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## The complexities of text recycling in professional scientific discourse and implications for plagiarism prevention in higher education

Cary A. Moskovitz  
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# Complexities Of Text Recycling In Professional Scientific Discourse And Implications For Plagiarism Prevention In Higher Education

Cary Moskovitz

Thompson Writing Program, Duke University

Georgia International Conference on Information Literacy

Sept 30, 2016

# TEXT RECYCLING

What is it?

A. directly quoting the words of others without using quotation marks or indented format to identify them

B. using sources of information (published or unpublished) without identifying them

C. paraphrasing materials or ideas without identifying the source

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earn 110 points in that section (the extra 10 points figure as extra credit). Thus, the maximum number of points you can earn is 616, but your grade will be computed out of 600 points.

Grading will be determined by the traditional academic scale: 90% (or 537 and up) points = A; 80% (or 477 and up) = B; 70% (or 417 and up) = C; 60% (or 357 and up) = D; 356 and below = F.

**Academic Honesty Code:** Students are expected to uphold the Academic Honesty Code as published in section 3 of the *Georgia Southern University Student Conduct Code*. Please review what constitutes plagiarism from the *Code*:

- A. directly quoting the words of others without using quotation marks or indented format to identify them;
- B. using sources of information (published or unpublished) without identifying them;
- C. paraphrasing materials or ideas without identifying the source;

According to Georgia Southern's Student Conduct Code, directly quoting the words of others without using quotation marks or indented format to identify them is considered plagiarism.

According to Georgia Southern's Student Conduct Code, “directly quoting the words of others without using quotation marks or indented format to identify them is considered plagiarism.”

*Science*, Gneezy et al. 2010:

We conducted a field study at a large amusement park (8). Participants (N = 113,047) rode a roller coaster–like attraction, were photographed during the ride, and later chose whether to purchase a print of the photo.

*PNAS*, Gneezy et al. 2012:

We conducted a field study at a large amusement park. Participants rode a rollercoaster-like attraction, were photographed during the ride, and later chose whether or not to purchase a print of the photo.



# TEXT RECYCLING IN SCIENTIFIC RESEARCH REPORTS

## The Debate

“I've been ‘iThenticating’ all revised papers for several years now, and am continually frustrated by self-plagiarism. I now have two lines that I repeat to our editors on a regular basis: ‘Self-plagiarism is, by its very name, plagiarism’; and ‘you’d think that researcher/authors with MDs and PhDs would be bright enough to know how to reword.’”

--Managing Editor of *the American Journal of Preventive Medicine*, in response to newly posted COPE guidelines, 2013.

“Authors are urged to adhere to the spirit of **ethical writing** and avoid reusing their own previously published text, unless it is done in a manner **consistent with standard scholarly conventions** (e.g., by using of quotations and proper paraphrasing).”

Miguel Roig. Avoiding plagiarism, self-plagiarism, and other questionable writing practices: A guide to ethical writing,. U.S. Department of Health and Human Service, Office of Research Integrity.

“In either traditional or open access publishing, authors should employ a cautious approach and should keep reuse to a minimum, **cite to the previous publication**, **use quotation marks** if needed...”

American Journal of Obstetrics & Gynecology 2016 Jan;214(1):91-3. doi: 10.1016/j.ajog.2015.09.004. Epub 2015 Sep 9. Self-plagiarism: a misnomer. Thurman RH(1), Chervenak FA(2),

“To avoid accusations of self plagiarism, a simple approach is to include appropriate citations of all published work referred to, by either **quoting verbatim any text from earlier publications** or **paraphrasing thoroughly texts that are not in quotations.**”

Yu-Chih Sun, Fang-Ying Yang. Uncovering published authors' text-borrowing practices: Paraphrasing strategies, sources, and self-plagiarism. *Journal of English for Academic Purposes* 20 (2015) p. 226.

“There are, however, limited circumstances (e.g., describing the details of an instrument or an analytic approach) under which authors may wish to duplicate **without attribution (citation)** their previously used words, feeling that extensive self-referencing is undesirable or awkward. When the duplicated words are limited in scope, this approach is permissible. **When duplication of one’s own words is more extensive, citation of the duplicated words should be the norm.**”

--Publication Manual of the APA

## Introduction/background

Some degree of text recycling in the background/introduction section of an article **may be unavoidable**, particularly if an article is one of several on a related topic. Duplication of background ideas may be considered less significant or **even considered desirable**, contrasted with duplication of the hypothesis, which will only be appropriate in very closely related papers.

--Text Recycling Guidelines, Committee on Publication Ethics, 2013

## Methods

Use of similar or identical phrases in methods sections where there are limited ways to describe a method is **not unusual**; in fact text recycling **may be unavoidable** when using a technique that the author has described before and it **may actually be of value** when a technique that is common to a number of papers is described.

--Text Recycling Guidelines, Committee on Publication Ethics, 2013



1. Refer readers to prior papers for information
2. Reword
3. Identify as quotations (quote marks or block quotes)
4. Cite without quoting
5. Recycle without attribution

The Role of Parent Stress and Coping and Family Functioning in Parent and Child Adjustment to Duchenne Muscular-Dystrophy

Psychological Adjustment of Children with Cystic Fibrosis: The Role of Child Cognitive Processes and Maternal Adjustment

Psychological Adjustment of Mothers of Children and Adolescents with Sickle Cell Disease: The Role of Stress, Coping Methods, and Family Functioning.

