

# Týden informačního vzdělávání: Academic Writing in English: Challenges and Perspectives



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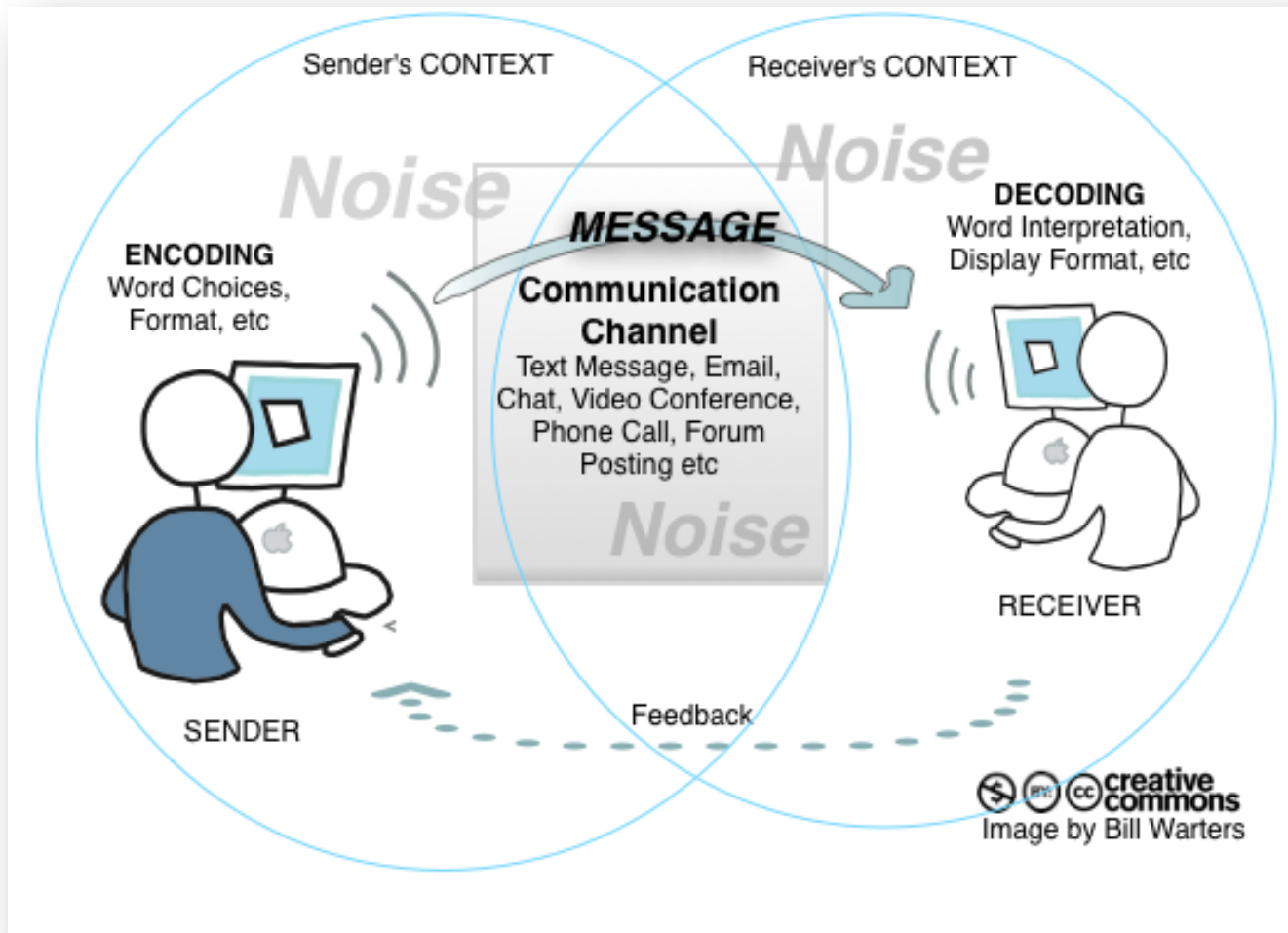
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# Complete

- The most important tool for success as an academic is \_\_\_\_\_.
- What are you going to do for a living after finishing your studies at MU?  
\_\_\_\_\_.

