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7.1 Coursework essay assignments

If you are not sure how to get started you may find the following ‘tips’ useful.

Think about the question

Read the question or essay title you have been given and think carefully about what you are being asked to write about. This sounds obvious but the assignments have a fixed word allowance that you will need to adhere to. In some cases the word allowance is quite small. You will not have spare word allowance to discuss areas outside the focus of the assignment. Even though you may write something that is factually correct and interesting, if it is not what you have been asked about and is not relevant to the topic, it will not gain you marks. You will have wasted your word allowance and limited your ability to express your knowledge of the topic set for your coursework.

You may find it helpful to jot your thoughts about the topic down on paper as they come to you. If you are anxious about academic work you may find that the question goes round and round in your head getting more and more complex. Writing notes will help with the planning stage and may help you keep the task in perspective!

Plans and outlines

Developing a plan/outline is a very important part of writing. Time spent planning your essay is time well spent and will make the process of actually writing your assignment easier. It will help you structure your work logically and will help you to stick to the topic. If you simply sit down and write you may find that you start to drift off the point. You then run the risk of not answering the question. It is very easy to get sidetracked, and you should try hard to avoid this.

One way of constructing a plan is to ‘explode’ your topic:

- Think about the topic and write down key points that you want to bring into your essay. You might want to write each key point on a separate, small piece of paper or ‘post-it’ note, so that you can move them around and group them more easily.
- Look at all the key points you have written down and group them into themes or broad categories. Give each theme a heading.
- Then look at your themes and arrange them so that one theme leads logically into another. This will give a structure and flow to the body of your essay.
- Once you have created your broad themes look at all the key points you have put into those themes and arrange them so that they each flow logically into another.
- At this stage you should be able to write down some key headings, covering your broad themes, with sub-headings covering the key points within your themes.

You will now have a clear written outline that you can follow as you write.
Discuss your plan with your mentor at this point and, if you are unsure at all, you can contact student support at Education for Health. The academic staff can comment on outlines of your work and can give you some guidance at this stage (but cannot comment on complete, or nearly complete, essays except to reassure you about your writing style or referencing).

References, analysis and synthesis

You will need to provide supporting evidence for any statements you make. Take a look at the sub-headings in your plan. Which of these will need references to support them? Search for and read the references you need at this stage. Section 5 gives you tips on how to go about looking for supporting references and how to cite references in the body or your work and list them accurately. Do read this section carefully.

You may be unsure about how to use references to support what you are writing. First and foremost you use references to back up any statements you make. For example:

“Mr X has severe COPD and, in order that chronic hypoxaemia is detected early, his oxygen saturation is checked routinely every six months, as recommended in the NICE guideline (National Collaborating Centre for Chronic Conditions 2004).”

You also use research references to show that you understand the rationale behind what you do. Here you need to demonstrate that you understand what the research has shown, so you will need to summarise, in your own words. This is what is meant by analysis. For example:

“The ISOLDE study (Burge et al 2000) demonstrated a reduction in exacerbation frequency in COPD patients with moderate and severe disease (FEV1 less than 50% predicted) with inhaled corticosteroids. Mrs Y has severe COPD and has had three exacerbations in the last year. It was therefore considered appropriate to prescribe inhaled corticosteroids in an effort to reduce exacerbations. This is in line with the current national guidelines (NCCCC 2004) but uncertainties still remain about what dose is necessary. Mrs Y was therefore commenced on...”

Starting to write

Your plan will have given you the main body of your essay, but you will also need to construct an introduction and conclusion.

Use your essay topic or question as the basis for your introduction and state what it is that you are going to be writing about. Avoid writing something in your introduction that is outside the question. Your conclusion should reflect back to the introduction. Perhaps a useful way of looking at this is to:

- Tell us what you are going to tell us (and this should always be what the question has asked you to write about!)
- Tell us, then
- Tell us what you have told us!
You will now be ready to start writing! Keep a copy of your plan next to you so that you can check that you are covering all the points you planned to cover and are sticking to the topic.
7.2 Short Answer Questions

Tips for tackling short answer questions

1. Ensure that you read the instructions on the examination paper carefully before you start. Be sure you know exactly what is being asked of you. There may be compulsory questions which you must answer and then a choice of further questions. Make sure you know how many questions you are expected to answer.

