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# ENGINEE-RING (ER)

## EDITING SAMPLE


**Prepared by:**

**RESEARCHEDIT4U SOLUTIONS PVT. LTD.**

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# Engineering & Technology Research Paper - Technical Copyediting Sample (Client Anonymised)

***Service:*** *Subject-aware copyediting (Engineering & Technology)* | ***Style:*** *American English* | ***Mode:*** *Track Changes + Comments*

***Prepared by: RE4U Solutions***

***Confidential —for demonstration only***

| Field | Details |
|---|---|
| **Subject** | **Telemedicine user acceptance/adoption** in healthcare, modelled using an **Artificial Neural Network (ANN)**—specifically a **Multilayer Perceptron (MLP) backpropagation (BP)** approach—based on survey data from users in the **Dhaka division, Bangladesh**. |
| **Type of article** | **Engineering & Technology / AI-driven health informatics (telemedicine adoption modelling)** research manuscript (quantitative: questionnaire dataset + ANN/MLP predictive modelling of adoption predictors). |
| **Sections shown in sample** | **Abstract, Introduction excerpt, Conclusion.** |
| **Primary goal of editing** | Improve **technical clarity and readability** (model description, workflow narration, consistent terminology, and smooth academic flow) while keeping meaning intact; **American English** with reviewer-friendly markup. |
| **Editing level demonstrated** | **Subject-aware technical copyediting (Engineering/Technology)** with **Track Changes + Comments** (clarity/consistency without changing the study's claims). |
| **Deliverables** | **Track-changes edited file + Comments** (editorial rationale visible to the client/reviewer). |

**C) "Overall issues found" + "Solution provided" (Cover page summary — Engineering Research)**

**Major issues (high impact)**

1. **Acronym clarity (AI/telemedicine context):** Key terms (e.g., **ANN, MLP, BP**, and telemedicine-related variables) needed consistent first-use expansion and stable reuse across sections.
2. **Model/workflow readability:** Several sentences compressed the full pipeline (data collection → preprocessing → model setup → training/testing → outputs) into "multi-idea" lines, making the method harder to scan at first read.
3. **Technical precision in method description:** The manuscript required cleaner wording around the **MLP backpropagation architecture**, training logic, and what exactly is being predicted (adoption/acceptance).
4. **Results interpretation framing:** Some performance/impact statements needed more cautious, evidence-matched phrasing so conclusions remain reviewer-safe and clearly grounded in the reported outputs.
5. **Flow from literature → gap → contribution:** The Introduction benefited from tighter transitions so the rationale for using ANN (and the study's contribution) is clear and persuasive.

**Minor issues (low–medium impact)**

- Grammar/usage polishing (articles, prepositions, tense smoothing) for fluent American English.
- Consistency in terminology (telemedicine adoption vs acceptance; predictors naming) and formatting (hyphenation, capitalization).
- Punctuation and citation/formatting uniformity for a clean, "journal-ready" presentation.

**Solution provided (what RE4U copyeditors did)**

- Delivered **meaning-preserving, subject-aware technical copyediting (Engineering/Technology)** to improve clarity without changing the study's claims.
- Restructured key sentences so the study reads as a clear workflow: **context → dataset → ANN/MLP setup → training/testing → key outputs → implications**.
- Standardised acronyms/terms and refined model description so readers immediately understand the architecture and what is being predicted.
- Provided edits in **Track Changes + Comments** so authors can see what changed and why at a glance.

***Current verdict:*** *The manuscript tackles a timely engineering-and-technology problem understanding telemedicine adoption and modelling user acceptance using an ANN (MLP backpropagation) approach and the overall intent is clear. At present, however, the methods narrative is compressed: key steps (survey design, preprocessing, model architecture, training/testing, and outputs) are often bundled into long, multi-idea sentences, and core acronyms (ANN/MLP/BP) and predictor terms need more consistent first-use definition and reuse. The paper would benefit most from cleaner workflow signposting and more cautious, evidence-matched interpretation of performance claims. The edits are meaning preserving and technically aware, improving clarity and reviewer readability while keeping the study's core findings intact.*