# Communication Model



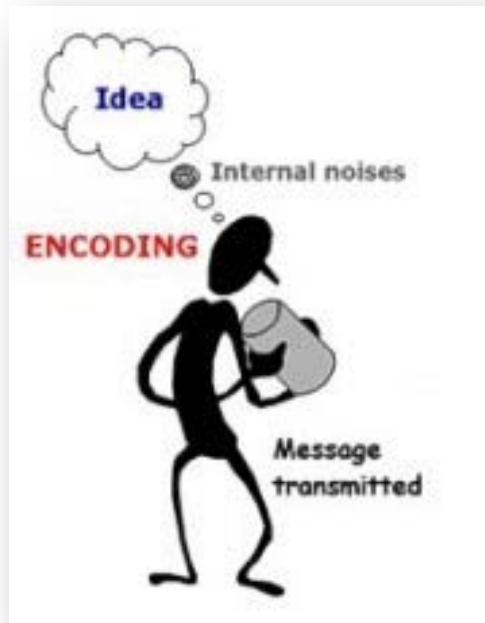
# Activity 1



Brainstorm:

How can the communication model help us in learning to write?

# Sender



Focus on the writer

- process of writing
- writing habit
- learning about writing

# How NOT to Write

1. Open your email at the start of the day and never quit it.
2. Keep your writing goals quite general.
3. Don't talk about your writing-in-progress.
4. Only seek feedback when you have a full draft.
5. Don't write unless you know exactly what you want to say.
6. Wait till you're ready to write.
7. Don't bother defining sub-goals – you know what you have to do.
8. Don't bother with the 5-minute warm up for writing -- you know what to do.
9. Always write in large chunks of time.
10. Try and find more time for writing.

(Murray 2005)

# Culprits for Low Writing Productivity

- lack of time - struggles with procrastination
- lack of confidence in our abilities
- strong critical sense of censorship
- fears of failing
- strong tendencies to perfectionism
- negative writing experience in the past
- poor mental/emotional health
- personality type
- work habits
- attitudes towards writing
- perceptions of busyness

(Goodson 2013)

# Activity 2



Share:

Focusing on the sender, think of activities that **COULD** help you develop as a writer.

