

Effective Oral Presentations: The Steps to Making an Impact on the Podium

Raviteja Innamuri¹, Sharad Philip², Jayant Mahadevan³, Pratikchya Tulachan⁴, Naga VSS Gorthi⁵, Amit Singh⁶, Guru S Gowda⁷, Harita Mathur⁸, Rajesh Shrestha⁹, Shreeram Upadhyaya¹⁰, Lochana NP Samarasinghe¹¹, Rajitha D Marcellin¹², Samindi T Samarawickrama¹³, Shanali I Mallawaarachchi¹⁴, Yasodha M Rohanachandra¹⁵

ABSTRACT

There is convincing evidence to support that the skills to deliver an effective oral presentation are essential tools for a successful career. These skills are yet not part of the official academic curriculum across many Asian countries. This invariably affects young researchers who are seeking to build confidence through these presentations. The authors examined the relevant literature sources for recommendations and guidelines to prepare an effective oral presentation and have added insights and learnings gleaned during the “Early Career Psychiatrist Leadership and Professional Skills Workshop.” Key takeaways—An effective oral presentation does not begin with making a PowerPoint presentation but identifying the key message and building a mental structure of the presentation in a spoken style. Any rule of making a presentation is only valid if it assists in delivering this key message. Having slides is not mandatory and one has to examine whether the slides of the presentation complement or are distracting the audience from the presentation. Similarly, statistics can be presented outside of tables in many compelling ways. It is prudent to cautiously explore and experiment with the guidelines and learnings listed here to suit the early career psychiatrist (ECP) style. We believe that these gleanings can benefit other medical professionals with relevant modifications.

Keywords: Early Career Psychiatrist, Early Career Psychiatrist Leadership and Professional Skills Workshop, Effective oral presentation, Preparing a presentation.

Indian Journal of Private Psychiatry (2022): 10.5005/jp-journals-10067-0112

INTRODUCTION

Making an oral presentation is an unavoidable activity i.e., undertaken by doctors at every level of their career. Presentations could be as part of academic sessions (journal clubs, paper presentations, seminars, lectures) or for teaching (students of psychiatry, allied mental health courses, or colleagues from other medical specialties), or for patient education and support groups, or as administration-related (such as audits, periodic reports, and departmental meetings). There is evidence to suggest that strong presentation skills are correlated with more credibility, more interest, and are more followed. Hence, strong presentation skills are desirable for everyone, be it a researcher, teacher, or a clinician.

Strangely, despite several convincing arguments about the need to develop these skills,¹ they are not a part of the academic curriculum in several universities across Asia. The authors acknowledge that while making oral presentations routinely done by trainees during their courses, the feedback that follows routinely is related to the academic content of the presentation and there is no particular emphasis on developing better presentation skills. This deficit in the training programs is palpably felt when these postgraduate trainees transition to being consultants. Recognizing these lacunae among the early career psychiatrists; workshops are being conducted. One such program is the Early Career Psychiatrist Leadership and Professional Skills Workshop that was conducted at the National Institute of Mental Health and Neurosciences in Bengaluru, India, which focused on building early career psychiatrists more competent in delivering effective presentations. This training program is funded by the Dr Ramachandra N Moorthy foundation and supported by Association for the Improvement

¹Department of Psychiatry, Christian Medical College, Vellore, Tamil Nadu, India

^{2,3,7}Department of Psychiatry, National Institute of Mental Health and Neurosciences, Bengaluru, Karnataka, India

⁴Department of Psychiatry, Maharajgunj Medical Campus, Institute of Medicine, Kathmandu, Nepal

⁵Old Age Psychiatry Liaison Team, Cumbria, Northumberland Tyne and Wear NHS Foundation Trust, Newcastle, United Kingdom

⁶National AIDS Control Organization, India

⁸Department of Psychiatry, VMMC and Safdarjung Hospital, New Delhi, India

⁹Department of Psychiatry and Mental Health, Lumbini Medical College and Teaching Hospital (LMCTH), Kathmandu University (KU), Kathmandu, Nepal

