

How to give a Powerpoint Presentation....What they didn't teach you in Med School

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ChILD Classification

Diffuse developmental disorders	Acinar dysplasia, congenital alveolar dysplasia, alveolar capillary dysplasia with misalignment of the pulmonary veins
Alveolar growth abnormalities	Pulmonary hypoplasia, chronic lung disease of prematurity (BPD), related to chromosomal disorders or congenital heart disease
Specific conditions of undefined etiology	PIG, NEHI
Genetic disorders of surfactant metabolism	SP-B, SP-C, ABCA3, GM-CSF-R, SLC7A7, TTF-1, NPC2 mutations
Disorders of the previously normal host	Infectious and post-infectious processes (BOS), related to environmental agents, aspiration, eosinophilic pneumonia
Disorders of the abnormal (immunocompromised) host	Opportunistic infections, rejection, related to chemotherapy or XRT
Disorders related to systemic disease	Immune-mediated disorders, connective tissue disorders, storage disorders, Langerhans cell histiocytosis
Masqueraders of interstitial lung disease	Pulmonary venous/lymphatic disorders; congestion related to cardiac dysfunction

Ultrasonography for DVT

- ▶ Documentation of DVT often obviates the need for specific lung evaluation, as anticoagulation treatment is generally the same
- ▶ Cheap, easy to perform, without procedural risk, and highly sensitive for lower extremity and jugular clot
- ▶ Specificity and specificity 94% for proximal LE DVT in pooled meta-analysis of adult studies
- ▶ Less sensitive for clot in the distal lower extremities, pelvis and upper intrathoracic veins
- ▶ Misses more than half of patients with PE, and most children who die from PE have no detectable DVT

How to avoid PPT quicksand



Getting Started

A good lecture must have a clearly stated purpose or objectives!

Objectives

- ◆ Plan and prepare a lecture
- ◆ Design effective slides
- ◆ Devise a presentation style

Fear of Public Speaking

- ◆ Why?
 - ◆ Desire to be perfect
 - ◆ “Audience wants me to fail”
 - ◆ “Failed before – Will probably fail again”
 - ◆ Don’t possess the necessary skills

Solutions

- ◆ Fictitious self-assurance
- ◆ Knowledge & experience remove fear
- ◆ No trick – only confidence
- ◆ Preparation! Preparation! Preparation!

Why most presentations suck

- ◆ Audience is unengaged
 - ◆ Presenter....
 - ◆ Not passionate
 - ◆ Not connected to audience
 - ◆ Uses slides as teleprompter



$$1 + 1 = 0$$

Subspecialty Society PQI

A PQI project is a Practice Quality Improvement project that is supposed to help the physician review and improve the quality in his or her practice. This is required in Part IV of the ABMS Maintenance of Certification Program. Because the ABR is a member board of the ABMS, Maintenance of Certification is required, including Part IV.

Subspecialty societies should develop complete ABR-approved PQI projects in various quality categories.

Small subspecialty societies can work with larger general radiology organizations to gain insight into all needs and to preserve resources. This is especially important in this era of scarcity of time and money in academic radiology departments. Subspecialty societies can also work with other subspecialty societies if there are common interests of the members of the societies.

SPR + ASNR



Pediatric Neuroradiology PQI project

ASNR + SBI



∅

The societies must submit their materials to the ABR at least one month prior to public announcement of the availability of the PQI project for review and approval of PQI project.

The subspecialty society members in charge of the PQI project development should read the PQI instructions carefully on the ABR website. This is regularly updated with the latest information that will be very helpful to the project developers.

Typical Negative Comments

- ◆ Content
- ◆ Delivery
- ◆ Image slides
- ◆ Text slides
- ◆ Command of English

Planning and preparation

- ◆ Slide construction
 - ◆ Effective and ineffective
- ◆ A-V equipment - familiarity

Slide construction

- ◆ 10% of what we know, we learn through sense of hearing
- ◆ 85% of what we know, we learn visually

Attention getters

- ◆ Moving objects
- ◆ Signaling colors
- ◆ Contrast-rich objects
- ◆ Big objects

Slide construction

- ◆ Keep simple
 - ◆ One visual – one idea
- ◆ Rule of 6
- ◆ Use key words
- ◆ Graphics > words

Slide construction

- ◆ Keep the slides very simple. You shouldn't put too many words on one line.
- ◆ Key words are important for retention of the essential ideas



