



Professional/scholarly article summary and critique



Analysis essay and response email, Nursing 494,
May, 2012

Roger Graves



Roger Graves
Director, Writing Across the Curriculum
Professor, EFS

May 4, 2010

wac
c4w
writing initiatives
webmail
efs
u of a

As Director of Writing Across the Curriculum, I'll be working with faculty and students across the university to improve student writing. I consult with instructors and departments, and I teach writing in a wide variety of courses when students in those courses are starting a writing assignment. I will also be working with students and faculty in the Department of English and Film Studies, my home department.

I am the author, co-author, or editor of six books and 29 articles, including *Writing Instruction in Canadian Universities*. My current research interests include the development of doctoral student writing, writing assignments across disciplinary fields, and rhetorical approaches to text encoding. Currently I serve as co-President of the Canadian Association for the Study of Discourse and Writing (CASDW), the

Recent presentations to classes
This page contains links to slides displayed at presentations I've given to classes.

Research and faculty presentations

Digital rhetoric

▶ <http://www.ualberta.ca/~graves1/index.html>

Centre for Writers



The screenshot shows the homepage of the Centre for Writers at the University of Alberta. The header features the University of Alberta logo on the left and the 'Writing Initiatives' and 'Centre for Writers' logos on the right. A green navigation bar is positioned below the header. On the left side, there is a vertical menu with yellow buttons for: Home, Book An Appointment, Contact Us, About Us, Hours and Location, Tutor Bios, Policies, Centre for Writers Guiding Principles, FAQ, Resources, Other Writing Centres, WAC, WRS, and Writing Initiatives. The main content area on the right includes a breadcrumb trail 'Home > Home', a 'Welcome to the Centre for Writers' section, a paragraph about free writing support, a red call-to-action to book, change, or cancel appointments, a list of resources, opening hours for Monday-Thursday (10:00AM - 7:00 PM) and Friday (10:00 AM - 5:00 PM), a red instruction for professors/instructors to request a classroom visit, and a link for more information for students and potential tutors. At the bottom, there is a photograph of a desk with a water bottle and a window with a plant.

<http://www.c4w.arts.ualberta.ca/>

Why?

- ▶ Explore and critique professional knowledge and public information
- ▶ Must relate to your focus area of 494/495



Part A: What

Analysis of a **public** website or **public** written media

- ▶ Suitable topics/targets: websites, blogs, magazines, pamphlets, newsletters
- ▶ Key issue: check with the instructor to identify the unit of analysis (the whole blog, the whole website, all issues of the magazine)



The fine print

1. Who is the author(s) of the website? Credentials?
2. What is the intended purpose of the site?
3. Does the content/information match the purpose and intended audience?
4. Does the website verify/communicate the sources of the information to the public?
5. Does the website present balanced information (multiple points of view)?



Grading criteria

1. Who is the author(s) of the website? **Credentials?**
2. What is the intended **purpose** of the site?
3. Does the content/information match the purpose and **intended audience?**
4. Does the website verify/**communicate the sources** of the information to the public?
5. Does the website present **balanced information** (multiple points of view)?
6. **APA referencing**



Let's get started

We noted in class that this is not the kind of document students should analyze

COMMENTARY

Chronic illness is one part of a life story

Although chronic illness remains a major cause of death in Canada, many serious diseases once considered life threatening are now being treated and managed. Nonetheless, chronic disease takes its toll on individuals and their families, and the typical trajectory of decline in health is stressful for all involved. I have been studying the quality of life of people with chronic illness for many years. We know much more about treatment and management than we did when I started this work, but I believe the standards and guidelines developed through evidence-based practice often get in the way of recognizing the uniqueness of individuals and their right to make choices about their care.

In a series of narrative interviews we conducted over 18 months with

sometimes for the better and sometimes for the worse. One woman who had lived with cancer for over 20 years was suddenly faced with a recurrence. Her outwardly confident manner and seeming acceptance of the disease were shattered as she began to reconsider her priorities and wonder anew "why me?"

Recently, I was involved in a randomized controlled study of nurse-run, physician-monitored clinics for people with early chronic kidney disease

for change. People want input into the decisions that affect them. In the end, we agreed to document the type of nursing care that was provided rather trying to standardize it.

The long-term outcomes of that study are not yet clear, but clients were highly satisfied with the care provided, and there was evidence of higher quality of life scores on one measure in the group participating in the intervention clinic. However, it was a comment made by one

In chronic illness care, health professionals typically do not treat people as though they are unique. They tend to fit them into a category and try to manage their care according to pre-

the individual:

ANITA MOLZAHN, RN, PhD, FCAHS, IS A PROFESSOR AND DEAN, FACULTY OF NURSING, UNIVERSITY OF ALBERTA, EDMONTON, ALBERTA.



Necrotizing fasciitis ("Flesh-eating Disease")

Manitoba
Health
Public Health



COMMUNICABLE DISEASE CONTROL

What is necrotizing fasciitis/myositis?

Necrotizing fasciitis (nek-roe-tie-zing fah-shee-eye-tis) is more commonly known as "flesh-eating disease." It is a rare illness that causes a great deal of tissue damage and can lead to death. In Canada, there are 90 to 200 cases of necrotizing fasciitis each year. It is fatal in about 20 to 30% of cases.

