

Q & A: The Art of the Presentation

By Kristen Porter, MAc, LAc and Beth Sommers, MPH, LAc

Outreach and education are the cornerstones of creating any program, in both the private and public sectors. All of the innovative programs we have written about in our column share a common characteristic: they have utilized the art of offering presentations to build constituency and support.

We are dedicating this month's Q & A to specific questions readers have asked about presentations. By successfully articulating what we have to offer and educating other professionals and consumers, we enrich overall knowledge that serves to benefit all of us professionally.

Q: I naively thought the most challenging aspect of providing presentations was the time to practice beforehand, but I am struggling with finding opportunities to provide them. Do you have suggestions about how to schedule or plan presentations?

A: You have created your presentation: You've practiced it in front of a mirror, recorded yourself via tape or video, and have showcased it before supportive friends and family members. Now you are ready to take your "show on the road." But a well thought-out and rehearsed presentation won't help to build your practice unless you have an audience with whom to share it. The key to effective brainstorming is to identify any and all ideas, so write them all out - you'll have ample time to edit later.

Begin developing your list of speaking opportunities by starting your brainstorming session with a piece of paper, on which you'll draw three concentric circles. The inner circle represents groups and people you already have connections with. This includes groups you currently are a member of, groups your friends and family belong to and groups current patients might belong to. Don't forget about including all the people you employ for services such as your personal physician, attorney, accountant, landscaper, massage therapist, etc.

The second circle represents groups/people connected to the groups and people from your inner circle. For example, your inner circle may include your local chapter of a group that might have several other chapters in neighboring towns, or it might include a contact at a community health center where your primary care provider practices. Draw lines of connection between your primary- and secondary-circle contacts.

The farthest circle represents groups and people with whom you'd like some connection, but currently do not connect with through your inner and secondary circles. This might include disease-specific groups in which you would like to work or develop a specialty in, but at this point have yet to do so.

Your next step is to create your contact list and identify the most appropriate mechanism for contact, such as phone, e-mail or written request. Your inner circle typically will consist of people and groups that are appropriate to contact verbally in person, or more informally through e-mail or phone. Your goal with the contact is to express your desire to provide a presentation to their group, staff, clients, etc., and to schedule a date to do so. You also want to take this opportunity to ask for permission to use their name for your next contact (the person who has a relation to the person to whom you're speaking now) or, if appropriate, request that they make a personal introduction to you or in advance of your contact.

Follow through with each of the individuals or groups identified in your second level, using your judgment for the most appropriate means of contact in each instance.

For your tertiary group, a formal written offer to speak to the group is most appropriate. Contact the group to identify to whom the offer should be addressed, ensuring correct spelling of the person's name. Send a package with a cover letter introducing yourself and your interest in providing a free presentation to the group, the staff or the consumers. Include in the package any press articles about you and your practice, a potential "flyer" about the presentation, your brochure, your business card and, if applicable, something published on the benefits of Asian medicine for the targeted condition or population. In the same way you'd write a cover letter for employment, start with a standard draft but focus each cover letter specifically to the group, such as highlighting your particular experience or relevant research citations. Conclude your letter by mentioning you will be contacting them in the following week to follow up. Make sure to follow up by phone the following week.

Q: Do you know about the liability issues (if any) when you give treatment demonstrations during a presentation - do you need individuals who are receiving a sample treatment to sign anything before doing this?

A: Providing a sample acupuncture demonstration is a key aspect of delivering a powerful presentation. The most common misperception by the public about acupuncture is the perceived fear of pain from the insertion of needles. Even a one-needle demonstration can be an effective tool in dispelling this fear and engaging a new consumer. However, demonstrations should be performed with the same level of attention, integrity and safety we utilize in performing care in our offices. Acupuncture liability varies by state and ultimately comes down to a court decision when presented with an issue. Considerations that might be factored into such a decision may include: were the procedure and its potential harms explained beforehand? Was there informed consent? Was the acupuncturist operating in a usual and customary manner? Was clean needle technique according to OSHA protocol used? Were needles appropriately accounted for?

Did you explain verbally (at minimum) or on paper (in a best-case scenario) what the demonstration was for, its risks, what to expect, and contraindications? For example, is the demonstration point you use a universally safe point, or does it have potential contraindications for someone who might be pregnant? If you are not using single-use needles, do not allow people to go home with them if you do not have follow-up access to ensure they are properly removed and discarded safely; similar issues would be relevant for press balls or press tacks. At best, any type of mini-session or demonstration should have a concise consent form signed and dated, with a stated explanation that the insertion is for demonstration only, and that includes a listing of contraindications and potential side-effects. These signed consent forms should be filed according to the date and title of the presentation and, like all records, retained for a minimum of seven years.

Developing effective presentations that include dynamic learning tools and delivery approaches is a skill that can be learned. We will be teaching an intensive workshop in Boston on this subject beginning in March. For more information, please visit the Web site listed below.

Click [here](#) for more information about Kristen Porter, MAc, LAc.

Click [here](#) for more information about Beth Sommers, MPH, LAc.



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