

Autor: Conf. Dr. Bondor Cosmina-loana

Teza de licenta:
structura, forma, prezentare



ALWAYS



SEEK



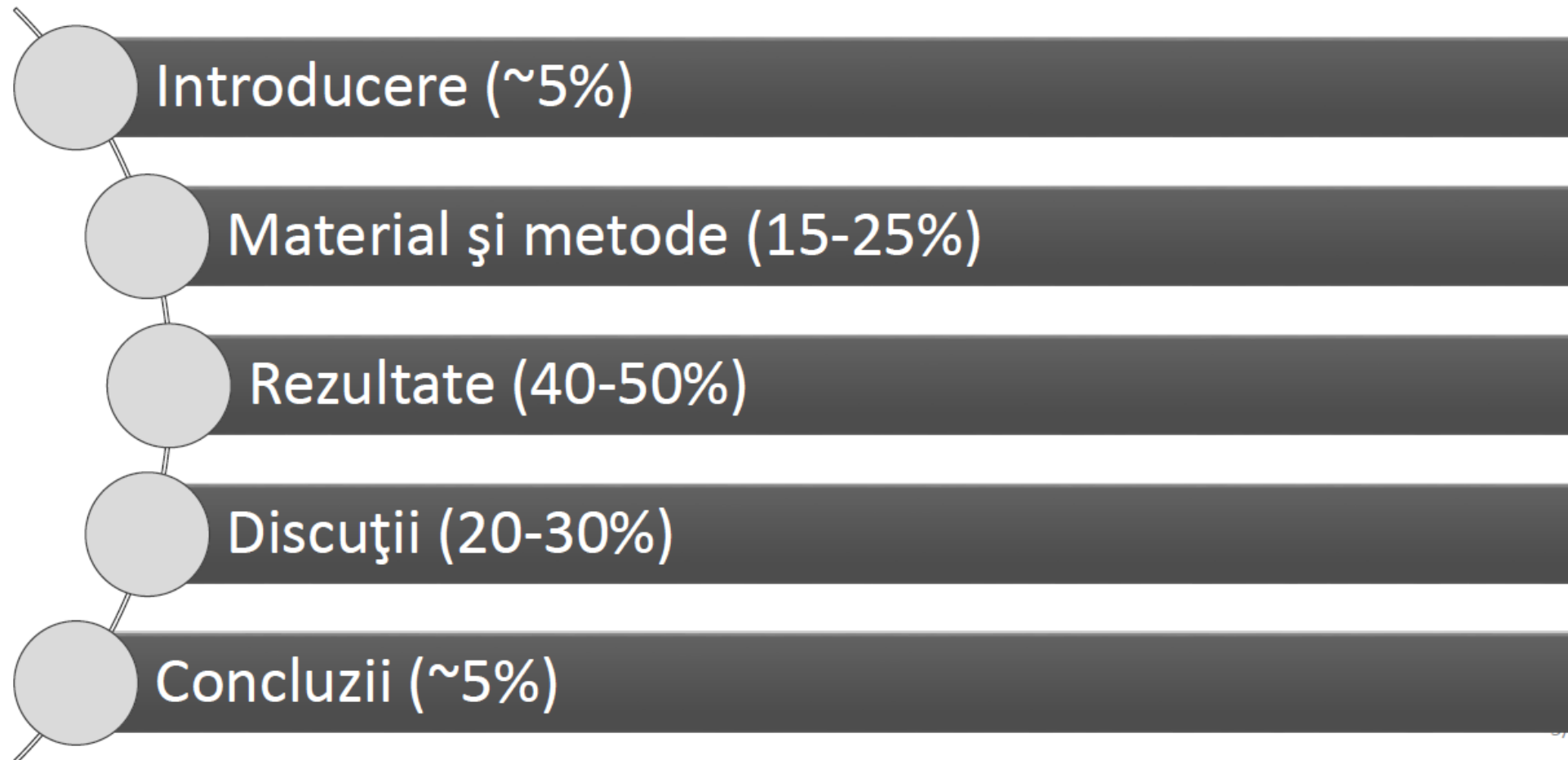
KNOWLEDGE

Objective

- Reglementări: când? cum? unde? cine?
- Structura: ce scriem în fiecare secțiune?
- Greșeli de evitat
- Recomandări stilistice

Partea specială

Structura



Introducerea

- Scop informativ
- prezintă tema
 - de la aspectul general spre aspectele particulare ale subiectului
 - dă cititorului (oricărui) cunoștințele necesare citirii tezei
- prezintă **interesul** lucrării
 - de ce să o citim?
- prezintă **motivația** lucrării
 - de ce studiul a fost necesar?

Introducerea

Important:

- se încheie cu scopul și obiectivele cercetării

Obligatoriu

- ultimul paragraf din introducere
 - conține scopul și obiectivele studiului

Introducerea

- Folosește timpul prezent
 - pentru expunerea faptelor admise în literatura științifică
- Folosește timpul trecut
 - pentru citarea unui autor
 - expunerea scopului și a obiectivelor

Introducerea

Greșeli de evitat

- nu se face **istoricul** subiectului
- **bibliografia** foarte extinsă
 - nu scriem carte
- să nu exagerăm cu **stilul didactic** – explicativ
 - nu scriem carte
- să formuleze **afirmații** și să nu existe referința lor

Introducerea

Greșeli de evitat

- să conțină informații care să nu fie pe **subiectul** cercetării
- să conțină **rezultatele** studiului
- să se **suprapună** cu discuțiile

Wearing a surgical mask does not affect the anaerobic threshold during pedaling exercise.

Journal of Human Sport and Exercise, in press. doi:<https://doi.org/10.14198/jhse.2022.171.03>

INTRODUCTION

Aerobic exercise, using a bicycle ergometer or a treadmill, is a typical training program for whole-body endurance improvement (Bouaziz et al., 2015). It is recommended for the prevention from a cardiovascular disease development by lowering the triglycerides and low-density lipoprotein cholesterol levels (Koba et al., 2011). Moreover, it helps to maintain and improve the cardiopulmonary function, as it is widely implemented in disease prevention, health promotion, and sports performance improvement based on the lifestyle (Moholdt et al., 2012). Moreover, it is suggested as an exercise therapy for the elderly, as it increases the cardiopulmonary function, which may reduce the cardiovascular disease-related mortality (Moholdt et al., 2012; Blair et al., 1995).

However, it is extremely difficult to determine the suitable aerobic exercise intensity required for optimal improvement with minimal aerobic or even biomechanical strain (Amorim et al., 2015). The anaerobic threshold (AT), the point at which the energy required for physical activity can no longer be primarily produced by the aerobic system and must be compensated by an upregulation in anaerobic energy production during the gradual increase in exercise intensity, can be calculated using a respiratory gas analyser. It is, therefore, considered an index for determining the appropriate aerobic exercise intensity for long-duration exercise rehabilitation (i.e., an exercise intensity that is proportionate to the individual's motor ability to perform safe and beneficial exercise) (Beaver et al., 1986), which gains more importance by considering that anaerobic exercise cannot be performed by the elderly with cardiovascular diseases (Patel et al., 2016). Therefore, performing the cardiopulmonary exercise (CPX) stress test is desirable, as it may indicate the appropriate exercise load that would not cause excessive burden on the cardiopulmonary function and prevents the subsequent risk to the mental and physical function impairment in daily life.

Wearing a surgical mask does not affect the anaerobic threshold during pedaling exercise.

