

# ***Audience-Centered Speaking***



## ***Pearls for Successful Medical Lectures***

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# Question...

Why did you go into (academic) medicine?

- To teach...
- To motivate
- To empower
- To inspire
- To lead
- To improve lives
- To change the world

# Why is this important?

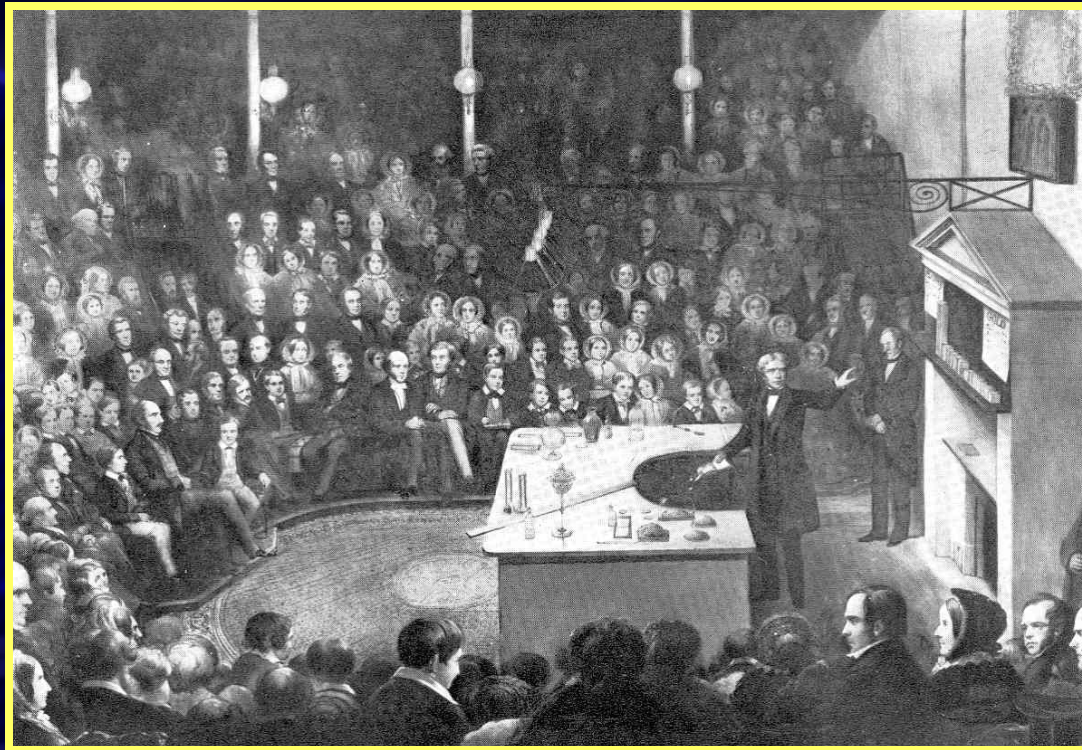
- Public speaking skills are linked to...
  - Credibility
  - Capability, expertise
  - Development of niche and promotion

# Why is this important?

- Public speaking skills are linked to...
  - Credibility
  - Capability, competence
  - Development of niche and promotion
- People will judge you by how you communicate
- Power of the spoken word

# Why is this important?

- Still a VERY common method of teaching and conveying important messages



# Question...

What's the purpose of lecturing?

- To teach something...get someone to learn something
- Learning = sustained change in belief, attitude, or behavior

Teaching vs. learning

- Your goal in lecturing is not to simply teach...  
but to get others to learn (audience-centered)

# Audience-Centered Speaking

Design the presentation around how to help the audience learn (content and style of presenting), NOT around what is convenient for the teacher

Will discuss methods that improve learning

# Scary stats...

Studies show that audience forgets...

- 40% of new content by 20 minutes
- 60% of new content by 12 hours
- 90% of new content by 1 week

Bottom line...people won't remember most of the new information you try to teach!

# #1: Major Point!

- Audience will remember AT MOST one major theme, 3-4 facts in 1-hour lecture
  - What's the theme/purpose?
  - What do you want them to remember?
    - Limit to 3-4 takehome points ONLY!
- Be explicit about which 3-4 points you want them to remember (repeat them!)

# More scary stats...

- Only 7% of the message in communication is carried in content of your words
  - 55% visual cues/gestures, 38% tone of voice
- People speak at 150 WPM but think at 600-700 WPM
  - Audience attention comes and goes

# Secondary Points

- How you say it is more important than what you say
  - Audio/videotape your lectures!
- Must repeat the key points several times

# #1: Major Point!

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# #2: Have a Purpose!

Nick Morgan, Lilly Walters, et al.

- All speeches are persuasive acts. You are speaking to persuade, not to inform.
  - Goal is not to change knowledge, but to change behavior
  - Remember, the audience will only remember 10% of “information”
- What are you trying to persuade the audience to do?

# #2: Have a Purpose!

- “Learning” = change in beliefs, attitude, or behavior
  - What belief or behavior are you trying to change?

# #2: Have a Purpose!

- Shouldn't be to simply pass on information (unless Board review)
- Avoid lecturing on information that could simply be read in a single source in the same amount of time

# #2: Have a Purpose!

- “At the end of this lecture, I want the audience to \_\_\_\_\_”
- If they don't...you've failed!
  - And wasted their time
- Cut out any content that doesn't meet this purpose

# #3: “Elevator Speech”

Nick Morgan: The “Elevator Speech”

- 1 sentence that will motivate that person to attend...
  - “Why should I go to your lecture?”
- Conclusion, theme, key message
- Focus the lecture around that statement and the conclusion

# #3: “Elevator Speech”

- Pitfalls in Dx of AMI
  - ACS is high risk...you need to know how to protect your patients *and yourself!*
- Advanced ECGs
  - I’ll teach you some ECG findings that you may never have known that will save lives!
- The Crashing Patient
  - If you remember AABBCCDDEE when patients look sick, you’ ll save lives!

# #3: “Elevator Speech”

- Start with the elevator speech in mind
  - This helps narrow the focus
  - Focus the lecture on that 1 key message or promise
  - **Make sure you fulfill your promise!**

# #4: Takehome Points

- Next, create the conclusion and takehome points for the lecture
  - Before the content!
- The entire lecture content should be focused on proving the conclusion and reinforcing the takehome points

# #4: Takehome Points

Start with the end  
of the road in mind

Know where you  
are going!



# #4: Takehome Points

- 1 takehome point for every 10-15 minutes of lecture time
- 3-4 takehome points from a 1-hour lecture
  - Exceed 4 and they remember zero!
- Those are your summary slides!

# #4: Takehome Points

- 2<sup>nd</sup> greatest mistake of most speakers:
  - Covering too much information
  - Less is more!
- Make sure the audience takes home the 3-4 points *you want them* to take home!

# Summary thus far...

- Focus on what the audience needs, not what you need or want
- Have a purpose (elevator speech)
- Limit to 3-4 takehome points/1 hour
- Start with the end in mind!



# #5: Customize content

- Know the audience
  - Degree (RN, MD, PA, RT, etc.)
  - Training level?
  - Specialty?
  - Native language?
  - Clinical vs. research?
  - Why are they there?
  - Clinical update vs. board review?

# #5: Customize content

- Know the audience
  - Is it being taped/video'd for others?

# #5: Customize content

- Most emergency clinicians want...
  - Myths, pearls, pitfalls
  - High risk
  - Avoiding malpractice
  - Clinically-relevant!
- Pick titles and content that targets these, attracts attention

# #5: Customize content

- Don't use a “textbook chapter title”
  - Title should imply that there is something different about your talk than a chapter
  - Important for marketing your talk!

# #5: Customize content

- Don't use a "textbook chapter title"
  - NEVER EVER EVER EVER use in the title:
    - "Evaluation and management of \_\_\_\_\_"
    - "Diagnosis and treatment of \_\_\_\_\_"

# #5: Customize content

- Words that work in titles and themes:
  - Good: pearls, pitfalls, medicolegal, malpractice, misdiagnosis
  - Great: death, fatal, deadly, killer, disasters



# #5: Customize content

- Aortic emergencies → “Aortic Disasters”
- Carbon monoxide → “CO — The Silent Killer”
- Challenging ECGs → “Deadly Misdiagnoses in ECG Interpretation”
- Tough cardiology cases → “Unsuspected Killers in Emergency Cardiology”

# #5: Customize content

- Incorporate those titles into the content
  - e.g. no textbook reviews!
- Themes that work:
  - “Here’s what you were taught...it’s *wrong!* And here’s the truth!”
  - “Here’s something which you never before knew, and it will save lives!”

# #6: Start and finish strong

- The start
  - Grab their attention
  - Tell them why it's important
  - Can be a rallying call
  - Sets the tone for the next 10 minutes
  - Memorize if necessary

# #6: Start and finish strong

- The start
  - I like starting with humor
    - Makes it interactive
    - Engages audience, wakes them up
    - Relaxes me!

# #6: Start and finish strong

- The start
  - I like starting with challenging cases
  - Let's them know what we will cover
  - ± Traditional objectives, outline, etc.
  - Let them know why it's important

# #6: Start and finish strong

- Pitfalls in Dx of AMI
  - ACS is high risk...you need to know how to protect your patients *and yourself!*
- Advanced ECGs
  - Advanced skills in ECG interpretation will save lives!
- The Crashing Patient
  - These pearls will save lives!

# #6: Start and finish strong

- The finish
  - Memorize if necessary
  - Summary and conclusion
  - Be certain the 3-4 key points have been repeated over and over
  - Don't worry about covering everything...leave them wanting more!
    - Or put it in a handout

# #6: Start and finish strong

- The finish
  - Motivate the audience to want to learn more...“call to arms”

# #6: Start and finish strong

- The finish
  - Don't take questions at the end!!
    - “That concludes my talk...any questions?” → WEAK ending

# #6: Start and finish strong

- The finish
  - Ideally, take questions as you go!
  - Option: take a few questions before the final summary plus conclusion
  - End firmly and definitively
    - Final 10 seconds are most memorable

# #7: Visuals

- You are the message, not the visuals!
  - Fancy slides and animations are usually unnecessary

# #7: Visuals

- Simple slides
  - Color of letters and background contrast with each other (light and dark)
  - Not too many words

# #7: Visuals

## (54 point bold)

- This is 40 point
- This is 36 point
- This is 32 point
- This is 28 point
- This is 24 point

# #7: Visuals

- This is Tahoma
- This is Arial
- This is comic sans
- This is Times New Roman
- Sans serif is generally easier to read on a screen (Tahoma 32 font)
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# #7: Visuals

- Use fonts that are standard amongst computer systems
  - e.g. Tahoma, Arial, etc.
  - **Strange fonts → NO!**

# #7: Visuals

- Be careful of too many (text) slides in a row...tough to maintain attention

# #8: Keep them awake!



# #8: Keep them awake!

- Engage the audience...make them interact
  - Ask questions (even if rhetorical)
  - Pose cases
  - Ask them to raise their hands

# #8: Keep them awake!

- Tell a story
  - Don't use slides for this!
  - Mental imagery is far better than visuals
  - Even greater impact if calls upon emotion

# #8: Keep them awake!

- Mental imagery



# #8: Keep them awake!

- Use “transitions” between subtopics
  - Visuals, stories, summaries, humorous slides

# #8: Keep them awake!

- Humor: whatever you want
  - Can be related to topic or not
  - Transitions
  - Stories, anecdotes
  - Pop culture, current events
  - Internet websites
  - Comics/humorous photos

# #8: Keep them awake!

- Comics/humorous photos
  - Must be clearly funny
  - Humor must “hit” the audience (“get it”) at the same time
    - People don’t like to laugh by themselves

# #8: Keep them awake!

## Pitfalls to humor

- Politically incorrect humor
- Poor timing, failing to rehearse
- Language barriers

# #8: Keep them awake!

- Lights on
- Get out from behind the podium!
  - Better eye contact
  - Keeps it conversational
  - Look at (and approach) people that are getting sleepy → wakes them up
  - “Walk and plant”
    - Avoid “carnival duck” pacing

# #9: Getting over fear

- No secrets, but a few pearls...
- Practice, practice, practice...
  - Public speaking in general...anywhere, anytime
  - Your talk
    - Practice in sections and entirety
- Know your topic WELL, but it's OK to say "I don't know"

# #9: Getting over fear

- Humor helps (make sure it's funny!)
  - At start and transitions
- Deep breathing at start and transitions
- Talk to audience members before starting
- Find friendly faces and “nodders” in different areas of audience

# #9: Getting over fear

- Avoid drugs, alcohol
- Workout before the lecture

# #10: Miscellaneous

- How you say it matters more than what you say
  - 7% of the message comes from content
  - 38% of the message comes from voice tone
  - 55% of the message comes from face and body language

# #10: Miscellaneous

- Good eye contact
- Look interested, enthusiastic (video!)
- Hands out of pockets, object in each
  - But beware overuse of the laser!
- Elbows away from body, hands above waist
- Palms up vs. palms down
- Personal space (1.5-4 feet away)

# #10: Miscellaneous

- Emphasizing important points
  - Repeat
  - Speak more slowly, loudly
  - Change cadence
  - Step in, raise arms (with palms up)
  - Hands up, “the ring”
    - Don’t point

# #10: Miscellaneous

- Audience questions
  - Repeat them, especially if audiorecording
  - “Difficult” people → avoid eye contact and walk away
  - Don’t get in fights, don’t insult

