

# Facilitating Academic Writing in Postgraduate Medical Education: Tips for Instructors

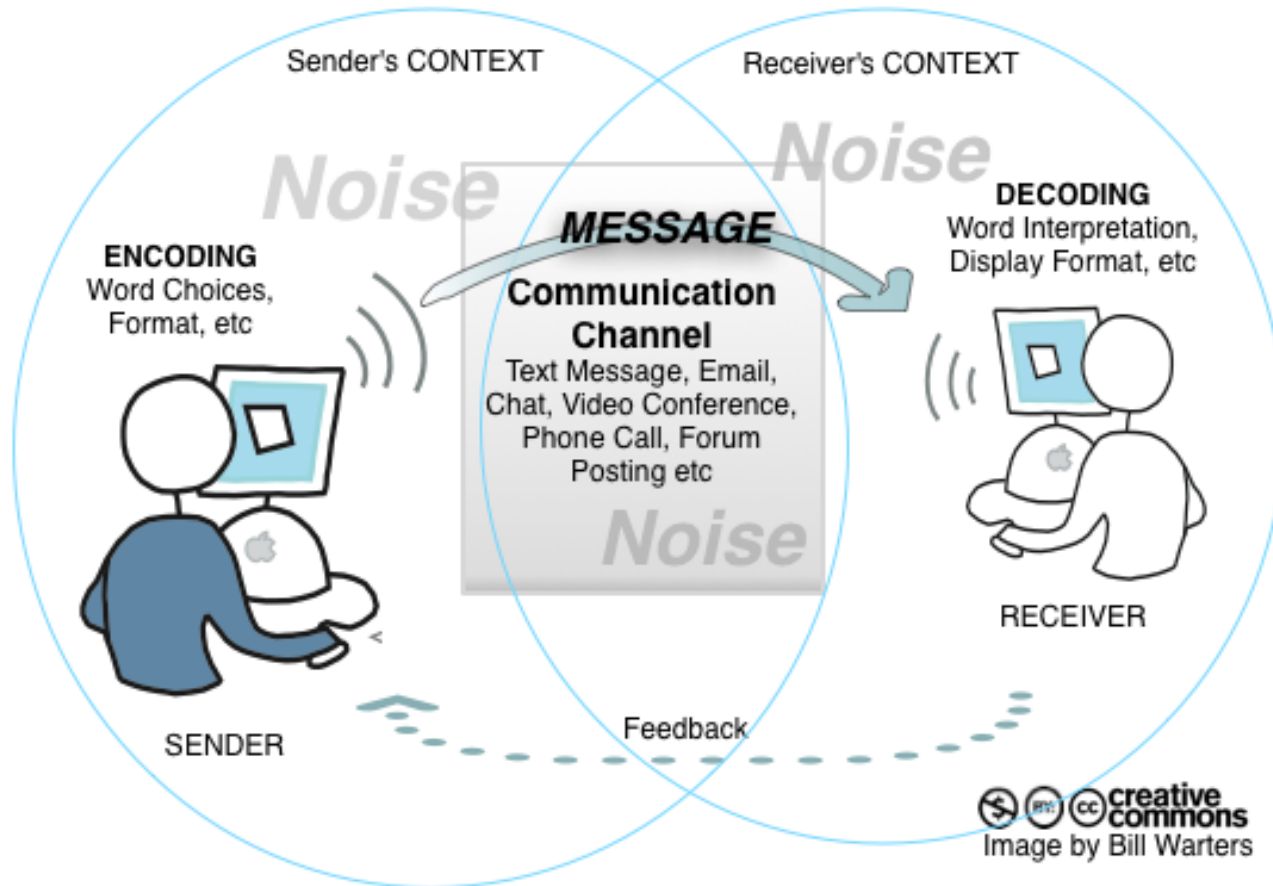


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# Communication Model



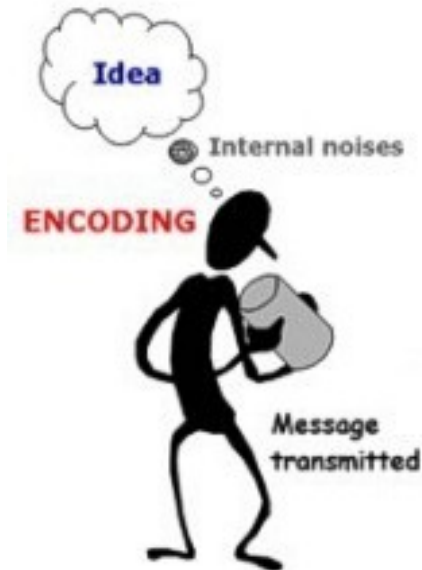
# Activity 1



Brainstorm:

How does the communication model relate to the teaching of academic writing?

