

Academic and Writing Skills Guide

Finding and evaluating evidence	3
<ul style="list-style-type: none">• Evidence-based practice: the learning cycle• Literature searching: the process• Databases of journal articles• Systematic reviews• Other evidence-based resources• Grey literature• Critical appraisal: judging the quality of research articles and other material	
Accessing journal articles and books	11
<ul style="list-style-type: none">• Key points• University of Herefordshire online library• OpenAthens• Health libraries• In general practice• AccesstoResearch• Public libraries• Local university libraries• Articles and journals with open access• Membership of RCN and other professional bodies and associations• Pharmaceutical companies• Purchasing articles	
Referencing	15
<ul style="list-style-type: none">• Top tips for referencing• Quotations - how to format and cite them in your text• Writing a reference list - key points• Citethisforme - an online referencing tool• How to write references for your reference list using UH format• What to do if you cannot find an example of referencing to follow• Bibliography• Exercises for referencing	
Plagiarism and collusion	22
<ul style="list-style-type: none">• Definition of plagiarism• Intent• Policy and penalties for plagiarism• How to avoid plagiarism	

- Collusion: definition and penalties
- Further resources about plagiarism and how to avoid it

How to approach coursework – suggestions and examples **26**

- Planning what to write
- Writing a case study: some suggestions
- Examples of case study writing: what works well, what doesn't and how to fix it
- Reflecting on your practice

Writing for Success - tips on academic writing **40**

- What this section is for – and why the marking grid/rubric matters
- Organisation
 - Introductions: key features
 - Organising the body of your assignment
 - Linking your ideas
 - Staying on track
- Presentation
 - Academic language: what it is and what it isn't
- References
 - Why provide reference information?
 - When to cite a reference
 - Using the UH APA style of referencing
- Plagiarism and collusion
 - Is it plagiarism/collusion?
- Appendices
 - When to include material in an appendix
- Knowledge and Comprehension
- Application and Reflection
- Analysis and Synthesis
- Examples of writing: what works, what doesn't and how to fix it
 - Moving beyond description
 - Avoiding the unsupported statement
 - Using evidence to support your points
- Evaluation and Conclusion
 - Writing an effective conclusion
- Further resources on academic writing and skills

Note: See the Student Guide for sections on:

- Who we are
- Key contacts at Education for Health
- Learning with us – tips to keep in mind
- Assessment policies and procedures
- Personal development planning

Finding and evaluating evidence

This section covers:

- Evidence-based practice: the learning cycle – *page 3*
- Literature searching: the process – *page 5*
- Databases of journal articles – *page 6*
- Systematic reviews – *page 7*
- Other evidence-based resources: evidence overviews, reviews of effectiveness and guidelines – *page 7*
- Grey literature – *page 8*
- Critical appraisal: judging the quality of research articles and other material – *page 9*

PLEASE NOTE:

- **Searching for evidence** is covered in this section
- **Accessing material** that you find in your search is covered in another section of this Guide, 'Accessing journal articles and books'

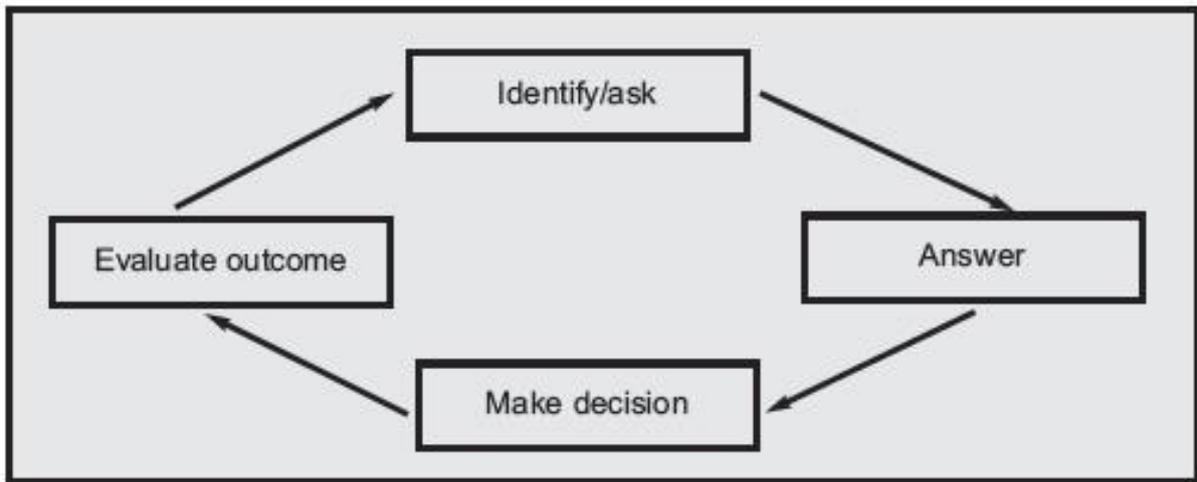
Evidence-based practice: the learning cycle

Our aim is to help you, as a health professional, make good clinical decisions. This will enable you to give the best possible care to patients. Your clinical decisions will be based on a combination of your prior clinical expertise and knowledge, your patients' values and circumstances and best research evidence.

We will provide you with evidence-based clinical information during your module. For coursework, you will need to search for evidence. In the future you will also need to keep updating your own clinical knowledge since medical and nursing knowledge is continually being updated. We therefore encourage you to identify your own learning needs and seek out information to address them.

The diagram below illustrates how learning is a continuous process in which you:

- Identify clinical questions (ask)
- Answer these questions
- Make clinical decisions
- Evaluate the outcome of clinical decisions.



This cycle applies to your clinical practice and to your academic work. In clinical practice you may need to answer a clinical question quickly about which you are uncertain. In your academic work you will need to investigate a clinical question in more depth, possibly as part of a case study. This section aims to provide you with guidance in both of these contexts.

Reflect on clinical knowledge and learning needs

Now and in the future, it is important that you are able to reflect on your own knowledge and learning needs, identifying clinical questions for which you do not know the answer.

Identify the question and key words

The next step is to identify the question for which you want the answer, i.e. your clinical question. In clinical practice it could be a question such as 'Does control of glucose levels affect long-term outcomes in patients with diabetes?'

However, a focused question is easier to answer than a general question and will provide the key words for your literature search. It is important to make the question more specific by considering 'who', 'what' and 'how':

- **Who** is the patient - e.g. is 'with diabetes' sufficient?
- **What** is the intervention - e.g. is 'control of glucose levels' sufficient?
- **How** will the effect of the intervention be measured - e.g. is 'long-term outcomes' sufficient?

So an example of a better clinical question is 'In a person recently diagnosed with diabetes, does tight control of blood glucose influence long-term outcomes such as mortality?'

- In some contexts, such as a clinical consultation, it might be quicker to simply identify the key words.
- In the above case these would be 'diabetes', 'control', 'glucose', 'mortality'.

The Open University's Safari site (www.open.ac.uk/safari) has online resources on digital skills, including a link to a short online tutorial about choosing good keywords.

- See: www.open.ac.uk/safari/planning-a-search

Find research evidence

Research evidence underpinning clinical practice is continuously being updated. Research evidence can be obtained from a number of sources, as we cover below.

For an academic piece of work, you will need to access journals in order to find the latest evidence. Research results are usually published more quickly in articles than in books.

Journals contain primary and secondary research:

- Primary research, such as a clinical trial or survey, reports the study first hand
- Secondary research, such as a systematic review, summarises and draws conclusions from primary research.

Different research questions require different study designs. However, systematic reviews are usually given the most weight.

Literature searching: the process

The internet is an invaluable tool for searching for evidence. As with any tool, you need to know how to use it in order to get the best results. There is a wealth of guidance available online that covers:

- the overall process of searching for evidence
- how to use a specific search tool or database such as PubMed

So if you find yourself faced with 10,000+ results when you do an online search, rest assured that there are practical steps you can take to focus your search.

Note: for **how to access material you have already identified** through a search, see the later section 'Accessing journal articles and books' in this guide

For guidance about the overall process of literature searching, here are some suggestions:

- The University of Hertfordshire provides resources in relation to [Literature Search](#) this can also be accessed through your StudyNet/Canvas page.
- Often other university libraries also produce online guides which are orientated towards searches for academic purposes. An internet search using the term 'literature search', for example, will flag a number of resources.
 - University of Reading library for example produces a series of user-friendly guides that you can view without needing a student login – go to <https://www.reading.ac.uk/library/finding-info/guides/lib-guides.aspx> to see an alphabetical list of online guides including on
 - Literature searching
 - Database searching
- NHS/Trust libraries also produce guides, including online versions that may be accessible outside a particular Trust. To mention just one example, Bridgewater Trust library produced a set of videos about using and searching online resources which are available on YouTube. Search on YouTube for 'Bridgewater library'

- The Open University (OU) library also has a helpful page on ‘How do I do a literature search?’ that also includes links to other freely available resources (i.e. not requiring an OU login). See: <http://www.open.ac.uk/library/help-and-support/how-do-i-do-a-literature-search>
- The OU library also hosts ‘Being Digital’ (www.open.ac.uk/libraryservices/beingdigital/), a set of activities focused on digital skills. You can search for activities individually or choose a pathway of linked activities – there’s a pathway called ‘Effective Searching’: <http://www.open.ac.uk/libraryservices/beingdigital/pathways>
- *Nursing Times* published a brief and useful article called ‘How to conduct an effective and valid literature search.’ This was published in 2007; online resources have developed since then but the article helpfully outlines the process of searching.
 - You can access a pdf of the article via a search engine or their website (www.nursingtimes.net). If you are not a subscriber, you can still access the full article **but** only a limited number of times, so consider saving or printing it.
- Remember that **key words** are a critical element in literature searching - see ‘Identify the question and key words’ above.

Databases of journal articles

Bibliographic databases are a primary way to identify relevant published articles. The databases may reference other types of material as well, but articles are usually a main component.

- Databases typically provide free access to the article abstract (summary) to help you decide if the article is relevant.

Plan to search **more than one database** if you are conducting a full literature search, since the contents of the various databases are different.

Use the university of Hertfordshire library on your StudyNet/canvas page via help and support then library services to access data bases such as:

- PubMed – includes Medline (medical database)
 - PubMed Quick Start guide is a helpful starting point: https://www.ncbi.nlm.nih.gov/books/NBK3827/#pubmedhelp.PubMed_Quick_Start
 - PubMed database is free to search; journal articles may require OpenAthens login or subscription
 - See ‘Accessing journal articles and books’ in this guide for OpenAthens plus PubMed and open access articles
- CINAHL - Cumulative Index to Nursing and Allied Health Literature
- PsycINFO - psychology and allied fields
- Embase – biomedical literature
- AMED - Allied and Complementary Medicine
- BNI – British Nursing Index
- HMIC – Health Management Information Consortium, combining records from the Department of Health and King’s Fund; OpenAthens login required (unlike King’s Fund database, see below)

- King's Fund have a freely accessible library/database of health and care policy information, see www.kingsfund.org.uk/consultancy-support/library-services
- Health Business Elite – healthcare administration.

These databases are all also accessible from NHS Evidence (www.evidence.nhs.uk) with an OpenAthens account.

- For guidance on using NHS Evidence, see 'How to search' at: <https://www.nice.org.uk/about/what-we-do/evidence-services/evidence-search/how-to-search>
- For a helpful introduction to searching NHS Evidence, including for freely accessible resources, see the Bridgewater Library 'Quick Introduction to NHS Evidence', part of the video series mentioned above: <https://www.youtube.com/watch?v=EPzsgwCRpRs>

Google Scholar

You may find it helpful to search on Google Scholar at scholar.google.co.uk. Google Scholar describes itself as 'a simple way to broadly search for scholarly literature'. Not all material identified will be freely available and as with any source, you need to critically evaluate material.

- For tips on searching, see <https://scholar.google.co.uk/intl/en/scholar/help.html>

Citation tracking

It may also be helpful to scan the list of references cited within a source that you know to be reliable. This can be a way of identifying primary sources of information and other relevant sources, including important pieces of research since these will tend to be cited repeatedly in different sources. Just be sure to check how and why a particular reference is being cited within a text. For example, is the source being cited as reliable information or critiqued for methodological flaws? Always aim to obtain and check a primary source for information, rather than relying on how that information is cited in a secondary source.

Systematic reviews

A systematic review 'attempts to identify, appraise and synthesize all the empirical evidence that meets pre-specified eligibility criteria to answer a given research question to produce more reliable findings to inform decision making' (from <https://www.cochranelibrary.com/about/about-cochrane-reviews> [Accessed 28th April 2020]).

Cochrane Reviews are rigorous and highly regarded systematic reviews of primary research on healthcare interventions and diagnostic tests. Cochrane Reviews are freely available and published in The Cochrane Library: <http://www.cochranelibrary.com/>

Other evidence-based resources: evidence overviews, reviews of effectiveness and guidelines

Evidence overviews summarise the results of research evidence. This includes systematic reviews (see previous section) but is not limited to them. Research articles are a key source of evidence but

you may not always have time to read them, such as during a clinical consultation. In this case it might be helpful to consult other kinds of evidence-based resources.

Resources you may find helpful include:

- Clinical Knowledge Summaries (CKS) – freely accessible summaries of current evidence and guidance for presentations in primary care, from the National Institute for Health and Care Excellence (NICE). See [cxs.nice.org.uk](https://www.nice.org.uk) or go to the NHS Evidence homepage at <https://www.evidence.nhs.uk/> and look for the CKS tab at the top right
- Trip - a clinical search engine that describes itself as “designed to allow users to quickly and easily find and use high-quality research evidence to support their practice and/or care”. Some material in the results, such as journal articles, may not be freely accessible. See www.tripdatabase.com
- *Evidence-Based Medicine* - a journal (part of BMJ Journals) with articles that critically appraise the validity of published research papers. The website is free to search by topic. Articles flagged with an orange ‘unlocked padlock’ icon are freely accessible; access to other articles requires a subscription. Articles are included in bibliographic databases such as PubMed. See <http://ebm.bmj.com/>

For guidelines:

- National Institute for Health and Care Excellence (NICE) provides national guidance and advice to improve health and social care. Its work includes producing clinical guidelines for treatment and care within the NHS in England and Wales. See <https://www.nice.org.uk/guidance> or go to the NHS Evidence homepage at <https://www.evidence.nhs.uk/> and look for the NICE Guidance tab at the top right
- Scottish Intercollegiate Guidelines Network (SIGN) develops guidelines for the NHS in Scotland. See www.sign.ac.uk
- Clinical Knowledge Summaries from NICE, referred to above, include references to guidelines.

Remember to consider the **relevance** of guidelines if you are doing a general search for them.

- Guidelines from the United States, for example, may not be relevant to clinical practice in the UK.