Don't add graphics if they don't add to the presentation



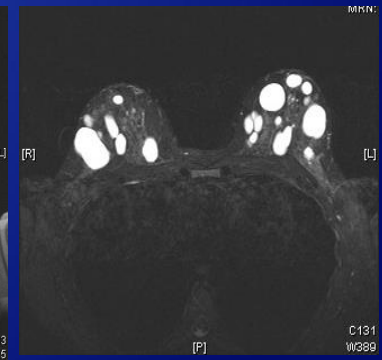
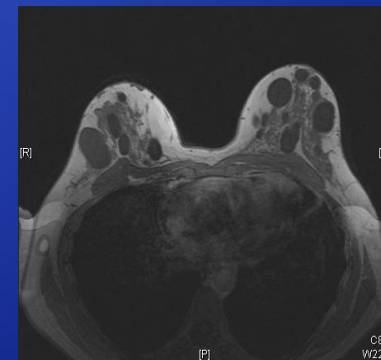
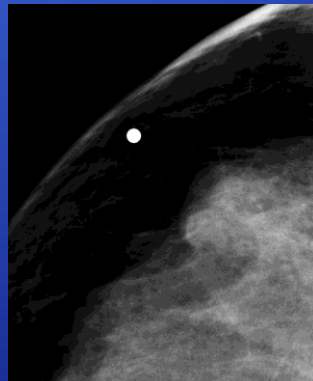
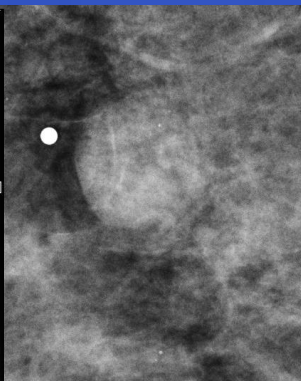
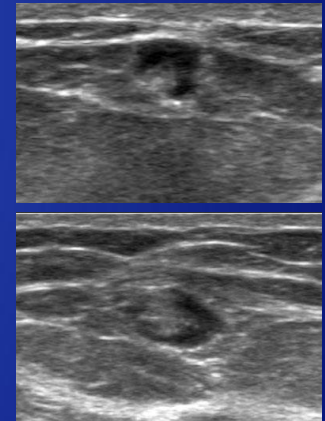
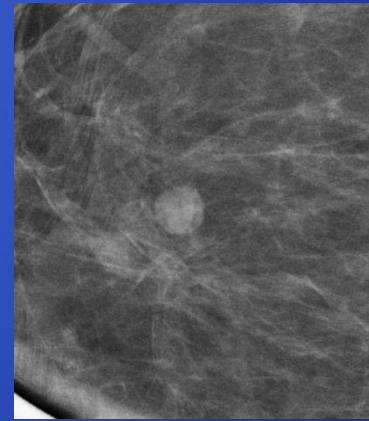
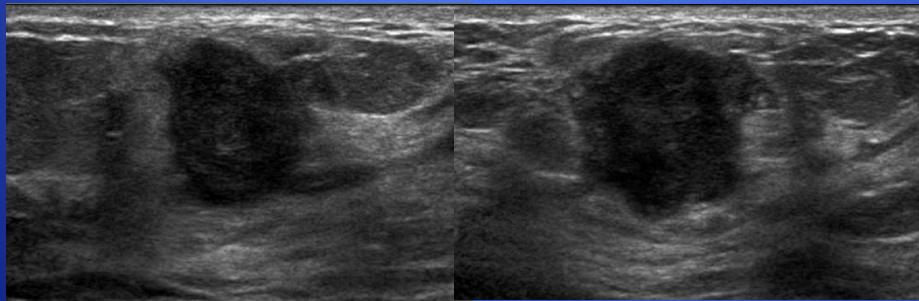
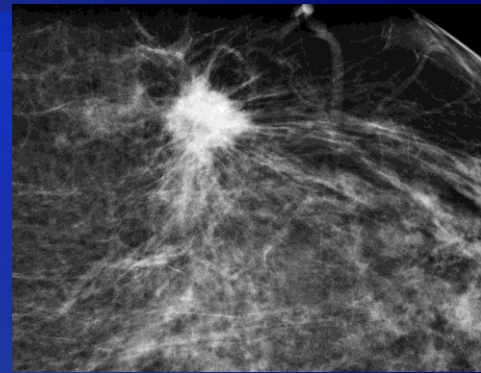
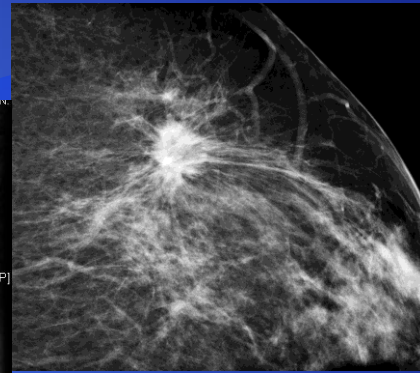
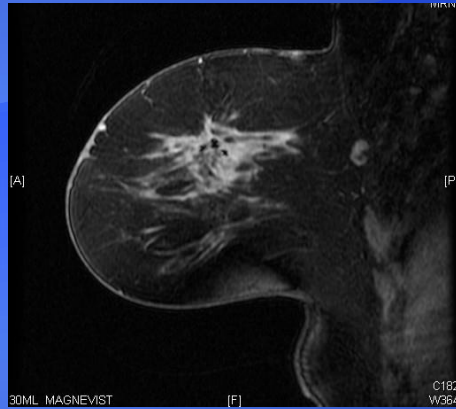
Just because there is a template....