# Sender



Focus on the writer

- process of writing
- writing habit
- learning about writing

# Activity 2



Share:

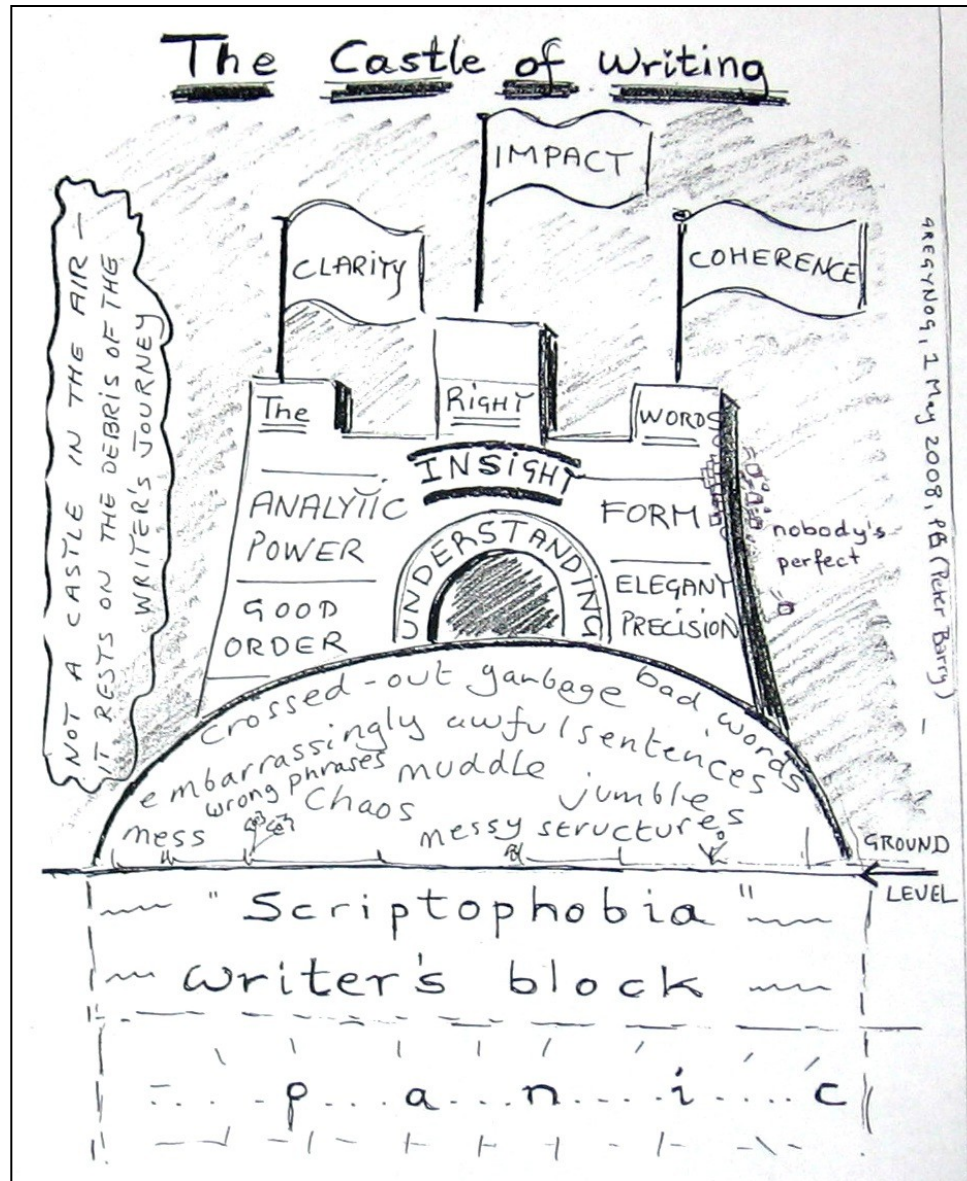
Focusing on the sender, think of activities that could be used to develop our students as writers (process, habit, learning).

