Seminar/ Public Speaking:

Why bother giving a good talk?

- First impressions matter!
- There's no point doing good work if others don't know about it or can't understand what you did.
- Good practice for a teaching career! Good practice for any career!
- Helps you sort out what you've done, and understand it better yourself.

Types of presentations:

- Quick 1-minute “what I do” talk
- 25 minute conference paper presentation
- Project presentation
- Thesis defense
- Job talk

Top ten pointers for a good talk:

1. Be neat
2. Avoid trying to cram too much into one slide: Don't be a slave to your slides.
3. Be brief: use keywords rather than long sentences
4. Avoid covering up slides
5. Use a large font
6. Use color to emphasize
7. Use illustrations to get across key concepts. May include *limited* animation
8. Make eye contact
9. Be ready to skip slides if time is short
10. Practice!!

A typical project talk outline

- **Title/author/affiliation** (1 slide) ; **(Who am I?)**
- **Forecast** (1 slide) ; Give gist of problem attacked and insight found **(What's the problem?)**
- **Outline** (1 slide)
- **Background :**
  - **Motivation and Problem Statement (1-2 slides); (Why is it important?)**
  - **Related Work** (0-1 slides) ; **(What have others done?)**
  - **Methods** (1-3 slides); explain your approach; illustrate algorithm **(What's my approach?)**

A typical project talk outline:

- **Results** (2-6 slides); Present key results and key insights. This is main body of the talk, but don’t try to show ALL results.
- **Summary** (1 slide); (3 Things to Remember!)
- **Future Work** (0-1 slides)
- **Backup Slides** (0-3 slides); Optionally have a few slides ready to answer expected questions.

Other things to consider:

- Oral communication is different from written communication.
  - **Keep it simple and focus on a few key points**
  - **Repeat key insights**
- Be sensitive to your audience
  - **The same talk may need to be adjusted for a different audience**
- **Make the audience want to learn more**
- Handling Q&A is as important as the formal talk itself

How to improve?

- Practice by yourself
- Practice in front of friends
- Practice in front of a webcam Watch footage later… alone… as painful as that may be!
- Take note of effective speakers and adopt their successful habits

Presentation skills

A- Speaking with confidence
B- Quick and Fun – Like an action story
C- Visual aids – types of visual aids:
Posters, audio & video, handouts
Design principles:
Slide layout, colors, fonts, text, images, graphs & charts.
D- Structure, Practice, Body language

Thanks!