# #10: Miscellaneous

- Physical issues
  - Room-temperature water available
  - Throat lozenges (sugar!)
  - Imodium
  - Good sleep before, beware the parties!
  - Conservative food

# #10: Miscellaneous

- Case the joint ahead of time
- Test your slides on the presenting laptop
  - Have 2 jokes to kill time if computer crashes
- Keep a remote clicker with you
- Be mindful of time
- Losing your talk...
  - Bring hard copy/computer, jump drive, email presentation to yourself

# #10: Miscellaneous

- Debrief afterwards!
  - What worked, what didn't work, humor, etc.
  - Evaluations (delayed debriefing)
- Audio/video-record your lectures
  - Audio → notice fillers, bad habits
  - Video → turn off volume and look at level of enthusiasm, bad habits

# Key Takehome Points

- Focus on needs of the audience, not you
- Have a purpose
  - What are you trying to accomplish?
- Limit to 3-4 takehome points/1 hour
  - Repeat them!
  - Starting with the end in mind!
- Audio/video-record

# Finally...

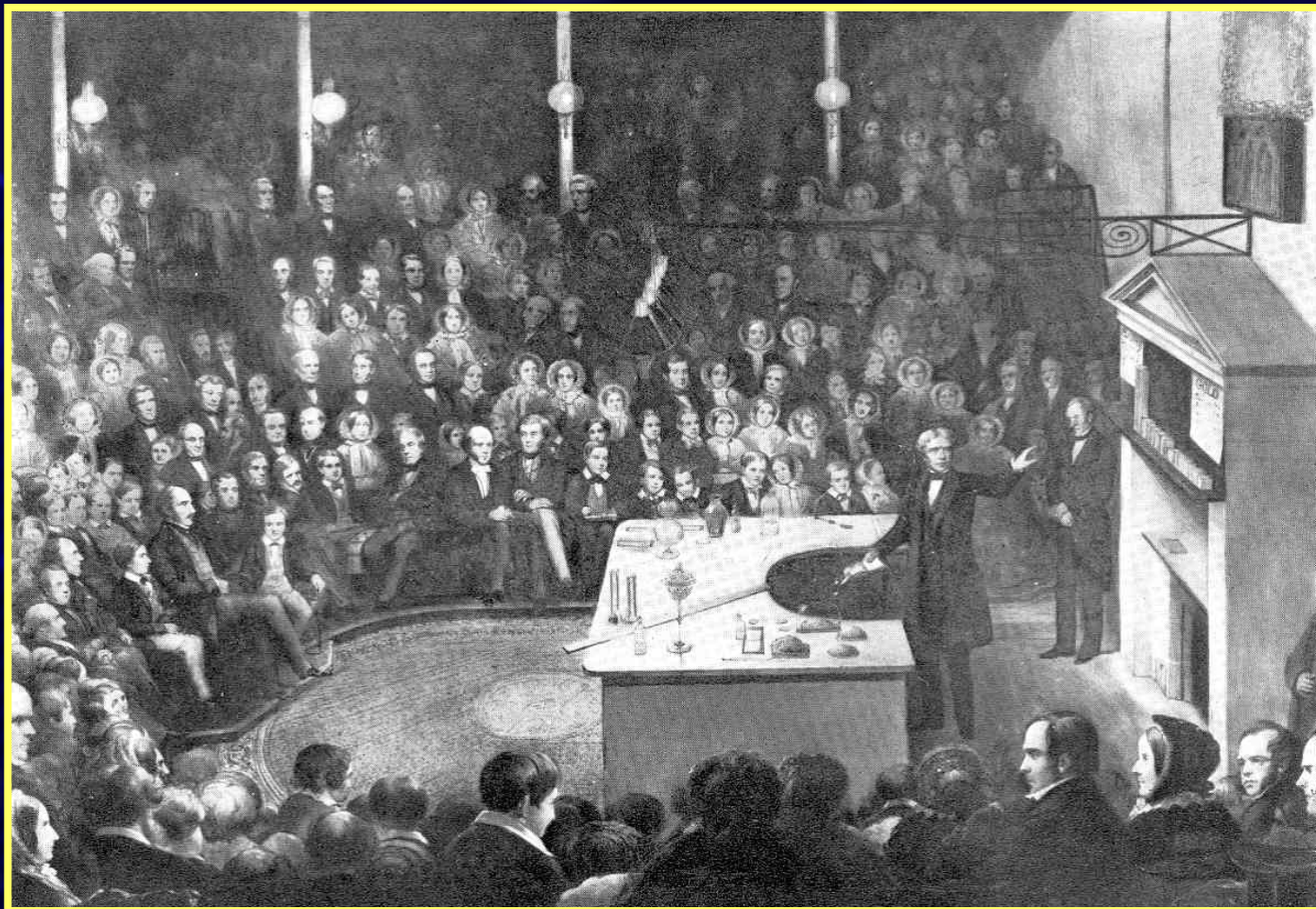
- Public speaking is easy, with simple pearls...
- Critically important for credibility, career advancement, and satisfaction

**You can do it!**

**You must do it!**

# Thanks!

Questions? [amalmattu@comcast.net](mailto:amalmattu@comcast.net)



# ***Everyday Leadership***

## **Lessons From Great Minds Through the Ages**

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# Another lecture on leadership...



# **Not another lecture on leadership!**



# *Everyday Leadership*

## Lessons From Great Minds Through the Ages

Amal

Dad

Husband

Son

Brother

Teacher

Colleague

Physician

# Importance of leadership



*Shira Arielle Kansas*

*June 8, 1974 – February 13, 2003*

# Importance of leadership



# Importance of leadership



# **1. Learn about leadership**

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- What is leadership?

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- What is leadership? → opportunity to...
  - Mentor
  - Inspire
  - Challenge
  - Teach
  - Motivate
  - Empower

# 1. Learn about leadership

- What is leadership? → opportunity to...
  - Mentor
  - Inspire
  - Challenge
  - Teach
  - Motivate
  - Empower
- Opportunity to improve people's lives...and your own

# 1. Learn about leadership

- Don't need a title to be a leader

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- Don't need a title to be a leader
- It's not about "being above" others or commanding or controlling others

# 1. Learn about leadership

- Defining “leadership”

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- Defining “leadership”
- Successful leader has followers
  - Are they willing followers? Or being forced to follow?
    - Which is more successful?

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- Defining “leadership”
- Successful leader has followers
  - Are they willing followers? Or being forced to follow?
    - Which is more successful?
    - Follow because of their job/salary?
    - Follow with their hearts? → the great leaders!

# 1. Learn about leadership

- Skills can be learned
  - John C. Maxwell
  - Ken Blanchard
  - John Wooden
  - Many other authors





***“The ultimate measure of a man is not where he stands at times of comfort and convenience, but where he stands at times of challenge and controversy.”***

**-- Martin Luther King, Jr.  
(1929 – 1968)**

## **2. Embrace conflict!**

## 2. Embrace conflict!

- Conflict and obstacles shouldn't defeat you...they should define you as a leader.

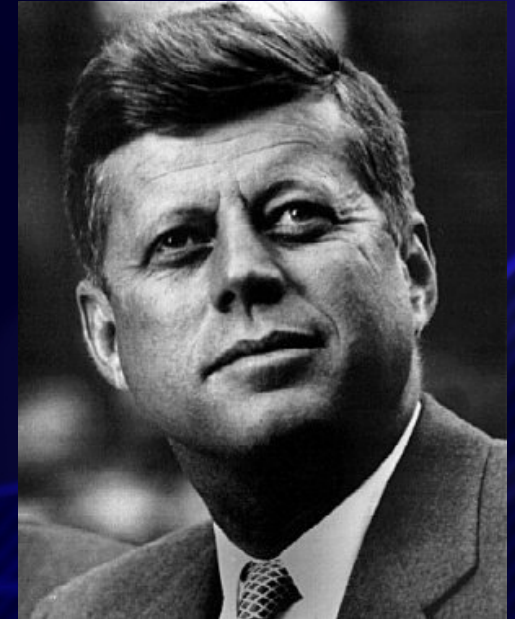
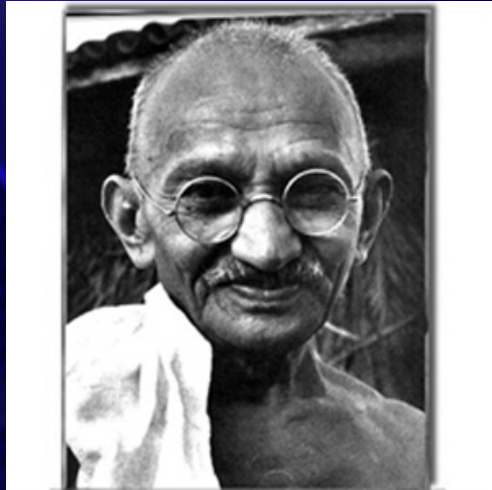
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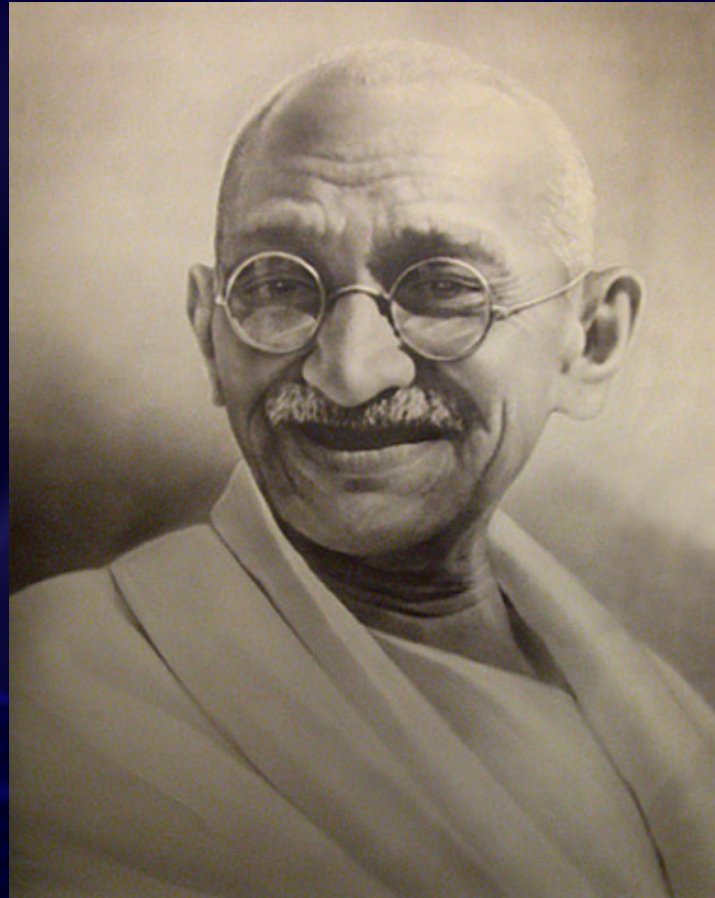
- Conflict and obstacles shouldn't defeat you...they should define you as a leader.
- Leaders cannot be great without them!

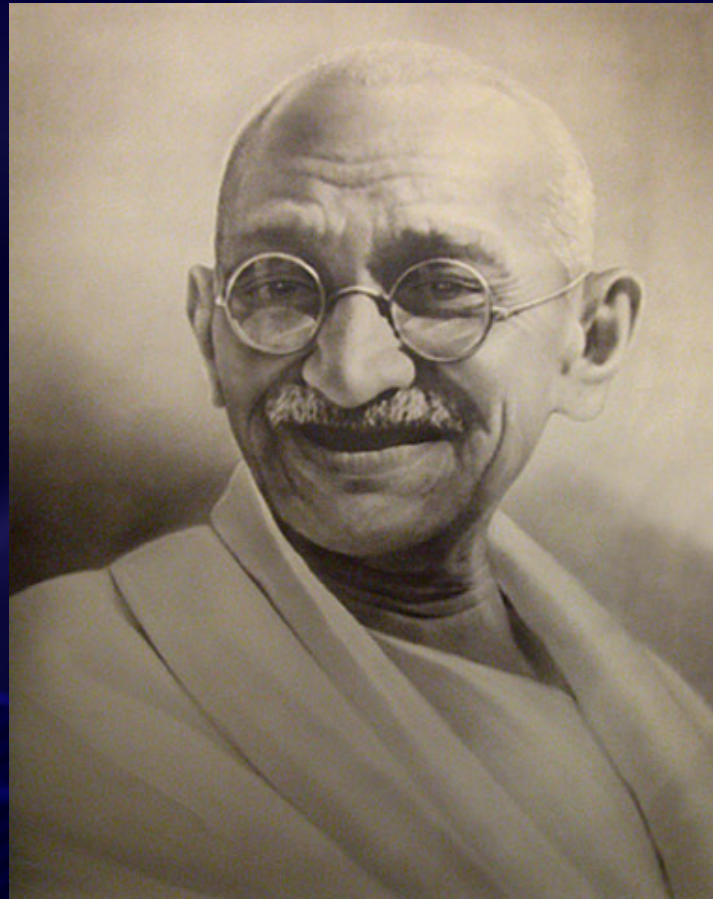
## 2. Embrace conflict!

