

Writing for Graduate Students

Aug 28, 2015

Presentation for

Upper Great Plains Transportation Institute

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Graduate Center for Writers



Agenda

- Language & writing – power & myths
- What graduate students should do
- A word on plagiarism... OK a few words



Power of Language

Subjects watched a film of a car accident.

Group 1 was asked:

"How fast were the cars going when they hit each other?"

Group 2 was asked:

"How fast were the cars going when they smashed together?"

The “smashed together” group ***estimated 5-10 MPH faster.***



Power of Language

Insistence that there is no proof by scientific means of a causal link between tobacco consumption and various disease entities such as cardiac heart diseases and malignant growth is no longer the officially stated position of cigarette companies.

Cigarette companies no longer insist there is no scientific proof that tobacco causes heart disease and cancer.



2 Myths About Writing

Myth 1:

Good writing is somehow genetic or inspired

Truth: Everyone works hard at writing (it's like playing an instrument)

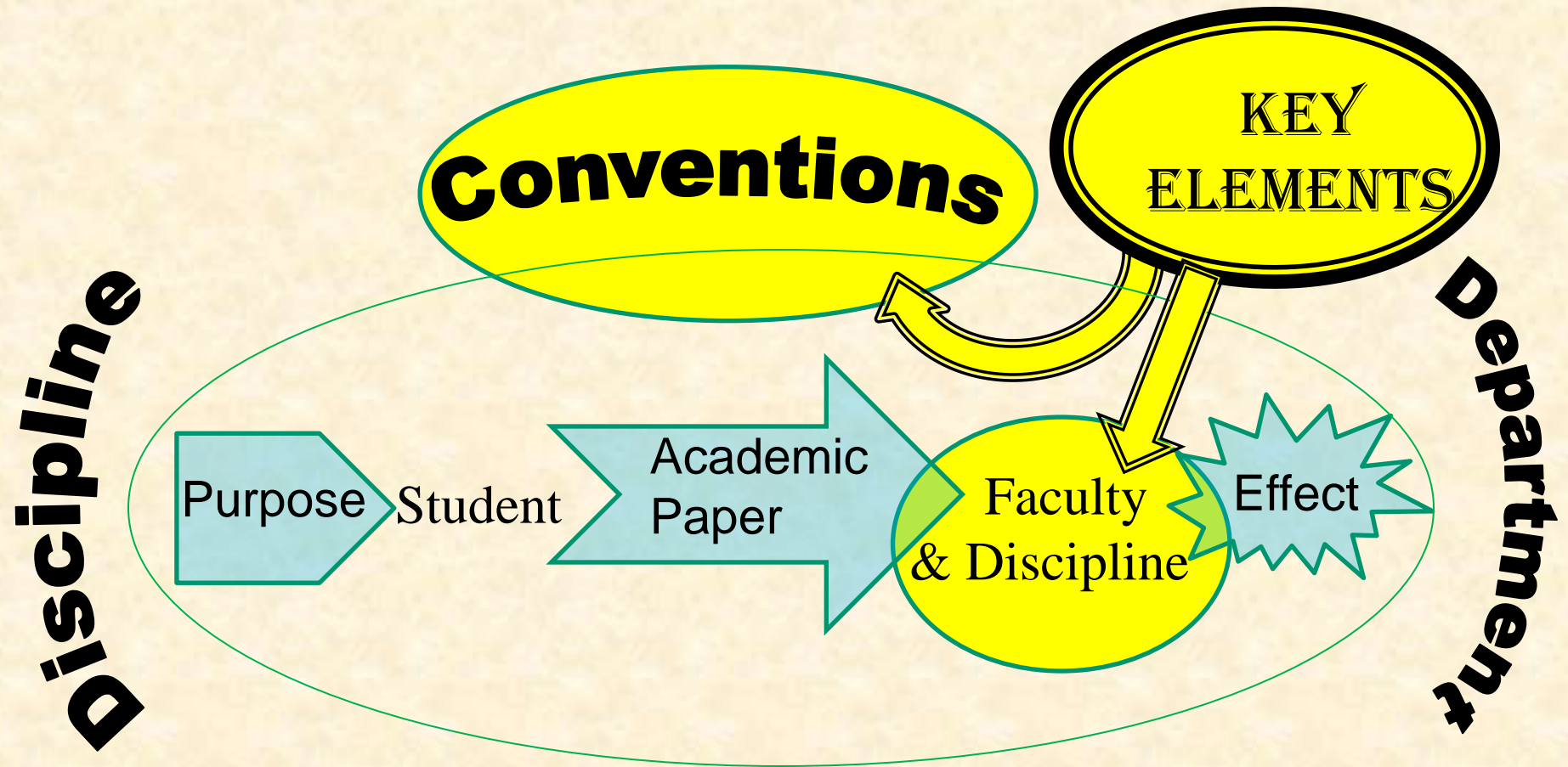
Myth 2:

There is an objective “correct writing” to which students should aspire

“Correct writing” is not your goal...



Successful Communication



Not “correct,”

but “meets the reader’s needs”



What You Should Do



You Should:

- **Read articles/documents (as a writer)**
 - **Identify hard- & easy-to-read sections & ask “Why?”**
- **Get feedback from advisor**
 - **Set time – limit scope**
- **Talk to faculty members about writing**
 - **Expectations & Experience**
- **Get feedback from fellow students**
 - **Identify where writing “trips you up”**
 - **Form writing groups (task-focus / mutual assistance)**
- **Use writing support on campus**



Graduate Writing Support

- **Graduate Center for Writers (GCFW)**
 - One-on-one sessions (also online) with writing consultant
- **TWO COURSES** (also taught online)
 - ENGL 751 (1 cr.) – Principles of clear academic writing
 - ENGL 752 (1 cr.) – Individual work on major paper

NOTE: Courses best taken when working on writing

***ALL INFORMATION ON THE WEBSITE OF THE
GRADUATE CENTER FOR WRITERS***



A Word on Plagiarism

“This study examines whether workers of *S. invicta* are able to assist their mothers in colony usurpations. First we tested whether [queens] of *S. invicta* are better able to usurp colonies to which their daughters have moved. ***Second, we tested whether the effect of daughters on usurpation success is due to familiarity with the queen or to genetic relatedness. Aggressive behavior during these usurpation attempts was observed***”

Exercise from: *Avoiding plagiarism, self-plagiarism, and other questionable writing practices: A guide to ethical writing*

By Miguel Roig, PhD

<https://ori.hhs.gov/sites/default/files/plagiarism.pdf>



Plagiarism

Knowledge as Product



sell

Research findings
as knowledge



patent

*“aggressive behavior during these
usurpation attempts was observed”*



Referencing Knowledge

Reference research findings, analyses, connections, & methodologies that have been found or developed by others

How do you know if you need to reference knowledge / information from literature?

- Is it a specific research finding?
Reference.
- Is it new information in your field?
Reference.
- Is it commonly known information (e.g., the sun rays heat ocean waters)? No reference.
- Do authors in your field not reference this information? No reference.

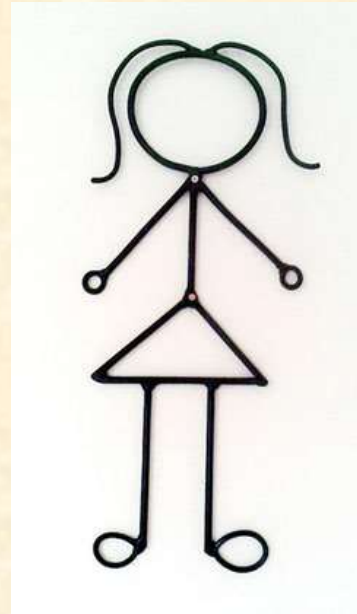


Plagiarism

Words as art or specific expression

Wording as
specific expression

*“the effect of
daughters on
usurpation success
is due to familiarity
with the queen”*



