Powerful Presentations

Story

Media

Delivery

Northern Constellations

Sarah McIsaac & Robert Ohle

We have no relationships with for-profit or not-for-profit organizations.

(other than….we are married)

Why are you here?

Activity 1

TASK: Discuss what makes one presentation succeed and another fail?

Story

"Kenneth L. Peters, principal of Beverly Hills High School, announced today that the faculty of the high school will travel to Sacramento on Thursday for a colloquium on new teaching methods. Speaking there will be anthropologist Margaret Mead, educator Robert Maynard Hutchins, and several others"

Activity

**<u>TASK</u>**: What is the lead?

280 characters or less……………..

"Kenneth L. Peters, principal of Beverly Hills High School, announced today that the faculty of the high school will travel to Sacramento on Thursday for a colloquium on new teaching methods. Speaking there will be anthropologist Margaret Mead, educator Robert Maynard Hutchins, and several others"
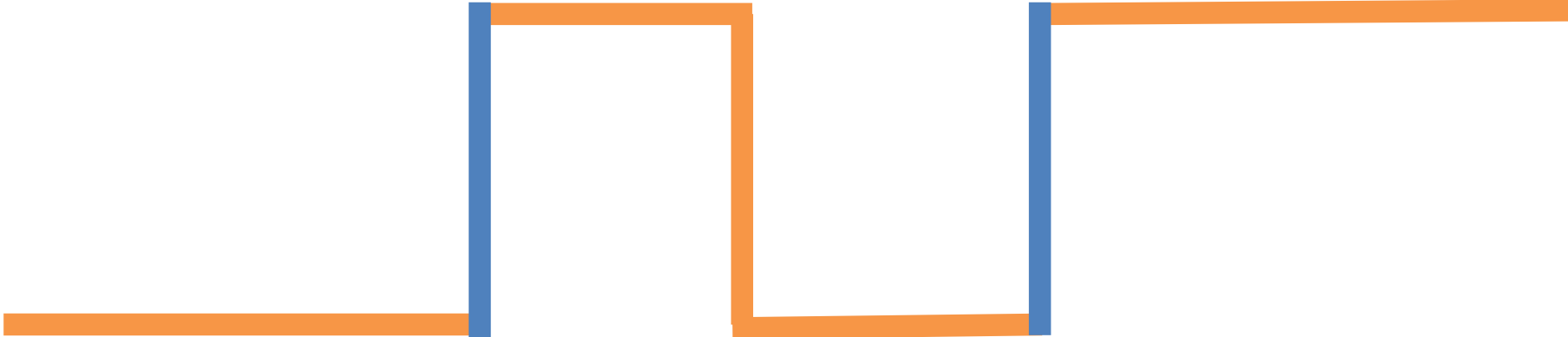
"There will be no school Thursday"

