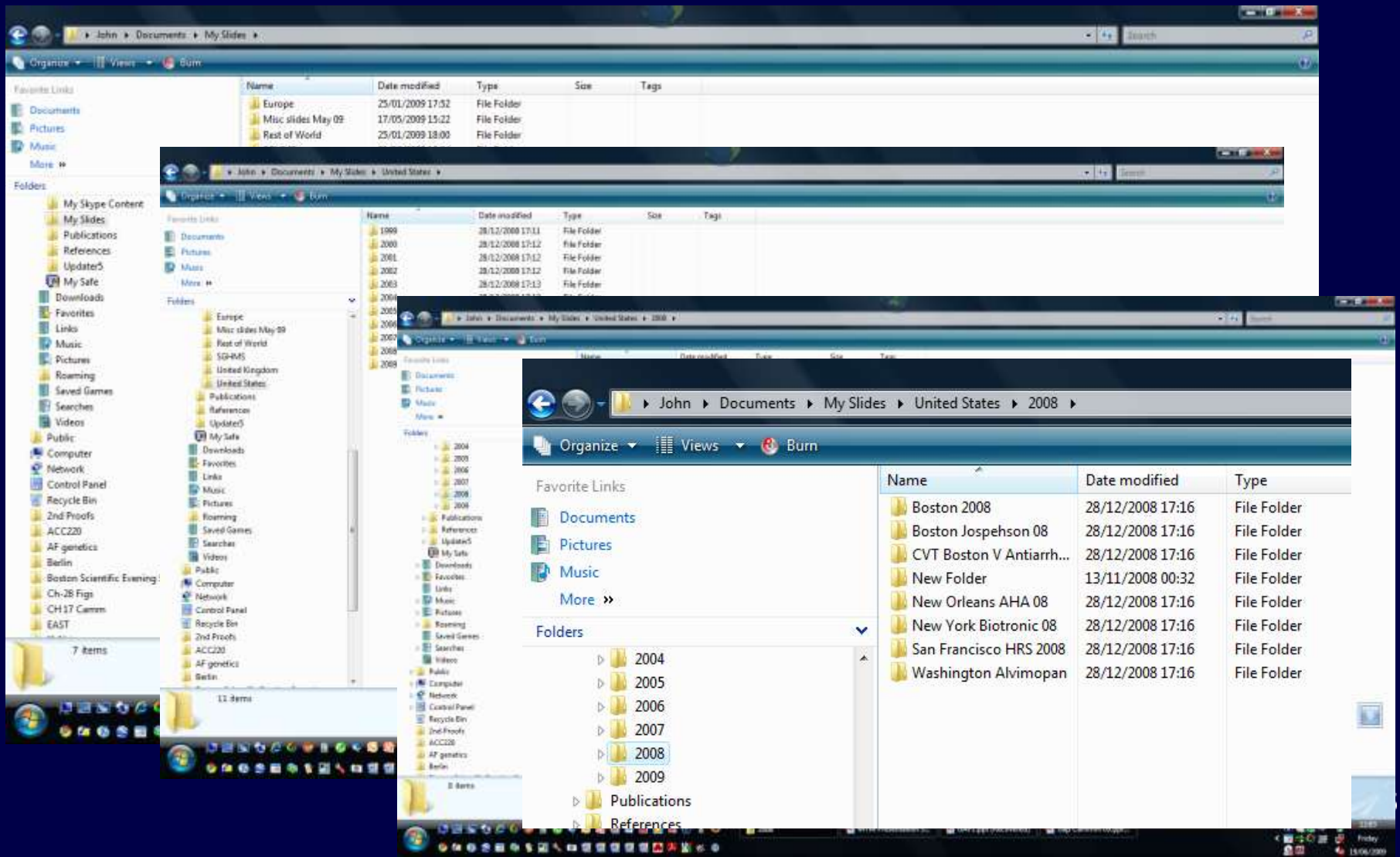
Key Words: Atrial Fibrillation, AF, LVEF and Ablation

• 58 pts with CHF

Left ventricular function



# Slide File Management System





# Prezi, etc


Learn | Prezi

prezi.com/learn/

John Gamm

Search prezi Search

## Learn Prezi




### Get Started

What you will learn:

- Move, Scale, Rotate
- Zooming
- Path

[Cheat Sheet](#)  
Get the most important tips.




### Go to the Next Level

What you will learn:

- Frames
- Grouping
- Send Back, Bring Forward

[Cheat Sheet](#)  
Get the most important tips.




### Share your Prezi

What you will learn:

- Invite to View
- Invite to Edit
- Publish

[Cheat Sheet](#)  
Get the most important tips.

1+2+3 [How to make a good prezi](#) by Prezi founder Adam Somlai-Fischer



### Prezify your PowerPoint or Keynote Slides

What you will learn:

- Import your Slides
- Prezify your Slides
- Reuse Content

## Learn

### Community

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[Continue](#)

prezi.com/how-to-make-a-good-prezi/

Start

Desktop Libraries John Address

21:55 08/09/2011

# Take Home Points

- Remember to declare any potential conflicts
- Acknowledge co-workers and data/images from others
- Make slides which are simple, informative and easy to see
- Know your subject, know your audience
- Prepare and rehearse your talk – use friends to help

