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Discourse Analysis of Paragraph Structure in Japanese Research Articles Using Outlining as a Method of Inquiry

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Abstract

Introduction: Outlining, a method of organizing ideas and details either in preparation for writing or as a way of taking notes, is a skill taught in junior and senior high schools and in universities in the US. It is assumed that this skill will also be useful to students in Japan.

Research question: Can paragraphs in research articles written in Japanese be outlined like research articles written in English?

Methods: Twelve paragraphs from Japanese journal articles were translated into English and then outlined using an alphanumeric outlining style.

Results: Twelve outlines were successfully created from the translations.

Conclusion: Scientific papers have similar patterns of organization no matter the language in which they are written. Therefore, outlining is a skill that can be used by Japanese university students for taking notes and when preparing to write academic papers in their native language.

Keywords: outlining, paragraph structure, journal articles

Introduction

Outlining is a way to plan and organize writing. It follows the first stage of the writing process, generating ideas, and prepares us for the next step, drafting, and is sometimes used again when editing. Outlining is also a study method and a way of taking notes when reading well-organized texts such as textbooks, journal articles, essays, and some news stories. An outline helps make the main idea and supporting details readily apparent and is sometimes used when preparing to write a summary.

An outline looks like this:

- I. Topic or Main idea
 - A. Supporting idea one
 - 1. Detail one
 - a. example one

- b. example two
- 2. Detail two
- B. Supporting idea two
- etc.

The indenting along with the numbering helps the reader to see how the parts of the paragraph are organized and how they are related to each other. For this reason, outlines are sometimes referred to as hierarchical outlines. Here is an example of a paragraph and its outline:

Clinical trials are research studies that test how well new medical approaches work in people. Each study answers scientific questions and tries to find better ways to prevent, screen for, diagnose or treat a disease. Clinical trials may also compare a new treatment to a treatment that is already available.¹

- I. Clinical trials are research studies that
 - A. test
 - 1. new medical approaches
 - 2. on people
 - B. answer scientific questions
 - C. try to find better
 - 1. prevention,
 - 2. screening,
 - 3. diagnoses or
 - 4. treatments
 - D. compare treatments

This is a typical paragraph with a typical outline. The topic is the subject of the first sentence and the main idea is the predicate following the subject. The outline of the paragraph uses only the keywords from the paragraph itself. The verbs used for subtopics A. B. C. and D. all use the topic, clinical trials, as their subject, and the details in C. are all objects of the verb phrase, try to find. Because only the keywords are used and their relationships organized in outline form, the flow of ideas is easy to see, making the outline useful as a plan for writing. Weaknesses in logic or support can be easily recognized, and necessary changes to correct the weaknesses easily made since the writer does not need to make complete sentences at this stage.

In the same way, outlines are also useful to the reader. First, by organizing a text into an outline, the reader reconstructs the writer's thinking by following the writing

¹ <https://medlineplus.gov/clinicaltrials.html> Retrieved April 2, 2014

process in reverse, which is why this kind of outlining is sometimes called reverse outlining. Second, notes taken in this way are easier to read than the original.² The outline serves as a reminder of what was read and, like a diagram or mind map, can be used to convey a summary of the ideas to others. For this reason, outlining paragraphs is a way of checking students' reading comprehension and can be used as an alternative to the grammar/translation method currently used for that purpose. Furthermore, for students who are expected to write graduate research papers, teaching them to outline will prepare them for the task of writing papers of their own.

The assumption made when teaching students how to outline is that formal academic writing – essays, research papers, etc. – written in Japanese are structured the same as papers written in English. The aim of this paper is to confirm that the text structures are at least similar by making outlines of sample texts.

Methods and Materials

The texts for this study were chosen somewhat at random from online journals but with a few criteria in mind; obviously, that they be written in Japanese, but also since the texts would be compared to English language texts mainly about pharmaceutical science, that they be related to healthcare. Furthermore, texts from open source journals were given priority with the idea in mind that they may be shared with students on an online learning management system. Using online texts has the added benefit of making them easier to translate with software such as DeepL and google translate.

The texts were given a cursory reading first to check for the presence of the different sections a research paper might cover – abstract, introduction, methods, results, discussion, etc. – and to get an overall impression of how the texts might thus compare to English language research papers. Next, portions of the texts were translated using a combination of DeepL, google translate, and old-fashioned dictionary and grammar handbooks. Finally, once a satisfactory translation was created, the resulting paragraphs were outlined using an alphanumeric outlining style.

There are several different styles of outlining, but they all follow the same general principle. The alphanumeric style was chosen because it is the most familiar to the author and the one most commonly taught in high schools and universities in the US. It is sometimes referred to as the traditional or formal outlining style.³ When using this traditional outlining style, each paragraph in an essay is numbered with a roman numeral I. II. III. IV. V. etc. Longer papers such as research reports sometimes use roman numerals to label each subheading, e.g. introduction, literature review, rationale, methods and materials, results, discussion, limitations, conclusion, etc. In this paper, subheadings were named and the paragraphs in each were labeled with a Roman

² While a shopping list is not the same as a recipe, most people prefer to list up what they need when going to the store.

³ Another more modern style that uses only numbers is sometimes called a decimal outline.

numeral depending on their place in the given section. Hence, the paragraph called **Discussion paragraph four** was labeled with the Roman numeral IV.

Results: Outlines from Japanese Research Papers

Example One The following outlines come from the introduction to the article: Tamai Narimatsu, Chikako Takayanagi, Eiko Inoue (2022) “Dementia care by nurses in dementia treatment wards”, published online by Josai International University.

Introduction paragraph one 超高齢社会となった我が国において認知症患者は増え続けており、精神科病院に入院している認知症患者は、平成20年では約5万人であったが、平成32年には約9.2万人に増加すると推計されている（厚生労働省，2012）。そこで、平成24年9月に施行された認知症施策推進5か年計画（厚生労働省，2012）では、これまでの病院・施設を中心とした認知症ケア施策を、できる限り住み慣れた地域で暮らし続けられる在宅中心の認知症施策へシフトすることを目指し、具体的な方策が提示された。

In Japan’s super-aged society, the number of patients with dementia continues to increase. It is estimated that the number of patients with dementia admitted to psychiatric hospitals will increase from approximately 50,000 in 2008 to approximately 92,000 in 2020 (Ministry of Health, Labor and Welfare, 2012). The five-year plan to promote dementia care (Ministry of Health, Labor and Welfare, 2012), which came into effect in September 2012, aims to shift the existing hospital and facility-based dementia care policy to a home-based dementia policy that enables people to continue living in their own familiar neighborhoods as long as possible.

