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

In the United States, with the exception of emancipated minors, adolescents under the age of 18 cannot consent to medical treatment without the permission of a parent or legal guardian. As such, there is significant debate surrounding the provision of mental and medical healthcare to transgender adolescents seeking to align the differences between their gender identity and their physical body without parental consent. According to Green (2010), someone who identifies as transgender “lives as a member of a gender other than that expected based on anatomical sex” (p. 16). A gender diverse person is someone who does not identify or express their gender in a way that aligns with societal expectations (Green, 2010). Gender expression

Comment [A1]: Right now, the next few sentences just feel like a list of definitions. I think you could improve the flow and also give greater context and meaning to these terms by defining them as they come up naturally.

For instance, the first time you mention transgender (like here), define it. When gender dysphoria becomes the topic, define that. Then the reader sees why these terms are important and relevant to the narrative.
refers to how someone presents their gender cues, and gender identity refers to “a person’s sense of being masculine, feminine, or other gendered” (Green, 2010, p. 16). Gender dysphoria is distress or anxiety brought about by a discrepancy between a person’s gender identity and anatomical sex (Coleman et al., 2011).

Creating specific treatment guidelines for transgender adolescents experiencing gender dysphoria is a difficult task for many reasons. The American population is vastly diverse, representing a wide variety of cultures. Cultural variations in gender norms, gender identities, and expressions of gender identities are immense (Coleman et al., 2011). Some subcultures are quite supportive of gender diversity in children and adolescents, assisting young people and their families as they consider medically transitioning, while in other subcultures transgender individuals experience extreme stigma and discrimination (Carroll, 2009; Coleman et al., 2011; Ehrensaft, 2012; Kelleher, 2009; Riley, Sitherthan, Clemson, & Diamond, 2011).

Most researchers who have examined the effects of stigma and discrimination faced by transgender adolescents in America or other Western cultures agree that denying them access to mental and physical health care to assist with their gender dysphoria can result in negative mental and physical health outcomes (Carroll, 2009; Coleman et al., 2011; de Vries & Cohen-Kettenis, 2012; Ehrensaft, 2012; Riley et al., 2011; Shield, 2006; Zucker, Bradley, Owen-Anderson, Singh, Blanchard & Bain, 2012). In places where gender diversity is not widely acknowledged, such as schools, some medical facilities, and job sites, transgender adolescents often experience discrimination, victimization, and harassment as a result of their gender expression. In accordance with the minority stress model, this often results in increased levels of psychological distress, leading to depression, anxiety, suicidal thoughts, and decreased feelings of life satisfaction (Anton, 2009; Coleman et al., 2011; de Vries & Cohen-Kettenis, 2012; Ehrensaft, 2012; Riley et al., 2011; Shield, 2006; Toomey, Ryan, Diaz, Card, & Russell, 2010).

At the point that an adolescent reaches the legal age of consent, their body has already undergone significant changes as a result of puberty, many of which are irreversible, resulting in increased gender dysphoria (Coleman et al., 2011; de Vries & Cohen-Kettenis, 2012; Shield,
Through an extensive analysis of recent research, I will argue that adolescents with gender dysphoria who receive adequate and appropriate mental and medical health care, in line with the recommendations put forth by Coleman et al. (2011) and the findings of Spack et al. (2012), have better overall health outcomes than those without access to care. In agreement with Carroll (2009) and Shield (2006), I will further argue that in the absence of a parent or guardian willing to assist an adolescent make decisions surrounding available mental and medical interventions, adolescents deemed ‘mature’ should be allowed to consent to age appropriate interventions.

Sample B

Student’s appointment form:

<table>
<thead>
<tr>
<th>What kind of assignment have you submitted for review?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Course Paper</td>
</tr>
</tbody>
</table>

As you read this week, the Magnet Recognition Program identifies and rewards nursing excellence. Has your organization achieved Magnet status? If not, is the organization pursuing this recognition? In this 2-page paper, analyze your workplace’s awareness and progress toward Magnet.

- 1-3
- early

APA style and detail. My paper is not long enough.

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

**Magnet status** is considered a journey of continuous evolvement (Broom & Tilbury, 2007). Through time, dedication, and collaboration, magnet status may be achieved by revamping the nursing structure within a hospital. Reaching this accreditation (This is the first
indicating that magnet is some sort of accreditation. It requires years of preparation and developing a foundation. A foundation has begun to be developed at the Tulare Regional Medical Center in Tulare, California. The foundation will be discussed throughout this application.

Magnet Awareness

There is a minimum level of magnet awareness of the organization, but several leaders and colleagues are able to discuss what consists of magnet accreditation. Also, several of the leaders are able to discuss the beginning of the journey towards magnet accreditation within the organization. Finally, when discussing magnet status with colleagues, many of them would like the organization to achieve magnet accreditation because of acknowledgement of the quality of care the nurses provide at Tulare Regional Medical Center.