2. Always read the questions carefully and only answer what has been asked. For example, a question that asks for the practical aspects of a certain intervention is NOT asking you for the theory behind that intervention – and vice versa.

3. Even though you may write factually correct answers, you will only be awarded marks for giving relevant information. If your answer does not address the question asked, you will not gain marks and will have wasted valuable time writing it down.

4. Write your answers clearly and concisely. Note form is acceptable in this type of examination and may save you time. It is also acceptable to include tables or diagrams in your answers where relevant.
7.3 Reflective Assignments

The coursework may include a piece of reflective work in which you will be required to discuss your own situation and experiences as a reflective practitioner.

Tips for writing as a reflective practitioner

Johns (1995) notes that reflection enables the practitioner to assess, understand and learn through their experiences. It is a personal process that usually results in some change for the individual in their perspective of a situation or creates new learning for the individual.

Writing a reflective piece of work gives you the opportunity to show that you are able to:

- Reflect on what you have learnt so far
- Question your practice and
- Alter your practice in response to these reflections.

There are many methods of reflecting on practice. For example, you might like to begin by considering a clinical event and asking yourself:

- What have I learnt from this event which maintains and develops my professional knowledge or competence?
- How can I apply this to my immediate clinical practice or managerial role?
- Are there any issues that I don’t understand and how can I find out?
- What are my short and long-term goals in this area?
- What further information do I need to achieve these goals and how will I get there?

Another possible approach might be to reflect on your own practice and ask yourself:

- What did I do well?
- What didn’t I do well?
- How would I do things in the future in the light of what I have learnt so far?
- How does my practice relate to recommended guidelines?
- How might I develop in the future?

You might also wish to include some reflection of how other people influence your practice:

- How does the behaviour of others around me influence my practice? Is this a positive or a negative influence?
- How does practice in my workplace relate to recommended good practice?
- Can I influence this and if so, how?
Consider the following piece of reflective writing about smoking cessation:

“We knew the smoking status of patients with ischaemic heart disease, diabetes and other ongoing health problems. We asked new patients and those using oral contraceptives, as well as pregnant women and those on hormone replacement therapy. Often it was not documented on the computer, or updated; I did not consistently encourage patients to stop smoking, because I was not convinced of the impact, and, in addition I was anxious not to adversely affect my relationship with the patient. The drive from the Primary Care Trust, which reimburses doctors for patients who set a quit date, coincided with my starting the course. The doctors increased their input, and started referring committed ‘quitters’ to me.”

Avoid writing a case study or an academic essay only on a disease area. This piece of work is about your experiences and how your practice and attitudes are changing as a result of the knowledge you are acquiring. Consider this section from a smoking cessation reflective essay:

“I am more optimistic that there is opportunity for change, because I have heard it described. The patient’s story, and what has brought him to the consultation, is unique and interesting, and this has affected my approach to each patient. I am more aware that each consultation may only be a small part of a much bigger, more complex process. The course encouraged me to read more widely around the issues of addiction and smoking. It gave me some insight into the political and commercial issues involved, and the revenue implications of many UK citizens giving up.”

**Writing Style**

As reflective work is about your experiences it is acceptable to write in the first person (i.e. “I found that...”) and to express your opinions. This is demonstrated in a further section from a smoking cessation reflective assignment:

“I was not initially very excited about being asked to do a smoking cessation course. I was not very good at stopping people smoking, but was unconvinced that a course would help, and wary of becoming the ‘in-house’ smoking cessation counsellor, and being swamped with unrewarding work.”