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Conversely, wearing a surgical mask during long-duration exercise may be uncomfortable, as reflected by reports of respiratory distress in patients performing exercise when wearing the mask. The surgical mask is a hygiene-related product that is widely used for infection prevention, as it obstructs particles, such as pollen and dust, from entering the body. In particular, the surgical mask has a high face adhesion index and high bacterial and particulate filtration efficiency but induces respiratory resistance due to the structure of the product (Patel et al., 2016). Thus, exercise using a surgical mask is expected to increase respiratory distress.

Although it has been reported that respiratory distress is enhanced by respiratory restriction associated with the surgical mask, there is no report examining the effect of the product on the cardiopulmonary function. Indeed, this aspect must be considered when prescribing the appropriate aerobic exercise intensity at the rehabilitation site if it is established that the respiratory restriction associated with the surgical mask affects the cardiopulmonary function (Jung HC et al., 2019). Therefore, this study aimed to evaluate whether cardiopulmonary function and AT vary when surgical masks are worn. We hypothesized that the AT will be attained sooner during aerobic exercise while wearing a surgical mask.

MATERIALS AND METHODS

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MATERIALS AND METHODS

Ce e greșit? (Problema 5)

Despite the growing popularity of IF in lay media, limited research has been done in patients with T2DM ¹⁸. Previous reports in individuals with T2DM have suggested that IF interventions can induce similar weight loss and reduction in glycated hemoglobin (HbA1c) as standard dietary recommendations ¹⁹⁻²³. However, the small sample sizes preclude definitive conclusions based on these individual studies, indicating the need for a robust and systematic evaluation of the effect of IF in T2DM. Thus, the purpose of this systematic review and meta-analysis is to evaluate the metabolic impact of IF interventions in patients with T2DM.



Ultimul paragraf din
introducere

MATERIAL AND METHODS

This systematic review and meta-analysis is reported in accordance with the Preferred

Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) Statement and was registered

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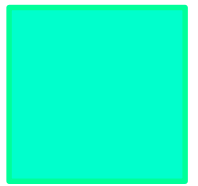
verbul la trecut

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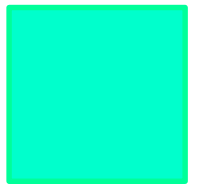
Ce nu e bine? (Problema 6)



<https://www.wooclap.com/UMGDYP>

- În **capitolul Introducere**:
- ”Scopul studiului a fost evaluarea eficienței candesartanului cilexetil comparativ cu placebo la pacienți cu hipertensiune. Hipertensiunea este un aspect important întrucât poate duce la atac cerebral. În literatură s-au găsit valori medii ale tensiunii arteriale sistolice de 145 mmHg respectiv 135 mmHg pentru subiecții tratați cu candesartanului cilexetil.”

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In introducere, dar înainte de scop, lipsă referință

In discuții, lipsă referință

Material și metode

- Scopul capitolului:
 - să descrie cum s-au obținut rezultatele
 - să se poată reproduce studiul
 - în detaliu
 - complet
 - clar
 - concis

Material și metodă



Material și metodă

Tipul studiului

- transversal
- caz-martor
- cohorta
 - trial
 - randomizat
 - deschis
- longitudinal
 - prospectiv
 - retrospectiv
- experimental
- observational
- etc.

Therefore, the purpose of our study was to compare mechanical laxity of the talocrural joint and DFROM in a college-aged population over time after an LAS. We hypothesized that the TI and anterior talofibular ligament (ATFL) length demonstrated on the AD and INV would increase in the LAS group after a grade II or III injury compared with the control (CON) group. We hypothesized that the ATFL length within 24 to 72 hours of injury would be greater in patients with grade II and grade III ankle sprains than 2 to 4 weeks later.

METHODS

In our cross-sectional design, the independent variables were time (24–72 hours, 2–4 weeks, and 6 months), injury severity (grade I, II, or III), and group (LAS and CON). The dependent variables were DFROM (°), weight-bearing lunge test (WBLT) results (°, centimeters; [Figure 1](#)), INV TI (mm), INV length (mm), AD TI (mm), and AD length (mm). Covariates were sex, height, and mass. Testing was done at 3 time points after LAS: 24 to 72 hours, 2 to 4 weeks, and 6 months. The CON group was tested only at the 6-month time point for the LAS group. During each testing session, the same sequence of measures was performed by the same athletic trainer (AT), who had 4 years of experience using each measure: (1) DFROM, (2) WBLT, and (3) stress ultrasonography.

este mentionat
tipul studiului

Material și metode

- Locul de desfășurare a studiului
- să răspundă la întrebările:
 - unde?
 - cand?

This study was conducted at our institution from September 24 to September 27, 2015. The participants were six healthy male staff members of the hospital who did not perform regular exercise (mean age, 24.0 ± 2.1 years; mean height, 171.0 ± 8.8 cm; mean weight, 61.2 ± 9.0 kg). They were asked to refrain from eating, smoking, and vigorous physical activity from 2 h before CPX performance. The participants verbally agreed to undergo the CPX test, and all signed an agreement form after written informed consent was provided.

Otsuka, A., Komagata, J., & Sakamoto, Y. (2020). Wearing a surgical mask does not affect the anaerobic threshold during pedaling exercise. *Journal of Human Sport and Exercise*, in press. doi:<https://doi.org/10.14198/jhse.2022.171.03>

Men aged 45–75 y were recruited from the Stratton Veterans Administration (VA) Medical Center in Albany, NY, USA from January 2017 to March 2018. The gender and age range were chosen because the potential study participants meeting these criteria have a greater frequency of type 2 diabetes at the Medical Center. Inclusion in the study was based on having a medical diagnosis of type 2 diabetes for ≥ 6 mo; glycated hemoglobin (HbA1c) > 6.5 and < 9 ; and BMI > 25 . Exclusion criteria were for those who used insulin; had chronic kidney disease (glomerular filtration rate ≤ 45 mL/min), liver cirrhosis,

Kim S Stote, Margaret M Wilson, Deborah Hallenbeck, Krista Thomas, Joanne M Rourke, Marva I Sweeney, Katherine T Gottschall-Pass, Aidar R Gosmanov, Effect of Blueberry Consumption on Cardiometabolic Health Parameters in Men with Type 2 Diabetes: An 8-Week, Double-Blind, Randomized, Placebo-Controlled Trial, *Current Developments in Nutrition*, Volume 4, Issue 4, April 2020, <https://doi.org/10.1093/cdn/nzaa030>

Material și metode

- Participanții la studiu
 - descrierea populației: animale/indivizi
 - descrierea participantilor
 - criterii de includere
 - criterii de excludere
 - cum s-a realizat selecția?

whom 81% are identified as NZ European (NZE), 28% as Māori, and 1% as an other ethnic grouping (multiple ethnic groupings possible).²⁵ Eligible participants (recruited January 2012 to August 2014 as part of the Whānau Pakari trial) were aged five to 16 years, and had a BMI ≥98th centile or BMI >91st centile with weight-related comorbidities.²⁶ The wide age range was due to contractual requirements of the funder. BMI percentile and BMI SDS were calculated from UK Cole normative data (the standard used in growth screening in New Zealand) using the KIGS Auxology software (Pfizer Endocrine Care TM).²⁷ Exclusion criteria prior to randomization included medical or psychological conditions leading to an inability to undertake physical activity or participate in group sessions, medical conditions likely to influence the primary outcome, a lack of “readiness” to make lifestyle changes based on a quantitative and qualitative assessment,²⁸ and the absence of a committed family member/caregiver (essential to support the program's family-based approach). The caregiver agreed they were prepared to attend weekly sessions (at least 70% of them) with their child/adolescent, if randomly assigned to the intense intervention, and to be present for home visits/assessments. The caregiver did not receive specific goals in terms of their own weight status; the focus was on family healthy lifestyle change. Because of medical conditions likely to affect weight status identified at the first multidisciplinary team meeting or subsequent investigations, 4 participants were excluded post randomization. Five randomly assigned participants were also excluded during the trial because of newly identified medical conditions likely to affect change in weight status or evolving psychological reasons meaning participation was not appropriate. Exclusions post allocation were peer reviewed with the medical team and deemed unlikely to be representative of participants in the study,