Grey literature

‘Grey literature’ is a term for material that is not commercially published. It includes:

- Government reports and other documents, such as most material published electronically or in print by the UK government
- Reports and other material produced by charities
- Doctoral theses
- Proceedings from conferences.

Grey literature can be a valuable source of information but is more difficult to locate. This is because it is not generally included in major indexes such as many of the bibliographic databases listed above.

Resources to help with locating grey literature include:

- Prevention Information & Evidence eLibrary – a freely accessible eLibrary provided by the UK Health Forum. See <http://www.ukhealthforum.org.uk/prevention/pie/>
- OpenGrey, a multidisciplinary European database in English covering biomedical science among other subjects. See www.opengrey.eu

Grey literature needs to be critically appraised, like other resources. The UK Health Forum's freely accessible Public Health eLearning Toolkit includes resources on the critical appraisal of grey literature.

- At the toolkit homepage <http://www.ukhealthforum.org.uk/prevention/public-health-elearning-toolkit-phelt/> look for the section on the bottom right called 'Appraising qualitative and grey literature'

Critical appraisal: judging the quality of research articles and other material

Research papers

When reading a research paper, for both primary research and systematic reviews, you should judge the quality of the research before incorporating the findings into your coursework or clinical practice. This ensures that only 'best research evidence' changes your practice.

Medical and nursing research papers have two main types of audience: health professionals and researchers. The information that these two types of audience need in a research paper may differ:

- Health professionals need enough detail to judge the quality of the research and whether the research can be applied to their patients
- Researchers also need to know exactly how the study was conducted. This is to enable them to reproduce the study to test its validity or to consider another way of researching the topic. Research papers may therefore use a number of research terms when explaining how the study was carried out.

Even if you may not understand all the research terms used in a paper, it should be possible for you to form a judgement about the quality of a piece of research and whether it should influence your clinical practice. This becomes easier as you become more familiar with reading research papers.

Some tips on critical appraisal

Research papers are typically divided into the following parts:

- Abstract: provides a summary of the aims, methods and main findings of the research study
- Introduction: explains the background to the study, why it was done and what it aimed to find out
- Methods: gives details of how the work was done, including how the data were analysed
- Results: shows all the findings, together with graphs and tables, but with no commentary on them
- Discussion: interprets the results
- Conclusion: comments on the significance of the study's results and states whether, in the view of the author(s), the aim(s) of the study were met.

Resist the temptation to read only the Discussion and Conclusion. As a student and practitioner, you need to be able to judge the quality of the research and interpret such papers, not simply to accept the conclusion without question.

Look particularly closely at the methods section. Check if there are any flaws which could affect the validity (soundness) of the results. By asking common-sense questions about the research design you will be able to critically assess the paper. Examples of the types of questions you could ask are:

- Is the size of the sample large enough to generalise the findings to other similar patients?

- Did the study use patients similar to the one(s) you are interested in?
- Did the design of the study bias the results? For example, in a clinical trial were all the patients receiving the intervention, such as a drug, significantly younger than patients taking the placebo?

CASP

The Critical Appraisal Skills Programme (CASP) website has freely available resources about critical appraisal, including a series of checklists with questions to use as prompts when appraising published evidence.

- At the CASP homepage (<http://www.casp-uk.net/>), look for the 'CASP Tools and Checklists' tab or the direct link is: <http://www.casp-uk.net/casp-tools-checklists>

PHeLT

The UK Health Forum's freely accessible Public Health eLearning Toolkit (PHeLT) includes a section on critical appraisal, with links to a number of useful resources.

- The toolkit homepage <http://www.ukhealthforum.org.uk/prevention/public-health-elearning-toolkit-phelt/> includes two sections on critical appraisal – both on the right-hand side:
 - Appraising clinical publications
 - Appraising qualitative and grey literature

Greenhalgh publications

We also strongly recommend Trisha Greenhalgh's series of papers in the BMJ on 'How to read a paper'.

- These are freely available at <http://www.bmj.com/about-bmj/resources-readers/publications/how-read-paper>. You can also go to www.bmj.com and in Advanced Search, type 'Greenhalgh' as the author and paper as the keyword. The papers were published some years ago but are still helpful and readable introductions to key issues
- 'How to read a paper: getting your bearings (deciding what the paper is about)' is a good place to start
- Greenhalgh has written an approachable book on this subject: Greenhalgh, T. (2014) *How to Read a Paper: The Basics of Evidence-Based Medicine*, 5th edn, Chichester, Wiley-Blackwell.
 - You can request a book through the interlibrary loan service at your local public (county) library, usually for a small fee, instead of purchasing a copy.

Accessing journal articles and books

This section covers:

- A few key points – *page 11*
- *University of Hertfordshire – page 12*
- OpenAthens – *page 12*
- Health libraries – *page 12*
- In general practice – *page 12*
- AccesstoResearch – *page 12*
- Public libraries – *page 13*
- Local university libraries – *page 13*
- Articles and journals with open access – *page 13*
- Membership of RCN and other professional bodies and associations – *page 13*
- Pharmaceutical companies – *page 14*
- Purchasing articles – *page 14*

Note:

- **Accessing material** you found in a literature search is covered in this section
- **Literature searching** is covered in another section of this Guide, 'Finding and evaluating evidence'

A few key points

Some material you find through a search will be free to access.

- As a student at the University of Hertfordshire you have access to their data bases and on line services, this is the best source of literature for you.
- **Some free online resources** are noted in the section 'Finding and evaluating evidence' in this Guide, especially systematic reviews, guidelines, some evidence overviews and grey literature.
- Some journal articles are freely accessible and **this is flagged in databases such as PubMed**

Other material may not - at least upon first glance - be freely available. For example, databases will typically provide article abstracts for free but not the full text of the article. Reading the abstract will help you to decide on the relevance of an article, but you will need the full text to assess the quality of the research.

Below are suggestions for accessing journal articles and books, since these are often not freely available online.

Plan ahead! This is key since some methods of access may take time to organise.

University of Herefordshire on line library

As a student at the University of Hertfordshire you have access to their data bases and on line services, this is the best source of literature for you as they have access to a variety of journal and ebooks.

See the 'Learning Resources - Quick Guide' included in your module learning materials, about accessing resources.

OpenAthens

OpenAthens is an access management system through which users can access online content that has been purchased for their use.

- You can get an OpenAthens account if you belong to an organisation which has organisational access.
- In England, for example, the NHS has purchased content for healthcare professionals who provide NHS-commissioned care.

Register as soon as possible for an OpenAthens account if you are eligible, since it can take considerable time to organise. You can register online – see the link below.

In England:

- With an OpenAthens account via the NHS in England, you can perform an advanced database search and access a wide range of electronic journals and e-books through NICE Evidence Services.
 - To register and check eligibility for an account via the NHS, see <http://www.nice.org.uk/about/what-we-do/evidence-services/journals-and-databases/openathens>

In Scotland, Wales and Northern Ireland:

- To find out about access to material, follow the relevant link at the top of this page: <http://www.nice.org.uk/about/what-we-do/evidence-services/journals-and-databases/openathens/openathens-eligibility>

Health libraries

If you work in a Trust it is always worth checking if you can access the Trust library. Library staff are usually very helpful and a good source of assistance. If it is not easy for you to visit your Trust library, try ringing or emailing them for further information.

There is an online directory of health libraries and information services at: www.hlisd.org
Also note the information above about gaining access to resources through OpenAthens.

In general practice

If you work in general practice, the practice or individual doctors within it may subscribe to journals such as the *BMJ*, *The Lancet*, *British Journal of General Practice* or *Family Practice*. These are a good source for papers on long-term conditions. Useful nursing journals include *Nursing Times*, *Nursing Standard*, *Practice Nurse*, *Practice Nursing*, *Journal of Advanced Nursing*, *Nurse Education Today* and the *British Journal of Community Nursing*.

Also see above for access through OpenAthens.

AccesstoResearch

AccesstoResearch is a UK service that provides free access, via participating public libraries, to the full text of a vast number of journal articles in a wide range of journals. Journals included in the collection (though not all articles may be available) include for example *Nurse Education Today* and *Journal of Advanced Nursing*.

You can search for relevant articles and view abstracts from any location. You would then need to visit a participating public library in order to view the full text of the article. There are participating libraries in England, Scotland, Wales and Northern Ireland.

See <http://www.accesstoresearch.org.uk/> for further information, to search for articles and to see a list of participating public libraries.

Public libraries

Your local public library may be a way to gain access to

- journals online – you may need to use library computers for this, so ask about it
- books not held within the county – by placing an Interlibrary Loan request. This will involve a charge and a waiting period, so allow plenty of time.

Also see the information about AccesstoResearch, just above.

Local university libraries

Universities often have an arrangement whereby members of the public can have some free access to their library or can purchase access for a set period. Check the library website for information about non-student access.

Articles and journals with open access

- Journals that provide free access to articles include:
 - *npj Primary Care Respiratory Medicine*, see www.nature.com/npjpcrm/
 - *British Journal of Primary Care Nursing*, at <https://www.bjpcn.com/>
 - *Journal of General Practice Nursing*, at <http://www.journalofpracticenursing.co.uk/>
- The Directory of Open Access Journals lists a large number of other journals where content is freely available. See <https://doaj.org/>
- Some publishers' sites include a feature to search for open access content. At <http://www.sciencedirect.com/>, for example, there is a link on the homepage for open access content
- An article may be, or become, freely available even if the journal in which the article was published generally has restricted access.
 - On PubMed (<http://www.ncbi.nlm.nih.gov/pubmed>), for example, records indicate if an article is freely available
 - PubMed has guidance about how to identify and obtain free copies of articles – see: https://www.ncbi.nlm.nih.gov/books/NBK3827/#pubmedhelp.Free_copies_of_some_articles
- Some publishers will provide free access to articles after you register as a guest, so it is always worth checking a publisher's website.

Membership of RCN and other professional bodies and

associations

- Members of the Royal College of Nursing can use a wide range of nursing and healthcare databases to access the full text of articles. Members can also access other resources such as books. There is further information at <https://www.rcn.org.uk/library>
- Membership of other organisations may give you access to material. For example, *Clinical & Experimental Allergy* is available free to members of the British Society for Allergy and Clinical Immunology.

Pharmaceutical companies

Most pharmaceutical companies have a medical information department and may be willing to supply references and articles on their products if you are finding it difficult to access this information elsewhere.

Purchasing articles

This is not recommended however if you cannot access articles for free, you can buy them through:

- British Library Document Supply Services: it is free to check if you can access material this way. You then purchase articles. See <http://www.bl.uk/bldss>
- Publisher websites: articles are available through sites such as www.sciencedirect.com (Elsevier) or <https://www.wiley.com/en-gb> (Wiley). You can search for articles for free and then pay to download an article. Always check for links about open access material as well.

Although we suggest that you first try the UH library as all the articles you require for your assignments should be available there and not cost you anything

Referencing

This section covers:

- Top tips for referencing – *page 15*
- Quotations: how to format and cite them in your text – *page 17*
- Writing a reference list: key points – *page 18*
- Citethisforme, an online referencing tool – *page 19*
- What to do if you cannot find an example of referencing to follow – *page 21*
- Bibliography – *page 21*
- Exercises for referencing – *page 21*

Top tips for referencing

- **Note the source of all information as you do your research**, so that you know what comes from where. You do not want to accidentally plagiarise by not citing a source you used.
- **Record the page number of quotations** as well as the source of the quote. This will save you from having to track down this information later.
- Record **full reference information** for a source as soon as you start using it – including **full web address and date accessed** for online information. Again, this will save you time later.
- **Use one place**, such as a document or folder, **to compile your reference information** as you go along.
- Ensure your references are **relevant**. For example, a clinical guideline from another country may not be relevant to your coursework.
- Check that **your referencing style, including formatting, is consistent** throughout your assessment including in your reference list.

University of Hertfordshire referencing

Please see the link on your StudyNet/canvas page to the latest referencing guide for examples and guide on referencing for your assignments. This can be found on the help and support pages

In-text citations:

- You include an in-text citation in your writing just after you use material from a source. The citation tells the reader, very briefly, where your information is from.
- An in-text citation lists the author's last name and year of publication in brackets. It looks like this: (Signal, 2012).

- You also provide a page number if you quote directly from a source – like this: (Signal, 2012, p. 32).

Reference list:

- This is a separate list of all the sources you have cited in your text. The list provides full publication information for each source.
- Sources are listed alphabetically by the (first) author's last name.
- You put your reference list starting on a separate page after the end of your own text.

Quotations: how to format and cite them in your text

You may sometimes wish to quote an author directly, if you think the quote is appropriate and will add something useful to your work. You must provide a page number, as shown in the examples.

Short quotations:

Up to two lines of quoted text can be included in the body of your writing without any special formatting. For example:

- Bloggs states that 'correct inhaler technique is key' (2014, p. 20). *or*
- It has been stated that 'correct inhaler technique is key' (Bloggs, 2014, p. 20).

Longer quotations:

A quotation that is longer than two lines needs to be indented and start on a new line. For example:

In discussing inhaler technique, Booker (2014, p. 14) notes that:

Even with good inhaler technique only 20-35% of drug is delivered to the appropriate part of the lung. With poor technique this percentage can drop to the point where therapeutic effect is significantly lessened or completely lost.

Be sure to clarify the relevance of a quotation to your discussion - do not leave the reader wondering why it has been included.

On some occasions, student coursework consists in large part of quotations from other sources, with little or no discussion of the content of the quotations and why they have been included. This is not plagiarism as long as the quotations have been correctly referenced.

However, **this is a demonstration of weak academic practice**, since it does not demonstrate that the writer understands the material. There is guidance on how to use evidence effectively in coursework elsewhere in this Guide, especially the sections on 'How to approach coursework' and 'Writing for Success'.

Writing a reference list: key points**Main points to remember:**

- List full information for all sources you cite in the main body of your writing.
- Each source is listed only once, regardless of how many times you cite it in your work.
- References should appear in alphabetical order by author surname, **not** in the order in which you cite them in your work.
- If there is more than one entry for an author, list these entries in chronological order of publication with the **earliest** first.

- If you cited more than one work published by the same author in the same year, you list the entries for that year in alphabetical order using the lowercase letter you used in your in-text citations (a, b, c etc.).
- Do not number your references in the reference list.
- Ensure you present the title of the publication in full
- Check that your referencing style is **consistent** throughout your assessment including in the reference list.
- Put your reference list after the end of your text and before any appendices, if your work includes these.

Online information:

- In general, when you access material online, in the reference information you:
 - List the full web address (URL)
 - Provide the date you accessed the material
 - Include [Online] in the reference information.These are all shown in examples below.
- Journal articles: these may be available in print, online or both
 - If you use an online version that matches the print version - such as including page numbers, which PDFs usually do - you can generally treat this the same as a printed journal article for referencing purposes.
 - However, if the journal **is only available electronically**, you **must** list the full URL and date of access, per above. It can also be helpful to provide the article's Digital Object Identifier or DOI, which is a unique number that identifies the article. Online journal articles may not have page numbers.

