复旦大学附属
中山医院
ZHONGSHAN HOSPITAL

How to Do a Presentation in the International Conference

Tips, Tricks and Basic Rules

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2018-8-10

Presenting at a medical meeting

Scientific Presentations

- To present a scientific abstract

Invited Lectures

Education Lecture or a State-of-the-Art Lecture

Keynote and Personal Lectures

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Scientific Presentations

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OUTLINE

- Why to present at a medical conference
- How to deliver a successful Scientific Presentation
- How to Prepare a Presentation
- How to Make a Poster
- Tips for attending international academic conferences

Aims of doing a presentation

- To get your message across to other professionals
- To obtain new ideas
- To create c
  - Comm
  - Potential reviewers
- To look for collaborative opportunities
- To be part of the network

It is not about your knowledge ***but*** what you are able to communicate

A successful presentation

Three parts involved in oral communication

- The transmitter: you
- The medium: the environment
- The receiver: the audience

The transmitter

YOU

Before you go...

- Review recent work of the field
- Perform a trial run
  - Rehearse your presentation a few times at home with a timer
- Prepare for the potential questions and challenges

Communicate with the chairperson in advance

- Make yourself known before the presentation
- Find out how the session is organized
- Confirm your time slot
- Ask if there are any changes in the progamme
- For smaller audiences or for special lectures, initiate conversation with audience if possible

Go over other topics in the same session

The Universal Speaker's Law

Tell them what you are going to tell them	• Start with a good outline
Tell them	• Your material and data in detail • Use simple sentences
Tell them what you told them	• Summaries your material and data and finish your presentation

- **Do not be late**
  - Arrive ahead of time and initiate conversations with a few participants
- **Never act clever than your audience**
  - Being arrogant and patronizing is the biggest mistake to make
- **Be careful with humor**
- **Finish on time**

The medium

Visual Aids

Audio-microphone

Accessories-pointer, water

The Lecture Room

Visual Aids

- PowerPoint slides
  - Versions of PowerPoint compatible with the meeting computer
  - Always perform a trial run beforehand
  - Be strict with your use of movies-TRY ahead of time
  - Read the meeting’s guide

The receiver

Be sure to talk about the right topic to the right audience

Emphasis on your material and data in detail

How to prepare a presentation

Scientific logic

- Why did you do this?
- How did you do it?
- What are the results?
- What is your interpretation?

Language logic

- complete (完整)
- concise (简明扼要)
- coherent (连贯的、合乎逻辑的)

A Perfect PowerPoint Presentation

Data

Structure

Data/Content

- Try to focus on the key elements of what you want to say
- Distinguish the main points from the side issues
- Do not present conflicting items unless you want to discuss these conflicts
- Summarize in only three sentences what you plan to say
- Write down what you want the audience to learn or remember from your lecture--take home messages

Components for a presentation	Description
Research questions	Rationale for doing this study
Study design	Retrospective, randomized, and so on
Inclusion and exclusion criteria Describe	the study population
Materials and method	Describe patients, technique, statistics, and so on
Results	Based on good statistics
Conclusions	In relation to the research questions
Authors and contact details	introduce yourself and your co-workers
disclose any conflicts of interest from yourself, your group or institute	If any

Limit the number of slides to no more than 10–12 for a 10-min presentation

The style

- 标题 40号
- 小标题 32号
- 文字 24号

- 标准字体
- 使用同一套字体
- **粗体**
- 特殊效果？

蓝色背景忌用
红字或黑字

浅色背景上的
深色字
最易分辨

- 文字和图表达到平衡
- 适当留白，勿过于拥挤

善用ppt模板

勿使用过多颜色

The Barit study was a multi-centre study to investigate the use of milk in prevention of fractures in octogenarians. The study was sponsored by the national institute of natural farming, the NINF, and was initiated by 2 indi
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participated in thi

The Barit study

- Multi- center study in 2000 octogenarians
- Use of milk in prevention of fractures in octogenarians
- Primary investigator: C. Milk, MD, institute for global agriculture.

