

Web site:

tomlinson-communication.com

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Power Point
Tutorial 1



Power Point
Tutorial 2

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46 Training
VIDEOS



6 FREE

David Tomlinson

L'homme a inventé la parole pour éviter
de dire ce qu'il pense vraiment



Soyez précis, concis !

L'absence d'espaces à l'oral...



Cicéron

QUAND ON EXPLIQUE QUELQUE CHOSE A QUELQU'UN
IL N'Y A PAS DE SPACES ENTRE LES MOTS DOULADIFFICULTER POUR
LE PUBLIC DE COMPRENDRE.

Entre 130 et 160 mots par minute

A good start...

S top

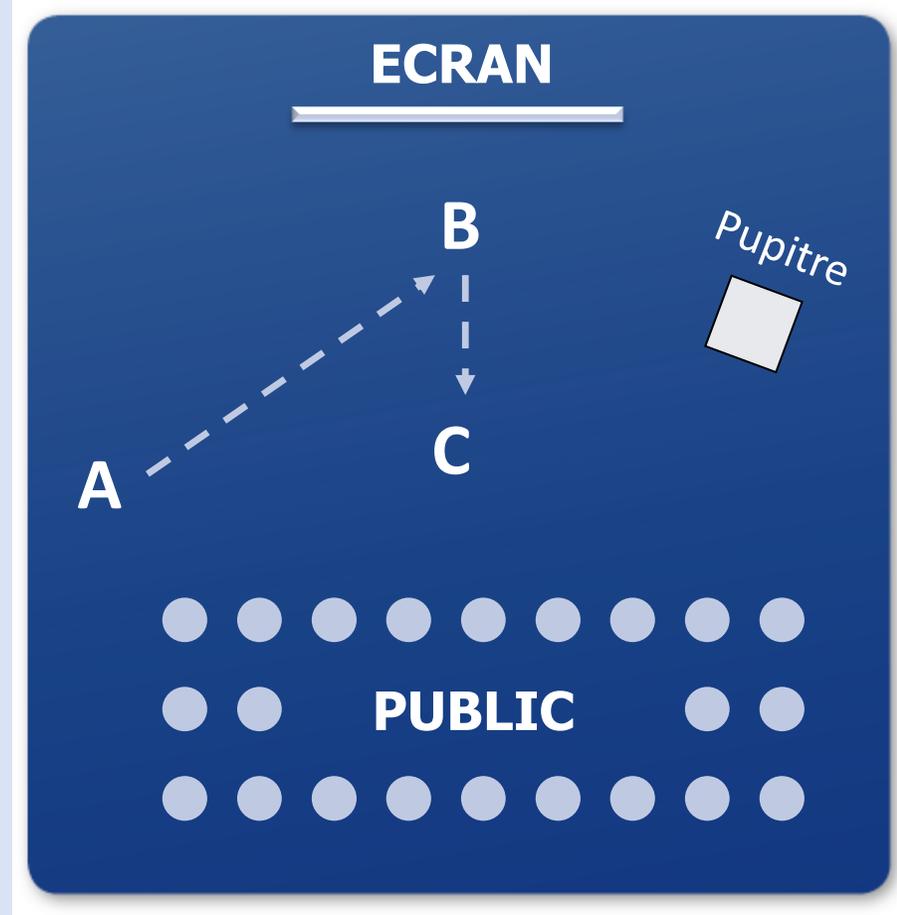
T ourner

A vancer