Plagiarism and collusion

This section covers:

- Definition of plagiarism – *page 22*
- Intent – *page 23*
- Policy and penalties for plagiarism – *page 23*
- How to avoid plagiarism – *page 23*
- Viewing the Similarity Report using Turnitin Feedback Studio – *page 24*
- Collusion: definition and penalties – *page 24*
- Further resources about plagiarism and how to avoid it – *page 25*

Academic honesty is fundamental to the values of Education for Health. We are committed to promoting an ethos of academic integrity and ensuring that this ethos is consistently respected and upheld.

As part of this commitment, we provide students with guidance on how to prevent unintentional plagiarism, and regard with severity any unfair means to enhance performance. Our use of the Turnitin system is also part of this commitment.

See UH guidelines on your StudyNet page

Definition of plagiarism

Plagiarism is the practice of presenting another person's work or ideas, whether published or not, as if this material were your own, without acknowledging the source.

Plagiarism includes, but is not limited to:

- copying word-for-word from a text, printed or electronic, without enclosing the words in quotation marks and acknowledging the source
- paraphrasing - that is, using different words to express the ideas of others - without acknowledging the source(s)
- summarising another person's work, including if a few words or the order of words has been changed, without acknowledging the source
- citing facts or statistics from another person or source without acknowledgment
- copying or downloading figures, photographs, pictures or diagrams without acknowledging the source(s)
- generating text by combining short extracts from other sources, perhaps changing or inserting a few words in the process, without proper acknowledgment
- copying, imitating or paraphrasing another student's work
- copying, paraphrasing or using information from module learning materials without acknowledgement
- purchasing or otherwise obtaining a submission, in whole or in part, from a third party, website or other source

- submitting work that is identical or similar, in whole or in part, to work that has already been submitted for assessment at Education for Health or elsewhere. This is known as self-plagiarism.

Intent

Plagiarism may occur intentionally. However, it may also occur unintentionally, such as when a student submits work that contains the words or ideas of others without realising that this material needs proper acknowledgement.

It is important to note that a piece of coursework that contains plagiarised material will be subject to a penalty **irrespective of whether or not there was an intent to plagiarise**.

Policy and penalties for plagiarism

Plagiarism amounts to academic misconduct: it is a form of cheating. It is therefore treated very seriously and students who plagiarise are subject to our disciplinary procedures.

Please see your UH StudyNet/canvas site under **Help and support** here you will find the latest information on referencing and plagiarism

How to avoid plagiarism

Make sure that you always acknowledge the source of any information you include in your work. This also strengthens the evidence base of your thinking. It needs to be clear to the person reading your work exactly which parts come from the work of someone else.

Do not do any of the following **without acknowledging the source(s)**:

- Copy word-for-word directly from a text, printed or online
- Paraphrase or summarise ideas from a text, printed or online
- Copy or paraphrase extracts from various works and join them together with some of your own words
- Use facts or statistics from another source
- Copy pictures, words or other information and paste them into your work.

To avoid intentional or unintentional plagiarism:

- When you write notes about articles, books or other material, be sure to clearly distinguish between
 - ideas or information presented in these sources
 - your own ideas about what you read
- In your notes:
 - Write the source next to any quotation or piece of information immediately
 - Make sure you write down full reference information for your sources, including page numbers for quotations.

You will need this information later when you write your work, plus you will avoid being tempted to save time later by using a source without acknowledgement

- If you want to copy a passage from a source, make sure you flag this clearly to yourself, for example using highlighter, to avoid any possible confusion later about where the passage came from

- If you use someone else's views or ideas rather than their exact words in your writing, use a phrase such as 'Weller (2013) claims...' or 'Booker (2014) argues...', again referring to the source in your reference list

It is good practice to keep all materials you used when writing coursework, including notes and drafts, until after your work has been marked and you have received your results for the module.

For further information and guidance:

- See also 'Further resources about plagiarism', at the end of this section, which lists various external sources of guidance about what constitutes plagiarism and how to avoid it

Viewing the Similarity Report using Turnitin Feedback Studio

Coursework is submitted and marked online using TurnitinUK: www.turnitinuk.com

As part of the online submission process, Turnitin checks if a piece of submitted work matches other sources such as journal articles, webpages, reports and other student work and produces a Similarity Report for the submission. The report includes a percentage of the coursework's matches to other sources plus a list of these sources.

We strongly suggest that you view the Similarity Report on your work **before** the submission deadline, so that you can identify whether any sections of your work match up with the content found in other sources. This provides you with a chance to revise your work if needed, using your academic judgment, to ensure you have referenced third party sources correctly.

See the 'Viewing the Similarity Report using Turnitin Feedback Studio' guide, included in your module learning materials, for further details.

Collusion:

Definition:

We require all work submitted for assessment to be a student's own independently prepared work, unless the assessment brief specifically gives other instructions.

Collusion is when two or more people actively work together to mislead markers or examiners about the source of work. This includes:

- a student copying, or imitating in close detail, another student's work with their consent
- two or more students going through an assignment brief, collectively deciding how to answer the topic(s) and then using this information to separately write up their answer(s)
- two or more students dividing the elements of an assignment among themselves and copying or imitating in close detail one another's answers.

Collusion is an example of academic misconduct since, like other forms of plagiarism, it is an attempt to deceive by disguising the true authorship of an assignment. Students are expected to take reasonable steps to safeguard their work from improper use by others, just as they are expected to undertake work independently.

Collusion should not be confused with peer discussion or group work in which students learn from one another, sharing ideas, as part of developing their knowledge and understanding, including as they consider how to independently undertake an assignment. Input from Education for Health staff or trainers is also not considered collusion.

Where a student is found to have engaged in collusion, this will be treated as plagiarism and **the same process and penalties as for plagiarism** will apply. See help and support on your StudyNet/canvas page for further details.

Further resources about plagiarism and how to avoid it

In addition to this Guide, our 'Promoting Best Academic Practice Policy' and Turnitin guides, useful resources about plagiarism and how to avoid it include:

- **The Open University's free course, 'Developing good academic practice'**, available at <http://www.open.edu/openlearn/education/educational-technology-and-practice/educational-practice/developing-good-academic-practice/content-section-0?active-tab=description-tab>
- **'Avoiding Plagiarism' section of the The Open University's 'Being Digital' resource**
 - 'Being Digital' focuses on finding and using information in the digital age and covers a range of topics in addition to plagiarism. See <http://www.open.ac.uk/libraryservices/beingdigital/pathways/13/6>
- **Public Health eLearning Toolkit** of the UK Health Forum. This has an 'Avoiding plagiarism toolkit'. Go to <http://www.ukhealthforum.org.uk/prevention/public-health-elearning-toolkit-phelt/> and look for the 'Avoiding plagiarism toolkit' tab, midway down the page
- **The Manchester 'Academic Phrasebank'** which provides a wealth of examples of useful wording relevant to academic work. The section on 'Referring to Sources' is most directly relevant to the topic of avoiding plagiarism; other sections are well worth a look. See <http://www.phrasebank.manchester.ac.uk/>

If you are in any doubt about whether your actions might involve plagiarism or collusion, please contact Student Support for advice. Contact details are in the 'Key Contacts' section of the Student Guide, which is included in your module learning materials.

How to approach coursework – suggestions and examples

This section covers:

- Planning what to write – *page 26*
 - Think about the topic
 - Plans and outlines
 - Evidence and references
 - As you start to write
- Writing a case study: some suggestions – *page 28*
 - Selecting patients for your case study
 - Linking theory and practice
 - What other skills must you demonstrate?
 - Writing style
 - References
 - Appendices
 - Formatting and presentation
 - Final stage
- Examples of case study writing: what works well, what doesn't, how to fix it - *page 31*
 - Organising your information
 - Making your evidence add up
 - Two top tips
- Reflecting on your practice – *page 36*
 - Prompts for reflection
 - Key points to consider for your assignment
 - Further information

Planning what to write

Think about the topic

Read the topic and instructions you have been given and think carefully about what you are being asked to write about. This may sound obvious but you need to make sure you address the areas covered by the particular assessment.

When thinking about how to cover the topic, be careful of straying off the subject.

- Even if you write something that is factually correct and interesting, if it is not what you have been asked to cover and is not relevant, it will not gain you marks.

- If you stray off the topic, you will use up part of your word allowance and limit your ability to express your understanding of the topic set.

You may find it helpful to jot your thoughts about the topic down on paper as they come to you.

- If you are anxious about academic work you may find that the topic goes round and round in your head getting more and more complex.
- Writing notes will help you plan your work and may also help you keep the task in perspective.

Plans and outlines

Developing a plan or outline is a useful part of writing. Time spent planning will make it easier to write your assessment. It will help you structure your work logically and stick to the topic.

If you simply sit down and write, you may find that you start to drift off the point. You then run the risk of not answering the question. It is very easy to get sidetracked so try hard to avoid this.

One way of constructing a plan is to ‘explode’ your topic:

- Think about the topic and write down key points that you want to cover in your work. You might want to write each point on a separate, small piece of paper or ‘post-it’ note. You can then move these around and group them easily.
- Look at all the key points you have written down and group them into themes or broad categories. Give each theme a heading.
- Then look at your themes and arrange them so that one theme leads logically into another. This will give a structure and flow to the body of your work.
- Once you have created your broad themes, look at the key points you have put into those themes and arrange them so that they each flow logically into another.
- At this stage you should be able to write down some key headings, covering your broad themes, with sub-headings covering the key points within your themes.

You will now have a clear written outline that you can follow as you write.

- You can practice organising an outline – see ‘Organisation’ in the section ‘Writing for Success’ in this Guide.

If you are unsure of your plan, you can contact Student Support. An Education Lead can comment on an outline of your work and give you some guidance. Please do this at least four weeks before your assignment is due, so that you have time to use the feedback you receive.

Evidence and references

Having a plan will make it easier to think about what information and evidence you will need and to search for references.

Take a look at the subheadings in your plan:

- What evidence will you need to provide for each subheading, and what kind of sources could you use?
- What evidence do you already have, and what do you need to find?

As you start to write

Your plan will have given you the main body of your essay. You will also need to write an introduction and conclusion. For your introduction, use your topic or question as the basis and state what you are going to write about. Avoid writing something in your introduction that is outside the question. Your conclusion should summarise the main points you have made in your assignment and comment upon the significance of what you have covered.

A useful way of looking at this is to:

- Tell us what you are going to tell us - and this should always be what the question has asked you to write about!
- Tell us - *then*
- Remind us of your key points and tell us why they matter.

See the section 'Writing for Success' in this Guide for

- examples of introductions and conclusions
- comments about what does and does not work well in each example.

You will now be ready to start writing. Keep a copy of your plan next to you, to check you are:

- covering the points you planned to cover
- sticking to the topic.

Writing a case study: some suggestions

Here are some suggestions about writing a case study. Use these together with the specific instructions for your assessment in your learning materials.

Examples of case study writing and our comments on them are further below.

1. Selecting patient(s) for your case study. Consider the following:

- Does he/she fit the disease criteria?
- Would the case history be of interest to others? If so, why?
- If the patient has a very complex history, can you keep within the word count?
- Ensure patient confidentiality. Never use the patient's real name or include any other details that could make it possible to identify the patient
- Ensure workplace confidentiality. It should not be identifiable from your assignment.
 - **Breaching patient or workplace confidentiality will lead to penalties** starting with a loss of marks. The penalty could be much more severe depending on the nature of the breach.

2. Linking theory and practice

- Have you linked theory – that is, principles of evidence-based care - with the practical application to the patient?
- Ask yourself:
 - Why?
 - Who says?
 - What evidence is there to support this statement?
 - How strong is this evidence?

- Provide references as supporting evidence and when you use information from another source
- Avoid anecdotal information about practice or what should be done
- Make sure the information you provide about the patient and patient management is relevant to the topic
- Have you read sufficiently widely to write knowledgeably? Check the assignment guidelines for a suggested number of references.

3. What other skills must you demonstrate?

Your case study must go beyond just describing what happened in a case. Applying theory to practice is a key element. You also need to demonstrate other higher-level skills such as:

- Ability to be critical - considering the strengths and weaknesses of something. It can be helpful to compare and contrast as much as you can. You could discuss, for example:
 - Were the treatment and management appropriate?
 - Could they have been improved?
 - Were services available?
 - What went well and what did not – and why?

You should acknowledge any limitations or issues regarding your case study. Addressing limitations is one way to demonstrate your understanding of the case and condition.

- Reflection on your practice:
 - Useful questions to consider include:
 - What have you learned as a health professional from writing the case study?
 - How has writing the case study affected how you manage patients with this disease, and why?
 - See the next section for some more suggestions about reflective practice and prompts to get you started.
 - Writing a case study enables you to practice combining best research evidence with your patient's preferences and values and your prior clinical knowledge in order to improve patient care. Sometimes this is described as using both external and internal evidence. Evidence-based practice involves critically reflecting upon both types of evidence when deciding what to do and how to do it.

The marking grid or rubric, included in your learning materials, indicates how marks are allocated for your work. Make sure you take this into consideration.

- See further below for examples of case study writing. We have included comments on what works well, what does not and how the marking grid/rubric applies to actual writing.

4. Writing style

- Write in the third person rather than the first person. So rather than saying 'I thought the patient was...', say 'The patient was...' unless you have been asked to write a reflective assignment.
- Avoid jargon and excessive use of abbreviations
- If you are using an abbreviation, always write the term in full first with the abbreviation in brackets. After that just use the abbreviation.

- Avoid quoting large extracts from published works.

This just reproduces material, whereas you want to show you **understand** material by discussing important points in your own words.

5. References

- Always reference facts, figures, statements etc. in your case study when these come from another source.
- Make sure you include an accurately presented reference list at the end of your case study.
- Check the assessment information included in your module learning materials for the suggested number of references for your assignment.
- You must use the **University of Herefordshire**. See the section 'Referencing' in this Guide for further information or information on help and support on your StudyNet/canvas page.
- You should always reference a primary source, i.e. the original work, whenever possible.
- Sometimes you may wish to cite a work that is, in turn, citing another work – which is known as a secondary reference. When one author cites another, you should always do your best to track down the original source, check the information there and cite it directly. Only cite a secondary reference if you cannot check the original source.

6. Appendices

- Appendices are only for material you want to refer to that cannot be easily accessed by the reader. Ensure you use appendices correctly:
 - For example, it would be appropriate to include lung function results that you discuss in the main body of your assignment, since your reader has no other way of accessing this key information.
 - Do not use appendices to include information readily available such as NICE or BTS/SIGN guidelines.
- Since appendices are for supporting information, they should not contain more words than the main text of your case study.
- Each appendix should be numbered chronologically as it is referred to in your text.
- Appendices are placed after the reference list and bibliography.
- There are exercises about appendices in the section 'Writing for Success' in this Guide.

