

Open educational resource 2: elements of information

Learning outcomes:

- Apply theoretical knowledge to concrete cases
- Assesses the informational elements of a text
- Learn about the strengths and weaknesses of news products in W
- Understands the importance of specialized products
- Hierarchise and prioritise web information
- Consume texts critically

INTRODUCTION

Structuring information: the journalistic method

The phases involved in creating a text can be considerably complex, but both teaching methodology and professional experience recommend organizing ideas and presenting them based on a series of very simple principles. One of the first challenges any student must face is how to communicate anything clearly, precisely, and concretely.

One of the first lessons learned is to mentally organize all types of news information around **six fundamental questions**: *what* happened, *who* is involved, *when* it happened, *where* it happened, *why* it happened, and *how* it happened.

The so-called **five Ws** (*What, Who, When, Where, and Why*) —though there have always been six questions, with the last starting with H: *How*— do not originate from journalism. In fact, they are the foundations on which knowledge rests.

Their origin can be traced back to Aristotle's *Nicomachean Ethics*. These seemingly simple questions were later applied by rhetoricians such as Quintilian and Cicero as a valid method for structuring a speech.

The technique of the five Ws has been one of the cornerstones of journalistic writing since its inception, and both they and their variations, clarifications, and extensions like "*For what*" and "*How much/many*" are implicitly or explicitly found in all journalistic writing manuals.

The original 5Ws+1 in journalism

• What:	Refers to the events, actions, and ideas that the news will inform about.
• Who:	Includes the protagonists, their antagonists, and ultimately all characters appearing in the news.
• When:	Places the action in a specific time, indicating its beginning, duration, and end.
• Where:	Defines the space in which the events unfold.

• Why:	Explains to the audience the reasons behind the event, its background, etc. It often introduces elements of evaluation that go beyond mere description of events.
• How:	Describes the circumstances and modalities surrounding the events.

The basic structure of information: Simple or Elemental Ws

Among all the Ws we may encounter, we can clearly distinguish two differentiated groups: **simple or elemental Ws** and **complex or relational Ws**.

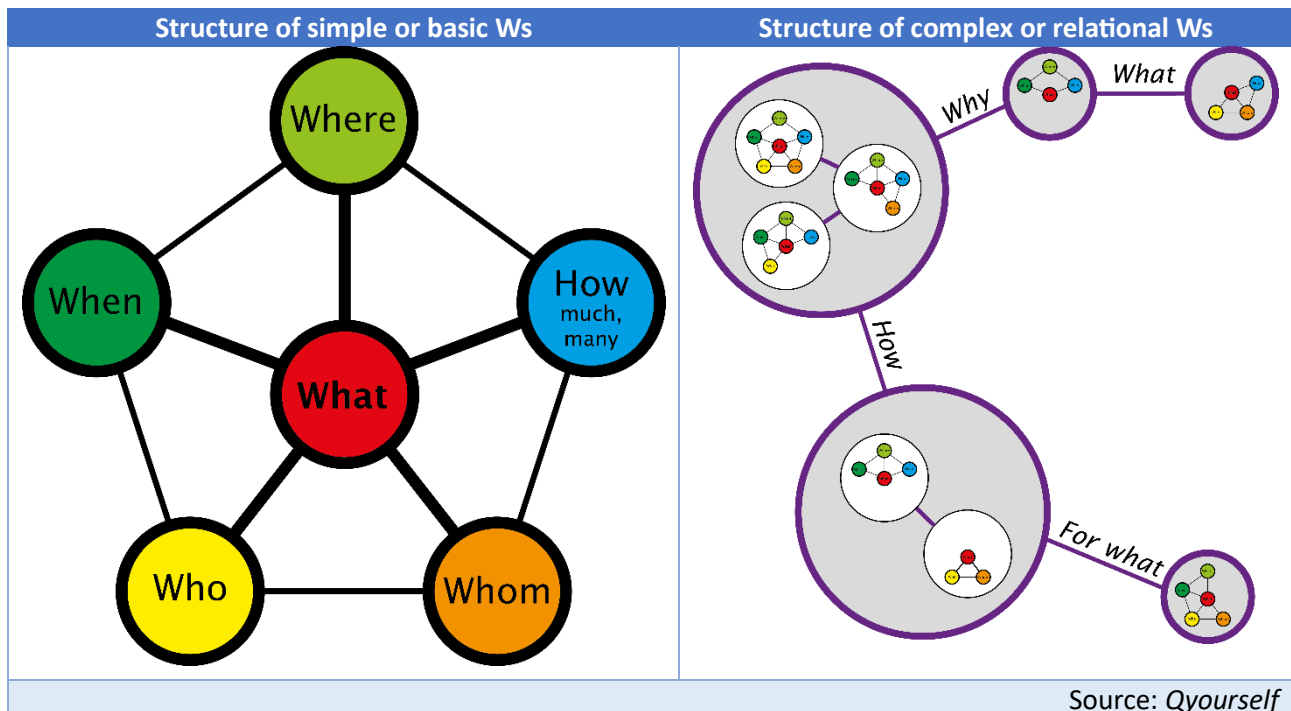
When we talk about simple Ws, we refer to Who, When, Where, How much-many, and What. The first four have a very distinct lexical form in the text, and although traditionally only one Who is mentioned, this W encompasses two fundamental elements: Who and Whom. The quantity marker How much (How much or How many) can be added to these.

Continuing with the elemental Ws, we understand What as a mixed W: it can be part of the simple elements or the compound ones. The simple What represents the core question of the act of communication, and there are few exceptions where this question does not revolve around the verb. News talks about facts, events, and the verb is their starting point, occupying the central position in the fundamental structure of the Ws.

The levels of structures: Complex or Relational Ws

Unlike the elemental Ws, the questions **How, Why, For what** (purpose), and occasionally **What** do not have a structure of their own. Actually, they consist of one or more fundamental related structures, and How, Why, For what, and some What (or To what) are simply the relationships established among them, which give semantic meaning to the text.