The image shows a screenshot of the Microsoft PowerPoint 2010 application window. The title bar reads "Presentation2 - Microsoft PowerPoint". The ribbon at the top includes tabs for Home, Insert, Design, Animations, Slide Show, Review, View, and Add-Ins. The Design tab is active, displaying a gallery of 12 themes. The main slide area shows a slide with a pink and purple gradient background. The slide title is "Breast Cancer" and it contains a single bullet point: "Blah blah blah". On the left side, the Slides pane shows a thumbnail of the current slide and four other slides in the presentation. The bottom status bar indicates "Slide 7 of 15" and the name of the presentation is "Apex".

Microsoft PowerPoint 2010 interface showing a slide titled "Breast Cancer" with a bullet point "Blah blah blah". The slide is displayed in a presentation window with a pink and purple gradient background. The ribbon at the top includes tabs for Home, Insert, Design, Animations, Slide Show, Review, View, and Add-Ins. The Design tab is active, showing various themes. The Slides pane on the left shows a list of slides, with the current slide (Slide 7) highlighted. The status bar at the bottom indicates "Slide 7 of 15" and the presentation name "Apex".

Pictures

◆ Case 1:



First impression.....

Connective Tissue Disorders

Lung Involvement

- Frequent in juvenile systemic sclerosis (JSS), juvenile dermatomyositis (JDMS), mixed connective tissue disease (MCTD), and Sjogren syndrome
- Nonspecific interstitial pneumonitis (NSIP) is most common connective tissue disease with lung involvement
- Pulmonary lymphoid hyperplasia (especially Sjogren syndrome), organizing pneumonia (especially JDMS), vasculopathy, and pleuritis/pericarditis also occur
- Adverse prognostic factor, since it occurs more frequently and earlier in those who die from JSS, and severity is unrelated to duration of disease
- Pulmonary artery enlargement out of proportion to lung disease severity suggests serious pulmonary arterial vasculopathy in JSS

Opinion and Reaction?



First impression.....



