

Effective Presentation Skills



Venues That Will Test Your Presentation Skills

- The 10 minute research paper
- The formal presentation (Grand Rounds, medical school lecture)
- The after-dinner talk
- The media interview

The 10 Minute Research Paper

- Approximately 1200 words
- 5 double spaced typed pages
- “to read” or “not to read”
- Check podium angle
and controls before session
- Pocket light



The 10 Minute Research Paper

General rules

- 1 data slide per minute
- 2 – 3 visual slides per minute
- Identify slide changes in script
- Ensure hookups / resolution before session
- Submit electronic copy of presentation in advance so all can be loaded onto one computer

Pointer Pointers

- **Test in advance**
- **Steady with two hands**
- **Activate only when needed**



Never This

Metabolic Alkalosis: Comparison With Saline Controls

5 min

Before 7.28 0.02 2.27 0.05 5.94 0.09

After 7.43 0.02 1.97 0.04 5.44 0.14

▲ ± SE +0.17 0.01 -0.90 0.01 -0.50 0.07

10 Min

Before 7.22 0.03 2.94 0.02 5.88 0.09

After 7.97 0.04 1.91 0.03 5.01 0.01

▲ ± SE +0.15 0.04 -0.43 0.04 -0.67 0.01

20 Min

Before 7.25 0.03 2.30 0.02 5.51 0.07

After 7.40 0.02 2.01 0.06 5.05 0.14

▲ ± SE +0.15 0.04 -0.29 0.05 -0.46 0.14

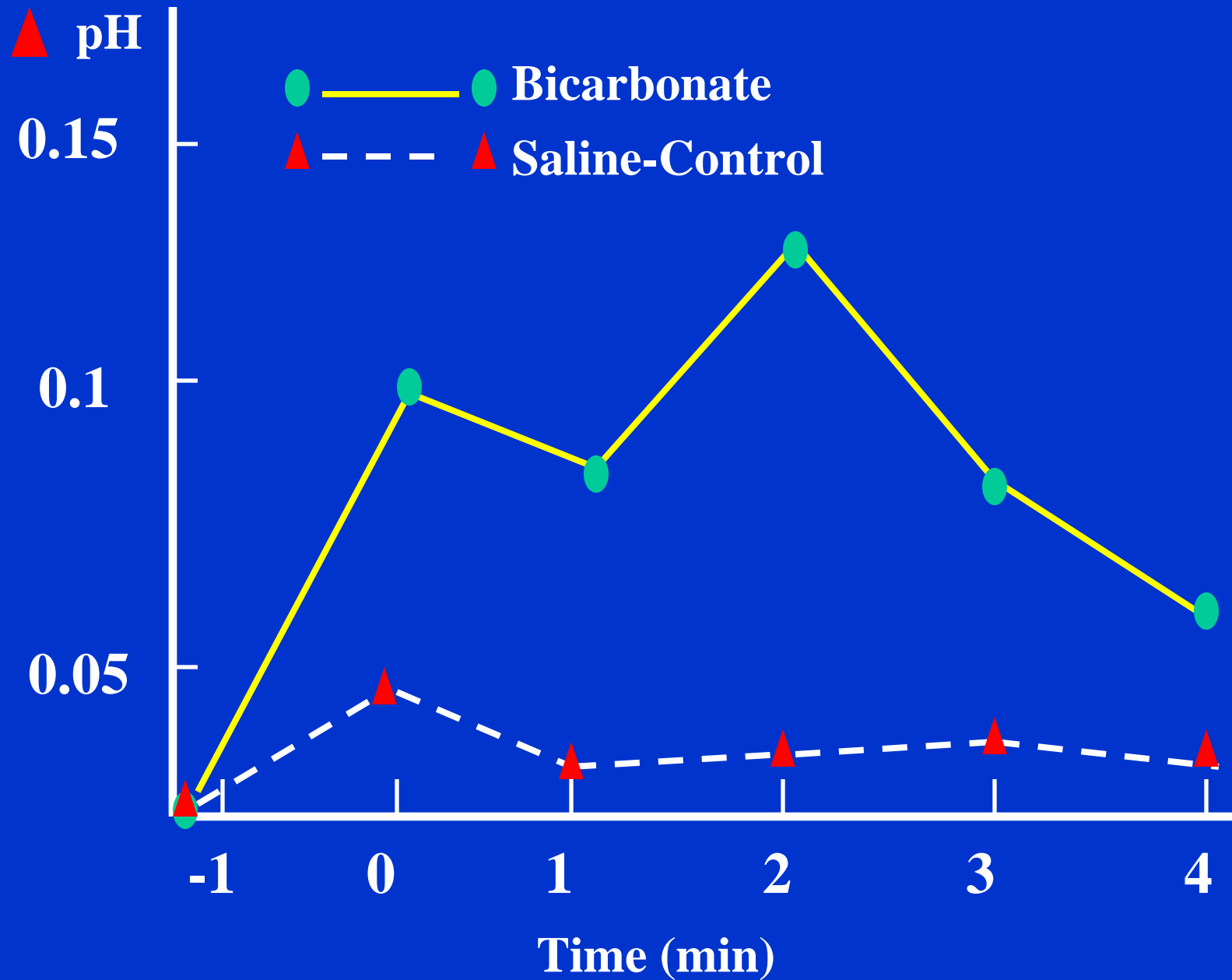
40 Min

Before 7.28 0.01 2.68 0.02 5.83 0.09

After 7.35 0.01 2.39 0.04 5.85 0.21

▲ ± SE +0.15 0.04 -0.24 0.03 -0.18 0.08

Better This



Intrauterine pressure

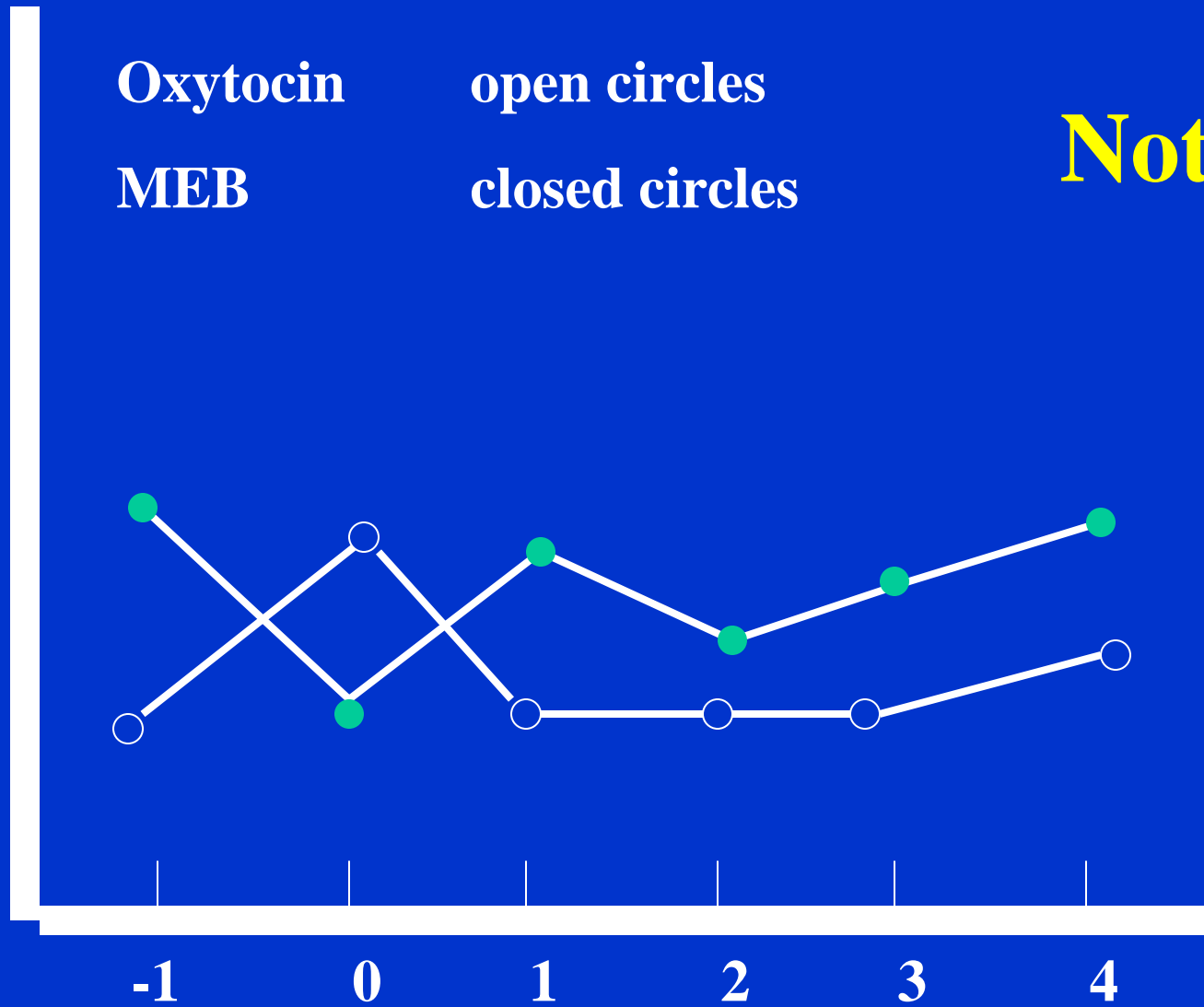
Oxytocin

open circles

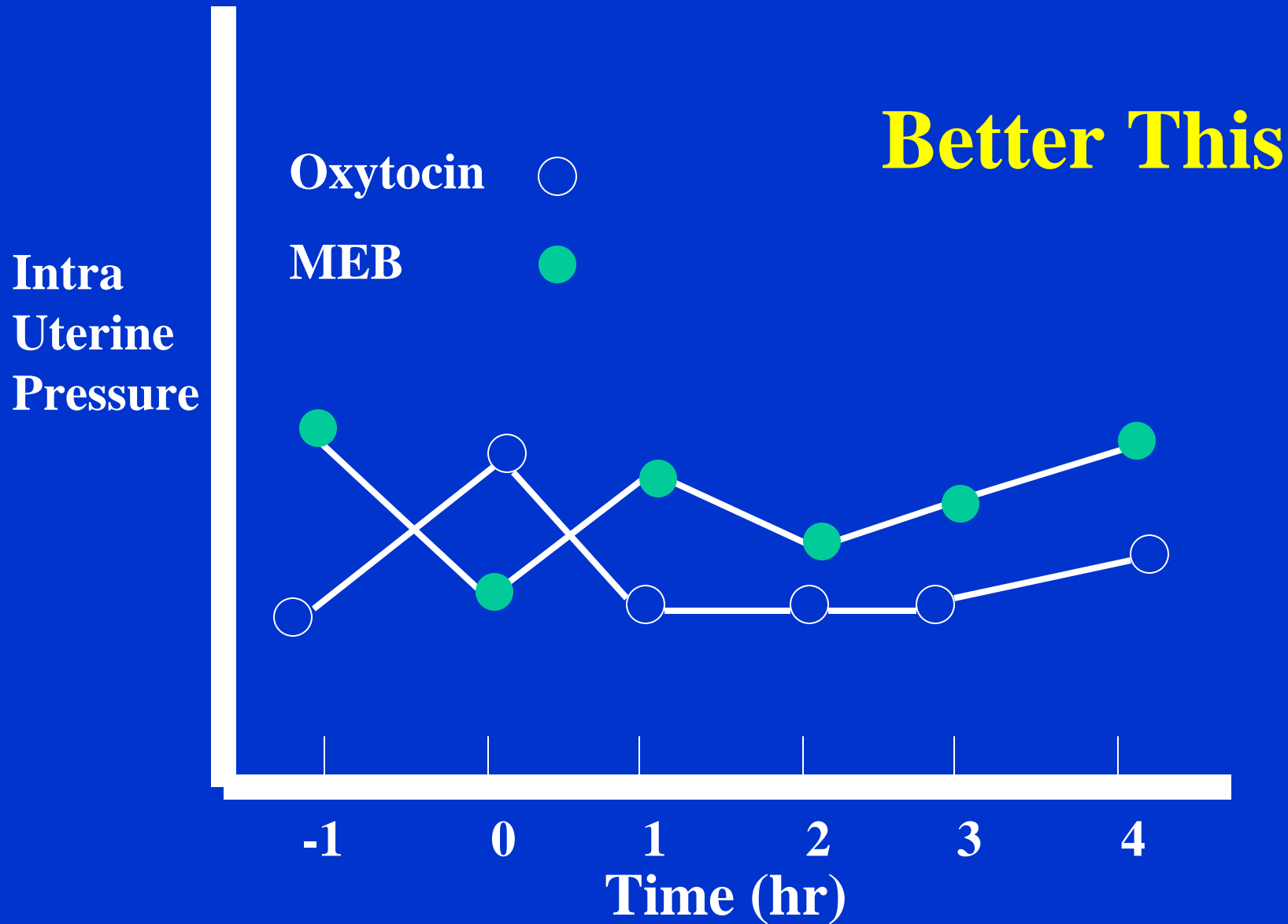
MEB