I. dementia patients

- A. at psychiatric hospitals will increase in number
 1. from 50,000 in 2008
 2. to 92,000 in 2020
- B. care will shift
 1. from facility based
 2. to home-based
 3. to enable patients to
 - a. continue living in familiar places
 - b. for as long as possible

Note: In the translation, the first sentence acts as an introduction, a general statement of what is commonly known about Japan’s aging society. Except for the key idea, *will increase*, the introductory ideas have largely been left out of the outline and instead been included as part of the first supporting idea. The topic, *dementia patients*, is marked in the original by the particle は. In fact, in the next clause, the topic, *dementia patients*, appears again and is yet again marked by the particle は: 認知症

患者は. This makes identifying the topic quite easy. In the English translation, it is the logical subject of the first sentence, (*the number* being the grammatical subject, which is specified by the prepositional phrase, *of dementia patients*) and the subject of the relative clause in the second sentence, the subject of which is a dummy subject *It*. The dummy subject itself refers to the topic, (*the number of*) *dementia patients*. The second sentence could be translated to read: "It is estimated that dementia patients will increase in number," shifting the topic to the subject of the relative clause. Now that we know what the paragraph is about, we can look for details. To do this, we ask ourselves, what about dementia patients? The text tells us that they will increase in number and we are given estimates of by how much. We also learn that their (not the number, but dementia patients') care will shift, from care facilities to their homes, and a rationale for the shift. A very neat outline.

Introduction paragraph two 生活の場である介護老人保健施設では、「認知症ケアガイドライン」を活用し、看護・介護職員が日々のケア実践を振り返りながら自己評価することで、ケアの質向上の効果が見られている。さらに、看護・介護職員の仕事満足度を高めていくうえでも「認知症ケアガイドライン」の活用が有用であることが示唆されている(原祥子ら, 2012)。

In geriatric healthcare facilities, which are places of living, the quality of care has been seen to improve through the use of the Dementia Care Guidelines and self-evaluation by nursing and care staff as they reflect on their daily care practices. Furthermore, it has been suggested that the use of the Dementia Care Guidelines is useful in increasing the job satisfaction of nursing and care staff (Sachiko Hara et al., 2012).

II. quality of care at geriatric care facilities (places of living)

- A. improved through use of
 - 1. Dementia Care Guidelines
 - 2. self-evaluation by
 - a. nursing and
 - b. care staff
 - c. reflecting on care practice
- B. improved because of job satisfaction
 - 1. of nurses and
 - 2. care staff

Note: The topic sentence of this paragraph is a little hard to find at first reading—the grammar in the Japanese original suggests that the topic is the one used for the outline, but the repetition of Dementia Care Guidelines suggests that this could also be the topic of the paragraph. But of course, the subtopics are improvements in care at

geriatric care facilities. After rereading the translation and noticing these subtopics, it was decided that the subject of the first sentence is the topic of the paragraph. So, in this case, at least in this translation, rather than the topic preparing the reader for the details, the details point the reader back to the topic and help in its identification.

Introduction paragraph three 他方、治療の場である精神科病院における認知症患者のケアについては、この施策に則り看護・介護職員を対象とする教育研修プログラムが企画されており、職員は認知症ケアの方法を学ぶ機会をもっているその研修では、トム・キットウッドによって提唱された概念である「パーソン・センタード・ケア」を多く学んでいる。「パーソン・センタード・ケア」とは、「決して、ただ、寄り添うといった感情面に訴えるだけでなく、現在の状態、ときに我々がBPSD（行動・心理症状）と呼ぶ、奇異な行動、周囲にとってやっかいな行動も、脳自体の障害だけからではなく、身体的な不調が背景にあったり、視力や聴力の低下といったコミュニケーション能力の低下を補われることなくいるための混乱だったり、過去の事柄と結び付けてしまったの行動である可能性を常に考えるべきだ」と述べている（Kitwood T, 1992）。認知症患者は疾患により自己を表現する能力を奪われるため、孤独を感じ、生活の質が低下する。このような状況に対し看護師は、看護教育の過程で理想とした看護観を自己の中に醸成し「患者のQOLを高める看護をしたい」という思いを持っている。そこで、看護師は研修で得た知識を精神科病院の現場で活用しようと努力するが、その効果が見えないために、自分の看護に悩み、自信を喪失する要因にもなっている（上岡節子ら, 2012）。

On the other hand, with regard to the care of patients with dementia in psychiatric hospitals, which are places of treatment, education and training programs have been organized in accordance with this policy for nursing and care staff, who have the opportunity to learn how to provide dementia care, a concept proposed by Tom Kitwood. In the training, they learn a lot about 'person-centered care', a concept proposed by Tom Kitwood. Person-centered care is "not just about being there for them but also about understanding that their current condition, sometimes referred to as BPSD (Behavioral and Psychological Symptoms), which are odd or troublesome behaviors, are not only due to brain damage, but also to physical problems or impaired communication skills such as poor eyesight or hearing. It should always be considered that these behaviors may not only be due to the brain itself, but may also be due to a physical disorder, confusion due to uncompensated loss of communication skills such as poor vision or hearing, or because they are associated with things from the past" (Kitwood T, 1992). Patients with dementia feel isolated and their quality of life is reduced because the illness deprives them of the ability to express themselves. In response to this situation, nurses develop in themselves an idealized view of nursing during the course of their nursing education and have a desire to 'provide nursing care that enhances the patient's quality of life'. Therefore, nurses strive to apply the knowledge they have gained from their training in the psychiatric hospital setting. However, because they cannot see the effects of

their efforts, they are troubled by their own nursing and lose confidence (Setsuko Ueoka et al., 2012).

- III. care at psychiatric hospitals (treatment centers)
 - A. improved by training and education of staff who
 - 1. learn about person-centered care
 - 2. understand BPSD, which are
 - a. odd and
 - b. troublesome behaviors
 - (1) from brain damage, or
 - (2) physical problems or
 - (3) impaired communication skills from
 - (a) poor eyesight or
 - (b) poor hearing
 - (4) or preexisting conditions
 - B. but improvements complicated by
 - 1. patients' feeling of isolation
 - a. quality of life reduced
 - b. inability to express themselves
 - 2. response by nurses who
 - a. idealize nursing care
 - b. desire to
 - (1) enhance the patient's quality of life and
 - (2) apply their knowledge
 - c. but cannot see the effects of their efforts
 - (1) become troubled by their efforts and
 - (2) lose confidence

Note 1: The topic in paragraph three was easy to determine after deciding the topic of paragraph two – logically, the topic should be in parallel with the topic in the previous paragraph. But the very long paragraph makes outlining a daunting task. For one, the phrase 「この施策に則り」 is a bit confusing – according to what policy/measure? I would assume it refers to the previously mentioned Dementia Care Guidelines. Rather than guessing, the outline ignores this phrase and focuses on the details, so the reader of the outline is not faced with the dilemma facing the reader of the original text – does this “policy” refer to the guidelines or not? Instead, in the outline, the policy is taken for granted, namely specific training and education goals, and listed as details under supporting idea A.