- Conflict and obstacles shouldn't defeat you...they should define you as a leader.
- Leaders cannot be great without them!
- Obstacle vs. opportunity

## 2. Embrace conflict!







***“We must become the change we want to see in the world.”***

**-- Gandhi  
(1869 – 1948)**



***“You want a miracle? BE the miracle.”***  
**-- God (Morgan Freeman in *Bruce Almighty*)**

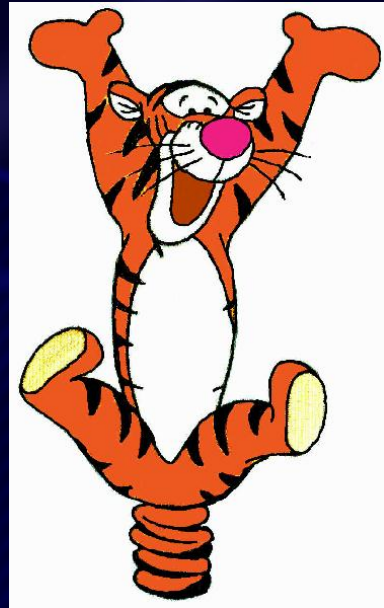
**3. Set the example,  
be the role model**

# 3. Set the example, be the role model

- Exemplify...
  - Ethics
  - Professionalism
  - Work ethic
  - Humility
  - Appearance
  - Demeanor

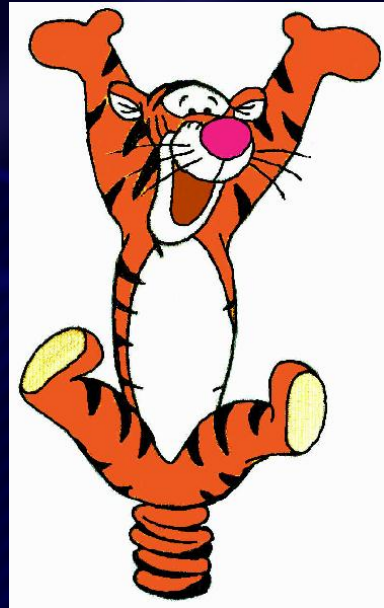
# 3. Set the example, be the role model

- Be a positive person!



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- Be a positive person!



***“Be a Tigger, not an Eeyore.”***  
-- Randy Pausch  
(1960 – 2008)

# 3. Set the example, be the role model

- Be a positive person!



# 3. Set the example, be the role model



*“She would rather light candles than curse the darkness, and her glow has warmed the world.”*

-- Adlai Stevenson (addressing the UN GA regarding Eleanor Roosevelt, 1962)

# 3. Set the example, be the role model

- Be a problem solver, not just identifier



*“She would rather light candles than curse the darkness, and her glow has warmed the world.”*

-- Adlai Stevenson (addressing the UN GA regarding Eleanor Roosevelt, 1962)

# 3. Set the example, be the role model

- Problem “identifier” vs. problem solver
- Stop whining, stop complaining
  - “Either do something about it or be quiet!”
- Don't be a cynic...it's a poison
  - Brings everyone else down

# 3. Set the example, be the role model

*“Every breath, a lesson learned.”*  
-- Neil Whitman, PhD

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- Let your actions always be a positive influence on those around you.

**4. Learn to listen and  
understand!**

# 4. Learn to listen and understand!



*"I remind myself every morning: nothing I say this day will teach me anything. So, if I'm going to learn, I must do it by listening" [not talking].*

-- Larry King  
(1933 – )

# 4. Learn to listen and understand!



# 4. Learn to listen and understand!

- Understand the message behind the words



-- Guillaume Apollinaire  
(1880 – 1918)



***He said, "Come to the edge."  
But they held back.  
And He said, "Come to the edge!"  
And they replied, "But we are afraid!"  
And He commanded, "Come to the edge!"  
So they came to the edge...***

**-- Guillaume Apollinaire  
(1880 – 1918)**



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So they came to the edge...  
And he pushed them.***

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And He said, "Come to the edge!"  
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So they came to the edge...  
And he pushed them.  
And they flew!***  
**-- Guillaume Apollinaire  
(1880 – 1918)**



# **5. Seek out and foster the strengths in others**

- Sometimes people don't know what they are capable of until you give them a little push!

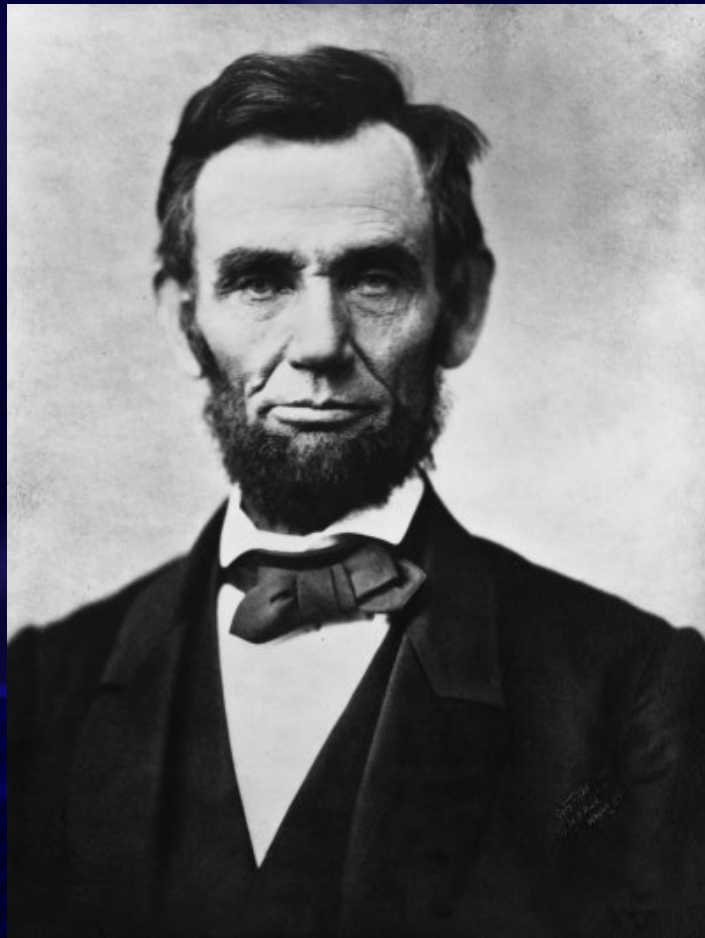
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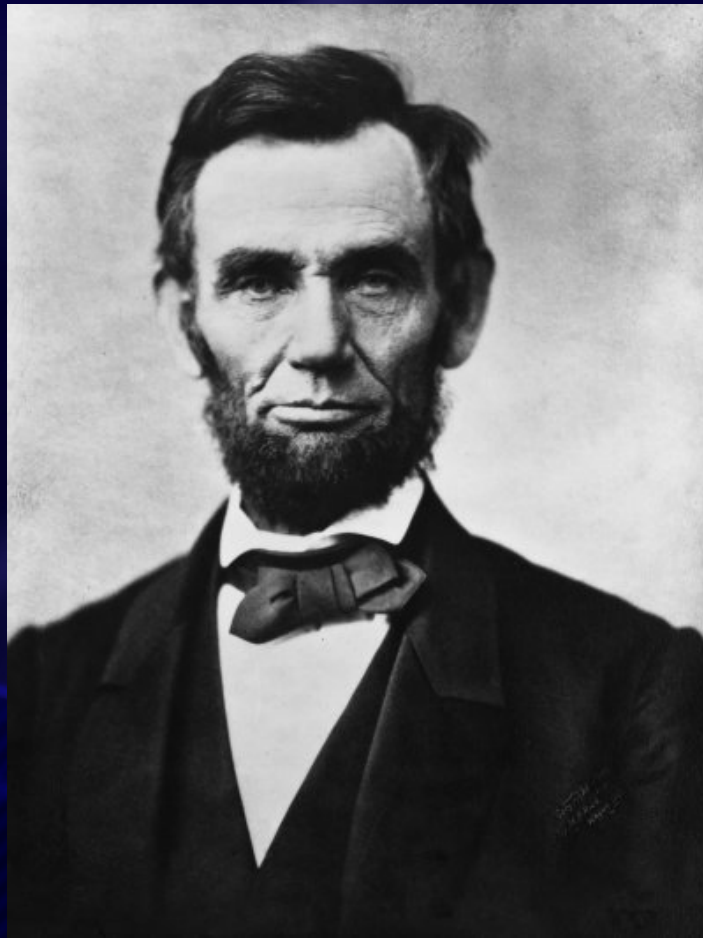
- Sometimes people don't know what they are capable of until you give them a little push!
- Leader → help people discover strengths within themselves
  - Cultivate and foster those strengths

# 5. Seek out and foster the strengths in others



**Al Sacchetti, MD**





***“It’s surprising how much you can accomplish if you don’t care who gets the credit.”***

**-- Abraham Lincoln  
(1809 – 1865)**

# 6. Be generous with credit and opportunities

- Feel appreciated vs. taken-for-granted
- Burnout
- Give recognition publicly and frequently for work well-done
  - Appreciation improves performance
- Teaching awards, distinguished service awards
- Give positive reinforcement to each-other

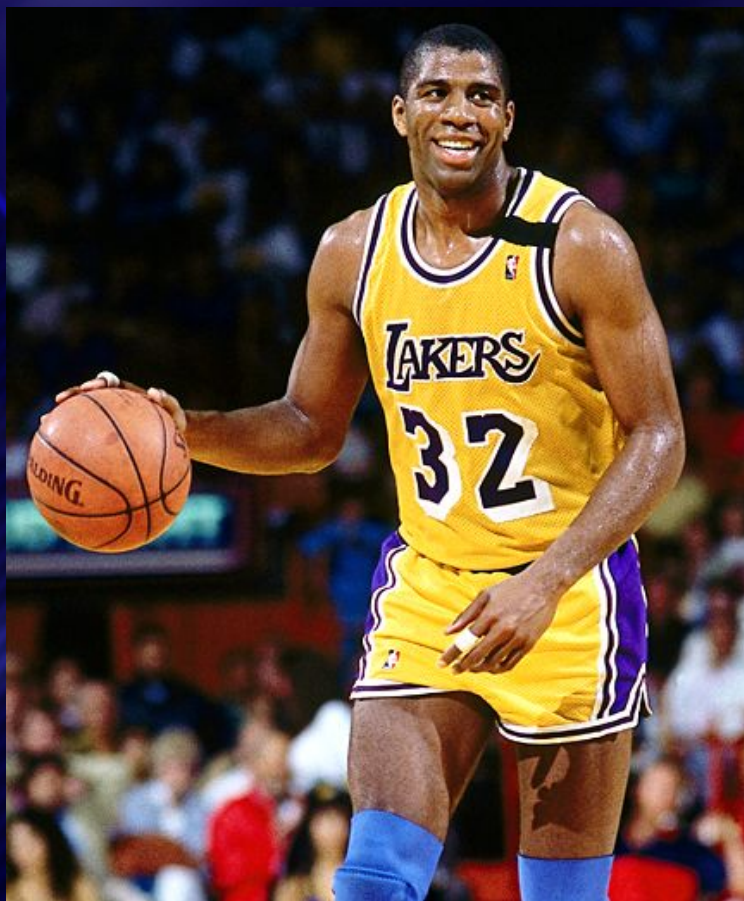
# 6. Be generous with credit and opportunities

- Delegate responsibility and opportunities
  - Empowers people
  - Don't be stingy with opportunities!

***“A lit candle loses no brightness by lighting another.”***

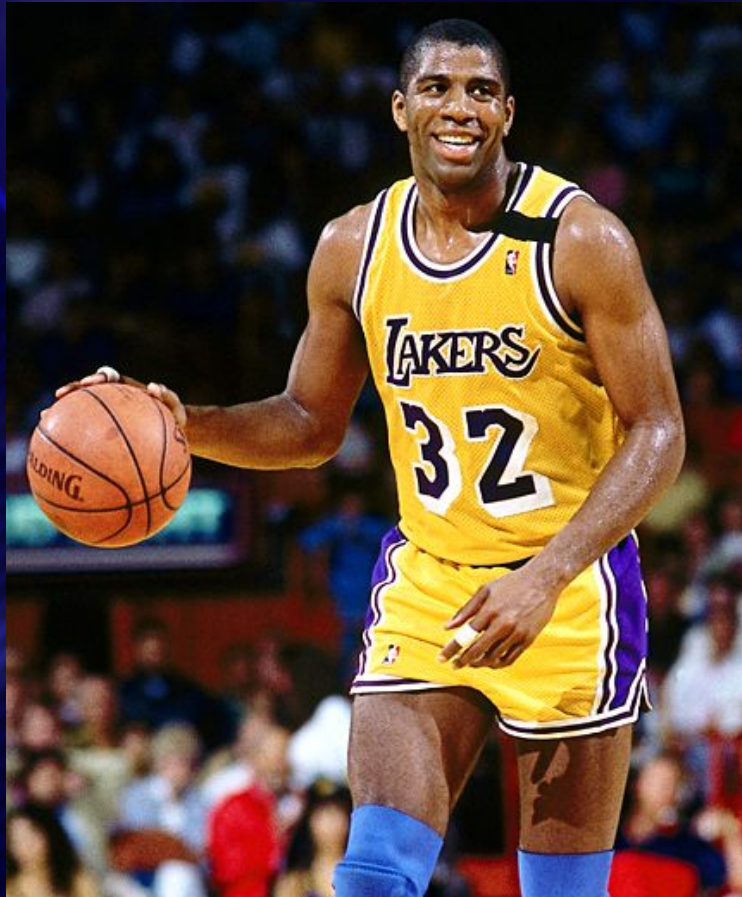
**-- Author unknown**





**VS.**





**VS.**



***“A lit candle loses no brightness  
by lighting another.”***

**-- Author unknown**



***“Thousands of candles can be lit by a single candle, and the life of the candle will not be shortened...”***

**-- Buddha  
(circa 563 BC – 483 BC)**



***“Thousands of candles can be lit by a single candle, and the life of the candle will not be shortened. Happiness never decreases by being shared.”***

**-- Buddha**

**(circa 563 BC – 483 BC)**





***“Your destiny is to the save the world!”***  
**-- Me**



***“The greater danger for most of us lies not in setting our aim too high and falling short; but in setting our aim too low, and achieving our mark.”***  
**-- Michelangelo**  
**(1475-1564)**

# 7. Expect the best from yourself and others!

- It is your duty to expect the most of others
- Push them to reach for that which is (seems) just beyond their reach
- Do the same for yourself!



