

Preparing and Presenting an Effective Lecture

There is no cookie cutter
approach

Know the Material

- Demonstrate confidence
- Review the material
- Practice your lecture
- Revise if necessary
- Be passionate

Know the Room

- Learn the lecture room
- Arrive early
- Walk around the speaking area
- Practice with the AV equipment

Detach Yourself From Your Own Interests

- Consider the needs of the students
- Don't teach material that's only of interest to you
- Theory and science not applicable to patient care are okay, but ...
- Put yourself in the position of the student
- Know the audience

Choose Your Material Carefully

- Limit amount of material
 - Include all necessary material
 - If excessive, little is learned
- Limit complexity of material
 - Avoid
 - Simplify
 - Explain

Target Audience

- Any student that wants to learn
- Donald Seldin: “Teach to the least intelligent student in the class. Anyone can teach a genius. What separates good teachers from great teachers is the ability to teach students at the lower end of the class.”

Engage the Students

- Make the students partners with you regarding the subject
- Give them a reason to care
- Explain to the students why they should be interested in the material

Engage the Students

- Make eye contact
- Use your hands
- Move
- Face the audience
- Use the laser pointer minimally

Engage the Students

- Humor
 - Spontaneous
 - Relevant
 - Balance entertainment with information
 - Medical cartoons available on internet
- Enthusiasm
 - Be interested in material
 - Be interested in teaching



“Bummer of a birthmark, Hal.”

Engage the Students

- Pay attention to the audience
- Modify your speaking style and actions based on audience response
- State rhetorical questions from the student's point of view

Attitude

- Relax
- Exercise
- Mentally walk your way through the experience step by step
- The audience wants you to succeed
- Don't apologize
- Turn nervous energy into enthusiasm
- Gain experience and training

Voice Tips

- Adequate speaking level
- Microphone
- Articulate every word
- Don't speak with too many words in one breath
- Rest your voice
- Keep water available

Voice Tips

- Avoid alcohol and caffeine before speaking
- Be rested
- Don't smoke
- Avoid eating or drinking just prior to lecture
- Treat or avoid heartburn

Slides

- Slides can be deadly
 - Students need to listen to you and think
 - Too many words → too much writing
 - Reflex pathway
- Slides are okay if best for presenting information
 - Not just for your convenience
 - Displaying images
 - Put them in the syllabus or handout

Slides

- Don't include material you won't discuss
 - Distracting
 - Don't use old slides
- “I apologize for this slide.”
 - Unacceptable expression
 - Don't apologize. FIX IT!

