

Presentation Format

- Maximum number of slides
 - 30-minute presentation: 35 slides
 - 45-minute presentation: 50 slides
 - 60-minute presentation: 65 slides
- Slide formatting
 - Font
 - Main Title – 36-46 pt
 - Author – 20-25 pt
 - Headers – 36-44 pt
 - Paragraph – 18-24 pt
 - Call-Out – Bold 24 pt
 - Text – Text should be black
- NO logos or trade names may be included

Presentation Content Guidelines

- **5-5-5 rule: no more than**
 - 5 lines of text per slide
 - 5 words per line
 - 5 text-heavy slides in a row
- Use text as a guide – do not read verbatim
- Use simple images to support your point
- Focus on important information. What do learners need to know and what can they look up later?
- Keep graphs and visuals as simple as possible. Complicated graphs could be available in a handout.

Preparing for your presentation

- Ask the following questions as you develop your content:
 - How is my topic relevant to what audience members already do?
 - How can I give the audience control over their learning?
 - How can I connect with the audience's experiences to enhance learning?
 - How can I keep learners stimulated and involved?
 - How can I create a safe, respectful, and comfortable learning environment?
 - How can I encourage learners to continue their learning in practice?
 - How can I create connections among learners?
 - How can I help ensure that learners can successfully apply their learning?
 - How can I reinforce learning and facilitate feedback?
- *Brainstorm 2-3 answers to each question and choose a few to try in your lesson to increase impact*
- *adapted from "Education Techniques for Lifelong Learning," Jannette Collins, Md, MEd in Radio Graphics,*
<https://dme.childrenshospital.org/wp-content/uploads/2017/11/rg.245045020.pdf>

Preparing for your presentation

- Think about your audience
 - What do they already know?
 - For Potpourri, our audience is mostly pediatricians across the spectrum of practice- private, group, and hospital practice as well as subspecialists.
 - No need for extensive background/historical information
 - Limit jargon- a good presentation should explain complex ideas in simple language
- Use a story-telling format
 - [The Hero's Journey](#)
 - [The STAR Method](#)
 - [Three-Act Structure](#)
 - [And, But, Therefore](#)
- Think about the learner experience
 - Most learners can either listen or read.
 - Why is this a presentation instead of a paper?

Preparing for your presentation

- Engage your audience
 - Audience response with Slido
 - Questions on the slide
 - Discuss with a neighbor
- Think about talks that you have enjoyed
 - [TEDx Speaker guide](#)
 - [Speaking advice from a Physician](#)
 - [6 tips for giving a fabulous academic presentation](#)
- Practice
 - Check pronunciation of drug names and other difficult words
 - Rehearse with a timer
 - Practice slower than you think is needed.
 - Speak clearly and develop notes
 - Plan to have printed speaker notes



Bartonella Negative Endocarditis



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answer MOC questions
at

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#CENLApotpourri



Speaker Disclosure

I have no relevant financial relationships with manufacturers of any commercial products and/or providers of commercial services discussed in this CME activity.

I **do not** intend to discuss an unapproved/investigative use of a commercial product/device in my presentation.



I **have not** used artificial intelligence in the development of this presentation. **Use of artificial intelligence will be identified on slides where it occurs.**

Objectives

- At the conclusion of this activity, learners will be able to:
 - Explain the utility of mcfDNA testing for infectious endocarditis.
 - Identify
 - Indications for use of mcfDNA testing.
 - Appropriate antibiotic selection for Bartonella endocarditis complicated by glomerulonephritis.
 - Apply Duke criteria and mcfDNA testing in the context of culture negative prosthetic valve endocarditis.

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Background

Most common cause of culture negative IE.

Transmission to humans through bites and scratches

Duke Criteria 2023 inclusions.



<https://www.semanticscholar.org/paper/Cat-scratch-disease:-a-wide-spectrum-of-clinical-Mazur-Melewska-Mania/0d6b300724f20185cc763e6ea7b2a55f99e02c2e>

Case

17 yo male with repaired Tetralogy of Fallot.

- 3 months of fever and weight loss
- Daily NSAID use during this period.
- 2 cats in the home.
- Stable echo 1 month prior to onset.

