

## How to make Notes from an Electronic Book: CHM

- The purpose of this module is to teach the reader how to effectively make a word version of a CHM file (the usual format of the electronic medical books that we are using).
- The reason why one would want to make a word copy of the CHM is due to the difficulty of printing a CHM File.
  - One who has been using the CHM Files as books during Level I Medicine can attest that directly printed copies from it would have gaps along the entire printed document and the alignment of such document was everything but in order.
- CHM Files are files utilized by the Microsoft Corporation to make their “Help Files”. The problem with such format is that although it is compilation of the book (or file) it does not give the reader the liberty to zoom in if the text is small and it does not give the reader the capability to bookmark sections of the text.
  - Another problem with CHM is that figures in them are not readily copied from the CHM File to the Word Document.

Therefore it has been deemed necessary to orient the note makers on how to do the note making with ease and comfort by using a standardized set of rules and techniques so that the notes made by each note maker is understandable and useable not only by the maker but of the collaborators also.

- In the simplest way, we are making the Electronic book (soft copy) into a print out (hard copy) but with style. ☺

### Point:

- It has been noted that in Level I Medicine, all of the students wants to color-color the text with Highlighters and that this color-color motion cannot be done with the Electronic book alone. So the solution is simple, make a colorable version of the Electronic book by printing notes made directly from the book.
- I would have to emphasize that although the term “notes” mean that points are to be taken from the book, it is of the essence that **EVERYTHING** in the Electronic book should be present in the “note” made. The term “note” in this case denotes the fact that points in the text are highlighted, bulleted and emphasized properly by the note maker but **NEVER** in anyway may the note maker exclude a single sentence
  - The rationale is simple: **EVERY Sentence written in the book stands for something; Researchers have sacrificed their lives for that sentence and that data is vital to the survival of the patient that we would be holding in the future.** ☺

### Objectives:

- To effectively and efficiently make notes directly from the book
- To be able to save money by averting buying books and making full utility of electronic books
- To be able to properly highlight and emphasize certain points in the text

## Section I. How to Copy Text from Electronic Book to Microsoft Word

- It is very simple to copy and paste text; we do this all the time for our assignments and for reports but copying from CHM to Doc is somehow tricky
- **Always copy by paragraphs.**
  - This technique is useful in a sense that while

- **When the text copied gets pasted on the Document, the paragraph would have a paste icon on the lower right hand corner.**
  - Click it, and choose “Match Document Formatting”
    - By doing so the formatting of the Ebook gets adapted in the document (most of the time) e.g. italics would be retained; bold words would then be bold.
    - **This is very important especially with special symbols**
  - If the Copying is normal; the pasted text on the Document is in “**Calibri**” not in Times New Roman.
    - If this happens you might have been copying too much in as much as exceeding paragraph i.e. you copied more than one paragraph. In which case you copy again and paste. **Make sure that you start copying from the first letter of the paragraph to the period. Never more than that; if you exceed in even copying the extra space following that period this problem would occur.**
    - The problem of such would be evident because this would interfere with the formatting that would follow.

#### Exercise:

- Do it yourself. Try copying and pasting from a CHM File.

### Section II. Copying Text with Special Symbols

- Sometimes special symbols are present in the text that is copied e.g.  $\beta$ ,  $\alpha$ , &  $\mu\text{m}$ . This is to be looked out for because sometimes this does not come out when text are pasted after being copied. **MATCH DESTINATION FORMATTING.**
- **Sometimes** MDF does not work in which case the Note maker should supply the missing special symbols by placing each symbol where it should be.

### Section III. Copying Tables

- Tables in the CHM are copied and pasted to the Document governed by the same rules as with Sections I and II.
- Be advised accordingly

### Section IV. Copying Figures

- Figures in CHM cannot be directly pasted from CHM to Document. **Try it yourself.**
- There is a technique however to place such figures into document.
  - As in politics wherein public funds are laundered to make the funds legitimate and free to be pocketed by the public official; I found out that this concept is useful in note making
- **Copied Figures from CHM should first be pasted in Microsoft Paint; after which the figure in Paint is copied and then is pasted to the word document.**
  - This process legitimizes the Figures for Word use. ☺
- Note: Please make sure that the Figures that you put in the Document is appropriately located i.e. near the text which the figure pertains to.
  - If ever there are texts that refer to figures that are far away e.g. the picture is at the beginning while the paragraph you are working on is at page 20 or so, please feel free to copy the figure and paste it near the paragraph at page 20.
  - Also please do not forget to place the Figure caption at the bottom of the Figure.

