Power at the Podium: Nail Your Presentation from Conceptualization to Delivery

Kelly M. Cordoro, MD, FAAD
Kanade Shinkai, MD, FAAD

Thursday, July 25, 2019
3:30-5:30pm
Welcome!

Please take a few minutes to introduce yourself to your table mates.

What brings you to this session today?

What do you hope to learn?

Power at the Podium

Learning Objectives:

This session will enable participants to

- Conceptualize and create a presentation using current and effective educational concepts and approaches
- Develop slides that maximally enhance your presentation
- Deliver an effective presentation to a medical audience by optimally presenting yourself and your content

Description:

Nervous about giving talks? Don't know where to start? Not sure if you can stand up and deliver in front of an audience? Creating and delivering an effective talk is a learnable skill! This session provides the information and strategies you need to prepare effective presentations. We will present a high yield overview of three essential components of giving a talk (conceptualization, slide development and delivery). The session is intended to be interactive and is appropriate for current and aspiring leaders, and anyone who gives talks and lectures at any level.
I. Where to start: Preparation and Organization

Phase 1: Early preparation

- Know your audience: this is key to conceptualizing your talk. Avoid speaking above or below level of target audience.
- “This isn’t about me, it’s about them.” This is the time to pause: reflect on the needs of your target audience (internists, pediatricians, nurses, students, mixed, etc.).
- How much time do you have? Developing the framework for your talk requires knowing how much time you have to talk, and whether allotted time includes Q/A.
- Know the objectives and details of the conference (practical pearls; recent advances; updates, etc.) Find out what else is on the program so that you can avoid potential overlap of content or use other’s talks to enhance your own.
- Consider discussing content with the meeting organizer (e.g. I think X would be a better topic for this audience than Y).
- Before even starting to create your PowerPoint presentation, think carefully: What is the point of your talk? What are the 2 or 3 key messages you would like your audience to walk away with? Examples might include:
  - High yield/practical take-home points
  - New/advances in the field i.e. treatments, diagnostics, etc.
  - Specific information (scientific or clinical) and why it is relevant
  - Content that the meeting organizers feel is important
- As much as possible, know your venue. Huge room vs. small intimate setting vs. panel discussion, etc makes a difference in your preparations.
- If you have given this talk before… you still need to prepare.
  - Think about what went well and what didn’t. Solicit honest feedback!
  - Freshen it up, add a few new photos and subtract things that didn’t project well; review and see if you can make it even better than the last time.

Phase 2: Structuring / Organizing the Talk

- Take the driver’s seat: determine your own content.
- Don’t be the “dutiful student” laboriously reiterating everything you read.
- Remember to organize the talk in a way that emphasizes the key concepts you decided on.
- Naming your talk: consider the title carefully – be creative but not too “cutesy”.
- Prepare to use the time allotted and not more – nobody likes a rushed presentation or one that goes more than a minute or two over the allotted time.
- Force yourself to eliminate extraneous stuff (your “pet” slides).
  - Having less information helps avoid common mistakes such as feeling rushed, having to speak faster to get through talk, flipping through slides at the end, leaving no time for questions or comments, or going over time limit.
  - Consider having a “go-to” slide corresponding to 5 minutes remaining to talk.
- Avoid the “forced march” through well-established data/concepts (“the conscientious student”) or data overload with lack of synthesis.
- Do the work for your audience. Avoid detailed data slide after data slide. Synthesize the information so that your talk offers high yield, bulleted, synthesized, take-home information.

- Making your ideas “stick” - the art of making ideas unforgettable
  - Simplicity: Be a master of exclusion. Less is more. Ruthlessly prioritize and focus on the vital messages you want to convey.
  - Storytelling: Use of stories and tone of voice can be highly engaging.
  - Concreteness – make it real with illustrations, analogies, proverbs, etc.
  - Unexpectedness: You were taught Y, but really it is Z.
  - Credibility: Show that you have mastered the material; not by slogging through it but by synthesizing and telling the audience what is important e.g. “these 6 studies differ in minor ways but all conclude that…”
  - Emotions: Engage emotions via use of illustrations, pictures: put ideas into human terms: e.g. instead of “100 grams of fat”, photo of 2 burgers, French fries and a milkshake.