In contrast to the fundamental structures, the relational Ws vary in each case, and the same fundamental What can have a completely different relational structure. Turning something as complex as this into a series of measurable, objective, and classifiable rules is no easy task. In fact, the number of levels of relational structures, from the simplest —located at the syntagmatic level— to the most complex —at the level of the informative piece— can become overwhelming unless strict rules are established to determine these relationships and their levels of dependence. However, merely identifying them would be a considerable achievement.



We can adapt the classic Ws to the questions that anyone should ask to determine whether the received information is properly structured, if it lacks any essential information, or if the content is clearly identified, we can ask ourselves **six basic questions (5 Qs)**, and then move on to **four relational questions (4 Qs)**.

EXERCISES

Identification of Simple or Elemental Ws

The best way to identify the elemental Ws is to rely on their syntactic markers. That is, to perform a morphosyntactic analysis of each sentence. However, this can be complicated for certain groups. Therefore, —honoring the name of the project: **QYourself**— this phase can be substituted by asking about the **elemental Qs** in each sentence.

The Simple or Elemental Questions	
• What:	Involves the events, actions, and ideas being reported.
• Who:	Refers to all the characters appearing in the news.
• Whom:	Indicates who is affected by the content.
• When:	Places the action in a specific time.
• Where:	Defines the space where the events take place.
• How much/many:	Indicates the quantity or quantities of the elements being reported.
Source: <i>Qyourself</i>	

This method is by no means the most exhaustive, and it can lead to misunderstandings by overlapping, repeating, or mixing possible answers. However, it is simpler than resorting to a morphosyntactic analysis.

Example: Search for elementary Q's	
“According to the World Health Organization (WHO), smoking is one of the leading causes of preventable death in the world, responsible for more than 8 million deaths each year”	
What:	smoking (is one of the leading causes of preventable death)
Who:	the World Health Organization (WHO)
Whom:	---
When:	each year
Where:	in the world
How much/many:	more than 8 million
...	More elementary or basic Qs, if necessary
Source: El País, september 17, 2024 & <i>Qyourself</i>	

Presence / absence of Ws

Not all sentences need to answer all Qs, but it is a relatively simple way to become aware of the accuracy of the responses or the absence of important information in the text. In the case of such absence, one should ask whether the response is relevant —whether that data necessarily needs to exist— if it can be found elsewhere in the text, or if it simply does not exist.

Authorized / unauthorized sources

Deconstructing a sentence through the elemental Qs also helps to more clearly **identify the sources** of information. Although questions may arise regarding their placement —if sources are usually found in the response to the question **Who**, what happens when, for example, a document or report is mentioned? Should it respond to **Who** or **What**? (these doubts would be clearly addressed through morphosyntactic analysis)—

In any case, by highlighting the source and isolating it from the rest of the text, issues related to its nature, accuracy, relevance, or accessibility to the original content, if any, can be more easily addressed.

Identification and hierarchization of complex Ws

This last section corresponds to the identification and classification of complex Ws. It may seem excessive for a first approach to media literacy, but asking questions again —in this case, answering the questions *What (complex)*, *How*, *For what (purpose)*, or *Why*— can aid in understanding the entire text.

The presence of one or more relational Qs indicates that we are dealing with a complex syntactic structure in which two or more groups of simple Qs are related, called ‘conjuncts’ or ‘conjoins’. The totality of the coordinators and coordinated elements forming an instance of coordination is called a coordinate structure.”

The The complex or relational Questions:	
• What (complex):	Is a sum or sequence of events or actions.
• For what purpose:	Is the ultimate goal and the purpose of an action.
• Why	Are the reasons why an event has occurred.
• How:	Are the circumstances in which the events unfold.
Source: Qyourself	

Once again, the morphosyntactic analysis of a text is the most thorough way to identify and establish the relationships of these types of complex Qs. However, we can also approach them by attempting to answer these four Qs as we read a text.

Example: Search for relational Q's	
"According to the World Health Organization (WHO), smoking is one of the leading causes of preventable death in the world, responsible for more than 8 million deaths each year"	
What:	According to the World Health Organization (WHO)
What:	smoking is one of the leading causes of preventable death in the world
Why:	responsible for more than 8 million deaths each year
For what:	---
How:	---
...	More complex or relational Qs, if necessary
Source: El País, september 17, 2024 & Qyourself	

Depth and complexity of the relational Qs

The identification of complex Qs, which usually correspond to the nominal and/or verbal phrases present in the text, allows for two things: on one hand, it organizes, structures, and hierarchizes the text; on the other hand, it divides the text in a way that makes it easier to undertake the identification of the elemental Qs.

The number, depth, and different groupings of relationships that can occur in a text are typically related to its length. A simple sentence will very rarely have more than one or two relational Qs. Anyway, like the case of the elemental Qs, the presence or absence of complex Qs can be useful to identify the presence or absence of important information for understanding the content.

Practical exercises

We will analyze the Ws present in five texts. The [original source](#) is a news article recently published in a Spanish national newspaper (El País). Based on this text, a series of exercises have been created by removing and/or altering the content.

Tasks
• Identify and isolate (separate) the complex Qs from this text.
• Identify the structure (the simple Qs) of each block of complex Qs.
• Ask yourself about the absence of simple Qs: should they be present or not?
• Question the relevance and accuracy of the simple Qs.
• Mark the sources in the simple Qs and pay special attention to their relevance.

The five proposed practices are presented in order of informational quality: from the most deficient to the original news.

The original content —the news— was much more extensive (it is included at the end), but the exercise is limited to the first three paragraphs to facilitate and simplify the exercises —partly because the texts shared in many digital media, such as social networks, are relatively short—. Obviously, these exercises can be replicated with much longer texts, but the time and effort required can be considerable, and it is more

beneficial to start with short texts. As more sections are added to this manual, the analyzed texts will become longer.

The exercises can be carried out as desired. In any case, a blank space has been left in each exercise, and pre-designed tables can be provided if necessary.

Exercise 1:



INTERNACIONAL OPINIÓN ESPAÑA ECONOMÍA SOCIEDAD MEDIO AMBIENTE CIENCIA SALUD TECNOLOGÍA CULTURA DEPORTES GENTE BABELIA EL PAÍS SEMANAL **EL PAÍS EXPRES**

Presented a document for the treatment of smokers

Many still refer to smoking as a “habit.” This diminishes its true importance: it is a disease, and as such, it should be treated.

