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« Tips to boost your presentation skills »

Presenter Trainer in communication skills

tomlinson-communication.com

Introduction to my iPhone app

April 18th, 2013



Available on the
AppStore

46 short videos available at the [App store](#).

Find practical tips on how to improve your presentation skills on the following themes:

- Presenting yourself, getting off to a good start every time
- Structuring a presentation

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N° 11 75 47646 75

(auprès du Préfet de la région Ile de France)

Archives

April 2013

April 2012

January 2011

YouTube

Tip of the day

Click on the numbered text below for a direct link to YouTube.

N° 1 Presenting busy CHARTS.

N° 2 How to CROP an image.

N° 3 Differences: Handouts & Power Point.

N° 4 Caption boxes.

N° 5 Show busy slides step by step.

N° 6 Using PRESENTER VIEW.

N° 7 Making an object move.

When we speak there are no spaces...

WHENWEEXPLAINSOMETHINGTHEREARENOSPACES
BETWEENTHEWORDSTHATWEPRONOUNCEWHICH
MAKESITDIFFICULTTOUNDERSTAND.

Between 130 and 160 words per minute

A good start...

S_{top}

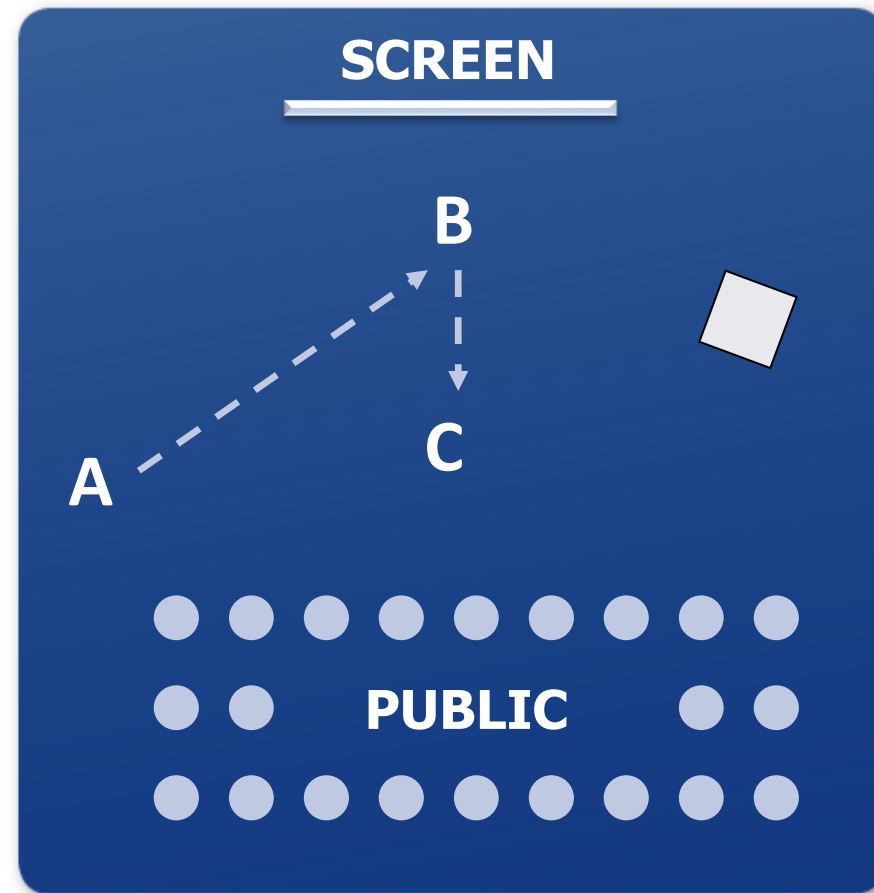
T_{urn}

A_{dvance}

G_{esture}

E_{ye contact}

S_{mile}



The 5 steps to a good start

...prepare them
in advance

Introduce the first slide

5

...the road map

Define subject, timing, questions

4

...for credibility

Present yourself, your competence

3

...learn by heart

Tell them why they are there

2

Silence

STAGES

1

S
U
C
C
E
S
S

The families

- ▶ QUANTITATIVE – defines a limit with the hands / arms
- ▶ DEICTIC – points, counts or « pinches » the air
- ▶ PICTOGRAPH – draws a picture
- ▶ KINETOGRAPH – uses the body, mimes the situation
- ▶ IDEOGRAPH – makes an abstract gesture

Do not do...