# Process of writing

## THE **POWER** WRITING PROCESS (Shulman 2005)

<b><u>PREPARE</u></b>	<b><u>OUTLINE</u></b>	<b><u>WRITE</u></b>	<b><u>EDIT</u></b>	<b><u>REWRITE</u></b>
Purpose	Thesis	Content	Clarity	Accuracy
Audience	Major points	Organization	Coherence	Readability
Goal	Minor points	Style	Conciseness	
	Supporting data		Precision	

# Drawing the writing process



# An acrostic for the key word '*reality*'

*Acrostic – each letter of a key word is used to express thoughts/ideas related to the key word*

**R**eality in novels is an ambiguous notion

**E**ven a bit vague

**A**nd still I have decided to use it

**L**acking a better way of expression

**I**magination is also a bit confusing word

**T**herefore I'll have to look them up in a dictionary

**Y**earning for some clarification of the notions



# Writing habit

**“We are what we repeatedly do. Excellence, then, is not an act, but a habit.”**

(Aristotle 382-322 B.C.)

# Freewriting/rapid writing

I think I'll write what's on my mind, but the only thing on my mind right now is what to write for ten minutes. I've never done this before and I'm not prepared in any way--the sky is cloudy today, how's that? now I'm afraid I won't be able to think of what to write when I get to the end of the sentence--well, here I am at the end of the sentence--here I am again, again, again, again, at least I'm still writing--Now I ask is there some reason to be happy that I'm still writing--ah yes! Here comes the question again--What am I getting out of this? What point is there in it? It's almost obscene to always ask it but I seem to question everything that way and I was gonna say something else pertaining to that but I got so busy writing down the first part that I forgot what I was leading into. This is kind of fun oh don't stop writing--cars and trucks speeding by somewhere out the window, pens clattering across peoples' papers. The sky is still cloudy--is it symbolic that I should be mentioning it? Huh? I dunno. Maybe I should try colors, blue, red, dirty words--wait a minute--no can't do that, orange, yellow, arm tired, green pink violet magenta lavender red brown black green--now I can't think of any more colors--just about done--relief? maybe.

