

HOW TO GIVE A GREAT PRESENTATION

Stephanie Chao, MD

AGENDA

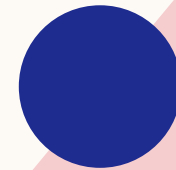
Message

Visual Presentation

Oral Presentation

Miscellaneous tips and tricks

Summary





MESSAGE



**“EVERYONE HAS A STORY TO
TELL”**

A lot of people

START STRONG & END STRONG

Background

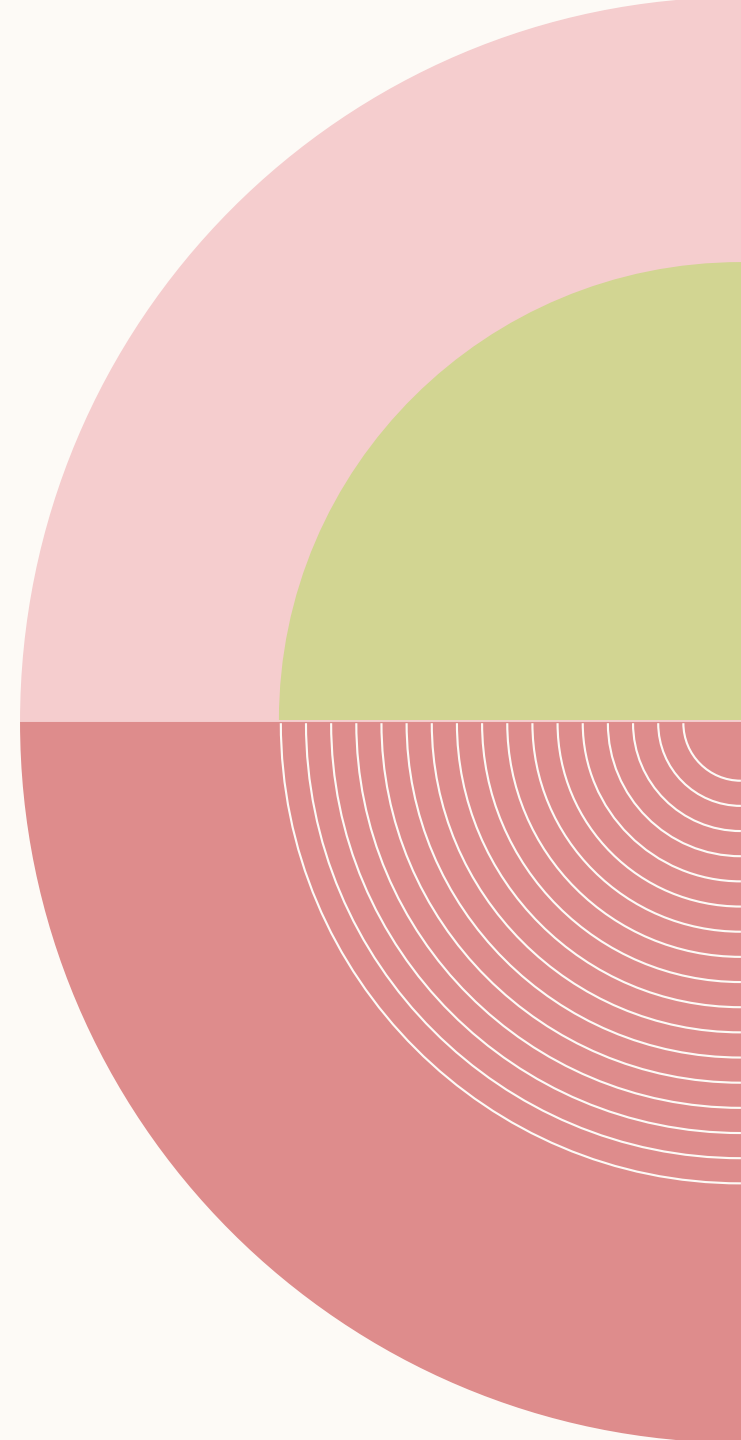
Hypothesis

Methods

Results

Limitations

Conclusions



Fact finding



Literature review



Existing methods



Design



Feasibility analysis



Rollout

Give your audience a
roadmap

Why is screening difficult?



Literature review



Existing methods



Design



Feasibility analysis



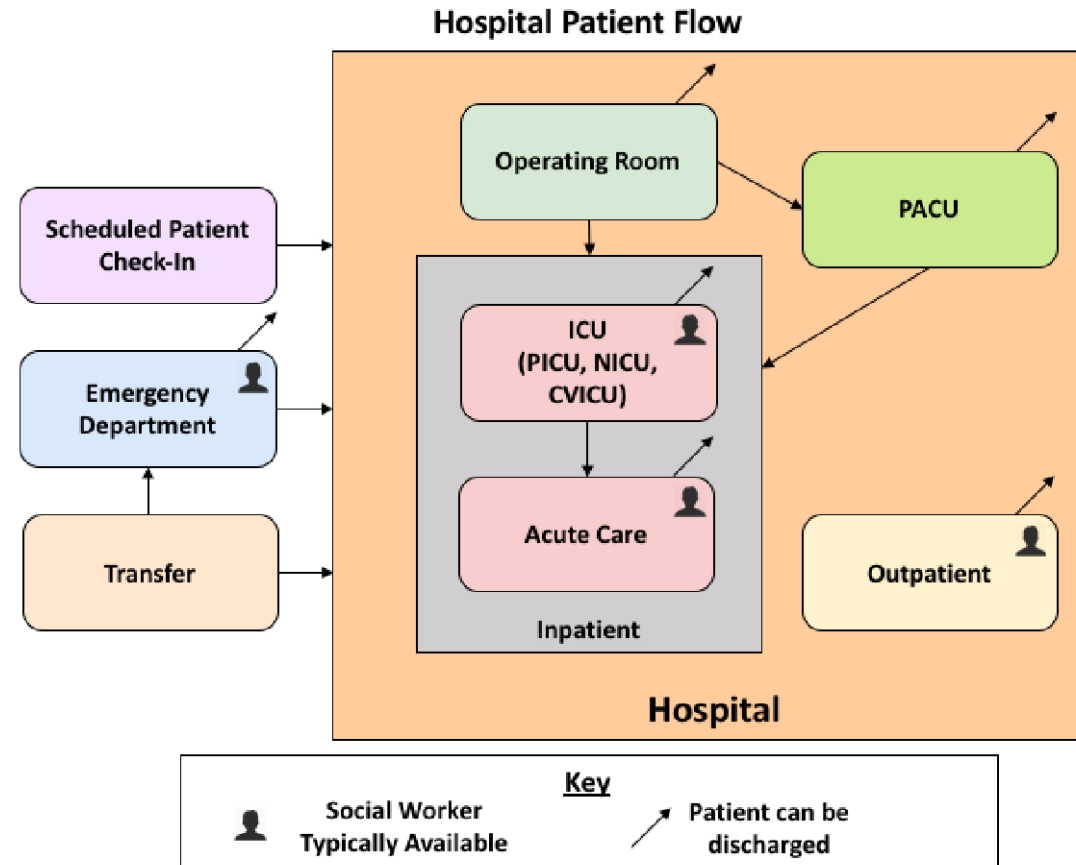
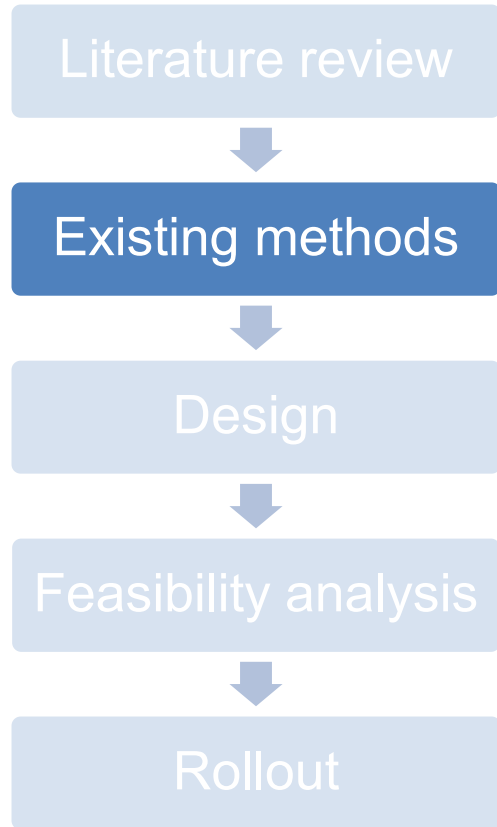
Rollout

