

Conference Presentation

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Table of Contents

Finnish versus English	1
Minimal phonetic alphabet (IPA)	3
English vowels	4
Pronouncing and spelling aloud in English	5
English stress-placement difficult for Finns	7
Aid with word-stress placement	8
Presenting at a conference	9
Plan ahead	9
Rehearse	
Study the setting	10
Begin your talk	11
Speak your talk—neither memorize nor read it	
Avoid paralysis	12
Interact with your audience	13
Pronunciation and stress	
End the talk politely	
What to avoid in a talk: Don'ts	14
Making your talk visible: text on screen	15
Tables & figures, microphone & pointer	16
PowerPoint tips	17
Chairing a session, posing questions, and answering	18
Tips for good posters	22
Posters as quick communication	23
Polite Phrases	24
Telephoning language	25
Making general conversation with a stranger	26
Appendix: Question session—the art of embedding	27
Glossary of medical terms	

Finnish versus English

Spelled as spoken: a phonetic language	Extremely non-phonetic spelling
Heavy stress always on the first	Stress lighter ; often on first of two syllable syllables, but unpredictable
Intonation by syllable; flat & falling	Stress-timed intonation, falling and rising
Syllables and words all clearly audible	Many words and sounds inaudible
Word- endings many and essential	Few endings ; many are swallowed
Sound- length important to meaning	Length not vital to meaning
Meaning depends on grammar	Meaning survives grammar errors
No gender at all	Pronoun gender only
[v] very much like [w]	[v] and [w] greatly differ

Emphasize these areas, in this order of importance:

- **Pronunciation** of the sounds in **key words** in your own field
- Placement of **syllable stress** in words, especially key words
- Rise and fall in **intonation**: using a flat Finnish intonation in English sounds monotonous and even robotic
- **Gender** in pronouns: errors can cause embarrassing confusion
- **Grammar**, in cases that might **cause confusion**, or if you have lost almost all of your Finnish accent and sound native!
- **Gaze**: look into your listeners' eyes. **Gestures**: More hand- & body movements.

Excellent medical-pronunciation site: howjsay.com (To it, we can even add words.)

For words and pronunciation, also www.freedictionary.com and www.webster.com

Minimal International Phonetic Alphabet (IPA) for English

Consonants (All consonants omitted here, plus [s], [g], and [j] are similar to Finnish)

[θ]	<u>TH</u> ANK, <u>SIX</u> TH (unvoiced)	[n]	<u>G</u> ONE, <u>N</u> O
[ð]	<u>TH</u> IS, <u>W</u> ITH, <u>E</u> ITH <u>ER</u> (voiced)	[ŋ]	<u>S</u> INGER, <u>L</u> ON <u>G</u>
[s]	<u>S</u> ING, <u>TH</u> INK <u>S</u> , <u>L</u> OS <u>S</u> ES (unvoiced)	English “c”:	
[z]	<u>Z</u> ING, <u>B</u> ED <u>S</u> , <u>E</u> AS <u>Y</u> , <u>L</u> OS <u>S</u> ES (voiced)	[s]	before written i, e, y
[f]	<u>S</u> UGAR, <u>P</u> U <u>S</u> H (unvoiced)	[k]	before a, o, u, l, r
[ʒ]	<u>P</u> LEAS <u>U</u> RE, <u>F</u> U <u>S</u> ION (voiced)	“c” is not a sound: { e }	
[tʃ]	<u>CH</u> UR <u>CH</u> , <u>L</u> UN <u>CH</u> (unvoiced)		
[dʒ]	<u>J</u> UD <u>G</u> E, <u>G</u> EN <u>E</u> TIC (voiced)	---	this “soft g” is usual before i, e, y (written letters)
[g]	<u>G</u> UN, <u>B</u> I <u>G</u> (voiced)	---	this “hard g” is usual before a, h, l, o, r, u
[j]	<u>Y</u> OU, <u>P</u> U <u>R</u> E (voiced)		

Vowels

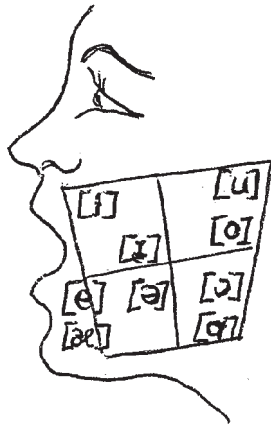
Diphthongs

[i]	<u>K</u> EEP, <u>E</u> ASY like Finnish ii	[eɪ]	<u>L</u> A <u>T</u> E, <u>D</u> A <u>Y</u> (ei)
[ɑ]	<u>C</u> AR, <u>H</u> EART; <u>B</u> A <u>T</u> H (GB) aa	[aɪ]	<u>T</u> IME, <u>H</u> I <u>G</u> H (ai)
[ɔ]	<u>S</u> A <u>W</u> , <u>T</u> A <u>L</u> K ---	[aʊ]	<u>C</u> O <u>W</u> , <u>H</u> O <u>U</u> SE (au)
[u]	<u>F</u> OOD, <u>S</u> O <u>U</u> P uu	[oɪ]	<u>B</u> O <u>Y</u> , <u>N</u> O <u>I</u> SE (oi)
[e]	<u>B</u> ET, <u>M</u> A <u>N</u> Y ee	[ou]	<u>B</u> O <u>A</u> T, <u>K</u> N <u>O</u> W (ou)
[æ]	<u>B</u> AD, <u>B</u> A <u>T</u> H (USA) ä	English written “y” is never said as in Finnish; it can be:	
[ɪ]	<u>B</u> IT, <u>B</u> U <u>S</u> Y ---	[i]	<u>B</u> IOL <u>O</u> G <u>Y</u> , <u>B</u> A <u>B</u> Y
[ɒ]	<u>F</u> O <u>X</u> (GB) oo	[aɪ]	<u>H</u> Y <u>D</u> RO <u>G</u> EN, <u>M</u> Y
[ə]	<u>L</u> A <u>T</u> ER, [ʌ] <u>C</u> U <u>T</u> ---	[j]	<u>Y</u> ELLOW, <u>E</u> Y <u>E</u>
		[ɪ]	<u>S</u> Y <u>S</u> TEM, <u>P</u> H <u>Y</u> SICS

Note: these are very similar, generally with [ʌ] in stressed syllables.

Shwa / schwa [ə] is never stressed: It is “uh!”—an extremely common English sound!

English Vowels



English vowels can be “lumped” into **nine sounds**, originating in the mouth as in this diagram. Six of them are closely similar to Finnish vowels, sounding as if they are written “ii,” “ee,” “aa,” “uu,” “oo,” and “ää.” **English speakers** usually say **most** of their **vowels as long as Finnish double vowels**. For instance, saying a name having all single letters, a Finn can sound irritable; “Henry,” to us, would be not said [**henri**], but “Heenryy.”

Because we are less precise about length, **vowel length often depends upon emotion**. For instance, we may want to make “hyvin” strong by saying it as if it were spelled “hyyvin” or even “hyyyyyvin.” We think this is okay, because it seems parallel to our saying “wonderful” very enthusiastically—by lengthening the stressed syllable: “woooonderful.” [wʌn-].

For our **written single or double vowels**, **length does not change meaning**.

In “both”/ “booth” and “bet”/ “beet,” only vowel sounds differ, not their length:

[o] / [u] and [e] / [i]

These four vowels can each be said short or longer—at random—for emphasis:

[oo], [uu], [ee], [ii], even be [ooo], and so on.

To be pragmatic, **I use no indication of length**—as in [i :]—in my IPA or elsewhere.