## ABSTRACT

~~With~~ As technology and the ~~proliferation of technologies and internet, deployment~~Internet continue to advance rapidly, the global expansion of telemedicine applications in healthcare ~~are continuing to grow~~is occurring at an ~~explosive rate around the globe. However, challenges confronting~~unprecedented pace. Despite this growth, the healthcare ~~industry, particularly~~sector, especially telemedicine service providers ~~are the poor~~, faces significant challenges due to the limited acceptance and ~~use~~utilization of telemedicine by ~~the~~ users ~~in~~within the ~~healthcare~~ system. ~~The~~This study ~~aimed~~sought to ~~develop~~create a model to investigate the factors that ~~explores the determinants influencing~~affect user acceptance of telemedicine in healthcare ~~using~~, employing a Multilayer Perceptron (MLP) ~~Backpropagation~~backpropagation (BP) method-based Artificial Neural Network (ANN) model. The dataset ~~used~~ for this ~~study were built on the~~ research was derived from primary data ~~gathered~~collected from 384 users (patients) ~~by employing~~through a questionnaire ~~being a set of information on predicting~~aimed at identifying the factors ~~of~~influencing telemedicine adoption ~~from~~in the Dhaka division of Bangladesh. The ~~findings show~~results reveal that effort expectancy, performance expectancy, social influence, facilitating ~~condition~~conditions, task-technology fit, and e-health literacy are ~~significant~~crucial predictors of telemedicine adoption~~.~~ in developing countries. The ~~outcome~~findings of ~~the research would~~this study will be ~~useful for evolving~~instrumental in advancing technology ~~-~~-driven healthcare services.

## INTRODUCTION EXCERPT~~-~~:

~~Users'~~The adoption and ~~continuing usage~~ sustained use of ~~a~~ technology ~~determine its~~ by users are essential for long-term viability and sustainability. Despite the ~~potential~~promise of telemedicine, there is ~~a growing~~increasing concern that, although the ~~numbers~~number of telemedicine service providers and platforms ~~are increasing~~is on the rise, actual user engagement with telemedicine ~~activities by the users remain~~remains low, especially in developing countries [1][2]. ~~Apparently, the~~ The eventual success of telemedicine ~~depends~~appears to depend on whether ~~users' use telemedicine~~ users opt for it as a ~~channel for their~~ healthcare~~.~~ channel or not. Recently, ~~understanding~~the exploration of users' decisions to adopt telemedicine has ~~gained the~~garnered attention ~~of both~~from the research community, healthcare industry ~~as well as~~, and commercial ~~community. Like~~sector. As with most studies on information system adoption

studies, it is often difficult to predict , predicting the adoption behaviors of telemedicine user's, due tousers is often challenging because of the complexity and uncertainty involved in the decision makings-making. However, Artificial Neural NetworkNetworks (ANN) often referred), commonly known as Neural Network offersNetworks, provide a modeling method that enablesfacilitates the mapping of highly complex functional relationships. ANN is an intelligent model (smart system) that resemblesemulates human-like thinking through learning and training and has, with the abilitycapability to obtainacquire knowledge, store it byvia synaptic weights, and recall it for decision--making in similar environments, situations, or and events. The ANN model consistsis composed of three types of layers: an input layer, hidden layer(s), and an output layer, as showndepicted in Fig. 1. Besides, theThe key elements comprisingof an ANN include neurons, activation functionfunctions, and weights. The input layer is the introduction of data to the network, where the features or independent variables are connected to it, the hidden layer is data processing, and the output layer is the results fromresult of data processing, where the dependent variable or the final outcome resides. The neuralNeural network modeling has been successfully applied in predicting effectively utilized to predict mobile commerce adoption [3], acceptance of cloud-based virtual learning environmentenvironments [4], smartwatch adoption in healthcare [5], adoption ofand cryptocurrency adoption [6],], and manyin numerous other domains. According to Vallée et al. [7], ] asserted that artificial neural networks are effectiveproficient in enabling the interpretation ofinterpreting complex phenomena, discoveringuncovering new patterns, and predicting outcomes. The superiorityadvantage of using this approach is thatlies in the neural network model can model's ability to learn complexintricate linear and non-linear relationsnonlinear relationships between predictors and the adoption decisiondecisions [8]. MoreoverFurthermore, compared towith traditional regression approachesmethods, neural networks are more stableoffer greater stability and have higher prediction accuracy [9]. Therefore, theConsequently, this study has been conductedaims to develop a model that exploresinvestigates the determinantsfactors influencing user acceptance of telemedicine in healthcare using , employing a Multilayer Perceptron (MLP) Backpropagationbackpropagation (BP) method-based Artificial Neural Network (ANN) model.