Sponsor: **national institute of natural farming, NINF.**

The rule of six

- No more than six lines per slides
- No more than six words per line

Less is More

图和表

- 简单、直观、干净
- 使用图、表、照片提高直观效果
- 图片的质量：200-300dpi、亮度、清晰度
- 避免失真
- 文本框对齐，图片整齐排列
- 表格里数据多时用不同底色标出想要强调的数据
- 特殊效果：3D？

Do use your spell-checker to avoid typing errors

PPT是演讲者的辅助工具

听众是听您讲，PPT的图表和文字起到辅助作用，并非为了照本宣科

目的是“被听懂”和达到“让听众跟着您的思路走”的效果

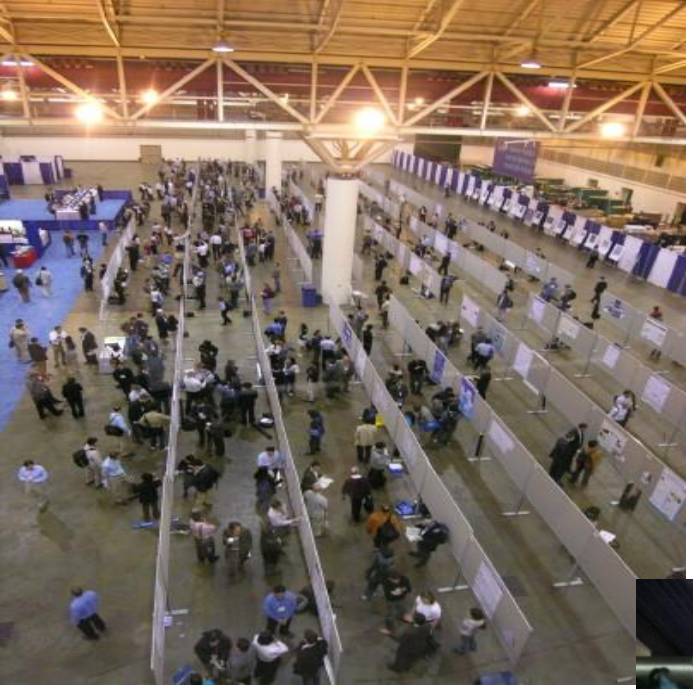
怎么应对学术报告后的提问

- 回答问题往往比做报告还难
- 报告者的水平往往在回答问题时反映得更清楚
- 应该根据事实回答
- 言简意赅，一语击中
- 提前准备问题
- 用提问纸引导问题
- 切忌没有听清问题就文不对题地瞎答一气
- 切忌漫无目的地东拉西扯
- 切忌曲意迎合或顶牛抬杠

What is a poster session?

- An integral part of the academic program
- Organized around a mutual theme and is intended to encourage the exchange of new scientific knowledge, to create a podium for research groups and to stimulate scientific discussion

