

How to guide

How to give a lecture to a diverse audience

See the most recent version of this at <http://www.emahsn.org.uk/public-involvement>



During 2012 and 2013, monthly meetings of the public involvement group at CLAHRC NDL¹ included a short presentation by a researcher², followed by feedback from group members. The goal was to reflect together on what makes a successful presentation to a diverse, rather than an academic audience. Below are the suggestions from the group. As readers provide feedback, further insights will be used to update the paper. Please contact shahnaz.aziz@nottingham.ac.uk to suggest improvements or tell us how you have made use of this paper.

1. **Consider your appearance.** Some people feel that dressing up shows a serious attitude to the topic and respect for the audience while others feel distanced by formal attire. Ask a friend to name your distracting mannerisms (such as swaying from foot to foot or not standing up straight). Engage the audience with eye contact and do not omit a section of the room, even if you can't look at everyone.

¹ [CLAHRC NDL](#) was a family of health research projects conducted from 2008 to 2013 across Nottinghamshire, Derbyshire and Lincolnshire, supported by the National Institute of Health Research. Patient and Public Involvement aims to strengthen the whole research process by involving patients and the public in every stage of knowledge production and implementation.

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2. **Speech.** Compensate for the impact of nerves if they make you rush or appear unsmiling or wooden in your demeanour. If your accent or voice tone is different from your audience's, give people time to 'tune in' to your accent and style of speaking. We found that almost every presenter spoke too quickly. Ask that friend again – do I repeatedly use speech disfluencies such as erm or like? Aim for variety in your manner of speech to maintain interest.
3. **Introduce yourself** clearly with a brief biography and establish your credibility to speak on this issue through your personal enthusiasm, confidence and genuine expertise in the subject. Use the microphone if it is available and look at, and speak to, the back row rather than the screen. Give people permission to ask questions.
4. **Us, not them.** When introducing a health issue, explain who has it, how do I know and how to refer someone for help. Tell the audience why the topic is of relevance to them. Remember that your audience may well include people with the condition or people who know someone with it, and so they will want to ask questions. Respond with warmth, eye contact and an acknowledgement of their contribution.
5. **No blank slates.** Check out what the audience knows already and how comfortable they are with complex issues or technical explanations. They may have personal experience of the issues being discussed. Take a moment to explain the basics of your work, so people can see why you are doing it and who will benefit. Does anyone have impaired hearing or vision and so need large font or specific colours, handouts or a verbal description of the slides?
6. **Structure and story.** Remove ambiguity so we know what you are talking about, set the scene, identify a clear purpose and use a clear structure. From time to time, remind the audience what has been covered and what is coming next. If you briefly refer to new concepts, tell us that more explanation is coming up on the next slide. Bring the topic to life with a an anonymised case study, perhaps on video, or by creating vivid mental pictures, such as [Nurse Kostova](#) who screamed at an elderly gentleman and said he was 'like an animal', rather than making a vague reference to the Mid Staffs scandal.
7. **Avoid acronyms and jargon.** If you could transcribe your speech and submit it for publication without further editing, you have written for reading, not for speaking, and it will not work very well with a diverse audience. Statistical talk is particularly tempting, such as baselines, randomization, intervention groups and sample sizes. Saying 'one person in a 100' is better than 1%, and don't

leave us wondering ‘1% of what?’ If you need jargon, explain what it means. We may not know what acronyms like NIHR, PI or RCT mean. If you introduce a new concept without explanation at the beginning of the talk, some listeners will spend the whole of the rest of the talk waiting for that explanation, rather than listening to anything else that you say. Even if you explain an acronym at the beginning, the audience may forget part way through your talk and need a reminder, so it is best to use the full title each time. Sometimes ordinary words are given a different meaning by specialists and so care is needed with these. For example - medical staff refer to a stroke as an ‘insult’ to the brain.

8. **Reassure rather than apologise.** Instead of ‘this is really complicated but I can’t make it any simpler’; say ‘this looks complicated but isn’t’.
9. **Clear and strong slides.** Use presentation slides to summarise rather than duplicate your spoken material. If you have recycled the slides from another presentation written for a different purpose, the audience can almost certainly tell! Aim for uncluttered slides using 28-point font and no more than 6 bullet points. Use powerful images to bring out the structure of your talk and help visual learners with images as well as words. Pictures convey hidden messages too – for example, cartoons may suggest you want laughter from children – so check your slides convey your main messages. Black text on a white background is better for printing out (and some audiences learn best by jotting things on a handout), but the other way round may be best if there is sunshine on the screen.
10. **Be cautious about multitasking.** If you want people to listen, look at the screen, pass around an object and apply the talk to their own circumstances all at the same time, there is a real risk that attention will be so split up that the audience will be distracted rather than engaged.
11. **Avoid defensiveness.** When the group moves into debate, there is no need to answer every point, especially as you may have a chance to talk individually after the formal meeting is over. Some people will want to ‘have the last word’ while other points can be answered by other members of the audience. Newcomers may be unfamiliar with the usual courtesies and so offer their views in a rather blunt or direct manner – others will defend you if necessary. If people are vigorously engaging with the topic, you have succeeded!