



ELSEVIER



## LETTER FROM AMERICA

# Presentation battles

Summertime brings new residents to South Florida. One of my contributions to orienting the new University of Miami and Cleveland Clinic residents to the wonderful world of plastic surgery is to conduct a digital imaging workshop. My motivation is part eleemosynary and part enlightened self-interest. Annoyed at having had to sit through countless conferences where poorly shot photos detracted from the discussion, I realized that nobody had taught the residents how to shoot acceptable photos. Not wanting to be subjected to further presentations that were the visual equivalent of hearing fingernails scratched across a chalkboard, I applied that frequently quoted surgical adage – if you want something done correctly, do it yourself. Thus the workshops were born.

At first, they were solely devoted to how to analyzing and taking standardized clinical photographs based on the ASPRS standards.<sup>1</sup> The workshops have evolved to include how to use software such as OsiriX for creating 3D CTs and MRIs, how to use a digital asset manager for organizing an image library and how to create presentations.

### Who needs presentations?

Presentations are a means through which plastic surgeons communicate. Besides reading or watching other plastic surgeons in person or electronically, this is how we teach and learn. Gillies likened plastic surgery to the battle between beauty and blood supply.<sup>2</sup> Plastic presentations can be likened to another type of battle – the battle between form and substance. When form triumphs over substance the result is hype. Both the presenter and the audience must be vigilant that the presentation is honestly and effectively transmitting knowledge. While the actual delivery of a presentation is like the execution of an attack, the preparation of a presentation is akin to military intelligence and planning that too are essential for a victory.

### Preparation

To decide what to include in the presentation demands that you gather vital intelligence and be able to answer the questions “who”, “where” and “how much”:

#### 1. Who is your audience?

Just as one needs to know the enemy’s strengths and weaknesses before a battle, so too one must know the same about an audience. Although it might seem elementary, it is vital to know to whom are you attempting to convey information. Are you speaking to a lay audience, a group of trainees or physicians or plastic peers? Your assessment of your audience’s prior understanding of your topic affects your presentation’s content.

#### 2. Where will you be speaking?

A soldier must know conditions on the battlefield. Know the environment of your presentation. Know what is the aspect ratio of the screen – 4:3 as is common for VGA and SVGA or 16:10 as exists for higher resolution monitors. Know if you must bring your presentation on a CD or USB stick and have to use the venue’s software, or if you can use your own laptop. Know if you must bring a connector for your laptop or if the venue will provide one. If you must use the venue’s software know what version Windows or Mac it is. Know whether the room lights will be on or off. Unless you are positive that the meeting room will be sufficiently dark, it is safer to use a white background with black type. Have adequate contrast between the text and the background. Avoid getting too fancy with different colored text and background – some audience members may be colorblind and unable to read slides with a blue background and either red or green text.

#### 3. How much time has been allotted for your talk?

Battles are planned with an almanac in mind. Knowing when are sunrise and sunset or when are high and low tide can be used for strategic advantage. Knowing your allotted time allows you to plan how much you can say. It would be embarrassing to you and unsatisfying for your audience if you were cut off mid-presentation.

#### 4. Minimize the fog of war

Avoid anything that will be a source of distraction or annoyance to the audience either consciously or subconsciously:

a. EHNDFN

Google "EHNDFN". You will not find the word in any language; yet, you have seen it dozens of times in your life. Perhaps you would recognize it if it were written EHNDFN. What is EHNDFN and what is its relevance to presentations? EHNDFN are the first six letters of a standard eye chart. Be sure that your audience can clearly read your text. You are creating a presentation, not an eye exam. Fonts should be large enough so that viewers can read slides without binoculars. Some speakers stuff as much information as possible into a single slide, even including references at the bottom. Your audience will be annoyed if it cannot read the footnotes that you inserted at the bottom of the slide for the sake of "completeness" or as a security blanket for recalling a fact or opinion. Save the footnotes for your future publication. Cramping too many words or lines on a slide distracts the audience from seeing what you want it to learn.

b. Check your spelling

Sloppy spelling implies carelessness. Not only does it distract from your message, but also it makes your audience lose respect for you, albeit subconsciously.

c. Avoid slide transitions

Although slide transitions may make your presentation look more "professional", they distract from your main message; more skeptical members of the audience may believe that the transitions are a clever diversion from weak data. In addition, transitions take time and unless you have carte blanche for the length of your presentation, you are wasting time with transitions. Finally, unless you are using your own laptop, you may be sorry to learn that the venue has an older version of PowerPoint than the one you used to create your presentation, and the new transition that you had planned to use to dazzle the audience is not part of the older software.

d. "Graphics reveal data"<sup>3</sup>

Avoid tables to convey your numerical data – they are too difficult to read. Use graphs instead (Table 1) (Figure 1).

e. Aim for symmetry

Use the ordering tools in the PowerPoint toolbox to align, arrange and distribute the images in a symmetrical manner relative to each slide and each other. Use the size and cropping tools to ensure that the size of the body parts matches in all the views. Plastic surgeons love symmetry and either consciously or subconsciously know when it is