Note 2: As is often the case with research articles written for a specialty audience, a certain amount of prior knowledge is assumed. In an attempt to fill in any gaps of

knowledge, a bit of internet sleuthing was done, but which unfortunately did not lead to any references that contain both トム・キッドウッド or T. Kitwood and 認知症ケアガイドライン. The Ministry of Health Labor and Welfare has a very helpful website about the Dementia Care Guidelines⁴ but does not even mention 「パーソン・センタード・ケア」. On the other hand, entering the search terms T. Kitwood/キッドウッド brings up plenty of information about パーソン・センタード・ケア but no reference to the care guidelines mentioned in the previous paragraph.

Introduction paragraph four 認知症患者のケアに関する先行研究では、一般病院での認知症高齢者のケアに関して、ケアのプロセスの分析、および看護師の困難が明らかにされており、治療を要する認知症患者に必要なケアが提供できる人員配置、看護師が個々に感じていることを表出できる環境づくりの必要性が示唆されている（江口恭子ら、2011；小山尚美ら、2013）。また、認知症患者がもつ可能性は、患者とケア提供者との相互作用によって引き出され、多職種がチームでケアを行う場合、ケア提供者の一部の対応に問題があるとその患者がもつ可能性は低下してしまい、認知症患者の能力発揮を妨げる要因となることが明らかにされている（湯浅美千代ら、2001）。さらに、認知症患者が本来持っている能力を見出すために基盤となる基本姿勢の必要性は示唆されている（湯浅美千代ら、2003）が、精神科病院の認知症治療病棟での看護師の認知症ケア方法についての研究は見当たらない。

Previous studies on the care of older people with dementia in general hospitals have analyzed the process of care and identified difficulties for nurses with regard to the care of older people with dementia, suggesting the need for staffing that can provide the necessary care for patients with dementia requiring treatment and the creation of an environment in which nurses can express what they feel individually (Kyoko Eguchi et al., 2011; Naomi Koyama et al., 2013). It has also been shown that the potential possessed by patients⁵ with dementia is drawn out by the interaction between the patient and care providers, and when care is provided by a multidisciplinary team, problems in the handling of some care providers can reduce the potential possessed by the patient and prevent the patient with dementia from fulfilling their potential (Michiyo Yuasa et al., 2001) Furthermore, the need for a basic attitude as a foundation for finding the inherent abilities of dementia patients has been suggested (Michiyo Yuasa et al., 2003), but no studies on dementia care methods of nurses in dementia treatment wards in psychiatric hospitals have been found.

⁴ <https://www.mhlw.go.jp/stf/seisakunitsuite/bunya/0000212395.html>, accessed July 18, 2022

⁵ This subtopic could be made clearer by introducing it with a parallel structure to the other two subtopics: “the need for drawing out the potential possessed by patients.”

IV. previous studies on care of dementia patients

- A. Kyoko Eguchi et al 2011
- B. Michiyo Yuasa et al 2001
- C. Michiyo Uasa et al 2003
- D. no studies from treatment wards in psychiatric hospitals

Note: Paragraph IV. is a typical part of a research article, the literature review. For the sake of brevity, the outline above does not go into detail but merely suggests how the supporting ideas and details could be outlined. Possible keywords, which could be used as subtopics, are underlined in the translation as an alternative approach to outlining this paragraph. Supporting idea D. helps set up the final paragraph in the introduction, which explains the aims of the study.

Introduction paragraph five これらの現状から、本研究では、認知症の多種多様な症状改善を目的に精神科病院の認知症治療病棟に入院している患者を対象とした認知症ケア方法について検討するため、看護師が認知症治療病棟において行った認知症ケアの実態を明らかにする。

In view of these current conditions, this study aims to clarify the actual dementia care provided by nurses in dementia treatment wards in psychiatric hospitals in order to examine dementia care methods for patients admitted to dementia treatment wards with the aim of improving a wide variety of dementia symptoms.

V. aims of the study

- A. to clarify the actual care provided
- B. to examine care methods

Note: Paragraph V. is the last paragraph of the introduction and, like paragraph IV., is what we would expect to find in any research article, an explanation of the aims of this study.

Example from a report written in German: Paragraph V. can be compared to a paragraph that serves a similar function and found in a similar position – the last paragraph of the introduction – in a paper written by researchers in Germany. The following paragraph is from a very long and detailed report comparing the effectiveness of three drugs used to treat Alzheimer's.⁶

The aims of this evaluation result from the wording of the commission awarded by the Federal Joint Committee (Gemeinsamer Bundesausschuss), as well as the availability and approval status of ChEIs in Germany. The aims of this evaluation

⁶ From a translation based on the German final report, "Cholinesterasehemmer bei Alzheimer Demenz" (Version 1.0; Status: 07.02.2007). Date of translation: 26.09.2007.

were: the evaluation of long-term treatment with a ChEI in Alzheimer's disease compared with placebo, and the evaluation of long-term treatment with a ChEI in Alzheimer's disease compared with treatment with a different drug or non-drug therapy option. The focus of this evaluation was on patient-relevant therapy goals. In this report, the term "cholinesterase inhibitors" refers to all drugs of this class that are approved and available in Germany for treatment of Alzheimer's disease: - Donepezil - Galantamine - Rivastigmine This evaluation was conducted on the basis of the comparison and weighing of desired and undesired effects of the separate drugs (weighing of benefits and harms).