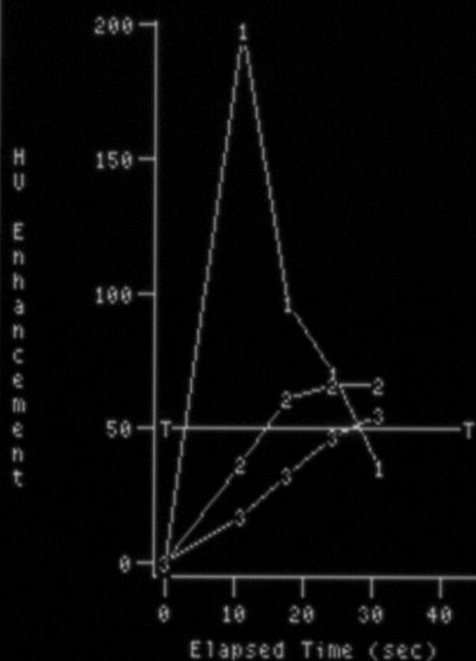
10.0mm
W: 360/L: 20

1: M=42.5
2: M=46.5
3: M=64.9



10.0mm
W: 360/L: 20

1: M=78.5
2: M=112.6
3: M=120.3

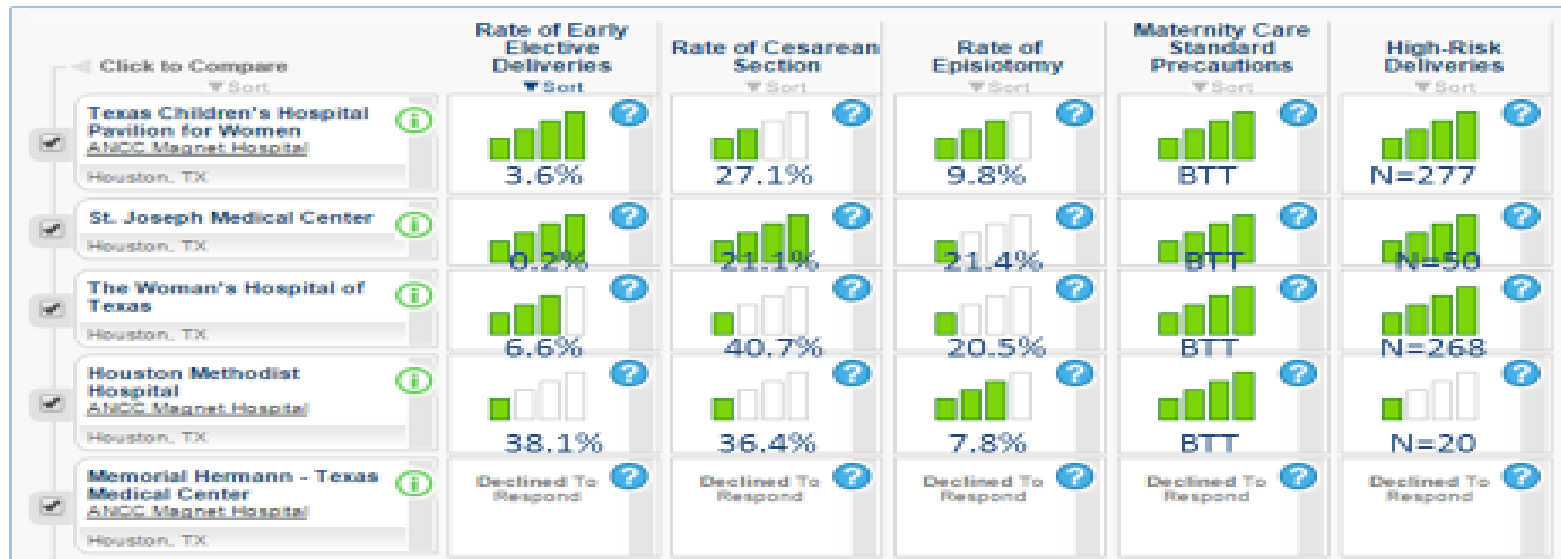


Time	ROI 1	ROI 2	ROI 3
10	198.00	37.24	17.34
17	97.00	60.90	32.83
24	70.75	65.88	47.19
30	36.00	66.11	55.44

Elapsed Time = 33

Opinion and Reaction?