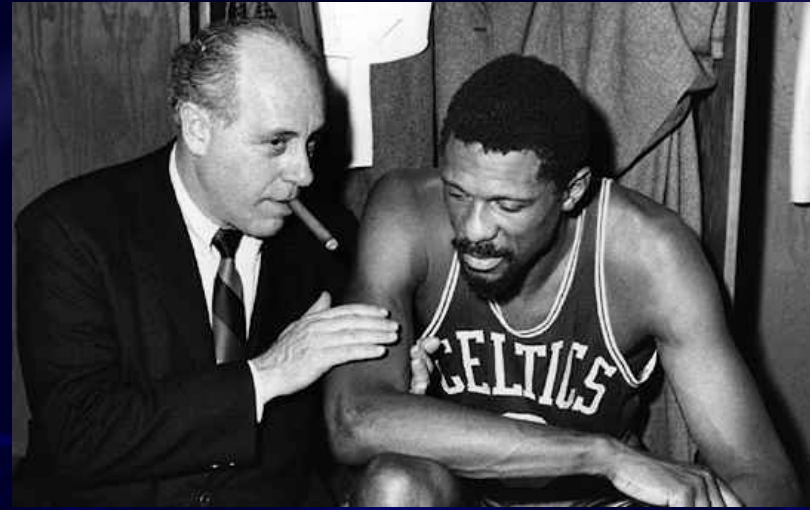
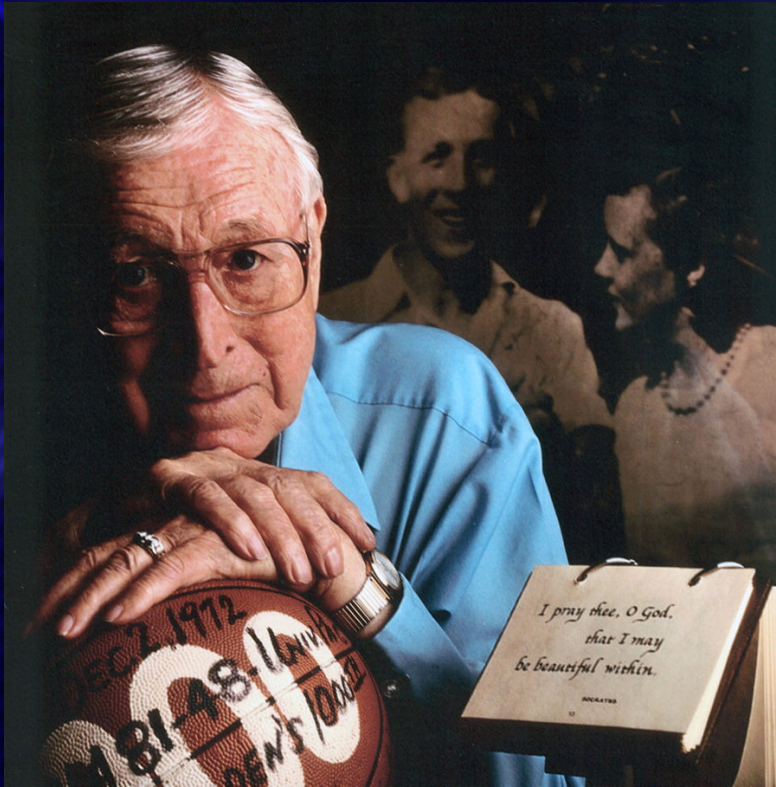
***“There is no passion to be found in playing small —  
in settling for less than you are capable of.”***

**-- Nelson Mandela  
(1918 – 2013)**

# 7. Expect the best from yourself and others!



# 7. Expect the best from yourself and others!





***“Perfection is not attainable. But if we chase perfection, we can catch excellence.”***

**-- Vince Lombardi  
(1913-1970)**

# 7. Expect the best from yourself and others!



# 7. Expect the best from yourself and others!



***“Don’t settle for bones!”***  
**-- Joe Fowler**



-- Nikhil Mattu

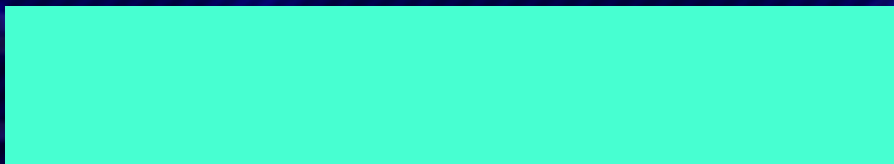


***“...My destiny is to save you!”***  
**-- Nikhil Mattu**

# Feeling out of balance?



**Can you find balance?**





***“Put the big rocks in first.”***  
-- Author unknown

# 8. Put the big rocks in first!

- Decide what your “big rocks” are
- Prioritize those things in your life
- You must schedule time for...
  - Family and friends
  - Hobbies
  - Health
- Life is not a steady-state!
- There is always flux

# 8. Put the big rocks in first!

- Every time you say “yes”...you are also saying “no.”

# 8. Put the big rocks in first!

- Every time you say “yes”...you are also saying “no.”
- To add to the jar, you must also *remove* from the jar...or it will break!

# 8. Put the big rocks in first!

- Be careful that you are not taking the *big rocks* out of the jar...



# Importance of Leadership



-- Alexander The Great (Alexander III)  
(356 BC – 323 BC)

# Importance of Leadership



***“Greater is an army of sheep led by a lion  
than an army of lions led by a sheep.”***  
**-- Alexander The Great (Alexander III)**  
**(356 BC – 323 BC)**

# ***Finding Your Niche In Academic Emergency Medicine***

**Amal Mattu, MD, FACEP**

Professor and Vice Chair

Director, Faculty Development Fellowship

Department of Emergency Medicine

University of Maryland School of Medicine

Baltimore, Maryland

# What Is A Niche??

- My definition (for EM)
  - An area in emergency medicine in which you have a special interest and in which you want to become an expert.

# Outline

- Why should you develop a niche?
- How to choose a niche (and when to let it choose you)
- Developing and maintaining the niche
  - Becoming an expert
  - Getting recognized as an expert
- Final tips to develop the niche – the “snowball effect”

# Outline

- Not a lecture specifically on promotion
- Not a lecture specifically on career satisfaction
- Brainstorming for ideas

# **Why Should You Develop A Niche??**

# **Why Should You Develop A Niche??**

Common problem among most academic  
emergency physicians...

# Why Should You Develop A Niche??



# Why Should You Develop A Niche??

- Emergency physician = medical “Jack of all trades”?

# Why Should You Develop A Niche??



IF YOU'RE A JACK  
OF ALL TRADES

15:30  
monday

24  
jan

IF YOU'RE A JACK  
OF ALL TRADES  
BECOME A MASTER  
OF ONE

15:30  
monday  
24  
jan



# **Why Should You Develop A Niche??**

- Provides direction in an academic career

# Why Should You Develop A Niche??

- Enjoyment and satisfaction of “being the expert”
  - The go-to person
  - People consistently come to YOU for answers or help on a topic

# Why Should You Develop A Niche??

- Opportunities for non-clinical activities
  - E.g. medicolegal work, consulting, etc.
  - Variety in your career
  - Avoid becoming stale
  - Career longevity

# Why Should You Develop A Niche??

- Clinical and/or academic contribution to your group
  - Fill a void in an academic program

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  - Mentoring for students and residents

# Why Should You Develop A Niche??

- Clinical and/or academic contribution to your group
  - Fill a void in an academic program
  - Mentoring for students and residents
  - Increased job opportunities
    - Academic positions
    - Clinical and community positions

# Why Should You Develop A Niche??

- For promotion...
  - Easier to reach regional/national recognition with a specific focus
  - Focused publications > quantity
  - Easier for people to write your letters!

# Why Should You Develop A Niche??

- Increased academic opportunities once the niche is established
  - Lecturing and writing opportunities increase exponentially
  - Slower development of opportunities for those without a niche

SPEED LIMIT  
ENFORCED BY  
AIRCRAFT



# **How To Choose A Niche (And When To Let It Choose You)**

# How To Choose A Niche (And When To Let It Choose You)

- Be open-minded and flexible initially
  - You may end up “falling into” a niche rather than picking one
  - May change with time or with opportunities in other areas

# How To Choose A Niche (And When To Let It Choose You)

- If you don't know what to choose...
  - Review conference brochures for ideas that interest you
  - Talk to your Chair, Program Director, and other senior faculty for ideas
    - What does your Residency or group practice need more expertise in?

# How To Choose A Niche (And When To Let It Choose You)

- “Relative contraindications”

# How To Choose A Niche (And When To Let It Choose You)

- “Relative contraindications”
  - Picking a focus that is already “claimed” by another person in your program/group
    - “Stepping on toes”
    - They may want to join your projects
    - May decrease opportunities for you both
    - May work if other person is willing to serve as mentor, “give up turf,” share projects

# How To Choose A Niche (And When To Let It Choose You)

- “Relative contraindications”
  - Picking too narrow of a focus
    - E.g. “tetralogy of Fallot”
      - Might be appropriate for peds cardiologists, but you won’t have a big enough audience for papers and lectures
      - Better to pick “congenital cardiac disorders,” or “neonatal emergencies”

# How To Choose A Niche (And When To Let It Choose You)

- “Relative contraindications”
  - Picking a focus that few people care about
    - E.g. “Lidocaine for laceration repair”
      - “Wound care” would be better

LODGING  
NEXT RIGHT

State Prison

# **Developing And Maintaining The Niche**

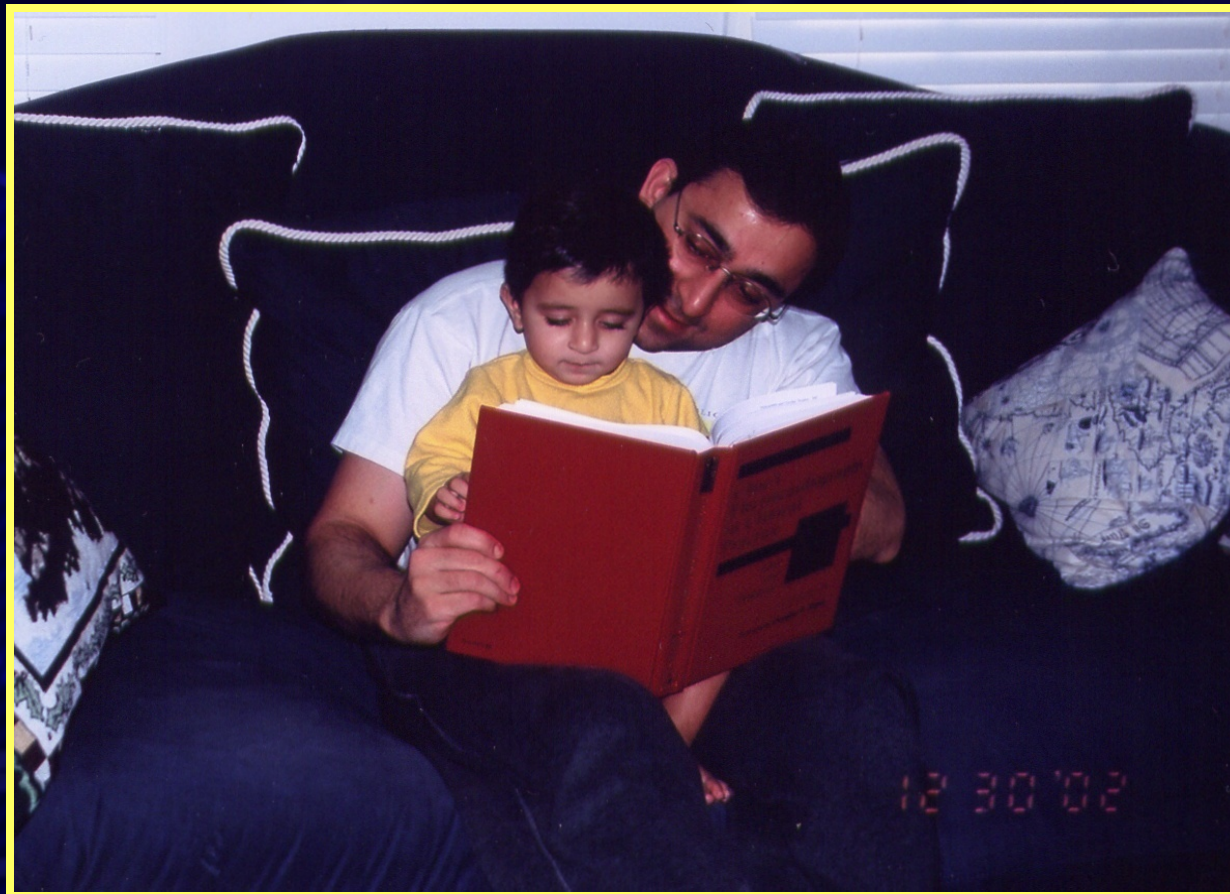
# Developing And Maintaining The Niche

- Study...