Anderson YC, Wynter LE, O'Sullivan NA, Wild CEK, Grant CC, Cave TL, Derraik JGB, Hofman PL. Two-year outcomes of Whānau Pakari, a multidisciplinary assessment and intervention for children and adolescents with weight issues: A randomized clinical trial. *Pediatr Obes*. 2021 Jan;16(1):e12693. doi: 10.1111/ijpo.12693.

Material și metode

- Metodele folosite
 - cum au fost colectate datele
 - definitia bolilor (in special daca exista mai multe definitii in literatura)
 - lista datelor (variabilelor) care au fost colectate
 - descrierea lor
 - unitati de masura,
 - aparatul utilizat
 - » firma producatoare, adresa
 - pozitia pacientului
 - modul de masurare
 - etc.

Material și metode

- Metodele folosite (cum au fost colectate datele)
 - lista medicamentelor și a substanțelor chimice
 - denumire comună internațională
 - denumire comercială
 - firma producătoare, adresă
 - descrierea intervenției

Material și metode

- Metodele folosite
 - numai se menționează
 - metodele arhicunoscute
 - nu e nevoie de referință
 - se descriu pe scurt
 - metodele mai puțin cunoscute
 - cu referințe bibliografice
 - pe larg
 - metodele originale

Descrierea echipamentelor

Descrierea interventiei

Ce date s-au cules/masurat

Cardiopulmonary exercise test

The participants performed the CPX with and without surgical mask-wearing (Saraya Co., Ltd., Osaka, Japan) in random order (Table 1). The interval between the two procedures was more than 1 week. The participants wore a gas mask over the surgical mask and performed CPX with an exhaled gas analyser (Minato Medical Science, Osaka, Japan). Additionally, it was confirmed that there was no breath leakage while wearing the surgical mask (Figure 1). The exercise load was measured on a bicycle ergometer (Aerobike 75xlii, Konami, Tokyo, Japan). After 4 min of rest without moving on the ergometer, the participants gradually pedalled and warmed up for another 4 min. The test proceeded to continuous pedalling exercises at a gradual load of 20 W per min. The participants were instructed to perform pedalling exercises to the limit and raise their hands when they reached it. They remained on the bike for subsequent cooling down at a load of 20 W for 4 min before exercise completion. We measured the following variables: AT, as measured by the V-slope method; AT-occurrence time (AT time); power (W); oxygen consumption (VO2), and ventilation amount (VE). Moreover, leg fatigue and breathing difficulty assessments were performed using a modified Borg scale (rate of perceived exertion, RPE) every min.

Table 1. Technical features of the surgical masks.

Bacteria Filtration Efficiency (%)	≥ 98
Submicron Particulate Filtration Efficiency (%)	≥ 98
Respiratory resistance (mmH ₂ O/cm ²)	< 4



Note: The gas mask was secured to prevent breath leakage. The masks were adjusted to enable breathing through the gas mask.

Figure 1. Cardiopulmonary exercise test.

Statistical analysis

The experimental data are expressed as mean ± standard deviation. For all statistical analyses, SPSS version 25.0 (IBM Inc., Armonk, NY, USA) was used. A paired t-test was conducted to compare the surgical mask-wearing and mask-free conditions.

Analiza statistica – ce metode s-au folosit

- Otsuka, A., Komagata, J., & Sakamoto, Y. (2020). Wearing a surgical mask does not affect the anaerobic threshold during pedaling exercise. Journal of Human Sport and Exercise, in press. doi:<https://doi.org/10.14198/jhse.2022.171.03>

Material și metode

Analiza statistică

- cum s-a calculat volumul esantionului
- cum s-a realizat descrierea datelor
 - grafice utilizate
 - frecvente, medii, mediane etc.

Material și metode

Analiza statistică

- ce teste statistice au fost utilizate
 - cum au fost alese?
- dacă s-a utilizat o aplicație pentru calculul statistic
 - denumirea
 - versiunea programului
- se specifică pragul semnificației ales (ex. 0.05)

Material și metode

Important

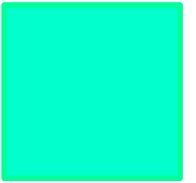
- Timpul verbelor la trecut in tot capitolul material si metoda

Material și metode

Greșeli de evitat

- Explicații sau discuții
 - nu au ce cauta
 - se pun la capitolul Discuții
 - ex. de ce am ales metoda
- Introducerea rezultatelor
 - nu au ce căuta
 - se pun la capitolul Rezultate
- Descriere incompletă

Ce nu e bine? (Problema 7)



<https://www.wooclap.com/UMGDYP>

- În **capitolul Material și metode:**
- ”Tensiunea arterială a subiecților din studiu a fost măsurată cu un tensiometru cu coloană de mercur. S-a folosit un astfel de tensiometru întrucât tensiometrele digitale nu sunt fiabile.”

Ce nu e bine? (Problema 7)

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este o argumentare
= discuție

Rezultate

- descrierea lotului / loturilor
- rezultate ce corespund obiectivelor
 - principale
 - secundare
- Evenimente aparute
 - deces
 - pierderea din studiu
 - reactii adverse

Rezultate

- timpul la trecut
- nu prezentam acelasi rezultat si in figura si in tabele
 - nu repetam
- unitatea de masura nu se trece in celula tabelului
 - ci in capul de tabel

Rezultate

- numere
 - format romanesc
 - cu virgula pentru zecimala
- zecimale
 - numere cu 2 zecimale
 - medii
 - mediane
 - deviatii standard
 - etc.
 - numere cu o zecimala
 - procente

Rezultate

Greșeli de evitat

- Rezultatele **NU** vor contine
 - Explicatii
 - Comentarii
 - Comparatii cu alte lucrari
 - Referinte
 - Metode sau descrierea populatiei

Ce nu e bine? (Problema 8)

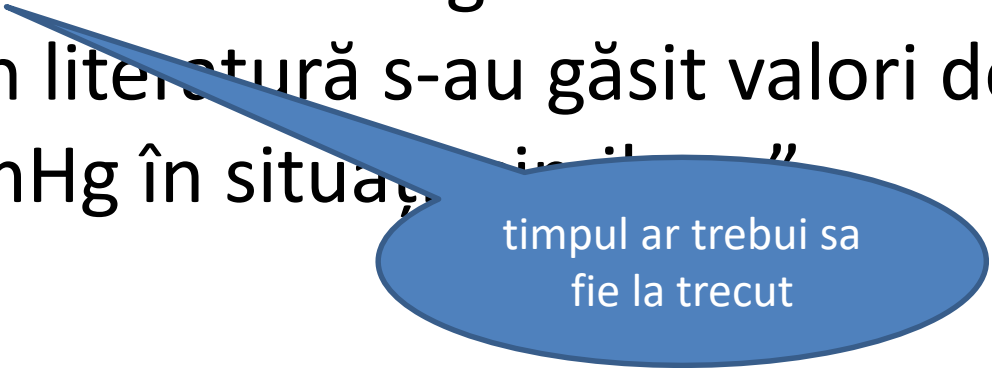
În **capitolul Rezultate:**

- "Tensiunea arterială sistolică medie a subiecților din grupul tratat cu Enalapril este: 135 mmHg. Acest rezultat este neobișnuit de bun. În literatură s-au găsit valori de 150 mmHg [19] sau 173 [20] mmHg în situații similare."

