MODERNISING MEDICAL CAREERS

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Giving a presentation

Introduction

Being able to give a presentation is an essential part of a career in hospital medicine. This article gives advice on how to plan, research and deliver presentations in different situations and suggests ways in which you can learn to give talks which are well prepared, clear, and memorable.

Presentations come in all shapes and sizes. In the course of a year a hospital consultant might speak at an international meeting, to a regional society, at a medical grand round, as part of an educational meeting for specialist registrars, at a tutorial for medical students and to the hospital's League of Friends. Doctors in training may also face a range of audiences, and although the amount of time invested in preparing for each presentation may differ, the principles involved are much the same.

Planning and research

When you are first asked to speak, there are several questions that you should ask yourself:

- Who are the audience?
- Why have I been asked to present and what is expected of me?
- What am I presenting, the whole topic or just 'what's new'?
- What format will I be using for the presentation?
- How long am I expected to speak for?

The amount and type of research needed will depend on how familiar you are with the topic. Being asked by the local sixth form to talk about life as a doctor, for example, will come much more easily than being told by your consultant to talk about the latest developments in the treatment of hypertension. If you are particularly interested in a topic or are asked to speak about it regularly it is worth having a file or box in which you keep useful data, recent articles, interesting photographs and your own personal notes about that topic. If the topic is completely new to you then you may need to research it in the literature, by using the Internet, or by talking to people you know who have a particular interest in the subject.

Dr Ed Morris *is Consultant Anaesthetist at Southmead Hospital, Bristol BS10 5NB*

Moulding the presentation

Presentations which appear effortless are often the ones on which most preparation time has been spent. For new subjects, one rule of thumb is that you should expect to spend at least six times as long preparing your talk than you expect to spend delivering it – the '6:1 rule'. Even if you are talking about a subject that you have presented before, it is still a good idea to go through your notes carefully beforehand to ensure that they are still up to date and that they are fresh in your mind.

There are lots of books with advice on how to construct and deliver a good presentation, many of them targeted at the business community and several aimed specifically at the medical speaker. To an extent, giving a good presentation is like writing a good essay: there should be a beginning, a middle, and an end. Audiences like to know early on in a presentation what to expect in terms of content and duration, and after the main message has been delivered a summary ensures that they leave with your main points fresh in their minds. As one often repeated saying puts it, you should 'tell them what you're going to tell them, tell them, and then tell them what you have told them'.

To make sure that your talk is relevant a good idea is to ask yourself what you would like to get out of the presentation if you were a member of that particular audience. Many presentations are made with the aim of keeping colleagues up to date, e.g. 'What's new in diabetes' or 'New guidelines for the treatment of asthma'. Others are made specifically to test the presenter; such presentations are becoming more common as part of the interview process, particularly for specialist registrar and consultant appointments.

If you are presenting a topic of your choice or the results of a research or audit subject then you may consider yourself to be talking from a position of expertise in that subject – it is after all your research or audit project – and you should be careful

to explain each concept as you go, as you can't take the audience's knowledge of the subject for granted.

Teaching (for example medical students or more junior colleagues) is a specialized form of presenting which needs careful preparation in terms of deciding what the aims of the teaching session should be and what level of knowledge you wish to impart. For example, an anaesthetist might teach the subject of 'blood gases' very differently to a group of student nurses than he or she would to a group of new house officers, and differently again to a group of specialist registrars preparing for a postgraduate examination.

It is vital to rehearse your presentation – to a mirror, to a colleague, to your partner – it makes you familiar with both the content and the timing of your talk. Consider recording or videotaping yourself to identify any distracting speech patterns or habits (*Figure 1*). Constructive criticism at this stage will both enhance your performance and identify any glaring errors or omissions in what you say.

Methods of presenting

For years the notion of presenting was synonymous with faded glass 35 mm slides, often coloured in by hand, and sorted into order by speakers to suit the particular audience they faced on the day. The advent of presentation computer programs such as PowerPoint has made presenting with slides much easier, much more sophisticated and much more adaptable. It has become commonplace to watch video footage as part of a presentation and methods of transporting data have become more and more versatile. Most hospitals run courses for doctors in the use of PowerPoint and other computer programs, and many medical illustration departments will help with creating presentations and images. Some basic tips for using PowerPoint are listed in *Figure 2*.