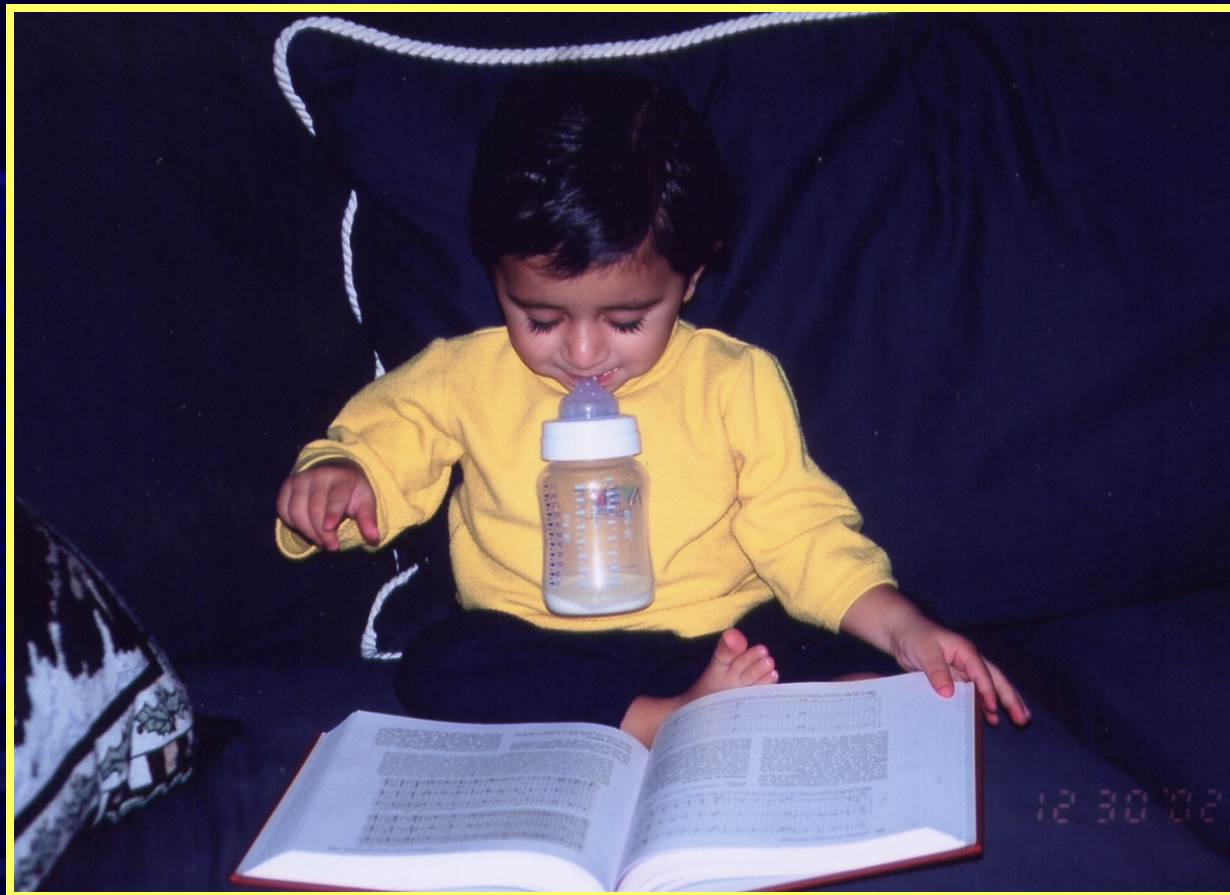
# Developing And Maintaining The Niche

- Study...study...



# Developing And Maintaining The Niche

- Study...study...study your niche!



# Developing And Maintaining The Niche



# Developing And Maintaining The Niche

- First priority is always to have *and maintain* a solid fund of knowledge in general EM
  - Therefore, not usually recommended for junior residents
- Don't lose credibility in general EM in favor of the niche

# Developing And Maintaining The Niche

- Then, work on becoming an expert in your niche...

# Developing And Maintaining The Niche

- How do you become an expert???

# Developing And Maintaining The Niche



# Developing And Maintaining The Niche



# Developing And Maintaining The Niche

- Read everything you see in your niche!



# Developing And Maintaining The Niche

- Read everything you see in the EM literature pertaining to your niche
  - Original research
  - Review articles
  - Case reports
  - CME publications, etc. etc.
  - Be aware of drug-company sponsored articles

# Developing And Maintaining The Niche

- Read the literature in the other specialty
  - Journals → relevant review articles and original research
  - CME publications → relevant review articles
  - Talk to well-read colleagues in the other specialty, ask them what they do to keep up

# Developing And Maintaining The Niche

- Review abstract services/publications in EM and in the other specialty
  - Emergency Medicine Abstracts
    - Other specialties often have audio-abstract services as well
  - Journal Watch EM and Cardiology
  - Look for others as well

# Developing And Maintaining The Niche

- CDs/MP-3s pertaining to your niche
  - ACEP Sci Assembly
  - Other specialty conferences
- Do extra CME/workshops/courses

# Developing And Maintaining The Niche

- Attend research meetings
  - You will hear about and learn about cutting-edge material that's not yet even published
  - Opportunity to meet and discuss topics and ideas with leaders in your area of focus
  - Get ideas for your own lectures, research, papers

# Developing And Maintaining The Niche

- Attend research meetings
  - ACEP Research Forum
  - SAEM regional and national meetings
  - CORD and ACGME meetings
    - Especially helpful if your niche relates to education, core competencies, wellness, etc.
  - Research meetings of *other specialties*
- Review abstracts from “meeting issues”

# Developing And Maintaining The Niche

- Do a fellowship
  - SAEM's fellowship listing
  - Create your own fellowship!
    - Maximum 12-16 clinical hours per week
    - Courses at a University → degree?
    - ACEP's teaching fellowship, EMBRS
    - Work with clinicians in the other specialty
    - Learn and do research, writing, teaching

# Developing And Maintaining The Niche

- Learn to/be willing to write



# Developing And Maintaining The Niche

- Learn to/be willing to write
  - Can be original research...but can also be:

# Developing And Maintaining The Niche

- Learn to/be willing to write
  - Can be original research...but can also be:
  - Review articles
  - Case reports/case series
  - Letters to the editor
  - ± large textbook chapters

# Developing And Maintaining The Niche

- Learn to/be willing to write
  - Journals
    - Write an article and “shop it around”
      - “Would you be interested in...”
      - Key point: follow through!



# Developing And Maintaining The Niche

- Learn to/be willing to write
  - CME publications; examples:
    - EMedhome.com, Medscape
    - *Critical Decisions in Emergency Medicine*
    - *Emergency Medicine Reports* (and spinoffs)
    - *Emergency Medicine Practice*
    - Write to editorial staff and express an interest

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    - Write to editorial staff and express an interest
      - “Would you be interested in...”
      - Key point: follow through!

# Developing And Maintaining The Niche

- Learn to/be willing to write
  - Letters/essays for newsletters; examples:
    - *EM News, ACEP Now, EP Monthly*
    - Newsletters for CORD, SAEM, AAEM, EMRA
  - Book publishers
    - “Would you be interested in...”
    - Key point: follow through!

# Developing And Maintaining The Niche

- Learn to do research



# Developing And Maintaining The Niche

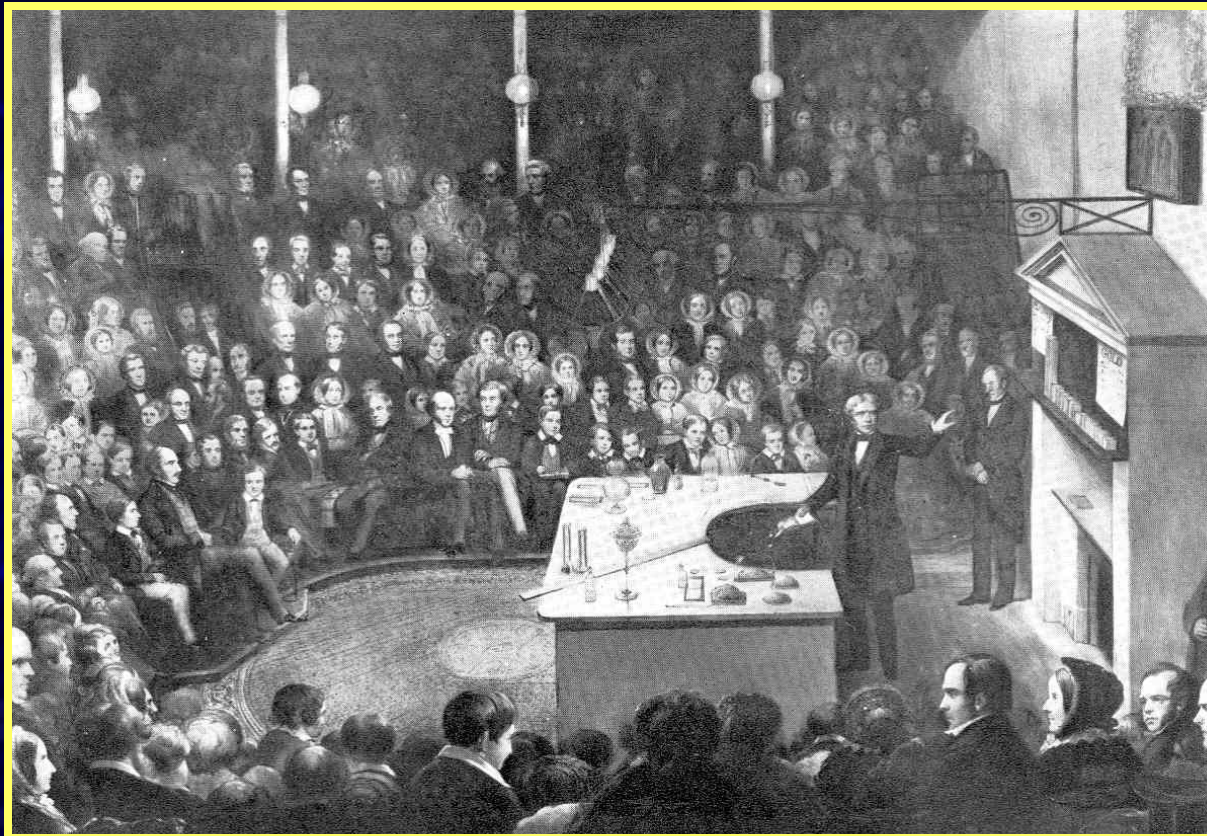
- Learn to do research
  - Start with simple projects
  - Get involved in ongoing projects
    - Your dept., other depts. in your hospital, and/or off-campus projects
  - Find a mentor to teach you the process
    - Doesn't have to be in EM!

# Developing And Maintaining The Niche

- Learn to do research
  - Conferences that help you learn research
    - SAEM
    - CORD
    - EMBRS course
    - Other non-EM organization sponsored courses
    - Your own university!

# Developing And Maintaining The Niche

- Learn to lecture



# Developing And Maintaining The Niche

- Learn to lecture
  - Often helps develop your reputation in the niche more quickly than writing
  - Have a handful of lectures in the broad topic, a few more focused
  - Lectures in the more focused topics often increase credibility in the broad topic

# Developing And Maintaining The Niche

- Learn to lecture
  - Find an interesting twist on the topic (esp. if a popular topic, e.g. PE, ACS, etc.)
  - Create good titles, add spice!
    - Will increase lecturing invitations
    - Good way to “market” your talk/niche

# Developing And Maintaining The Niche

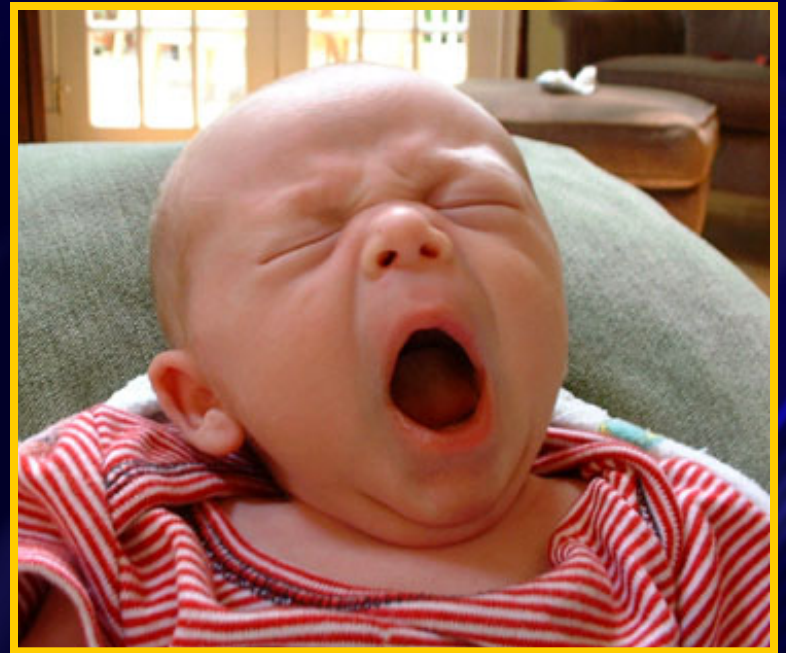
- Learn to lecture
  - Create good titles, add spice!
    - Don't use a “textbook chapter title”
      - Title should imply that there is something different about your talk than a chapter