To address this, a document was presented this week with the aim of ensuring that anyone who wants to quit smoking receives healthcare support.

The idea is to identify the millions of smokers in Spain and offer them help to combat the leading cause of preventable premature death. Thousands of people die in Spain due to tobacco, and millions more around the world.

Source: *Qyourself*

Exercise 2:




Erasmus+: Key Action 2, Cooperation partnerships in adult education.

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A document is presented to ensure that smoking treatment is homogeneous and science-based

Many doctors still refer to smoking as a “habit.” According to an expert, this downplays its true significance. Smoking is “a disease, and it should be treated as such.”

To achieve this, a document was presented this week in Bilbao, aiming to ensure that anyone who wants to quit smoking receives healthcare support using the best tools proven to be scientifically effective.

The goal is that through professionals at all levels of care —from pharmacies to hospitals— the approximately six million smokers in Spain can be identified and offered help to combat the leading cause of preventable premature death. Each year, 50,000 people die in Spain due to tobacco, and eight million worldwide.

Source: *Qyourself*

Exercise 3:


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EL PAÍS EXPRES

Healthcare experts present a document to ensure that smoking treatment is homogeneous and science-based

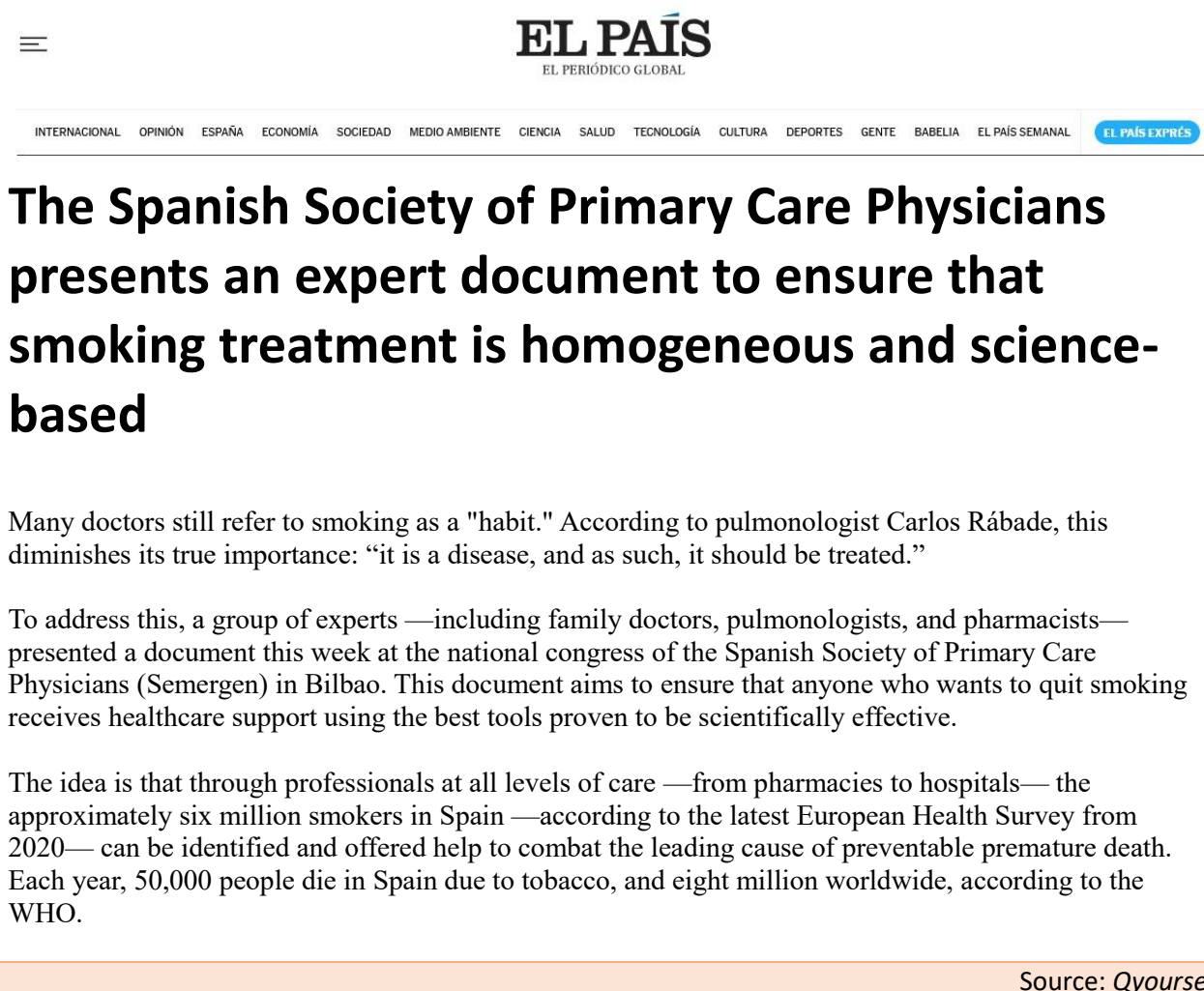
Many doctors still refer to smoking as a "habit." According to Rábade, this diminishes its true importance: "it is a disease, and it should be treated as such."

To address this, a group of experts—including family doctors, pulmonologists, and pharmacists—presented a document this week at a medical conference in Bilbao. The aim of the document is to ensure that anyone who wants to quit smoking receives healthcare support using the best tools proven to be scientifically effective.

The idea is that, through professionals at all levels of care—from pharmacies to hospitals—the approximately six million smokers in Spain—according to the latest European survey—can be identified and offered help to combat the leading cause of preventable premature death. Each year, 50,000 people die in Spain due to tobacco, and eight million worldwide, according to the WHO.

Source: Qyourself

Exercise 4:



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The Spanish Society of Primary Care Physicians presents an expert document to ensure that smoking treatment is homogeneous and science-based

Many doctors still refer to smoking as a "habit." According to pulmonologist Carlos Rábade, this diminishes its true importance: "it is a disease, and as such, it should be treated."