II. Creating your Presentation

- Less is more, so keep it simple.
- Limit # of slides to the # of minutes of talk. Exception: image slides.
- Organize your content carefully and structure the talk by choosing techniques such as fact building and engagement (e.g. case presentation to management; pro vs. con; problem to solution; familiar to unfamiliar).
- Limit slides to 3 colors; light fonts on a dark background are easiest to read.
- Avoid a busy, moving, or graphical background.
- If starting with a clinical case, put an image in early (1st or 2nd slide).
- Consider placing title on slides stating main point; put diagnosis on image slides.
- Limit content on each slide.
  - Use words/ phrases to prompt your comments: avoid full sentences.
  - Do not overcrowd the slide: limit to few lines or one concept.
  - Clear, consistent font (avoid tiny font, red font, italics ; use font size > 20pt).
- Use simple illustrations or animation to clarify confusing concepts (e.g. use animation to build a timeline of a patient's hospital course rather than showing all of it at once).
- Condense data into simple charts and highlight key points with color, arrows, boxes.
- Avoid detailed graphics, animation, or charts. Consider showing a complex graphic or chart for context but then focus on one area for discussion.
- Eliminate distracting details (e.g. giving entire ROS or every lab done): just give highly pertinent positives and negatives.
- Plan to use the pointer sparingly to highlight text - better to use animation or just let audience follow along.
- Label graphs clearly (e.g. X versus Y axis, blue bar = men versus green bar = women, etc), no matter how simple- this allows people time to acclimate and be ready to hear the key points.
- Encourage learning from points the audience doesn't know (knowledge gaps = teachable moments).
- Avoid esoteric “show & tell”, i.e. slide after slide of obscure facts/ images.
- Avoid unrelated slides, i.e. pictures of your last vacation, jokes. (Sometimes ok to do this).
- Consider using a blank slide to help transition the audience to a new topic of discussion or different section of the talk.
III. The Art of Delivery

Part 1: Presenting yourself

- Analyze your strengths and weaknesses and adjust for them: volume of voice, talking speed, gesturing, etc. Know and work from your “comfort zone”.
- Attire: err on the side of over-dressed but appropriate for setting.
- Posture: confident and composed but not rigid or too informal.
- Tone and volume of voice: speak up and project. Avoid tentative, soft voice which can sound mumbled and less confident. Audience loses interest and confidence.
- Eye contact: focus, finish a thought, then move; do not rapidly scan the audience.
- Gestures: avoid “stiff arms” “prayer hands” etc. but do not over-gesture.
- Speed: not too fast, not too slow; vary speed to avoid drone-like monotony.
- Cadence: refers to a rhythmic sequence or flow of sounds in language.
  - Avoid verbal pauses: “umm”, “ahh”, “so”, “sort of” etc.; very distracting.
  - Silence is golden! Silent pauses are effective, welcomed and refocus the audience.
- Stay calm and be yourself, even in the face of unexpected technical failures.
  - Maintain a positive demeanor and move forward: audience wants you to succeed.
  - Bring a paper copy of presentation and a laptop in case of technical failure.