Event and Academic Poster

Academic Poster Structure

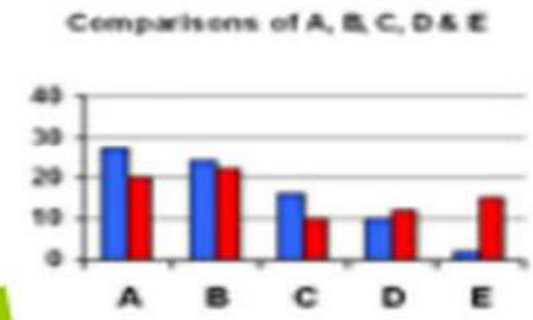
Title, authors, contact details

Introduction

Method

Results

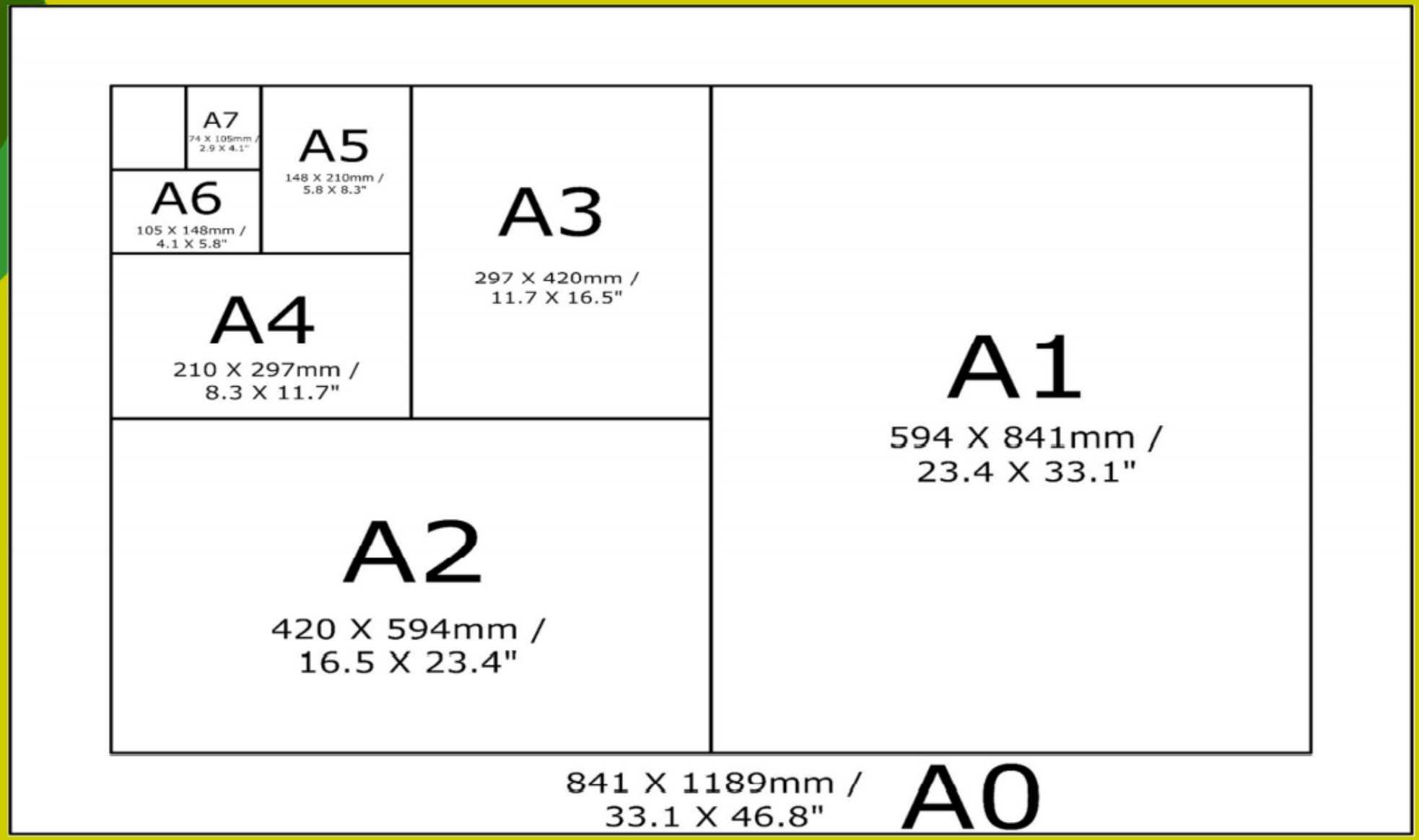
	A			D	E
On	27	24	16	10	2
Off	15	12	13	5	0
On	20	22	10	12	15
Off	14	11	5	0	0



Conclusion

References

Academic Poster Size



٥. ئامادەکردنی پۆستەر (Poster Design)

1) Launch PowerPoint
2) Change the slide orientation to portrait.

Design>>>Slide Orientation>>>portrait or Landscape

3) Show Gridlines

View>>>Show Group>>>Gridlines

4) Choose a Blank slide

Slides Group>>> layout >>> Blank

5) Choose a slide theme
6) Add a Logo
7) Add a Title

Insert>>>Illustrations Group>>> Shapes >>>

8) Add secondary information
9) Add visual content
10) Finalize the slide

Minimal Bioavailability of Aerosolized Tobramycin in the Sinonasal Tract:

A Safer Approach to Administration of Aminoglycosides for Sinusitis Exacerbations and Persistence in Patients Post-Endoscopic Sinus Surgery

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Chief of Otolaryngology, Medical/Surgical Specialists, Physicians Regional Health System; Adjunct Faculty, Cleveland Clinic

ABSTRACT

Sinus infections post sinus surgery constitutes a major challenge in rhinology. Prior studies suggest that nebulized antibiotics constitute an effective treatment for these infections. Potentially toxic agents such as aminoglycosides and amphotericin B have been used topically in the sinuses for years. However the safety of these nebulized agents have not been adequately studied. The pulmonary literature suggests substantial bioavailability with potential toxicity. Thus, objective measures in the sinonasal tract are necessary to assess the safety of intranasal use.

