

MB BS Assignment Writing Guide

ACKNOWLEDGEMENTS

This work is adapted, with thanks, from:-

- School of Nursing, Midwifery and Nutrition. James Cook University, Undergraduate Handbook "The Mariner".
- Student Information James Cook University Study Skills On-Line
- LearnJCU
- International Committee of Medical Journal Editors. *Uniform Requirements for Manuscripts Submitted to Biomedical Journals*.
- *American medical Association and their journal JAMA*

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ACADEMIC WRITING

Writing in an academic style an important skill for medical students to learn, even more so now that publishing in refereed journals is usually a requirement of post-graduate training.

There are several different accepted styles of academic writing. This guide shows the requirements for style academic writing in written tasks.

What Guide to Follow?

Regular, written assignments

In-text referencing & writing style: Follow this Style Guide

Reference list: The School uses the Guide for authors Journal of the American Medical Association (JAMA) <http://libguides.jcu.edu.au/AMA>. This is not the Australian Medical Association nor its journal the Medical Journal of Australia (MJA).

Task is to write a journal article.

Style & Referencing: Use the 'guide to authors' used by this particular journal.

Honours Theses

Style & Referencing: Follow the Guide for the Honours Program.

http://www.jcu.edu.au/smd/public/groups/everyone/documents/research_topics/jcuprd1_066836.pdf

REFERENCING

Referencing and academic writing style are an important part of academic writing. Drawing on others' work is normal academic practice – but it must be acknowledged.

Referencing is used for several reasons: -

- To show the sources of materials you have drawn on when writing a document
- To appropriately credit the work of others
- To facilitate easy access by the reader to sources used

The School of Medicine and Dentistry's uses the American Medical Association (AMA) Referencing Guide found at: <http://libguides.jcu.edu.au/AMA>

The question of referencing common knowledge, such as that found in textbooks is a bit of a grey area. For instance, do you need to reference that fact that an adult has a total of thirty two permanent teeth? Publishers are fastidious about referencing so the SMD has developed a guideline designed to facilitate students getting experience in referencing.

Our guidelines are: -

- Quotations, are used rarely and only when there is a specific purpose for directly using the words of others
- Paraphrasing from any source must be referenced
- Common knowledge like that found in textbooks must be referenced, but,
- Reference major blocks of ideas in a paragraph, not every single 'byte' of knowledge
- Use only one textbook source, primarily the prescribed text, for each block of information. There is no value in referencing five textbooks for the same piece on knowledge.

PLAGIARISM

What is Plagiarism?

Using the work of others without acknowledgement is *plagiarism*. Any material which is not a student's own work must be acknowledged clearly in the precise manner specified in the School of Medicine and Dentistry Referencing Guide.

For guidance on using the work of others without plagiarising, see the JCU Writing Skills guide available at: <http://www.jcu.edu.au/tldinfo/writingskills/documents/SP&Pac030406.pdf>

All medical students are expected to familiarise themselves with the "Avoiding Plagiarism" information on <http://libguides.jcu.edu.au/Referencing>

Please read these JCU sites to familiarise yourself with the JCU policy.
http://www.jcu.edu.au/student/assessment/plagiarism/jcudev_010387.html

Penalties for Plagiarism

All cases of plagiarism are regarded as "academic misconduct" and is dealt with according to the JCU Academic Misconduct Policy.

http://www.jcu.edu.au/policy/student/rights/JCUDEV_005375.html

Your work is copied by another student

We do not want to discourage students from working together and learning from and commenting on each other's work. However, students may not give their work to others when they know this person is intending to pass it off as their own. In the case where one student copies another's work, the student who produced the original work will be informed of this and counselled about plagiarism policies. The student who copied the work will be penalised under JCU Academic Misconduct rules.

I

Plagiarism Screening using SafeAssign

From LearnJCU about SafeAssign:

SafeAssign is *LearnJCU*'s integrated **plagiarism detection tool**. *SafeAssign* allows you to submit your assignments as electronic documents and compares the content with assignments submitted by other students at JCU and over 5 billion other documents on the internet.

SafeAssign generates a report identifying segments of matching text, the quantity matched, and allows both you and the subject lecturer to check the submitted assignment against the original identified sources.