Stress, coping, and psychological adjustment of adults with sickle cell disease

**A transactional stress and coping model (Thompson, 1985), within an ecological-systems theory perspective (Bronfenbrenner, 1977), has demonstrated utility in guiding research, integrating findings, and informing clinical practice regarding adjustment to chronic illness. Chronic illness is viewed as a potential stressor to which the individual and family systems endeavor to adapt. The illness-outcome relationship is a function of the transactions of biomedical, developmental, and psychosocial processes...**

1992	Conceptually, a <b>transactional stress and coping model (Thompson, 1985) within an ecological–systems theory perspective (Bronfenbrenner, 1977; Kazak, 1989) is demonstrating utility in guiding research, integrating findings, and informing clinical practice.</b> The application of this model to psychological adjustment of adults with SCD is depicted in Figure 1. <b>SCD is viewed as a potential stressor to which the individual and family systems endeavor to adapt. The focus is on how biological and psychosocial processes act together to affect the illness–outcome relationship...</b>
1992	<b>A transactional stress and coping model (Thompson, 1985a), within an ecological- systems theory perspective (Bronfenbrenner, 1977; Kazak, 1989), is demonstrating utility in guiding research, integrating findings, and informing clinical practice (Thompson, 1985a).</b> In this model chronic illness <b>is viewed as a potential stressor to which the individual and family systems endeavor to adapt. The focus is on how biomedical, developmental, behavioral, and psychosocial parameters and mediational processes act together</b> to mediate the relationship between the stress of the illness and the psychosocial adjustment of...
1993	Conceptually, a <b>transaction stress and coping model, within an ecological-systems theory perspective, is demonstrating utility in</b> delineating the processes associated with adjustment to chronic illness (Thompson, Gustafson, Hamlett, & Spock, 1992). The application of this model to the psychological adjustment of mothers of children and adolescents with SCD is depicted in Figure 1. <b>SCO is viewed as a potential stressor to which the patient and family systems endeavor to adapt...</b> However, <b>the focus of the model is on individual and family processes</b> that are hypothesized to further mediate the illness-outcome relationship over...
1994	Recently, a <b>transactional stress and coping model, within an ecological systems theory perspective, has demonstrated utility in</b> delineating processes that contribute to psychological adjustment of children with chronic illness and their mothers. ... This model has been applied in separate projects to two genetically based chronic illnesses: cystic fibrosis (CF) and sickle cell disease (SCD)... In this model (Figure 1), chronic illness <b>is viewed as a potential stressor to which the individual and family systems endeavor to adapt.</b> Guided by the work of Lazarus and Fblkman (1984), <b>the focus of the model is</b> on the contribution of adaptational processes...

“When duplication of one’s own words is more extensive, citation of the duplicated words should be the norm.”

--Publication Manual of the APA

A transactional stress and coping model within an ecological-systems theory perspective has demonstrated usefulness in delineating processes associated with psychological adjustment of adults with SCD (Thompson, Gil, Abrams, & Phillips, 1992) and of children and adolescents with SCD (Thompson, Gil, Burbach, Keith, & Kinney, 1993b) and their mothers (Thompson, Gil, Burbach, Keith, & Kinney, 1993a). In this model, SCD is viewed as a potential stressor to which the individual and family systems endeavor to adapt. The illness–outcome relationship is a function of the transactions of illness parameters, demographic parameters, and adaptational or mediational processes. The illness parameters are those that reflect disease severity and

The data in this section is largely based on a new analysis of Gneezy et al (7). We conducted a field study at a large amusement park. Participants rode a rollercoaster-like attraction, were photographed during the ride, and later chose whether to purchase a print of the photo.



## Psychological Adjustment of Children With Sickle Cell Disease: Stability and Change Over a 10-Month Period

Robert J. Thompson, Jr., Karen M. Gil, Barbara R. Keith, Kathryn E. Gustafson, Linda K. George, and Thomas R. Kinney

Rates of poor psychological adjustment of children with sickle cell disease remained relatively constant over initial and follow-up assessment points. However, there was relatively little stability in the classification of the adjustment of individuals, low congruence in specific behavior problem patterns and diagnoses in accordance with the *Diagnostic and Statistical Manual of Mental Disorders* (3rd ed.; American Psychiatric Association, 1980), and less stability in child adjustment by child report than by mother report. With initial levels of adjustment controlled, children's strategies for coping with pain accounted for a significant increment in child-reported symptoms (19%) and mother-reported internalizing behavior problems (8%) at follow-up beyond the contribution of illness and demographic parameters and follow-up interval. The findings suggest that children's coping strategies are a salient intervention target for enhancing adjustment.

The evidence regarding the psychological adjustment of patients with sickle cell disease (SCD) is similar to that of patients with other chronic illnesses. There is an increased risk for adjustment problems, but good adjustment is also possible (see Thompson, Gil, Burbach, Keith, & Kinney, 1993a). Consequently, theoretically and conceptually driven studies are now needed to delineate the processes associated with good and poor adjustment.

A transactional stress and coping model within an ecological-systems theory perspective has demonstrated usefulness in delineating processes associated with psychological adjustment of adults with SCD (Thompson, Gil, Abrams, & Phillips, 1992) and of children and adolescents with SCD (Thompson, Gil, Burbach, Keith, & Kinney, 1993b) and their mothers (Thompson, Gil, Burbach, Keith, & Kinney, 1993a). In this model, SCD is viewed as a potential stressor to which the individual and family systems endeavor to adapt. The illness-outcome relationship is a function of the transactions of illness parameters, demographic parameters, and adaptational or mediational processes. The illness parameters are those that reflect disease severity and

include type, medical complications, and frequency of painful episodes. The demographic parameters include patient's sex, age, and socioeconomic status (SES). Guided by the work of Lazarus and Folkman (1984), we focus the model on the contribution of adaptational or mediational processes that are hypothesized to influence the psychological adjustment of children with SCD and their mothers beyond the contributions of illness and demographic parameters. In addition, we hypothesized that the psychological adjustment of children affects, and is affected by, maternal adjustment (Compas, Howell, Phares, Williams, & Ledoux, 1989).

