EDITORIAL

Death by PowerPoint

By Philip A. Baer, MDCM, FRCPC, FACR

"I hate the way people use slide presentations instead of thinking. People would confront a problem by creating a presentation. I wanted them to engage, to hash things out at the table, rather than show a bunch of slides. People who know what they're talking about don't need PowerPoint."

— Steve Jobs

Recently, American TV channels I still watch have been peppered with ads, not just for biologics (psoriasis and inflammatory bowel disease being especially popular) but for Canva, a graphic design platform devoted to presentation software. Since developing and presenting information is an activity I am frequently involved with, I looked into this company further. Canva is an Australian tech unicorn (valuation > $1 billion) which promises that you will "impress your audience, and yourself." You can present from anywhere and captivate the crowd. An example provided is that pressing the "C" key will send confetti streaming across the screen. Not sure how professional that will look in the medical-scientific context! It reminded me of the early days of PowerPoint when a world-famous rheumatologist new to the program enlivened every slide with dizzying special effects. Of course, I remember that, but none of the actual content presented that day.

Prezi is another alternative to traditional PowerPoint. This Hungarian company provides a visual storytelling platform instead of using traditional slides. "Prezi presentations feature a map-like overview that lets users pan between topics, zoom in on details, and pull back to reveal context." They were also early movers into the virtual presenting space, even pre-pandemic. To date, I have attended and enjoyed one or two live Prezi rheumatology presentations, so their traction in our field has been limited.

Why do we need Canva and Prezi? Maybe because PowerPoint, or the way we use it, has been found to be fundamentally flawed. PowerPoint the word has become akin to the word Kleenex: a particular variety of presentation software that has come to represent the whole field. Whether you use the original Microsoft version, or those provided by Apple, Google, or other third-party vendors, we're in the same territory.

We all use it, but are there issues we should consider when we do? An inquiry into the Columbia space shuttle disaster found that the risks of catastrophe after its problematic launch were well-described in PowerPoint slides prepared by a team of engineers. However, they were buried so low in the slide master hierarchy that they were hard to find and were overwhelmed by more positive language in the slide titles, which might be all an attendee would read and remember.[1] A satirical look at what Lincoln's Gettysburg Address would have looked like in PowerPoint highlighted its destructive potential versus the eloquence of the actual speech.[2]

Rheumatology presentations can be enhanced by storytelling. That's why starting with a case, especially a real one, can make the content that follows more compelling. What else can we do?

Well, my original PowerPoint guru was Dave Paradi. His idea was basically to improve your slides to help the audience learn. First came "The Visual Slide Revolution: Transforming Overloaded Text Slides into Persuasive Presentations". A picture, graph, bar chart is worth a thousand words, etc. A great idea which still has not been adequately implemented in most medical presentations. Next up was "Present It So They Get It: Create and Deliver Effective PowerPoint Presentations Your Audience Will Understand". That one gets at the heart of the issue: communicating well involves transmitting your ideas to your listeners in a way that will make the imparted knowledge "sticky".

Lately, however, another school of thought has become more popular: that the problem is with PowerPoint itself, and no amount of slide massaging will help. The most prominent voice on that theme is Eric Bergman and his website *presentwithease.com*. I signed up for his newsletter, "The Successful Presenter", and the interesting snippets now arrive weekly.

One study cited looked at an engineering course at Purdue University where the same material was delivered with and without slides. Students who didn't see any slides scored higher on a subsequent test. Interestingly, students who skipped the lecture entirely, read the textbook and then took the test also scored higher than those who attended the PowerPoint lecture.

Another study at the University of Munich tested regular (6 lines of 6 words) versus concise slides (about 12 words/slide) versus simply talking without slides. Again, the results showed simply talking to the audience led to greater overall retention of the presented information.

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A 2012 study of religious sermons showed a sermon without slides was the most effective form of communication, compared to sermons using word slides, visual image slides or a combination of the 2 types of slides.[3] Quoting Eric Bergman: "In other words, use as many slides as you wish, as long as you don't want the audience to remember what you said. If you want to increase what the audience remembers (and who on earth wouldn't?), turn off the projector. Don't share your slides. Simply carry on a conversation with your audience."

In a less stringently regulated time, I used to enjoy presenting on osteoporosis to primary care physicians by simply hosting a roundtable without slides, using an "Ask the Expert" format. Once the ice was broken, and the first question was posed, the time flew by. I always left feeling that the audience had driven the discussion and had their key questions answered. Maybe we need more of that style of talk.

PowerPoint is clearly habit-forming. Will the evidence help us break this potentially bad habit? Only time will tell.

References:
1. James Thomas. Death by PowerPoint: the slide that killed seven people. Available at *https://mcdreeamiemusings.com/blog/2019/4/13/gsux1h6bnt8lqjd7w2t2mtvfg81uhx*. Accessed November 16, 2022.
2. Gettysburg Cemetery Dedication presentation. Available at *https://norvig.com/Gettysburg/*. Accessed November 16, 2022.
3. Buchko AA, Buchko KJ, Meyer JM, et al. Is there power in PowerPoint? A field test of the efficacy of PowerPoint on memory and recall of religious sermons. *Computers in Human Behavior*, 2012; 28(2):688-695.

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Encouraging Early Diagnosis and Self-management

By Trish Barbato, President and CEO, Arthritis Society Canada

I love the new year. There's renewed energy and an opportunity to focus on key priorities.

We all know early diagnosis and treatment are critical to minimizing joint damage and disability in people with arthritis. That's why we're launching a campaign in January to encourage people to take action at the first signs of joint pain. Rolling out over social media, our campaign will encourage Canadians to take our symptom checker online, discuss any symptoms with their healthcare professionals, and take steps now to self-manage their symptoms.

We were excited to announce in November the results of our first Community Action Grants competition. From radio programs in Igloolik, Nunavut, to movement classes in Shelburne, Nova Scotia, the grants are investing in local solutions, giving people with arthritis an opportunity to connect and thrive in ways that are meaningful to them. We look forward to sharing the outcomes of these first-time projects in coming issues.

As 2023 begins, please continue to refer your patients to the wealth of resources at *arthritis.ca*. Our recent Arthritis Talks webinars have focused on fibromyalgia and arthritis, arthritis in the back and neck and assistive devices for arthritis. We've also introduced a six-episode yoga series adapted for people with arthritis with or without prior yoga experience.

I'm excited to be participating in person at February's Annual Scientific Meeting in Quebec City. I look forward to reconnecting with — and meeting — many of you there.