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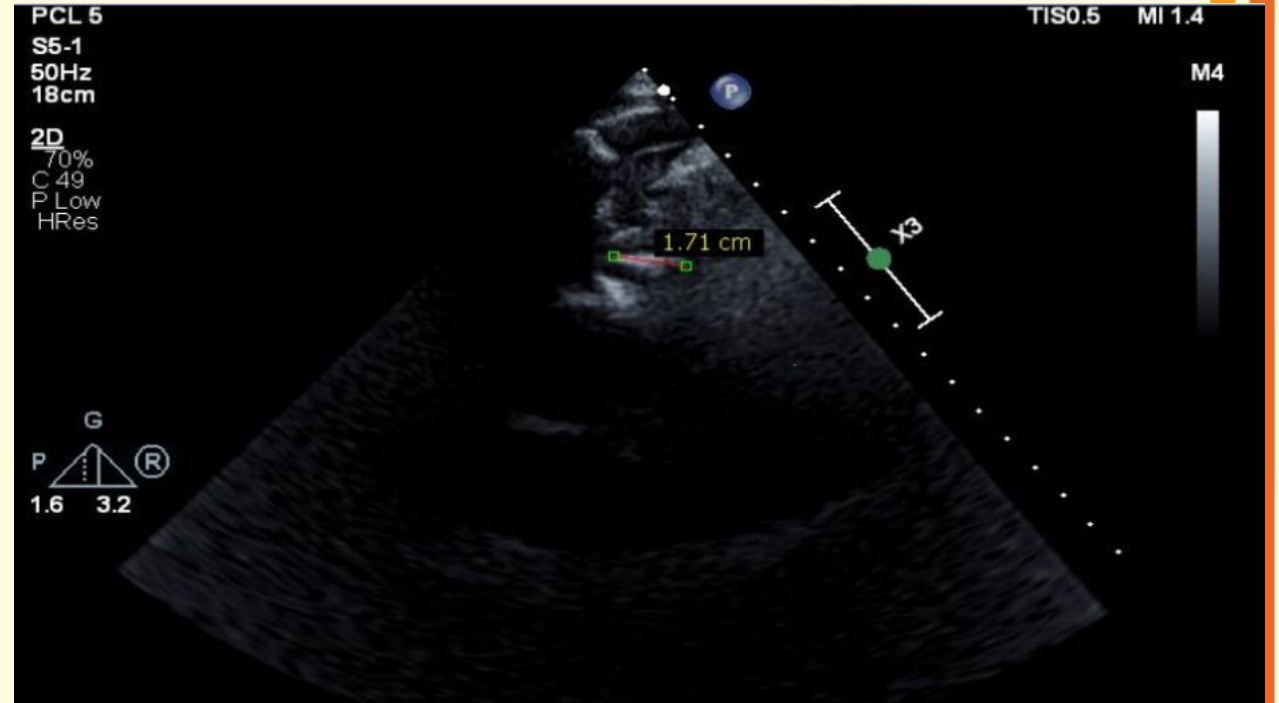


Initial presentation

- Physical exam
- Elevated ESR, CRP, and creatinine
- UA: Mod. proteinuria, microscopic hematuria
- Blood culture obtained

Hospital Course

- Day 2 transthoracic echocardiogram
- Day 3 bartonella IgG obtained
- Day 4 Complement levels obtained
- Day 6 Hemodynamic instability

