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AI + PLAG

REMOVE SAMPLE

RESEARCH
INTEGRITY
SAMPLE

Prepared by:

**RESEARCHEDIT4U
SOLUTIONS PVT. LTD.**
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+91-8093778526



www.researchedit4u.in



info@researchedit4u.in

AI + Originality Rewrite Demonstration (Sample)

Service: AI + plagiarism-safe rewrite (flagged sections refined without changing meaning)

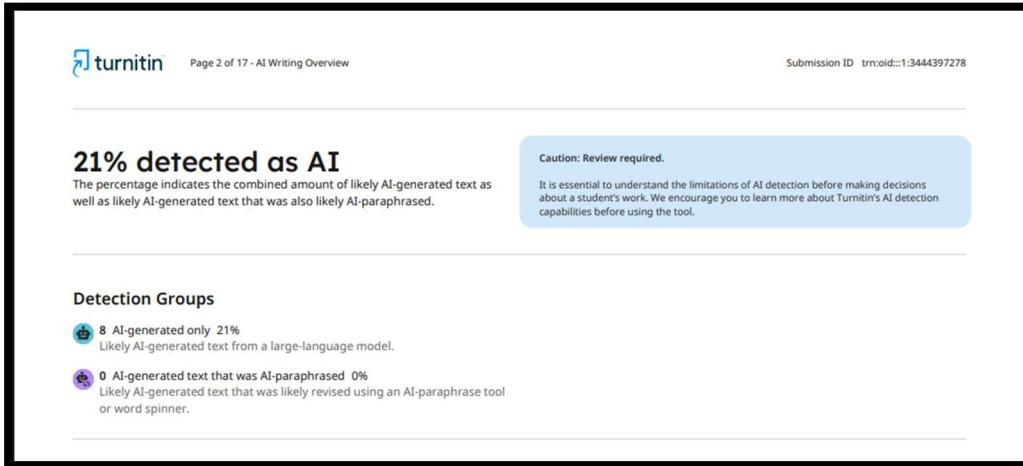
Prepared By – ResearchEdit4u Solutions

What this sample shows

- A "before" AI-writing overview screenshot (Turnitin) for context.
- The flagged excerpt as highlighted in the report (blue highlight).
- A clean human rewrite of the same content (no highlights).
- A short, practical change-log explaining what was modified and why.
- A reference screenshot on AI detection limitations and false positives.

Note: *AI-detection tools can produce false positives/negatives. This sample demonstrates clarity-and originality-focused rewriting while preserving meaning and citations. It does not promise any specific detection score.*

Before: AI Writing Overview (context screenshot)



21% detected as AI

The percentage indicates the combined amount of likely AI-generated text as well as likely AI-generated text that was also likely AI-paraphrased.

