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# How to Deliver an Effective Presentation

Caprice Christian Greenberg, MD, MPH

Professor of Surgery

Morgridge Distinguished Chair in Health Services Research

University of Wisconsin Department of Surgery

Madison, WI, USA

# Disclosures

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I serve as a consultant for Johnson and Johnson on their Global Education Council.

This is not relevant to the content of this talk.

# Presenting Your Work

- Critical to your academic advancement
- Opportunity to get your name and research interests known
- Receive feedback from peers and experts


**UNIVERSITY OF WISCONSIN**  
**DEPARTMENT OF SURGERY**  
*Remarkable People. Remarkable Results.*

**A structured, extended training program to facilitate adoption of new techniques for practicing surgeons**  
 Jacob Greenberg, MD, EdM, Sally Jolles, MA, Sarah Sullivan, PhD, Sudha Pavuluri Quamme, MD, MS, Caprice Greenberg, MD, MPH, Carla Pugh, MD, PhD  
 University of Wisconsin, Department of Surgery

**Background**

Despite evidence that the laparoscopic approach for inguinal hernia repair leads to faster recovery, the overwhelming majority of surgeons continue to utilize an open approach. Moreover, the traditional model of utilizing short CME courses, rarely leads to adoption of new techniques. Our hypothesis is that our newly developed seven-step program will lead to safe adoption of the TEP approach.

**Specific Aim**

To critically evaluate the implementation and development process for a newly designed Continuing Medical Education (CME) level course for laparoscopic Total Extraperitoneal (TEP) inguinal hernia repair.

**Methods**

- A team of experts in simulation, coaching, and TEP convened to design an educational training program for TEP Assessments were created to monitor each stage of the program.
- Eligible surgeons who performed primarily open inguinal hernias with a case load of at least 50 inguinal hernia repairs a year and had an interest in adopting TEP into their practice were recruited through email and postal mailings.
- Coaches were identified by study team members based on procedural expertise and completed a formal training program in surgical coaching. Our target enrollment for this pilot project was three practicing surgeons who were willing to consent to a prolonged period of structured training.

**TEP Simulator- External Anatomy**



**TEP Simulator- Internal Anatomy**



**Results**

The orientation day incorporated didactic and procedural teaching including video-based review and a written assessment. A simulator was used for a baseline assessment of participant operative skills. After the baseline assessment, trainees were familiarized with the principles of surgical coaching and were given the opportunity to go over their performance on the simulator with their assigned coach. The next stage involved simulation training, where the participant scrubbed in with a procedural expert to observe and perform TEP repairs in the expert's operating room. This was followed by the surgical coach precepting several cases in the participant's operating room. The final stage of training involved video-based review of the participant's first 10 independent cases with their surgical coach. Upon completion of the program, subjects returned for an end interview and post-test simulation assessment with their surgical coach.

**Conclusions**

We were able to successfully implement a CME level program for training practicing surgeons to adopt the TEP approach. Necessary considerations for replicating this program at another institution include institutional infrastructure, departmental support and resources, and a team of dedicated personnel for programmatic adaptation and implementation.

**Sponsors & Collaborators**

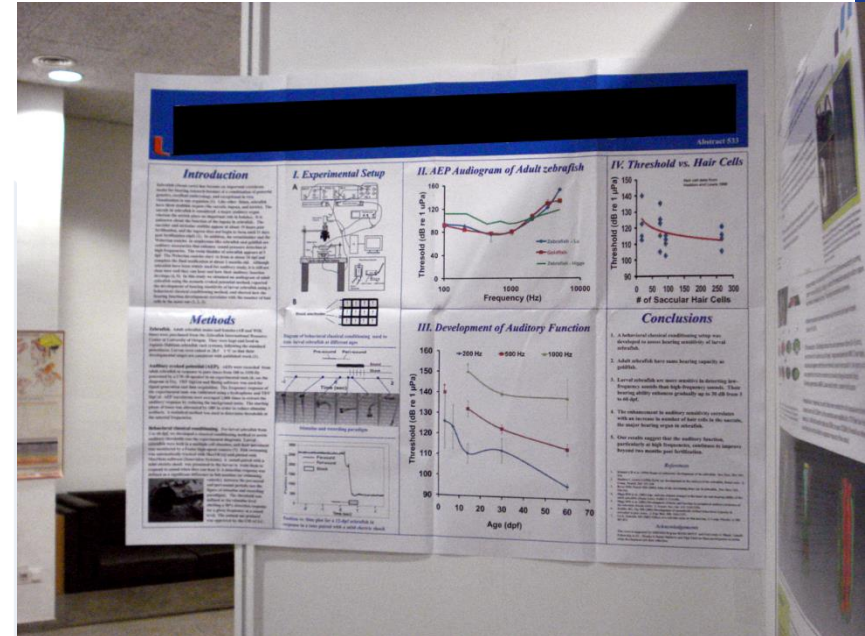



# Types of Academic Presentations

- Poster session – paper/canvas or electronic
- Moderated poster sessions
- Quick shot presentations
- Scientific session presentations
- Plenary session presentations
- Invited talks
  - Keynote addresses and named lectureship at national meeting
  - Grand rounds and visiting professorships