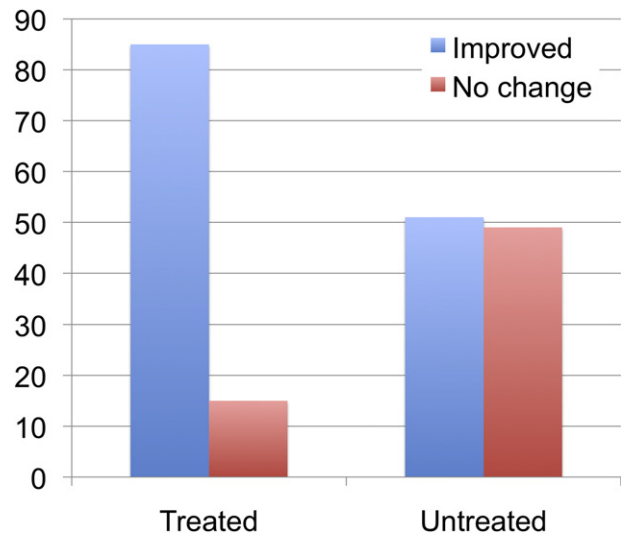


Figure 1 Note how more striking and understandable the data is with this column graph compared to the same data presented in the table.

not present – asymmetric objects on slides are annoying. As Millard wrote:

"Plastic surgeons are constantly facing ugliness, the abnormal as seen in exaggeration, asymmetry and disproportions that can be subtle or extreme".<sup>4</sup>

5. Aim for a high signal to noise ratio

The signal to noise ratio originated in physics and engineering, but it can be applied to presentations as they too are a means of communication. Strive for a high ratio of data to detritus. Critically edit each slide asking yourself if each word is necessary. For example, if you are listing a set of physical findings must you use the title "Physical Examination"? Ruthlessly crop each image – must that intra-operative photo show blood stained gloves holding skin hooks? Does that add any value to the image?

6. Do not be a slave to PowerPoint templates

Creativity is part of plastic surgery; yet, too many speakers succumb to the seduction of templates. Although PowerPoint templates excel in providing an assortment of presentation-ready readable sans serif fonts, the templates waste valuable space that could be used to view images<sup>a</sup> (Figures 2 and 3). Plastic surgeons are interested in seeing images – not in seeing the background design of the template.

<sup>a</sup> Assume that one is formatting an 800 by 600 pixel slide. It contains 480 000 pixels. The PowerPoint template allots an area of 360 by 400 or 144 000 pixels for each of two images. Thus, both a before and after image use just 288 000 pixels of 480 000 pixels or 60% of the area on the slide for the visual information that you wish to convey. In other words, 192 000 of 480 000 pixels, or 40% of the area, on standard template are wasted and provide no useful information, only noise.

|           | Treated | Untreated |
|-----------|---------|-----------|
| Improved  | 85      | 51        |
| No change | 15      | 49        |



**Figure 2** Slide of pre- and post- images of author with zoster created with the standard PowerPoint template. The grey background occupying 40% of the slide is wasted space.



**Figure 3** Same images as Figure 2 that were applied to a blank slide and adjusted to maximize their width. The grey background is 15% of the slide area.

## 7. Stay on target

If your topic is cleft lips, the audience is there to learn what you have to say about cleft lips. They are going to be at least bored and at most annoyed if you intersperse travelogue shots from your third world cleft safari among your clinical results.

## 8. Practice

You will not be ambushed by tongue twisters, you will familiarize yourself with the slide sequence and you will have a sense of how long your talk is. If you are incorporating a video, be certain that it is included in your presentation and not merely linked to the real video located elsewhere on your hard drive.

## Delivery

### 1. Be honest

Transparency is mandatory. Describe what your potential conflicts of interest are. Displaying a laundry list of stocks owned and consultancies held on a slide is not disclosure. Stating that you own stock in Surgi-widgets or consult for Pharmakurall discloses nothing if the audience does not know what the relationship is between these companies and the substance of your talk. If you appear to prevaricate on disclosure, you will lose all credibility with the audience.

2. Avoid starting with a joke unless you can guarantee that the entire audience will find it funny. Otherwise, you risk alienating the part of the audience that did not grasp the joke.
3. Avoid reading every word on each slide. You will bore the audience.
4. Avoid subliminal slides in which the audience has but a fleeting memory of what you accomplished in the theater.<sup>5</sup> Be certain that you display your post-operative results on the screen for a sufficiently long time for the audience to evaluate them. Better yet, show the results side by side with the pre-operative slides and highlight what changes you effected.

## What's past is prologue

Modern plastic surgery is based upon principles, beginning with those propounded by Gillies in 1920.<sup>6</sup> Effective presentations rely upon well-established principles. It was Gillies who established the standard for multimedia presentations in the era of lantern slides and gramophone discs.<sup>7</sup> Although the technology for creating presentations has evolved from analog to digital, the principles for presentations remain unchanged. Success in presentations entails the same advice that Gillies gave Millard in 1948 — “keep to the rules”.<sup>8</sup>

## References

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M. Felix Freshwater  
 Voluntary Professor of Surgery  
 University of Miami School of Medicine,  
 9100 S Dadeland Blvd Ste 502,  
 Miami, FL 33156-7815, USA  
 E-mail address: m.felixfreshwater@gmail.com

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