

# Chapter 9: Case Studies

## Case Study – Tutor Feedback

### Sam (student)

Draft interview schedule for use with teachers in my placement school:

- Q1. How would you define 'creativity'?
- Q2. How is 'creativity' planned for and used in this classroom?
- Q3. Do you think the changes to the role play area have affected the children's creativity?
  - Q3a. If yes, why and how?
  - Q3b. If no, why and how?
- Q4. What suggestions do you have on how the role play area could have been made better to enhance the children's creativity?
- Q5. Has the project made you think about different ways in which you can try and enhance the children's creativity within the role play area?
  - Q5a. If yes, what are your ideas?
- Q6. Overall, how do you think the project has gone in the classroom?

\* Some questions may be elaborated on or I may create new ones as I hear the answers given to Q1–6.

### Janet (tutor)

Given the limited time available for these interviews and the busy nature of the school why not reduce the number of questions being asked. For example:

- Q1. *What does creativity mean to you?/How would you define it?*  
*\* This could be a tricky question to answer at short notice. One way round this though, Sam, if your respondents are struggling is to ask them for examples of creativity and then use these to tease out what they think it is that makes them creative.*
- Q2. *How do you provide opportunities for the children to be creative in the classroom/curriculum?*  
*\* Ask respondents about drama and/or role play specifically if they omit to mention it. You might also explore practical challenges, that is setting up areas, integrating provision into the rest of curriculum, adult involvement, etc.*

## Case Study – Cont'd

Q3. *What examples of the children being creative have you seen?*

*\* You could seek information on events prior to your research as well as events during/as a result of it. Play it by ear and depending on what response you get try to explore whether the new role play themes you have introduced as part of your project have created new/different opportunities for creative activity by the children. If appropriate ask for suggestions on how the teachers would have improved the role play area in terms of its creative potential.*

## **Case Study – The Dangers of Over-quoting**

Pete's latest sociology essay was being marked. When his tutor checked the word length she discovered that around 1,500 of the 2,000 words were quotations loosely strung together with a few of Pete's own words. There was little or no commentary or discussion by Pete. It was all referenced properly but it did not pass because only around 25 per cent of the work was Pete's and what there was did little more than provide a series of links between quotes.

# Chapter 9: Checklists

## **Checklist – The Sequence of Your Preliminaries**

- Title page: full title, name of author, month and year of completion
- Contents: page numbers for each chapter/section, heading and subheading as well as lists of tables, figures and appendices
- Acknowledgements page
- Abstract page
- Introduction

## **Checklist – Bringing Together Your Conclusions**

- Start this section with a reminder to the reader about the original purpose of your research.
- When summarizing your findings and claims start with the strongest/most significant and work down towards the most tenuous/least important.
- Link your conclusions back to your original literature review and/or your underlying theoretical perspective.
- Where appropriate explain the significance of your findings for existing policy and practice (this will probably be at a local rather than a national level).
- Acknowledge any shortcomings or limitations to your work, including any relevant commentary on the process of carrying out your research.
- Do not introduce new literature and ideas (unless in the context of the final point below).
- Where appropriate set out what further research in the area might be useful.

# Chapter 9: Clear Plagiarism Example

Originality GradeMark PeerMark

turnitin 92% SIMILAR OUT OF 0

12 The cornerstones of obesity management in adults are dietary change and increased physical activity, supported by behavioural interventions, balanced diet and control portion size to achieve and maintain a healthy weight. You may need to reduce how much you eat, as well as changing what you eat. Diet Few people can lose weight without cutting the calories they consume. A 500kcal/day deficit is associated with a weight loss of about 0.5kg a week. Reducing the proportion of fat and increasing the proportion of complex carbohydrate can lead to a spontaneous reduction in energy intake. Choosing unrefined

carbohydrates with a low glycaemic index may help to curb appetite. Sugar-rich soft drinks tend to supplement the energy consumed as food. Switching to drinks containing artificial sweeteners, or preferably water, will support weight loss. Alcohol can be a significant source of calories for some patients. Restricting intake to no more than one unit a day is a useful guide. These changes to the quality of the diet will usually lead to modest weight loss. However, sustained weight loss will usually require a reduction in the quantity of food consumed. Portion sizes can have a huge impact on calorie intakes so it is important to review this when providing patient advice. There are several commercial weight-loss programmes that can help you manage your weight, combine physical activity with healthy eating. If you have been following a programme of managed diet and increased exercise for several months but still haven't lost a realistic amount of weight, your GP may prescribe a medicine called orlistat. Orlistat prevents your body from absorbing all the fat in your food. It's recommended for people with a BMI of 30 or higher for whom lifestyle and behaviour changes haven't been effective, advantages and disadvantages. The medicine can cause side-effects such as abdominal (tummy) pain and oily faeces. Occasionally, surgery is recommended for obesity. The most common types of surgery are gastric banding and gastric bypass. They involve either reducing the size of your stomach so you eat less, or bypassing part of your gut so your body absorbs less food.