56%

- Shifting eyes
- Going back slightly
- One foot turning away
- Fidgeting or rubbing the hands
- Auto-contact, especially the face
- Object adapter, playing with a pen
- Hands / arms in a barrier position

Presenting with Power Point

David Tomlinson

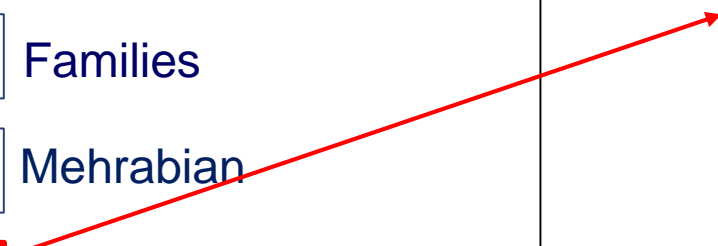
AppStore: TIPS to boost your presentation skills

YouTube: David Tomlinson SLIDE makeovers

Web site: www.tomlinson-communication.com

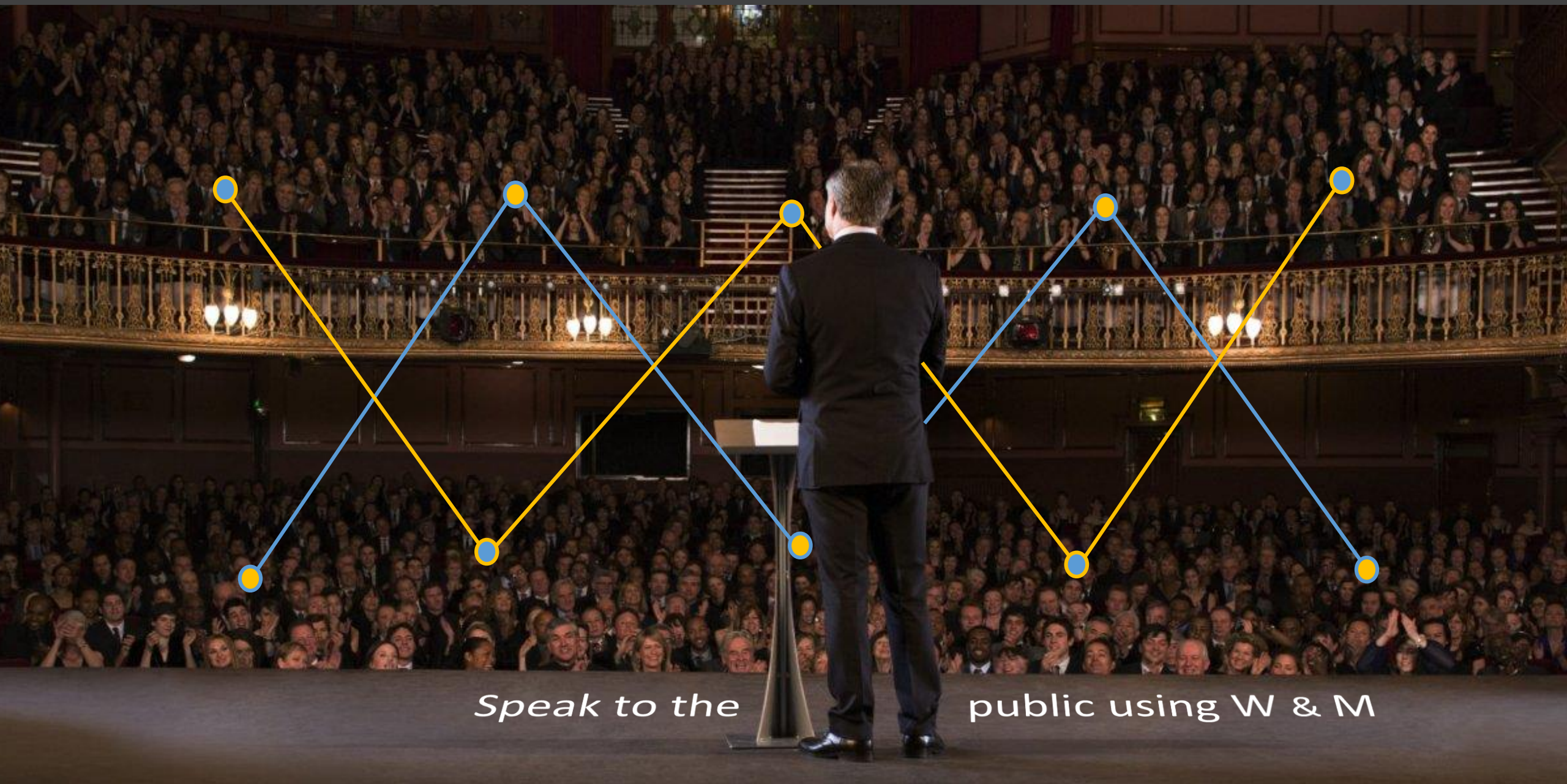
Note cards

KEY slides		Power Point	
5	STAGES	21	Shut up
17	Families	22	Don't talk to screen
18	Mehrabian	23	Masks
20	Power Point	24	Survey