¹⁰Department of Psychiatry and Mental Health, Institute of Medicine, Tribhuvan University Teaching Hospital, Kathmandu, Nepal

¹¹Department of Psychiatry, North Western Mental Health, The Royal Melbourne Hospital, Parkville, Victoria, Australia

¹²National Institute of Mental Health, Angoda, Sri Lanka

¹³Department of Child and Adolescent Psychiatry, Lady Ridgeway Hospital for Children, Colombo, Sri Lanka

¹⁴Department of Psychiatry, Ministry of Health, Colombo, Sri Lanka

¹⁵Department of Psychiatry, University of Sri Jayewardenepura, Nugegoda, Sri Lanka

Corresponding Author: Sharad Philip, Department of Psychiatry, National Institute of Mental Health and Neurosciences, Bengaluru, Karnataka, India, Phone: +91 9686520895, e-mail: sharadphilipdr@gmail.com

of Mental Health Programs, Geneva. The training was led by Professor Norman Sartorius, along with other mentors including Dr Mohan Isaac, Dr SK Chaturvedi, and Dr Pratima Murthy. The authors have attended this training program and believe that it has significantly improved their confidence and competence. They share their learnings through this article for the benefit of the larger community of early career psychiatrist who too are in the process of building their identity as young professionals.

STRUCTURE OF THE SESSION IN THE WORKSHOP

The attendees of the workshop were certified psychiatrists from different member states of the South Asian Association for Regional Cooperation (SAARC). Since all the attendees of the workshop made several presentations at different points in their careers, a top-down approach was utilized. All of us were asked to make a 15 minutes presentation (10 minutes talk + 5 minutes Q&A session) on a topic of our choice. Through our trainee experiences of academic presentations, we were confident about the content of our presentations. Interestingly, our mentors did not focus on what was presented, rather refined how we presented. The topics widely varied and ranged from presentation on disorders and paper presentations to personal experiences. From the presentations of the fellow participants, we also encountered many styles and rules of thumb—such as the often quoted “rule of 6,” use of colors, graphics, and slide animations. After each presentation, a feedback was given by the audience—first by the participants and then the mentors. It was quickly realized that the feedback for the presentations was increasingly similar than anticipated. This meant that despite being from different countries and backgrounds, there were common mistakes being made by all. The mentors reflected these to the participants who acted on these suggestions with quick improvements on their subsequent presentations. We also began to model our mentors as they conducted sessions with regard to setting the stage, positioning themselves, making eye contact and engaging everyone in the audience.

LEARNINGS OF THE SESSION

The authors admit that the experience of one-on-one interactions and personalized feedback from the mentors of the workshop cannot be completely represented in words. However, an attempt has been made to categorize the learnings for representation through this article. We also wish to caution the reader that none of these measures can address deficiencies in content.

Step 1: Finding Your Drive-home Message

An impactful presentation does not start with making of a PowerPoint presentation but rather framing a mental structure of the presentation. This requires the presenter to discover the message he or she seeks to convey through the presentation. This message needs to be simplified and written down in the *language of talking*, i.e., in the way it is said. This is quintessential to making an impactful presentation. Then, decide whether a visual aid will be useful for the presentation, i.e., whether it can save time in explanation and make the talk easier to understand.

Step 2: Preparing the Talk

This is usually the most intense, time taking, and at the same time the most interesting of the preparation process. The preparation should start with the audience in mind.²⁻⁴ Though several articles recommend the presenter to understand the sociodemographic

How to cite this article: Innamuri R, Philip S, Mahadevan J, et al. Effective Oral Presentations: The Steps to Making an Impact on the Podium. *Ind J Priv Psychiatry* 2022;16(2):99–102.