# Developing And Maintaining The Niche

- Learn to lecture
  - Create good titles, add spice!
    - Don't use a “textbook chapter title”
    - NEVER EVER EVER EVER EVER use in the title:

# Developing And Maintaining The Niche

- Learn to lecture
  - Create good titles, add spice!
    - Don't use a “textbook chapter title”
    - NEVER EVER EVER EVER EVER use in the title:
      - “Evaluation and management of \_\_\_\_\_”
      - “Diagnosis and treatment of \_\_\_\_\_”



# Developing And Maintaining The Niche

- Learn to lecture
  - Create good titles, add spice!
    - Words that work in titles:
      - Good: pearls, pitfalls, medicolegal, malpractice, misdiagnosis
      - Great:

# Developing And Maintaining The Niche

- Learn to lecture
  - Create good titles, add spice!
  - Words that work in titles:
    - Good: pearls, pitfalls, medicolegal, malpractice, misdiagnosis
    - Great: death, fatal, deadly, killer, disasters



# Developing And Maintaining The Niche

- Learn to lecture
  - Create good titles, add spice!
    - Aortic emergencies →

# Developing And Maintaining The Niche

- Learn to lecture
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- Learn to lecture
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    - Carbon monoxide →

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- Learn to lecture
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    - Aortic emergencies → “Aortic Disasters”
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# Developing And Maintaining The Niche

- Learn to lecture
  - Create good titles, add spice!
    - Aortic emergencies → “Aortic Disasters”
    - Carbon monoxide → “CO — The Silent Killer”
    - Challenging ECGs →

# Developing And Maintaining The Niche

- Learn to lecture
  - Create good titles, add spice!
    - Aortic emergencies → “Aortic Disasters”
    - Carbon monoxide → “CO — The Silent Killer”
    - Challenging ECGs → “Deadly Misdiagnoses in ECG Interpretation”

# Developing And Maintaining The Niche

- Learn to lecture
  - Create good titles, add spice!
    - Aortic emergencies → “Aortic Disasters”
    - Carbon monoxide → “CO — The Silent Killer”
    - Challenging ECGs → “Deadly Misdiagnoses in ECG Interpretation”
    - Tough cardiology cases →

# Developing And Maintaining The Niche

- Learn to lecture
  - Create good titles, add spice!
    - Aortic emergencies → “Aortic Disasters”
    - Carbon monoxide → “CO — The Silent Killer”
    - Challenging ECGs → “Deadly Misdiagnoses in ECG Interpretation”
    - Tough cardiology cases → “Unsuspected Killers in Emergency Cardiology”

***Finding Your Niche  
In Academic  
Emergency Medicine***

**Amal Mattu, MD, FACEP**

**Professor and Vice Chair**

**Department of Emergency Medicine**

**University of Maryland School of Medicine**

**Baltimore, Maryland**

# ***Finding A “Killer” Niche***

## ***In Academic Emergency Medicine***



Ur

e  
icine

# Developing And Maintaining The Niche

- Learn to lecture
  - Themes that work:
    - Medicolegal talks, myths, pearls and pitfalls, reasons for misdiagnosis
    - “Here’s what you were taught...well, it’s *wrong!* And here’s the truth!”
    - “Here’s something which you never before knew, and it will save lives!”

# Developing And Maintaining The Niche

- Learn to lecture
  - Make sure the quality and content are as good as the title!

# Developing And Maintaining The Niche

- Learn to lecture
  - Remember that presenting skills are as important as content
    - Courses and books on public speaking
      - Lilly Walters: *Secrets of Successful Speakers*
    - Courses and books on Powerpoint
    - Practice, practice, practice your lectures!

# Developing And Maintaining The Niche

- Create a curriculum relating to your niche for residents or students
  - EM-related rotation
    - EMS, toxicology, etc.
  - Off-service rotation
    - CCU, OB, etc.

# Developing And Maintaining The Niche

- Create a curriculum relating to your niche for residents or students
  - Can be a skill instead of a rotation
    - Independent study: e.g. CT scan interpretation
    - Supervised workshop: e.g. airway

# Developing And Maintaining The Niche

- Create a curriculum relating to your niche for residents or students
  - Don't forget about off-service residents!
    - Suture or splinting lab for family med residents
    - EKG skills for OB/GYN residents
    - Cadaver lab (central lines) for IM residents
    - Cardiac arrest simulation for IM residents
    - Airway skills for critical care fellows

# Developing And Maintaining The Niche

- Create a curriculum relating to your niche for residents or students
  - FoamED curricula
    - Worldwide dissemination via social media
    - Be consistent!

# Developing And Maintaining The Niche

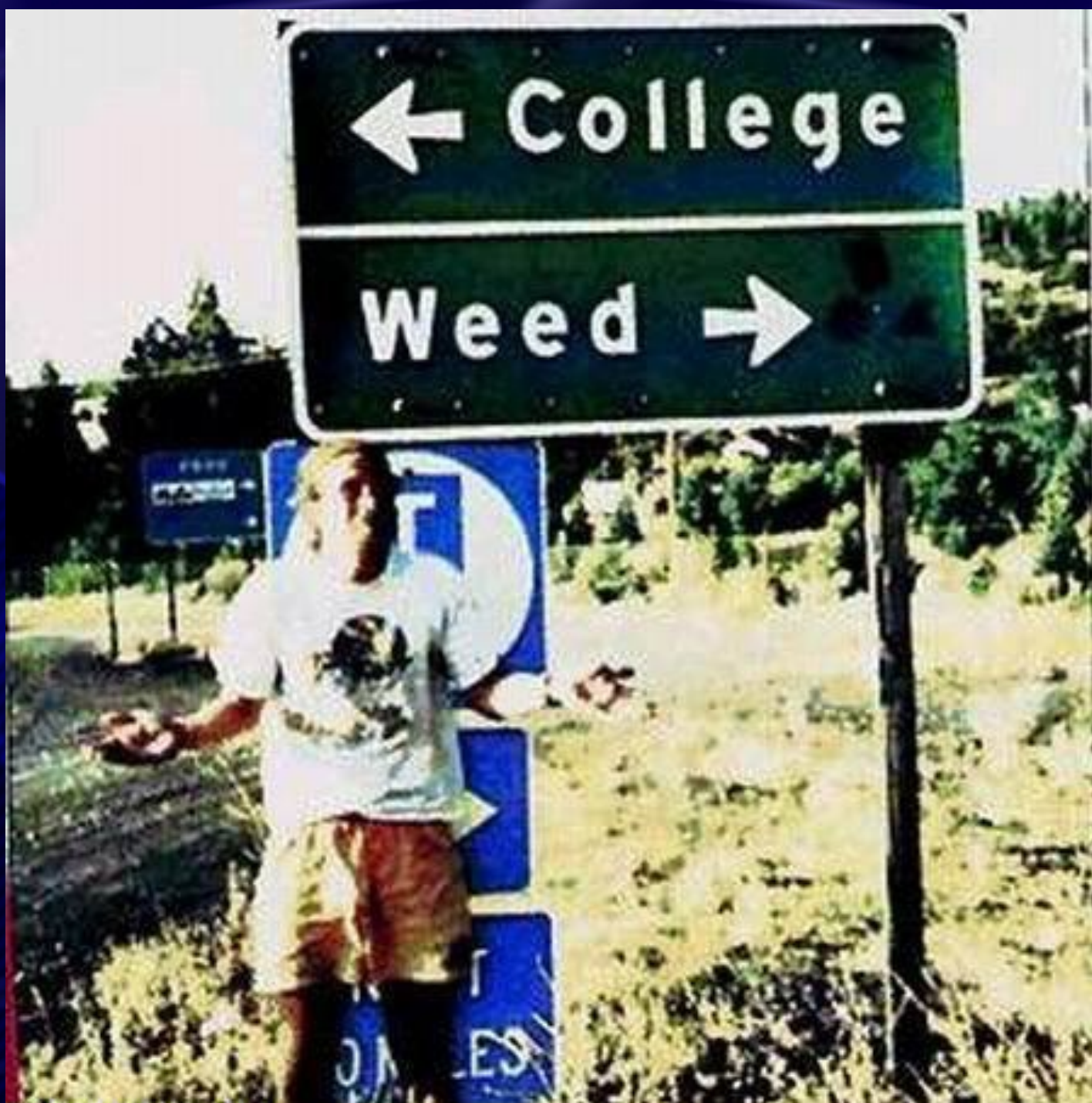
- Seek and create other opportunities
  - Grand Rounds at local hospitals and nearby academic institutions

# Developing And Maintaining The Niche

- Seek and create other opportunities
  - State chapters of organizations (EM or non-EM)
    - E.g. state chapter of family medicine
    - Nursing/PA/NP organizations
    - EMS groups

# Developing And Maintaining The Niche

- Seek and create other opportunities
  - National and int' l. organizations
    - Networking opportunities, can lead to...
      - Collaborative projects in research, writing, teaching
      - Mentoring relationships
      - People that may help your promotion
    - Get ideas from others with more experience
    - Goal → get involved in your organizations!



# Final Tips — The “Snowball Effect”

- Be nice!
- Be reliable!
- Be original, novel!
- Do a great job!



# Final Tips — The “Snowball Effect”

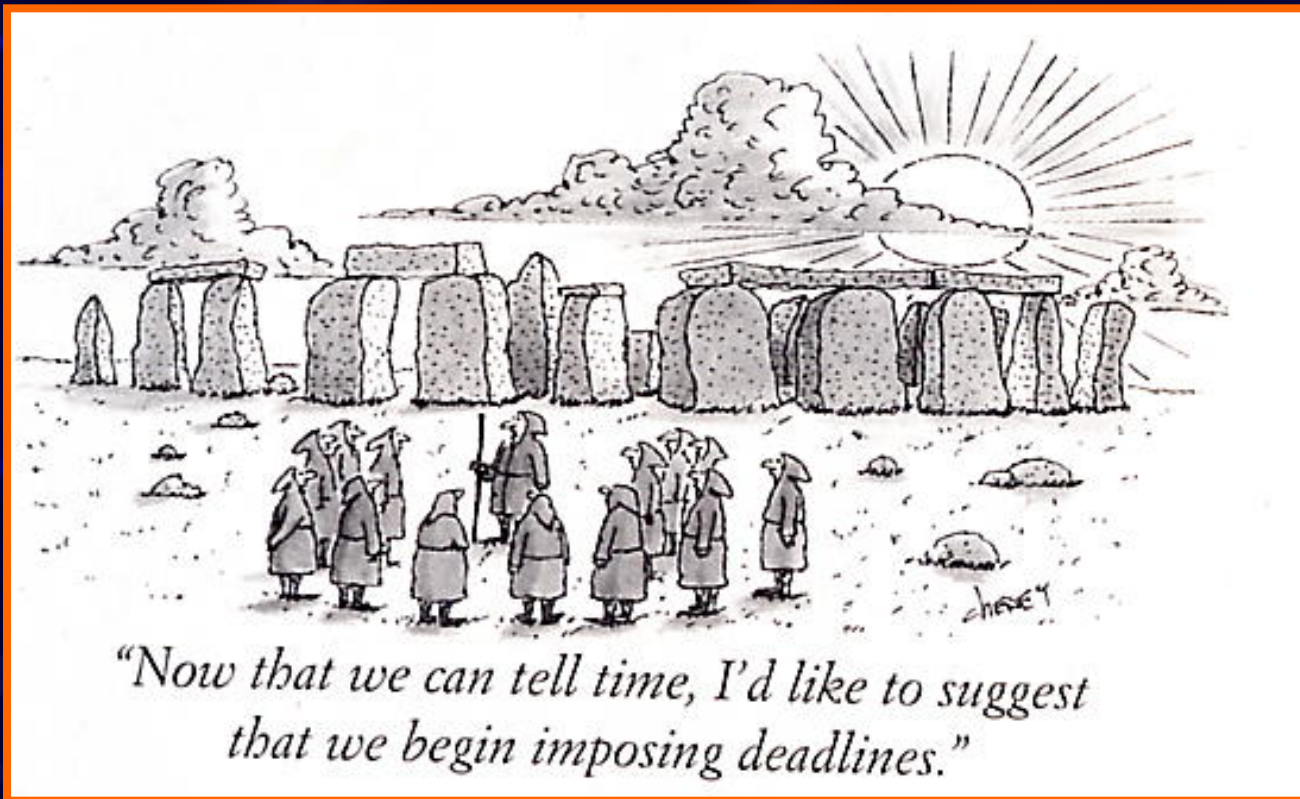
- Be nice!
  - Be easy to work with

# Final Tips — The “Snowball Effect”

- Be nice!
  - Be easy to work with
  - Be appreciative of all opportunities
    - Thank people that give you opportunities
    - Thank your mentors
    - Try to reciprocate

# Final Tips — The “Snowball Effect”

- Be reliable!