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timpul ar trebui sa
fie la trecut

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este o figură de stil

Rezultate

- rezultatele si numai rezultatele
 - nu se comenteaza,
 - nu se argumentează
 - nu se discuta
- nu se refera alte studii
- Rezultatele se organizeaza in
 - tabele
 - figuri

Rezultate

Tabele:

- au **titlu** deasupra tabelului
- se **numereaza** in ordinea aparitiei
- au **denumire** de linii sau coloane sau ambele
- au **subsol** unde se mentioneaza
 - abrevierile
 - explicatiile

Rezultate

Tabele:

- variabilele numerice
 - **unitati de masura**
- variabilele calitative exprimate
 - frecvente absolute
și
 - frecvente relative (procente)
- se mentioneaza numarul total de pacienti din care a fost calculat procentul

Corect ✓

nume tabel

Unitati de masura

Explicatii abrevieri, explicații

Sutkowy P, Woźniak A, Boraczyński T, Mila-Kierzenkowska C, Boraczyński M. Postexercise impact of ice-cold water bath on the oxidant-antioxidant balance in healthy men. Biomed Res Int. 2015;2015:706141.

Table 1

Characteristics of the study subjects. Values are given as mean \pm SD.

Subjects' number	24
Age (years)	28.7 \pm 7.3
BM (body mass, kg)	79.8 \pm 10.2
BH (body height, cm)	181.9 \pm 6.9
BF (body fat, %)	14.2 \pm 4.6
TBW (total body water, %)	62.8 \pm 3.3
MM (muscle mass, %)	44.9 \pm 2.6
BMI (body mass index, kg/m)	24.1 \pm 2.5
BS (body surface, m ²)	2.0 \pm 0.1
IPAQ (level of physical activity, MET·min/wk)	2574.3 \pm 1000.6
VO _{2max} ¹ (maximum oxygen consumption, mL/kg/min)	42.1 \pm 4.7
Borg CR10 ¹ (rating of perceived exertion scale)	3.7 \pm 1.1
VO _{2max} ² (maximum oxygen consumption, mL/kg/min)	44.3 \pm 5.9
Borg CR10 ² (rating of perceived exertion scale)*	3.5 \pm 0.9

¹Session 1 (no ice-cold water bath).

²Session 2 (ice-cold water bath).

*No statistically significant differences between VO_{2max} and Borg CR10 in both sessions.

numar subiecti

nume tabel

Corect ✓

Exemplu

TABLE I.—*Intergroup comparisons of patient characteristics.*

Variables	Group			Intergroup comparisons (P-value)		
	C	NSW	SW	C vs. SW	C vs. NSW	SW vs. NSW
Women	39	43	33	0.083	0.084	0.029
Men	4	7	14	0.029	0.079	0.029
Total	43	50	47			
Age (years)	65.28±7.02	63.69±8.89	65.47±10.28	0.553	0.552	0.553
Weight (kg)	73.4±8.86	76.7±12.05	73.7±9.2	0.234	0.243	0.241
Height (m)	1.63±0.03	1.60±0.07	1.62±0.06	0.083	0.083	0.083
BMI (kg/m ²)	27.3±3.4	29.7±4.6	27.8±3.5	0.082	0.01	0.01
Time from onset of symptoms (years)	10±7.7	6.6±4.5	6.9±5.6	0.014	0.014	0.08

BMI: Body Mass Index; NSW: non-sulfurous water group; SW: sulfurous water group; C: control group. Data are expressed as mean±SD.

Unitati de masura

Explicatii abrevieri

explicații

Branco M, Rêgo NN, Silva PH, Archanjo IE, Ribeiro MC, Trevisani VF. Bath thermal waters in the treatment of knee osteoarthritis: a randomized controlled clinical trial. Eur J Phys Rehabil Med. 2016 Aug;52(4):422-30.

Exemplu

Incorect X

lipsește numărul de indivizi

TABLE I.—Intergroup comparisons of patient characteristics.

Variables	Group			Intergroup comparisons (P-value)		
	C	NSW	SW	C vs. SW	C vs. NSW	SW vs. NSW
Women	39	43	33	0.083	0.084	0.029
Men	4	7	14	0.029	0.079	0.029
Total	43	50	47			
Age (years)	65.28±7.02	63.69±8.89	65.47±10.28	0.553	0.552	0.553
Weight (kg)	73.4±8.86	76.7±12.05	73.7±9.2	0.234	0.243	0.241
Height (m)	1.63±0.03	1.60±0.07	1.62±0.06	0.083	0.083	0.083
BMI (kg/m ²)	27.3±3.4	29.7±4.6	27.8±3.5	0.082	0.01	0.01
Time from onset of symptoms (years)	10±7.7	6.6±4.5	6.9±5.6	0.014	0.014	0.08

BMI: Body Mass Index; NSW: non-sulfurous water group; SW: sulfurous water group; C: control group. Data are expressed as mean±SD.

lipsește procentul

în paranteză

Branco M, Rêgo NN, Silva PH, Archanjo IE, Ribeiro MC, Trevisani VF. Bath thermal waters in the treatment of knee osteoarthritis: a randomized controlled clinical trial. Eur J Phys Rehabil Med. 2016 Aug;52(4):422-30.

nume tabel

Table 1 – General characteristics of the pregnant women, according to intervention groups. São Paulo, SP, Brazil, 2014

Total si subclase

Corect ✓

Unitati de masura

Explicatii abrevieri, explicații

Variable	Total	Hot Bath	Swiss Ball	Hot Bath and Swiss Ball	p
Age (years, mean, SD)	26.02 (5.73)	26.05 (5.41)	27.24 (6.47)	24.56 (4.91)	0.101 ^b
Color	127 (100.0%)	44 (100.0%)	45 (100.0%)	38 (100.0%)	0.157 ^a
Caucasian	61 (48%)	25 (56.8%)	19 (42.2%)	17 (44.7%)	
Black	13 (10.2%)	5 (11.4%)	6 (13.3%)	2 (5.3%)	
Asian	5 (3.9%)	1 (2.3%)	0 (0.0%)	4 (10.5%)	
Brown-skinned	48 (37.8%)	13 (29.5%)	20 (44.4%)	15 (39.5%)	
Schooling	127 (100.0%)	44 (100.0%)	45 (100.0%)	38 (100.0%)	0.644 ^a
0 to 3 years	1 (0.8%)	1 (2.3%)	0 (0.0%)	0 (0.0%)	
4 to 7 years	11 (8.7%)	4 (9.1%)	3 (6.7%)	4 (10.5%)	
8 to 11 years	89 (70.1%)	27 (61.4%)	34 (75.6%)	28 (73.7%)	
12 or more	26 (20.5%)	12 (27.3%)	8 (17.8%)	6 (15.8%)	
Gestational age (weeks; mean, SD)	39.69 (1.06)	39.69 (1.02)	39.78 (1.17)	39.60 (1.00)	0.731 ^b
Number of pregnancies (mean, SD)	2.01 (1.25)	1.95 (1.36)	2.24 (1.33)	1.79 (0.98)	0.193 ^c
Parity (mean, SD)	0.71 (0.97)	0.75 (1.16)	0.80 (0.92)	0.56 (0.75)	0.517 ^c
Number of visits (mean, SD)	8.37 (1.98)	8.86 (2.31)	8.22 (1.96)	7.97 (1.48)	0.098 ^b
First prenatal visit (quarter)					
1st	96 (75.0%)	34 (77.3%)	32 (71.1%)	30 (76.9%)	
2nd	31 (24.2%)	9 (20.5%)	13 (28.9%)	9 (23.1%)	
3rd	1 (0.8%)	1 (2.3%)	0 (0.0%)	0 (0.0%)	
Time of intervention at birth (minutes, mean, SD)	253.43 (153.53)	255.05 (148.00)	288.41 (188.32)	216.85 (124.28)	0.102 ^b
Presence of companion	128 (100.0%)	44 (100.0%)	45 (100.0%)	39 (100.0%)	0.874 ^a
Yes	115 (89.8%)	39 (88.6%)	40 (88.9%)	36 (92.3%)	
No	13 (10.2%)	5 (11.4%)	5 (11.1%)	3 (7.7%)	

