

# How to Give a Talk

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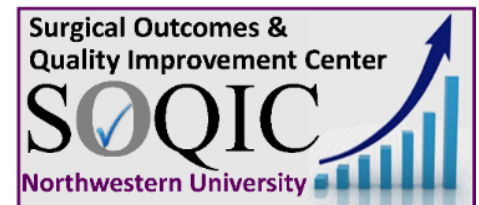
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# Outline

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- Preparation
- Structure
- Delivery

# Preparation

- Abstract should reflect near final data, if not final
  - Ok to perform additional sensitivity analyses, add more complex findings later
- Begin planning as soon as talk accepted for oral presentation
- Best preparation is writing the paper, submitting to journal, and receiving reviewer comments
  - Double the work if do this later
- Ask yourself early: What is the purpose? Why is this important and interesting? What do people need to know about the background to understand?
- Know your audience

# Structure

- Many different formats (but ours is the best!)
- Use contrasting colors
- Should be able to read in the back
- Goal is simplicity and clarity
- Prefer not to use widescreen unless forced

# Structure

## ■ Title

- Can be provocative
  - Large, bold font
  - Author list organization
  - Don't emphasize yourself
  - Icons are good
  - Include institution
- 
- DON'T WASTE TIME ON THE TITLE SLIDE
  - Let the audience read disclosures and move on

### Appropriateness of Intraperitoneal Chemotherapy in The United States: Time for a Dedicated Registry?

Ryan J. Ellis, MD, MS; Anthony D. Yang, MD, MS; Karl Y. Bilimoria, MD MS;  
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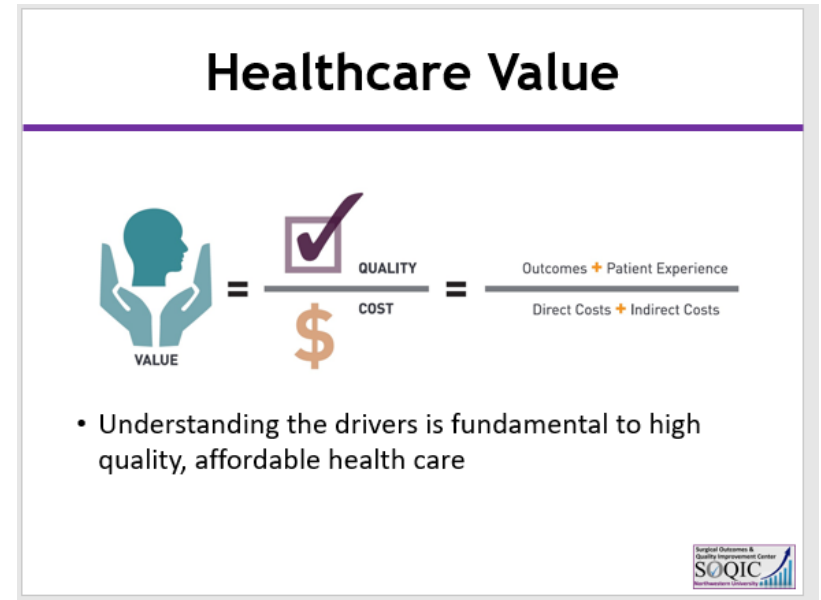
AMERICAN COLLEGE OF SURGEONS  
*Inspiring Quality. Highest Standards. Better Outcomes*



# Structure

## ■ Background

- Descriptive title (not just “background”)
- Try to never go below 20-24 font if possible
- Clearly set up talk
  - Introduce the topic
  - State the problem, and why its important, why should your audience care?
- Pitfalls:
  - Too long
  - No clarity on the problem
  - Overstating importance or novelty



# Structure

- Objectives
  - Same as abstract
  - Up to three

## Objective

- Define the actual cost of individual 30-day complications using robust, clinical data from a diverse group of hospitals



# Structure


## ■ Methods

- Be concise, only the relevant information
- Patient population, dataset used, exposure variable(s) definition, outcome(s) definition, statistical analysis
- For quick shot:

### Methods

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<p><b><u>Patients</u></b></p> <ul style="list-style-type: none"><li>• Surgical patients (n=6,387) who underwent surgery at 4 Illinois hospitals<ul style="list-style-type: none"><li>– 1 academic medical center</li><li>– 1 comprehensive community</li><li>– 2 community</li></ul></li></ul> <p><b><u>Costs</u></b></p> <ul style="list-style-type: none"><li>• Actual total 30-day costs (direct + indirect)</li></ul>	<p><b><u>Outcomes</u></b></p> <ul style="list-style-type: none"><li>• ACS NSQIP data</li><li>• Standardized, 30-day outcomes</li></ul> <p><b><u>Statistical Analysis</u></b></p> <ol style="list-style-type: none"><li>1) Unadjusted cost among patients with/without a complication</li><li>2) Adjusted costs<ul style="list-style-type: none"><li>– Median regression, accounting for hospital effects and patients factors</li></ul></li></ol>
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# Structure

## ■ Results

- Use descriptive titles, not just “results” (e.g., “Patient Characteristics”)
- **Do not** copy tables from paper
- Never say “this slide is hard to read”
  - Recreate tables / figures for the talk
- Carefully use animation (distracting if too much)
- Go slow – must walk people through tables / figures
- Keep it simple
- A confusing figure will derail your message
  
- Pitfalls:
  - No interpretation in this section
  - Don't overstate data
  - Don't rush this section
  - Don't over complicate the data and your message

# Structure

- Discussion
  - Summary slide
  - Limitations
    - Don't just state the obvious
    - Can inoculate yourself here
  - Conclusions
    - Not a summary
    - Interpret your findings and indicate implications
    - Next steps (don't just say “A trial is needed to...”)
  - Pitfalls
    - Redundant
    - Over stating findings and importance
    - Not sticking to organization of objectives, emphasizing sub-analyses/sensitivity analyses, not main findings

# Structure

- Acknowledgements
  - OPTIONAL
  - VERY brief
  - Do not be dramatic or overly reverent
  - Picture is fine
  
- Last slide is title slide

# Delivery / Day of Talk

- Go to the room early, stand at the podium, learn slide advancement etc
- Talk slowly, deliberately
  - Take introductory sentence to podium and read it to break the seal
- Timing
  - Goal is 10 min for 12 min talk etc.
- Stand strong, tall, eye contact
- Ok to memorize at first, but practice at nauseum
  - Eye contact (DO NOT READ YOUR TALK)
  - Prune words on the slide over time
- Avoid jargon, abbreviations no one knows
- Know your audience
- Have fun – be excited to share your data!

# Q & A

- Bring paper and pen to be ready
- Be polite, friendly, and confident
- Do not lie, or make up data
  - Better to say you do not know
- Be prepared!
- If you don't understand a question, you can:
  - Restate the question
  - Ask the moderator for clarification
  - Answer what you think is relevant
- Do not be
  - Arrogant, loose your cool, argumentative
  - Do not ignore questions (your not at a political debate)
- Discussant can be a friend or foe
  - Send talk early, send draft of paper early
  - Appropriately respond to tips / critiques / suggestions

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