

Helping Professionals Prepare Presentations IN English FOR International Conferences

MUCH OF ENGLISH FOR SPECIFIC PURPOSES (ESP) IS CARRIED OUT IN SCHOOLS AND universities where students complete academic work in order to graduate. However, there is also a need for ESP among experienced professionals who are not attending classes but still need English to further their careers. Some of these individuals are strongly motivated to attend international conventions and present their work, including scientific research, by delivering papers in English.

Teachers of ESP cannot master the language of every academic discipline and professional field, nor is this necessary, because when professionals attend international meetings, they can often rely on specialized interpreters. However, they may need a teacher to help them if they are giving presentations. This was the case for a physician who called me several years ago asking me to help him prepare an effective presentation in English. As an English teacher, I frequently attend professional development seminars, so I'm familiar with the dynamics of giving presentations and public speaking. I found the idea very challenging.

This article is the result of my experience assisting an ophthalmologist from Mendoza, Argentina to prepare presentations in English for international conferences. I will first describe this unique teaching experience, which was carried out over a four-year period, then I point out what professionals for whom English is not their native language must do in order to give presentations in English. Finally, I will suggest a course of action for teachers and presenters to follow to make such presentations successful.

Experience

I started working with the ophthalmologist in 1999. He asked me to help him prepare for a lecture he would give in the United States later that year at a symposium sponsored by the American Society of Cataract and Refractive Surgery (ASCRS) and the American Society of Ophthalmic Administrators (ASOA). The audience for the symposium would include participants from different countries who had various occupations in health care, such as ophthalmologists, optometrists, nurses, and medical technicians. They would be native as well as nonnative speakers of English. All of the activities at the symposium were to be conducted in English, however, and any NNS presenters who felt they might not be competent enough in English had the option of having their lectures delivered by a NS physician.

The physician I worked with had already attended conferences abroad and he felt he would be able to give his lecture by himself. When he called me, only two months before the symposium, I wondered if I would be able to help him. He explained very carefully what he planned to present and showed me the practical and useful booklet sent by the symposium organizers to each presenter. The instruction booklet had concise and detailed information about every aspect of the event, from submission of abstracts to registration and housing.

At the time we started working, he had already submitted an abstract and it had been accepted. The topic of his presentation was photorefractive keratectomy (PRK) surgery and its possible complications. PRK is a technique used for correcting different degrees of myopia. Because the physician had already given presentations on this topic in Spanish,

much of the content was done. We had to reorganize it in order to add several new cases the doctor wanted to include.

Preparation

Before concentrating on the presentation, I knew I had to understand the topic better. I studied three chapters of a textbook in English on excimer laser refractive surgery, learned basic concepts concerning the structure of the eye and its functions, and looked up all the new terms and wrote down their definitions. Fortunately, many of the terms were cognates, though their English pronunciation differed from Spanish. There were common prefixes, such as *kerato-*, which refers to the cornea, and suffixes, such as *-itis*, which refers to a diseased or infected condition of a part of the body. Among the many terms and concepts I had to master were: astigmatism, myopia, hyperopia, degrees of correction, regression, and glaucoma, as well as how the laser works when used in refractive surgeries.

The physician was competent handling the technical vocabulary and expressions used to describe a process and a surgery. He had been reading medical literature in English since he graduated, and he had a large collection of reference books as well as magazines in English. His main problem was that he mispronounced words.

We began with daily sessions of about two hours during which we spoke in English about the chapters I was studying. He answered every question I had. We spent about two weeks in this preparatory step. It was good for him to get used to explaining concepts in English.

The next step was to prepare an outline of the lecture. We had to take into account the timing (two hours per presenter) and decide what to include and what to leave out. We calculated the average time for an explanation of one example case. Then we calculated how many cases would be included in the two-hour lecture and selected the most representative ones.

The most time consuming step was writing a script and preparing slides. Two of the physician's assistants helped us prepare the slides with the computer. When everything was ready we started rehearsing the presentation.

