#### Presentation Skills for Residents in internal medicine

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#### This morning ...

#### □ A lecture on lecturing

Workshop on aspects of clinical teaching

### Why should residents learn how to teach?

- Because they *do*
- Creates a positive learning environment
- Communicates a sense of enthusiasm
- Influence students' career decisions & attitudes
- Residents who teach well learn more
- Programs to improve residents' teaching 'work'
  - ...skilled resident teachers aid near-peer learning
  - ...programs to improve resident teaching skills, do so

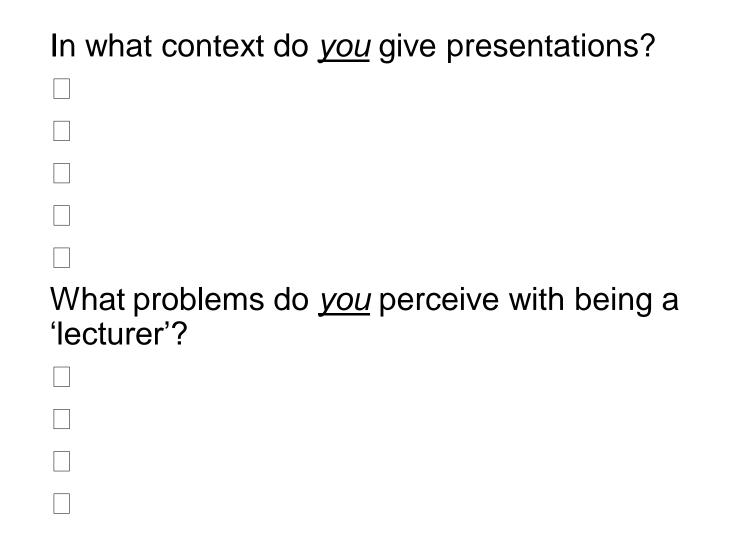
# Why should internal medicine physicians learn how to teach?

- You will be teaching ...
- Patients
- Peers
- Learners (students, junior trainees)
- Other health professionals
- □ To teach is to learn …
- Internists have depth & breadth, can approach undifferentiated problems
- Parallels between teaching & diagnostic reasoning

*Dandavino et al, Med Teacher, 2007* Career paths in medical education

"In a lecture given by a brilliant scholar with an outstanding topic and a highly competent audience, 10% of the audience displayed signs of *inattention* within 15 minutes. After 18 minutes, 1/3 of the audience and 10% of the platform guests were *fidgeting*. At 35 minutes everyone was *inattentive*. At 45 minutes *trance* was more noticeable than fidgeting; and at 47 minutes some were *asleep* and at least one was reading a newspaper. A casual check 24 hours later revealed that the audience recalled only insignificant details, and these were generally wrong.

Frost, 1965



#### Goals

Define the characteristics and structure of a lecture, and apply it to your own presentations;

 List the indications for interactive strategies and discuss
 how to integrate them in your lectures;

Use the rules of good audiovisual presentations to produce effective visual aids.

#### 1. Lectures

Applies to:

- Formal lectures
- Grand rounds
- Case presentations
- Clinical vignettes
  - Research presentations
    - '10 minute papers'

### Think about a recent lecture you attended . . .

What made it effective (or ineffective)?

Or

What made you learn (or prevented you from learning)?

Write it down

#### Principles of adult learning – theory to practice

Learning is improved if it ...

- is *learner centred*
- uses active learning
- is problem-based
- is *applicable*
- **feedback** is given to the learners
- uses *experience* of learner

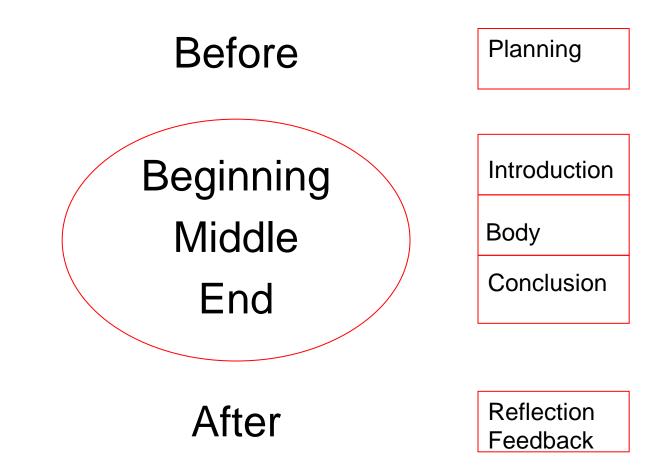
#### How does this apply to lectures?

