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Acknowledgement

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Introduction

Welcome to the Florida Gulf Coast University (FGCU), Marieb College of Health & Human Services Writing Guide. The goal of this document is to present a writing roadmap to help students navigate the writing that they produce while at FGCU. The document should be used as a reference guide for all majors within the college. This guide is NOT a substitute for specific instructions by course faculty; instead, it should be used to support learning throughout the FGCU experience.

FGCU has an ambitious program, the Quality Enhancement Program, which focuses on improving students’ critical thinking, information literacy, and writing. This document concentrates on the courses identified as key to specific learning developments within the college.
How to Use this Guide

1. Receive Assignment
2. Read Guidelines Carefully
3. Use Lecture Materials, Course Content, and Relevant Resources to support topics and concepts
4. Follow the Example in the Marieb Writing Guide
5. Follow Writing Process
6. Submit Rough Draft if Applicable and/or schedule a Writing Center Tutoring Session
7. Receive Feedback from Professor
8. Revise
9. Submit

Figure 1: The 9 Steps to Effective Writing
The Writing Process

*Essentials of Business Communication* (Guffey and Loewy 2013)

Figure 2: The Writing Process
Table 1: QEP Courses by Discipline and Appropriate Course Levels * as of Fall 2017

<table>
<thead>
<tr>
<th>Discipline</th>
<th>Lower Division</th>
<th>Upper Division</th>
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<tbody>
<tr>
<td>General Education</td>
<td>ENC 1101</td>
<td>ENC 1102</td>
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<tr>
<td>Athletic Training</td>
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<td>• Research Methods in Healthcare / IHS 4504 / Gateway Course</td>
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<td>• Clinical Practice IV / ATR 4843 / 2nd Course</td>
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<td>• Clinical Practice V / ATR 4852 / Capstone</td>
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<td>• Research Methods in Healthcare / IHS 4504 / Gateway Course</td>
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<td>• Management and Leadership in Healthcare / IHS 3203 / 2nd Course</td>
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<td>• Senior Seminar / IHS 4938 / Capstone</td>
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<td>• Research Methods in Healthcare / IHS 4504 / Gateway Course, <strong>OR</strong></td>
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<td>• Health Education Foundations / HSC 3208 / Gateway Course</td>
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<td>• Capstone in Community Health / HSC 4910 / Capstone</td>
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<td>Public Health</td>
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<td>• Management and Leadership in Healthcare / IHS 3203 / 2nd Course</td>
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<td>• Public Health Capstone / PHC 4912 / Capstone</td>
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<td>• Community and Public Health Nursing &amp; Lab Clinical Practice Component / NUR 4636 &amp; NUR 4636L / Capstone</td>
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<td>• BSW Field Education II / SOW 4061 / Capstone</td>
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Key Components of Research/Writing

![Diagram showing the Research Process]

- Identify the issue
- Use the FGCU library databases
- Collect available knowledge
- Read knowledge
- Evaluate knowledge
- Write and synthesize knowledge
- Cite knowledge

Figure 3: The Research Process
Information Literacy

How to Evaluate Sources
When students search for information, they are going to find large amounts of it, but is it good information? Students will have to determine that on their own, and the Currency-Relevance-Authority-Accuracy-Purpose (CRAAP) Test can help. The CRAAP Test is a list of questions to help students evaluate the information they find. Different criteria will be more or less significant depending on the situation or need.

Answer the following questions when evaluating a source:

**Evaluation Criteria**

**Currency:** *The timeliness of the information.*
- When was the information published or posted?
- Has the information been revised or updated?
- Does the topic require current information, or will older sources work as well?
- Are the links functional?

**Relevance:** *The importance of the information for your needs.*
- Does the information relate to your topic or answer your question?
- Who is the intended audience?
- Is the information at an appropriate level (i.e. not too elementary or advanced for your needs)?
- Has a variety of sources been reviewed before determining which sources will be used?
- Will citing the sources of choice fit the assignment guidelines for the specific discipline?

**Authority:** *The source of the information.*
- Who is the author/publisher/source/sponsor?
- What are the author's credentials or organizational affiliations?
- Is the author qualified to write on the topic?
- Is there contact information, such as a publisher or email address?
- Does the URL reveal anything about the author or source? examples: .com .edu .gov .org .net

**Accuracy:** *The reliability, truthfulness and correctness of the content.*
- Where does the information come from?
- Is the information supported by evidence?
- Has the information been reviewed or refereed?
- Can the information be verified in another source or from personal knowledge?
- Does the language or tone seem unbiased and free of emotion?
- Are there spelling, grammar, or typographical errors?
Purpose: *The reason the information exists.*
- What is the purpose of the information? Is it to inform, teach, sell, entertain, or persuade?
- Do the authors/sponsors make their intentions or purpose clear?
- Is the information fact, opinion, or propaganda?
- Does the point of view appear objective and impartial?
- Are there political, ideological, cultural, religious, institutional, or personal biases?

Currency Relevance Authority Accuracy Purpose Test (CRAAP)
Here is a link to a survey students can use, repeatedly, to assess the information they find.

**Click Here to use the CRAAP to Evaluate Sources**
(https://goo.gl/pkb7k6)

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**Figure 4: Key Components of a Published Research Article**
Note: Use Figure 4 as a checklist to determine whether or not the article contains all elements of scholarly research
Critical Thinking
In order to think critically about a topic, students must explore it from multiple perspectives. In addition, students must understand their own perspective and the inherent bias they carry.

Students will work through concepts of critical thinking in all of their advanced courses. The following link is an interactive model that will help students investigate a topic critically as they plan their writing.

**Click Here for Critical Thinking Model**
(https://goo.gl/DeL7Oo)

How to Read a Research Article
- LOOK UP UNKNOWN WORDS – Medical Dictionary or Google
- Read the abstract first: Does it sound close to the topic?
- Read the background: Does it make sense, and fit with the topic?
- Read the discussion: What limitations exist?
- Read the methods and results: Do they reflect logically sound ideas?
- Re-read from the beginning to make sure the content is understandable
- It is acceptable to misunderstand ALL the statistics, that is fine, but the meaning of the statistics must be understood

Communication
The Writing Process
The writing process is just that: a process. Below is a chart to guide students through the process. Effective written communication cannot be skillfully produced without completing each step of the writing process. Make sure to devote the allotted time to each step. In other words, college level writing assignments cannot be completed efficiently overnight. **The graphic below focuses on each piece of the process. If the time on an assignment is broken down into parts, this is what it would look like.**
The Writing Process

*Essentials of Business Communication* (Guffey and Loewy 2013)

Figure 2: The Writing Process

- **Prewriting [planning and thinking]** 25%
- **Writing [organizing and composing]** 25%
- **Revising [revising and proofreading]** 50%
Checklist before Submitting a Final Draft (Hodges University 2015)

- Do not submit the first draft of any college-level assignment!
- Follow the assignment guidelines, exactly; one of the main reasons students fail assignments is that they do not adhere to the exact assignment requirements.
- Read the draft aloud.
- Then, read the draft to another person, repeat as needed.
- If there are confusing elements that cause readers to falter, those are the words and phrases that need to be revised, or, in some cases, omitted.
- Run spell check, but do not solely rely on this tool to find grammar and spelling errors.
- Check the assignment guidelines and rubric to make sure ALL assignment requirements are addressed before submitting.

Most Common Oversights

**Link to Writing Center Handouts**

1. Does every sentence have a subject, a verb, and a complete thought?
2. Have fragments and/or run-ons been revised?
3. Are there commas after intro phrases? For example, “In this report, …”
4. Are there commas missing from compound sentences?
   For example, “The information provided will conclude the assessment process, and the data will depict areas for improvement.”
5. Is the assignment free of tense shifts? All verbs should either be past or present.
   Right: “We revised and edited the assignment.”
   Wrong: “We are revising and edited the assignment.”
6. Do not use passive voice.
   Right: I obtained the data.
   Wrong: I have obtained the data.
7. Does every “it” and “this” [if used as a pronoun] have an antecedent?
8. Have overgeneralizations and clichés been edited from the paper?
   For example, “All of society…” and/or “Since the beginning of time…” are phrases that should never be used in a college-level writing assignment because it, simply, is not true, and you want to produce original work, not something that has been said before.
9. Is the quoted material connected to one of the student’s sentences?
   For example, “According to Dr. Smith, who teaches HealthAdministration at Harvard University…”
10. Material placed in direct quotes indicates that information is from a source other than the author of the paper. All direct quotes require citations and references.
11. Material that is paraphrased or summarized does not require quotation marks, but does require a citation that references the original source of the idea.
12. Have all contractions been removed?
   Right: [can not, will not, is not]
   Wrong: [can’t, won’t, isn’t]

***Finally, before submitting, ask the following questions: Have I done the best possible job I can do? Am I ready for a grade? Would I want the public to read this writing?***

Grammar and Syntax

Rule 1: Indent first line of a new paragraph 0.5 inches.

Rule 2: Some of the most basic and important English grammar rules relate directly to sentence structure. Some of these rules specify that:

- A singular/plural subject needs a singular/plural verb.
  - A singular subject needs a singular verb
    - First person
      - I make/ I made
      - I have/ I had
    - Second person
      - You make/You made
      - You have/You had
    - Third person
      - He makes/ He made
      - She makes/ She made
      - It makes/ It made
  - A plural subject needs a plural verb.
    - First person
      - We have/We had
    - Second person
      - You have/You had
    - Third person
      - They have/ They had
  - A plural subject needs a plural noun
    - Students write in notebooks
    - Monkeys eat bananas
  - Remember the word ‘you’ indicates second person singular (one person—you) or second person plural (group of people—you).
Rule 3: A sentence needs to express a complete thought. Refrain from using fragments as complete sentences.
  o Fragment: After the show ended.
  o Full sentence: After the show ended, we had coffee.
  o Fragment: Because the one I have now is not working out too well.
  o Full sentence: I need to find a new roommate because the one I have now is not working out too well.

Rule 4: All sentences must start with a capital (upper case) letter.

Rule 5: Titles of people, books, magazines, movies, specific places, etc. are capitalized.

Rule 6: Every sentence needs a punctuation mark at the end of it. These would include a period, exclamation mark, or question mark.

Rule 7: There are many rules for commas. The basic ones are commas separate items in a series and go wherever there is a pause in the sentence. They surround the name of a person being addressed, separate the day of the month from the year in a date, and separate a town from the state.
  7a. Use a comma before any coordinating conjunction (and, but, for, or, nor, so, yet) that links two independent clauses.
      Example: I went running, and I saw a duck.
  7b. Use a comma after a dependent clause that starts a sentence.
      Example: When I went running, I saw a duck.
  7c. Use commas to separate items in a series.
      Example: I saw a duck, a magician, and a liquor store when I went running.
  7d. Use a comma after introductory adverbs.
      Example: Finally, I went running.
      Example: Unsurprisingly, I saw a duck when I went running.

Rule 8: An apostrophe is used to shorten words used as contractions. However, contractions are not appropriate in formal written assignments and research papers. Often times, contractions are considered slang and usage is not looked favorably upon in academia.

Rule 9: An apostrophe is used to indicate possession.
  9a. An apostrophe s is added if the noun is singular
      Example: The nurse administered the patient’s medication.
  9b. An apostrophe alone is added if the noun is possessive plural
      Example: The nurse administered the patients’ medication.
Rule 10: Do not use an apostrophe to indicate plural (without possession)
   Example (correct): The patients are in the emergency room.
   Example (incorrect): The patient’s are in the emergency room.

Finally:
1. Never start a sentence with a number.
2. Always write out the full phrase before using acronyms.
   Example: Body Mass Index (BMI)
3. Use data to support statements
   Example: The findings were significant (p=0.001)
4. Do not use colloquial English
   Incorrect: to look at
   Correct: to determine
WRITING AT ALL LEVELS

Professional Communication & Email

Writing emails:

- Well-structured emails use short, descriptive subjects and text
- Users should proofread all emails prior to sending
  - Although not an official letter, address faculty members by their titles (Dr. or Professor)
- Do not write emails in all capital or all lower case letters or in large and/or fancy fonts or colors
  - Fancy fonts make the message difficult to read
  - All CAPS are considered “SCREAMING OVER EMAIL”
- Do not use decorative backgrounds, colors, graphics, or animations
- Only mark emails as important if they really are important
- Do not email content you would not want to be public or forwarded to others
- Think carefully before including someone in the “To” or “Carbon Copy” (CC) fields
- On group emails, Reply to All rather than just the sender unless otherwise instructed

Be careful using the “Blind Carbon Copy” (Bcc) field. Respondents should be aware to whom they are replying; however, respondents should never assume that their response will not be shared with others. Amended from (https://www.mercy.edu/information-technology/about-it-support/policies/email-policy -edited)

Translational Conversations - Colleagues & Other Health Professionals vs. Patients

In order for health professionals to be successful, they must effectively communicate with colleagues and patients. Often, conversations require a translation of content from the scientific, to the unscientific, in order to communicate effectively with patients, clients, and families.