24	Survey	25	Note card
33	Podiums	26	3 kinds of slide
42	Structurer	27	Note card 2
45	STAGES	28	Type size
46	Q & A	29	Titles 32 Sub. 24...20



When you show a slide...





Speak to the

public using W & M

Power Point – what the public doesn't like...

- The speaker reads the slide

62 %

- I cannot read the slide

46 %

- Too much text

37 %

- Too many animations

24 %

- Complex diagrams

22 %

Think about the font size

Think about the font size

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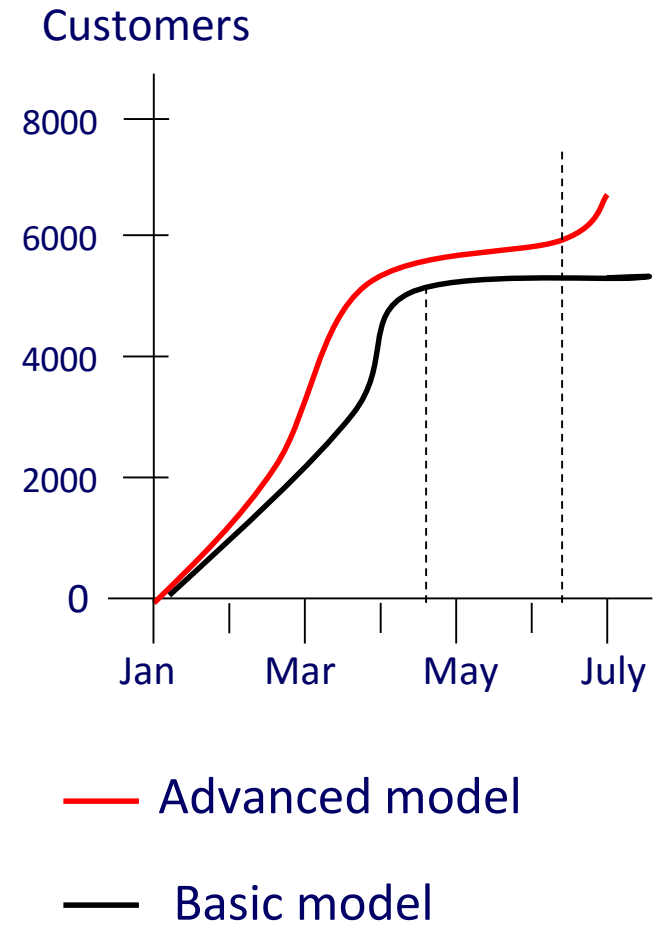
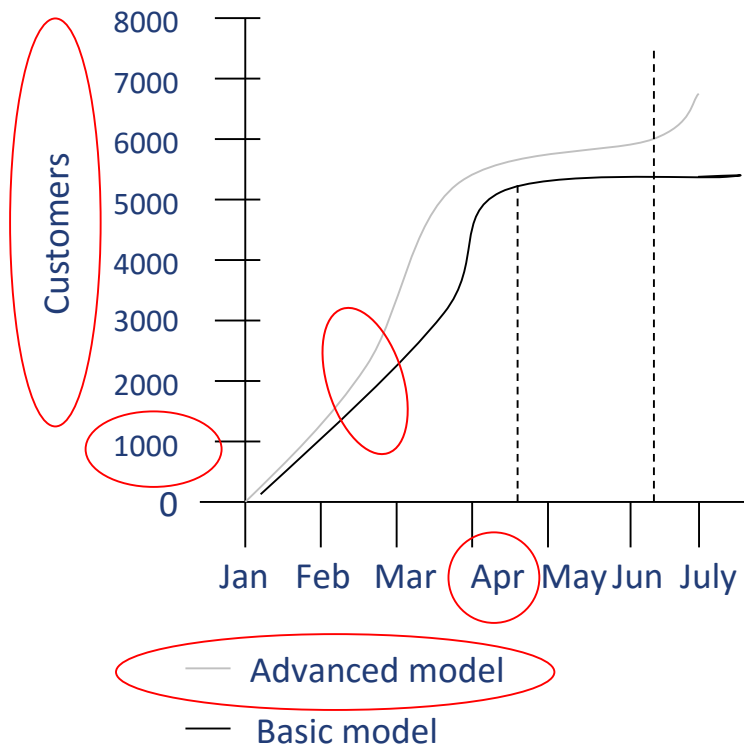
Think about the font size

