

# 바쁜 의사를 위한 영어발표 요령

울산대학교 의과대학 영상의학교실

송 호 영

## Tips for English Presentations by Busy Doctors

Ho-Young Song, M.D.

Department of Radiology, Asan Medical Center, University of Ulsan College of Medicine, Seoul, Korea

When you present a medical scientific paper or give a lecture in English, It is important to visit your presentation room in advance to gain familiarity with the controls and the computer. You can check how to use the mouse or laser pointer and determine where the microphones are. You should meet the Chairman and introduce yourself. You may ask the Chairman any questions you have. I am confident this strategy will work for beginners because they are usually nervous before their presentations. Most Chairmen prepare one or two questions for the presenters to stimulate discussion. Speaking with the Chairman also allows you to determine the type of English that he or she speaks (i.e., French-English, Spanish-English, and British-English). You need to be comfortable with the Chairman's English before the presentation because the Chairman will repeat the questions for you when you do not understand a question from the audience. Although I have given a number of lectures and moderated many scientific sessions and symposiums in English over the past 20 years, it is still difficult and stressful for me to do these in English because English is not my first language. To overcome the problems, I have written down the questions and useful English expressions that I have received during or after my presentation because I found them helpful for my next presentation. I hope the examples will be of great help to you. [Korean J Pediatr Gastroenterol Nutr 2008; 11(Suppl 2): 1~10]

**Key Words:** Presentation, Medical paper, Research, Symposium, Moderation

### 서 론

시야를 우리나라에서 세계로 넓히려면 의학분야는 물론이고 거의 모든 분야에서 영어의 사용은 불가피하여 마치 그림자처럼 항상 더불어 살아야 하는 과제 중의 하나라고 할 수 있다. 저자는 중학교 3년, 고등학교 3년, 대학교 6년, 그리고 틈틈이 짬을 내어 영어공부를

했던 전공의 기간과 군대 기간의 7년을 합하면 총 19년을 영어공부를 한 셈이다. 그럼에도 불구하고 처음으로 국제학회에서 영어로 8분 발표하고 2분 질문을 받는 것이 참으로 어려웠고 긴장되었었다. 그 때의 어려움과 긴장의 기억은 20년이 지난 오늘까지 생생하다. 처음으로 국제학회나 외국 대학에서 영어로 했던 강의와 좌장의 경험 또한 예외는 아니다. 물론 구연과 강의를 영어가 아니고 우리나라 말로 한다고 하여도 어려운 것은

마찬가지 일 수 있으나 우리나라 말로 할 경우에는 곧 익숙해지고 나름대로의 노하우를 터득하게 된다.

저자는 첫 영어구연발표 이후 현재까지 국제학술대회 및 외국대학에서 수 많은 영어구연, 좌장, 강의를 소화해 냈음에도 불구하고 지금도 영어로 강의나 좌장을 하려면 많은 긴장이 되는 것이 사실이다. 강의 전날은 걱정이 되어 잠을 이루지 못한 날도 많고 그렇게 긴장하여 준비를 하였는데도 영어가 짧아서 막상 토론 마당에서는 머뭇거리다가 표현을 못한 경험도 많으며 영어가 모국어가 아닌 국가에서 태어난 것을 원망한 때도 한두 번이 아니다. 물론 영어가 전부는 아니고 전공 분야의 실력이 더 중요하고 우선하는 것이 기정 사실이지만 영어를 잘 구사하지 못하면 전공분야의 실력도 100% 발휘를 못 하기에 영어는 학문에 있어서 보조품이 아니라 필수품이 된 것 같다.