7. Formatting and presentation

- Ensure your work complies with the formatting and other presentation instructions. The Assessment section of this Guide has formatting instructions. Also check the assessment information included as part of your learning materials.
- You will need to provide your word count:
 - Word count includes citations (references) within the text but not the words in the reference list or appendices
 - Tables count as one word
 - You are allowed to be 10% above or below the stated word limit. If you go below or above this, you will lose marks.

9. Final stage

- Proofread your work – ideally a little while after you finished it.

- Ask someone else to read your work. Does it make sense to them? Is it readable? What constructive comments can they give you?
- Always use a spellcheck and then double check yourself!

If you are in any doubt about any aspect of writing a case study or other form of assessment please contact Student Support.

Examples of case study writing: what works, what doesn't and how to fix it

In your writing you want to present strong arguments to support your actions and decisions.

We explore here two common problems that prevent writing from being effective:

- information that is badly organised
- evidence that is poorly presented.

See below for two extracts from case studies and our comments on them. We provide different versions of each extract to show

- what works well
- what does not
- how to improve what does not work.

The extracts are about COPD but should be useful for any case study.

Some of our comments include references to elements of the marking grid/rubric, such as 'Knowledge and Comprehension'. This is to show how these elements apply to actual writing.

- Elements of the marking grid/rubric are explained in more detail in the section 'Writing for Success' in this Guide
- The marking grid/rubric is included in your module learning materials, in assessment information.

Note: You may notice below, and in other examples of writing we discuss, some old information and evidence. This is deliberate, so that students can write about similar cases if they wish – drawing on recent evidence - without worrying if their work overlaps with this material.

For more examples of writing and our comments on them, see 'Examples of writing' in the section 'Writing for Success' in this Guide.

Example 1 – Organising your information

The case study involves a 57-year-old woman who had initially presented with increasing breathlessness.

Version 1

Judith's spirometry demonstrated moderate airflow obstruction with an FEV1/FVC ratio of 65% and an FEV1 of 42% predicted value. A provisional diagnosis of COPD was made on the basis of her clinical history and obstructive spirometry. She was therefore commenced on bronchodilator therapy and advised to return for review in four weeks. The diagnosis of COPD, according to the NICE guideline (NCCCC, 2004), can generally be made on the basis of the presentation, the clinical

history and obstructive spirometry in patients presenting for the first time. A study by Fabbri et al. (2003) of patients diagnosed with either asthma or COPD on the basis of the presentation and clinical history demonstrated that the pattern of inflammation in induced sputum and bronchial biopsy samples matched the clinical diagnosis and that reversibility testing did not reliably differentiate between the two groups. Judith did not present with any clinical features of asthma and reversibility testing was not therefore thought necessary at this stage.

Our comments:

This paragraph is poorly organised and hard to follow. There are several reasons for this:

- The subject keeps changing:
 - The first few sentences are about spirometry and its role in diagnosis
 - The third sentence shifts to discussing drug therapy and future review
 - Then the subject changes back to diagnosis, from the fourth sentence. So diagnosis turns out to be the subject of this extract, but we could not see this until now.
- The start of the paragraph does not help, since it does not state what the paragraph is about. The first sentence gives facts about the patient without explaining why the information is there.
- It is also confusing when, halfway through, a new topic appears: asthma. The paragraph is about COPD, so why does the writer bring up asthma?

The poor organisation makes it hard to see that there are some promising features here:

- The writer shows understanding of the condition and patient management by citing the relevant part of the guideline (a demonstration of the 'Knowledge and Comprehension' element of the marking grid/rubric)
- The writer cites evidence as to why reversibility testing is not needed ('Analysis') and then links this with Judith's case in the final sentence ('Application and Reflection'). The information is not presented well, but it is relevant.

Version 2

The final stage in Judith's assessment was the performance of spirometry. Her FEV1/FVC ratio was 65% and her FEV1 was 42% of predicted value indicating moderate airflow obstruction. These results, together with the key features of her clinical history, suggested a provisional diagnosis of COPD. This is in accordance with the NICE guideline, which states that a diagnosis of COPD can generally be made on the basis of the presentation, the clinical history and obstructive spirometry in patients presenting for the first time (NCCC, 2004). Although reversibility testing may be needed in some patients with breathlessness, this is only indicated where clinical features suggest asthma rather than COPD. Indeed, a study by Fabbri et al. (2003) demonstrated that for patients diagnosed with either asthma or COPD on the basis of the presentation and clinical history, reversibility testing did not reliably distinguish between the two groups. Judith did not present with any clinical features of asthma, so no further testing was required at this stage.

Following the diagnosis of COPD, Judith was commenced on bronchodilator therapy....

Our comments:

This version is much stronger. The facts and evidence are basically the same, but they sit within a clearer structure and are presented more effectively:

- The first sentence states the subject of the paragraph: the role of spirometry in diagnosis. This provides a frame for the information that follows, including the details of Judith's spirometry results (so better 'Organisation and Presentation').
- The separate topic of drug therapy has been moved to the next paragraph. This keeps the focus on diagnosis plus maintains the logical flow of a case study from diagnosis to management (also better 'Organisation and Presentation').
- The writer clarifies how the NICE evidence fits into the argument by adding the statement 'This is in accordance with...'
 - This **tells the reader why** the guidance is being cited - as supporting information - rather than leaving the reader to figure this out.
 - Now it is easier to see the relevance of the guideline to the case (better 'Application and Reflection').
- The references to asthma and reversibility testing now make sense, because the writer directly states **how** they are relevant ('Although reversibility testing may be needed ... this is only indicated where...'). This statement also explains why the research evidence (Fabbri *et al.* study) is included.
 - This study is presented more effectively because the wording about sputum and biopsy samples has been left out. This was irrelevant and a distraction from the relevant point about reversibility testing (so better 'Analysis').

Example 2 – making your evidence add up

The case study involves a 62-year-old woman with COPD.

Version 1

Jane was prescribed combination therapy of fluticasone propionate 500mcg and salmeterol 50mcg, as Seretide Accuhaler, to be taken twice daily. A study by Soriano, *et al.* (2002) found that regular use of fluticasone propionate alone or in combination with salmeterol is associated with increased survival in patients managed in primary care. The use of combinations of long-acting beta2 agonists and inhaled corticosteroids has also been shown to produce superior lung function and symptomatic improvement than either of their components used separately and to be associated with reduced exacerbation frequency (Szafranski, *et al.*, 2003; Calverley, 2002; Calverley, *et al.*, 2003; Vestbo *et al.*, 2003). In addition, the ISOLDE study (Burge, *et al.*, 2000) found that the use of fluticasone propionate 5000mc bd in patients with severe COPD was associated with reduced exacerbation rates and a slowing of the rate of decline of health-related quality of life. Jane has severe COPD and has experienced three exacerbations of her condition in the previous 12 months. She describes a poor

quality of life and is significantly disabled. The use of combination therapy in this case is therefore appropriate and is supported by the national COPD management guideline (NCCC, 2004).

Our comments:

It is hard to understand what this paragraph is really about, even though it stays on one topic (drug therapy).

- We get a torrent of information with no explanation:
 - The paragraph jumps straight into providing details about the patient
 - Then we get lots of research evidence about combination therapy – but we still do not know **why** this research is being presented
- The subject only becomes clearer towards the end. Now the writer addresses Jane's circumstances and appropriate treatment, supported by guidance ('Knowledge and Comprehension', 'Application and Reflection').
 - These are good elements, but not presented well since they appear so late.

Version 2

Based on the results of her assessment, Jane was prescribed combination therapy. She has severe COPD and has experienced three exacerbations of her condition in the previous 12 months. She describes a poor quality of life and is significantly disabled. For COPD patients, the use of combinations of long-acting beta2 agonists and inhaled corticosteroids has been shown to produce superior lung function and symptomatic improvement, and to be associated with reduced exacerbation frequency, compared to the separate use of either of their components (Szafranski, et al., 2003; Calverley, 2002; Calverley, et al., 2003; Vestbo et al., 2003). A study by Soriano et al. (2002) also found that regular use of an inhaled corticosteroid (fluticasone propionate) alone or in combination with a long-acting beta2 agonist (salmeterol) is associated with increased survival in patients managed in primary care. The use of combination therapy in Jane's case is therefore appropriate and is supported by the national COPD management guideline (NCCC, 2004). She was prescribed combination therapy of fluticasone propionate 500mcg and salmeterol 50mcg, as Seretide Accuhaler, to be taken twice daily.

Our comments:

This paragraph is much easier to follow (better 'Organisation'), even though we have hardly changed the content of the sentences:

- An opening sentence has been added to clarify the subject: use of a particular drug therapy
- The structure of information has been reversed, to be more logical. The paragraph covers the patient's condition first (severe COPD) and **then** covers how to treat it (combination therapy), rather than the other way around as in version 1.

With this better structure, it is much easier to understand:

- how the evidence supports Jane's management (better 'Application and Reflection' and 'Synthesis')

- how the writer has gone beyond the guidelines. The writer has looked at the underpinning research evidence that explains **why** the guidelines recommend this treatment. So this is a much stronger demonstration of 'Analysis'.

Now that we know what the paragraph is arguing, it is also easier to tell how well the evidence adds up - or not:

- Not all the evidence originally cited was relevant. The ISOLDE study has been removed here: it studied the effects of a component used separately, whereas the other research supports the use of combination therapy.
- But the Soriano study introduces some uncertainty. In this study, the benefits resulted from use of a single component **or** combination therapy. So how does this study fit in?
- Plus there is a gap in the information. Why was this particular combination therapy (Seretide) prescribed, when the research evidence cited is about various types ('combinations', in sentence 4)?

Version 3

Based on the results of her assessment, Jane was prescribed combination therapy. She has severe COPD with a significant level of obstruction (FEV1 less than 30% predicted) and has experienced three exacerbations of her condition in the previous 12 months. She describes a poor quality of life and is significantly disabled. For COPD patients, the use of combinations of long-acting beta2 agonists and inhaled corticosteroids has been shown to produce superior lung function and symptomatic improvement, and to be associated with reduced exacerbation frequency, compared to the separate use of either of their components (Szafranski, et al., 2003; Calverley, 2002; Calverley et al., 2003; Vestbo et al., 2003). A study by Soriano et al. (2002) also found that regular use of an inhaled corticosteroid (fluticasone propionate) alone or in combination with a long-acting beta2 agonist (salmeterol) is associated with increased survival in patients managed in primary care, with the greatest benefit observed for users of combined therapy. The use of combination therapy in Jane's case is therefore appropriate and is supported by the national COPD management guideline (NCCC, 2004). She was prescribed the combination therapy licensed for COPD: fluticasone propionate 500mcg and salmeterol 50mcg, as Seretide Accuhaler, to be taken twice daily.

Our comments:

This is the strongest version. Over and above version 2, this version:

- Clarifies how the Soriano et al. study fits in, by adding the statement about 'the greatest benefit observed for users of combined therapy'. Now it is clear that this study is aligned with the other research cited, rather than reaching a different conclusion.
- Explains in the last sentence why a particular combination therapy was prescribed for Jane: it was the only one licensed at that point.

Two top tips

These examples illustrate two tips for writing case studies:

- **State your subject first, *then* go into detail.** Tell the reader what your topic is **before** you start giving information to support your point. Otherwise your reader will not be able to make sense of the facts.
- **Tell readers how your evidence relates to your point.** Do not leave your reader to figure out what your evidence is meant to do. This is covered especially in Example 1 above. See also 'Using evidence to support your points' in the section 'Writing for Success' in this Guide.

One strategy is to use words that signal whether evidence supports a point or not. These words include:

- 'framing' words or phrases, such as: in addition, similarly, accordingly, but, however, yet, on the other hand, in contrast
- verbs such as: agrees, demonstrates, supports, shows, illustrates, contradicts, undermines.

Reflecting on your practice

Reflection is a way of learning from your experience. Incorporating reflection in your work shows that you can:

- Think about what you have learned so far
- Question your practice
- Alter your practice in response to these reflections.

Reflective practice is also a requirement for registered healthcare professionals as part of continuing professional development and to support annual appraisals.

This is why some element of reflection is an expected element of a case study. You may also be asked to write a reflective piece for your coursework, depending on your module.

Here are some suggestions for how to get started and questions to consider.

Prompts for reflection

There are various approaches to reflecting on practice. You could start by considering a clinical event and asking yourself:

- What have I learned from this event?
- How can I apply this to my everyday role?
- Are there any issues that I don't understand and if so, how can I find out about them?
- What could I aim to change in the short term? in the longer term?
- How will I get there? What would help me get there? (such as information, advice or collaboration)

Another approach is to think about your practice and ask yourself:

- What do I do well?
- What could I do better?
- How does my practice relate to recommended guidelines and other evidence?
- How could I change what I do in the light of what I have learned so far?

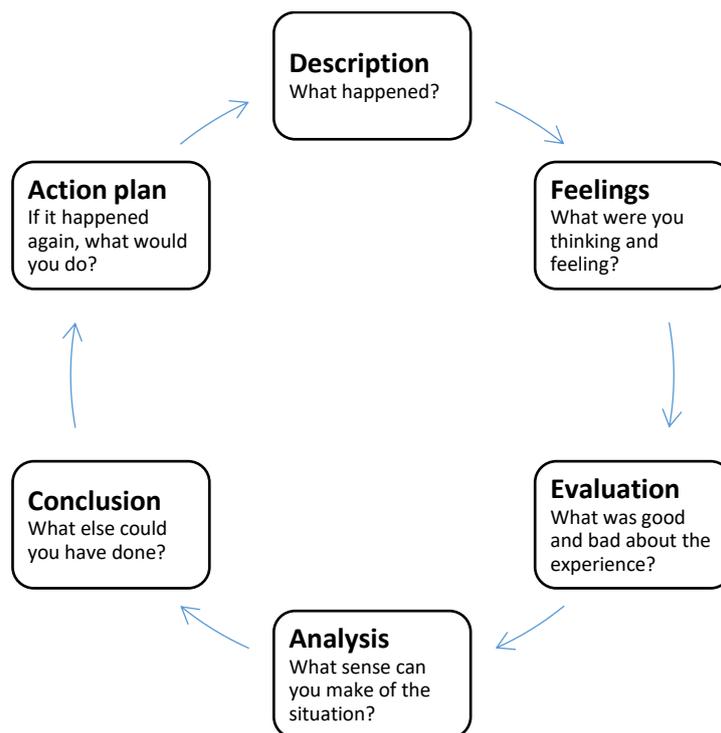
You could also consider the influence of other people:

- How does the behaviour of others around me influence my practice? Is this influence positive, negative or a combination of both?
- How does practice in my workplace relate to recommended good practice?

