

**How to Give a Killer Presentation.** Anderson, C. Harvard Business Review 91.6, (2013):121-125.

### **Why We Chose It**

This article is written by Chris Anderson who became the curator of the TED Conference in 2002 and has developed it as a platform for identifying and disseminating ideas worth spreading. The article provides a brief synopsis of what makes a good TED talk, how to develop “stage presence,” how to use multimedia (and what to choose and why) and ten ways to ruin a TED presentation. This article is a condensed version of the book *TED Talks: The official TED guide to public speaking*. We chose this article because the teaching method (“a TED talk”) is novel in the medical education world and we wanted to begin a discussion on how it might be used in continuing medical education.

### **A TED talk**

TED stands for Technology, Entertainment and Design. These talks are less than 18 minutes in length (“long enough to be serious and short enough to hold people’s attention”) and the presentation is deliberately cinematic and meant to gain and keep your attention. “Speakers are coached carefully in how to give ‘the talk of their lives’, often spending weeks – sometimes months – preparing for their 18 minutes in front of the camera.” “Our goal is to give ideas a chance, to ignite them in someone’s mind enough so that someone for whom that idea matters can get into it more deeply” (Chris Anderson).

### **Main Learning Points**

- Harnessing the power of the Internet to connect people to new ideas. It is described as “spreading ideas around the world ‘at warp speed.’” (The most popular talk has 39 million views).
- How to give a killer presentation
  - Frame Your Story - (take the audience on a journey using a mix of data and narrative using examples, metaphors, analogies). We learn through stories. Ideas and stories fascinate us.
  - Plan Your Delivery – it is stated that to best connect with the audience it should be memorized (the test is if you can recite it while simultaneously doing an unrelated task that requires attention – like following a recipe while measuring the ingredients).
  - Develop Stage Presence – stand still and use hand gestures, lots of eye contact – biggest error is you move too much.
  - Plan the Multimedia – Many TED speakers don’t use slides (don’t use a slide deck as a substitute for notes, video is very effective if less than 60 seconds). Presentations rise and fall on the quality of the idea, the narrative and the passion of the speaker.

- Putting it Together – Need to plan 6 MONTHS IN ADVANCE – final form 1 month to go. Practice, practice, practice. Get coaching, feedback and critique. The only way to improve it is if people give you honest feedback.
- Ten Ways to Ruin a Presentation – some of the most important
  - Take a really long time to explain what your talk is about
  - Speak slowly and dramatically – i.e. no oration
  - Don't bother rehearsing
  - Use lots of unexplained technical jargon
  - Cram your slides with numerous text, bullet points, and multiple fonts
  - Walk in the “valley of awkwardness” – between looking at your notes and not fully memorized – very stilted presentation.

### **How these Principles Can Be Applied to CME**

- The patient's voice and story are important to our understanding of the impact of disease processes on the patient and family. Using a TED talk as a way of digital storytelling by patients and/or families.
- A key trend in medical education is “micro-learning,” in other words learning in small chunks. A TED talk would be an excellent platform to discuss ideas in micro-bursts of teaching. These could be live or recorded.
- Keynote speakers throughout the day who give TED talks to stimulate ideas and innovation
- Create an AAP TED channel for physicians and/or patients
- Physicians “in-the-trenches” share QI success stories through a TED like structure

What would learning look like if for an hour session, the teacher gave 18 minutes of lecture and spent the remaining time focused on having the participants discuss and apply what they learned?

What if, prior to reading a Pediatrics in Review article, there was a brief video talking about the disease and its impact in the patient or parent's words and then at the end of the article, readers could submit ideas of how they have applied the information to their practice?