# Class blog writing

## DISCUSSION GROUP OF THE ACADEMIC WRITING COURSE

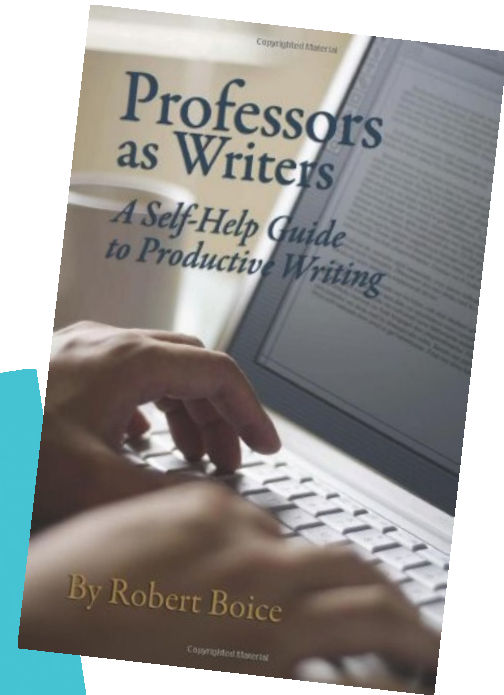
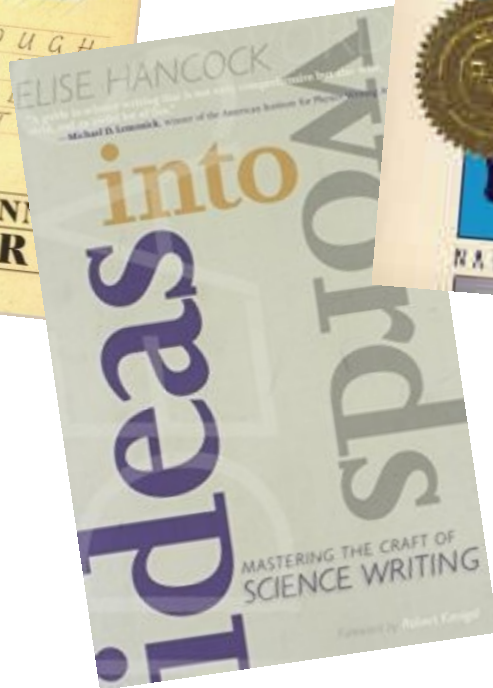
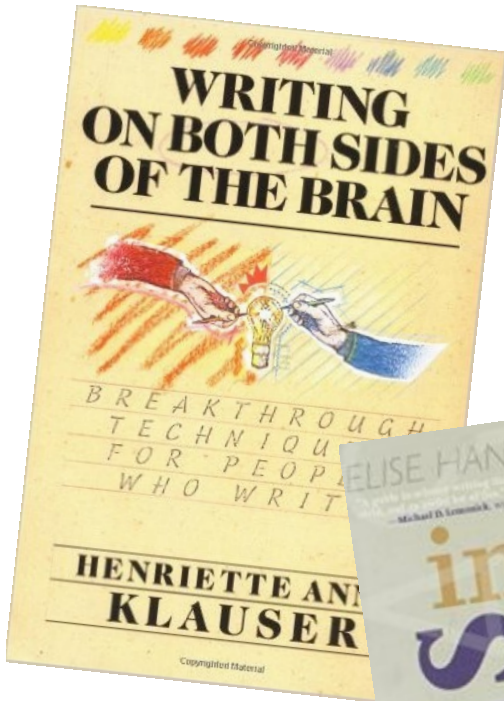
<https://is.muni.cz/auth/cd/1411/podzim2015/VLAW051/>

# Students as writers

## Steps:

1. Embracing the “write” attitude
2. Managing contingencies
3. Practicing deliberately

# Reading about writing



# Message



Focus on the text

- context
- structure
- lexico-grammatical features

# Context

**Context of specific genre:** e.g. abstracts

What is an abstract?

Where can you find abstracts?

Who reads abstracts?

Why are abstracts read?

What are the types of abstracts?

How do they differ?

# Structure

**Introductions** (CARS model by Swales 2004 )

**Move 1:** Establishing a territory

*usually associated with, widely used for...*

**Move 2:** Establishing a niche (= a gap)

*a rare condition, an uncommon location*

**Move 3:** Presenting the present work (optional)

*Here we report a case of...*



# Structure

## **Case Presentations** (Problem-Solution Pattern by Hoey 2001)

### **Move 4:** Presenting a problem

*A 5 month old infant...; Patient denied...*

### **Move 5:** Investigating the problem

*A CT scan revealed...; An MRI scan was performed...*

### **Move 6:** Addressing the problem

*The patient was treated with...*

### **Move 7:** Evaluating the outcome

*He made a full recovery...; Patient died...*

# Lexico-grammatical features

- Depersonalized language: *A 19-year-old Thai primigravida...*  
Agents omitted – passives: *MRI of the pelvis was performed...*  
Technology as agents: *Histopathology revealed...*  
Patients + non-factive verbs: *She denied recent weight loss...*