Think about the font size

Think about the font size

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Graphs



Reappraisal of studies with renal endpoints

Effect of antihypertensive treatments on mortality reduction

Results are summarized in the following table:

Study	Treatment	Mean follow-up (years)	Δ BP (mmHg) active vs control	Albuminuria (RRR)		Renal events vs control (RRR)	Mortality (RRR)		Mortality rate - control group (1000 patients-year)
				Primary prevention	Secondary prevention*		Total	CV	
IDNT N = 1 715	Drug 1 vs placebo	2.6	-3.3	-	-	-23%* p=0.003	NS	+8% NS	65
RENAAL N = 1 513	Drug 2 vs placebo	3.4	-2	-	-35% p<0.001	-25%* p=0.006	+2% NS	-	66
IRMA 2 N = 590	Drug 3 vs placebo	2	-3	-	-38% p<0.001	-68%** p<0.001	-	-	-
ADVANCE N = 11 240	Drug 4 vs placebo	4.3	-5.6	-21% p<0.0001	-22% p=0.001	-21%** p<0.0001	-14% p=0.025	-18% p=0.027	20
ONTARGET RENAL N = 25 620	Drug 5 vs ramipril	4.7	-2.4	-6% NS	-17% NS	+9%† NS	-2% NS	-	25
TRANSCEND RENAL N = 5 927	Drug 6 vs placebo	4.7	-4	-	-42% p=0.018	+29%† NS	+5% NS	-	25
DIRECT N = 5 231	Drug 7 vs placebo	4.7	-2.6	-5% NS	-	-5.53%‡ p=0.024	-	-	-

*reduction in albuminuria progression; **doubling serum creatinine; **diabetic nephropathy; †end stage renal disease; ‡annual rate of change in UAER.

BP = blood pressure; RRR = relative risk reduction; NS = not significant.

Reappraisal of studies with renal endpoints

Study	Treatment	Mean follow-up (years)	Δ BP (mmHg) active vs control	Albuminuria (RRR)		Renal events vs control (RRR)	Mortality (RRR)		Mortality rate - control group (1000 patients-year)
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*reduction in albuminuria progression; **doubling serum creatinine; **diabetic nephropathy; †end stage renal disease; ‡annual rate of change in UAER.
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The NEW ENGLAND JOURNAL of MEDICINE

Payment Reform —

The Need to Harmonize Approaches in Medicare and the Private Sector

Peter V. Lee, J.D., Robert A. Berenson, M.D., and John Tooker, M.D., M.B.A.

In the midst of heated debate over health care reform, there is an emerging consensus that the way we pay for health care — with our widespread reliance on fee-for-service payment models — is a core problem that must be fixed. Unfortunately, too many of the policies proposed as part of reform seem to reflect the magical thinking that if we only "change Medicare"

then all will be right in the world. Medicare is indeed the largest purchaser of health care in the United States but at \$414 billion out of almost \$2.4 trillion, it represents only 19% of total health care spending

(see [graph](#)).¹ Medicare must help lead the effort to change payment, but if we're going to create a higher-value system overall, we need to change how all public and private payers reimburse for services.

The caption box



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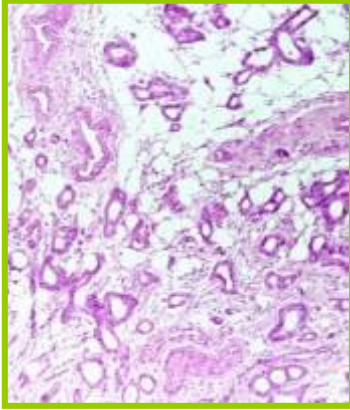
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Only 1/5 of
total budget

