

UNIT 1: PRESENTATION AND LETTER OF REFERRAL

SECTION A: PRESENTATIONS

I Discuss the questions with your colleague.

- Have you ever spoken in public? What was the occasion? Did you enjoy it?*
- Some people say public speaking is much feared (glossophobia, stage fright), just above death. Do you agree? Why do we tend to be afraid of public speaking?*
- Do you know some tips to help a person overcome fear of public speaking?*
- What do you think makes a successful presentation?*



II The teacher will show you (parts of) two presentations on medical topics. With your colleague, discuss which one you would enjoy better and why.

III Presentation structure – Introduction

A good presentation needs to be structured to make it easier for the audience to follow. This can be done in a very simple way, following the basic idea of telling the audience three times what they need to hear. In the introduction you tell them what you're going to tell them. Then you go through each key message one by one, and in the conclusion, you tell them what you told them. Why is this important? Well, audiences are very bad listeners. It is estimated that an audience will probably forget about 80% of what you say. Your job as a presenter is to make sure that the 20% that the audience remembers is the 20% that you want them to remember.

Your presentation structure then may then look more or less like this:



In your classroom-based presentation, you will also be responsible for initiating and managing **the Q&A session** – which is not an optional add-on but an integral part of the presentation. The texts, exercises, etc. in this unit offer some guidance on how to proceed through individual stages of your presentation.

IV Opening and closing.

1 Opening

People tend to remember openers more than any other part of a presentation, except perhaps for the closing remarks.

– A. Leigh

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a) There is a suggestion that a presentation opening may come in four stages, called the A, B, C and D of openings. What do the letters stand for?

- | | |
|--|-----------------------|
| 1 Capture your audience’s interest instantly | A _ _ E _ T _ _ N |
| 2 Explain what they will gain from the talk | B _ _ _ F _ T |
| 3 Show them you have the authority to speak | C _ _ D _ B _ _ _ _ Y |
| 4 Give them a route map of the presentation | D _ R _ _ T _ _ N |

b) What ways are there of capturing your audience’s interest right at the start of a talk? With a colleague, complete the table, using the phrases in the boxes.

a photograph/cartoon
a problem/puzzle
somebody well known
a video
a surprising fact/statistic
a news headline

a question
a joke
a popular myth
to raise their hand if...
a story/anecdote
to talk to a neighbour

OPENERS	Give them	-	
	Quote	-	
	Show them	-	
	Tell them	-	
	Explode	-	
	Ask them	-	

The introduction to your presentation needs to involve (along with the points already mentioned) two important elements. Firstly, you need to give a clear **explanation** why you have chosen your particular **topic** and where it stands in the context of a broader topic area (e.g. knee surgery – orthopaedic surgery). Secondly, make sure that you **outline the overall structure** of your talk so that the audience know what to expect and get ready to receive your message.

2 Closing

a) The techniques that you can use to open a presentation will also work well to close one. Remember, this is your last chance to get your message across. This is what a Harvard Law School presentation coach has to say about a presentation closing. How much do you agree with her?

Try to make your last line or two truly eloquent, meaningful, touching, accurate and wise. Always memorise your last few lines. This is the time to deliver straight to them: eye to eye, person to person. Try to leave them with a thought that will continue to provide an echo after you stop.

– S. Hamlin

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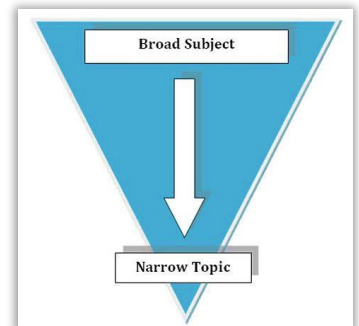
b) The expressions below can be used as part of the indicated closing technique in the table below. Fill the gaps with the words in the box.

