The Art of Teaching
Making a Lasting Impact

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Outline for Session

• “Outcomes” related to teaching
• Research Presentation / National Meeting
• Clinical Case Conferences
• Formal “Grand Rounds” Venue / CME
Making a Lasting Impact
“Outcomes” Related to Teaching

- Change behavior / practice
- Stimulate interest / motivate
- Gain new insight
- Enhance understanding of concepts
- Transfer of knowledge/information
Teaching in the Field of Medicine

Foundational Facts

Cognitive Connections
Presentations / Lectures
Presentations / Lectures

• General skills for all teaching presentation

• Tips for:
  - Research Presentation / National Meeting
  - Clinical Case Conferences
  - Formal “Grand Rounds” Venue
Enhancing Presentation Delivery: The Five P’s

- Preparation (room and AV equipment)
- Projection / Posture
- Pauses
- Pointer
- Performance
Research Presentations at National Venue
Research Presentations at National Venue
Research Presentations at National Venue
National Venues: Things to Consider in Advance

- Don’t assume you know how to work equipment
- You may not be able to see the large screens
- Prepare to see your face on a giant screen
- You may not be able to see audience (bright lights)
- You may get pulled off podium if you run over
Clinical Case Conferences
Clinical Case Conferences: Tips

- Choose good cases
- Keep case presentation concise
- Show clinical images / radiographs
- Make it interactive / unknown dx - rx
- Activate audience discussion / debate
Power Point Pitfalls

Diagnose the Problems
Diagnose the Problem

- Understand your Audience
- Know the Setting/Type of Presentation
- Know your Material
- Determine the Desired Outcome
ARV Guidelines (Outdated)
When to Initiate ARV Therapy

- Initiate in all patients with a history of an AIDS-defining illness or with a CD4 count <350 cells/mm³ (AI).
- Initiated, regardless of CD4 count, in patients with the following conditions: pregnancy (AI), HIV-associated nephropathy (AII), and hepatitis B virus (HBV) coinfection when treatment of HBV is indicated (AIII).
- Recommended for patients with CD4 counts between 350 and 500 cells/mm³. The Panel was divided on the strength of this recommendation: 55% voted for strong recommendation (A) and 45% voted for moderate recommendation (B) (A/B-II).
- Patients initiating antiretroviral therapy should be willing and able to commit to lifelong treatment and should understand the benefits and risks of therapy and the importance of adherence (AIII). Patients may choose to postpone therapy, and providers, on a case-by-case basis, may elect to defer therapy based on clinical and/or psychosocial factors.
Speaker Goals for Session

- Change your approach to preparing for a lecture
- Increase use of images to enhance presentation
- Improve presentation delivery
- Stimulate your interest to improve as a speaker
Speaker Goals for Session

