



# **American Psychological Association (APA) Style Guide for Allied Health Sciences**

**By**

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This guide is based on the Publications Manual of the American Psychological Association 6<sup>th</sup> ed. published in 2009. This guide is only a summary of certain important aspects of the book; students are encouraged to refer to the book for more detailed information. The MTC Library has copies on reserve and it can also be found in the MTC Bookstore.

There are several web sites which also give information and guidance on writing and citing references in APA style. Please see: [www.apastyle.org](http://www.apastyle.org) ;

<http://owl.english.purdue.edu/owl/resource/560/01/>

## **General guidelines**

### **APA Style General Basics**

### **Paper Sections**

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#### **Abstract**

**Body of paper**

**References**

**Attachments**

**Correct student paper**

**Example of proper and improper use of another person's work.**

### **APA Style General Basics**

- Paper** Use 8 ½ X 11” standard white paper.
- Typeface** Use 12 pt. “Times Roman” or “Arial” font.
- Manuscript Page #** A page header should be placed in the upper right corner of the page.

To create a heading, type the first 1-3 words of title, add 5 spaces then add the page number.

- Point of view/ Voice** Papers are written in the “third person” point of view and in the active voice.

- Spacing** Double space all of the paper.

An extra space is permitted only after a major heading, but not between paragraphs.

- Paragraphs** Indent paragraph 5 space or ½ “

### **Title page and abstract**

**The title page should contain the following:**

**Running Heading**

**Page Number**

**Title of the paper**

**Author's Name**

**Author's affiliation (Course, Instructor and College)**

**Abstract should contain:**

**The topic in one sentence**

**The purpose, thesis, or organizing construct of the paper**

**The sources used**

**The conclusion**

An abbreviated title should be used as a running head. The running head should be flush left at the top of the title page in all UPPERCASE letters.

Page Numbers begin on the Title Page. The page number should be in the upper right hand corner and at least 1 inch from the right-hand edge of the paper. Right Justified.

- Title Page should contain:
1. Running Head
  2. Title
  3. Byline
  4. Institutional affiliation

Title should be centered between the left and right margins and positioned in the upper

Sickle Cell Anemia

By

Name of Author. First name, middle initial, last name, Font 12

Course Name

Sample Student Paper

Medical Terminology

Instructor's Name

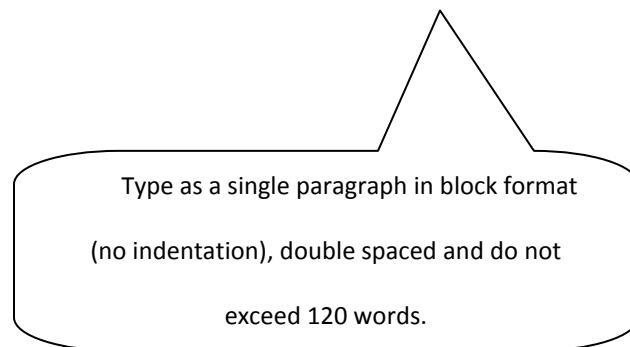
Professor Boan

Midlands Technical College

Name of institution

## Abstract

Sickle cell anemia is a blood disorder that commonly affects people of African ancestry, as well as people of Mediterranean and Middle Eastern descent. Sickle cell anemia is acquired by inheriting two abnormal genes from both parents and it has been found that 250, 000 children worldwide are born with the disease. It is caused by a genetic change in hemoglobin, the oxygen carrying protein inside red blood cells. The sickle cells are distorted in shape and are unable to pass through small vessels blocking the flow of blood to various tissues and organs. This causes severe pain to the blocked areas and can sometimes result in damage to organs and increase risk of stroke. There is no cure for sickle cell anemia, but the drug hydroxyurea increases hemoglobin levels and decreases the severity of pain. Blood transfusions and bone marrow transplants are also effective in decreasing the severity of pain in people with sickle cell anemia.



## **Body of the Paper**

### **Heading Types**

There are 5 types or levels of headings used in APA style writing. These are used for specific purposes.