- Can I influence this? If so, how?

You may find the Gibbs Reflective Cycle (1988) a useful tool for reflecting upon your practice – see the model below. You almost certainly reflect naturally during and after episodes at work; the reflective cycle is one way to support this process and move it forward.

Gibbs Reflective Cycle



Key points to consider for your assignment

In addition to exploring what you do and why, as outlined above, points to consider include:

- What have I gained from reviewing my current practice or service provision?
- How and why has my approach to the service or patient group changed as a result?
- Are there any local, regional or national initiatives that could affect my practice or service?
- How can I use the knowledge and experience gained on this course to enable me to achieve my goals?

Reflective practitioners change practice in the light of evidence and experience. Your work should demonstrate this process.

Further information

Here are some suggestions of helpful and readable sources:

Bulman, C., Lathlean, J. and Gobbi, M. (2012) 'The concept of reflection in nursing: qualitative findings on student and teacher perspectives', *Nurse Education Today*, vol. 32, no. 5, pp. e8-e13 [Online]. DOI: <http://dx.doi.org/10.1016/j.nedt.2011.10.007>. Available at [http://www.nurseeducationtoday.com/article/S0260-6917\(11\)00269-3/abstract](http://www.nurseeducationtoday.com/article/S0260-6917(11)00269-3/abstract) (Accessed 25 November 2017).

Bulman, C. and Schutz, S. (eds) (2013) *Reflective Practice in Nursing*. (5th ed.). Chichester: Wiley-Blackwell.

Gibbs, G. (1988) *Learning by Doing: A Guide to Teaching and Learning Methods*. Oxford: Further Education Unit, Oxford Polytechnic.

Schon, D.A. (1983) *The Reflective Practitioner: How Professionals Think in Action*. New York: Basic Books.

Writing for Success – tips on academic writing

This section covers:

- What this section is for – and why the marking grid/rubric matters – *page 41*
- Organisation – *page 42*
 - Introductions: key features – *page 42*
 - Organising the body of your assignment – *page 44*
 - Linking your ideas – *page 47*
 - Staying on track – *page 49*
- Presentation – *page 52*
 - Academic language: what it is and what it isn't – *page 52*
- References – *page 53*
 - Why provide reference information? - *page 53*
 - When to cite a reference – *page 55*
- Plagiarism and collusion – *page 59*
 - Is it plagiarism/collusion? – *page 59*
- Appendices – *page 61*
 - When to include material in an appendix – *page 61*
- Knowledge and Comprehension – *page 63*
- Application and Reflection – *page 64*
- Analysis and Synthesis – *page 64*
- Examples of writing: what works, what doesn't and how to fix it – *page 65*
 - Moving beyond description – *page 66*
 - Avoiding the unsupported statement – *page 68*
 - Using evidence to support your points – *page 70*
- Evaluation and Conclusion – *page 72*
 - Writing an effective conclusion – *page 73*
- Further resources on academic writing and skills - *page 76*

You may also find it helpful to see the section ‘How to approach coursework – suggestions and examples’ earlier in this Guide. It covers:

- planning an assignment
- writing a case study
- reflecting on your practice.

What this section is for – and why the marking grid/rubric matters

While studying you will need to produce written assignments as part of your assessment. Successful academic writing involves using some key skills that help you present a coherent argument.

This section provides guidance on academic writing and opportunities to practice skills. In particular, we explain what is needed in relation to the marking grid or rubric that is used for module coursework.

Marking grid/rubric

Assessment information in your module learning materials includes a guide to the overall criteria by which your work will be assessed and a marking grid or rubric that shows how marks are allocated for assessed work. These grids can be downloaded from your StudyNet/canvas page and will be available on your module page.

The marking grid/rubric is designed so that your work can be given a mark which accurately reflects the quality of your academic writing and the clinical content. It is important to refer to this grid/rubric when writing your assignments.

The elements of the marking grid/rubric are:

- Organisation and Presentation
- Knowledge and Comprehension
- Application and Reflection
- Analysis and Synthesis
- Evaluation and Conclusion.

This section is organised around these elements.

Learning outcomes

Completing this section will enable you to:

- Structure your ideas in a logical manner
- Identify what is required for a clear introductory paragraph
- Identify what is required to formulate a clear conclusion
- Link sentences or paragraphs together to demonstrate the association between topics
- Understand the reasons for using references
- Identify circumstances that may lead to plagiarism
- Cite references clearly and accurately in the body of your work and in a reference list at the end
- Recognise an appropriate style for academic writing

- Understand what is meant by the terms analysis, synthesis and evaluation and recognise how this differs from description
- Recognise the factors that markers are looking for when awarding marks.

Organisation

The structure of your assignment is very important. How clearly you identify your topic and organise your ideas will determine how easily the reader can follow your discussion. The content of your work should flow logically from a clear introduction through the body of your assignment to a conclusion that draws together the key issues that have been explored.

- For suggestions on how to develop a plan for your assignment, see the material on planning in the section 'How to approach coursework' in this Guide
- To see how 'Organisation' would apply to examples of writing, see 'Examples of writing - what works, what doesn't and how to fix it' - further below

Introductions: key features

Every essay must have an introduction. One or two paragraphs is usually sufficient. An effective introduction:

- is clear and relevant to the topic set
- identifies the key areas discussed in the essay and outlines why they are important, so readers know what to expect.

Exercise 1 – Writing an effective introduction

Look at the introductions written by two different students on the following essay topic:

'With reference to a patient you have cared for, discuss the information it is important to cover when taking a clinical history to help establish a diagnosis in someone presenting with symptoms of increasing breathlessness.'

How well do you think these students have outlined what their essay will be about?

How closely do their introductions relate to the topic they have been set?

What advice could you offer these students to help them improve their introductions?

Introduction 1

This assignment seeks to explore key issues relating to the diagnosis of 71-year-old gentleman complaining of shortness of breath on minimal exertion. He lived with his wife in a two-storey house and was finding it increasingly difficult to get up and downstairs or to walk out to the gate.

Introduction 2

Breathlessness is an important and frightening symptom experienced by people who may be suffering from a range of different conditions. In order to decide on the most appropriate treatment it is important to make a clear diagnosis. Using the case of a 71-year-old man who was having increasing breathlessness on exertion, this essay looks at how a clinical history can help distinguish between these different causes. It then explores the objective tests that could be used to confirm a diagnosis.

Exercise 1 - Feedback

Introduction 1 - Suggested Answer

This example provides only a bare minimum of an introduction. It focuses on the patient, rather than addressing the subject of the essay itself. In fact, it does not even mention the term 'history'.

The student could greatly improve their introduction by

- clearly stating the subject of the essay - taking a clinical history
- briefly stating why the subject matters - what does clinical history have to do with diagnosis?
- outlining the areas to be covered in relation to the subject - such as symptoms, past medical history, family history and social factors.

All of these would give the reader a much clearer idea of what to expect.

It is better to avoid saying 'seeks' or 'aims to', as this example does in the first sentence.

- Such wording sounds uncertain - as if the writer is not sure whether the essay will achieve its aims.
- Be positive! Wording such as 'This assignment explores...' sounds more definite.

Introduction 2 - Suggested Answer

This is a much stronger introduction because it:

- clearly identifies history as the subject
- outlines briefly why the subject of the essay is significant:
 - there are different causes of breathlessness ('a range of different diseases')
 - why it is important to reach a clear diagnosis ('In order to decide on the most appropriate treatment...')
 - the role of clinical history in diagnosis ('...how a history can help distinguish between these different causes')
- introduces the patient who will be used to discuss clinical history.

But the introduction could still be improved:

- It does not indicate how the subject - the use of history - will be explored. As with the first example, a few more sentences outlining the areas to be covered (symptoms, etc.) would strengthen the introduction and achieve higher marks.
- The last sentence mentions a new subject: tests. This is **not** part of the topic set, suggesting that the essay will stray off the topic.
 - If you try to include extra information that was not asked for, you may reach the word count without having discussed key issues. Remember to stick to the topic you have been asked to address.

Now try writing your own introduction (approximately 100-150 words):

Introduction

Suggested Answer

Breathlessness is a major and frightening symptom experienced by people who may be suffering from a range of different diseases. In order to decide on the most appropriate treatment it is important to make a clear diagnosis. Using the case of a 71-year-old man who was having increasing breathlessness on exertion, this essay explores how a clinical history can help distinguish between these different causes and considers the important areas to cover when taking a history. The essay first reviews the importance of obtaining detailed information about current symptoms and factors that may aggravate or relieve them. It then considers the relevance of personal and family history and examines the role of social factors including smoking, occupation and activity levels. It finally demonstrates how all these factors from the history contributed to the differential diagnosis of this patient. (138 words)

You will have put things in your own words but you should have covered the same key issues:

- The subject of the essay is clearly identified – and this matches the topic set
- The introduction briefly introduces the patient and outlines the elements of the history that will be covered
- It summarises the purpose of the history in helping the diagnostic process.

Organising the body of your assignment

Following on from the introduction, your discussion should be coherent and presented in a way that makes logical sense. You need to group similar ideas together into paragraphs, with each paragraph clearly focused on a topic. You then need to arrange your paragraphs so that your discussion moves forward logically and does not jump about.

- See 'Planning what to write' in the section 'How to approach coursework' in this Guide for more suggestions about how to organise.

Exercise 2 – Organising ideas into a plan

Students were asked to write a case study about supporting someone giving up smoking. First they brainstormed the topic and came up with the following ideas. Then the students identified some broad themes and put them into the order shown in the plan below.

Pick up where the students left off and organise the ideas into the plan so they follow a logical progression through the subject.

Ideas

- Outline of patient’s personal, social and medical

background

- Explore reasons why he wants to stop now
- Find out what he understands about dangers of smoking
- Brief outline of why smoking cessation is important
- Brief outline of practice setting for this case study
- What to do if quit attempt isn’t successful
- Outline of key points to be covered in this case study
- Assessing motivation to stop
- Find out about previous quit attempts - what worked, what didn’t
- What was less successful and why
- Assessing readiness to change
- Choosing a pharmacological support
- Individual support vs. group support
- Setting a quit date
- What went well and why
- Ongoing support and follow-up
- Behavioural support
- Lifestyle advice
- What could be done differently in the future
- Addressing barriers to stopping
- Follow up
- Summary of the approaches used with this patient
- How he thinks smoking affects his life and health

Introduction	
	Theme 4 – Interventions
Theme 1 - Introduce subject	
	Theme 5 - Maintaining change
Theme 2 - Assess desire to change	
	Conclusion
Theme 3 – Develop a plan to quit	

Exercise 2 – Feedback

Suggested Answer:

Introduction

Brief outline of why smoking cessation is important
Outline of key points to be covered in this case study

Theme 1 - Introduce the case study subject

Brief outline of practice setting for this case study
Outline of patient's personal, social and medical background
Find out what he understands about dangers of smoking
How he thinks smoking affects his life and health

Theme 2 - Assess desire to change

Explore reasons why he wants to stop now
Assessing motivation to stop
Assessing readiness to change

Theme 3 - Develop a plan to quit

Level of dependence on nicotine
Find out about previous quit attempts - what worked, what didn't
Addressing barriers to stopping
Setting a quit date

Theme 4 - Interventions

Choosing a pharmacological support
Behavioural support
Lifestyle advice
Individual support vs. group support

Theme 5 - Maintaining change

Ongoing support and follow-up
What happens if quit attempt isn't successful

Conclusion

Summary of the approaches used with this patient
What went well and why
What was less successful and why
What could be done differently in the future

Note: a theme is not necessarily the same as a paragraph. Some themes may have more content and take longer to cover than others, depending on the topic.

Linking your ideas

The exercise above was about organising ideas. When you are deciding how to organise, you will have reasons in mind for covering ideas in a particular order. But do not assume that your reader will be able to follow your thinking. It is important to **demonstrate to the reader** how your ideas relate to each other as you move between paragraphs and as you organise ideas within a paragraph.

Transitions between paragraphs

One way to show how paragraphs relate to each other is to use old/new construction. When you start a new paragraph, you refer back to the main idea of the previous one to link the two together.

For example, if you were writing an essay about healthy lifestyle advice, you could move from a paragraph about exercise to one about diet by emphasising that both are important elements. This might look like:

End of first paragraph:

Establishing a daily exercise routine is therefore important for maintaining good health.

Start of new paragraph:

Along with exercise a well-balanced diet is also important. Any balanced diet should include...

Exercise 3 - Establishing a link between paragraphs

In the following examples you are given the last sentence of a paragraph. Choose which sentence you think would make the best start for the next paragraph.

1. So it can be seen that a detailed history can reveal a great deal of useful information.

- a. The most suitable diagnostic tests in this case were....
- b. The information gained through history-taking can guide healthcare professionals in selecting the most suitable diagnostic tests. In this case, the most suitable tests...

2. It was now clear from the history that Mrs. S was not responding to the usual treatment.

- a. When patients fail to respond, the next steps are to consider other diagnoses and organise tests such as...
- b. A further set of blood tests were arranged and a scan booked.

3. After John's full history had been taken and spirometry carried out, he was diagnosed with COPD.

- a. The next step was to discuss smoking cessation with John.
- b. Given this diagnosis, an important first step in John's treatment was to discuss smoking cessation since this is the only intervention shown to halt the progression of COPD.

Answers:

1: b

2: a

3: b

Linking ideas in sentences

When you group ideas together, such as within a paragraph, check that you are presenting them in a way that makes sense. This includes indicating how one idea relates to another. There are useful words and phrases that can help you do this if you use them appropriately.

Example 1

Confusing: Nobody inquired about the purse found on the bus. Furthermore, it was given to charity. (The word 'furthermore' indicates that one action happened in addition to the other).

Helpful: Nobody inquired about the purse found on the bus so it was given to charity. (The word 'so' indicates that one action happened as a result of the other).

Example 2

Henry didn't understand his homework. His father helped him.

Might be changed to

Since Henry didn't understand his homework, his father helped him.

or

Henry didn't understand his homework so his father helped him.

For more words you can use to indicate how one idea relates to another, see 'Two top tips' at the end of 'Examples of case study writing' in the section 'How to approach coursework' in this Guide.

Exercise 4 - Showing how one idea relates to another

Insert the best alternative

1. People with breathing problems, _____ children and the elderly, are at particular risk of complications resulting from infection.

for example namely especially

2. Sales of printed books have experienced a small but steady fall over the past 12 months. _____, e-books have seen an increase in their share of the market.

Above all In contrast In particular

3. The business manager explained that due to the current financial situation it would be necessary to freeze current salary levels for most grades of staff. _____, pay rises would be considered for some employees.

