

## Occasional essay

### Naked in the electronic age

I received an invitation a few months ago to hear a talk from a visiting speaker about 'current management of venous thromboembolism' and immediately did a 'Pub-Med' ([www.ncbi.nlm.nih.gov/PubMed](http://www.ncbi.nlm.nih.gov/PubMed)) Medline search on the speaker's publications. Not only was the individual's list of publications short, but none were written on the topic he was going to discuss.

I had just striped the speaker bare, and was about to throw my invitation into the waste basket when I began wondering just how well would I fare under the same scrutiny. I've been asked as a visiting speaker to present a topic that I've not published on. After the presentation the audience seemed to be happy - were they just courteous? Perhaps there were many invitations to my presentation that hit the bottom of the bin - who knows.

Just then one of my work-mates passed my door so I said "Andrew, do you 'Pub-Med' speakers before you go to their talk?"

"Yes." was the reply as he backed back to the door way.

"Well what do you do if their CV's are a bit thin?"

He paused and frowned a little and looked past me as if reading something on the wall written in very small letters. "Well, sometimes I go and sometimes I don't. If the speaker has a reputation of being entertaining - I might go."

"Gee - 'Pub Med' me and I don't look all that good" I said.

Andrew grinned and turned "All your talks go to the bin, mate." he replied, and left.

I knew that he was half joking, but it was the other half that left me a bit bothered. Generally, I felt that when I gave a talk I knew how my presentations had been received, by the applause. Loud and prolonged - good; light and short - OK. Sometimes there is a gentle polite acclamation followed by an uncomfortable silence during question time, with the chairman desperately attempting to think of a relevant question to begin the discussion - bad. If there is just silence this is very bad.

I began thinking about the features I found necessary during my presentations to ensure that my message, if not remembered, was at least thought provoking. It appeared to me that it largely required time and skill. Mark Twain said, "It usually takes me more than three weeks to prepare a good impromptu speech". Concerning skill: Winston Churchill said that when

delivering a speech "it should have a strong beginning, focus on one theme, use simple language, draw a picture in the listeners mind, and end with an emotion."

One of the major criticisms of the modern medical presentation is that it has become 'far too serious' and that the object of the clinician should be to 'entertain and educate in that order'.<sup>1</sup> To educate, the medical speaker should be experienced and informed.<sup>2</sup> Experience, for better or worse, comes with age. To become informed, one has to research and publish, and I guess that this is where the 'Pub Med' search is of value.

However, to be an entertaining speaker requires not just a joke at the beginning and one at the end, it requires a performance; stylish even flamboyant, variation in voice tone and a delivery with a sense of fun. The lecture should not be read, nor should it be memorised word for word. The former leads to a monotonous tone from a head buried in the lectern, and the latter tends to lead to a complex dissertation of the written word, rather than a clear and simple message given in the spoken word. The important points of a talk should be remembered and used as stepping stones; one may even 'ride on a set of slides' or at worst use prompt cards.

It seems to me that the essential elements for one wishing to present a thought provoking and memorable message are:

- know your subject. Have your presentation organised (e.g. Introduction: why did we do it. Methods: what did we do. Results: what did we find. Discussion and Conclusion: what does it all mean).
- catch the attention of your audience. Be provocative. For example, when talking about pain relief in the intensive care patient, speak to a title such as 'pain never killed anybody, but pain relief has'.
- impart a sense of enthusiasm, curiosity, skepticism, excitement, and passion for your work.
- speak deliberately (almost slowly). Speak clearly 'carve every word before you let it fall'. Add light and shade to the tone of your voice. By inflection you can say much more than your words do.
- humour. Don't take yourself too seriously (although don't clown, as you do want others to take you seriously).
- be confident. Look at each visible face in the audience.
- design visual aids (e.g. slides) simply (e.g. horizontal format, no more than 5 to 7 lines per slide and 3 to 6 words per line with a space of at least the height of a letter between lines<sup>3</sup>) and legibly.<sup>4</sup>

On average use one slide per minute.<sup>5</sup> Do not go over-board with the visual or audio features of Powerpoint™.

- at question time have a sense of humility (not timidity) be humble (not weak) and acknowledge other workers in your field and people who have helped you.
- finally, and most importantly, practice your talk, preferably in front of your peers.<sup>6</sup> DO NOT GO OVERTIME. Your 10 minute talk should last for 9 minutes.<sup>7</sup> Your 30 minute talk should last for 20 minutes, and the 60 minute talk 45 minutes.

Apart from gauging the response to your talk by the applause at the end, if the presentation has been fun it is likely that you have also provided a very enjoyable talk for your audience.

*“I like to do all the talking myself. It saves time, and prevents arguments”*

Oscar Wilde

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