Source: Research data, 2014.

SD: Standard Deviation; p: Fisher's Chi-Square or Fisher's exact test descriptive level^a, ANOVA (^b) and Kruskal-Wallis (^c);

Incorrect X

Procentul nu se pune în celula tabelului, ci în capul de coloană sau linie

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Source: Research data, 2014.

SD: Standard Deviation; p: Fisher's Chi-Square or Fisher's exact test descriptive level^a, ANOVA (^b) and Kruskal-Wallis (^c);

Ce nu e bine? (Problema 9)



<https://www.wooclap.com/UMGDYP>

- **Tabel nr. 3 Distributia variabilei Ulceratii digitale**

	Nr.	% (95% CI)
da	72	57.143% (48.024 - 65.918)
nu	54	40.857% (34.082 - 51.976)

Ce nu e bine? (Problema 9)

- Tabel nr. 3 Distributia variabilei Ulceratii digitale**

	Nr.	% (95% CI)
da	72	57.143% (48.024 - 65.918)
nu	54	40.857% (34.082 - 47.976)

Procentele se trec
cu o singură
zecimală

Procentele nu se
pun în celulă

Ce este
prescurtarea CI?

Rezultate

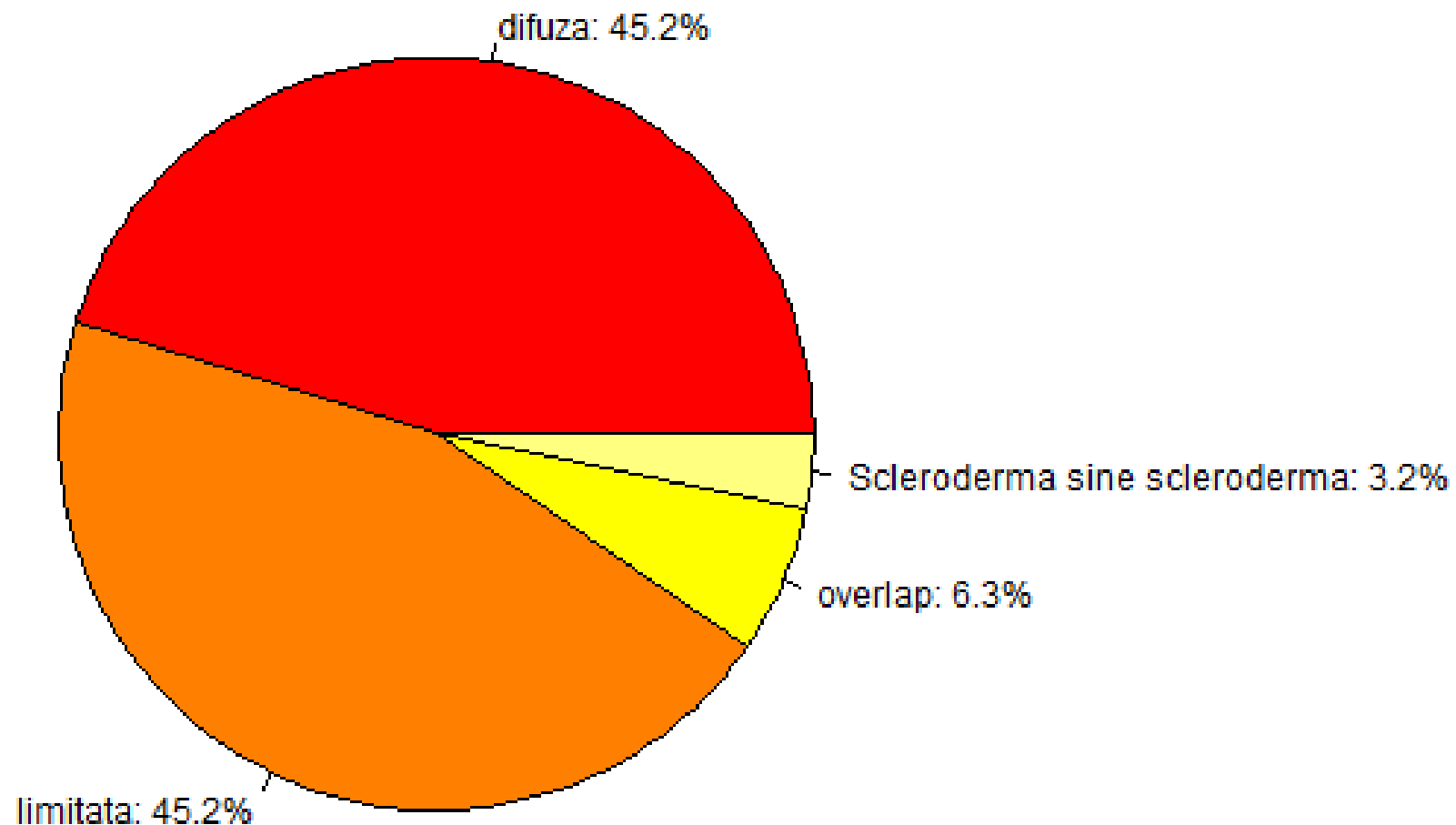
Figuri

- au titlu sub figura
- se numeroteaza in ordinea aparitiei
- au legenda
- au titlu pe axe
- au etichete pe coloane
- au culori contrastante

- Ce nu e bine? (Problema 10)