Level 1 Headings are centered and have standard capitalization.

Level 2 Headings are centered, italicized, and have standard capitalization.

Level 3 Headings are flush left, italicized, with standard capitalization.

Level 4 Headings are indented with first word and words after a colon capitalized. These end with a period and the next sentence begins on the same line with no extra spaces.

Level 5 Headings are centered and in all caps.

### **Headings Use**

When you have only 1 type of heading use Level 1.

When you need two levels, use Levels 1 and 3.

When 3 levels are needed use Levels 1, 3, and 4.

When 4 levels are needed use Levels 1,2,3,4.

When 5 levels are needed use in order, Levels 5, 1, 2, 3, & 4.

### **In-paper Citations**

APA style uses in paper citations in the (Author-date) format system.

Citations are placed at the end of the information in parentheses:

With one author:

.....end of sentence (Boan, 2009).

With more than one author (up to 5):

.....end of sentence (Boan, Doyle & Shahbahrami, 2009).

With 6 or more authors:

.....end of sentence (Boan, et al., 2009).

With unknown author:

.....end of sentence (“APA style”, 2009).

With an organization as the author:

According to the Allied Health Sciences Department (2009) ....

If it a well know organization or unit with a known abbreviation, include the abbreviation in brackets at the first citation:

First time used: (Allied Health Sciences Department [AHSD], 2009).

Additional citations: (AHSD, 2009).

Personal communication:

(R. Boan, personal communication, February, 20, 2009).

Electronic sources are cited just like other sources using author-date format above. Give enough information (page number or paragraph number) so that the reader can easily find the portion of the document being used.

(Boan, et al., 2009, p. 2).

### **Quotations**

Short quotes: Use the author's name and date of work to introduce the quote, place quotation marks before and after the quote, and then page number in the format of (p. 1) after the quotation marks.

According to Doyle (2009), "Students should use APA format for all papers submitted for courses in the Health Sciences Department" (p. 1).

Long quotes (more than 40 words): Use the author's name and date of work to introduce the quote and then page number in the format of (p. 1) after the quote. No quotation marks are used with this type of citation. Additionally the quote should be in an indented block of text. An indented block of text is one which starts on a new line and is indented 5 spaces throughout the entire passage (hanging indent). The text is double spaced and new paragraphs are indicated by indenting five additional spaces.

Shahbahrami (2009) noted the following: Students should learn the appropriate basic structure for the title page, including proper spacing of the title

and authors name and date of the work. Students should also be familiar with the appropriate manner in which to construct an abstract so that the reader can gain an overall sense of ensuing document but without supplying too much detail. (p. 2)

## Reference List

Reference lists are used so that a reader (or researcher) may be able to find the information used to substantiate or further investigate the material used in the document. If the reference is not correct or the article cannot be found, the credibility of the document becomes questionable.

For complete details regarding APA formatting and referencing citations, please refer to the Publication Manual of the American Psychological Association (APA) 6<sup>th</sup> Edition.

For the reference to be useful it must be accurate and complete. The information needed to accomplish this is:

- ✓ Author(s), Group(s) name
- ✓ Year of publication
- ✓ Title
- ✓ Publishing data

Proper format requirements:

- ✓ Appears at the end of the document on a separate page
- ✓ Double spaced (no additional spaces are required between entries)
- ✓ Hanging indent
  - The author's name appears at the left margin
  - Each line thereafter should be indented 5-7 spaces (1/2 inch)
- ✓ Entries should appear in alphabetical order
- ✓ Entries should not be more than 5 years old unless otherwise specified by instructor
- ✓ AHS courses do not permit the use of encyclopedias, dictionaries or your textbook as a reference

This document will provide a few examples of the most common forms of references and how they are cited. Examples have been taken from the Publications Manual of the American Psychological Association (APA) 6<sup>th</sup> Edition. If you need more detail or your reference is not listed, refer to the APA Manual, Chapter 7: Reference List pages 193-224. You may also refer to the publisher's web site: <http://www.apastyle.org/>.