Learner-centred: assess learner needs; be relevant Active learning: interactivity Problem-based: use real cases Applicable: can be used in clinical context of learner Feedback: tells learner what they have learned and what is left to learn

*Experience of learner:* start where they are; build a framework

#### Structure of a lecture

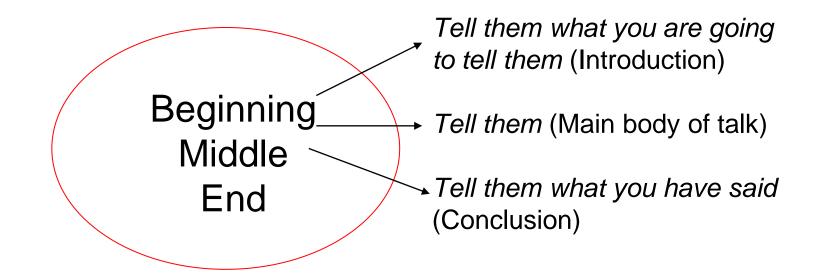
#### Framework for lecturing



### Planning a lecture

- Who is the audience? What are their needs?
- □ What are the goals & objectives?
- □ When & where will it occur?
- Why is it being presented?
  - □ To inform
  - To educate
  - To amuse
  - To inspire
  - To convince

#### Parts of a lecture



#### Introduction

- Specifies purpose and goals
- Provides an overview
- Sets ground rules
- Arouses attention

#### Main Body

- Provides appropriate amount of information
- Organized, logical
- Relates body to introductory goals
- Clarifies & repeats key points
- □ Use examples, analogies
- Provides clear transitions between segments
- Periodically summarizes

#### Conclusion

- Relates conclusion to goals
- Checks learner understanding
- Clarifies misunderstandings
- Outlines future learning & goals
- Ends on a positive note
- Leaves time for questions

#### Presentation tips

- Put the most important message in the 1st 10 min
- Build in problem solving
- Don't teach too much!
   3-5 points in a 50 60 min time slot (= 30 – 45 minutes of lecture)
   1 slide per minute

#### **Presentation skills**



- Speak at a proper volume & pace
- Be clear & concise
- □ Use eye contact
  - □ Scan the audience
- □ Use non-verbal gestures appropriately
  - □ Avoid distracting mannerisms
- □ Move purposefully
  - □ Use pointer with care

#### In summary ...

- The principles of adult learning apply to lectures
- Presentations have a beginning, middle & end
- Practice presentation skills

#### Any Questions?

#### Your turn ...

That lecture you thought about ...

What made it effective (or ineffective)? or What made you learn (or prevented you from learning)?

Based on what you have just learned, what one change would you suggest to improve learning?

#### Discuss it with the person next to you for 1 minute.

### 2. How to make presentations more interactive

#### Quiz ...

#### Quiz: Q1

Have you ever given an interactive lecture? a. Yes b. No c. Not sure

#### Quiz: Q2

'Traditional' (didactic) lectures are best for...

- a. Promoting problem-solving
- b. Giving information
- c. Changing attitudes
- d. Learning technical skills

#### Quiz: Q3

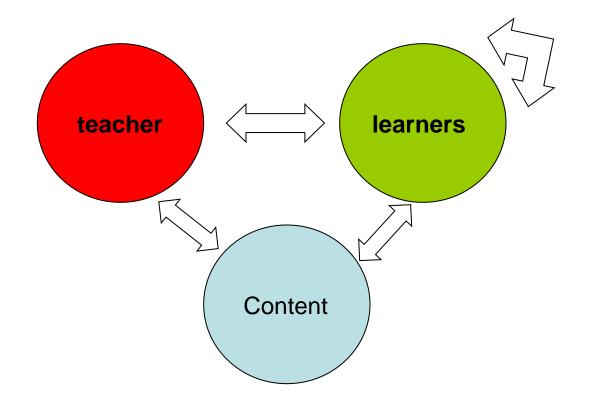
Increasing interaction during lectures ...

a. Gives feedback to the teacher
b. Promotes active involvement of the learner
and the material / content
c. Gives feedback to the learner
d. All of the above

#### "Interaction" ...

What words or phrases would you use to *describe, characterize* or *define* it? Write it down!