Here is an example: As an exercise physiologist you may have a client/patient who has insulin resistance. The client may state: “I have a touch of the sugar” - a colloquial slang used in the South to refer to insulin resistance and diabetes. The graphic below indicates how all of this information may be compiled for client/patient education to help the client/patient better understand the risk of “a touch of sugar”. When working with the patient’s physician, who already understands the graphic below, you should state that the client/patient has insulin resistance, state the HBA1c level in ml/dL, and provide the clinical status.
A1c Test Results

- **Diabetes**: 6.5% or higher
- **Prediabetes**: 5.7 to 6.4%
- **Normal**: Below 5.7%

Retrieved from WebMD.com
Academic Integrity

Each paper, whether written or submitted electronically, should adhere to the *Publication Manual of the American Psychological Association, 6th Edition* (APA Manual) guidelines and be the original work of the student author. All students should purchase the most current version of the APA Manual in order to be successful and consistent with the required format for the Marib College of Health & Human Services. If you do not know APA guidelines, ask about them during class, look them up in the APA Manual, or visit the many websites available [click here for the most up-to-date APA information] and/or visit the **Writing Center** for help. “I didn’t know how to do APA” is not a valid excuse.

Content in any paper should be the student’s own work and/or paraphrasing of other’s works. If you do not know what paraphrasing is, ask your instructor, or look it up. According to the Purdue Online Writing Lab (n.d.), “a paraphrase is...

- Your own rendition of essential information and ideas expressed by someone else, presented in a new form.
- One legitimate way (when accompanied by accurate citation) to borrow from a source.
- A more detailed restatement than a summary, which focuses concisely on a single main idea” (para. 2).

In most cases, each paper written at FGCU must feature an original title and the author’s full name, as well as the institution where the paper was written (Florida Gulf Coast University). An original title is **not** the name of your assignment. A reference page must accompany all written papers that utilize references or outside sources.

**At the discretion of the instructor, each paper may culminate with the following or similar signed statement:**

```
I, __________, hereby claim that the contents of this essay are original and properly cited. Every word was written to the best of my ability, and I sought out help along the way both from my peers and my professor. All errors in grammar, spelling, format and organization, and lapses in logic are my sole responsibility. Sincerely, ______________
```

Proofread with care, and give yourself enough time to draft and revise. The best papers tend to be printed out and revised at least three times before they are turned in for a grade. You are encouraged to visit the **WRITING CENTER**, located in Library West, Room 202 C, for free help with brainstorming, formulating a clear thesis, developing ideas, and revising. The Writing Center’s website can be found at the following link: [The FGCU Writing Center](#)
Plagiarism
Plagiarism is a form of intellectual theft and occurs when students present the words or ideas of another without giving credit to the original source. The University’s definition of plagiarism can be found in the Student Code of Conduct, http://studentservices.fgcu.edu/StudentConduct/ which also outlines the University’s policies, and procedures regarding academic dishonesty/cheating (of which plagiarism is one form), students’ responsibilities, and the consequences for violating this policy.

When sources are used, credit to the original author should be given in the following instances:
1. When you directly quote someone else
2. When you use someone else's ideas or opinions, unless they are common knowledge
3. When you use someone else's examples
4. When you use statistics or facts gathered by someone else
5. When you present evidence or testimony taken from someone else's argument

Failing to cite information taken from a source, even if it is written entirely in your own words, is plagiarism. Assignments and papers should be your original work that has not been turned in previously or created for another class (self-plagiarism). If you have any doubts or questions whatsoever about your use of sources and/or citations in an assignment, ask before you turn it in. Claims of submitting the wrong version of the assignment does not excuse you from plagiarism. Failure to understand the correct use of sources and citations does not excuse you from any and all penalties of plagiarism. Again, “I didn’t know” is not a valid excuse.

Academic dishonesty, regardless of intent, requires a conference with the instructor and may be referred to the Dean of Student Affairs office for a possible hearing before the Academic Integrity Committee. Based on these meetings and/or hearings, students found guilty of plagiarism or other academic dishonesty are subject to penalties including — but not limited to — receiving a failing grade for the assignment and/or course, or even suspension or expulsion from the University. While in most cases, instructors will discuss what plagiarism is and how to avoid it, it is ultimately the student’s responsibility to understand and avoid plagiarism.

A flow chart containing the process involved in cases of academic dishonesty can be found at:

Academic Dishonesty Flowchart
(https://goo.gl/x3GwKw)

Standards for FGCU Academic Behavior can be found at:

Standards for Academic Behavior
(https://goo.gl/2HsxrT)
Turn It In

FGCU instructors use Turn It In for most writing assignments. According to Curtin University:

Turnitin is an electronic text matching system that compares text in a student assignment against a database of sources. The database contains copies of electronic text on the Internet, in published works, on commercial databases, and in assignments previously submitted to Turnitin by students in universities all over the world, including assignments obtained from internet sites that sell student papers. Turnitin provides an Originality Report in which 'matched' text is underlined, colour coded, and linked to either the original source or a similar document on its database. The report also provides an indication of the proportion of the submitted work that matches other sources, this is the Similarity Index (2017).
Lower Division Writing

ENC 1101/Composition I
This course will teach the mastery of college-level writing skills, each writing assignment will reflect the attributes described in the University's Written Communication Competency, with special emphasis on the following: employing the conventions of standard written English and organizing ideas with coherence, clarity and unity.

In addition, this course is designed to encourage students to self-consciously evaluate their own writing practices, learn strategies to make their own writing more effective, and then apply their understanding to expository and research writing.

ENC 1101/Composition I Learning Outcomes
To complete this course successfully, students should be able to do all of the following:

- Use a rigorous writing process that includes inventing, drafting, and revising
- Employ the conventions of standard written English
- Employ conventions specific to particular types of essays
- Formulate a topic and develop it for a specific audience and purpose
- Select, organize, and relate ideas and information with clarity and precision
- Use basic research skills including collecting, managing, and documenting information
- Identify how authors employ language and develop ideas in texts
- Apply critical reading and thinking skills
- Consider diverse perspectives when formulating and developing ideas

Composition II – Special Topics Comp II: Exercise Nutrition
NOTE: The literature review completed in courses at this level are not at the same academic level as literature reviews that are written at the 4000 level. Students are expected to perform at a higher level each time they advance.

How to Write a Literature Review in Composition II: Special Topics, Exercise and Nutrition

Definition: a literature review surveys a scholarly article, book, and/or other sources relevant to the topic, area of research, or theory. Acceptable documents include blogs, documentary films, and the like if the author is credible. The review provides a description, summary, and critical evaluation of the article/film. The purpose is to offer an overview of a published article, in which the student chooses, about her topic.
Requires four stages:
1. Literature search—find an article/film relevant to the topic of interest
2. Problem formulation—what is the topic and what are its issues?
3. Data evaluation—determine if the article makes a significant contribution to the understanding of the topic. **In short, read it.**
4. Analysis and interpretation—discuss the research and conclusions that the article presents. **In short, write about it.**

**Steps for writing the Literature Review:**

1. **Introduction:** should include an overview, or brief definition of the topic. Use a dictionary, or reference book, or use Credo or CQ Researcher, FGCU databases. It should also include the objectives of the literature review. **Tell the reader exactly what is being reviewed and why [this is not the student’s thesis statement for his/her argument paper; it is a simple statement that explains what the student will cover in this review. Refer to the sample literature review].**
2. **Body:** What are the author’s credentials? Include the author’s main claim, as well as three sub claims, or reasons/support of their main claim. Discuss each one in detail. Are the author’s arguments supported by evidence, historical material, case studies, narratives, statistics, or recent scientific findings? Explain why their argument is effective or ineffective.
3. **Conclusion:** Explain why this article will be helpful in an argument. Is it convincing? Are there holes in their logic or areas that could be easily misunderstood? What does the article assume? For example, are there large vocabulary words for a specific elite, science orientated audience? How does this article contribute to the student’s understanding and development of her topic? Ultimately, does this piece contribute any significant way of understanding the student’s topic?
4. **Grading criteria** includes content, organization, style/mechanics, and APA format [see paragraph below]. Hint: when analyzing a text, all verbs are in present tense because the text is still a living, breathing document.

**Citations - APA 6.0 Tips and (APA Guidelines, 2010)**

*The Publication Manual of the American Psychological Association* (APA) is intended primarily as a guide to prepare manuscripts for publication; it is also used to format student papers. Information on the APA 6.0 Manual, and revisions to the Manual, may be found on the APA website [APA STYLE](http://www.apastyle.org). This section of the writing guide is to familiarize students with APA format, using the 6.0 Manual as a guide. Students should check with their faculty for specific guidelines for course papers and assignments. It is highly recommended by college instructors for students to purchase this manual.
How to Write an Upper Division Literature Review

Preparing to Write a Literature Review
A literature review consists of two distinct parts. The first part is preparing to write the literature review by analyzing and evaluating research on the topic. In this first step, the student will use scholarly articles to read and discover what others are saying about their topic. After the student has read and reviewed studies related to the topic, she/he will need to create a narrative description of what she/he discovered. As she/he writes, she/he will need to remember that the purpose of a literature review is to:

- Inform the reader of the knowledge and ideas about the topic.
- Inform the reader of the reason for reviewing the topic.

Literature Review Timeline
http://resources.library.lemoyne.edu/content.php?pid=357272&sid=2943110

Writing Literature Reviews

STEP ONE: Plan
- **Find a focus**: Make sure that the work is organized around ideas- not the sources but a direction or position that they will support.
- **Create a working thesis**: Unlike other types of research papers, the thesis does not create an argument or a position. Instead, the thesis creates a way of looking at the research about the topic.
- **Think about elements of organization**: This means the student must consider the way the information will be presented. Creating an outline of topics and subtopics is a helpful way to organize.

Introduction: (1.5 – 2 Pages)
- Define the general topic, issue or area of concern.
- Highlight trends in the published research in the area; or conflicts in the theory, methodology, evidence, and conclusions; or gaps in the research; or a new perspective.
- Detail reasons for reviewing literature on the topic; explain the stance and organizational structure.

Body: (4 – 6 Pages)
- It is important to consider how to present the sources found. Consider the following methods:
  - **Chronological**: Organize the research in the order it was conducted.
By publication; Group sources by the type of research they present or the area/field of research
- Trends: Categorizing sources this way will present changes in data interpretation over time
- Thematic: Organizing ideas around topics or issues. This organizational structure presents an emphasis on ideas or themes
- Methodological: This approach groups research studies by the way the research was conducted
- Application: Components as it relates to the project/agency topic/needs

Be sure to include:
- The current situation of the topic or issue.
- The history or related ideas that have influenced the development of the issue.

Conclusion: (2 – 3 Pages)
- Summarize the major parts of significant studies and articles, but focus attention on the position.
- Evaluate the current thinking on the topic. This may be a place to suggest that there are flaws in the research, theories, findings, or areas of study.
- Conclude by providing insight into relationship between the topic, and the focus of the area of interest, study, or proposed position on the topic.
- See appendix for a sample paper.

Composing Tips
- Use evidence: The students’ interpretation of the resources she/he has chosen must be supported with evidence that shows a link between what the student says and what the information reports
- Be selective: Choose the most significant parts of each source to highlight in the review.
- Use quotes sparingly: Most literature reviews do not use direct quotes from the text. Use short quotes if needed to once in a while, but do not quote large passages of text. The goal is for the student to summarize in their own words the studies she/he has found that provide documentation of the student’s position or serve as background.
- Summarize and synthesize: Summarize the work of others as literature review is created; the student will also need to synthesize it as a way to relate it to their own work.
- Keep a student voice: This means even though the student presents the ideas of others, she/he will still need to use their ideas and words. Do NOT use the word “I” to accomplish this task.
- Paraphrase with caution: Retell the ideas of others with caution; be sure to watch that the ideas of others are presented as someone else's ideas, and the student’s ideas are presented separately.
- REVISE, REVISE, REVISE: Take advantage of mentors, FGCU faculty, and the Writing Center. Ask them to read the work and help make the literature review as well
written as possible. Reference the Writing Process Graphic in this guide. Revision is 50% of the process (Guffey & Loewy 2013).

**Key Components of a Research Article**

- **Title and credible author**
- Abstract
- Introduction
- Literature Review
- Methods
- Results
- Discussion/Conclusion
- References

**Figure 4: Key Components of a Research Article**

**Peer Review – See Appendix B for more information**

The first step to finding good content is knowing the topic. A few minutes spent on outlining the topic/project will make searching much easier. In the health professions, people often use a question format to focus their project/research.

