It’s the singer not the song: how to give a more effective presentation

Jay S. Keystone & Edward C. Keystone MD
TDU TGH and RDU MSH
It’s the singer not the song: how to give a more effective presentation

Jay S. Keystone & Edward C. Keystone MD
TDU TGH and RDU MSH

This talk will be politically incorrect or bad taste: viewer discretion is advised
Outline of this very talk

- Major elements of teaching
- Organization of a lecture
- Making it *stick!*
- Slide preparation
- The learning environment
- Learning breaks
- “The” secret to success: slide 94
“Teaching medicine, and doing it well, is one of the most demanding of the performance arts”

Ben Kean
1912-1993
The Doctor Fox Lecture: a paradigm of educational seduction


• The speaker: actor programmed to teach charismatically on a topic about which he knew nothing.

• The audience: psychiatrists, psychologists, and psychologist and social-worker educators

• Results: 55 subjects responded favorably at the significance level to the lecture. (81-100%)
Major Elements of Teaching
Major Elements of Teaching

• Engaging the learner
Major Elements of Teaching

• Engaging the learner

• Mastery of the subject
Major Elements of Teaching

- Engaging the learner
- Mastery of the subject
- Clarity of expression
Goals of a presentation
Goals of a presentation

Delivery of Information

Change in behaviour
Goals of a presentation

Delivery of Information
Change in behaviour

Make it stick!
“Speakers often ‘share data’: but they haven’t created useful and lasting ideas...nothing sticks!”

Chip and Dan Heath
“Speakers often ‘share data’: but they haven’t created useful and lasting ideas...nothing sticks!”

Chip and Dan Heath
Making it stick = SUCCESS
Heath C.&D. “Made to Stick”
Random House 2008
SUCCESS
Making it stick = SUCCESS
Heath C.&D. “Made to Stick”
Random House 2008
Making it stick = SUCCESS
Heath C.&D. “Made to Stick”
Random House 2008

1. Simple
2. Unexpected
3. Concrete
4. Credible
5. Emotional
6. Story
Making it stick = SUCCESS
Heath C.&D. “Made to Stick”
Random House 2008

1. Simple
2. Unexpected
3. Concrete
4. Credible
5. Emotional
6. Story

Remember Tuesday, November 4, 14
Making it stick = SUCCESS
Heath C.&D. “Made to Stick”
Random House 2008

1. Simple
2. Unexpected
3. Concrete
4. Credible
5. Emotional
6. Story

Remember
Pay attention

Tuesday, November 4, 14
Making it stick = SUCCESS
Heath C.&D. “Made to Stick”
Random House 2008

1. Simple
2. Unexpected
3. Concrete
4. Credible
5. Emotional
6. Story

Remember
Pay attention
Understand
Making it stick = SUCCESS
Heath C.&D. “Made to Stick”
Random House 2008

1. Simple Remember
2. Unexpected Pay attention
3. Concrete Understand
4. Credible Believe
5. Emotional
6. Story
Making it stick = SUCCESS
Heath C.&D. “Made to Stick”
Random House 2008

1. Simple
2. Unexpected
3. Concrete
4. Credible
5. Emotional
6. Story

Remember
Pay attention
Understand
Believe
Care
Making it stick = SUCCESS
Heath C.&D. “Made to Stick”
Random House 2008

1. **Simple**
2. **Unexpected**
3. **Concrete**
4. **Credible**
5. **Emotional**
6. **Story**

Remember
Pay attention
Understand
Believe
Care
Act
malaria: a potential killer

- Simple
- Unexpected
- Concrete
- Credible
- Emotional
- Story
malaria: a potential killer

- Simple
- Unexpected
- Concrete
- Credible
- Emotional
- Story

Malaria kills

Tuesday, November 4, 14
malaria: a potential killer

- Simple  Malaria kills
- Unexpected  More die of malaria than HIV
- Concrete
- Credible
- Emotional
- Story

Malaria kills

More die of malaria than HIV
malaria: a potential killer

- Simple
- Unexpected
- Concrete
- Credible
- Emotional
- Story

Malaria kills
More die of malaria than HIV
Annual deaths = 747 crash every day

Malaria kills
More die of malaria than HIV
Annual deaths = 747 crash every day
malaria: a potential killer