The selection of mediational processes to be incorporated into the model was based on two criteria: evidence that the process served to reduce the impact of stress, and saliency as a potential intervention target. Three types of processes are included here. First, the links among the cognitive processes of appraisal of stress (Lazarus & Folkman, 1984), expectations of efficacy (Bandura, 1988), and locus of control (Strickland, 1978) and psychological adjustment have been well established. Second, coping methods, (i.e., the ways in which people deal with stress) have also been linked to adjustment. In particular, use of palliative methods of coping has been associated with poorer adjustment to chronic illness (Felton, Revenson, & Henrichsen, 1984). In addition, strategies for coping with pain that are characterized by negative thinking and passive adherence have been associated with psychological distress, functional impairment, and health care use in adults (Gil, Abrams, Phillips, & Keefe, 1989) and children with SCD (Gil, Williams, Thompson, & Kinney, 1991). Third, family functioning is a type of social support that has been linked to adjustment with chronic illness (Daniels, Moos, Billings, & Miller, 1987).

In a recent cross-sectional study of 50 children, 7-12 years of age ( $M = 9$  years;  $SD = 1.7$  years), with SCD, 64% were found to have a mother-reported behavior problem and 50% met the criteria for a diagnosis in accordance with the *Diagnostic and Statistical Manual of Mental Disorders* (3rd ed.; DSM-III; American Psychiatric Association, 1980; see also Thompson,

Robert J. Thompson, Jr., Karen M. Gil, Barbara R. Keith, and Kathryn E. Gustafson, Department of Psychiatry, Duke University; Linda K. George, Department of Psychiatry and Department of Sociology, Duke University; Thomas R. Kinney, Department of Pediatrics, Duke University.

This research project was supported by Grant HL39124 from the National Heart, Lung, and Blood Institute to Karen M. Gil and by Grant HL 28391 from the Sickle Cell Center of Duke University.

We gratefully acknowledge the assistance of A. Babgy, L. Covington, J. DeVon, D. Fanurik, K. Hodges, D. Johndrow, E. Kearney, E. Newby, S. Noll, K. Norcott, P. Prevat, W. Schultz, R. Strickland, J. Toomer, and R. Ware and the assistance of the Triad Sickle Cell Anemia Foundation and Operation Sickle Cell community centers.

Correspondence concerning this article should be addressed to Robert J. Thompson, Jr., Department of Psychiatry, Duke University Medical Center, Box 3362, Durham, North Carolina 27710.

Gil, et al., 1993b). Internalizing behavior problems by mother report and anxiety diagnoses by child report were most frequent. In terms of the transactional stress and coping model, with illness and demographic parameters controlled, maternal anxiety accounted for significant increments in internalizing (16%) and externalizing behavior (33%) problems. Children's strategies for coping with pain that were characterized by negative thinking accounted for a significant increment in child-reported symptoms (21%).

Cross-sectional studies of adjustment to SCD constitute only a single frame in an ongoing process. Psychological adjustment to chronic illness needs to be assessed within a developmental perspective that considers the change over time of the individual and family systems as well as illness severity. Longitudinal studies are now necessary to determine the stability over time of adjustment, mediational processes, and their interrelationship.

This study addressed the stability over a 10-month period of (a) mother-reported and child-reported adjustment; (b) child mediational processes, illness severity, and maternal anxiety; and (c) the relationship of child mediational processes and maternal anxiety to child adjustment. More specifically, we hypothesized that, with initial level of psychological adjustment, age, and follow-up interval controlled, children's strategies for coping with pain and maternal anxiety would account for significant portions of variance in child-reported symptoms and mother-reported behavior problems, respectively, at follow-up.

### Method

#### Subjects

The subjects were participants in a stress and coping project of the Sickle Cell Center. The study sample for the previous cross-sectional study comprised 50 children 7-12 years of age and their mothers who completed the initial (Time 1 [T1]) protocol (Thompson, Gil, et al., 1993b); the sample from that study did not differ significantly from eligible nonparticipants in sex, SCD type, or age. The present study sample comprised 30 children 7-14 years of age and their mothers from the initial study who completed the follow-up (Time 2 [T2]) protocol and 5 additional children and their mothers with completed protocols who had been outside the 7- to 12-year age range for the initial study. The 20 participants from the initial study who were not in the follow-up study consisted of 9 who did not return for follow-up and 11 who had missing data. These 20 nonparticipants did not differ significantly from the 35 follow-up participants in sex; age; SES; or illness, child mediational, and maternal anxiety measures at T1. The follow-up study sample had 14 female (40%) and 21 male (60%) participants with an age range at T2 of 7.9 to 14.9 years ( $M = 10.9$  years;  $SD = 2.2$  years).

#### Procedure

Structured interviews and self-report measures were completed by children and their mothers during a visit to the Sickle Cell Center (T1) and again during a return visit (T2) 8 to 14 months ( $M = 10.1$  months;  $SD = 1.5$  months) later. Reading assistance was provided if needed. A fuller description and information about the reliability and validity of the protocol measures have been reported previously (Thompson, Gil, et al., 1993b).