Perfect English speakers of RP, Received Pronunciation, are becoming **fewer and fewer**; they may now comprise only **five percent** of the residents of **Britain**. They tend to be as careful of their pronunciation as Finns must be. For example, the word “difficult” in RP is [dɪfɪkəlt] but in the USA is often [dɪfəkəlt].

If, therefore, you panic when speaking and **forget the sound of some vowel** that is **not in the stressed syllable**—because that one vowel must have its true value (be accurate)—you can sound like a Yank and just **say that vowel as a lazy [ə], shwa—”uh.”**

Remember, too, how common is the **English diphthong**, frequently written as a **single vowel** (high, play, cow, boy, know). Moreover, the printed letter “o” has shifted its sound throughout history and is now often said [ɑ], as in bottle [bɑtɪ], cotton [kɑtən].

Pronouncing and Spelling Aloud in English

When speaking English, people often have to **spell aloud**, especially **spell names**, because few words are spelled the way they sound. Pronunciation by Finns of even the most vital words for their work often seems surprising and puzzling. “How amazing,” English speakers say, “that anyone pronounces all the words in a language exactly as they are spelled!”

Spelling aloud may be **fairly easy** for you; much **more difficult** is to **understand words spelled aloud** by native English speakers. Learning this skill during a lifetime, natives can spell to each other very rapidly. In fact, we have had no choice but to spell! It is thus wise for Finns to ask to see strange words and names in writing. When this is impossible, such as in telephoning, Finns may need to have words spelled very slowly and many times. Explain that Finnish is 99% phonetic. The reaction will probably be surprised admiration.

Names for letters These names are **quite different** in Finnish and in English:

a -- [eɪ]	e -- [i]	i -- [aɪ]	
g -- [dʒi]	h -- [eɪtʃ]	j -- [dʒeɪ]	k -- [keɪ]
q -- [kju]	r -- [ɑ]	v -- [vi]	w -- double [ju]
y -- [wɑ]	z -- [zed] British; [zi] American	x -- [eks]	

ä -- [eɪ] with two dots ö -- [ou] with two dots. (Please, never “two pricks”!)

Double consonants (such as in “yellow”) will be called “double [el]” in Britain but in the USA called “[el] [el].”

Native speakers may clarify **numbers that sound alike**— 13 or 30— by saying, “Thirteen, that’s one-three” or “Thirty: I mean three-oh.” (Useful in lecturing or telephoning.)

You may also need to **clarify your spelling** with the initial letters of words, as you do in Finnish by “L niin kuin Lauri.” In English, say, “[el] AS IN Love.”

Spelling alphabet (1941)

<u>A</u> BLE [ɪbəl]	<u>B</u> AKER [beɪkər]	<u>C</u> HARLIE [tʃɑrlɪ]
DOG [dɒg]	<u>E</u> ASY [ɪzi]	FOX [fɑks]; Brit. [fɒks]
GEORGE [dʒɔrdʒ]	HOW [haʊ]	<u>I</u> TEM [ɪtəm]
JIG [dʒɪg]	KING [kɪŋ]	LOVE [lʌv]
MIKE [maɪk]	NAN [næn]	<u>Q</u> BOE [ɔbu] (not “oh boy”!)
<u>P</u> ETER [pi:tər]	QUEEN [kwɪn]	<u>R</u> OGER [rɒdʒər]
<u>S</u> UGAR [ʃʌgər]	TARE* [teɪ]	<u>U</u> NCLE [ʌŋkəl]
<u>V</u> ICTOR [vɪktər]	<u>W</u> ILLIAM [wɪljəm]	<u>X</u> RAY [eksreɪ]
YOKE [jəʊk]	<u>Z</u> EBRA [zɪbrə]	* a weed, a seed, or a weight!

English Stress-Placement Difficult for Finns

<u>academic</u> / <u>academy</u>	<u>maintain</u> / <u>maintenance</u>
<u>Affect</u> (noun) = emotional aspect	<u>mature</u> / <u>major</u> ; <u>maturity</u> / <u>majority</u>
<u>affect</u> (verb); see “effect”	<u>mistake</u>
<u>alternate</u> , US; <u>alternat</u> e, GB (adj.)	<u>mutation</u> / <u>mutate</u> ; with [mju]
<u>analysis</u> (but “ <u>analyze</u> ”)	<u>nutrient</u> / <u>nutrition</u> , -ious; all [nju-]
<u>anatomy</u> / <u>anatomical</u>	<u>object</u> to / an <u>object</u> ; with [ɑ]
<u>canal</u> / <u>channel</u> (ear- / English, TV-)	<u>occur</u> [ouker]; not like <u>cure</u> [kjur]
<u>career</u> (job, profession)	<u>opaque</u> [oupek] / <u>opacity</u> [oupæsəti]
<u>carrier</u> (carrying something)	<u>origin</u> / <u>original</u> / <u>originality</u> ; all [dʒ]
<u>compete</u> , <u>competitive</u>	<u>parameters</u> (not <u>pair a’ meters!</u>)
<u>components</u> (parts); avoid sounding like	<u>parentheses</u> / <u>parenthetical</u> ()
<u>competence</u> (ability)	<u>participate</u> / <u>participation</u>
<u>contain</u>	<u>percent</u> / <u>percentage</u> ; <u>proportion</u>
<u>control</u> (verb, adj., AND noun stress!)	<u>periphery</u> / -al
<u>decayed</u> vs. <u>decade</u> (10 years)	<u>phenomenon</u> / -na; with [ɑ]
<u>deceased</u> (dead) 2 x [s]; see “disease”	<u>physiology</u> / <u>physiological</u> ; [dʒ]
<u>deposit</u> ; with [ɑ]	<u>position</u> ; can be [pas-]
<u>derive</u> (create from X)	<u>precise</u> / <u>precision</u>
<u>desert</u> (abandon) / <u>dessert</u> (food)	<u>prefer</u> (also <u>refer</u> / <u>reference</u>)
<u>desert</u> (desolate area, autioma))	<u>preference</u> , <u>preferential</u>
<u>determine</u> / <u>determination</u>	<u>present</u> (verb) / <u>present</u> (give; gift)
<u>develop</u> / <u>developmental</u>	<u>produce</u> (verb) / <u>product</u> (noun)
<u>disease</u> 2 x [z]; see “deceased”	<u>produce</u> (fruits and vegetables) [pradjus]
<u>distribute</u> , <u>distribute</u> (GB) / <u>distribution</u>	to <u>project</u> / our <u>project</u> ; [ɑ], [dʒ]
<u>duplicate</u> / <u>duplication</u> ; both [dju]	<u>recognize</u> / <u>recognition</u> ; both [g]
<u>effect</u> (noun=result of action; verb=cause)	<u>regulate</u> / <u>regulation</u> ; both [g]
<u>efficient</u> (deficient, sufficient)	<u>secretary</u> / <u>secret</u> (-agent)
(for all ↑, think of “fish”!)	to <u>secrete</u> / <u>secretory</u> (from gland)
<u>emit</u> (give off light or odor)	<u>sign</u> [saɪn] . . . but:
<u>enhance</u> = make greater, richer	<u>significant</u> / <u>signify</u> ; both [sig]
<u>event</u> ; never sounds like a lazy “even”	<u>specific</u> / to <u>specify</u>
<u>genetic</u> (“gen-” is always [dʒen])	<u>stability</u> / <u>stable</u> / <u>stabile</u>
<u>heredity</u> (“red”) = what is <u>inherited</u>	<u>statistics</u> , -tical; <u>statistician</u>
<u>heterogeneous</u> / <u>heterogeneity</u> ; both [dʒ]	<u>survive</u> , -vival
<u>hypothesis</u> / -size; with [ɑ]	<u>variable</u> / <u>variability</u> / <u>various</u> never <u>variable</u>
<u>inhibit</u> / <u>inhibition</u>	<u>vary</u> / <u>variety</u> [vərgəʊbl]
<u>inject</u> [mdʒekt], no [j] sound	<u>weigh</u> (verb, to weigh X) / <u>weight</u> (noun)
<u>intact</u> = whole, unbroken	<u>welcome</u> , not rudely: “Well, <u>come!</u> ”
<u>integrity</u> ; with [g]	
<u>intense</u> (like “in TENTS”)	US and British syllable-boundaries may even differ.
<u>interpret</u> / <u>interpretation</u>	
<u>invert</u> / <u>inversion</u>	
<u>latent</u> [lertənt]	In emergencies, you can say words of three or more
<u>Latin</u> [lætən]	syllables flat, without stress. Do not just chose syllable 1.