- **Nationally:**

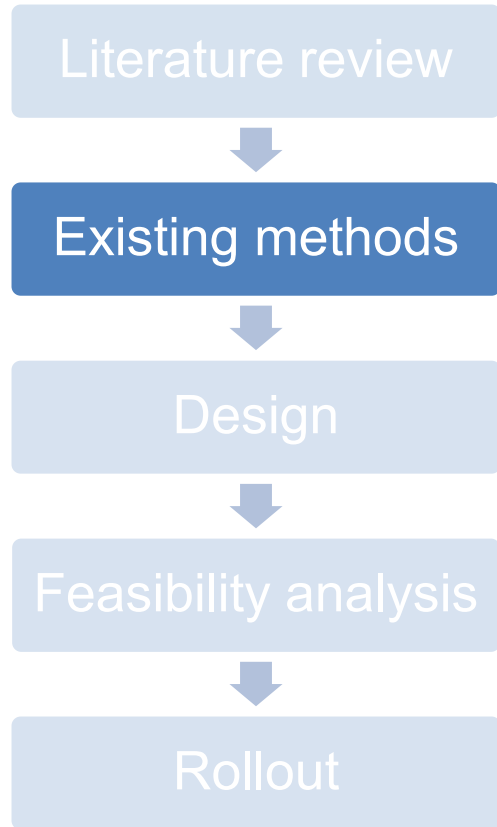
- NACHRI provides guidelines for setting up a dedicated “Child Protective Team” but no specific screening or risk assessment procedures are provided
- Systematic reviews show low-quality evidence on screening performance, poor accuracy, risk of false positives and negatives

NACHRI – National Association of Children’s Hospitals and Related Institutions
Bailhache et al., 2013. Is early detection of abused children possible? A systematic review of the diagnostic accuracy of the identification of abused children
Chen et al., 2022. Screening tools for child abuse used by healthcare providers: a systematic review

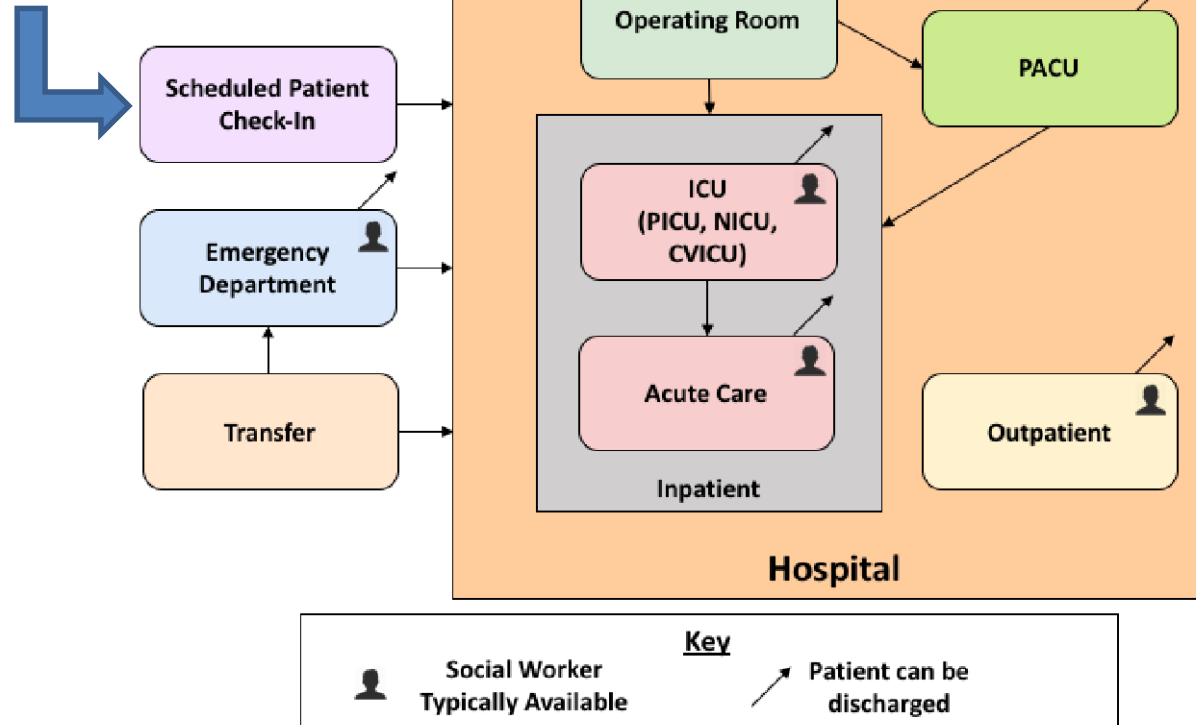
How do we screen currently?



How do we screen currently?



80% of patients enter here



How do we screen currently?



