



PUBLIC SPEAKING FUNDAMENTALS

The program: Key elements in capturing and holding audience attention

➔ Familiarize yourself with the structure of an appealing program and recognize the pivotal moments for audience engagement. Knowing what (and what not) to do can make all the difference.

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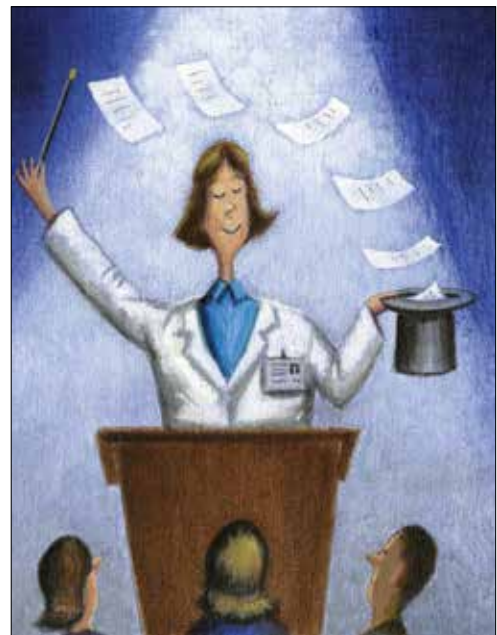
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In the first part of this article series (“Preparation: Tips that lead to a solid, engaging presentation,” *OBG Manag.* 2016;28[7]:31–36.), we offered tips on preparing for a group presentation. In this article, part 2, we discuss the presentation itself and what you can do to capture and hold your audience’s attention.

How to connect with the audience

Let’s assume the meeting host has just introduced you to the audience using, as we suggested in the previous article, an autobiographical profile you provided. You



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now have the audience’s undivided attention. What you do and say in the next 30 to 60 seconds will set the stage for your program. Following the requisite “thank you” to the host and meeting sponsor, use this time to establish your expertise as a spokesperson on the chosen topic. Or, if the introductory remarks made your expertise plain, you may choose to connect with the audience on an informal, personal level. If you are from out of town, for instance, you could

ILLUSTRATION: PAUL ZWOLAK FOR OBG MANAGEMENT

remark on an interesting aspect of the city or region you are visiting that you learned on the Internet before arriving.

Underscore the topic's importance. On the other hand, you might want to begin with an insightful statistic germane to your talk. For example, a talk on breast cancer might begin with, "According to the American Cancer Society, there are nearly 250,000 new cases of breast cancer each year, and breast cancer accounts for more than 40,000 deaths per year. That means more women die from breast cancer than die in auto accidents each year. So this emphasizes the importance of appropriately screening women for breast cancer annually after age 40."

An opening story about a patient can be powerful. Better yet, a personal experience reflecting your topic is a great way to connect with your audience members and get their attention. For example, one of us (NHB) gives talks on practice management and practice efficiency. I might talk about when I was called from an exam room 3 times to answer "emergency" phone calls from a patient who wanted only to request her medical records. To ensure that this embarrassment would never happen again, I put in place a system that I then describe for the audience.

Alternatively, an opening that addresses the audience's unspoken question, "What's in this for me?" is sure to grab their attention. For instance, a talk on office productivity might begin by promising to share a way to increase annual collections by \$250,000 per physician through scheduling adjustments that can increase the number of examined patients by one per hour.

Steer clear of these openings. In general, avoid "I'm delighted to be here" and other clichés. One exception would be if you can make that cliché humorous. For example, if a speaker from the deep South is visiting the northern part of the country in summer, she might say, "Most speakers say they're delighted to be here, and you may well question their sincerity. However, I'm from New Orleans where the temperature is approaching 105 degrees with 95% humidity. You *know* I'm *really* delighted to be here!"

Importantly, avoid starting with an apology. Do not mention problems with the audiovisual equipment or why you arrived late. The audience does not care, and you will immediately lose their attention. They want to be educated and entertained. There is no better way to do this than by offering a compelling and captivating opening that begins the moment after you are introduced.

Finally, avoid use of the "royal I," as in "I am here to talk about XYZ." It places you in a position superior to the audience, and that is a turnoff. Instead, you could say to the audience, "The reason you are here is to learn about XYZ." This places the audience on an equal level with you, and they know there will be something in the presentation for them.

Housekeeping notes

The audience will appreciate knowing how long you plan to speak and whether you will take questions during or after the presentation. Based on our experience, if there are fewer than 20 attendees, we often encourage questions during the program instead of waiting until the end. This makes the program more conversational and usually generates more questions. With a dinner presentation, we prefer to speak while the audience is eating. We usually start after the waiters have taken the orders and the attendees have had their appetizers. We might say we will finish the program by the time they are ready for dessert. We also mention that we will distribute a handout *after* the presentation so they do not have to worry about following the handout, taking notes, and watching the speaker while trying to eat.

The main body of the program

As for structuring your talk, we suggest you follow this time-honored advice often attributed to Aristotle: *Tell the audience what you are going to say, say it, and tell them what you said.*

So we begin a presentation by stating the objectives of our program, usually



Avoid opening with an apology or mention of problems with the presentation or venue



limited to 3 and no more than 4. For example, a talk on hormone therapy (HT) for treating vasomotor symptoms of menopause might mention 1) the history of HT use, 2) which women are appropriate candidates for HT, and 3) how to monitor women who receive HT.

