Viewpoint article

Bad presentations

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Which is more painful: an unsolicited PPI telephone call during clinic? Your hospital email on returning from two weeks annual leave? The strong realisation on waking at 3am that you have contracted norovirus like the rest of the team? Or a 10 minute powerpoint presentation? It's the powerpoint. That is the most painful. And, painful as it might be and unlike the others, it is all your fault.

Bad presentations are your fault. They are your fault because you put up with bad presentations at every single meeting you go to. They are your fault because you filled in that feedback form asserting the meeting "met your educational needs." They are your fault because even although your soul dies just a little bit more at the sight of the next centre justified, Times New Roman font, template based, horrendous backgrounded, nightmare clipart illustrated, pie charted, interminable disaster delivered by a terrified creature hidden behind a lectern and waving a laser like Luke Skywalker, you did nothing about it afterwards. You may even have asked a question beginning, "Thank you for your presentation, I very much enjoyed it..." They are your fault because you encourage and instruct your junior staff to present like that. They are your fault because you yourself give presentations just like that because "it's what people expect." They are your fault because you know you could do better but it's easier just to drop the text directly into powerpoint and the script is there for you. They are your fault because you put everything onto the slides so that you can simply print the slides off as a handout. They are your fault because "it's just a presentation." They are your fault because you aspire to the level of mediocrity you see all around you. Bad presentations are your fault because,

"The only thing necessary for the triumph of evil is that good men do nothing"

None of us accept bad clinical practice. None of us accept poor clinical care. None of us accept inappropriate behaviour. And yet we all accept presentations the way they are. We recognise, if pressurised, that virtually nothing said at such a presentation is retained. We recognise, in retrospect, that although the majority of our medical education is centred on lectures and tutorials and teaching sessions based around such presentations that they were almost entirely ineffectual. We understand that the vast majority of data transmitted has been lost. This is not due to a lack of effort or preparation on the part of the presenter but principally on the nature of presentation.

Even now as your mind is leaping to defend presentations, it is important to recognise that this is not a struggle of style or passion or tradition but simple psychological facts. The scientific literature we hold so dear is unequivocal that presentations in the way they are currently constructed and delivered simply do not work. And you know they don't work even if you can't identify the psychology. Bad presentations are your fault. It is time for a change.

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