

Structuring your Essay

Introduction

- About 15% of the total length
- One paragraph or several, depending on essay length

**GENERAL
TO
SPECIFIC**

- **Introduce** the topic, provide general background information.
- Narrow your focus, set context for your argument.
- Present your viewpoint / line of argument / thesis statement.
- Outline areas / main points to be discussed.

Body

- One point per paragraph
- A number of paragraphs, depending on essay length

Topic sentence
Supporting ideas,
examples & references

Topic sentence
Supporting ideas,
examples & references

Topic sentence
Supporting ideas,
examples & references

A **topic sentence** usually starts each paragraph in the body of your essay.

It supports the main argument or thesis statement of the essay.

A topic sentence should be your own idea, supported by evidence from your research.

Conclusion

- Usually one paragraph
- About 10% of the total length

**SPECIFIC
TO
GENERAL**

- **Reconfirm** your thesis topic and sum up the main points.
- Set the topic in context again, mentioning the wider implications.
- Here is where you can make recommendations for further investigation.
- No new information or research should be introduced here.

Sample essay structure

Topic: Analyse the role of the MCH nurse working in partnership with the family to care for a child with a diagnosed developmental delay

Introduction

Background information Narrowing focus Thesis statement Outline of main ideas

Monitoring the growth and development of children at regular intervals allows for the early detection of developmental delay. One of the key aims of Maternal and Child Health (MCH) nursing practice is the early detection and the referral of children with a developmental delay (Neil & Marcuson, 2011). In the transition from suspicion and concerns about their child's development, to the confirmation of the diagnosis of developmental delay, the lived experience for the family takes on a whole new chapter. Depending on the degree of severity and permanence of the developmental delay, families may face a rollercoaster journey of therapies, testing and appointments (Collster, 2009). Families may also face the loss of the sense of normality of their child eventually growing into an independent adult, as well as mounting financial burdens (Foster & McCauley, 2010). MCH nursing practice has a role to play in supporting families beyond the diagnosis, especially in the context of more major persistent delay where there is significant impact on the family. In the context of the impact on the family, this essay explores the question of what happens following a diagnosis of developmental delay and how MCH nurses can work collaboratively with families. Developmental delay is discussed generally rather than with reference to a specific type of delay, and the role of the MCH nurse (MCHN) in the care of the child is critically analysed along the spectrum of working in an expert role to working in partnership with the family.

Body

Topic sentence Evidence Linking words

The diagnosis of developmental delay can result in a wide range of reactions from family members. Head and Abbeduto (2007) note that some families have high levels of stress with sustained impairment of functioning, while some thrive on the challenges associated with the child's developmental delay. But, the impact of having a child with a developmental delay on a family can never be underestimated. There are often very intense emotions such as grief, anger, disbelief and isolation (DCDR, 2008). In particular, the time of diagnosis can be a crisis where the parents' expectations are turned upside down (Sen & Yurtsever, 2006). Because the child is most influenced by their family, it is very important to empower the family (Blann, 2005) and so the nature of the relationship between families and health professionals is important. Specifically, how the family is treated at the time of their child's initial diagnosis can have long term impacts (DEECD, 2010a). Therefore, it is important that the MCH nurse leaves room for hope at this initial stage, as this leads to a family's healthy functioning within a framework of optimism (Kearney & Griffin, 2001) and helps build a connection between the MCH nurse and the family.

Conclusion

Reminder of thesis statement Re-statement of main points Concluding statement

The role of the MCHN has been critically analysed in the context of the question of "What happens afterwards?" for families once their child has a diagnosed developmental delay. The appropriateness of MCHN involvement has been questioned particularly from the view of not wanting to place a greater burden on a family who may already have multiple practitioners involved in their care, and a time consuming schedule of appointments. It is acknowledged that in some circumstances particularly where there are complex needs, it may be in the families' best interests to not have MCHN involvement. However, the MCHN's availability could be invaluable for families who require support if issues arise... For families who do have ongoing contact with the MCHN service, the role of the MCHN may involve assisting parents with their child's basic needs of attachment, feeding, sleep and behaviour, and normalising behaviour which is not part of the delay... As the need arises, the MCHN can offer information and referral to support services, and as a free service the MCHN does not add to the financial burden on the family. When they need to share and be heard, the MCHN may be the only person that mothers and families can go to, and as such, this is a vital role in the health and wellbeing of the family.

(Essay extracts adapted from La Trobe University, 2014)