#### Illness and Demographic Parameters

Three measures were used to quantify illness severity: On the basis of standard laboratory procedures, patients were classified into three

types: sickle cell anemia (Hb SS;  $n = 19$ ; 54%), hemoglobin SCD ( $n = 10$ ; 29%) and sickle beta thalassemia syndromes ( $n = 6$ ; 17%). Sickle cell anemia is usually more severe than Hemoglobin SCD and sickle beta thalassemia syndromes. In addition, mothers reported the total number of SCD complications (e.g., leg ulcers, aseptic necrosis, and priapism) experienced by her child during the past year. Mothers also reported the number of painful episodes that their child experienced during the previous 9 months. Consistent with other approaches in the literature (Gil, Abrams, et al., 1989; Gil, Williams, et al., 1991; Hurtig, Koepke, & Park, 1989), mother report was used rather than review of Sickle Cell Center medical records because these patients often use multiple medical facilities.

SES was assessed using the two-factor index of social position (Hollingshead, 1957). The levels were as follows: I (high),  $n = 2$  (6%); II,  $n = 3$  (9%); III,  $n = 6$  (17%); IV,  $n = 12$  (34%); V,  $n = 12$  (34%).

#### Child Mediational Processes and Strategies for Coping With Pain

Children completed three self-report measures. The 20-item Children's Health Locus of Control Scales (Parcel & Meyer, 1979) yields three subscales: Internal, Powerful Others, and Chance. The Self-Worth subscale of the 28-item Self-Perception Profile for Children (Harter, 1982) was adopted as the measure of efficacy. The 80-item Coping Strategies Questionnaire (CSQ; see Gil et al., 1989, 1991) yields scores for three factors: Coping Attempts, Negative Thinking, and Passive Adherence.

#### Psychological Adjustment

Mothers completed the Symptom Checklist 90-Revised (SCL-90-R; Derogatis, 1983), a 90-item self-report measure of psychological distress. Maternal adjustment was reflected in terms of anxiety symptom T scores based on nonpatient norms for women.

The Child Assessment Schedule (CAS; Hodges, Kline, Stern, Cytryn, & McKnew, 1982), a semistructured, diagnostic child interview, was conducted by one male and two female clinical child psychologists who were trained to a criterion of a kappa of .70 or greater for five consecutive interviews. The yield from the CAS determined the total symptom score and whether the symptom, onset, and duration criteria were met for the major, common DSM-III diagnoses (American Psychiatric Association, 1980).

Mothers completed the Missouri Children's Behavior Checklist (MCBC; Sines, Pauker, Sines, & Owen, 1969) by indicating (yes or no responses) for 77 items whether their child demonstrated the described behavior during the previous 6 to 12 months. The MCBC yields internalizing and externalizing behavior problem factor scores, five problem patterns, and two problem-free patterns (see Thompson, Kronenberger, & Curry, 1989).

#### Results and Discussion

Table 1 presents the T1 and T2 means and Pearson correlations for child- and mother-reported child adjustment measures, illness parameters, child mediational processes, and maternal anxiety. We assessed changes over time using multivariate analyses of variance (MANOVAs) with time as the repeated measure. To control for Type I error, the Bonferroni method was used to determine the per test significance levels for each family of variables. There were no significant changes over time in illness severity, measures of frequency of painful episodes, and number of complications, child mediational processes, or maternal anxiety. The kappa coefficient was used to assess con-

with other chronic illnesses: There is an increased risk for adjustment problems, but good adjustment is also possible (see Thompson, Gil, Burbach, Keith, & Kinney, 1993a). Consequently, theoretically and conceptually driven studies are now needed to delineate the processes associated with good and poor adjustment.

A transactional stress and coping model within an ecological-systems theory perspective has demonstrated usefulness in delineating processes associated with psychological adjustment of adults with SCD (Thompson, Gil, Abrams, & Phillips, 1992) and of children and adolescents with SCD (Thompson, Gil, Burbach, Keith, & Kinney, 1993b) and their mothers (Thompson, Gil, Burbach, Keith, & Kinney, 1993a). In this model, SCD is viewed as a potential stressor to which the individual and family systems endeavor to adapt. The illness–outcome relationship is a function of the transactions of illness parameters, demographic parameters, and adaptational or mediational processes. The illness parameters are those that reflect disease severity and

Excerpt from Introduction

Moore, Gresham, Williamson, & Kelley, 1986). Thus, the evidence is similar to children with other chronic illnesses: There is an increased risk of adjustment problems, particularly of the internalizing type (see Thompson, Kronenberger, & Curry, 1989), but the potential also exists for good adjustment. Theoretically driven studies are now needed to delineate the processes that are associated with good and poor adjustment of children with SCD.

A transactional stress and coping model within an ecological-systems theory perspective is demonstrating utility in delineating the processes that are associated with good and poor adjustment to chronic illness (Thompson, Gil, Abrams, & Phillips, 1992; Thompson, Gustafson, Hamlett, & Spock, 1992). Chronic illness is viewed as a potential stressor to which the individual and family systems endeavor to adapt. The illness–outcome relationship is not direct but is a function of the transactions of biomedical and psychosocial parameters and mediational processes. Illness parameters are those that reflect

Excerpt from precursor article



# Final trial results of the world's most advanced malaria vaccine

Friday, 24 April 2015



The first malaria vaccine candidate (RTS,S/AS01) to reach phase 3 clinical testing is partially effective against clinical disease in young African children up to 4 years after vaccination, according to final trial data, published in *The Lancet*. The results suggest that the vaccine could prevent a substantial number of cases of clinical malaria, especially in areas of high transmission.



The findings reveal that vaccine efficacy against clinical and severe malaria was better in children than in young infants, but waned over time in both groups. However, protection was prolonged by a booster dose, increasing the average number of cases prevented in both children and young infants.