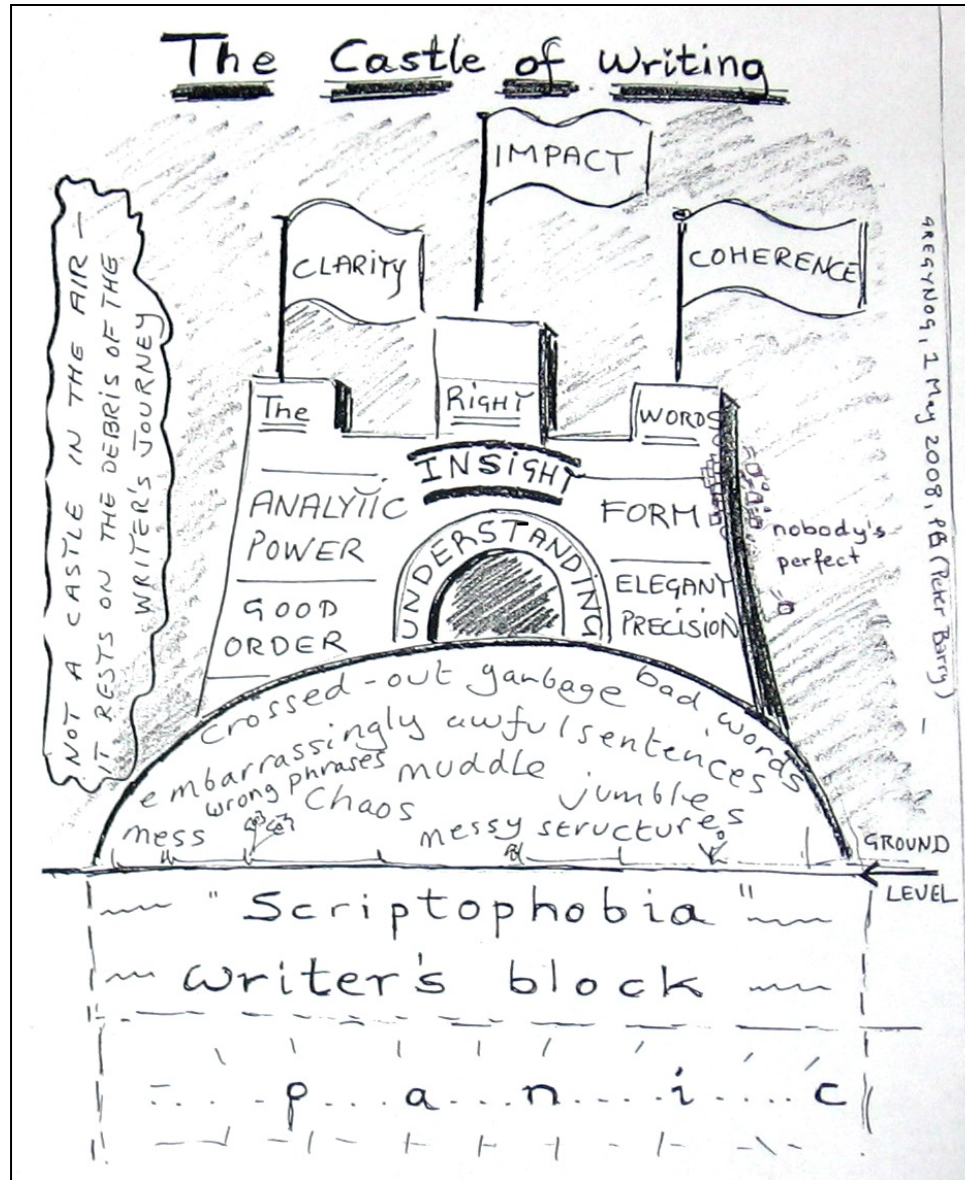


# Writing Process

## THE POWER WRITING PROCESS (Shulman 2005)

<u>PREPARE</u>	<u>OUTLINE</u>	<u>WRITE</u>	<u>EDIT</u>	<u>REWRITE</u>
Purpose	Thesis	Content	Clarity	Accuracy
Audience	Major points	Organization	Coherence	Readability
Goal	Minor points	Style	Conciseness	
	Supporting data		Precision	

# Analyzing my Writing Process



# Developing a (Healthy) Writing habit

“We are what we repeatedly do.  
Excellence, then, is not an act, but a  
habit.”

(Aristotle 382-322 B.C.)

# An acrostic for the key word '**GENRE**'

*Acrostic – each letter of a key word is used to express thoughts/ideas related to the key word*

**G**eneralizing features of a specific type of text is my task  
**E**ven though this might not be as clear as I think.  
**N**ow corpus linguistics could help me with clarity.  
**R**edefining the concept of genre will be necessary,  
**E**laborating on how the genre has change.

(adapted from Pazderníková 2009)

# Freewriting/rapid writing

I think I'll write what's on my mind, but the only thing on my mind right now is what to write for ten minutes. I've never done this before and I'm not prepared in any way--the sky is cloudy today, how's that? now I'm afraid I won't be able to think of what to write when I get to the end of the sentence--well, here I am at the end of the sentence--here I am again, again, again, again, at least I'm still writing--Now I ask is there some reason to be happy that I'm still writing--ah yes! Here comes the question again--What am I getting out of this? What point is there in it? It's almost obscene to always ask it but I seem to question everything that way and I was gonna say something else pertaining to that but I got so busy writing down the first part that I forgot what I was leading into. This is kind of fun oh don't stop writing--cars and trucks speeding by somewhere out the window, pens clattering across peoples' papers. The sky is still cloudy--is it symbolic that I should be mentioning it? Huh? I dunno. Maybe I should try colors, blue, red, dirty words--wait a minute--no can't do that, orange, yellow, arm tired, green pink violet magenta lavender red brown black green--now I can't think of any more colors--just about done--relief? maybe.