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Source: Qyourself

Exercise 5:



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The Spanish Society of Primary Care Physicians presents an expert document to ensure that smoking treatment is homogeneous and science-based

Pablo Linde
 EL PAÍS | Bilbao - 05 OCT 2024 - 05:30 CEST 



A person smokes a cigarette in a park in Santiago de Compostela | **Óscar Corral**

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Source: [El País, October 5, 2024](#) & *Qyourself*


HITS & TIPS

How to Do the Exercises (suggestions)

The exercises can be completed using the tables (some examples have been included on these pages, and there is also a blank table at the end of the document). They can also be done by hand, underlining and noting what is considered appropriate within the exercise texts. Below is an example of how the exercise could be done, marking the elementary Qs.

Examples

Original text



INTERNACIONAL

OPINIÓN

ESPAÑA

ECONOMÍA

SOCIEDAD

MEDIO AMBIENTE

CIENCIA

SALUD

TECNOLOGÍA

CULTURA

DEPORTES

GENTE

BABELIA

EL PAÍS SEMANAL

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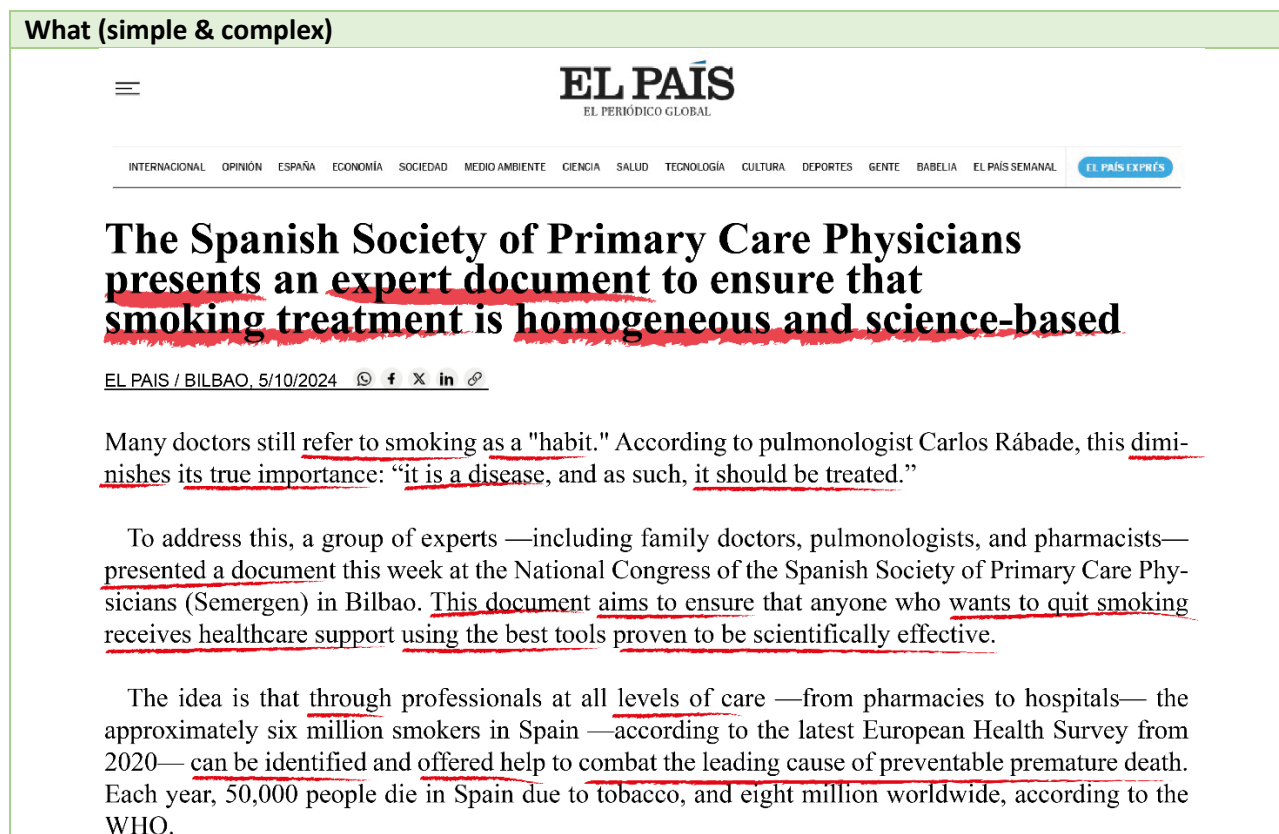
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What (simple & complex)