- Poster
  Poster discussion



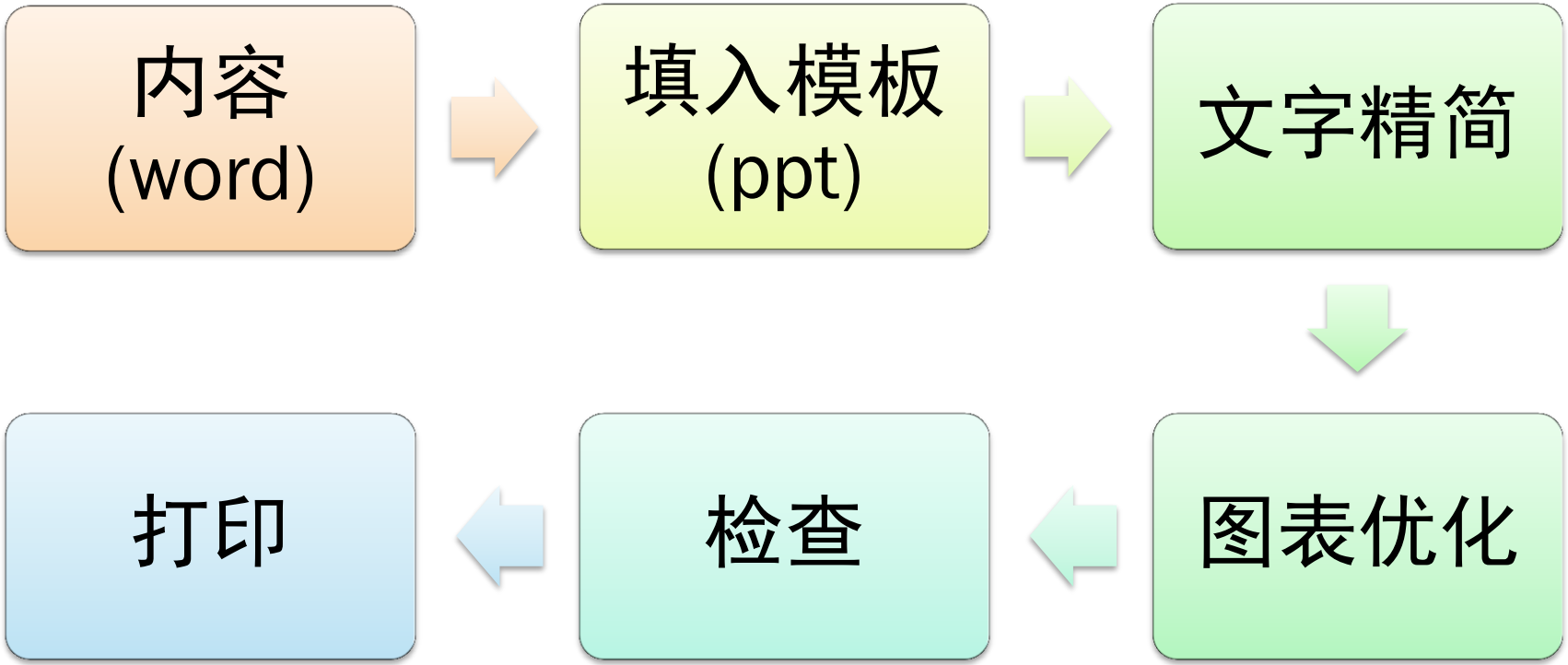
Poster

Poster discussion

海报--可视化沟通工具
视觉效果

- 信息传递明确！
- 看上去很美！
- 3米开外吸引读者，1-2米开外轻松阅读！
- 能否留住你的观众？
  3秒驻足+30秒笼统阅读

怎样做海报



文字

- 大、醒目
  - 主标题90-150，或3米以外可以看清
  - 内容30-32，1-2米开外轻松阅读！
- 精炼、准确
- 按句分成小段

作者信息

- 介绍你自己
  - 照片和Logo的使用
  - 留下联系信息
- 致谢
- 利益披露

Biofilm production: Assessment of the clinical impact in 104 *Staphylococcus aureus* bacteraemias

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HOSPITAL GENERAL UNIVERSITARIO GREGORIO MARAÑÓN

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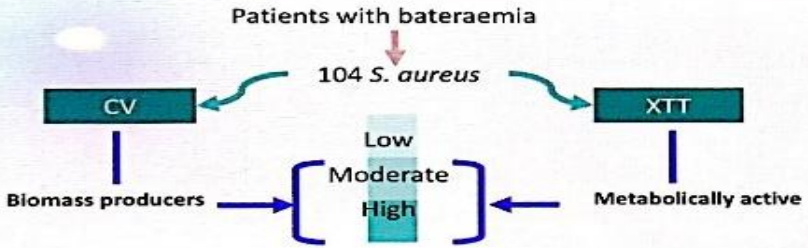
INTRODUCTION

❖ The formation of biofilm in *Staphylococcus aureus* is based on the production of a polymer-based matrix where cells are embedded. The biofilm matrix impedes the access of immune defences and antibiotic penetrance, and purportedly may constitute giving it an important virulence factor of *S. aureus*.