Part 2: Presenting your content

- Capture the audience! Inspire them with your enthusiasm for the topic and let them know why it’s important to them.
- Clearly state the goals of your talk: give a roadmap of the talk up front, i.e. tell your audience what you are going to tell them.
- Speak to the motivation of your audience:
  - “I hope you will find this information helpful in your clinical practice/test prep” etc.
  - Relate your talk to your or your audience’s previous experience (build on what the audience already knows) or a previous speaker’s theme.
- Start with a story or case to engage the audience. Add an image or illustration early.
- Get right down to business: get to the “meat” early: minimize introductory slides/info.
- Get audience “buy in” early by asking a question: “How many of you have used X or have seen Y in your practice?” Rhetorical questions keep the audience engaged.
- Deliver your talk, do not read it from notes or slides; avoid sounding too rehearsed.
- Be aware of the rate of your slide delivery: not too fast or too slow.
- Try to “be on the same page” with the audience. Speakers are at risk of sounding condescending or arrogant. Instead, share insights and “things not to miss”.
- Stick your landing (stay on time): going over your time is unfair to organizers, speakers, and the audience.
- Q and A
  - Queue people for questions
  - Use an open hand to invite questions/comments. Try not to point.
  - If no microphone, repeat (paraphrase) the question.
  - Try to answer questions briefly and concisely.
  - Ask, “Did that answer your question?”
  - Irrelevant or rude questions: thank you; meet in back; respectfully disagree.
Part 3: After the talk

- Seek objective feedback afterward from people you know will be honest.
- Review evaluations (with a colleague or mentor) to strategize for next talk.
- Learn and grow from your mistakes: this is a process.

A Word about Addressing Conflicts of Interest

- Lots of grey areas
- If there is a stated potential COI, this doesn’t mean the speaker can't present fairly.
- Must try to avoid bias and deliver a balanced perspective based on published literature.
- Do not state “I have so many conflicts that I’m not conflicted”. This is inappropriate and disingenuous.
- Do not use industry/ company-prepared slides for CME meetings.

Notes:

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
Quotes and Pearls from Great AAD Speakers

Jean Bolognia:
1. No bible slides – means too many words on a slide – also known as no Encyclopedia Britannica slides but this reference is slightly dated
2. Don’t read every word slide verbatim – very boring – remember people can read faster than you can talk – add some verbal pearls that pertain to the subject matter
3. Every slide cannot be a word slide – alternate with schematics, collages – no one wants to hear 45 minutes of . . . This study in 2000 showed this and this study in 2010 showed this . . .
4. The following words should never come out of your mouth – “I know you can’t read what is in the table” because the size of what is in the table is so small – instead you can use the pasted table as wallpaper but pull up 2-3 cells in big letters inside boxes for what is key; never try to go through the majority of these tiny word tables on one slide, cell by cell (guaranteed everyone will be on iPhone doing email or worse talking to neighbor) – if you think there are 5-6 key points then use 2 slides
5. Keep slides sophisticated but simple
6. Be spontaneous – if presenting a difficult or controversial concept and not a huge audience, say this can be a tough concept that is not intuitive or this is controversial - anyone have questions or alternative views? Get people engaged, but also practice how to limit any hijacker in the audience – usually only one – same skills also helpful on conference calls
7. Don’t be condescending – you are not the smartest person in the room – be honest about where you have messed up and made mistakes – this allows people to not repeat your mistakes
8. Teach to the middle +/- 1 SD of the audience – the majority of the people who came to your lecture should know more, have a better framework, be happier, or whatever, when they leave
9. Don’t teach to the 1-2 people in the room who know the most (this is not education but rather a form of nauseating elitism) – talk to them over lunch

Allan Halpern:
1. KNOW YOUR AUDIENCE! It's not about sharing everything you know. It's all about teaching the audience what they want to learn—with attention to their level of interest and sophistication in the subject.
2. PRACTICE YOUR TALK OUT LOUD! Critical for beginners (and not bad advice for the rest of us). It helps nail down the timing and hone some key phrases.
3. NEVER MEMORIZE A TALK OR READ YOUR SLIDES VER BATIM! But you should be able to anticpate your next slide and know the FEW take home points from each slide cold.
4. WHEN YOU THINK YOU HAVE THE PERFECT NUMBER OF SLIDES, WEAN THEM BY A THIRD! This will help you to be calm and engaging throughout your presentation.