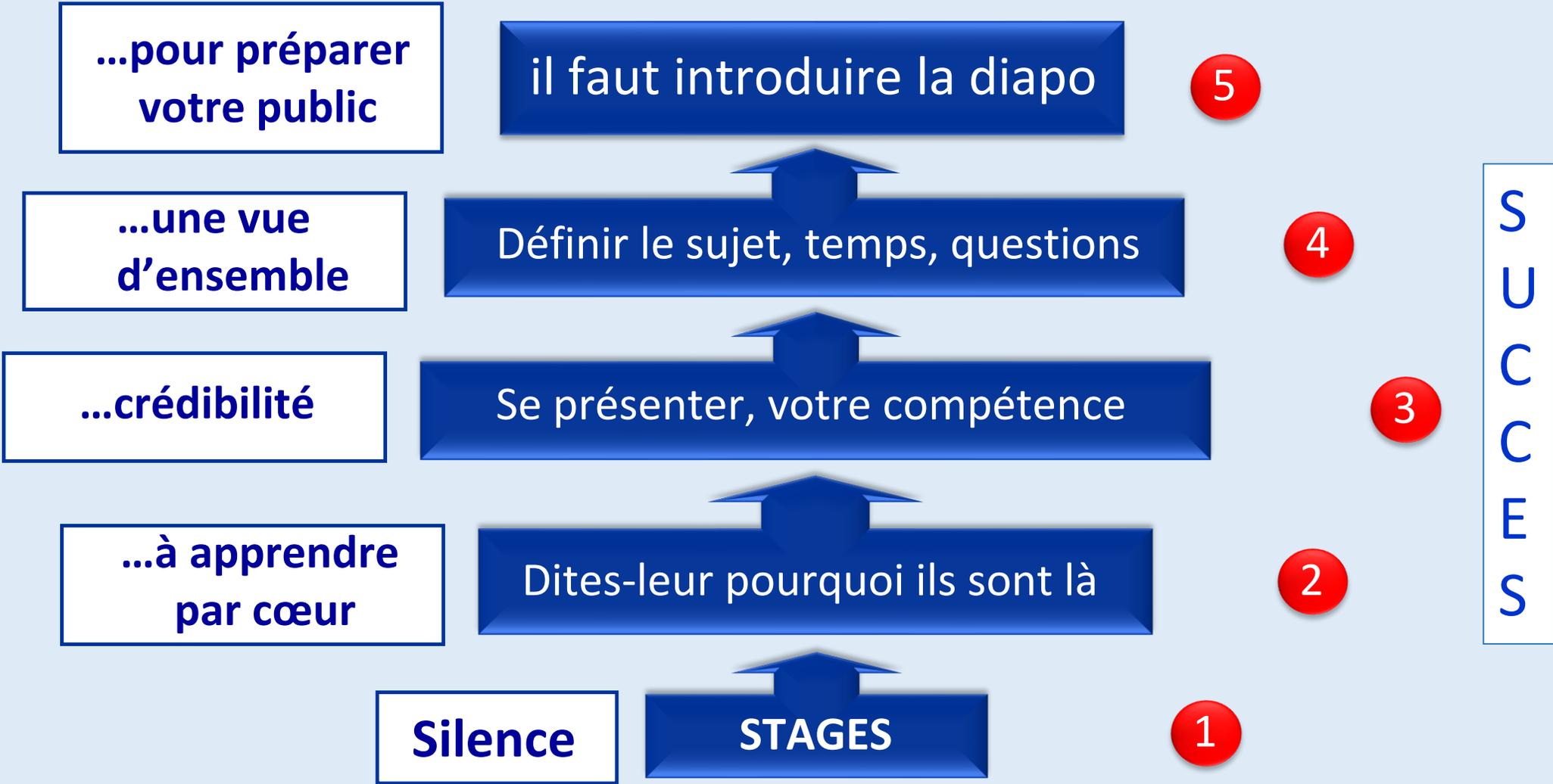
G estes

E ye contact

S ourire



5 étapes pour bien démarrer



Les familles



QUANTITATIF – cadre avec les bras / mains



DEICTIQUE – les doigts compteur, pointer, pincés d'air



PICTOGRAPHE – dessine dans l'air



KINETOGRAPHE – implique le corps, mime la situation



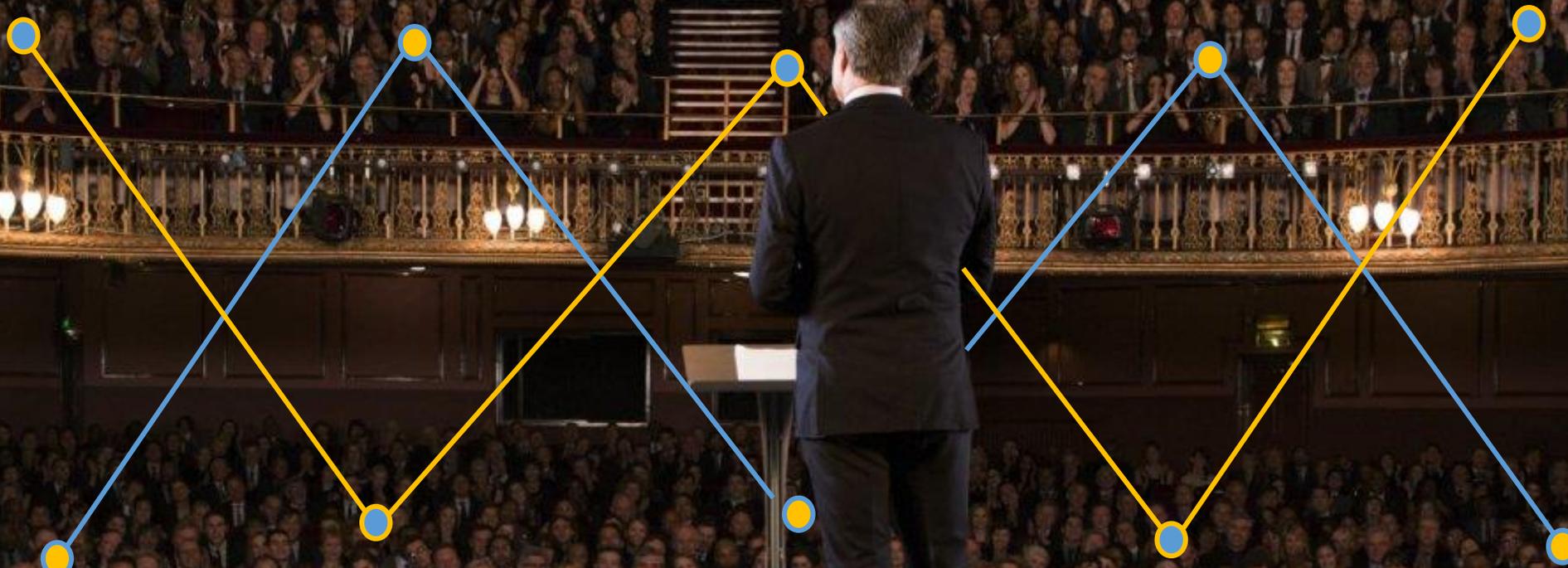
IDEOGRAPHE – abstrait, un concept... une idée

A ne pas faire

56%

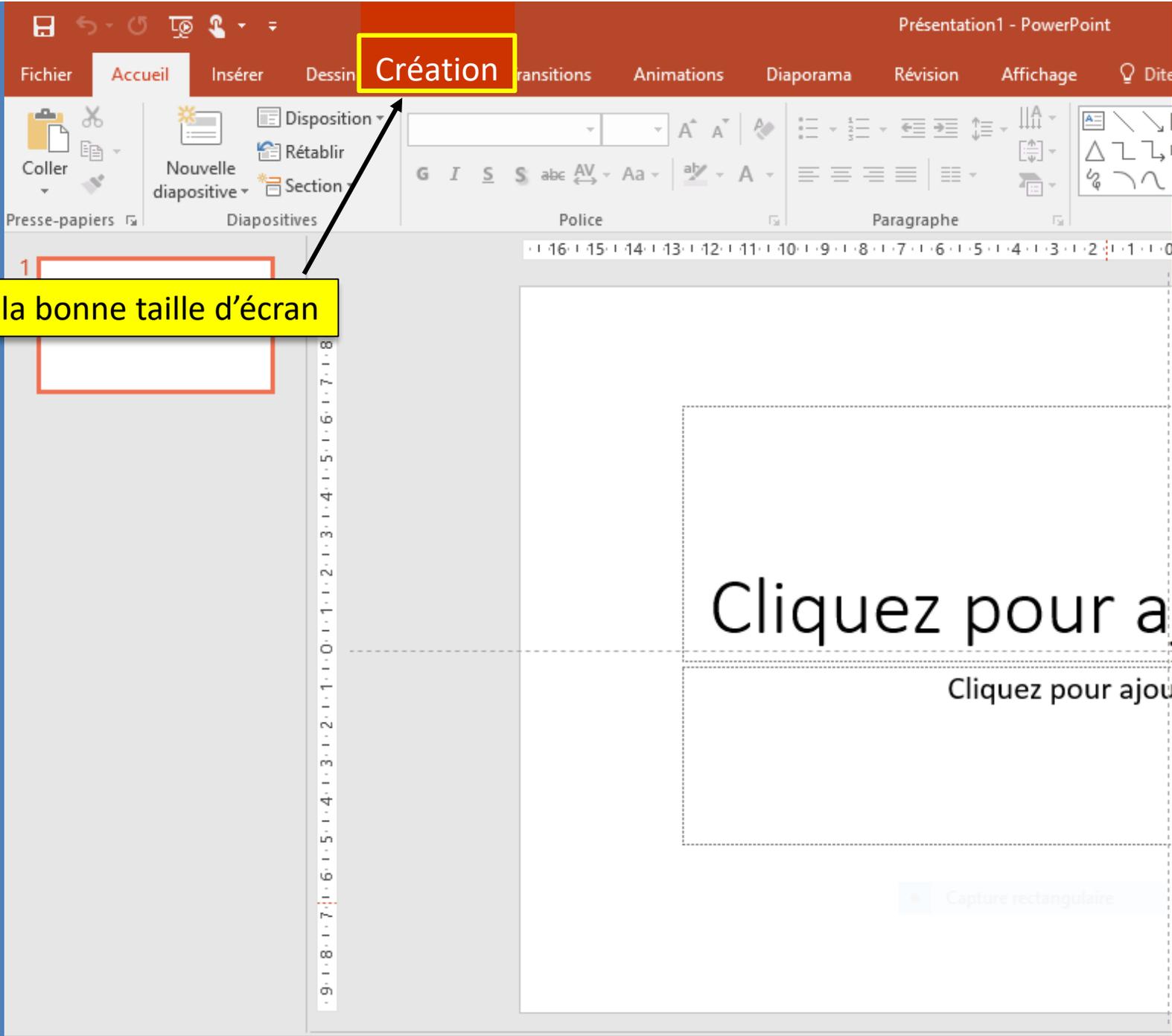
- Fuite de regard
- Pied – en - départ
- Léger recul
- Les bras / mains en « barrière »
- Auto-contact..surtout le visage
- Objet adaptateur..jouer avec un objet
- Gestes pour se rassurer