# Activity 3

**Freewrite** on **one** of these topics (5 minutes):

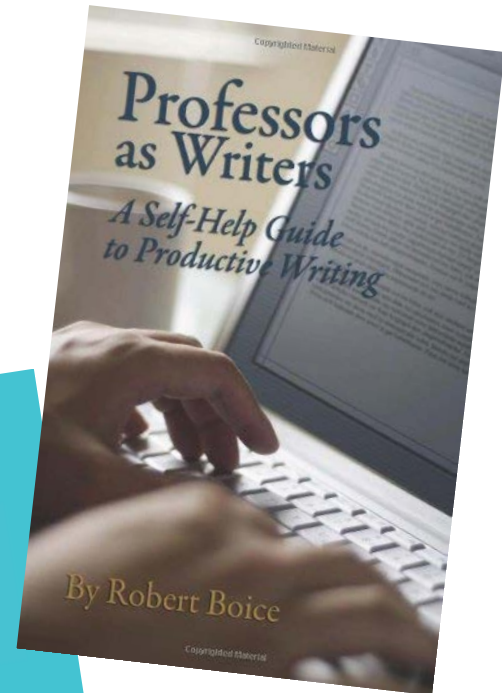
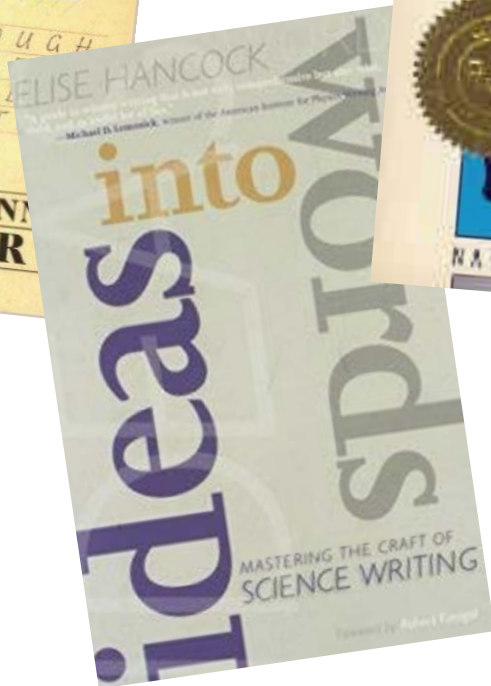
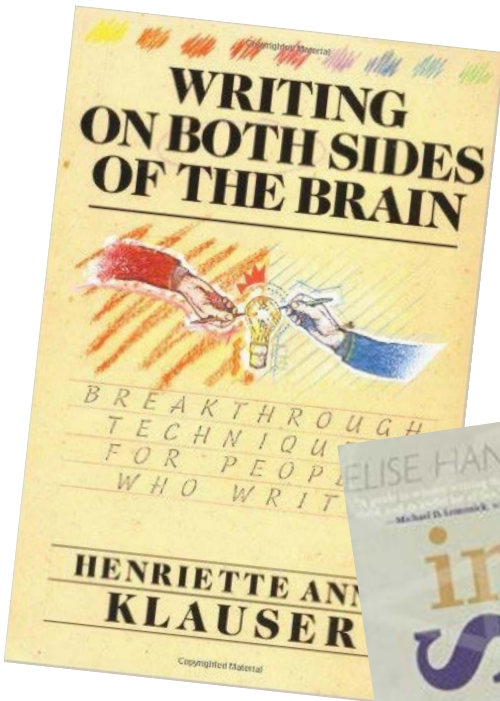
- What does it take to get me to write (to begin and/or to continue)?
- What keeps me away from writing?
- What aspects of writing do I really like?
- What aspects of writing do I especially dislike?
- How much time and resources have I dedicated lately to improving my writing?

# We as writers

- the value of initially messy writing
- the need for practice and a writing habit
- the importance of feedback
- the necessity to separate creating and editing texts (creating quickly vs. editing slowly)



# Reading about writing





# Message



Focus on the text

- context
- structure
- lexico-grammatical features

# Context

**Context of a specific genre:** e.g. abstracts

What is an abstract?

Where can you find abstracts?

Who reads abstracts?

Why are abstracts read?

What are the types of abstracts?

How do they differ?