<i>counting</i>	<i>end</i>	<i>glance</i>	<i>in</i>	<i>next</i>
<i>nutshell</i>	<i>reminded</i>	<i>saying</i>	<i>sum</i>	<i>thing</i>

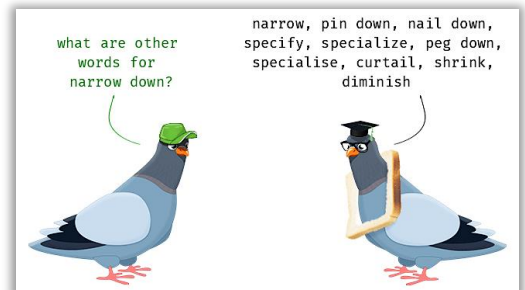
CLOSES	
<p style="text-align: center; color: #4f81bd;">SUMMARY</p> <p>Let's take a look back at what we've spoken about...</p> <p>Here, at a 1 _____, are the main points I've made...</p> <p>So, how to 2 _____ up?</p> <p>In a 3 _____, then...</p>	<p style="text-align: center; color: #4f81bd;">WORDS OF WISDOM</p> <p>I'm 4 _____ of the words of...</p> <p>We have a 5 _____ from where I come from...</p> <p>6 _____ the famous words of...</p>
<p style="text-align: center; color: #4f81bd;">CALL FOR ACTION</p> <p>Now let's get out there and...!</p> <p>I'm 7 _____ on you to...</p> <p>So, 8 _____ time you..., remember to...</p>	<p style="text-align: center; color: #4f81bd;">PERSONAL/EMOTIONAL INVOLVEMENT</p> <p>If you take just one 9 _____ from this talk, take this...</p> <p>In the 10 _____, this is what matters.</p> <p>So what does that really mean for you – personally?</p>

V Content and Structure

1 Make sure your **content** is **narrow** and **specific** enough. If you decide to make a presentation on neurological disorders, focus only on one of them. If you decide to talk about surgery, choose one (sub)type only – e.g. hip replacement etc. Nothing has a greater potential to kill your presentation than tiring your audience off with endless lists of various subcategories within your chosen topic! Show that you know where the area you focus on stands in a broader context (e.g. that malaria is an infectious tropical disease) and then jump straight into it! When your topic is sufficiently narrowed down and specific, your presentation can make a powerful impact and keep your audience interested.



2 *Omne trium perfectum* – every set of three is complete. When it comes to the **structure** of your main talk, it has proved useful to divide a message into three chunks. Most people don't have the memory or attention to remember five or six main points; however, three is a number people seem to be uniquely attuned to recall. The *Rule of Three* will boost the memory of your audience and can even help you remember your main points while you speak.



3 Choose a **topic** you are sufficiently **interested** in, if not downright **passionate** about! This will keep you moving on in your research and content creation and help you make a real impact on your audience. As has been powerfully stated: 'If it matters to you, it will matter to them!' Preparation, passion, and performance – these are the major building blocks of your presentation!

4 When the content of your presentation is captivating enough, it should spontaneously generate **questions** or **comments** from your audience to which you should react adequately. If it does not, however, you need to be prepared for this situation and have questions or a short quiz up your sleeve to e.g. check your audience's attention etc. In any case, you as a presenter are responsible for there being a discussion inspired by the message(s) of your talk.



5 **Timing.** Your presentation is supposed to last between **10–12 minutes**, followed by a **5-minute discussion**. Presentations exceeding the set 12-minute limit will be terminated by the teacher. Presentations below 10 minutes will be penalised or disqualified. So make sure you accommodate your content to fit the 10–12-minute presentation scope.

6 When **presenting in twos**, make sure you divide your content equally and **take turns** throughout your talk, i.e. doing it in halves will not do. You will find suitable phrases for turn-taking in the section on signposting.

VI Language

1 Vocabulary



You will need to **accurately** use a sufficient range of vocabulary, with a special focus on the technical vocabulary pertaining to your topic. Make sure you know how to **pronounce** these words and be ready to **explain** their meaning to a general or semi-professional audience.