THE LEAPFROG GROUP

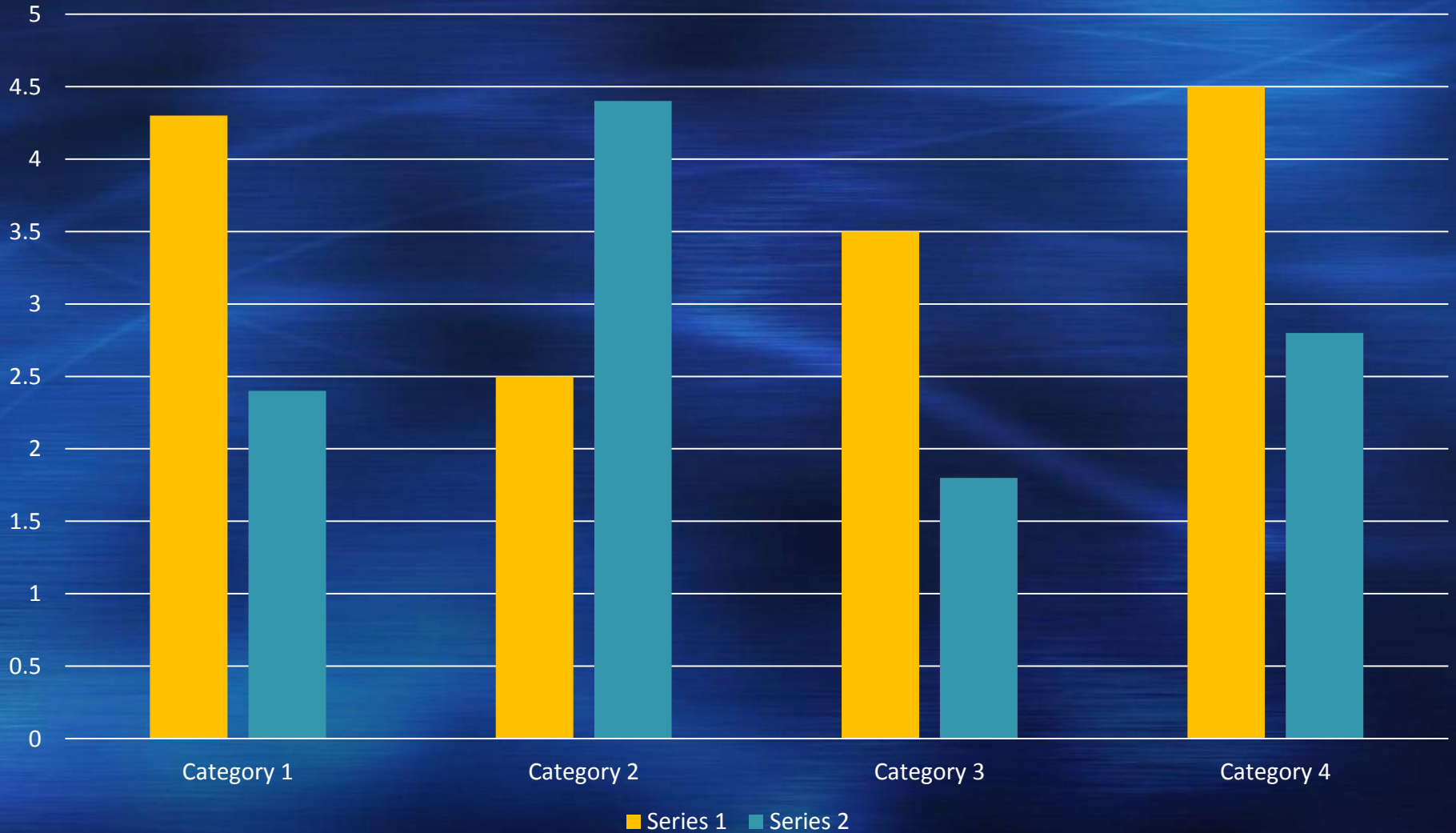


Target: ≤ 5% ≤ 23.9% ≤ 5% 80% < 1500 gm

MCSP = Screening newborns for jaundice & VTE prophylaxis at cesarean Accessed 1 August 2015 (reflects CY2014 data)

What if I “have to” show it?

Graphic displays



Teaching Files/Educational sites

Website/Teaching File

Address

Radiology education

www.radiologyeducation.com

The Radiology Assistant

<http://www.radiologyassistant.nl/en/>

ACR case in Point

3s.acr.org/cip/

MyPACS Teaching File

www.mypacs.net/

Learning Radiology

www.learningradiology.com

MedPix Teaching File

<http://rad.usuhs.edu/medpix/>

AuntMinnie's Teaching File

<http://www.auntminnie.com/index.asp?Sec=edu>

ACR MRI Teaching File

<http://3s.acr.org/rfsmri/>

RadQuiz

<http://radquiz.com/>

Teaching Files/Educational sites

Website tool Address

Radiology education	www.radiologyeducation.com
The Radiology Assistant	http://www.radiologyassistant.nl/en/
ACR case in Point	3s.acr.org/cip/
MyPACS Teaching File	www.mypacs.net/
Learning Radiology	www.learningradiology.com
MedPix Teaching File	http://rad.usuhs.edu/medpix/
AuntMinnie's Teaching File	http://www.auntminnie.com/index.asp?Sec=edu
ACR MRI Teaching File	http://3s.acr.org/rfsmri/
RadQuiz	http://radquiz.com/