- This would save the reader time; Di na ta mag balik balik ug pakli sa mga page ba.

### Section V. Emphasis

- Emphasis on the notes would be made either by the note maker or the users. This would have to be decided upon on which of the two would do it.
- If the Note maker is to do such then it would be alright but if the receiver would do it on his or her own wouldn't that make it better? Because in doing so the individual is already reading and looking for the key points.
  - Sa bisaya pa, Ang ihatag kai limpyo pa. Ikaw na'y mu high light para makabasa na ka ba. Dayon pag printa nimo basa nasad kag usob na naa na'y kolor-kolor.
- In lieu with emphasis, when a note maker comes upon Jargon **please define these words**.

### Section VI. How to Make the Note

- With the knowledge of how to effectively copy and paste elements it is now necessary to learn how to make a note form chapter.
- It is very simple; Divide the paragraph into sentences. Bullet each sentence. Place sentences which pertain to the main sentence below the sentence it pertains to in an indented fashion

### EXAMPLE

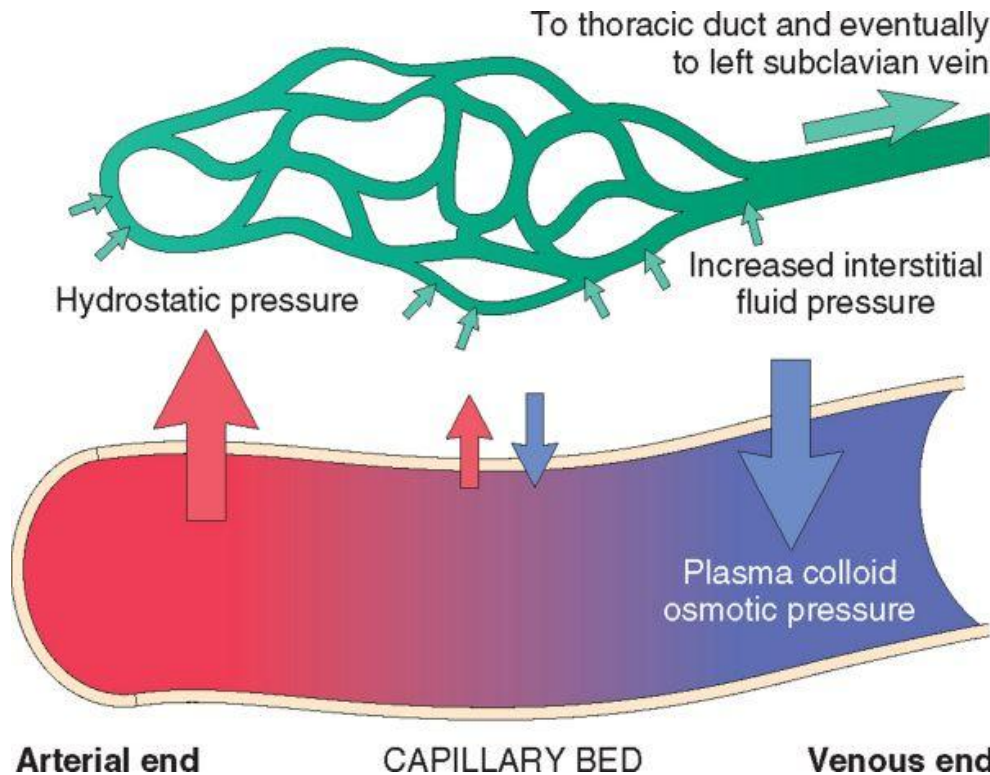
#### Excerpt: From Chapter 4 – Hemodynamic Disorders, Thromboembolic Disease, and Shock Robbin and Cortran Pathological Basis of Disease