영어와 오랫동안 씨름을 하면서 후배와 제자들이 국제무대에 진출할 때 좀더 쉽고 재미있게(?) 진출하는데 도움을 주고 싶어서 지난 20년 동안 국제학회에 참석할 때 마다 접하게 되는 새로운 영어 표현을 노트에 기록하고 있다. 노트에 적은 내용을 다시 영어 선생님이나 외국인과 함께 수정하고 또 수정하여 차곡차곡 쌓아둔 내용(Template)을 기회가 있을 때마다 반복하여 사용하다 보니까 언제부터 인가 그 표현들이 자연스럽게 내 입에서 나온다는 것을 알 수 있었다. 저자는 그동안 모아둔 저자의 Template을 5명의 저명한 미국과 영국의 교수들에게 보내어 잘못되었거나 어색한 영어 표현을 교정해 줄 것을 요구하였으며<sup>12)</sup> 또한 그것을 참조로 그 분들이 많이 사용하는 유용한 영어표현을 기록한 그들의 Template을 만들어 달라고 요청을 하였다<sup>3~5)</sup>. 참으로 재미 있는 것은 그 동안에 수 없이 Native English Speaker와 함께 교정에 교정을 반복하였고 저자가 직접 오랫동안 사용하여 오던 저자의 Template에 들어 있는 영어의 표현들을 5명의 교수들이 다시 교정을 하였는데 그 교정한 내용이 경륜이 쌓인 학자일수록 참으로 겸손하고 쉽고 분명한(Clear) 영어의 문장으로 교정하고 사용한다는 것을 알게 되었다. 그들이 교정하여 준 이번의 Template은 저자가 생각하여도 문법적으로나 내용적으로도 흠족하여 이 글의 본론에 나열하였다.

## 본 론

### 1. How to Present a Scientific Paper in English

Always know your audience. Most international audiences will appreciate that English may not be your mother tongue. Do the best that you can and rehearse your talk ahead of time if necessary.

When presenting Scientific Papers, especially if you are just beginning in your career, it is generally better to be respectful of your audience and senior colleagues. Your senior colleagues are evaluating your work and your potential for future success. Remember, this is also an opportunity for you to form networks and friendships.

#### 1) Examples

- (1) Thank you very much Dr. A. I'm very honored to be here and to participate in this wonderful meeting. Today, I'd like to talk about our clinical experience with polyurethane stents in the treatment of complete obstruction of the lacrimal system.
- (2) Thank you, Mr. chairman (Mrs. chairperson, Dr. Becker...Madam) for your kind words. Good afternoon, ladies and gentlemen. As Mr. chairman has mentioned, I am Ho-Young Song. I would like to thank the Program Committee for the invitation to present our experience in treating esophageal strictures with retrievable stents. I consider it an honor to present at this forum.
- (3) Thank you very much Dr. A for giving me the opportunity to visit this wonderful Department of Radiology. Although this is my first time in New Orleans, it doesn't seem like that because everybody here is friendly that I already feel at home. I'd like to talk about our clinical experience with polyurethane stents in the treatment of complete obstruction of the lacrimal system. Please feel free to ask any questions at any time during my talk.
- (4) When I think about Interventional Radiology in Japan, professor A comes to my mind first because

he has contributed so extensively to the field (he has had such an important influence on the development of JSIR). It is a great privilege to have the opportunity to visit your hospital and meet you all.

- (5) It is well known that the Department of Radiology in A University has trained many brilliant young Interventional Radiologists under the direction of Professor A. So I was very excited about the visit to your hospital to see and learn as much as possible from all of you. I have not had the pleasure of meeting all of you, but I hope to do so following this lecture.
- (6) Thank you for your kind introduction and for giving me an opportunity to share my clinical experience with you. I first visited Nara University 10 years ago when Drs. A, B, C were here. I know that your department has been a leader in Asian Interventional Radiology. So it is a privilege to have the opportunity to visit your hospital and to meet you all. Recently, I have recently been very interested in gastroduodenal interventions and urethral stent placement for the treatment of traumatic urethral strictures and benign prostatic hyperplasia. I hope my visit will cement the relationship between your and our departments.
- (7) Thank you very much, Dr. Li, but flatter me to much. Good evening, ladies and gentlemen. I would like to thank Dr. A and Dr. B for inviting me to this wonderful hospital to share our experience with you. I know that your department has had an international reputation in the field of Pediatric Radiology so I am delighted to visit your department. Dr. B is a great example to Korean Radiologists. I have been most impressed by the organization and work of this department and as Residents you must count yourselves very fortunate to have Professor A as your guide (teacher, mentor). I am very honored to be here.
- (8) Good morning everyone. My name is Ho-Young Song and I would like to thank you for coming today (I know you are all very busy, so I doubly appreciate you taking time to be here today).