The present study objectively examines the safety of tobramycin nebulization (Aerosol Science Laboratories, Inc./ASL Pharmacy, Camarillo, CA) using measurement of peak and trough blood levels retrospectively reviewed from our practice.

We found that tobramycin is present in the blood only minimal amounts, far below the levels produced by IV administration and nowhere near toxicity. Compared with data from the pulmonary literature, sinonasal nebulization produces minimal blood levels in comparison to pulmonary applications.

Favorable post-treatment endoscopy and patient-reported outcomes are consistent with effectiveness; however, further study will be needed to establish this definitively.

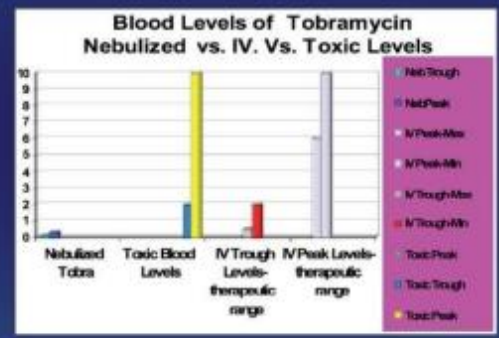
INTRODUCTION

Sinus infections post sinus surgery constitute a major challenge in rhinology. Nebulized and topical antimicrobials have been used for the treatment of these challenging cases of sinusitis for many years. However, while toxic drugs such as the aminoglycosides and amphoteracin B have been used in the sinonasal tract topically for years with anecdotal success and no reports of complications. The pulmonary literature has extensively explored the bioavailability and toxicity of these drugs when nebulized through the lungs, with demonstration of high absorption and possible toxicity. However, knowledge of the effects of absorption in the sinonasal tract is inadequate at this time.

The present study reviews serum peak and trough data from our experience monitoring patients treated with nebulized tobramycin for recalcitrant or recurrent sinusitis post FESS. We also review clinical findings that assess the effectiveness of nebulized tobramycin in these cases. To address the known problem of excessive absorption to the blood via pulmonary nebulization, this practice utilizes a vibrating mesh aerosolization system which produces particles measuring 3.1 microns, which has been shown to precipitate in the nose and sinuses, and not pass on to the lung. Blood levels in sinonasal treatment are compared to intravenous norms and known toxic levels from the literature.

METHODS AND MATERIALS

- N=20
- Study Design: Retrospective chart review
- Inclusion criteria:
  - -History of endoscopic sinus surgery
  - -Recurrent or persistent sinusitis, confirmed on endo/CT per ARS criteria.
  - -Failure of oral Rx.
  - -Patent ostea to admit nebulized Rx.
- Treatment:
  - -Tobramycin nebulized, 125 mg in 2 ml TID
  - -Aerosolization to particle size of 3.1 microns by being passed through a high speed vibrating mesh filter (ASL, Camarillo, CA).
- Data and Outcomes:
  - -Peak and trough serum tobramycin levels.
  - -Pre- and Post-treatment exam, endoscopy, CT.
  - -Hx prior antibiotics, complications, surgery.
  - -Patient history pre and post.
  - -Complications.



RESULTS

- N= 20 patients.
- Age: Average,55 years old (range 24-72).
- Hx prior ESS: 1-11 (majority referred to practice after prior FESS).
- Sinusitis confirmed on CT: 100%
- Sinusitis confirmed on endoscopy: 100%
- Pts undergoing endoscope-guided cultures: 100% Bacteria cultured (total): included--pseudomonas, strep pneumonia, gram negative bacilli, cladosporium, penicillium, enterobacter cloacum, stenotrophomonas prevotella,resistant pseudomonas, staph aureus, bacteriodes. (Note: not all cx produced definitive isolates b/c of heavy prior abx tx, access, etc. Rx of tobra based on sensitivities when available.)

- Peak tobramycin: average 0.337, range 0.1-0.6, SD 0.2.
- Trough tobramycin: average 0.14, range 0.1-0.5, SD 0.13.