closed circles

Not This



Oxytocin vs MEB for Uterine Contractions



Choice of Presentation

Oral

- Plenary Session
- Recognition vs. Risk

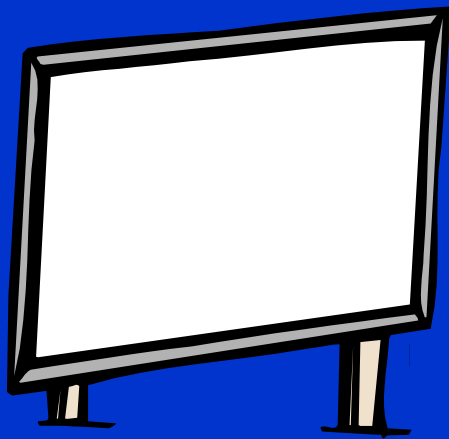
Poster

- Sometimes lonely
- Educational
- Non threatening



It takes intelligence, even brilliance, to condense and focus information into a clear, simple presentation that will be read and remembered.

Ignorance and arrogance are shown in a crowded, complicated, hard-to-read poster



Mary Helen Briscoe

Formal Presentations



What they should accomplish:

- **Introduce a new topic**
- **Restructures previous ideas based on new developments in the field**
- **Provides well researched, evidence based, clinically useful information**
- **Presentation entertains and informs while leaving a simple “take Home” message**
- **Ask yourself what you remember from the last Grand Rounds you attended!**

Comfort and Collegiality

Comfort and Collegiality

Welcome

Basic needs

- Temperature
- Food and drink
- Washrooms
- Seating
- Notepads / pens etc.

RESPECT

Welcome

**Food /
Drink**

**Temp /
Seating**

Washrooms

**Notepads,
pens**

Respect

- Consult an expert when preparing talk
- Arrive in advance
- Setup and test equipment
- Start within 5 min of “start time”
- Respect time limits
- Start by explain importance of topic
- Strike a balance
 - Don't talk over people's heads
 - Don't be condescending
- Hear opposing views
- Involve audience
- Summarize key points



Remember:
Adults rarely seek solutions to problems they don't have.