❖ However, we were no able to find data regarding the correlation between *S. aureus* biofilm production and the clinical outcome in patients with bacteraemia.

❖ Our main objective was to analyze whether there was an association between biomass production (by crystal violet, CV) or between metabolic activity (by XTT) and poor outcome in patients with *S. aureus* bacteraemia.

MATERIAL AND METHODS



❖ We considered **poor outcome** in patients with *S. aureus* bacteremia the fulfilment of one or more of the following conditions:

- death
- infective endocarditis
- persistent bacteraemia (persistence of positive blood cultures within 6 days)
- recurrent bacteraemia (positive blood cultures >7 days)

RESULTS

❖ The distribution of biomass production and metabolic activity is shown in **figure 1**.

❖ Poor outcome occurred in 29/104 (27.9%) of the *S. aureus* bacteraemic episodes.

❖ We did not find statistically significant differences between neither biomass production nor metabolic activity and severe outcome (**table 1**).

Figure 1. Distribution of strains according to biomass production and metabolic activity

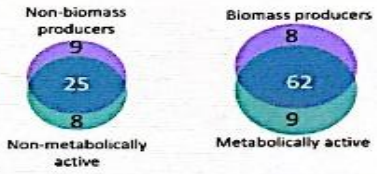


Table 1. Patients' clinical and microbiological characteristics according to biomass production and metabolic activity

Variable	Global N=104	Biomass producers, (%)		p	Metabolically active, (%)		p
		No (32.7)	Yes (68.3)		No (32.7)	Yes (68.3)	
Charlson index, mean (SD)	3.2 (2.4)	3.3 (2.5)	3.2 (2.3)	0.82	2.8 (2.2)	3.4 (2.5)	0.24
Mc Cabe (non fatal), N (%)	65 (62.5)	22 (64.7)	43 (61.4)	0.74	22 (66.7)	43 (60.6)	0.55
APACHE II Score, mean (SD)	5.9 (3.4)	5.5 (3.1)	6.1 (3.5)	0.44	6.0 (3.6)	5.9 (3.4)	0.89
Poor outcome, N (%)	29 (27.9)	11 (33.3)	18 (25.4)	0.39	11 (33.3)	18 (25.4)	0.39
death	10 (9.6)	5 (14.7)	5 (7.1)	0.22	5 (15.2)	5 (7.0)	0.19
infective endocarditis	11 (10.6)	3 (8.8)	8 (11.4)	0.68	3 (9.1)	8 (11.3)	0.73
recurrent bacteraemia	4 (3.8)	1 (2.9)	3 (4.3)	0.73	1 (3.0)	3 (4.2)	0.76
persistent bacteraemia	8 (7.7)	3 (8.8)	5 (7.1)	0.76	3 (9.1)	5 (7.0)	0.71

CONCLUSIONS

❖ Biofilm production, assessed either by crystal violet or by XTT, is not a predictor of poor outcome in patients with *S. aureus* bacteraemia.

❖ Future studies are needed using different criteria in the classification of biofilm production according to the cut-offs and including more patients.

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Pneumovirus Induced Lung Disease in Mice is Independent of Neutrophil Driven Inflammation

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Introduction

The human pneumovirus: Respiratory Syncytial Virus (hRSV) is the most common cause of lower respiratory tract disease (LRTD) in young children and causes considerable mortality and morbidity.

Characteristic features of hRSV-LRTD are:

- Massive neutrophil recruitment in the lungs under influence of IL8
- Viscous DNA-rich mucus plugs obstructing the airways

Neutrophils have been proven damaging during ARDS and sepsis and may play a role in the pathogenesis of pneumovirus infections. One potential damaging effector function of neutrophils is the formation of Neutrophil Extracellular Traps (NETs), which consist of expelled DNA-fibers covered with toxic granule proteins which can capture microbes but also damage host tissue.