Literature review



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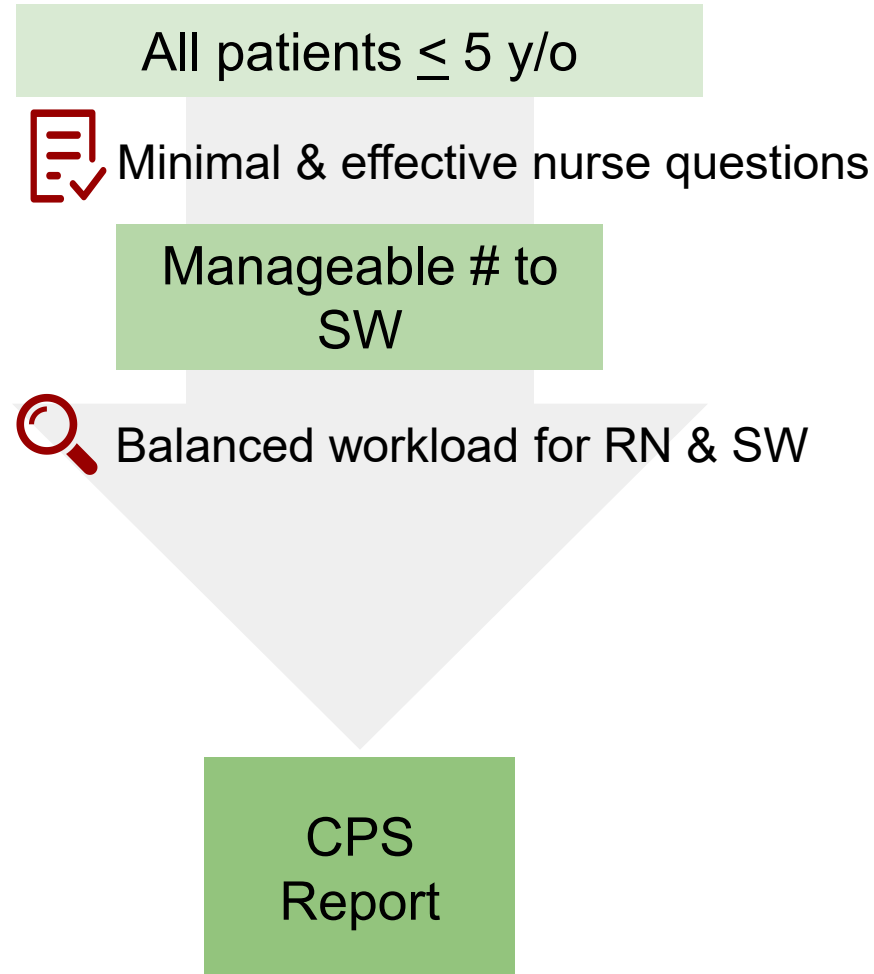
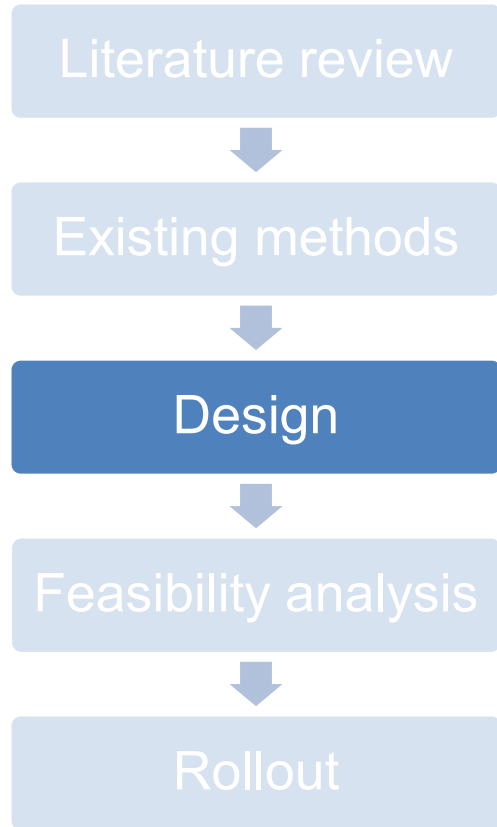
Rollout

- **Staff interviews (360-bed, Level I Ped Trauma Center):**
 - Providers rely on individual expertise in escalating suspected NAT with no mandated training or required screening
 - Suspected Child Abuse and Neglect (SCAN) Team consists of child abuse pediatricians and social workers who review charts from consulting providers
 - No standard or automated process in escalating patients flagged as being “at risk” of abuse