**Managing your Reference**

Part of the job of writing is organizing the information. When writing a literature review that has approximately 15 references, 30 plus articles may be read. Managing the content can lead to success or failure. Please refer to Appendix C for information on reference management.
Clinical Documentation for Health Care Professionals

Documentation of health care encounters, between health care professionals and their patients, is one of the most important components of interactions between patients and providers. All medical records are legal documents and must always be prepared with that fact in mind. Even if only minutes separate encounter from documentation, which is usually the exception, what remains in the medical record is often the only reliable source of information regarding the encounter. An extended delay between documentation of an encounter and legal proceedings can often be years in the making and, in fact, the health care professional will likely have little recall of the circumstances, the actual patient, or the encounter (Sullivan, 2012).

There are many other persons and entities, aside from health care professionals, who have access to patients’ medical records, including attorneys and the legal system, insurance companies, state and federal investigative agencies, billing agencies, organizations employing health care providers and their staff, as well as researchers. The most important people who have access to individual medical records are those involved in the care of the patient, including other health care professionals (Sullivan, 2012).

The Health Insurance Portability and Accountability Act of 1996 (HIPAA)

HIPAA is a law passed by congress in 1996 meant “to improve portability and continuity of health insurance coverage in the group and individual markets, to combat waste, fraud, and abuse in health insurance and health care delivery, to promote the use of medical savings accounts, to improve access to long-term care services and coverage, to simplify the administration of health insurance, and for other purposes” (HHS, 1996, para. 1.).

The other purpose of this law include protecting the privacy and personal health information (PHI) and personal identification of patients in health care facilities, including instructions for patients and professionals (see Table 2).
Table 2. Health Information and Individually Identifiable Health Information

**Health information** means any information, whether oral or recorded in any form or medium, that:

1. Is created or received by a health care provider, health plan, public health authority, employer, life insurer, school or university, or health care clearinghouse; and
2. Relates to the past, present, or future physical or mental health or condition of any individual, the provision of health care to an individual, or the past, present, or future payment for the provision of health care to an individual.
3. **Individually identifiable health information** is information that is a subset of health information, including demographic information collected from an individual, and:
   a. Is created or received by a health care provider, health plan, employer, or health care clearinghouse; and
   b. Relates to the past, present, or future physical or mental health or condition of an individual; the provision of health care to an individual; or the past, present, or future payment for the provision of health care to an individual; and
      i. Identifies the individual; or
      ii. With respect to which there is a reasonable basis to believe the information can be used to identify the individual (HIPAA.com).

**Notes:** HIPAA *Health Insurance Portability and Accountability Act of 1996*

**Individually Identifiable Health Information** includes names, geographic locations smaller than a state (street address, city, county, precinct, zip code), all elements of dates (except year), birth date, admission date, discharge date, date of death, and all ages over 89 (and all elements of dates, including year) indicative of such age, telephone numbers, fax numbers, electronic email addresses, social security numbers, medical record numbers, health plan beneficiary numbers, and account numbers (HIPAA.com).

Lesser known individually identifiable health information includes certificate/license numbers, vehicle identifiers and serial numbers (including license plate numbers), device identifiers and serial numbers, web universal resource locators (URLs), internet protocol numbers (IP) address numbers, biometric identifiers (including finger and voice prints), full face photographic images or any comparable images, and any other unique identifying number, characteristic, or code (HIPAA.com).

**Patient Rights under HIPAA**
A less commonly known provision of HIPAA, is that a patient has the right to have access to their own medical records. According to the Department of Health & Human Services (HHS) the *Health Insurance Portability and Accountability Act of 1996* (HIPAA) states:
“The Privacy Rule [Standards for Privacy of Individually Identifiable Health Information] gives you, with few exceptions, the right to inspect, review, and receive a copy of your medical records and billing records that are held by health plans and health care providers covered by the Privacy Rule” (Your Medical Records, n.d., para. 1). 

According to HIPAA, patients also have the right to change any incorrect information, add information if something is missing or incomplete, and know who has had access to their medical record. Patients can also let health care providers or health insurance companies know if there is information that they do not want shared (HHS, 1996).

Health care providers (HCPs), as well as hospitals and clinics, etc., must establish policies about when a patient can review their medical records. Every health care provider (HCP) must be knowledgeable about these policies, so then a patient asks to review their medical records, the HCP can provide the patient with correct information regarding their rights. Generally, these established policies should allow the facility or clinic to establish a time for the patient to review or obtain copies of their medical records, and if a representative of the facility or clinic is required to be present. In the same manner, a patient may obtain a copy of their medical record from the medical records department of a hospital or large clinic and/or a designated individual within a small health care practice setting. The provider can charge the patient for copies of their medical record.

There are certain circumstances where a patient can be denied access to their medical record, such as a request to review “psychotherapy notes, information compiled for lawsuits, or in the opinion of the health-care provider, may cause harm to the patient” (Sullivan, 2012, p. 9).

**Health Care Providers and HIPAA**

HCPs are subject to a number of additional rules related to HIPAA, in addition to “The Privacy Rule”, mentioned above. Another common rule is “The Security Rule” (Security Standards for the Protection of Electronic Protected Health Information). “The Privacy Rule” covers what information is protected and how protected health information can be used and disclosed (see Table 1); “The Security Rule” covers security standards that must be implemented “to protect electronic health information systems from improper access or alteration” (Sullivan, 2012, p. 11). See Table 3.
Table 3: Common Safeguards for Security of Protected Health Information
(modified from Sullivan, 2012)

1. Personnel have access only to PHI needed to perform their job.
2. Prevention of security violations are taken to protect PHI, including against employees who violate the privacy and security of PHI (including accessing their own PHI).
3. Disaster recovery plan.
4. Process to ensure business associates will safeguard PHI appropriately.
5. Limit physical access to PHI systems, such as keeping computers, printers, and fax machines out of patient and high-traffic areas.
6. Provide secure access to PHI, including guidelines for home usage, laptops, cell phones, and other portable or handheld devices.
7. Procedures for receipt and removal of hardware and electronic media containing PHI.
8. Verification of identity of persons accessing PHI.
9. Allowing access only to persons or programs that have access rights.
10. Auditing records and examining activity within the systems that contain PHI.
11. Protecting PHI from improper modification or destruction.
12. Prevention of unauthorized access to PHI being transmitted over an electronic communications network, such as the Internet.
13. Installing and updating antivirus, anti-spyware, and firewall protections.

Note: PHI = protected health information

Lesson 1: Personal Experience

Students in undergraduate health care programs frequently must provide information related to their assigned patients in class assignments, etc. Students must remember that HIPAA privacy and security rules apply to them and, under no circumstances, should PHI be utilized in these assignments. Although it may seem perfectly reasonable to print from the medical record instead of writing out this information from the patient’s health record, this is an unacceptable practice, which violates HIPAA privacy rules.

Nursing Students

When administering antibiotics in the hospital setting, consider that the patient’s PHI is found on the label of the IV solution bag, commonly referred to as an IV Piggyback (IVPB). Care must be taken when disposing of the IV solution bag, once infused, that the patient’s PHI is removed or that PHI must be unreadable before disposal. Take care not to dispose of these items in the regular garbage.
The Medical Record

The medical record, whether a written record or an electronic record, should contain the necessary information required to provide appropriate and timely care to an individual admitted to an inpatient or outpatient facility. Within a hospital setting this will mainly consist of a date of admission, admission diagnosis, a history and physical examination (H & P), physician’s orders, physician progress notes, laboratory and radiology results, and nursing notes, among other things. Ancillary services (respiratory therapy, physical therapy, occupational therapy, social services, etc.) will have a dedicated area to enter their progress notes as well. Frequently, ancillary services will enter their progress notes in the physician’s progress notes area of the medical record to allow easy access to other physicians and consultants, physician’s assistants, nurse practitioners, nurses and ancillary staff caring for the patient.

If the medical record is electronic it can be known as an electronic medical record (EMR), an electronic health record (EHR), an electronic patient record (EPR) and/or a computer-based patient record (CPR). One of the main differences between a written record and an electronic record, regardless of its name, is that a written record is composed almost entirely from the memory and education of the health care provider and an electronic record is capable of prompting the health care provider for patient information (Sullivan, 2012).

Medical History and Physical Exam

The medical H & P documented by a physician, physicians’ assistant (PA), or nurse practitioner (NP) includes the patient’s medical history, physical exam findings, diagnoses and/or medical problems, diagnostic and laboratory studies, and initial plan of care to address any medical problems identified. The medical H & P is the basis for the entire course of hospitalization or outpatient treatment. The first time a physician, PA or NP sees a patient in the outpatient setting or when admitting a patient to the hospital. With each admission to an inpatient facility, a new medical H & P is required. In many cases, consultants will also perform a complete H & P. Multiple providers are likely to view the medical H & P to glean information regarding the patient, including ancillary staff.

The standard medical H & P consists of a history including chief complaint (CC), history of present illness (HPI), past medical history including current and past medical problems, surgeries and other hospitalizations. Current medications (prescribed, herbal, and over-the-counter) and drug allergies, including the reaction to the allergen is included, as well as health maintenance and immunizations. A family history including age and status (dead or alive) and medical problems of blood relatives (especially those with genetic components) is part of the history. A psychological and social history, including lifestyle risk factors, employment, education, religious beliefs, culture, support system and stressors should be included. A review of systems (ROS) follows, which begins with general symptoms, not fitting into other more specific body systems (weight loss, weight gain, fatigue, weakness, fever, chills or night sweats) and symptoms of each major body system to determine medical diagnoses. These are all subjective data. A head-to-toe physical examination, including vital signs (VS) and general, observable characteristics of the patient (age, race, gender and general appearance) with a full exam of all
body systems, is performed and documented. The physical exam, VS, and general observable characteristics of the patient are all objective data. After subjective and objective data are collected, diagnoses from the H & P are determined, and a medical plan established (see Table 3).

**Table 3: Types of Documentation Used by Physicians, Physician Assistants, Nurse Practitioners, and other Allied Health Professionals**

<table>
<thead>
<tr>
<th>Required documentation for inpatients</th>
<th>Required documentation for outpatients (dependent on setting)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Comprehensive history &amp; physical exam (H &amp; P)</td>
<td>1. Comprehensive note (similar to H &amp; P)</td>
</tr>
<tr>
<td>• Chief Complaint (CC)*</td>
<td>2. Focused note (similar to progress notes but includes diagnosis, CC, HPI, focused physical exam and plan, including orders)</td>
</tr>
<tr>
<td>• History of Present Illness (HPI)*</td>
<td>3. SOAP*** note</td>
</tr>
<tr>
<td>• Past Medical History (includes medications &amp; allergies)*</td>
<td>4. Brief note</td>
</tr>
<tr>
<td>• Family History (genogram)*</td>
<td>5. Billing (ICD codes, etc.)</td>
</tr>
<tr>
<td>• Social History (includes smoking and alcohol use)*</td>
<td></td>
</tr>
<tr>
<td>• Review of Systems (ROS) (system symptoms)*</td>
<td></td>
</tr>
<tr>
<td>• Physical Examination**</td>
<td></td>
</tr>
<tr>
<td>• Diagnoses (or problem list, will include ICD codes)</td>
<td></td>
</tr>
<tr>
<td>• Plan (for identified diagnoses)</td>
<td></td>
</tr>
<tr>
<td>2. Physician’s Progress Notes (commonly written in SOAP*** format)</td>
<td></td>
</tr>
<tr>
<td>3. Physician’s Orders</td>
<td></td>
</tr>
</tbody>
</table>

*Notes: *subjective items; **objective items ***subjective, objective, assessment, plan

**Types of Documentation Specific to Ancillary Services**

Other than written or electronic documentation, there are several sub-types of documentation utilized in the patient’s record for specific health care providers. How to document in both written and electronic methods is important for all nurses and health care providers. Although electronic documentation, also commonly referred to as “charting”, often provides prompts, written documentation does not.
Before engaging in the process of documentation, it is important to understand common abbreviations used in health care and The Joint Commission has identified multiple “Do Not Use” abbreviations (see Table 4). “Do Not Use” abbreviations are prone to medical errors. It is often critical to know these abbreviations. The correct resolution of the use of a “Do Not Use” abbreviation is to call the provider who utilized the abbreviation for clarification and rewrite a verbal order or have the provider correct the error electronically.
Table 4: Common and “DO NOT USE” Abbreviations with regard to CHARTS ONLY