- **Simple**  Malaria kills
- **Unexpected**  More die of malaria than HIV
- **Concrete**  Annual deaths = 747 crash every day
- **Credible**  WHO malaria report
- **Emotional**
- **Story**
malaria: a potential killer

- **Simple**: Malaria kills
- **Unexpected**: More die of malaria than HIV
- **Concrete**: Annual deaths = 747 crash every day
- **Credible**: WHO malaria report
- **Emotional**: Every 45 seconds a child dies in her mother’s arms
- **Story**
malaria: a potential killer

- **Simple**
  - Malaria kills

- **Unexpected**
  - More die of malaria than HIV

- **Concrete**
  - Annual deaths = 747 crash every day

- **Credible**
  - WHO malaria report

- **Emotional**
  - Every 45 seconds a child dies in her mother’s arms

- **Story**
  - In T.O. a 24yr.old traveller dies of malaria when the dx is missed
Motivation
Motivation

- Enthusiasm
Motivation

- Enthusiasm
- Curiosity
Motivation

- Enthusiasm
- Curiosity
- Relevance
Motivation
Enthusiasm?
Motivation
Enthusiasm?
Motivation

Enthusiasm?

What ever happened to our sexual relations?
Motivation

Enthusiasm?

I don’t know dear. We didn’t even get a Christmas card from them this year.

What ever happened to our sexual relations?
Enthusiasm
Enthusiasm

Show passion...
Enthusiasm

Show passion... or pretend you care!
Enthusiasm

Show passion... or pretend you care!

Change the ‘volume’
Enthusiasm
Show passion... or pretend you care!
Change the ‘volume’
Repeat for emphasis
Enthusiasm

Show passion... or pretend you care!

Change the ‘volume’

Repeat for emphasis

Change the ‘cadence’... the pause that refreshes
“No word was ever as effective as a rightly timed pause”

Mark Twain
1835-1910
Read audience reaction... and adjust your content
Read audience reaction... and adjust your content

Bored
Read audience reaction... and adjust your content
Read audience reaction... and adjust your content
Read audience reaction... and adjust your content
Target your audience!!

Presenter media.com
Relevance
• Who is my audience?
Relevance

- Who is my audience?
- What would interest them?
Relevance

• Who is my audience?

• What would interest them?

• What do they need to know?
Framework

• Tell them what you want to say
• Say it . . .
• Tell them again!
Framework

• Objectives
• Lecture outline
• Organized, logical
• Thesis development
• Summary
Thesis Development: “Chunk-ing”

Part 1

Part 2

Part 3

Dawne Bernhart
Dinner party 2006

Tuesday, November 4, 14
Thesis Development: “Chunk-ing”

Part 1
Part 2
Part 3

Summary

Dawne Bernhart
Dinner party 2006

Tuesday, November 4, 14
“Education is not the filling of a pail, but the

W.B. Yeats
1865-1939
“Education is not the filling of a pail, but the lighting of a fire”

W.B. Yeats
1865-1939
80% of information transmitted is forgotten by students in 8 weeks
80% of information transmitted is forgotten by students in 8 weeks
...and by faculty in 8 minutes
The major villain: the curse of knowledge!

“One of the worst things about knowing or *not* knowing a lot is that we’re tempted to share it all”

Chip & Dan Heath 2008
The major villain: the curse of knowledge!

“The most difficult part of preparing a talk is not what to put in, but what to leave out”

Chip & Dan Heath 2008
Yet Another Equation

\[
\text{Teaching} \propto \frac{1}{\text{Learning}}
\]
Delivering the ‘goods’

i. Location: importance of ‘ends’
Delivering the ‘goods’

i. Location: importance of ‘ends’

ii. Volume: “comprehensive” is bad!
Delivering the ‘goods’

i. **Location**: importance of ‘ends’

ii. **Volume**: “comprehensive” is bad!

iii. **Methods**: audiovisuals

  interactive vs. passive
CAUTION
THIS SIGN HAS
SHARP EDGES
DO NOT TOUCH THE EDGES OF THIS SIGN
ALSO, THE BRIDGE IS OUT AHEAD
Slide preparation: data