# Final Tips — The “Snowball Effect”

- Be reliable!
  - Meet your deadlines
    - Lectures: objectives, handouts, slides, CME forms, etc.
    - Manuscripts

# Final Tips — The “Snowball Effect”

- Be reliable!
  - Meet your deadlines
    - Lectures: objectives, handouts, slides, CME forms, etc.
    - Manuscripts
  - Follow directions: manuscript guidelines, contracts, promises
  - Failure to do so → less likely to be asked again

# Final Tips — The “Snowball Effect”

- Be original, novel!
  - With lectures, research, writing topics, curricula, etc.
  - Think “outside the box”
  - Especially helpful if your niche is in a saturated area
    - E.g. ACS → focus on unusual risk factors

# Final Tips — The “Snowball Effect”

- Be original, novel!
  - Don't be afraid to experiment, try innovative approaches

# Final Tips — The “Snowball Effect”

- Be original, novel!
  - Don't be afraid to experiment, try innovative approaches
  - Don't be afraid to see some ideas fail

# Final Tips — The “Snowball Effect”

- Do a great job!
  - Quality counts
  - Your work is a reflection of who you are as *a person*
    - “This is the best quality of work that I’m capable of producing.”

# Final Tips — The “Snowball Effect”

- Be patient...this process takes time!
  - Nobody develops a niche, expertise, regional/national reputation overnight!
  - Takes *years...*



**“The journey of a thousand miles begins with a single step.”**

# Final Tips — The “Snowball Effect”

- Be patient...this process takes time!
  - But don't wait for opportunities to come to you!
  - Seek out your own opportunities
    - Submit lecture topics, writing topics, propose projects
    - Write to people!!

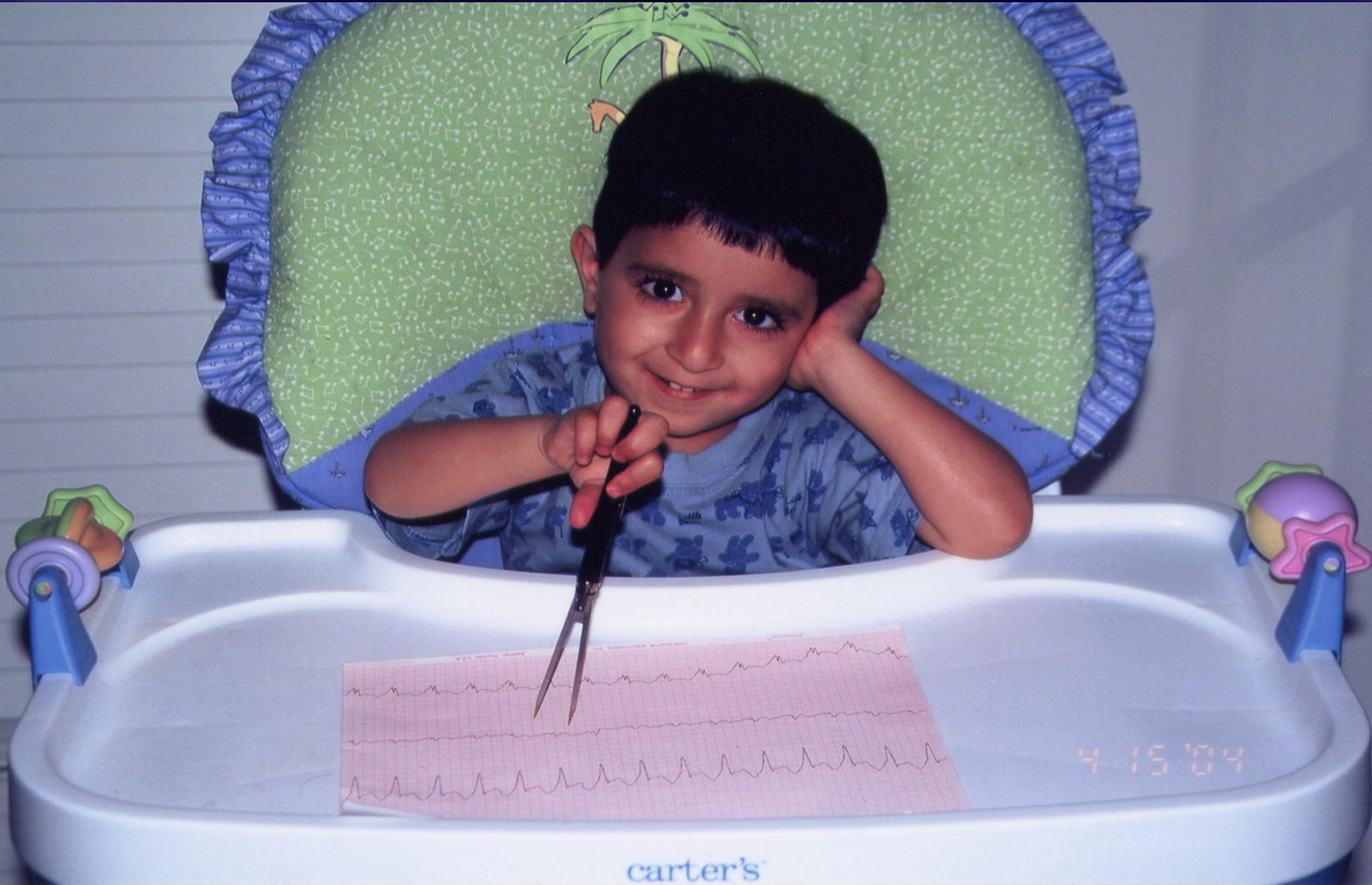
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    - Submit lecture topics, writing topics, propose projects
    - Write to people!!
      - “Would you be interested in...”
      - Key point: follow through!

# Key Points

- Why? → fun, be useful, promotion
- How to choose? → open mind
- Develop and maintain → seek opportunities
  - “Would you be interested in...?”
- Snowball effect → nice, reliable, innovative, great job

**What will *your* niche be??**



# Teaching on the Run!



**Amal Mattu, MD, FACEP**

Professor, Dept. of Emergency Medicine  
Director, Faculty Development Fellowship  
University of Maryland School of Medicine  
Baltimore, Maryland

# The Evidence...?

# The Evidence...?



# The Evidence...?



# Outline

The relationship

“What if...”

Sniper rounds

3 Pearls

# The Relationship

# The Relationship

...between teacher and “student”



# Relationship

How do you measure success in the teacher-student relationship?

# Relationship

How do you measure success in the teacher-student relationship?

Is it the quantity/quality of *teaching*?

# Relationship

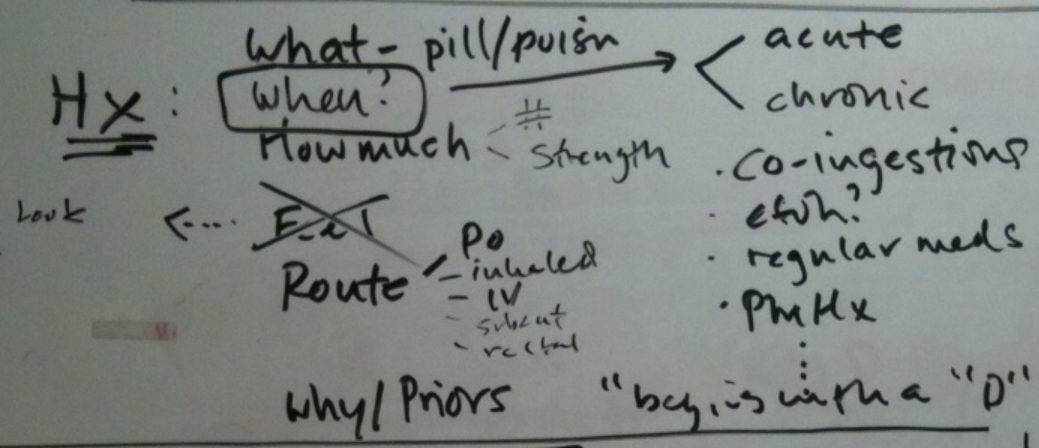
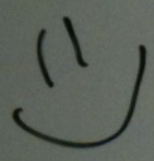
How do you measure success in the teacher-student relationship?

Is it the quantity/quality of *teaching*?

Or the quantity/quality of *learning*?

# Relationship

# Basics of overdoses/poisonings



- Tx
- Charcoal
  - ~~lavage~~
  - ~~precip~~
  - W.B.I.
  - Antidotes

## Phys Exam ABC I

- A vitals
- SpO2
  - ↑HR, LHR ↑↓
  - Temp
  - BP
  - RR
  - F.S.
  -

- HEENT:
- B popils: miosis, mydriasis, nystagmus

- C Skin
- D Neuro
- CN 3-12
  - motor
  - sensor

1-800-2

- inpn
- tx
- rese

## Labs/Tests:

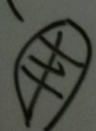
- Tox:
- urine
  - blood
  - gas - ABG, ABG
  - Aceta/Salicylate
  - Dis, Tyru - drug levels
  - Eth
  - Os

- Basics
- Cr?
  - CBL
  - lactate
  - Urea
  - preg

## EKG

- BBT
- lab vouches
- food

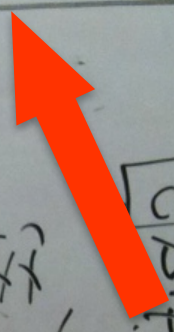
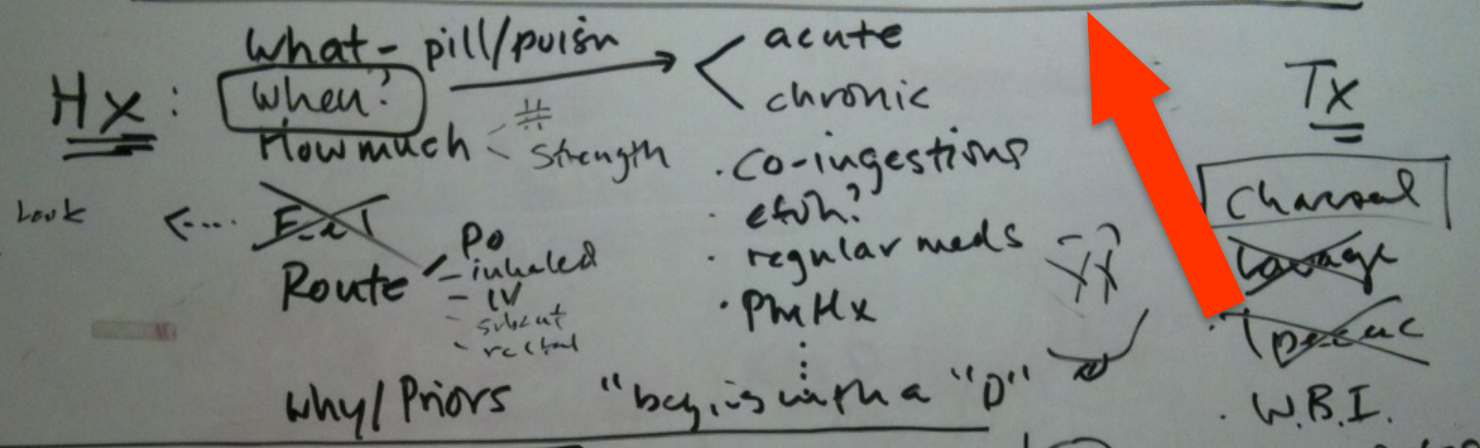
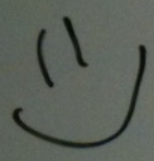
- CXR
- AXR: ? pills
- lead
  - imm
  - Li
  - metals
  - KCl
  - CT head



DL to him

triage

# Basics of overdoses/poisonings



## Phys Exam ABC I

- (A) vitals
- 1 -  $S_{O_2}$
  - 2 - ↑HR, LHR ↑↓
  - 3 - Temp
  - 4 - BP
  - 5 - RR
  - 6 - F.S.
  - 7 -

HEENT: popils: miosis, mydriasis, nystagmus

(B) CV, Resp, Abd

- (C) Skin
- (D) Neuro
- CN 3-12
  - motor
  - sensory

1-800-2

- inpn
- tx
- resp

- CXR
- AXR: ? pills
- lead
  - iron
  - Li
  - metals
  - KCl
  - CT head

## Labs/Tests:

- Tox:
- urine
  - blood
  - gas - ABG, ABG
  - Aceta/Salicylate
  - Dig, Tygn - drug levels
  - Eth
  - Osm

- Basics
- Crmp?
  - CBL
  - lactate
  - CKMB
  - UAs
  - preg.


## EKG

- REFLEXES
- BBT
  - lab vouches
  - food

triage

DK to him





**No learning =  
failure in teaching!  
(failed relationship)**

# Relationship

If the success of the relationship is based on how much is *learned*...

# Relationship

If the success of the relationship is based on how much is *learned*...the “**learnable moment**” is more important than the “teachable moment.”

# Relationship

If the success of the relationship is based on how much is *learned*, a successful teacher must “diagnose the learner”

1. Teach when the student is ready.

# Relationship

If the success of the relationship is based on how much is *learned*, a successful teacher must “diagnose the learner”

1. Teach when the student is ready.
2. Teach at the level of the student.

# Relationship

If the success of the relationship is based on how much is *learned*, a successful teacher must “diagnose the learner”

1. Teach when the student is ready.
2. Teach at the level of the student.
3. Teach for the student, not the teacher.

Don't teach to show off how much you know!

# Relationship

If the success of the relationship is based on what you have *learned*, a successful relationship is one that can “diagnose the learner” and determine when the student is ready. The focus is on the level of the student, not the teacher. The teacher should know off how much you know!