Act I   Act II   Act III
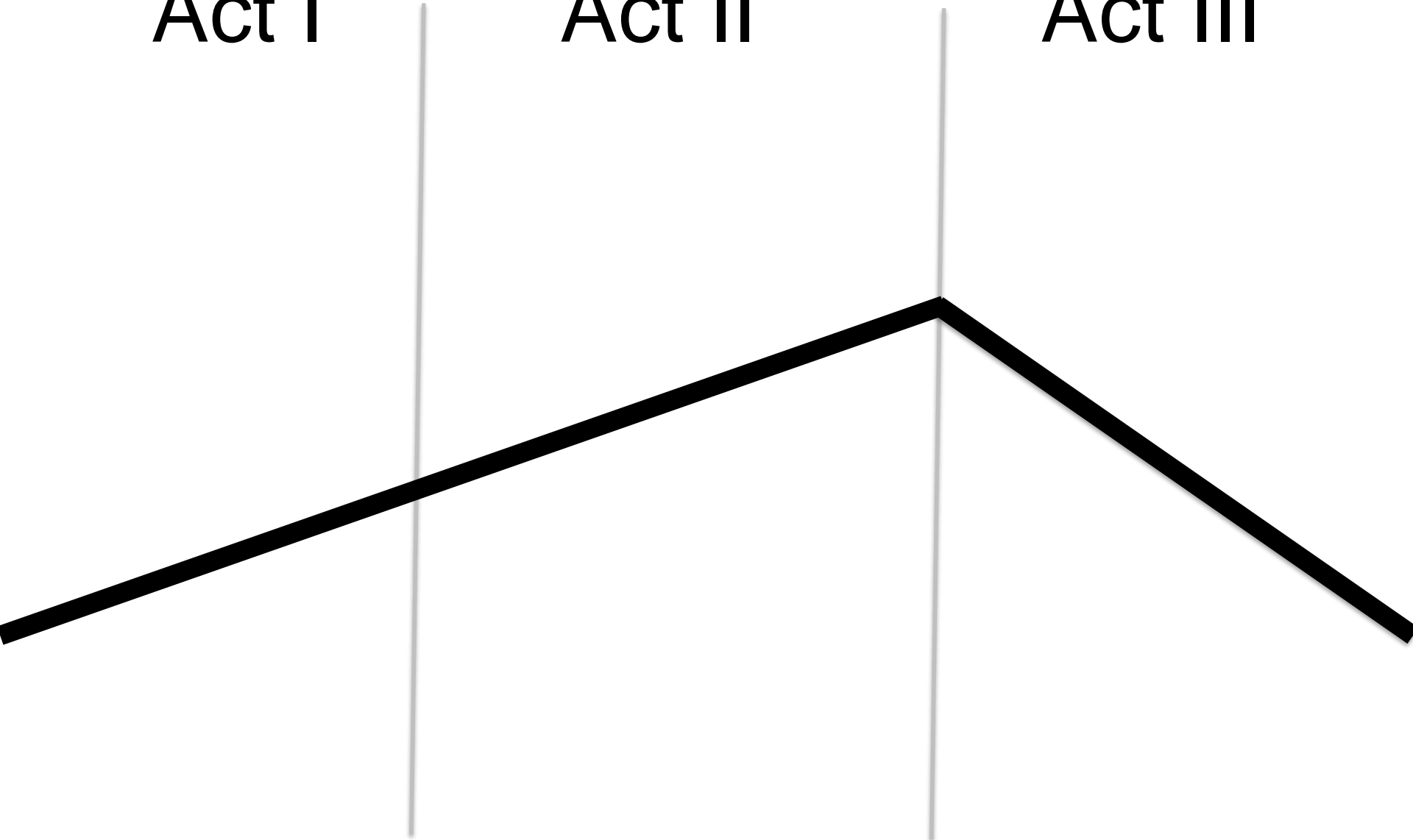
WHAT COULD BE

NEW BLISS

WHAT IS

The revitalization project is an experiment in using Media Wiki and Wiki technology to foster collaborative best-of-breed forward thinking backend technologies in order to optimize cutting edge, revolutionary, Six Sigma, world class centers of excellence during a transition from legacy practices to becoming a leading provider of engaging, quality technical information in a media-saturated, organic infrastructure through maximum leverage of our customer-oriented knowledge workers as we architect a new paradigm in line with our leadership agenda.

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MEDIA

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Table 2 (continued)

Test	No. of Studies	No. of Patients	% (95% CI)		LR+ (95% CI)	I^2, %	LR– (95% CI)	I^2, %
			Sensitivity	Specificity				
Syncope[1,25–27]	4	1,699	6 (2–21)	98 (85–99)	2.41 (0.23–25.47)	35	0.95 (0.73–1.24)	0
			10 (4–25)	96 (58–99)	2.33 (0.13–41.99)			
			18 (14–23)	87 (85–89)	1.37 (1.03–1.84)			
			10 (6–17)	90 (83–94)	1.03 (0.49–2.17)			
C. Physical Examination								
Neurologic deficit[1,25,26]	3	1,653	18 (11–30)	95 (93–97)	4.34 (3.33–5.65)	0	0.78 (0.60–1.01)	0
Pulse deficit[6,26,27]	3	297	24 (13–41)	92 (86–96)	2.48 (1.51–4.09)	0	0.83 (0.51–1.37)	0
Hypotension[1,6,25,45]	4	1,866	15 (10–23)	95 (93–96)	1.22 (0.41–3.62)	42	0.85 (0.64–1.13)	0
					2.57 (0.94–7.04)			
					4.32 (3.06–6.09)			
					2.04 (0.86–4.8)			
Aortic insufficiency[1,6,25–27,43]	6	1,915	19 (8–39)	90 (71–97)	1.70 (1.29–2.24)	0	0.85 (0.65–1.13)	0
Pulmonary edema[27,45]	2	158	7 (2–21)	96 (58–1)	1.68 (0.9–32.22)	86	0.97 (0.05–18.4)	76
			22 (13–36)	87 (77–94)	1.77 (0.77–5.06)		0.89 (0.39–2.04)	
BP > 150 mm Hg[1,6]	2	426	5 (2–10)	57 (43–70)	0.11 (0.05–0.26)	92	1.68 (0.72–3.89)	55
			41 (33–50)	69 (60–76)	1.33 (0.95–1.86)		0.85 (0.61–1.19)	
D. Basic Investigation								
Widened mediastinum[1,26,43,45]	4	477	80 (63–90)	49 (34–64)	1.55 (1.10–2.19)	89	0.42 (0.30–0.60)	93
			94 (69–99)	41 (23–62)	1.60 (1.11–2.30)		0.14 (0.09–0.20)	
			86 (72–93)	24 (15–36)	1.13 (0.94–1.35)		0.60 (0.50–0.72)	
			76 (68–82)	78 (70–84)	3.42 (2.42–4.84)		0.31 (0.22–0.44)	
Ischemic changes on ECG[45]	1	112	14 (10–19)	94 (92–96)	1.03 (0.29–3.63)	—	1 (0.28–3.52)	—
Elevated white blood cell count[1]	1	250	26 (18–34)	78 (69–85)	0.37 (0.20–0.68)	—	1.09 (0.84–1.41)	—

ECG = electrocardiogram; LR+ = positive likelihood ratio; LR– = negative likelihood ratio.