Aid with Word-Stress Placement

1. **Most English words of two syllables, especially nouns and adjectives,** have **stress** (pajno) **on the first syllable** (tavu):
(baby, table, eager)

2. **Most two-syllable verbs** have their **stress** on **the second syllable**, but when they **become nouns, stress usually moves to the first syllable**:

("Will he conduct an orchestra?" "Her conduct is good." "
She will record all the facts, to keep them on record."
"Danny recorded music on many reords." "To rebel, you must be a rebel.")

Exceptions are important to learn:

"The conrol [adj.] patients, those receiving no appetite-enhancing drugs, could conrol [verb] their appetites; they did not lose conrol [noun]." Never say "conrol." Another: "I will repair it, and the repair will last forever."

3. **Prefixes are usually unstressed** (repair, prepare, examine, disturb)

4. **Words made up of two other words (compound words)** have stress on

the **first word** if they are **nouns**:

(carseat, briefcase, blackboard, handshake)

the **second word** if they are **verbs or adjectives**:

(overtake, overused, handmade*)

5. For **long words** usually of **Greek or Latin** derivation, ones ending with **-gy, -ty, -cy, or -phy** have the stress on the **third from last** (ante-penultimate) syllable.

(biology → otorhinolaryngology; facility, autocracy, radiography).

Those ending with **-ic** or **-sion** or **-tion** have stress on the **next to last** (penultimate).

(anatomic, pneumonic, decision, inversion, relation, activation)

Exceptions are many and depend on desired meaning or on nationality.

British and US stress may differ (capillary / capillary; trachea / trachea).

For clarity, stress may change: "It's factory made? No, *handmade!" "She married at fifteen. At only fifteen?" "Hypotension or hypetension?"

Presenting at a Conference

Plan ahead

Consider your audience. How specialized and expert will they be? What is your **core message—the minimum** that they should carry away with them?

You will be able to say about half as much as you wished. Give your audience only the amount of data that they can absorb. **Think like a teacher**, teaching. This is not your whole autobiography or a chance to show all that you know and have done. An overloaded audience leaves with less information than a “well-taught” audience carries away. (“**Less is more.**”)

If time allows—more than 10 minutes—first **outline your talk**; end with a **brief summary**.

A question period usually follows each talk. **Anticipating audience questions**, can you **incorporate into your talk** the facts to make some of those questions unnecessary?

Rehearse

Practice in front of one or more **colleagues** and **request suggestions**. **Ask for questions**.

Never forget the needs of your audience: **Pause before and after key facts** and **pause while** the audience studies a **table or figure on screen**. Do not avoid repetition; **planned repetition** proves **helpful** to audience comprehension.

Plan to **talk slowly**, at about 100 to 150 English words per minute. I have never heard a fluent Finn speak too slowly, just pause too long when unnecessary. A **too-short talk is fine**; it can permit **more questions**. **Time yourself**, allowing moments for an emergency like an inverted slide or a misplaced transparency.

Any talk that runs over the time-limit, says Prof. Roger Horton, “is very unprofessional and discourteous,” sending the message: “what I have to say is more important than what the other speakers have to say.” (Hall 2001)

You might **practice talking to a tape-recorder** or video camera and listening to yourself. In fact, **taping** a spontaneous, uninhibited talk by yourself, **transcribing** it without errors and “uh” or “erm” fillers, and then keeping it in your bag can provide security. In an **emergency** such as jet-lag, hangover, illness, or mental block, it might be a **life-saver**.

Rehearse and rehearse, each time speaking **lines that differ** somewhat, because a talk **memorized word for word sounds robotic**. Any accident that occurs, such as dropping something or having a coughing fit (yourself or in the audience), can vaporize a memorized talk.

To your anticipated questions, **rehearse answers**. See the page on questions.

Almost every speaker is nervous, but **nervousness is almost never obvious**. Worry less about

your nerves and more about the audience. Interest them. Pumping out more adrenalin may enliven your talk, making it less boring to give and to receive. Himself an excellent speaker, *BMJ* editor Richard Smith asserts, “Most medical presentations are so premeditated that **spontaneity may inspire both your audience and you.**” (Hall 2001)

Study the setting (“Case the joint”)

The day before your talk, if not sooner, **visit the room** where you will speak. Try also to attend a lecture or workshop there, to see how others handle its **layout and equipment**.

As soon as is convenient, **test what you will project** on screen. Check font visibility from the back row. Moving a projector further from the screen helps.

Test microphones and other sound systems. Try to use a helper to sit in a row in the front, in the middle, and in back.

Find **light switches**; who controls them? Examine **controls on the lectern** (the vertical stand for papers when you stand on the podium). Make sure you will have a **pointer or remote** control available.

If you have no lectern, decide where to **stand to avoid blocking the screen**. If a screen is located low on the wall, you can let half the audience see each screen, and then the other half, by standing in two places for each.

If you use a **projectionist**, agree on **signals for changing slides**.

Consult technicians on:

**switches, remote controls, spare bulbs, extension cords, video player
laptop compatibility, interfaces** (see PowerPoint page).

Decide **where** you will **lay** any **overhead transparencies before and after use**.

Number every sheet, every slide, **everything**. Remove backing sheets from transparencies and insert blank pages so you can see which each one is.

Before a long talk, ask for a supply of **water**.

Meet the chairperson of the session or workshop, who can be of great aid to speakers. Ask how the chairperson will indicate to you when **time is running short**.

Arrive to speak in plenty of time.

Begin your talk

Begin slowly. If you start immediately with facts or figures, the cold tidal wave of data may give the impression of nervousness or alienation. Instead, start with something like:

“I’m honored to have been invited to speak here today,” or less formally,
 “Thank you for inviting me/for your invitation.” Or “I’m happy to be with you today.”

It is a **clever move** to ask, “Can all of you/Can those in back hear me (all right)?” This makes people sit up and take notice . . . and fall silent. Now, perhaps, make a **brief remark** about the weather, venue, or conference events, to gain audience empathy.

If you must **apologize**, do so with **light irony**:

“Well, here I go—in English! Good luck to us all!” (If you say this, also smile!) Or,
 “English is not my mother tongue/native language, as you will have noticed!”

It seems **old-fashioned to begin with a joke**; at least **avoid long jokes** or anything at all **sexist or sexy**. **Cultural values differ**.

Be sure that your **most important and difficult** (and novel) **terms are on the screen before you need to say them**. Pronunciation may differ even among native speakers (“capillary,” “trachea”). Beware of learning some key terms so well that you say them much too rapidly, for instance: “medico-legal autopsy” must not sound like “megalapsy.”

Listeners need a moment to become **accustomed to your accent**, which is another reason to **delay presenting vital facts and provide the most difficult words on screen**.

Speak your talk—neither memorize nor read it

The first rule for a good talk is **never to read full sentences**. You may need note-cards, for example, if you wish to quote someone precisely, but your **vocabulary** items will already be available **on your screen** (as *diat* or PowerPoint slides) or transparencies (*kalvoja*).