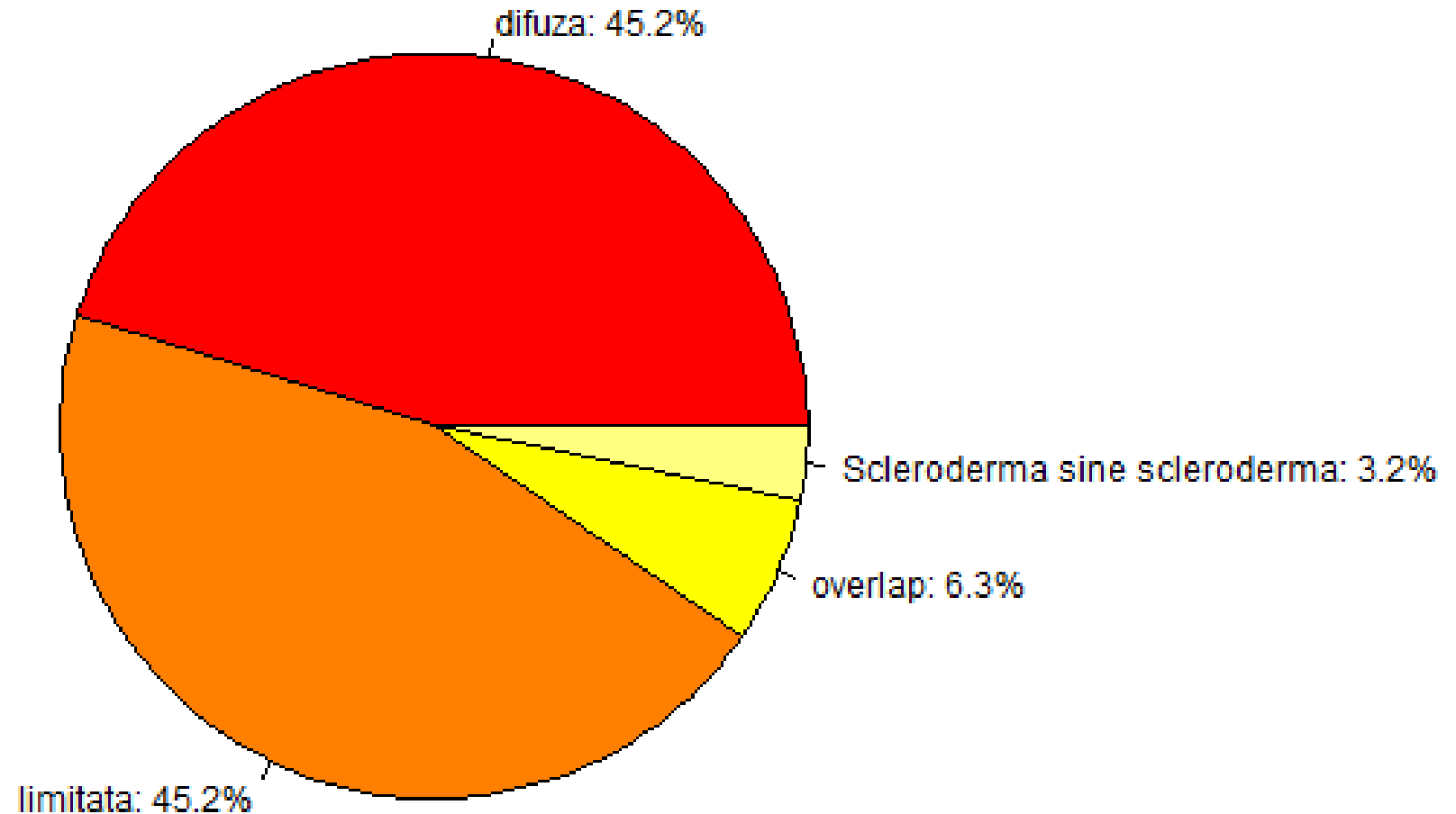
<https://www.wooclap.com/UMGDYP>



- Culoarele nu sunt contrastante
- Lipsește titlul figurii



<https://www.wooclap.com/UMGDYP>



Ce nu e bine? (Problema 11)