You will need to consider the following:

- What have you gained from the review of your current practice or service provision?
- Has your approach to the service or patient group changed as a result of this?
- Have you demonstrated an insight into the issues relating to the topic taking into account both the local and national strategies which could either assist or limit the development of a service?
- How have you or will you use the knowledge and experience gained on this course to enable you to achieve your local goals?
Schön (1987) in his work identifies two types of reflection, these are reflection-in-action (thinking on your feet) and reflection-on-action (retrospective thinking). He suggests that reflection is used by practitioners when they encounter situations that are unique, and when individuals may not be able to apply known theories or techniques previously learnt through formal education.

You almost certainly reflect naturally during and after episodes at work; the reflective cycle moves the process forward:

The Reflective Cycle from Gibbs (1988)

**Reflective practitioners change practice in the light of evidence and experience; your assignment should demonstrate part of this process.**

**Other sources of information**

The following references give more information on reflective practice, but do not feel you have to use a reflective cycle unless it is helpful.


7.4 Case studies

Here are some general tips on how to approach writing a case study. You will find specific instructions in the learning materials for the module you are studying.

1. Selecting patient(s) for your case study. Consider the following:
   - Does he/she fit the disease criteria?
   - Would the case history be of interest to others?
   - Is it a very complex history? Can I keep within the word count?
   - Ensure patient confidentiality. Never use the patient’s real name
   - Ensure workplace confidentiality. It should not be identifiable from your assignment.

2. Remember to comply with the instructions
   - Have you followed the instructions about the referencing style allowed and complied with its conventions?
   - Make sure you reference from a primary source i.e. the original work
   - Have you included a bibliography i.e. material you have read when researching the subject but do not want to refer to directly?
   - Mark allocation - you have been told how marks are allocated for your work. Have you taken these guidelines into consideration?
   - Include your word count at the end of the main text and write it on the front sheet provided
   - Word count includes citations (references) within the text but not the words in the reference list or bibliography
   - Tables count as one word
   - You are allowed to be 10% above or below the stated word limit; make sure that you do not go beyond this or you risk losing marks.

3. Presentation
   - Your work must be typed or word processed using Arial 12 font
   - Use double line spacing and single sided text
   - Number your pages
   - You may like to use a footnote giving your student number and initials on each page (just in case any pages become detached)
   - You may find it helpful to use headings (with or without numbering) for particular sections, especially for action plans and case studies where a logical, structured approach is needed. In the case of reflective pieces it may be better simply to split your work up by paragraphs rather than using headings which may stifle the flow of your work.
Appendices

These are for supporting information therefore they should not contain more words in them than in the body of the case study.

Use appendices wisely - e.g. you may wish to include lung function results but you may not need all of them in the main text. Place them in an appendix.

Do not use appendices to include information readily available to the examiner such as National Service Frameworks or SIGN/BTS Guidelines.

Appendices are placed after the reference lists and bibliography. Each appendix is numbered chronologically as it appears in the text.

4. Writing style
   • Avoid jargon and excessive use of abbreviations
   • If you are using an abbreviation, always write the term in full first with the abbreviation in brackets; after that just use the abbreviation
   • Write in the third person rather than the first person (e.g. don’t say I thought the patient was..., say the patient was...)
   • Please use English not American spelling - check the settings of the word processing programme
   • Grammar should be accurate
   • Beware of plagiarism – always reference and acknowledge appropriately
   • Avoid quoting large extracts from published work - refer to them and reference them so that the reader can look them up.

5. Theory-practice link
   • Have you linked theory (i.e. evidence) with the practical application to the patient?
   • Ask yourself: Why? Who says? What evidence is there to support this statement? Provide references as supporting evidence
   • Avoid anecdotal information
   • Is the information given relevant and why?
   • Have you read sufficiently widely to write knowledgeably?
   • As a guide, a 3,000-word case study at HE Level 3 (degree level) should normally contain a minimum of 10-15 references
   • Provide accurate information.
6. What skills must you demonstrate?