**First Results of Phase 3 Trial of RTS,S/AS01 Malaria Vaccine in African Children**

N Engl J Med 2011

**A phase 3 trial of RTS,S/AS01 malaria vaccine in African infants**

N Engl J Med 2012

**Efficacy and Safety of the RTS,S/AS01 Malaria Vaccine during 18 Months after Vaccination: A Phase 3 Randomized, Controlled Trial in Children and Young Infants at 11 African Sites.**

PLOS Med 2014

“I've been ‘iThenticating’ all revised papers for several years now, and am continually frustrated by self-plagiarism...you’d think that researcher/authors with MDs and PhDs would be bright enough to know how to reword.”

--Managing Editor of *the American Journal of Preventive Medicine*, in response to newly posted COPE guidelines, 2013.

NEJM 2011	During 12 months of follow-up in the first 6000 children in the older age category, the incidence of the first or only episode of clinical malaria meeting the primary case definition was 0.44 per person-year in the RTS,S/AS01 group and 0.83 per person-year in the control group, resulting in a vaccine efficacy of 55.8% (97.5% confidence interval [CI], 50.6 to 60.4)
NEJM 2012	In the per-protocol population, the incidence of a first or only episode of clinical malaria meeting the primary case definition during 12 months of follow-up was 0.37 per person-year in the RTS,S/AS01 group and 0.48 per person-year in the control group, for a vaccine efficacy of 31.3% (97.5% CI, 23.6 to 38.3)
PLOS Med 2014	The incidence of all episodes of clinical malaria meeting the primary case definition during the 18 mo of follow-up in the per-protocol population was 0.69/person-year in the RTS,S/AS01 group and 1.17/person-year in the control group, resulting in a VE of 46% (95% CI 42% to 50%)

“Clinical malaria was defined as an illness accompanied by...  
*P. falciparum* asexual parasitemia...”

... (>5,000 parasites/mm<sup>3</sup>

)

...at a density of more than 5000 parasites per cubic millimeter

...of more than 5000 parasites per  $\mu\text{L}$

“Clinical malaria was defined as an illness accompanied by...  
*P. falciparum* asexual parasitemia...”

... (>5,000 parasites/mm<sup>3</sup>

)