<table>
<thead>
<tr>
<th>Common (acceptable) Abbreviations*</th>
<th>“DO NOT USE” Abbreviations</th>
</tr>
</thead>
<tbody>
<tr>
<td>ABG (arterial blood gas)</td>
<td>• U, u (unit) mistaken for “0” (zero) the number “4” (four) or “cc”</td>
</tr>
<tr>
<td>ABO (blood group system)</td>
<td>o Write “unit”</td>
</tr>
<tr>
<td>ADL (activities of daily living)</td>
<td>• IU (international unit) mistaken for IV (intravenous) or the number “10” (ten)</td>
</tr>
<tr>
<td>AP (anteroposterior)</td>
<td>o Write “international unit”</td>
</tr>
<tr>
<td>BM (bowel movement)</td>
<td>• Q.D., QD, q.d. (daily) mistaken for each other</td>
</tr>
<tr>
<td>BMI (body mass index)</td>
<td>o Write “daily”</td>
</tr>
<tr>
<td>BP (blood pressure)</td>
<td>• Q.O.D., QOD, q.o.d. (every other day) period after “O” mistaken for “I” and “O” mistaken for “I”</td>
</tr>
<tr>
<td>BPH (benign prostatic hyperplasia or hypertrophy)</td>
<td>o Write “every other day”</td>
</tr>
<tr>
<td>CAM (complementary and alternative medicine)</td>
<td>• X.0 mg (trailing zero) decimal point is missed</td>
</tr>
<tr>
<td>CBC (complete blood count)</td>
<td>o Write X mg without a trailing .0</td>
</tr>
<tr>
<td>CHF (congestive heart failure)</td>
<td>• .X mg (lack of trailing zero) decimal point is missed</td>
</tr>
<tr>
<td>CNS (central nervous system)</td>
<td>o Write 0.X mg include a leading zero</td>
</tr>
<tr>
<td>CSF (cerebrospinal fluid; colony stimulating factor)</td>
<td>• MS can mean “morphine sulfate” or “magnesium sulfate”</td>
</tr>
<tr>
<td>CT (computed tomography)</td>
<td>o Write out “morphine sulfate” or “magnesium sulfate”</td>
</tr>
<tr>
<td>CV (cardiovascular)</td>
<td>• MSO4 and MgSO4 (morphine &amp; magnesium) confused for one another</td>
</tr>
<tr>
<td>CVA (cerebral or cerebrovascular vascular accident or costovertebral angle)</td>
<td>o Write out “morphine sulfate” or “magnesium sulfate”</td>
</tr>
<tr>
<td>CVP (central venous pressure)</td>
<td></td>
</tr>
<tr>
<td>CXR (chest x-ray)</td>
<td></td>
</tr>
<tr>
<td>DEXA (dual energy x-ray absorptiometry)</td>
<td></td>
</tr>
<tr>
<td>DJD (degenerative joint disease)</td>
<td></td>
</tr>
<tr>
<td>DSD (dry sterile dressing)</td>
<td></td>
</tr>
<tr>
<td>DT (delirium tremens; duration of tetany)</td>
<td></td>
</tr>
<tr>
<td>DTR (deep tendon reflexes)</td>
<td></td>
</tr>
</tbody>
</table>

*For a complete list of common medical abbreviations go to: http://stedmansonline.com/webFiles/Dict-Stedmans28/APP06.pdf

Regardless of the type of documentation, quotation marks must encase verbatim remarks from the patient or family member, and others with the patient when entered into the medical record. In instances of sexual abuse, child or elder abuse and domestic violence direct quotes from the patient, family member or person accompanying the patient are necessary. These cases may result in criminal or legal consequences. Remarks attributed to anyone involved in these cases must be documented verbatim with the use of quotation marks.
SOAP Notes

SOAP stands for **SUBJECTIVE, OBJECTIVE, ASSESSMENT, and PLAN**. Many health care professionals use SOAP notes. It is a type of abbreviated documentation focusing on a single problem, intervention, therapy, etc. Before writing a SOAP note, a provider must know the difference between subjective and objective data. The easiest way to separate the two is to understand that information that the patient tells the health professional is “subjective” data. Frequently, a family member will relay subjective data to providers, especially in the inpatient setting when the patient is not capable of providing the information directly to the provider. It is important to document the name of the person providing the subjective information for the patient.

The same is true for “objective data” which are actual observed, seen, or felt and/or tangible data found in vital signs, physical exams, diagnostic test results and laboratory findings, etc. It is helpful to consider if another provider, given the same circumstances, would obtain the same data. If the answer is “Yes”, the health professional is dealing with objective data.

SOAP notes are entered into the electronic record or can be hand written. For health professionals, regardless of the type of note being entered into the patient record, it is helpful to retain the principles behind SOAP notes and separate subjective data from objective data.
Table 4: Example SOAP Note

<table>
<thead>
<tr>
<th>SOAP Note</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Subjective</strong> <em>(whatever the patient tells me)</em>: States no joint pain, stiffness, swelling or limitation. No muscle pain or weakness. No history of bone trauma or deformity. Able to manage all usual activities with no physical limitations. Occupation involves no musculoskeletal risk factors.</td>
</tr>
<tr>
<td><strong>Objective</strong> <em>(whatever I examine or see)</em>: Joints and muscles symmetric; no swelling, masses, or deformity; normal spinal curvature. No tenderness to palpation of joints; no heat, swelling, or masses. Full ROM; movement smooth, no crepitus, no tenderness. Muscle strength: able to maintain flexion against resistance.</td>
</tr>
<tr>
<td><strong>Assessment</strong> <em>(what you found in the subjective and objective data)</em></td>
</tr>
<tr>
<td><strong>Plan</strong> <em>(what you plan to do with the data)</em></td>
</tr>
</tbody>
</table>

**Nursing Admission Note and Physical Exam**

In an inpatient setting, similar nursing documentation is contained in the medical record. Although similar, the nursing admission note and physical exam identifies problems unique to nursing, and establishes the nursing plan of care for the patient. Other disciplines have initial documentation in both the inpatient and outpatient settings in order to establish their unique intradisciplinary plans of care. Written and electronic documentation is similar in all cases and often the patient will inquire why each discipline asks the same questions. All physical exam documentation, regardless of the discipline, should progress in an organized fashion from one system to another and contain similar findings. In most cases, it will progress in a head-to-toe manner.
References


http://www.webmd.com/diabetes/guide/glycated-hemoglobin-test-hba1c#1-4-retrieved 7.17.17

Appendix A: Sample Literature Review
Grading Rubric
### Literature Review Grading Rubric

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Points</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Introduction</strong> that introduces the topic, organized to convey relevant information (such as a description of a disorder) and importance of the problem/issue of interest</td>
<td>10 points</td>
</tr>
<tr>
<td>* Logical presentation of important research on the topic; includes a brief description of how the 5 research studies relate to the problem/issue of interest</td>
<td></td>
</tr>
<tr>
<td>* Summary makes clear concluding statements.</td>
<td></td>
</tr>
<tr>
<td><strong>Organization of Review</strong></td>
<td></td>
</tr>
<tr>
<td>* Introduction lacks a clear introduction to relevant information on the topic and the importance of the problem/issue of interest</td>
<td>5 points</td>
</tr>
<tr>
<td>* Research on the topic poorly presented; description of the 5 research studies related to the problem/issue of interest is vague</td>
<td></td>
</tr>
<tr>
<td>* Summary is unclear. Concluding statements are unclear regarding future research on the problem/issue of interest.</td>
<td></td>
</tr>
<tr>
<td>* Introduction is poor, difficult to read and understand.</td>
<td>0 points</td>
</tr>
<tr>
<td>* Research studies not mentioned</td>
<td></td>
</tr>
<tr>
<td>* Summary does not include concluding statements regarding future research on the problem/issue of interest.</td>
<td></td>
</tr>
<tr>
<td><strong>Analysis</strong></td>
<td></td>
</tr>
<tr>
<td>* Selected topic is narrow enough that the 5 research studies related to the problem/issue of interest are identified, selected, and analyzed for content applicable to the problem/issue of interest</td>
<td>5 points</td>
</tr>
<tr>
<td>* Selected topic is either too narrow or too broad in scope; analysis of 5 research studies not relevant to the problem/issue</td>
<td>0 points</td>
</tr>
<tr>
<td><strong>Evaluate</strong></td>
<td></td>
</tr>
<tr>
<td>* Information from the five research studies interpreted and discussed as an overall topic with appropriate subheadings. Each article relates to the stated research topic.</td>
<td>10 points</td>
</tr>
<tr>
<td>* Information from the 5 research studies interpreted and discussed as an overall topic with appropriate subheadings. Each article relates to the stated research topic, but interpretation is unclear, incomplete, or inappropriate</td>
<td>5 points</td>
</tr>
<tr>
<td>Category</td>
<td>Points</td>
</tr>
<tr>
<td>---------------------</td>
<td>-------------------------</td>
</tr>
<tr>
<td><strong>Create</strong></td>
<td></td>
</tr>
<tr>
<td>* Relevant findings from the 5 research studies are adequately and succinctly compiled/summarized/related to each other in a logical manner but compilation/summary is unclear, incomplete, or inappropriate; use and citation of credible relevant sources to support statements on the topic. The review is a string of abstracts.</td>
<td>5 points</td>
</tr>
<tr>
<td>* Relevant findings from the 5 research studies are not presented and/or adequately and succinctly compiled/summarized/related to each other. References are not used to support statements on the topic.</td>
<td>0 points</td>
</tr>
<tr>
<td><strong>APA 6.0 Style/Format</strong></td>
<td></td>
</tr>
<tr>
<td>* Correct format of the title page, correct citations, headings, reference list, clear writing using conventions of English (third person, grammar, spelling, syntax and mechanics), and professional writing style for your discipline.</td>
<td></td>
</tr>
<tr>
<td><strong>A 1 point deduction will occur for each APA 6.0 violation not to exceed 5 points; recurring errors will receive a deduction of 1 point.</strong></td>
<td>5 points</td>
</tr>
</tbody>
</table>
Appendix B: How to Find Evidence Based/Peer Reviewed Content

The first step to finding good content is knowing what about the topic. A few minutes spent on outlining the topic/project will make searching much easier. In the health professions, people often use a question format to focus their project/research. A common example is the PICO framework:

- **P** (population; who are you examining?)
- **I** (intervention; new treatment, procedure, idea?)
- **C** (comparison; control group)
- **O** (outcomes; what will happen, what is projected to happen with the intervention)

Note: it is not necessary to fit the topic rigidly into the PICO format, but think about the answers to these key issues with any project. For example, search on autism, and find an enormous number of results representing a broad subject area. However, refine the search using the above criteria, and search, for example, the uses of the ketogenic diet in autistic elementary age children. This would give a much more limited number of results.

What is the criteria to look for when reading an article? The CRAAP test, see p. 8 of this guide), gives the most important points to consider, notably:

- Currency
- Relevance
- Authority
- Accuracy
- Purpose

When reviewing, skimming, or reading an article, think about these points. This test is designed to see whether an article is a good topical fit for the project, is scholarly, relevant, and reliable. After reviewing these types of articles more frequently, the student will begin to quickly assess whether an article is a good fit for the project. The CRAAP test, however, is the only beginning.

Going beyond that test, the need to find reputable evidence-based studies, and not rely on expert opinion or tradition, is extremely important. Finding such materials demands a comprehensive search that extends beyond keyword searches in Google. To begin, consult books written about the topic. The FGCU library catalog is the best place to search for books on your topic: [http://fgcu.catalog.fcla.edu](http://fgcu.catalog.fcla.edu).

For articles, library databases remain the most efficient method to access evidence-based literature in the health science and social work disciplines.
What if a summary of a topic is desired, a starting point that explains the basics of a topic before searching the literature? UpToDate is a point-of-care database that is highly useful in health science disciplines. Each topic features a summary, review of the literature, and includes links to applicable articles. This is a great first place to come when starting a health sciences research project. Also, consider utilizing an encyclopedia in the subject area. The FGCU library has a wide variety of encyclopedias available electronically or in the reference collection.

Once basic information about the topic is located, which database is best? That depends on what the topic is. Below is a rough guide of database suggestions:


- **CINAHL (Cumulative Index of Nursing/Allied Health Literature)**
  The best database to find nursing or allied health related articles.

- **Cochrane Library**
  High quality evidence-based systematic reviews and abstracts on medical and health topics.

- **DynaMed**
  Point-of-care tool that stresses evidence-based research—not a traditional article database. Highly useful for starting a project and assessing the current literature and consensus.

- **PubMed**
  The largest biomedical literature database, but not all material is evidence based.

- **Science Direct**
  Offers a wide range of peer-reviewed literature in life, physical, medical, and technical sciences.

- **SPORTDiscus**
  Covers a wide range of subjects, particularly sports, sports medicine, biomechanics, movement science, physical fitness, and rehabilitation.