Hypothesis

We hypothesized that neutrophils are detrimental during severe pneumovirus disease and as such, that neutrophil depletion will lead to improved clinical and histopathological outcomes.

Aim

We aim to confirm the detrimental role neutrophils play during severe pneumovirus infection in mice. This could provide new insights in the pathogenesis of pneumovirus infections and lead to anchorpoints for new treatments.

Methods

Animals

- C57Bl6 mice (female, 8wks)
- BALBc mice (female, 8wks)

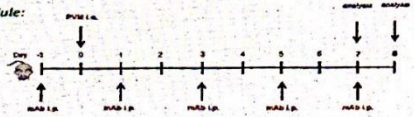
Virus & Inoculation

- Pneumonia virus of mice (PVM) strain J3666
- 2.3 x 10^4 copies of PVM intra-nasal

Neutrophil depletion

- Intraperitoneal injections with anti-Ly6G mAb (500µg, 1A8)

Schedule:



Results

Depletion efficacy

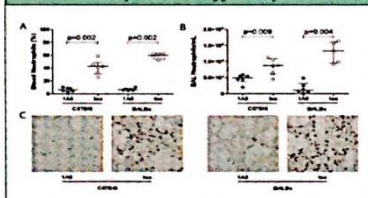


Figure 1: Significant neutrophil depletion in the 1A8 treated groups.
(A) Percentage of neutrophils present in blood in C57Bl6 mice at the final study day (B) Absolute number of neutrophils per mL of BAL at the final study day (C) Representative images of LysG staining of lung tissue slides showing minimal interstitial neutrophil numbers in the 1A8 treated animals

Clinical Disease

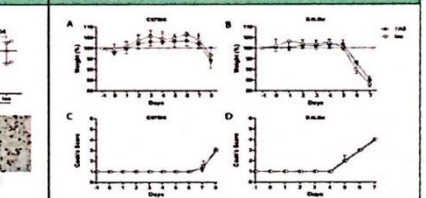


Figure 2: Neutrophil depletion does not result in attenuated disease severity
(A-B) Weight loss and clinical score of illness as measured by the modified Cook's score (C-D) in C57Bl6 and BALBc mice treated with either 1A8 mAb (filled dots, N=6) or isotype control antibody (open dots, N=6) during the course of severe PVM disease. No significant differences between groups. Data are shown as median with bars depicting IQR

Semi-Survival

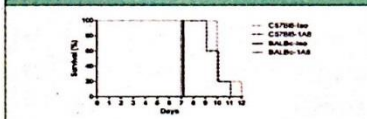


Figure 3: No increased semi-survival in the 1A8-treated groups.
Kaplan-Meier curves showing the percentages of BALBc mice (solid lines) and C57Bl6 mice (dashed lines) treated with either 1A8 mAb (black, N=5-6/group) or isotype control antibody (grey, N=5-6/group) reaching the end point of a clinical score of ≥4 and/or >20% weight loss after PVM inoculation (not significant)

Viral Load

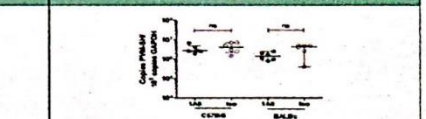


Figure 4: Neutrophils do not influence viral clearance during severe PVM infection.
Viral loads in viral copies per 10^9 GAPDH copies in C57Bl6 and BALBc mice, no significant differences between 1A8 mAb treated (filled dots, N=6/group) or isotype control treated animals (open dots, N=6/group)