excessive weight issue has been found to contribute to maladaptive eating behaviours among obese individuals, which can have a direct impact on psychological well-being and increase vulnerability to depression, eating disorder, low self-esteem, low self-worth, guilt and poor body image. 56 Evidence suggests that obesity is associated with an increased risk of poorer perceived health and more likely to be dissatisfied with their body shape and size. 4 Thinness is a beauty ideal in both Europe and the US, so being overweight or obese may contribute to body dissatisfaction and low self-esteem that increases the risk of depression. Individuals may believe that they are unable to engage in certain activities, or they will not be able to have a long and fulfilling life. 1 Some obese people report social anxiety, whereby they are embarrassed to socialise because of fear of discrimination and stigma this can negatively affect mood over time. 4 Obese persons had a 55% increased risk of developing depression over time, whereas depressed persons had a 58% increased risk of becoming obese.

Match Overview

| Rank | Source                                       | Similarity |
|------|--|------------|
| 1    | www.nursingtimes.net<br>Internet source      | 26%        |
| 2    | ktisis.cut.ac.cy<br>Internet source          | 16%        |
| 3    | www.apho.org.uk<br>Internet source           | 14%        |
| 4    | www.noo.org.uk<br>Internet source            | 13%        |
| 5    | www.nursingworld.org<br>Internet source      | 6%         |
| 6    | www.bupa.co.uk<br>Internet source            | 6%         |
| 7    | www.healthwatchnorth...<br>Internet source   | 2%         |
| 8    | www.psychiatrictimes...<br>Internet source   | 2%         |
| 9    | www.rcpsych.ac.uk<br>Internet source         | 1%         |
| 10   | Shepard, Alison. "Obes...<br>Publication     | 1%         |
| 11   | www.lankaweb.com<br>Internet source          | 1%         |
| 12   | www2.evidence.nhs.uk<br>Internet source      | 1%         |
| 13   | focus.psychiatryonline...<br>Internet source | 1%         |
| 14   | www.google.co.uk<br>Internet source          | 1%         |
| 15   | www.dhsspsni.gov.uk<br>Internet source       | <1%        |
| 16   | Kymna N. Wright. "Influ...<br>Publication    | <1%        |
| 17   | www.bluescl.org.uk<br>Internet source        | <1%        |
| 18   | www.nhs.uk<br>Internet source                | <1%        |

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Text-Only Report

# Chapter 9: Ideas to Use

## **Ideas to Use – Proofreading**

Proofread the following sentence:

Planning ahead and clearing some time in you're dairy for the day's imediately following the reciept of formative feedback is an affective way reducing the risk that you will forget or omit any thing important.

A corrected version can be found at the end of this chapter (p. 255).

### **Ideas to Use – Proofreading (Corrected Version)**

Planning ahead and clearing some time in your diary for the days immediately following the receipt of formative feedback is an effective way of reducing the risk that you will forget or omit anything important.



# Chapter 9: Points to Think About

## **Points to Think About – Common Components of an Undergraduate Dissertation**

- The 'preliminaries' – for example, your title page, contents pages, acknowledgements, abstract and introduction – setting out the focus of your study, its rationale and any necessary background information.
- A balanced, non-partisan review of the literature highlighting key and relevant debates, controversies, any accepted 'facts' and positioning your study within this context.
- Methodology and methods section(s) setting out the rationale for approaching your research question in the way that you have and articulating some of the issues and dilemmas that you had to work through when weighing up the relative strengths and weaknesses of different approaches.
- Your data; what you did and what your findings were. You will need to provide the reader with information on the context, the sample selected, any data-collection tools used and any ethical issues raised.
- Analysis and discussion of the data including your interpretations of the evidence gleaned coupled with discussion of any emerging themes with references back to the literature review.
- Conclusions, recommendations, suggestions for further research and reflections on your own study.
- The 'postscripts', for example, references/bibliography and appendices.