### **Example 1 Periodical**

Herman, L.M., Kuczaj, S.A., III & Holder, M.D. (1993). Responses to anomalous gestural sequences by a language-trained dolphin: Evidence for processing of semantic relations and syntactic information. *Journal of Experimental Psychology: General*, 122, 184-194.

### **Example 2 Electronic Periodical**

VandenBos, G., Knapp, S., & Doe, J. (2001). Role of reference elements in the selection of resources by psychology undergraduates. *Journal of Bibliographic Research*, 5, 117-123. Retrieved October 13, 2001, from <http://jbr.org/articles.html>

If no author:

Role of reference elements in the selection of resources by psychology undergraduates. *Journal of Bibliographic Research*, 5, 117-123. Retrieved October 13, 2001, from <http://jbr.org/articles.html>

### **Example 3 Journal Article (Single Author)**

Mellers, B. A. (2000). Choice and the relative pleasure of consequences. *Psychological Bulletin*, 126, 910-

**Example 4 Journal Article (3 to 6 Authors)**

Saywitz, K.J., Mannarino, A.P., Berliner, L., & Cohen, J.A. (2000). Treatment for sexually abused children and adolescents. *American Psychologist*, 55 1040-1049

\*\* After the 6<sup>th</sup> author's name and initial, use et al.

**Example 5 Magazine article**

Kandel, E.R., & Squire, L.R. (2000, November 10). Neuroscience: Breaking down scientific barriers to study the brain and mind. *Science*, 290, 1113-1120

**Example 6 Daily newspaper article, no author**

New drug appears to sharply cut risk of death from heart failure. (1993, July 15). *The Washington Post*, p. A12

\*\*\* If pages are not in sequence, list additional page numbers, eg, A12, A5.

**Example 7 Book**

Mitchell, T.R., & Larson, J.R., Jr. (1987). *People in organizations: An introduction to organizational behavior* (3<sup>rd</sup> ed.). New York: McGraw-Hill

\*\*\*\* If it is a revised edition, include (Rev. ed) before the city of publication

**Example 8 Brochure, corporate author**

Research and Training Center on Independent Living. (1993). *Guidelines for reporting and writing about people with disabilities* (4<sup>th</sup> ed.) [Brochure]. Lawrence, KS: Author

**Example 9** Unpublished work not submitted for publication from electronic sources

Boan, R. , Doyle, C., & Shahbahrani, P. (2009). *American Psychological Association (APA) Style*

*Guide for Allied Health Sciences*. Retrieved February 26, 2009, from

<http://www.midlandstech.edu/health>

### **Attachments**

**Correct student paper**

**Examples of proper and improper use of another person's work.**

# An example of a APA style paper

Follows:

Sickle Cell Anemia

By

Sample Student Paper

Medical Terminology

Instructor: Dr. Boan

Midlands Technical College

### Abstract

Sickle cell anemia is a blood disorder that commonly affects people of African ancestry, as well as people of Mediterranean and Middle Eastern descent. Sickle cell anemia is acquired by inheriting two abnormal genes from both parents and it has been found that 250,000 children worldwide are born with the disease. It is caused by a genetic change in hemoglobin, the oxygen-carrying protein inside red blood cells. The sickle cells are distorted in shape and are unable to pass through small vessels, blocking the flow of blood to various tissues and organs. This causes severe pain to the blocked areas and can sometimes result in damage to organs and increase the risk of stroke. There is no cure for sickle cell anemia, but the drug hydroxyurea increases hemoglobin levels and decreases the severity of pain. Blood transfusions and bone marrow transplants are also effective in decreasing the severity of pain in people with sickle cell anemia. While inheritance of sickle cell anemia cannot be stopped, nor can the disease be cured, there are a number of treatments and drugs which can mitigate the effects and enhance the patient's quality of life.