Speak in short, simple, spontaneous sentences, easy for your audience to understand when **heard only once**. Never speak in long or complex sentences like those in printed texts; texts can be read and re-read. Rather than read a text to the audience, it would be kinder to hand it out in written form for everyone to read by the hotel pool . . . or on the airplane flying home!

One doctor explained—in language I consider ideal colloquial but elegant language:

“Lectures should not be read. It gives the impression that you don’t know your subject . . . keeps your head down and encourages you to mumble.” In fact, “The only reason why people want to read . . . is because they are frightened they might forget to say something. This is totally irrelevant because nobody in the audience would know you were going to say it anyway.” You must “realise that you cannot cover everything known about the subject.”

If any of your listeners are Very Important People (called VIPs or “heavies”), “very few will

know as much about the subject as you.” Such Heavies “are not there to shoot you down . . . they have all been through what you have and the majority are extremely helpful and complimentary. If they think that you might have gone off the track somewhere, they will tell you politely and usually after question time to save embarrassing you.” (Dr. Mal Morgan in Hall 2001)

Use colloquial English but **avoid jargon, slang, and culturally limited references** (to literature, the Bible, politics) that will confuse those whose English level or culture differs from yours. One piece of advice is to “talk posh,” meaning like cultured, well-educated people—but please, not more posh than the English of the doctors quoted from the Hall book.

Speaking and writing differ totally. Speaking allows you to **sense audience response** and **react appropriately**: go faster, slower, be clearer. You should **immediately start interacting** with your audience by gaze and facial expression, not wait until answering their questions.

Don’t read everything on any screen; try not to return to an earlier screen.

Avoid stripping transparencies, line by line. (PowerPoint allows lines to “fly” into view.)

Avoid paralysis

Even if you must stand behind a tall lectern and appear to the audience only as a floating head, **use your head**. Rather than stare at laptop, notes, clock, ceiling, or floor—or gaze longingly through a window, **look at those who seem most eager**. This means not just the first row, but “draw the whole audience into your circle of confidence.” If you concentrate on only one interested person, “you may lose the only friend you have” (Dr. Alan Davis in Hall 2001). **Use your facial muscles. Try a smile.**

If you are not behind a lectern and are visible, **move around**; your feet are not nailed to the floor, nor should they be.

Use your hands. In English, partly because so many syllables (*tavua*) are inaudible or swallowed, we aid listeners by conducting our own speaking like conductors guiding their orchestras. This doesn't mean throwing one's arms around at random. It means **a down-stroke for the stress on the main syllable of each important word**. With relaxation, this will become automatic. **Gestures also help make more visible the physical objects** you describe.

Empty your hands of papers. If you must hold a pointer or a remote control—or both—you can actually **“conduct” your speaking** with something in both fists! Reassure yourself that you can do this, by practicing it in front of a mirror.

Avoid turning your back to the audience. Unless you are momentarily pointing to something on screen, this is unforgivable. Turn your profile briefly, aim the pointer or remote, and resume looking at the audience.

Interact with your audience

You may love solitude, but save that for Nature walks. **Involve your audience.** Include

audience-awakening rhetorical questions (“What about–?” “What will then happen?” “What might cause this?”) which you then answer. **Guide your listeners; keep talking** while changing transparencies or equipment, rather than startle them with a dead silence. (“Turning to our Results” “The next step in this process”) **Try to sense audience confusion: Slow down and repeat or explain.**

Pronunciation and stress

Speak more slowly than you think you should, and try for **English intonation**, which has more ups-and-downs than Finnish. Like a native speaker, allow yourself to **swallow word-endings** (like “-ing,” “-ed”), **articles** (a/an/the), and **prepositions**. Finns who omit many articles when writing and who use incorrect prepositions often can omit all of both in speaking and sound even more fluent!

If you forget the exact sound of a vowel (*vokaali*), and it is **not** the vowel receiving the **main stress**, just **use shwa** [\], “uh.” You will merely sound **more American than British**.

English stress is far lighter than Finnish stress, and the longer the English word, the lighter its stress. Thus, for a word of more than two syllables, **if you forget which syllable** should receive the main stress (*paino*), **stress NO syllable**. Say it flat. This is safer than to revert to Finnish custom with its heavy stress on the first syllable. For some words this can lead to comedy or embarrassment (“**im**portant men”). If the audience laughs, will you know why?

End the talk politely

Do not say, “That’s all!” “Time’s up!” or anything else that means “**Thank heavens, that’s over!**” Instead, **the audience deserves thanks** (“Thank you for your kind attention,” or “You’ve been very patient,” or “I’ve enjoyed talking to you.”) Perhaps also thank the chairperson. Smile.

Silently collect your materials during the applause and the usual announcement that **the floor is now open for questions**. Unless the chairperson is absent or dead, **do not yourself mention questions**. Presumably, you will know whether to **sit or stand** to answer questions. (See the pages on question-periods.)

In short, **think positively, not negatively**. Instead of telling yourself, “I’m afraid that / I’m sure that I’ll do this badly,” **tell yourself: “I think I will do this pretty well.”** You may even begin to enjoy speaking and make the audience not only learn from you, but also enjoy the process as much as you do!

What to Avoid in a Talk: DON'TS in Order of Importance

DON'T READ ALOUD FROM A TEXT OR READ ALL THE PHRASES ON SCREEN

Sentences will be text-like--too long and formal.

Intonation may flatten, especially for Finnish native speakers.

Pronunciation may agree with spelling and not depend on your ear.

Stress may fall on every first syllable.

DON'T EXCEED THE MAXIMUM TIME-LIMIT.

DON'T BEGIN FAST, BEFORE EVERYONE IS READY, OR WITH NO GREETING.

DON'T TALK TOO FAST.

DON'T MISPRONOUNCE KEY TERMS OR WORDS OFTEN REPEATED.

DON'T USE UNDEFINED TERMS OR WORDS NOT YET SHOWN ON SCREEN.

DON'T AVOID LOOKING AT THE AUDIENCE (no eye-contact).

DON'T STAND MOTIONLESS, WITHOUT EVEN ONE HAND GESTURING.

DON'T USE TOO-SMALL FONTS, TOO MUCH TEXT, LONG SENTENCES.

DON'T BLOCK THE SCREEN.

DON'T TURN YOUR BACK TO THE AUDIENCE OR ALWAYS YOUR PROFILE.

DON'T PAUSE TOO LONG, OR PAUSE WHEN CHANGING SCREENS.

DON'T FAIL TO FOCUS PROJECTORS OR CENTER DATA ON SCREEN.

DON'T INCLUDE TOO MUCH DATA FOR THE TIME ALLOWED.

DON'T FORGET THE AUDIENCE MAY COMPRISE MANY NATIONALITIES.

DON'T SAY "UHH," "ERM," "Y'KNOW" FREQUENTLY.

DON'T PANIC IF YOU FORGET OR LOSE SOMETHING. MAKE A JOKE!

DON'T END THE TALK VERY SUDDENLY.

DON'T ASK FOR QUESTIONS BEFORE OR AFTER THE APPLAUSE.

DON'T IGNORE OR DISOBEY THE SESSION CHAIRPERSON.

Making Your Talk Visible

Text on Screen

For the quotations and many of the tips on this and the next two pages I am especially indebted to the essays edited by George M. Hall (2001).

First, decide what—if anything—you will write on a **blackboard, whiteboard, or flipchart**. Perhaps these are good options for making quick sketches **while answering questions**.

Writing or drawing on a transparency while speaking can substitute for PowerPoint textbuild and can be not only acceptable but exciting. Totally hand-drawn transparencies have been successful for important speakers, but they were artistic: neat, colorful, and clear.

