

# careers A guide to oral presentation skills

**Arun Natarajan and John A Kirby** provide practical advice on how to make the most out of your oral presentation

Oral presentations form an integral part of a trainee doctor's work life. However small it may be, speaking to an audience can be a daunting task, especially for beginners.

## The basics

**Body language**—Be confident. You can get away with blunders if you are supremely confident. Do not hide behind your pulpit, but confront your audience instead. Be enthusiastic, and smile where appropriate. If you are not enthusiastic about your own presentation you cannot expect your audience to be. Dressing smartly and appropriately helps to impress even more. Hand gestures can be used to emphasise an interesting point, but do not overuse them. Use laser pointers freely, and if the little red dot on the screen gets shaky, use both hands to grip the pointer.

**Vocalisation**—Talk loudly, clearly, and, most importantly, slowly. Keep the talking terse and focused. Remember, a good proportion of the

audience may not be native English speakers, and many may not be particularly knowledgeable about your field. Rather than talking in a constant drone, try to pause between sentences and emphasise punctuation and important points. This helps the audience to understand you better. Do not read the slides! Learn at least the first two sentences of your talk. Link one slide to the next in order to maintain continuity. It is useful to hint at the next slide before revealing it, inducing an air of expectation. If using abbreviations, use only the standard ones. Avoid complex sentences and personal remarks.

## Preparing the slides

The slides are the backbone of your presentation. Therefore, you must put your utmost care and judgement into their preparation. PowerPoint is now used almost ubiquitously; as such, it would be a good idea to formally learn its various applications. You will be amazed at what you can do with it. Alternatively, playing around a bit will help you discover its numerous possibilities.

**Visual impact**—The most important aspect is to keep the slides simple. Minimise any animation and avoid flashy gimmicks. Standardise background colours and fonts on all slides. Aim to maximise contrast by using a dark background with light coloured text. The most popular combination is white or yellow text on a dark blue background. Be careful about usage of colour since a part of the audience can have varying degrees of red-green colour blindness. Use a good number of images and tables. They are often easier to understand than text. Most graphs and pictures can be “copy-pasted” from various sources and formatted on power point.

**Text**—Refrain from making cluttered slides; be prepared to speak more than write. Remember, the audience cannot both listen and read at the same time. Using bullet points improves readability, but do not use more than five per slide. Universal and Arial are the most popular fonts. Use at least a 36 point font for titles and 28 for body text. Using the master slide at the beginning to standardise your font sizes saves you work.

**Manage your presentation**—Time your presentation; allow 40 seconds to one minute per slide. If you need to highlight or label things, use text boxes and arrows. Do not forget to enable the slide or paragraph transition with the mouse click, as in many conferences a mouse is all you will have. Use the slide sorter in the end to adjust the order of slides and also to “hide” any during the presentation. Don't forget to compress image files, as there is no point in saving at a higher resolution than you can project; this saves you disk space.

## Specific presentations

**Case presentations**—This is the kind of presentation that everyone is likely to make during their early days as doctors. The case must ideally be a rare presentation of a common problem or a rare condition. Make sure you get plenty of practice, especially before grand-round presentations. Read up the relevant literature beforehand. Go through the case notes and lab reports thoroughly and present a summary only. Have x rays, scans, etc to hand. Anticipate and prepare yourself for possible questions. Most importantly, get the audience involved—when you come across interesting findings, stop and ask the audience what the diagnosis might be or what will happen next. Interactive presentations are always more interesting. Be honest about any mistakes that you or your team might have made when dealing with the case. Finish with a positive “take home” message.

**Teaching**—This can take the shape of a journal club, where a recent paper is discussed, a clinical topic, or even a case presentation. Journal clubs usually involve discussing an important clinical trial among junior doctors and colleagues at departmental meetings. The study design, methodology, results, and clinical implications are all commented on, and it would be prudent to discuss the paper beforehand with a senior registrar or consultant. If talking about clinical topics, organise the presentation into aetiology, symptoms and signs, diagnosis, and treatment. It would also be useful to cite a recent case as an example.