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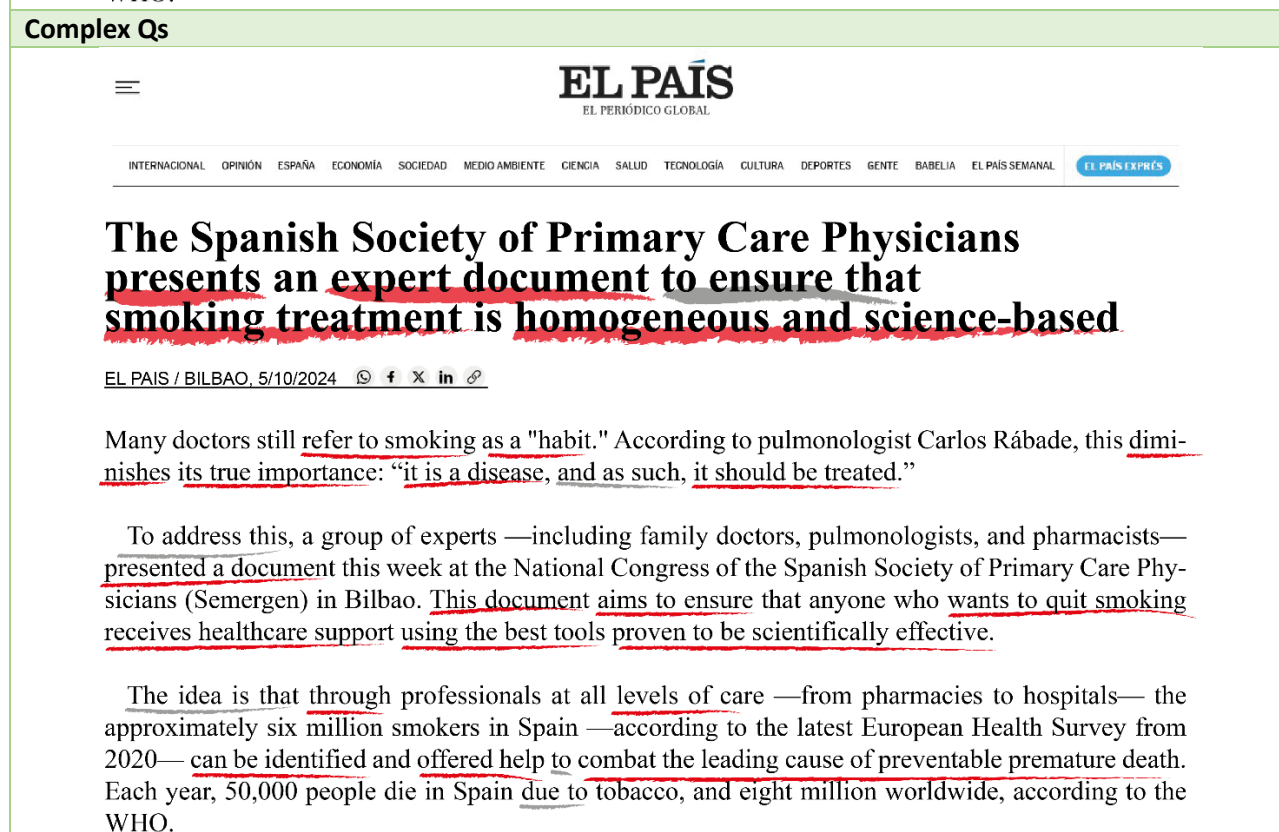
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Complex Qs



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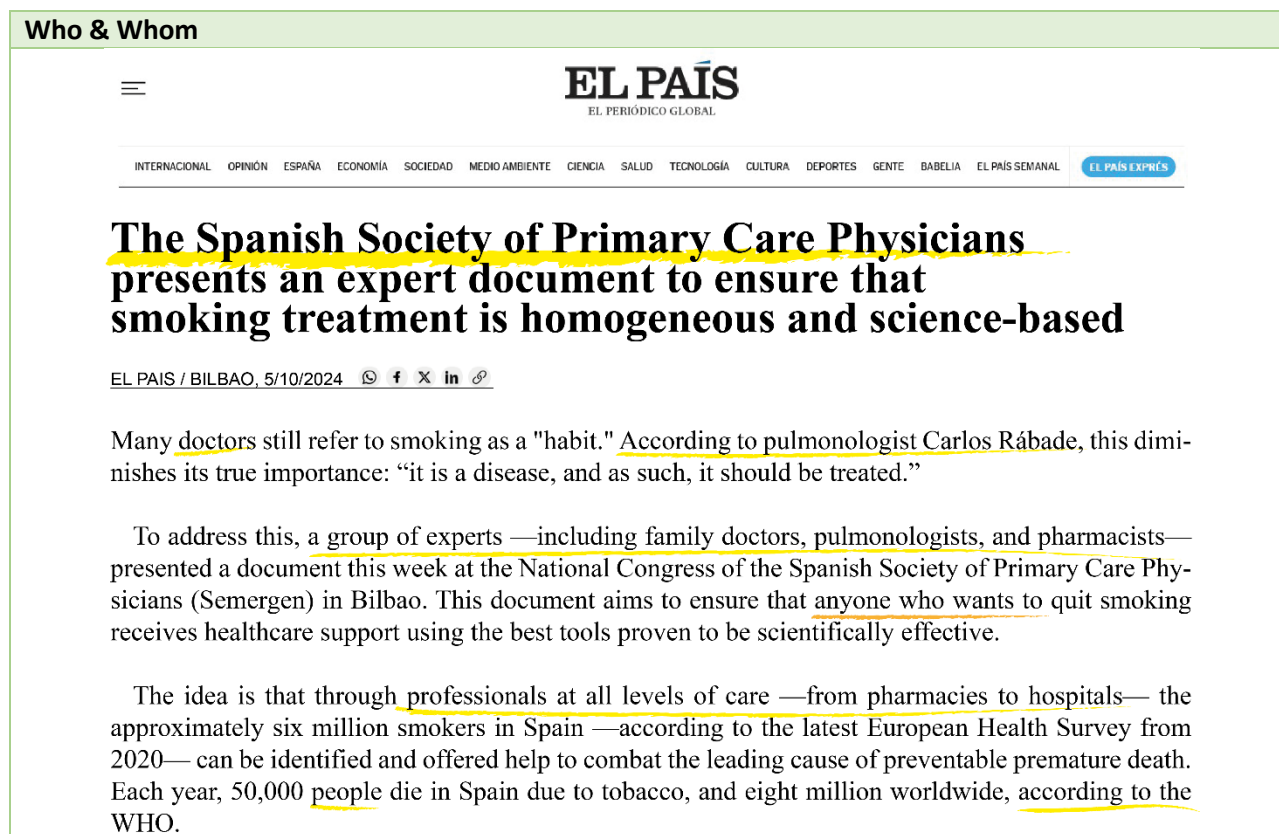
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Who & Whom