When the disease spreads along the layers of fatty tissue that surround muscle, it is called necrotizing fasciitis. When the disease spreads into the muscle tissue, it is called necrotizing myositis (my-oh-sie-tis).

The disease was first discovered in 1783, in France and it occurred from time to time throughout the 19th and 20th centuries. The disease was usually found in military hospitals, during times of war. There have been some outbreaks among the general public. The disease appeared to occur less often during the 1940s, and showed up again throughout the world in the 1980s.

What are the signs and symptoms of necrotizing fasciitis?

Symptoms of necrotizing fasciitis include fever, severe pain, and a red painful swelling of the infected area which spreads quickly (up to 3 cm an hour). Death can occur in 12 to 24 hours. Persons with "flesh-eating disease" usually have a lot of pain in the infected area—they know something is wrong.

What causes "flesh-eating disease"?

Necrotizing fasciitis can be caused by a number of different germs, one of which is the group A streptococcal (strep) bacteria. This is a common bacteria that causes infections, such as sore or strep throat, in children and young adults. Ten to 15 per cent of school-age children may carry group A strep

in their throat and have no symptoms. It is normally spread through close contact with an infected person, for example through kissing or sharing cutlery. This same bacteria also causes scarlet fever, impetigo and rheumatic fever. Sometimes group A strep can cause serious diseases such as pneumonia, toxic-shock syndrome, and necrotizing fasciitis and myositis. In cases where serious disease develops, the presence of sore throat is not very common.

How safe is the general public?

The general public remains very safe from this disease. Although reports in the news have increased our awareness of this condition, the number of persons with the disease has not changed over the last several years. Necrotizing fasciitis caused by group A strep occurs in about three to seven persons per 1,000,000 people per year.

What is the treatment for necrotizing fasciitis?

Antibiotics are an important part of the treatment of necrotizing fasciitis. However, since necrotizing fasciitis results in a loss of blood supply to, and death of the tissue and muscle in the affected area of the body, and since the blood takes antibiotics to the infected site, the effectiveness of antibiotics is limited. Therefore, the infected and dead tissue must be removed by surgery or it will affect the person's ability to recover.

What can be done to prevent infection?

Minor cuts should be washed with soap and running water, kept clean and watched for signs that may suggest spreading infection. Most cuts will have some redness around them. However, if this redness begins to spread rapidly, the cut should be seen by a nurse or doctor.

Because the public is the audience for these materials, this would be OK as a topic

Manitoba Health on *Necrotizing fasciitis* ("Flesh-Eating Disease").

Source: http://www.gov.mb.ca/health/publichealth/cdc/fs/necro_fasciitis.pdf.

Primary healthcare teams and dementia

Patricia Bree and Jane Meldrum consider how members of the primary healthcare team, in partnership with other care providers, can support people with dementia and their carers

Patricia Bree MSc, BA, RGN, RM, Dip HV is dementia liaison nurse, Community Mental Health Team – Older People, Dundee

Jane Meldrum NVQ Care Level II, Clinical skills for Healthcare Workers, is health care assistant, Royal Dundee Liff Hospital

A true picture of the prevalence of dementia is difficult to quantify and a lack of uniformity in the way primary care identifies people with dementia adds to this difficulty. Demographic changes show that people are living longer. Therefore it might be anticipated that numbers of people with dementia will also increase (MacDonald 2004). The incidence of dementia increases with age: by the age of 65 one person in 20 may have dementia and this can rise to as many as one in two by the age of 85 (Naidoo and Bullock 2001).

The health gains over the last few decades have produced a healthier nation and therefore people, including those with dementia, may live longer. This

care of people with dementia.

Guidance for GPs in the identification and management of people with dementia is available in literature resources (Gauthier *et al* 1997, World Health Organization 2000, McIntosh 1999), but few doctors place value on early diagnosis and there is a general lack of knowledge about the incidence of dementia in practice populations (McIntosh *et al* 1999, Iliffe *et al* 1990, O'Connor *et al* 1988). GPs cite the following reasons why they are reluctant to investigate early for dementia:

- lack of secondary care services for collaboration over diagnosis
- lack of community support for the person

Part B

Critical and analytical response

- ▶ Write a professional email to the author/editorial board of the media source
- ▶ Use the knowledge from your review in Part A as the source for your comments in this email



The fine print, part 2

1. First paragraph: introduce yourself, your credentials, your reason for writing
2. Body: 3 comments
 - i. what is done well?
 - ii. What needs to be improved? Why?
 - iii. What is missing or could be added?
3. Last paragraph: close the letter in a professional manner (offer of help; openness to follow-up)



Grading criteria

1. First paragraph: **introduce** yourself, your credentials, your reason for writing
2. Body: 3 comments
 - i. what is **done well**?
 - ii. What needs to be **improved**? Why?
 - iii. What is **missing or could be added**?
3. Last paragraph: close the letter in a professional manner (offer of help; openness to follow-up)

Use nursing research literature to support your discussion

Introducing a business letter

Dear Ms. Black:

Foothills Imaging and Diagnostic Clinic is committed to setting the standard for health care in the community.

Your opinion about your experience during your recent visit to Foothills Imaging and Diagnostic Clinic is essential to helping us achieve that goal.



Ending the letter

Thank you for your assistance.

Sincerely,

Lawrence Zhang
Director and CEO