Lung Permeability

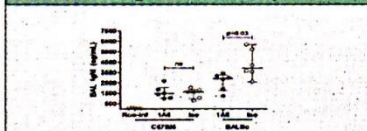


Figure 5: Neutrophils increased lung permeability during PVM infection
Lung permeability as measured by IgM (ng/mL) in BAL of C57Bl6 and BALBc mice. Increased IgM levels after PVM infection, with a significant increase in isotype control treated (open dots, fil=b/gro=p) BALBc mice, compared to 1A8 mAb treated (solid dots, N=6/group) BALBc mice (* p<0.01). Data are shown as individual values and median with bars depicting IQR

BAL Cytokines

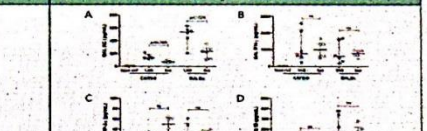


Figure 6: Increased BAL KC levels in neutrophil depleted mice
(A) Significant increases in KC values in depleted mice (B,C,D) No difference in IFN-γ, MIP-1α and IL10 between groups.

Lung Pathology

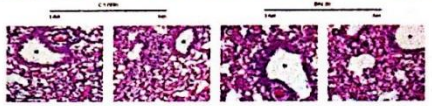


Figure 5: Neutrophil depletion does not result in altered lung histopathology
Representative image of HE staining of C57Bl6 mice showing alveolar cellular infiltrates and proteinaceous debris, with absence of debris in the airways (asterisks) (LD) HE staining of BALBc mice, showing haemorrhaging and proteinaceous debris, with absence of debris in the airways (asterisk, magnification 40x)

NET formation

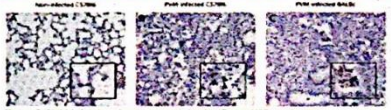


Figure 6: PVM infection does not result in significant NET production
(A) Citrullinated histone H3 staining of a non-infected lung tissue section. no NETs are visible (magnification 400x). (B,C) Citrullinated histone H3 staining of PVM infected C57Bl6 and BALBc mice (both isotype control treated) shows scarce NET formation (insets, magnification 800x) without airway occlusion (asterisk)

Conclusion

- ✓ **Our study shows that neutrophils do not have a major role in modulating disease outcome and viral clearance during PVM infection in mice. As such, this rodent specific pneumovirus model does not support the notion that neutrophils play a key role during severe RSV disease.**
- ✓ **Important differences in neutrophil functions between humans and mice during pneumovirus disease may exist, as shown by the relative absence of NET formation.**
- ✓ **Future studies in humans and possibly other animal models must extend these findings and further address the role of neutrophils in human RSV disease.**