#### "Interaction":



## Interactive lectures: indications & advantages

□ active involvement: *material, content, peers* 

increased stimulation, attention, motivation

- a 'different' learning: *higher level thinking*
- □ feedback to teacher & learner

pedagogical reasons: *icebreaker, energy shift* 

- uses participants' experience
- increased satisfaction: *teacher & learners*

#### Interactive lectures: Strategies

- Question the audience & use audience responses
- Break up the group
- Present cases
- Use written materials
- Organize debates, panels
- Conduct role plays or simulations
- Organize games

#### Question the audience

- straightforward questions
- rhetorical questions
- brainstorming
- surveying the audience

#### Using written materials

- notes & handouts
- diagrams & figures
- study guides
- selected readings

Timing??

#### Other techniques

- debates & reaction panels
   role plays & simulated
   patients
- games and simulations
   using effective presentation skills

#### In summary . . .

□ interaction - an exchange:

- presenter learners content
- interaction improves learning
- many strategies: easy to incorporate
- □ role of lecturer different

## Your turn ...

For a presentation you are going to give soon (or a recent lecture):

□ think of at least one interactive technique appropriate to the goals and context;

why would these techniques be useful?

Discuss with the person next to you for 1 minute.

# Quiz

Interactive lecturing can promote all of the following *except*:

- a. In-depth learning
- b. Increased retention of facts
- c. Chaos
- d. Motivation to learn

# Quiz

How many interactive techniques were used during this lecture?

a. 1 - 2 b. 3 - 4 c. 5 - 6 d. > 7

## Name them..

# Any questions?

## 3. Audiovisual Aids

## Audiovisual Aids

- □ What are they?
- $\Box$  Why use them?
- How to create them?
- Common errors to avoid

## What Is An Audiovisual Aid?

Anything that students can see or hear in a classroom.

## What Is An Audiovisual Aid?

Anything that students can see or hear and that helps them learn.

# **Examples of Audiovisual Aids**

- Slides / PowerPoint
- Films or videos
- Black/whiteboard
- Flipchart
- Teacher
- Other students

# Why use AV Aids?

to arouse & maintain attention humour as an outline for content (organizer) emphasize important points to clarify, simplify or demonstrate "A picture is worth 1000 words." to summarize to improve learning to focus speaker

## AV Aids are not...

- lecture notes for the lecturer
  - a substitute for the lecturer
  - a computer graphics exhibit
  - a test of visual acuity for the audience

# How to Create a Slide -General principles

- KISS ('keep it simple & see-able')
   aim for:
  - □ relevance
  - □ simplicity
  - □ legibility
- one slide = one idea > one minute
- avoid over reliance on AV aids