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PRESENTATION SKILLS
STATE OF THE ART
<table>
<thead>
<tr>
<th>Manifestation</th>
<th>Treatment</th>
<th>Adult dose</th>
<th>Pediatric dose</th>
<th>Class^a</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Skin and soft tissue infection (SSDIT)</td>
<td>Incision and drainage</td>
<td></td>
<td></td>
<td>All</td>
<td>For simple abscesses or boils, incision and drainage is likely adequate. Please refer to Table 2 for conditions in which antimicrobial therapy is recommended after incision and drainage of an abscess due to CA-MRSA.</td>
</tr>
<tr>
<td>Purulent cellulitis (defined as cellulitis associated with purulent drainage or exudate in the absence of a drainable abscess)</td>
<td>Clindamycin</td>
<td>300–450 mg PO TID</td>
<td>10–13 mg/kg/dose PO every 6–8 h, not to exceed 40 mg/kg/day</td>
<td>All</td>
<td>Clostridium difficile-associated disease may occur more frequently, compared with other oral agents.</td>
</tr>
<tr>
<td></td>
<td>TMP-SMX</td>
<td>1–2 DS tab PO BID</td>
<td>Trimethoprim 4–6 mg/kg/dose, sulfamethoxazole 20–30 mg/kg/dose PO every 12 h</td>
<td>All</td>
<td>TMP-SMX is pregnancy category CD and not recommended for women in the third trimester of pregnancy and for children &lt;2 months of age.</td>
</tr>
<tr>
<td></td>
<td>Doxycycline</td>
<td>100 mg PO BID</td>
<td>&lt;45 kg: 2 mg/kg/dose PO every 12 h &gt;45 kg: adult dose</td>
<td>All</td>
<td>Tetracyclines are not recommended for children under 8 years of age and are pregnancy category D.</td>
</tr>
<tr>
<td></td>
<td>Minocycline</td>
<td>200 mg × 1, then 100 mg PO BID</td>
<td>4 mg/kg PO × 1, then 2 mg/kg/dose PO every 12 h</td>
<td>All</td>
<td>More expensive compared with other alternatives</td>
</tr>
<tr>
<td>Nonpurulent cellulitis (defined as cellulitis with no purulent drainage or exudate and no associated abscess)</td>
<td>Linezolid</td>
<td>600 mg PO BID</td>
<td>10 mg/kg/dose PO every 8 h, not to exceed 600 mg/dose</td>
<td>All</td>
<td></td>
</tr>
<tr>
<td>β-lactam (eg, cefepime and dicloxacillin)</td>
<td>Clindamycin</td>
<td>300–450 mg PO TID</td>
<td>10–13 mg/kg/dose PO every 6–8 h, not to exceed 40 mg/kg/day</td>
<td>All</td>
<td>Provide coverage for both β-hemolytic streptococci and CA-MRSA</td>
</tr>
<tr>
<td>β-lactam (eg, amoxicillin) and/or TMP-SMX or a tetracycline</td>
<td>Amoxicillin: 500 PO mg TID</td>
<td>Please refer to Red Book</td>
<td></td>
<td>All</td>
<td>Provide coverage for both β-hemolytic streptococci and CA-MRSA</td>
</tr>
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"I know you can’t read what’s on this slide, but……"
Higher Level Use of Power Point with Images
Simple Graphs

HIV Rate (per 100,000 persons)

- Black African American: 1819
- Hispanic Latino: 593
- American Indian Alaska Native: 269
- White: 238
- Asian Pacific Islander: 147
Factors Likely to Impact Presentation

- Preparation: 75%
- Delivery: 25%
HIV Integration: Concept in Series
HIV Integration: Concept in Series

HIV DNA

Host DNA

Host DNA
HIV Integration: Concept in Series

Host DNA → Proviral HIV DNA → Host DNA
Example

• You are asked to give a state-of-art talk on...
  
  - Diagnosis and Management of UTIs
What do you want to achieve with your presentation?
Grand Rounds / Reviews / CME

• Focus on the AUDIENCE

Who will be attending?
What is their background knowledge?
What is likely the best teaching style for this setting?
What will have biggest impact on their practice?
How do you optimize your presentation for an audience with different backgrounds?
Strategies with a Heterogeneous Audience

• Use real examples / case studies if possible
• Present material step-wise in level of difficulty
• Involve audience to allow different types of questions
• Don’t allow one person to hijack talk
Strategies with a Heterogeneous Audience
How to best use cases and ARV systems?
A 26-year-old man is newly diagnosed with HIV and *Pneumocystis* pneumonia.

Which ONE of the following should be used as criteria for immediately starting corticosteroids?

A. Shortness of breath at rest  
B. CXR showing multi-lobar involvement  
C. PaO$_2$ <70 mm Hg  
D. Pulse oximetry readings <90%
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✔ C. PaO\textsubscript{2} less than 70 mm Hg
Grand Rounds / Reviews / CME

- Should you use transitions?
• What can you do to help audience retain and learn information?
Enhancing Retention

- Make it Relevant
- Repeat Material
Enhancing Retention

- Use Visual Memory
- Stimulate Emotion
Enhancing Retention

- Make it Relevant
- Repeat Material
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Summary
Teaching: Lasting Impact....
Future

1. Reflect on HOW you can become a better teacher
2. Consider all the possible ways you may impact learners
3. Teach more often and improve your skills to teach better