

Exercise walk-through

4.4

Human Health

GAC Academic English

Method — Key knowledge: keep the meaning when changing the words

A paraphrase restates an idea in new wording and sentence structure. Changing only two words while copying the sentence shape is not enough. Preserve quantities, the group studied and words that limit certainty. In assessed research writing, identify the source even after paraphrasing it.

A **claim** can be broader than its evidence. A voluntary group is not automatically representative of everyone. “The group using a checklist recalled more steps” describes a comparison. “The checklist makes everyone healthier” adds both a cause and an unmeasured outcome. Read what was measured before writing a conclusion.

Method — Source A: fictional classroom study card

Twenty-four adult volunteers chose one of two workshop sessions about understanding appointment instructions. Twelve attended a morning session that used a written checklist. Twelve attended an afternoon session without that checklist. After the workshop, each participant listed four appointment preparation steps from memory. In the morning group, ten people recalled all four steps; in the afternoon group, seven did. The two sessions had different tutors. The card contains no earlier memory scores and no later record of whether participants attended their appointments. Its author, J. Chen, calls the results an initial classroom comparison, not a clinical trial.

Method — Source B: draft summary

Chen's 2026 practice card proves that checklists improve every patient's health. Almost all people in both groups remembered everything. The morning tutor was definitely better. The study also showed that nobody missed an appointment afterwards.

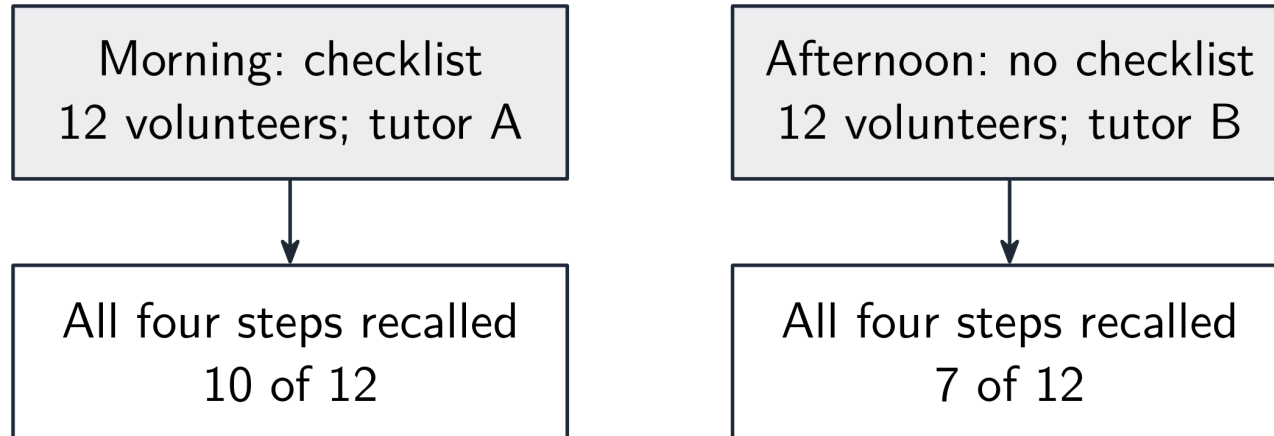
Method — Worked example: preserve the boundary of a result

Known: ten of twelve versus seven of twelve recalled four steps; session time, tutor and checklist use all differed. The measured outcome was immediate recall.

Model paraphrase: “In Chen’s fictional practice card (2026), complete recall was recorded for ten of twelve morning participants and seven of twelve afternoon participants. Different tutors and self-selected sessions prevent the comparison from isolating a checklist effect.” This is a paraphrase, not a quotation. The classroom citation refers only to the supplied card and must never be presented as a real publication.

Method — Worked example: preserve the boundary of a result

The measured outcome was immediate recall.



Participants chose sessions
Later appointment attendance: not measured

Exercises 2.1-2.3

2.1 Identify what participants were asked to recall and when recall was checked. [2]

2.2 State the complete-recall counts for each group, including the group sizes. [2]

2.3 Explain why the comparison cannot show that the checklist alone caused the difference. Give TWO relevant design features. [3]

Exercises 2.1-2.3

2.1 Identify what participants were asked to recall and when recall was checked. [2]

2.1 Four appointment preparation steps; immediately after the workshop, from memory.

2.2 State the complete-recall counts for each group, including the group sizes. [2]

2.2 Morning: ten of twelve; afternoon: seven of twelve. Both numerator and denominator are needed for each mark.

2.3 Explain why the comparison cannot show that the checklist alone caused the difference. Give TWO relevant design features. [3]

2.3 For example, people chose their sessions, and different tutors taught the sessions. Either could affect the groups or instruction, so the checklist effect was not isolated. Accept different times or missing initial recall scores as justified alternatives.

Exercises 2.4·3.1

2.4 Identify ONE unmeasured outcome in Source B and replace that unsupported statement with an accurate sentence about the card's limits. [3]

3.1 Rewrite Source B as a 60–80 word summary. Attribute the card, report the exact comparison, give two limits and avoid a health recommendation. [6]

Exercises 2.4·3.1

2.4 Identify ONE unmeasured outcome in Source B and replace that unsupported statement with an accurate sentence about the card's limits. [3]

2.4 Appointment attendance or health improvement was not measured. The card contains no later attendance record, so it cannot show whether participants subsequently missed appointments. Equivalent correction about no health measurement qualifies.

3.1 Rewrite Source B as a 60–80 word summary. Attribute the card, report the exact comparison, give two limits and avoid a health recommendation. [6]

3.1 Six points ($6 \times B1$): Chen's fictional card attributed; ten of twelve; seven of twelve; two accurate limits (2 points); coherent paraphrase preserving recall as the outcome. Sample: "Chen's fictional practice card (2026) reports complete recall of four preparation steps by ten of twelve morning volunteers and seven of twelve afternoon volunteers. Only the morning session used a checklist, but session choice and tutors also differed. The comparison therefore does not isolate a checklist effect. It provides no earlier recall scores or later appointment records and cannot establish an improvement in participants' health."

Exercise 3.2

3.2 Write a 100–130 word evaluation for a student research notebook. Explain what the card can support, what it cannot support and how a further classroom comparison could improve the evidence. Keep the proposed outcome as recall of instructions. [8]

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3.2 Eight points ($8 \times B1$): accurately bounded recall comparison; no clinical claim; self-selection limit; tutor or time limit; no prior scores acknowledged; feasible clearer comparison; same measured outcome proposed; coherent explanation. Sample: “The card supports a limited statement about immediate recall: complete recall was more common in the morning session than in the afternoon session. It does not establish that the checklist caused the difference or improved health. Volunteers selected their sessions, tutors differed, and no earlier memory scores were recorded. A further classroom activity could use the same tutor, instructions and recall task for both groups, with the checklist as the main planned difference. Assigning willing participants to groups rather than letting them choose would reduce one source of imbalance. Recording an initial recall task could also help interpret the later results. These changes would strengthen the comparison, but its conclusion should still concern recall, not an unmeasured health outcome.”