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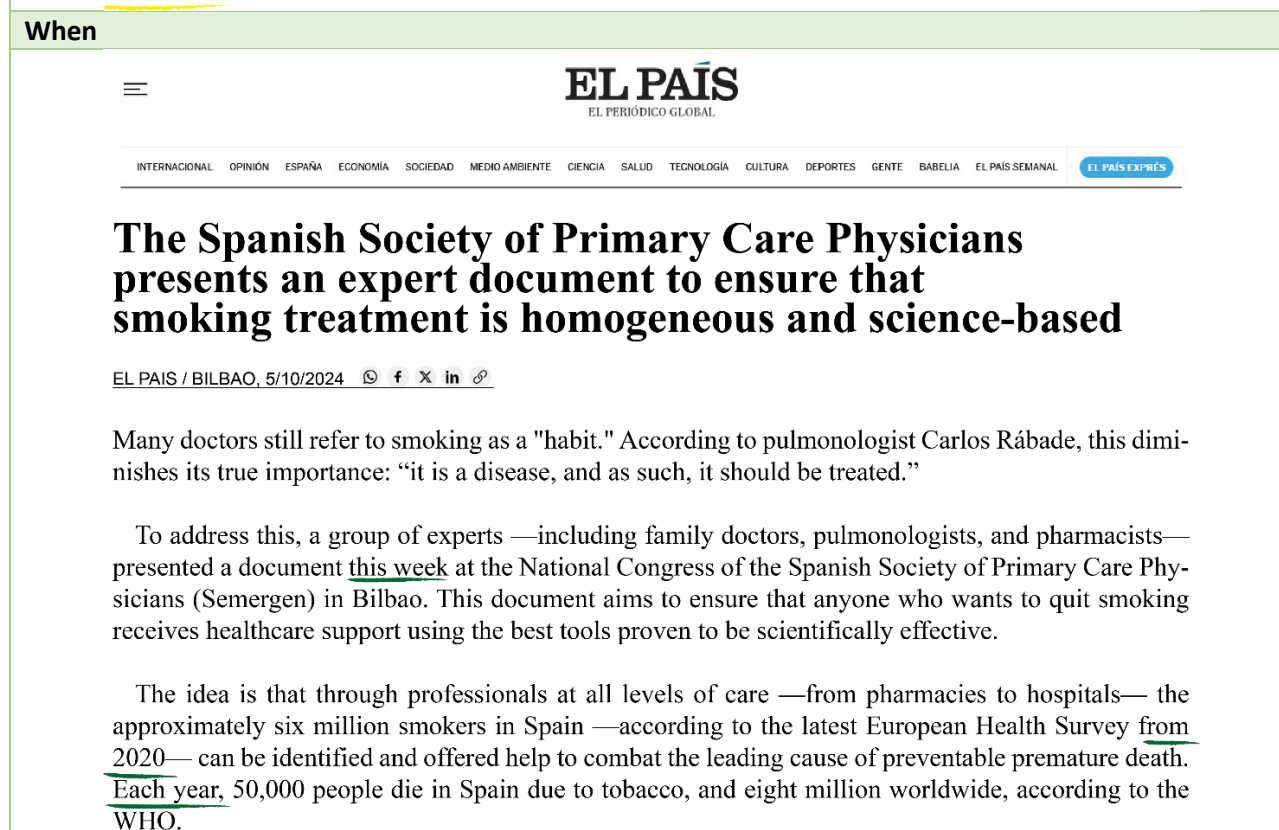
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When



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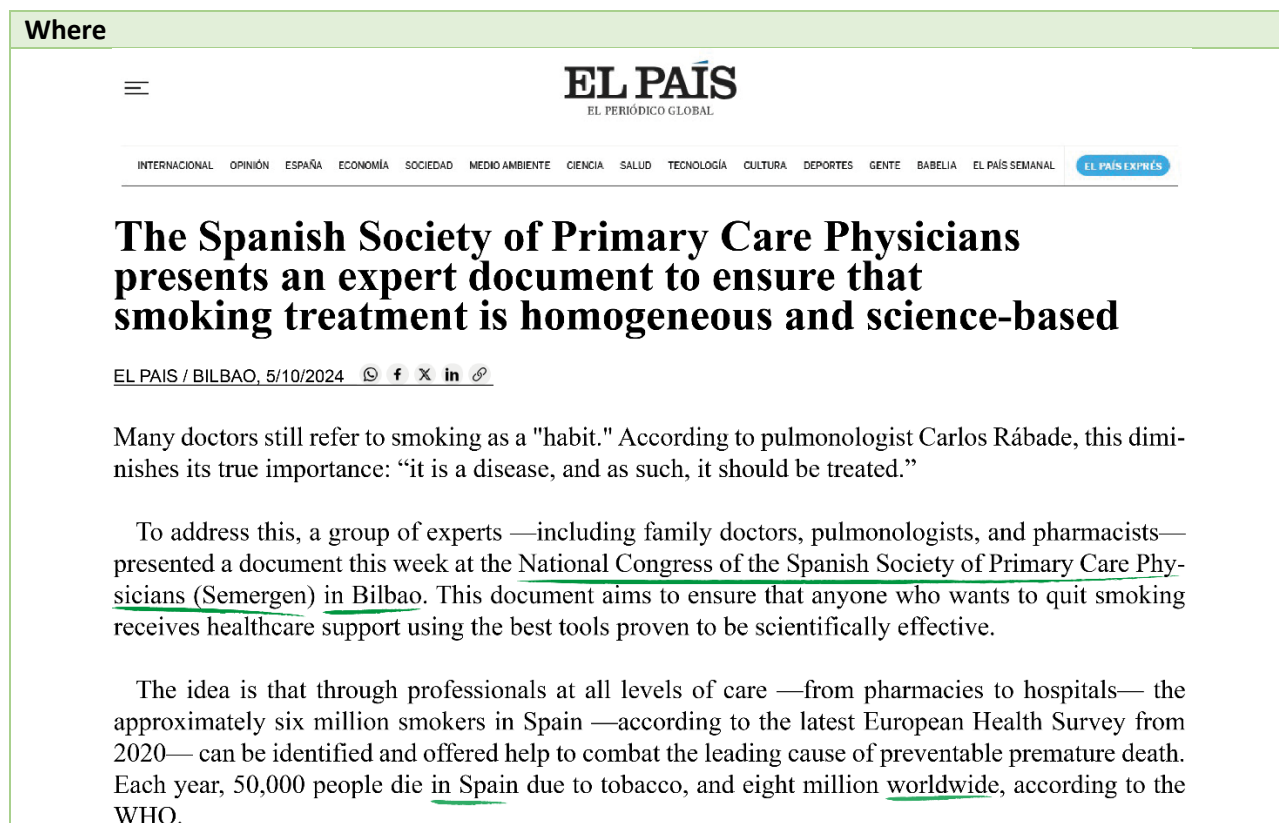
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Where