Author Contact Details

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Disclosures

Supported by

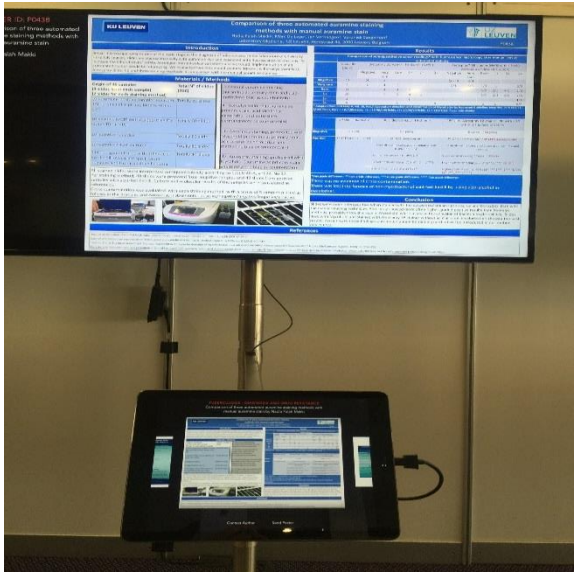
检查

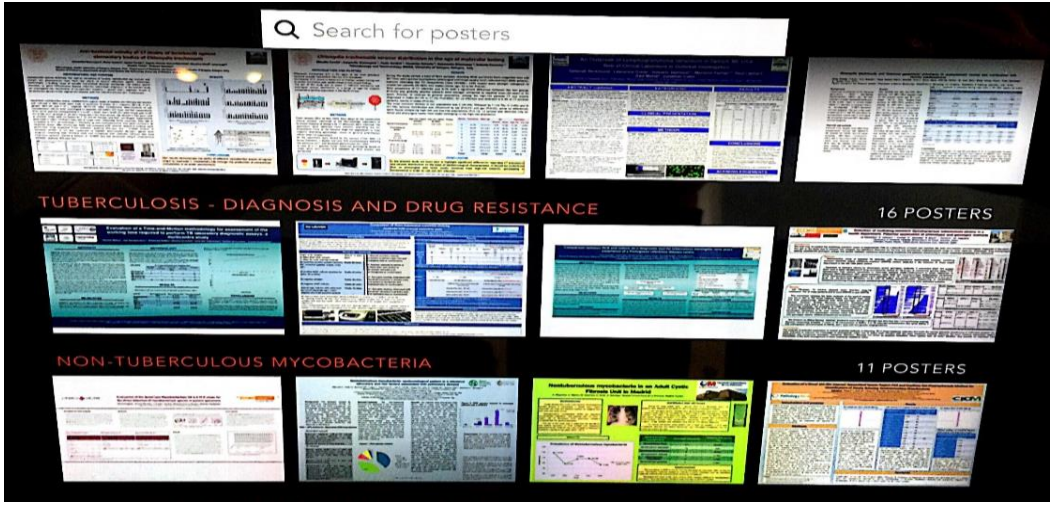
- 打印前
  - 用A4纸打印一份检查是否有打印内容丢失
  - 在海报四周边缘留出最少4cm空白以防打印不准确
  - 检查错别字！！
  - 确认海报尺寸：
    会议要求
    一般120*90cm或90*120cm
  - 请同学、朋友帮助检查

运输和张贴

- 自带：包装（防折叠）
- 定制（会场提取）
- 参展时间和要求、对号入板
- 单行册（handouts）

Digital poster





Poster

通常是提问和回答

主动很重要

Tips for attending international academic conferences

- Planning Your Visual Performance
  - Dress code
  - Do not wear anything which might detract from the main reason of you being there
    ~~夸张的装饰品~~ ~~民族服装~~
- Make a meeting agenda or timetable
- Never put any personal items like your wallet, mobile phone or computer in the congress bag

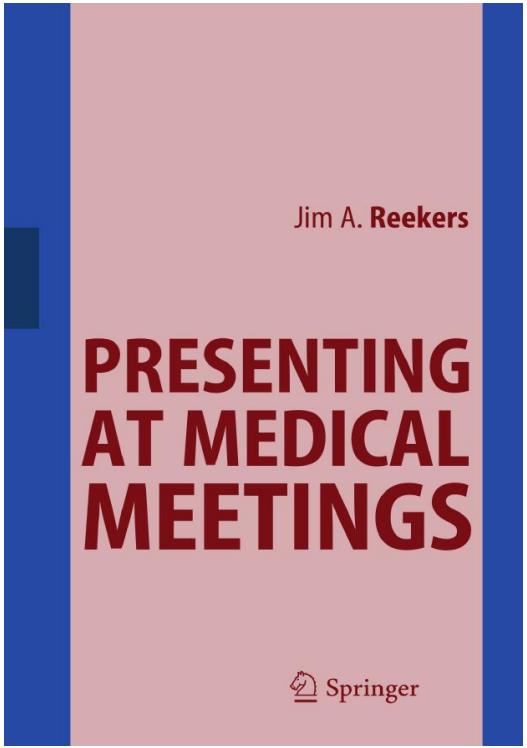
A successful presentation

The outcome very much depends on the **preparation**

Practice makes perfect

References

J.A. Reekers, Presenting at Medical Meetings, DOI: 10.1007/978-3-642-12408-2_1, © Springer-Verlag Berlin Heidelberg 2010



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Thanks for your attention!

Comments are welcome ☺

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