2 Grammar

You are supposed to use reasonably complex grammar structures (e.g. modal verbs with present or past infinitives to express a degree of certainty; second and third conditionals to speculate about the unreal effects of unreal causes etc.). You will also be expected to include **cohesive devices** to support the logical structure of your talk, to guide your audience through the content, to show the cause and effect, relationships, to contrast and compare, etc.

a) Link the following presentation extracts and mark the 'link phrases' with their function. One has been done as an example.

cause – effect

effect – cause

action – purpose

point – contrast

point – addition

point – specification

a The patient's condition finally improved

so that we provide the best care we possibly can.

b Avoiding risk is a mistake,

has resulted in a reduced number of patients who can be actually treated for the disease.

c We need to constantly reassess our ways of treatment,

and what's more, she was able to resume her full-time job.

d A rise in the price of the drug

especially in the long term. (*point – specification*)

e Lung cancer death rates dropped by 51% in men,

thanks mostly to the unwavering support he received from his family members.

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- | | | |
|---|---|--|
| f | She fully recovered from her serious condition, | whereas in women it was only 26%. |
| g | The shortage of clean water in the area | as a result of heavy workload. |
| h | We need to move fast forward | plus , it's not an expensive one. |
| i | More health care professionals experience a burn-out | in order to take advantage of this opportunity. |
| j | Now is the time to focus – | may lead to the spread of infectious diseases. |
| k | New treatments are continually developed by scientists, | in particular on what it is we do best. |
| l | This is an effective treatment, | and yet , for various reasons, they can't often reach those who need them most. |

VII Signposting

A presentation is very much like a journey. We need to explain: 'Where are we going?' And then along that journey as we move through it, we need to explain how we're moving on.

– R. Geraghty

Once you have laid out your key messages and an overall structure, you need to guide your audience through your presentation.

Audiences like to know where they are in a presentation, and the best way to do this is to remind them frequently by making it clear when one section has finished, and another is about to begin. By clearly announcing the beginnings and endings of each section, the presentation becomes easier to follow. This achieves two things:

a) If someone has stopped listening, they get a chance to join in again when the new section begins.

b) Because the presentation is easy to follow, the audience starts to trust the presenter more. S/he appears to be in control, and that can only be a good thing.



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1 Signposting phrases for the overall presentation structure. Match the expressions below to the correct presentation section.

<p>In conclusion, ... Now, today I'd like to talk to you about... That brings me to the end of my presentation. This brings me to my second point. I'm going to go through three points. That more or less covers... Thank you for coming today. Let's move on to the last point. So let's start with... First of all, I'll talk about... Secondly, I'll cover... And finally, I want to discuss... Thank you (for your attention).</p>	INTRODUCTION
	<p>Now, today I'd like to talk to you about... I'm going to go through three points. First of all, I'll talk about... Secondly, I'll cover... And finally, I want to discuss... Thank you for coming today.</p>
	MAIN TALK – MOVING BETWEEN MESSAGES
	<p>So let's start with... That more or less covers... This brings me to my second point. Let's move on to the last point.</p>
	CLOSING
	<p>In conclusion, ... That brings me to the end of my presentation. Thank you (for your attention).</p>

2 Signposting phrases for moving between messages. Look at some phrases for guiding your audience through your messages. Add them to the corresponding part of the table below.

<i>Moving on (from ...) to...</i>	<i>Now let's look at...</i>	<i>Now I'd like (you) to consider...</i>
<i>Turning now to...</i>	<i>I'd like to begin by...</i>	<i>That's enough (for now) about...</i>
<i>That was my first point. Now I'd like to...</i>	<i>That (more or less / about) covers all I wanted to say about...</i>	

INTRODUCING A MESSAGE	ENDING A MESSAGE	MOVING FROM ONE MESSAGE TO THE NEXT
<p><i>Now let's look at...</i> <i>Now I'd like (you) to consider...</i> <i>I'd like to begin by...</i></p>	<p><i>That's enough (for now) about...</i> <i>That (more or less / about) covers all I wanted to say about...</i></p>	<p><i>That was my first point. Now I'd like to...</i> <i>Moving on (from ...) to...</i> <i>Turning now to...</i></p>

3 Signposting phrases for presenting in pairs.

When presenting in pairs, make sure you, at least occasionally, use some of the following phrases to prepare your audience for change of speakers.

Now, I'd like to give the floor to Mark.
I'm passing/handing over to Mark now.
I'll pass you over to Mark.
Mark is going to take it up from here.
Mark, the floor is yours.
Mark, over to you.
Mark is going to explain/take you through/tell us more about...