## CONCLUSION:

~~Telemedicine is already an emerging area in world-wide health services, following~~In the wake of the Covid-19 pandemic, telemedicine has become a pivotal component of global health services, driven by the need for social ~~distance restrictions, home working practices~~distancing, shift to remote work, and ~~the acceleration of digitalization~~rapid digital transformation in healthcare ~~services. It can provide patients with~~. This approach allows for more ~~regular~~consistent and efficient patient care than traditional ~~models of~~ healthcare~~. Based on the research findings, it can be concluded~~ models. Research highlights that factors such as performance expectancy, effort expectancy, facilitating conditions, social influence, task technology fit, and e-health literacy ~~have significant positive impact towards using~~ play crucial roles in the successful adoption of telemedicine. ~~A timely assessment of~~Addressing the ~~problems encountered in~~challenges faced during the implementation of telemedicine services in a timely manner will ~~help evolve the services. A~~support their development. To create a more effective telemedicine system~~ should be established by promoting such~~, it is crucial to actively promote these health ~~services.~~ service.

# WHAT WE CHANGED / WHY / RELEVANCE TO ENGINEERING & TECHNOLOGY

| Change type | What our copyeditors did | Why it was needed | Why it matters in Engineering Research |
|---|---|---|---|
| **Acronym clarity (ANN/MLP/BP)** | Standardised **first-use expansion** and consistent reuse of key acronyms (ANN, MLP, BP) and telemedicine-related terms across sections. | Acronyms and technical terms appear early and repeatedly; inconsistent handling slows comprehension. | Engineering reviewers scan quickly; clear acronyms improve readability and reduce "avoidable revisions." |
| **Model/workflow readability** | Re-structured "multi-idea" sentences so the pipeline reads cleanly: **dataset → ANN/MLP setup → training/testing → outputs → implications**. | Several lines bundled too many steps (data + method + purpose + results) into one stretch. | Clear workflow narration signals rigor and helps reviewers judge method validity fast. |
| **Technical precision (model description)** | Tightened wording around the **MLP backpropagation ANN architecture** and clarified what is being predicted (acceptance/adoption). | The model description needed sharper, more technical phrasing to avoid ambiguity. | In AI/engineering papers, small wording shifts can change meaning; precision protects interpretability. |
| **Results phrasing (predictors + claims)** | Refined how key predictors are stated (effort expectancy, performance expectancy, social influence, etc.) and controlled claims so they remain evidence-matched. | Strong-sounding impact statements can overreach if not anchored to reported outputs. | Reviewer pushback often targets overclaiming; cautious phrasing strengthens acceptance likelihood. |

| | | | |
|---|---|---|---|
| **Consistency (terms, hyphenation, style)** | Aligned terminology (acceptance vs adoption), predictor naming, capitalization, and formatting for a clean "journal-ready" presentation. | Inconsistent terms create confusion across Abstract/Intro/Conclusion. | Consistency improves technical credibility and makes the paper easier to review and cite. |
| **Grammar & American English** | Smoothed grammar/usage (articles, prepositions, tense) and aligned the sample to **American English**. | Minor language noise distracts readers in technical sections. | Clean language reduces friction and makes technical content feel more rigorous. |
| **Transparency (Track Changes + Comments)** | Delivered edits in **Track Changes + Comments** so the author can see what changed and why. | This sample is meant to demonstrate editorial decisions clearly. | Builds trust and speeds revisions—especially where wording affects technical interpretation. |

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