Practice

The doctor first practiced reading the script alone. We then marked the sequence of slides in the text, and he practiced this presentation using the slides. I made necessary corrections in his pronunciation by pointing them out immediately, then having him to repeat the whole phrase to make him aware of his mistakes. Finally, he tried to say the entire presentation without relying so much on the script.

He also had to be prepared for questions from the audience. This required that I had to understand what might be relevant and obvious in the lecture. I could only ask general questions, such as “Is this the only solution when you face a certain complication?” I encouraged him to take the role of a member of the audience and to think of any possible questions that might arise so that he would be prepared to answer different kinds of questions.

The symposium organizers required lecturers to prepare comprehensive handouts. Clearly, a short outline of the lecture would not be enough, so we used the script and developed a clear summary of the lecture for him to hand out.

The week before his departure was devoted to rehearsing. One thing he found useful was to record each rehearsal with my corrections. He listened to them over and over again and remembered all the corrections I made.

Results

He did very well in the symposium and returned home confident enough to prepare other topics for future conventions. Since 1999, he has given presentations in English every year. In 2000, he presented two papers. In 2001, he delivered a new lecture about difficult cases of penetrating keratoplasty (PKP). In 2002, he presented on challenging cases of transplants.

For these other presentations, I prepared in the same way I did for the first. I would read about and study the topics in order to help him write and organize the lectures. Instead of using slides, he recently has presented using Microsoft Power Point, which has proven to be more practical in saving time. Also, with a complete and permanent version of the presentation, changes could be made more easily. In the most recent symposiums, he has had the option of uploading the Power Point presentation and sending the handout via e-mail.

The progress the physician has made is quite apparent. He has internalized the technical lan-

guage of ophthalmology in English and improved his presentation skills. As a result, every year he needs to use the script less and he sounds more confident. Presenters at the ASCRS/ASOA symposiums are evaluated by audience members, and these evaluations are reviewed by the governing board and staff of the symposium. Only presenters who receive 2.5 or higher of a possible 4.0 points are accepted as faculty for future ASCRS/ASOA events. The fact that this physician has been accepted to lecture for four years is proof of his ability to give professional presentations in English.

Necessary preliminary conditions

Any sufficiently motivated professional should be able to present his own work at international conferences and conventions. Preparing for this is not always an easy task, however. It is a long process that requires hard work. Three preliminary conditions have to be considered:

1. Professionals are not usually prepared to give talks in English unless they have studied in an English speaking country. Thus, they will need to have an intermediate to high-intermediate level of English proficiency.
2. They will have to master the jargon of their speciality in English. This is accomplished through reading specialized literature and attending courses and conferences.
3. Their experience in giving presentations in their mother tongue is also important. It will help lessen their fear of public speaking. They also have to be familiar with the equipment used in presentations, for example, overhead projectors, videocassette recorders, and desktop and/or laptop computers.

When these conditions are met, the teacher and presenter can concentrate on the presentation itself.

Guidelines for preparing presentations

In helping professionals prepare and deliver successful presentations in English at international conferences and conventions, English teachers should follow six general guidelines.

1. Conference requirements

The requirements for the conference must be studied and followed very carefully, especially if it is the first time the professional will

be a speaker. Instructions concerning topics, abstracts, submission forms, schedules, deadlines, length of talks, and technical specifications for available equipment must be understood thoroughly. Every conference is different and so are the requirements, therefore the presenter must refer to them whenever there is a doubt.

2. *Topic*

For most large conferences, the speakers are asked to send their topics and abstracts long before the date of the event. Generally, the professional has an appropriate idea already in mind, having taken into account the material he has or might be able to collect for a presentation. From this point on, the English teacher should inquire constantly about how relevant the material will be to the audience. We have to do this throughout the entire preparation process because we are not experts in the field. In order to make the preparation more critical and unbiased, we must encourage the professionals to think the way the audience will.