VII. about this evaluation

A. the aims of this evaluation

1. result from
 - a. wording of the commission awarded by the Federal Joint Committee
 - b. the availability and
 - c. approval status of ChEIs in Germany
2. the evaluation of long-term treatment with a ChEI in Alzheimer's disease
 - a. compared to placebo
 - b. compared to treatment with
 - (1) a different drug or
 - (2) non-drug therapy option

B. the focus (of this evaluation)

1. was on patient-relevant therapy goals
2. using cholinesterase inhibitors available in Germany
 - a. Donepezil
 - b. Galantamine
 - c. Rivastigmine
3. (which are) drugs for the treatment of Alzheimer's disease

C. compare and weigh

1. desired effects (benefits)
2. undesired effect (harms)

Example two: The following paragraphs come from the discussion section of a report on research conducted through Grant-in-Aid for Health, Labor and Welfare Science Research (FY2012) (Comprehensive Research Project for Regulatory Science of Drugs and Medical Devices) titled "A study on the actual situation of drug abuse by using pharmacists as a source of information" written by Takuya Shimane Department of Drug Dependence Research, National Institute of Mental Health, National Center of Neurology and Psychiatry; Kazumi Kawamura, Sendai Pharmaceutical Education and Training Department; and Keiko Kishimoto Department of Social Pharmacy, Faculty of

Pharmacy, Keio University.⁷

To understand the discussion paragraphs and give yet another example of an introductory paragraph, the introduction is provided here:

Introduction paragraph one 一般用医薬品 (Over The Counter Drug, 以降 OTC 薬と表記)とは、医師の処方せんがなくても、薬局や薬店で購入できる医薬品のことである。全国の精神科医療施設における薬物関連精神疾患の実態調査 (以下、病院調査)によれば、OTC 薬の乱用・依存症例は、覚醒剤や処方薬 (主としてベンゾジアゼピン系薬剤)を主たる使用薬物とする症例に比べ、比率は低いものの、鎮咳薬・総合感冒薬・鎮痛薬・鎮静剤といった OTC 薬の乱用・依存症例が引き続き報告されている¹⁻³⁾。

Over-the-counter drugs (hereafter referred to as OTC drugs) are drugs that can be purchased at pharmacies and drugstores without a doctor's prescription. According to a nationwide survey of drug-related psychiatric disorders in psychiatric facilities (hereafter the "hospital survey"), the percentage of cases of abuse and dependence on OTC drugs is lower than that of cases in which the primary drug used is methamphetamines or prescription drugs (mainly benzodiazepines.) However, the abuse and dependence on OTC drugs such as cough medicine, common cold medicine, analgesics, and sedatives continue to be reported.

I. Over-the-Counter Drug abuse and dependence

A. definition of OTCs

1. purchased at pharmacies
2. without a doctor's prescription

B. percentage of cases

1. lower than
 - a. methamphetamines
 - b. prescription drugs (mainly benzodiazepines)
2. but continue to be reported, e.g.
 - a. cough medicine,
 - b. common cold medicine,
 - c. analgesics, and
 - d. sedatives

Note: A very tidy outline of a well-written introduction. The outline follows common practice in introductions by giving definitions and in this compact paper also by identifying the problem.

⁷ Translated with www.DeepL.com/Translator from 平成 24 年度厚生労働科学研究費補助金 (医薬品・医療機器等レギュラトリーサイエンス総合研究事業) 分担研究報告書薬剤師を情報源とする医薬品乱用の実態把握に関する研究

Discussion paragraph two わが国では、薬局における OTC 薬の大量・頻回購入に焦点を当てた研究はほとんど報告されていないが、筆者らが 2006 年に埼玉県薬剤師会の会員薬局を対象に行った実態調査によれば、メチルエフェドリンやジヒドロコデインを含む鎮咳薬・総合感冒薬の大量販売（3 箱以上と定義）を顧客から求められた経験（生涯）は、全体の 19.5% にみられている⁵⁾。これに対し、本研究における大量・頻回購入者への対応経験（生涯）は 58.6% と前述のデータを大きく上回っている。

In Japan, few studies focusing on large-volume and frequent purchases of OTC medicines in pharmacies have been reported, but according to a survey conducted by the authors in 2006 targeting member pharmacies of the Saitama Pharmaceutical Association, 19.5% of all pharmacies had experienced (lifetime) requests from customers for large-volume sales (defined as three or more boxes) of antitussives and common cold remedies containing methylephedrine or dihydrocodeine. In contrast, the lifetime experience (58.6%) of dealing with bulk/frequent buyers in this study was significantly higher than the aforementioned data.

II. studies focusing on bulk/frequent purchases of OTCs

A. 2006 survey of pharmacies in Saitama

1. 19.5% reported having experienced
2. bulk purchases defined as
 - a. three or more boxes
 - b. of antitussives/cold medicines containing
 - (1) methylephedrine or
 - (2) dihydrocodeine

B. this study

1. 58.6% reported having experienced
2. significantly higher than 2006 survey

Note: A literature review of sorts, but found in the discussion section. The introduction/background given for the topic, the first independent clause in the translation joined to the main idea by the conjunction but, also provides room for a rationale for the study which, by way of comparison, then leads directly to a discussion of the results. The grammar in the original text uses the topic marker は first to limit the discussion to “our country” but then later again in reference to the topic（薬局における OTC 薬の大量・頻回購入に焦点を当てた研究は）as expressed in this outline. The subtopics also point to this topic since they both explain studies, a previous study, and the current study.

Discussion paragraph four 大量・頻回購入者が買い求めた OTC 薬は多種多様であり、ブロン[®]、トニン[®]といった咳止め薬、ナロン[®]、セデス[®]といった鎮痛薬、市販の鎮静薬であるウット[®]といった精神科臨床で報告される OTC 薬がみられる一方で、精神科臨

床ではこれまであまり報告されていない OTC 薬もみられた。

The OTC medications purchased by bulk/frequent buyers were diverse, including cough medicines such as Bron[®] and Tonin[®], analgesics such as Naron[®] and Sedes[®], and OTC medications reported in clinical psychiatry such as the over-the-counter sedative Wutt[®], as well as OTC medications that have not been reported in clinical psychiatry.⁸

IV. medications purchased by bulk/frequent buyers

A. cough medicines such as

1. Bron
2. Tonin

B. analgesics such as

1. Naron
2. Sedes

C. meds reported in clinical psychiatry

1. e.g. OTC sedatives
2. e.g. Wutt

D. other meds not reported in clinical psychiatry

Note: A neat list. Again, the paragraph focuses on the results. Here also, the details all point to the topic sentence of the translation; the list is of medications purchased in bulk.

Example three The following paragraphs are from Naoki Sawamura, Koichiro Nakano, Yuji Uchida, Shunsaku Takahiki (2022) “A case of over-the-counter drug Travelmin[®] (diphenhydramine salicylate, diprophylline combination tablet) poisoning with various symptoms such as convulsions, electrocardiogram abnormalities, ocular clonus, and rhabdomyolysis” a case study from the Journal of the Japanese Society for Emergency Medicine.⁹

Introduction paragraph one トラベルミン[®] は乗り物酔いに対する中枢性制吐薬剤や眩暈薬として市販されているジフェンヒドรามミンサリチル酸塩とジプロフィリンの合剤である。トラベルミン[®] は1錠中にジフェンヒドรามミンサリチル酸塩 40mg およびジプロフィリン 26mg を含有している。ジフェンヒドรามミンの急性中毒症状は抗コリン作用およびセロトニン症候群の症状が混在するとされ、ジプロフィリンはキサンチン誘導体であり大量

⁸ I've never heard of these medications. Looking on the internet to check their Romanization, I found that Nalon turns out to be Naron and what Deepl transcribed as Cedes is Sedes, and Utto is Wutt. I could not find an official Romanization for トニン. Sato Pharmaceutical, the maker of the medicine, only gives its name in katakana, but since the katakana are relatively straightforward, I will accept the Romanization given.