- **UpToDate**
  A popular point-of-care database that provides narrative summaries of many medical conditions, procedures, and medications. The cited references are highly useful, and make this an excellent first source to consult.

- **Applied Social Sciences Index and Abstracts**
  Covers health, social services, psychology, sociology, economics, politics, race relations and education related literature and is international in scope.

- **SocIndex**
  Contains full text for 253 "core" coverage journals in sociology dating back to 1895.

- **Social Work Abstracts**
  Indexes and abstracts 450+ journals in social work.

- **Sociological Abstracts**
  This database abstracts and indexes the international literature of sociology and related disciplines in the social and behavioral sciences.

While there is some overlap among databases, there are many unique articles in each one. When searching for literature, it is sometimes necessary to search multiple databases and try a variety of keywords, subjects, and synonyms related to the topic.

Many databases have a built in filter to search only peer-reviewed articles. Here are two examples:

**Figure 1**

![Applied Social Sciences Index and Abstracts (ASSIA)](image-url)
The peer review limiter is a great first way to access scholarly literature; however, simply because an article is peer reviewed does not mean that it is high quality evidence based information. To dig deeper, look at what type of article it is. The chart below shows examples of articles along with their perceived evidence quality. Aim to acquire several sources from the top of the pyramid, not relying entirely on expert opinion.

Figure 3

What about Google Scholar [http://scholar.google.com]? It can be useful to supplement the search process. However, Google severely limits the ability to perform complex searches. Searching in multiple fields (title, subject, author etc…) is not possible. Do not run literature searches in Google and expect to obtain a comprehensive list of articles on a topic. One highly useful feature is Google’s Advanced Search page: [http://www.google.com/advanced_search]. On this page, search for the topic and restrict the website’s domain to preference; for quality material, limit to .edu, .gov, or .org. Another filter enables limitations by the file type (.html, .pdf). This is particularly helpful when searching for an organization’s policy statements or hospital procedures specific to a certain hospital.

After adequate sources are acquired, make sure to read them thoroughly. What prejudices or biases are shown? Are there conflicts of interest? For example, in a study using a particular drug, are any authors of the study employed or compensated by the drug manufacturer? Even if an article is published in a scholarly journal, bias and prejudice can still influence the article’s data and conclusions.

Beginning with the abstract or introduction, become acquainted with the basic topic, arguments made, and conclusions reached in the book or article. Once that step is completed, draw facts and make conclusions for the paper based on these sources. Do not think up desired solutions and consult the literature to find supporting evidence for pre-conceived ideas. Rather, read/assess the literature, then make informed evidence-based conclusions that are firmly supported by the literature.

Need assistance or have questions? Contact the FGCU liaison librarian.
Appendix C: APA 6.0 Manual Helpful Information

The following list contains significant APA standards along with where to find the information in the APA Manual

1. Author responsibility—Manuscript preparation (pp. 228-231, 241-243)
2. Sample papers (pp. 41-59)
3. Levels of headings (pp. 62-63)
4. Use of quotations (pp. 92, 170-171)
5. Secondary sources (p. 178)
6. Specific parts of a source (p. 19)
7. Personal communication (p. 179)
8. Capitalization (pp. 101-104)
9. Use of abbreviations (pp. 106-111)
10. Use of numbers (pp. 111-114)
11. Reference citations in-text (pp. 174-179)
12. Multiple citations in the same parenthesis (p. 177)
13. Examples of references (pp. 193-224)
14. Appendices (pp. 38-39)
15. Guidelines for using tables (pp. 127-129, 141, 150)
16. Guidelines for use of figures (pp. 127,150-151, 161,167)
17. Seriation (pp. 63-65)
18. Electronic resources (pp. 187-192)
19. Digital Object Identifiers (pp. 189-191)
20. Self-plagiarism (p. 16)
21. Tips for manuscript submission (pp. 241-243)

Tips for Students: Formatting the Paper in APA 6.0 Format

- Chronological order of the paper consists of: title page, abstract (if used), text, references, tables, figures, and appendices (page: 229-230)
- Use standard 8 ½ x 11 inch white paper
- Margins should be uniform, and at least 1 inch at the top, bottom, left, and right of every page
- Font should be uniform; Times New Roman, size 12, is the standard.
- Place the Running head and page number ½ inch from the top of each page of the paper; do not put a name in the Running head

Note: The title page is page 1. It has its own Running head and that format can be viewed in the sample paper.
Components of a Manuscript Using APA 6.0 format

I. Title page:

- Numbered as the first page in the paper. Includes: Running head:, title, author(s) names, and institutional affiliation
- Running head:
  - The Running head is a shortened version of the title
- Maximum of 50 characters including letters, spaces between words, and punctuation
- On the title page, the following format should be used (p. 41)
  - Format: Running head: ABBREVIATION OF TITLE
  - Example: Running head: HYPERTENSIVE AGENTS
- On subsequent pages, leave off the term Running head, and place the Running head flush left, all in upper case letters
  - Format: Abbreviation of title
  - Example: HYPERTENSIVE AGENTS
- Do not put a name in the Running head
- Title
  - The title is centered on the upper half of the page in uppercase and lowercase letters
  - The title should be no longer than 12 words and summarize the main idea of the paper
  - Do not use abbreviations in the title
II. Abstract:

- An abstract is not always used in student papers; students should check with their faculty and check assignment guidelines to see if an abstract is required.
- When used, it starts on a separate page and is the second page of a paper.
- It is a brief, comprehensive summary of the contents of the paper; it explains the contents of the paper to the reader (pp. 25-27).
- At the top of the page, type the word Abstract; capitalize the A; the rest of the letters are lower case; centered and not bolded.
- Although APA does not give a word limit in an Abstract, it is generally between 150 – 250 words.
- It is usually a single paragraph with no indentation.
- If a second paragraph is used, it is indented.

III. Text:

- This is the body of the paper where the “content” is presented.
- Each page of the paper is numbered consecutively.
- Important to this part of the paper are writing style, grammar, the use of headings, and referencing, also referred to as in-text citations.
- Begin the text on a new page with the title (centered in uppercase and lowercase letters, but not bold), double space, and then start the text with an introduction.
- The introduction does not have a heading and starts immediately after the title.
- Indent the first line of each paragraph with consistent spacing; for consistency, use the tab key, set at five to seven spaces or ½ inch (pp. 229).
- Paragraphs should be longer than two sentences, but not longer than one page (pp. 68).
- Capitalize the first letter of words in titles of books and articles in the text; this is different than the format on the reference page.
- Do not divide words at the end of a line—let a line run short rather than divide a word.

Headings: (pp: 62 – 63)

- It is important to use headings to organize the content of text and establish the importance of topic areas; headings function as an outline to reveal a paper’s organization.
- All topics of equal importance have the same level of heading.
- A paper can have from one to five levels of heading (see table below).
- Use a minimum of two sections in a subsection outline (pp. 63).
• Do not label the heading with numbers or letters of the alphabet (Examples: do not label as: 1, 2 or I, II, or a, b or A, B.)

APA Levels of Heading (p. 62)

<table>
<thead>
<tr>
<th>Level</th>
<th>Heading Description</th>
</tr>
</thead>
</table>
| 1     | Centered, Boldface, Uppercase and Lowercase Heading  
Indent and begin text here |
| 2     | Flush Left, Boldface, Uppercase and Lowercase Heading  
Indent and begin text here |
| 3     | Indented, boldface, lowercase paragraph heading ending with a period. Begin text after the period. |
| 4     | Indented, boldface, italicized, lowercase paragraph heading ending with a period. Begin text after period. |
| 5     | Italicized, indented, lowercase paragraph heading ending with a period. Begin text after the period. |

Citations in Text: (pp. 170 – 179)

• In-text citations have the author(s) name and the year of the reference; a page number is included with a direct quote or a specific part of a source
• Use direct quotes sparingly; instead, paraphrase ideas from the literature review
• Sources of information must be clearly acknowledged in the paper
• Credit the source when paraphrasing, quoting an author directly, or using an idea contained in another work
• If a source has been cited in a paragraph, next time, cite only the name of the author(s) and not the year
• When paraphrasing or referring to an idea contained in a long and complex text (i.e. a book, book chapter, website) provide a page number, paragraph number if not paginated, or the heading, to guide the reader to the relevant information. Page number is preferred (pp. 171)
• In the case of multiple in text references by the same author in the same year, use a, b, c to indicate the order the references were used in the text
• For Basic Citation Styles, see p. 177 in the *APA Manual* and examples given in the *Carnegie-Vincent Library APA Resource Booklet*

How to cite in text:
  o If the reference does not have an author (p. 176)
  o If the reference has one author (p. 174)
  o If the reference has two authors (p. 175)
  o If the reference has 3 to 5 authors (p. 175)
  o If the reference has 6 or more authors (p. 175)
  o If the reference has a group or organization as the author (p. 176)
  o Direct quotation of online material without pagination (p. 171 – 172)
• Personal communication (p. 179)

**Personal Communication:** (can be used for a scholarly paper page, p. 179)

• While personal communication must be cited appropriately, it is not included in the reference list
• Give the initials as well as the surname of the communicator and the date of interview
  o Example: (T. K. Lutes, personal communication, April 18, 2013)
• This is a good way to reference information received during an interview; take good notes

**Quotations:** (p. 170 – 173)

• When quoting always cite the author, year, and specific page number; use a paragraph number, or heading for non-paginated material
• Quotes must be accurate and must “follow the wording, spelling, and interior punctuation of the original source, even if the source is incorrect” (APA, 2010, p. 172)
• If the quote is less than 4 words, incorporate it into text and enclose the quotation with double quotation marks (page: 171 – 172)
  o Example: According to Palladino and Wade (2010), “a flexible mind is a healthy mind” (p. 547).
  o Example: Signal phrase, “A flexible mind is a healthy mind that should be recognized and appreciated” (Palladino & Wade, 2010, p. 147).
• If the quote is less than 40 words and appears mid-sentence, end the passage with quotation marks, cite the source in parenthesis immediately after the quotation marks, and continue the sentence (p. 171)
  o Example: In fact, “a flexible mind is a healthy mind” (Palladino & Wade, 2010, p. 147) and that is important to remember.
  o Example: Interpreting these results, Robbins et al. (2003) suggested that the therapists in dropout cases may have inadvertently validated parental negativity
about the adolescent without adequately responding to the adolescent’s needs or concerns” (p. 541), contributing to an overall climate of negativity.

- If the quote is more than 40 words, use block format, double space the entire quotation, and do not use quotation marks. Start a block quotation on a new line and indent the block about half inch from the left margin. Do not indent the first paragraph of the block quotation. If two or more paragraphs are involved, indent the first line of each additional paragraph an additional half inch. At the end of the quotation, cite the author/source, date, and the page number in parenthesis after the final punctuation mark. Use a paragraph number, or heading for non-paginated material instead of a page number. Do not put a period after the parenthesis.

Numbers: (pp. 111 – 112)

- General rule
- Use numerals to express numbers 10 and above
- Use words to express numbers nine and below
- Exceptions
- Numerals:
  - Immediately preceding a unit of measurement
  - Example: 5mg
  - Statistical or mathematical functions, fractional or decimal quantities, percentages, ratios, and percentiles and quartiles
  - Example: 3%, 0.33, 16:1, 5th percentile
  - Represent time, dates, age, scores and points on a scale, and exact sums of money
  - Example: 1 hr 34 min, 12:30am., 2-year-olds, 2 days
  - Words
  - Approximation of number of days, months, and years (use only if the date range is not precise)
  - Example: about five days, approximately three months
  - Any number that begins a sentence, title, or text heading
  - Example: Forty-seven percent of the sample showed 2% had no change.
  - Common fractions
  - Example: One fifth of the class

Abbreviations: (pp. 23, 106 – 111)

- Must be written out completely with the first use followed immediately by its abbreviation in parenthesis (p. 107)
  - Example: The results of studies of simple reaction time (RT) to a visual target have shown a strong negative relation between RT and luminescence.
- Abbreviations should be avoided in titles (page: 23)
• See Table 4.4 *Common Abbreviations for Units of Measurements* (p. 109); these abbreviations are accepted without question

**Italics/Italicize:** (pp. 104 – 106)

• Tiles of books, periodicals, films, videos, TV shows, and microfilm publications
• Introduction of a new, technical, or key term or label (after a term has been used once to not italicize it)
• Periodical volume numbers in reference lists
  o *Example: American Journal of Nursing, 113*
• Do not italicize an issue number
  o *Example: Nursing Research 64(3)*
• Anchors of a scale for example health ratings ranged from 1 (*poor*) to 5 (*excellent*)
• Genera, species, and varieties for example:
  o *Example: Macaca mulatta*

**Conclusion:**

• It is helpful to end the text of a paper with a conclusion
• Typically requires a Level 1 heading (e. g., **Conclusion**)
• Completes the paper by giving it a sense of closure. It is **not** a restatement of the introductory paragraph.
• If there was a thesis statement, refer back to it (do **not** restate it)
• Do **not** introduce new information
• Summarize the main points of the paper
• Provide suggestions for further inquiry

**IV. References:** (pp. 198 – 224)

• References are listed after the text and start on a separate page
• Type, References, in uppercase and lowercase letters at the top of the page and do not put in **bold**
• The reference list documents all references used in the text except for personal communications
• References **not** used in the text are **not** placed on the reference list; the references on the reference list should match references cited in-text
• References are listed in alphabetical order
• In the case of multiple references by an author, the entries are given in chronological order starting with the earliest publication
• In the case of multiple references by the same author in the same year, use a, b, c to indicate the order that the references were used in text
• The listed reference is double spaced with double spacing in between references
• A hanging indent format is used (the first line of each reference is flush left and subsequent lines are indented)
• In the reference list, capitalize only the first word, the first word after a colon in a title, and proper nouns
• For additional reference examples please see:
  o The Carnegie-Vincent Library APA Resource Booklet (located on their library website at: http://library.lmunet.edu/APA_Help)
  • Professional Meetings (pp. 206-207)
  • Audiovisual Materials, such as video documentary (pp. 209-2011)
  • Unpublished and informally published works (pp. 211-212)

**Missing Piece of a Reference:** Sometimes a part of a reference is missing or unidentifiable, such as a date or author; the following chart lists types of information that may be missing and how to adapt the reference.