Keep the message brief (shotgun vs.....)

# Relationship

If the success of the relationship is based



know!

Keep the message brief (shotgun vs. sniper)

# Relationship

If the success of the relationship is based on how much is *learned*, the student is more important!

# Relationship

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Teach faculty how to be better teachers.

# Relationship

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Teach faculty how to be better teachers.  
Teach students to be better learners!

# Relationship

If the success of the relationship is based on how much is *learned*, the student is more important!

Teach faculty how to be better teachers.

Teach students to be better learners!

4. Demand the attention of the students!  
(make students take responsibility)

# Relationship

- State your expectations for learning at the start of the shift/week

# Relationship

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- Students are much more likely to meet your expectations if you discuss up-front

# Relationship

- State your expectations for learning at the start of the shift/week
- Students are much more likely to meet your expectations if you discuss up-front
- “I’ m going to assess what you’ ve learned at the end of the shift/day.”

# Specific Techniques

**“What if...?”**

# “What if...?”

Effective for...

1. Expanding the range of learning (esp. for more advanced students)
2. Keeping student “on guard,” avoiding tunnel vision
3. Learning associations
4. Making mundane cases more interesting

# “What if...?”

## Example:

30 yo woman presents with back ache.

VS: afeb, HR 90, RR 20, BP 160/90

Exam c/w muscular back ache.

# “What if...?”

## Example:

30 yo woman presents with back ache.

VS: afeb, HR 90, RR 20, BP 160/90

Exam c/w muscular back ache.

“What if she were 28 wks pregnant?”

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“What if she were 28 wks pregnant?”

→ Opens discussion of pre-eclampsia

# “What if...?”

## Example:

30 yo woman presents with back ache.

VS: afeb, HR 90, RR 20, BP 160/90

Exam c/w muscular back ache.

“What if that patient began to sieze?”

→ Opens discussion of eclampsia mgmt.

# “What if...?”

## Example:

25 yo man presents with asthma.

VS: afeb, HR 90, RR 20, BP 160/90

Exam c/w mild asthma.

# “What if...?”

## Example:

25 yo man presents with asthma.

VS: afeb, HR 90, RR 20, BP 160/90

Exam c/w mild asthma.

“What if he crashes, needs RSI?”

“What are your concerns? Vent issues?”

# “What if...?”

## Example:

25 yo man presents with asthma.

VS: afeb, HR 90, RR 20, BP 160/90

Exam c/w mild asthma.

“What if he crashes immediately after RSI...what could be the cause?”

# “What if...?”

## Example of associations:

25 yo man presents with diarrhea.

Nothing notable to discuss???

# “What if...?”

## Example of associations:

“What if this patient with diarrhea...”

# “What if...?”

## Example of associations:

“What if this patient with diarrhea...”

“...has a pet iguana at home?”

# “What if...?”

## Example of associations:

“What if this patient with diarrhea...”

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“...is 2 yo. and just had a febrile sz?”

# “What if...?”

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“What if this patient with diarrhea...”

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“...had ground beef and has bloody d.?”

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## Example of associations:

“What if this patient with diarrhea...”

“...has a pet iguana at home?”

“...is 2 yo. and just had a febrile sz?”

“...had ground beef and has bloody d.?”

“...has severe RLQ pain (like appe.)?”

# “What if...?”

## Example of associations:

“What if this patient with diarrhea...”

“...has a pet iguana at home?”

“...is 2 yo. and just had a febrile sz?”

“...had ground beef and has bloody d.?”

“...has severe RLQ pain (like appe.)?”

“...recently was camping in the mtns.”

# Diarrhea

+ exp. to amphib/reptile →

+ Kid w/ febrile Sx →

+ bloody p̄ burger →

+ undercooked chicken  
or eggs

+ RLQ pain →

HUS + recent D →

+ shellfish →

+ RUQ pain, Liver abscess →

+ beef stew / casseroles →

Seafood — urticaria  
+ wheezing →  
↳ strange neuro Sx

fried rice →

potato salad →

recent ABx →

" camping →

DIZZY

CP

HEART

Bi PAP

Valves

MAP

# Whiteboard

People remember...

25% of what they hear

50% of what they hear + see

75% of what they hear, see, and do

# “What if...?”

Depending on student, can focus on...

1. Hx/PE: If patient had pre-eclampsia, what other SSx to look for?

# “What if...?”

Depending on student, can focus on...

1. Hx/PE: If patient had pre-eclampsia, what other SSx to look for?

2. Medication effects:

- Patient on warfarin, ask what ABX to use if UTI present.
- Patient on prednisone, ask what to consider if patient hypoglycemic and hypotensive.

# “What if...?”

Depending on student, can focus on...

1. Hx/PE: If patient had pre-eclampsia, what other SSx to look for?
2. Medication effects:
  - Patient on warfarin, ask what ABX to use if UTI present.
  - Patient on prednisone, ask what to consider if patient hypoglycemic and hypotensive.
3. Complics: If asthmatic on vent crashes...

# “What if...?”

Teach associations and summarize:

“So remember, crashing immediately after intubation = misplaced tube, tPTX, hypovolemia, tamponade.”

“Prednisone user with hypoglycemia and/or hypotension → think adrenal insufficiency.”

# Sniper Rounds

| Change User    |            | Quick |                      | Active Patients |             |   |          | 01:59 |
|----------------|------------|-------|----------------------|-----------------|-------------|---|----------|-------|
| Patient Name   | Date       | Time  | Presenting Illness   | User            | Location    | A | Stay     |       |
| Stat3, Stat3   | 07/30/1999 | 10:05 | ASTHMA               | Nurse           | Asthma Room | 3 | >48 Hrs. |       |
| Smyth, J       | 05/07/2000 | 16:49 | Back Pain            | Nurse           |             | 3 | >48 Hrs. |       |
| Smyth, M       | 05/07/2000 | 16:50 | Pain                 | Resident        |             | 4 | >48 Hrs. |       |
| Smyth, D       | 05/07/2000 | 16:50 | EAR PAIN             |                 |             | 3 | >48 Hrs. |       |
| Smyth, H       | 05/07/2000 | 16:50 | Difficulty Breathing |                 |             | 3 | >48 Hrs. |       |
| Smyth, S       | 05/07/2000 | 16:51 | Hives                |                 |             | 3 | >48 Hrs. |       |
| Smyth, L       | 05/07/2000 | 16:52 | Laceration           | Fox             |             | 3 | >48 Hrs. |       |
| Smyth, R       | 05/07/2000 | 16:53 | Mva                  |                 |             | 3 | >48 Hrs. |       |
| Smyth, N       | 05/07/2000 | 16:53 | GSW                  | Nurse           | Bed 01      | 5 | >48 Hrs. |       |
| Smyth, V       | 05/07/2000 | 16:54 | Head Injury          | Fox             |             | 4 | >48 Hrs. |       |
| Smyth, Z       | 05/07/2000 | 16:54 | Cpr                  |                 | Bed 02      | 5 | >48 Hrs. |       |
| Smyth, B       | 05/07/2000 | 16:58 | Sore Throat          | Fox             |             | 0 | >48 Hrs. |       |
| Stat19, Stat19 | 06/06/2002 | 00:23 |                      | Nurse           |             | 4 | >48 Hrs. |       |
| Stat21, Stat21 | 06/08/2002 | 03:24 | Asthma               | Fox             |             | 0 | >48 Hrs. |       |
| Stat22, Stat22 | 06/08/2002 | 03:24 | Sore Throat          |                 |             |   | >48 Hrs. |       |
| Stat26, Stat26 | 06/17/2002 | 04:11 | CP                   | Fox             |             | 5 | >48 Hrs. |       |
| Stat26, Stat26 | 06/17/2002 | 04:11 | CP                   | Fox             |             | 5 | >48 Hrs. |       |
| Stat28, Stat28 | 06/18/2002 | 00:53 | Chest Pain           | Fox             |             | 5 | 28:56:29 |       |
| Stat30, Stat30 | 06/18/2002 | 04:15 | Fractured Ankle      | Nurse           |             | 3 | 25:34:29 |       |
| Stat31, Stat31 | 06/18/2002 | 04:40 | Asthma               | Nurse           |             | 3 | 25:09:29 |       |

- 1 Pearl for each room

- PE
- ③ 11 TWI's  $V_1-V_3 \rightarrow$  isch., prior, juvenile
  - 12  $(F+)$  abd Hx  $\rightarrow$   $\downarrow$  threshold for wlu  
 $\phi$  muscle =  $\phi$  R/A
  - 13 Knee exam
  - 14 asthma v/c - lungs, PF, pax, g umbil.
  - ③ 15 liver test  $(\oplus)$   $\rightarrow$  INR
  - 16 carotid dissec.  $\rightarrow$  neuro find = NP/FP  
unilat.  $\rightarrow$  young
  - ③ 17 TN  $\rightarrow$  2 TN's 1 75% upper RES  
20%  $\uparrow$   
MI, CVA, myoc, panic, sepsis, CHF, AF,  
unexpl. SOB  $\rightarrow$  exertion, TIC PE, SAH, tachys.
  - 19 alc  $\downarrow$  20/hr.
  - 20 neutropenia -  $\downarrow$  reliability of perit. SSx
  - 21 B Sx's  $\rightarrow$  night sweats, wt  $\downarrow$ , F
  - ③ 22 v/s  $\downarrow$  ~~good~~ beyond popl. fossa
  - 23 HD  $\uparrow$  risk mes isch.

BLUE TEAM - MATTU

ALL ASTHMA / COPD / PNA PATIENTS MUST HAVE AMBULATION TRIAL BEFORE D/C

ABSI'S < 0.4 → HEPARIN + ADMIT  
0.4 - 0.6 → CLOSE FLU  
0.6 - 0.8 → FOLLOW  
> 0.8 → NORMAL

HYPOGLYCEMIA → D50 IS ONLY TEMPORIZING; GIVE SANDWICH!

SPRAY SUNSCREEN IS NOT GOOD FOR CORAL OR FISH!

ABD. PAIN IN DIALYSIS PT. = MESENTERIC ISCHEMIA U.P.O

STRESS DOSE STEROIDS FOR ADRENAL PT. - HYDROCORTISONE 100 mg IV + 100mg / 1L IVF

"CONSTIPATION" IN THE ELDERLY IS THE DIAGNOSIS OF THE INTELLECTUALLY DESTITUTE

FASTEST KILLER IN RENAL PT. OR DEHYDRATED PT. IS HYPERKALEMIA

DX OF PREGNANCY ON CT SHOULD BE AVOIDED!

RED TEAM - WINTERS

1) FIRST TIME UNPROVOKED SEIZURE? NO NEED TO ADMIT ALL OR START AED THERAPY

2) PCP PRESENTATION - DRY COUGH, DOE, ELEVATED LDH, 10% HAVE NORMAL CXR; STEROIDS FOR PaO2 < 70 OR A-a > 35

3) BACTRIM CAN INCREASE K+ - BE CAREFUL WHEN PRESCRIBING

4) CMV CAN CAUSE RETINITIS, COLITIS, PNEUMONITIS IN IMMUNOSUPPRESSED

5) BENZO-REFRACTORY ETOH WITHDRAWAL? CONSIDER PHENOBARB, CAN ALSO CONSIDER PROPOFOL? DX NEDETOMIDINE ↳ AS ADJUNCT

6) MOST COMMON CAUSE OF LBO → MALIGNANCY

7) MIDLINE SHIFT? HYPEROSMOLAR THERAPY - MANNITOL / HYPERTONIC NaCl  
ELEVATE Hgb, HYPERVENTILATE TO PaCO2 = 30-35 mm Hg

# "3 Pearls"

- At the end of every shift, each resident and student must write down 3 pearls they learned during that shift
- Inform at the beginning of the shift

# Pearls

Nicole

1. Tospiat 1st metacarp  
or Scaphoid - wrist + elbow,  
prevent subluxation
2. Propofol → Hypotension  
Ketamine → Emergence
3. CHF → PE, Nits + AUSA  
PPV

Nansen

1. Cause of LE edema in CHF.
2. Isopropyl alcohol metabolism.
3. Imaging for pseudocyst in pancreatitis

Leen

1. Syncope + ST Elevation  
think Brugada
2. Dialysis (toxic)  
I STUMBLE
3. Propofol vs. Ketamine  
short                      longer

Van

1. Syncope EKG -  
ACS, PE, Intervals (WPW)  
Brugada, AEMD, HCOM
2. Li OD - Acute vs. Chronic  
Sx - tm - Fund!
3. HTN + K<sup>+</sup> free and organ  
involvement (Brain,  $\heartsuit$ , G,  $\text{Heng}$ ,  
eyes)

HTN

Syncope

↓ STUMBLE  
AKI/UB

BUCKET

PROC.

SED.

SHOULDER

Disloc

# Summary

# Summary

## Relationship

Focus on the student's needs.

Improving learning skills is more important than improving teaching skills.

Engage the student to take responsibility.

Tell student you will be assessing what they learned at the end of the shift.

# Summary

“What if...?”

Provides numerous new teaching opportunities with even mundane cases.

Be imaginative! Be tangential!

Keeps students on their toes!

# Summary

Sniper rounds: commit yourself to teaching ONE pearl for each patient

# Summary

Each learner must write down 3 pearls they've learned

# Key Point!

Focus on the learner, not  
what you know!

# Thanks, and good luck teaching!