# Adhere to Rules and Guidelines

- Poster presentations
  - Size regulations
  - Orientation
  - Recommended template
- Oral presentations
  - Strictly adhere to time restrictions for any podium talk
  - Leave time for questions
  - You are almost never faulted for being shorter than allotted time



# Designing Effective Posters

**Title**  
**Authors and Affiliations**

**Introduction**

**Why?**

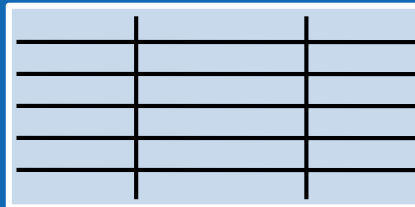
**Purpose/  
Hypothesis**

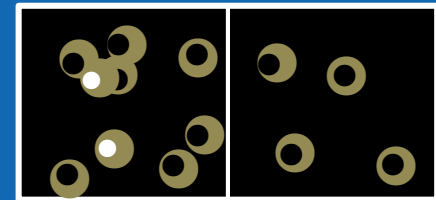
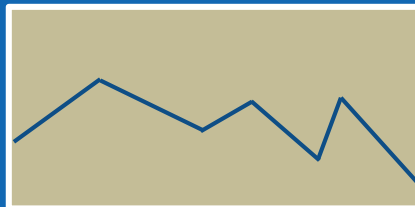
**Methods**

**How?**

**Results**

**What?**



**Conclusions**

**So what?**

# Moderated Poster Session

- Oral presentation without slides so PRACTICE
- Follow the general layout of your poster
- Highlight key figures
- Anticipate questions