W & M pour regarder les different zones



Ne parler

qu'a votre public...



Pour la bonne taille d'écran

Création

Coller Nouvelle diapositive Disposition Rétablir Section Presse-papiers Diapositives Police Paragraphe

16 15 14 13 12 11 10 9 8 7 6 5 4 3 2 1 0

Cliquez pour ajouter un titre

Cliquez pour ajouter du texte

Capture rectangulaire



Taille des diapositives



Mise en forme de l'arrière-plan



Idées de conception

Variantes

Personnaliser

Concepteur

14 | 13 | 12 | 11 | 10 | 9 | 8 | 7 | 6 | 5 | 4 | 3 | 2 | 1 | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 |



Standard (4.3)



Ecran (16.9)



Cliquez pour ajouter un titre

Cliquez pour ajouter un sous-titre

En mode “diaporama” ...



Slide Show Help

During the slide show: OK

'N', left click, space, right or down arrow, enter, or page down	Advance to the next slide
'P', backspace, left or up arrow, or page up	Return to the previous slide
Number followed by Enter	Go to that slide
'B' or '.'	Blacks/Unblacks the screen
'W' or ','	Whites/Unwhites the screen
'A' or '='	Show/Hide the arrow pointer
'S' or '+'	Stop/Restart automatic show
Esc, Ctrl+Break, or '-'	End slide show
'E'	Erase drawing on screen
'H'	Go to next slide if hidden
'T'	Rehearse - Use new time
'O'	Rehearse - Use original time
'M'	Rehearse - Advance on mouse click
Hold both the Right and Left Mouse buttons down for 2 seconds	Return to first slide
Ctrl+P	Change pointer to pen
Ctrl+A	Change pointer to arrow
Ctrl+E	Change pointer to eraser
Ctrl+H	Hide pointer and button
Ctrl+U	Automatically show/hide arrow
Right mouse click	Popup menu/Previous slide
Ctrl+S	All Slides dialog
Ctrl+T	View task bar
Ctrl+M	Show/Hide ink markup

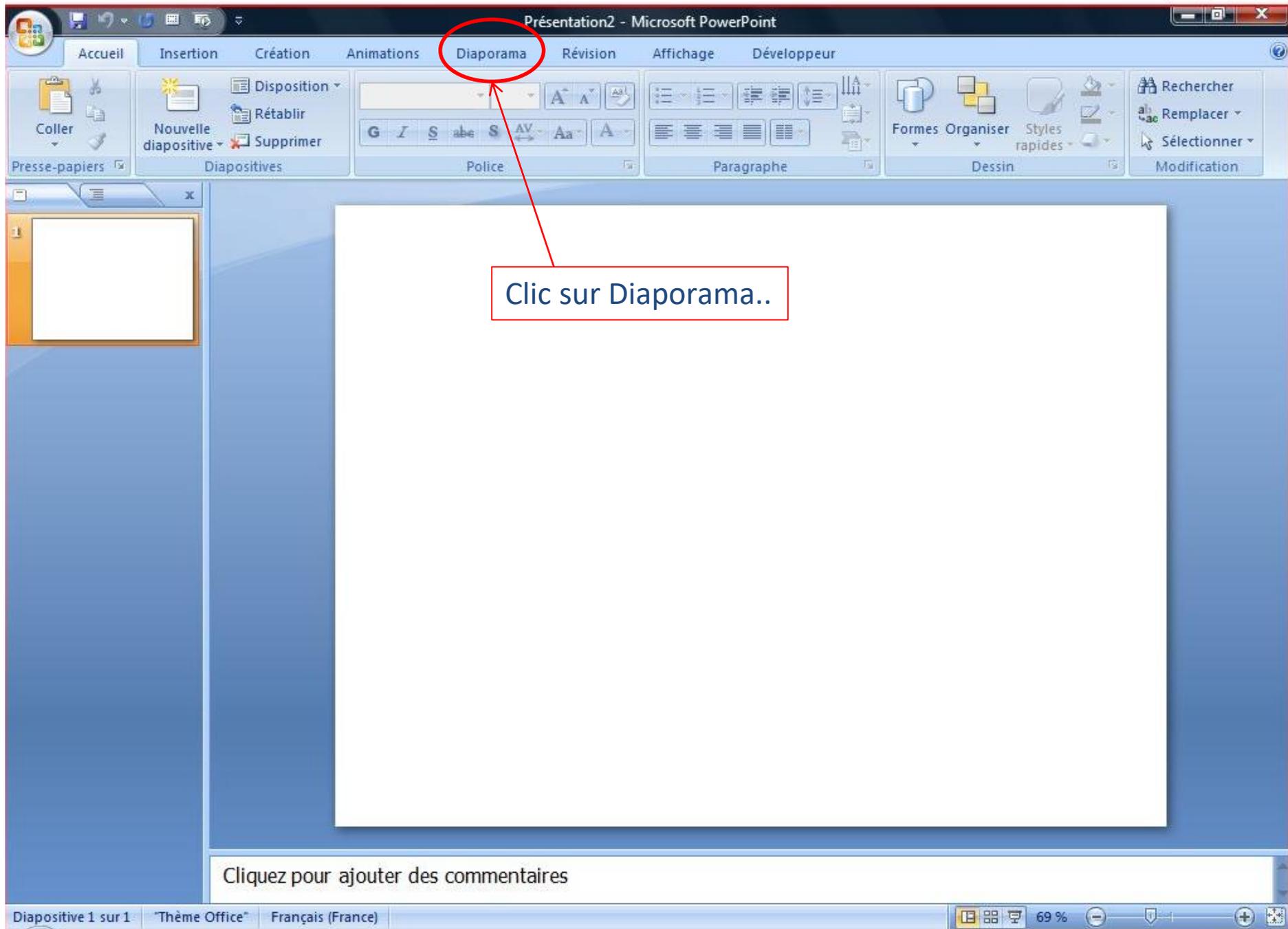




1 – Clic sur les touches Windows et la lettre « P »