• Distill the data
• Avoid absolute numbers if % will do
• Reference the data legibly
<table>
<thead>
<tr>
<th>Category</th>
<th>No.</th>
<th>(%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Visiting friends/relatives</td>
<td>422</td>
<td>(53.9)</td>
</tr>
<tr>
<td>Tourism</td>
<td>98</td>
<td>(12.5)</td>
</tr>
<tr>
<td>Missionary or dependent</td>
<td>72</td>
<td>(9.2)</td>
</tr>
<tr>
<td>Business representative</td>
<td>59</td>
<td>(7.5)</td>
</tr>
<tr>
<td>Student/teacher</td>
<td>30</td>
<td>(3.8)</td>
</tr>
<tr>
<td>Peace Corps volunteer</td>
<td>11</td>
<td>(1.4)</td>
</tr>
<tr>
<td>Refugee/immigrant</td>
<td>4</td>
<td>(0.5)</td>
</tr>
<tr>
<td>Air crew/sailor</td>
<td>2</td>
<td>(0.3)</td>
</tr>
<tr>
<td>Other</td>
<td>16</td>
<td>(2.0)</td>
</tr>
<tr>
<td>Unknown</td>
<td>69</td>
<td>(8.8)</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>783</td>
<td>(100.0)</td>
</tr>
</tbody>
</table>

* In several cases, more than one purpose of travel was specified.
<table>
<thead>
<tr>
<th>Category</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>VFRs</td>
<td>53.9</td>
</tr>
<tr>
<td>Tourism</td>
<td>12.5</td>
</tr>
<tr>
<td>Missionary</td>
<td>9.3</td>
</tr>
<tr>
<td>Business</td>
<td>7.5</td>
</tr>
<tr>
<td>Student</td>
<td>3.8</td>
</tr>
<tr>
<td>Category</td>
<td>Percent</td>
</tr>
<tr>
<td>--------------</td>
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<td>VFRs</td>
<td>53.9</td>
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<td>Business</td>
<td>7.5</td>
</tr>
<tr>
<td>Student</td>
<td>3.8</td>
</tr>
</tbody>
</table>
Imported Malaria USA 2003 n=554
MMWR 2005;54:25-39

- VFR: 53.9%
- Tourism: 12.5%
- Missionary: 9.3%
- Business: 7.5%
- Student: 3.8%
<table>
<thead>
<tr>
<th>Country</th>
<th>0–2</th>
<th>3–5</th>
<th>6–8</th>
<th>9–11</th>
<th>12–14</th>
<th>15–17</th>
<th>18</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Australia</td>
<td>131 (8.7)</td>
<td>143 (9.5)</td>
<td>139 (9.2)</td>
<td>174 (11.6)</td>
<td>233 (15.5)</td>
<td>456 (30.3)</td>
<td>228 (15.2)</td>
<td>1,504</td>
</tr>
<tr>
<td>Denmark†</td>
<td>26 (10.1)</td>
<td>44 (17.1)</td>
<td>47 (18.3)</td>
<td>37 (14.4)</td>
<td>30 (11.7)</td>
<td>55 (21.4)</td>
<td>15 (5.8)</td>
<td>257</td>
</tr>
<tr>
<td>France</td>
<td>1,149 (17.4)</td>
<td>1,247 (18.8)</td>
<td>1,054 (15.9)</td>
<td>1,042 (15.7)</td>
<td>920 (13.9)</td>
<td>887 (13.4)</td>
<td>319 (4.8)</td>
<td>6,618</td>
</tr>
<tr>
<td>Germany‡</td>
<td>112 (14.8)</td>
<td>123 (16.2)</td>
<td>120 (15.9)</td>
<td>117 (15.5)</td>
<td>97 (12.8)</td>
<td>142 (18.8)</td>
<td>46 (6.1)</td>
<td>757</td>
</tr>
<tr>
<td>Italy§</td>
<td>80 (19.7)</td>
<td>107 (26.3)</td>
<td>67 (16.5)</td>
<td>47 (11.5)</td>
<td>31 (7.6)</td>
<td>57 (14.0)</td>
<td>18 (4.4)</td>
<td>407</td>
</tr>
<tr>
<td>Japan</td>
<td>1 (2.2)</td>
<td>8 (17.8)</td>
<td>10 (22.2)</td>
<td>1 (2.2)</td>
<td>6 (13.3)</td>
<td>8 (17.8)</td>
<td>11 (24.4)</td>
<td>45</td>
</tr>
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<td>Netherlands</td>
<td>47 (11.2)</td>
<td>67 (16.0)</td>
<td>65 (15.5)</td>
<td>45 (10.7)</td>
<td>45 (10.7)</td>
<td>115 (27.4)</td>
<td>36 (8.6)</td>
<td>420</td>
</tr>
<tr>
<td>Sweden¶</td>
<td>12 (7.7)</td>
<td>20 (12.9)</td>
<td>26 (16.8)</td>
<td>30 (19.4)</td>
<td>24 (15.5)</td>
<td>32 (20.6)</td>
<td>11 (7.1)</td>
<td>155</td>
</tr>
<tr>
<td>Switzerland</td>
<td>60 (14.4)</td>
<td>81 (19.5)</td>
<td>72 (17.3)</td>
<td>65 (15.6)</td>
<td>55 (13.2)</td>
<td>60 (14.4)</td>
<td>23 (5.5)</td>
<td>416</td>
</tr>
<tr>
<td>United Kingdom</td>
<td>351 (9.2)</td>
<td>619 (16.2)</td>
<td>621 (16.3)</td>
<td>714 (18.7)</td>
<td>707 (18.5)</td>
<td>804 (21.1)</td>
<td>Not available</td>
<td>3,816</td>
</tr>
<tr>
<td>United States</td>
<td>333 (12.7)</td>
<td>463 (17.7)</td>
<td>409 (15.6)</td>
<td>386 (14.8)</td>
<td>399 (15.3)</td>
<td>463 (17.7)</td>
<td>161 (6.2)</td>
<td>2,614</td>
</tr>
<tr>
<td><strong>Total cases</strong></td>
<td><strong>2,302 (13.5)</strong></td>
<td><strong>2,922 (17.2)</strong></td>
<td><strong>2,630 (15.5)</strong></td>
<td><strong>2,658 (15.6)</strong></td>
<td><strong>2,547 (15.0)</strong></td>
<td><strong>3,079 (18.1)</strong></td>
<td><strong>868 (5.1)</strong></td>
<td><strong>17,009</strong></td>
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*Percentage of total cases in children ≤18 years of age (≤17 years of age for United Kingdom).
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BE CREATIVE!
BE CREATIVE!
BE CREATIVE!
Multistep Progression to the Development of Rheumatoid Arthritis.

