

The Elevator Pitch

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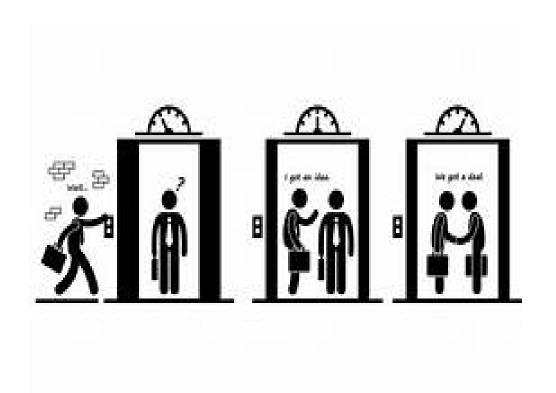
Disclosures

The views presented here are those of the authors and do not represent those of the Department of Veterans Affairs, Stanford School of Medicine or Menlo College.

An Elevator Pitch is...

A 2 to 5 minute prepared "speech" designed to:

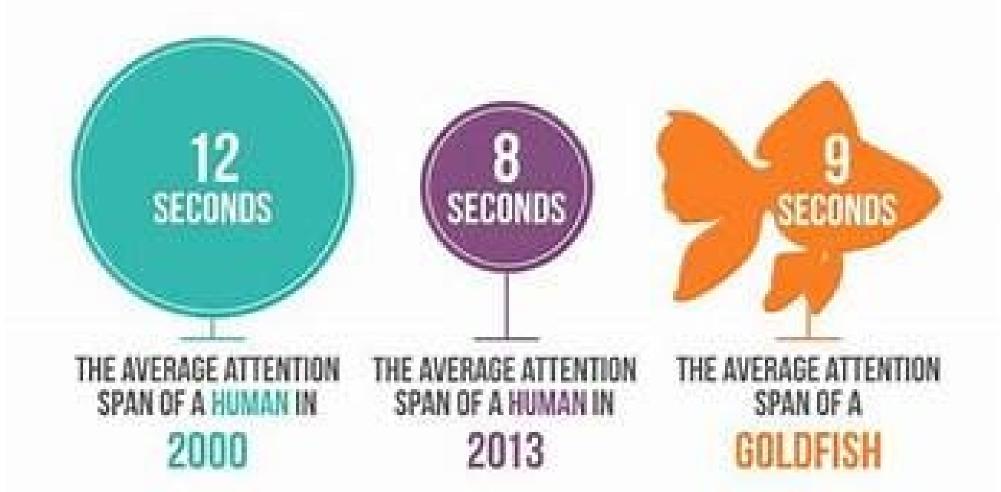
- ☐ Introduce you
- ☐ Educate briefly and generally about your work
- □Create intrigue, interest, and possibly culminate in an ask





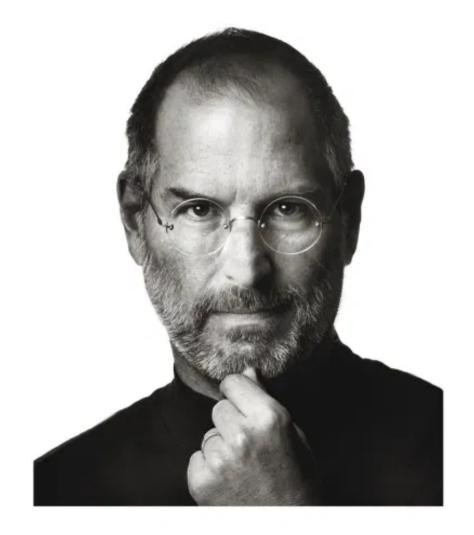
These Planned Communications Can:

- Open conversations
- Create connection
- Tell a compelling story
- Teach/generate awareness
- Highlight relevance
- Communicate expertise
- Encourage collaboration
- · Provide an opportunity to ask for something you need



Simplicity is the ultimate sophistication. It takes a lot of hard work to make something simple, to truly understand the underlying challenges and come up with elegant solutions. It's not just minimalism or the absence of clutter. It involves digging through the depth of complexity. To be truly simple, you have to go really deep. You have to deeply understand the essence of a product in order to be able to get rid of the parts that are not essential.