A (AGE)-year-old (RACE) man/woman presented/was admitted with a (PERIOD)-month/year history of (PATHOLOGY/SIGN/SYMPTOM). His/her past medical history included (LIST OF DISEASES). He/she had a strong family history of (DISEASE). (EXAMINATION) was within normal limits. The patient denied/admitted to (UNHEALTHY HABIT). His/her medical history was positive/negative/significant for (PATHOLOGY/SIGN/SYMPTOM). He/she was treated with (DRUGS) and subsequently underwent (SPECIAL PROCEDURE). Upon discharge, he/she complained of (SYMPTOMS). His/her physical examination revealed (SIGNS). (SPECIAL PROCEDURE) confirmed (DISEASE). Therapy with (DRUG) was initiated.

# Activity 3



Analyze:

In your handout, work on an analytical activity called paragraph skeleton.

# Receiver



Focus on the reader

- target journal
- using corpus linguistics tools
- peer-review

# Target journal analysis

- What is the character of the journal?
- What sort of audience does the journal cater for?
- Who are the editors?
- What are the rules to respect?
- In what form should the articles be submitted?
- How long is the review process?
- What happens after acceptance?

# Using corpus linguistics tools

The screenshot shows the TextSTAT interface for a corpus named '93 CASE PRESENTATIONS - CORPUS.crp'. The search term 'presented' is entered in the search box, and the results are displayed in a concordance view. The concordance shows the word 'PRESENTED' in all caps, followed by the context of its use in various medical case reports. For example, 'PRESENTED at 11 months of age with a history of enlarging head circumference', 'PRESENTED for evaluation of an abscess in her right breast', and 'PRESENTED with a palpable mass of her right breast'. The interface includes a toolbar with icons for file operations, a menu bar with 'Corpus', 'Word forms', 'Concordance', and 'Citation', and an 'Options' panel on the right with settings for search scope and sorting. The status bar at the bottom indicates '26 hits' and '1 files | 119416 bytes'.

TextSTAT - 93 CASE PRESENTATIONS - CORPUS.crp  
Corpus Export Language Encoding ?