## 2) Useful English Expressions for presentation

- May I have the first slide please? (First slide please!)
- Could you dim the lights please? (Lights down please!)
- Dim the lights please! Turn the lights down please!)
- First, let's start with this slide (or film).
- Let me start with an overview.
- What I'm going to do now is----
- Can you go back to the previous slide on the right/left  
(Can you back up the slide on the right/left)?
- Could we please have the video turned off, and the slide projector turned back on (Please turn video off, and the slide projector on)?
- Can everybody hear me?
- Is the microphone on?
- Could you turn the microphone on please (off, up or louder, down or softer)?
- Can you all see the slide clearly? (Can you read the letters on the slides?)
- Our recommendation again is.....
- My topic is divided into 5 sections.
- Our study population consisted of 59 patients (We included 59 patients in our study).
- F/U studies are shown here.
- What's your guess?
- Even in experienced hands,----
- The question is why this happened.
- This is a lateral view before stent placement.
- Here is a before and after example of the procedure.
- How many ophthalmologists are here today?
- In terms of results,--- (If we look at the results,.....)
- Look at (have a look at or take a look at) the long-term results.
- What we found with this is---
- I want to skip this right now.
- That is our treatment strategy.
- If you look closely, you will see that...(What's more important here is that....It should be emphasized that)

## 3) Off Label Use and Financial Disclosure

- (1) I will discuss off label use of a device.

- (2) I have nothing to disclose financially.
- (3) I am an owner of the patent.
- (4) I have a grant (Royalty) from A Company.
- (5) I am a consultant for A Company.
- (6) I am a shareholder in A Company.
- (7) This study is partly supported by A Company.
- (8) I am a committee member on the Board of A Company (a member of the board of A Company).
- (9) He has disclosed a relationship with a product of A Company. He will discuss products which are off label.

## 2. How to Present a Scientific Paper in English

### 1) Hints for Pronunciation of Consonants and Vowels

**L:** Your tongue tip touches your upper teeth with a **drone voice**. During your drone, remove your tongue and flow into the next syllable

**like** (laik), **looks** (luks), **live** (liv), **leave** (li : v),  
**little** (lítl), **purple** (pʻ : rpl), **crackle** (krækl),  
**ball** (bɔ : l ), **lazy**, **Larry** (leri), **linger** (líŋgər),  
**longer**, **lover**

**R:** Your tongue tip is behind your lower teeth with a **drone voice**. During your drone, **curl your tongue up and back** so that it points toward the hard palate without touching it and round the lips very slightly (**kissing position**). **Sound of a dog**.

**rice** (rais), **rubber** (rʻbər), **rattle** (rætl),  
**rodents** (róud(ə)nts), **rats**, **paper**, **rare** (ræər),  
**really** (rí : (ə)li), **beeper** (bí : pər),  
**sleeper** (slí : pər), **robot** (róubət), **restaurant**

**S** (soft): Put your **teeth together** with your tongue directly behind the junction. **No voice / air only**. Make a “**hissing**” sound. **Sound of a snake**.

**sweet** (swi : t), **sexy** (séksi), **smiles**, **tastes** (teists),  
**wastes**, **silly** (síli), **smelly**, **sincerely** (sínsíərli),  
**song** (so : ŋ), **swell**, **pike’s**

**Z** (hard): Put your teeth together with your tongue directly behind the junction.

Using voice make a **drone** and a **hissing sound**.

**Sound of a bee.**

**zoo** (zu : ), **zipper** (zípər), **zany** (zéini),  
**zinger** (zínjər), **jazz** (dʒæz), **churches**, **benches**,  
**breezes**, **pleases** (pli : ziz), **zero** (zí( : )rou)

**F** (soft): Your top teeth slightly **biting your lower lip**, **pushing air through** the spaces of your teeth, making a **hissing sound**. **No voice**. **Sound of opening of a Coca Cola**.

**fast**, **ferry** (féri), **fix**, **funny**, **fresh**, **frozen**, **free**,  
**false**, **fungus**, **freckle**, **four** (fo : r), **forty** (fo : rti),  
**fire**, **enough**

**V** (hard): Your top teeth slightly **biting your lower lip** **pushing air through** the spaces of your teeth with a **drone voice**.

