**Instructions**

Content

A literature review is more than a long essay. It is an exercise in the reporting, construction and presentation of a piece of scholarly work on a title, carried out over a long period (similar to a review article). Have the readers in mind as you write. Your tutor may be an expert on your title, but a moderator may well not be. Provide a clear structure, explaining any technical terms and making clear what each section will cover.

**Introduction:** Beginning with a good brief introduction is key to a good report. The introduction should provide the background to the general title. You should begin by “setting the scene”: explain why this title is important with regards to medicine and society. . You should end the introduction with a clear statement of what you aim to address in detail in the main body of the report.

**Body:** This is where you describe in detail the different aspects of your title. Make good use of headings and subheadings to divide the report into sections. Depending on your title a section may be devoted to a specific example related to your title or a section may describe one aspect of the whole title. Do not be tempted to write many short sections with little detail. A report with a few detailed sections is much better.

**Conclusions:** A good report has a critical drawing-together of the foregoing strands and requires a summary of what you have just described in the Introduction and main body of the report. In this section you should also describe any remaining questions associated with your title and any future work that needs to be done (i.e. what are the main scientific and medical challenges). This is also a good place to give support for your own opinions (which you should have developed, as you should now be quite knowledgeable on the title). This will show that you have understood the title and have not just reproduced information you have found on the title.

We expect you to demonstrate through your report a detailed knowledge of your study title and a soundness of understanding. The content of your report will be examined for its scope (have you considered all areas of relevance to the title?), the relevance of information to the title (have you been selective in the information that you have included?) and the accuracy of the information included.

Presentation and length

Your report will be examined for the consistency and quality of presentation style and use of English. Please ensure that all items (including figures and tables) are sufficiently large enough to be read and understood with ease. **Your report MUST be word processed and formatted with 1.5 line spacing and margins of 2.5cm all around the main text which should be Arial (12pt). All pages must be numbered.** Example formatted PEPs can be viewed on 1med Info. Reports which do not follow these formatting guidelines may not score highly with regards to “Presentation of report” (see Marking Guidelines).

The report should include a title page which details your name, the year, the title of your project and your tutor’s name. A word count carried out in Microsoft Word should be included on the title page of your report. **The target length for the report is 5,000 words excluding the title page, the list of references and text in figures. All other supporting material such as tables and table legends and figure legends must be included in the word limit.** A 10% leeway in word count will be applied and so reports of up to 5,500 words are acceptable. Whilst there is no lower limit, reports which are substantially shorter than 5,000 words may not score highly with regards to “Addressing the topic” (see Marking Guidelines).

All pages should be numbered, and you are advised to ensure that any such items are sufficiently large enough to be read and understood with ease. Penalties will be imposed for reports which are above the word limit.

Organisation

The report will be assessed on subdivision and balance, use of text, tables and figures. You are encouraged to use figures and tables where these are clearer than long explanations in words. All figures and tables should be accompanied by a numbered explanatory legend. This number should then be referred to in the text (i.e. The kidney has a complex structure [Fig. 1]). All figures and tables should be inserted into the text, rather than at the end of the manuscript and should include an explanatory legend. Any tables must be retyped by you and not simply scanned or ‘lifted’ from the original article. Provide keys for tables and figures if abbreviations or special symbols are used. Make sure you explain the meaning of arrows, brackets, etc. where this is not obvious (it is best to err on the side of caution and provide and provide a comprehensive explanation).. If you use tables or figures from other sources, or put these together using information published elsewhere, remember to acknowledge your sources and include them in the reference list. Acknowledgement should be included in the legend to the Table or Figure using a phrase such as “taken from [5]” or “adapted from [5]”.

Use of Literature

It should be emphasised that it is often more appropriate for you to consult textbooks and then specialised books before using databases. We expect you to show that you understand the differences in levels of authority between different forms of literature such as textbooks, reviews and scientific papers, by the way in which you use information from them in your report. Your literature review should be up to date, i.e. refer to current literature, where appropriate. **You MUST cite your references, list your references in a consistent manner and follow the guidelines given below. There is no limit on the number of references.**

**Recommended references:**

**From the authors: Edgar Jones and Simon Wessely**

**Example start with: The origins of British military psychiatry before the First World War**

**Outline**

**Introduction**

While the understanding of anxiety is somewhat clear in medicine nowadays, this was not the case for many years. From pantophobia and melancholia to generalized anxiety disorder, the classification of anxiety has evolved over the years. With no doubt it has bewildered many medical professionals in the past due to its wide variety and diversity of symptoms from heart palpitations, nightmares, to complete paralysis of limbs. In addition to the elementary view of psychiatry in the past, culture and society had altered the apprehension of anxiety in patients who presented with it. For example, soldiers who presented with anxious symptoms during war were considered “weak”. Moreover, the perception of what is considered dangerous, threatening or stressful to an individual has changed drastically over the years. For instance, roman soldiers in combat would not easily appraise death and slaughter as stressful due to their upbringing in roman society where people were publicly executed.

In the present time, anxiety is divided into many categories like post-traumatic stress disorder, obsessive compulsive disorder, as well as panic disorder. One of the major puzzlements in history involving anxiety, was the rise of unexplained symptoms in soldiers returning from combat during wars. Specifically, in the first world war, British military medical services termed this condition “soldier’s heart” as the soldiers were presenting mostly with unexplained heart palpitations. It is now thought that what the soldiers were experiencing was a form of anxiety called Post traumatic stress disorder. It is important to note that World War I was not the first time where symptoms like this were seen. Similar symptoms were identified in soldiers dating back to the Roman wars, the Napoleonic war, as well as the American civil war. Therefore, this research will cover the modern view and understanding of post-traumatic stress disorder as well as explore the evolution of this anxiety disorder throughout history.

**Body:**

1. Introduction to PTSD as we understand it now (no need to get into detail in the physiology of it)
2. PTSD historically in different wars leading up to World War 1 (Civil war, Crimean war, etc)
   1. What was PTSD called in these times? (Shellshock)
   2. Characteristic symptoms
   3. Psychological vs physical treatments
3. Soldiers Heart
   1. Organic vs psychological
   2. Military vs civilians
4. Where it fits in modern understanding of anxiety