Designing an intervention



- **Goals: Increase detection, limit burden of detection**



Designing an intervention



Literature review



Existing methods



Design

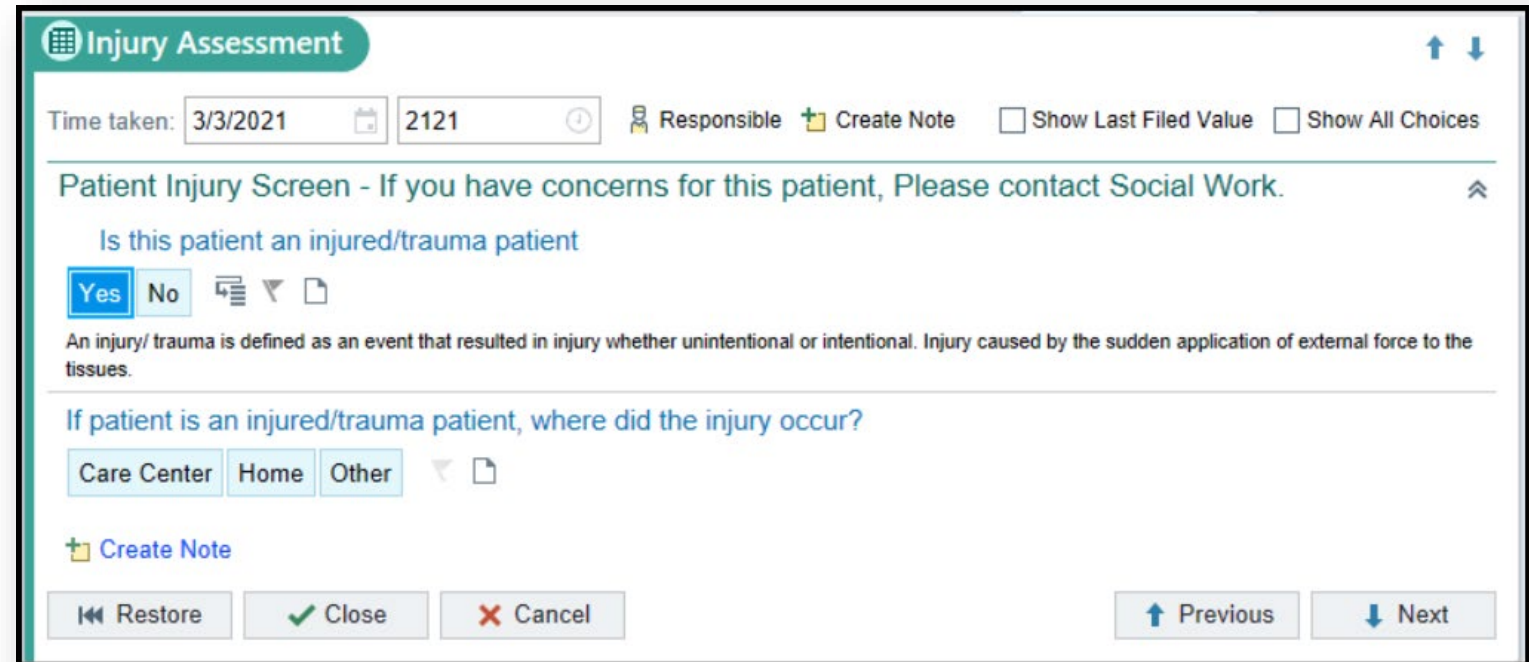


Feasibility analysis



Rollout

- **Modified Nationwide Children's Hospital (Columbus, OH) screening**

A screenshot of a web-based "Injury Assessment" form. The form has a title bar with a calendar icon and the text "Injury Assessment". Below the title bar, there are fields for "Time taken:" with a date picker set to "3/3/2021" and a time picker set to "2121". To the right of these fields are icons for "Responsible" (a person icon), "Create Note" (a plus icon), and checkboxes for "Show Last Filed Value" and "Show All Choices". The main content area starts with a heading "Patient Injury Screen - If you have concerns for this patient, Please contact Social Work." followed by a question "Is this patient an injured/trauma patient". Below the question are "Yes" and "No" buttons, with "Yes" being highlighted. To the right of these buttons are icons for a list, a dropdown, and a document. Below the question is a definition: "An injury/ trauma is defined as an event that resulted in injury whether unintentional or intentional. Injury caused by the sudden application of external force to the tissues." The next question is "If patient is an injured/trauma patient, where did the injury occur?". Below this question are "Care Center", "Home", and "Other" buttons, with "Care Center" being highlighted. To the right of these buttons are a dropdown icon and a document icon. Below the questions is a "Create Note" button. At the bottom of the form are three buttons: "Restore" (with a double left arrow), "Close" (with a green checkmark), and "Cancel" (with a red X). On the far right are "Previous" (with an up arrow) and "Next" (with a down arrow) buttons.

Rollout



Literature review



Existing methods



Design



Feasibility analysis



Rollout

- **Epic implementation**

- Implemented into admission nursing workflow
- Optional from November, 2018
- Required from January, 2019
- Collected counts of patients through each step of the screening workflow

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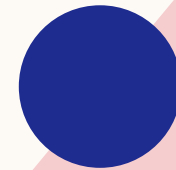
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STYLE POINTS

LOOKS MATTER

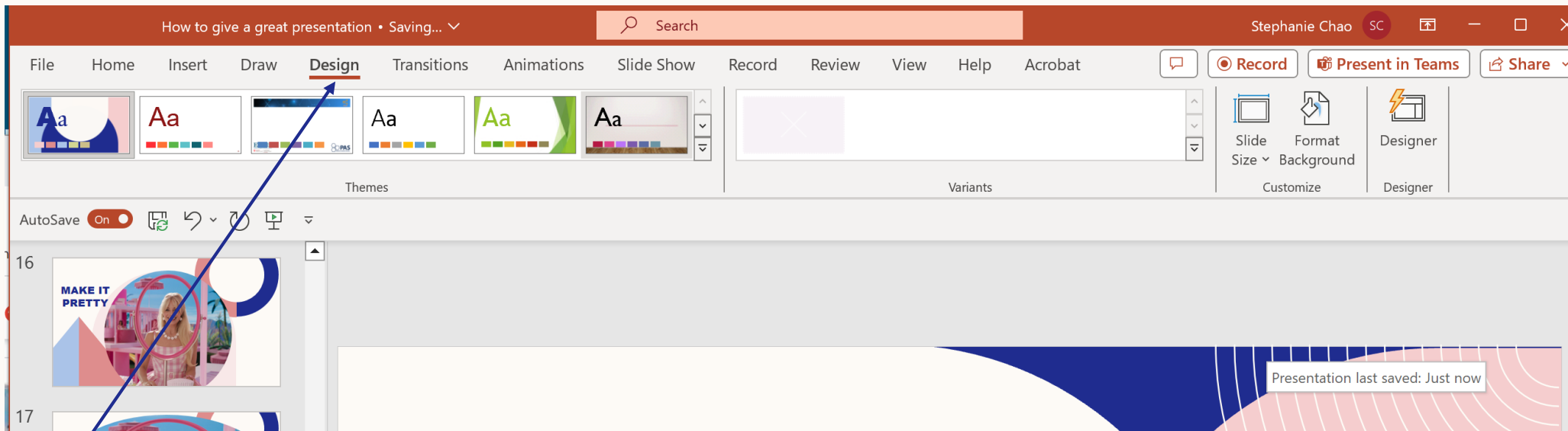
(don't judge me)





VARY YOUR SLIDE FORMAT

**powerpoint can
help**





File

Home

Insert

Draw

Design

Transitions

Animations

Slide Show

Record

Review

View

Help

Acrobat

Picture Format



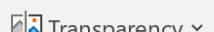
Record

Remove
BackgroundCorrections
▾

Color ▾



Artistic Effects ▾



Transparency ▾

Adjust



Picture Styles



Picture Border ▾



Picture Effects ▾



Picture Layout ▾

Alt
Text

Accessibility

Bring Forward ▾

Send Backward ▾

Selection Pane

Arrange

Crop
▾

2.89"

10.66"