⁹ Translated from 日臨救急医会誌 Journal of Japanese Society for Emergency Medicine, 2022, 25, 615-9 「痙攣, 心電図異常, 眼球クローヌス, 横紋筋融解など多彩な症状を呈した市販薬トラベルミン[®] (ジフェンヒドรามミンサリチル酸塩, ジプロフィリン配合錠) 中毒の1例」澤村直輝, 中野航一郎, 内田祐司, 高力俊策

内服により交感神経亢進・痙攣・不整脈などのキサンチン中毒症状をきたす。入手は簡単で、インターネットの自殺サイトで取り上げられることもあり、近年国内でも急性中毒例の報告が散見される^{1,2)}。このような現状から今後も増加が予想されるため、救急医療に携わる者にとって多彩な臨床所見や治療法の知識を深めることが重要である。今回、トラベルミン[®]を大量内服して痙攣、昏睡、心電図異常、眼球クローヌス、横紋筋融解、トリエージDOA[®]のフェンシクリジン (phencyclidine, 以下、PCP)陽性などの多彩な臨床症状および検査所見を呈した症例を経験したため報告する。

Travelmin[®], an OTC marketed as a central antiemetic drug and dizziness drug for motion sickness, is a combination of diphenhydramine salicylate and diprophylline. One tablet of Travelmin[®] contains 40mg of diphenhydramine salicylate and 26mg of diprophylline. The symptoms of acute intoxication of diphenhydramine are said to be a mixture of anticholinergic effects and symptoms of serotonin syndrome, while large doses of diprophylline, a xanthine derivative, cause xanthine intoxication symptoms such as sympathetic hyperactivity, spasm, and arrhythmia. It is easy to obtain and is sometimes featured on Internet suicide websites, and in recent years there have been some reports of acute poisoning in Japan. Given this situation, the number of such cases is expected to increase in the future, so it is important for those involved in emergency medical care to deepen their knowledge of various clinical findings and treatment methods. Here, we describe the case of a patient who took a high dose of Travelmin[®] basing our report on various clinical and laboratory findings, including convulsions, coma, ECG abnormalities, ocular clonus, rhabdomyolysis and positive phencyclidine (PCP) in the triage DOA[®] screening kit.

I. Travelmin intoxication

A. active ingredients

1. used for motion sickness
2. include
 - a. diphenhydramine salicylate 40mg and
 - b. diprophylline 26mg

B. overdose symptoms

1. diphenhydramine
 - a. a mixture of anticholinergic effects and
 - b. symptoms of serotonin syndrome
2. diprophylline
 - a. a xanthine derivative
 - b. typical of xanthine intoxication
 - (1) sympathetic hyperactivity,
 - (2) spasm, and
 - (3) arrhythmia

- C. rationale for the study
 - 1. easily obtained
 - 2. featured on suicide websites
 - 3. cases expected to increase
- D. basis of this case study
 - 1. clinical and laboratory findings, including
 - a. convulsions,
 - b. coma,
 - c. ECG abnormalities,
 - d. ocular clonus,
 - e. rhabdomyolysis and
 - f. positive phencyclidine (PCP)
 - 2. the triage DOA[®] screening kit

Note: After reading through this paragraph two or three times, it becomes clear that as the only introductory paragraph, it serves to identify the problem, intoxication caused by overdose from the OTC Travelmin, and introduce the results of the case study. In a longer report, such an introduction might be divided into three or more paragraphs, one to give background, another paragraph or two to describe the problem, and a final paragraph or two to introduce the study as seen in the first example. The outline here, which was easily produced once this was understood, reflects the multiple purposes of this one-paragraph introduction.

However, rather than finding the topic in a topic sentence at the beginning of the paragraph, the reader has to supply the idea after considering the paragraph as a whole. Obviously, the paragraph is about Travelmin, but more specifically about intoxication caused by an overdose of diphenhydramine and diprophylline and how and why it was studied.

Discussion paragraph five ジフェンヒドรามミンサリチル酸塩・ジプロフィリン大量摂取時の治療は特異的な拮抗薬はなく、通常の中毒治療に準じる。胃洗浄や活性炭投与などの消化管除染、意識障害には気管挿管を含む気道確保や人工呼吸器管理、痙攣にはジアゼパムをはじめとする抗痙攣薬の投与、低血圧にはカテコラミンの投与など一般的な処置が行われる。

There are no specific antagonists for the treatment of diphenhydramine salicylate/diprophylline overdose, and treatment follows the usual treatment of poisoning. General measures such as gastric lavage and gastrointestinal decontamination with activated charcoal, airway management including tracheal intubation and ventilator management for impaired consciousness, administration of anticonvulsants including diazepam for seizures, and catecholamines for hypotension are used. (Translated with www.DeepL.com/Translator (free version) with no alterations.)

V. treatment of diphenhydramine salicylate/diprophylline overdose

- A. no specific antagonists, (therefore)
- B. usual treatment of poisoning
 - 1. gastric lavage and
 - 2. gastrointestinal decontamination with activated charcoal,
 - 3. airway management including
 - a. tracheal intubation and
 - b. ventilator management
 - 4. administration of anticonvulsants including
 - a. diazepam for seizures, and
 - b. catecholamines for hypotension

Note: another neat list! By now, the reader knows the topic of the paper, diphenhydramine salicylate/diprophylline overdose. The appearance of the keyword, *treatment*, followed by the list of treatment options helps to narrow the topic to the one given in the outline.

