

Editorial

Presentations and conferences: can we measure their value?

BASCD conferences, held twice yearly, use interpersonal and mass communication, and aim to help us to become better informed and inspired to improve our management, research and clinical skills. These are memorable and enjoyable, though costly events in our calendars. In recent years the cost to members for each day's attendance has been approximately £100; this excludes accommodation. Assuming the overall costs for a two-day conference are £300, this will take up the annual training budget for many members. Although we cannot put a price on renewing acquaintances and making new friends, can we measure the outcomes of mass communication? In this respect, "When you can measure what you are speaking about and express it in numbers, you know something about it, but when you cannot measure it, cannot express it in numbers your knowledge is of a meagre and unsatisfactory kind." (Kelvin, 1891).

The need to measure outcome, compare it with the aim and then re-allocate resources appropriately becomes more and more urgent as fiscal pressures rise. How to put guidelines into practice prompted the National Institute for Clinical Excellence in November 2005 to commission BMJ Learning (Walsh, 2006) to produce a series of learning modules based on its guidance on a number of topics. An audit tool has therefore been added to BMJ Learning, enabling a participant to assess 'how you cared for patients before doing the module and how you cared for them afterwards, and the main changes that completing the module has made to your practice'.

A chief medical officer has said, "Perhaps more could be achieved in health by improving communication than almost any other factor. This includes communication between the professional and the patient, between professionals and with the public." (Calman, 1996). Our purpose is to ask if, at scientific conferences like BASCD's, audit tools are needed so that communication could, if necessary be improved. Presently we know little about the effectiveness of conferences in changing for the better the knowledge, opinion, attitude or behaviour of the attendees.

Conference agendas

Influences on the community's dental health change continually and BASCD conferences help highlight these changes to its members. Previous attendance figures affect their make up and data from questionnaire evaluations in earlier years might also play a part. However, such valuable data is not used to find out if it has stimulated change by attendees, even though it may be an individual presenter's unspoken aim or that of the conference itself. In the context of audit of patient care, McIntyre and Popper (1983) wrote: "The value of 'feedback' in the modification of behaviour cannot be doubted. It is

a fundamental biological process: it is the basis of all learning, of 'profiting from experience,' of 'learning from mistakes'". Audit of conferences' successes is thus presently 'of a meagre and unsatisfactory kind'. To put matters more bluntly: is there evidence that a particular conference and its constituent presentations have been of a sufficient quality to justify allowing attendees to count attendance towards their verifiable continuing professional development hours? Surely it is only by use of evidence based - i.e. measured - feedback that we can claim the resources of a conference have been well spent.

Conference presentations

Presenters at scientific conferences incorporate an evidence-based message, show an understanding of the social and psychological factors required to make up their presentation, and use visual and/or spoken means to deliver it. If we take for granted that a conventional presentation's (basic) scientific message is sound, what of the quality of its other content? A model of mass communication suggests how to maximise a presentation's power to get its message across to the audience. (McQuail and Windahl, 1993).

Mass communication model

A communication progresses from a source, to a (factually correct and evidence-based) message, to a communicator, a channel (medium), and a receiver. A final task is to find out if the message has indeed been received and, more importantly in health services, has it goaded the recipient to make an appropriate change.

The communicator and receiver jointly choose a medium for the message, in this case a conference. The better the communicator understands the nature of the audience for the message, the more effective is the chosen medium. The message may be enriched or handicapped by the medium and its effectiveness may be enhanced or spoiled by the communicator's self image and personality. A 'personality' may overcome constraints in promoting an advanced technique, a new procedure or a fresh idea - they have been called 'champions'. The audience's image of the communicator may therefore be highly relevant. However, the audience is likely to be heterogeneous and anonymous, and the communicator's image of the audience poor. Allowance for this problem can be made by arranging the way the content is conveyed so that it will become 'owned' by the recipients, and by recognising the communication potential of individuals. This potential incorporates the characteristics and resources that enable people to give and absorb information, for example sight, speech and knowledge of other languages; social position defined by

variables such as age and gender; and the social structure in which individuals receive the message.

Within an organisation there are people of varying status and communication potential. Thus there is an inherent problem for one of its number to receive a message about a necessary change, (particularly away from the work place in, say, a conference lecture theatre), and pass it on and ensure that it is understood and implemented by colleagues in the work place. Some organisational change can best, (in some cases, only), be achieved by re-educating and training every member of an organisation on their home ground.

How might organisers and presenters at a conference find out how well their aims have been realised? A possible evaluation would be in three parts.