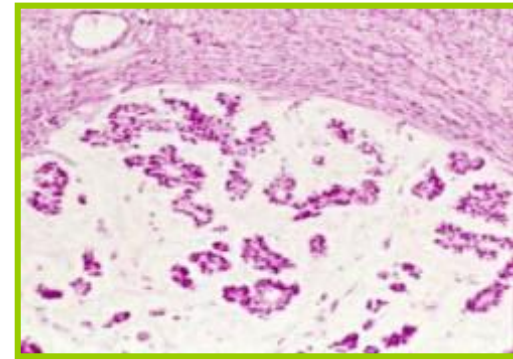
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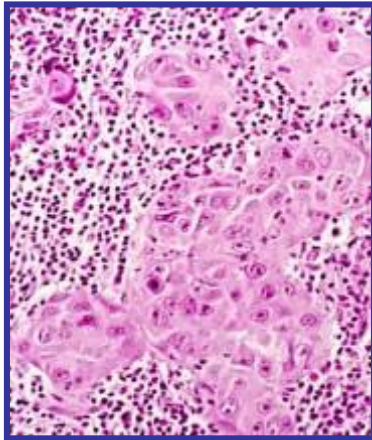
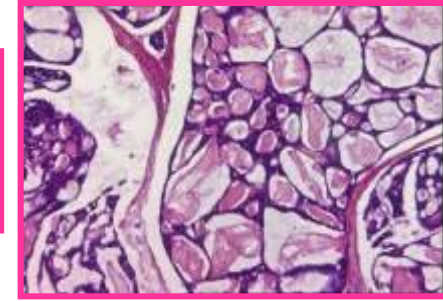
Types Histologiques



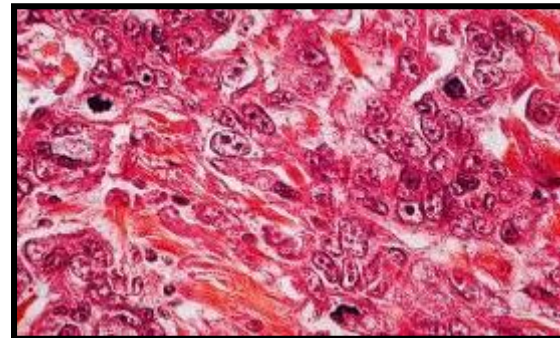
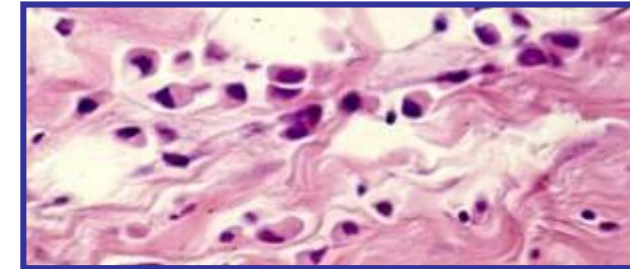
Groupe 1 - **Excellent** pronostic
Tubuleux, cribriforme invasif, papillaire,
adénoïde kystique



Groupe 2 – **bon** pronostic
Tubuleux mixte, mixte canalaire NST et type spécial
, mucineux



Groupe 3 – pronostic **moyen**
Médullaire, lobulaire classique,
lobulaire mixte

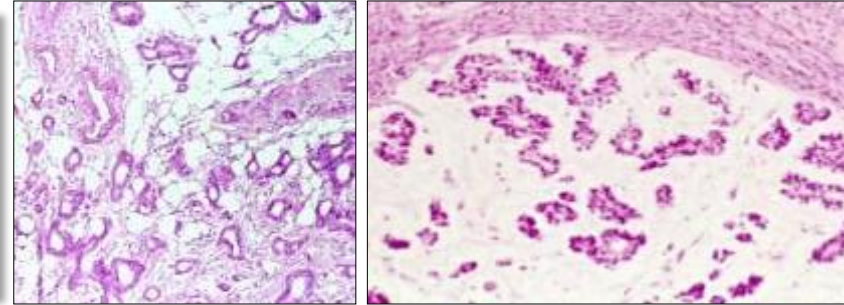


Groupe 4 – **Mauvais** pronostic
Canalaire NST, lobulaire pléomorphe,
micropapillaire

