

## Examples of good academic writing: level 6

### Example 1:

Incidents of violence and aggression to both staff and patients have financial implications for the NHS. There are no current figures on costs of restraint in adult acute inpatient care; however, in mental health wards, in 2013-14, the estimated annual cost of assaults, verbal abuse and damage was £20.5 million (NICE, 2015b). There were 68,683 reported assaults on staff in NHS England out of which 69% were in mental health (NICE, 2015b). Whilst there is no available data on the direct number of sick days these assaults caused, NHS England staff had 15.7 million days off sick in 2013-14, with mental health organisations having the second highest absence rate (Philips & Hall, 2015). A report by MIND (2013) found 75% of Trusts reported physical injuries as a result of an episode of restraint. In 2014, the NHS paid over £1.1 billion to patients and service-users who suffered harm during their care (Smith et al., 2015). The evidence above suggests that there are considerable financial implications of violence and aggression and the use of restraint in mental health settings. Therefore, introducing training for de-escalation to reduce episodes of violence and aggression could have a positive impact on the financial cost to the NHS.

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**Comment [1]:** Good topic sentence i.e. introducing the topic of the paragraph

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**Comment [2]:** Here, the reader wonders whether there is a figure for the type of harm sustained by patients or service-users i.e. violence and aggression or accidental harm? If available, it would have been good to have a figure for harm resulting from violence and aggression. This is because the paragraph is about the financial impact of violence and aggression on the NHS.

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**Comment [3]:** Good summary of relevant and up-to-date evidence

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**Comment [4]:** Clear conclusion to the paragraph, based on the literature cited. Also, this is a good linking sentence to the next part of the assignment i.e. in this case, the need for training in de-escalation.

### Example 2:

Neuman et al. (2010) undertook a study across 10 hospitals in Finland to examine whether discharge instructions related to the postoperative pain of children were sufficient. The study was conducted via parental questionnaires. The findings showed that parents criticised the discharge instructions relating to the pain behaviours of their child, with a lack of information being given on how to alleviate the child's pain. Those who felt the discharge instructions were insufficient reported higher levels of postoperative pain for their child. These results are supported by a further study by Ahmed et al. (2011). Using a different methodological approach, this study used one-to-one interviews and found that parents who rated their child's pain as high continued to give little or no analgesia. The reasons they gave for this were their limited understanding of the medication and their concern related to possible side effects or the risk of addiction. Both studies were conducted among large sample sizes of greater than 100 parents, with all participants being paediatric patients and their families,

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**Comment [5]:** This is good to show how this compares to another study

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**Comment [6]:** It is good to highlight the reasons for this.

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**Comment [7]:** This could be briefly commented upon as a strength of the studies

making findings relevant to the author's proposed project. Much can be learnt from such findings which clearly support the need for change in the way discharge information is given to families. They also demonstrate the need for parental education surrounding the use of analgesia. In line with DoH (2012) '6 Cs and the Outcomes Framework, the use of information leaflets has been shown to greatly improve communication between the clinical area and the family (Jones, 2014). Based on the findings above, the proposed innovation is the development of an information leaflet to be given to patients' parents on discharge. This could contribute to an improvement in patient safety, with a potentially smaller risk of overdose once home and an improvement in patient experience.

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**Comment [8]:** Good to relate back to the proposed project innovation

**Example 3: This is an extract of a critical reflection. This paragraph is well researched and shows good discussion. Before this paragraph, the student has critically analysed an assessment of a patient.**

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**Comment [9]:** Good justification for proposed innovation

Reflecting upon this, it is clear that a patient who presents with arm weakness on the FAST assessment does not necessarily indicate the cause of the presenting complaint as a stroke. As a result, improvements need to be introduced prior to hospital, to not only ensure asymptomatic CVA patients receive optimal treatment within the recommended time, but also to stop patients who present as FAST- positive being misdiagnosed with a CVA. One could question whether paramedics' current patient assessment and management was acceptable clinical practice, if there is the possibility of a patient with a stroke not being recognised. However, it could be argued that paramedics are not experienced enough to overrule the FAST test if they believe the result to be inconclusive, without clarification from more comprehensive diagnostic tests in hospital. Thompson et al. (2014) suggested that improved tools are needed to accurately recognise strokes prior to hospital and there are alternatives available. The Melbourne Ambulance Stroke Screen (MASS), for example, could be adopted by UK paramedics as a new patient assessment tool for suspected CVA, which may improve the accuracy of stroke screening out-of-hospital (Brown et al., 2010). Compared with FAST, studies show that MASS is superior in both specificity and sensitivity. Another diagnostic tool, Recognition of Stroke in the Emergency Room (ROSIER) has also been shown to be superior to FAST, with a 38% higher sensitivity and 5% greater specificity (Green, 2012). Although this is a preferred tool for use in hospital, the ROSIER assessment utilises more precise information than FAST, including blood sugar, visual field assessment and documenting any history of seizures or unconsciousness, all of which a paramedic is

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**Comment [10]:** Clear signposting.

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**Comment [11]:** A reference would be needed, if not provided beforehand (it was).

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**Comment [12]:** This should be written out in full the first time it is used (it was).

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**Comment [13]:** A good example of analysis.

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**Comment [14]:** This paragraph is quite long and perhaps the writer could have started a new paragraph here.

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**Comment [15]:** Good to use other evidence and suggest alternatives.

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**Comment [16]:** This might have been expanded upon.

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**Comment [17]:** This is good to show how a tool differs from another.

capable of performing (Bluebell, 2010). Despite this, another study conducted by Smith (2012) found that ROSIER was not superior to FAST. Therefore, although this opens up an alternative option for recognition of stroke pre-hospitalisation, it would be necessary to ensure that ambulance crews are familiar and trained in using the ROSIER tool while being aware that the use of this tool would not guarantee significant improvements in stroke patient recognition and outcome (Makuna et al., 2013).

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**Comment [18]:** It might have been useful to expand on this i.e. in what way was it not superior?

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**Comment [19]:** Effective conclusion to the paragraph.