**vast**, **very**, **peeve**, **leave**, **live**, **voice**,  
**victim** (víktim), **villain** (vílən), **vermin** (və : rmin),  
**viceroi** (váisrɔi)

**Th** (soft): Put your tongue out (2 cm) between your upper and lower teeth (which are **separated** about 1 cm). **Pushing air** out between the spaces of your top teeth and tongue, make a **hissing sound**. **No voice**. **theory**, **something**, **thirsty**, **nothing**, **thistle** (éísl), **thing** (eínj), **thick** (eík), **math**, **bath**, **pith** (piə), **perth**

**Th** (hard): Put your tongue out (2 cm) between your upper and lower teeth (which are **separated** about 1 cm). **Pushing air** out between the spaces of your top teeth and tongue, make a **hissing sound with a drone voice**.

**this** (ðis), **that**, **those**, **these** (ði : z), **than**,  
**neither**, **either**, **the**, **them**, **bathing** (béíðínj)

**I vs. j:**

**ear** (iər), **effect** (iféekt), **event** (ivént), **in** (in),  
**inch** (intʃ), **ill** (il), **illness** (ílnis), **idiom** (ídiəm)  
**year** (jiər), **yellow** (jélou), **yield** (ji : ld), **yes** (jes),  
**yard** (ja : rd), **yawn** (jɔ : n), **yeast** (ji : st)

**s vs. ʃ:** First practice s, then put your tongue up and back a little bit and push your lips forward a little into a circle to make ʃ.

**sit** (sit), **superman** (sú : pərmæn),

**supermarket** (sú : pərmà : rkit),  
**university** (jù : nivó : rs(i)ti)  
**shop** (ʃap), **short** (ʃɔ : rt), **shell** (ʃel), **shy** (ʃai),  
**chicago** (ʃíká : gou), **education** (ˈedʒukéiʃ(ə)n)

**I** (short I): To prevent pronouncing the short “I” as long “e” we must limit mouth range. You open your mouth 3 cm at a minimum when producing voice sound. **Do not pull the corners** of your mouth back with your tongue pointed.

**sit, fit, bit, give, live, lid, sieve, ship, thick, lick, tick, Bick, click, prick**

**Short "I" and Long "e"**

live (liv)    leave (li : v)    lid (lid)    lead (li : d)  
 fit (fit)    feet (fi : t)    bit (bit)    beat (bi : t)  
 ship (ʃip)    sheep (ʃi : p)    dip (dip)    deep (di : p)  
 sick (sik)    seek (si : k)    itch (itʃ)    each (i : ʃ)  
 fill (fil)    feel (fi : l)    it (it)    eat (i : t)  
 bitch (bitʃ)    beach (bi : tʃ)    hit (hit)    heat (hi : t)

**2) Hints for Pronunciation of Consonants**

**Z, dʒ (explosive), ʒ**

**Judge** (dʒʌdʒ), **age** (eidʒ), **large** (la : rdʒ),  
**page** (peidʒ), **knowledge** (nɔ́lidʒ)  
**generally** (dʒén(ə)rəli), **injury** (índʒəri),  
**passage** (pæsɪdʒ)  
**Gauze** (gɔ : z), **preserve** (prɪzə : rv),  
**analgesics** (ænəldʒɪ : ziks), **scissors** (sɪzə : rz)  
**Caesar** (sí : zər), **usable** (jú : zəbl), **use** (ju : z),  
**lose** (lu : z)  
**Measure** (méʒər), **pleasure** (pléʒər),  
**conclusion** (kənklú : ʒ(ə)n), **usual** (jú : ʒu(ə)l),  
**television** (téləvɪʒ(ə)n), **rouge** (ru : ʒ),  
**mirage** (mirá : ʒ)

**Lm** (one syllable): **film realm**

**W:** First, with your face and mouth relaxed like sleeping position, begin with a slight (about 1cm) opening of your teeth by relaxing your jaw. With your lips closed, begin a slight “pursing” but not a pucker. Next, holding the position above, start a throat vocalization drone (as in Ahhhh) with your lips in the

sealed purse. As the tone starts in your throat let your lips go into a “full pucker” and let the pressure of the vocalization build up in your mouth.