Size

AutoSave

On



PHOTO



CROP



LIGHTING

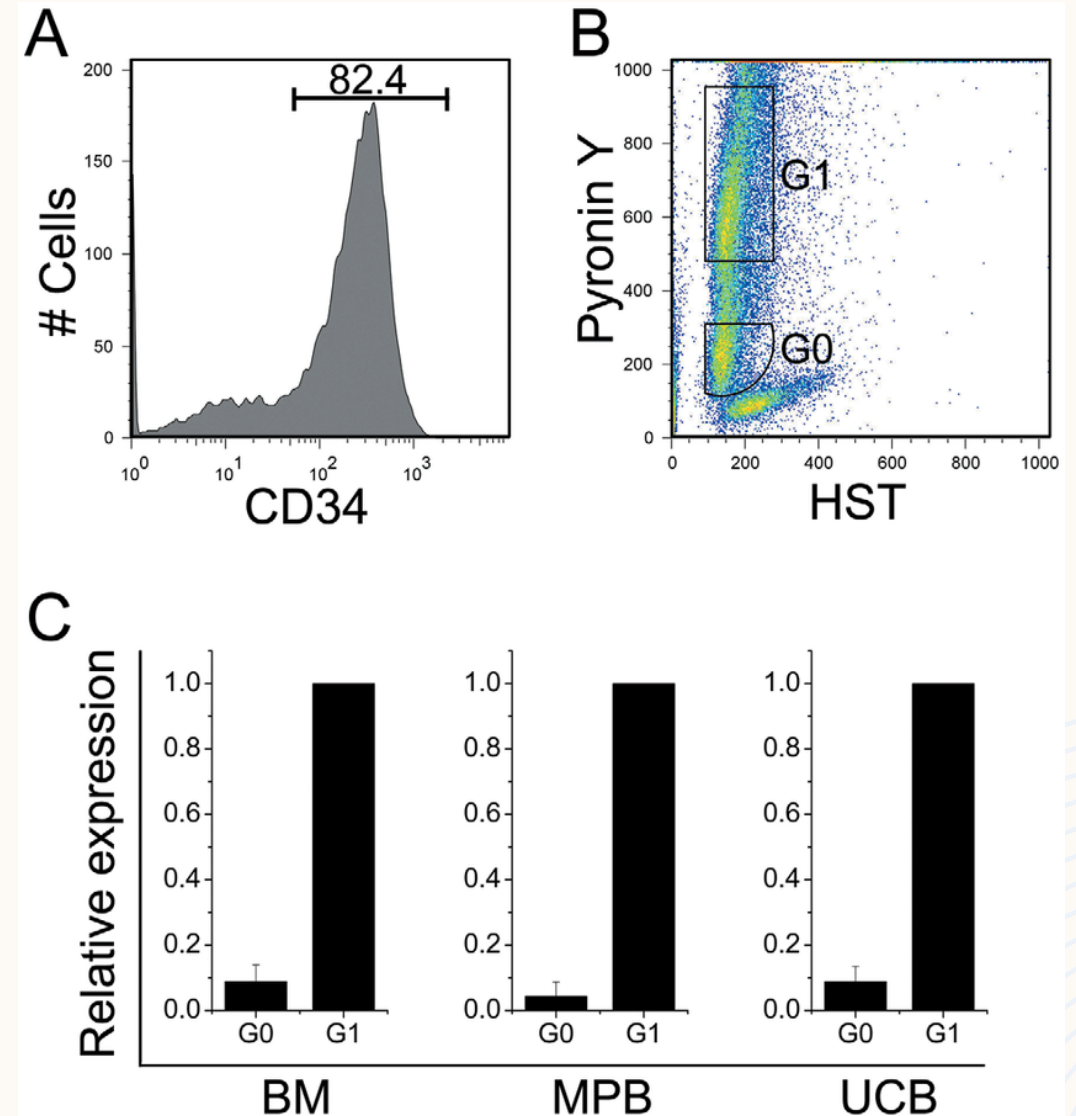


SHADOW

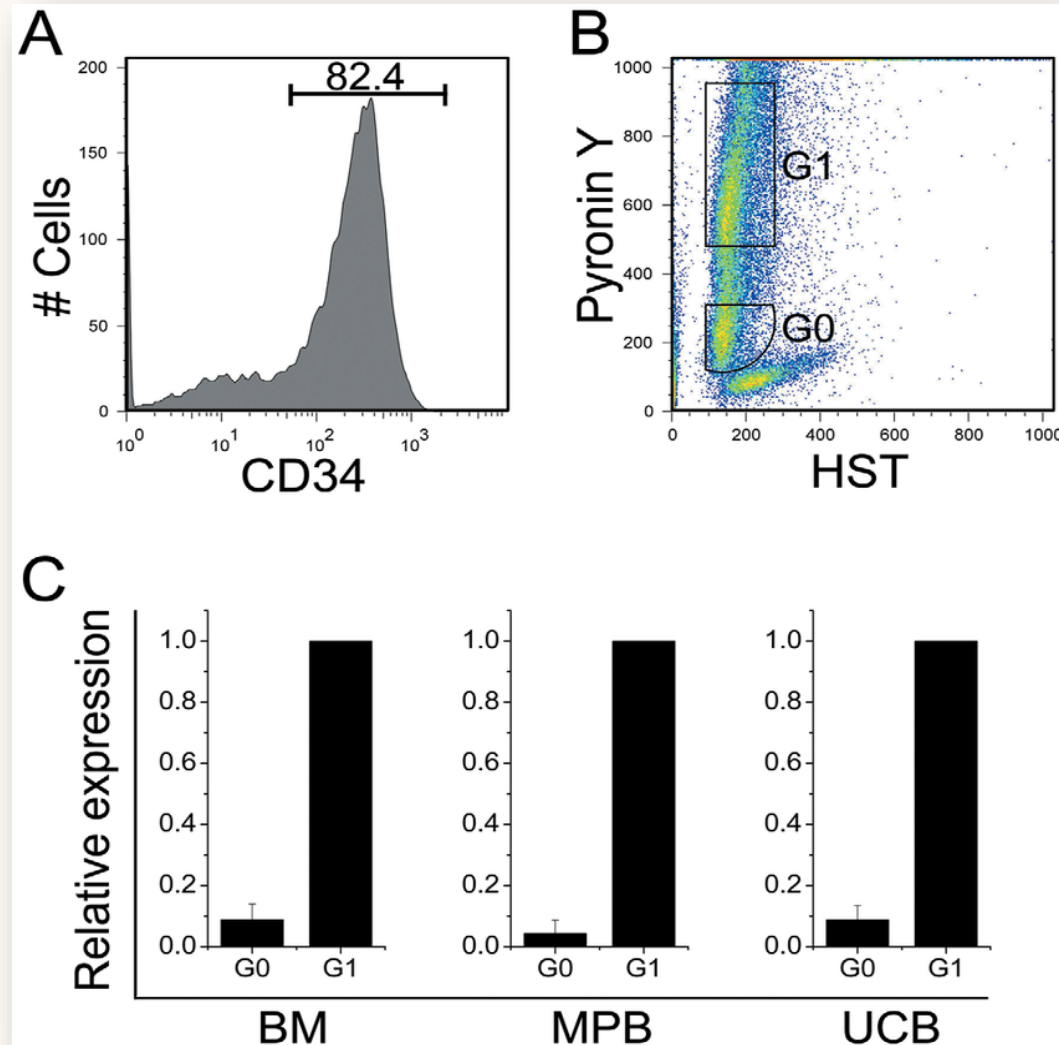
FOR EXAMPLE

The future of reproduction

A representative figure showing typical flow cytometric cell sorting of BM, MPB, or UCB CD34 + cells into G0 and G1 phases of cell cycle. CD34 + cells selected on a Miltenyi MACS column were stained with APC conjugated CD34 antibody, Hst and PY. (A): CD34 positive cells were gated and analyzed for Hst and PY.