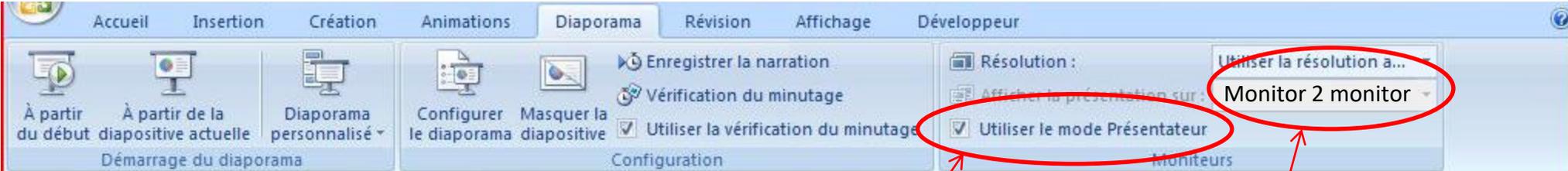
2 – Ceci va apparaître... Clic sur étendre





Clic sur Diaporama..

Cliquez pour ajouter des commentaires



1 – Cocher.. Utiliser le mode Présentateur

2 – Clic pour Monitor 2

3 – Clic sur plein écran



Cliquez pour ajouter des commentaires

0:01:18



L’heure actuelle

10:55

Les secondes s’égrènent



David Tomlinson



La prise de parole de A à Z

AppStore : TIPS to boost your presentation skills

YouTube : David Tomlinson SLIDE makeovers

Web site : www.tomlinson-communication.com

Zoom

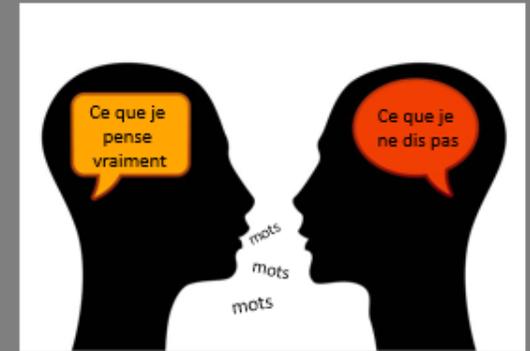


Accès a toutes les diapos..

Diapositive 1 sur 162



Diapositive suivante



L’homme a inventé la parole pour éviter de dire ce qu’il pense vraiment

Voir vos notes ici

VOUS POUVEZ VOIRE VOTRE TEXTE ICI ET LE FAIRE DEFILE EN UTILISANT LA TOUCHE CONTRÔLE ET LA PETITE FLECHE SUR LA DROITE DE VOTRE CLAVIER. JE CONSEIL D’ECRIRE QUE DES MOTS CLEFS QUI VONT SERVIR DE POINTS DE REPERE...



Avec Power Point – le public n'aime pas

- Speaker lit les diapos
- Le public ne peut pas les lire
- Trop de texte / lignes
- Trop d'animation
- Diagrammes trop complexes

62 %

46 %

39 %

24 %

22 %



Power Point

■ Ils ne sont pas venus pour lire vos diapos

■ Ils sont venus pour vous écouter

■ Construisez votre histoire avant de construire vos diapos

■ Pas plus de 5/6 items par clic

■ Il faut introduire la diapo avant de la montrer

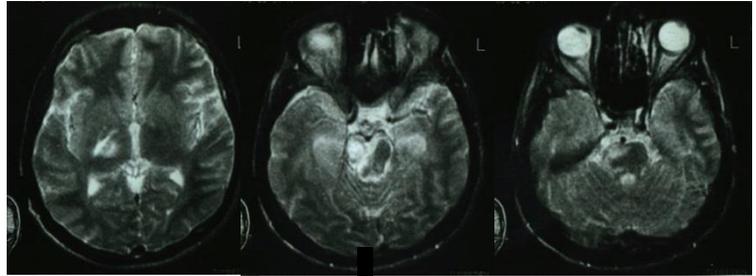
■ Laissez un silence, pour leur permettre de lire/comprendre

■ Ne lisez pas la diapositive, développer plutôt

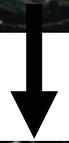
AVANT

Repeated attacks can be debilitating

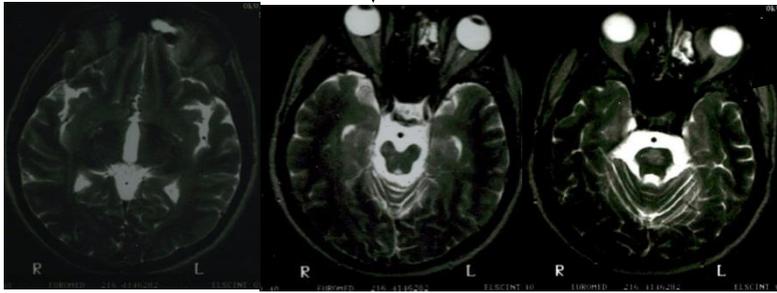
Voici une diapo qui « divise » l'attention...trop d'info avec un graph illisible à droite



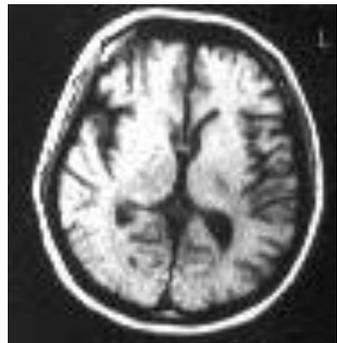
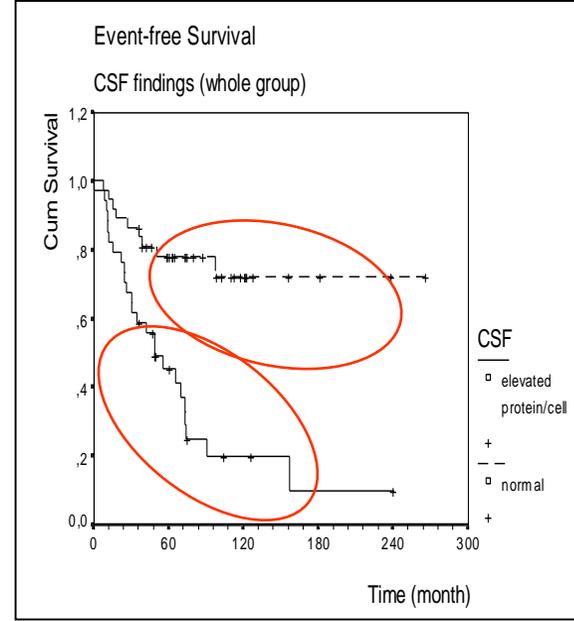
38 y M