Steve Jobs





Poll Question

Do you have an elevator pitch prepared?

Yes

No

Poll Question

Have you ever had any training on preparing your elevator pitch?

Yes

No

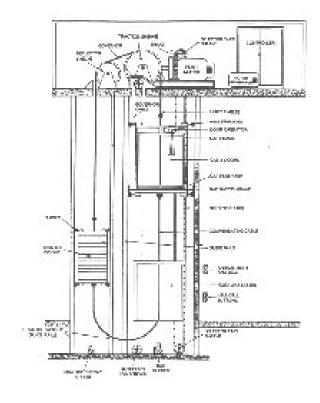




TIP: Resources for Elevator Pitches

- Many professional journals & associations have published guidelines for elevator pitches
 - American Psychological Association
 - PLoS Computational Biology
 - National Institute of Child Health & Human Development (NICHD)
 - Academic Medicine
 - Journal of Physiology
 - Journal of the Advanced Practitioner in Oncology (JADPRO)

Nuts and Bolts



THE ELEVATOR PITCH



The Research Synopsis Pitch Template

What is the problem?

Why does it matter?

What are the potential solutions?

What are the benefits of solving this *

What value do you bring ?*

What is the problem?

What is the problem?



Women with a sexual trauma history and active symptoms of PTSD commonly have strong emotional reactions to the pelvic examination. Many women veterans have a history of sexual trauma and active symptoms of PTSD making this a very pertinent problem in VA health care.

This can lead to difficult patient/provider communication, patient avoidance of critical elements of preventive health care, and lots of unnecessary suffering for the patient and clinician alike.

Why does it matter? And, what are the potential solutions?



Avoidance of preventive gynecologic care can lead to "missed opportunities" for early detection of cancer.

Educating health care providers about <u>how</u> trauma symptoms, particularly hyperarousal symptoms, impact receipt of medical care is critical. It can build empathy and the potential for a patient, clinical response to a "difficult" interaction with a patient with trauma. This, in turn, can increase the likelihood that the patient will be more comfortable moving forward with the procedure.

Why should YOU solve this problem?

What are the benefits of solving this?



What value do you bring?

Improving provider-patient interactions for patients with PTSD is good for the patient and also for the doctor. It also increases the likelihood that the patient gets the care they need, when they need it.

As an experienced trauma therapist and a researcher who has focused on sexual violence and its impact on women's receipt of healthcare within and beyond VA, I bring a "boots on the ground" lens to this issue.

Start with an Information dump



List all your ideas

Put in all the glorious detail

Say everything you can think of about your topic/work

Diagram it

Make a conceptual model

Think and brainstorm, talk it out!

Refine and Streamline



Make it SIMPLE

• Take out the jargon.

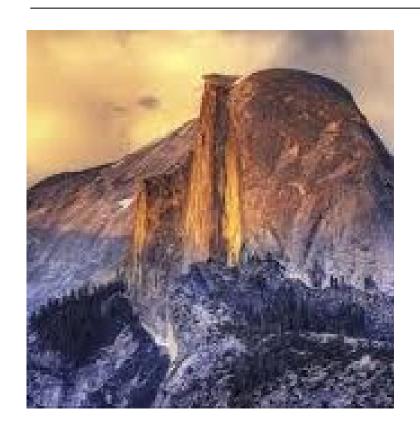
• Take out the unnecessary detail.

Let go of having to cover "all the bases".

Pitches without Glitches

Lesson 1:

Its easy to misperceive the length or difficulty of the journey...



Don't presume this is a "natural" free form conversation.

Don't presume that you can do this on the fly.

Don't presume that this will be "quick and easy."

Don't presume you can borrow from your mentor. It must be authentically yours!



Lesson 2: Stay out of the weeds...

The problem with scientists? We know too much. We love detail, and we TALK TOO MUCH. We want to tell you ALL about it.

You are going to have to let some detail go, not include everything and make some "leaps" with this pitch.

This is NOT a book chapter.