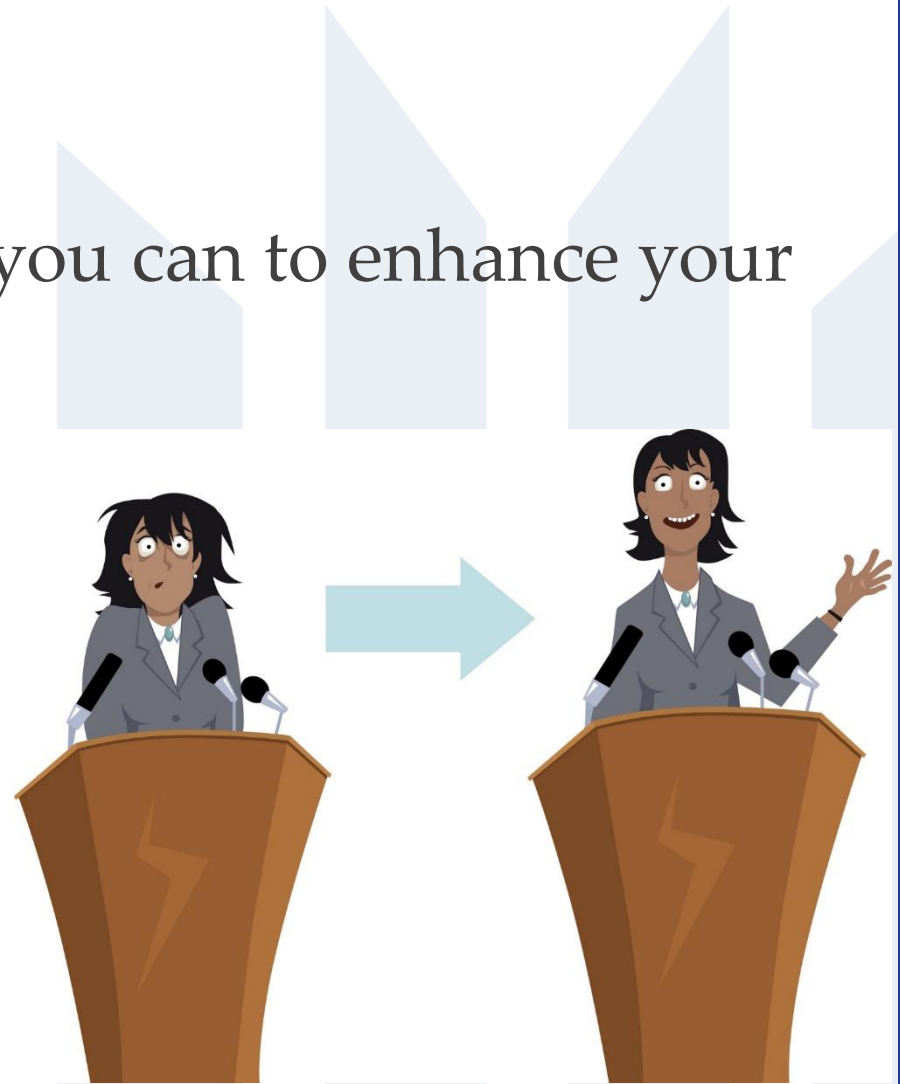
# Oral Presentations



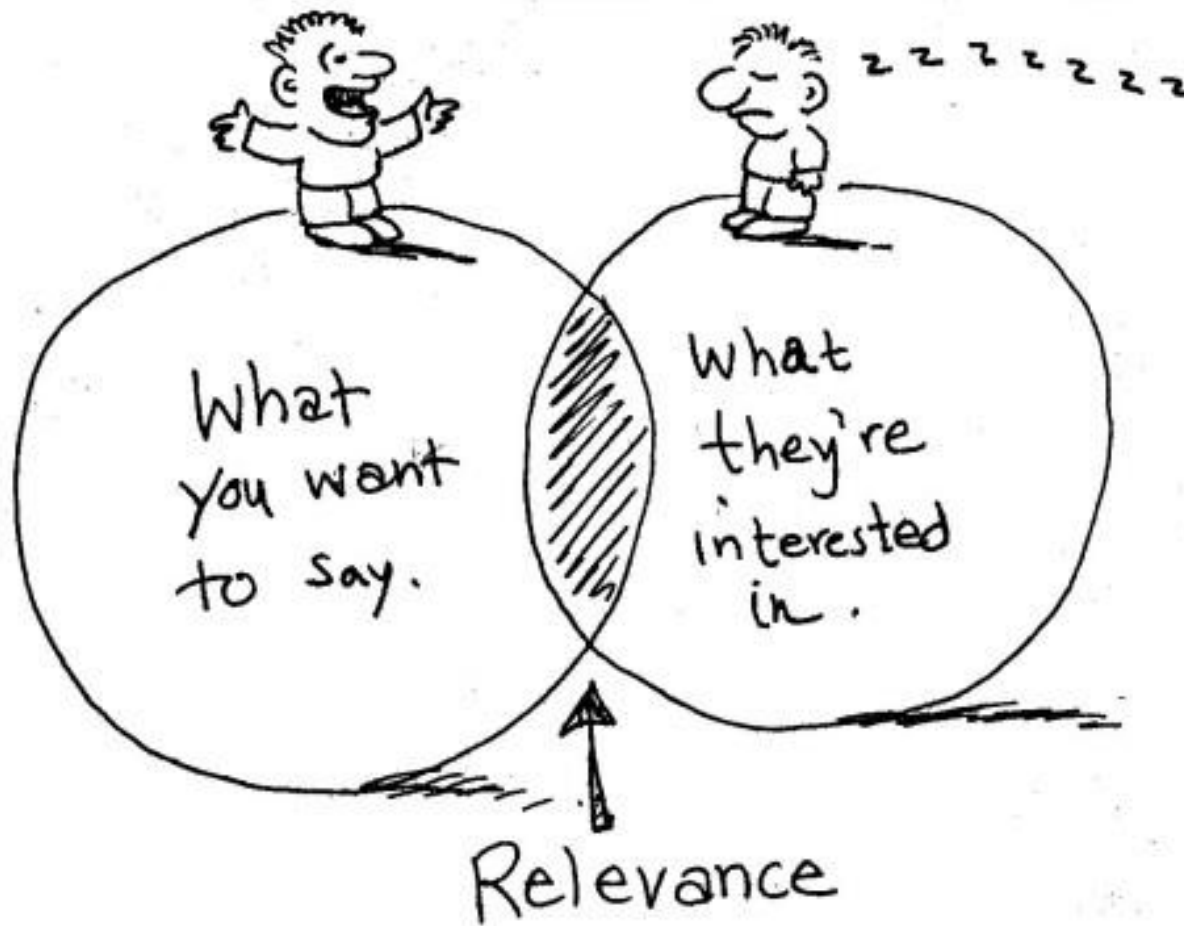


# Principles of Effective Presentations

- Know your audience
- Play to your strengths
- Use images as much as you can to enhance your message
- Design slides for the back of the room
- Don't overcrowd slides
- Don't read your slides
- If you must, use animations sparingly to be effective