Figure 1. A cautionary tale.

I was once asked to interview a young doctor for a position in a hospital. Early on in the interview it became apparent that he had the habit of saying 'y'know' fairly frequently as he spoke. At the end of the 15-minute interview my fellow interviewer confessed that he could remember very little about the candidate's answers to our questions as he had spent the interview counting the number of times the phrase 'y'know' was used – 97 in all.

Presumably the candidate was unaware of this particular mannerism but it would have been easy to detect by either a rehearsal or by him recording himself.

Limit the number of slides that you have: no more than one per minute

Give each slide a title to show how it fits into the presentation

Avoid reading word for word from your slides

Aim to have no more than 20 words per slide

Keep the background and the font simple and the text large enough to read

Avoid complex transitions between slides

Include a summary slide to show at the end

Figure 2. Tips for using PowerPoint.

It is important to remember that there are other media beside PowerPoint, e.g. flipcharts, overhead projector slides, whiteboards and even blackboards. Some presentations need no visual aids at all (*Figure 3*). Be sure that you know very early on what media are available and which you plan to use; this may influence the way in which you design your presentation but most importantly will enable you to be as sure as you can be that your presentation will be visible to the audience when you arrive.

When you speak ensure that you stand where everyone can see you and any visual aids that you are using. Introduce yourself and explain why you are there and what you are going to say. Speak clearly enough to be heard at the back of the room. In larger venues you may need to use a microphone if one is provided. If you are speaking from notes or using crib sheets then try and rest them on a table or a lectern so that both your hands are free for gestures or to control your visual aids. Try to sound relaxed and imagine that you are having a conversation with the audience rather than reading out a previously prepared essay.

It is important to make sure that the content of your talk, and the style in which you deliver it, is appropriate for the particular audience you are addressing. Some audiences will be happy with the use of abbreviations and medical slang; others will need more explanation of particular terms, or may need less medical jargon than you are used to using in day-to-day conversation. Humour can work very well in small and medium sized informal settings, but can fall flat at more formal meetings or in front of large audiences. And some images that are appropriate for a medical audience might cause offence in a non-medical setting.

Most presentations end with time for discussion or questions. It is important to leave time for this if it is expected. Many speakers become very nervous about questions but if the talk is well researched and has been well presented then the questions should be neither too difficult nor too hostile. Often there will be other more senior members of the audience who are happy to reply to the question on your behalf, or to engage in debate with each other: be careful not to let their conversations detract from the points you have been trying to make. If you don't know the answer to a question then you should be honest and say so; it is much better to do this than to try and bluff your way through an answer.

A summary slide is a good way of leaving the audience with a précis of your main points. Many speakers save it for the very end of their talk so it remains on the screen for some time and finishes the presentation 'tidily'. If you haven't used PowerPoint then a summary overhead projector sheet or even a list of points written on a clean page of a flipchart can have the same effect.

Practicalities

If you are presenting in familiar surroundings you should still arrive in good time to make sure that everything is ready for your

Figure 3. Less is more.

Last year I heard a guest lecture at a conference by a senior television executive. His presentation was much anticipated; he was known to have a particular interest in computer technology and was widely expected to impress us, the audience, with examples of how advances in digital broadcasting would revolutionize our concept of television. In the event he spoke without PowerPoint, without slides, and without notes. But his topic was so fascinating, his arguments so well constructed, and his speech so flowing that the absence of visual aids passed almost without notice.

presentation. You should already have established what media you intend to use for the presentation and checked to see that your way of bringing your presentation with you is compatible with the system you intend to use.