<table>
<thead>
<tr>
<th>Missing Piece of a Reference</th>
<th>Substitute title for the author, followed by date</th>
<th>Use n. d. which stands of no date</th>
<th>Describe the document inside square brackets</th>
<th>Combine author &amp; no date methods</th>
<th>Combine author &amp; no date</th>
<th>Combine author &amp; no title</th>
<th>Combine no author, no date, &amp; no title</th>
</tr>
</thead>
<tbody>
<tr>
<td>No Author</td>
<td>No Publication Title</td>
<td>No Title</td>
<td>No Author &amp; No Date</td>
<td>No Author &amp; No Date</td>
<td>No Date &amp; No Title</td>
<td>No Date, Title, &amp; Author</td>
<td></td>
</tr>
<tr>
<td>Substitute title for the author, followed by date</td>
<td>Use n. d. which stands of no date</td>
<td>Describe the document inside square brackets</td>
<td>Combine author &amp; no date methods</td>
<td>Combine author &amp; no date</td>
<td>Combine author &amp; no title</td>
<td>Combine no author, no date, &amp; no title</td>
<td></td>
</tr>
<tr>
<td>No Author</td>
<td>No Publication Title</td>
<td>No Title</td>
<td>No Author &amp; No Date</td>
<td>No Author &amp; No Date</td>
<td>No Date &amp; No Title</td>
<td>No Date, Title, &amp; Author</td>
<td></td>
</tr>
<tr>
<td>Substitute title for the author, followed by date</td>
<td>Use n. d. which stands of no date</td>
<td>Describe the document inside square brackets</td>
<td>Combine author &amp; no date methods</td>
<td>Combine author &amp; no date</td>
<td>Combine author &amp; no title</td>
<td>Combine no author, no date, &amp; no title</td>
<td></td>
</tr>
<tr>
<td>See page 184 &amp; Example on page 205, #30</td>
<td>See page 185 &amp; Example on page 203, #20</td>
<td>Example on page 212, #60</td>
<td>Example of page 205, #30</td>
<td>Example of page 205, #30</td>
<td>Example of page 205, #30</td>
<td>Example of page 205, #30</td>
<td></td>
</tr>
</tbody>
</table>

V. **Tables:** (pp. 128 – 150)
• Check with faculty for formatting
• Tables are consecutively numbered and mentioned in the text
• Discuss only the table highlights in the text
• Tables taken from sources must be cited; see table citations in the APA Manual
• Tables serve as an informative supplement to the text
• Each table is numerically paginated consecutively with the paper
• Tables Checklist (p. 150)

VI. – Figures: (pp. 150 – 167)
• Check with faculty for formatting
• Figures are consecutively numbered and mentioned in the text
• Discuss only the figure highlights in the text
• Figures taken from sources must be cited; see figure citation examples in the APA Manual
• Each figure is numerically paginated consecutively with the paper
• Figure checklist (p.167)

VII. Appendix (pp. 387 – 340)
• An appendix provides the reader with detailed information that would be distracting to the main text of the paper
• Each Appendix should be mentioned in the text and briefly described, so that the reader knows the content is there
• Each Appendix must have a title
• Each Appendix starts on a separate page
• Type the word, Appendix, in the center of the page
• If more than one Appendix, label each with a capital letter, beginning with A
  o Example: Appendix A, Appendix B, Appendix C
• After typing the word Appendix, double space and type the title of the Appendix (centered, in uppercase and lowercase letters, but italicized or bolded)
• Double space again and begin the text of the appendix flush left, followed by indented paragraphs
• Double space the text
• Each appendix page is numbered consecutively with the papers page numbering

Information in this guide is NOT comprehensive. Always check with course faculty if there are questions.
Appendix D- Ref Works

RefWorks is a flexible and dynamic web-based system to store citations and articles, generate bibliographies, and share files. Using RefWorks for research papers can assist in accurately citing citations and managing the many sources you will need to consult. The following information will guide you through setting up your RefWorks account, importing and using sources, and generating bibliographies. Contact a librarian for further information or training.
Introduction to RefWorks

Reference Desk Help:
Visit in person (1st floor Library West), Phone: 239-590-7630; Email: hlibref@fgcu.edu
Reference Desk Hours (Summer and Intercession hours vary):
Mon-Thu: 9am-8pm, Fri: 9am-5pm, Sat-Sun: 1pm-5pm

RefWorks Login: http://refworks.proquest.com
Library Website: http://library.fgcu.edu
Citation Help & RefWorks Web Page: http://fgcu.libguides.com/citation

1: Setting up your account
- Go to http://library.fgcu.edu
- Click “Citation Help & RefWorks”
- Click “Create a RefWorks account”
- Enter your FGCU email address when prompted and fill out the form
- Look for an email from RefWorks with a link to activate your account

2: Create a folder for your citations

Question: What is the “Last Imported” folder?
Answer: The Last Imported folder contains all recent citations you have saved to RefWorks, even those you have put into a specified folder. Previous citations in the Last Imported folder disappear as you add other citations.
Importing citations and full-text articles

3: Importing a full text article

1. Locate the full-text article file and save to your computer

2a. Drag the file onto the RefWorks screen; the system will automatically upload the file and fill in the citation information—be sure to check the citation for missing or inaccurate information

OR

2b. Click the “+” button and select “Upload document.” Select the file and RefWorks will upload it and fill in the citation information—be sure to check the citation for missing or inaccurate information.

4: Importing citations

1. Click the “+” button

2. To manually add a single citation, select “Create new reference” (use sparingly)

3. To add citation(s) from other citation manager programs (Mendeley, Zotero, EndNote), click “Import References” and follow directions to upload the citation file.
Importing citations directly from a database

Importing from databases with a direct export option:
1. Go to http://library.fgcu.edu and select “Databases”
2. Select the CINAHL database (provided by Ebsco)
3. Search for a term and look at the search results—select several of interest
4. Go to the folder and “select all”
5. Click the “Export” link on the right side
6. Make sure “Direct Export to ReWorks” is selected, then click “Save”
7. If asked, select “Export to the new RefWorks”
8. The citations should appear in ReWorks—note that this action did not import full-text articles
Importing citations from other databases

- Not all databases will have a direct export to RefWorks button
- Citations can still be imported by saving the citations in a file that RefWorks supports
- In this example, we use PubMed; for other cases or problems, check with a librarian

1. Select the desired citations
2. Click the “Send to” link and check “Citation manager”
3. Click “Create File”—a file will download to your computer

4. Go to the “+” button and click “Import References”
5. Drop the file (or select the file) on the page
6. A pop-up should appear saying that RefWorks thinks the file is NLM PubMed; if so, it has correctly recognized the file type. Click “Import”
7. The citations will upload and appear in the “Last Imported” folder
Managing citations

1. All imported citations will be sent to the “Last Imported” folder.
2. To transfer citations to another folder, click the desired citations, click the folder icon, and select the desired folder or create a new folder.
3. While imported citations from databases do not contain full text, they do have a link to check for the full text article at the FGCU library.

See an error in the citation? Click the pencil to edit the citation or add other comments for your own use.

Check for Full Text
Generating the bibliography

1. To generate a bibliography, first select the desired citations, either by clicking each individual citation’s check box, or selecting “Select all”
2. Click the “” folder
3. Click “Create bibliography”
4. The bibliography will appear and can be copied to clipboard or copy/pasted into the paper
5. Use the menu in the top left to search and select the correct citation style for your assignment
6. Remember! RefWorks’ citations often contain errors — be sure to check the citations before submitting the assignment

RefWorks Options

Click your name in the top-right corner, then click “Tools”

- Save to RefWorks
  A handy bookmark for your browser. Navigate to a desired webpage, citation, or article and click the button. RefWorks will automatically import the information. Highly useful for research projects.

- RefWorks Microsoft Word plugin
  A plugin that installs as a tab inside MS Word. Enables one to easily cite in-text, generate bibliographies, and change output styles. Requires Word 2010 or later. Mac option is only available for Word 2016.

- Google Docs add-on
  Use Google Docs to write papers? Check out the RefWorks add-on to easily add and edit citations and bibliographies in your paper.
Appendix E: Resume Writing

Visit the FGCU Career Center Link for more information

How long do you think the average recruiter takes to review your resume?

The average recruiter gives your resume 5-8 seconds for review.

General Resume Guidelines:

- Use a standard font – Not one you have never seen before.
  - Arial or Times New Roman Size 10-12
- Keep the design simple
- Vertical, horizontal lines, boxes, tables, graphics, do not always translate or upload correctly
- NO pictures! NO, NO, not ever
- No personal info – height, weight, etc

Sections

- Cover Letter
- Heading
- Objective
- Education
- Clinical Experience
- Professional Organizations
- Work Experience

Cover Letter Guidelines

- Develop a cover letter and submit per employer instructions
- One page only
- Include:
  - Position applying for
  - Why you are qualified for the position
  - Current contact information
- Use language from the job description/announcement
- Do not duplicate your resume in your cover letter
- Pull out 2 or 3 adjectives from the job description that best highlight your skills/abilities/qualifications
  - Indicate when you are available to interview or talk

Heading

Name: Full Name
Address: Current Updated Address. Update as needed.
Phone Number: Best number to reach you.
Email Address: Make sure it is long-term and appropriate
  - Be careful with email addresses: sexybaby@---, hotpt@, Ismokeweed@, ilovemanipedi@
  - Clean up your online profile: Facebook / Twitter
  - Create an online profile: Linked In

**Objective Statement**

- State the actual position for which you are applying
- Statement should be short, concise and company specific
- Statement should not reflect your personal opinion of yourself
- Avoid cliché words, such as: motivated, dedicated, leader, etc.
- Example of an ineffective objective statement: “Seeking a *Health Professions* position in any practice setting utilizing my skills”
- Example of an effective objective statement:
  - Seeking a *Health Professions* position with Select Physical Therapy in an outpatient setting located in Houston, TX. As a new graduate I look forward to mentoring, aggressive continuing education, and a team atmosphere

**Education**

- Education should be in REVERSE chronological order
- If you have not graduated, check with the faculty in your discipline on how to list
- Anticipated graduation – Month and Day; include your licensure Exam date here
- Do not put high school on your grad school resume
- It is not necessary to put your GPA on your resume; best news of the day?

**Clinical Experience**

- Reverse chronological order
- Bullet point details- Any significant learning experiences –

**Items to include:**

- Name of company
- Location
- Time frame – Month/Year
- Type of internship
- Length of internship
- Professional affiliations
- Professional Organizations pertaining to your degree
- Leadership roles throughout school
- Conferences attended pertaining to your degree

**Work Experience**

Only include if it pertains to your degree – PT tech, etc.
If you are transitioning from another career into your new career, list this here. Even if it does not pertain directly, this will help with gaps in dates.