### Sickle Cell Anemia

Sickle cell anemia is an inherited blood disorder that mostly affects people of African ancestry. It also occurs in other ethnic groups including people who are of Mediterranean and Middle Eastern descent. Studies show that 250,000 children with sickle cell disease are born each year worldwide (Bojanowski & Frey, 2004, p. 1). Sickle cell anemia occurs when a person inherits two abnormal genes, one from each parent, that cause their red blood cells to change shape. Instead of being flexible and disc-shaped, the cells are more stiff and curve-shaped. “All types of sickle cell disease are caused by a genetic change in hemoglobin, the oxygen-carrying protein inside the red blood cells” (Bojanowski & Frey, 2004, ¶ 1). Due to the genetic change, an abnormal form of hemoglobin, hemoglobin S, is produced (¶ 2). Red blood cells with normal hemoglobin move easily through the bloodstream delivering oxygen to all of the cells of the body. Hemoglobin S molecules tend to clump together; and, instead of moving through the bloodstream easily, they can clog blood vessels causing anoxia (¶ 3). Anoxia is a condition where the body’s tissues and organs are deprived of oxygen. Lack of oxygen may also cause necrosis to the tissues supplied. The lifespan of a red blood cell is decreased from a normal 120 days to 10-12 days in most patients with sickle cell disease” (Pellegrino, 2007, p.1).

People with sickle cell anemia may develop jaundice which is a condition that results from the high rate of red blood cell breakdown. Jaundice can cause the skin and the whites of a person's eyes to develop a yellowish tint. Patients who suffer from sickle cell anemia may experience severe pain which is caused by the blockage of tiny blood vessels due to the sickle-shape of the red blood cells. These periods of pain, called crises, may be rare or can occur up to a dozen or more times a year. The pain may be experienced in the patient’s thoracic and

abdominal areas as well as in bones. The pain may be short term or last for several weeks and can vary from mild to very intense (Mayo Clinic, 2007, p. 2).

Red blood cells provide the body with all the essential nutrients needed for growth. With a shortage of healthy red blood cells, infants and children with sickle cell may have delayed growth and may reach puberty at a much later age than normal. By early adulthood, they catch up on growth and attain normal height; however, weight typically remains below average (Bojanowski & Frey, 2004, ¶ 4). Individuals with sickle cell are also at risk for having a stroke due to a blocked blood vessel or by the hemorrhage of a blood vessel in the brain.

Acute chest syndrome is a life threatening complication among people who have sickle cell anemia. According to the Mayo Clinic (2007), “Acute chest syndrome is similar to pneumonia, but is caused by a lung infection or trapped sickle cells in the blood vessels of your lungs” (p. 5). People affected by acute chest syndrome may experience severe cough, fever, chest pain, and shortness of breath. The tiny blood vessels that supply oxygen to eyes can get blocked with sickle cells leading to a condition caused retinopathy. Over time, damage to the retina can lead to blindness (p. 5).

There is no cure for sickle cell anemia. It is possible for some people to be ill enough to die from the disease. Doctors can provide treatments that help prevent complications from the disease such as Folic acid, Pain medication, antibiotics and hydroxyurea.

Folic acid is a vitamin that helps the body produce new red blood cells. Pain medications help relieve the symptoms of crises and children who have sickle cell disease should take penicillin or other antibiotics to help prevent infections. Hydroxyurea, a drug that was originally designed for the treatment of cancer, has been beneficial to people with sickle cell anemia. It has

been shown to reduce the frequency of painful crises. According to the Mayo Clinic (2007), “It seems to work by stimulation the production of fetal hemoglobin—a type of hemoglobin found in newborns that helps prevent the formation of sickle cells” ( p. 4). The major side effects of this drug include decreased production of platelets, red blood cells, and certain white blood cells (Bojanowski & Frey, 2004, p. 8).

Blood transfusions are sometimes given to patients with frequent and severe painful crises. The blood transfusions increase the number of normal red blood cells helping to relieve anemia. Those at high risk of stroke often receive transfusions to decrease the risk. However, there are risks with regular blood transfusions such as an excess build up of iron in the body causing damage to various tissues and organs (Bojanowski & Frey, 2004, p. 8).