- Pts. Failing oral Rx: 100%
- Outcomes:
  - -95% (19/20) patients reporting improvement.
  - -55% endoscopically cleared; 70% endo improved.
  - -0% complications from tobra toxicity.

CONCLUSIONS

Review of 20 cases treated with nebulized tobramycin for sinusitis reveals only minimal exposure in the blood stream. Thus, it may be concluded that nebulized tobramycin treatment for sinusitis in patients with infection post endoscopic sinus surgery, which is opened and marsupialized the sinuses, thus made them amenable to topical treatment, as a safe alternative to intravenous administration.

While the endoscopic and subjective history reported by the patients strongly support efficacy for this modality of treatment, further research as both perspective and quantifiable is needed to prove this definitively.

Sinus Science™ Aerosol Delivery System with vibrating mesh device and chamber for nasal inhalation (ASL Pharmacy, Camarillo, CA)

REFERENCES

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2. Vaughan WC. Nebulization of Antibiotics in Management of Sinusitis. Curr Infect Dis Rep. 2004 Jun;6(3):187-190.
3. Dubin MG, Liu C, Lin SY, Senior BA. American Rhinologic Society member survey on "maximal medical therapy" for chronic rhinosinusitis. Am J Rhinol. 2007 Jul-Aug;21(4):483-8.
4. St Martin MB, Hitzman CJ, Wiedmann TS, Rimell FL. Deposition of aerosolized particles in the maxillary sinuses before and after endoscopic sinus surgery. Am J Rhinol. 2007 Mar-Apr;21(2):196-7.
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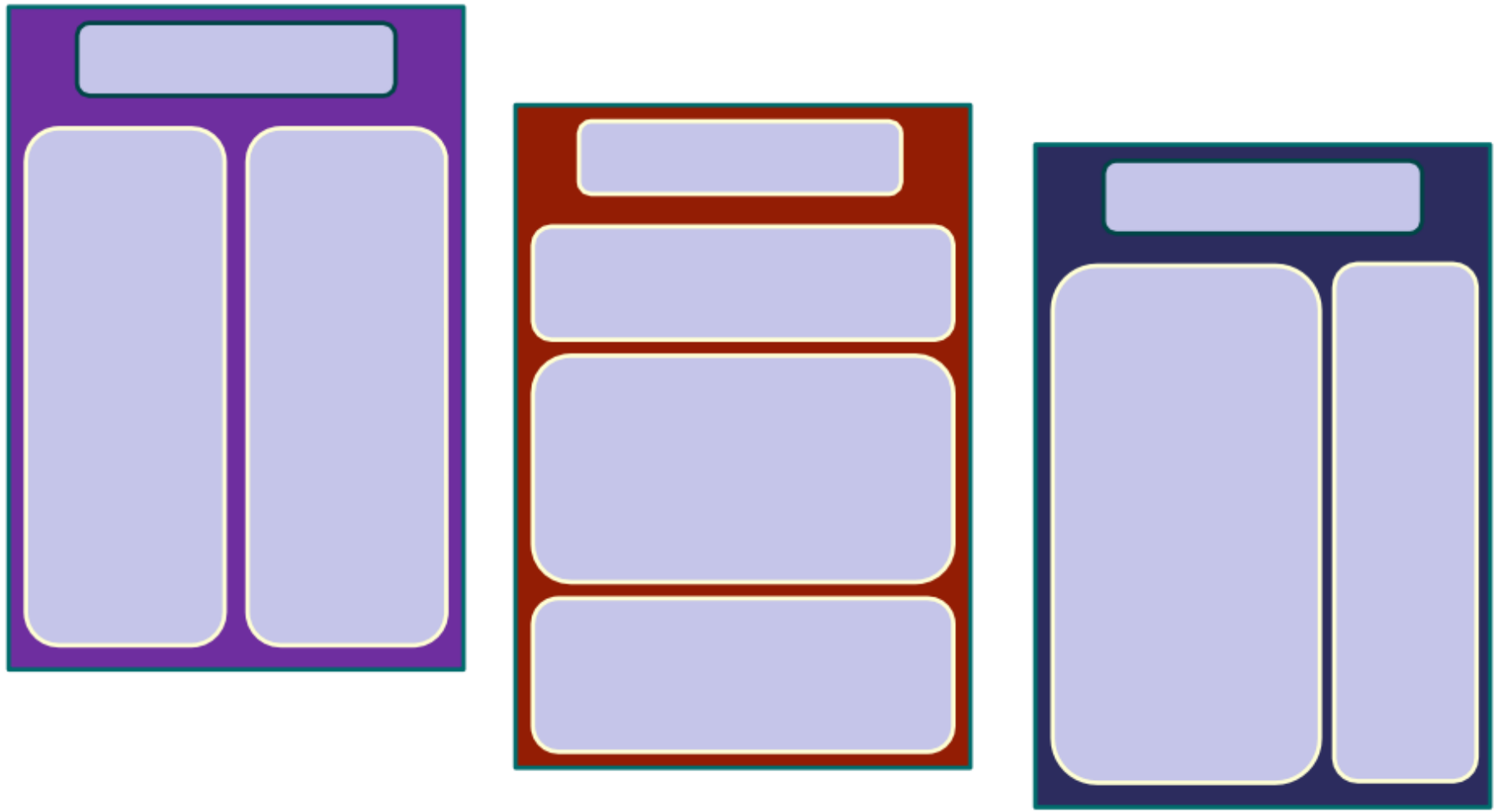
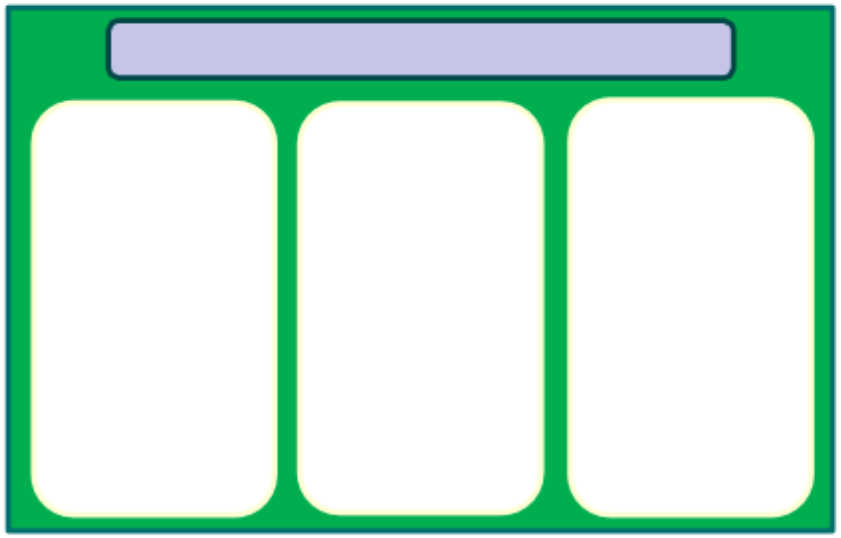
8. Kahler DA, Schowengerdt KO, Fricker FJ, Mansfield M, Visner GA, Faro A. Toxic serum trough concentrations after administration of nebulized tobramycin.Pharmacotherapy. 2003 Apr;23(4):543-5. 9. Mukhopadhyay S, Baer S, Blanshard J, Coleman M, Carswell F. Assessment of potential ototoxicity following high-dose nebulized tobramycin in patients with cystic fibrosis. J Antimicrob Chemother. 1993 Mar;31(3):429-36.