Types Histologiques

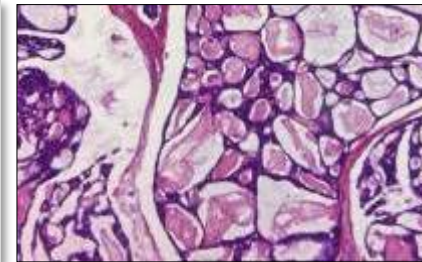
Group 1 – **Excellent** pronostic

Tubuleux, cribriforme invasif, papillaire, adénoïde kystique



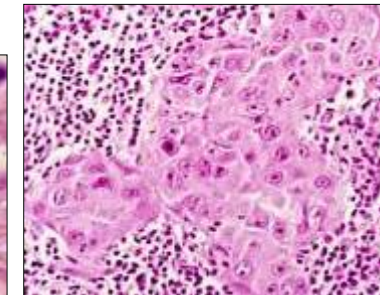
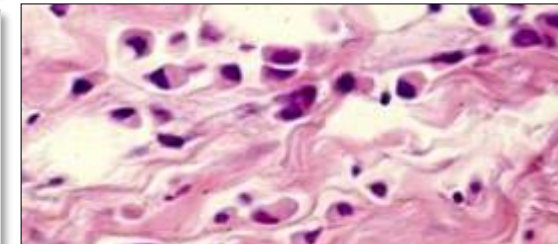
Group 2 – **Bon** pronostic

Tubuleux mixte, mixte canalaire NST et type spécial, mucineux



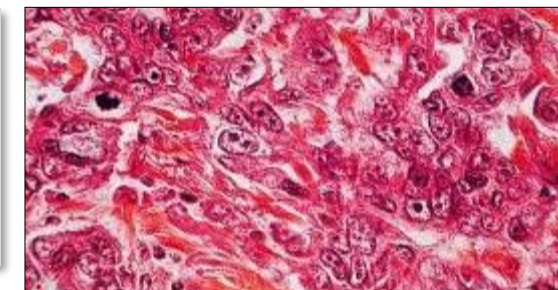
Group 3 – **Moyen** pronostic

Médullaire, lobulaire classique, lobulaire mixte



Group 4 – **Mauvais** pronostic

Canalaire NST, lobulaire pléomorphe, micropapillaire



Question & answer sessions - consider the audience

- Who am I talking to
- What do they **know** about my subject
- What do they **want** to know
- What **questions** may arise
- Can I **handle** all the questions

Set the rules...

- **PROACTIVE...** set the rules
- **SUBJECT...** Time...questions

Partners in a game..**not**..enemies in a duel

- **LISTEN...** this shows respect
- **HEAR...** understand..don't rush
- **GENERALISE...** open to the group
- **RESTATE...** **not** « That's a good question »

The 7 dwarfs

Happy

Makes everybody laugh...

Doc

Asks a question...
...already knows the answer

Bashful

Doesn't participate...

Sleepy

Will ask a question that
you've already covered ...



Dopey

Doesn't understand
your graph...

Sneezy

Is agitated...
disturbs the meeting

Grumpy

Argues with you...
....will challenge

You do not respond...

- Question is irrelevant
- It's not a question...respect their opinion

Do not know...

- 1 - Mirror to the group
- 2 - Relay...to an expert
- 3 - Echo...repeat...gain time
- 4 - Internet connection
- 5 - Write it down...[hyperlink](#)