# Know Your Audience



# Play to Your Strengths



Humor

Data

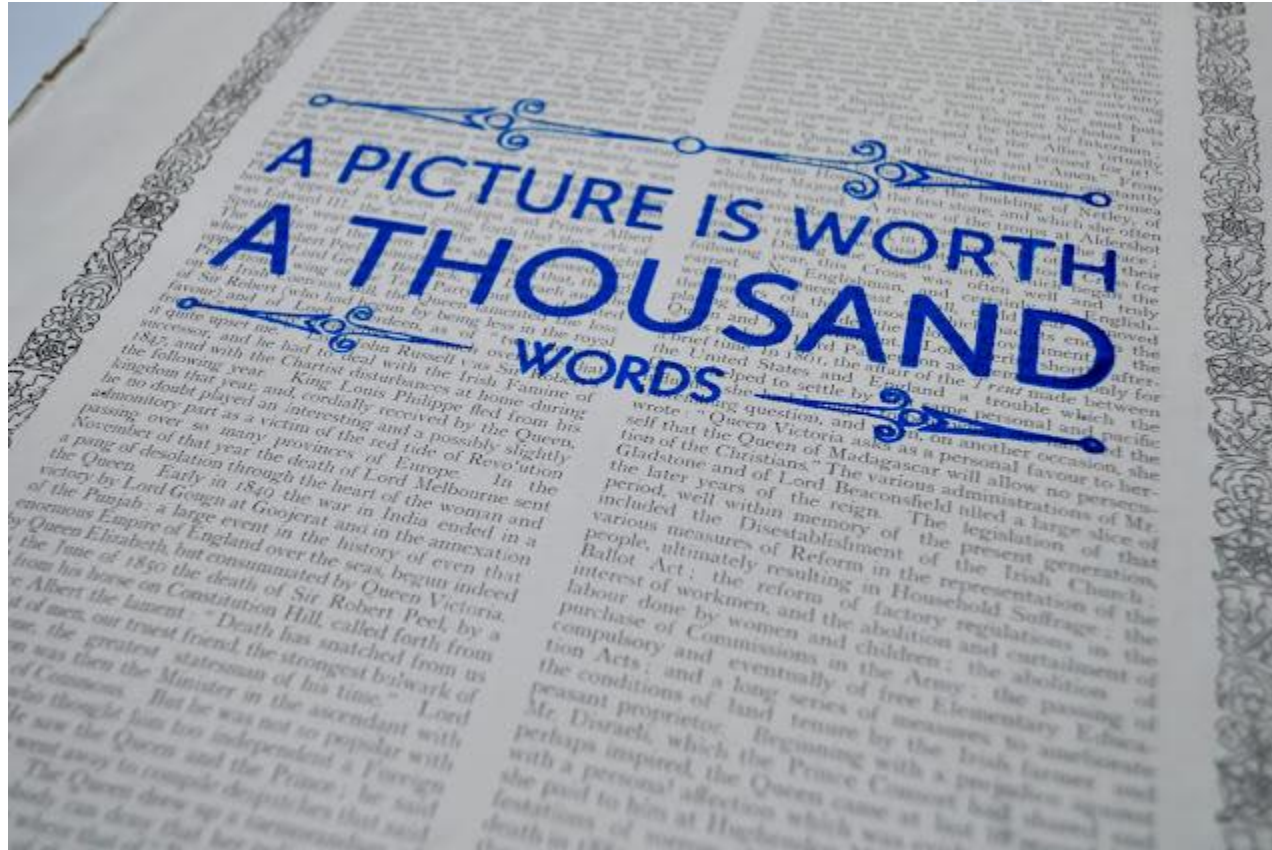
Self-  
deprecation

Anecdotes

Hand  
motions for  
emphasis



# Use Images to Enhance your Message



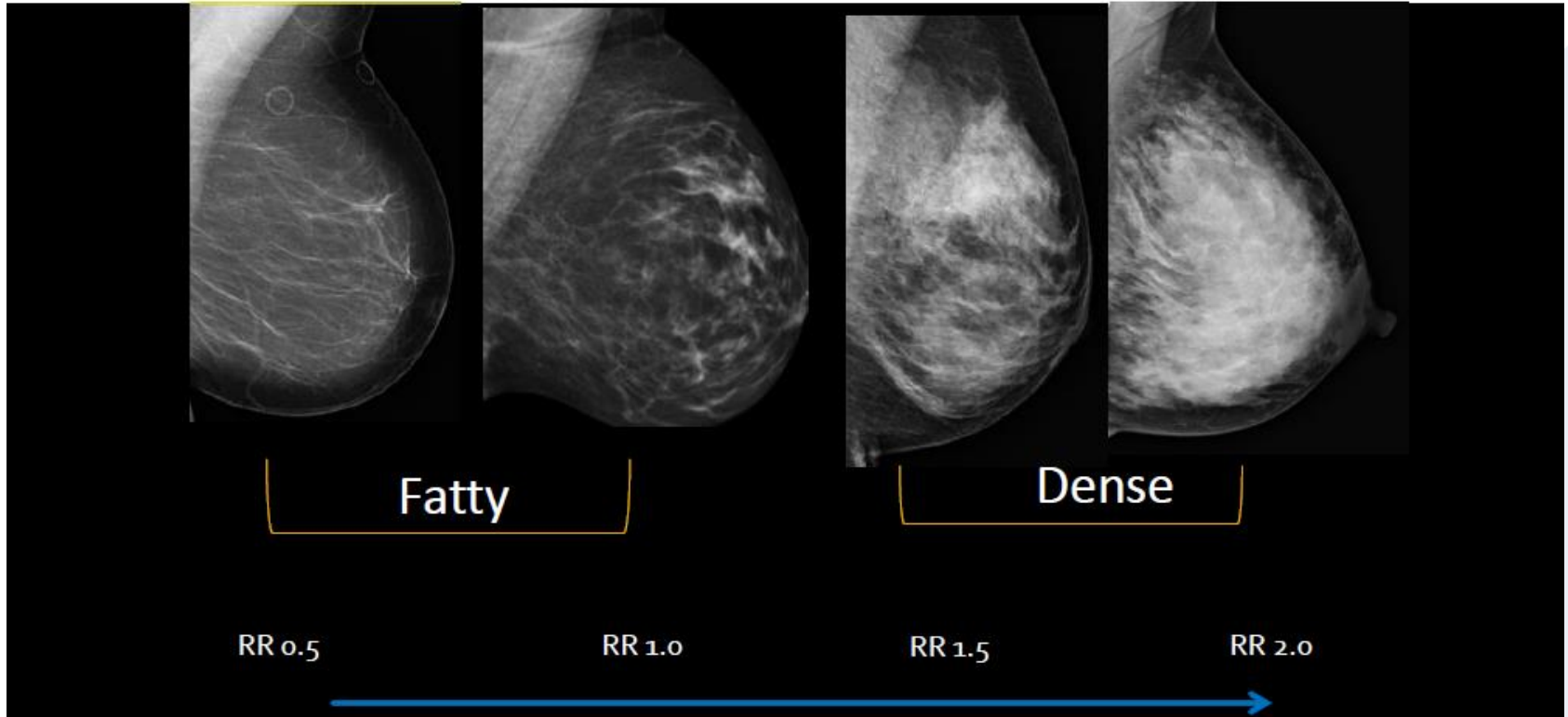
# Which Is Better?