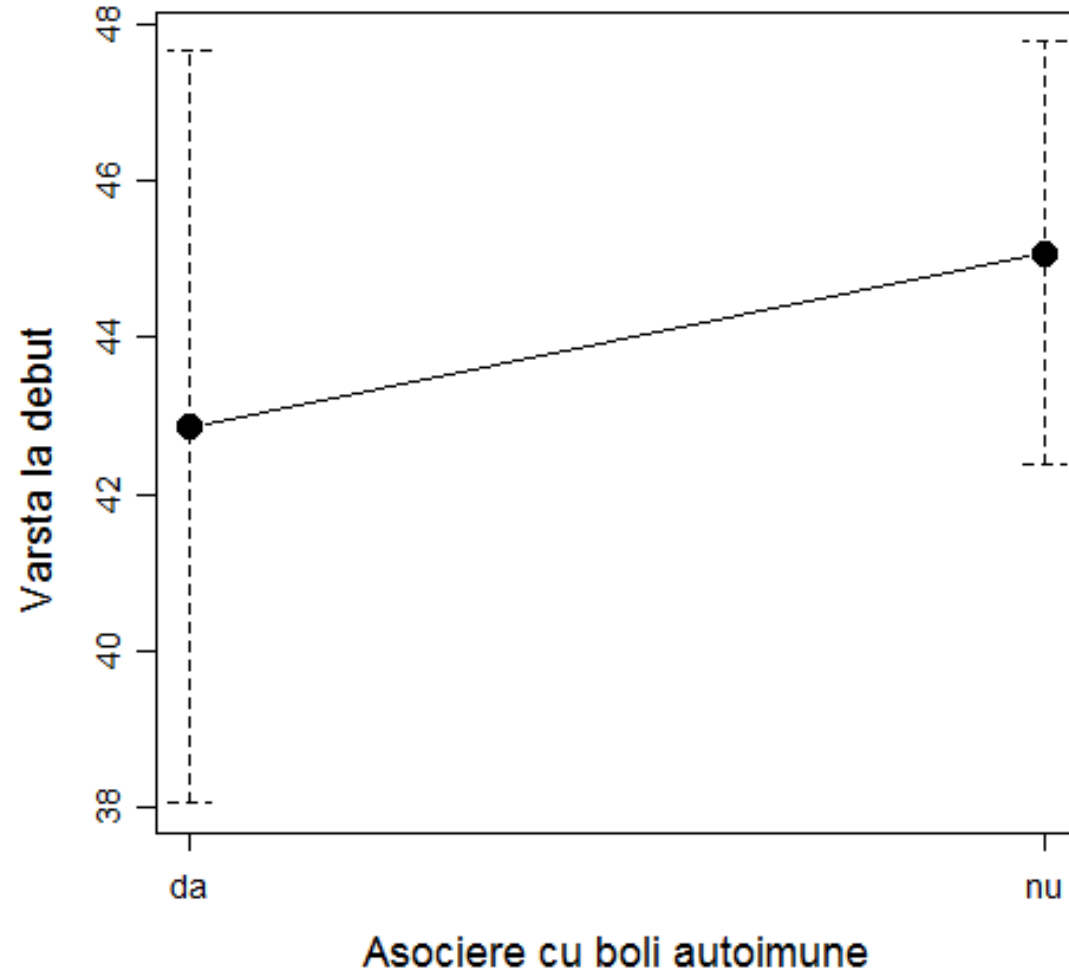


Fig. 1 Vârsta la debut în funcție de asocierea cu boli autoimune

- lipsesc unitățile de măsură
- nu știm ce reprezintă linia punctată

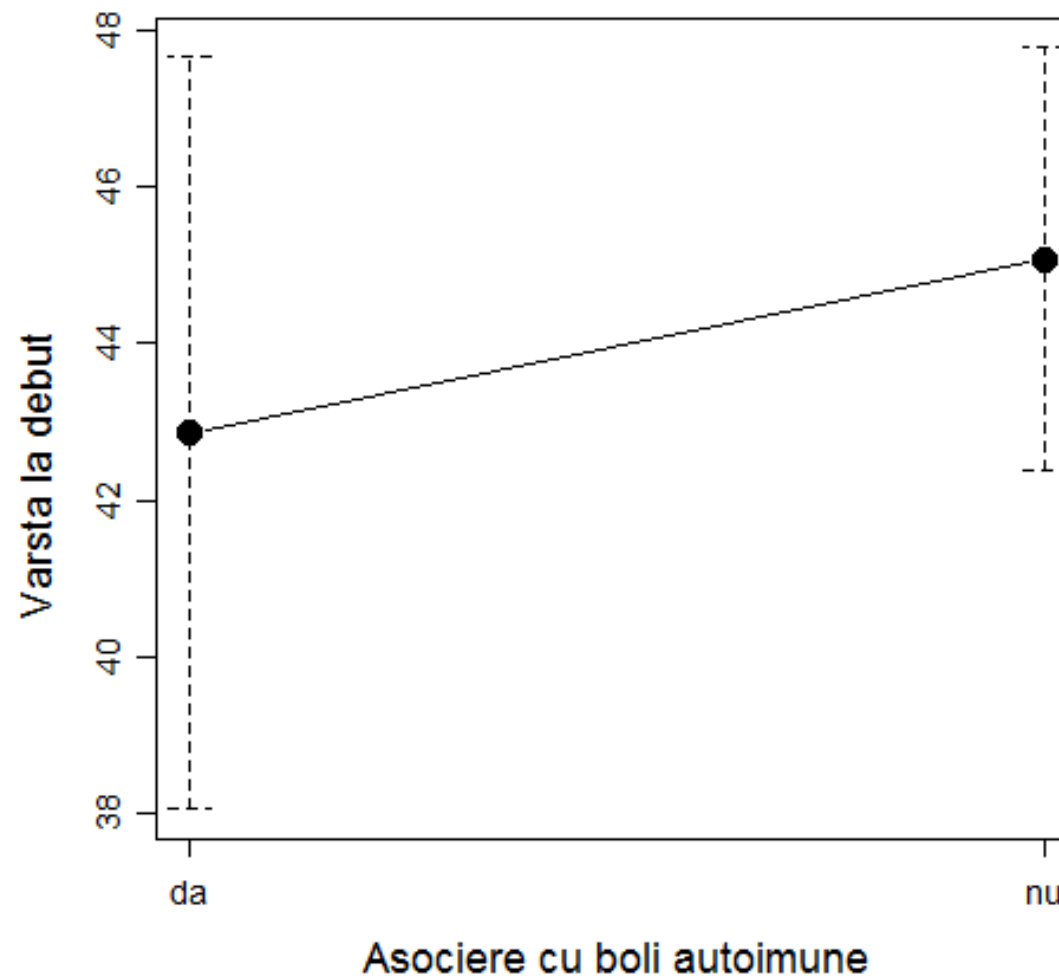
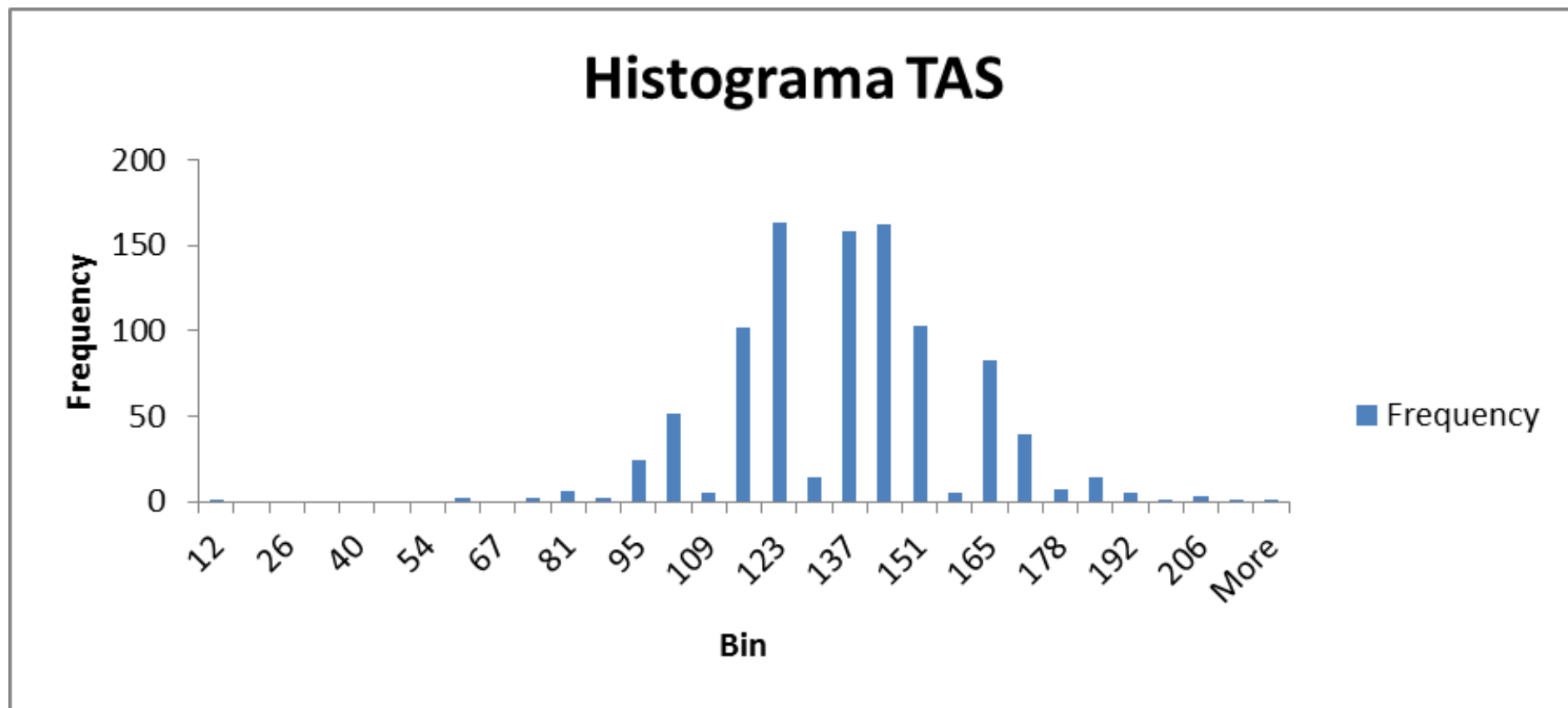