Slides

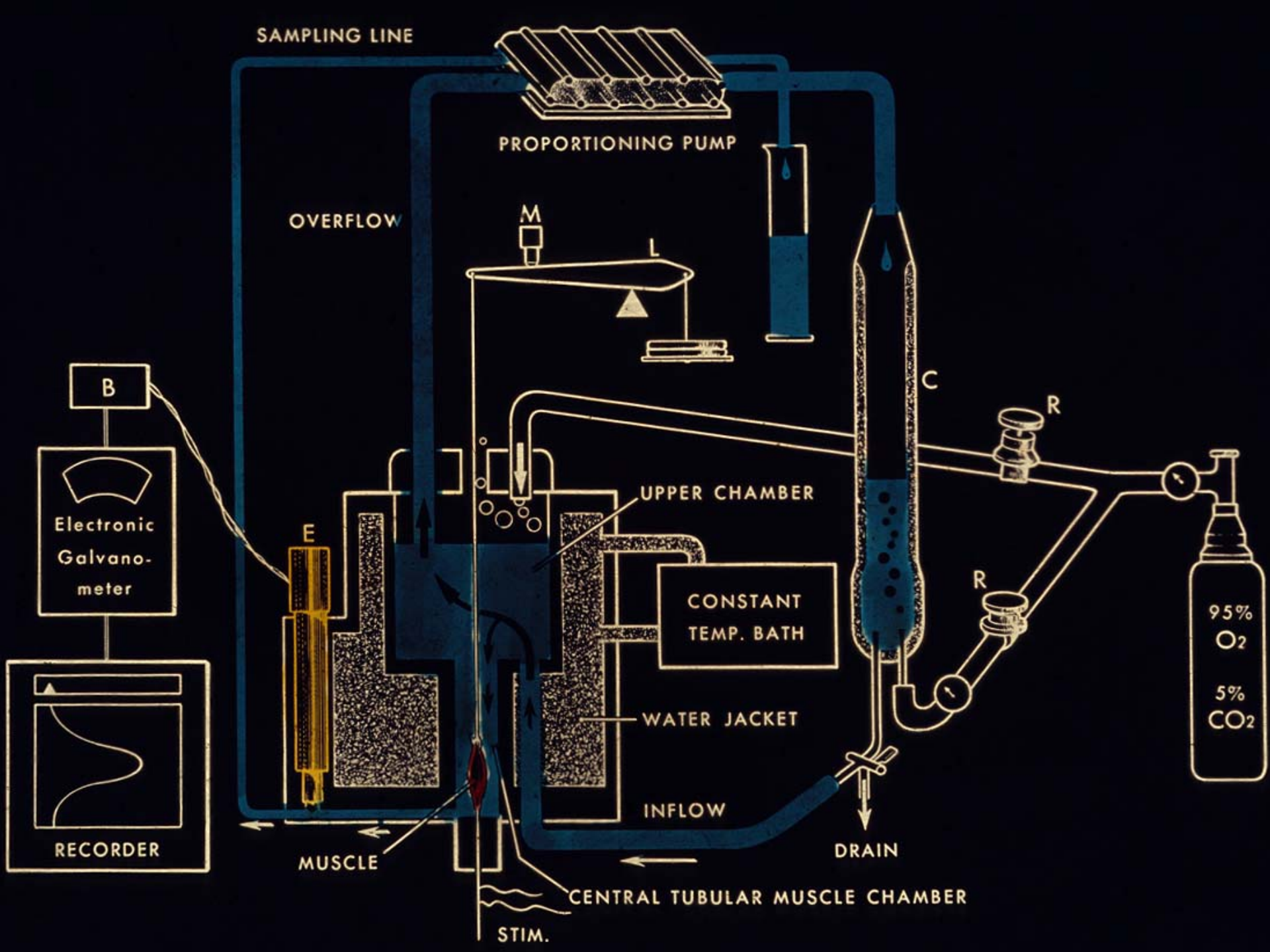
- A font size of 32 is ideal
- 28 font is also easy to see
- Font size 24 is acceptable
- A font size of 20 may be difficult to see from the back of a large room
- Forget about size 16 font or lower, unless it is a disclaimer that you don't want the audience to read

Slides

- Keep the background simple
- Use just one or two colors for fonts
 - Avoid dark colors
 - Use bright colors
- Use light font on a darker background
- Color blind students
- 12 lines per slide, if possible
- List the main point on each bullet, then expand on it verbally
- Minimize movement and audio if it distracts from your message

Examples of Bad Slides

We've all used these!



Resistive Exercise Instructions for Older Participants

- The participant should perform at least a 10-minute full-body warm-up before each resistive exercise session, to include flexibility exercises.
- The participant should be instructed to breathe normally or exhale during muscle contraction, without breath-holding.
- Have the participant maintain a loose, comfortable grip during muscle contraction on each resistive modality.
- The participant should perform lifting movements through a complete range of motion, or their "pain-free" zone.
- Machine and free weights should be lifted smoothly to a count of two, held for a count of one, and then lowered slowly to a count of four.
- All major muscle groups should be exercised—large muscles should be worked before smaller muscles.
- The participant should learn and practice proper form and technique on each piece of strength training apparatus.
- The participant should never drop the free weights or bang the machine weights.
- The participant can avoid injury by adhering to the instructions of the health professional and by adhering to the written instructions at the weight station.
- Resistive exercise should be terminated if the participant develops symptoms of intolerance, such as chest pain, dizziness, faintness, fatigue or joint/muscle pain.
- Never permit the arthritic participant to perform strength training exercises during periods of inflammation.
- The participant should record the amount of resistance (e.g., the number of machine plates, color of elastic band), the number of repetitions and the number of sets performed on a recording form provided by the health professional. This record should be maintained over time to record weight progression or regression.

