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Power Point Credibility

By Jim Crabtree, MICN, CEN, Paramedic Instructor

I just returned from the National Disaster Medical Service (NDMS) convention in Dallas Texas. It was a well spent three days full of lectures disseminating useful and interesting information about disasters and mitigating the effects thereof. Predictably it also turned into a three day Power Point presentation marathon. At one time there was a saying in the lecture and educational arena that you could always tell an "expert" because he had traveled a long distance and brought a carousel of slides. Traveling a long distance sill holds true, but now the slides have been replaced by their electronic cousin the Power Point file (mylecture.ppt). After sitting through all those presentations I feel that it is time that somebody try to establish some rules and etiquette when using this new medium for teaching and making presentations.

Verify Your Spelling and Word Use.

Back when it was very expensive to have photographic slides made from an electronic presentation program, the slides were proofread, checked and then checked again. The developer could not afford any mistakes. By "afford" I am speaking in terms of both money and time. In some cases, it cost as much as several dollars per slide and often times took a week or longer to get them back to you. Nowadays you can type out a presentation as easily as you type a letter and thanks to "In Focus" type projectors, they can be projected on the wall without incurring any further costs.

The fallout of this it that because it is so easy to create a presentation, the lecturer/developer too often skips the proof reading step. Actual spelling isn't the issue much any more, (spell check has cured that) but you need to verify that you have used the correct words. Either intentionally or unintentionally, in too many presentations I saw "an" & "and" confused. These may have been typos but they still look bad. If you are not sure of the difference between "there" and "their" review the definitions BEFORE you show your presentations. Make sure you know which, witch is which. What you are risking is your credibility. You have been asked to make a presentation because you are the expert. Incorrect use of words that should have been mastered in the sixth grade do not reinforce your qualities as an expert.

My suggestion is that once you have finished developing your presentation, get somebody else to read it. If you spent any time at all developing it you are too close to it to see your mistakes. It can be an extra effort to get somebody to do this but it is well worth it in the long run.

You Are There to Teach, Not Entertain.
Power Point was created mainly for the business world not the scientific or academic community. Power point is a powerful program. It allows you to do many interesting things with your text. However, most of the features available to you in Power Point are inappropriate in a scientific or instructional setting. There is a big difference between the lighthearted reviewing of a company's new marketing and advertising plans and seriously teaching your audience how to mitigate the effects of an epidemic. In medicine our topics are serious, your slides should be too.

When you are developing your Power Point presentation, the cutesy little things that seem to add interest on your desktop computer can look really dumb in front of a serious audience. This begins with your choice of the background slide sets. Pick one without animation. There are some backgrounds that have a ball or asteroid that must pass from left to right before the text can appear and before you can click to the next slide. Two problems with this type of background. First, the moving ball does nothing but hypnotize your audience (especially after lunch). Secondly it limits your ability to pace yourself. If your block of time is shortened in any way (and if you are anybody but the first speaker you can expect the entire conference to fall behind) you will need to be able pick up your pace. You may need to skip a few slides, either to make up time or because you use your presentation for two different groups and some slides are not appropriate for this particular audience. I was witness to one speaker who became visibility frustrated by his inability to click quickly to his next slide. The program would not allow him to skip quickly while in slide show mode and distracted from his presentation. In this particular case the limiting factor was his background choice but it can also be the use of large graphics files too, so be careful.

The use of spinning, flying or dissolving text does not add to your credibility, it instead appears to make light of the important points you are trying to make. Setting up the slide show to add bulleted items individually as you make your points during the lecture is one thing, but enticing your audience to try and guess how your text will appear next, distracts from everything you are saying.

Along these same lines, leave the sound effects off. One lecturer that I 'endured' used most every sound effect that was available to introduce his text. There were gunshots, tire squeals, breaking glass. None of it reinforced what he was saying, none of it was associated with what he was saying and when it was amplified through the sound system of a hotel ballroom it was embarrassing for me if not the conference sponsors. When using Power Point remember; Just because you can do something, does not mean that you should.