**References**

DO NOT BELONG on your resume

DO NOT PUT: References available upon request. The potential employer already knows that

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**Who Makes a Good Reference**

- Clinical Instructors
- Professors who have knowledge of your clinical skills
- Former supervisors who can attest to your work ethic
- Always call ahead of time and ask if you can use former employers as a reference
- Always list name, title, and how you know them along with two phone numbers to reach them.
- Do not use school friends, parents, or relatives as references

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**Final Tips**

- Proofread, proofread, proofread, proofread, proofread, proofread, proofread, proofread.
- Proofread again
- Have at least 2 other people proofread. Have them call the phone listed and send an email to your email address.
- Save your resume as a PDF file. This is the only way to preserve your original formatting
- Name your document appropriately:
  - “Kathy King Resume”
  - Not “final resume,” “second draft,” “final Draft,” etc.
- Remember to update your resume often. Failure to do so may cost you a job.
- Use basic resume paper: cream, white or grey.
- Do not use an envelope, fancy folder, or plastic binder; it is a waste of money
- Be honest; do not exaggerate!
- The power is in the details
- Get it right

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**Phone Screening Tips**

- Be awake, alert, and interested
- Research the company ahead of time
- Have a pad and pen to take notes
- Be in a private, quiet place if at all possible
- Make note of who you spoke with, date and time
- Have questions prepared for the interviewer

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**Interviewing Tips in Person**

- Dress appropriately – No flip flops, informal shirts, t-shirts, etc.
- Strong, firm handshake
- Sit upright
• Make eye contact and keep it!
• Always bring a resume, even if they have it
• Always bring a pad and pen to take notes
• No electronics on. OFF/NOT VIBRATE; better yet, leave them in your car.
• Have a list of questions to ask
• Always write a thank you note. Email is fine.

Sample Questions for you to ask
1. What are your productivity requirements for new grads?
2. Do you provide mentoring for new grads?
4. What does mentoring entail?
5. When are benefits available?
6. Is there a stipend for Continuing Education?
7. Is there a career ladder offered for management training?
8. What is your turnover rate for management? Staff?
9. How many employees does the company have?
10. What is the next step in the hiring process?
11. May I shadow within the next week?
12. Is a sign-on offered?
13. Does the company have a Student Loan Repayment Program?
14. Do you require a non-compete?

Frequently asked Interview Questions
1. Tell me about yourself.
2. What is your greatest weakness?
3. What is your greatest strength?
4. What type of work environment are you looking for?
5. Describe a difficult situation or project you have been involved in and how you managed it.
6. Describe a situation where you had to resolve conflict.
7. Do you prefer to work in a team environment or by yourself? Why?
8. What are the top three things you are looking for in a job after graduation?
9. What are your pet peeves?
10. What ticks you off?
11. How do you handle stress and pressure?
12. What motivates you?
13. What do you find are the most difficult decisions to make?
15. Give me some examples of teamwork.
16. Give me an example of a time you were angry and how you dealt with it.
17. How do you evaluate success?
18. Where do you hope to be in five years with your career?
19. What are your long-term goals in your career?
20. What are your salary expectations?
21. If your friends had to describe you, what would they say?
Interview Bloopers
1. Being late
2. Poor communication skills
3. Dressing inappropriately
4. Thinking about what you are going to say instead of listening
5. Chasing tangents instead of focusing
6. Sitting before asked to sit
7. Slouching
8. Fidgeting, cracking knuckles, biting nails
9. Not turning your cell phone off or putting it on vibrate
10. Focusing on money; not the job

Negotiation Questions
1. When is it appropriate to bring up salary?
2. How do I negotiate salary?
3. Are benefits negotiable?
4. Is a sign-on offered?
5. Does the company have a student loan repayment program?
Appendix F: Documentation of Process/Revisions

The writing process is not a neat and clean process. It is a journey of inquiry, discovery, and, ultimately, as a result, an extremely diligent and deliberate collaboration. Below is evidence of such collaboration. The College of Health and Human Services Writing Guide Team consists of faculty, from the College along with leadership team members from the QEP—Office of Undergraduate Scholarship, and library staff, who discussed, composed, revised, and edited the guide in a year-long endeavor.

- RMHJ, KT—met to discuss writing guide process protocol 8.17.16
- RMHJ—sent email to recruit writing guide team 8.26.16
- RMHJ—received a representative from Nursing, but still waiting on Health Sciences 9.19.16
- RMHJ—set meeting with writing guide team 9.22.16
- KT, RMHJ—decided to add subject librarian to the team 9.27.16
- RMHJ and team—first writing guide team meeting, developed plan 10.20.16
- First Draft of the structure written by RMJH - October 2016
- Co-Authors Contributed Sections - December 2016
- 12.5.16—announced at QEP meeting RMHJ/KT:
  - Draft by 12.22
  - Gaining legs
  - Dean Cordova tied it to promotion and scholarship/scholarly writing
  - Guide plans shared at Deans’ Counsel
  - More people were added to writing guide team
- RMHJ, KT—12.8.16 met to discuss:
  - First draft readiness
  - Should be completed by 12.22.16
  - References to ENC 1101-1102 linked to Health Professions
  - Links from scientific to lay population
  - Addition of narrative, concept, argument, lit review, patient education, SOAP notes, chatting, professional communicaton, research methods, how to teach writing for faculty
  - Next meeting 1.6.17
- RMHJ, KT—1.6.17 met to discuss:
  - Formalizing writing guide documentation process
  - Adding writing process to guide
  - PDP justification for all writers/contributors
  - Next meeting 1.31.17
- First Review by Lead Authors (RMJH & KT) January 2017
  - Identification of missing sections sent to other authors
- RMJH - Edit January 12th, 2017
- RMJH - Edit January 20th 2017
- RMHJ, KT—1.31.17 met to discuss:
  - Publishing the guide
  - RMHJ adding KT to Research Methods Course
  - Lib Guides for IHS 4504
- Writing Guide meeting with larger group 2.9.17
- Chart linking lower division to upper division
- Plagiarism section
- Links in resume section
- Resources
- Common errors
- 30 days to clean up structure
- Prepared for graduate school section
- All writing guide drafts accounted for

- Larger Writing Guide Team Meeting—RMHJ, KT, DP, PSL, PDH, 2.9.17
  - Discussed: plagiarism section, paraphrasing section, Turn It In Protocol, and other missing content

- KT—additions 3.16.17
- RMJH - Edit May 16th 2017
- DP--edits/additions May 22, 2017
- PDH - Edit May 29, 2017
- DP--edits/additions May 31, 2017
- KT—resolved comments/issues in Google doc 5.31.17
- KT—edits, copied into Word document, added table of contents to streamline/determine missing content June 1, 2017
- RMJH – Edit June 6th – add in missing content
- RMJH to Group – Additional information added June 8th 2017
- Group Review of the document 6.13.17
- KT, DP, PSL, PDH—added/revised/adjusted 6.14.17
- RMJH – added content, combined Feedback from Authors
- KT & RMJH—edit of whole document 6.16/17.17
- RMJH—sent to college for feedback 6.19.17
- RMJH, DP, KT—Town Hall 6.28.17 [one person from graduate department showed]
- KT, DP, PSL, PDH, RMJH—received feedback from college 7.3.17
- KT, DP, PSL, PDH, RMJH—discussed feedback from college, accepted and rejected reviews 7.6.17
- KT—accepted and rejected comments, edited and sent to RMJH 7.13.17
- RMJH, KT, CG—met to discuss the completing the guide and sending it to the QEP Leadership Team for further review 7.20.17
- RMJH—made final content revisions and sent to KT 7.26.17
- KT—added final documentation for Appendix F 7.28.2017 and sent to CG to distribute to QEP Leadership Team for final review
Literature Review Examples

Literature Review Example 1000 Level:

Grass vs. Grain: What’s the Better Beef?

Sally S. Student

Florida Gulf Coast University
Grass vs. Grain: What’s the Better Beef?

Exploring the health benefits of grass-fed beef in comparison to grain-fed beef

America is famous for its history of cattle that would graze on grass in the open ranges of Texas before being driven over to Kansas for processing. However, grass-fed cattle is quickly becoming a practice that could only remain in the past. Due to population increase raising the demand of beef in the United States, it has become more difficult to have enough land and resources that allow beef cattle to graze on a natural diet of grass. Instead, many large beef suppliers have turned to keeping cattle in feed lots to gain weight quickly; additionally, feeding cattle an unnatural diet of grain to quickly supply America’s ever-growing beef demand has likely become ineffective. In the context of this review, grain-fed beef and cattle is defined as cattle that have been fed an exclusive diet of grain, including corn, oats, and wheat. People might not think about it often, but what their hamburger was fed can have a very different impact on human health, depending on whether their beef was grass or grain-fed. Not only is grain-fed beef unhealthy compared to its grass-fed counterpart, but it also negatively impacts the economy for small and family farmers for reasons such as being more costly than the cheaper grain-fed beef.

The article being reviewed is titled “Greener Pastures, Better Beef?” Although this article was written in 2005, the claims and research presented in this article are still relevant to the current beef market. This article explores some of the possible reasons grass-fed beef has become a popular healthy alternative compared to the more commonly sold grain-fed beef. Melanie Parker, the author of this article, is a journalist in Time magazine’s health section and has written multiple articles regarding health and fitness. Parker claims that if grass-fed beef is
available, people should expend the extra effort to purchase this option for its nutritional and economic benefits for small scale farmers (Parker, 2005, par. 2). One literary device Parker uses to support her claim is ethos. Credibility is used when Utah State University animal scientist Tilak Dhiman, PhD is quoted discussing how “Nutrients in the meat drop significantly when the animal’s diet is switched from grass to grain” (Parker, 2005, par. 3). Pathos is also used throughout the article. When the author frequently highlights how much family farmers would benefit from people buying more grass-fed beef, the emotional appeal in her writing is highly visible.

In this article, Parker’s main claim is that people should buy and consume grass-fed beef instead of grain-fed beef due to its greater health and nutritional benefits. Parker states that “grass-fed cuts pack up to four times as much vitamin A” (Parker, 2005, par. 3) compared to grain-fed beef. This fact proves how just changing livestock from grain to grass-fed can improve the nutritional value of beef. Many Americans are also becoming more concerned about the safety of their beef, due to practices such as grain-fed cattle being fed antimicrobials included with their feed. According to the American Medical Association, people eating beef that has been fed antibiotics have the possibility of developing antibiotic resistance (Parker, 2005, par. 5). The American Medical Association became so concerned about this problem that they issued a policy statement that formally opposes hormone and antibiotic use in beef cattle (Parker, 2005, par. 5). Due to the increase of people researching exactly what their beef has been fed, websites have been created to allow small scale farmers to advertise their beef and to educate consumers about where their beef has come from. By personally contacting the farmer before someone buys beef through one hundred percent grass-fed supplier websites such as Eatwild (Parker, 2005, par.
8), consumers are able to be relieved, knowing the beef they are eating will not have the possibility of producing devastating antibiotic resistance or the potential to carry mad cow disease.

Additional sub claims are also used throughout the article to support grass-fed cattle, while also including the pros and cons of buying this alternative beef. The first sub claim by Parker discusses the potential health effects the higher amount of conjugated linoleic acid (CLA) in grass-fed beef has over grain-fed beef (Parker, 2005, par. 4). According to the Dietary Guidelines Advisory Committee, CLA is a naturally occurring fatty acid that has the ability to slow down the progression of health problems such as cancer and heart disease in animal experiments (Parker, 2005, par. 4). While grain-fed beef and milk products have almost five times less than the smallest amount of CLA needed for anticarcinogenic benefits, just six ounces of grass-fed beef provides nearly one third the amount of CLA needed in a healthy diet (Parker, 2005, par. 4). Parker avoids bias in her article by mentioning that while the research has positive results on animal studies, the same positive cancer and cholesterol results have not yet been noticeably observed in humans.

Another major sub claim Parker states is that grass-fed beef is becoming an increasingly popular choice for people not only for its health benefits, but for its unique taste. Parker mentions that while not everyone may appreciate the tougher texture and slightly gamier flavor, many people love the fresher taste of grass-fed beef over grain-fed beef. This alternative beef is becoming so popular that it is now available in restaurants across America, including popular places such as “Acme Chophouse in San Francisco to Savory in New York” (Parker, 2005, par.
2). According to Acme Chophouse’s executive chef Thom Fox, grass-fed beef tastes “nuanced, cleaner, and less cloying” then grain-fed beef does (Parker, 2005, par. 8).