- Breast density has been associated with an increased risk of breast cancer
- Breast density refers to the relative amount of fibroglandular breast tissue (white) to fatty tissue (black) as seen on mammogram
- The RR is calculated relative to scattered fibroglandular density (RR=1)
  - Fatty RR = 0.5
  - Heterogeneously dense RR = 1.5
  - Extremely dense RR= 2.0



# Which Is Better?

## Breast Tissue Density Risk for Breast Cancer





# Design Slides for Back of the Room



Can your audience read this? (8-point)

Can your audience read this? (9-point)

Can your audience read this? (10-point)

Can your audience read this? (12-point)

Can your audience read this? (14-point)

Can your audience read this? (16-point)

Can your audience read this? (18-point)

Can your audience read this? (20-point)

Can your audience read this? (24-point)

Can your audience read this? (28-point)

Can your audience read this? (32-point)

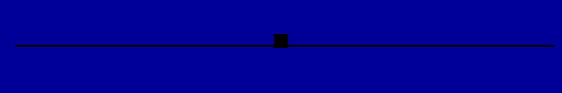
Can your audience read this? (36-point)

Can your audience read this? (40-point)

Can your audience read this? (44-point)

Can your audience read this? (48-point)

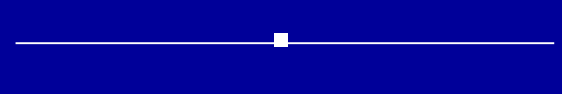
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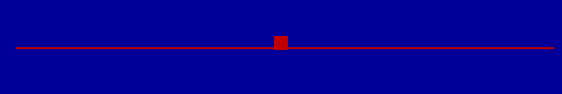
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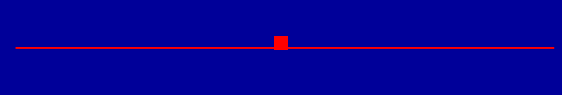
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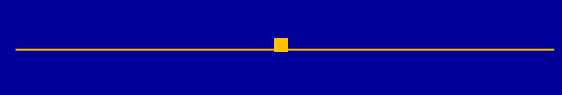
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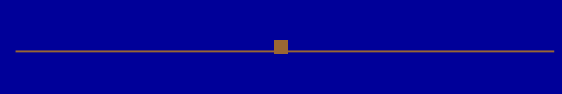
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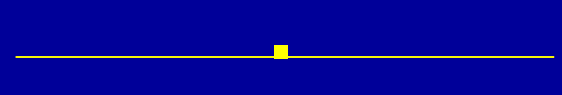
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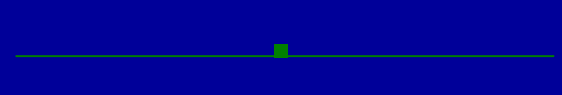
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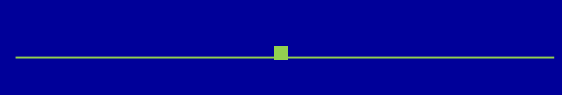
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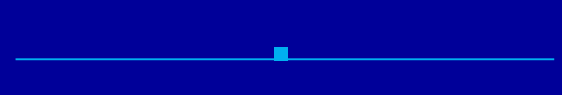
Can your audience read this?



Can your audience read this?



Can your audience read this?



Can your audience read this?



Can your audience read this?