Jenny Murase:
1. I feel speaking is as much of an art form as it is a science, and you can see speakers with completely different styles give great talks just as you can appreciate different forms of artists performing music. Tapping into what makes each speaker unique and what they bring to the podium and to the education of their audience is so important.
2. I feel our colleagues in dermatology are some of the finest doctors in the country. They are extremely focused, highly productive, and incredibly busy. Simply put, they don't want their time wasted. Even 15 minutes. They are sitting in that lecture hall because they want to hear something that will improve their patient care, preferably the first day they are back to clinic. So I see speaking as an opportunity to swing a bat from home plate. If you say something, and the way that you say it sticks to your audience, and they use that information somehow to improve their patient care the next month, you hit the ball. The piece of information that is imparted to affect patient care needs to be communicated in a way that sticks. They either take something home that they can refer to easily, or you say it in a way that they can remember the next time they are faced with that situation in clinic. The more hits, the better they remember the information, the better that your talk will be received. Pieces of information that really affect patient care on a weekly (or even better daily) basis and affect change are going to be the most powerful. If I am sitting in a talk and I don't hear anything that will affect my patient care, it can still be a good talk, but I am not going to think of it as a great talk that impacted my patient care and the lives of my patients.
3. I also think that the speaker needs to be prepared so if the projector fails that they can still continue on and impart good information to the audience. That is the speaker's responsibility. The show must go on if the technology fails us, and that is the speaker's responsibility.

Clark Otley:
1. I find that I write the best talks when I sit down with a blank piece of paper and ask myself "What would I want to know about this topic? What are the key concepts? What do I need to know to manage this condition optimally?" Then I write an outline of those questions and fill in the data (if it exists) that answers those questions.
2. If there are no answers to the questions I want to address, that's my next academic project and then I incorporate the answer into the talk when that research is complete.
3. I also like to listen to the questions after the talk and if I don't have the answer, those are my next academic projects.
4. When searching for the data to answer the questions, I try to read very carefully key papers, as it's amazing that you find (both good and bad) from drilling down hard on data.
5. If the data doesn't exist in the format that would be helpful and clear, combined, reformat, compare and do whatever is need to provide clarity to the question.
6. I agree that cases make awesome illustrative examples, but they need to be bridged by concepts and data.
7. I practice each talk and time it three times on average. That way my concepts and phraseology are coming together but I retain some spontaneity.
8. If something is a really important point, slow way down to make sure people understand it is key.
9. Only talk on topics you really enjoy and have passion for.

Ted Rosen:
1. There is NO cookbook approach to giving a great talk. Everyone does it differently, because we all pick a style that is unique to us and is consonant with our own comfort zone. I'll give you a perfect example. One of the others said that he practices his talk about three times. I NEVER practice my talks. Not once. EVER. Why? Because I want my talks to be 100% spontaneous and not seem "rehearsed" and too polished. Also I find that if I practice and then inadvertently forget something, I get flustered, thrown off course...See? Two good speakers with distinctly different habits. Pick what works for YOU.
2. It's OK to be a little afraid, a little tense before giving a talk. Those feelings keep you on "edge." Being over-confident can lead to complacency and a "flat" and listless talk.
3. Know your material well. Never read your slides. Use the slide to include "all" the points, but highlight only the most significant points when speaking.
4. NEVER agree to speak just to be on a podium, make someone happy, be part of a program or get paid. Speak when the subject matter is of interest to you. It also helps if you are truly passionate about it. Every time I speak about antibiotic resistance, everyone in the room knows I speak from the heart and with great and longstanding conviction.
5. Never be afraid to say: "I don't know why...." Just because you are a speaker, you don't have to know everything about a subject, especially when some aspect of that subject is truly unknown. And never, ever make something up.
6. I reiterate what many have said: KEEP IT SIMPLE. Not so many lines, not so many words per line. Telegraph every message on the slide, and don't try to write a book chapter per slide.
7. Throw in pictures. Nothing is as boring as an entire talk of all text slides. Even if the subject isn't amenable to case studies, put in some colorful graphic that breaks up the monotony.
8. When feasible, try to include something personal in the talk. Something about your hobby, or a child or spouse, or your home city or favorite sports team or...whatever. The audience then sees you as a real person, not merely a talking head. They are more empathetic and more favorably pre-disposed.
9. Watch your color scheme. You have a professional audience. They're not smoking crack or weed. Keep the psychedelic art in your teenager's bedroom. Loud backgrounds (purple) with bright font (yellow) is actually distracting.
10. Before you put together a talk, pick the main points you want to make. 1-2 points per 15 minutes maximum. Too much information in too short a time induces seizures...
11. Finally, I like to throw in a slide that says: "Key Point" every once in a while. This emphatically calls to the audience's attention what you want them to remember.
Well, this IS finally: Say “Thank you” at the end of your talk. Thank the audience members for coming. Thank them for their attention. Thank them for their comments. Thank them for sharing part of their day with you. But somehow, always make a parting point of thanking them. Audiences appreciate that the speaker is grateful for THEIR participation, rather than just the other way around.

