

Training matters

Conference presentation techniques

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The presentation of factual material to an audience has become a routine part of psychiatric training, be it a case presentation, a journal article or original data. It can be seen as an anxiety-provoking task that bears little relevance to everyday practice. But it can become a creative endeavour with its own reward. Organising the material so that it can be easily understood clarifies your own thinking on the subject. The medium of a presentation both passes on information and enables quick and useful feedback. And, most importantly, it provides a deadline to work towards. Over the year a tradition of oral advice about conference presentation technique has been built up among research workers with the Team for the Assessment of Psychiatric Services. This team is evaluating the closure of Friern and Claybury Hospitals and has presented preliminary work at a yearly conference since 1986. This advice has usually been passed on during the frantic weeks that build up to our annual conference. This essay is an attempt to set down in writing some of those guidelines.

General design

Your presentation needs a shape. It may seem obvious, but it needs an introduction, a middle where ideas are developed or results explained, and a conclusion. Once you have the information roughly assembled, tidy up the end of the talk first and work backwards to the introduction. Try to end with no more than a few important items of information and then prepare the introduction so that the audience is forewarned of them. One way is to begin with some questions and then end with their answers. A useful guideline is to assume that the audience will not take away with them more than three points from your talk. It is helpful if at the beginning you give the audience a plan of your talk. It will serve as a route map that will help them to know where you are and where you are going to next during your presentation.

Verbal technique

Never read from a paper or learn one as if it were a script. Spoken language contains many repetitions,

clarifications and personal idiosyncrasies that maintain a listener's interest. In contrast, written language serves a different purpose, and has these additions pruned out. As a result it can seem lifeless, too dense and boring if read aloud. Listeners need redundancies to keep up with the flow of ideas. Instead try to know your subject well enough to talk freely about it, while using the overhead as a prompt. In this way what you say will be synchronous with what the audience sees. This avoids the muddle that occurs when there is a mismatch between what is heard and seen, which leaves the audience puzzled about what to attend to.

For important points use the 'ready-steady-go' technique. In other words, tell people what you are going to say, warn them that you are about to say it, then do so. (As Hillaire Belloc wrote: "I tell what I'm going to tell them, then I tell them, then I tell them what I've told them").

Wit can be a useful ploy, especially to break up otherwise tedious passages. However, humour needs to be signalled beforehand and delivered naturally. If it is going to look stilted and rehearsed it is best avoided.

Pay attention to your posture, intonation and delivery. If you do not your audience will, and your words will be lost on them. Try to keep your head up and spread your attention evenly among the audience. Speak loud enough to be heard at the back of the room, vary the pitch of your voice, and try to avoid speeding up if you begin to feel anxious. Use your hands to accentuate points. Never put your hands in your pockets as it provides an unnecessary diversion for your audience's attention.

Try to rehearse your presentation at least a couple of times before your peers. They will be a far more critical audience than any general one you will have to address later and are generally better-informed. Rehearsal helps you to habituate to the situation. However, do not repeat an identical presentation at repeated rehearsals, but experiment with different variations. Remember that too much repetition can stifle spontaneity.

Visual aids

Provided they are well prepared, overhead transparencies have advantages over slides. They avoid the soporific effect of dimmed lights. They can combine the function of being both a prompt for the speaker and a source of data for the audience, which slides cannot. Transparent arrows can be placed on overheads to guide the audience through, or a sheet of paper can be drawn down to reveal one relevant section at a time. If you must use slides even more attention should be paid to their content and layout.

Whatever the content, it is vitally important that your transparency is clearly visible to all your audience. This is the most common and most disabling mistake in the use of these visual aids. If you use standard A4 size transparency sheets text $\frac{1}{4}$ in high is a useful minimum size in most presentation settings. While this may limit the amount of information you can place on one transparency it may also concentrate your message. Remember that all of your audience will be further from the screen than you are, and that many of them will not have the visual acuity of youth.

Remember the 'T-shirt' rule: each transparency should have the clarity of an image printed on a T-shirt, that is able to convey just one message as it passes by. Use colour to make your information visually attractive and hence more easily understood.

Pace your self. Visible transparencies that display clear messages are half the battle, but they must be presented at a sensible tempo. It is better to leave one transparency on view and talk around the message it provides, than to present rapidly several transparencies that echo your words verbatim.

Computer technology

If you have access to a computer, appropriate software, and a laser printer, it is worth learning how to make laser printed transparencies. They are very visible, readily adapted, and quick to prepare. It is often faster to print a high-quality, computer-generated transparency than to make one by hand. If you use a computer for word processing or graphics, you can use work you have already prepared as the basis for your transparencies. Before considering the various hardware and software options, however, retain one crucial piece of advice: you must always use specialised copier-grade acetate sheets for your transparencies. These cost about 50p per sheet, but are considerably cheaper than the price of melted plastic inside your laser printer or photocopier.