Consider Your Colors
In case you haven't noticed many Power Point backgrounds are blue tones and the default text colors are yellow. This is for a reason. When projecting colors on a screen (or wall) much intensity is lost. Colors have to be brilliant and vibrant if they are to show up as natural tones. Whatever your choice of colors, use a high contrast between the two. While you would not likely paint your house a bright blue and yellow, these two colors are easily separated and easily seen. One presenter successfully used this yellow/blue combination right up until the end. On his last slide he wanted the audience to have access to his email and phone number. He put this important information in red text against his blue background. In the faded colors of a 50 foot projection through the less than totally dark conditions of the room, the text was washed out and totally unreadable. Thankfully he made this color change only at the end of his presentation or it might have all been unreadable

As an EMS instructor it is a reality that the majority of your audience will be male. It is also a reality that color blindness occurs at a high incidence in males. When your audience says "I cant read what's on the slide" they may literally be blind to your presentation. The use of Power Point's red, black and white 'triangle' background always seems to wash out some of the letters of your text whatever color they are in. While it looks interesting by itself, this is not a good background for text or lettering. Remember that there is nothing wrong with a good old fashioned black text on a white background. It offers high contrast and is relatively unaffected by high ambient light conditions
Don't count on colors for other reasons too. During this conference there were up to seventeen different In Focus projectors operating simultaneously in different lecture halls. I suspect that many if not all of these were rented for the occasion. Rental units receive hard use and abuse. For whatever reason, several of the

projectors did not project the color red. Were they out of adjustment? Were they broken? I don't know, but it was truly bizarre seeing pictures of "bloody" victims who looked like they were covered with Hershey's syrup. In one lecture the presenter actually turned his laptop screen toward the audience so that the graphic scene could truly be appreciated. The moral here is to not count on an exact color representation when making a presentation.

Maybe You Don't Need a Full Power Point Presentation at All

When I started teaching at LA County's Paramedic Training Institute 10 years ago, I found in an old closet the entire paramedic training program on carousel slides! Every lecture, every skill. I don't know if they were used in their entirety for any one particular class, but here they were and they certainly could have been. The thought of locking 30 people in the dark for 11 weeks and then thinking that when the lights came back on they would be paramedics is astonishing to me. Thankfully by the time I started teaching, each instructor was giving their lectures with the lights on, using slides only to make a point or illustrate an injury. On an EMS website there was a discussion recently about somebody who had endured an entire EMT class on video tape! Each week the instructor would pop the tape in and the VCR would give the lecture for that evening! As an EMS educator you might find this hard to imagine and hopefully you never would do it but because of the accessability Power Point, it is easy to see how somebody could use it to hide behind the darkness when making their presentations.

Giving a presentation or lecture? Maybe you don't need to use Power Point at all. Power Point does give us an incredibly easy method for taking digital photos and then projecting them for an entire room to see. One picture is worth a thousand words but all one thousand of those words don't have to be bulleted items. At the NDMS disaster conference, many presenters had some fascinating pictures of disaster damage and relief efforts, but they didn't all have to put their didactic information into bulleted concepts to reinforce what they were saying. In fact I would encourage most presenters and teachers to come out of the dark and face your audience. Share 30 minutes of your expertise with the lights on then use just 2 or 3 slides to illustrate your point. Again, just because you can do something, does not mean that you should.

Microsoft's Power Point program is a fantastic tool. It offers great possibilities for increasing learning and retention. However because it is just a tool, we must also learn how it works, the limits of its abilities and the impressions it leaves on our audiences. Validating the use of Power Point in instructional lectures would make for some very interesting educational research.

Jim Crabtree first became an EMT in a rural volunteer department in 1981 and acquired an Associates degree RN in 1986. Obtaining a Bachelors degree in Nursing From Cal State Long Beach in 1992 (BSN) he began his nursing career in the emergency room at Martin Luther King hospital in Watts, CA where he stayed for 5 years before moving to LA County's Paramedic Training Institute (PTI) where he taught & coordinated paramedic training classes full time for 6 years.
PTI is a section of the Los Angeles county EMS agency. For the past year he has been in charge of approving AED programs in LA County among other things. He teaches CE classes on special subjects and recently has been involved in starting a training program to teach Nuclear Biological and Chemical weapons (NBC, weapons of mass destruction) information to every paramedic in LA county. (~4000 people) He serves on the committees to rewrite & update LA's EMT curricula and a CA state EMT skills task force.
He is currently certified as a Mobile Intensive Care Nurse (MICN) and a Board Certified Emergency Nurse (CEN) as well as have instructor cards for the AHA stuff (BLS, ACLS etc.)