VIII Survival Tactics

Giving a presentation is a challenge. Concentrate too hard on the facts, and you make language mistakes. Concentrate too hard on your English, and you get your facts wrong.

– M. Powell

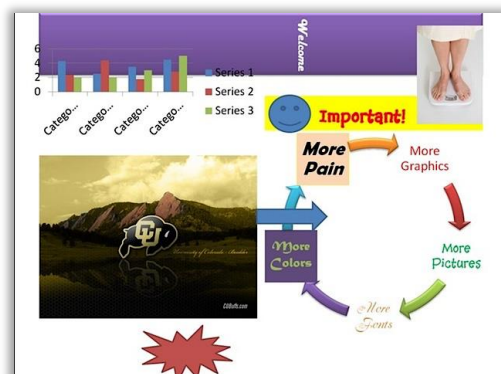
When you deliver your presentation, it is very likely that **you will make a few mistakes as you go**. Occasional slips of the tongue, grammar mishaps, your mind goes blank and you cannot recall the right word, or you realise you have forgotten to mention a point. There is nothing tragic about it when it happens here and there and, in all likelihood, you are not going to be penalised for an *occasional* lapse. It only shows you are human, which is a good thing. The essential thing is **not to panic**. Acknowledge your mistake, make fun of it, briefly put things right if needed and **just move on**. Don't be excessively apologetic. Below are some examples of language to help you manage some tricky situations with relative ease.

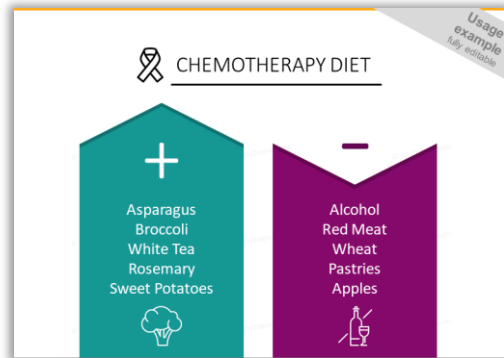
1 Match the phrases on the left with the ones on the right. More than one combination for each situations are possible.

What you think	What you say
1 I've got my facts wrong!	a So, basically, what I'm saying is this.
2 Too fast! Go back!	b Sorry, what's the word for ...?
3 I've forgotten to say something!	c (Sorry), let me rephrase that.
4 Too complicated! Make it simple.	d (Sorry), what I meant is this.
5 I'm talking nonsense.	e So, just to give you the main points here.
6 How do you say that in English?	f So, let's just recap on that.
7 Wrong! Try again.	g (Sorry), I should just mention one thing.
8 I'm running out of time!	h (Sorry), perhaps I didn't make that quite clear.

IX Using visual aids

1 Look at the contrasting examples of terrible and effective presentations slides and discuss their characteristics in pairs.





Designing your slides

Slides need to communicate their message instantly. If the audience has to work hard to read the slide, this means that they are unable to listen to you simultaneously. Slides should support what you are saying: they do not need to contain all the detail.

As a general rule, use **no more than five lines on a slide and no more than five words per line**.

Remember, this indicates a *maximum* number: one line or even one word may be more effective in some cases. Also, remember to only present one message on each slide.

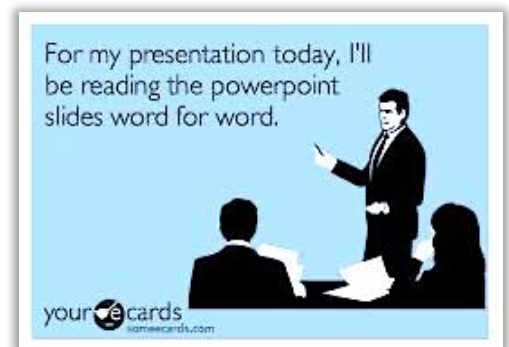
Often a **picture** can communicate more effectively than words. If you present complicated information involving facts and figures, you can use a graph or a diagram. Make them as simple as possible and only include the information that really matters.