# Structure

## Introductions (CARS model by Swales 1990 )

- **1. Establish the significance and centrality of the research area.**
- **2. Selectively summarize previous and current research.**
- **3. Establish the need for your own study (the “gap” statement)**
- **4. Present your work – purpose, strategy, etc.**

# Structure

## **Case Presentations** (Problem-Solution Pattern by Hoey 2001)

### **Move 4:** Presenting a problem

*A 5 month old infant...; Patient denied...*

### **Move 5:** Investigating the problem

*A CT scan revealed...; An MRI scan was performed...*

### **Move 6:** Addressing the problem

*The patient was treated with...*

### **Move 7:** Evaluating the outcome

*He made a full recovery...; Patient died...*

# Lexico-grammatical features

Depersonalized language:	<i>A 19-year-old Thai primigravida...</i>
Agents omitted – passives:	<i>MRI of the pelvis was performed...</i>
Technology as agents:	<i>Histopathology revealed...</i>
Patients + non-factive verbs:	<i>She denied recent weight loss...</i>

A (AGE)-year-old (RACE) man/woman presented/was admitted with a (PERIOD)-month/year history of (PATHOLOGY/SIGN/SYMPTOM). His/her past medical history included (LIST OF DISEASES). He/she had a strong family history of (DISEASE). (EXAMINATION) was within normal limits. The patient denied/admitted to (UNHEALTHY HABIT). His/her medical history was positive/negative/significant for (PATHOLOGY/SIGN/SYMPTOM). He/she was treated with (DRUGS) and subsequently underwent (SPECIAL PROCEDURE). Upon discharge, he/she complained of (SYMPTOMS). His/her physical examination revealed (SIGNS). (SPECIAL PROCEDURE) confirmed (DISEASE). Therapy with (DRUG) was initiated.

# Skeleton Sentences

- (1) In this paper I discuss the main arguments that deal with the issue of.....
- (2) It is my purpose to highlight the ..... by pointing to.....
- (3) The paper is structured as follows. After giving an overview of the scope of the ..... I review the particular.....
- (4) Next I provide a summary of .....
- (5) Finally in the last two sections I consider several implications for ..... and argue that.....

# Activity 4



Analyze:

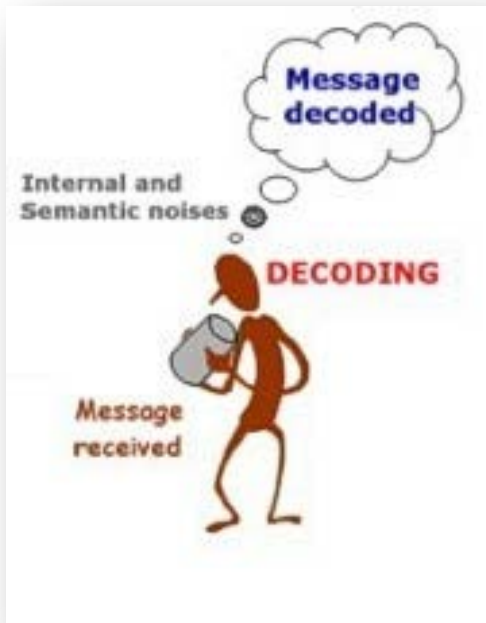
Look at the introduction to a research article. Identify the skeleton sentences. Answer the questions below the introduction.

# Activity 5

**ERROR CORRECTION**



# Receiver



Focus on the reader

- target journal
- using corpus linguistics tools
- peer-review

# Target journal analysis

- What is the character of the journal?
- What sort of audience does the journal cater for?
- Who are the editors?
- What are the rules to respect?
- In what form should the articles be submitted?
- How long is the review process?
- What happens after acceptance?

# Using corpus linguistics tools

The screenshot displays the TextSTAT software interface, titled "TextSTAT - 93 CASE PRESENTATIONS - CORPUS.crp". The interface includes a menu bar (Corpus, Export, Language, Encoding, ?), a toolbar with icons for file operations and search, and a tabbed interface with "Corpus", "Word forms", "Concordance", and "Citation". The "Concordance" tab is active, showing a search for the word "presented".

The search results are displayed in a list format, with the word "presented" highlighted in blue. The results are sorted alphabetically by the word following "presented". The list includes various medical case presentations, such as:

- out and primary closure was performed and the patient discharged the following day. He re-presented a week later with recurrent discharge from the same site, which
- with a 1-day history of mild respiratory distress without cough or fever. The patient had PRESENTED at 11 months of age with a history of enlarging head circumference
- nal criteria established by Lipsker et al (Table 1) [3]. A 34-year old HIV negative woman PRESENTED for evaluation of an abscess in her right breast which developed
- ular drain was subsequently converted to a ventriculoarterial shunt. This 79-year-old man PRESENTED to his local hospital in May 2007 with a 2-month history of a ch
- iron, and antibiotics. A 33-year-old, male, right handed, realtor, of Malaysian descent, PRESENTED to hospital following a nocturnal seizure. His wife reported bei
- d to his activities of daily living without sequelae. A 27-year-old British Caucasian man PRESENTED to the Accident and Emergency department after falling on his ex
- e remains asymptomatic with no recurrence of abscess. A 59-year-old white Caucasian woman PRESENTED to the Emergency Department complaining of a five day history of
- endotracheal tube. No tracheobronchial injury was identified. A 5 month old black infant PRESENTED to the Emergency Department in the springtime with generalized s
- ed with intravenous vancomycin and gentamicin. A healthy 19-year-old male college student PRESENTED to the emergency department with acute pain in the left foot aft
- A 14-month-old Caucasian boy with idiopathic non-obstructive hydrocephalus and a VP shunt PRESENTED to the emergency room with a 1-day history of mild respiratory d
- , a decision was made to not rechallenged her with ibuprofen. A 27-year-old Hispanic woman PRESENTED to the University Medical Center Emergency Department in Las Veg
- was no evidence of any residual cutaneous lesions. A 53-year-old white British gentleman PRESENTED with a 2 month history of purulent discharge from a sinus on the
- over the course of a week and she had no recurrence of her symptoms. A 27 year old female PRESENTED with a one year history of progressively worsening epigastric pa
- evidence of further soft tissue injury. A 37-year-old Caucasian female of European decent PRESENTED with a palpable mass of her right breast. She had no clinical sy
- e to the persistence of lupus anticoagulants and the TIVAD. A 62-year-old Caucasian woman PRESENTED with a two-month history of intermittent fever. Her past medical
- monstrated a 7.4 mm calculus within the renal pelvis on the right side. A 13-year-old boy PRESENTED with a two-month history of left shoulder pain. Radiographs foll
- ioned and replaced. A 30-year-old Caucasian male without significant past medical history PRESENTED with a two day history of nausea, vomiting and diffuse abdominal
- he patient underwent an uncomplicated subtotal thyroidectomy. A 13-year-old Caucasian boy PRESENTED with acute appendicitis, characterized by right lower quadrant p
- he left ovary, consistent with recurrent metastatic disease. A 56 year old aromatherapist PRESENTED with advanced renal impairment (Blood Urea 26.1 mmol/l, Creatini
- one, which led to her death four months after her initial presentation. A 42-year-old man PRESENTED with amnesia, pyrexia, hypotension and a rash on his left leg an
- complaints. A 21-year-old Caucasian woman with CF, rheumatoid arthritis (RA) and a TIVAD PRESENTED with deterioration in her oxygen saturation, from a baseline of
- follow-up doing well and without complaints (Figure 4.) A previously well 43-year-old man PRESENTED with chronic urticaria (Figure 1). There was no obvious precipit
- ant returned to his pre-injury level of sporting activities. A 49 year-old Caucasian male PRESENTED with progressively worsening pain in the thoracic spine for 10 d
- ant clinical improvement and he died one year later. A 63 year old previously healthy man PRESENTED with reflux and dysphagia. Endoscopy revealed a stricturing lowe
- abdominal pain which eventually proved to be primary subhepatic appendicitis. The patient PRESENTED with sudden severe right upper quadrant pain radiating to the ri
- ut her oxygen saturation only partially corrected (90% in room air). One month later, she PRESENTED with transient expressive dysphasia and a right-sided hemiparesi

The interface also includes an "Options" panel on the right with checkboxes for "search whole words only", "search case insensitive", and "mark search string". It also features a "Refresh" button and a status bar at the bottom indicating "26 hits" and "1 files | 119416 bytes".