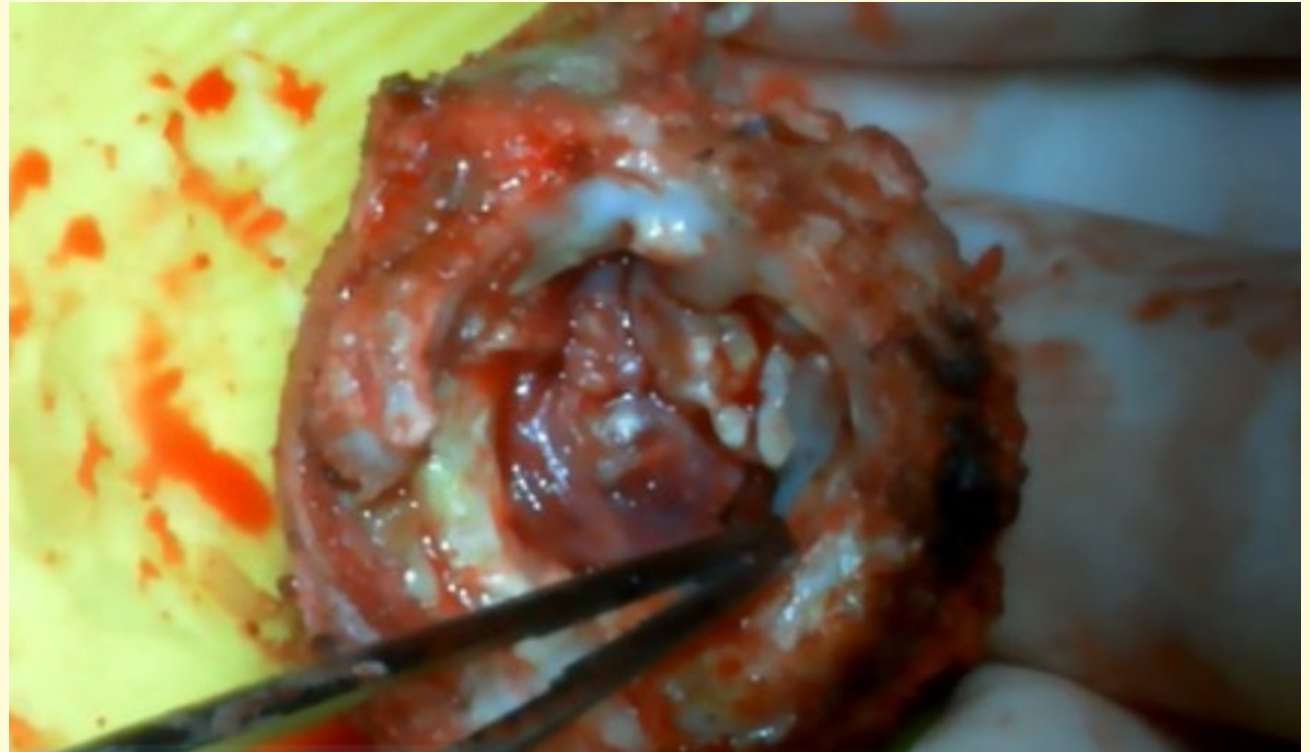


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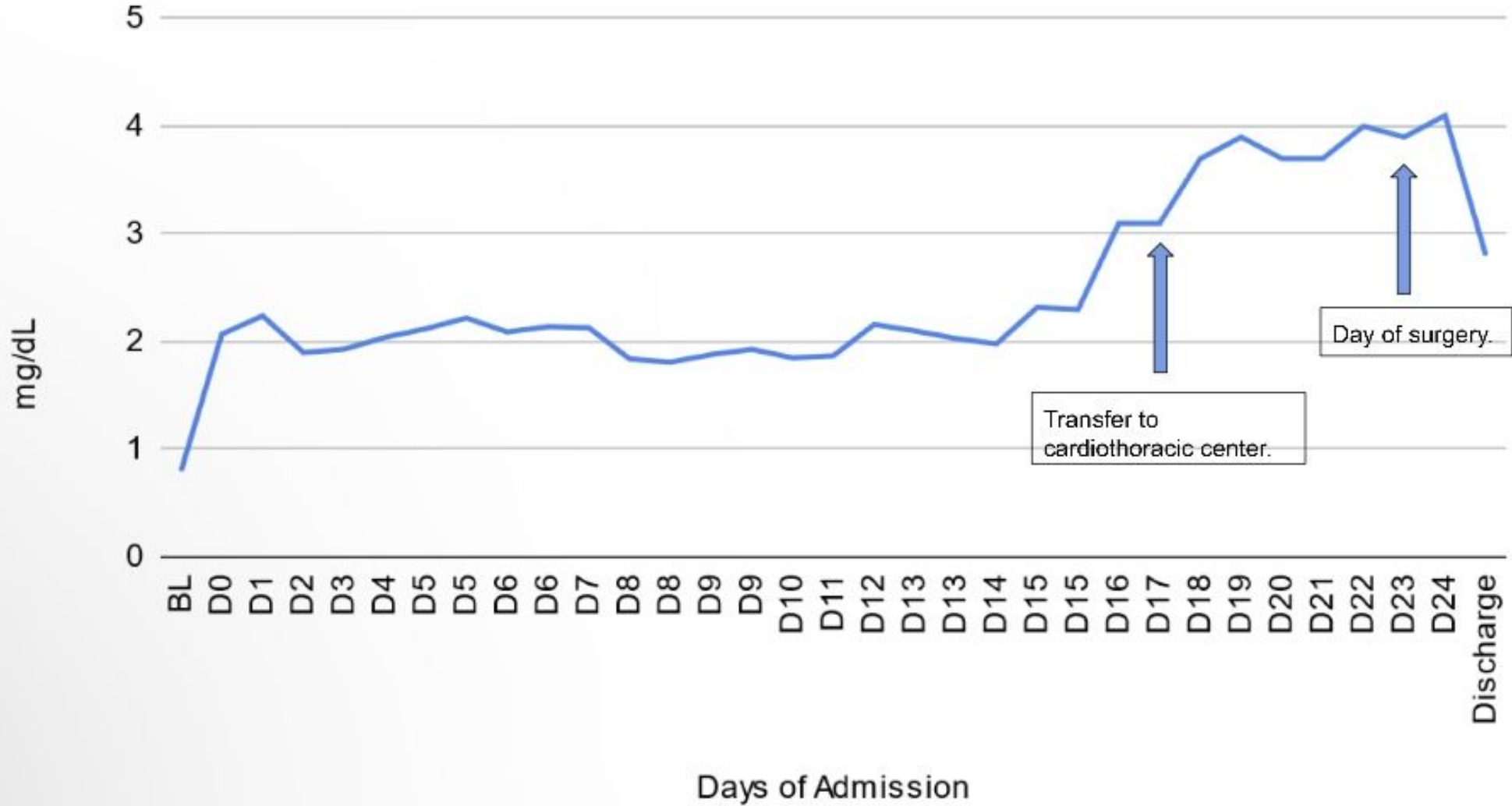