Approximately 60% of lean body weight is water. Two thirds of the body's water is intracellular, and the remainder is in extracellular compartments, mostly the interstitium (or third space) that lies between cells; only about 5% of total body water is in blood plasma. The movement of water and low molecular weight solutes such as salts between the intravascular and interstitial spaces is controlled primarily by the opposing effect of vascular hydrostatic pressure and plasma colloid osmotic pressure. Normally the outflow of fluid from the arteriolar end of the microcirculation into the interstitium is nearly balanced by inflow at the venular end; a small residual amount of fluid may be left in the interstitium and is drained by the lymphatic vessels, ultimately returning to the bloodstream via the thoracic duct. Either increased capillary pressure or diminished colloid osmotic pressure can result in increased interstitial fluid ( Fig. 4-1 ). If the movement of water into tissues (or body cavities) exceeds lymphatic drainage, fluid accumulates. An abnormal increase in interstitial fluid within tissues is called edema, while fluid collections in the different body cavities are variously designated hydrothorax, hydropericardium, and hydroperitoneum (the last is more commonly called ascites). Anasarca is a severe and generalized edema with widespread subcutaneous tissue swelling.

#### Note Form (Without Emphasis)

- Approximately 60% of lean body weight is water.
  - Two thirds of the body's water is intracellular, and the remainder is in extracellular compartments, mostly the interstitium (or third space) that lies between cells;
    - Only about 5% of total body water is in blood plasma.
- The movement of water and low molecular weight solutes such as salts between the intravascular and interstitial spaces is controlled primarily by the opposing effect of vascular hydrostatic pressure and plasma colloid osmotic pressure.

- Normally the outflow of fluid from the arteriolar end of the microcirculation into the interstitium is nearly balanced by inflow at the venular end; a small residual amount of fluid may be left in the interstitium and is drained by the lymphatic vessels, ultimately returning to the bloodstream via the thoracic duct.



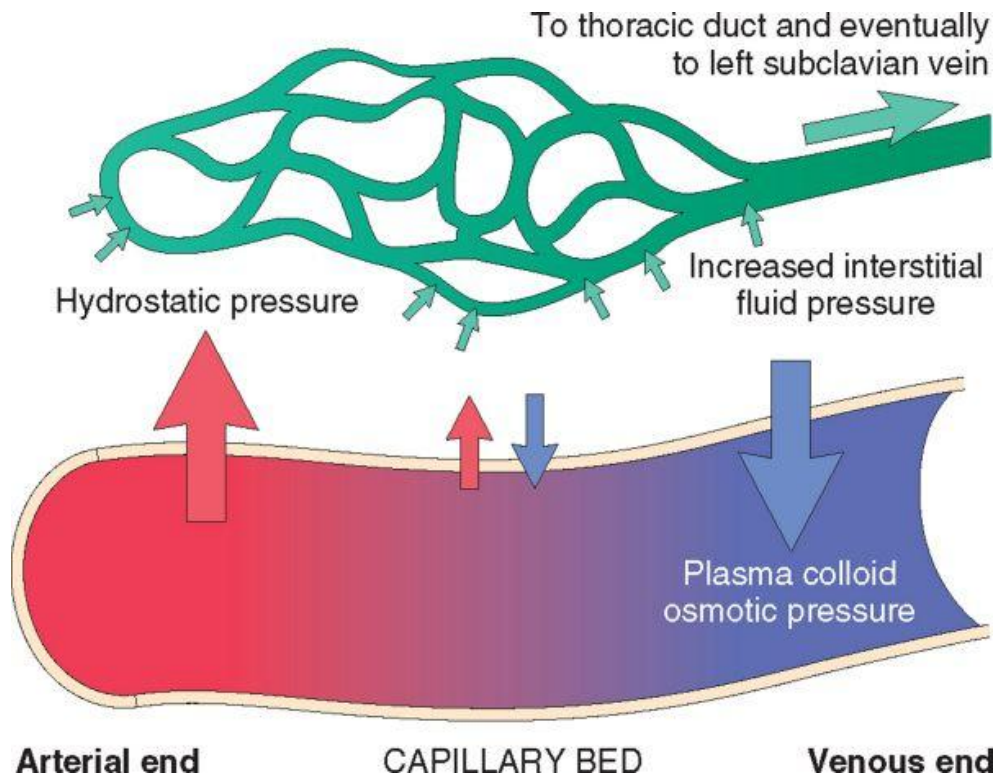
**FIGURE 4-1** Factors influencing fluid transit across capillary walls.