# Building Corpora

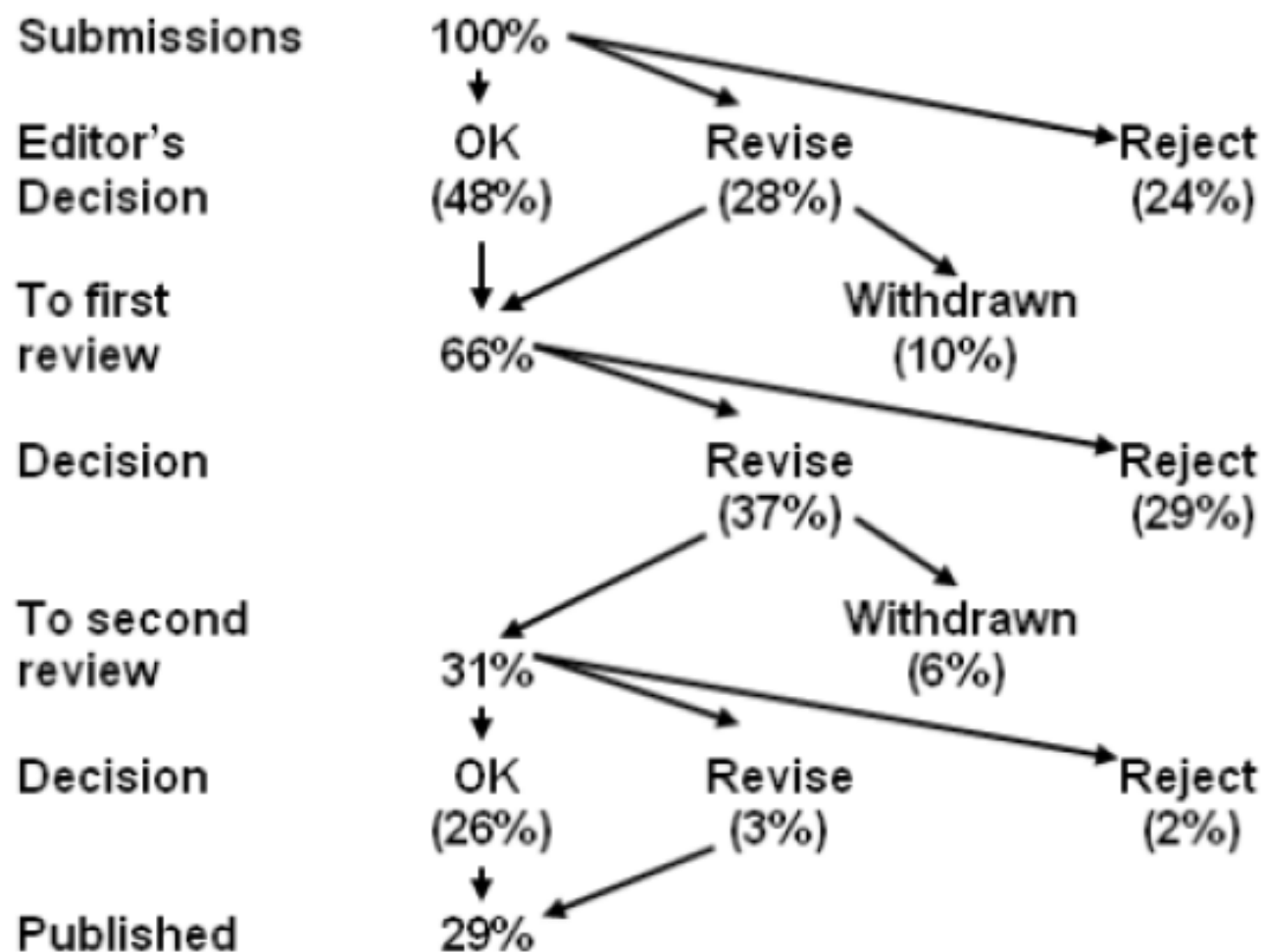


- discipline-specific
- journal-specific
- genre-specific
- topic-specific
- part-genre-specific

# Peer-Review/Feedback

- Writing groups
- Professional editor
- Seasoned researcher
- Colleagues, friends, family...

# Getting your Paper Published



# Take-Home Message

Three approaches to learning to write:

1. **writer** (process of writing, learning about writing, writing habit)
2. **text** (context, structure, lexico-grammatical feature)
3. **reader** (target journal, corpus-linguistics tools, peer-review)

# Sources

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# Pictures taken from:

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<http://www.vtaide.com/png/images/encoding.jpg>

[http://freelance-writing.lovetoknow.com/image/32118~Academic\\_writing.jpg](http://freelance-writing.lovetoknow.com/image/32118~Academic_writing.jpg)

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<http://i.bookfi.org/covers/519000/9e26747ed4d948e2d13df6a21b1f5c4b-d.jpg>

Questions? Inquiries?