Your case study must go well beyond mere description. You must demonstrate higher level skills such as:

- Evaluation (assessing the worth or value of something)
- Ability to be critical (consider the strengths and weaknesses of something) These can be met if you compare and contrast as much as you can. You may discuss, for example, whether the treatment and management was appropriate? Could it have been improved? Were services available? You should acknowledge any limitations. This shows you have recognised any difficulties
- Reflection on your practice

What have you learnt as a health professional from writing the case study? Will it affect your future management of similar patients?

How has writing the case study helped you manage patients with this disease?

7. References

Always reference the facts and statements in your case study.

Make sure you include an accurately presented reference list at the end of your case study (see the section on referencing earlier in this Guide).

You must use the/one of the referencing system(s) allowed in the rules for your module or programme. You must stick to the conventions for that referencing system. You must use the same referencing system throughout your case study (do NOT hop in and out of different systems!)

8. Bibliography

Use a bibliography to contain any other reading you have done that has helped you with the preparation of your study but has not been referred to in the text. The list must be presented in the same format as the reference list.

9. Final stage

Check and proof read your work.

Always use a spellcheck and then double check yourself!

Ask someone to read your work. Does it make sense to them? Is it readable? What positive feedback can they give you?

If you are in any doubt about any aspect of writing a case study or any other form of assessment please contact the Student Support Service.
7.5 Examples of case studies

A. Example of level 2 (Diploma) case study material

This student works in Jersey, where health care is financed differently to the United Kingdom:

“The monitoring of home glucose readings would give Mr R an insight into his glycaemic control and enable him to make a more informed decision as to the management of his diabetes...three to four appointments would be required to discuss the relevance of monitoring, teaching the use of a glucose monitor, and reviewing the results. In Jersey, four appointments would cost Mr R £96, plus prescription charges. It was clear from the consultation that Mr R cannot afford this intervention.

Similarly, evidence suggests that hypertensive patients should be offered an electrocardiogram (ECG), in order to exclude left ventricular hypertrophy (NICE, 2004a). The cost of an ECG in Jersey is £50. Due to cost, Mr R had already declined an ECG when offered by the GP.”

“For many patients in Jersey their care is wholly acute, reactive and episodic, simply because they cannot afford routine preventive care, and do not receive valuable education about their condition.

The current system is inconsistent with much of the current evidence, which suggests that care is most effective when the patient and practitioner work in partnership (Holman and Lorig, 2000; Clark and Gong, 2000) and when patients are well informed about their disease, and have greater control over their treatment (Davis et al, 2000).”

“Group education and local support groups have been successful in other areas (Diabetes UK, 2004), and may be a useful way to deliver education/support at a reduced cost to the patient in Jersey...”

“...This case study has shown that, when financial recourses are limited, the clinician and the patient must jointly make a ‘cost-benefit analysis’ to prioritise interventions and care.”

This example demonstrates how to integrate theory with practice, a central aspect of level 2 work. Notice how, as a reflective practitioner, she also uses research to support the need for change.
B. Example from a level 3 (Degree) case study

This sample contains extracts from an actual case study based on a patient with COPD.

Important Note: There is greater use of analysis and synthesis which are important requirements within degree level work; for diploma level, these are of lesser importance. If you refer to the marking grid in the introductory section of the learning material, this shows you which categories are used in marking your work and how many marks are awarded to each category.

What do we mean by 'Organisation'?

Marks are awarded for the literary style, logical structure and the accuracy of your referencing, grammar and spelling. Make sure you pay attention to things like spelling, grammar and referencing as these are an easy way of ensuring that you do not lose marks needlessly.

The opening paragraphs of this COPD case study are an example of how to present your study. The first two paragraphs are presented ‘double spaced’ i.e. there is a space left between each line of text. You should present the whole of your study in this ‘double spaced’ format. This allows space for the marker to write his/her comments on your work.

Note the literary style. The style is academic, not colloquial and is objective and detached. First person is not used. It is possible to do this and still avoid using rather stilted phrases, such as "The author asked the patient..."