A *SafeAssign* report is **not** considered uncontested evidence of plagiarism, rather it is a means of providing you with feedback on your academic writing. Such feedback gives you an opportunity to develop the knowledge and skills needed to approach your assignments with academic integrity.

Plagiarism detection by staff

After all assignments have been submitted the Subject Convenor will get a list of the amount of matching each one contains. Staff will then check all assignments with significant levels of matching, plus a random selection of others, to check whether the matching is legitimately referenced material or plagiarism.

Viewing a report from Safe Assign

Students can get a draft *SafeAssign* Report before submitting their final work. This allows students to screen for matching items and appropriately reference them before handing in a final copy. You should not spend time changing material which matches

but which is properly referenced, or material such as tables of contents and reference lists which often match. Access *Safe Assignment* go to LearnJCU / Assessment.

SafeAssign guarantees the return of report within 24 hours, but will often reply in a few minutes. You should leave one day before the submission date to make changes.

Submitting work through SafeAssign

For guidance on how to submit your work through *SafeAssign* to:
<https://learnjcu.jcu.edu.au/webapps/portal/frameset.jsp>

Naming submitted file

Name your file as follows: Beakenstein Billy Yr 2 Written 2013
Surname First name Year level Type Calendar year

Submitting wrong version?

Every year students approach the School saying they submitted the wrong version, commonly saying that they 'forgot to add the Referencing List'. Numbers of these occur because students have not finished materials at the deadline. Students who do not submit the final version both electronically and the print version will have the usual mark deductions applied until the final copy is submitted.

Scanning the work of other staff or students

No person may submit the work of others to *Safe Assign*. *SafeAssign* keeps a record of all work submitted in draft and final format and this will be monitored. Those who scan the work of others will be dealt with in the same way as students who are found to have plagiarised.

ASSIGNMENT LAYOUT

Written assignments should adhere to the format prescribed in this Style Guide.

The exceptions are when the task is writing a [journal article or Honours thesis](#).

Marks may be deducted for layout that does not conform to the prescribed format. Markers may return assignments that do not conform to the prescribed format for re-formatting. Individual SMD assignments may have additional formatting requirements, which should be followed.

The following layout should be adopted for each assignment unless there is a unique reason for not doing so. You should familiarise yourself with any specific layout and formatting requests for each assignment.

The Statement of Authorship should be attached to all written work and a patient consent form, when this is required.

Front page

Should include: -

- o stapled top left (no plastic sleeves or folders)
- o student's full name
- o student number
- o type of assignment e.g. Year 2 written assignment
- o assignment topic
- o module chosen if relevant: e.g. CTL, RRITH, PAS (so can be given to correct marker)
- o graphics used (optional) must be referenced

The diagram shows a rectangular box representing a page. In the top left corner, there is a diagonal line indicating a staple. The text is centered on the page and includes: Name: Billy Beakenstein, Student number: 220220, Year 3 Integrated Assignment, Title: Latest evidence on management of diabetes to prevent kidney disease., and Module: PAS.

Page Layout

Unless otherwise stated in specific assignment guides, the following is the format to be adopted.

Pages

- Single sided
- Numbered bottom right

Margins 2cm x 2cm x 2cm x 4cm on right (to give space for marker's comments)

Paragraphs

- Double space between each paragraph.
- Indentation at beginning – nil.

Lines

- Spacing: 1.5
- Justification: Left justified only (right ragged)

Font

- Standard type face e.g. Times Roman, Ariel, Calabri
- Same text for body, in-text referencing & reference list
- 12 point

Headings

- Same text as body
- 14 point bold
- Not numbered or underlined

List & Box numbering

- Use Arabic numerals (1, 2, 3 ...) not Roman (I, ii, iii, iv....)

Fastening

- ✓ Stapled only ('fat' stapler located at assignment submission box outside SEPU))
- ✗ No plastic sleeves, covers or folders of any kind

What to reference

Whenever you directly quote, re-word, describe or use the work and ideas of others, you must acknowledge this by referencing the source. Referencing may be required mid or end of sentence.

How often to reference

If the material you wish to reference is the same in several textbooks you only need to cite one reliable textbook recommended by SMD.