The choice of computer that you use is not vitally important. Any system that you are familiar with, and which will drive a laser printer, is acceptable. Of course, higher specification machines may make life easier in some ways but their main advantage is likely

to be in the speed rather than the quality of printed output. If you are lucky enough to have a choice of laser printers this will make a difference to your work. Postscript-compatible printers are the most sophisticated, expensive, and relatively rare in medical contexts currently. Use them if you can. The next category is the latest generation of Hewlett Packard-compatible printers (e.g., the HP LaserJet III). These have widely adjustable font sizes, a feature that is particularly useful for creating transparencies from existing word-processed text. If your software will drive these printers, do investigate whether one is available to you. The final type of laser printer is the original Hewlett Packard-compatible model, like the HP LaserJet II. These are now relatively widely available, work with most software packages with a minimum of fuss, and produce highly-acceptable results although they are less flexible than the other types of printer. All types of laser printers benefit from additional memory capacity, especially if complicated page layouts or graphics are to be printed.

Word processor software. This is the easiest method to produce high-quality transparencies. Any work-processor package that can drive a laser printer will work for this purpose but some specific features are worth pursuing. First, it helps to have a range of large print sizes and various font types that can be easily created from within the software, in conjunction with the particular printer you use. For example, you can 'colour in' fonts that outline the shapes of letters. Second, it is particularly useful to be able to get an accurate idea of what your transparency will look like, including all the layout features and various font options, before you print it. This is the so-called 'what-you-see-is-what-you-get', or WYSIWYG, feature. Word processor packages differ widely in this respect. Third, layout options like automated table design, columns, and automated outline and paragraph numbering features, can be specially effective for transparencies. Both WordPerfect and Word are popular packages with a full range of features, but competitors like Lotus Manuscript, Ami, and Wordstar all have their adherents. Familiarity is the name of the game – whatever software you know best is likely to give you the best results.

Questions from the audience

The most harrowing part of a talk can be responding to the audience's questions. There is rarely a simple request for further information. It may improve your grasp of them, by classifying them into four types: 'apparent questions', 'statements', a combination of the two, which we term 'question-statements', and 'woolly questions'.

'Apparent questions' superficially appear to ask a question but, in fact, serve to signal to the audience the cleverness of the questioner. It is best to acknowledge this and then get on to answer the factual part of the question if necessary. 'Statements' need only a polite expression of gratitude for whatever point is being made. 'Question-statements' are the most difficult to respond to. They require a kind of free association to the material and a response to where the emphasis seems to lie in either the question or statement part. You may not get it right the first time, but the questioner can always use your response to clarify what he or she was trying to say. 'Woolly questions' can be dealt with in one of two ways – either used as a launching pad for any point you

forgot to include in your talk, or you can ask the questioner to formulate a concise question – most will be unable to do so. If you cannot answer a question say so and do not waffle. If appropriate you can offer to provide the information at a later date.

Conclusion

Inevitably, these guidelines will not suit everyone. However, we thought it useful to record some of the advice, built up by trial and error, from the annual TAPS conferences. Although it is necessary to have material that will interest a particular audience, that alone is insufficient, and you need to carefully tailor the way it is put across.

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Psychiatry of the elderly and geriatric medicine

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The West Midlands Senior Registrar Rotational Training Scheme in General and Geriatric Medicine has established links with the Senior Registrars in Psychiatry of the Elderly and their trainers. Reciprocal attachments to one another's specialty are encouraged and expected, much along the lines of the Royal College of Psychiatrists and British Geriatrics Society recommendations. This has been gratifyingly successful: the attachments have proved very satisfactory in themselves and have led to joint research and to friendships, some of which may form the basis of harmonious and constructive working relationships in years to come.

My postgraduate training had not included any formal psychiatric training and thus my knowledge was that of a forgetful undergraduate. Preparation for the month-long period of attachment began with textbooks but it was soon apparent that four weeks would not transform me into a psychogeriatrician.

I was to learn much about the differences between the practice of psychiatry of the elderly and medicine in the same age group. More importantly I was to learn their similarities. An extremely friendly reception soon put me at my ease and exemplified one notable feature of the attachment – the interest taken in the patient (or in this case, temporary staff member) as a whole person by all members of staff. This approach, coupled with the impression that there was always time to discuss problems or matters of mutual interest, allowed me to meet my objectives

and explore other areas. Geriatric services have developed partly as a result of cooperation with the multidisciplinary team, but I was delighted to meet a *de luxe* version of the same model in the psychiatric team. Likewise the finely tuned mechanism of community liaison and support was better developed than I had previously encountered. Particularly fascinating was the manner in which firm footholds had been established in the community, partly by the establishment and nurturing of reciprocal relationships with managers and owners of residential and nursing homes and others working in the statutory, voluntary and private sectors. Other features of interest include the different roles of and approach to members of nursing staff. The increased level of responsibility assumed by psychiatric nurses appears not to lead to any difficulties but rather brings out the best in many individuals. Perhaps the most relevant clinical point is the principle of seeking the correctable problems no matter how apparently hopeless the case. The importance of searching for problems or potential difficulties proved its value, both in terms of prevention and in building relationships with relatives and carers based on confidence. This proactive approach is to be recommended in geriatric medicine also, and indeed is familiar practice.

These attachments may be beneficial in other ways. The presence of a relatively senior geriatrician appears to be valued and I was glad to be able to advise on matters related to physical problems. This