If you decide to use a video to illustrate a point which you are making, do not forget to explicitly justify its relevance. Also, as your presentation time is limited, make sure your video is brief and concise. To integrate the video into your presentation, try playing it in the mute mode and provide the voice over.

2 Working with visual aids

Often presenters get the audience to focus on the slides. Slides make presenters feel safe but poorly designed slides may put the audience off. Some practical tips to remember.

- When you **point things on the screen**, remember to maintain eye contact and do not turn your back on the audience.
- For a professional and dynamic effect, **announce the next slide before clicking**. This way you will be seen in control of the slides. Often, if you click before you speak, it looks as if the slides are in charge, not you.
- When you want to refer to a particular place on a slide, you can use a laser pointer, or explain things verbally. You can use the following phrases.



in the middle
in the top left corner

at the top
in the bottom right corner

at the bottom

on the right/left

- When you comment on visuals, describe them and interpret their message.

*On the horizontal axis you see the...
The figures on the vertical axis are units of one thousand...
This curve illustrates...
This table shows three major trends.
If you look at this graph, you will notice...
The hard data indicate... but in reality...*

X Body language and voice management essentials

- 1 Keep an **eye contact** with your audience for at least 90% of your presentation time. It is a must. When you look at your audience while you speak, you're able to assure them that you're confident about your topic. Keeping an eye contact also means that you don't just read the content of your presentation – be it from hand-held notes or from the screen. Stand sideways when you need to locate information on the screen. And remember, it's primarily your classmates who make your audience, so please look mostly at them, not (just) at the teacher.
- 2 **Smile** often and be facially expressive. Do you give an impression to the audience that you believe in what you're saying?
- 3 **Stand up straight**, don't slouch. Pull your shoulders back, tuck your stomach in, and lift your chin up. Use natural gestures, keep your body open without creating barriers (such as folding your arms).
- 4 **Face your audience**, don't show them your backside. It's just rude. What's even worse is when you continue talking while your back is turned to your audience. If you need to do something on the stage, try walking or standing sideways to allow people to still get a glimpse of your face.
- 5 **Move around the space**, don't get stuck behind the keyboard and PC monitor. When presenting in pairs, distribute yourself evenly in the space and/or by the sides of the screen. Simply don't hide away from the audience.
- 6 **Speak loudly, clearly and confidently**. People sitting at the back of the classroom must be able to hear you. Don't rush your talk, take time. Make pauses. Don't forget to breathe.



*I speak two languages,
Body and English.*

– Mae West (1893–1980)

SECTION B: LETTER OF REFERRAL

I Letter of referral – Overview

A **letter of referral** is an essential means of communication between primary and secondary care, giving the receiving clinician/department a detailed summary of the patient's presenting complaint and medical history to ensure a smooth transition of care. It is often the only way information is passed from general practice, so it is essential to ensure all relevant details are included. At the same time, though, it is important to make sure that only the relevant information is included – the referring doctor thus needs to carefully select and organize the available patient data, and transform them into meaningful full sentences. The length of the text proper is normally around 200 words.



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Basically, there are two ways to organize the letter – by importance or chronologically. Chronological structure is preferred by doctors who see their patients repeatedly.

If you choose to organize your letter by **importance**, you will follow this structure:

- reasons for writing + main medical issue (presenting complaint)
- main medical issue details
- secondary/related issues
- management to date (i.e. prior to referral)
- future management plan

If you choose **chronological** approach, you will follow this structure:

- reasons for writing + main medical issue (presenting complaint)
- first visit
- second visit
- most recent visit
- management to date (i.e. prior to referral)
- future management plan

If you need to include a case note which is relevant but not directly related to the rest of the case notes, you may introduce this information by using the following linking words or phrases

- *For your information, ...*
- *Please note that... / It is worth noting that...*
- *Importantly, ...*
- *In addition, ... / Moreover, ...*

The letter also contains formalities such as the address of the receiving consultant and/or specialty clinic/department, salutation, thanks for seeing the patient, signing off and name and signature of the referring doctor.