Nevertheless Surprisingly Similarly

Exercise 4 - Answers

1: especially

'Especially' is correct since this sentence is saying that the risk is higher for certain age groups of people with breathing problems. Using 'for example' or 'namely' would imply that all children and all older people have breathing problems - which is not true.

2: in contrast

'In contrast' is correct since the sentence emphasises the difference between sales of printed and e-books.

3: Nevertheless

'Nevertheless' is correct since the second sentence states an exception to the general situation described in the first sentence.

To keep in mind

You always want to have a clear link between the ideas you present in your sentences and paragraphs. On their own, though, linking words or phrases do not guarantee a logical progression through your discussion. If your sentences or paragraphs do not make sense in the order you have them, adding in a few more words will not be of much help.

- If you find it difficult to make a connection between two ideas, check to see if there is a better place to put one of your ideas.
- If you cannot find a good place anywhere else for an idea, check that it is clearly related to the topic you have been asked to discuss.
- If it is not related, you should usually just take it out so you can focus on what you need to cover.

Staying on track

When you write an assignment, you need to make sure you stick to the topic you have been set and avoid straying off the point. If you include information that was not required, you will not be able to gain marks for it even if this additional information is factually correct and well presented. Straying off the point also increases the risk that you will use up your word count without covering key information. This will lose you marks.

Exercise 5 - Sticking to your topic

A student was asked to write a short paragraph outlining how they would explain an electrocardiogram (ECG) to a patient. Identify the sentences where the student strays off the point.

An electrocardiogram (ECG) is an electrical recording of the heart and is used in the investigation of heart disease. A) It is thought that Willem Einthoven in 1893 was the first to use the term electrocardiogram. B) The word electrocardiogram comes from the Greek 'electro' because it is related to electrical activity, 'cardio' which is Greek for heart and 'graph' meaning to write. C) An ECG is a painless non-invasive test where small sticky patches called electrodes are attached to the chest wall, arms and legs and connected to the ECG machine which records the pattern of the heartbeat. D) Before small electrodes were available, patients had to immerse each of their limbs into containers of salt solutions. E) It takes only a few minutes and can be done either at your GP surgery or at the hospital. F) Sometimes blood tests are also needed to help the doctor make a diagnosis. G) Sometimes ECGs are carried out during exercise or are recorded over a 24-hour period using a small portable machine.

Answers: _____

Exercise 5 - Feedback**Answer**

1. A,B,D,F

An electrocardiogram (ECG) is an electrical recording of the heart and is used in the investigation of heart disease. A) It is thought that Willem Einthoven in 1893 was the first to use the term electrocardiogram. B) The word electrocardiogram comes from the Greek 'electro' because it is related to electrical activity, 'cardio' which is Greek for heart and 'graph' meaning to write. C) An ECG is a painless non-invasive test where small sticky patches called electrodes are attached to the chest wall, arms and legs and connected to the ECG machine. D) Before small electrodes were available patients had to immerse each of their limbs into containers of salt solutions. E) It takes only a few minutes and can be done either at your GP surgery or at the hospital. F) Sometimes blood tests are also needed to help the doctor make a diagnosis. G) Sometimes ECGs are carried out during exercise or are recorded over a 24-hour period using a small portable machine.

Exercise 6 - Straying off the point

Now think about the essay title we looked at in Exercise 1:

'With reference to a patient you have cared for, discuss the information it is important to cover when taking a clinical history to help establish a diagnosis in someone presenting with symptoms of increasing breathlessness.'

Look at the following paragraphs some students have written as part of their answer. Are they answering the question or deviating from the topic? Underline or highlight the sections you do not think are relevant for this essay.

Paragraph 1

So from the information obtained from the history it was most likely that his symptoms were due to COPD which was caused primarily by his long smoking history of at least 55 pack years. A key part of his treatment would be to explore his willingness to give up smoking and to advise him of the

different types of support available to him. In the UK it is estimated that up to 80,000 deaths annually are due to smoking-related diseases (DH, 2010) and so developing services to assist people in their quit attempts is of paramount importance.

Paragraph 2

Good communication skills are essential when taking a patient history as it is important to ensure that as full a picture as possible is established. The use of open questions can enable patients to give more details than questions that simply require yes or no answers. It is important that the healthcare professional retains an open and non-judgemental approach which will encourage a patient to fully disclose issues that they may be reluctant to reveal such as the amount of alcohol they drink or number of cigarettes they smoke.

Paragraph 3

From the history it was identified that this patient had several risk factors for the development of heart failure. A recent estimate indicates that heart failure affects at least one in every 100 people in the UK, increasing sharply with age (DOH, 2012). It has also been suggested that the number of patients with heart failure is set to rise over the next twenty years, due to the improved survival in patients who develop cardiovascular disease and an ageing population (DOH, 2012).

Exercise 6 - Feedback

Paragraph 1

So from the information obtained from the history it was most likely that his symptoms were due to COPD which was caused primarily by his long smoking history of at least 55 pack years. A key part of his treatment would be to explore his willingness to give up smoking and to advise him of the different types of support available to him. In the UK it is estimated that up to 80,000 deaths annually are due to smoking-related diseases (DH, 2010) and so developing services to assist people in their quit attempts is of paramount importance.

This student strays off the point when they start to discuss treatment for this patient, data related to smoking and the importance of smoking cessation services. These are interesting topics, but they are not directly related to the topic of taking a clinical history.

Paragraph 2

Good communication skills are essential when taking a patient history as it is important to ensure that as full a picture as possible is established. The use of open questions can enable patients to give more details than questions that simply require yes or no answers. It is important that the healthcare professional retains an open and non-judgemental approach which will encourage a patient to fully disclose issues that they may be reluctant to reveal such as the amount of alcohol they drink or number of cigarettes they smoke.

This is all really good information about communication skills and how to gather information from a patient. This essay, however, asks the student to discuss the information they need to obtain rather than how they can obtain it. This paragraph would only be relevant if the essay had asked the student to consider the communication skills that would help in gathering the information required for a history.

Paragraph 3

From the history it was identified that this patient had several risk factors for the development of heart failure. A recent estimate indicates that heart failure affects at least one in every 100 people in the UK, increasing sharply with age (DOH, 2012). It has also been suggested that the number of patients with heart failure is set to rise over the next twenty years, due to the improved survival in patients who develop cardiovascular disease and an ageing population (DOH, 2012).

Although this information may be factually correct, it does not contribute to a discussion on history-taking. It uses up words that would be better used to discuss what these risk factors were and to identify the next steps to determine the likelihood of heart failure being a cause of the patient's symptoms. So this student has included irrelevant information on heart failure statistics but not explored risk factors identified in the history which was required.

Presentation

It is important to follow the instructions given about presenting and formatting your work. Marks are awarded for the style and accuracy of your referencing, grammar and spelling. Make sure you pay attention to these so that you do not needlessly lose marks.

You also need to ensure that you maintain confidentiality in assessment including your coursework. You must be careful not to disclose information which could identify a patient, such as the name of your patient, your workplace or its principals. **Breaching patient or workplace confidentiality will lead to penalties** starting with a loss of marks. The penalty could be much more severe depending on the nature of the breach.

Finally, be sure to proofread your work to make sure that what you say makes sense, and to eliminate typing errors.

We cover below how the 'Presentation' element of the marking grid/rubric would apply to examples of writing. See the section called 'Examples of writing - what works, what doesn't and how to fix it'.

Academic language: what it is and what it isn't

In your writing it is important to use appropriate academic language. This includes using an objective and detached style and avoiding slang terms or colloquial expressions.

You also do not write in the first person (using 'I', 'me' etc.) unless you have been specifically told that this is acceptable for a particular assignment.

Some students mistakenly believe that degree-level writing means using complex language and the longest words possible. Here is an example:

'In an analogous discussion regarding the amelioration of standards designed to augment the ability of staff to effectively eradicate suboptimal hand washing techniques, it has been suggested that...'

However, using long words does not demonstrate that you understand the issue being discussed. In this case, all that is being said is:

'In a similar discussion about the improvement of standards aimed at helping staff to get rid of poor hand washing habits, it has been suggested that...'

It is to your advantage to state what you mean using **clear, direct language**. Complex language will not gain you marks, but you may end up losing marks if what you write in your assignment is not clear.

For more on academic language, visit the Skills for OU Study site at the Open University

- The 'Core Skills' section has material on 'Developing Academic English'
- Skills for OU Study is at <http://www2.open.ac.uk/students/skillsforstudy/index.php>

References

Finding and using evidence is an important part of your learning. When you cite evidence in your work you will need to make use of correct referencing techniques. This includes knowing when and why to cite references as well as citing references in the correct format.

Exercise 7 – Why provide reference information?

1. Which of the below are reasons for accurately citing references in your work and providing a reference list?

	Yes/No
1. To enable the reader to find the original source and read it for themselves	
2. To enable you to find the information for yourself in the future	
3. To impress the marker	
4. To provide evidence regarding the content of your discussion	
5. To avoid the risk of plagiarism	
6. To demonstrate you have gained a broad knowledge base through wide reading	
7. To go above the minimum number of references stated in the assignment instructions	

Exercise 7 - Suggested Answer

	Yes/No
1. To enable the reader to find the original source and read it for themselves	Yes, this is why it is important to give full and accurate details.
2. To enable you to find the information for yourself in the future	Yes, it is very frustrating if you know you have read something but then can't find the source in the future.

3. To impress the marker	No, adding references just to impress the marker is not a good idea. The marker will not look favourably on references unless they are appropriate and necessary to support the points you are making.
4. To provide evidence regarding the content of your discussion	Yes, it is essential to demonstrate that your statements about patient assessment, diagnosis, management and so forth are based on sound evidence.
5. To avoid the risk of plagiarism	Yes, when you use words, facts, ideas or other material from the work of others, it is essential to correctly acknowledge the source so that it is clear you are not trying to pass off others' work as your own.
6. To demonstrate you have gained a broad knowledge base through wide reading	Yes, using references from a range of sources demonstrates that you have fully explored the topic.
7. To go above the minimum number of references stated in the assignment instructions	No, we do not suggest citing sources just to expand your reference list above the minimum requirement. Unless your sources are directly relevant to your topic, they are unlikely to strengthen your work. Focus instead on checking that you have supported all ideas and facts with evidence as needed.

Exercise 8 – When to cite a reference

Now that you have established why you use references, consider when you need to cite a reference.

	Yes/No
You want to quote directly some information in a journal article written by somebody else.	
You are arguing a point in your essay using your own ideas which have not been expressed in earlier essays.	

You are summarising the thoughts of another writer although not directly quoting from him/her.	
You have used an article as background reading but have not directly used information in your writing.	
You want to refer to your own previously published work.	
You want to include some statistics or other factual data.	

Exercise 8 - Suggested Answer

	Yes/No
You want to quote directly some information in a journal article written by somebody else.	<p>Yes. If you use a direct quote you must put the words in quotation marks and if the quote is long, indent it on a new line. The page number of the quote as well as the author's name and date of publication must be included in the in-text citation in your essay.</p> <p>For examples of how to format and cite quotations, see 'Quotations' in the section on 'Referencing' in this Guide.</p>
You are arguing a point in your essay using your own ideas which have not been expressed in earlier essays.	No, if these are your own ideas that have not been expressed elsewhere, there is no need to cite a reference. It is not acceptable, however, to use the same material in different essays.
You are summarising the thoughts of another writer, although not directly quoting from him/her.	Yes, a reference is required to indicate that these are not your own ideas.

You have used an article as background reading but have not directly used information in your writing.	No, it is not required to cite this in your essay or reference list. Background reading can be included in a separate list called a bibliography which lists articles or books you have read as a part of your studies but have not directly referenced.
You want to refer to your own previously published work.	Yes, you must provide a reference to any published work even if it is your own.
You want to include some statistics or other factual information.	Yes, all factual information must have a reference indicating where it was obtained. If you include unpublished information from your own practice you will not be able to give a reference but should indicate where the information came from. If the reader may need to refer directly to the information, and it comes from a source that cannot easily be referenced, you can include the information as an appendix.

Using the University of Hertfordshire APA style of referencing

So that everyone can understand and find references, a set of standard referencing rules has been developed which you need to follow.

At Education for Health we use The University of Herefordshire APA referencing. This consists of:

- In-text citations, where you provide brief information in your essay just after you use material from a source. The citation lists in brackets the author and year of publication. You also provide a page number if you quote from a source.
- Reference list, where you provide full information about all the sources you used in your writing.

See the section on 'Referencing' earlier in this Guide for details about how to format in-text citations and sources in your reference list.

- Ensure **your referencing style remains consistent** throughout your assessment.

Exercise 9 – Applying the University of Hertfordshire APA style of referencing

1. You are using a book called 'Developing essential study skills', published in 2006 and written by Elaine Payne and Lesley Whittaker. The publisher is Pearson Education Limited whose offices are in Harlow and it is a second edition.

Write the reference as it should appear in your reference list:

2. You have included a reference in your text to the print document 'Comprehensive critical care: a review of adult critical care services' which was produced and published by the Department of Health in London in 2000.

Write the reference as it should appear in your reference list:

3. You want to use an article from the American Journal of Respiratory and Critical Care Medicine in volume 160 number 5 pages S26-S28 published in 1999 called 'Childhood viral infection and the pathogenesis of asthma and chronic obstructive lung disease', written by James C Hogg.

Write the reference as it should appear in your reference list:

4. You want to use a document called 'Principles of self-management' produced by Long Term Conditions Alliance Scotland in Glasgow in 2008 and available on their website at www.ltcas.org.uk/self which you viewed on 10 June 2011.

Write the reference as it should appear in your reference list:

5. Look at the extract below and see if you can spot the referencing errors:

A previous family or personal history of asthma or atopic disease would raise the possibility of asthma as a cause of Judith's problems (Bellamy, D. and Booker, R., 2004). She did not recall any such history but did state that she had had mild whooping cough in infancy and bronchitis in early childhood. Lower respiratory tract infection in childhood has been reported by (Hogg 1999) and Johnston 1998 as a risk factor for respiratory disease in adulthood so Judith's childhood history could therefore increase her risk of COPD. Judith was a current smoker. She had started smoking in her late teens and smoked 20 cigarettes a day, giving a smoking history of approximately 40 pack years (BTS, 1997). A smoking history of more than 15-20 pack years is generally considered to be significant for COPD (D. Bellamy and R. Booker). Bellamy and Booker also state that 'cigarette smoking is overwhelmingly the most important risk factor for the development of COPD'.