As the vocalization pressure builds and slightly begins to puff out your cheeks. you should begin the opening of the pursed lips into the shape (as if you say “oo” as in “good”) letting the rush of built up air the transitional sound of the throat vocalization flow into the vowel sound. The view of the opening process of your lips should resemble the opening of the “iris of camera lens as opposed to a long elliptical opening. From this point, proceed into the sound following the “wo” and let the rest of the mouth follow. This method should be practiced nominally until satisfactory results are obtained.

**would** (wud), **woman** (wúmən), **woven** (wóuv(ə)n),  
**world** (wə : rld), **word** (wə : rd), **we** (wi),  
**worthy** (wə : rði), **will** (wil), **walk** (wɔ : k),  
**welcome** (wélkəm), **what** (h)wat, **whale** (h)weil),  
**when** (h)wen), **wheel** (h)wi : l)

**Glottal stop:** The word uh-oh shows a glottal stop. A glottal stop is made when the air in the throat stops completely for a moment. The sound also replaces t+ vowel+n. The vowel sound disappears.

**forgotten** (fərgútn), **eaten** (í : tn), **written** (rítn),  
**kitten** (kíttn), **gotten**, **button** (bʌtn),  
**certain** (sə : rt(i)n), **cotton** (kátn), **bitten** (bíttn),---

**T:**

T+consonant: oatmeal (óutmè : l),  
 nightfall (náitfɔ́ : l), seatmate (sí : tmèit)  
 \* let me (let mi), at night (æt nait)  
 vowel+T+vowel: beautiful (bjú : tifəl),  
 voter (vóutər), integrating (íntəgrèitiŋ)

**Pronouncing the-s ending**

- (1) “s” at the end of voiceless sound such as p/t/k/f maps, sits, makes, coughs, ---
- (2) “z” at the end of voiced sound such as b/d/g/v/l/r/m/n and all bowels dogs, gloves, robs, beds, doors, days, trees, flies, ---

- (3) “iz” at the end of s/sh/ch/x/z  
passes, dishes, matches, boxes, freezes, ---

### Pronouncing the-ed ending

- (1) “t” at the end of voiceless sound such as p/t/k/f  
asked, pushed, boxed, helped, ---  
(2) “d” at the end of voiced sound such as  
b/d/g/v/l/r/m/n  
robbed, filed, tried, ---  
(3) “id” at the end of d/t  
needed, added, ended, ---

**Others** (Write down vocabulary with its pronunciation which you use often)

**Oral** (ó : r(ə)l), **pearl** (pə : rl), **girl** (gə : rl),  
**ruler** (rú : lər), **clerk** (klə : rk), **color** (kólər),  
**fistula** (fístʃulə), **liquid** (líkwid),  
**withdraw** (wiðdró : ), **colon** (kólən)  
**coincidental** (kouínsədéntl), **contour** (kántuər),  
**oatmeal** (ólutmì : l), **nightfall** (náitfɔ̃ : l)  
**clothes** (klou(ð)z), **clothe** (klouð), **cloth** (klɔ : θ),  
**urethra** (juəri : ərə), **urethral** (juəri : ərəl),  
**urethrogram** (ju( : )ríerágræm),  
**urethrography** (ju( : )ríerágræfi),  
**urethroscope** (ju( : )ríeráskóup),  
**urethroscopy** (jùərəéráskəpi),  
**urethrotomy** (jù( : )ríetrátəmi)  
**urologist** (juərəlédzist), **urology** (juərəlédzi),  
**what** (h)wət), **when** (h)wen, **which** (h)witʃ)  
**where** (h)wɛər), **assume** (əsú : m),  
**superman** (sú : pərmæn), **tenesmus** (tinézməs)

### 3) How to Improve Your pronunciation

- (1) Practice above words, 15 minutes a day until you memorize them
- (2) Listen to English tapes and watch English television or movies
- (3) Practice commonly used terms before you present at a meeting

### 3. How to Moderate a Scientific Session, a Symposium, and a Workshop in English

If you are giving an invited lecture, always thank the hosts and show your appreciation by making positive comments about their institution, city, and country. During Invited Lectures and Symposia you are judged on the depth of your current knowledge and your ability to communicate clearly. One may employ gentle humor, but know your audience and be sensitive to local cultural norms. In the West, during group sessions, non-personalized humor is acceptable when you are debating colleagues you know well.