2.5 y later



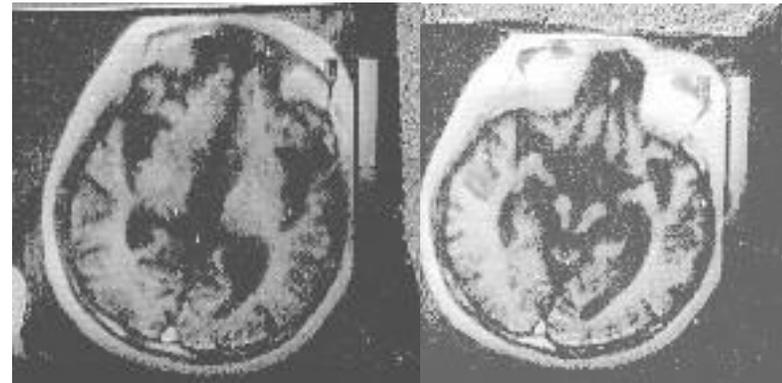
- Predictors of poor course
 - CSF
 - MRI
- Akman-Demir, *Brain* 1999



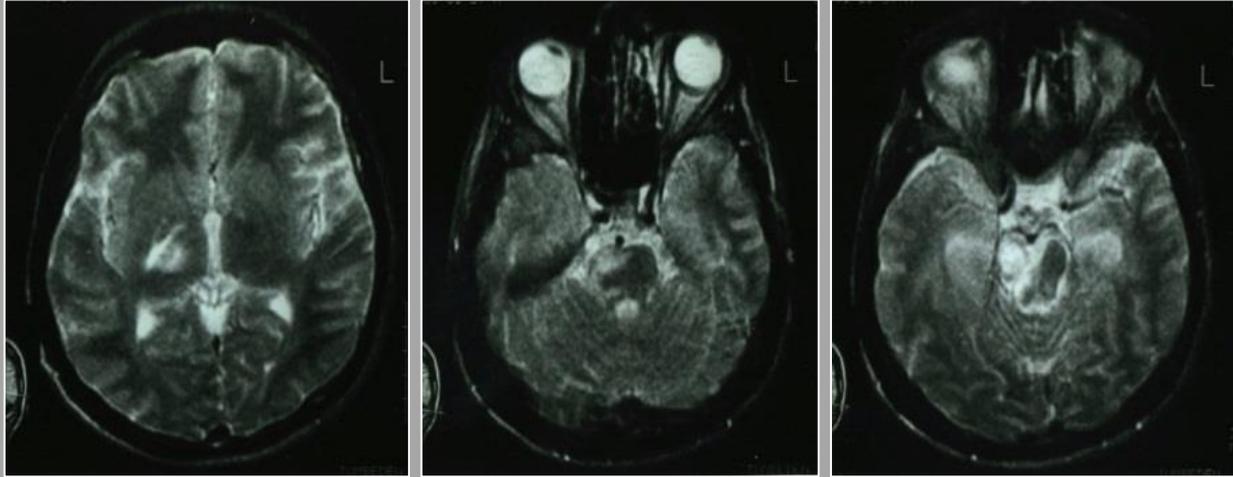
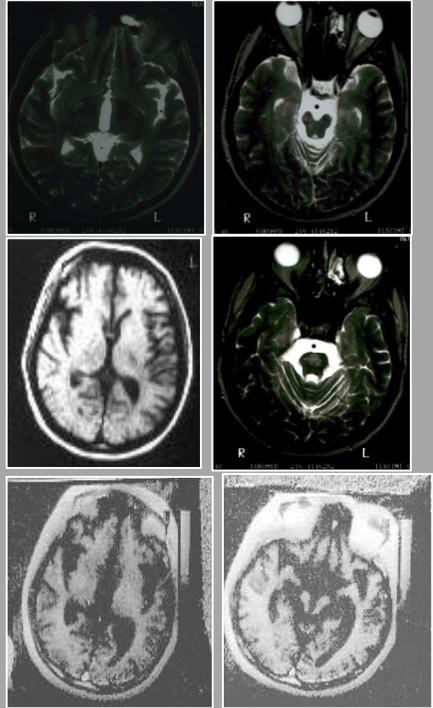
33 y M



3 y later



APRES

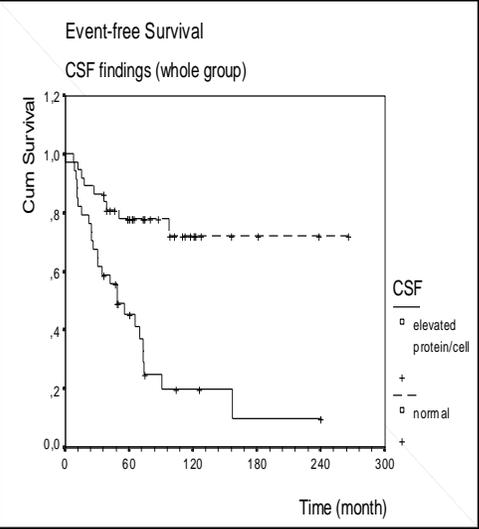


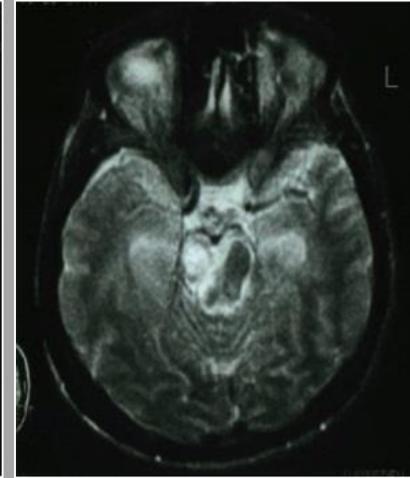
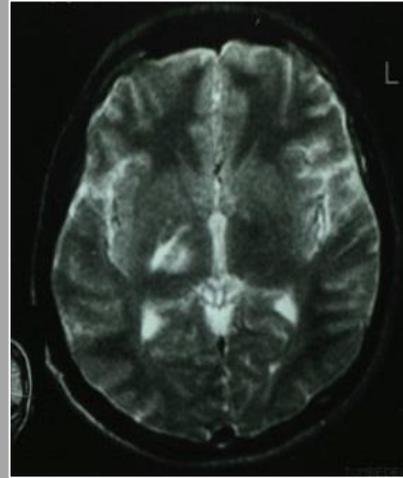
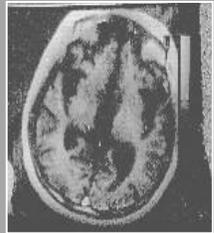
38 y M