**Audit presentation**—Audit presentations disseminate findings of audits, which were designed to identify deficiencies in practice ➤

## Types of oral presentations

- Teaching
- Audit presentation
- Case presentations
- Conference presentations of varying length

### Purpose

- To disseminate new findings
- To increase people's awareness
- Teaching
- To enhance your CV

### Modes of presentations

- PowerPoint
- Overhead projectors with slides or acetates
- Posters
- Blackboard

## Major do's

- Speak slowly and clearly
- Rehearse your talk to perfection
- Keep the talk terse and focused
- Be enthusiastic
- Anticipate and prepare for questions
- Learn how to make the most of PowerPoint
- Keep the slides simple
- Include plenty of images
- Stick to the time limit
- Give a final "take home" message

## Major don'ts

- Don't extemporise
- Don't read the slides
- Don't use complex jargon or abbreviations
- Don't make busy slides
- Don't use small or decorative fonts
- Don't overanimate the slides

regarding a particular field and ultimately improve them. As such, the presentation must begin by stating why the audit was undertaken, current evidence based standards, findings of the initial audit, recommendations made, and the re-audit, demonstrating improvement in practice.

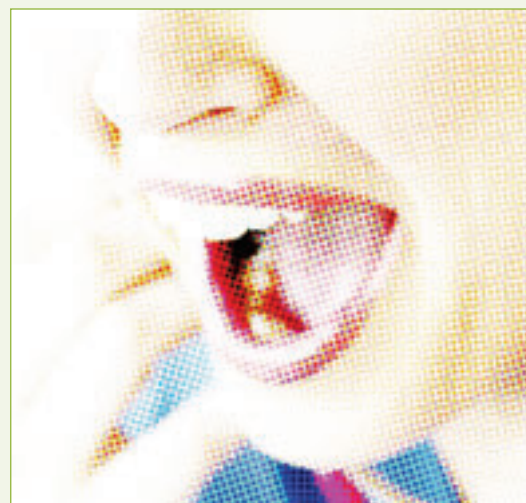
**Abstract presentations**—An abstract presentation is a formal, short, scientific talk, where PowerPoint is almost always used. It summarises one's research study and usually lasts between five and 20 minutes depending on the conference. This is always followed by an allocated time slot for questions, so be prepared! The presentation should be crisp, clear, and strictly conform to the time limit. Speakers may be stopped midway through their talk for overshooting the time limit. Never attempt to extemporise in these sessions. Write your talk word by word, at least three to four weeks in advance, and practise thoroughly. It's not improper to have a printed version of your talk to hand on stage. It would be helpful to practise the talk in the presence of your supervisor or other senior staff in the department (ideally in a large lecture theatre). This will help overcome the fear of the stage and also elicit questions and useful criticisms. It is best to spot the bugs early and on home ground.

The background must be brief and focused. Quote only vital references. Describe the key methods by only using images. Results are best displayed as tables and graphs, since you can take your audience through them. Emphasise the positive (or negative) outcome in your discussion. Do not forget to add a few words about the limitations of your study. Conclude by commenting on the practical implications of your study and future prospects. 

**Arun Natarajan** clinical research associate (cardiology), University of Newcastle and Freeman Hospital  
Arun.natarajan1@newcastle.ac.uk

**John A Kirby** professor of immunobiology, Department of Surgery, Medical School, University of Newcastle upon Tyne

*talk loudly,  
clearly, and,  
most  
importantly,  
slowly*



WWW.PHOTOS.COM

## Tips on Presenting to a clinical audience

The ability to deliver an effective presentation is an essential skill for any medical student or junior doctor. Students may be asked to present a verbal clinical summary of a patient they have just seen, or on what they have learnt from a clinical attachment or elective. Here are my tips. These tips are applicable to any form of presentation to a clinical audience from one to 100 in number:

- Introduce yourself. Whether you are standing in front of a radiologist in an x ray department, or a nationwide annual meeting of UK radiologists, tell them who you are and where you work.
- Establish goals from the outset. In a clinical setting this may mean saying, "I think this patient needs a computed tomography scan because...". A more formal presentation should begin with an "aims and objectives" slide. Let them know where it's all going as early as possible.
- Maintain eye contact. Obviously you cannot do this with everyone at a large meeting, but you can move between several different faces—it adds to the sense that you are interacting effectively.
- Know your time limit. Most large meetings have official timekeepers. If you start to go on too long, you will be cut short, and may miss the opportunity to express the most important point. Senior clinicians like to know the whole story, but in as few words as possible.
- If you want others to be interested, you need to seem interested yourself. This is achieved by keeping your voice passionate instead of monotonous. A well timed smile (usually in the beginning and at the end) can be another crowd pleaser.
- With formal presentations, keep slides simple, replacing sentences with points, usually no more than five per slide. An effective colour scheme is a blue background with yellow title and white text. You should verbally elaborate on each point, and always enrich things with a few relevant pictures or diagrams. Finally, summarise and invite questions at the end.

**Andrew J Diver** research registrar, Department of Plastic Surgery, Royal Free Hospital, London  
andrewjddiver@hotmail.com



FROM SHUTTERSTOCK