Fig. 1 Vârsta la debut în funcție de asocierea cu boli autoimune

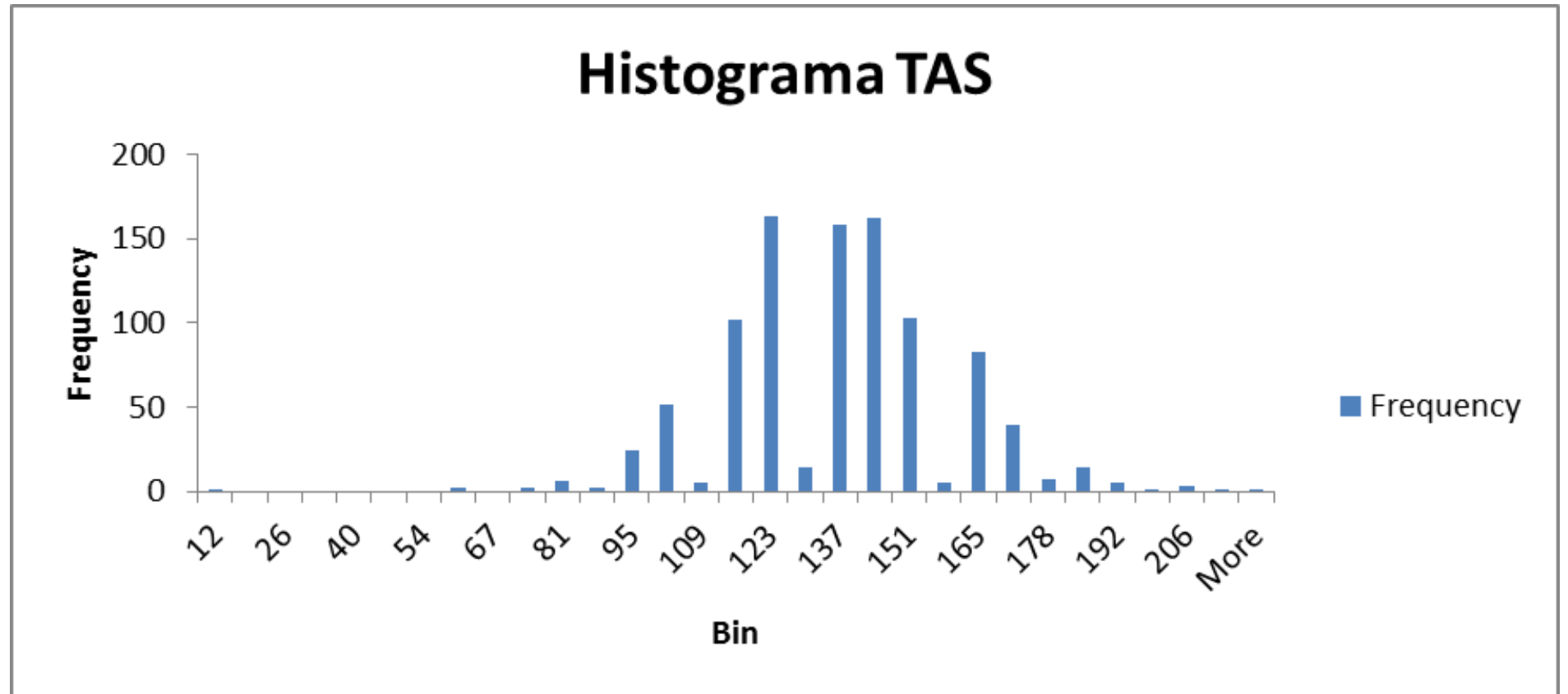
- Ce nu e bine? (Problema 12)



<https://www.wooclap.com/UMGDYP>



- Lipsește titlul figurii
- Ce este Bin?
- Ce sunt valorile de pe axa OX?
- Titlul e în limba română, iar titlurile de pe axe OY/OX sunt în limba engleză
- O histogramă nu are spații între coloane



Discutii

Trebuie să răspundă la următoarele întrebări:

- Ce rezultate importante a avut studiul?
- Ce explicații trebuie date?
- Care este mesajul lucrării?
- Ce e de făcut în continuare?

Scopul discuției este de a interpreta lucrarea care a fost realizată, respectiv mijloacele care au fost folosite, metoda de lucru, rezultatele, pornind de la limitele studiului și până la concluziile care se desprind.

Discuții - Obiective

1. A spune dacă

- scopul lucrării a fost / nu a fost atins
 - enumeră principalele rezultate
 - rezultatele
 - » nu se repetată
 - » nu se interpretează toate

Discutii - Obiective

2. Aprecierea calității și validității (corectitudinii) rezultatelor.

- discuție critică asupra lucrării
- identificarea erorile sistematice
 - A fost suficient **numărul de subiecți** studiați?
 - Există o eroare în **selectarea** subiecților?
 - Alegerea **metodei** de lucru a fost cea mai bună?

Discutii - Obiective

3. Compararea rezultatelor obținute cu cele ale altor autori

– diferențe/similitudini,

- specificate prin enumerare
- explicate de ce au apărut
 - pe bază de argumente ce se pot dovedi

Discutii

Opțional

- formulare de ipoteze la sfârșitul discuției
 - pentru a fi rezolvate de alte studii

Discutii

Greșeli de evitat

- Prezentarea altor obiective decât cele definite
- Repetarea introducerii
- Apariția de
 - termeni noi
 - date noi
 - metode noi
 - rezultate noi
- Expresii emoționale
- Fabulații

Concluzii

Numai concluziile

- fără generalizari
- referiri la rezultate nedemonstrate de studiu

!!! Toate concluziile se vor baza pe rezultatele studiului

- Concluziile sau Ipotezele, se pot enunța la timpul prezent.

Referinte

- Citarile si referirile
 - imediat dupa enuntarea afirmatiei respective
- Numerotarea
 - in ordinea aparitiei in text

Referinte

- Facultatea noastră recomandă
 - sistemul de citare Vancouver
- In medicina se prefera
 - sistemul de citare Vancouver
- 250 de sistem de referinte

Referinte

Greșeli de evitat

- referințe în
 - Rezultate
 - Titlu
 - Rezumat

Rezolvare problema 1

- varianta 1.
- “Eficacitatea balneoterapiei pentru tratamentul durerii lombare cronice: o sinteza a ultimelor dovezi”

Rezolvare problema 2

- Precizarea scopului este ultima propozitie din introducere, deci a doua propozitie ar trebui pusa inaintea primei propozitii.
- A treia propozitie ar trebui pusa la Discutii la compararea rezultatelor obtinute cu alte studii
- A doua si a treia propozitie au nevoie de referinte

Rezolvare problema 3

- Timpul verbelor ar trebui sa fie la trecut in loc de prezent
- Cuvantul “extraordinar” este nepotrivit
- In capitolul rezultate nu se pot pune referinte
- In capitolul rezultate nu se pun referiri la alte rezultate din alte studii
- Ultima propozitie apartine capitolului Discutii

Rezolvare problema 4

- % in celulele din tabel (corect in titlul de linie sau coloana)
- Nu exista titlul pentru prima coloana – nu stim ce inseamna “da” si “nu”
- Prescurtarea “CI” nu e explicata intr-o nota de subsol
- Procentele se prezinta cu o singura zecimala, numerele cu doua, probabilitatea cu trei
- Numerele sunt in formatul englez, nu in formatul romanesc cu “,” pentru delimitatorul zecimal

Rezolvare problema 5

- Nu are titlu, nu are descriere
- Culori prea puțin contrastante
- Explicații în mai multe limbi (engleză, română etc)
- Procentele însumate nu fac 100%
- Numerele sunt în formatul englez, nu în formatul românesc cu “,” pentru delimitatorul zecimal

Rezolvare problema 6

- Ce reprezinta barele de pe grafic? Dar punctele? Nu este precizat
- Varsta este in ani, luni? Nu este precizata unitatea de masura

Rezolvare problema 7

- Graficul nu are titlu
- Nu este precizat ce inseamna prescurtarea TAS
- Legenda si axele au titluri in limba engleza, TAS e in limba romana
- Histograma are spatii intre coloane

Rezolvare problema 8

- Propozitia: “S-a folosit un astfel de tensiometru întrucât tensiometrele digitale nu sunt fiabile” este o explicatie si ar trebui sa fie pusa in capitolul Discutii
- Propozitia: “S-a folosit un astfel de tensiometru întrucât tensiometrele digitale nu sunt fiabile” este o afirmatie si ar avea nevoie de referinta

Multumesc!!!