Example four The following paragraphs come from Watanabe, Sachie (2014) “Lived experiences on nurses’ emotions triggered by their interactions with elderly people with dementia.” *Journal of the Iwate Society of Nursing Science*. Vol. 8, No. 1 Iwate Society of Nursing Science¹⁰

Conclusion paragraph 結論

本研究から、認知症高齢者との関わりから引き起こされる看護師の感情に関する生きられた体験のテーマ24個と本質的要素10個、体験の性質を表す3つ局面が明らかとなった。ケアする“私”の立場は、任務を課せられた看護師としての“私”、看護師としての専門職である“私”、独自の人間である“私”というあり様にとらえられた。そして、ケアする“私”の立場のあり様により、“相手”を認知症の患者、患者であり独自の人間である“相手”、独自の人間である“相手”というように、“私”のとらえる“相手”のあり様が変わることがとらえられた。しかしながら、ケアする“私”の立場のあり様は、必ずしも一つの立場に留まるものではなく行き来するということが明らかとなった。

Conclusion

This study revealed 24 themes, 10 essential elements, and 3 phases that represent the nature of the experience of the nurse’s emotional lived experience¹¹ of working with elderly persons with dementia. Nurses identified themselves in three

¹⁰ Translated from 岩手看護学会誌 / Journal of Iwate Society of Nursing Science. Vol.8, No.1, 2014. 「認知症高齢者との関わりから引き起こされる看護師の感情に関する生きられた体験」 渡辺幸枝 岩手県立大学看護学部

¹¹ lived experience: 2. In phenomenology, our situated, immediate, activities and encounters in everyday experience, prereflexively taken for granted as reality rather than as something perceived or represented. From <https://www.oxfordreference.com/view/10.1093/oi/authority.20110803100109997> accessed August 29, 2022.

positions, “one” who cares was understood as a nurse with a task, “one” who identifies as a professional nurse, and “one” who feels themselves a unique human being. Depending on the position of the “one” who cares, the “partner” can be a patient with dementia, a “partner” who is a unique human being who is a patient, or a “partner” who is a unique human being. The "other party" as perceived by the "one" changes depending on the status of the "other party". However, it is clear that the position of the "one" who cares is not necessarily limited to one position, but can shift back and forth.

I. summary of what the study revealed

A. emotional experiences of nurses

1. from working with dementia patients
2. can be organized into
 - a. 24 themes,
 - b. 10 essential elements, and
 - c. 3 phases

B. how nurses identify

1. themselves, as
 - a. a caregiver, whose partner is
 - b. a professional
 - c. a unique human being
2. their partner, as
 - a. a dementia patient
 - b. a unique human being who is
 - (1) a patient
 - (2) a partner
3. the other party, which changes depending on status
4. their position, which can shift back and forth

Note: This paragraph was also a little difficult to organize. As with the paragraph introducing the case study, one possible reason for the difficulty may have been the general topic. Also, to the non-specialist reader, the meaning of “lived experience” could not be understood and needed clarification. The online explanations of this phrase themselves are rather fuzzy, however, and so the paragraph is still a little difficult to understand. Nonetheless, the purpose of the paragraph is very clear because of the label given to it, *conclusion*, and so as with paragraphs that give a review of literature or explain the aims of a study, the topic of this outline is more descriptive of what the paragraph is doing rather than of what its contents are.

Limitations paragraph 研究の限界と今後の課題

本研究は、研究者自身が、現象学を学びはじめてまだ日が浅いということや、他の研究方法論とは異なり、その現象についての広範な説明力をもつことはできなかったと考える。方法の限界として、本研究結果は、面接ガイドを用いた半構成の個人面接により得たデータに基づいてのものであり、参加者が過去の体験を想起できた範囲で得られたものであることがあげられる。今後、さらに現象学の学びを深め、現象学的解釈を深め、看護師が“今ある自己”を理解しながら、認知症患者と関わるができるように支援を導き出したいと考える。

Limitations of the study and future tasks

This study was conducted despite the researcher having only just begun to study phenomenology, and because, unlike other research methodologies, the researcher has not studied phenomenology for a long time and, therefore is not able to have extensive explanatory power about the phenomenon. The results of this research were not based on methods used in previous studies. Instead, the results are based on data obtained from semi-structured personal interviews using an interview guide and were obtained to the extent that participants were able to recall their past experiences. In the future, we would like to further deepen our study of phenomenology, deepen phenomenological interpretation, and derive support so that nurses can relate to patients with dementia while understanding their “present self”.

I. limitations

A. researcher

1. lack of experience with phenomenology
2. lack of explanatory power

B. methods

1. study methods not the same as previous studies
2. used an interview guide
 - a. semi-structured interviews
 - b. dependent on participant recall

C. future study

1. deepen my (the researcher's) study of phenomenology,
2. deepen phenomenological interpretation, and
3. support nurses so they can
 - a. relate to patients with dementia while
 - b. understand their "present self".

Note: This paragraph is typical of the paragraphs that explain the limitations of a study, usually found towards the end of the paper, and may be followed by a state-

ment or paragraph about suggestions for future study. We can compare it to an example from a Korean Journal.

Example from a Korean Journal Article: This paragraph can be compared to another typical paragraph describing limitations from a paper written in English by Korean researchers.¹²

There were several limitations to the current study. Since the study was based on claimed data, the design had innate limitations similar to other claim-based studies. The study was based on various operational definitions such as “PTD” and “short-term antidepressant use”. Moreover, identifying clinical events from the claimed data was limited, especially the response to a specific antidepressant. Relapses and recurrences were the only outcomes that could be measured. Symptom severity and phenomenology of symptoms, which were not included in the claim data, could not be measured. A large number of patients with depression do not return even when their symptoms recur. This implies that the rate of relapses and recurrences in the claimed data would have been underestimated. In addition, most patients do not take the antidepressants as prescribed, which the claim data could not have detected. The doctor-patient relationship, which is one of the most important things in adherence to antidepressants, could not be assessed in this study.

VIII. limitations to the current study

A. design based on insurance claims

1. limited to operation definitions such as
 - a. Pharmaceutically Treated Depression
 - b. short-term antidepressant use

2. similar to other claim-based studies

B. identifying clinical events from the data was limited

1. esp. response to a specific antidepressant
2. only measurable was
 - a. relapses and
 - b. recurrences
3. not measurable were
 - a. symptom severity and
 - b. phenomenology of symptoms,
 - c. because not included in the claim data

¹² Min Ji Kim, et.al. (2019) “The epidemiology of antidepressant use in South Korea: Does short-term antidepressant use affect the relapse and recurrence of depressive episodes?” *PLOS One*. See references for complete bibliography.

4. relapse and recurrence underestimated
 - a. patients do not return
 - b. even when their symptoms recur
- C. the study could not
 1. detect patients who did not take the antidepressants as prescribed
 2. assess the doctor-patient relationship

Note: This paragraph was used as an introductory exercise in outlining. It is the eighth paragraph in the Discussion section, so for the exercise in which this paragraph was used students were instructed to label it with the Roman numeral VIII. The keyword, *limitations*, helpfully tells the reader both what the paragraph does and what its contents are.