...at a density of more than 5000 parasites per cubic millimeter

...of more than 5000 parasites per  $\mu\text{L}$

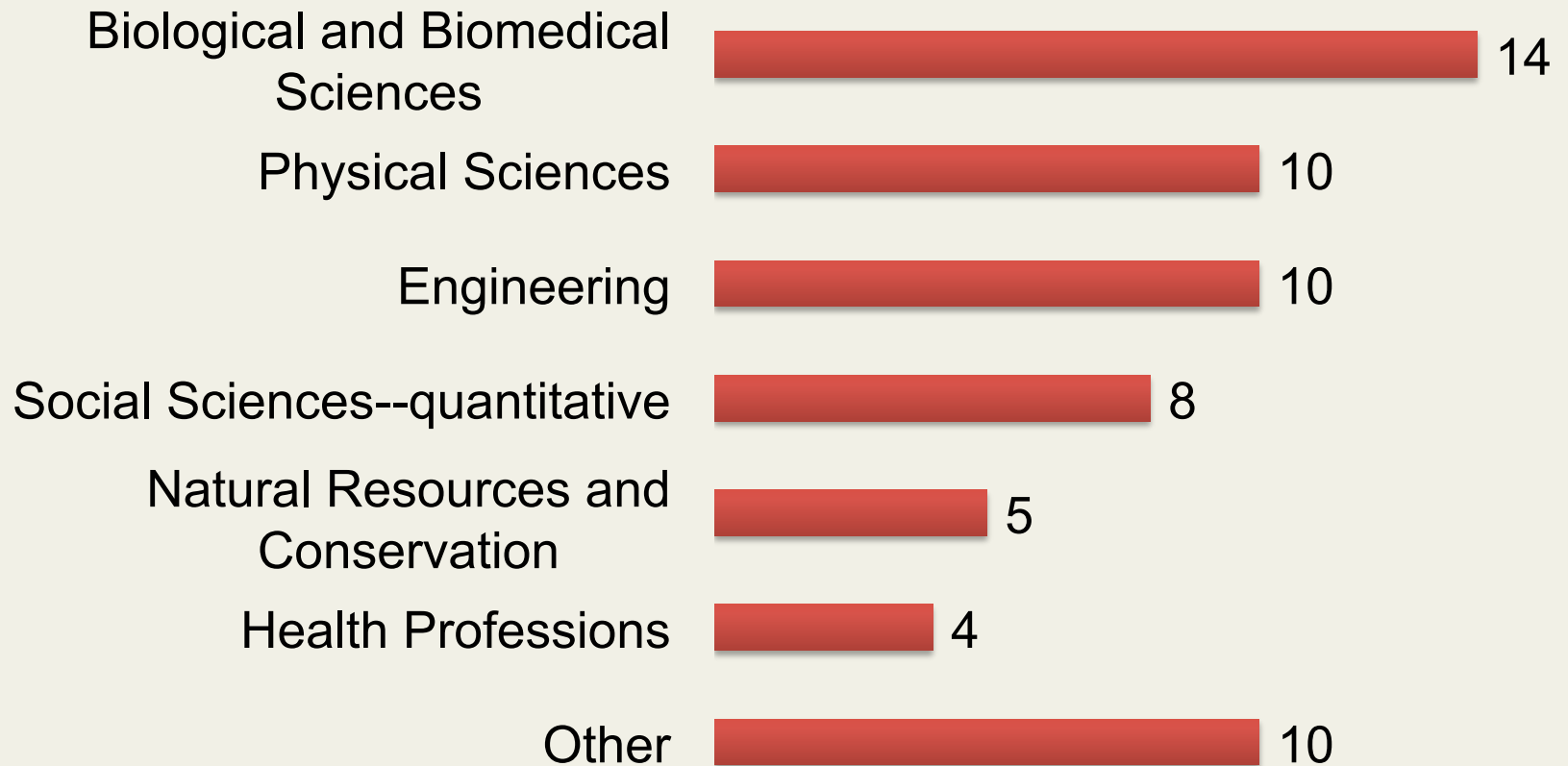
# TEXT RECYCLING

The challenge for students, teachers and librarians

Situations involving text recycling  
dilemmas for students



# SURVEY OF PROFESSIONAL STEM RESEARCHERS

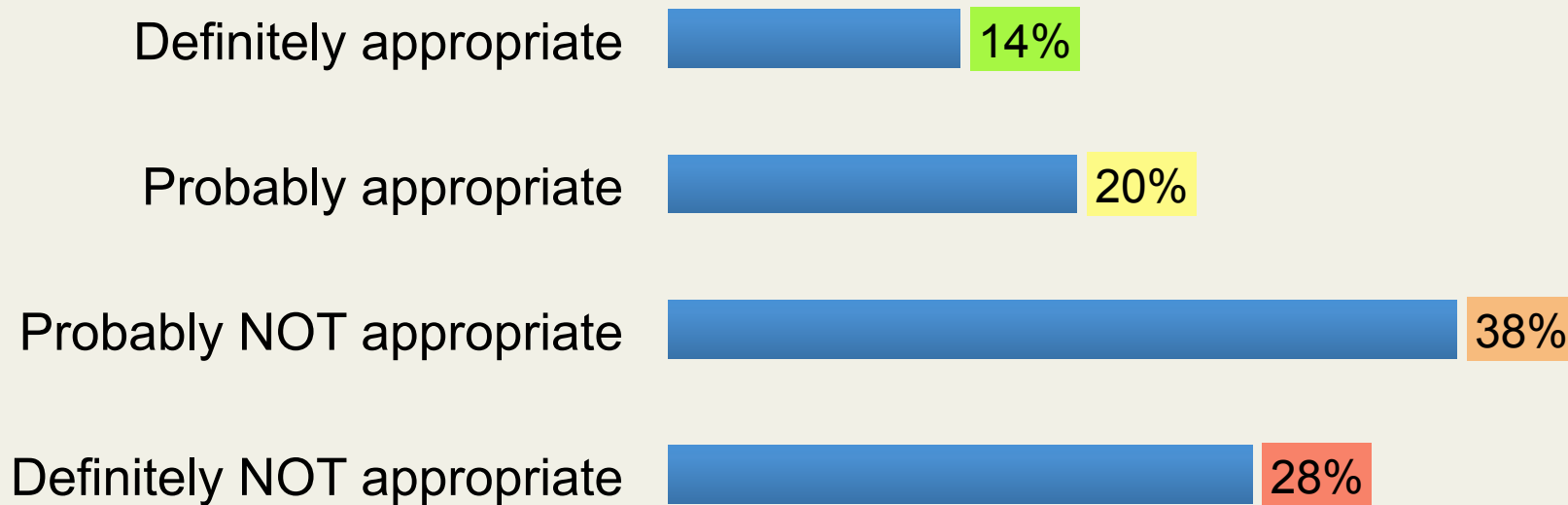


## Scenario A

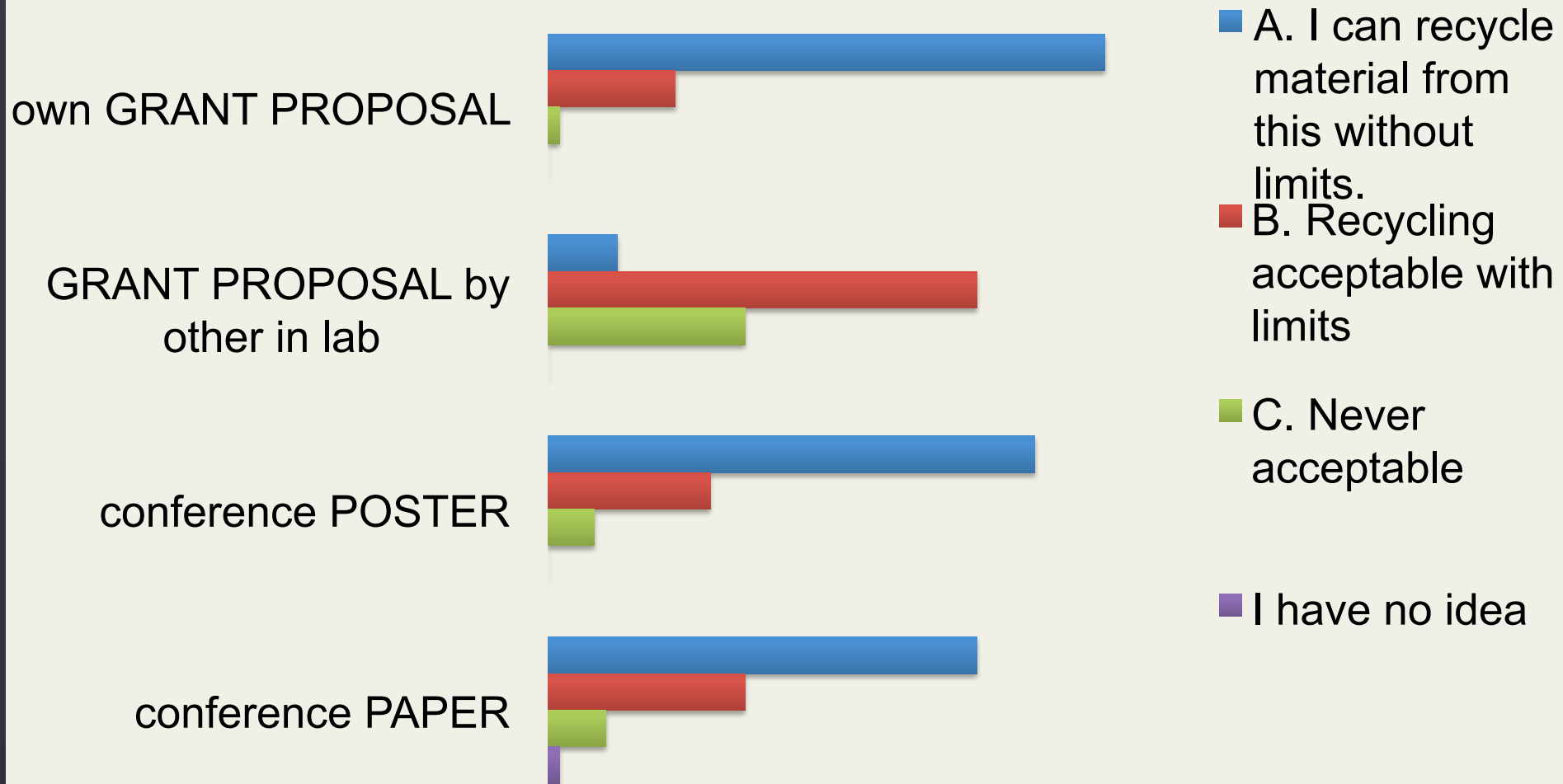
You are a graduate student doing research with an environmental science lab group. Before you joined this group, the lab published an article, "Paper A," in an environmental science journal that included a description of a measurement apparatus—a combination of hardware and software for measuring carbon emissions from coal plants with drones. Your advisor suggests that you recycle that description for the Methods section you are currently writing for "Paper B" in your work with this lab group.