If you use an image
of a woman in your
article



Plagiarism

Do not copy how other authors “crafted” their information



Leonardo Da Vinci's
Mona Lisa

- Put information in your own words (you are making your own “argument,” not repeating theirs)
- Think of whether the language is a specific expression (voice) of the author
- Quote if you need to



Antibiotics Example

Original

As if you don't have enough to worry about when you're going under the knife, hospitals are getting a failing grade in infection control. According to a new study in the Archives of Surgery, nearly 44 percent of some 34,000 surgical patients across the country did not receive antibiotics within 60 minutes of surgery. That one-hour target is considered a gold standard in the prevention of surgical-site infections, or SSIs, which affect 300,000 of the estimated 2 million Americans who pick up hospital-acquired infections each year. Though most patients received antibiotics, the drugs were given "too late or too early," says lead author Dr. Dale Bratzler of the Oklahoma Foundation for Medical Quality. Such errors can lead to staph infections, which then result in prolonged hospital stays, cost increases and higher mortality rates. No one is suggesting self-medication. But if you're scheduled for surgery, your best bet in germ warfare is to talk to your doctor about whether your procedure requires prior antibiotic therapy. If the answer is yes, ask how your medical team will get you the drugs at the right time. (p. 60)

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Bulleted List of Important Points

- Archives of Surgery report

Reference:

Raymond, J. (2005, March 7). Medicine: It cuts both ways. *Newsweek*, 60.

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- Discuss pre-surgical antibiotic treatment with the doctor

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Paraphrase

According to Raymond (2005), best practices in surgical science require that patients receive antibiotic treatments within one hour of surgery. Raymond noted that an *Archives of Surgery* report found that pre-surgical antibiotics are not consistently administered in the appropriate one-hour time frame. Although deviations from the protocol can lead to serious consequences, including preventable infections and deaths, the report indicated that of the 34,000 cases studied, 44% of patients were not appropriately medicated. Raymond recommends patients discuss pre-surgical antibiotic treatment with their doctors prior to surgery to ensure proper antibiotic protocols are followed.

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Thank you

Graduate Center for Writers:

www.ndsu.edu/centers/graduate_writers/

Enrico Sassi, Director:

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Some Online Resources

Graduate Center for Writers:

http://www.ndsu.edu/centers/graduate_writers/

OWL at Purdue: <http://owl.english.purdue.edu/>

Dictionary / Thesaurus: <http://dictionary.reference.com/>

“Defining and Avoiding Plagiarism: The WPA Statement on Best Practices”: <http://www.wpacouncil.org/node/9>

Online tutorial on paraphrasing, quoting, summarizing:

<http://isites.harvard.edu/icb/icb.do?keyword=paraphrasing>

Reporting verbs (one of many such online sources):

<https://ctl.utsc.utoronto.ca/twc/sites/default/files/Verbs.pdf>

Some Resources

Bailey, S. (2011). *Academic Writing: A Handbook for International Students* (3rd ed.). New York: Routledge

Galvan, J.L. *Writing Literature Reviews: A Guide for Students of the Social and Behavioral Sciences* (5th ed.). Glendale, CA: Pycszak.

Rocco, T. S., & Hatcher T. (Eds). (2011). *The Handbook of Scholarly Publishing*. San Francisco: Jossey-Bass.

Strunk, W, White, EB, Angell R. (2000). *The Elements of Style* (4th ed.). Boston: Allyn and Bacon.

Swales, J. M., & Feak, C.B. (2012). *Academic Writing for Graduate Students* (3rd ed.). Ann Arbor, MI: University of Michigan Press.

Swales, J. M., & Feak, C.B. (2000). *English in Today's Research World*. Ann Arbor, MI: University of Michigan Press.

Williams, J.M., & Bizup, J. (2013). *Style: Lessons in Clarity and Grace* (11th ed.) Chicago: University of Chicago Press.