Of course, there are many other parts of a research paper and they differ depending on the type of research. For example, in a write-up of a clinical trial, the report will have a paragraph that explains the inclusion and exclusion criteria, usually in the section labeled Methods or Methods and Materials (a section explaining materials is often especially included in the case of studies using specific drugs or chemicals and laboratory animals.) A cursory search of online clinical trial results written in Japanese, unfortunately, turned up few results, but it can be assumed that there will be mention of the criteria used to select patients in clinical tests no matter the language being used to write the paper. Students will come to expect this after reading several examples of articles from their field of study just as they should also become accustomed to the various patterns of organization, not only of entire papers but also of individual paragraphs: time order, comparison, cause and effect, etc. They should also become adept at identifying the purpose of each paragraph: to give background, identify problems, explain aims, admit to limitations, etc.

Example from an article written by researchers in India Here is an example from the methods section of an article written about a clinical trial conducted in India that explains the criteria used for selecting and grouping subjects. This very typical example comes from the third paragraph in the Methods and Materials section of a paper written by Nayagam DB, Krishnaswamy B, and Madhusudhana R.¹³

Patients of either gender aged between 20 and 55 years, undergoing elective laparotomy for an inguinal/umbilical hernia, cholelithiasis, chronic appendicitis, and small bowel obstruction under general anesthesia were included. Patient undergoing emergency surgery, history of peptic ulcer, gastrointestinal bleeding, renal or hepatic dysfunction, hemorrhagic disorders, and hypersensitivity to the test drugs were excluded. Demographic details of patients were recorded at the time of

¹³ See references for the complete bibliographical citation.

recruitment. Patients were randomly divided into Group P and Group L using computergenerated random numbers. Patients in Group P received a single dose of paracetamol 1 g intravenous infusion and Group L received lornoxicam 8 mg intravenous infusion in 100 ml normal saline. Both the drugs were administered as intravenous infusion over 20 min $\frac{1}{2}$ h before skin closure. Duration of the surgery was noted.

III. patients

A. selection

1. included
 - a. either gender
 - b. aged 20 to 55
 - c. undergoing elective laparotomy (for)
 - (1) inguinal/umbilical hernia,
 - (2) cholelithiasis,
 - (3) chronic appendicitis, and
 - (4) small bowel obstruction
 - (5) under general anesthesia
2. excluded
 - a. undergoing emergency surgery,
 - b. history of peptic ulcer,
 - c. gastrointestinal bleeding,
 - d. dysfunction
 - (1) renal or
 - (2) hepatic
 - e. hemorrhagic disorders, and
 - f. hypersensitivity to the test drugs

B. grouping

- *1. demographic details recorded at time of recruitment
2. randomly divided into
 - a. Group P, which received
 - (1) single dose of paracetamol 1 g
 - (2) intravenous infusion
 - b. Group L, which received
 - (1) lornoxicam 8 mg
 - (2) intravenous infusion
 - (3) in 100 ml normal saline.
3. administered drugs
 - a. over 20 min $\frac{1}{2}$ h
 - b. before skin closure.

4. duration of the surgery was noted.

Note: As with the other papers read and outlined for this study, this paragraph follows a predictable pattern and can be outlined into an easy-to-read hierarchical list making the purpose of the paragraph and its details very clear. Since it covers quite a lot of information about the patients, the topic is very general, and perhaps as a result, detail B.1., marked with an asterisk, doesn't quite fit the subtopic and could be outlined as a separate subtopic itself, making it subtopics A. B. and C.

Example written in English by researchers in Japan Although no papers written in Japanese that describe a clinical trial could be found during the cursory search for this study, section A.2. in the outline above can be compared to the third paragraph of the methods section of a paper about a clinical trial conducted in Japan¹⁴ written by Japanese researchers

Exclusion criteria included acute coronary syndrome or myocardial infarction within 6 months, any cerebrovascular event within 3 months, serum creatinine higher than 265 $\mu\text{mol/L}$, potassium higher than 5 mmol/L , treatment with an angiotensin receptor blocker 4 weeks or less before randomization, or judgment by the physician that participation was unwise on the basis of patient characteristics and drug safety.

III. Exclusion criteria

- A. within 6 months
 - 1. acute coronary syndrome or
 - 2. myocardial infarction
- B. within 3 months
 - *1. any cerebrovascular event
- C. 4 weeks or less before randomisation
 - 1. serum creatinine higher than 265 $\mu\text{mol/L}$
 - 2. potassium higher than 5 mmol/L
 - 3. treatment with an angiotensin receptor blocker
- D. judgment by the physician
 - 1. patient characteristics
 - 2. drug safety

Note: Comparing the two paragraphs, the example from Japan has a narrowly defined topic, which is stated as the subject of the first sentence. The topic of the paragraph written by the Indian researchers, on the other hand, is more general. This difference can be seen in the keywords used for the topic of each outline. Obviously, the outlines differ in structure as well. The subtopics in the outline of the paragraph

¹⁴ The Jikei Heart Study. See references for the complete bibliographical citation.

from Japan focus entirely on exclusion criteria while the outline of the paragraph from India has subtopics that are further divided into sections that explain how participants were chosen and grouped for their clinical trial, add details about the study design, and give patient demographics as well. Nonetheless, subtopic A, section 2., labeled *excluded*, in the outline of the paragraph from the methods section of the clinical trial report from India can be compared to the entire outline of paragraph III., labeled *exclusion criteria*, from the methods section of the clinical trial report from Japan. Both paragraphs list the medical conditions that make a patient a poor candidate for the study and are the reason for excluding them. While researchers in India excluded some patients based on medical conditions present at the time of the study, conditions present within a specified time frame are the reasons for excluding patients from the trial in Japan. Hence, the outline of the paragraph from the clinical trial report from Japan uses time frames to organize the details.

Discussion

Judging from the results above, the answer to the research question, can paragraphs found in research articles written in Japanese be outlined like research articles written in English? The answer is yes, they can. Although some were more difficult to outline than others, none defied organization.¹⁵

Fortunately, this was found to be the case. Until now, it had been assumed that the skills students learn from reading research in English would transfer to the skills they need when reading and writing research reports in Japanese. Outlining exercises aim to get students accustomed to reading journal articles and notice the different functions of each part of the paper. By reading journal articles in English, they would learn how to find background information in an introduction, a rationale for conducting a study, and a review of past studies. They would learn how to read a description of methods and materials, look at tables of results, and understand how the authors try to guide the reader through the results by explaining them in the discussion. Outlining would also teach them to identify topics and supporting ideas and details in a paragraph even if they had to rely on translation to understand the contents of the paragraph. It would help them get used to seeing the different parts of a paragraph and how the parts work together.