## Points to Think About – Common Punctuation Problems

1. Indiscriminate use of commas rather than using them to
  - separate items in lists, for example: You have a duty to abide by ethical principles and practices such as doing good, avoiding harm, confidentiality, anonymity, obtaining informed consent and ensuring participant autonomy.
  - separate clauses in sentences, for example: Some researchers adopt a positivist approach to their enquiries, others are more interpretivist.
  - bracket words, for example: Facing a dissertation for the first time is a daunting prospect, however, and partly by breaking it down into more manageable components, the challenge will come to seem less insurmountable.
2. Uncertain and inaccurate use of colons and semicolons instead of using:
  - colons to introduce lists or quotations, for example:
    - In this assignment I will critically appraise three key areas related to inclusive practice, these include the standards versus inclusion agenda; the extent to which special schools can be viewed as inclusive; the challenges faced by mainstream schools in meeting the needs of disabled students.
    - When asked about her pretend use of the mobile phone by the nursery nurse, Helen (aged 4) answered: 'I'm phoning Sarah to see if she can pick me up from nursery.'
  - semicolons to separate parts of a sentence that are linked but not sufficiently closely to warrant the use of a comma, for example:
    - Good dissertations consider potential alternative explanations and interpretations of any findings during analysis; all data, even that which may be contradictory, discrepant or inconvenient is considered rather than being omitted or quietly disposed of.
3. Erratic and inconsistent use of apostrophes when in fact the apostrophe should be used to
  - indicate missing letters, for example: we'll (we will), you're (you are), it's (it is/has). Remember, these contractions are normally avoided in academic writing unless you are reporting speech or quoting.
  - denote the possessive, for example: Piaget's theories, the reader's perspective, the dissertation's central theme. Remember 'its' is an exception to this use of the apostrophe in that it is never used to denote the possessive, for example: 'The policy had failed to achieve its primary objective.'

### **Points to Think About – Sentences Masquerading as Paragraphs**

Practitioners can work with parents to support children's physical development, for example by requesting that children practice dressing and undressing unaided to help develop their fine motor skills or by giving additional opportunities for outdoor play to increase confidence, balance and control to develop locomotor skills.

## Points to Think About – Common Errors

Watch out for some of the more common errors such as:

- writing the same word twice, for example: ... the the ... Or ... they they ...;
- using the wrong version of similar sounding words, for example:
  - its and it's
  - there, they're and their
  - to, too and two
  - right and write
  - your and you're
  - practice and practise
  - effect and affect
  - where and were
- misspelling simple words, for example:
  - swop instead of swap
  - emphasize instead of emphasise
- giving incorrect or misspelled names for key authors, ideas and terms associated with your research, for example:
  - discussing the work of Harold instead of Howard Gardner in a dissertation about multiple intelligences; or
  - referring to a Language Attainment Device instead of Language Acquisition Device (LAD) in a literature review focusing on Chomsky and the development of young children's spoken language.

# Chapter 9: Recommended Reading and Further Sources of Information

- Bell, J. (2014, 6th edition), *Doing Your Research Project: A Guide for First-time Researchers in Education, Health and Social Science*. Maidenhead: Open University Press.
- Greetham, B. (2009), *How to Write Your Undergraduate Dissertation*. Basingstoke: Palgrave Macmillan.
- Kirton, B. and McMillan, K. (2007), *Just Write: An Easy-to-use Guide to Writing at University*. Abingdon: Routledge.
- Neville, C. (2016, 3rd edition), *The Complete Guide to Referencing and Avoiding Plagiarism*. London: Open University Press.
- Osmond, A. (2016, 2nd edition), *Academic Writing and Grammar for Students*. London: SAGE Publications Ltd.
- Pears, R. and Shields, G. (2016, 10th edition), *Cite Them Right: The Essential Guide to Referencing and Plagiarism*. London: SAGE Publications.
- Walliman, N. (2014, 2nd edition), *Your Undergraduate Dissertation: The Essential Guide for Success*. London: Palgrave.

# Chapter 9: Reflective Tasks

Here is a Turnitin report. Look carefully at this and reflect on whether or not you feel this is plagiarism and why / why not.

