

Chapter 1 **Principles of communication**

Angela Hall and Peter McCrorie

Many readers of this book will have attended conferences and listened to doctors making presentations. Think about these presentations. Which ones were memorable and why?

Communication is, by definition, a two-way process – an interaction. Presentation tends to be one way only, so is there anything at all that we can take from research underlying communication and how people learn, that is of any relevance to the topic of this book? Assuming that the intention of your presentation is to inform your audience, so that something is learned from you, what do we know in general about how people learn?

People learn best when (Silverman *et al.* 1998):

- they are motivated
- they recognise their need to learn
- the learning is relevant, in context and matches their needs
- the aims of the learning are clear
- they are actively involved
- a variety of learning methods is used
- it is enjoyable.

Presenting at meetings is not of course just about giving information ('I told them, therefore they know it') but about imparting it in such a way that people understand and take something away from it. Can we draw a parallel with the information-giving process between doctors and patients? There is in fact much evidence from research into medical communication showing that the following behaviours result in the effective transmission of information from doctor to patient (Knowles 1990):

- Decide on the key information that the patient needs to understand.
- Signpost to the patient what you are going to discuss.
- Find out what the patient knows or understands already.
- Make it manageable – divide it into chunks.
- Use clear, unambiguous language.
- Pace the information so that the patient does not feel overwhelmed.

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- Check what the patient has understood.
- Invite questions.

Adopting these behaviours means that, as a doctor, you are doing your best to ensure that your patient both hears and understands what has been said.

What can we take from these two sets of principles that is directly relevant to giving presentations at meetings?

Preparation

Know your audience

Decide what it is about your topic that you want your audience to understand. The presenter is usually in the situation of knowing a lot more about the subject than many of the people in the audience. Find out about your audience. What is their level of knowledge likely to be? How many are likely to be there? The smaller the number, the greater the potential for interaction. Is the language in which you are giving your presentation your audience's first language? Regardless of first language, will your audience have a feel for the technical/medical/scientific terminology with which you are so familiar? Above all, avoid the temptation to try to impart more information than your audience can possibly assimilate. Message – keep it simple.

Don't let yourself get too anxious

Anxiety on the part of either the giver or receiver can act as a barrier to effective communication. Most experienced presenters will tell you that they are always anxious before starting their talk and this does not necessarily get better over time. It is normal and can be advantageous – a certain amount of adrenaline actually makes for a more exciting presentation. Lack of anxiety often results in the presentation appearing a bit flat. On the other hand, too much anxiety is a problem not only for the speaker but also for the audience. An audience can feel embarrassed and show more concern for the state of mind of the speaker than for what is being communicated. Sometimes deep-breathing exercises can help. Most people find that once they get started, anxiety drops to manageable levels. As with an examination, the worst time is just before you turn over the paper.

Rehearse your presentation

An important key to anxiety reduction is to know that you are properly prepared. Not only should you be sure about what you are going to say but how long it will take to say it. This means practising your presentation, preferably in front of colleagues whom you trust and who will give you constructive feedback.

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It is highly unprofessional to over-run and encroach on other speakers' time. A good chairperson will not permit this anyway, with the inevitable result that your talk will be incomplete or rushed at the end. Rehearsal is important.

Prepare prompt cards

What do you take in with you in the form of notes to your presentation? If all you do is read directly from a prepared script, there will be no effective communication with your audience. You might as well have distributed a photocopy of your talk and asked the audience to sit and read it.

Reading also removes any opportunity for eye contact, for judging how the presentation is being received, or for spontaneity. Have you ever laughed at a joke that has been read out to you? A far better solution is to use prompt cards. Prompt cards carry only the key points of your talk. They serve partly as an *aide memoire* and partly as a means of reducing the anxiety of drying up.

Check out the venue and equipment

Arrive at the venue early enough to check out the room size and layout, the location of light switches and the equipment you are intending to use. If you have opted for a PowerPoint presentation, check that the system is compatible with your computer/CD.

Always bring back-up overhead transparencies – just in case disaster strikes. Check that your slides/overheads are visible from the back of the hall. Be sure you know how to operate the equipment – OHP controls, laser pointers, lectern layout, video recorders, etc. The audience will be irritated if you are apparently experimenting with your equipment at the start of your presentation.

Content

Say what you're going to say; say it; then say what you've said

All presentations should have a beginning, a middle, and an end. First, you describe the purpose of the talk and the key areas you will be considering. Second, you deliver the main content of the talk. This should cover:

- why the work was done
- how it was done
- what was found
- what it means.

Finally, you should summarise what you have said in a clear and concise way. Don't worry about repeating yourself. Repetition aids understanding and learning.

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Put your talk in context

It is often erroneously assumed that an audience understands the context of a presentation. An example will illustrate this. Try to memorise as many of the following statements as you can:

- A newspaper is better than a magazine.
- A seashore is a better place than the street.
- At first, it is better to run than to walk.
- You may have to try several times.
- It takes some skill but it's easy to learn.
- Even young children can enjoy it.
- Once successful, complications are minimal.
- Birds seldom get too close.
- Rain, however, soaks very fast.
- Too many people doing the same thing can also cause problems.
- One needs lots of room.
- If there are no complications, it can be very peaceful.
- A rock will serve as an anchor.
- If things break loose from it, however, you will not get a second chance.