Enhance the talk's relevance. We like to begin a clinical program with a case scenario wherein we describe how one of our patients had the specific problem and how we used a particular drug, treatment, or device to manage the case. We try to select a patient similar to ones who would be seen by members of the audience.

Simplify as much as possible. We then present the slides exactly as they have been provided by the pharmaceutical company. Most company slides contain too many words as well as diagrams that are too complex for the audience to grasp easily. We try to find one salient point on each slide and focus attention on that single word, phrase, or sentence. We can do this in a small audience by walking over to the screen and pointing it out, or we can use the laser pointer from a distance.

Change things up to keep the message fresh. Let's be honest, most medical talks are dry and boring. Try to inject some energy and enthusiasm in the middle of the presentation. Every few minutes we tell a story or ask the audience a question. For example, during a program on practice management, one of us (NHB) will relate a story about an unhappy patient and then ask a physician in the audience how he or she might handle the disgruntled patient. This is a nice break from the main content of the presentation, re-engaging the audience in an interactive exchange.

Should you use humor?

Although many physicians attempt to use humor during a presentation, few are talented at stand-up comedy. However, used judiciously humor, like seasoning in fine cuisine, can do great things for a presentation. It can break the ice, drive home a point, and enhance your likeability. It

can, though, also backfire. One of us (NHB) once gave a talk to a large audience of pharmaceutical representatives. As part of my wrap-up I displayed a slide from the cover of *Economics* that showed 2 camels in the mating position. My closing line was that reps need to "hump to it" and get involved with their physicians and be value-added in their product detailing. Afterward, the meeting planner told me that he would never hire me again. He said I had a great program, great material, and a good connection with the audience. But my closing was over the top. I learned my lesson. Never use material that has the potential to offend. If you want to use humor, the self-deprecating kind is always safest.

Try using visual aids

Our observation is that few physician speakers use visual aids other than their slides. We have learned that audience attention will stay focused on you if you make use of visual aids. For example, if we are speaking to a lay audience about urinary incontinence, we might use a balloon to demonstrate the bladder and the urethra.

Studies have shown that there are more nerve endings from the eye to the brain than from the ear to the brain. Humans purportedly receive 25 times as much stimulus from visual cues than from auditory ones. To paraphrase an old proverb, "One seeing is better than 100 times hearing about"!

A few suggestions regarding the use of visual aids:

1. Keep the visual aid out of sight until you are ready to use it. You do not want the audience staring at it when they should be focusing on you or your slide material. We usually keep our visual aids under the table that supports the computer and projector.
2. Make certain the visual aid is large enough to be seen by everyone in the audience.
3. Do not hand out the aid to the audience during your program. Doing so will divert their attention from you and your material.



Use humor selectively, as material may have the potential to offend rather than entertain

4. When you have finished using the aid, put it away.

Closing out the program

After we have covered the program's 3 objectives, we let the audience know we are approaching the end of the presentation. For a dinner program, we try to time the ending just as plates are being cleared and before dessert is served. We then restate the 3 objectives as they might pertain to the attendees' patients and practices. At this time, we take questions from the audience, even if some were asked during the presentation. We repeat each question when it is asked so that everyone can hear it. (This also gives us a few seconds to think about it and frame our answer.) If it appears that many questions will be asked, we assure everyone that we plan to finish on time and will remain after the program is over to answer additional questions.

Tips on fielding questions. When responding to a question, direct your attention initially to the person who asked it. After that, spend about 20% of the time focused on that person and 80% of the time on the rest of the

audience. If you focus only on the questioner, it becomes a one-on-one conversation. You want to end your response with your eyes on the group and not on the questioner. Looking at the group will also act as a bridge to the next question. Although we used to reply to an inquiry with, "That's a great question," we now suggest avoiding this comment. Why? Because it is unlikely that you'll keep using that line, and the next questioner who does not receive the same compliment might feel slighted.

Wrap up. When you announce, "I would like to conclude my program with...", this is the magical time when you hold the complete attention of the audience. Often, the speaker's last words are the ones the audience remembers the longest. So this is the time to offer your take-home message. For example, a talk on how to motivate your staff might conclude, "Remember, your staff members are the people that patients encounter first and the ones they see last as they leave the office. Every patient can have a positive experience with you and your practice if you ensure that your personnel are highly motivated. This happens in part by your effort

Announcing a new video on obgmanagement.com!

Surgical Technique for Morcellating Hard Fibroids Hysteroscopically



Presented by:

Michael D. Randell, MD, FACOG
Obstetrician/Gynecologist
Northside Hospital
Atlanta, Georgia

This presentation was supported by Hologic.





to recognize their accomplishments.” Then hold up your hands and spread out your arms as you end with “Thank you.” The audience likely will applaud and, if your speech is truly exceptional, you might receive a gratifying standing ovation!

Be seated

Renowned for his speeches, Franklin Delano Roosevelt summarized the art of effective

speaking when he said, “Be sincere. Be brief. Be seated.” When your time is up, turn the program back over to the meeting host and take a seat.

In the final article in this public speaking series, we will discuss the follow-up steps to take once the program is over, including the call to action or what you want the audience to do after you have left the podium or the speaking venue. 📌

Interested in learning more practice-building skills from Dr. Neil Baum?



Check out the PEP Practice Management Program at the 2016 Pelvic Anatomy and Gynecologic Surgery Symposium, December 8–10, 2016, in Las Vegas.

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