Number of sources to reference

The small intestine has three main parts. These have different structures and functions. They are the duodenum –into which the food passes from the stomach via the pylorus, the jejunum and the ileum which joins the large intestine at the ileo-cecal junction.⁷

Too Much Referencing (all from same source → put one number at end of section.

The small intestine has 3 main parts.⁷ These have different structures and functions.⁷ They are the duodenum,⁷ into which the food passes from the stomach via the pylorus, the jejunum and the ileum⁷ which joins the large intestine at the ileo-cecal junction.⁷

Boxes, Figures & tables

All boxes, tables and figures are numbered in the order of their citation in the text. Each type of figure has its own numbering e.g. boxes are numbered 1, 2, 3 ...; tables 1, 2, 3, 4, 5, 6... and figures 1, 2, ...

Table is used for any data arranged in tabular format.

Figure is used for graphs, diagrams and images (like illustrations or photographs)

Box is used for textual information like lists, dot-points, side-bars and the like

Referencing

Figures, tables and boxes have reference numbers placed at the end of the title.. The number is sequential and part of the whole referencing list (there is not a separate referencing list for text, boxes, figures...).

Table 1. Growth rate of Australian, Indigenous & ASGC regions 2003-2004.⁶

Population	Growth rate per annum
Australia	2.2
Indigenous	2.4
Major cities	2.3
Inner regional	2.2
Outer regional	1.7
Remote	0.8
Very remote	1.2

Placement

Figures, tables and boxes are normally placed as close as possible to the text which refers to them.

Accompanying text

Anything that is put into a box, figure or table must have an accompanying written explanation in-text. This should not be a just title for the box. It must explain what its content shows.

Examples:

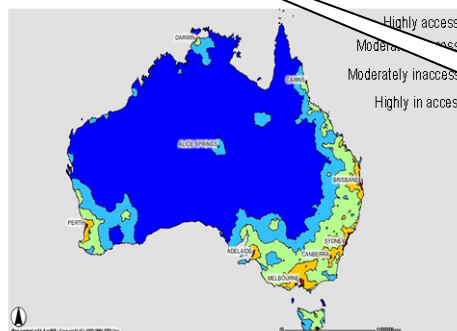
This is not acceptable: - i.e. There is no written reference to a figure in-text – it's just *plonked in*.

This is better: - Readers are referred to a figure without reference to its content or relevance. Box 1 shows ARIA regions in Australia.⁷

This is best: -

As shown in Figure 1, large areas of Australia have very limited access to health care and are designated "highly inaccessible".⁷

Figure 1. Accessibility Remoteness Regions of Australia.⁷



There is a line above the heading.

Figures, tables and boxes have a short heading above.

The figure, table and box label & number are bolded

Quotations

Avoid using quotations

Generally, quotations are not used in scientific writing. This does not include data in tables and graphs.

When you can justify using a quote, all quotes combined should comprise no more than 5% of the total word count of an assignment.

Quotes counted in word count

When you can justify using a quote, quoted words are counted in the word count.

Unacceptable reasons for quoting

Direct quotations should mostly be avoided.

Although it is important to read widely in preparing assignments, it is not academically acceptable to 'cobble together' blocks of other people's writing to make an assignment, even if this work is correctly referenced. Students argue that "the author of the reference says it so much better than I could". This may be true, but the role of an assignment is to help you gain experience writing and to show what you have learned about the topic.

An unacceptable reason for quoting is "because they say it better."

Every quote used needs to include an explanation of why the material was quoted. Quoting data collected by others is acceptable, so long as it is acknowledged.

Acceptable reasons

- Data such as normal values, a graph, a table
- Illustrating the 'angle' an author is taking on an issue
- Showing differences between one author and another
- Showing a section you might have arguments with
- When the original author uses an interesting turn-of-phrase that adds to the material. For example, "If you've seen one rural town, you've seen one rural town."^{3(p37)}

EXAMPLE OF JUSTIFYING WHY A QUOTATION IS USED

Grant, Wronski & Murray et al. are highly critical of the Aboriginal health services in Australia in the 1950s and 1960s and described situations of uncertainty and swinging policy. This contrasts significantly with State government documentation.