Detection Groups

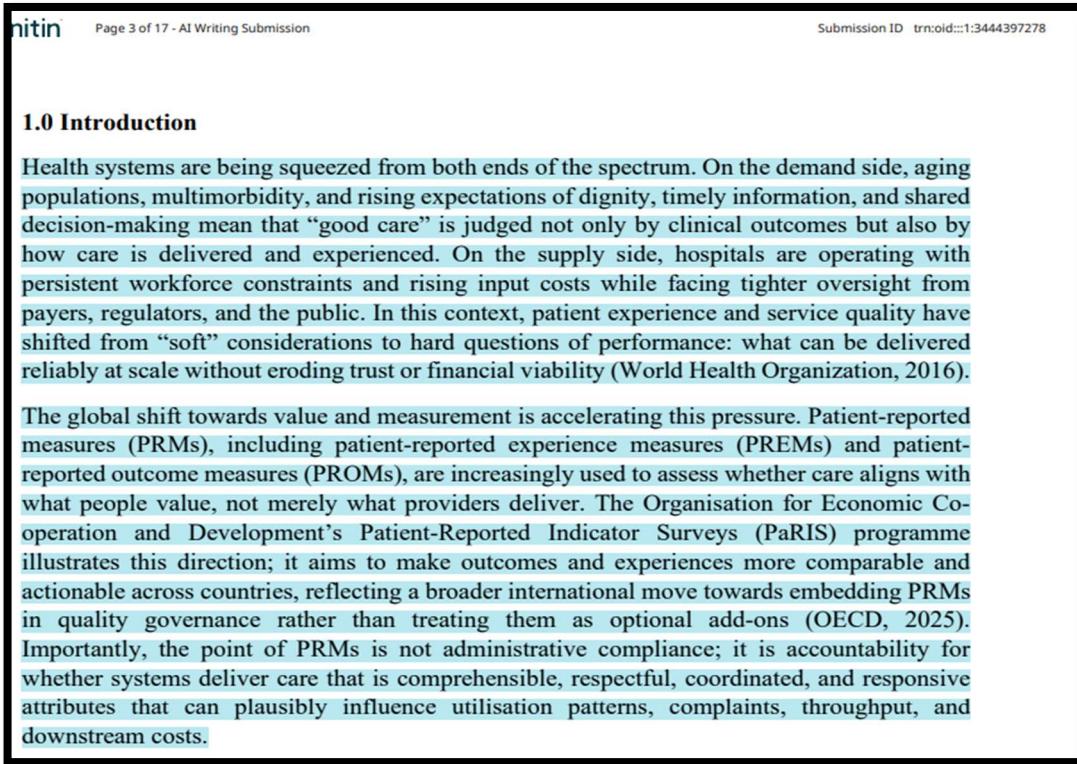
- 8 AI-generated only 21%
Likely AI-generated text from a large-language model.
- 0 AI-generated text that was AI-paraphrased 0%
Likely AI-generated text that was likely revised using an AI-paraphrase tool or word spinner.

Caution: Review required.

It is essential to understand the limitations of AI detection before making decisions about a student's work. We encourage you to learn more about Turnitin's AI detection capabilities before using the tool.

Figure 1. Turnitin AI Writing Overview showing 21% detected as AI (context).

Flagged excerpt (blue-highlighted in report)



1.0 Introduction

Health systems are being squeezed from both ends of the spectrum. On the demand side, aging populations, multimorbidity, and rising expectations of dignity, timely information, and shared decision-making mean that “good care” is judged not only by clinical outcomes but also by how care is delivered and experienced. On the supply side, hospitals are operating with persistent workforce constraints and rising input costs while facing tighter oversight from payers, regulators, and the public. In this context, patient experience and service quality have shifted from “soft” considerations to hard questions of performance: what can be delivered reliably at scale without eroding trust or financial viability (World Health Organization, 2016).

The global shift towards value and measurement is accelerating this pressure. Patient-reported measures (PRMs), including patient-reported experience measures (PREMs) and patient-reported outcome measures (PROMs), are increasingly used to assess whether care aligns with what people value, not merely what providers deliver. The Organisation for Economic Co-operation and Development’s Patient-Reported Indicator Surveys (PaRIS) programme illustrates this direction; it aims to make outcomes and experiences more comparable and actionable across countries, reflecting a broader international move towards embedding PRMs in quality governance rather than treating them as optional add-ons (OECD, 2025). Importantly, the point of PRMs is not administrative compliance; it is accountability for whether systems deliver care that is comprehensible, respectful, coordinated, and responsive attributes that can plausibly influence utilisation patterns, complaints, throughput, and downstream costs.

Figure 2. Excerpt highlighted by the AI-writing report (example).

