

Summarizing a Source

Lesson Objective

During this lesson, students will learn how to summarize an article and will then identify the best summary during a brief exercise.

Handouts

1. “Summarizing a Source”

Length of lesson

20-30 minutes

Variations for different disciplines

1. General version using an article on identification for illegal immigrants
2. Speech

Source

Keyed for Speech by Siobhan Cooke (Writing Fellow 2008-2010).

Approved

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File Name

ML_Summary_SPEE_A.doc

Lesson Description

1. Have students read the article below. (5 min.)
2. Discuss summaries with the students. It might be helpful to mention that summaries must be Accurate, Brief, and Comprehensive. The summary should represent what the original text says (you can give your opinion later). To cue the reader that you are summarizing another person's views, you will likely use signal words such as: according to, claims, declares, holds, believes, argues... (5 min.)
3. Ask them to spend a few minutes writing a list of what they would include in a summary of the article. (5-10 min.)
4. Ask students to read the five sample summaries below and determine which is best. (5-10 min.)
 - a. Summary 1: The paper is not a real report on the proceedings of a conference and there is not enough information about CAPE-V or its development. It is not accurate and is too brief.
 - b. Summary 2: The writer focused primarily on one paragraph of the article. While it is a fair summary of that paragraph it is not comprehensive.
 - c. Summary 3: This summary is not brief and contains opinion.
 - d. Summary 4: This summary is accurate, brief, and comprehensive.

Part 2. Choosing the Best Summary

Now that you have written your own summary read the summaries below and identify the best one. What are some of the problems with the other summaries? Now that you have seen some example summaries, return to your own work and revise it.

1. This paper is a report of the proceedings of a conference on voice disorders. At the conference, participants discussed the possibility of creating a system to evaluate speech disorders. They created the CAPE-V form.
2. The CAPE-V protocol is used as a standardized way to record and evaluate auditory-perceptual judgments of voice quality. Lawrence Feth's work was instrumental in developing this protocol. Feth primarily focused his research on the anatomy of the ear as well as how pitch and loudness of a sound are perceived by listeners. He also reviewed research done by Zwicker *et al.* on how the timbre or quality of a sound is perceived. This is a complex and difficult area of research because sound quality is difficult to quantify.
3. The work of Kempster *et al.* (2009) focuses on the development of the Consensus Auditory-Perceptual Evaluation of Voice (CAPE-V) protocol. CAPE-V was developed following a conference on voice quality measurement. Many specialists in the field of speech science worked on the development of this protocol. At the conference, Feth reviewed the anatomy of the ear as well as how pitch, loudness, and sound quality are perceived by listeners. Gescheider and Marks presented data on the bases of perceptual scaling and measurement. Many other scholars reviewed the auditory-perceptual scales used internationally. All attendees at the consensus conference agreed that while there was no one best way to measure vocal quality, a standardized way to record judgments of voice quality was needed. In response to this need, CAPE-V was created. When CAPE-V is employed in a clinical context, the patient must complete several tasks. The patient must: 1. Sustain several vowel sounds, 2. Read several sentences, 3. Answer a question about his or her voice problem. These tasks can help the clinician to identify the voice problem. I believe that the CAPE-V system will revolutionize the way that clinicians evaluate voice disorders. The lack of standardization has been a major problem in the field of speech sciences and it is essential that all clinicians begin to use CAPE-V
4. Following a consensus conference on perceptual voice quality measurement, the authors of this study developed the Consensus Auditory-Perceptual Evaluation of Voice protocol. Currently a number of different protocols are employed nationally and internationally to measure voice quality, and conference attendees agreed that while there is no ideal way to evaluate voice quality, a standardized system is warranted. CAPE-V employs a number of measures of voice quality that take into account the factors that effect psycho-physical measurement and perception. CAPE-V will allow clinicians to evaluate voice quality in a consistent and standardized way.