## Scenario

Sarah is a graduate student is doing research with an environmental science lab group. Prior to Sarah joining this group, the lab published an article, "Paper A," in an environmental science journal; this article included a description of a measurement apparatus—a combination of hardware and software for measuring carbon emissions from coal plants with drones. Since Sarah is using this same apparatus in her research, her advisor suggests that she recycle that description for the Methods section she is currently writing for "Paper B" in her work in this lab. Is this appropriate?

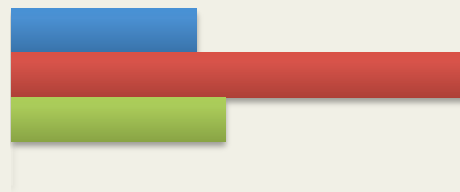


Imagine you are currently writing a journal article reporting on your research. Is it appropriate to recycle text from these sources of the recycled material?

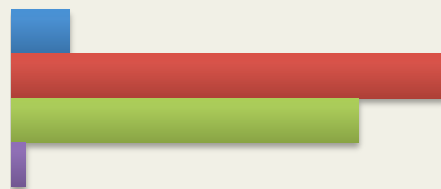


Imagine you are currently writing a journal article reporting on your research. Is it appropriate to recycle text from these sources of the recycled material?

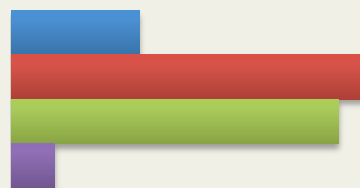
paper published in  
CONFERENCE  
PROCEEDINGS



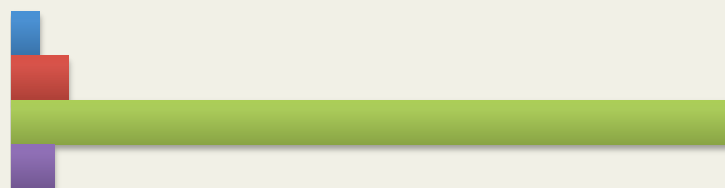
JOURNAL ARTICLE for  
which I was an author



JOURNAL ARTICLE I am  
writing concurrently



JOURNAL ARTICLE from  
my lab--but I was NOT an  
author



■ A. I can recycle material from this without limits.