In some cases, bone marrow transplants have shown to be a treatment for sickle cell anemia. The procedure allows the person with sickle cell anemia to replace diseased bone marrow with healthy bone marrow from a donor who does not have sickle cell. It is very difficult to find a suitable donor, and the procedure is risky. Bone marrow transplants have shown to be more effective in children than adults (Bojanowski & Frey, 2004, p. 8).

Inheritance of sickle cell anemia cannot be prevented or cured; however, with today’s medical advances, people with sickle cell disease are living longer and healthier lives. People who are in high risk populations should be screened so that appropriate medical decisions can be made. Staying healthy is critical for people with sickle cell anemia. Eating well and getting an adequate amount of rest is a good way to prevent the onset of a pain crisis. Infants and children with sickle cell anemia should get regular vaccinations to prevent infections. It is suggested that anyone with sickle cell drink plenty of water and avoid extreme temperatures. Regular exercise

is healthy, but it should not be overdone. People with sickle cell should also take folic acid supplements as well as other vitamins to make new, healthy red blood cells.

## References

Bojanowski, J., MS, CGC, & Frey, R. (2004). Sickle Cell Disease. Retrieved February 20, 2009, from.

[http://www.jiffynotes.com/a\\_study\\_guides/book\\_notes\\_add/gem\\_0003\\_0004\\_0/gem\\_0003\\_0004\\_0\\_01489.html](http://www.jiffynotes.com/a_study_guides/book_notes_add/gem_0003_0004_0/gem_0003_0004_0_01489.html)

Mayo Clinic Staff. (March 28, 2007). Sickle Cell Anemia. Retrieved July 8, 2007. from

<http://www.mayoclinic.com/health/sickle-cell-anemia/DS00324>

Pellegrino, A, (2007). Sickle Cell Disease. Retrieved February 20, 2009,

<http://www.uspharmacist.com/content/t/hematology/c/10177/>

This is an example of plagiarism as it is a direct cut and paste from the article. It has the citation, but does not show the entire section is verbatim from the document.

Periodic episodes of pain, called crises, are a major symptom of sickle cell anemia. Pain develops when sickle-shaped red blood cells block blood flow through tiny blood vessels to your chest, abdomen and joints. Pain can also occur in your bones. The pain may vary in intensity and can last for a few hours to a few weeks. Some people experience only a few episodes of pain. Others experience a dozen or more crises a year. If a crisis is severe enough, you may need hospitalization so that painkillers can be injected into your veins (intravenously) (Mayo Clinic, 2007, p. 2).

This example is also plagiarism. It shows a portion of the paragraph is from a specific paper, but the highlighted lines were also from the same article but credit was not given.

People with sickle cell anemia may also experience severe pain in the chest, stomach, arms, legs, or other parts of the body. This is caused by sickle cells blocking blood flow through the blood vessels in those areas. According to the Mayo Clinic, “Periodic episodes of pain, called crises, are a major symptom of sickle cell anemia” (Mayo Clinic, 2007, p. 2). The pain experienced during a crisis can vary in intensity and can last for a few hours up to a few weeks. Some people with sickle cell anemia experience only a few episodes of pain while others experience a dozen or more crises a year. Some crises can be managed at home with pain medicines, rest, and extra fluids, but if a crisis is severe enough, patients need to be hospitalized so that fluids can be administered intravenously and stronger medications can be given.

This is a properly reworded (student's words) paragraph and is properly cited.

Patients who suffer from sickle cell anemia may experience severe pain which is caused by the blockage of tiny blood vessels due to the sickle-shape of the red blood cells. These periods of pain, called crises, may be rare or can occur up to a dozen or more times a year. The pain may be experienced in the patient's thoracic and abdominal areas as well as in bones. The pain may be short term or last for several weeks and can vary from mild to very intense (Mayo Clinic, 2007 p. 2).