STYLE

**Time
Limits**

**Needs/
Targeting**

**Opposing
Views**

**Audience
Q & A**

Welcome

**Food/
Drink**

**Temp/
Seating**

Washrooms

**Notepads
pens**

Presentation Style



- **State and restate the message**
- **Rhetorical questions keep people alert**
- **Avoid reading long sections of text**
- **Anecdotes and humour when appropriate**
- **Effective visuals**
 - **Ensure spelling and grammar are correct**
 - **Mix pictures with text**
 - **If you have to say “Don’t bother trying to read this” you should not use the slide**
- **Involve the audience – interaction is essential**
- **Move around (don’t get stuck behind the podium)**

Credibility

**State &
restate**

**Effective
A/V**

**Dynamic /
Clear**

**Time
Limits**

**Needs/
Targeting**

**Opposing
Views**

**Audience
Q & A**

Welcome

**Food/
Drink**

**Temp/
Seating**

Washrooms

**Notepads
pens**

Credibility is earned gradually: be careful not to squander it

Reputation

- **Expertise / Knowledge**
- **Unbiased presentation**
- **Experiences (don't be afraid to be human and tell your own experiences both good and bad)**
- **Acknowledge potential “Conflicts of Interest”**
- **Do not endorse specific surgical or pharmaceutical products**

Reputation

Experiences

**State &
Restate**

**Effective
A/V**

**Dynamic /
Clear**

**Time
Limits**

**Needs/
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Welcome

**Food/
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**Temp/
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Washrooms

**Notepads
pens**

Learning

Credibility

Style

Respectful

Comfort and Collegiality

The After Dinner Talk

- **Know your audience**
 - Laypeople, spouses, reporters etc.
- **Ensure audiovisual needs in advance**
- **Special circumstances**
 - Often you are the “entertainment”
 - Must catch their attention –humour important
 - Keep it short (Q & A)

Physician – Pharmaceutical Company Relationships

“An ethical physician will recognize that the profession demands of her/him integrity and dedication to its search for truth and its service to mankind – and will avoid advocacy of any product when she/he is identified as a member of the profession”

CMA Code of Ethics

The Media Interview

Why & When

- Responsibility to ensure accuracy and completeness of public education
- Response to a crisis
- Commentary **after** publication in Medical Journals



How the **media** skewers doctors...

The medical society is negotiating a new contract with the province and things have not been going well. You switch on the local TV news hoping for an update, maybe even some good news. What's this? A roving reporter is interviewing your school mate, Bob Carter, in the parking lot of his clinic. Great! Bob's got his head screwed on straight. He's articulate. He'll tell it like it is. Set the

...and how an hour or two of training could turn an interview into a love-fest

by Evan Dyer

view, but the same physician will be being used to comment on a

No Matter How Fair the Report the Headline is Meant to Alarm.



March 16, 2004

Warning: health scares ahead!

Read all about it—fear-mongering is good for business

In my day job I talk to many people who are genuinely phobic about their health—often “obsessed” with the many real, perceived and non-existent risks to their mortal frame. My business is helped considerably by the media. Since the end of the Cold War the media—both print and broadcasting—have found nothing boosts circulation or ratings like the health scare of the month, week, day, hour and minute.

Media relations for ~~dummies~~ doctors



photograph: Getty Images

Doctors and Researchers Need to Improve their Ability to Communicate with the Media



**National media training program for O/G residents:
“How to deliver a medical message with impact”**

Understanding media

News organizations work in a very competitive field

Stories that sell are sensational or controversial

Reporters are often assigned to cover stories about which they know little

They want your input to be quick and easy to understand – even if the issue is complex

No matter how balanced the story the editor controls the headlines

The Media Interview

- **Be personable**
- **Use lay language**
- **Consider the perspective of the readership**



When the phone rings: Avoid an ambush

Train your telephone receptionist to do the following:

“Dr ‘X’ is out of the office but is expected back shortly. I can have him/her call you in the next 1/2 hour”

- 1) What particular aspect of that subject interests you?**
- 2) What’s the angle you’re pursuing on this story?**
- 3) Who else will be interviewed?**
- 4) If you are referring to a recent publication it would save time to fax a copy to us so the doctor can review it.**

Prepare For The Media Interview

- **Be as prepared as the reporter by reading any articles that will be discussed**
- **Get input from your colleagues if needed**
- **Think of a sensible ‘punch line’ that will make sense from the lay perspective ...write it down in front of you so you can easily come back to it.**
- **Respect the reporters deadline**

The Media Interview

Be prepared to challenge a reporters biases or assumptions:

Q: “Hospital X has one of the highest infection rates in Canada. Do your doctors not wash their hands?”