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ITS NOT ABOUT THE DATA ITS ABOUT THE **MEANING** OF THE DATA

Clinical Exam can **INCREASE** likelihood of Acute Aortic Dissection

Neuro Deficit	Pulse Deficit	Hypotension
LR+ 4.1	LR+ 3.4	LR+ 2.6

Activity 2

What is the meaning of the data?

TASK: Construct a new slide from the data set to reflect the meaning of the data

Table 1. Characteristics of the Patients at Baseline.*

Characteristic	Bag-Mask Ventilation (N=199)	No Ventilation (N=202)
Median age (IQR) — yr	59 (45–67)	60 (48–68)
Male sex — no. (%)	118 (59.3)	108 (53.5)
White race — no. (%)†	141 (70.9)	134 (66.3)
Median body-mass index (IQR)‡	27.1 (22.7–32.3)	27.6 (23.4–34.2)
Median APACHE II score (IQR)§	22 (16–29)	22 (16–28)
Receipt of vasopressor — no. (%)	35 (17.6)	40 (19.8)
Active medical conditions — no. (%)¶		
Sepsis or septic shock	98 (49.2)	97 (48.0)
Pneumonia	57 (28.6)	80 (39.6)
Acute respiratory distress syndrome	22 (11.1)	21 (10.4)
Aspiration	14 (7.0)	12 (5.9)
Gastrointestinal bleeding	31 (15.6)	18 (8.9)
Altered mental status	92 (46.2)	82 (40.6)
Indication for intubation — no. (%)¶		
Hypoxemic respiratory failure	117 (58.8)	116 (57.4)
Hypercarbic respiratory failure	39 (19.6)	55 (27.2)
Airway protection for decreased level of consciousness	74 (37.2)	76 (37.6)
Before procedure	21 (10.6)	13 (6.4)
One or more difficult airway characteristics — no. (%)‖	95 (47.7)	102 (50.5)
One or more risk factors for aspiration — no. (%)**	123 (61.8)	117 (57.9)
Bilevel positive airway pressure in previous 6 hr — no. (%)	44 (22.1)	57 (28.2)
Median highest fraction of inspired oxygen in previous 6 hr (IQR)	0.4 (0.3–1.0)	0.5 (0.3–1.0)
Median lowest oxygen saturation in previous 6 hr (IQR) — %	91 (87–95)	92 (88–95)
Median lowest ratio of oxygen saturation to fraction of inspired oxygen in previous 6 hr (IQR)	202 (94–303)	189 (97–294)

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ITS NOT ABOUT THE DATA ITS ABOUT THE **MEANING** OF THE DATA

Acute Aortic dissection

- Acute aortic dissection is the most common aortic emergency accounting for 0.05% of patients presenting with acute pain

- It is difficult to diagnose leading to 16% of patients being diagnosed post mortem and 38% missed on initial exam

- A quarter of patients are diagnosed after >24hr

- This is important because mortality increase 1% per hour

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Illustrate
don't

annotate

1/4

Diagnostic delay >24hr

Untreated Mortality is HIGH

1%
Per hour

Illustrate

don't

annotate

Case presentation

- A 75-year-old Caucasian female had a sudden onset of chest pain with associated dizziness and severe shortness of breath (SOB) that had lasted for 6 h. The incident occurred while gardening and there was no history of trauma. He described it as the worst pain he had felt with a severity of 10/10. The pain did not radiate. Nothing alleviated or worsened the pain. The patient noted a similar, but far milder, episode occurring 6 months previously.

- He had a background of benign prostatic hyperplasia, hypertension and gastro-oesophageal reflux disease. The patient was a non-smoker and non-drinker. He was a widower, lived alone and was independent with his activities of daily living. He was active and had a balanced diet. No relevant family history to note.

- His drug history consisted of doxazosin, ramipril, amlodopine, bisoprolol fumerate, omeprazole and ranitidine.

- On examination, the patient was alert. His Glasgow Coma Score was 15. He had normal heart sounds with no added sounds or murmurs. Jugular venous pressure was not raised. On auscultation of his lungs, he had good air entry and vesicular breath sounds bilaterally. His abdomen was soft, non-tender and bowel sounds were present. His vital signs were as follows: blood pressure 120/85, heart rate 92, respiratory rate 22, temperature 36.5°C and O2 saturation of 90% on 60% oxygen. He had a nomral chest x-ray , creatiine was elevated, d-dimer was mildly eevated and ECHO showed no RV dilation

Illustrate

don't

annotate

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Activity 3

Illustrate don't annotate

TASK: Construct a new slide illustrating the message of your slide

Illustrate

don't

annotate

Delivery

Selfie

Selfie

SUPERMAN
Pose

Eye Contact

Story

Media

<u>Delivery</u>