After: Clean human rewrite (same meaning)

Health systems are being stretched in both directions. On the demand side, populations are aging, more people are living with multiple conditions, and expectations have changed; patients want dignity, timely information, and a real say about their care. Consequently, "good care" is no longer judged only by clinical outcomes but also by how care is delivered and how it feels to experience it. On the supply side, hospitals are trying to keep services running despite persistent staffing pressures and rising input costs while operating under tighter scrutiny from payers, regulators, and the public. In this environment, patient experience and service quality have moved from "nice-to-have" considerations to hard performance questions: what can be delivered reliably at scale without undermining trust or threatening financial sustainability (World Health Organization, 2016). This pressure is intensifying as health systems shift toward value-based care and measurements. Patient-reported measures (PRMs), including patient-reported experience measures (PREMs) and patient-reported outcome measures (PROMs), are increasingly used to check whether care reflects what people value, not just what providers choose to deliver. The OECD's Patient-Reported Indicator Surveys (PaRIS) program reflects this direction by aiming to make outcomes and experiences more comparable and actionable across countries, signalling a broader move to embed PRMs into quality governance rather than treating them as optional add-ons (OECD, 2025). Crucially, PRMs are not just another administrative requirement; they are a way of holding systems accountable for delivering care that is understandable, respectful, coordinated, and responsive, qualities that can realistically shape service use, complaints, throughput, and longer-term costs.

What improved in this rewrite

- *More natural sentence flow and transitions (reduced "template" phrasing).*
- *Restructured clauses to avoid repetitive framing while keeping meaning intact.*
- *Removed mechanical wording and tightened the logic across sentences.*
- *Citations retained; claims and scope preserved.*

Need help rewriting flagged sections responsibly?

Share the flagged excerpt(s) + requirements. We return a clean rewrite plus a brief change-log for each section.

AI detection interpretation (false positives) + change-log

*% detected as AI

AI detection includes the possibility of false positives. Although some text in this submission is likely AI generated, scores below the 20% threshold are not surfaced because they have a higher likelihood of false positives.

Caution: Review required.

It is essential to understand the limitations of AI detection before making decisions about a student's work. We encourage you to learn more about Turnitin's AI detection capabilities before using the tool.

Disclaimer

Our AI writing assessment is designed to help educators identify text that might be prepared by a generative AI tool. Our AI writing assessment may not always be accurate (i.e., our AI models may produce either false positive results or false negative results), so it should not be used as the sole basis for adverse actions against a student. It takes further scrutiny and human judgment in conjunction with an organization's application of its specific academic policies to determine whether any academic misconduct has occurred.

Frequently Asked Questions

How should I interpret Turnitin's AI writing percentage and false positives?

The percentage shown in the AI writing report is the amount of qualifying text within the submission that Turnitin's AI writing detection model determines was either likely AI-generated text from a large-language model or likely AI-generated text that was likely revised using an AI paraphrase tool or word spinner.

False positives (incorrectly flagging human-written text as AI-generated) are a possibility in AI models.

AI detection scores under 20%, which we do not surface in new reports, have a higher likelihood of false positives. To reduce the likelihood of misinterpretation, no score or highlights are attributed and are indicated with an asterisk in the report (*%).

The AI writing percentage should not be the sole basis to determine whether misconduct has occurred. The reviewer/instructor should use the percentage as a means to start a formative conversation with their student and/or use it to examine the submitted assignment in accordance with their school's policies.



Figure 3. Turnitin guidance excerpt on false positives and interpretation.

What we changed and why (summary)

Category	What was done	Why it was changed
Structure	Rebuilt sentence order to improve readability and reduce repetitive framing.	Improves human flow while preserving meaning.
Voice & tone	Replaced mechanical or formulaic phrasing with clearer, reader-friendly wording.	Reduces "template" feel; improves naturalness.
Redundancy	Removed repeated constructions and tightened long clauses.	Supports concision and originality.
Clarity	Made cause-effect links explicit across sentences.	Helps non-expert readers follow the logic.
Terminology	Kept PRM/PREM/PROM terms; simplified surrounding phrasing.	Maintains technical accuracy with better readability.
Citation integrity	Kept citation anchors (WHO 2016; OECD 2025).	Avoids altering evidence base.

THANK YOU

**STUCK WITH AI SCORE AND PLAGIARISM REMOVE
ISSUE?**

Next step: Share your Draft/Paper+ Score (AI;Plagiarism)

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permissible standard**

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