In addition to grass-fed beef’s nutritional benefits and delicious flavor, grass-fed beef also provides an important form of economic stability for America’s small and family farmers. According to the article, due to the United States Department of Agriculture (USDA) recognizing animals that have spent “eighty percent or more” of its time on a grassy pasture to be considered “grass-fed” (Parker, 2005, par. 6), nutrition labels from major suppliers have become unreliable for people who want to confirm that their beef is completely grain-free. Many small scale farmers have started marketing their grass-fed beef on websites such as Local Harvest (Parker, 2005, par. 9) to provide people and restaurants with beef that is entirely grass-fed. Farmers provide contact information for their customers and list beef as “pasture-finished and one hundred percent grass-fed” (Parker, 2005, par. 6) compared to the USDA’s vaguer “grass-fed” label. Parker also mentions that even though buying directly from small farmers is a wonderful way to help agricultural economy and guarantee your beef is grass-fed, the price is usually higher than grain-fed cattle. According to Parker, an economic way to buy grass-fed beef is by the quarter and half-animal if the buyer is able to fit the large amount of meat in their freezer (Parker, 2005, par. 8).

Parker’s article proved to be both an educational and effective argument in supporting grass-fed beef over grain-fed beef. This source can be used to develop the topic of the health benefits of grain-fed beef in comparison to grass-fed beef. The various amounts of ethos provided throughout the article by quoting Dr. Dhiman’s scientific findings, Chef Fox’s culinary
knowledge, and grass-fed website employee Jo Robinson’s expertise on buying grass-fed beef are all reliable sources that provide support for grass-beef from a variety of perspectives.

“Greener Pastures, Better Beef?” also provides an effective argument on the benefits of grass-fed beef by remaining unbiased throughout the article. Although Parker does support eating grass-fed beef, she gives equal attention to both the positive and negative effects of eating grass-fed beef, which provides readers with a wide range of views on the topic to help them make an informed decision on whether grass-fed beef is right for them.

“Greener Pastures, Better Beef?” uses easy-to-understand language to include a large audience of people who may be informed on grass-fed beef or who may not have heard of it before. The logic used in this article is both true, due to being quoted by scientists, and easily understandable, to help inform readers on the topic of grass-fed beef. This article assumes that the audience eats beef and is not completely informed on the fine details of the beef industry. The vocabulary in this article is fitting for an audience of fitness enthusiasts by not defining better known vitamins such as A, E, and omega-3 fatty acids, but it is put into an understandable context by including sentences that describe what the effects of those vitamins are. The various scientific evidence presented in this article demonstrates a variety of reasons of why grass-fed beef is healthier than grain-fed beef. These facts were proven through the use of providing nutritional information and the results of a scientific study on grass-fed beef performed on animals. The dangers of grain-fed beef were also presented in the article by including how hormone and antibiotic-fed cattle can cause humans to become immune to antibiotics. From the information presented in the article, it can be concluded that grass-fed beef is significantly healthier and more nutritious to eat than grain-fed beef, provides economic opportunities for
small and local farmers, and is a more humane way to raise livestock. It is important to note that although the information presented in the article is useful, Parker has other areas of interest which may hinder her ethos. This article can serve to spread awareness on the health benefits of grass-fed beef and encourage people to consider eating grass-fed beef instead of grain-fed beef. By purchasing grass-fed beef at restaurants or from small scale farmers, eating grass-fed beef and avoiding grain-fed beef when possible, and asking grocery stores to provide grass-fed beef, people can eat more nutritious beef and help keep America’s grass-fed history alive.

Reference


I, Sally Student, hereby claim that the contents of this essay are original and properly cited. Every word was written to the best of my ability, and I sought out help along the way both from my peers and my professor. All errors in grammar, spelling, format and organization, and lapses in logic are my sole responsibility. Sincerely, Sally Student.
Examining the Impact of Service Dogs on the Social Behaviors of Children with Autism Spectrum Disorder

Sally S. Student
Florida Gulf Coast University
Abstract

Children who have been diagnosed with autism spectrum disorder (ASD) lack social interaction and communication comportments, as well as monotonous behaviors and interests. The disorder is characterized as having less positive and more negative behaviors such as abruptly lashing out and irritability. This paper is intended to examine the impact of service dogs on the social behaviors of children with ASD. Although the five research articles do not have a balanced male to female ratio, they each reveal that the social behaviors of children diagnosed with ASD are positively influenced when the children with ASD are exposed to a service dog. Moving forward, the next step in research should be addressing the cause of ASD and ways to prevent and/or cure the disorder. Finding a cause and ways to prevent and or cure ASD will allow children to socially recognize that the environment is pleasant rather than harmful.
Introduction

Autism spectrum disorder (ASD) affects multiple young children. Currently, the exact cause as well as a cure for ASD are unknown. ASD is associated with developmental brain disorders. The disorder is a common and enfeeble that is estimated to affect 1 in 91 children in the United States (O’Haire, McKenzie, Beck, & Slaughter, 2013). ASD primarily affects children’s social skills and communication with other individuals. For example, the children may have trouble getting along with others, taking part in daily routine activities, and learning and acquiring knowledge at school. Numerous programs, assistance, and therapies have been aimed at ameliorating the lives and social behaviors of children with ASD. Establishing new methods and advantageous strategies to enhance social interaction with others for those children with ASD has become a paramount research concern. One proposed strategy is the use of service dogs. Recently, researchers have been focused on is the effects service dogs have on the social behaviors of children with ASD. Social behaviors of children with ASD are positively affected by the presence of a service dog. This review concentrates on examining the positive benefits service dogs have on young children’s social behaviors.

Review

The following research studies address the impact that services dogs have on the social behaviors of children who have ASD. Each of the studies have differences in the sample sizes and design methods, and few will have similarities in their data collection methods as well as the results produced in addressing the impact service dogs have on the social behaviors of children.
While conducting an in depth literature review of the five research studies that were pertinent to addressing the impact service dogs have on a children’s social behavior, each study was restricted by the chosen sample size. Although the sample size posed to be a limiting factor and was different for each study, there was a similarity; each study included children in their sample.

Funahashi, Gruebler, Aoki, Kadone, and Suzuki (2013) had the smallest sample size, which consisted of two children, a 10-year old boy who has ASD and 10 year-old normal healthy boy who served as a control. Although their sample size is the smallest out of the five studies, it fails to take into consideration the entire population because the focus is solely on boys rather than both boys and girls which may pose as being bias. In comparison, the Burrows, Adams, and Spiers (2008) study had a somewhat larger sample size of ten families which consisted of seven boys and three girls. The Burrows et al. (2008) study showed an increased in the representation of the female population, whereas Funahashi et al. (2013) used all males in their sample and had a smaller sample size.

O’Haire et al. (2008) administered a research study that encompassed 99 children, there were a total of 33 groups which each had one child with ASD and two typically developing children. Carlisle (2014) drew her sample from 70 parents who had children with ASD and who had a dog, solely from a Midwestern autism diagnostic and treatment center database list. Similar to the Burrows et al. (2008) study, Carlisle (2014) had a larger sample size of males than females, 65 males and five females.
The largest sample size used was by Grandgeorge et al. (2012). In this study, 260 participants with ASD were selected and for each of the two studies conducted, pet arrival after age of five versus no pet and pet versus no pet, two groups were selected. This study was the only study of the five studies reviewed whose research was conducted outside of the United States. Taking into consideration the location of the research Grandgeorge et al. (2012) results may lack strong external validity. Reason for which it may lack strong external validity is because differences in cultural may exist between France and the United States.

Each of the five research studies collected data by using a particular design method. Funahashi Gruebler, Aoki, Kadone, and Suzuki (2013) conducted a quantitative analysis that focused primarily on examining the smiles of children with ASD for a period of seven months and compared the results to a normal child. Funahashi et al. (2013) collected the data by observing and video recording the two boys through a wearable device that counted the number of times the boys smiled when exposed to a dog-assisted activity in order to compare the results at the end of the study. The child with ASD when exposed to a dog indicated increased social behaviors, such as smiling and interacting with the dog. The results from the study indicated that animal-assisted activities increased the social behaviors of a child with ASD from 67.9 percent of negative social behaviors, when not exposed to an animal-assisted activity, to 90.6 percent of positive social behaviors when exposed to an animal-assisted activity, whereas the normal child’s results remained consistent throughout the study (Funahashi et al., 2013).
EXAMINING IMPACT OF SERVICE DOGS

In contrast, Burrows et al. (2008) conducted a qualitative ethology study to examine and draw conclusions about the significant patterns of behavior in the bond between the family, the child with ASD, and the service dog. Burrows et al. (2008) collected data through visiting the homes, observing the child in the school classroom, and conducting semi-structured interviews. In order to capture as much information as possible Burrows et al. (2008) took detailed field notes that were either written or videotaped. The results of this study showed that the service dog inhibited the child from lashing out which gave the parent time to react and calm the child down and changes in the children’s behaviors, such as less anxiety, increased calmness, fewer meltdowns, and dissipated anger were observed. Though the results for this study had multiple outcomes, overall the study was consistent in providing results that demonstrated that the service dog assisted in reducing physiological arousal and behavioral distress. Burrows et al. (2008) commented that it would have been preferable to interview the child with ASD as well rather than being limited to only the parent’s response. The data provided in this study lacks the point-of-view of the child, therefore limiting data collection on the population of the children as well as failing to take into account verbal children versus nonverbal children. Burrows et al. (2008) mentions that their sample size was taken from a relatively small population and was made up of only nonverbal children, which hindered his ability to interview the children with ASD.

Although this study focuses primarily on the view point of the parents, the parents noted the positive impact service dogs have had on the child with ASD. In the end, Burrows et al. (2008) showed results that the existence of a service dog in the home improved both the quality of life and social behaviors of a child with ASD through the perspective of the parents.
Carlisle (2015) conducted a cross-sectional descriptive study through a telephone survey to discover if dogs living in the home were associated with increased social behaviors and bonding with the dog in children with ASD; identify if the ownership of a pet was related to increased social behavior; and if the degree of attachment between the dog and the child with ASD affected social behaviors. In this cross-sectional study a variety of age groups were examined, therefore the study produced a multitude of reliable and valid results as well as produced a significant amount of data about the impact of service dogs living in the home have on children with ASD. Carlisle (2015) also presented results through the use of analysis of variance and a t-test which also gave her concrete results. The results of the study indicated that a proliferation of social behaviors are found in children who live with dogs. Also, the study conducted by Carlisle (2015) had similar findings to other previous studies conducted in that a children with ASD who lived with an animal (not removing dogs) experienced a profound increase in assertion.

O’Haire et al. (2013) collected data through a questionnaire that contained a rating system. O’Haire et al. (2013) observed 99 children at three ten minute intervals where the children either played with toys or the class room animal, each session was recorded. The sample size was a valid representation of the population because it took into account those with and without ASD and examined and compared both. Coders observed the participants and rated the presence or absence of each behavior during the ten minute intervals. The results of O’Haire et al. (2013) indicated that the children with ASD acquired more approachable social behaviors as well as received an increased social approach by their peers when animals were present in
comparison to toys. This study also related to the other studies because O’Haire et al. (2013) found that children with ASD exhibit positive social behaviors and a decrease of self-focus and negative social behaviors when animals are present in comparison to toys. It is evident that the use of a questionnaire and rating system demonstrated reliability and validity in its findings, it makes an effort to point out the differences between those with ASD and those without ASD.

Similar to O’Haire et al. (2013), Grandgeorge et al. (2012) conducted research through a questionnaire by using a telephone interview design method in order to collect data. Cognitive and behavioral assessments were conducted as well as telephone interviews with parents who have children with ASD. Grandgeorge et al. (2012) conducted two different studies, study one examined the arrival of the pet after age five versus no pet and study two examined pet versus no pet from the time of birth. Study one, pet arrival after the age of five, offered more qualitative and quantitative data regarding the connection between children with ASD and the pet. The results of study one showed that when the pet arrived in the home after the child was at the age of five the family experienced stronger cohesion and time spent together which then had an impact in increasing the social behavior of the child. The results of study two indicated that the presence of the dog from birth had no significant impact in comparison to getting a dog once after the age of five. Limiting the research to a questionnaire through a telephone survey has potential for participants to provide shorten answers therefore including field research would provide more insight into actually observing the increased social behaviors of a child with ASD when exposed to a dog at birth or years later.
Summary

In all five studies examined, results showed similar findings. The involvement of animals in therapeutic interventions, such as service dogs, is an effective way to expand and better the social behaviors of children with ASD. However, more research should be conducted in order to determine if the use of service dogs is the best treatment option for children who have been diagnosed with ASD. The increase in social behaviors of children with ASD are related to the presence of a well-trained service dog, but there is a lack of evidence supporting the impact family pets have on children with ASD who have not been professionally trained. Therefore, future research should be conducted using family pets who have not been professionally trained.

Further research should be conducted to determine if the size of the dog plays a role in affecting sensory simulation. There is a lack of comprehending the human-animal bond because of the failure of research to address the end stage of the service dog relationship. A better understanding is needed in examining children with ASD after a service dog is retired. Based on the research available on this particular topic of service dogs and children with ASD, it is evident that the impact of service dogs on the social behaviors of children needs future research.
References


