**Tips on Leading A Teaching Conference**

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**I.        Choosing a good topic**

The most important criterion to use selecting a topic is whether it interests YOU. If you find the topic boring, it will be hard to interest the audience. It’s a good idea to keep a list of topics you want to know more about. If you don’t have such a list, think about a topic you want to spend some time investigating. Good sources of topics are clinical issues that have come up in your care of patients. Were there instances where you were uncertain about what to do, were given conflicting advice by others, or where you disagreed with the advice you were given? Were there questions that came up to which you could not get a ready answer from textbooks? These make good topics.

It is nice (but not essential) to choose the topic based upon a case that you saw. Think about what made the case difficult or interesting. If it was a diagnostic dilemma, make the focus of the talk the symptom(s) (e.g., bloody diarrhea), not the disease (Campylobacter enteritis). On the other hand, if the main issue of interest was management (e.g., encopresis), focus on that. It is OK to change the story somewhat to emphasize the clinical dilemma or to make a point.

Be willing to think outside the box. There is a lot more to medicine than what you’ll find in textbooks, and many ways to teach besides PowerPoint. See if you can come up with a conference that includes some experiential learning. For example, when Elisa Sohn (a resident who finished in 2003) gave a talk about hearing loss, she played tapes of conversation from which certain sound frequencies had been removed, and we got to experience how hard it was to understand speech without those frequencies.

**II.      Begin to inform yourself**

It is a good idea to spend at least 15 minutes looking into a potential topic before recruiting your preceptor. This means at least reading a few pages in a textbook or two, and perhaps doing a quick search to see what sort of articles have been published on the topic lately.

**III.    Identify a faculty preceptor**

A copy of the handout for faculty preceptors is attached. The preceptor can be a general pediatrics faculty member or a member of a subspecialty division. The preceptor can also be someone who has a primary appointment outside of pediatrics (e.g., orthopedics, dermatology) or someone from elsewhere within the medical center (physical therapy, social work, pharmacy) or the community (e.g., health department), as long as that person agrees to help you prepare the talk, attend it, and give you feedback on how you did. (We prefer the mentor be a faculty member, not a fellow, however.)

Preparing a talk with a faculty member is a good way to get to know him or her. Many residents who are interested in a subspecialty may want to identify a preceptor from their field of interest.

You can decide with your preceptor how many times, when, and for how long you meet. You might want to wait until you have sent him or her a draft of a PowerPoint presentation or handout, or you might want to meet (or at least talk on the phone) earlier to get guidance about how to learn about your topic.

**IV.    Educate yourself about the topic**

It’s good to start with reviews – textbooks, Clinics of North America, etc. The less you know at baseline, the greater the percentage of what you learn can come from these sources. But do not rely totally on reviews. After all, if all your audience wants to know is what’s in textbooks, they can read them when they want to know that material a lot more efficiently than they can get it from you.

You should plan on doing a literature search and reviewing at least a few original articles. If your focus is on diagnosis, it’s helpful to find one or more articles that describe the evaluation of a series of patients with the presenting complaint of interest, so you can see the relative likelihood of different diagnoses and see what clinical features or laboratory tests were most useful in distinguishing between them. If your focus is on management, look for systematic reviews (if it is a common problem) or randomized trials (if it is less common) by using the Clinical Queries feature of Pubmed. Look not just for statistical significance – try to get some evidence of the *effect size*. What is the *number-needed-to-treat?* (For definitions of these, see TN’s handout “Suggestions for Leading a Journal Club,” available at <http://itsa.ucsf.edu/~newman/JOCLUB.htm.>)

One thing that usually is NOT in textbooks is costs (or charges). For medications, you can fairly easily look these up (e.g., with Epocrates or on the web at [www.internationalpharmacy.com.](http://www.internationalpharmacy.com./)) For laboratory tests or imaging studies, you can call the relevant UCSF department for charges. (What insurance actually pays is less, but as more and more patients lack insurance of have high deductibles, charges become more relevant.) If you can get access to the medications (and it is safe) you might want to taste them.

Another thing that is helpful is to look at patient information handouts. Do we have one in the clinic? Is it the best one you can find? Is there one on MD Consult? If you look at some patient information handouts and find the best one (perhaps in consultation with your preceptor) copy the file to the hard disk in the Urgent Care Conference Room. (Eventually we may be able to get our own handouts up on a UCSF Pediatrics Website!)

**V.      Prepare the talk**

**A.     Start with an outline**

This is helpful to you as you figure out how you are going to use your conference time. It also is helpful for participants if you tell them what you are going to say ahead of time and have signposts every 10-15 minutes to let people know where you are. People like to know what is coming, and what is coming next, and sometimes can help you keep on track if they know where you are going. For example, if you are only half-way through what you wanted to cover and the time is 75% gone, people may hold off on asking a lot of questions. On the other hand, if it looks like you have plenty of time, people will feel freer to participate.

**B.     Decide on objectives**

This may sound hokey, but it helps to think about your OBJECTIVES for the talk. What message is it that you want your audience to take home? You can be very specific about these. For example, you can say, “At the end of this talk I want you to be able to name the 3 most common and the 2 most serious causes of cyanosis in newborns.” During the conference, you want to tell them what you plan to tell them, tell them and then tell them what you told them.

**C.     Decide on format**

How interactive do you want to make it? Lectures are usually boring, and people don’t retain as much from them as they do when their role is less passive. On the other hand, the larger the group, the less each person can participate.

One problem is that the audience will be heterogeneous – from third-year medical students to R3’s, fellows and faculty. One way to keep the more senior people interested is to invite them to contribute examples. embellishments and pearls from their own experience.

If you do want to present a lot of material as a lecture, at least think about places where you can get the audience involved, and ALWAYS leave plenty of space for questions.