Pathogenesis of rheumatoid arthritis

Multistep Progression to the Development of Rheumatoid Arthritis.

Multistep Progression to the Development of Rheumatoid Arthritis.

Multistep Progression to the Development of Rheumatoid Arthritis.

Multistep Progression to the Development of Rheumatoid Arthritis.


Tuesday, November 4, 14
Mucosal Inflammation

Enteric nerve dysfunction

Excitability of nerves and muscle

Visceral sensory system activation

Visceral hypersensitivity

Altered GI transit time

Disturbed motility

Decreased bowel waves

Small bowel bacterial overgrowth
Pathogenesis of PI-IBS
Mucosal Inflammation
Mucosal Inflammation

Enteric nerve dysfunction
Mucosal Inflammation

Enteric nerve dysfunction

Excitability of nerves and muscle
Mucosal Inflammation

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Small bowel bacterial overgrowth
Overdiagnosis of malaria in patients with severe febrile illness in Tanzania: a prospective study

Hugh Reyburn, Redempta Mbatia, Chris Drakeley, Ilona Carneiro, Emmanuel Mwakasungula, Ombeni Mwerinde, Kapalala Saganda, John Shao, Andrew Kitua, Raimos Olomi, Brian M Greenwood, Christopher J M Whitty

Abstract

Objective To study the diagnosis and outcomes in people admitted to hospital with a diagnosis of severe malaria in areas with differing intensities of malaria transmission.

Design Prospective observational study of children and adults over the course a year.

Setting 10 hospitals in north east Tanzania.

Participants 17 313 patients were admitted to hospital; of these 4474 (2851 children aged under 5 years) fulfilled criteria for severe disease.

Main outcome measure Details of the treatment given and outcome. Altitudes of residence (a proxy for transmission intensity) measured with a global positioning system.