The screenshot displays a Turnitin report interface. At the top, the document title is "diabete". The Turnitin logo is on the left, and the similarity score is 27% (SIMILAR). On the right, there are buttons for "Originality", "GradeMark", and "PeerMark". Below the title bar, the main text area shows a student's reflective writing. The text is highlighted in pink, and red numbers 1, 2, and 3 are placed above certain phrases. To the right, a "Full Source Text" panel is open, showing a match of 19% from the URL "http://www.studentnurse.org.uk/reflection.html". The match is labeled "Match 1 of 23". The source text is a forum post from a student nurse discussing the Gibbs (1988) model of reflection and their experience with administering a drug to a patient via IM injection. The text in the source panel is also highlighted in pink to show the match with the student's text.

responsible for in order to prevent putting yourself or anyone else in danger. The first <sup>1</sup> stage of Gibbs' (1988) model of reflection requires a description of the events. I was asked to administer a drug to a service user via buccal Midazolam, into his buccal cavity (the side of the mouth between the cheek and the gum). Before this activity <sup>2</sup> I had observed this clinical skill on a variety of occasions. On this occasion two qualified nurses and one support worker, one of who was my mentor, whom was observing me. My mentor had checked the entire administration of five routes and the medication, so when it was ready to be administered, my mentor asked the service user for his consent to have a student administer the injection, even though he was in distress, but <sup>3</sup> The NMC (2015) state that the service user's consent must be gained before any contact, as it shows professionalism and respect to the person. My mentor was talking me through the procedure step by step and informed me that I should wear gloves, and then I should administer approximately half the dose into the space between the cheek and lower teeth (buccal cavity) on one side of the mouth. My mentor and the other nurse helped me by opening the service user's mouth for me; then she asked me

Full Source Text  
http://www.studentnurse.org.uk/reflection.html 19%  
Match 1 of 23  
Student Nurse Student Nurse Menu Assignments Forum Diaries  
Essay Tips Essay Words This work belongs to Nurseynewcastle it is provided purely as a guide to other student nurses. It should in no way be copied or passed off as belonging to a 3rd party. It is protected under the UK and international law of copyright.  
Reflection on a clinical Skill *This essay will discuss a clinical skill in which I have become competent in practicing. I will use a reflective model to discuss how I have achieved the necessary level of competence in my nurse training programme. The reflective model I have chosen to use is Gibbs model (Gibbs 1988). Gibbs model of reflection incorporates the following: description, feelings, evaluation, analysis, conclusion and an action plan (Gibbs 1988). The model will be applied to the essay to facilitate critical thought, relating theory to practice where the model allows. Discussion will include the knowledge underpinning practice and the evidence base for the clinical skill. A conclusion to the essay will then be given which will discuss my reflection skills, acknowledge my competence and show my personal and professional development. The clinical skill I have chosen to reflect on within this essay is the administration of Intramuscular (IM) injections. I have chosen this as within my first clinical placement this was a widely used method of drug administration and I became involved in the process of IM injections. I therefore researched the topic of IM injections and my knowledge within this area developed. The first stage of Gibbs (1988) model of reflection requires a description of events. I was asked to administer a drug to a patient via IM injection. I had observed this clinical skill on a variety of occasions and had previously administered an IM injection under supervision. On this occasion I was being observed by two qualified nurses, one of which was my mentor. The drug had been drawn up and was ready to be administered and the patient consented to have a student administer the injection. My mentor was taking me through the procedure step by step and informed me that I should use an alcohol wipe to cleanse the injection site, when the other nurse interrupted and said that this was not necessary. This was in front of the patient, who then requested that the alcohol wipe was omitted as on previous occasions this had caused a stinging sensation. My mentor said that this was acceptable and I continued to administer the injection, omitting the use of the alcohol wipe. On the previous occasions when I had administered IM injections I had not cleansed the site and had never been instructed to adopt this practice. I am now going to enter into the second stage of Gibbs (1988) model of reflection, which is a discussion about my thoughts and feelings. I was aware of being under the supervision of two qualified nurses and this made me feel very nervous and self conscious. Once my mentor questioned my practice, concerning skin cleansing, I became even more aware of feeling nervous and under pressure. The patient was present and I did not want the patient to feel that I did not know what I was doing. I thought that as I had been observed carrying out this clinical procedure on many other occasions then my practice must have been seen to be correct. I was now feeling very confused about the use of alcohol wipes in the administration of IM injection. I was also concerned that the practice of the qualified nurses was so inconsistent, which led me to evaluate the whole process. Evaluation is the third stage of Gibbs (1988) model of reflection and requires the reflector to write state what was good and bad about the event. I was aware that research by Workman (1999) suggests that the use of skin cleansing wipes is*