A: “I think you will find that staph infection rates are on the rise across Canada and that Hospital X is no more or less affected than any other tertiary care centre. The real problem seems to stem from drug resistance.....”

Get Your Message Across

**Seek and opportunity to state your case
using:**

Bridging Strategies

“Lets focus on the underlying problem”

“Have you considered the other issue of...”

“The real issue is...”

When Interrupted

Mario Cuomo:

“Did you want the answer –you asked the question!”

Or try:

“Will you let me finish? I’m sure the mothers of children with diabetes will want to hear what I have to say!”

How to answer the question that you don't want to answer

That's an important question
that demands some serious
evasion.



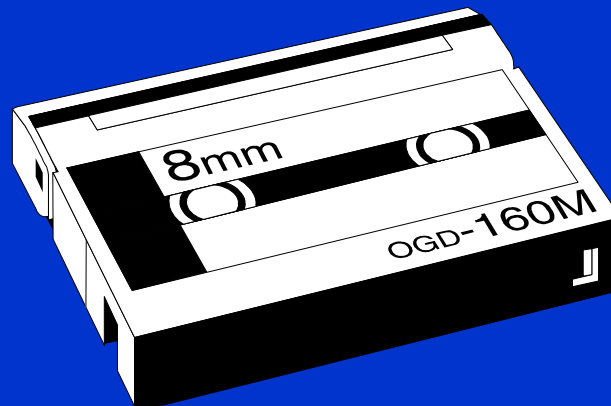
“No Comment”

- **Has the ring of a cover – up**
- **Tell the reporter why you can’t answer**
- **Send the reporter to another source**



“Off the Record”

If you aren't prepared to see it in
print don't tell a reporter
something “Off the Record”



People magazine

Connie Chung has no regrets

During a TV interview on Chung's **Eye to Eye** show, Kathleen Gingrich hesitated to say what her son thought of Hillary Rodham Clinton. Chung coaxed her with a *“just between you and me”* line and Gingrich whispered audibly ... **“she’s a bitch.”**

The Media Interview

Can you think of a Quotable Quote?



**Picking the quotation that
will appear in tomorrows
paper:**

**“Our goal is not only to
add years to life but also to
add life to years”**

The Hostile Interview

➤ Remain calm but assertive

➤ **Initially deflect the attack:**



“Not at all”

“Quite the contrary”

“There is really little evidence...”

➤ **Follow – up with positive statement**



“In fact we have attempted...”

“There has been significant progress”

Traps

If Rattled:

- Stop thinking out loud
- Pause ...
- “Let me put it another way”