It is essential that you keep the presenters to time. Try to meet all the presenters before the session begins and remind them of their time limits. “You have 5 minutes for your presentation and there will be 2 minutes for discussion. There will be a buzzer (light) at 5 minutes. If you have not finished then you must quickly summarize your findings. I will stop you at 6 minutes.”

If you have a crucial question, perhaps essential for clarification, ask it immediately on behalf of the audience. If not, ask the audience for questions. Encourage audience participation and let the conversation flow freely. Take action to give everyone a chance to participate.

#### 1) Example

Could everyone take a seat, please? We are ready to start. Good afternoon, ladies and gentlemen, welcome to the scientific session on Vascular interventions” AVM and Experimental. I am Ho-Young Song from Asan Medical Center, Seoul, Korea and will be Chairman for this session. Serving with me as a Cochairman is Dr. A, Professor of the Medical University of A. We have 10 papers. Each presentation will be limited to 12 minutes including 3 minutes of discussion. Please try to keep to your time limit. I will chair the first five papers and Professor A will chair the second five.

I’d like to call on our first speaker, Dr. B from A

Hospital, New York, to talk about “Long-Term Follow-up of Embolization of High-Flow Pelvic Arteriovenous Malformations”. Are there any questions or comments for Dr. B? When you ask a question, please speak clearly into a microphone, and state your name, affiliation, city, and country.

- (1) What size of stent did you use for the 10 weeks-old infant?
- (2) Four of 40 patients underwent surgical revision. What kind of surgical revision did they have? Was the surgical revision more difficult because of the placed stent?
- (3) What do you think of using covered metallic stents in the treatment of benign tracheobronchial disease?
- (4) How did you keep the airway open or patent during tracheal stent placement?
- (5) Do you perform balloon dilation for benign tracheobronchial disease before stent placement?

The next paper will be No. 208 by Dr. C, Ambroise Hospital, Paris. His topic is “Embolization of Localized Pulmonary Arteriovenous Malformations in Adults”. Any questions from the audience? (We have time for one question. If there are no further questions, let’s move on (go to) the next paper.)

- (1) Were myocarditis and ischemic myocardial injury confirmed in all patients?
- (2) 40% of group B showed subendocardial sparing of hyperintensity on delayed MRI after GD-DTPA injection, but the other 60% did not? What’s the mechanism of sparing of hyperintensity on delayed MRI?
- (3) What dosage of GD-DTPA do you use?

I think we’d better move on to the next paper. The next paper is “Embolization of Peripheral Vascular Malformations with Ethylene Vinyl Alcohol Copolymer (Onyx)” presented by Dr. D from Istanbul University, Istanbul, Turkey. Off-Label use of a device will be discussed.

- (1) When you place a second stent for the case of stent

migration, do you use the same size stent or larger one?

- (2) There have been some reports describing disruption of the polyurethane membrane. Did you note this in your cases (Did disruption occur in any of your cases)?
- (3) Was there no mucosal overgrowth even after 6 months?

Now, we have Dr. E from Medical College of Wisconsin, Milwaukee for abstract No. 210. His title is “Absolute Ethanol Sclerosis for Symptomatic Venous Malformations”.

- (1) Do I understand that the complication rate associated with the large-bore access is not higher than that associated with small-bore?
- (2) Do you give general anesthesia?
- (3) Do you use prophylactic antibiotics?

Now, I’d like to call on Dr. F from the Hospital for Sick Children, Toronto to present their experience with “Sclerotherapy for Venous Malformations: Retrospective Analysis of EtOH and Sodium Tetradecyl Sulfate”. Are there any questions or comments for Dr. F?

- (1) What amount of TGF a day is released?
- (2) Is there any specific method to prevent the initial burst?

I’d like to congratulate all the presenters on the excellent work. I hope all of you enjoyed this free paper session. I will close this session with my thanks to Dr.A and thanks to you all for your participation and contribution.