"Paradoxically, highly centralised State government bureaucracies also tolerated high levels of autonomy in local health service policy – so long as it did 'rock the boat....' This abrogation of responsibility was widespread and institutionalised. State governments pointed the finger at health professionals providing services and at mission and reserve management to deflect criticism of their own publicity."^{2(p28)}

*Reason for
using a
quote is
stated.*

Presenting & referencing quotations

Small quotes

When less than 30 words, a quote should be incorporated into a sentence.

Example:

Double inverted commas around the quote

Snow described that “By mapping cases, I realised that cholera cases were clustered around the Broad Street pump.”^{11(p3)}

Put the page number where the quote was taken from, in brackets.

Do not use italics

Quote within a quote

Example:

If you have a quote within a quote use single inverted commas for the main quote and double for the quote within it.

‘It has been said by Smith and Johnston that “dental caries are a serious cause of childhood surgery in the regional town.”^{8(p27)} There is ample evidence to support this’.^{9(p191)}

Larger quotations of about 30 words or more, are presented as separate passages that are indented from the left margin.

Example:

No quotation marks used around larger, indented quotes

There are differences of opinion about the possible future impact of genetics on the treatment of individual cases.

Smith and Jones argue that the prescription of medicine based on race related genetic s will become a major factor in clinical decision making, but have warned of the potential impact of this on discriminatory care.^{9(p.139)}

Indented from left hand paragraph, not right.

SCIENTIFIC TERMS

Scientific writing including medical writing style, has certain norms that should be adopted when producing work.

Microorganisms

The first word begins in upper case and all the rest is lower case. All are italicised.

Example:

FULL	ABBREVIATED
• <i>Aedes aegypti</i>	<i>A. aegypti</i>
• <i>Escherichia coli</i> becomes	<i>E. coli</i>
• <i>Porphyromonas gingivalis</i>	<i>P. gingivalis</i>

Non-taxonomic names

- The rise in the incidence of human immunodeficiency virus (HIV) and hepatitis B has been uneven.
- Of the many types of staphylococci, the one causing most alarm in hospitals is methicillin resistant *Staphylococcus aureus*.
- Both bacteria and viruses can cause diarrhoea.
- Young children's mouths are commonly colonised with the cariogenic group of streptococcal bacteria.

Anatomical and physiological terms

These are written in lower case unless named after a person or place or other proper noun.

- The liver can be enlarged in alcoholic liver disease.
- Malpositioned teeth can be categorised using Angle's malocclusion classification system.

Conditions and diseases

Diseases and conditions are written in lower case unless named after a person or place or other proper noun.

- Prevention of type 2 diabetes in obese young adults is of growing interest.
- Disorders in gingival (gum) growth may be related to conditions such as Down's syndrome and Crohn's disease.
- An infectious disease that has emerged in the USA is West Nile fever.
- Ross River virus is a common vector borne disease in Australia.

Medications

Brand names of drugs are capitalised and chemical names are in lower case.

- Anaerobic bacterial infections of the gums may be treated with the antibiotic metronidazole, a common brand of which is called Flagyl.
- One advantage of using aspirin following chest pain is its ease of administration.
- The local anaesthetic lignocaine hydrochloride is branded Xylocaine in Australia and contains the preservative sodium bisulfite or metabisulfite

Professional & institutional names

Using a professional title:

The senior member of the veterinary practice is Dr. Billy Beakenstein.

Using a general reference to a professional group:

Health professionals who are currently employed in the general practice include doctors, nurses and physiotherapists.

Using the name of a health service:

Of all the general practices in Townsville, the largest is the Townsville Family Practice Group.

Institutions and organisations:

Many universities have mapped their graduate outcomes to the Australian Medical Association (AMA) graduate attributes, including James Cook University's School of Medicine.

Grammatical norms

Standard or American English

The Medical School has no policy on using standard English or American English. However, student should follow a consistent style – all standard or all American English.

<u>Standard English</u>	Examples	<u>American English</u>
Diarrhoea		Diarrhea
Oedema		Edema
Haematology		Hematology
Paediatrics		Pediatrics

Use abbreviations only after the full term is used first.

