

# Guide to Presenting **@EMINDIA23**

The purpose of this document is to guide participants presenting at the EMINDIA conference to deliver presentations at an elevated standard.

*This guide focuses on two formats:*

- 1. Podium presentation*
- 2. Poster presentation*

With a combination of this guide and your personal style of delivery, we hope you feel prepared to deliver a smashing talk!

# Presenting Cases

## PRESENTING CASE BASED LEARNING @EMINDIA

### IMPACT

*Your presentation should reveal: What made you chose this case? Why is it important that others know about it? What was your unique experience and perspective?*

*Case choices are usually driven by -*

- Common presentation of uncommon cases
- Uncommon presentation of common cases
- Unexpected events
- Challenges in management
- Clinical variants

### CASE PRESENTATION

- Intro - Describe the context and relevance (stats/impact)
- History - Positives & relevant negatives. **Keep It Short and Simple (K.I.S.S.)**
- Physical exam - Vitals, positive findings, & relevant negatives
- Investigations - Highlight the positives, include relevant negatives
- Differentials - Demonstrate your deductive reasoning skills
- Discussion - Few important points. You don't need to recite the textbook.

### SLIDESHOW

- Introduction Slide - Title of your talk, Your name and affiliation
- Disclosure - of any commercial or financial interests, or other affiliations
- Body of presentation - Generally 1 minute per slide. Keep it simple. Do not overload with text.
- Summary slide - with brief and clear learning points (takehome points)
- Last slide - Thanks and References

#### **Avoid Information Overload**

*If you and your slideshow are saying the same thing, then one of the two is unnecessary.*

### BASIC RULES

- Confidentiality - Must be maintained. No patient identifiers!
- Copyrights - Do not use copyrighted images/videos
- Use - generic names for meds  
Use - official abbreviations  
Use the full term in the beginning  
(PID = prolapsed intervertebral disc and pelvic inflammatory disease)
- Preparedness - Arrive early, check the tech, stick to time



# Presenting in Other Formats

## PRESENTING POINT OF VIEW & ORIGINAL RESEARCH @EMINDIA

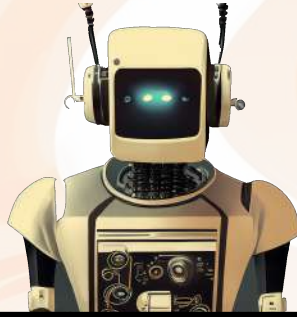
### POINT OF VIEW

- Guide to the basic rules, impact, and slideshow remain the same as those for Case Based Learning
- Learning points - Clear and concise points that the audience can take home to enhance their practice
- Graphics - Include relevant graphics, tables and flowcharts where possible and appropriate
- Discussion on practical, actionable points from *your point of view* but grounded in evidence based medicine and accepted standards of care.

### ORIGINAL RESEARCH WORK

- Guide to the basic rules, impact, and slideshow remain the same as those for Case Based Learning
- Slide Titles - Use standard terminology in your headlines (e.g., Objectives, Study Design, Methodology, Results and Analysis, Discussion)
- Graphics - Visual representation is an especially useful tool when presenting research. Large amounts of data become easier to absorb. Use this to your advantage.

# Poster Presentation



## WE'VE GONE DIGITAL!



### Format:

Prepare your Poster on PowerPoint.  
Choose the 16:9 aspect ratio  
Save it in **ppt** and **pdf** formats

(File -- Page Setup -- Slide sized for -- On Screen Show 16:9)

### Upload:

Save your file to a USB drive and bring it to the conference. Our team will help you upload it to our onsite LCDs



### Utility and safety of steroids in cardiopulmonary resuscitation of in-hospital cardiac arrest patients: A Systematic Review and Meta-analysis

Authors: Ankit K Sahu, Charu Malhotra, Golak Prasad, Praveen Aggarwal, Jamshed Nayer, Sanjeev Bhoi

### Example:

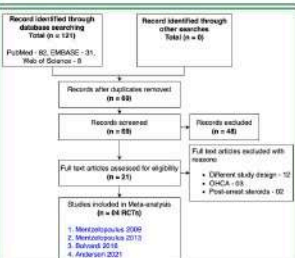
This is an example of a poster made on PowerPoint kindly shared with us to share with you!

#### Objectives

- We conducted this meta-analysis to assess the effect and safety of steroids in IHCA outcomes

#### Methods

- Inclusion:** RCTs that evaluated effect of steroids on adult IHCA outcomes
- Outcomes:** ROSC, STHD, FNO, treatment complications
- Random-effects** MA and TSA



#### Results

- 4 RCTs** (2 multicentric study<sup>2,4</sup>)
- 919 patients** (steroids arm: 440)
- Mean age: 71yrs, 64% male
- 40mg MPS** in 3 studies<sup>1,2,4</sup>
- Post-ROSC hydrocort in 2 studies<sup>1,2</sup>

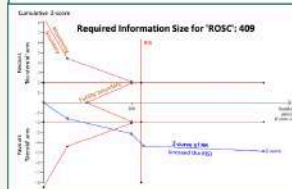
#### ROSC

#### STHD

#### FNO

- Heterogeneity (I<sup>2</sup>):** 0% (ROSC), 62% (STHD), and 28% (FNO)
- No publication bias
- Complications** (VAP, peritonitis, bleeding): Similar in both arms
- All RCTs 'low risk' except one<sup>3</sup>

#### Trial Sequential Analysis



- No need of further studies to prove the benefits of steroid on 'ROSC'
- RIS of STHD (2930) and FNO (2981):
  - Larger studies needed!

#### Discussion

- For ROSC - MPS is beneficial
- ? Benefits in STHD/FNO
- ? Role of post-ROSC hydrocortisone

#### Conclusion

Methylprednisolone increases the rate of ROSC, without affecting safety



# General Information

We want to deliver the best experience to both speakers and audience. To that end, we will be following some basic rules:



## *Punctuality*

Arrive early at your allocated hall, and introduce yourself to the moderator



## *Adhering to Time*

Podium Presentations - 12 minutes to present, 3 minutes for Q&A

Poster Presentations - Presenters must be ready to present over 5-10 minutes