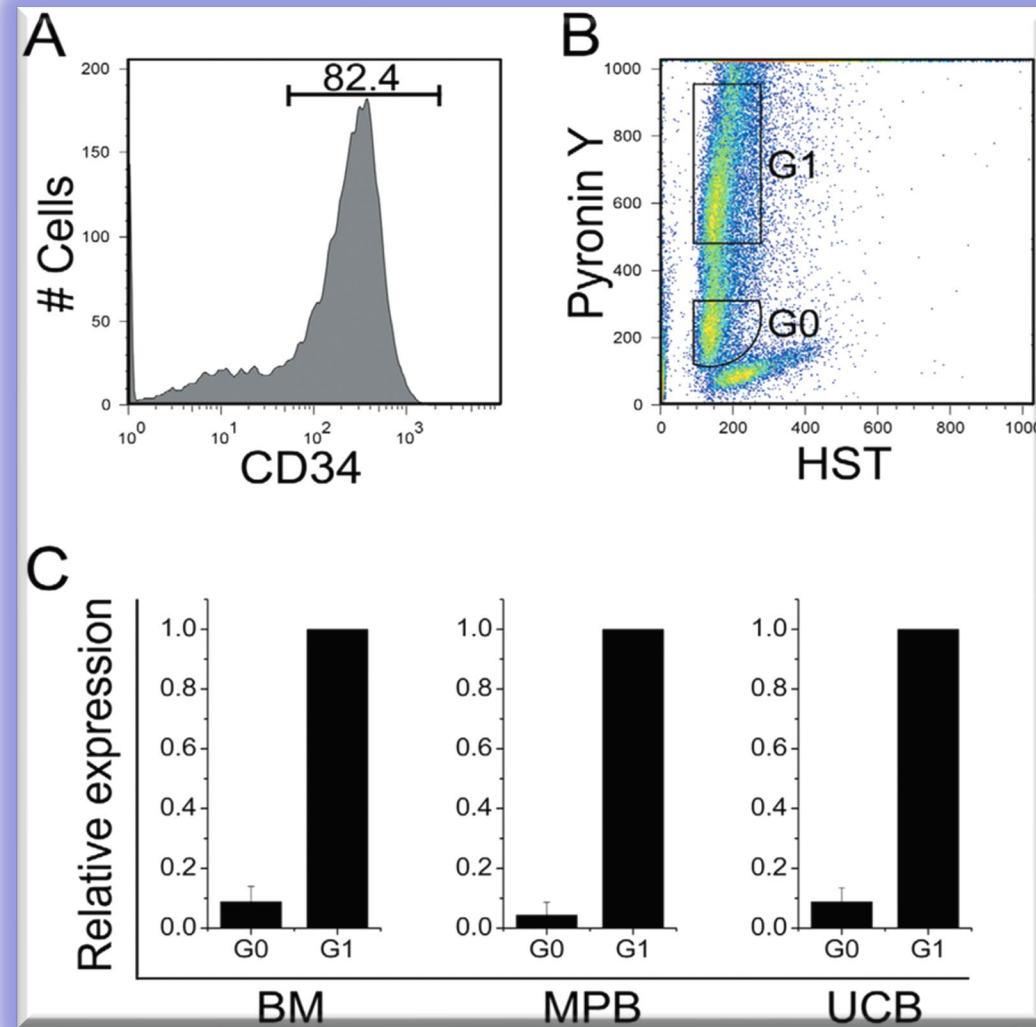


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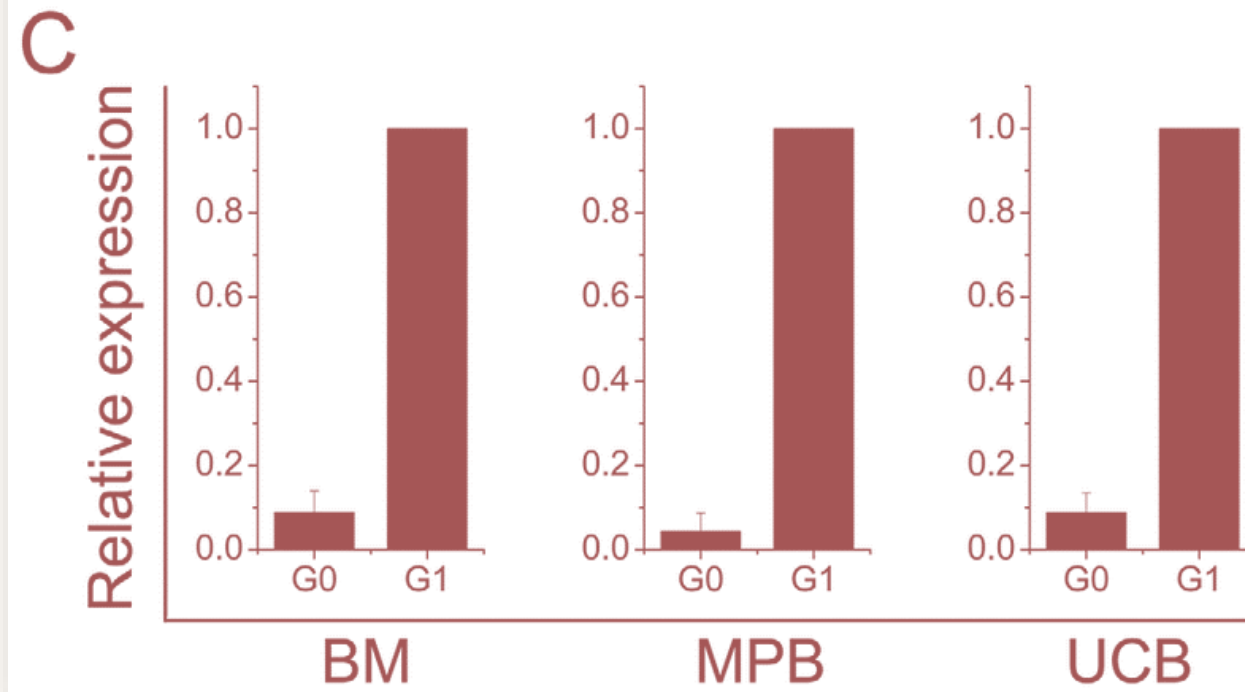
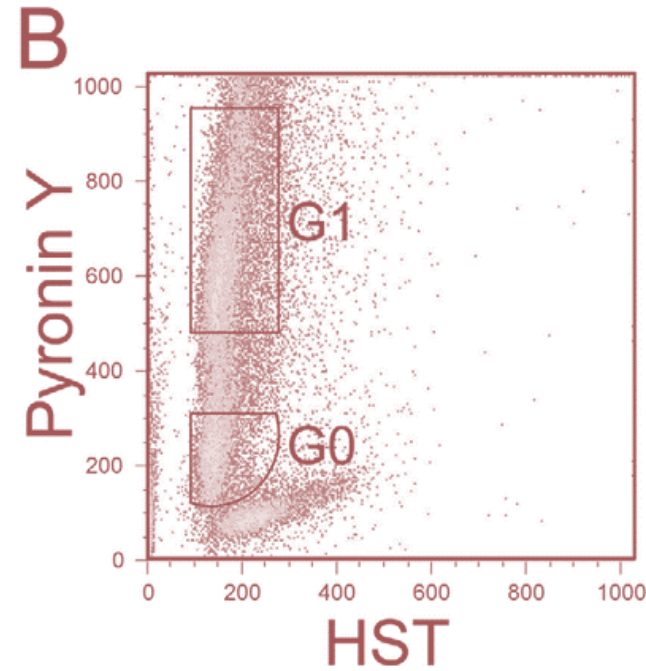
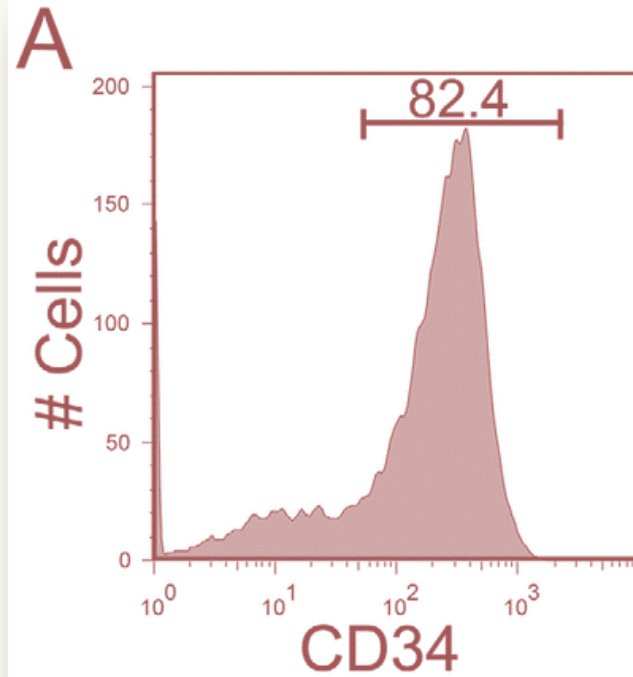