## 2) Useful English Expressions for a Moderator

- (1) Our symposium consists of presentations by eminent authorities from four different countries, and they will discuss esophageal intervention. The speakers have been asked to limit their presentations to 15 minutes, so that we can have about 5 minutes for questions

from the floor after each presentation. We ask that your questions be brief and to the point and that you introduce yourself by name and affiliation. I'd now like to call on Dr. A our first speaker, to present his paper on esophageal intervention.

- (2) Good afternoon ladies and gentleman. Welcome to the Workshop on Lacrimal Interventions. I'm Ho Young Song, professor of Radiology at AMC, University of Ulsan College of Medicine, Seoul, Korea. Serving with me as faculty members of this workshop are Dr. Sung-Gwon Kang, Associate Professor of Radiology at Seoul National University, Seoul, Korea, Dr. Ulrich Lachmund, Radiologist and Ophthalmologist at the University of Zurich, Switzerland, and Dr. Erhan T Ilgit, Professor of Radiology at Gazi University School of Medicine, Ankara, Turkey. We will discuss off label use of a device. We have nothing to disclose financially. Our workshop program consists of five presentations followed by a 30 minutes hands-on workshop. First, I will talk about "Conventional Methods of Treatment for Lacrimal System Obstruction" for 10 minutes. Second, Dr. Kang on "Lacrimal Balloon Dilation" for 20 minutes including questions. Third, Dr. Lachmund will speak on "Lacrimal Stent Placement" for 20 minutes. Forth, I will present my topic on "Stent and Stone Removal" for 20 minutes. Finally, Dr. Ilgit will talk about "Radiation Dose in Lacrimal Interventions" for 20 minutes. We will have enough time for discussion during the hans-on session.
- (3) Today's presentation will be divided into 4 parts; first,···second,···third,···. Lastly,··· (The symposium today will consist of 3 modules; A···B···and C···
- (4) The schedule is rather tight, so may I ask the speakers to keep to the allotted time so that we can have an opportunity for discussion. So, it is important to keep to schedule so that we can complete this session. We are 15 minutes late (we are 15 minutes ahead of schedule / we are on time).
- (5) At the end of today's presentation, we will have a

better understanding of lacrimal stent placement (From our discussion today, we will have learned more about lacrimal stent placement).

- (6) If you have any questions, please feel free to ask at any time·····Does anyone have any questions at this point? (I will hold a Q&A session at the end of the presentation. Please try to hold (keep) your questions until the Q&A session at the end of the presentation).
- (7) I have reserved the last half hour for Questions and Answers. I encourage all to you to participate actively.
- (8) The speakers have 10 minutes to present, which will leave three minutes for discussion. If we have time at the end, we will have an opportunity for a group discussion.
- (9) Unfortunately, Dr. B who was expected to be the Cochairman for this symposium could not attend the meeting. We are honored, however, to have in his place, Dr. C who is the Director of the Norwegian Institute of XIZ. Unfortunately there has been a slight change in the program, because Dr. A has not arrived. The first speaker will be Dr. B who will talk on ABC.
- (10) Before we begin, I would like to call your attention to few changes in the program. Paper No.6 by Drs. A and B will be presented first and the others will then follow as detailed in the program. Also, Dr. C the presenter of Paper No. 3 was unable to attend. We will include the paper by Drs. D and E which was Poster 30 entitled "·····".
- (11) We are requested by the Congress Secretariat to remind the audience that Dr. A's lecture which was scheduled at noon today will be replaced with Dr. B's presentation and therefore Dr. A's lecture will be given tomorrow.
- (12) If anyone in the audience has other matters to attend to, this may be a good point at which to excuse yourself.
- (13) Dr. A. I'm sorry, but we do have to move on: we're running short of time (behind schedule). Are you almost finished, Dr. A? Your time is almost over.



Excuse me, Dr. A, but your time is up. Will you please briefly summarize the rest of your talk?

- (14) Are there any urgent [burning] questions? We would appreciate it if you could be brief with your question. We only have a few minutes left, and I would like to close with one more question.
- (15) I want to thank everyone who has taken part in and contributed to this session.
- (16) Thank you all, including my fellow moderators, for participating today. I hope you have learned what you expected to from this session.
- (17) Please feel free to contact us through email. You will find our addresses in the Syllabus.