Evaluation

Part one

In the context of a conference all attendees would be presented beforehand with a three part paper stating, first, in what ways presenters intend their audience to be better informed and inspired to improve their service. In the second part attendees would be invited to rate, using Likert scales, the importance (priority or relevance), confidence (in validity of argument or premise), desirability (effectiveness or benefit), probability (likelihood) and feasibility (practicability) of each aim (Whittle et al., 1986). Attendees would, in the third part, be invited also to record their assessment of the presenter's quality in such terms as their diction, speed of the spoken word, simplicity of the spoken word, speed of presentation and simple enjoyment. This second audit would not be of the factual or scientific, but of its social/psychological content. Although there is the danger of talking down to the audience, it is only common sense for presenters to bear in mind the audience's communication potential: thus if the slowest readers, listeners with the poorest hearing and attendees with poor eyesight have been able to take in what has been presented, then so will every one else. Moreover, if pertinent, presenters who display something of themselves by means of a medley of humour, pathos, anger, dismay, impatience and the like, the more likely they will be enjoyed. The results would be returned to the presenters.

Part two

A peer group researcher would, at a later date, find out, (preferably face to face in their work place) how well a sample of attendees had implemented a particular presenter's (or conference's) aims. Such studies would be audits of a particular presentation or conference. Doubtless, many colleagues (presenters and attendees) would resent the idea that their work should be reviewed in this way; many more, one might hope, would see audit as a 'tool for learning by feedback'. Under both headings the results could, if necessary, be made anonymous.

Part three

If hard evidence for control of conferences and presentations by such a system is presently unobtainable (and

likely to be difficult under any circumstances), how else might resources be spent based on good evidence?

We believe that a presentation's actual delivery should also be audited. Attendees will have recorded their assessment of the quality of a presentation (i.e. to reflect the presenter's understanding of his/her audience's communication potential) and this might then be ranked against how well the slides presented met a set of guidelines.

Audiovisual aids

Audio-visual aids have advanced since the days when the mainstay for presenters was appropriate use of chalk and talk. Multiple and multicoloured slides have now been superseded by presentations using software such as PowerPoint (Microsoft Corporation). Coincidentally over a 30-year period a variety of publications have offered advice on how to use these new tools. However, prompted by our experiences and responsibilities at recent dental conferences, we question if presenters are practising such advice appropriately. Irrespective of presenters' scientific eminence or command of English, messages from some presentations were clearer and more memorable than others; indeed the marks out of five appraisals given by attendees at recent BASCD conferences support our view.

We have therefore culled from a selection of publications items of advice that we believe are the most salient in preparing a presentation supported by slides. We believe that not only would presentations that conform be the most highly esteemed by a BASCD audience but also be reflected in the measures of outcome.

Complete unanimity on all items of our guidelines can hardly be expected if only because of the 30-year time span within which the advice has been published, and, of course, their widely varied intended readership. However, in only one instance have we remarked on a marked difference of opinion: the number of words per slide. In other instances the authors are, in essence, unanimous.

The main tenets of guidelines for auditing presentations are outlined below.

Guidelines on preparing a presentation to include the use of slides.

In general for each presentation-

- Make your presentation in not more than 20 minutes
- Implement the truism that a picture is worth more than a thousand words
- Convey only two or three core messages and keep them as simple as possible
- Keep in mind your own and your audience's communication potential
- Display complex slides at a rate of no more than one per minute, simple slides two per minute
- Highlight key points using colour, not bold
- Use sans serif fonts such as Arial, Helvetica or Tahoma

In particular for each slide

- Display a single overall message
- Make sure that a graph, table, diagram, chart etc is simple

- Use a graph rather than a table
- If text, no more than four lines with four words per line *
- Use bullet points for one line only
- Don't use full sentences except for quotations
- Don't read text slides
- Don't say 'this is a poor slide' or 'you can't read this slide but it says ...'
- Don't overdo built slides
- Don't use capitals for titles
- Don't use more than two fonts per slide

**On this issue advice varies from four to seven lines and four to seven words per line*

Resulting from our own experiences, and the stress given in so much of the published advice to keep messages simple, we believe that the four-by-four rule should be followed.

We believe that Calman's plea for improving communication applies to dental public health as to all other health fields and that the principles underlying good communication that we have outlined apply to all Calman's categories. As specialists in community dental health our 'patients' are communities and we must surely aim to stimulate their populations to achieve better oral health with skill to match that of general practitioners when dealing with the individual patient. McIntyre and Popper's (1983) theme is ours also: audit by means of feedback expressed in numbers should control the use of resources and this is exemplified in the way we use BASCD resources for communication at our conferences.

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