Exercise 9 - Answers

1. Payne, E. and Whittaker, L. (2006) *Developing Essential Study Skills*. (2nd ed). Harlow: Pearson Education Limited.
2. Department of Health (2000) *Comprehensive Critical Care: A Review of Adult Critical Care Services*. London: Department of Health.
3. Hogg, J. C. (1999) 'Childhood viral infection and the pathogenesis of asthma and chronic obstructive lung disease'. *American Journal of Respiratory and Critical Care Medicine*. 160 (5) S26-S28.
4. Long Term Conditions Alliance Scotland (2008) *Principles of Self-Management*, Glasgow, Long Term Conditions Alliance Scotland [Online]. Available at www.ltcas.org.uk/self (Accessed 10 June 2011).
5. A previous family or personal history of asthma or atopic disease would raise the possibility of asthma as a cause of Judith's problems (Bellamy, D. and Booker, R., 2004 **initials are not necessary unless there are two authors with the same name). She did not recall any such history but did state that she had had mild whooping cough in infancy and bronchitis in early childhood. Lower respiratory tract infection in childhood has been reported by (Hogg 1999) **author's name is part of the sentence so should not be in the brackets and Johnston 1998 **needs brackets around date as a risk factor for respiratory disease in adulthood so Judith's childhood history could therefore increase her risk of COPD. Judith was a current smoker. She had started smoking in her late teens and smoked 20 cigarettes a day, giving a smoking history of approximately 40 pack years (BTS, **abbreviation is fine as long as the name has previously been listed in full followed by the abbreviation in brackets 1997). A smoking history of more than 15-20 pack years is generally considered to be significant for COPD (D. Bellamy and R. Booker **leave out initials but include date). Bellamy and Booker also state that 'cigarette smoking is overwhelmingly the most important risk factor for the development of COPD' **provide a year and page number for a direct quote.

Correctly formatted, this paragraph would look like this:

A previous family or personal history of asthma or atopic disease would raise the possibility of asthma as a cause of Judith's problems (Bellamy and Booker, 2004). She did not recall any such history but did state that she had had mild whooping cough in infancy and bronchitis in early childhood. Lower respiratory tract infection in childhood has been reported by Hogg (1999) and Johnston (1998) as a risk factor for respiratory disease in adulthood so Judith's childhood history

could therefore increase her risk of COPD. Judith was a current smoker. She had started smoking in her late teens and smoked 20 cigarettes a day, giving a smoking history of approximately 40 pack years (BTS, 1997). A smoking history of more than 15-20 pack years is generally considered to be significant for COPD (Bellamy and Booker, 2004). Bellamy and Booker also state that 'cigarette smoking is overwhelmingly the most important risk factor for the development of COPD' (p. X [page number with the quotation]).

Plagiarism and collusion

Plagiarism occurs when the work of someone else is presented as one's own and not attributed to the actual author. This includes using ideas, arguments, diagrams, images or other data from another source without acknowledgment.

Collusion is when people actively work together to mislead markers about the source of work. This includes people collaborating to produce material that is submitted as individual, independent work.

See the section 'Plagiarism and collusion' in this Guide for further information about plagiarism and collusion. There is also further information on your StudyNet page

Exercise 10 – Is it plagiarism/collusion?

In the following questions, identify which of the three answers given (a, b, or c) is correct.

1. John is writing an essay. He has done a lot of reading from different journals and several books from the library. He uses various ideas from his reading in his essay, but he is not sure from which sources the ideas he has used have come from. He lists the books and articles that he thinks are the sources in his reference list.

- a. Not plagiarism but he should have cited the sources in his essay
- b. Plagiarism – he needed to cite the sources when he used ideas from them
- c. Not plagiarism – he included the books and articles in the reference list

2. Mary uses the internet to find and read many relevant papers for her essay. During one of her searches she finds a free essay site which has an essay on a similar topic to the one she has been set. She downloads the essay, adds some of her own ideas, writes her own introduction and conclusion and then submits it.

- a. Mary has not plagiarised because she did not pay for the essay
- b. Mary did not plagiarise because she added her own ideas
- c. Mary has plagiarised since she used material from another source without acknowledging it

3. Deborah finds that an essay she wrote for a previous course is very similar to one she has to write for her current module. She uses her previous essay, but unfortunately she does not have the references properly recorded. She has names cited in the text, but not details of the sources. She makes up a few and thinks that the tutor will probably not worry about the rest.

- a. Because Deborah used work from a different course, it was all right

b. What Deborah did was all right because the essay had already been marked
c. Deborah plagiarised

4. Jane and Erica are working on the same essay. Jane finds a good website that is very helpful. It provides good material on the subject on which they are writing. She tells Erica about it and they both copy material from it. Jane copies and pastes some material into her essay and lists the site in her reference list. Erica paraphrases from the material, acknowledges the source when she uses material in her text and lists the site in her reference list.

- a. Jane and Erica colluded
- b. Jane and Erica plagiarised
- c. Only one of them plagiarised

5. Susan finds a helpful article in a journal. She photocopies it and copies some sentences from it into her essay, alternating these with her own words. She never copies more than a line without adding her own words or changing words from the article slightly. She puts the article in a bibliography to show she has read it but does not cite it in the text or put it in a reference list because she does not feel that she has made a sufficiently specific reference to it.

- a. Susan has not plagiarised because she has not copied more than a line at a time
- b. Susan has plagiarised
- c. Susan has properly cited the reference in the bibliography

6. Lewis finds some information on a website that says exactly what he wants to say. It is six lines of text which he copies into his essay in quotation marks. He cites the source in his text and puts the full reference in his reference list.

- a. Lewis cheated
- b. Lewis plagiarised
- c. What Lewis did is all right

Exercise 10 – Answers

1. B - John should have cited the sources in his essay when he used ideas from them. It is important when researching your work to keep a record of what ideas come from where so you can avoid this problem.

2. C - Mary plagiarised since she falsely passed off someone else's work as her own. It does not matter that the material was free - it is still plagiarism.

3. C - Deborah plagiarised for two reasons. It is not acceptable to submit work, including your own, that has already been submitted in a previous module. She also did not correctly reference the sources she used.

4. C - Only Jane plagiarised. She did not cite the source when she used material from it in her text, and she did not indicate that she quoted directly from the source.

5. B – This is plagiarism since Susan has copied and paraphrased from the article without acknowledging the source.

6. C - What Lewis is did is acceptable academic practice. The text was properly cited and a reference put into the reference list. (He still needs to discuss the content of the quotation in his essay though, to demonstrate that he understands the material.)

Appendices

Appendices are used when material you want to refer to in your essay cannot be easily accessed by the reader. Appendices should **not** be used to add extra discussion or to bypass the limitations imposed by the word count.

In your work, appendices should appear after the reference list. If you have more than one appendix, number each one chronologically according to the order you refer to it in your writing.

Exercise 11 – When to include material in an appendix

Which material in the following list would be appropriate to include as an appendix to an essay?

	Yes/No
Anonymised copy of a patient’s test results which you want to discuss in a case study	
A section or table taking from nationally recognised and published guidelines such as NICE	
A page of your own original writing explaining how you would assess a particular situation	
A copy of a protocol or patient leaflet used in your practice	

Exercise 11 - Answers

	Yes/No

Anonymised copy of a patient's test results which you want to discuss in a case study	<p>Yes, this is exactly the type of information which is useful as an appendix. Remember you must discuss in your essay the information contained in the appendix and explain its significance.</p> <p>Note that, as with any patient information, you must ensure confidentiality and remove all patient, trust, clinic or professional colleagues' names and identifying information.</p>
A section or table taking from nationally recognised and published guidelines such as NICE	No, material like this can be easily accessed by the reader so you only need to provide a reference in your text.
A page of your own original writing explaining how you would assess a particular situation	No, if you need to cover this information it should be included in the main assignment. Appendices are not a way of adding extra words to the assignment. In cases like this these words will not attract any marks and may actually lose you some from those allowed for 'Organisation and Presentation'.
A copy of a protocol or patient leaflet used in your practice	Yes, if this is relevant to your essay. Again, you will need to discuss in the main body of your assignment how the protocol or leaflet is used and not just place a copy in an appendix. Remember to remove all identifying information.

Knowledge and Comprehension

This element of the marking grid/rubric is about showing, in your assignment, that you understand key issues and concepts.

You will typically need to demonstrate:

- **Understanding of key ideas and issues** relevant to the assignment. In a case study, for example, this would include key features of the type of case you consider. For a disease-specific assignment, key elements typically include patient assessment, diagnosis, management and education.
 - Make sure you cover all areas according to the assessment instructions. You will lose marks if you leave out information that is required.

- Be careful not to stray off the point and include information that is not relevant to your topic. Even if this additional information is correct and well presented, you will not gain marks if it was not required for the assignment, plus you will have used up part of your word allowance.
- **Knowledge of the condition** that you are addressing - the disease itself as well as relevant material such as main guidelines and key pieces of research.
- **Variety in the sources** you have used for information. Variety is important since
 - it shows you can understand and evaluate different types of material
 - if you rely on a limited number of sources, there is a greater chance you will miss important information.
- **Reliable, recent and relevant sources** of information
 - Sources need to be up to date, high quality and relevant to the clinical care you discuss. Remember that clinical guidelines from another country may not be relevant.
 - Older sources may still be useful if they demonstrate a key point. Just be sure these are still relevant since knowledge in healthcare changes rapidly.

See ‘**Examples of writing**’ further below for how to demonstrate ‘Knowledge and Comprehension’.

Application and Reflection

It is critically important in healthcare that you can apply theory to practice.

In your writing, you need to demonstrate when and how the principles of evidence-based care apply to actual patients. This is why this section of the marking grid/rubric refers to ‘own practice’ and ‘personal experience’.

You need to use your knowledge and understanding to explain the care delivered or the issue under discussion. This shows that you are not just reproducing information, but making the link between what you have learned and what you see or do in practice.

Again, see further below for examples of student writing and how to demonstrate ‘Application and Reflection’.

Analysis and Synthesis

This element of the marking grid/rubric is about showing understanding as to **why** things are done.

To do this effectively, you need to break a subject down into smaller elements, so you can then address these in more detail and critically consider what the evidence shows. This is what we mean by **analysis**.

- The OU has produced a useful guide to 'Critical Thinking' - see <http://www.openuniversity.edu/brochures/critical-thinking-guide>

In an assignment, **analysis** typically includes:

- Breaking an issue or idea down into component parts that you address in more detail.
 - For example, this could involve examining the components of a clinical guideline and addressing when and why they are relevant.
 - A guideline, for example, usually addresses a whole range of areas: diagnostic tools, communication with patients, drug therapies and so forth. Each of these areas may also cover various elements, such as differences in practice depending on the type of patient.
 - So it may be not enough to simply cite a guideline as evidence. You may need to discuss when and why the elements of a guideline are relevant for a particular patient.
- Examining what research evidence says about a particular issue – such as an element of service provision, component of patient management, aspect of treatment, etc. You can demonstrate you understand the evidence by stating its significance in your own words.
 - For example, **why** is a particular principle of care included in a guideline? What is the reasoning or evidence backing this up?
 - Perhaps the results of a study about risk factor management for a relevant condition have been published. Critically consider the elements of the study and the robustness of the results. Do these provide a valid reason to use the results to guide patient care? (For some questions to ask, see the material on ‘Critical appraisal’ in the section ‘Finding and evaluating evidence’ in this Guide.)
 - Or have elements of a guideline been superseded by more recent research? If so, then analysis would involve examining what has been published, what the research demonstrates and how it relates to the guideline.
- Considering a variety of views about a topic, to examine what is being said and the supporting evidence that is provided.
 - For example, for a particular condition and/or type of patient, there may be debates about patient management. If so, what is being debated and how valid is the evidence presented for the different views? If there are different types of management plans or different approaches to treatment, for example, what are the strengths and weaknesses of each?
- Identifying gaps in the evidence that are relevant to your topic. Are there areas of uncertainty about diagnosis or treatment, for example?

Synthesis means making or putting together. You need to pull your points and information together so it is clear what you are arguing and why. This includes **stating how evidence applies** to the case or practice you are discussing. Breaking things down is important, per above. But it is not effective to just present pieces of information, leaving your reader to try to figure out what you are trying to say. You need to do this work, and make it clear what your information adds up to.

Go straight on to see how to demonstrate ‘Analysis and Synthesis’.

Examples of writing: what works, what doesn't and how to fix it

Below are some examples of writing. They include different versions of paragraphs and our comments on each one. The different versions show what works well and what does not in coursework, and how to improve what does not work well. The examples relate to particular areas of disease and healthcare but should be useful for any subject.

Our comments on the examples include references to elements of the marking grid/rubric. We have done this to show how these elements relate to actual writing, and how the different elements often work together in writing.

Our comments address the first four elements of the marking grid/rubric, each of which was covered earlier:

- Organisation and Presentation
- Knowledge and Comprehension
- Application and Reflection
- Analysis and Synthesis.

The final element of the grid/rubric, 'Evaluation and Conclusion', is addressed in the last part of this section.

The marking grid/rubric is included in the assessment information in your learning materials.

To see more writing examples and our comments, see 'Examples of case study writing' in the earlier section 'How to approach coursework' in this Guide.

Example 1 - moving beyond description

A common problem in student writing is staying on the level of description – telling a story about what happened in a case.

- Such writing is weak since it does not explain the actions it describes
- So it does not demonstrate understanding of the patient, condition or care.

This is why you need to move beyond description to demonstrate the higher-level skills covered in the previous section.

The example is from a case study of Mary, a 71-year-old woman with heart failure.

Version 1

Mary was unable to weigh herself daily so she was asked to restrict her fluids and to look out for increased ankle swelling and increased breathlessness. If this happened she needed to call her doctor or to contact her community heart failure nurse.

Our comments:

This paragraph is very weak because all it does is tell a story - it describes what happened.

- The biggest problem is the absence of reasons and evidence for the care described. Key information is missing, such as:
 - **why** would a patient with heart failure need to weigh herself?
 - **why** is there a link between heart failure and swollen ankles / increased breathlessness?

With no explanations or evidence, the paragraph would score poorly according to most elements of the marking grid/rubric, including 'Knowledge and Comprehension', 'Application and Reflection', and 'Analysis and Synthesis'.

- The paragraph would score poorly on 'Organisation and Presentation' too:
 - There are no references cited, although there should be since some information comes from other sources.
 - The start of the paragraph is weak. As readers, we are plunged straight into the details of Mary's care, rather than being told what the paragraph is about.

Still, the paragraph has some positive features that could be built upon:

- It has a clear flow of information ('since Mary could not do X, she was asked to do Y').
- The writer seems to understand that if a patient cannot follow standard practice, he or she needs to be given feasible alternative strategies to help manage their condition. This is an important principle of care, though it is only suggested here rather than directly stated.

Version 2

In heart failure an increase in weight can indicate fluid retention and the need to increase diuretic therapy (While and Kiek, 2009). Based on this, the advice to Mary would normally have been to weigh herself daily and contact her doctor or heart failure nurse if her weight went up by more than two kilograms over three days. However, due to mobility problems, Mary was not able to do this. Instead, she was asked to restrict her fluids (Smith and Jones, 2007) and to look out for increased ankle swelling and increased breathlessness (Bell et al., 2008).