#### 4. Useful English Expressions for Asking and Answering Questions

Always be internally critical of what you hear, but be externally respectful with your questions. Remember that this is an opportunity to learn, exchange ideas, and advance knowledge - not to show off your own knowledge or to humiliate the speaker.

##### 1) Examples

- Excuse me, would you please use the microphone (Speak directly into the microphone)?
- Would you please repeat the question a little louder for the people seated in the back of the room?
- Let me repeat the question for the audience.
- I am sorry, I did not understand your question, can you rephrase your question?
- Could you please phrase your question more clearly?
- I'm having problems understanding what you mean, could you perhaps rephrase the question?
- I'm sorry I could not follow your question. Can you please repeat it more slowly?
- Mr. Chairman (Dr. Becker), if you understood the question would you please repeat it for me?
- I'm not sure how to answer that question exactly.....
- Did I answer your question (sufficiently)? (I hope I answered your question.)

I'm sorry I can't fully answer that question (It's hard to answer that question fully).

I can't adequately answer that question. (It's hard to answer that question properly.)

I'm not sure how to fully answer that question (exactly).

Let me answer the first part of your question (To answer your first question....., Secondly, .....).

We don't have much experience in that area.

Thank you (for your comments). I completely agree with your opinion.

I'm not sure about that. Let me check on it.

Let me get back to you on that.

This is all that I can say in my reply to that question.

(This is my point of view.) But there could be a better answer. Is there anyone who has another idea?

I think either way is acceptable.

We're carrying out an experimental study to look at that.

That's exactly what we are interested in now.

We are considering that possibility.

We are eager to know about that, but we haven't encountered such a case yet.

We didn't know of that possibility until the very end of the study.

I think everybody wants to ask about that.

That's a good point (That's a possibility).

I don't have much experience.

In our experience, it was not possible.

How long do you keep the balloon inflated in tibial angioplasty?

Before I start, let me ask the audience a question. How many of you here have performed balloon dilation?

Please hold your hand up (Let me see a show of hands if you have).

Would you tell me what is the radiologist's role and the urologist's role in the whole procedure?

Why did you need two stents?

How is she doing clinically?

What's your definition of recurrence ?

What's your philosophy regarding..... ?

Our recommendation again is.....

What was the complication rate associated with the larger 20 G needle?

From the current perspective, some aspects of past treatments look ridiculous. For the same reason, some aspects of present treatments might look ridiculous in the future.

Whose responsibility is it to make such decisions?

What's your follow-up modality?

How many patients were lost on follow-up?

What were the inclusion criteria?

What were the exclusion criteria?

I don't like to pretend that I know about peripheral stents.

They are apples and oranges.

We are not out of the tunnel (the dark or woods) yet.

The success rate is low, but remember there is no alternative treatment.

It is beyond the scope of this paper to discuss the details of the procedure, however, we ---.

Thank you for asking such a good question. However, that answer is beyond my expertise. But, in my honest opinion, I think that...

Unfortunately, that is a question that I do not know the answer to. If you give me your contact information, I would be happy to find the answer for you.

### 결 론

우리나라 의사라면 누구나 시간을 쪼개고 쪼개면서 바쁘게 살아가고 있기 때문에 한가하게 많은 시간을 내

어 영어를 공부한다는 것은 상상할 수 없을 것이다. 특히 전공의 시절부터 조교수까지의 기간은 더더욱 바쁘게 지낸다. 그러나 그렇게 바쁜 시간에도 학자로서 우뚝 서려면 영어공부를 소홀히 해서는 안 된다고 믿고 있다. 많은 시간이 아니더라도 일주일에 2시간의 자투리시간을 잘 활용하면서 10년을 투자하면서 꾸준히 노력하면서 끊임없는 반복을 하다 보면 의사소통에 큰 어려움 없이 학자의 길을 걸어갈 수 있을 것이다. 끝으로 저의 Template이 구연이나, 강의, 좌장을 처음으로 하게 되는 분들에게 조금이라도 도움이 되길 바라며 저의 Template을 바탕으로 각자의 개성에 맞는 영어 표현을 추가하여 각자의 Template을 만들어 가면 더 좋을 것 같다.

### 참 고 문 헌

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