Robert Sidbury:
I will happily provide some thoughts though after having done this now for 15+ years I think there is a huge element of alchemy involved in whether or not a talk works. I have given talks I was convinced were well conceived and delivered that flopped in my estimation, and conversely ones I just knew weren’t going to work that somehow seemed to. With that caveat here goes:

1. Less is more. Fewer words on the slide, more discrete explanations trump the opposite. A talk is not a textbook. Even when you are covering one topic it is almost impossible to be comprehensive. If this is acknowledged early then one can focus on a few key things to take home. When I think of good talks I have heard, what I recall from them and it is always just a few discrete pearls.
2. Know your audience and know the venue. Pediatricians typically want to learn different things than dermatologists etc.
3. Humor can be a good thing but only when not forced and rarely in a big venue. Humor demands intimacy (50 or fewer is my arbitrary definition of “intimate”) and maybe just me but it is so tough to feel like humor works in a large hall.
4. If the learning mode can be varied this is helpful though not always possible. This gets at the concept of the “flipped classroom” for medical students and that whole chestnut; basically making didactic experiences less of a monologue and more of a dialogue. This idea of educational “diversification” can be taken one step farther to say that varying presentation tools, when measured and thoughtful, also can be helpful (e.g. videos where value-added rather than just static images; guest presenters or patients; test-like questions within the talk to get audience to apply lesson learned in real time (ARS if available great but can do with just a PowerPoint slide).
5. Analogies, like pictures, can be worth 1000 words
6. Case based learning is good but like any “style” it needs to be diversified. Walking a listener through a case such as they might have seen in clinic is a very good way to ground the learner and make the lesson relevant, but an endless series of cases, like anything else, can get tedious.
7. Practical tips trump all. On this count I tend to think about how I educate my patients and their parents and use these pearls. If I worry I will seem to paternalistic or condescending or “aiming too low” I will couch it in exactly those terms “….here is how I speak to my patients about this point…. ” to a) to offer cover that I was indeed being “too basic” b) literally offer the pediatricians a script they can use if they wish on that particular teaching point. The risk of not being practical enough >> risk of delivering too basic a talk at least to primary care providers. This does get back to point # 2 a bit though.
8. CME vogue now of course is to start with a “At the end of this talk you should….” and the close with a similar repeat citing important teaching points. I suppose I think this is a good trend—offering some sort of roadmap for the talk and then checking in at the end to make sure you got there is reasonable.
9. Spread your attention around—look around every part of the room so as not to give the impression you are talking only in one direction. Try to speak to the audience not your slides.
10. If the venue and setting permit get out from behind the lectern; speak with your body and not just your mouth; all of that is good practice though more often than not I don’t put into action.
11. Don’t overwhelm with graphics. This is certainly not my problem (I often underwhelm with graphics which is not good either). But I guess my point is that the “show” should be your teaching points and not the graphics though some folks use PowerPoint tricks and graphics to marvelous effect (I happen not to be one of these folks)
12. Know your time limit and stick to it. Going over in order to get to all of your slides almost never serves the greater good. If you run out of time summarize the slides to be missed and promise to stay after to answer questions.
13. Repeat question even when there is a microphone. This is advice given always when questioner doesn’t have a microphone, and it is indeed important practice, but even when a small room or microphone for questioners I think it is good to repeat the question both for those who weren’t paying full attention (never happens!) but also to make sure question properly understood.
14. Match any advice given on talks to your own personality and style and use accordingly. To quote my friend Peter Lio, “Your mileage may vary…”
Bruce Thiers:
1. Go up to the podium before your session to get a sense of the "lay of the land" before you begin. Is there a laser pointer? A mouse? A timer to track the length of your talk? A computer screen in front of you so you can see your slides and look in the direction of the audience at the same time?
2. If there’s a stationary microphone (as opposed to a lavalier mic) you won't be able to move around but will need to speak into the microphone for the audience to hear you.
3. State your goals for the talk before you begin.
4. Don't try to cover too much material or include too many slides.
5. Include images and figures but not complex tables. Having all written slides makes for a boring talk.
6. Written slides should have a dark background (I like dark blue). No more than six lines/slide all in yellow block capital letters at least 24 font (larger for big lecture halls). Basically, keep it simple.
7. Know the material well enough so you don't have to read your slides but can just highlight the key points on them.
8. Don't speak fast like you're a New Yorker (took me a long time to master that!).
9. Don't wiggle the laser pointer or mouse around the screen; it drives the audience crazy.
10. A summary slide at the end is always appreciated.