It's hard, isn't it? Now reread the statements in the knowledge that the title (i.e. the context) of the exercise is 'making and flying a kite'. This time, you will find it easier to recall the statements. Although this example may seem a little unusual, there is much documented evidence in educational research showing that learners are often not able to relate new knowledge to whatever they already know about a certain subject. Having a context through which new information can be related to existing knowledge results in better memory recall (Schmidt 1993). It is also important to put your presentation into a more general context – how it relates to others speaking in the same session, the meeting or conference theme.

Delivery

Pretend you are on stage

Giving a talk is not unlike being on stage. First impressions matter, so do not shuffle, fidget, mumble, or talk to the projector screen. You do not want the audience to be distracted from what you are saying by how you behave. Remember that your non-verbal communication is as important as the words that you use. Grab the attention of your audience right from the start; you can appeal to their curiosity, tell an anecdote, use a powerful and pertinent quote. Smile and look confident. Speak slowly and clearly and vary your tone of voice. Look around your audience as you talk. Catch their eyes and engage them by being enthusiastic, even passionate, about your subject.

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Decide on your mode of delivery

The medium of presentation needs some careful thought. The obvious contenders are flipcharts, overheads, and PowerPoint presentations. Which is best for you? With which are you most comfortable? Which is the most impressive? Which best illustrates the material you wish to present? These are questions only you can answer. You must weigh up the pros and cons and make a decision.

Make your visual aids clear and simple

Just as doctors can reinforce the information they give to patients with written materials or simple diagrams or drawings, your visual aids should illuminate or illustrate your words. If you are showing a slide for instance, it is enormously helpful to state what in general it is about as you show it. If your audience needs to read something on your slide or overhead, stay silent for a few seconds. You will be very familiar with your material but do not assume that your audience shares your understanding; for example say what the 'x' and 'y' axes represent on a graph; explain the key to your histograms. We would probably all like a pound for every slide or overhead that we have been shown in a scientific presentation that is impossible to see or interpret, for which the presenter apologises to the audience. So why show it? Why not make a new slide which summarises the point that the original was attempting to make?

Consider varying the delivery mode

Attention span is limited, especially if your audience is sitting through a series of presentations. In a presentation lasting more than 15–20 minutes, it is worth thinking about switching modes of delivery – for instance, to use a video clip to illuminate a particular point which you wish to drive home. Think about the visual impact of being *shown* an operating technique, for instance, versus a verbal description of it. Or a real patient describing a condition they suffer from, versus your description of what such a patient might say.

Don't go over the top

We have all been to presentations that were dazzling – dual projection, fancy animated PowerPoint slides, video clips, etc. But have we remembered a thing about the content of these glitzy presentations? Probably not. What is crucial is not to allow the medium to overwhelm the message. It may seem an obvious point, but the greater the number of modes of delivery, the greater the risk of technical failure.

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Don't be frightened of questions

What is unpredictable, and invokes much anxiety, is the prospect of being asked difficult or awkward questions at the end. This is dealt with in more detail in Chapter 9, but remember that there will always be questioners who are trying to score points, gain attention, or display knowledge rather than genuinely trying to find out more about your work or ideas. The audience is usually aware of this and will be on your side. If you know that there are areas in your presentation that may confound or compromise some of the evidence that you are presenting, address these in the body of your talk to preempt obvious points of attack from questioners. Remember that good research provokes as many questions as it answers and occasionally a member of the audience will ask the question that you had not thought of that will trigger your next research proposal. Doctors should not pretend that they know the answer to a patient's question when they do not. Similarly, admit to your audience if you cannot answer one of its questions, agree to find out the answer and remember to follow it up. You can sometimes engage your audience more actively if you throw the question back.

Look out for non-verbal communication

How you check what the audience has understood from your talk is clearly difficult though not impossible. The questions that you are asked at the end of the talk may give you some insight into the level of comprehension. But what does it mean if no questions are asked at all? What is conveyed to you non-verbally from the audience during your presentation may be just as revealing. Do people look interested or puzzled? How many have gone to sleep? How many are fidgeting or have actually left the room? If you spot any such behaviour, either bring your talk to a conclusion or do something to wake up the audience, such as asking a question or telling an amusing anecdote.

Conclusion

There is real satisfaction to be had from giving a presentation that is well thought out, properly rehearsed, and confidently and enthusiastically delivered. Indeed, anything less indicates lack of respect for your audience and will leave you feeling embarrassed and disinclined ever to repeat the experience. Abraham Lincoln said, memorably: 'If I had 6 hours to chop down a tree, I should spend the first 4 hours sharpening the axe'. The message is clear. Your presentation will be great if your preparation has been thorough. Take heart from the experience of most presenters which is that although they may feel very nervous beforehand, once started they actually enjoy the experience. There are few highs to be

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compared with knowing that your careful preparation paid off and you got it absolutely right.

Summary

- Presentation tends to be a one-way communication process.
- Prepare your presentation well by understanding your audience, rehearsing your presentation, preparing prompt cards, and checking the venue and equipment.
- Think of the content: describe the purpose of the talk, deliver the talk, and summarise.
- The delivery of the presentation is important – think carefully about both verbal and non-verbal communication and visual aids.

References

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- Silverman J, Kurtz S, Draper J. *Skills for Communicating with Patients*. Radcliffe Medical Press, Oxford, 1998.