Samples of how to present references in the text using the Harvard referencing system are given here and the reference list is given at the end.

Example:

"According to the National Institute for Clinical Excellence (NICE) (Note: you should write a term in full the first time you use it, followed by the abbreviation in brackets. You can then use the abbreviation from that point on) Chronic Obstructive Pulmonary Disease (COPD) is characterised by airflow obstruction. The airflow obstruction is usually progressive, not fully reversible and does not change markedly over several months (National Collaborating Centre for Chronic Conditions [NCCC] 2004). COPD is a major health problem in the UK. There are at least 30,000 deaths attributed to COPD annually, it accounts for 1 in every 8 emergency medical admissions and costs the National Health Service (NHS) around £800,000,000 (British Thoracic Society [BTS] 2001).
The single most important risk factor for the development of COPD is cigarette smoking (NCCCC 2004) with around 15% of all smokers being susceptible (Fletcher and Peto 1977). However, a study by Soriano et al (2000) using the General Practice Research Database highlights the fact that COPD is under diagnosed. The prevalence of physician-diagnosed COPD in the UK is 1.7% of males and 1.4% of females. This case study examines the nurse's role in the diagnosis, treatment and management of a patient with COPD and looks at the involvement of the multi-disciplinary team in a rural practice.”

“Judith, a 57 year old woman, had recently moved into the practice area following the recent death of her husband from a myocardial infarction. Her husband's death had left her in financial difficulty and she was living in supported accommodation close to her son and his family. She attended the general practitioner complaining of anxiety and insomnia. However during the consultation she also mentioned increasing breathlessness on exertion. This was not a problem when walking on the flat, but was becoming troublesome when she walked up hills and climbed the three flights of stairs to her flat. Fletcher and Peto (1977) found that airflow obstruction in COPD is often 'silent' until half of the forced expired volume in one second (FEV₁) is lost, resulting in late presentation.

Judith had no previous or family history of asthma or other atopic disease and had been a fit and healthy child. A previous family or personal history of asthma or atopic disease would raise the possibility of asthma as a cause of her problems (Bellamy and Booker, 2004). She could, however recall having bronchitis at the age of 6 years and had ‘mild’ whooping cough in infancy. Lower respiratory tract infection in childhood has been reported by Hogg (1999) and Johnston (1998) as a risk factor for respiratory disease in adulthood and Judith’s childhood history could therefore increase her risk of COPD.

Judith was a current smoker. She had started smoking in her late teens and smokes 20 cigarettes a day, giving a smoking history of approximately 40 pack years (BTS 1997). A smoking history of more than 15-20 pack years is generally considered to be significant for COPD (Bellamy and Booker, 2004).”

The study then continues with the patient’s presentation and history before moving on to the diagnostic process and subsequent management. The rationale for interventions (supported with references) is analysed and the patient's management is evaluated throughout the study as the case is described.

An alternative approach to structuring a case study is to describe the presentation, history, diagnostic process and subsequent management separately and then go on to pick up and analyse various relevant points in the second half of the study.

Either approach is perfectly acceptable and whether you integrate your description of the case with your analysis of it, or separate the two areas is a matter of choice for you.
How do we assess 'Knowledge' and 'Comprehension'?

Throughout the study you will need to demonstrate what you have learnt and how much you have understood.

Consider this:

Exacerbations are a common occurrence in COPD, becoming more frequent and severe as the condition progresses. Exacerbations are significant clinical events because they are both disabling and disruptive for patients and herald a significant worsening of prognosis. Roberts et al (2002), in their audit of hospital admissions found that 34% of patients required readmission and 14% had died within three months of their initial admission. Exacerbations are also responsible for a large proportion of the total costs of caring for patients with COPD and reduction of the frequency of exacerbations is a key priority of the NICE guideline (NCCCC 2004).

An exacerbation is defined as:

"a sustained worsening of the patient's symptoms from his or her usual stable state that is beyond normal day-to-day variations, and is acute in onset" (NCCCC 2004).