This leaves four options: **prepared overhead projector transparencies, 35-mm slides, full Power Point presentation, and video**. Professor Hall believes video is only “occasionally valuable”—warning: “A good medical video needs to be made by a skilled professional.”

Each of the remaining options involves a **blank screen**. On screen, all who have sat in a lecture room know **what is terrible**: too much text in long sentences in a font that is too small, is too pale, and fades into a dark or patterned background.

Why, then, do we all present screens with these faults? The rules are logical:

- **One screen per minute**, maximum
- **Similar layout/format** for each screen
- **Horizontal** orientation: ■, not ■
- **Six lines**, maximum eight; or about **20 words**
- **No labels vertical** (“inducing neck injuries”)
- Margins: **justified left, ragged right**
- Strong **color-contrast**, text vs. background
- **One line per point**
- **No full sentences**
- **Lower case**—more readable than UPPER CASE

In short, put on screen: **“Brief bullet points in a large font size.”**

Tables & Figures, Microphone & Pointer

Tables and figures


- Never use a **table** as it appears in a journal—it must be read in a few seconds.
 - As in a journal article, **all** tables and figures must be **self-explanatory**.
 - **Align** columns carefully.
 - Include all **units of measurement**.
 - Use **one figure per screen**.
 - Keep figures **simple**.
 - Show points on each curve by **differing symbols** (■ ●). With differing line-types (--- ...), even if color-contrasts are sharp, overlaps disappear.
 - Make all **labels** readable **horizontally**, abbreviated if necessary.
 - For histograms, if **3-D** style (1¹) adds no information, **avoid** it.
-

Microphones and pointers

Is the **microphone** switched **on**? **And** (before you speak rudely) **off**?

Clip-on mikes need the right clothing to clip to, and they tie you to a small radius.

Mike on a stand: **15 cm** from your mouth
 set slightly **to one side**, to avoid breath-“pops”
 set **nearer the screen**, for when you must (rarely!) turn your head

Pointers (remote control) can **gyrate** wildly. 
 Try: **locking** your pointer-arm elbow against your body
 resting your elbow on the lectern
 holding the remote control in both hands

Beware of **damaging** watchers' eyes

Wooden or metal pointer: lay it down between uses; don't hammer or play with it.

PowerPoint Tips

Slides (35 mm) often appear on screen **upside down or back-to-front**. **Bulbs may burn out**. Remote controls may be lacking, and projectionists may know little English.

Avoiding such dangers, with **PowerPoint** you **can project elegant slides**.

You can also make PowerPoint overhead transparencies. Because a full PowerPoint presentation can end in complete electronic disaster, a wise speaker even has in a briefcase **a set of PowerPoint transparencies as back-up**—to lay on an overhead projector.

For a **full PowerPoint presentation**, at the presentation site, well in advance, **check**:

projector, connectors, projector-system interfaces, software, resolution

“The really concerned, or paranoid, PowerPoint presenter will travel with two laptops and a CD-ROM . . . as well as a back-up hard disk,” says Prof. Gavin Kenny in Hall (2001).

- Choose **mains power** instead of a **laptop battery**, which **may fail**.
- Use **high contrast!** Black on gray? White / yellow text on dark blue / green? **No**.
- **Beware of highly textured backgrounds, boring logos, cluttered layouts**.
- **Inform rather than entertain: Limit the fancy special effects**, such as in transitions.
- Choose a **standard presentation template**—but arrows, for instance, focus attention
- Remember that you can **change** to another program, **superimpose** two figures, or **insert** photos, videos, or scanned 35-mm slides.
- Start with the laptop **connected to the mains**.
- Do not show your list of files. **Project a blank screen** (a completely black slide).
- When the timer says you are running **out of time**, teach your laptop to **jump straight to the concluding slide(s)**.
- Don't end in slide-sorter mode. **End** with a **blank screen**—or a farewell design.

Chairing a Session, Posing Questions, and Answering

The Chairperson

The person chairing a session of talks or a workshop must learn well before the meeting what **equipment each speaker will require** and must tell speakers the **length of their presentations**. They **should all meet with you 15 minutes early**. The chairperson must **check all equipment and facilities** at the venue before the speakers themselves do.

Be sure attendees will have **clear and correct information** in the conference booklet, on bulletin boards, and on the door as to **the location of your session**. In that 15-minute meeting, agree with each speaker about **order of presentation and signals for ending** each talk on time.

At the session, the chair will **welcome the audience and introduce each speaker**:

“Ladies and gentlemen” or “Dear colleagues” or “Good morning, fellow members of the XYZ society.”

“We welcome you here this evening.” Or:

“I'm happy to see so many of you with us (here) today.”

“It's good to have such a fine turnout/such good attendance.”

More formally, “Colleagues and honored guests, I would like to (take this opportunity to) introduce **to** you Dr. X.”

(**To** is vital. The three words “I introduce you” are directed only to Dr. X.)

Or:

“We are honored to have Dr. X of Y.”

“We are fortunate to have with us today a visitor from Y, Dr. X, who is a colleague involved in research similar to ours.”

“I am happy to/pleased to introduce (**to** you) Research Assistant X, who will be presenting a talk on”

Give some **biography** for each speaker, usually the **university** for the highest degree, **place of work, research subject, topic or area of the presentation**.

Then, “Dr./Mr./Ms [m^ z] X, **the floor is yours**.” While saying this, nod or make a tiny bow and gesture toward the front of the room.

Following each talk, the chair may need to say, “Let's have a **round of applause**.”

Then the chair **thanks** the speaker: “Thank you for that excellent talk.”

(If a talk was terrible or very controversial, one might say:

“Thank you for that thought-provoking/stimulating presentation.”)

“I know we all want to thank you for sharing your ideas” is quite neutral.

The chair then **opens the floor for questions**:

“If we may now have some questions from the floor/from the audience/from seminar members.”

“I know we have many questions.”

The chair should **urge that questions be brief—and answers as well**.

And “ensure that you always have one or two questions ready should the audience be stunned into silence.”

If anyone is overly **talkative or rude, politely intervene**. **After the session, thank everyone, including organizers and sponsors**. (Prof. Roger Horton in Hall 2001)

The speaker

Right **after the polite** (“Thank you for your attention.”), **not abrupt** (“That's all!”) **ending** of the talk, questions start coming.

In an audience of strangers, some **questioners** might want to **identify themselves**, minimally:
“Nina Peltonen, University of Helsinki.”

Forms of **polite questions** include:

I'd like to know whether . . . ?” “Do the facts support the theory . . . ?”

“Could you say more about . . . ?” “What is the source of those data?”

“Do you have further information on . . . ?” “At what period did . . . ?”

“I'm not clear as to the reasons for” “Would you expand on . . . ?”

If a question is asked **too softly or with an accent** it may **not be clear to most of the audience**. It is the **speaker's responsibility to embed the question inside the answer**. (As good teachers try to remember to do!) An answer of “Yes,” “No,” or “1999” is insufficiently clear. Show the content of the question in **just a few added words**. For example:

Q: “How many rnnn [?] does the mmm [?] have?”

See new
Appendix
on p. 27

Unclear: “Three billion” or even “Three billion base pairs.”

Clear: “The human genome has three billion base pairs.”

If the **name of the questioner** was **unintelligible** to the audience, one can say something like:

“Dr. Peltonen of the University of Helsinki asked about the number of base pairs in the human genome. It is three thousand.”

If you cannot understand a question, try:

“I’m afraid I didn’t (quite) catch that.” “Could you please rephrase that?”

“Sorry, your question again, please?” “As I understand it, you’re asking . . .”

“Could you give me a little help with that?”

“My English is weak; would you please repeat the question?”

“Can you speak a little less softly?” (**Very rude:** “Speak up!” “Talk louder!”)