The Sport of Clinicals

by Anne Puzder, Paramedic

My students moan and grumble about having to do clinicals. Its not so much the time it consumes, as the

boredom of routine patient care. They can't seem to understand the wealth of knowledge that is at their fingertips. Nor can they see the connection between what we do and how it relates to the patient's long-term recoveries. With my clinical preceptors doing all the dirty work of motivating and over-seeing patient care skills, I now have the mobility to travel around spreading my good cheer to each student. Here is an example of a typical instructor-student interaction:

Dan is spending his first day in ICU. Afraid to touch anything for fear of setting off alarms, he stands around waiting for someone to tell him what to do. I come into the unit to visit and ask him what patients he has been assigned to. Being a slow day, he has been assigned to a single patient who has been admitted with several medical problems. The primary diagnosis was uncontrolled diabetes, but it has quickly deteriorated into multiple organ failure and leaning towards a ventilator in the man's near future. As expected, Dan is bored to death and unaware of the major lessons he can learn from this patient. My first questions deal with routine assessment findings such as vital signs and current meds. Vitals are unstable, as could be expected and Dan has no idea what all those meds are hanging from the med pump.

I tell him that I want to know exactly what the patient is on to include the indications, contraindications, dosages, etc. of each drug and what the patient's medication history has been since he arrived as a patient. Dan reluctantly says OK and goes to dig out the patient's chart. I return a couple hours later and ask for his report. He recites everything that has been done for the patient since his admission and promptly gives me all the information about current medications. I ask him to tell me why they changed this medication for that and he stumbles through the interrogation coming up with adequate speculations. I then ask him for the patient's lab reports. He looks at me like I have two heads. He can't give me anything definite, so I tell him I'll be back later for the information.

An hour or so later, looking all smug, Dan flips open his little notebook and gives me all the lab values as recorded on the patient's chart. As expected, several lab values are out of whack. Most significant are the elevated WBCs and decreased hematocrit levels. ABGs are also skewed. I ask him why the values may be off, and he again looks as though I have smacked him in the belly with a big fish. I point to the elevated basophils and ask if he knows what those are. He has already forgotten lessons on the immune system. I tell him I expect to have a good answer when I get back and he grumbles as I walk out of the unit.

Two hours later, Dan is ready for me. He has studied the patient's chart with a diligence that probably surprises even him. No matter what I ask him, he has anticipated my questions and researched enough to give me some great feedback. After I am done, he looks at me with triumph in his eyes thinking he has finally bested me. So I look at him and ask, "What is the patient's name?" The look on his face is priceless and I tell him that he has learned a valuable lesson on not only looking at the relevant signs in a case, but that these are real people just like him. So I send him into the patient's room and leave with them having a lively conversation together.

Even more fun than torturing students is seeing what sort of trouble they can manage to get themselves into. Two of my students were up on the OB floor doing clinicals one day. One was in Labor and Delivery, and the other was in the nursery. After momma had delivered, the student from L & D traveled down to the nursery with the baby. Once they had finished with the baby, one of the nurses asked if they would take the baby down the hall to momma's room. Both of them decided to go. Unfortunately, they forgot which way to turn coming down the hallway and made a right instead of a left. As soon as they went through the door, alarms started going off, and people starting coming at them from out of the woodwork. Including armed guards. (They were in a military hospital) It seems that they were exiting the main part of the ward and the baby's ID bracelet had triggered a 'Stolen baby' alarm. Nearly dropped the baby they were so scared.

Another time, I had a student working in ICU and they asked if he would help them turn a very large patient in her bed so they could change the linen. Being the ever-helpful person that he was, he scampered in there to grab the big parts. Just as they were rolling her over, her foley catheter somehow managed to disconnect from the bag and my student was pelted in the face with a nice dose of urine. Unfortunately for him, the patient was in the hospital for sepsis and he had gotten an eye full. Down to the ED we went for good flushing. You can imagine the mileage we got out of that incident.