Jim Treat:
1. Know your audience. Giving a talk on atopic dermatitis is very different when the audience is students vs dermatologists vs atopic dermatitis experts
2. Tell a story. When I present a case I try tell the story (without breaking HIPAA laws!) so that the audience can get the first-hand experience of the exact thought process that helped in making a Diagnosis and Ah Ha moment for me. This makes it repeatable for the audience. We take for granted the final dx because we know it but the pathway to it is the most important.
3. Create a logic train (the following example is neither perfect not likely perfectly pathophysiologically accurate so I apologize in advance!)
   A. Show histopathology photo: AD the skin barrier with broken, lowered innate immunity and Langerhans cells trafficking through the epidermis Therefore:
   B. Because of A Kids with AD are colonized by Staph aureus more commonly
   C. Because of A Allergens and irritants are more allergenic and irritating
   D. Because of C, kids scratch and break the skin more leading back to A and more B
   E. Because of D and A they get infected by the bacteria in B
   F. Therefore: maybe if we moisturizer from infancy and prevent the cycle, we could prevent AD (Simpson data).
4. The audience is smart and will be able to come to the same conclusions as you and likely remember them more if they see the simplified mechanism.
5. Give people the conclusions first and then show them how we got there.
6. Explain complicated ideas in as simplistic way as possible. Audiences have a short attention span and get lost in details. And we often use jargon that they do not understand.
7. Yes, the correct term is epicutaneous patch testing but everyone just calls it patch testing.

Hensin Tsao:
1. Knowing the audience is always critical
2. Great talks are “edu-tainment” in that it moves the audience...even if it is genomic analysis
3. There's a known saying that "good artists copy, great artists steal"; watch a lot of great orators but don't imitate...dissect and understand what makes them compelling and embody it
4. Remember the arc of a great story...build up tension and resolve it. Audiences will hold their breath and sigh and they won't understand how you did it.
The Leadership Institute inspires and facilitates the development of leadership skills that advance Dermatologists in their careers, enhance the AAD’s standing as a premier medical organization and promote the specialty of Dermatology ultimately to improve the health of our patients.

REFERENCES:

Liao W, Cordoro KM, Frieden I, Shinkai K. How to prepare and deliver a great talk. Clinics in Dermatology 2014. 32:878-882. (For electronic prints please contact wilson.liao@ucsf.edu)


Made to Stick: Why Some Ideas Survive and Others Die. By Chip Heath and Dan Heath

Continue your leadership development through the AAD Leadership Institute

https://www.aad.org/members/leadership-institute

--Leadership Institute courses at the Annual and Summer Academy meetings
--Leadership Forum: intensive weekend courses for dermatologists at various career stages