Results Blood film microscopy showed that 2062 (46.1%) of people treated for malaria had Plasmodium falciparum (slide positive). The proportion of slide positive cases fell with increasing age and increasing altitude of residence. Among 1086 patients aged ≥5 years who lived above 600 metres, only 338 (31.1%) were slide positive, while in children <5 years living in areas of intense transmission (<600 metres) most (958/1392, 68.8%) were slide positive. Among 2375 people who of district hospitals in Africa identified several problems with the organisation and planning of care.4 5

Given the high proportion of admissions attributed to malaria, overdiagnosis of malaria and consequent neglect of alternative diagnoses could lead to avoidable morbidity and mortality. In addition, overdiagnosis burdens health services with costs they can ill afford.6 Unreliable hospital data hamper health service planning and make progress towards targets such as those set by the Roll Back Malaria initiative impossible to assess. The spread of drug resistance means that there is a need to move to considerably more expensive drugs, but if a large proportion of the people treated for malaria do not have the disease this will substantially increase the costs of change.

Accuracy of hospital diagnosis of malaria is likely to depend on the epidemiological probability of the disease (defined by intensity of malaria transmission and age of patients) and is important as most of the population of sub-Saharan Africa live in areas of low or moderate malaria transmission.7 We prospectively examined the diagnosis and outcome in all patients admitted and treated for severe or potentially complicated malaria during one year in 10 hospitals serving people for areas with
Overdiagnosis of malaria in patients with severe febrile illness in Tanzania: a prospective study

Hugh Reyburn, Redemta Mbatia, Chris Drakeley, Ilona Carneiro, Emmanuel Mwakasungula, Ombeni Mwerinde, Kapalala Saganda, John Shao, Andrew Kitua, Raimos Olomi, Brian M Greenwood, Christopher J M Whitty

Abstract
Objective To study the diagnosis and outcomes in people admitted to hospital with a diagnosis of severe malaria in areas of district hospitals in Africa identified several problems with the organisation and planning of care.4 5

Given the high proportion of admissions attributed to malaria, overdiagnosis of malaria and consequent neglect of

BMJ 2004;329:1212

N=4,450 slides in 10 hospitals
40% false positive blood films
Summary: Data Presentation

- Data should be legible and minimal
- Graphs are often better than tables
- Scaffolding works well
- Confidence intervals should be kept confidential
“Imagination is more important than knowledge”

Albert Einstein
1879-1955
Slide preparation: prose

- Death from boredom → read *every* word on your slides, or...
Slide preparation: prose

- Death from boredom → read *every* word on your slides, or...
- Bullets: phrases, *not* sentences
Slide preparation: prose

- Death from boredom → read *every* word on your slides, or...
- Bullets: phrases, *not* sentences
- Keep prepositions private
Slide preparation: prose

• Death from boredom → read every word on your slides, or...

• Bullets: phrases, not sentences

• Keep prepositions private

• Never more than 8 lines/slide
6 problems with this slide!

SLE CLINICAL PRESENTATIONS

1. ARTHRITIS
2. BUTTERFLY RASH
3. RAYNAUDS
4. PERICARDITIS
5. PLEURITIS
6 problems with this slide!

SLE CLINICAL PRESENTATIONS

1. ARTHRITIS
2. BUTTERFLY RASH
3. RAYNAUDS
4. PERICARDITIS
5. PLEURITIS
SLE Clinical Presentation

• Arthritis
• Butterfly rash
• Raynauds
• Pericarditis
• Pleuritis
Don’t forget on your slides
Don’t forget to bold the text on your slides
Slide preparation: prose
Slide preparation: prose

• Largest font possible
Slide preparation: prose

- Largest font possible
- Use lower case only
Slide preparation: prose

- Largest font possible
- Use lower case only
- Three colours MAX
Slide preparation: prose

- Largest font possible
- Use lower case only
- Three colours MAX
- Red is just rong (dark backgrnd!)

Tuesday, November 4, 14
Slide preparation: prose

• Largest font possible
• Use lower case only
• Three colours MAX
• Red is just rong (dark backgrnd!)
• Black is bad
Slide preparation: prose

• Largest font possible
• Use lower case only
• Three colours MAX
• Red is just rong (dark backgrnd!)
• Black is bad
• No distracting “do-dads”
Watch the clock, please!