PAPULOSQUAMOUS:

PSORIASIS
 PITIRIASIS ROSEA
 SECONDARY SYPHILIS
 LICHEN FLAMUS
 DERMATOPHYTOSIS
 SUBACUTE CUTANEOUS
 LUPUS ERYTHEMATOSUS
 MYCOBACTERIAL
 MYCOBACTERIAL
 DERMATITIS
 ATOPIC DERMATITIS
 CONTACT DERMATITIS
 MUCOSAL
 DERMATITIS

VEHICULAR:

IMPETIGO
 CONTACT DERMATITIS
 HERPES SIMPLEX
 HERPES ZOSTER
 VARICELLA
 PEMPHIGUS
 ERYTHEMA
 MULTIFORME
 EPIDERMOLYSIS
 BULLOSA
 BULLOUS PEMPHIGOID
 HERPES GESTATIONIS
 DERMATITIS
 HERPETIFORMIS
 PORPHYRIA

ERYTHEMATOUS:

ACNE
 ROSACEA
 PSORIASIS
 DRUG ERUPTION
 REITER'S DISEASE
 VIRAL INFECTIONS
 INSECT BITES

SCLEROSIS:

MORPHEA
 SCLERODERMA
 PORPHYRIA
 LICHEN SCLEROSIS
 ET ATROPHICUS
 CHRONIC STASIS

ICHTHYOSIFORM:

ICHTHYOSIS
 VULGARIS
 ACQUIRED
 ICHTHYOSIS
 X-LINKED
 ICHTHYOSIS
 LAMELLAR
 ICHTHYOSIS
 RUD'S SYNDROME

EXFOLIATIVE

ERYTHERODERMA
 MYCOBACTERIAL
 PSORIASIS
 PITIRIASIS RUBRA
 FILARIS
 ATOPIC DERMATITIS
 CONTACT
 DERMATITIS
 PEMPHIGUS
 FOLIACEUS
 HODGKINS LYMPHOMA
 LEUKEMIA
 DRUG ERUPTION

CIRCUMSCRIBED

HYPERMELANOSIS:
 VITILIGO
 TUBEROUS
 SCLEROSIS
 ARSENIC INGESTION
 POST-INFLAMMATORY
 TINKA VERSICOLOR
 HANSEN'S DISEASE
 DISCOID LUPUS
 ERYTHEMATOSUS

CIRCUMSCRIBED

HYPERMELANOSIS:
 CAFE-AU-LAIT
 MACULES
 FRECKLES
 LENTIGINES
 NEVI
 ACANTHOSIS
 NIGRICANS
 MELANMA
 PRITS-JOHNS
 SYNDROME
 MELANOMA
 POST-INFLAMMATORY
 DRUG ERUPTIONS

DIFFUSE

HYPERMELANOSIS:
 HEMOCHROMATOSIS
 WILSON'S DISEASE
 PORPHYRIA
 ADDISON'S DISEASE
 ARSENIC INGESTION
 SYSTEMIC
 SCLEROSIS

MODULES WITHOUT

INFLAMMATION:
 SARCOIDOSIS
 AMYLOIDOSIS
 XANTHOMAS
 GOUT
 METASTATIC
 CARCINOMA
 LIPOMAS
 BASAL CELL
 CARCINOMA
 KERATOCANTHOMA
 RHEUMATOID
 NODULES

MODULES WITH

INFLAMMATION:
 ERYTHEMA NODOSUM
 ABSCESSES
 LYMPHOMAS
 FUNGAL INFECTIONS
 HANSEN'S DISEASE
 PANICULITIS DUE
 TO PANCREATITIS
 VASCULITIS