Never insult a questioner by replying:

“I already explained that.” or “That was in my Results slide.”
Each of these means “You fool!”

Either just answer politely or accept all responsibility, with something like:

“I didn’t make that clear.” “Sorry, I should clarify that,”

“Let me re-phrase that.” “Maybe I can phrase that / say that better.”

Brilliant tips from Sir Alexander Macara, past British Medical Assoc. chairman (Hall 2001):

- “**Conduct a reconnaissance** of the expected audience **Speculate about questions.**”
- “Seek to give an impression of **modest self-confidence; be positive, not negative.**”
- “**Irony is acceptable, sarcasm is not.**”

- “**Ignore the spoiler** [a person eager to argue] who is muttering disapprovingly and speak directly to the empathetic listener.”
- “Try to assess **why** it [the question] is asked . . . **does the questioner genuinely want information** or is he or she trying to impress?”
- “**Correct any mistaken assumptions** in the question.”
- If the chairman helps clarify a question, “**beware any change in its meaning or purpose** . . . [which] will call for diplomacy.”
- “Do not launch into a second presentation; **leave people wanting more.**”
- Hearing a “**stupid**” question, always “**be courteous** and explain the relevant facts as though it had been sensible.”
- “If the question is **too profound** . . . or very wide,” state that “**lack of time** . . . precludes [makes impossible] a reply in depth”
- “If the **questioner** is disconcertingly [painfully!] **knowledgeable**, you may invite his or her own opinion/explanation/information.”
- If you **cannot answer** a question, “**be honest** and admit that you do not know. Ask if someone else can help—perhaps the questioner?”
- If **someone breaks into** your talk, “the chairman may come to the rescue but only you can decide whether or not to give way.” You might wish to “**claim that you are coming to that particular point later**, whether or not you have any such intention.”

When the questioning ends, the group leader may say, formally:

“To hear from such a busy/well-respected figure in our field is indeed an honor.”

Or “I know I speak for all of us in expressing gratitude for your fine presentation”

Or “We have all benefited from your knowledge and experience.”

Less formally, “We all enjoyed having you here today.”

Tips for Good Posters

Read carefully all instructions for **size and type** of poster and on what **equipment** is needed **for hanging** it. Most posters may be approximately two meters wide and one to two meters high. **Arrive early, to assemble it.**

Design:

Think “Finnish Design” to make your poster **elegantly attractive**. Use as many **visuals** as possible, plus **arrows, boxes**, and other **guideposts**. **Lead the readers' eyes** from section to section. Use **several type-fonts** and some **colors**, at least as borders. Design it **in columns**; avoid long lines of type.

Font:

Make the **print-size LARGE**, at least 16- to 18-point type. People must be able to read your **smallest font** from a **one-meter** distance. At the top, the **title** should be readable from **ten meters**, above the names of author(s) and institution(s). Pin your poster on a wall to measure minimum reading distance.

Materials:

Do not use such heavy card-stock or paper that the pieces may not stay up when **tacked, taped, glued, or Velcro hook & looped** to the mounting stand. **Sections** should small enough to fit into your carry-on luggage. If you roll up a **one-piece poster**, use a strong mailing tube. Be sure it arrives with you at your destination. **Bring your own tacks, tape, or Velcro.**

Contents:

Make it brief. Check by hanging up a rough draft of the poster's text to **test how long** it takes you, yourself, **to read all the text**—while standing on tired feet perhaps in a rather poorly lighted hall, being bumped by other conferees who want you to move along so they can get close enough to read it. Write and cut, write and **CUT, CUT, CUT.**

Language

Use clear, **simple language**, close to the language of speech. Stay in **active voice**. Use—as far as possible—**outlines or lists**, not full sentences, and never long, complicated journal-article sentences. Some will not be native English-speakers. Have your final draft checked by a native speaker. Then show the poster to someone who doesn't know your work, asking for a helpful critique and questions.

The poster abstract will probably be the abstract that you submit in advance for the program, proceedings, or both. It can thus be in a **smaller** font. Other sections should present enough details so **methods** are **clear**, but **emphasize results**. (**Less is more.**) You may need **no introduction**. Give **few, if any, references**. Remember: **Lots of visuals.**

Posters as Quick Communication

Posters as communication are now anything but quick. Struggling to read a turgidly worded A0-format abstract off a wall is slow enough, but having to read a key part by bending down and peering between people's knees is not only uncomfortable, it's crazy. Is this the best model for quick communication scientists can come up with?

Science is supposed to be all about asking questions, but how many scientists ever question whether conventional posters actually *work*? When scientists write and design a poster, do they know how much of it will be read? And which parts of it? So how do they themselves read other people's posters? Do they start at the top and plod dutifully to the bottom? Or do they hop about in it? If they do the latter, *how* do they do it? Which parts do they read and which do they ignore? . . . Aren't the parts that they ignore necessary?

At our institutes, we ask our students . . . how they read other people's posters, and then how they expect other people to read theirs. For some people, it's a shock to realize that their poster will get as little respect from other people as other people's posters get from them . . .

So here are a few guidelines for better posters.

- If it is to **command and maintain a reader's attention**, a poster has to anticipate its readers' questions, and then satisfy them
as **quickly** as possible and in the **right sequence**.
- Because it is vital that all the essential information is as near as possible to **eye-level**, a poster should have:
 - a **well-focused title** that invites us to read on. (If it doesn't, we probably won't.)
 - a **question (at eye-level)**
 - the **answer to that question (at eye-level)**
 - the **answers** to what the reader is likely to ask next—all as near as possible to eye level.
- As it's impossible to put everything at eye-level, the rule is simple: **the less important the information, the lower down the poster it should go**.
- Thus as people tend to read **tables and diagrams before text**—Why? Because they yield their information faster!—these will . . . tend to be placed **higher rather than lower**.
- Few people should expect others to read the entire content of their poster. But the **longer it holds their attention**, the more likely it is to lead to one-on-one contact and dialogue with its writer. And surely that's the purpose of putting up a poster in the first place?

Adapted from David Alexander, Erasmus University Medical Centre, Rotterdam
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Polite Phrases

Time-reservers

Well, as a matter of fact . . .	In fact, hmmm
The thing is	The fact is
Now that you mention it	That's a good point.
Just a moment (here)	How about . . . ?
Concerning that topic / issue	As far as I'm concerned
In regards to that	

Avoiding answering or delaying

That's a good question.
 Let me think about that for a moment. Let me give that some thought.
 I have to say that
 I see your point. (Slang version: I see where you're coming from)
 The point seems to be that
 Would you explain (that) a little further?
 That's true in a sense, but
 Most of what you say is true, but

Expressing opinions and agreeing

In my opinion
 Based on my own experience
 As I see it I see your point. Point taken. (UK phrasing)

I'm of the same opinion.	I quite agree.	Agreed!	Right!
You could well be right.	I don't see why not.	There's a lot of truth in that.	

Disagreeing politely

I'm afraid (that) I disagree / (that) I can't accept that.
 I don't really think that
 Pardon me for disagreeing, but
 You might be missing the point.
 Of course, on the other hand
 Don't get me wrong, but Correct me if I'm wrong, but
 Not to my knowledge. Not so far as I know.
 I'll be / I want to be perfectly straight (honest) with you.

Breaking in and asking questions (not rude in English, unless you change the topic)

I have something to add.	May I break in here?
Just a moment; may I add / comment . . . ?	
Excuse me; what do you think about / how you do feel about . . . ?	
But have you taken into consideration . . . ?	
Sorry to interrupt, but I don't understand.	

Telephoning Language (* means only UK)

Hello / Good morning / afternoon, may I help you? What may I do for you?