Source of support: Nil

Conflict of interest: None

characteristics of your potential audience, Prof Sartorius suggests that the talk be prepared with respect but assuming that your audience were 12-year-olds. In order to command the attention of the audience during the talk, the speaker can emphasize why the audience should listen to the talk by presenting the (potential) consequences of the findings or information. A presentation well delivered will have **ethos, pathos, and logos**; meaning an adequate explanation of the context, a lucid elaboration on the relevance, and erudite content.

Step 3: The Visual Aid

Visual aids are recommended and have become a norm.⁵ Review of available literature suggests that visual aids decrease the time of presentation, increase interest, improve comprehension, retention, and acceptance. However, it has also been noted that despite the easy availability of tools for creating such visual aids, the quality of these presentations has been deteriorating. Here are the things to focus for the creation of an effective visual aid.

An effective visual aid for a 10-minute presentation can comprise the following:

General Considerations

The PowerPoint presentation should only be an aid and not the focus of the talk. Similarly, the visuals are not obligatory and when used should be complementary to your talk. They should not require much explanation as they are essentially used to shorten, and not prolong your talk!

Beginning

The beginning of the presentation must be like the Google home page. Do not overcrowd but convey the most important aspect of the presentation—the title of the talk, your identity, credentials, designations, and affiliations. The use of important logos or pictures to convey these can also be encouraged.

Continuation Slides

Before proceeding with the main content, consider the need for a table of contents for a panoramic view of the talk, if the talk is longer than 40 minutes. The text needs to be condensed to one liners, preferably. It is important not to load too much content into your talk.

- Number of slides and lines: Remember that slides are cheap and it is recommended to use more of them and not crowd the text. Ideally, do not have more than four lines on a slide.
- Spacing and color: The lines need to be spaced adequately. Using an opposite contrast color such as black on white background or white on black background is the best. If more colors are being used, not more than three colors are recommended.
- Font style and size: The font needs to be legible and readable. Hence, it is preferable to use Arial, Calibri, or Cambria rather than other bold and cursive styles. Often, words made bold or underlined for emphasis become less visible. The font size

recommended to make text legible from afar is font 32 as a rule, 24 or 28 for legends.

Concluding Slides

Repeat the main finding(s) in the summary of your talk. In the ending slide, one can diligently use the space to provide the contact details, especially email ID, for further correspondence. Thank you can be expressed orally and genuinely instead of a thank you note or message on the slide.

Step 4: Rehearsing the Talk

Remember the quotation, “the more you sweat in practice, the less you bleed in battle.” The same holds true for a talk as well. So, once presentation is made; rehearse! In the words of Prof Sartorius, the talk has to be timed mercilessly! If possible, try the talk out on friendly but uninterested people to gauge the impact of the talk. Otherwise, a friend or a family member could play the role of an audience.

Step 5: Knowing your Room and your Tools

In most literature or workshops done on the art of presentation or public speaking, this is a neglected but extremely relevant section—the tools available for use. Without question, the presenter (yourself) is the most powerful tool available. This especially includes your eyes (eye contact), hands (gestures), legs and trunk (posture and movement), voice (intensity, prosody), and dress (overall attire).

The tools to create a great experience for the audience include the right use of the pointer (should be focused to highlight and not moved hither and thither), microphone (placed as per the requirement of height, volume sufficient to be heard at the back and avoiding disturbance of the speaker’s breath), lights (in the background of the speaker can cause a glare and decrease visibility of the presentation), podium (height should allow visibility of the upper body for face and gestures, and positioned away from the door to avoid intrusions as people enter/exit), positioning of the computer (to allow comfortable change of slides), and most importantly, the time (further elaborated under ‘walking the talk’ section in this article).

Adding to this armamentarium includes the judicious use of handouts, PowerPoint texts and hidden slides, blackboards or whiteboards, recordings and witness materials.

Step 5: Knowing your Audience

This includes knowing the average age-group, social background of the majority of your audience. This can make it easier for the presenter to gauge the attention and reaction of the audience and to avoid making any controversial or politically incorrect statements. It is important that they the speaker respects them, feels grateful for their valuable time, and plans to give them his or her best talk to reach the goals of the presentation. It must also be remembered that “knowing your audience” is not a single step but a dynamic process all along the presentation.