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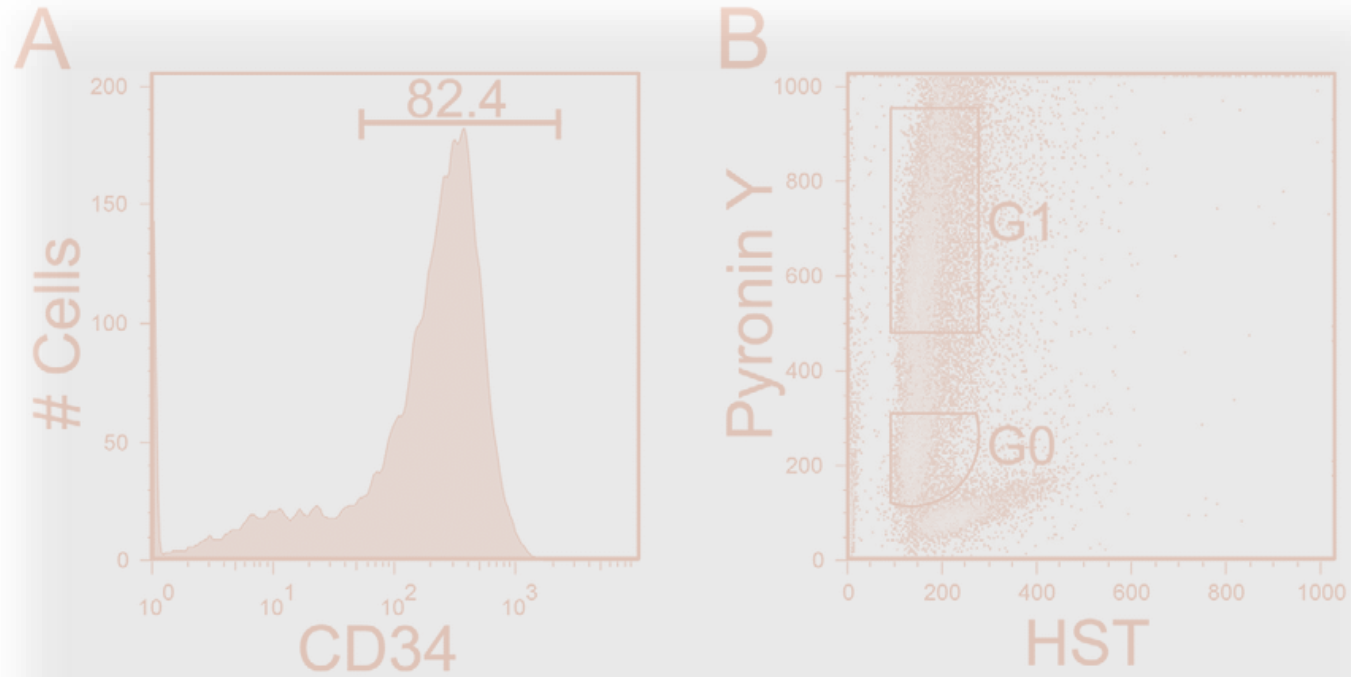
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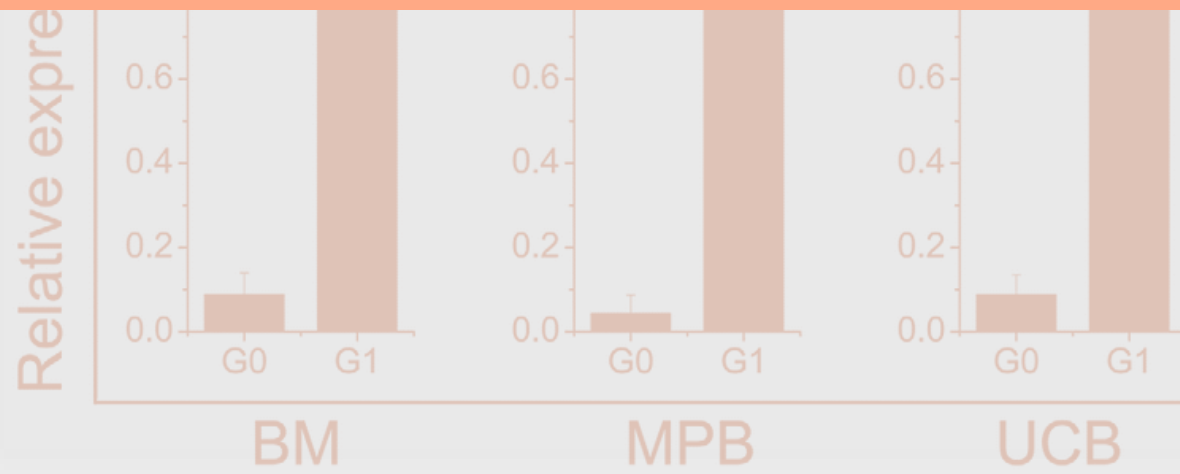
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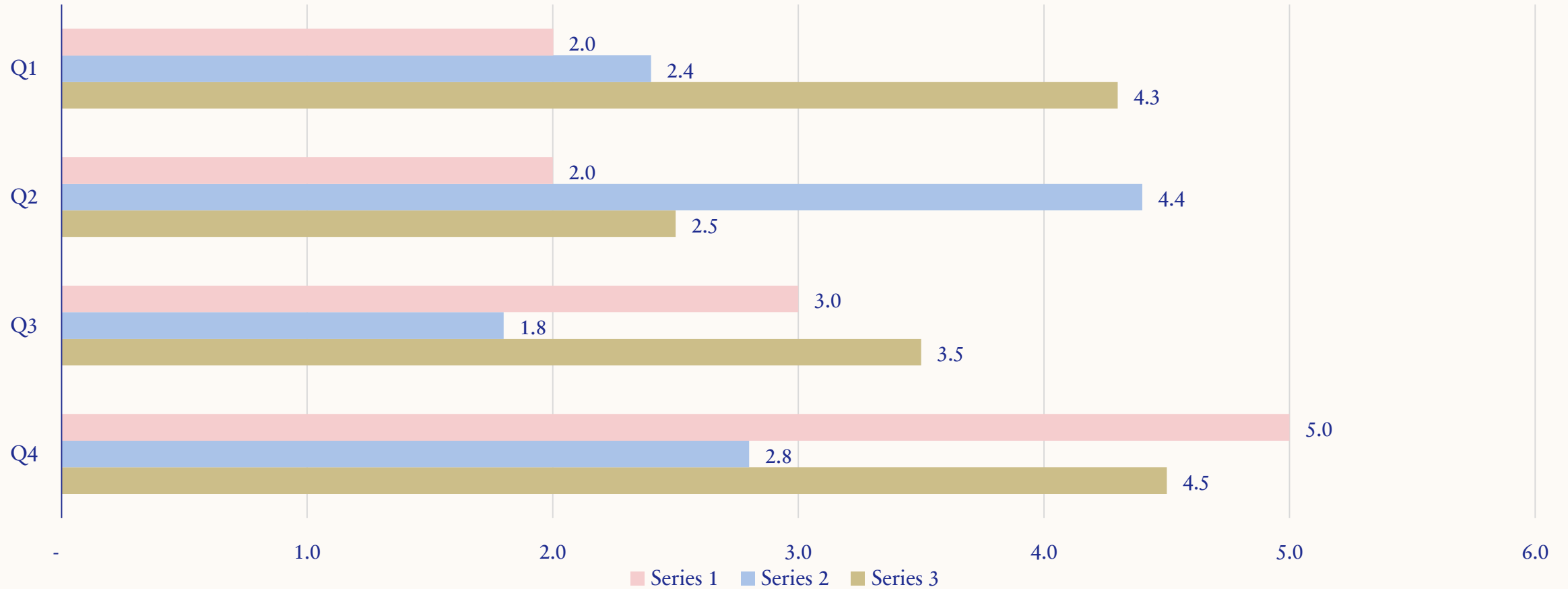
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The future of reproduction