Hospital Course continued

- Day 8 Bartonella IgG \geq 1:256, mcfDNA test sent
- Day 12 mcfDNA resulted with *B. henselae*
- Day 14 TTE #3
- Day 16 TTE #4
- Day 17 Transferred



Creatinine level



Analysis

No typical clinical manifestations of *B. henselae*.

Antibiotic selection limited.

Reference point TTE

Diagnosis heavily aided by mcfDNA testing.

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Analysis continued

Bartonella should be high on differential.

- Presentation may vary.
- Major duke criteria serologic titers 1:800
- Immune mediated glomerulonephritis is part of criteria.

Importance of TTE for monitoring progression.

- Surgery often indicated

MOC Questions in Slido (3 slides)

- Chapter staff will add these slides to your presentation once

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Review of Content

When to suspect *B. henselae*.

Review of updates to Duke Criteria

Empiric treatment for suspected endocarditis

Indications for surgical intervention

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Action Items

- B. henselae as top differential
- Obtain Bartonella titers early.
- Implementing mcfDNA for culture negative endocarditis.
 - Testing can be quite expensive.

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References

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3. Fowler VG, Durack DT, Selton-Suty C, Athan E, Bayer AS, Chamis AL, Dahl A, DiBernardo L, Durante-Mangoni E, Duval X, Fortes CQ, Fosbøl E, Hannan MM, Hasse B, Hoen B, Karchmer AW, Mestres CA, Petti CA, Pizzi MN, Preston SD, Roque A, Vandenesch F, van der Meer JTM, van der Vaart TW, Miro JM. The 2023 Duke-International Society for Cardiovascular Infectious Diseases Criteria for Infective Endocarditis: Updating the Modified Duke Criteria. *Clin Infect Dis*. 2023 Aug 22;77(4):518-526. doi: 10.1093/cid/ciad271. Erratum in: *Clin Infect Dis*. 2023 Oct 13;77(8):1222. PMID: 37138445; PMCID: PMC10681650.
4. Papineni P, Carroll A, Radvan J, Hemsley C, Chambers J, Cortes N, Harrison T, Klein JL. Management of *Bartonella* Prosthetic Valve Endocarditis without Cardiac Surgery. *Emerg Infect Dis*. 2017 May;23(5):861-863. doi: 10.3201/eid2305.161238. PMID: 28418306; PMCID: PMC5403028.

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Contact Information

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