2.5 y later

Je montre les images au fur et a mesure avec une transition « morphose »

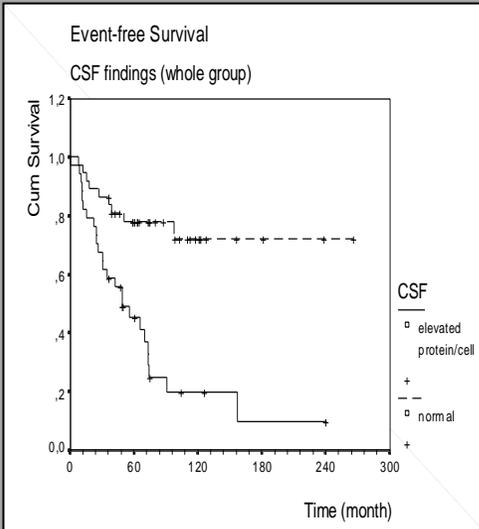
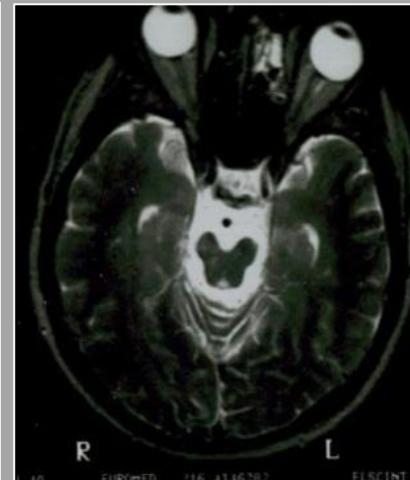
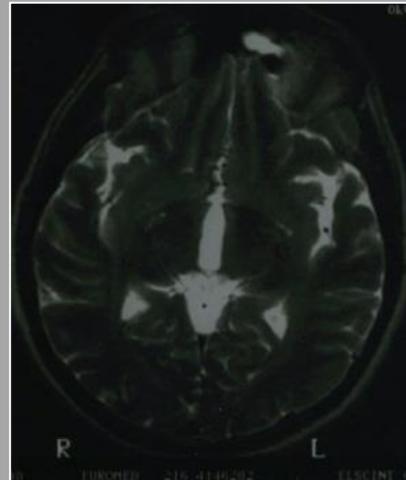




38 y M



2.5 y later

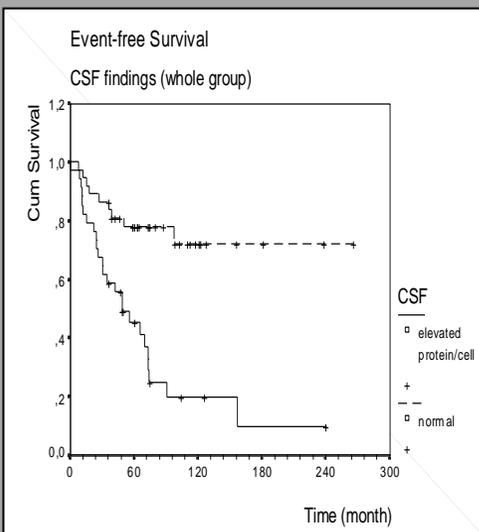
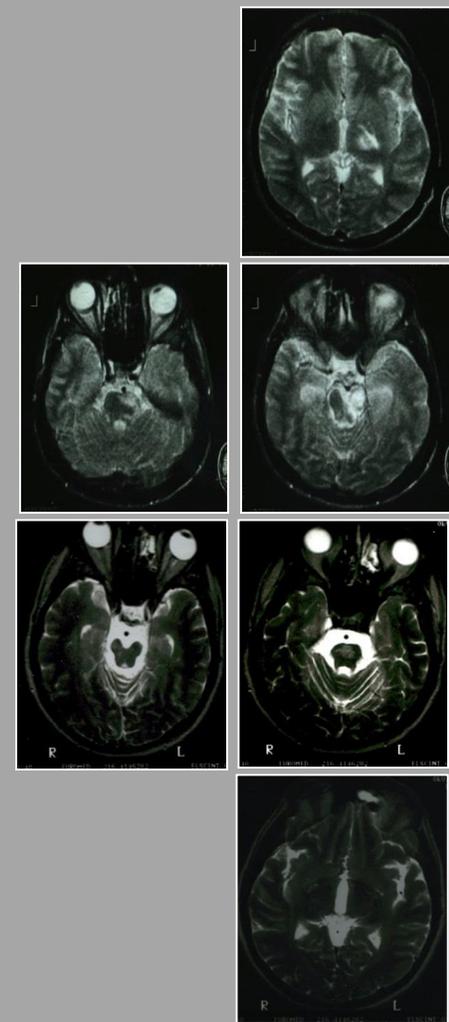