Last quarter, one of my students was working in the ED. Shortly after she arrived, the Doc in charge grabbed her and started taking her on rounds with him. Not having been in this particular ED before, she thought that was part of her rotation. Each patient they went to see, he would ask her about a diagnosis

and then ask what she thought should be done. She answered the best she could and continued on the tours. They studied X-Rays together, lab reports and talked a bit over her head, but seemed to find the right answers that he was looking for. After the rotation was nearly over, he asked her to go in and cast a patient. When she told him that she couldn't do that he looked at her and said, "But you are Pre-med aren't you?" "No" she said, "I'm a paramedic student". He pointed to her nametag, and no one had caught that instead of saying "Paramedic Student", the tag said "Pre-Med Student". Much to my delight, the Doc said, "Well, you did pretty good for a Paramedic student today". Thereafter, every time one of my guys did a rotation in that ED, the Docs would take them under their wing all day.

My favorite students of all though, are the ones who have never been on an ambulance in their lives. The EMT students that are afraid to even move for fear of doing something terrible. I once took a student up to one of the big hospitals in Atlanta for his first EMS rotation. Already scared out of his wits, he stood a little behind me while I joked around with one of the supervisors. As we were standing there, a patient came stumbling out of one of the emergency wards and started vomiting in the hallway. My student grabs my arm, eyes as big as saucers and points in the patient's direction. About that time a security officer came around the corner and started hollering at the patient that if he was going to make a mess to take it outside. The door to the medical ward opened and inside you can see total bedlam. Patients are screaming and half a dozen prisoners were handcuffed to stretchers, clanging their bracelets against the metal guardrails of the beds. A patient or two was having a seizure, which seemed to contribute to the banging of beds. My student looked at me horrified and said, "What kind of place is this?" As the supervisor and I are having a good chuckle over his reaction, two medics come out of the EMS office putting on bullet proof vests as they holler, "Who's the victim riding shotgun today?" The poor guy ran out the door in a panic and never came back to class. I guess that those of us still in this game never paid attention during clinicals, eh?

Anne Austin Puzder, NREMT-P, from Georgia, has been in EMS for over 17 years, teaching for many of those years. She instructs Paramedic, BTLS, PLS, ACLS, PALS and all alphabet soup courses at the Columbus Technical College. She has produced online courses. Anne remains active as a part time responder.

Computerless Powerpoint
by John Mateus, EMT

I make extensive use of projectors and laptops, but I found a GREAT tool that makes my life super-easy - it's called an AveryEpack - it's a little box that holds Powerpoint presentations and other images. It has two outputs - one RGB port that connects to any monitor or projector, and a TV port that can output to any TV with a standard video port.

In summary, that one little box creates the image and can shoot it to a display device. If your site(s) has a large enough TV, you don't even need a projector. It's really awesome... I've used it a couple of times with great success.

Here a link where you can check it out - the whole thing is a big $200!

http://www.aver.com/products/display.html

If you're really set on a laptop and projector, you can grab a cheap laptop on EBAY for roughly $400. As far as projectors, you'll want something with 800-1000 lumens of brightness at least. Don't get something too old or too dim as it might be too dim to use in really bright rooms.

Editors Note:
The price I found online at CDW is
(http://www.cdw.com/shop/search/results.asp?key=AVerEPack&x=12&y=7)
AVerMedia AVerEPack EPACKDS0 AVerEPack $199.99
Standalone presentation device with up to 640 x 480 resolution

AVerMedia AVerEPack300 Digital Slide Presenter $249.99

EPACK300 AVerEPack300 1024 x 768

John Mateus is an EMT and EMT/FA/CPR instructor from New Jersey. He owns Less Stress Instructional Services; Emergency care/OSHA compliance training, products, and consulting. He produces the popular online CPR and Pre-hospital simulators at his Less Stress site. John also produces the emailed newsletter, "The Beat." and is a columnist with Merginet.
...and John just recently got married.
PLAY IS CPR SIMULATOR: http://www.CPRSIM.com
His Ultimate Instructor/Coordinator Site: http://www.CPRinstructor.com