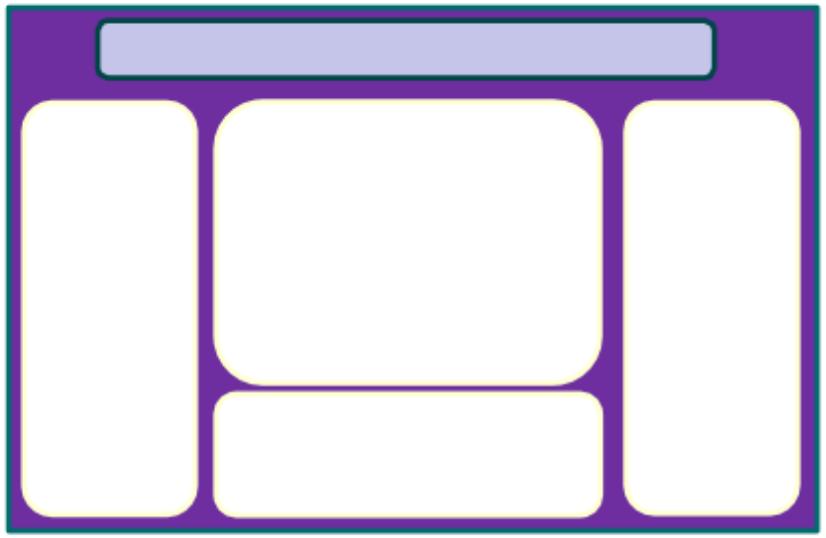
Poster divided into possible columns

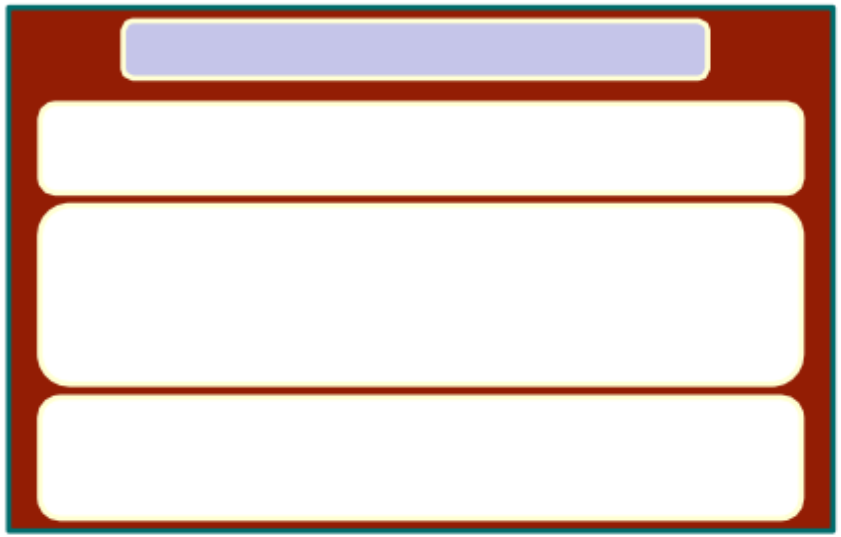
Portrait Poster (Vertical) Orientation

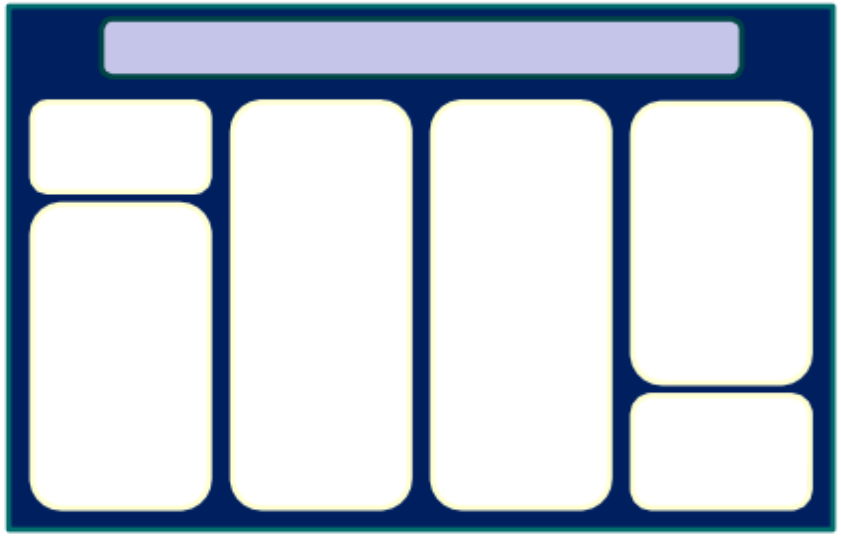