RESULTS CAN SPEAK FOR THEMSELVES



DO NOT OVER COMPLICATE YOUR FIGURES

	B2B	Supply chain	ROI	E-commerce
Q1	4.5	2.3	1.7	5.0
Q2	3.2	5.1	4.4	3.0
Q3	2.1	1.7	2.5	2.8
Q4	4.5	2.2	1.7	7.0

ANOTHER EXAMPLE

Racial Disparities

- Minority children are disproportionately identified in child abuse evaluation and work-up
- Higher case substantiation rates than White counterparts
- Controversial whether race is independent risk factor for child abuse or reflective of SES
- Case detection is subject to mandated reporter conscious or unconscious biases



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Universal Screening for Non-accidental Trauma: Can we eliminate racial disparities

STEPHANIE CHAO, MD

Assistant Professor of Surgery
Trauma Medical Director, LPCH
Stanford School of Medicine



Lucile Packard
Children's Hospital
Stanford

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18 MAY 2021

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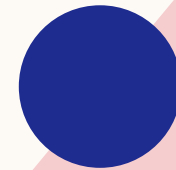
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WHAT YOU SAID AND WHAT THEY HEARD

RELATE TO YOUR AUDIENCE

You don't have to be perfect

It can be liberating to have faults

Smile and make contact

Don't use jargon you wouldn't use in daily conversation



PROS

AND
CONS

OF
MEMOIZATION

COMMAND STAGE PRESENCE



be genuine.

be you.

keep it simple

strategic pauses

strategic repetition

AGENDA

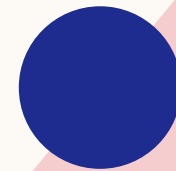
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YOU ONLY HAVE ONE CHANCE TO MAKE A FIRST IMPRESSION

START STRONG

Anecdote
Quote
Rhetorical question
Invite your audience
in

SHOW YOUR PASSION

Let your passion for
your topic shine

PLAN YOUR DELIVERY

Zoom
Notes
Slide advancer

PRACTICE

Do I really need to
say more?

TAKE A DEEP BREATH

If that doesn't work,
take propranolol

**SHOWMANSHIP CANNOT
REPLACE
TRUE EXPERTISE**



HOW MANY SLIDES IS ENOUGH?



VC: 10 – 20 -30 rule

SC: Do not exceed ONE slide per minute of allotted time

IN CONCLUSION



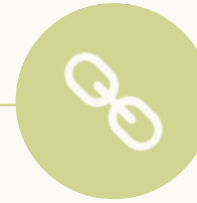
TAKE

- MAKE THEM MEMORABLE



HOME

- THEY DON'T HAVE TO BE OVERREACHING



POINTS

- DON'T INTRODUCE ANYTHING NEW IN THE LAST SLIDE

SUMMARY

Make them memorable

Don't overreach

Don't introduce anything new in your last slide

**THANK
YOUs**

RECOGNIZE YOUR TEAM



TAKUMA HAYASHI

THE SPONSOR



MIRJAM NILSSON

THE ENFORCER



FLORA BERGGREN

THE CHEER LEADER



RAJESH SANTOSHI

THE NICE GUY

THE END