3. *Collecting material*

The theoretical and background information for a presentation must always be taken from suitable specialized literature, such as reference books and journals in English of the specific field. If you are lucky enough to assist a professional who has a wide selection of specialized books and magazines in his own library, the job will be easier. Otherwise you will have to consult public libraries or online resources.

In the field of medicine, most physicians present cases from their own clinical practice. They usually support their work using their own visual aids, for example, slides, videos, photographs, or other special images, such as sonograms, x-rays, and echographies. These must be carefully selected by the professional according to the topic and goal of the presentation.

4. *Organization*

The structure of the presentation should follow the conventional schema of introduction, body or development of ideas, conclusion, and question-and-answer period (Lukey-Coutsocostas and Tanner-Bogia 1998). This schema has to be adapted to fit the amount of time available for the presentation. Good organization is crucial because large conferences are tightly sequenced and strictly scheduled.

The outline should be developed into a written script. This is a very time consuming step, but the script will serve as a useful support for the nonnative speaker. Sections of the script may have to be arranged and rearranged, so there should be a continuous flow of ideas and opinions between the English teacher and the professional regarding content and organization.

The introduction must grab the audience's attention. It should clearly state what the speaker is about to present and how it will be presented. The incorporation of quotes, anecdotes or activities in this step, or in any other part of the presentation, will depend on the type of presentation and conference. In a medical conference, there is not much latitude for creativity. Any surprise or unexpected factor is usually inherent in the actual medical cases presented and not expected in the presenter's style of public speaking.

The body of the presentation must develop ideas clearly and logically, and connect them by means of appropriate transitions. The supporting details or cases presented must be relevant and well exemplified. Objectivity is crucial when selecting the most representative ones. Finally, the conclusion should be anticipated, never abrupt. It is advisable to use summing-up phrases.

The balanced and appropriate use of visual aids plays a key role in this type of scientific presentation. Slides should not be too colorful or have too much text, or they will distract the audience. If video segments are inserted, they should probably be brief and not take too much time intended for speaking. Time for a question-and-answer period should also be included. The speaker has to decide whether he feels confident enough, in terms of language competence, to answer questions spontaneously.

5. *Handout*

If a handout is required, it must reflect the key points of the presentation. It is useless to give a printed copy of slides or other visual aids as a handout because they rarely make sense without the accompanying spoken explanation. The handout should probably be a written summary of the talk with clear subheadings. Of course, it has to follow any specifications stated in the conference instructions.

6. *Rehearsal*

Ideally, the entire presentation should be rehearsed using the same kind of equipment

the speaker will use during the presentation at the conference. Whether it is a microphone, overhead projector, or computer, the speaker must be familiar with the proper operation of the equipment. This will help him feel comfortable and confident.

Rehearsal should be done until the speaker shows confidence. The English teacher must correct the presenter's volume, speed, clarity, and intonation. The teacher should also observe the presenter's gestures, movements, and eye contact so that he does not look unnatural. Correction must be immediate, making him realize the mistakes. The ophthalmologist I worked with listened to recordings of his rehearsals again and again until he was conscious of all his mistakes and could eliminate them from the next rehearsal.


At the convention site, there may be rooms specially equipped for the speakers to rehearse. They should inquire about this facility. They should also check their presentation room before the day of the presentation.

Conclusion

Getting involved in projects like this is very important for an EFL teacher's career develop-

ment. A job like this is quite different from what we are used to doing in the classroom. Good team work was essential for accomplishing work of this type. By following the steps I've mentioned above, the results have been very satisfactory for the ophthalmologist. He did very well giving his lectures in English at international conferences. He was able to discuss and defend his points of view and answer questions from the audience. One year, he was even interviewed for a convention publication. The experience has been enriching and rewarding for both of us. I hope other teachers have the same opportunity that I had.

Reference

Lukey-Coutsocostas, K. and J. Tanner-Bogia. 1998. The art of presenting. *English Teaching Forum*, 36, 3, pp. 33-36. 

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