1 word/data slide per min.
The learning environment

- Go early!
  - projector function
  - picture size, shape
  - lighting
The learning environment

• Go early!
  - projector function
  - picture size, shape
  - lighting

• Pointer (tremor, waver)
“There are two types of speakers; those who get nervous and those who are liars”

Mark Twain
1835-1910
Anxiety!!!! 😞

- Rehearse, Rehearse, Rehearse
- Read your first few introductory lines
- Drugs are good:
  i. beta blocker (propranolol)
  ii. anxiolytic (alprazolam)
When rehearsing doesn’t reduce anxiety

Jen Keystone
Lakehead University 2003
When rehearsing doesn’t reduce anxiety

“I do my best talks when I’m hung over...I am so relaxed”

Jen Keystone
Lakehead University 2003
“A smile is the shortest distance between two people”

Victor Borge
1909-2000
"Does it come on disk?"
What do you mean, “take two tablets and call me in the morning?”
What do you mean, “take two tablets and call me in the morning?”
Keystone’s Kartoon Rules

- Always read the caption
- Must be relevant to presentation
- Enlarge the caption prn
- Ideal use: introducing a topic
Shit happens

‘A backup plan & a backup to the backup’...
Shit happens

‘A backup plan & a backup to the backup’…

• memory stick
Shit happens

‘A backup plan & a backup to the backup’…

• memory stick
• Charged laptop & power cord
Shit happens

‘A backup plan & a backup to the backup’...

• memory stick
• Charged laptop & power cord
• pdf copy of your presentation
It is very difficult to learn when you are asleep!

J.S. Keystone 2013
LEVEL OF PERFORMANCE

BEGINNING

PERIOD OF TEACHING

END

LEARNING LOSS

REST PERIOD

LEARNING GAIN
10 minute rule
Intermission: every 10 minutes

1. Vary teaching strategy:
   - interactive
   - anecdote
   - case

2. Rest periods:
   - review
   - cartoon, quotation, quiz

Tuesday, November 4, 14
Intermission: every 10 minutes

1. Vary teaching strategy:
   • interactive
   • anecdote
   • case

2. Rest periods:
   • review
   • cartoon, quotation, quiz
   • uncontrolled vomiting, coughing
“There is nothing in the Christian Bible, Torah, or Qur’an that says that a question period must come at the end of a lecture”

J.S. Keystone 2001
Encouraging feedback: *set the ground rules!*

**DON’T**

- call on an individual
- ‘put down’ a dumb question
- ask answerer *next* question
In the absence of microphones ... repeat the question
The 5 p’s

Proper Preparation Prevents Poor Performance

Terry Bradshaw, NFL announcer
Ask yourself 5 questions

I. Is the level of my talk appropriate to this audience?

II. Have I motivated my audience to listen and learn...will it stick?

III. Have I kept my audience engaged?

IV. Have I put in too much information?

V. Have I summarized my key points?
If you want the rainbow, you’ve got to put up with the rain.
There is no one way to teach a class and no one style that suits everyone

J.R. Aronson
If you can’t be creative, steal your ideas from someone who is!

J.S. Keystone
1943-
Aristotle’s Rhetoric: Book III, Ch.19

✓ “indicate the aim of the speech
✓ excite the required state of emotion in your hearers
✓ a touch of surprise contributes to liveliness,
✓ and refresh their memories ”
✓ excite the required state of emotion in your hearers
✓ a touch of surprise contributes to liveliness,
✓ and refresh their memories ”
Aristotle’s Rhetoric: Book III, Ch.19

Outline your objectives
✓ excite the required state of emotion in your hearers
✓ a touch of surprise contributes to liveliness,
✓ and refresh their memories ”
Aristotle’s Rhetoric: Book III, Ch.19

Outline your objectives

✓ a touch of surprise contributes to liveliness,
✓ and refresh their memories ”
Aristotle’s Rhetoric: Book III, Ch.19

Outline your objectives
Be enthusiastic and passionate

✓ a touch of surprise contributes to liveliness,
✓ and refresh their memories ”
Outline your objectives
Be enthusiastic and passionate

✓ and refresh their memories”
Aristotle’s Rhetoric: Book III, Ch.19

Outline your objectives
Be enthusiastic and passionate
Give learning breaks
 ✓ and refresh their memories ”
Outline your objectives
Be enthusiastic and passionate
Give learning breaks
Aristotle’s Rhetoric: Book III, Ch.19

Outline your objectives
Be enthusiastic and passionate
Give learning breaks
Summarize your key points
Kevin

Dave
Kevin

Dave

416-964-3830  ..collect
Further Reading

- Weissman J. *The power Presenter* Wiley, New Jersey 2009