PURPURA WITH

INFLAMMATION:
 SYSTEMIC
 VASCULITIS
 BACTEREMIAS

PURPURA WITHOUT

INFLAMMATION:
 SENILE PURPURA
 AMYLOIDOSIS
 SCURVY
 THROMBOCYTOPENIA

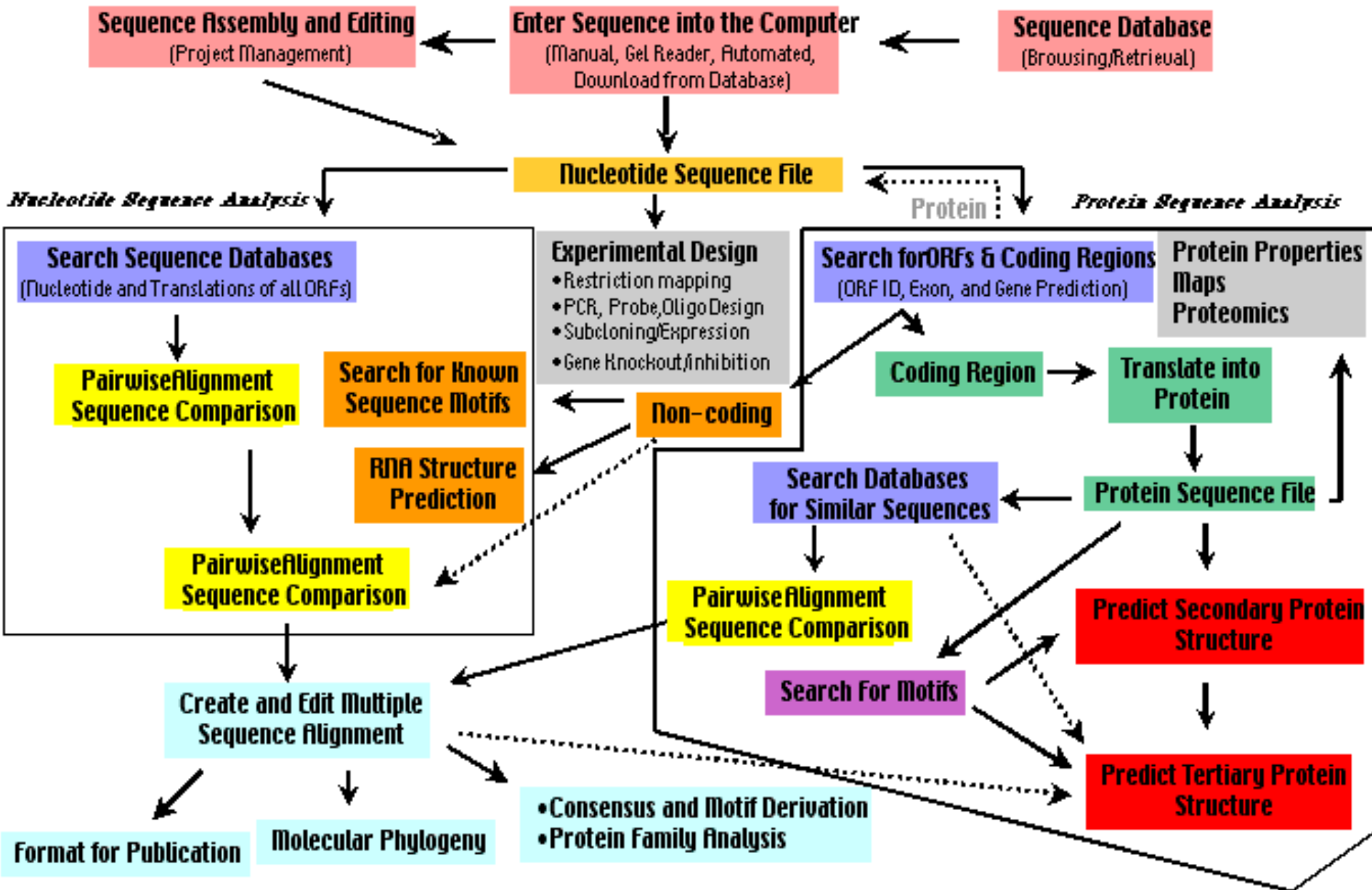
MODULO-CERATIVE:

TULAREMIA
 ANTHRAX
 SPOROTRICHOSIS
 PRIMARY SYPHILIS
 CHANCROID
 ORF
 BUBONIC PLAGUE
 BASAL CELL
 CARCINOMA
 SQUAMOUS CELL
 CARCINOMA
 MYCOBACTERIAL
 FACTITIAL
 PRODERMA
 GANGRENOSUM
 GOUT

R	1	CCGCCGGGGAGGAGCAGCCGCTGCCGCCAGGACTGGGCCCTTAGGGAGGAGGAGGCGAGAAGATGGCGGGAC	72
H	73	*****	144
R	73	GACCCAGTGCCTGCCGACAGGAACGTGGAAATCTGGAAGATCAAGAAGCTCATTAAGAGCTTGGAGCGGGCC	144
H	145	*****G*****	216
R	145	CGGGCAATGGCACCAGCATGATATCATTTGATCATTCTCCCAAAGACCAGATTTCCCGAGTGGCAAAATG	216
H	217	*****A*****	288
R	217	TTAGCAGATGAATTTGGAAGTGCATCCAACATTAAGTCAAGAGTAAACCGGCTTTCAGTCTCGGAGCCAT	288
H	289	*****G*****T*****	360
R	289	ACATCTGTACAACAAGACTCAAACCTTTATAACAAGTACCTCCAAATGCTCTGGTTGTTTACTGTGGAACA	360
H	361	*****A*****	432
R	361	ATTTGTAACAGAAGAAGGAAAGGAAAGAAAGTCAACATTTGACCTTTGAACCTTTCAAACCAATTAATACGTCA	432
H	433	*****	504
R	433	TTGTATTTGTGTGACAACAAATCCCATACAGAGGCTCTTTACAGCACTACTTTCAGATGATAGCAGTTTGGC	504
H	505	*****A*****	576
R	505	TTCATTTGTAATAGATGCTAGTGGTGCACITTTTGGCACACTGCGGGAAATACAAGAGAAGTCTCCACAAA	576
H	577	*****C**A*****C*****	648
R	577	TTCACTGTGGATCTCCCAAGAAACACGGTAGAGGAGGTTCAGTCAAGCTTGGCTTTTGCCTGTTTAAGAAATG	648
H	649	*****	720
R	649	GAAAAGCGACACAACATATGTTCCGAAAGTAGCAGAGACTGCTGTACAGCTGTTTATTCTGGGGACAAAGTG	720
H	721	*****T*****G*****	792
R	721	AATGTGGCTGGTCTCGTTTAGCTGATCAGCTGACTTTAAAACGAACTAAGTCAATCTGATATGTTTGAC	792
H	793	*****A*****C*****T*****	864
R	793	CAGAGTTGCAATCAAAGTMTTAAAATAGTTGATATATCTTATGCGGGTGAATAATGATTCACCAAGCT	864
H	865	*****A*****T*****T*****	936
R	865	ATTTGAGTTATCTACAGAGTCTCTCCAAAGTGAATTCATTCAGAGAAGAAATTAATAGGACGATACTTT	936
H	937	*****A*****	1008
R	937	GATGAAATCAGTCAAGACACGGGCAAGTACTGTTTGGAGTGAAGATACGCTAAAAGCTTTGAAAATGGGA	1008
H	1009	*****C**G*****A*****G*****	1080
R	1009	GCCGTAGAAATTCATATAGTCTATGAAAATTTGGATATAATGAGATACGTTCTTCATTTGCCAAGGCAAGAA	1080
H	1081	*****T*****C*****	1152
R	1081	GAGGAGAAAATCTTTACCTAACTCCAGAACAAGAGAAGGATAAATCTCATTTACAGACAAAGAGACAGGA	1152
H	1153	*****C**T*****G*****A*****C***	1224
R	1153	CAGGAACATGAGCTGATTTGAGAGCATGCCCTGTTGGAAATGGTTTGGCTAACAACTATAAAAAATTTGGAGCT	1224
H	1225	*****T**C*****	1296