Landscape (Horizontal) Poster









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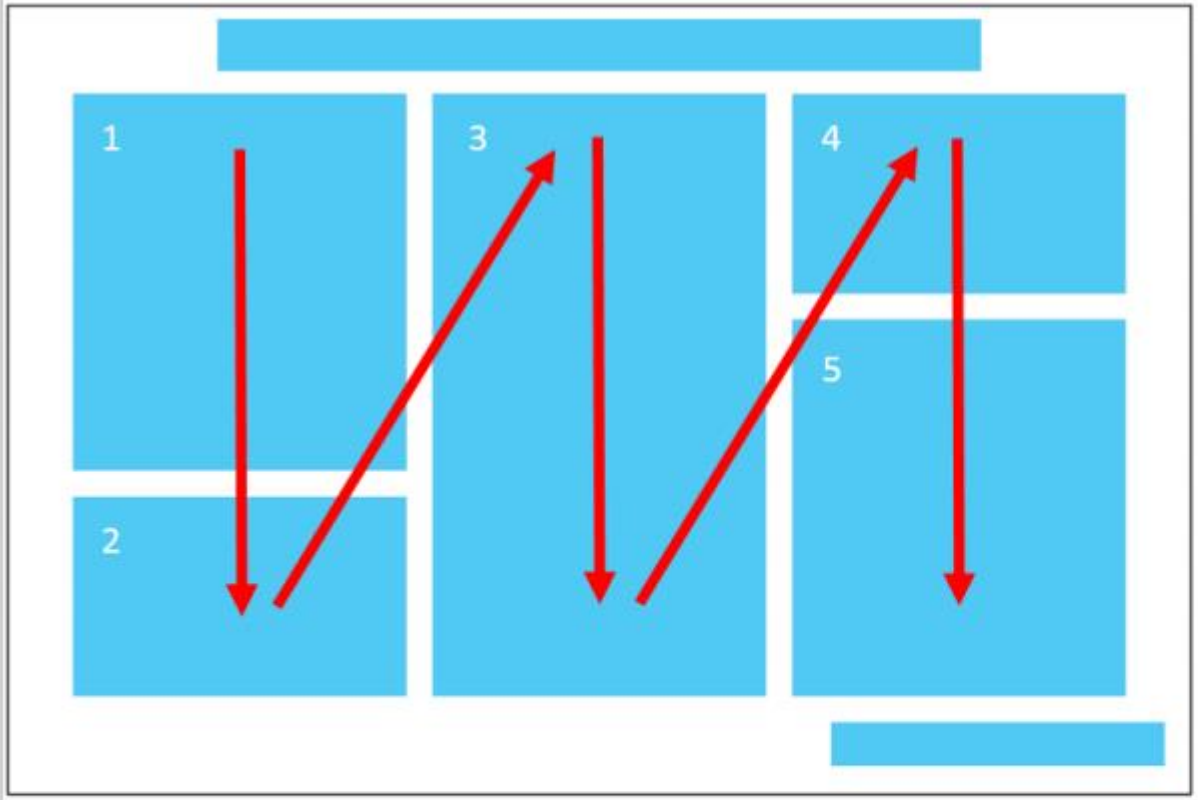

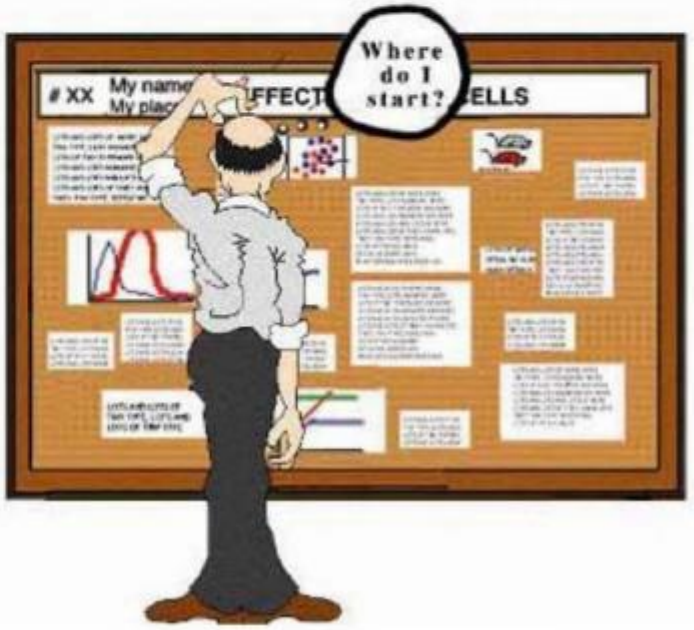

Poster Evaluation


Thank
you