This is Ia Aho AT / FROM the University of Helsinki. I'd like to ask / inquire ABOUT your course IN physiology / your course FOR doctors.

Yes, what would you like to know (in particular)?

I'm interested IN participating **IN** a course in X. Would you please send me your brochure / catalogue / prospectus / application form? My address is

Could you please tell me the costs / fee for attending the second session? I mean the one beginning IN May—ON May 16th.

She's not IN, AT the moment? May I leave a message? / Just a minute, while I find a pen. She's available when? **This** (coming) Tuesday? **Next** Tuesday? (=in the following week!)

I'd like to make an appointment, for instance, ON May third AT ABOUT noon / AT AROUND two o'clock / eight a.m. / p.m.

Would you transfer this call to Dr. X? I'll wait.

Please connect me with the central exchange / with Information.

I'm afraid I haven't yet received the program / package / shipment (that) I ordered.

Could you please LOOK INTO the matter / find OUT for me what happened (to it)?

Thank you very much (for your time / trouble).

We want to thank you FOR the talk you gave AT our department IN May / LAST May.

It was very well received. We wonder if you might send us a summary (of it) FOR publication. Would you be able to visit us again soon?

Problems: I'm afraid we have a bad connection / line. Can you hear me at all?

Shall I call back / ring* back? Maybe we can get a better line / connection.

Don't hang up yet / ring off.* (NEVER "Close the phone"!)

Would you / Can you call / telephone / ring* again / at another time?

The line is / his phone is busy / is engaged.* I can't get through.

Please spell that for me slowly! Finnish is spelled phonetically, so we never need to spell words aloud. (This prevents your seeming dumb, and makes the person envy you!)

Making General Conversation with a Stranger

Safe openers: Nice weather (we're having) today. (Weather is **always safe**.)
I hope this rain will end. / Looks as if rain is/was needed.
Are you enjoying the program? (**conference, concert**)

Do you have a food / dish like this in your country? (**dining**)
Where are you from? What country / city?

Now, small- → large-talk: Oh, really? I visited there in 2000! Interesting area!

Conversation is not a test, but an exchange of information. Never reply rudely with only

“Finland!” or “Yes.” **Very rude! Add a few words to keep conversations going:**

From Finland; and you? Yes, X is enjoyable; do you have X in your country?

Are you originally from there? or Where are you originally from? (**birthplace**)
Where, exactly, IS that? What size city / town?

What's your profession? What's your line of work? Are you a student?

Do you work alone, or in a group? Are you employed by the state?

What university / college? Yanks study 3 to 4 years after high school (lukio) at a university or college; then they enter a professional school. In the UK, “college” may mean a high school.

How large a staff do you have / do you work with? Do you meet problems like . . .
(AIDS, costs, taxes, bureaucracy)?

How about . . . ? What about . . . ? And? We often speak in incomplete sentences.

English speakers can boldly **ask personal questions**, knowing that other native speakers can **politely avoid answering**, perhaps saying—stronger and stronger:

That's a long story. I'd rather not go into that. Why do you ask? (Or pause, smile,
and change the subject.)

Do you have a family? (Safer than “Are you married?” The person can now say no or can
mention a spouse.)

Do you have children? How many? Grandchildren?

Do you get away on vacation/holiday very often? Where do you like to go?

What hobbies do you like? Do you take part in sports / play sports?

Do you know a good restaurant here? What do you recommend?
Have you any recommendations? Do you have / Have you plans for this evening?

Appendix Question session—the Art of Embedding

How many times at conferences have you been unable to hear an audience question?

Despite good acoustics

Despite aides running around the room with microphones

Even when a question is audible, but is in an accent difficult for you

You heard a talk. During questions, can you understand any of these answers?

“Yes, certainly.” “We plan to begin that next year.” “No, not yet.”

“Only males.” “Almost 500.” “Since 2001.”

Now can you understand these (slightly longer) versions?

“Yes, certainly, we will be publishing our results soon.”

“We plan to begin with the Whamo procedure next year.”

“No, we haven’t tested Blanko in human beings, yet.”

“We have only males in this series.”

“Our next survey will comprise almost 500 patients.”

“This drug has been prescribed since 2001.”

You need not repeat the whole question when you answer; that is time-consuming and boring.

Just drop in a few more words.

No more whispering between listeners trying to help

each other understand what you are talking about.

No more frowns and shaken heads,

and your audience will admire you!

MEDICAL VOCABULARY (IPA symbols on page 3)

1	abnormal/abnormalities [-məʌl]/[-məʌl-]	47	compensate/compensation
2	absence	48	compliance
3	accumulate [ə kju:m ju leɪt]	49	concentrate [kən sen-]
4	ache [eɪk]	50	concentric all [kən]
5	acid [æ səd]	51	congenital all –gen- are soft g [dʒ]
6	acoustic [ə ku stək]	52	consequence
7	acromegaly	53	consequential
8	acute [ə kjut]	54	contact , 1 st for noun, 2 nd for verb
9	adeno- [ə dino]	55	continue
10	administer (verb)	56	contributor
11	adolescent	57	control/controls (NEVER on first syllable.)
12	adult/-hood (stress on either syllable!)	58	criterion , singular, with criteria as plural
13	allele	59	cytogenetic
14	allergy/allergic	60	cytokine
15	analysis!! (Drop first syllable, maybe!)	61	data is grammatically plural; data are
16	anemia (a KNEE me uh!)	62	dawn [dɔ:n] not down
17	anomaly , and the “o” is [ɑ] as in bottle	63	defect , first syllable=noun;, second=verb
18	antigen (soft g)	64	define
19	anxiety [æŋ zəɪ ə ti]	65	delay (ed)
20	aorta/-ic [eɪ or tə]	66	delta
21	array (Like “a day.”)	67	dengue [den gi]
22	assay [æs-] test; not essay [es-], short text	68	depressed , depressants
23	assess/-ment	69	detail
24	astigmatism	70	determine [de ter m ɪn] not [-məɪn]
25	atherosclerosis	71	develop (-ing/-ment) [di vel əp]
26	atresia [ɑ tri sjɪə]	72	diabetic
27	audiologist/-ogy	73	diagnosis/diagnoses (-sɪs/sɪz)
28	autoimmune/-ity	74	diagnosis/-tic
29	average [æv reɪdʒ]	75	dialysis with [-æɪ-]
30	biological	76	diameter [daɪ æ me t ər] not “ die 1 meter at a time”!
31	blood	77	differ is not defer (=put yourself second)
32	brachia/-al/-um [breɪk-] as in “break”	78	different
33	branch	79	differentiate
34	bypass	80	disorder
35	carotid [kə rə təd]	81	distinguish
36	centimeter	82	dizygotic [daɪ zəɪ gə tɪk]
37	cerebral/cerebral [ser-]	83	domain
38	characterize	84	dopaminergic
39	chemistry [kem-]	85	dupli- [djupli-]
40	children , [tʃ], not sildren like silver	86	dysarthic
41	cholesterol	87	dysphoria/-ic [dɪs fəɪ ə]
42	collaborator	88	economic/-ical
43	collagen/-ase [koul- kəl-]		
44	comorbidity		
45	comparative (Think “pear” fruit)		
46	compare		