33 y M

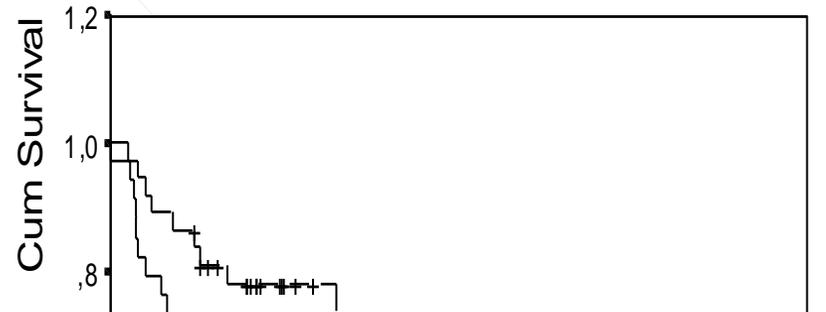


3 y later

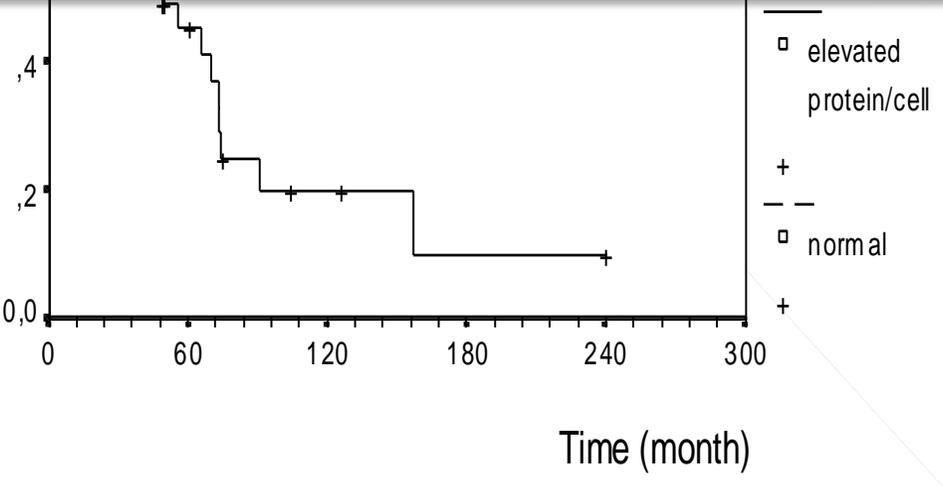


Event-free Survival

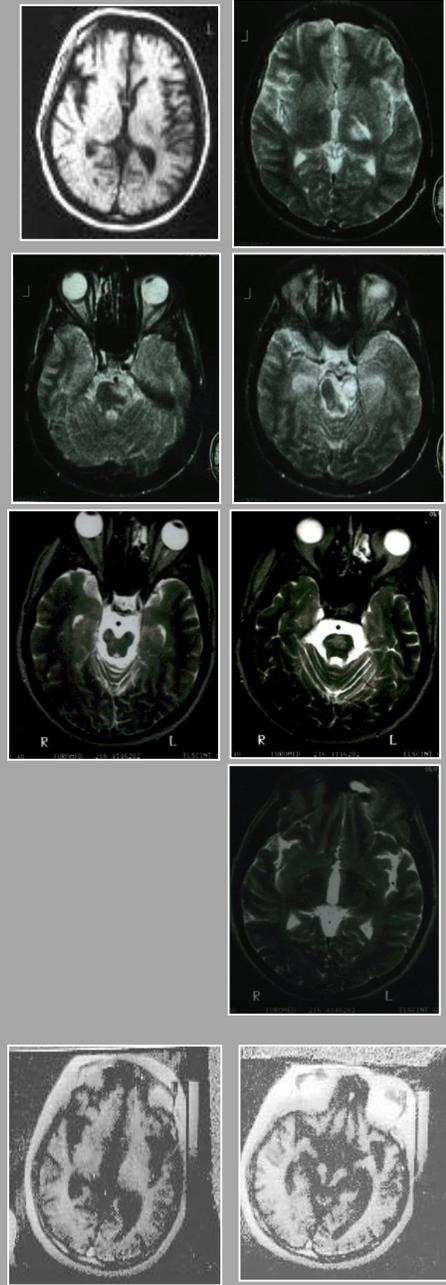
CSF findings (whole group)



Predictors of poor course : CSF MRI



..je clique pour faire apparaitre ceci..



AVANT

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)	ΔBP (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	0	-	-38%	-68%**	-	-	-
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	-	-	-

..encore une diapo qui « divise » l'attention...

*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

APRES

Study	Treatment	Mean follow-up (years)	ΔBP (mmHg) active vs control	Albuminuria (RRR)		Renal events vs control (RRR)	Mortality (RRR)		Mortality rate - control group (1000 patients-year)
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TRANSCEND RENAL N = 5 927	Drug 6 vs placebo	4.7	-4						
DIRECT N = 5 231	Drug 7 vs placebo	4.7	-2.6						

*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.



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



The NEW ENGLAND JOURNAL of MEDICINE

Payme

The Need to Harmonize Approaches to Payment in the Private Sector
Peter V. Lee, J.D., Robert A. Berenson, M.D., M.P.A.

Only 1/5 of total budget

..je clique pour faire apparaitre la boite bleue et le contour sur 19%...

APRES

In the midst of heated discussions about how to pay for health care, there is an emerging consensus that we must pay

..ici j'utilise une animation « zoom »

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.

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.

Four Forces Shaping Oncology Growth

AVANT

1



Demographics and Disease Incidence

- As the population ages, more patients to present with cancer
- Obesity on the rise
- Tobacco use

2



Shortage of EBRT Systems and Access

- Under capacity in emerging markets
- Lack of RT access in many markets
- Increase use of External Beam Radiation Therapy (EBRT)

3



Technology Innovations

- Development in technologies and software to drive hospital workflow while enabling “Big Data” analytics
- MR Guided RT
- Protons

4



Clinical Innovations

- Clinical innovations create new options for patients who were previously ineligible for treatment
- Minimally invasive surgical techniques key innovation but value in question

..trop d'info d'un coup

61%

Population growth of 65+ year olds from 2015 to 2030

>10,000

External Beam Radiation Therapy Systems Needed Globally

>20%

Projected growth in IMRT and SBRT in next 5 years

12

New molecular entities approved by the FDA in 2012, vs. 8 and 3 in 2011 and 2010

Four Forces Shaping Oncology Growth

APRES

1



Demographics & Disease Incidence

- As the population ages, more patients present with cancer
- Obesity on the rise
- Tobacco use