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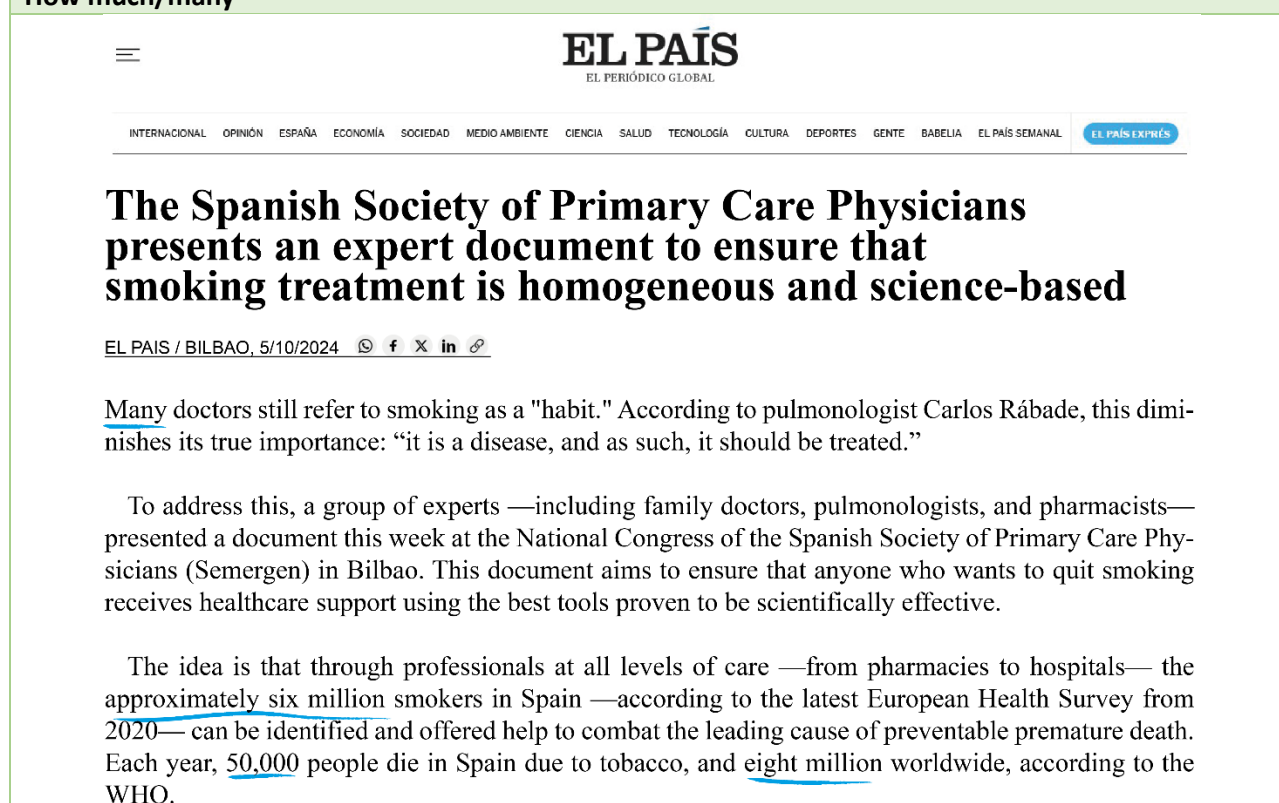
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How much/many



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Complete exercise



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In any case, the choice of the most appropriate method for carrying out the exercises is at the discretion of the teacher.

How to Prepare the Exercises (suggestions)

In this case, the exercises were prepared using a real news article published in a national newspaper as a reference. The original text (included in this document) was reduced to three paragraphs (exercise 5), and for the subsequent exercises, the most important elements (the basic Qs) were gradually removed and manipulated, making the text increasingly less precise.

Preparing the Exercises with ChatGPT

There is, however, another way to prepare the exercises, using tools like ChatGPT. Below are some prompts we have tested, which may be helpful for creating the exercises. The prompts are marked in brackets.

Prompts that can be used to write and alter a news article

- [Can you write an informative text about topic X?]
- [Can you shorten/expand it?]
- [Can you remove the sources of information?]
- [Can you rewrite the text highlighting Y?]
- [Can you remove references to Z?]
- [Can you simplify/make the writing much more complex?]
- [Can you change the meaning of the text?]
- [Can you add/remove evaluative elements to the text?]

[Can you alter the meaning of the original text, making it much more imprecise?]

Experts Present a Document for Smokers

Although some doctors still consider smoking a "habit," others see it as a disease that requires treatment. A group of experts presented a document at a medical conference, proposing that the treatment for quitting smoking be more consistent. The presented plan aims to identify and help smokers. It was also mentioned that smoking is a major cause of deaths, both in Spain and worldwide, according to the WHO.

Observations

It is always advisable to alter the text generated by ChatGPT. In this case, certain information has been removed, and some sentences have been rephrased to make the imprecision much more evident.

On the other hand, this tool can be useful if the goal is to create imprecisions, but it is not as efficient (in fact, it performs quite poorly) when trying to gain precision. For this reason, although it can also be used to create a text from scratch, we recommend using it to alter an already written text (from a newspaper, for example).

Appendices

Original text

Cómo dejar de fumar desde el centro de salud: “El tabaquismo es una enfermedad como otra cualquiera, y hay que tratarla”

La Sociedad Española de Médicos de Atención Primaria presenta un documento de expertos para que el tratamiento a los fumadores sea homogéneo y basado en la ciencia

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Muchos médicos siguen refiriéndose a fumar como “hábito” y a [dejarlo como “deshabitación tabáquica”](#). Esto le quita, en opinión del neumólogo Carlos Rábade, la importancia que realmente tiene: “Una enfermedad como otra cualquiera, y que como tal debe ser tratada”. Para lograrlo, un grupo de expertos —médicos de familia, neumólogos, farmacéuticos— ha presentado esta semana un documento de consenso en el congreso nacional de la Sociedad Española de Médicos de Atención Primaria (Semergen), que pretende que cualquier persona que quiera dejar de fumar reciba asistencia sanitaria para hacerlo con las mejores herramientas que han demostrado efectividad científica.