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ACR case in Point	3s.acr.org/cip/
MyPACS Teaching File	www.mypacs.net/
Learning Radiology	www.learningradiology.com
MedPix Teaching File	http://rad.usuhs.edu/medpix/
AuntMinnie's Teaching File	http://www.auntminnie.com/index.asp?Sec=edu
ACR MRI Teaching File	http://3s.acr.org/rfsmri/
RadQuiz	http://radquiz.com/

Slide construction

- ◆ Avoid reds and greens
- ◆ Non-busy background
- ◆ $>$ or $=$ 36 point
- ◆ Limited text on cartoons
- ◆ Proofread

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Slide Construction

- ◆ Use white to accentuate
- ◆ Other colors less dynamic
- ◆ Other colors less dynamic
- ◆ Other colors less dynamic
- ◆ Other colors less dynamic

Slide construction

- ◆ Avoid reds and greens
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- ◆ Limited text on cartoons
- ◆ Proofread

Which is best?

- ◆ 1. Which is best
- ◆ 2. Which is best
- ◆ 3. Which is best
- ◆ 4. Which is best
- ◆ 5. WHICH IS BEST
- ◆ 6. Which is best

Slide construction

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Fonts – Serif vs. Sans serif

- ◆ Serif - Times New Roman
- ◆ > 50 for important (54 Arial)
- ◆ > 40 for less important (40 Arial)
- ◆ Shadows vs. No shadows

Letter case

- ◆ Use of upper and lowercase for improved comprehension
- ◆ CAPITALS PRESENT BOXY SHAPE – LESS READABLE

Proofreading

- ◆ According to research at Cambridge University, it doesn't matter in what order the letters in a word are, the only important thing is that the first and last letter be in the right place. The rest can be a total mess and you can still read it without problem. This is because the human mind does not read every letter by itself, but the word as a whole.

Slide construction

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How many mistakes?

1. 1

2. 2

3. 3

4. 4

5. 5

Slide constrution

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- ◆ > or = 36 point
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- ◆ Proofread

Slide construction

- ◆ Simple transitions(“builds”)
- ◆ Keep audience in step
- ◆ Ensure no case identifiers

Slide construction

- ◆ Simple transitions
- ◆ Ensure no case identifiers

Images

- ◆ Images can't be too large
- ◆ Enhance with labels and arrows
- ◆ Not too many – make your point
- ◆ Garbage in – garbage out
- ◆ Give `em time

A-V equipment and preparation

- ◆ Test in advance
- ◆ Know the podium
- ◆ Don't stand between audience and visuals

A-V equipment and preparation

- ◆ Position and check microphone
 - ◆ Ask the audience
 - ◆ No shrieks or whistles

Presentation

- ◆ Voice
- ◆ Eye contact
- ◆ Mannerisms
- ◆ Delivery
- ◆ Humor
- ◆ Keep audience in step

On stage - Voice

- ◆ Lower, relaxed voices – credibility
- ◆ Faster speakers more persuasive
- ◆ Vocal variety = enthusiasm
- ◆ Incorporate pauses

On stage – Eye contact

- ◆ Dependent on audience size
- ◆ 2 - 3 seconds is ideal
- ◆ Never > 7 seconds
- ◆ Over their heads

On stage – Distracting mannerisms

- ◆ Lectern death clutch
- ◆ End-of-race pose
- ◆ The dancing pointer
- ◆ Swaying or rocking

On stage – Distracting mannerisms

- ◆ Rattling keys or change
- ◆ Face the audience – not the screen

The Delivery

- ◆ Define goals
 - ◆ No more than 3 major goals
- ◆ Audience - short attention span
- ◆ Never apologize
- ◆ Don't read
- ◆ Use gestures

The Delivery

- ◆ Keep audience in step with speaker
- ◆ Be interactive
- ◆ Tell 'em! Tell 'em! Tell 'em!
- ◆ End on time
- ◆ Practice, practice, practice

Humor

- ◆ Builds rapport
- ◆ Humanizes the speaker
- ◆ Defuses tension
- ◆ Relieves boredom
- ◆ Makes a point
- ◆ Makes concepts easier to remember

Humor

- ◆ Avoid:
 - ◆ Profanity
 - ◆ Race, sex, religion
 - ◆ Put-downs (unless self-directed)
 - ◆ Words on slides