Abbreviations

Use abbreviations only after the full term is used first. The abbreviation should be in a bracket one space after the term.

- ✓ Once a person is suspected of having an anterior myocardial infarction (AMI) the treatment protocol should be initiated. Management of an AMI includes immediately bringing a defibrillator to their bedside.^{8,9}

Do not use abbreviations at the beginning of a sentence.

- ✗ *Strep. pyogenes* is an important microorganism causing wound infections.^{12,13}
- ✓ *Streptococs pyogenes* is an important microorganism causing wound infections.^{12,13}

Use common abbreviations only – you should not make up your own.

- ✗ The treatment of common bacterial skin infections (CBSI) may involve antibiotics.^{12,13}

Contractions

Do not use contractions:

- ✓ do not ✗ don't
- ✓ they are ✗ they're

Numbers & symbols

Numbers up to 1 million are written numerically. Then write as '2.3 million'.

Using the % symbol is fine when describing a number. Use the full term in a sentence.

After 7.3 years of therapy, the intervention resulted in modest weight loss (7.1% vs 4.8% body weight loss in control patients.^{5,6} The percentage of people examined The total percentage of people

In addition, 49% (95% CI, 36%-63%) of patients in the gastric bypass group and 19% (95% CI, 10%-32%) of patients in the medically treated group achieved the American Diabetes Association guideline end point for diabetes treatment (composite of hemoglobin A_{1c} level <7.0%, low-density lipoprotein cholesterol level <100 mg/dL, & systolic blood pressure <130 mm Hg).^{5,6}

Do not use an ampersand (&) in a sentence. You may use them in a label for a box and in headings.

It is okay to use common medical and measurement symbols

Based on 989 study participants with postoperative measurements, weights and self-reported weights from no more than 30 days before the measured weights were obtained, women and men generally reported weights that were on average only 1 kg or less lower than measured weights obtained in person.⁷

Numbers must be written in full if they begin sentence. Also symbols and abbreviations.

Two other articles found in Medline have reported on this problem.^{8,9}

Tentative statements: are used rather than rather direct, categorical ones.

- ✗ The evidence proves the relationship between early thrombolysis and better outcomes after an AMI.^{21,22}
- ✓ The evidence (strongly) suggests that early thrombolysis leads to better outcomes after an AMI.^{21,22}

Objective style and minimalist language

- ✗ The evidence provided from these many articles is really good about use of earlier thrombolysis in remote areas.^{21,22} It conforms with earlier work on AMIs that shows that early thrombolysis does a lot to improve outcomes after AMIs when given by doctors in urban hospitals. This gives a lot of evidence that thrombolysis could be very helpful when nit is used in remote areas by non-medical staff like nurses and paramedics.^{21,22}
- ✓ Recent evidence suggests that early thrombolysis administered to AMI patients in remote areas by nurses and paramedics is as effective in improving outcomes as the same therapy administered by doctors in urban hospitals.

Passive, third person voice

Passive not active voice is mostly used in scientific writing, though the use of first person voice might be appropriate on some occasions, such as when the writer needs to indicate the position they take on an issue.

Use passive not active voice

- ✗ We used the diagnostic criteria from Murtagh.¹¹ (active)
- ✓ The diagnostic criteria from Murtagh¹¹ was used to (passive)

Use third person voice not first person

- ✗ I concluded from these articles that... (first person voice)
- ✓ It could be concluded from these articles that.... (third person voice)

Make things as the subject not people

- ✗ In this article I show that... (people the subject)
- ✓ This article makes a case for (things the subject)

APPENDICES AND ATTACHMENTS

Appendices and Attachments are not places to shift material because an assignment is over the word limit.

Appendices are included in word limits, except for the materials listed in "What can be put into an appendix or attachment?" (below)

What can be put into appendices & attachments?

They are mostly materials which supplement the text, which are too big to put in to the text and would break its flow, or are too big to put in to references. They should be useful to the reader. An example might be a list of participants who contributed to a meeting.