La idea es que, a través de los profesionales de cualquier nivel asistencial —desde farmacias, hasta hospitales— se puedan identificar a los alrededor de seis millones de fumadores diarios que hay en España —[según la última Encuesta Europea de la Salud, de 2020](#)— y se les ofrezca ayuda. Es algo que hoy sucede de forma desestructurada, con grandes diferencias en función del lugar donde son atendidos, incluso del profesional: en un mismo centro de salud es frecuente que los haya muy formados y concienciados sobre el tabaquismo y otros que no lo están tanto.

Son, precisamente, los ambulatorios, uno de los grandes ejes de esta propuesta, que se publicará próximamente en una revista científica y que quiere combatir la principal causa de muerte prematura evitable: cada año fallecen en España 50.000 personas por culpa del tabaco, [ocho millones en todo el mundo, según la OMS](#).

Para la gran mayoría de estos fumadores debería ser suficiente con la ayuda que pueden prestar los médicos de familia. Y, solo algo menos de una quinta parte (alrededor de un millón de personas) requieren de unidades específicas de tabaquismo, según cálculos de Rábade: por tener un largo historial de recaídas, otras condiciones asociadas, un alto nivel de adicción, o no ser candidatos a los tratamientos farmacológicos, como puede ser el caso de las embarazadas.

¿Cuáles son estas herramientas? La adicción al tabaco tiene dos componentes, explica el médico de familia Jesús Méndez-Cabeza: uno puramente físico, que se combate con fármacos, y otro psicológico, para lo que es necesaria terapia cognitivo-conductual. Ambas deberían estar presentes para la gran mayoría de fumadores: cuando falta alguna, es más probable que todo el proceso fracase.

Incluso cuando se emplean todos los recursos disponibles, la tasa de éxito está solamente entre un 30% y un 50% en el primer intento, según calculan los profesionales. Pero esto sucede porque el tabaquismo no solo es una enfermedad, también es crónica. La recaída, asegura Raúl de Simón, otro de los autores del documento, es parte del proceso, “no hay que tomarla como un fracaso, ni del profesional ni del paciente”, sino simplemente como parte del camino.

Un requisito indispensable es la predisposición del enfermo. Los médicos tienen claro que si un fumador no está dispuesto a dejarlo, de nada sirve intentar iniciar un tratamiento. Los planes para dejar el tabaco

contemplan cinco fases. La primera es la de “precontemplación”, cuando todavía no se ha planteado seriamente la idea del cambio. Diversos estudios científicos mencionan un cálculo de aproximadamente un tercio de los fumadores en este estadio, lo que en España equivaldría a unos dos millones de personas sobre los que poco se puede hacer en este momento. La buena noticia es que cuatro millones serían susceptible de tratamiento.

Los primeros abordajes pueden llegar en la siguiente etapa, la contemplación, cuando hay una idea de tomar acción en los próximos meses. Le siguen la preparación, en la que se establece un plan; la acción, en la que comienza el cambio y se mantiene la nueva conducta por un tiempo; el mantenimiento, cuando se deja durante seis meses; y la recaída, que no siempre es inevitable, pero sí habitual.

El documento presentado en el congreso de Semergen, al que EL PAÍS ha acudido invitado por la organización, y que está patrocinado por Adamed —una de las farmacéuticas que comercializan tratamientos farmacológicos para dejar de fumar con subvención pública— establece un abordaje denominado de las cinco aes, al que se deberían acoger todos los profesionales sanitarios que traten pacientes que quieran dejar de fumar.

Se empieza por Averiguar, preguntar al paciente por factores y conductas de riesgo, así como sobre los aspectos que afectan al cambio de la conducta. El siguiente paso es Aconsejar de forma personalizada, para después Acordar los objetivos y métodos más apropiados en función del paciente; Ayudar con técnicas de modificación de la conducta, junto con los tratamientos farmacológicos cuando sean adecuados; para finalizar Asegurando visitas de seguimiento (en el centro o telefónicas) para apoyar y para ajustar el plan terapéutico como se necesite, incluida la derivación a unidades especializadas en caso necesario.

Para la adicción física a la nicotina hay aprobados en España cuatro tipos de tratamientos que están financiados por el Sistema Nacional de Salud. Las terapias de sustitución de nicotina (como parches o chicles, solo subvencionados en Canarias, Navarra y País Vasco); [el bupropion, un antidepresivo](#) que aumenta los niveles de dopamina, noradrenalina y serotonina, emulando la acción de la nicotina; y la [citisiniclina](#) y la [vareniclina](#), dos principios activos similares que ocupan los receptores de nicotina para que la del cigarrillo no pueda hacerlo, reduciendo el placer asociado al consumo de tabaco. Méndez-Cabeza, que ha impartido un taller en el congreso, explica que los médicos deben usar unos u otros (o dos a la vez) en función de las características de cada paciente.

Pero la adicción “más importante”, en opinión de este médico de familia, es la psicológica. “Los fumadores asocian el cigarrillo a situaciones: coge el teléfono, un cigarrillo; va en el coche y hay un atasco, un cigarrillo; un semáforo, un cigarrillo; para descansar en el trabajo, un cigarrillo; te ofrecen uno, lo coges”, enumera.

La terapia que este y otros profesionales emplean empieza tratando de que el paciente analice lo que fuma, que cada vez que enciende un pitillo piense por qué lo hace. “A lo mejor una persona que fuma dos paquetes solo siente una necesidad física real en 10”, asegura. A todos los demás hay que empezar a decir que no. Ahí es cuando está en situación de dejarlo y se puede empezar a bajar la cantidad, incluso antes de los fármacos.

Fuente: [El País, 5/10/2024](#)

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