Step 6: Walking the Talk

With all the above preparations in place, the act itself will not be as difficult as anticipated. It is highly recommended to have a good night sleep and well-fed stomach before the talk. It is recommended to reach the location of the talk ahead of the scheduled talk, check on the apparatus (and alternatives) and the helpers, the name

of the chairman, and—if possible, topics of other talks and be a worried optimist.

To begin with, here are a few do nots—do not begin the talk with a joke unless the joke is about yourself, do not say how difficult it was to produce the paper, and do not apologize (for fluency in English, or coughing). One can narrate relevant personal experiences (but never embarrassing ones) which can add an emotional weightage and can draw the audience towards the cause of the presentation. It is a good idea to learn the first and the last phrases by heart.

Reading out the slides reflects badly on the presenter (as someone not confident of his or her message). This is why use of flash cards is often recommended. One can use a few words on each card, as a reminder of the sentence. Cards help to follow the line of the talk and can be put on a key ring in the right order to maintain the sequence of the presentation. The text on the card could be in large legible letters for visibility during the presentation.

Keeping the audience engaged throughout the presentation is often the biggest challenge faced by speakers.⁶ A good eye contact (of all the quadrants of the hall), adequate gestures matching the talk, engrossing voice, and moving across the stage (but not moving back and forth in a repetitive fashion) can be desirable to engage the audience. It helps to remember that messages are best delivered after the introduction and the penultimate section of the talk. Figure 1 explains the expected attention of the audience during the timeline of the talk.

Step 7: The Challenges of the Q&A Session

This is often the most challenging segment of the talk as any amount of preparation can still leave the presenter vulnerable. Before the talk, the homework can involve thinking of difficult questions and their answers. It is important to recognize the difficult question when posed by the audience. These questions have several subquestions and parts and are usually related to hypothetical cases and questions about facts not presented in the talk.

Similar to beginning the preparation for the talk with a “why” the presentation is being made, it is important to try to understand why the question is asked. Sometimes, it is meant to obtain more information or a way to promote self or questioner’s own message. Not unusually, the questioner sometimes might just hate you or wants to help you for any reason.

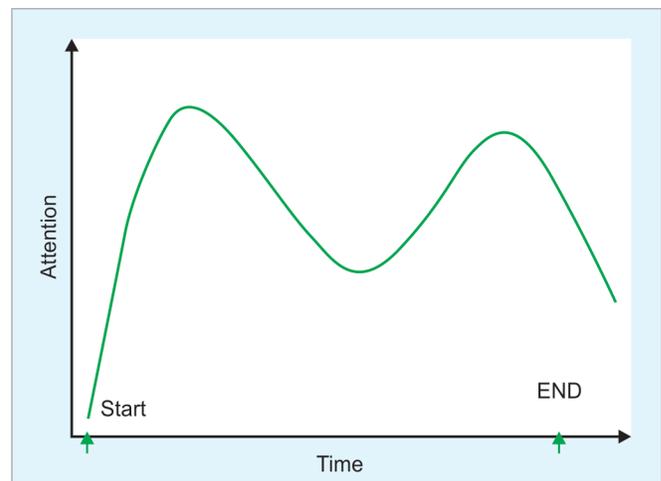


Fig. 1: Times of attention

Some of the useful gambits to handle these challenges referring the question to someone well known in the audience or on the podium, not responding to the same person more than once and giving more people chance, asking to repeat the question to buy some time or invite the questioner for a chat sometime later. At the same time, here are few things that are usually done but are best avoided. These include saying that the question is interesting (for every questioner), asking the questioner to respond, or responding too fast or avoiding the question. It is also important not to forget that the audience is usually wise and understands many things.

