DukeWrites Enrichment Suite

Essay structure, part two (2B)

With Margaret Swezey, Assistant Director of Writing Studio

Paragraph 4: According to Harvard Medical Practice, of all negative medical results, adverse drug events were the most frequent. Research and studies on postoperative pain medications' adverse drug effects (ADE) have shown that minimal opioid usage reduces the probability of ADE. Often times, patients are administered several different analgesics in order to treat postoperative pain. The mixing of these drugs can also lead to an increase in ADE, which then prompts more medications, nursing care, and time in the hospital.

When more medications are needed to suppress side effects caused by opioids and other pain medications, the patients' risk of complication increases. The treatment of ADE also requires that doctors and nurses spend more time assessing how to treat these side effects, which means an extended amount of time in the hospital and greater medical expenses. Though these opioid medications currently provide the most effective relief to postoperative pain and are administered strictly and with great care, the chance of unforeseen complications remains.

So the main point of this paragraph is the medical complications of postoperative pain medications. And I'm just going to write that here in the margin here: The medical complications of pain medications.

Before I read paragraph 5, I just want to point out that this paragraph was too long to fit on the slide, and so I actually cut out some of the information from the slide so the paragraph would fit. And what I cut out was some information here, from this part of the paragraph. And what I've done is, in square brackets, I've included a summary of the information that was left out.

So, paragraph 5: Music therapy can provide relief without the occurrence of adverse drug events. Several studies, like the one by Sen et al, show the benefits of music therapy. Sen and others tested 70 patients for the effects of music therapy on postoperative pain. In one group patients listened to music through headphones an hour after surgery. The second group of postoperative patients did not listen to music.

And, I've left out detailed information about this study.

Sen and others find that VAS scores and the amount of analgesics used were significantly lower in the music group than in the control group. This provides strong support that music therapy can effectively relieve postoperative pain.

And VAS scores are also something that was defined in the section that was left out. So, this paragraph is basically about the Sen study and how it supports music therapy to relieve postoperative pain.

This paragraph is the first presentation of evidence about the effectiveness of music therapy. The study by Sen et alia strongly supports the paper's main point. So this paragraph is placed first. Placing the strongest piece of evidence first can be an effective part of organizing an argument in U.S. academic writing.

Paragraph 6. Another large study, conducted by Good et al, investigated the beneficial effects of relaxation, music, and a combination of the two on postoperative pain. The subjects in this study included 468 abdominal surgery patients who were expected to use PCA.

Researchers found that patients in the music group, as well as in the relaxation and music group, felt significantly less pain over a two-day period after their surgery. Unlike Sen et al, this experiment had little objective data.

And I've left out a little more discussion of the findings in this study for space reasons.

Having objective results to support the subjective data would have been ideal, but the large sample size makes the results of this study very strong.

So the main idea in this paragraph is it's about the Good study ~ the study by Good and other researchers. And how it supports music therapy to relieve postoperative pain.

It also presents evidence that strongly supports the main point of the paper, but this study is not quite as strong as the first study, because it offers little objective data. So it is placed second in the paragraphs discussing evidence.

Paragraph 7. More research has been conducted with similar results. Experiments that demonstrate the positive effects of music therapy increasingly support its implementation in postoperative settings.

Cutshall et al in their research of pain and anxiety in cardiac surgery patients showed that music therapy significantly decreased pain and anxiety on the second day after surgery. Vaajoki et al also tested the effects of music therapy.

And I've left out some discussion of that study.

A Korean study by Good and Ahn on pain and anxiety after gynecological surgery also showed that music therapy helped.

And I've omitted a little bit of that information as well.

The congruency of results in all of these experiments strengthens the claim that music therapy is effective in helping reduce pain.

This paragraph discusses other studies of music therapy which support the effectiveness of music therapy in relieving postoperative pain. This paragraph presents several studies; none of them support the main point as strongly as the first two studies, so they're discussed in less depth in a single paragraph, which is placed third in the discussion of evidence.