Use these questions to help "weed" the extraneous details out of your pitch

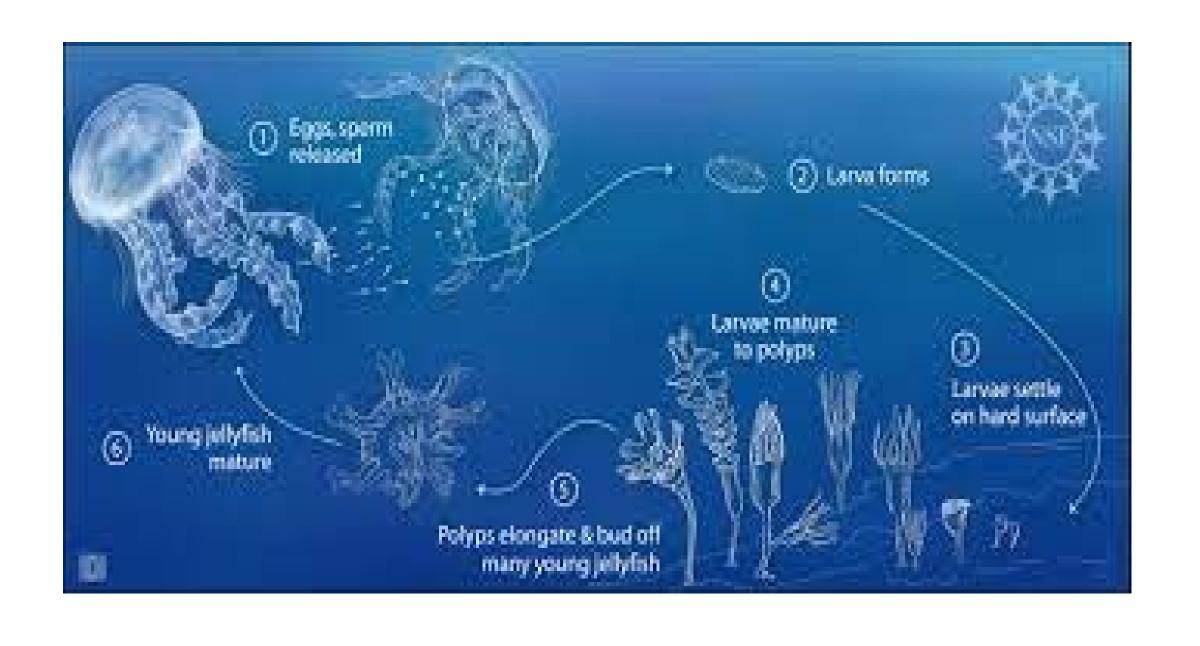
What is difficult, complex, or hard to explain succinctly?

- What is the big picture or take-home point?
- What can be excluded for a "high level discussion?"
- Where do you find yourself "tripped up" in the details?

How can you discuss this without drowning in jargon?

How can you convey the big picture (why is your work important) and minimize the mechanics of it?







Humans have degraded marine ecosystems, making them more favorable for jellyfish.

https://www.nature.com/articles/nj7435-137a.pdf

Practice



Plan, practice, repeat.

Don't underestimate how much preparation this requires. We all need to rehearse and refine our pitches.

While this conversation seems casual and friendly it is a prepared communication.

Where are the stumbling blocks and how to overcome them?

Where are the stumbling blocks and how to overcome them? –Quotes from CDAs

•"I don't want to acknowledge how hard this is- - and how much time it will take. I'm already over-taxed. "

•"I don't have the grasp on my science or my career that is needed for this product."

•"Is there a confidence factor here? Is this easier for some people than others?"



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Resources

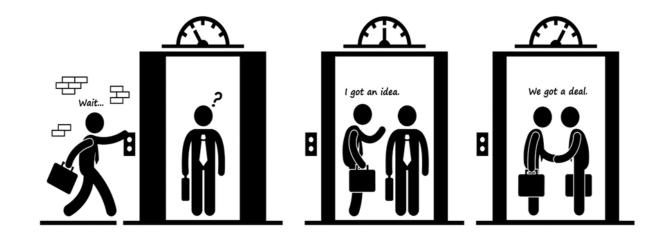
https://www.apa.org/science/about/psa/2014/06/elevator-pitch

https://www.nature.com/articles/nj7435137a.pdf

Questions?

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