



HELPFUL SUGGESTIONS FOR CME SPEAKERS

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Based on an original from

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We are moving to a model of “meet the expert” and are encouraging interaction from the audience. CME attendees are eager learners. Your audience has come to learn new and useful information that can be easily applied to their practice of medicine. These are experienced practitioners, not medical students. They are eager to obtain practical information, as well as to be exposed to new and current concepts in your field. Keep in focus the primary message that you wish your audience to retain and prepare your presentation around this focus point.

REPARATION

- Please send your presentation ¹to us by email cmespecialevents.med@mcgill.ca one week before you present (earlier is much better!) so that we can load it onto the server and the computer in the auditorium. PowerPoint is the software most often used version 2003 or earlier. **At the time being, we do not support PPTX.**
- We stream presentations to the Web². Therefore, we need to collect your signed license agreement included in your presenter’s package.

¹ Please avoid lifting images, cartoons, and graphs from copyright publications. If you do need to do this it is best to redraw graphs and tables and fully reference the source on the slides.

² Please let us know if you wish to decline streaming so that we can adjust our schedule of our AV technicians. Note there is an addition honorarium if we are able to place your presentation on the streaming archives of the CME Web site.

WHEN YOU PRESENT:

- Go to the lecture hall early and check how all the technical controls work (at least half hour before your presentation).
- Verify with the technician onsite that your presentation is loaded on the computer.

Introduction, Please:

- Chair will introduce you.
- Make a disclosure statement of any 3rd party influence that might affect the content of your talk³. (Use one of the first 3 slides of your PowerPoint Presentation).
- State your learning objectives or the key points of your presentation.

Presentation (50 minutes total includes the question period):

- The duration of the presentation should be 30 minutes with a 20 minute Discussion.
- Slides: about 1 per minute with a target of 40 or less.
- ***Knowledge transfer tends to vary inversely with the number and the density of the slides!***
- It is nice to spark interest by presenting a case that will be addressed in the discussion period.
- Starting with a common question is a good idea.⁴
- During your talk please try to address relevant pre-questions
- Please use your own material. Avoid copying tables, images, cartoons, and graphs from copyright publications. If you do need to do this it is best to redraw the graphs and tables. In any case we need you to fully reference material derived from other sources. (We are bound by copyright laws)
- It is nice to end with a short summary of your presentation.

Discussion:

- The duration should be 20 minutes.
- This can include cases alluded to at the beginning of the presentation.
- It is important to repeat the questions so that they are clear to all (including the people on the Web!)

³ If you have nothing to disclose, you can just say I have nothing to disclose.

⁴ For example, a slide with "Please choose: Google covers how much of the information on the Web: 30%, 3%, 0.3%." Response is with raising hands.

Helpful Hints:

- Learning is improved if you draw on the experience of the learner, give them useful applicable information, and get them aroused and actively included mentally.
- Think of ways to engage the audience - make them think or interact during the presentation.
- The attention span of an individual is about 20 minutes and a successful speaker often makes three major points to take away from a presentation.

THE PRESENTATION

- Have an opening with impact that will be inspiring to your audience!
- The delivery:
 - speak to audience not to the screen.
 - scan the audience rather than fixing on one person: this will give you an idea of how well you are communicating and will help hold their attention.
 - do not read slides verbatim. Speak “around” the summary on the slide.
 - avoid distracting mannerisms, e.g., pacing, move purposefully and use appropriate and sparing non-verbal gestures.
 - consciously slow down your rate of presentation: most people speak too quickly, seldom too slowly.
- The computer screen pointer: **USE MOUSE AS POINTER**
 - should be used to emphasize a point
 - don't scan the screen: switch pointing device on and off or add a period.
 - a randomly moving pointer is extremely distracting.
 - using the pen on PPT can be effective.
 - do not place pointer arrow on the line but either to the left or to the right of your text.
- Lighting in the room should be as bright as possible (Technicians responsibility).
 - Selectively dim your lights for a specific slide, but don't forget to ask the projectionist to turn the lights up as the presentation continues.
- Be prepared to carry on with your lecture even if there are technological failures
- Do not teach too much in one session.
- Start on time and end on time!

Slides

- For text slides:
 - use the “6 x 6 rule”: no more than 6 lines and 6 words per line
 - font size recommended is 12≥
 - do not write everything you say
 - “bullet” headings should be used to keep attention focused
 - to emphasize a particular point, highlight a line of the text
- Tables, graphs, and figures:
 - can be made easily with graphics programs
 - should be kept simple to show one or two points
 - inappropriate for projection and need to be re-worked and completely referenced
 - there should be no patient “ids” on slides and it is best not to have an image that clearly identifies a patient unless you have written permission to use the image for teaching
- Standardized slides for a specific lecture give an overall impression of organization and are easy to follow. These are easy to produce with current computer programs.
- When placing the slides in order:
 - Intersperse text slides with descriptive slides (graphs, diagrams for clarity and interest)
 - Use spacers when discussing material for which there is no text slide. The spacer may either be a blank slide or a suitable picture
 - If you wish to discuss a slide twice, make two copies to avoid going backwards
 - if you must apologize for a slide, don't use it

Videos in your PowerPoint

The format of video to use should be MPEG. Create a folder called **“MY PRESENTATION”** and save your PowerPoint presentation. Within your **“MY PRESENTATION”** folder, create another folder called **“MY PRESENTATION VIDEOS”**. After wards, link all videos to the presentation accordingly. Do not forget to download you final presentation on a USB key or on a CD which you will bring with you on the day of the presentation.

Feedback on your Teaching

You will be evaluated by the audience and you will receive feedback on your presentation. A letter will be sent to you with a copy to the Dean of Medicine. Your copy includes a summary of your evaluation (this is not sent to the Dean).

We hope this will help you plan future talks by letting you know what you did well, where you can improve, and whether the content of your presentation was appropriate for the needs of the attendees.

Handout Suggestions

- These can be a copy of your PowerPoint presentation (usually 6 slides per page).
- No dark background colors, this will make the handout illegible.
- Include a general outline of your lecture so the learners can see where you are going.
- Give a framework with ample space or gaps in between sections for learners to add their own amplifying notes. Do not write down everything you say.
- Consider using questions:
 - these can provide a framework.
 - learners can use these to evaluate new information in their further reading.
 - ask questions at the end of the handout so the learners can test their acquisition of knowledge.
- Include important graphs and diagrams in the handout as these may be incorrectly copied during lectures. If you leave them un-labeled, learning may be enhanced by “interacting actively” with the notes.
- If giving references, annotate them so each one is described and advice is given to its usefulness. Full references are appreciated.
- Give something in the handout they can’t get elsewhere.
- Give a handout that will be easy for the CME attendees to refer to on returning to their clinical practice, e.g., practice guidelines, flow charts, decision algorithms.