R	1225	ACATTTGAAAATTTGTACAGATAAGTCAAGAAAGGATCCAGTTTGTGAAAGGATTTGGTGGAAATGGAGGT	1296
H	1297	**G*****A*****G**T*****	1368
R	1297	ATCTTCCGGTACCAGTAGATTTCCAGGAAATGGAATATCAAGGAGGAGACGATGAATTTTGGACCTTGAT	1368
H	1369	*****C*****	1440
R	1369	GACTACTAGGTAGTTCGACATGGGTCCGGCAAAACGTTGCCCTCCAGCATCCACCCAAGGAGCATAAC	1440
H	1441	*****A*****	1512
R	1441	CGTGGTGGAAATCCAAACAGATCCCTGCCCTTACAATTTGGAACATTTCCAGAACTTAATCCATGAGCATTTGGAT	1512
H	1513	*A*****	1584
R	1513	ATTGAAAAGAAACCGAAACAAAACAGGCCCAACCTACACTTTGGTTTGTGATGGTGTACAGCAGCAGC	1584
H	1585	*****A*****G*****	1656
R	1585	CTACAACCTAAGTTCTTAAATGCCACTTTGGACTAATTTAAAAGAAATCCCAATTTTACTTTTACTCGATG	1656
H	1657	*****C*****G*****G***	1728
R	1657	GTGAAATTTGGTTGCTCTTGTATTTTATGAAAAA--TGATTTTTTAACTTTCATACATAGAAGCAAAAATA	1728
H	1729	*****AA*****	1800
R	1727	CTTTAAGTCTGTAAACCTTCAAAGTTAATAGAAGTGAATCATACTGGTTTGTCTTATTTTGTATTGCA	1798
H	1801	*****	1872
R	1799	GAAAAATTTAAATTTGCTGCATTTGGCAGTGACCCATTTACATGGCATTTCCAGCTTAGACTGCATAAGAAGAA	1870
H	1873	*****A*****G*****	1944
R	1871	ATATATGTTGGTGAATGTTGGAAACCATTTCTCTCTTGGTCTCTGTTTAAATGTTGAAAGGGTGAAGCTAATAGG	1942
H	1945	*****	2016
R	1943	AGGCATGTCATCTTCACTTCCCTCACACTCTCCCTTCCCTAACAGACTGTCAATTTCAAGGATGCAAACTG	2014
H	2017	*****C**T*****G**A*****C**G**C**G**T*****	2088
R	2015	CATTGCAAGGTCAAACCTGACTCAAGAAGCATCTGGGCCAGTCACTGTTTACTTCCATGTTTGGCAGCCA	2086
H	2089	*****AA*****T*****C*****C---A**	2159
R	2087	CGTTTGGGCACAGCATTTGGGAGCCCTTTGTATCAGTTG-CTTTGACAAAGGTCCTCCCTAATCT-AGCCTA	2156
H	2160	*A*****C**G**G*****A*GTT*--*****G*****TAT*A*****T*A****C	2229
R	2157	TAGAAACCACTGGAGATGCATATGATGGGCTCTCTGTGCTGTGCTGGGATGGCGAAATAAACAATGCA	2228
H	2230	*C*****G**T**G*****A*****	2301
R	2229	ATTTCACTGGAAAAA*****	2255
H	2302	****A*****	2373

Sequence Analysis Overview Flow Chart

1/30/01





Blackboard

- Advantages of the “blackboard”
 - You can’t write faster than the students can
 - Allow them to relax and listen to you
 - The time and effort it takes to write on the board causes you to limit what you write
 - The material eliminated is generally not missed by anyone

Above All...

Be Yourself