- Capillary hydrostatic and osmotic forces are normally balanced so that there is no *net* loss or gain of fluid across the capillary bed.
- However, *increased* hydrostatic pressure or *diminished* plasma osmotic pressure will cause extravascular fluid to accumulate.
- Tissue lymphatics remove much of the excess volume, eventually returning it to the circulation via the thoracic duct; however, if the capacity for lymphatic drainage is exceeded, tissue *edema* results
  - Either increased capillary pressure or diminished colloid osmotic pressure can result in increased interstitial fluid ( Fig. 4-1 ).
- If the movement of water into tissues (or body cavities) exceeds lymphatic drainage, fluid accumulates.
- An abnormal increase in interstitial fluid within tissues is called edema, while fluid collections in the different body cavities are variously designated hydrothorax, hydropericardium, and hydroperitoneum (the last is more commonly called ascites).
- Anasarca is a severe and generalized edema with widespread subcutaneous tissue swelling.

<END>

**Note Form (With Emphasis)**

- Approximately **60% of lean body weight is water**.
  - **Two thirds** of the body's water is **intracellular**, and the **remainder** is in **extracellular** compartments, mostly the interstitium (or third space) that lies between cells;
    - Only about **5% of total body water is in blood plasma**.
- The **movement of water and low molecular weight solutes** such as salts between the intravascular and interstitial spaces is **controlled** primarily by the **opposing** effect of **vascular hydrostatic pressure** and **plasma colloid osmotic pressure**.
- Normally the outflow of fluid from the arteriolar end of the microcirculation into the interstitium is nearly balanced by inflow at the venular end; a small residual amount of fluid may be left in the interstitium and is drained by the lymphatic vessels, ultimately returning to the bloodstream via the thoracic duct.



**FIGURE 4-1** Factors influencing fluid transit across capillary walls.

- **Capillary hydrostatic and osmotic forces are normally balanced** so that there is no *net* loss or gain of fluid across the capillary bed.
  - However, **increased hydrostatic pressure** or **diminished plasma osmotic pressure** will cause **extravascular fluid to accumulate**.
  - Tissue lymphatics remove much of the excess volume, eventually returning it to the circulation via the thoracic duct; however, if the capacity for lymphatic drainage is exceeded, tissue *edema* results
  - Either increased capillary pressure or diminished colloid osmotic pressure can result in increased interstitial fluid ( Fig. 4-1 ).
- If the movement of water into tissues (or body cavities) exceeds lymphatic drainage, fluid accumulates.

- An **abnormal increase in interstitial fluid within tissues is called edema**, while fluid collections in the different body cavities are variously designated **hydrothorax, hydropericardium, and hydroperitoneum** (the last is more commonly called **ascites**).
- **Anasarca is a severe and generalized edema** with widespread subcutaneous tissue swelling.

<END>

- NOTE to Note Makers:
- This message is more personal than official or formal.
- It has been my observation that textbooks in 2<sup>nd</sup> year as well as third year are very much expensive and that although it would be very beautiful to acquire them, they are costly. We owe it to our parents to, as much as possible, help them in sending us to school (to the scholars like Davie... Heh! 😊 )
  - This is one way of helping them and probably one way of making us love what we do.
- In any case I would appreciate it if people would help in this effort and that in this way we help each other and we help ourselves.

**Mechanics of Administration would be discussed by DAVIE.**

- **Teams would be made to make notes for different subjects**
- **Each individual should make his or her part and must submit on the date specified**
  - **I'm very sorry about this; Yes Indeed we need deadlines because it is of the essence that we should make the notes at least three topics prior to the discussion. Why? For Advanced reading and to teach us discipline**
    - **One way of thinking about this is that if we fail to deliver even one of the notes everything else would topple down. We cannot afford that.**
- **Please be advised accordingly. IF we are to be Medical Doctors and it is of the essence that we become disciplined and knowledgeable.**

**VERY IMPORTANT:**

**Please place interesting pictures and facts in the Notes so as to make the note made not boring. For example**