What are we looking for in terms of ‘Application’?

This is an extension of your demonstration of knowledge and understanding. The marker will be looking for a demonstration of your application of knowledge to the management of the patient you are presenting in your case study.

Consider this:

“Judith's spirometry demonstrated moderate airflow obstruction with an FEV1 of 42% predicted value (Appendix 1). A provisional diagnosis of COPD was made on the basis of her clinical history and obstructive spirometry. She was therefore commenced on bronchodilator therapy and advised to return for review in four weeks. The diagnosis of COPD, according to the NICE guideline (NCCCC 2004) can generally be made on the basis of the presentation, the clinical history and obstructive spirometry in patients presenting for the first time. A study by Fabbri et al (2003) of patients diagnosed with either asthma or COPD on the basis of the presentation and clinical history, demonstrated that the pattern of inflammation in induced sputum and bronchial biopsy samples matched the clinical diagnosis and that reversibility testing did not reliably differentiate between the two groups.

Judith did not present with any clinical features of asthma and reversibility testing was not therefore thought necessary at this stage.”

What do we mean by ‘Analysis’ and ‘Synthesis’?

Analysis is where you look at appropriate research and briefly discuss what the research shows. Synthesis is where you relate that research to your patient's history and management.

Consider the following:
“Judith was prescribed combination therapy of fluticasone propionate 500mcg and salmeterol 50mcg, as Seretide Accuhaler, to be taken twice daily. A study by Soriano JB et al (2002) found that regular use of fluticasone propionate alone or in combination with salmeterol is associated with increased survival in patients managed in primary care. The use of combinations of long-acting beta₂ agonists and inhaled corticosteroids has also been shown to produce superior lung function and symptomatic improvement than either of their components used separately and to be associated with reduced exacerbation frequency (Szafranski et al 2003; Calverley 2002; Calverley et al 2003; Vestbo et al 2003). In addition, the ISOLDE study (Burge et al, 2000) found that the use of fluticasone propionate 500mcg bd in patients with severe COPD was associated with reduced exacerbation rates and a slowing of the rate of decline of health-related quality of life. (Here the patient's treatment is described and the relevant research is analysed). Judith has severe COPD (FEV1 less than 30% predicted) and has experienced three exacerbations of her condition in the previous 12 months. She describes a poor quality of life and is significantly disabled. The use of combination therapy in this case is therefore appropriate and is supported by the national COPD management guideline (NCCCC 2004).” (The results of the studies are related to this particular patient - synthesis).

What do we mean by ‘Evaluation’?

This is where you look at what happened to your patient and discuss what was good, or not so good about it and what could be done differently or better.

Consider the following:

“Pulmonary rehabilitation has been shown to significantly improve functional exercise capacity and health related quality of life (Lacasse et al, 2003). Despite evidence of the effectiveness of pulmonary rehabilitation there is no locally available programme. Judith appeared very anxious to help herself as much as possible and a simple exercise regime that she could have undertaken at home may have been helpful to her. An information sheet describing a gentle exercise programme has since been developed at the practice (Appendix 6).”

Finally, remember to write the word count at the end of the text of your study.

Referencing

The reference list is placed immediately after the text of your study. The following are examples of accurate Harvard referencing.

Ashcroft J (2003). Supporting smoking cessation the general practice setting. The Airways Journal 1; 8-9

This is the correct way of listing a journal article:


This is the correct method of listing a book:

Here is how to list a reference from a chapter in a book, edited by someone else:

[Accessed 23 June 2006]

This is how you list a web-based resource:


When there are up to five authors you should list all of them. When there are more than five, list the first three and use 'et al'.

Bibliography

If you have read something that has assisted you in the preparation of your study, but is not cited in the study you may wish to include it in a bibliography.

List it in exactly the same fashion as your reference list.

Your bibliography should not be longer than the reference list.

Appendices

Appendices are placed after the reference lists and bibliography. Each appendix is numbered chronologically as it appears in the text.