In the presence of journalists or on live television, ABC technique can come very handy. The ABC stands for **A**cknowledge, **B**ridge, and **C**ommunicate. So, the reply to any question can begin with acknowledging what the questioner mentioned with phrases, "I agree that this has been published" or "I understand that people believe this." Before moving on to giving your opinion or expertise or key message as part of the **C** or communication, use the **B**ridge. The bridge usually involves phrases such as "But we also know that" or "But we are convinced." For example, after a presentation on electroconvulsive therapy (ECT), if a question is asked that "Is it true that people with mental illness are forced to undergo, ECT against their will," then one can respond with a reply that I have heard this being said in the media (**A**cknowledge). I have been working in mental health for more than 10 years and have seen many patients get better with psychiatric treatment (**B**ridge). At times, when the patient is not in a position to make the best decision for themselves, ECT when required may be given with the consent of the legal guardian in the best interest of the patient. In fact, the consent is periodically reviewed and changed to voluntary at the earliest possible (**C**ommunicate).

Step 8: Taking Trophies Home

After a successful presentation, there are a few postpresentation tasks to make the best use of the opportunity. These include taking feedback and getting contacts of chairperson, other speakers and some audience (when applicable). Requesting a copy of the video and photographs of the session can serve both as a memory as well as help one review their performance. Last but not the least, the presentation could serve pointers to help you write up the talk as a paper for publication. These will serve the broader purpose of the presentation which can include making yourself and your work known, improving your career path and making networks for future collaboration.

CONCLUSION

Oral presentations are inevitable tasks that need to be undertaken by an Early Career Psychiatrist for different roles played during

the career. This article emphasizes on the need to focus on art of presentation as part of formal curriculum and lays down the fundamentals to making an impactful presentation.

ORCID

Raviteja Innamuri  <https://orcid.org/0000-0001-5876-436X>

Guru S Gowda  <https://orcid.org/0000-0003-4600-0551>

Lochana NP Samarasinghe  <https://orcid.org/0000-0002-9829-0653>

Sharad Philip  <https://orcid.org/0000-0001-8028-3378>

ACKNOWLEDGMENTS

We gratefully acknowledge the Dr Ramachandra N Moorthy Foundation and the Association to Improve Mental Health Programs for graciously funding and conducting the 8th Annual Leadership and Professional Skills for Early Career Psychiatrists workshop from SAARC nations. It was held in Bengaluru at the National Institute of Mental Health and Neurosciences (NIMHANS) from January 30 to February 1, 2020. We were mentored and taught at the workshop by Prof Norman Sartorius, Prof Mohan K Isaac, Prof Santosh K Chaturvedi and Prof Pratima Murthy, who were assisted by Dr Arun Kandasamy and Dr Krishna Prasad M. We thank Dr Shalini Naik and Dr Chithra K who coordinated the logistics. We also express our heartfelt thanks to the host institution—NIMHANS and its administration for all the comforts and facilities extended. We are deeply grateful to the Dr Ramachandra N Moorthy foundation for extending travel and accommodation support during the workshop.

REFERENCES

1. Garity J. Creating a professional presentation. A template of success. *J Intraven Nurs* 1999;22(2):81–86. PMID: 10418411.
2. Rovira A, Auger C, Naidich TP. [How to prepare an oral presentation and a conference]. *Radiologia* 2013;55(Suppl 1):S2–S7. DOI: 10.1016/j.rx.2013.01.004.
3. Starver KD, Shellenbarger T. Professional presentations made simple. *Clin Nurse Spec* 2004;18(1):16–20. DOI: 10.1097/00002800-200401000-00006.
4. Wood TJ, Hollier A. Punch up your podium presentations. *J Am Assoc Nurse Pract* 2017;29(8):470–474. DOI: 10.1002/2327-6924.12477.
5. Chapman T. Waking up your lecture. *Pediatr Radiol* 2018;48(10):1388–1392. DOI: 10.1007/s00247-018-4199-4.
6. Spooner HJ, Swanson RW. Effective presentations: how you can get your message to your audience. *Can Fam Physician* 1990;36:2063–2105. PMID: 21233951.