**D.     Know your audience**

Think about what kind of information they want to hear. What do they already know about the subject? What can you do to grab their interest? (Present a case? Tell what might happen if they don’t learn what you are teaching?) One generally useful teaching tip is always to provide the 3 most common ways that people mess up.

**E.     Practice!**

Practice the talk, preferably out loud, and with an audience (partner, friend, colleague) that can make some suggestions as to what was unclear, dangerous to say (be especially careful about jokes) or possibly not correct.

**F.      Powerpoint tips**

**We don’t want to imply any endorsement of Powerpoint. In fact, talks that use the white board are often better. But so many people do use Powerpoint that it is worth listing some general pointers.**

**1.       Don’t put too much on slides, if you do, you might be tempted to read it, which is pretty boring. As a rule of thumb, you should avoid font size smaller than 24 point.**

**2.       Black on white is easy to see even if the room is not dim. Plus, if all slides are on a white background, you’ll find that pasting in tables or images is usually easier. Avoid red on a dark background or yellow on a light background, even if they look OK on your computer screen. When projected, the contrast is less.**

**3.       You can find images using the Image search option in Google or you can see if your preceptor has some good slides to share**

**4.       Note you cannot download X-rays or any confidential information from patients into your talk**

**5.       Provide novelty in the talk, such as the use of questions, puzzles and cases, pictures.**

**6.      A good average is a new slide every 1-1.5 minutes, or about 30-50 slides for a 45-minute talk. If you have many more slides that this you may focus too much on getting through them, rather than welcoming questions and discussion.**

**G.    Make a handout**

This is not absolutely required, but it is a good way to capture the most valuable lessons you learned from giving the talk, and it will definitely help you learn the material better. It also provides a nice concrete opportunity for your preceptor to review what you’ve written and make suggestions.

Make sure the handout has your name and the date. Undated, anonymous handouts belong in the recycling bin.

**VI.    Meet with your preceptor**

The meeting with your preceptor can be before or after you have a draft/ plan for your talk or both. The main goals are to get suggestions, get your questions answered, and get feedback on any handout you are planning to distribute. But there’s another goal, too. This is a chance for you and a faculty member tp get to know one another a little better. It’s good if the preceptor is willing or eager to get his or her name on the handout, either as a co-author, an acknowledgement, or “reviewed by:”

**IF YOU WOULD LIKE TO MEET FOR LUNCH, THE DEPARTMENT WILL PROVIDE $10 IN CREDIT AT THE MOFFITT CAFETERIA!**

**VII.  Giving the talk**

**A.     Attend to pre-talk publicity**

There’s no point going to a lot of trouble preparing something if no one shows up. Make sure that people know when you are speaking and that you are hoping to see them there. In addition to the faculty preceptor for your talk, invite your faculty residency advisor to attend as well. Don’t hesitate to invite any other faculty. If they attend, they may be able to help with the questions/answer/discussion.

**B.     Arrive early and check things**

Sometimes the AV stuff does not work the first time, and speakers look helpless and surprised when this happens, and their audience’s time is wasted. Good speakers value their audience’s time and are conscientious, so they arrive early and make sure everything works ahead of time. The PowerPoint presentation should be checked to make sure the computers are compatible with the projector. Have the presentation on a floppy disk (if it fits) a CD-ROM, or even better a USB drive (they are pretty inexpensive and work on all Windows 2000, XP and Mac computers). That also means making sure that there is a good DryErase marker if you are going to use one, that the board is clean, that the chairs are in the position that you want them in. Arriving early may also allow you to change the seating arrangements; you might choose a more informal scattered sitting arrangement for a group discussion, or a more organized rows of seating for a formal lecture.

**C.     Bring goodies**

For AM conferences, for which lunch is not provided, it’s nice to bring food. Tom Newman will reimburse you up to $20 for food for each AM conference if you give him the receipts.

**D.     Start and end on time!**

This means start at no later than 10 after the hour and end about 55 minutes past the hour. **NO ONE WILL BE MAD AT YOU FOR ENDING EARLY!!!** If you run out of material, you can always ask your preceptor for comments, or open it up for questions to the preceptor.

**E.     Speak loud enough, and remind others to do so as well**

Room M-666 has notoriously poor acoustics, especially if windows are open and it’s noisy in the courtyard. If someone asks a question or gives an answer that others can’t hear, repeat it for the group (or ask them to). Sometimes you can abbreviate and clarify what they said at the same time. You yourself should be standing rather than sitting. . Talk to your audience, not the screen, and make eye contact with several different people in the room.

**F.      Nervousness**

Don’t worry, your talk will be fine. Practicing helps. Here are the 3 most common ways that people mess up:

**1.       Talking too much (too many slides, not asking if there are questions, not looking up or out at the audience)**

**2.       Talking too long (going over the allotted time)**

**3.       Not having a faculty preceptor**

If you can avoid these 3 things, you will be ahead of the game!

**VIII.            After the talk**

**A.     Meet with your preceptor for feedback**

This can be brief – about 5 minutes. Evaluate yourself first. What did you think you did well? What would you do differently next time?

Also, if you are comfortable, let the preceptor know what he or she did that you found helpful, and provide any suggestions about how he or she could do better next time.

**B.     Think about IMPLEMENTING something you have learned.**

For example, if you gave a talk about acne medications, make sure that patient information handouts and your handout that go over the medications, their costs, risks, and indications will be available for others to use in the future.

**C.      When you go to future teaching conferences, try to notice what works and does not**

**1.       Provide specific, positive feedback to your colleagues**

**2.       If you notice something suboptimal, make a note to yourself not to do it**

**D.      Was this handout useful?**

Please pass on any suggestions for improvement!