Many people carry PowerPoint presentations on CD, on USB storage sticks or on their own laptops, and it looks sloppy and wastes time if the presentation is delayed by attempts to get the technology working. For presentations in unfamiliar locations it is often possible (or even obligatory) to e-mail your presentation to the technical department – for example of a conference centre – in advance so it can be prepared. Many experienced presenters either carry acetates of their presentation, or several alternative versions of it on a variety of media, to reduce the chance of incompatibility.

Other practicalities to consider – especially if you have been asked to present away from your usual workplace – are summarized in *Figure 4*.

Tips and resources

Watching other people's presentations and making a note of the things they do well or do badly is a good way of improving your own performance as a presenter. There are certain things that good speakers have in common. They are invariably well prepared and have researched their topic thoroughly. They often make a limited number of points, but make them in a way that is memorable (*Figure 5*). They are aware of the audience's mood and attention span and vary the pace and style of their delivery to keep the audience interested. They pepper their talks with personal experience and examples. They always seem to run to time. Obviously not all of these attributes are achievable or desirable for every type of presentation, but keeping a note of what you liked or disliked about others' presentations will in time make you a better presenter yourself.

Most speakers refer to notes during a presentation. Newer versions of PowerPoint allow the speaker to make notes on the screen of a laptop computer and read them as the slides are displayed; other speakers make short notes on postcards, or a sheet of paper, which they place on a lectern or hold in their hand. Try not to read from a set of notes while you speak as it gives the impression that you are unfamiliar with your topic. In the same way, if you are using overheads or computer-generated slides you should try not to read from the screen.

One final tip is to recruit an assistant to sit near the back of the room where you are speaking. He or she can indicate to you if you cannot be heard, can signal to you when you have 5 minutes' presenting time left so you can start to wind up your talk, and can give you feedback after your presentation as to what you did well and any areas in which you might improve when you next present.

Building on your success

You might consider being asked to give a presentation an honour or a chore; you may be the sort of person who loves to speak in front of others or the very idea might fill you with dread. Whatever your feelings on the matter, presentations are an integral part of a career in medicine and being able to present well is a recognizable asset. Sometimes a small presentation may lead to an invitation to address a bigger audience, or to write an article, or even to consider a new responsibility or role.

Providing a one-page summary of your presentation to hand out after you have spoken is a useful way of helping what you have said to stick in people's minds. So too is offering to write a summary of your topic for the local specialty newsletter or even the department notice board. Perhaps most importantly, learning to present confidently enhances performance in other areas of medical life such as formal and informal teaching, working with colleagues, and preparing for medical interviews. BJHM

Conflict of interest: none.

Figure 4. Practical considerations.

Ensure that you know where you are presenting and that you have confirmed the time and date of the presentation

Make sure that you take a copy of your presentation in at least two formats in case there are any technical glitches

Leave plenty of time to travel to the venue and ensure that you have enough food and money for the journey

When you arrive familiarize yourself with any equipment, particularly the light switches and microphone if you will need one

Figure 5. A memorable visual aid.

A colleague at my hospital performed a study on documentation for day-case surgery. He hoped to show that information collected during a short hospital visit was duplicated several times and made unwieldy by the amount of paperwork involved. His point was proved spectacularly when he took from his briefcase a concertina of A4 sheets he had prepared earlier and demonstrated that all the paperwork collected during a single 6-hour hospital stay, when laid end to end and Sellotaped together, stretched across the entire width of the lecture theatre.

Further reading

Fraser J, Cave R (2004) *Presenting in Biomedicine: 500 tips for success.* 1st edn. Radcliffe Medical Press, Oxford

Midmer D (2003) Presentation magic. *BMJ* **326:** S120

Smith R (2000) How not to give a presentation. *BMJ* **321:** 1570–1

Yate M, Sander P (2003) *The Ultimate Business Presentation Book.* 1st edn. Kogan Page, London

KEY POINTS

- Ensure that you know what you are presenting, to whom, and where.
- Allow adequate time to research and prepare your talk.
- Practise your presentation several times beforehand.
- Ensure that you are comfortable with the venue and that you have tested any equipment you will be using.
- Try and interact with your audience rather than just lecture to them.
- Learn from other speakers; becoming an accomplished speaker takes time.