Sample Reviews of Undergraduate Papers

Sample A, from a 1000-level course

Student’s appointment form:

An excerpt of the student’s draft, with Writing Center feedback. Notice that the instructor has used both Track Changes and bubble comments to provide feedback:

For some adolescents, gestures and words are not motivating enough; they seem to have a materialistic mentality and that is okay. Some people like to call it bribery; I like to call it encouragement. In order for this sort of encouragement to be effective here instead, because the first part of the sentence (In order for this sort of encouragement to be effective) is called a nonessential introductory phrase. In other words, it puts the main part of the sentence—one must create an academic contract—into context, but it could be taken out of the sentence without the sentence losing that essential information (about the contract). So, it gets set off with a comma. one must create an academic contract. The contract is a written document created in a joint venture between parents and their child. [You need an article of speech here.]
First step is to establish clear and precise academic expectations by “identifying and exploring the problem, and brainstorming and evaluating the solutions.” The encouragement comes in when assigning the rewards and consequences for meeting the established expectations.

Sample B, from a 3000-level course

Student’s appointment form:

An excerpt of the student’s draft, with Writing Center feedback:

Throughout the U.S. political and economic histories the priority has been the individual citizen’s free choice in healthcare as compared to large-scale government involvement in private spheres (Pulcini, 2012, p. 135). Since our country has historically viewed health care as a market-based commodity, there has been a tendency for healthcare to be cost-driven; this contributes greatly to the cost inflation. The purpose of this paper is to understand health care cost, its inflation and especially the role of nurses in helping to reduce health care cost inflation.
Health Care Cost Inflation

In the late 1940s, President Truman attempted to provide a national health plan, but to no avail. Blue Cross Blue Shield dominated the health insurance industry until commercial insurance companies entered the market in the 1950s. Then, in 1965 amendments to the Social Security Act allowed for the creation of the separate but related programs of Medicaid and Medicare (Pulcini, 2012, pp. 135-6). From our various resources, we have learned that Health care spending has grown faster than our economy. Since the end of World War II, that spending has increased 2-3 percent per year (Author, year). Between the years 2001-2005, health care spending rose to an average of 6.9 percent a year (Brown, 2009). 5.3% of the U.S. gross domestic product in 1960 for health care costs has given rise to a 17.6% in 2009 (Sultz, 2011, p. 53). The problem of inequity continues to be exacerbated as the burden of higher insurance premiums falls most on people with lower incomes and on small businesses.

Factors Influencing Cost Inflation

Understanding and interpreting health care costs helps us to put together a picture of health economics; these economics help us to make decisions about how much healthcare is needed, how to provide it and who will provide it (Unruh, 2012, p. 153). Also, economics are affected by the multiple factors. Expanding technology has been increasing since the 1950s. Hospitals consume escalating resources in the delivery of care and the funds necessary to expand capacities and add more technology (Sultz, 2011, p. 227). Other diagnostic techniques require updated equipment and technologies; these all come at higher and higher prices. Specialized medicine has experienced a lot of growth with the advancement of medical science and technology. We Americans have been found to have preferences for specialty care. This is high utilization and results in rapidly rising costs. Approximately 60% of practicing U.S. physicians are specialists! Sometimes this can result in inappropriate use and expense. A good control and solution to this is to have some restriction on patients referring themselves to specialists so that the PCP can be engaged in making the referral (Sultz, 2011, p. 228).
Nurses can contribute to health care cost by negligent clinical practice that can harm the patient, as well as cause increased cost for the institution and insurance companies/Medicare/Medicaid.

Comment [WU11]: I’d love to see this information expanded. What negligent practices? How often are nurses causing increased costs?

Whenever you see a 1- or 2-sentence paragraph, you’ll either want to expand with detail and analysis or combine with another paragraph on a similar topic.

For more on paragraphing, see http://academicguides.waldenu.edu/writingcenter/paragraphs