Corpus Word forms Concordance Citation

presented Search Query editor

Concordance

out and primary closure was performed and the patient discharged the following day. He re-PRESENTED a week later with recurrent discharge from the same site, which  
with a 1-day history of mild respiratory distress without cough or fever. The patient had PRESENTED at 11 months of age with a history of enlarging head circumferen  
nal criteria established by Lipsker et al (Table 1) [3]. A 34-year old HIV negative woman PRESENTED for evaluation of an abscess in her right breast which developed  
ular drain was subsequently converted to a ventriculoarterial shunt. This 79-year-old man PRESENTED to his local hospital in May 2007 with a 2-month history of a ch  
iron, and antibiotics. A 33-year-old, male, right handed, realtor, of Malaysian descent, PRESENTED to hospital following a nocturnal seizure. His wife reported bei  
d to his activities of daily living without sequelae. A 27-year-old British Caucasian man PRESENTED to the Accident and Emergency department after falling on his ex  
e remains asymptomatic with no recurrence of abscess. A 59-year-old white Caucasian woman PRESENTED to the Emergency Department complaining of a five day history of  
endotracheal tube. No tracheobronchial injury was identified. A 5 month old black infant PRESENTED to the Emergency Department in the springtime with generalized s  
ed with intravenous vancomycin and gentamicin. A healthy 19-year-old male college student PRESENTED to the emergency department with acute pain in the left foot aft  
A 14-month-old Caucasian boy with idiopathic non-obstructive hydrocephalus and a VP shunt PRESENTED to the emergency room with a 1-day history of mild respiratory d  
, a decision was made to not rechallenge her with ibuprofen. A 27-year-old Hispanic woman PRESENTED to the University Medical Center Emergency Department in Las Veg  
was no evidence of any residual cutaneous lesions. A 53-year-old white British gentleman PRESENTED with a 2 month history of purulent discharge from a sinus on the  
over the course of a week and she had no recurrence of her symptoms. A 27 year old female PRESENTED with a one year history of progressively worsening epigastric pa  
evidence of further soft tissue injury. A 37-year-old Caucasian female of European decent PRESENTED with a palpable mass of her right breast. She had no clinical sy  
e to the persistence of lupus anticoagulants and the TIVAD. A 62-year-old Caucasian woman PRESENTED with a two-month history of intermittent fever. Her past medical  
monstrated a 7.4 mm calculus within the renal pelvis on the right side. A 13-year-old boy PRESENTED with a two-month history of left shoulder pain. Radiographs foll  
ioned and replaced. A 30-year-old Caucasian male without significant past medical history PRESENTED with a two day history of nausea, vomiting and diffuse abdominal  
he patient underwent an uncomplicated subtotal thyroidectomy. A 13-year-old Caucasian boy PRESENTED with acute appendicitis, characterized by right lower quadrant p  
he left ovary, consistent with recurrent metastatic disease. A 56 year old aromatherapist PRESENTED with advanced renal impairment (Blood Urea 26.1 mmol/l, Creatini  
ons, which led to her death four months after her initial presentation. A 42-year-old man PRESENTED with amnesia, pyrexia, hypotension and a rash on his left leg an  
complaints. A 21-year-old Caucasian woman with CF, rheumatoid arthritis (RA) and a TIVAD PRESENTED with deterioration in her oxygen saturation, from a baseline of  
follow-up doing well and without complaints (Figure 4.) A previously well 43-year-old man PRESENTED with chronic urticaria (Figure 1). There was no obvious precipit  
has returned to his pre-injury level of sporting activities. A 49 year-old Caucasian male PRESENTED with progressively worsening pain in the thoracic spine for 10 d  
ant clinical improvement and he died one year later. A 63 year old previously healthy man PRESENTED with reflux and dysphagia. Endoscopy revealed a stricturing lowe  
abdominal pain which eventually proved to be primary subhepatic appendicitis. The patient PRESENTED with sudden severe right upper quadrant pain radiating to the ri  
ut her oxygen saturation only partially corrected (90% in room air). One month later, she PRESENTED with transient expressive dysphasia and a right-sided hemiparesi

Options  
 search whole words only  
 search case insensitive  
 mark search string  
90 context left  
90 context right  
 alphabetically  
 sort context right  
 sort context left  
Refresh

26 hits | 1 files | 119416 bytes

# BUILDING CORPORA



- discipline-specific
- journal-specific
- genre-specific
- topic-specific
- part-genre-specific

# Peer-review

- Online peer-review: screencasts  
<http://screencast.com/t/8F1kpmjK0>
- Group in-class peer-review and editing
- Guest lecturer – editor
- Guest advisor – seasoned researcher
- Masaryk University Language Centre Peer-Review tool



# Sources

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# Pictures taken from:

<http://www.campus-adr.net/ODRmodule/CommunicationModelDiagram.png>

<http://www.vtaide.com/png/images/encoding.jpg>

[http://freelance-writing.lovetoknow.com/image/32118~Academic\\_writing.jpg](http://freelance-writing.lovetoknow.com/image/32118~Academic_writing.jpg)

<http://www.book-editing-services.com/blog/wp-content/uploads/2011/02/academic.jpg>

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[http://ecx.images-amazon.com/images/I/51y7HQ20O9L.\\_SY344\\_BO1,204,203,200\\_QL70\\_.jpg](http://ecx.images-amazon.com/images/I/51y7HQ20O9L._SY344_BO1,204,203,200_QL70_.jpg)

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<http://i.bookfi.org/covers/519000/9e26747ed4d948e2d13df6a21b1f5c4b-d.jpg>

Questions? Inquiries?