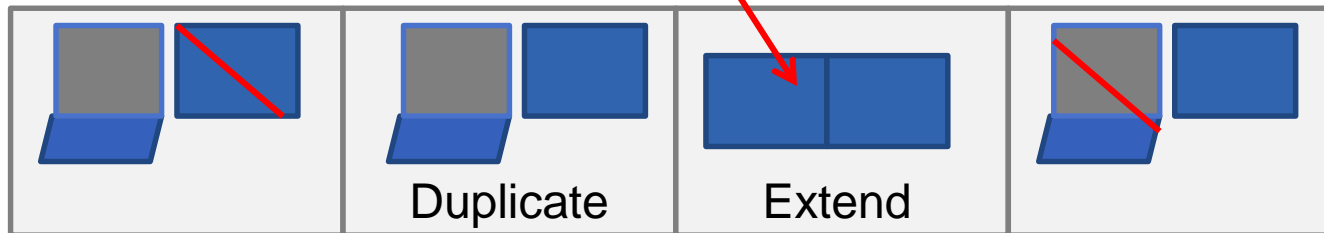
Conclusion

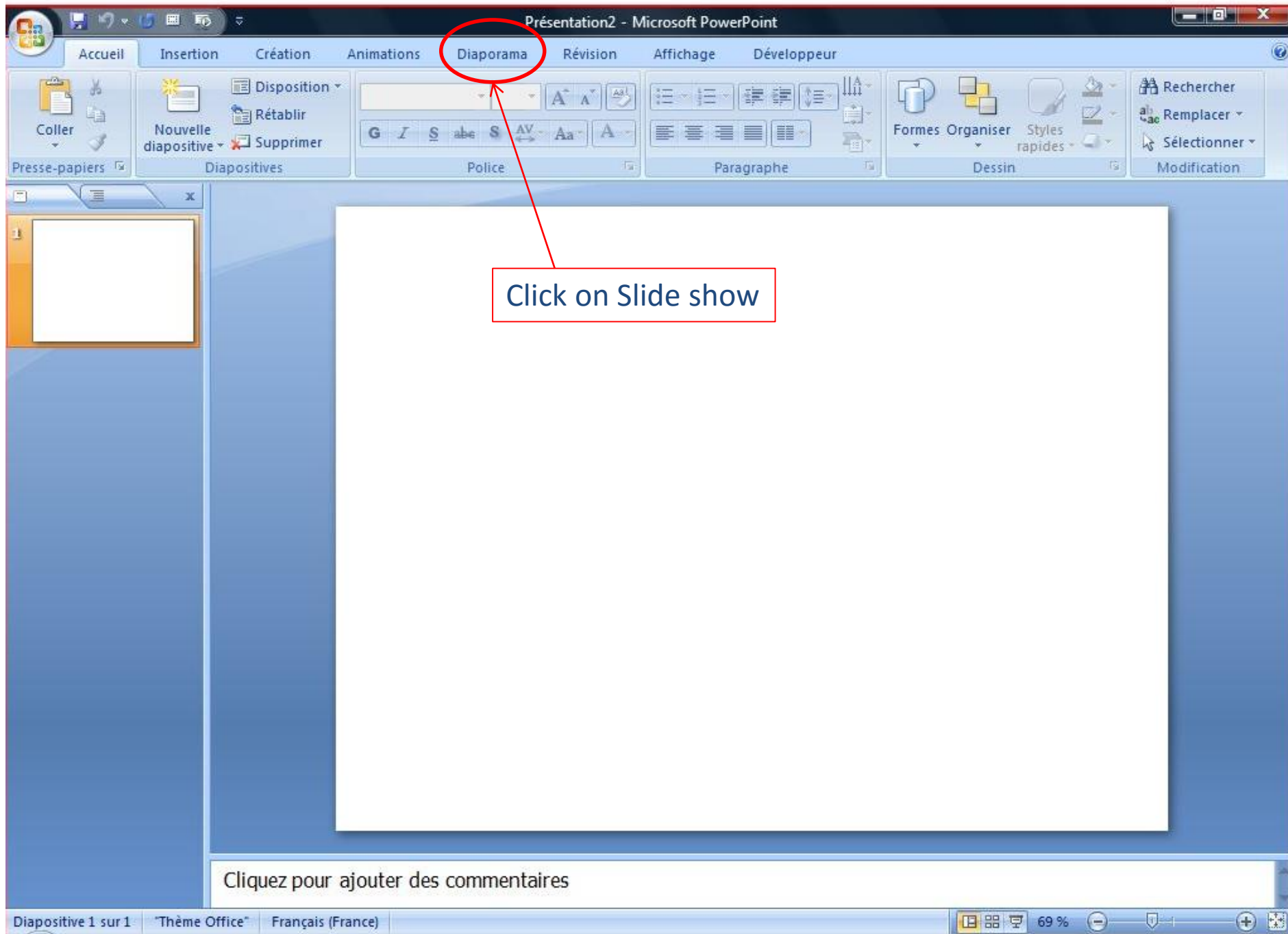
- Use Q & A to **add** information
- Use questions to **launch** other questions
- **Learn** from the questions... for **you**