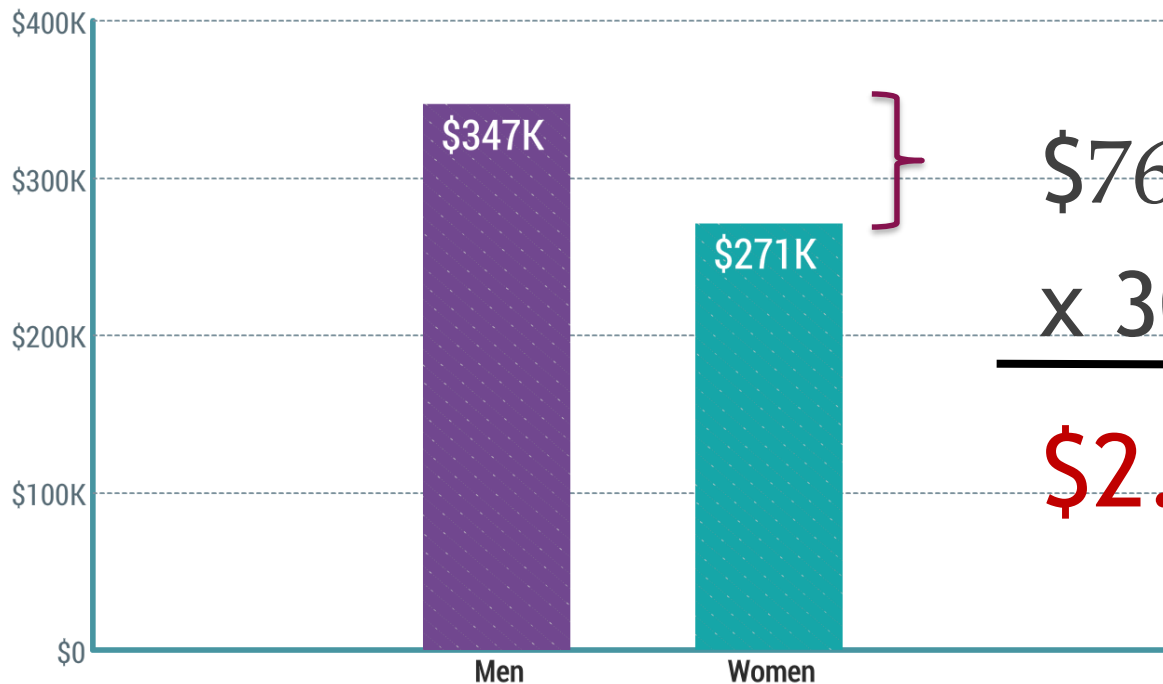


# Don't Overcrowd Your Slides

- Don't put anything on your slide that you don't refer to or discuss. The audience will be reading it and trying to figure out what it is and why it is there.
- On the other hand, you don't need to type everything that you say. While it may feel safe to you, slides that are too text heavy tend to lead to a lack of focus and retention amongst your audience and do not help you to convey your point.

# Effective Use of Animations


Which General Surgeons Earn More: Men or Women?



\$76,000 per yr  
x 30 yr career

**\$2.3 MILLION**

# Ineffective Use of Animations

- Don't do this!
  - Don't do this!
  - Don't do this!
  - Don't do this!
  - Definitely don't do this!
- 



# Title Slide

- Introduces your topic
- Introduces your credentials
- Acknowledges coauthors
- Highlights your institution



DEPARTMENT OF SURGERY  
**Wisconsin Surgical Outcomes  
Research Program**  
UNIVERSITY OF WISCONSIN  
SCHOOL OF MEDICINE AND PUBLIC HEALTH



## Evaluation of a Statewide Surgical Coaching Program for Continuing Professional Development

Lane L. Frasier, Hala N. Ghouseini, Heather L. Beasley, Sudha R. Pavuluri Quamme, Nicole A. Brys, Douglas A. Wiegmann,  
Caprice C. Greenberg



## Women in Leadership

Caprice Christian Greenberg, MD, MPH  
Professor of Surgery  
Morgridge Distinguished Chair in Health Services Research  
University of Wisconsin - Madison

# Introduction

- Provides background and rationale for your work
- Acknowledges previous related work
- Demonstrates a knowledge gap
- Builds to a hypothesis, objectives, and/or study aims

## Post-Treatment Surveillance

- Cuts across cancer sites
- Lack of data = variations
- Guidelines on expert consensus
- Not tailored to individuals
- Prospective RCT is not feasible at this time