# Legibility Principles

# 44 Font **44 Font bold**36 Font (Optimal for headers) 32 Font (Optimal for text) 28 Font (for subtext)

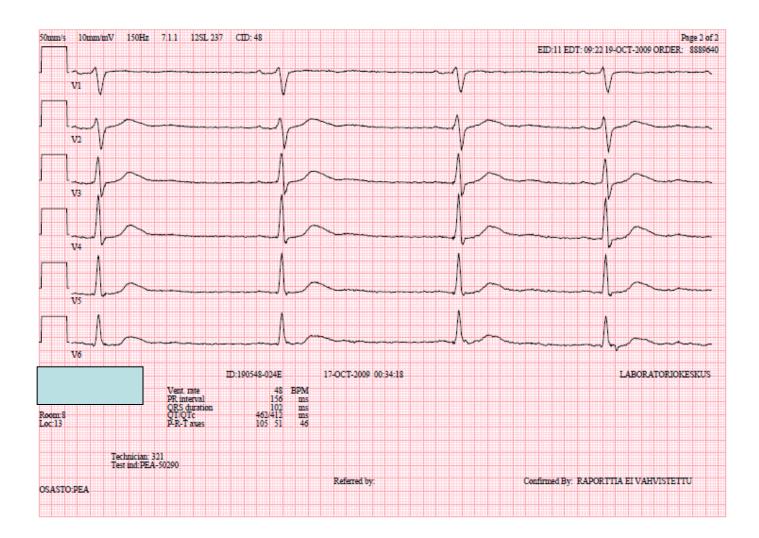
20 Font**20 Font Bold**20 Font Italic

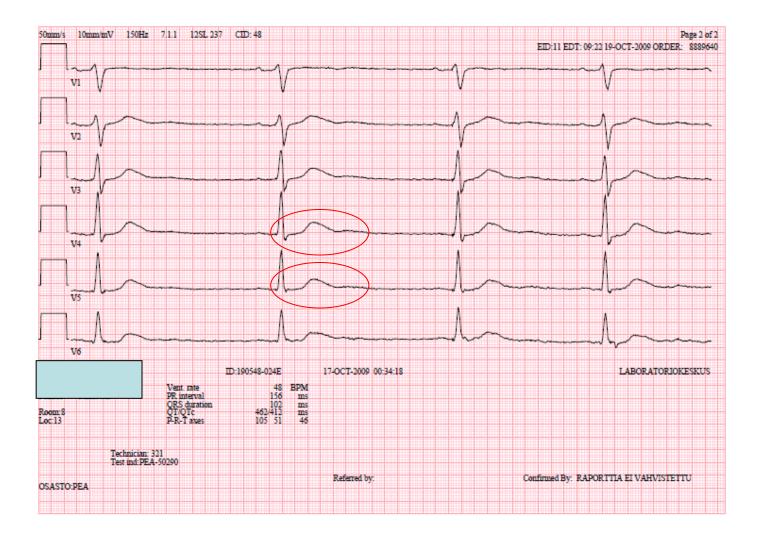
Arial Narrow Tahoma Times New Roman Arial Century

Impact Courier Lucida Verdana Georgia

Dark letters on a light background are better than...

## light letters on a dark background (especially if the room is light)





# **Preparation rules**

- □ 6 x 6 (or 7 x 7) rule
  - lower case NOT UPPER CASE
- bullets
- colours
- transitions: limit flying objects
  - prepare the room
  - ...

## Case presentations

Give units & normal ranges e.g. Urea 8.6 mmol/L (2.5-7.8)

Avoid abbreviations Anonymise images/radiology Beware moving images e.g. echocardiography

# **Common Slide Errors**

#### Too much information:

- Sentences rather than key words or concepts.
- Text and tables instead of graphics
- Visual effects compete with content

# Any questions?

# Instructions:

□ In small groups discuss your topic (30 minutes)

- 1. Group A Teaching a procedural skill
- 2. Groups B & C- Teaching at the bedside
- **3. Group E** Providing effective feedback

□ Advice, a framework, challenges/pitfalls, strategies, tips

Use your own experience as a teacher and learner.

Articles have been provided as **resource** material.

Report back the main points (5 minutes)

# Group A Teaching a procedural skill

□ You have been asked for advice by a junior colleague who is just starting to supervise medical students and young doctors in clinical settings.

☐ Your colleague wants to know what advice you could provide on how to teach medical students how to do a venepuncture, or to teach junior residents how to insert a central venous line.

□ Is there a framework for teaching procedural skills that they could use?

What are the pitfalls and challenges, and what strategies would you suggest to address these?
 What tips would you suggest?

# Group B & C Teaching at the bedside

☐ You have been asked for advice by a junior colleague who is just starting to supervise medical students and young doctors in clinical settings.

□ Your colleague wants to know what advice you could provide on how to teach medical students or junior house officers at the patient bedside.

□ Is there a framework for bedside teaching that they could use?

What are the pitfalls and challenges, and what strategies would you suggest to address these?
 What tips would you suggest?

# Group E Providing effective feedback

□ You have been asked for advice by a junior colleague who is just starting to supervise medical students and young doctors in clinical settings.

Your colleague wants to know what advice you could

provide on how to provide effective feedback to junior clinical learners.

□ Is there a framework for providing feedback that they could use?

□ What are the challenges to providing effective feedback, and what strategies would you suggest to address these?

□ What tips would you suggest?