Wheel of Fortune for
West Virginians



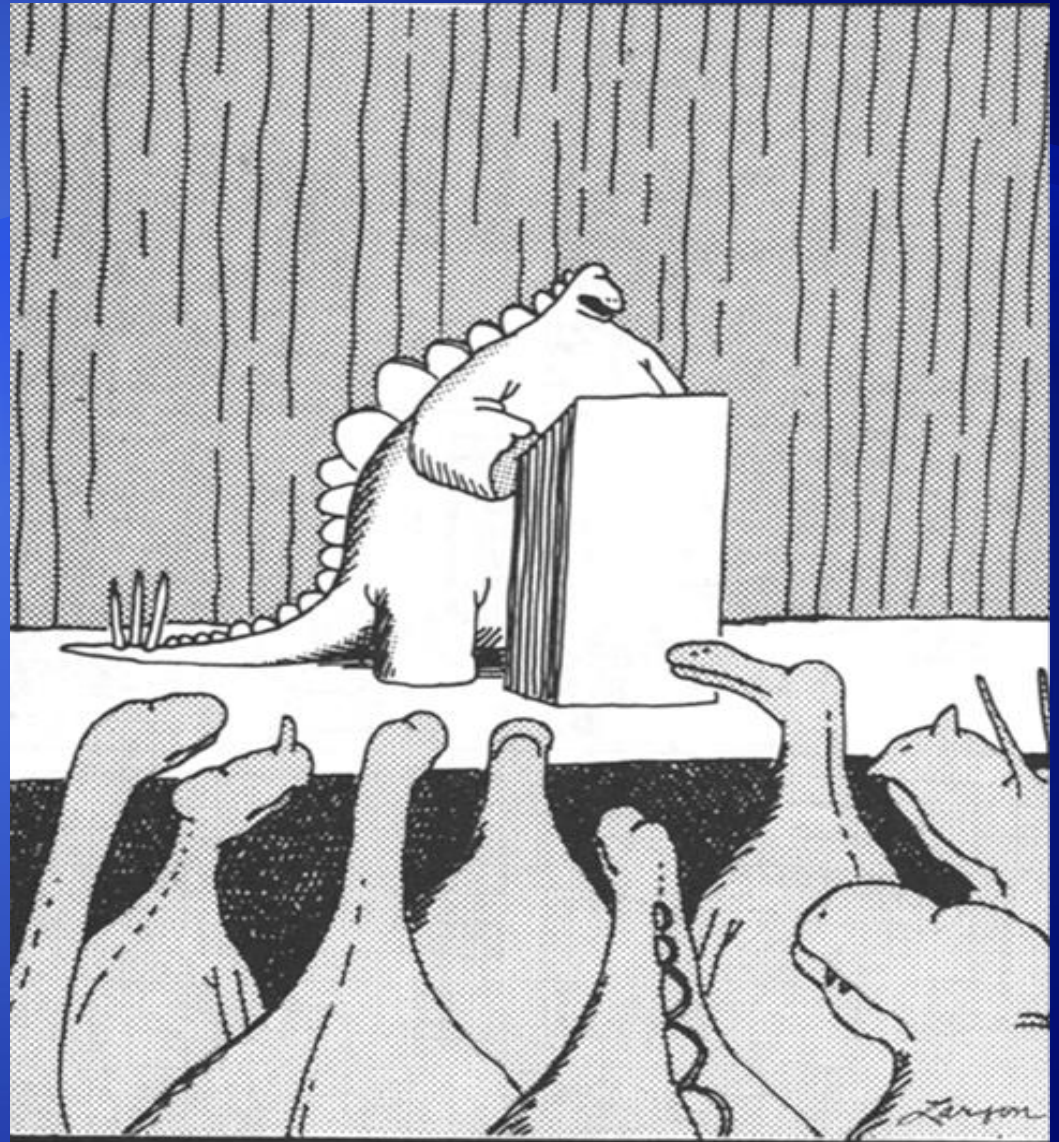
Sensitive topics



Cartoons



Cartoons



"The picture's pretty bleak, gentlemen. ... The world's climates are changing, the mammals are taking over, and we all have a brain about the size of a walnut."

Summary

- ◆ Develop content based on audience needs
- ◆ Keep it simple-cover key points
- ◆ Clearly state your objectives
 - ◆ Tell `em, Tell `em, Tell `em

Summary

- ◆ Rule of six
- ◆ Don't let technology dominate your message
- ◆ Devise consistent presentation style
- ◆ Proofread and Practice