61%

Population growth of
65+ year olds from
2015 to 2030

2



Shortage of EBRT Systems & Access

3



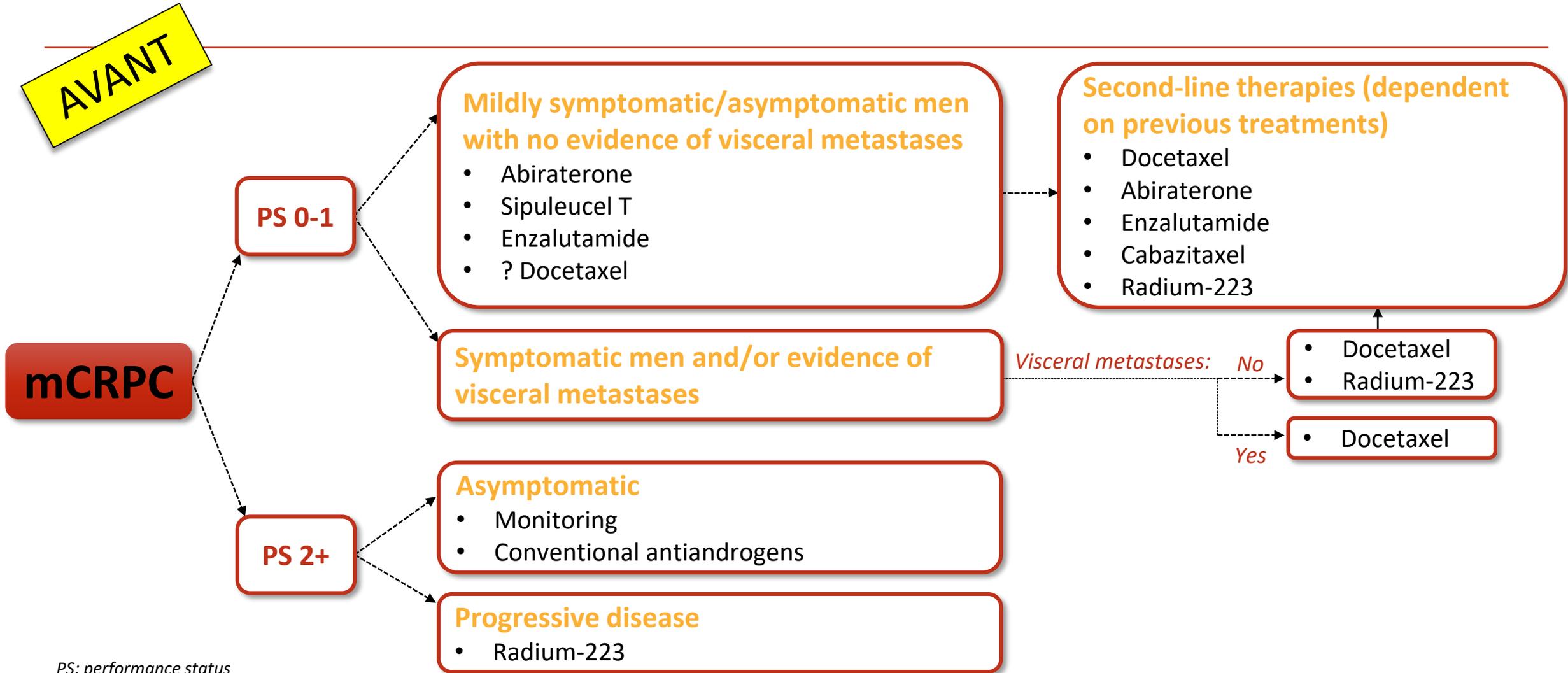
Technology Innovations

4



Clinical Innovations

EAU guidelines – CRPC treatment algorithm



PS: performance status

EAU guidelines – CRPC treatment algorithm

APRES

mCRPC

PS 0-1

PS 2+

Mildly symptomatic/asymptomatic men with no evidence of visceral metastases

- Abiraterone
- Sipuleucel T
- Enzalutamide
- ? Docetaxel

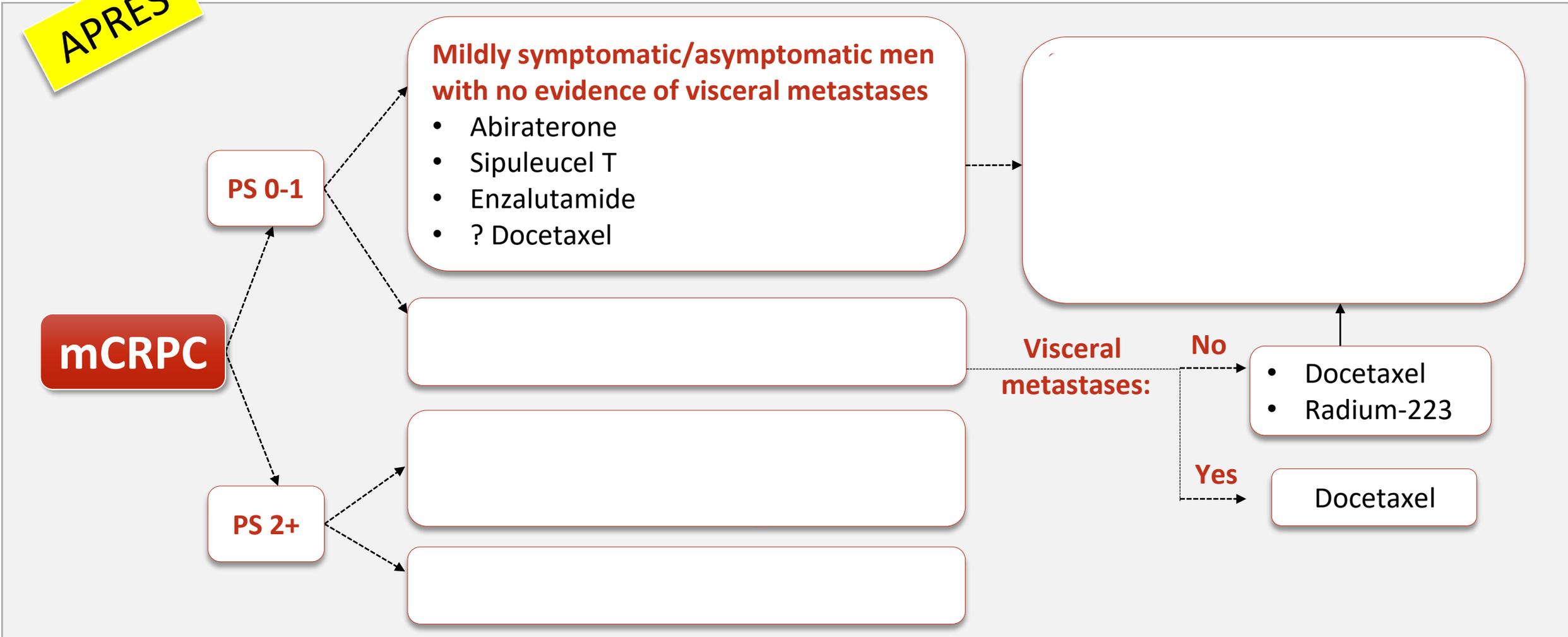
Visceral metastases:

No

Yes

- Docetaxel
- Radium-223

Docetaxel



Conclusion

Appliquez la règle
60 / 20

Apprenez votre intro'
par cœur

Trouvez une accroche

Les diapos: 5 lignes,
5 mots par ligne

Le silence permet
de « digérer »

Distribuez votre regard
avec W et M

Utilisez les trois « T »
Touch, Turn, Talk

Ne parlez qu'au public

Répéter debout et
à haute voix

If you fail to prepare,
prepare to fail

Web site:

tomlinson-communication.com

YouTube

Type in → David Tomlinson communication

Power Point
Tutorial 1



Power Point
Tutorial 2

Available on the
AppStore

Type in → Tips to boost your presentation skills

46 Training
VIDEOS



6 FREE

David Tomlinson