Our comments:

This version is much stronger.

- It demonstrates an understanding of key features about the condition and patient management. For example, it:
 - explains the link between heart failure and rapid weight gain and why this matters (Knowledge and Comprehension)
 - provides relevant details of standard practice for heart failure cases, i.e. how much weight gain is too much (Application and Reflection)
- The first sentence is much better. It tells the reader what the paragraph is about, rather than launching into details about the patient (so stronger 'Organisation and Presentation').

- There are relevant references for the information cited (also stronger 'Organisation and Presentation').

There are still gaps though, where the paragraph describes what happens but does not explain why. For example:

- why was Mary asked to look out for increased ankle swelling and increased breathlessness?
- what do these measures have to do with heart failure?
- why was she asked to restrict her fluid intake?

Version 3

In heart failure an increase in weight can indicate fluid retention and the need to increase diuretic therapy (While and Kiek, 2009). Based on this, the advice to Mary would normally have been to weigh herself daily and contact her doctor or heart failure nurse if her weight went up by more than two kilograms over three days. However, due to mobility problems, Mary was not able to do this so alternative measures for monitoring her fluid load needed to be used. Although weighing is the preferred method for monitoring fluid load and for titrating diuretic therapy, in cases such as these less objective measures such as monitoring oedema and level of breathlessness can be useful (Bell et al., 2008). Therefore Mary was asked to check her ankles regularly for signs of swelling, which included measures such as tightness of her shoes, and to note if her activity was more limited by her breathing than normal. Regarding fluid restriction, some studies suggest that limiting intake may have an influence upon fluid overload (Carlton, et al., 2004; Smith and Jones, 2006). However, other research cautions that restricting fluids in older people may precipitate acute renal failure (Peterson and West, 2007). Given these divergent views, a moderate fluid restriction of between 1.5 and 2 litres per day would be appropriate in Mary's case (Grantham, 2008).

Our comments:

This is the strongest example. Over and beyond the elements noted in version 2, this version:

- provides the most complete explanation of the care provided, including
 - why normal practice would be for Mary to weigh herself – because weight is a more objective method of noting change than patient perception
 - why oedema, in the form of ankle swelling, and increased breathlessness are part of appropriate patient management - because they are alternative measures to check for an increase in fluid load
 - specific information about fluid intake in Mary's case, rather than a vague statement about restricting fluids

By including such explanation, this example provides the strongest demonstration of both 'Knowledge and Comprehension' and 'Application and Reflection'.

- provides the clearest explanation of how ankle swelling and increased breathlessness would apply to this patient: as Mary's shoes feeling tighter, and her activity levels 'more limited by her breathing than normal'. This is a further demonstration of 'Knowledge and Comprehension' and 'Application and Reflection' - and also Synthesis, since this summarises the relevance of the preceding discussion for Mary

- addresses a debate regarding patient management ('Analysis') and, given the evidence, reaches a conclusion about appropriate care for Mary ('Synthesis').

Example 2 – avoiding the unsupported statement

In your writing you want to avoid making unsupported statements. By this we mean statements about a topic (condition, care, etc.) that are not backed up with any supporting explanation or evidence.

- The problem with such statements is that they fail to show if the writer **understands** anything about the topic.

To avoid this problem, keep asking yourself:

- Why?
- Who says?
- How do we know? What evidence supports this?

The excerpts below are from a case study of Mr Y. who has just been diagnosed with diabetes.

Version 1

Obviously it is important to control glucose levels and many studies have shown this. For Mr. Y...

Our comments:

The first sentence is a classic example of an unsupported statement. There are many gaps here, including:

- **Why** is it important to control glucose levels? Saying something is 'obvious' does not help
- What does 'important' mean here?
- What evidence is there about controlling glucose levels? Referring to 'many studies' does not help either.

With so many gaps, this extract fails to demonstrate effective 'Knowledge and Comprehension' as well as 'Application and Reflection'.

Version 2

Glycaemic control is an important element of patient management if the complications of diabetes are to be avoided (UKPDS, 1998). However, medication for glycaemic control can carry risks as well as benefits, so the risks need to be considered carefully prior to prescribing (NICE, 2008). In the case of Mr Y...

Since most of the complications of diabetes have a cardiovascular basis (Khan et al., 2005; Johnson *et al.*, 2007), management of blood pressure and lipids is also essential (NICE, 2008). When Mr Y's blood pressure and lipids were checked, the results demonstrated that...

Our comments:

This version is much stronger since it explains key points, supported by evidence:

- It states why glucose control matters and what ‘important’ means here: avoiding complications. It also shows greater understanding by raising a relevant issue about risk (‘Knowledge and Comprehension’)
 - An older study may still be relevant, such as the 1998 study which was groundbreaking
- This information provides a much clearer foundation that can then be used when discussing the management of Mr. Y (‘Application and Reflection’).

In addition, explaining **why** one topic is important (glycaemic control) paves the way for addressing a related topic (cardiovascular risk) and explaining its importance, supported by evidence. (Further ‘Knowledge and Comprehension’)

- This link was not present in Version 1 since there was no mention there of the key term ‘complications’
- In this version the writer goes beyond citing the guideline to say **why** a principle of care is in the guideline. That is, the writer explains why NICE includes blood pressure and lipids. So this is also a good demonstration of ‘Analysis’.
- And then the principles in the guidelines are linked with Mr Y’s management (‘Application and Reflection’).

Exercise 12: Using evidence to support your points

Now that you have seen examples of what works well and what doesn’t, compare the two examples of student work below about the use of spirometry in primary care. Then answer the questions, which focus on the use of evidence. We have also provided some comments which include references to elements of the marking grid/rubric.

- You will notice below some old information and evidence. This is deliberate, so that students writing about any kind of similar topic can do so (drawing on up-to-date evidence) without worrying if their work overlaps with this material.

Example 1

Disease management guidelines for COPD and asthma (NICE, 2010; BTS/SIGN, 2011) suggest spirometry as the preferred diagnostic test and for monitoring disease progression. This along with the incentives set out in the Quality Outcomes Framework means that more spirometry is now being carried out in primary care. The quality of this procedure is debatable and there has been an observable trend demonstrating a significant level of disparity between specialist centres and primary care facilities. In the local area very few nurses have done proper spirometry training and most have just had sessions with a rep from the company supplying the machines. I do not think this is an acceptable standard of training and having looked at the paper by Mark Levy et al. in 2009 do not think we can even meet the basic level he proposes let alone the advanced level.

Example 2

Recent disease management guidelines for COPD (NICE, 2010) and asthma (BTS/SIGN, 2011) recommend the use of spirometry for diagnosis and monitoring of disease progression. They refer to the need for high-quality spirometry performed by adequately trained personnel but do not specify standards for the performance of spirometry. However Levy et al. (2009) have developed proposed standards for use in primary care. With the advent of the Quality Outcomes Framework as part of the GMS contract many more practice nurses are performing spirometry. Cooper (2007) emphasises that the outcomes from such spirometry services, which may guide diagnosis or management, are dependent on the quality and training of the spirometer operator.

It is important to remember that under the NMC code of conduct (NMC, 2008) nurses are responsible for ensuring that they have adequate knowledge and competence to deliver appropriate care. Yet a survey by Upton et al. (2007) clearly demonstrated that many nurses in primary care working in a specialist respiratory role did not have formal education or training. This must surely call into question their competence in performing or interpreting spirometry accurately and might suggest that there is a lack of understanding of what constitutes appropriate knowledge or competence, referred to as ‘unconscious incompetence’ by Adams (2011). This reiterates the need for setting of acceptable standards and further training, a view echoed by Derom (2008) and Levy et al. (2009).

In light of the concerns raised by the literature, an audit of local practice (Appendix 1) was undertaken with outcomes that resembled the findings of these studies. Although there were pockets of good practice there were no consistent standards across the locality, and levels of training ranged from fully accredited courses to a lunchtime session with the equipment manufacturer. In order to address these issues, a local steering group has been set up to

develop and implement a local policy governing the performance of spirometry, including the setting of minimum acceptable levels of competence for operators which will be assessed in line with ATS/ERS recommendations (Miller, 2005).

Questions:

Question	Example 1	Example 2
Where does the evidence for lack of training in spirometry come from?		
Why does the student think it is important that nurses have appropriate training?		
Where does the information about the local picture come from?		

Who has set standards for primary care?		
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Exercise 12 – feedback

Question	Example 1	Example 2
Where does the evidence for lack of training in spirometry come from?	No source given	Upton et al., 2007; Derom, 2008; Levy et al., 2009
Why does the student think it is important that nurses have appropriate training?	Not clear	To comply with NMC code of conduct. Because it affects outcomes of spirometry services (Cooper, 2007) which are important for diagnosis and management.
Where does the information about the local picture come from?	Not specified	Local audit, which is provided as an appendix
Who has set standards for primary care?	Levy, et al., 2009	Levy, et al., 2009

Our comments:

The differences between these two pieces of work demonstrate how the second example draws on much more supporting evidence. This example uses a range of supporting literature to set the scene for the discussion and underpin the points it makes, plus it specifies the source of local information.

Example 2 demonstrates the type of writing expected because it:

- Shows understanding of the issue under discussion ('Knowledge and Comprehension')
- Uses literature to support the ideas being presented ('Analysis')
- Summarises **how** the supporting literature informs the argument being presented. Note the words in bold:
 - **‘However** Levy et al. have developed...’
 - ‘Cooper **emphasises** that...’
 - **‘Yet** a survey by Upton et al. **clearly demonstrated** that...’

The words in bold indicate how the evidence cited relates to the student's own points. In this way the student demonstrates that they have interpreted what they read ('Analysis').

- Applies the evidence to the local situation ('Application and Reflection')
- Looks at different elements and then draws them together to inform recommendations for practice developments ('Synthesis')
- Uses objective language. The first example lapses into using 'I', which you should avoid unless you have been told it is acceptable for a particular assignment
 - Using 'I think' also weakens the student's point in Example 1. It sounds uncertain and suggests that someone else might reach a different conclusion.

Evaluation and Conclusion

Your conclusion should summarise for the reader what has been achieved in your essay. It is your opportunity to comment on what you believe are the most important points and why they matter.

Your conclusion should **not contain any new information** and there should not be any need to cite references. This is because the conclusion should be your interpretation of the material you have already presented.

Evaluation is an important part of the conclusion although it also needs to be evident throughout your assignment. Evaluation is about examining and judging the worth of something so that you can identify strengths and weaknesses. It could include highlighting key implications for practice, making recommendations for change or noting areas for further research.

In a case study, for example, you are generally expected to address what went well and what could be done differently in the future. This is where you consider what happened with your patient and discuss areas of good or weak practice.

- For some prompts to help you reflect upon your practice, see the material on reflection in the section 'How to approach coursework' in this Guide.

Remember that the conclusion makes a **significant contribution** to the **overall mark for your work**. Many students lose valuable marks by not writing a strong conclusion. A common error is to simply describe what the essay has done.

Exercise 13 - Writing an effective conclusion

What you write in your conclusion depends on your assignment. Still, it is possible to illustrate some key features of a good conclusion without the rest of the essay.

For this exercise, we will return to the assignment used in the Introductions section, slightly expanded:

'With reference to a patient you have cared for, discuss the information it is important to cover when taking a clinical history to help establish a diagnosis in someone presenting with symptoms of

increasing breathlessness. Complete your work by writing a short conclusion which summarises the key issues and reflects on good areas of practice and what could be done differently or better.'

Look at the examples given and consider how well they match the guidance for a good conclusion:

Example 1

This essay looked at the case of Mr X and discussed the important symptoms to look out for when taking a history from a breathless patient. It also considered important risk factors for different conditions that can cause breathlessness which is significant. It showed that the likely diagnosis for Mr X was COPD, which could then be confirmed by tests.

Example 2

By examining the case of Mr X, this assignment has demonstrated how reviewing the history of symptoms and considering social factors can help establish a working diagnosis. Important clues in this man's history included the persistent nature of his increasing breathlessness. Although some days were better than others, he was never free of symptoms. This case also highlighted the importance of asking about recent chest infections and exacerbations in order to identify the most likely cause. Finally, the process of taking Mr X's history revealed his smoking history, frequent chest problems in early childhood and maternal smoking. These all meant he was at significant risk of developing COPD. So although his breathlessness could have been due to a range of conditions, the presence of significant risk factors plus a typical presentation were highly suggestive of COPD. Appropriate diagnostic tests could now be organised to confirm this.

How well do the examples match the guidance for a good conclusion?

	Example 1	Example 2
Shows that the writer has done what they set out to do		
Points out what the assignment has answered or not answered in relation to the topic set		
Includes an evaluation of areas of good/weak practice.		
Gives a sense of having reached an end		

Exercise 13 - Feedback

	Example 1	Example 2
Shows that the writer has done what they set out to do	Yes, though very briefly	Yes
Points out what the assignment has answered or not answered in relation to the topic set	No. No specific information at all, so does not indicate how the history helped reach a diagnosis. This example is only 60 words long. When a conclusion is this short, it is often a sign that key information is missing.	Yes. Summarises the relevant elements of the patient's history and shows how they relate to the likely diagnosis. So provides an effective overview of key points. Remember not to present new information in your conclusion. All key points need to be covered in the body of your assignment.
Includes an evaluation of areas of good/weak practice.	No, not effectively. The writer implies that 'important' areas were covered. But, per above, there is no specific information. So we cannot tell if the writer has considered how well (or not) these areas were covered when Mr X's history was taken.	Yes, the information provided about key features of Mr X's history is an indication that these were effectively addressed when his history was taken. The sentence 'This case also highlighted the importance...' refers to a significant change the student made in their clinical practice as a result of what they learned in the module. The student needs to have discussed this change and the reasons for it in the body of the assignment.

Gives a sense of having reached an end	No, feels like there is still more to come	Yes, reaches a conclusion about the likely diagnosis and brings the topic of history to a close.
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Further resources on academic writing and skills

There are many freely available online resources about academic and writing skills relevant to higher education-level study.

Resources that you may find helpful include:

- UH resources are available on your StudyNet/canvas page under help and support.
- Skills for OU Study site at The Open University:
<http://www2.open.ac.uk/students/skillsforstudy/index.php>
 - The main page has tabs for various subsections including one on Assignments, which covers a range of skills relevant to writing coursework
 - See also the Core Skills tab for a section on 'Developing Academic English'
- Study Skills site at Oxford Brookes University:
<https://www.brookes.ac.uk/students/upgrade/study-skills/>
 - The site is divided up into three sections including one on 'Writing and assessment'. The section is divided up into many smaller subsections so it is easy to dip in and out of and find information about a particular topic.
 - The other two sections are 'Being a student' and 'Research and reading'