

COMPARISON-CONTRAST GUIDELINES

Effective essays on comparisons and contrasts not only identify similarities and differences; they clarify relationships between elements and explain their significances. Logical organization and clear connecting terms are essential and must develop details in both areas, the comparison and the contrast.

In planning a **comparison essay**, the *similarities* between items that are usually considered *different* from one another must be identified. Likewise, in planning a **contrast essay**, the *differences* between items that are usually considered *similar* to one another must be identified.

Write a comparative essay, using the block below, clearly identifying in your introduction the two items being compared and contrasted, Item A and Item B, pointing out their essential similarity or difference. For a contrast essay, establish a common basis, and for a comparison essay identify the fundamental surface differences. Likewise in your introduction, include the significance of the comparison or contrast. For example, in comparing a holiday in Hawaii with one in Virginia Beach, you may wish to show that the pleasures of sun and surf and exotic cuisine in Virginia Beach are far less expensive than in Hawaii. In contrasting the journalism program at Columbia University with that at the University of North Carolina, you may wish to show that despite the prestige associated with one, the other offers a better training program.

In writing your analysis, organize the body of your paper according to either the Block Pattern or the Alternating Pattern, remembering that most complex issues and long essays use the Alternating Pattern. Provide specific examples and details to support your thesis. Also explain the similarities or differences. In your conclusion, summarize the major points of similarity or difference and restate your original purpose or point.

Block Pattern

Item A

Characteristic 1
Characteristic 2
Characteristic 3
Characteristic 4

Item B

Characteristic 1
Characteristic 2
Characteristic 3
Characteristic 4

Alternate Pattern

Characteristic 1

Item A
Item B

Characteristic 2

Item A
Item B

Characteristic 3

Item A
Item B

Toyota

Price: \$14,000
Warranty: 3 years
Mileage: 28 mpg
Options: sun roof, CD player

Lexus

Price: \$24,000
Warranty: 4 years
Mileage: 18 mpg
Options: push button sun roof,
leather upholstery, surround-
sound CD player

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Model Essays**Choosing a Pediatrician—Block Pattern Organization**

Most patients want to give their children the best medical care possible. As a result, parents choose their family pediatricians carefully. Our choice of a family pediatrician was based on an examination of two local doctors' attitudes towards children, their attitudes toward surgery, and payment policies. Two doctors in our community had excellent medical reputations, but because we preferred the policies of Dr. Jane Smith, we chose her rather than her colleague, Dr. John Jones.

One of the physicians we considered was Dr. Jones, a well-respected local pediatrician. In spite of his reputation, however, we found we did not like him. His relationship with his young patients, for example, was impersonal. He sometimes forgot that names of the children, rarely spoke to them during an examination, and answered our questions rather curtly. Another characteristic of Dr. Jones that we did not really like was his attitude toward surgery. He routinely prescribed operations for removal of tonsils and adenoids, not even discussing parents' reservations about alternatives such as vitamin therapy. We were especially disturbed when he wanted to give out three-year-old daughter anesthesia to stitch a small cut on her head. Less important than relationships with patients and attitudes about surgery but still an important consideration for us was Dr. Jones's payment policy. No matter how much the bill, he requested immediate and full payment. When routine exams cost sixty dollars and special treatments even more, we felt burdened by this policy. As a result, we decided not to see Dr. Jones as our pediatrician.

Dr. Jane Smith, on the other hand, satisfied us in several ways. First, her relationship with patients and their parents was cordial and kind. For example, she always smiled at our children and called them by name. In addition, Dr. Smith was not only cautious about surgery

but willing to discuss all the alternatives. She treated inflamed tonsils with diet and mild medication; only if they did not respond to treatment did she operate. Unlike Dr. Jones, Dr. Smith performs minor surgery, such as a few stitches with local anesthesia rather than complete sleep. Finally, Dr. Smith allowed families to pay their bills in increments. For young families, this budgetary aid makes medical care less a burden than immediate payment requirements would be. Once we had a three-hundred bill that Dr. Smith allowed us to pay at twenty dollars a month.

Dr. Smith was our choice for a family pediatrician because we preferred her gentle manner with children, her cautious attitude toward surgery, and her flexible payment terms. Other families with small children should carefully consider such factors when they are choosing a doctor.

Choosing a Pediatrician—Alternating Pattern Organization

Most parents want to give their children the best medical care possible. As a result, parents choose their family pediatricians carefully. Our choice of a family pediatrician was based on an examination of two doctors' attitudes toward children, attitudes towards surgery, and payment policies. Both doctors had excellent medical reputations, but we preferred the policies of Dr. Jane Smith rather than those of her colleague Dr. John Jones.

For us, the doctors' attitudes towards surgery was the most important factor. Dr. Jones and Dr. Smith had opposite attitudes toward surgery. Dr. Jones, for example, relied too heavily on surgery. When Dr. Jones diagnosed tonsil or adenoid problems in youngsters, he usually suggests surgery right away. When I asked about alternative treatments for my six-year-old son, Dr. Jones became impatient with me, saying, "We can't wait. These new vitamin therapies are hogwash." Even a simple series of stitches on my three-year-old daughters head led Dr. Jones to use general anesthesia. Dr. Smith, however, investigates every area of treatment before considering surgery. Her patients received medication and nutritional guidance rather than surgery unless tonsillitis became chronic and does not respond to treatment. Minor first aid and even stitches are less traumatic for children who go to Dr. Smith than for children who see Dr. Jones because Dr. Smith does not put children to sleep if local anesthesia is likely to work. When my daughter cut her arm at the school playground, for instance, Dr. Smith successfully provided three stitches without the trauma of general anesthesia. Such caution about surgery saves families both anxiety and money.

Although both Dr. Jones and Dr. Smith are equally well respected in the community for their medical expertise, their methods of dealing with patients differ. Dr. Jones, for example, rarely remembers the names of either the children or the parents and doesn't bother to glance at their charts to prepare himself. Whenever children or parents ask him a question, he acts distracted, even impatient, grumbling, "That's not important," as if we had no right to know. Dr. Smith, on the other hand, treats patients with courtesy at all times. She always greets my children and me by name, and she always welcomes young patients with a smile. During routine examinations she explains every step of the procedure, setting the children at ease. Whenever I have any questions about her procedures, she answers me promptly and fully, thus giving me confidence in her ability. Patient relations are almost as important to us as attitudes about surgery.

Less important than manners and attitudes toward surgery but nonetheless a serious consideration is the two doctors policies about payment. Dr. Jones requires immediate and full

payment not only for routine checkups that cost sixty dollars but also for special procedures such as blood and urine tests that cost two hundred dollars. Naturally, Dr. Smith's willingness to spread payments over several months is easier for most young families to accept. We never pay Dr. Smith more than twenty dollars a month, no matter what kind of medical treatment the children need. Obviously, our budget and our children are more comfortable with her.

Dr. Smith was our choice for a family pediatrician because we preferred her gentle manner with children, her cautious attitude towards surgery, and her flexible payment terms. Other families with small children should carefully consider such factors when they are choosing a doctor.