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Debilitating Demo Diseases – Additional Afflictions

We continue the compendium of debilitating demo diseases that commonly afflict sales, presales and marketing teams when preparing for and presenting demos. We identify the major symptoms for each disorder, provide one or more examples to aid in diagnosis, and suggest steps to a cure for each.

Harbor Tour Delusion – Living in the Land of Hope

Symptoms: Presenting a long, tortured demo that attempts to cover all of the possible customer needs and problems *before* any reasonable discussion of the customer's situation.

Aka: Harbor Tour Demo, Show-up-and-Throw-up, Spray and Pray, the Spaghetti Demo, Doin' the Demo Dash.

Examples: "To give you an idea of what we do, let me show you a demo..."

"Stop me if anything looks interesting..."

[Trade-show booth] "Hi – would you like a demo?"

Cure: Collect a handful of Informal Success Stories. Distill and carefully extract the key Situation information, based on:

- Job Title and Industry
- Critical Business Issue
- Reason
- Specific Capabilities
- Delta

Match customer Job Title/Industry, present appropriate Success Stories to generate interest, follow with questions... Apply the Menu Approach for crusty customers or larger groups. *Hold back* from delivering demo until customer situation is well understood.

Staff Infection – Victims of Momentum

Symptoms: Doing the same demo(s) over and over, regardless of customer needs or desires.

Examples: “We’ve always done it this way...”

“New hire, are you? Great – here’s the script for our demo. Memorize it by next Monday...”

Cure: Rapid, deep application of Great Demo! methodology. Reframe and customize demos for each key audience members’ situation. Turn traditional demos *upside down* and start with the pay-off, the “Wow!” factor:

1. Review customer’s Situation
2. Present the Illustration of the end result
3. Do It – show how to get there in the *fewest number of steps*
4. Peel Back the Layers *in accord* with customer interest
5. Manage Questions along the way
6. Summarize so customer retains the key points

Logorrhea – Excessive Talkativeness

Symptoms: Customer is unable to break-in to ask a question; presenter feels obligated to keep on talking if he/she hears nothing from customer. Condition is often exacerbated when working over certain conference room speaker phone systems. Audience often lapses into disgruntled silence for the balance of the demo. Demo fails; sales person does not get order; customer goes with the competition.

Examples: “But, what if...”

“Um, excuse me but...”

“Can I ask...?”

“Never mind.”

Cure: Remove Starbucks coffee cups from victim’s immediate area. Have victim slow down delivery and put pauses in place. Encourage victim to summarize at the end of each section. Ask questions more often and give audience *time* to respond. Check telephone connection and speakerphone for bisynchronicity before launching into demo.

Stunted Pain Development – Solution Abruption

Symptoms: Precipitous presentation of product-oriented solutions to problems prior to plumbing customer pain adequately; victim jumps directly to presenting a solution the moment “pain” is uncovered.

Examples: “Ah ha – so you are having a hard time doing your forecasting? We’ve got a great solution for you...! Here’s what it looks like...”

Cure: Discipline. Hold back on the solution, for the present. Ask more questions – perform Workflow Analysis to uncover the depth and *value* of solving the customer’s problem:

1. What is the customer doing today – what is their current process or workflow?
2. What is the output, the *deliverable*, for which the workflow is executed? [Hint: this is a prime candidate for a terrific Illustration!]
3. What parts of the process are problematic – what needs to change?
4. What is the *value* of making the change, in specific terms of Time, People or Money? [This is the “Delta”]

Pointer Palsy

Symptoms: Presenter waves pointer vaguely at screen; pointer moves around constantly; use of broad sweeping movements with a laser pointer. In severe cases, the victim circles mouse or pointer constantly around and around and around. When compounded with aggressive tendencies, presenter may use stick or telescoping pointer like a sword, causing audience members nearby to shrink back in fear.

Examples: “As you can see...” wave – wave – swish – swish...

“If you look over here” swish – wave – swish – wave...

Cure: Guide presenter to move right up to the screen and point carefully and deliberately at the item or area of specific interest. Presenter needs to remember that while presenter has seen that part of the software hundreds of times, it is mostly likely the first time the audience has seen it. In severe cases, presenter may need to be tackled, pinned-down, and pointer carefully removed from his/her grasp.

Content-Free Pestilence – Buzzword Plague

Symptoms: Constant use of meaningless buzzwords and phrases. Lack of substance.

Examples: “Our powerful software is flexible, intuitive, easy-to-use and integrates seamlessly with your other tools. Robust and scalable, your organization can enjoy the benefits of our best-of-breed world-class offering.”

[Customer] “Bingo! I win – I’ve got five buzzwords in a row...!”

Cure: Rapid, repeated applications of Buzzword-Be-Gone[®]. Replace with substantive, fact-rich statements that communicate the desired concept, with metrics. In extreme cases, buzzword exorcism may be necessary (contact your local behavioral presentation skills witchdoctor).

Architecturitis- – Death by Rectangles

Symptoms: Presentation of architectural slides and diagrams early in the demo, well before any discussion of business solutions (or needs). Far too many rectangles with lines and arrows, often presented via one or more elaborate, highly colored PowerPoint slides. May cause severe drowsiness when delivered after lunch.

Examples: “We have a three-tier architecture, allowing us to use several different modules and components. I’ll describe each of these in turn...”

Cure: Ascertain audience interest prior to presenting architecture information. Ensure that all high-ranking customer representatives, other than IT, have been given the opportunity to leave the room. When presenting, contemplate developing the diagram(s) using a whiteboard rather than via PowerPoint, so that the audience has the opportunity to participate.

Acronymophilia

Symptoms: Fits of sentences filled with vendor-specific acronyms, used both as nouns and verbs. Assumption that audience has already been exposed to these dozens of acronyms and has a comfortable, working understanding of them. Looks of confusion in the audience, followed by doodling and furtive glances at wristwatches.

Examples: “So, the ABT triggers each PTD, resulting in as many SHRP’s as needed.”

“Next, every SHRP will be JY’ed in accordance with the specific WVM settings, which is then picked-up by the TMT module and FRP’ed. Questions?”

Cure: A prescription of Acro-rid™ is recommended for mild and moderate cases; have the afflicted take two pills before presenting to help loosen and remove acronyms. Encourage patient to either verbalize the full word-sets or replace with customer-meaningful phrases. In severe cases, a radical acronectomy may be necessary to remove all untreated acronyms.

Deadendedness – Death by Cul-de-Sac

Symptoms: Presenter pursues non-productive pathways, perusing pointless possibilities and dead-ends. Elongates a demo segment from what could have been accomplished in 5 mouse-clicks to 24 minutes of detailed explanation, covering *all* possible options and settings. Presenter may also suffer delusions that the audience is earnestly interested in seeing all of this.

Examples: “And *another* way to do this is to”

“...But for this example we won’t do that and instead we’ll go back to where we were a moment ago...”

[Customer] “Oh my friggin’ *God!* – Will he never stop?”

Cure: Guide the afflicted presenter to choose the *highest* probability pathway for the customer at hand and execute that pathway with the *fewest* number of steps needed to complete the task. Apply Occam’s Razor, topically (“*entia non sunt multiplicanda praeter necessitatem*”).

We hope this compendium helps you to diagnose and treat your own team. If this is an emergency or you feel you need a specialist, please contact us right away.

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