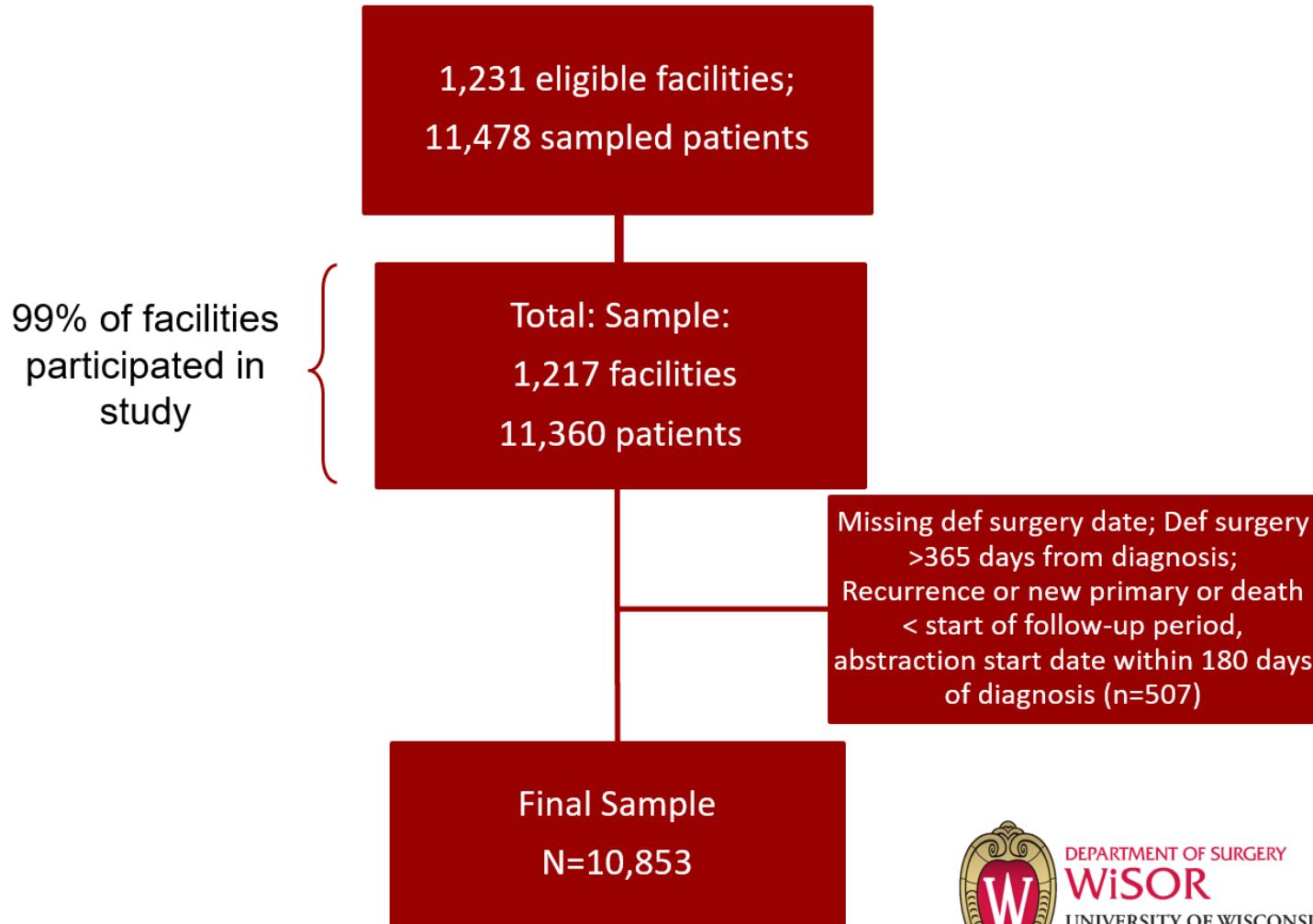


## Study Aim

- Evaluate the current utilization of surveillance imaging considering intent of scan
- Assess the effectiveness of routine surveillance versus symptom-based imaging on the improved detection of distant recurrence and survival considering subtypes
- Evaluate whether sufficient preliminary evidence to warrant a pragmatic trial

- Provide essential details
- Tailor description to your audience
- Build diagrams and use animation to describe your study approach and break up word walls

# Sample Flow Chart





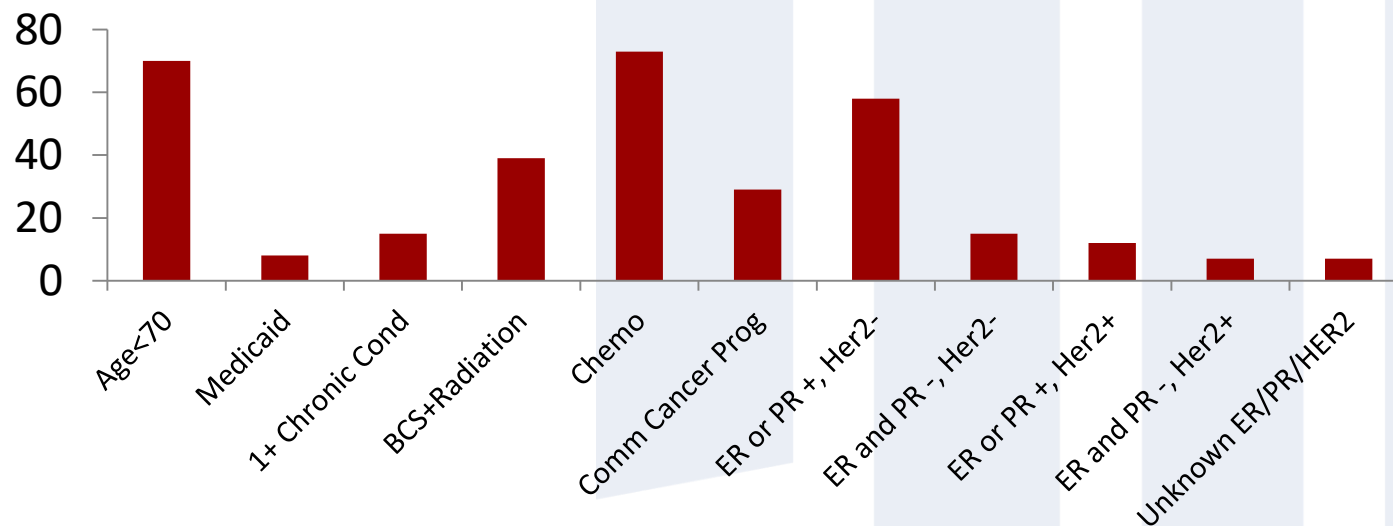
# Randomization

Surgeon		Intervention	Block		Coach
Randomized	1	Surgus™	A	Randomized	3
	2	Coaching			
	3	Surgus™			
	4	Coaching	B		5
	5	Surgus™			
	6	Coaching			
	7	Surgus™	C		2
	8	Coaching			
	9	Surgus™			
	10	Coaching	D		1
	11	Surgus™			
	12	Coaching			
	13	Surgus™	E		4
	14	Coaching			
	15	Surgus™			