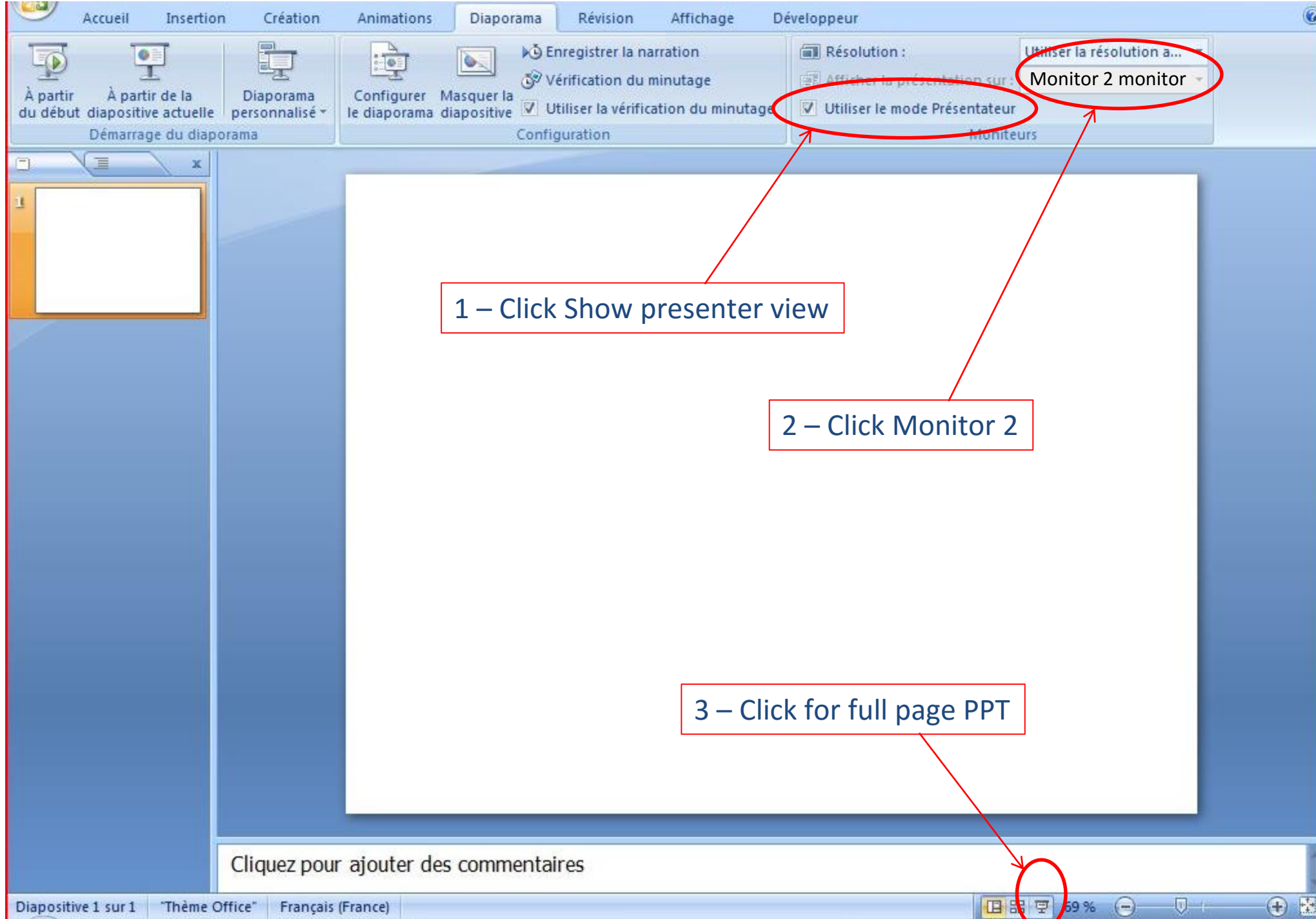


1 – Click on the Windows key and « P »

2 – This will appear... click on extend









0:01:18



10:55



David Tomlinson



La prise de parole de A à Z

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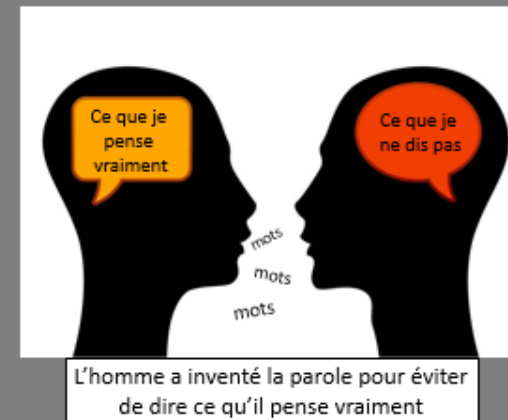
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Diapositive 1 sur 162



Diapositive suivante



Pas de commentaires.

The 10 commandments

Apply the
60 / 20 rule

Learn your intro'
off by heart

Find a « hook »

Slides: 5 lines, 5
words per line, max

Silence gives time
to « digest »

Distribute eye
contact with W and M

Use the three « T's »
Touch, Turn, Talk

Only talk to people

Rehearse standing,
and out loud

If you fail to prepare,
prepare to fail



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