From the Bowels of Cyberspace, Computer Canvas, Stuff that Works

From the Bowels Of Cyberspace
tidbits, odds and ends I run across

There is a company in Escondido, California (near San Diego) that specializes in refurbished defibrillators. I'm sure by now they also have AEDs. You can find them on the web at:

Progressive Medical International
http://www.progressivemed.com/

Reconditioned defibrillators for EMS:
http://www.progressivemed.com/recon_dfib_ems.htm

from Richard Bilger of Merginet

Here is an interesting article on **pulse oximetry**.
http://www.co.alameda.ca.us/PublicHealth/organization/divisions/ems/resource/MacNab_pulse_ox.PDF
Mike Shuken, Paramedic, Oakland, Calif.

Have you been sitting in the back of my classes ???????
Recently we have been blessed with a new co-ordinator. Classes go like this:
Late starts
No extension cord
No forms
No extra bulbs
No co-ordination (oops, I didn't say that)
Chicken legs not purchased
No test
Old test
No answer sheets
No answers

The students look at me .... "hey, it ain't my class. I'm just the hired help"
This morning I showed up with everything that has been missing for the last few classes.
Everything was going smooth until the Fire Department decided to test the fire alarms and hold a fire drill.
Some days it ain't worth getting out of bed !
Keep up the great work,
Bob

Very cool EMS stuff for your Palm. http://www.defrance.org/palmos.htm

Russian doctors in Nizhni Novgorod, accustomed to being paid in goods such as meat or butter, are reportedly offended at their hospital's latest offer to pay them entirely in manure. Six tons per year.

QUOTE
Humor is merely tragedy standing on its head with its pants torn. - Irvin S. Cobb

Computer Canvas

The Heart: An Online Exploration
http://sln.fi.edu/biosci/heart.html

You've got one, but how much do you really know about it?
This site, part of The Franklin Institute Online, takes you to the heart of the matter...the human heart, that is. You can explore what the heart is made up of, how it works, how it affects all other areas of the body, the history of
heart science, and more. There's no fancy computer animation here--just the facts, plain and simple.

Delta Wildlife and Nature Photography
http://www.wildlifenature.com/
If you enjoy wildlife photography, then check out this site, Delta Wildlife and Nature Photography. Photographer Michael A. Kelley offers his work for your enjoyment. The Online Gallery section is filled with images that range from pleasing to breathtaking. Kelley also offers photography tips for the budding enthusiasts out there, as well as opportunities to purchase his work.

Mass Casualty, Disasters and NBC

Take a look at http://pdm.medicine.wisc.edu/. This the website for Prehospital and
Disaster Medicine, with the focus on disaster.

Another good link for mass-casualty/disaster/NBC stuff is:
www.oep-ndms.dhss.gov

US Dept of Health/Human Services, Office of Emerg Prepardness.

One more:
www.nbc-med.org/ie40/Default.html

Jeff Brosius, NREMTP, Atlanta, GA

In case you missed it on the first go round...
Prescription for Controversy Do corporate donations to the American Heart Association influence its drug guidelines? http://www.motherjones.com/magazine/MJ01/prescription.html

EMSNetwork News now delivers the headlines to your email. Perfect for those who like to keep up on the EMS news but are short on time. Rarely the full news, just the headlines so you can decide if visiting the news page is worth your time that day.

The news site is in two sections; General news and Response! Response! Is geared towards the articles related to actual 911 calls and responding. A large number of newspapers have allowed them to use article photo thumbnails along with the text link to the news story. A nice feature offered in both sections.

The site has just started developing an accompanying "Commentators" area. A team of commentators will tackle the news, the media and other items of newsworthy interest.

If you are interested in signing up for the headlines email list, details are at the site.
http://news.emsnetwork.org

Stuff That Works

White Board Disaster
By Valerie DeFrance

This time I share a tip I thought all instructors knew, but to my surprise discovered at our last state symposium, during a mini- presentation in an instructor's workshop, that this was not the case. In fact only one of the twenty or so in the room knew of this tip.

If you have multiple instructors using a classroom, and the white board, the chances increase that you will have a 'white board disaster. '

Sooner or later one of the instructors will leave a lone permanent marker mixed in with the markers for the white board. The marker will lie there, unobtrusively, waiting until the opportune moment. That moment when an instructor has failed to observe it is different from all the rest.