■ B. Recycling acceptable with limits

■ C. Never acceptable

■ I have no idea

A. directly quoting the words of others without using quotation marks or indented format to identify them

B. using sources of information (published or unpublished) without identifying them

C. paraphrasing materials or ideas without identifying the source

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## The lab and its members



Year	Citation	Authors	Excerpt	Cites
1992	Stress, Coping, and Family Functioning in the Psychological Adjustment of <b>Mothers of Children and Adolescents with Cystic Fibrosis</b>  <i>J. Pediatr. Psychol</i>	<b>Robert Thompson Jr.</b> K. E. Gustafson Kim W. Hamlett Alexander Spock	Conceptually, <b>a transactional stress and coping model (Thompson, 1985) within an ecological–systems theory perspective (Bronfenbrenner, 1977; Kazak, 1989) is demonstrating utility in guiding research, integrating findings, and informing clinical practice.</b> The application of this model to psychological adjustment of adults with SCD is depicted in Figure 1. <b>SCD is viewed as a potential stressor to which the individual and family systems endeavor to adapt. The focus is on how biological and psychosocial processes act together to affect the illness–outcome relationship.</b>	76
1992	Stress, coping, and psychological adjustment of <b>adults with sickle cell disease</b>  <i>J Consulting and Clinical Psychology</i>	<b>Robert Thompson Jr.</b> Karen M. Gil Mary R Abrams George Phillips	Conceptually, <b>a transactional stress and coping model (Thompson, 1985) within an ecological–systems theory perspective (Bronfenbrenner, 1977; Kazak, 1989) is demonstrating utility in guiding research, integrating findings, and informing clinical practice.</b> The application of this model to psychological adjustment of adults with SCD is depicted in Figure 1. <b>SCD is viewed as a potential stressor to which the individual and family systems endeavor to adapt. The focus is on how biological and psychosocial processes act together to affect the illness–outcome relationship.</b> The model is structured to include hypothesized mediational processes and parameters also known to potentially	87
1992	The Role Of Parent Stress And Coping And Family Functioning In Parent And Child Adjustment To <b>Duchenne Muscular-Dystrophy</b>  <i>J Clinical Psych</i>	<b>Robert Thompson Jr.</b> Janice L. Zeman Debra Fanurik Marcia Sirotkin-Roses	<b>A transactional stress and coping model (Thompson, 1985a), within an ecological- systems theory perspective (Bronfenbrenner, 1977; Kazak, 1989), is demonstrating utility in guiding research, integrating findings, and informing clinical practice (Thompson, 1985a).</b> In this model chronic illness <b>is viewed as a potential stressor to which the individual and family systems endeavor to adapt. The focus is on how biomedical, developmental, behavioral, and psychosocial parameters and mediational processes act together to mediate the relationship between the stress of the illness and the psychosocial adjustment of the</b>	36



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Quantification of Iba1-positive cells was performed using ScionImage densitometry. Five sections per mouse were analyzed for the dentate gyrus, CA1, and CA3 sub--regions of the hippocampus. Digitized images of each region of interest (ROI) were taken at 10X using a Nikon Eclipse 80i microscope and digital camera on a Dell PC running PictureFrame software. ...Signal pixels of an ROI were defined as having a grey value of 3 SDs above the mean grey value of a cell--poor area close to or within the ROI. The number of pixels and the average grey values above the set background were then computed for each ROI and multiplied by the area of the traced ROI, resulting in an integrated area density measurement.

### Mentor's published paper

Quantification of GFAP-positive cells was achieved from digitized images of tissue sections (40) using NIH Image software (Rasband, 1996). Sections were captured and digitized with an Olympus BX-61 light microscope and digital camera on a Dell 8100 computer running MagnaFire 1.5. Signal pixels of a region of interest were defined as having a gray value of three standard deviations above the mean gray value of a cell-poor area close to the region of interest. The number of pixels and the average gray values above the set background were then computed for each region of interest and multiplied, giving an integrated density measurement.

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MG Frank, MV Baratta, DB Sprunger, LR Watkins... - Brain, behavior, and ..., 2007 - Elsevier

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## Challenges for the educational setting:

1. Who can provide “meta” guidance—on the norms for recycling in the various disciplines and contexts?
2. Are students expected to follow the plagiarism policy of their school or the norms of the discipline/genre?
3. Should students get “recycling rights” when they join a lab?
4. Who should decide what is appropriate? The mentor? The honor council? Should departments have policies...and if so, can they conflict with school policy?

# TEXT RECYCLING

WHAT SHOULD STUDENTS DO?

restriction/dieting conditions or a control condition for 6 months. In addition to a control group, the 3 different treatments groups were a weight maintenance diet, a 25% calorie restriction diet, a 12.5% calorie restriction diet with exercise where there is 12.5% energy expenditure, and a low-calorie diet until 15% of body weight is lost.

In terms of outcome measures of cognitive function, 6 tests were used. The RAVLT was used to quantify short-term verbal memory, memory during distractions, delayed recall, and recognition memory. The ACT tested short-term memory and retention. The ACT is useful for identifying short-term memory deficits and its validity spans across age and education level. The BVRT is a measure of visual perception and memory. The CPTII tests attention, inattentiveness, and impulsivity based on prompts of various visual stimuli. Each was performed at baseline and after 3 and 6 months of intervention. The change in performance on the neuropsychological tests was then examined between groups, and the associations between daily energy deficit, measured by change in body energy stores, and changes in cognitive function were examined.

The researchers found that throughout the 4 groups, there was no significant change in cognitive function. For the RAVLT test, they found that memory performance decreased for the distraction

## Original article showing recycled passages

**Auditory Consonant Trigram (ACT)**—The ACT<sup>20,21</sup> is a test of short-term memory and retention. Three consonants, e.g., Q-D-N, are read by the examiner and the participant is asked to count backwards from a given number to prevent rehearsal of the consonants. After 9, 18, or 36 seconds, the participant recalls the three consonants. Responses are translated into z scores based on normative data. The ACT is useful for identifying short-term memory deficits<sup>22</sup> and is a valid measure of memory functioning across age and education level, and is appropriate for serial evaluations.<sup>23</sup>

**Benton Visual Retention Test (BVRT)**—The BVRT<sup>24</sup> is a reliable and valid measure of visual perception and memory.<sup>24-26</sup> Participants are exposed to a figure for 10 seconds and are asked to reproduce the figure as accurately as possible after removal of the figure. Correct and Error scores are converted to Correct Deviation and Error Deviation scores by subtracting

## Student paper with highlighted recycling

memory. The ACT tested short-term memory and retention. The ACT is useful for identifying short-term memory deficits and its validity spans across age and education level. The BVRT is a measure of visual perception and memory. The CPTII tests attention, inattentiveness, and impulsivity based on prompts of various visual stimuli. Each was performed at baseline and after 3 and 6 months of intervention. The change in performance on the neuropsychological tests was



Complexities Of Text Recycling In Professional  
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QUESTIONS?

COMMENTS?

ADVICE?