- Patient reports and investigations (de-identified)
- Interview outlines and other research materials
- Your own data that has been summarised in text, but to which the reader might refer
- Ethics approval and consent forms
- Lists of participants
- Copies of rare references that may be difficult to obtain

What should not be put into Appendices and Attachments

- Your own work that does not fit in to the word limit
- Material that be referenced in the usual ways
- Graphs and tables that are referred to in the text but which you cannot import electronically into body of the document. (Find a way to do it)

Patient Records

Case Reports and Studies

When referring to a patient's record the assumption is made that written patient consent has been obtained using the Patient Consent Form and that your re referring to that patient's record. No citation is required. Patient reports and investigations, which have been completely de-identified, can be place in an Appendix, with due acknowledgement - see below.

In Assignments and Projects

Reference to patient records requires the usual patient consent using the Patient Consent Form. It is not necessary to reference this data and indeed referencing might threaten confidentiality. Case material or data which have been written up by others are their intellectual property and should be referenced in the usual way for that medium.

Acknowledgements

It is normal etiquette to acknowledge those who have assisted you in developing your work and in accessing data and patient records. This should be done with a small notation at the beginning or end of your work.

EXAMPLE:

ACKNOWLEDGEMENTS:

Thankyou to the SMO and staff of Central Hospital for their assistance with this project.

ORAL PRESENTATION REFERENCING

In-text

Referencing oral presentations is currently not well standardised. The School's aim when a student presents is that it is clear to the audience when the work of others is used and who the person is. This means that you should note the authors' details briefly next to work you have used.

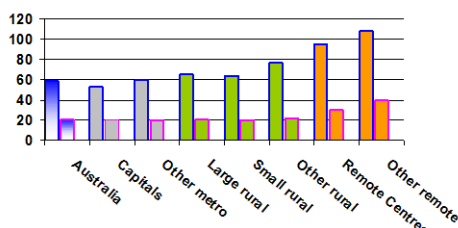
End-text

You should include a bibliography for all items referenced in the slides. Examples:



Ref: Tindall Map
SA Education Dept. 2007

**Male Deaths from Motor Vehicle Accidents
1992 -1996 per 100.000 population**



(Adapted from AIHW, 1999).

To be or not to be, that is the question.
(W. Shakespeare. c.1591)

Use italics for the quote and then add the authors name and date.

If material has been re-formatted, such as making a graph from stats, add the notation *...adapted from ...* with a short description as shown

Give a short reference notation the reader can see while looking at the slide.

One page example

Introduction

The town of Smithlands is located 471 km from the state capital and has a Accessibility Remoteness Index (ARIA) of 8.9.¹ Smithlands has experienced an annual increase in the vector borne disease Ross River virus (RRV) in the last 20 years. Ross River fever was first reported in Smithlands in 1989¹ and RRV is now a major cause of morbidity in the town.² In the years 2003 to 2006, Barmah Forest fever (BFF) has also appeared seasonally in the region.² This article will examine the data about the occurrence of these infections and look at ways to prevent them. It will also explore the RRV work of Dr. Vilma Rutter who is a rural generalist doctor based in Smithlands who works at the local hospital and Riverside Medical Clinic.

Ross River Virus

Transmission

Endemic to Australia, RRV is a small encapsulated single-strand RNA alphavirus.^{3,4} It is a vector borne disease. The mosquitoes that transmit RRV in Australia are³:-

1. *Culex annulirostris*, and,
2. *Aedes vigilax*.

The adult *C. annulirostris* is a common black/brown and white mosquito (Figure 1)⁵ that grows in fresh water such as lakes and swamps.^{6,7}

Figure 1. The *Culex annulirostris* mosquito.⁵



Incidence & spread of infection

Cases of RRV fluctuate annually depending on the timing and amount of rain,⁶ with cases peaking after rainfall events and following high tides in areas where *A. Vigilax*, also called the salt marsh mosquito, are common.⁷ Six hundred and forty eight cases of RRV were reported in 2009.⁸ The largest percentage of cases, 39%, was reported in NSW (Table 1).⁸

Table 1. Reported cases of Ross River virus infection by state & territory, 2009.⁸

	NSW	QLD	VI	NT	WA	SA	TAS
Number	252*	199	97	42	41	17	nilo

*SMD Students note: These are made up statistics for the purposes of demonstrating layout and should not be quoted.