89	economy	136	glia [glɑɪ əl] USA can be [gli-]
90	effect [ɪ fekt], effect-(ing) =make happen. (affect=to influence/alter)	137	global
91	efficacy	138	gluco, glycol-
92	electrical	139	glucose
93	emission	140	glycemia [glɑɪ sim ɪ ə]
94	encephalography	141	glycerine [gli ser ən]
95	encompassing	142	growth
96	endocrine/endocrinology	143	gynecological (“-logical”)
97	endostatin	144	gynecology [gɑɪ-] hard g
98	endothelial	145	healthy/health
99	envelope/envelope (noun/verb)	146	hematopoetic (like “poetic”)
100	enzyme [en zaɪm]	147	hemorrhage/-ic
101	epidemiological (all [ɑ])	148	homeostasis/-tic (“stay”)
102	ERG [ɪ ɑr ʒi] (Varo: abbreviations’ pronunciation.)	149	hybrid/hybridization [hɑɪ-]
103	erythrocyte	150	hydro- [hɑɪ drou-]
104	erythroid	151	hydrogen [hɑɪ drou ʒen]
105	esophagus/esophageal (g, then ʒ)	152	hypertrophy (Think “high.”)
106	especially	153	hypothesis/-size [ɑ] as in bottle !!!
107	etiology	154	hypothetical
108	euglycemic [ju glyɑɪ si mik]	155	image
109	event	156	imagine/-able
110	evoke [i vok] awaken a memory; cause a reaction	157	imbalance
111	examination	158	immature
112	exception	159	immune [ɪ mjun]
113	exclude	160	immunoglobulin
114	experiment	161	important —avoid “ impotent ”!
115	experimentation [-teɪ-]	162	indicator / indicative
116	expiratory [ek spir-]	163	individual
117	exposure	164	infection/-tious
118	far	165	inflamm(d)/inflammation
119	faster	166	inflammatory
120	features	167	information
121	fibrin [faɪ brɪn]	168	inhibitors
122	fibrosis	169	initiation
123	figure	170	insufficiency contains a “fish”
124	finish	171	insulinemia
125	fluorescent	172	intact
126	found vs. phoned [faund] vs. [found]	173	interactions
127	frequency [i] as in “free,” not [e]	174	interior
128	frequent	175	intestinal, US; intestinal, UK
129	furthermore	176	introduce/introduce
130	geneology (Soft g always in “gen-”.)	177	invasive/-sion [ɪn veɪ sɪv]
131	generic	178	inventory, US; inventory, UK (count stuff)
132	genetic	179	irritable
133	genome (Gee! Nome, Alaska!)	180	ischemia [ɪs ki mi ə]
134	giant/gigantism [ʒɑɪ ənt]/[ʒɑɪ ɡənt ɪsm]	181	-itis [ɑɪ tɪs] always!
135	gingival/-l [ʒɪn ʒɑɪ vəl]	182	karyocyte
		183	kinesia [kaɪ ni siə]
		184	kinetic [kaɪ-] or [kɪ-]

185	latency (as in “late,” not as in “Latin.”)	234	percentage/-s (No “procent / percentage,” or “percents” exist in English.)
186	leave vs live [liv] vs. [lɪv]	235	performance
187	leukemia/-ic [lu kim-]	236	perimetry, perimeter
188	libido [lɪ bi do]	237	period
189	lineage [lɪn i əʒ] (Rhymes with “sin-“)	238	phage, phago- [feɪʒ], [fago-]
190	lipolysis	239	phenomenon/phenomena
191	macrophage	240	physical
192	magnetic	241	physiology stress on 2 syllables from end
193	mania [meɪnɪə] from Maine!	242	pituitary
194	maternal	243	placenta/-tal
195	measure/measured	244	postural [pɒs-]
196	mechanism/mechanics/-ical	245	preferentially
197	metabolic	246	premature
198	metabolism/-ites	247	pre-school [pri-]
199	metastasis/ses/	248	prevalence (but “to prevail”)
200	metastasize	249	primary
201	metastatic	250	prior [praɪər]
202	meter	251	-proofed [pruʊft]
203	method	252	proteins [prəʊtɪnz]
204	micro ([aɪ], never [i], same for bio-)	253	psychology/psychological: each “o” is [-α-]
205	model vs. modal [mɒdl], [moʊdl]	254	psychotherapy
206	molecular	255	puberty [pju-]
207	molecule, as [məʊl]	256	pubic [pjuːbɪk]
208	morbid	257	pure vs. poor [pjʊər] vs. [pʊər]
209	morbidity	258	quality
210	multi [mʌl] not [mul-]	259	questioning
211	mutate/mutation [mjʊ-]	260	questionnaire [kwɛʃənɔːr] last syllable!
212	myelin, myelo- [maɪəlo]	261	rash
213	myocytic	262	ratio (These two are
214	nasal/naso- [neɪsəl]	263	ration like “ray.”)
215	natal [neɪtəl]	264	recurrent
216	neoplasia (includes “play”)	265	reimbursement
217	neuropathy [njuːrə-]	266	relate, relatively
218	noble/Nobel [noʊbəl] [noʊbəl]	267	relative
219	nostril (These three all have	268	renal [riːnəl] (not “ray”)
220	novel the o	269	residual
221	noxious as [α])	270	respiratory/respiratory; respiration
222	nucleus [njuːkliəs]	271	response
223	nystagmus	272	results
224	obese, obesity [oʊbɪs], [oʊbɪsəti]	273	review
225	observe/-er	274	rhinometry
226	occur [oʊkər]	275	rigid / rigidity (soft g)
227	occurrence	276	schizophrenia
228	oncolysis/oncology [ɒnˈkɒl-]	277	scientific (never -cal)
229	organization	278	secretion [-kri-]
230	organize		
231	parameters (not PAIR a’ meters!)		
232	partial		
233	patchy		

- 279 seizures [siz-]
 280 selectively
 281 separated
 282 sequence
 283 seroconversion
 284 severe vs. sever (=cut a tube)
 285 shortage
 286 signal (Rhymes with “fig-.” “Sign”
 rhymes with “dine.”)
 287 significant/-ly
 288 situated [sit ju eɪ təd]
 289 sphingo- (as in Sphinx)
 290 sporadic [spor ae dɪk]
 291 stabilize as in “stable”
 292 stable/stability [steɪ bəl]/[stə bɪl ə ti]
 293 statistic / -tical/-ly, statistician
 294 stature [stæ tʃɜr]
 295 stimulation (-lay-)
 296 stimuli (I end it with [-i]; can be [-aɪ])
 297 stimulus (singular)
 298 stored, one syllable; and no such word
 as storaged
 299 structure/-ed
 300 subsequent/-ly
 301 success (2 c’s are [k], then [s])
 302 suggest (2 g’s are [g], then [ʤ])
 303 suicide [su ə səɪd] (never a verb)
 304 surface, never second syllable
 305 susceptibility
 306 syndrome [sɪn drom]
 307 system [sɪs təm] like sister
 308 technical, then stress moves down for:
 309 technique / technic
 310 temperature
 311 temporal
 312 thoracic (First c is [s]; second is [k])
 313 though [ðo]; thought [θɔt]; taught [tɔt]
 314 threaten (Has only one [θ] sound.)
 315 threshold [θreʃ hold]
 316 thrombolyte (as in light)
 317 transfusion ([-fju-] as in few)
 318 triglyceride [traɪ glɪ ser əɪd]
 319 trisomy
 320 tubules [tju bjulz]
 321 tumor [tju mər]
 322 type, typical are [taɪp] and [tɪp-]
 323 ultra- [ʌl trə] stressed shwa=ʌ
 324 umbilical
 325 validated
- 326 variable (Think of “a very able
 worker.”)
 327 variant/various
 328 vary, varies
 329 variety [və rəɪ ə ti]
 330 vasodilatation [veɪ so-]
 331 vegetative [vedʒ e tə təv]
 332 vertebra, vertebral as [ver tə] and [ver
 ti-]
 333 virus [vɑɪ rəs] not [vi-]
 334 vision [vɪʒ ən]
 335 vulnerability
 336 wary [we ri], not “very” [ver i];
 337 worse [wers], not verse [vers]. Our [v] /
 [w] differ greatly!