1 Study the patient notes and answer the questions below them.

Patient

- Margaret Leon (Ms)
- DOB: 1 August 1959
- height: 152 cm, weight 50 kg, BP 180/95, PR 88 regular
- regular patient in your general practice



Substance intake: nil

Allergies: pollen

Social history

- accountant, single, lives with and takes care of elderly mother, retired, used to work as a kindergarten teacher
- non-smoker
- no medication
- teetotaler

14 January 2019

- wants general check-up, anxious – father died bowel cancer aged 50
- BP 160/90, PR 70 regular
- height 152 cm, weight 69 kg, overweight
- advised on exercise & weight reduction
- borderline hypertension
- review in 3 months

25 April 2019

- feeling better in part due to weight loss
- BP 140/85, PR 70 regular
- height 152 cm, weight 61 kg
- making good progress with weight
- blood pressure within normal range

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Family history (FHx)

- mother – arthritis
- father – died of bowel cancer, age 50
- maternal grandmother – died acute renal failure, age 85
- maternal grandfather – heavy drinker, died alcohol poisoning, age 60
- paternal grandmother – died old age 98
- paternal grandfather – unknown

Patient history (PMHx)

- childhood measles, frequent otitis media
- 1970 appendectomy
- since 1974 myopic corrective lenses
- 1984 fractured femur
- 2015 colonoscopy, clear
- chest infections – annually

3 July 2019

- saw blood in the toilet bowl on two occasions after bowel motions
- depressed and very anxious
- believes she has bowel cancer
- trouble sleeping
- BP 180/95, PR 88 regular
- height 152 cm, weight 50 kg
- cardiovascular and respiratory examination normal
- rectal examination shows no obvious abnormalities

Plan

- need to investigate for bowel cancer
- refer to gastroenterologist for assessment /colonoscopy
- prescribe 15-gram Alepam¹ 1 tablet before bed – advise patient this is temporary measure to ease current anxiety and sleeplessness
- review after GP appointment with gastroenterologist

www.occupationalenglishtest.org (adapted)

- a) What impression do you get of the patient as a person?*
- b) How do you think the doctor should approach her? What kind of reassurance does she need?*
- c) Which information would you select for a letter of referral to a gastroenterologist?*
- d) Which format of the letter would seem most plausible in this case – based on importance or chronology?*

2 Combine the following notes into one coherent sentence. You will need to refer back to the patient information in exercise 1. The first sentence is done as an example, there is more than one way the information can be transformed to full sentences.

a) father / bowel cancer / anxious and depressed

She feels anxious and depressed because her father died of bowel cancer (at the age of 50).

b) BP 160/92 / weight 69 kg / BP 140/85 / weight 61 kg

c) BP 180/90 / cardiovascular examination / normal

d) bowel cancer / gastroenterologist / assessment / colonoscopy

¹ Active ingredient – oxazepam, used for anxiety, such as the anxiety associated with depression

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PILOT VERSION

Intended solely for CJV LF MU classroom use and teacher instruction

- 3** Now write a letter of referral to a gastroenterologist based on the patient information in exercise 1 using between 180–220 words.

When you finish, compare your letter with a sample found in the Supplements section.

Did you follow the same/similar format of referral letter?

Did you select the same/similar information?

SECTION C: USEFUL EXPRESSIONS

sb – někdo, sth – něco

anti-inflammatory drug – protizánětlivý lék
anxiety – úzkost, úzkostlivost, **to ease anxiety** – zmírnit úzkost
anxious – úzkostlivý
appendectomy – operace, chirurgické vynětí slepého střeva
as a result of – v důsledku
at a glance – letným pohledem
audience – publikum
axis (sg.), **axes** (pl.) – osa
to be in control of – mít něco pod kontrolou
to boost the memory – posílit paměť
brief – stručný
borderline hypertension – mírná hypertenze
to capture sb's interest – zaujmout někoho
cause-effect – příčina–důsledek
chickenpox – variela, plané neštovice
cohesive devices – *lingvistika*: prostředky textové návaznosti (např. *In addition*, pro doplnění informace, *On the other hand* pro vyjádření rozdílu)
colonoscopy – kolonoskopie
concerned about – znepokojený kvůli
concise – hutný, stručný, výstižný
concomitant – doprovodný (jev)
to conclude sth – uzavřít, shrnout
conclusion – závěr, zakončení, shrnutí, **in conclusion** – závěrem
content – obsah
credibility – hodnověrnost, důvěryhodnost
dermatitis – dermatitida, zánět kůže
to die of bowel cancer – zemřít na rakovinu tlustého střeva

to disqualify sb from (doing) sth – znemožnit někomu vykonávat něco, diskvalifikovat někoho kvůli