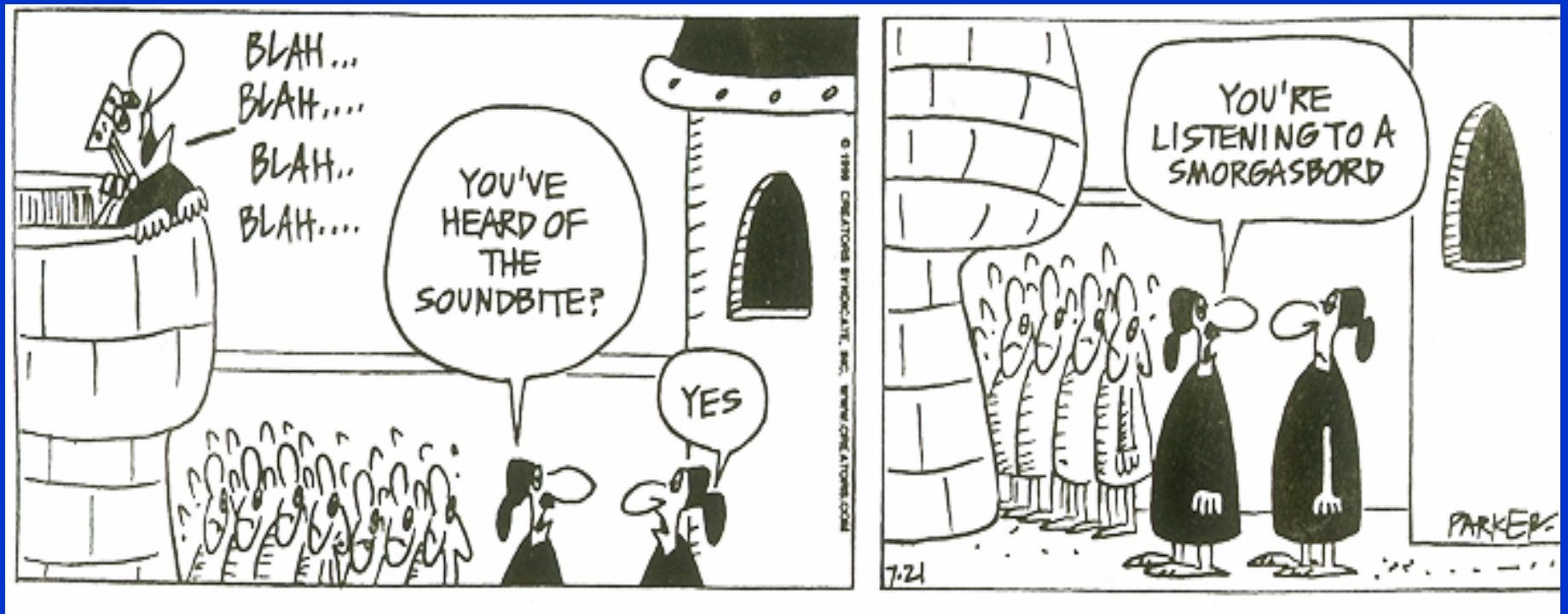
“Uh Huh” or “the stare”:

- The reporter’s silence is a ploy to make you expanded on your message

When you draw a blank or stumble on TV

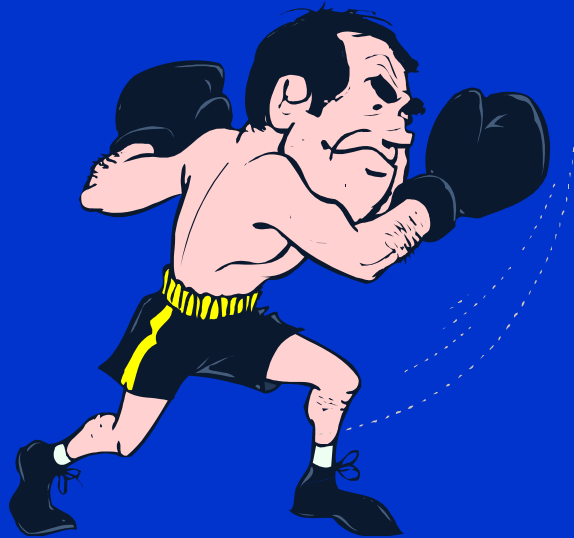
- **Start over : stop and reload**
- **“Well anyway**”
(and back to your key message)
- **“What’s really important...”**
- **Remember they are looking for “the 15-20 second sound bite”**

Keep the message short!



The Media Interview

Prepare your clearly defined
‘PUNCHLINE’



Closing The Interview

- **If asked if you wish to add anything - reinforce your message**
- **Ask reporter if necessary info was obtained**
- **“If you need more information or clarification this is where I can be reached.”**

Follow - Up

- **Contact reporter and compliment on a good story**
- **Correct reporter – Re: unfair or inaccurate info**
- **If essential – write to Editor with tone of:**
- **“In the interest of better communication and clarity ...”**