- Descriptive Statistics
- Use figures and tables as much as possible
- Often try displaying data in different ways to determine which is most effective

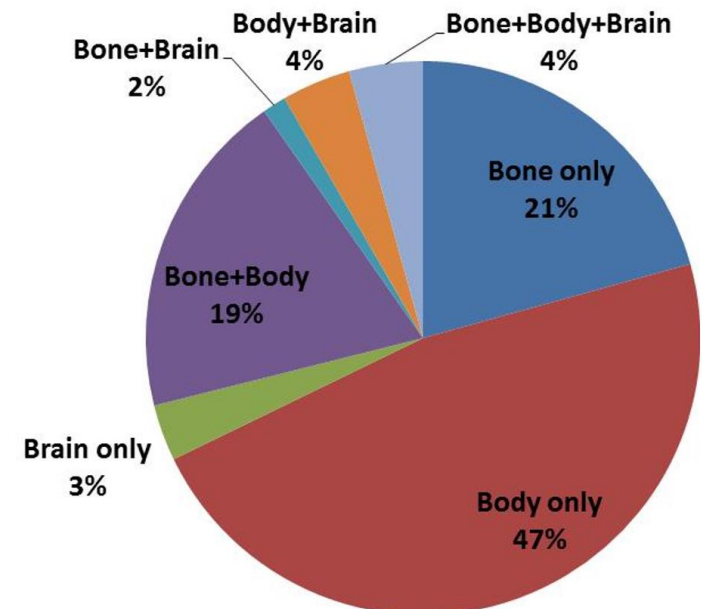
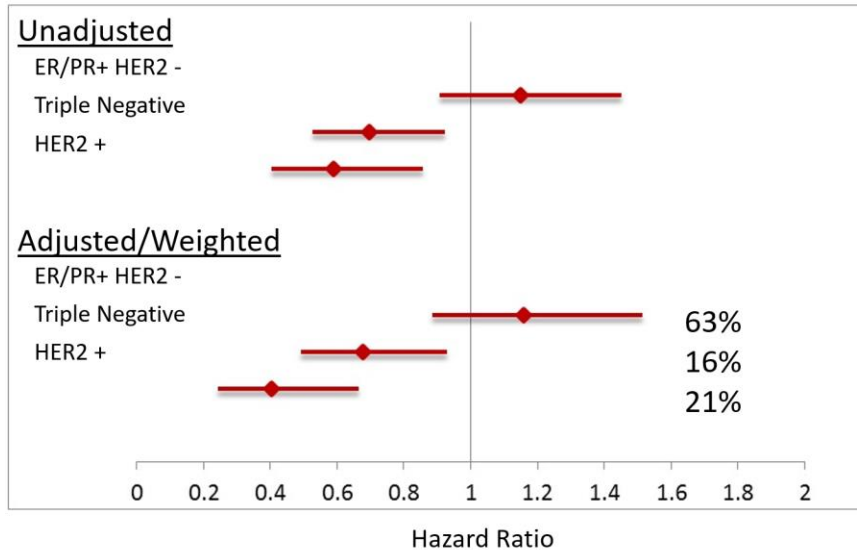
# Results

Clinical Values	Intervention (n=200)	Control (n=201)
No. (%) with data	175 (88)	180 (90)
Weight, mean (SD), kg	70 (12)	68 (12)
Cholesterol, mean (SD), mg/dL	212 (10)	214 (13)
Blood pressure, mean (SD), mm Hg		
Systolic	118 (20)	117 (19)
Diastolic	70 (13)	69 (20)



# Results

Intent of Scan	Percent (N=10,853)	n/N
1+ Cancer-Related Scans	47.7	5,177/10,853
1+ Surveillance Scans	29.7	3,223/10,853
2+ Surveillance Scans	12.0	1,302/10,853



# Conclusions

- Acknowledge study limitations
- Summarize key findings in context of introduction
- Emphasize implications and significance
- Discuss future directions

## Summary and Conclusions

- Surgical coaching is associated with increased implementation of advanced repair techniques in practice
- Live coaching was more effective than asynchronous video-based feedback
- Implementation of larger coaching programs may lead to improvements in outcomes for patients with incisional hernias

# Acknowledgements

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- **Advisors**

- **Coaching**

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- Felicia Moy, PhD (Music)
- Nichole North Hester, PhD (Education)
- Bret Bielema (Football)
- Joe Krabbenhoft (Basketball)
- Lamont Paris (Basketball)
- Rob Porteus (Athletics Video Services)
- Bo Ryan (Basketball)

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- Gordon Telford, MD

- **Wisconsin Surgical Society**

- Michael Garren, MD
- Shanu Kothari, MD
- Dean Klinger, MD



# Final Tips and Tricks

- Practice, Practice, Practice!
- Pick 3 audience members in different parts of the room and make eye contact
- Anticipate questions and prepare answers
- Bring back-up on a jump drive
- Preview slides and especially video in the room
- Check podium and electronics
- Stay on time

# Thank you!

[greenberg@surgery.wisc.edu](mailto:greenberg@surgery.wisc.edu)

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