In the first example from Tamai Narimatsu, Chikako Takayanagi, and Eiko Inoue, all five paragraphs of the introduction were outlined. Reading through the outlines,

¹⁵ Such paragraphs do exist, perhaps even in this paper, and can be found in journal articles written in any language. Paragraphs that defy outlining are the result of poor planning, awkward sentence construction, and inappropriate word choices, any of which can cause a lack of clarity. Faulty coherence (ideas not logically connected), poor cohesion (ideas that do not belong together) insufficient context (not enough explanation), or disregard for conciseness (complicated sentence structure) contribute to a lack of clarity. Haste, carelessness, unfamiliarity with the topic, limited writing proficiency, a mind that is not focused because of fatigue or disinterest or lack of discipline, etc. result in writing that lacks clarity. This kind of writing is a burden on readers and forces them to do the work of organizing ideas in the writer's stead.

we can see that introduction fits the form of a classic five-paragraph essay. The first paragraph acts as a funnel-style introduction taking the reader from the general idea that there are dementia patients in Japan to the topic of the study: care of dementia patients. Like in any five-paragraph essay, the next three paragraphs are body paragraphs that give details about the topic. The final paragraph in the introduction works both as the conclusion of the essay by echoing the topic and a transition to the rest of the paper by stating the aims of the study. The final paragraph of their introduction is in the same position and serves the same purpose as the example given from a German report on dementia care. The difference is that one paper focuses on care provided by nurses while the other focuses on treatments using cholinesterase inhibitors.

In the second example, paragraphs taken from the paper by Takuya Shimane, Kasumi Kawamura, and Keiko Kishimoto, the introduction to the research report begins with a paragraph that gives definitions. Like funnel-style introductions, giving a definition at the start is a classic gambit used when introducing an essay. In addition to the introduction, two paragraphs from the discussion were outlined, and as we would expect, the paragraphs focus the readers' attention on the results. One paragraph points to a number that the researchers would like to highlight, explains its importance, and puts it into context for the reader. The other gives a neat list of OTCs that are abused.

The introduction from the third example, the paper written by Naoki Sawamura, Koichiro Nakano, Yuji Uchida, and Shunsaku Takahiki, was admittedly a bit more difficult to outline. As a case study, this paper is a little different from the others. Rather than explore a research question and explain in an essay the issue being investigated, it describes what happened during a clinical incident, in this case, an incident of overdose. The introduction, therefore, sets the stage and includes all the information the reader needs about diphenhydramine salicylate/diprophylline overdose in order to understand what happened. On the other hand, as in other research articles, the discussion paragraphs explain the results, in this case why certain actions were taken.

For the final example, example four, the paper written by Sachie Watanabe, the conclusion and limitations paragraph were outlined. Conclusions can be a little difficult to outline because they often give a general summary of the paper and cover many topics. They also often try to link the paper to a broader theme, thus adding yet other topics to the ones already mentioned. Limitation paragraphs, on the other hand, are usually neat lists of problems that the researchers came across that may affect their results and to which they would like to alert the reader.

While outlining, both as a form of notetaking and as a method of organizing writing, has commonly been taught and used at high schools and universities in the US, especially to teach writing as a process, most students in Japan will likely need to be given extensive instruction in the skill before they are able to use it with any confidence. Nonetheless, besides demonstrating that paragraphs from research articles

written in Japanese can be outlined the same way paragraphs written in English can, the examples above give an idea of some of the instruction students might need before they can attempt to make outlines themselves.

Conclusion

It should not be surprising that all of the paragraphs cited in this paper could be outlined, and some quite elegantly at that. All of the paragraphs have one thing in common: they are explanations of scientific inquiries. Science is an activity, the results of which are knowledge. It is not the words, the topics, or even the knowledge described that makes it science, but the method of creating knowledge. An academic paper written about a research activity is the story of what was done, how it was done and why it was done, and of course what was learned. The languages in which such stories are written might be different and the contents of each story unique, but the method of organizing the story does not vary from language to language. The similarity between descriptions of exclusion criteria found in the paper written by researchers in India and the description written by Japanese researchers further suggests that this is a reasonable conclusion to draw from this examination.

Finally, as this paper has suggested, outlining is a valuable academic skill that students should learn, one that will help them to study and teach them how to write no matter the language they are using. Outlining can also be a valuable assessment tool especially now that translation software is making that skill more and more obsolete. A well-organized outline based on the original text is all the proof of comprehension that a teacher needs.

Limitations

The outlines created from the texts are accurate as far as the author is aware. However, because of time limitations, the author's limited ability to translate texts from Japanese into English, the author's reliance on potentially inaccurate machine translation rather than on translations made by professionals, and a lack of understanding of the topics in the research articles themselves, the translations and therefore the outlines may not accurately represent the thoughts of the researchers. In this regard, the outlines represent how the author understands the ideas presented by the researchers. On the other hand, the author has gained a greater appreciation for teachers and researchers who hold seminars, give conference reports, and conduct classes during which students can ask for guidance and clarification.

Future Research

This paper has looked at the paragraph structure of journal articles written in Japanese. It describes a study comparing the outlines of paragraphs translated from Japanese with paragraphs written by speakers of other languages. The study aimed

to demonstrate that paragraph structure in scientific journal articles is the same across languages. This study was undertaken to support three assumptions. One assumption is that by outlining papers written in English students can learn to read science reports written in any language more efficiently. Another assumption is that outlining will help students understand how sentences in a paragraph work together to explain an idea. This in turn, the third assumption, will help students become better writers. These assumptions themselves, however, remain unproven. Will practice with outlining help students read more efficiently and write better papers? A comparison of outcomes and a program exit survey may help clarify these questions.

Furthermore, the use of translation software as used in this study is potentially problematic. Nonetheless, it was used as a shortcut when reading the texts outlined above. When looking back at the original paragraph written in Japanese to check for accuracy, it was found that the particle は, specifically when it appeared in the first sentence of the paragraph, sometimes helped identify the topic more quickly than could be done by reading the translation alone. Students regularly use translation software in class when reading English and preparing their outlines. But it is unknown whether paragraphs translated into Japanese from English also give clues that help identify the topic, or if helpful hints to paragraph topic and structure are lost in translation. Will students have to look back at the original and look for the topic using other techniques such as by starting from the subject of the first sentence and looking for repetition of the idea either directly, through the use of pronouns, or indirectly by way of examples in the body of the paragraph? Case studies of students outlining paragraphs may help clarify these questions.

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