DOB (date of birth) – datum narození

dyspepsia – dyspepsia, nedokonalé nebo bolestivé trávení, zažívání

effective treatment – efektivní léčba

“examination shows no obvious abnormalities” – vyšetření nevykazuje žádné zjevné abnormality

to exceed the time limit – překročit časový limit

general check-up – celková kontrola (u lékaře)

to give impression – působit dojmem

to give the floor to sb – předat někomu slovo,

the floor is yours – máš slovo

guidance – vedení, podpora

height – výška

hepatitis A – hepatitida A, infekční žloutenka

highly controversial – vysoce kontroverzní

impact on – dopad na

to initiate – začít, započít

integral part – nedílná součást

in a nutshell – *idiom*: v kostce

in particular – zejména

to investigate / examine for bowel cancer – vyšetřit na rakovinu tlustého střeva

to justify sth – odůvodnit něco

to lead to – vést / směřovat k

letter of referral – odesílací dopis, žádanka

lung cancer death rates – úmrtnost na rakovinu plic

to maintain / keep eye contact – udržovat oční kontakt

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to make good progress with – dosáhnout pokroku v čem

maternal grandmother – babička z matčiny strany

meaningful – smysluplný

measles – spalničky

to move on to the last point of the presentation

– přejít k poslednímu bodu prezentace

remittent – remitentní, chvílemi polevující

relapse – nové vzplanutí nemoci, opětné zhoršení zdravotního stavu

no sensation of lump – **hrudku nenahmatává** – hrudku nenahmatává

otitis media – zánět středního ucha

to organize the available patient data – uspořádat dostupné údaje o pacientech

to outline overall structure – nastínit celkovou strukturu

to overcome fear of public speaking – překonat strach z mluvení na veřejnosti

overweight – mající nadváhu

OTC (over-the-counter) medication – volně prodejný lék / léčivo

to panic about sth – panikařit kvůli

pain radiating to – bolest vystřelující / vyzařující do

to pass information – předat informaci

passion – vášně

passionate – nadšený, vášnivý

paternal grandfather – dědeček z otcovy strany

to penalize sb for (doing) sth – penalizovat někoho za něco

pertaining to – týkající se

presentation scope – rozsah / záběr prezentace

presenting complaint – hlavní zdravotní potíže (pacienta)

primary care – primární péče

prior to – před (časově)

provisional diagnosis – prozatímní diagnóza

posture – držení těla

to prescribe medication – předepsat léky

to proceed through sth – pokračovat / postupovat v něčem

to put sb off – odradit / znechutit někoho

to reassess treatment – přehodnotit léčbu

to recover from – zotavit se z

rectal examination – rektální vyšetření

referring doctor – odesílající lékař

renal failure – selhání ledvin

to result in – vyústit v, POZOR: **to result from** – vyplývat z

sebaceous cyst – mazová cysta

secondary care – sekundární péče

self-medicated – pacient si "předepsal" léky sám

signpost – ukazatel, **signposting phrase** – fráze pro naznačení dalšího průběhu prezentace

slip of tongue – přeřeknutí

sleepiness – nespavost

to slouch – hrbít se

special focus on – zvláštní zaměření na

stage fright – tréma

sth up your sleeve – *idiom*: něco, co má člověk připraveno jako trumf (v rukávu)

to take advantage of an opportunity – využít příležitosti

to take medication – brát léky

to overcome fear of public speaking – překonat strach z mluvení na veřejnosti

to take turns / take it in turns – střídat se (v něčem)

tonsillectomy – tonzilektomie, chirurgické odnětí mandlí

turn-taking – střídání (se)

visual aid – vizuální pomůcka

voice-over – hlasový komentář

weight – váha, POZOR: **to weigh** – vážit

whiplash injury – hyperflexe krku při nehodě, whiplash

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