Now suppose that 'less than observant' instructor is you. There you are, lecturing along, when you snatch up a marker to make a quick drawing on the white board.

Suddenly, you gasp! To your horror you realize you have used a permanent marker on the white board. You quickly try to wipe it away, only to have it behave like spilled activated charcoal when you try to clean it up, it just seems to spread even further but never really come off.

Many of us have heard that using a permanent marker on a white board is total and complete disaster; that the expensive white board cannot be salvaged. So, now you are panicked by your thoughts of receiving a major punishment from the boss or client, if not being outright fired.

At the college where I instruct they actually replaced the white boards with CHALK boards due to permanent marker errors! (cough, cough, not to mention all the chalk on your clothes and lack of nice bright colors!)

Not to panic. The white board can be fixed. And you won't even have to go seeking out any special products to clean the permanent marker off the board as what you need is readily at hand. (or tell your superior you made a boo-boo)

Using any white board marker, 'scrub' over sections of the permanent marker. Do small sections at a time so that you can quickly wipe all away with the eraser before it totally dries. Confine your eraser wipes, as much a possible, at the scrubbed area or you will continue to spread the bad marker. Using a towel or other cloth sometimes works better for staying within the boundaries.

Indeed, you should see most of the permanent marker disappearing as you color over it with the white board marker- if you did not have a heavy hand with the 'bad' marker. If it does not completely wipe away and leaves bit of a colored residue, color over the area again and once again erase quickly. For really tough cases, use one white board marker for the first scrubbing and another clean marker for the second scrub.

Be sure to discard the white board marker when they begin to lose effectiveness, and when you are done. If you have a substantial amount to remove you will use more than one marker.

For those of us who are using white boards that have sustained some scratches, we know what a pain this

can be. Each time you 'travel' over the scratch with the marker you get hung up. This messes up your printing or drawing.

Using clear or white finger nail polish can help. Try to purchase the fast drying kind. Use two or three THIN layers, allowing it to dry in between layers. Try not to extend beyond the actual scratch any more than necessary. This will wear off over time and need to be touched up again.

Got some "stuff' that works? Send it in for publication! (before I run out of 'stuff')

Paramedic Valerie DeFrance has been an instructor since 1989. She has an associate's degree in EMS and has been an EMS Chief for 17 years. She teaches at the University of Alaska Anchorage and for other private or public facilities and groups. She is the owner/editor of TOES (Trainers Of Emergency Services) newsletter and EMS Educational Resources. She writes a monthly educational column for Merginet, (www.merginet.com) and other general EMS articles for other publications. She also serves as the webmistress for the popular EMS House of DeFrance, (www.defrance.org) and many other sites and sub sites, offering a wide variety of assistance, information and fun for responders, instructors, and students.

PePeTe
tips on using Power Point (.ppt)

Animating Powerpoint ClipArt

How would you like to have a ClipArt picture put itself together right before the audience's eyes? To see how to create this kind of animation, run PowerPoint and choose Insert/Picture/ClipArt. Right-click the picture you want to use and choose Insert to place it on your slide. We suggest you use the knife, fork, and spoon set found under Signs.

Now select the picture, then choose Draw/Ungroup. Next, choose Slide Show, Custom Animation. When the dialog box opens, click the Effects tab. In the "Check to animate slide objects" list, click the first object. Then hold down the Shift key and scroll down to select the last object.
With all objects selected, click the arrow at the right side of the "Entry animation and sound" list box and select an effect.

Now click the Order & Timing tab and then select the radio button labeled Automatically. Click OK to close the dialog box and then press F5 to run the slide show. Each part of the ClipArt picture will appear as you instructed when you chose an effect.

A PowerPoint Drawing Tip

If you click one of the PowerPoint Drawing tools
(rectangle, ellipse), you can insert the object and open the Format AutoShape dialog box at the same time.
Just click the tool you want to use and then double-click the slide. The object appears in the slide and PowerPoint automatically opens the Format AutoShape dialog box. After you make your formatting selections, click OK to close the dialog box and save your settings.