UNIVERSITI PUTRA MALAYSIA

MOVE/STEP ANALYSIS OF LEARNERS' ORAL CASE PRESENTATIONS BY MEDICAL UNDERGRADUATE STUDENTS

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By

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July 2017

Chairman   : Afida Mohamad Ali, PhD
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An oral case presentation (OCP) is a clinical communication that is essential for medical students to share pertinent information about patients' reasons of admission, diagnoses and managements with their medical lecturers in an academic medical setting. Vast sources of literature have paid much attention on the genre analysis of written academic medical discourse such as case reports and journal articles. However, studies on OCP in academic settings using the genre approach particularly move analysis have yet to be researched.

In producing oral case presentations, medical students are unable to organize information on chief complaints up to plans and managements. There are varied sources of OCP guidelines proposed that the students refer to in producing their OCPs. The main aim of this study was to carry out a schematic structure analysis particularly to find out the presence and sequence of moves and steps in the OCPs. In addition, linguistic features were identified to determine the moves and steps in the OCPs. This study also looks at how medical lecturers develop their teaching strategies in moulding and shaping students' OCP especially in constructing the schematic structure of the genre.

Bhatia's (1993) genre theory which focuses on textual patterning and involves move/step analysis, text patterning and lexical grammatical feature was applied in this study. In total, thirty OCPs from thirty students who were in third, fourth and fifth year of study were collected from six different medical specialties namely Imaging, Medicine, Obstetrics and Gynaecology, Paediatrics, Psychiatry and Surgery, in the medical faculty of a public university in Malaysia. Qualitative data analysis was done using ATLAS.ti software in order to find out the presence and sequence of moves and steps in OCPs. AntConc software was also utilised to find out the frequency of linguistic features in the OCPs.

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Findings of the study show that Move 1 (M1) of chief complaint and Move 2 (M2) of history of presenting illness were used extensively in all thirty OCPs while the least move that was used was Move 11 (M11) of assessment and plan. The data analysis also revealed thirteen new moves such as menstrual history and nutritional history which were subjected to specific medical specializations. However, two new moves were emerged in all medical specialties, namely, provisional diagnosis and differential diagnosis. Noun phrases (NP) were used comprehensively in all the OCPs to indicate how one move progresses to a different move such as "family history", "menstrual history" and "physical examination."

This study contributes to the literature on medical discourse, specifically, English for Medical Purposes (EMP) by providing a more structured and coherent guideline in producing OCP for novices so that they can organize their thoughts and gather information to produce a good and meaningful OCP.

Abstrak tesis yang dikemukakan kepada Senat Universiti Putra Malaysia sebagai memenuhi keperluan untuk Ijazah Master Sastera

ANALISA *MOVE/STEP* DALAM PEMBENTANGAN KES SECARA LISAN OLEH PELAJAR SARJANA MUDA PERUBATAN

Oleh

NUR FARAH FADHLIAH BINTI MAHMUD

Julai 2017

Pengerusi   **: Afida Mohamad Ali, PhD**
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Pembentangan kes secara lisan merupakan kaedah komunikasi klinikal yang penting untuk kalangan pelajar perubatan dalam membentangkan maklumat penting mengenai keadaan pesakit-pesakit semasa di dalam wad kepada para pensyarah perubatan mereka. Kebanyakan kajian-kajian lepas lebih memfokuskan analisis genre dalam wacana penulisan akademik bidang perubatan seperti laporan kes dan penulisan artikel. Walau bagaimanapun, kajian akademik tentang pembentangan kes secara lisan yang menggunakan pendekatan genre khususnya analisis *move/step* masih belum diselidiki.

Didapati pelajar-pelajar perubatan tidak dapat menyusun atur maklumat yang bermula daripada *chief complaint* sehingga *plans and managements* dalam menghasilkan pembentangan kes secara lisan. Dalam hal ini, para pelajar mengalami kekeliruan untuk mengikuti ketetapan yang sepatutnya kesan wujudnya kepelbagaian garis panduan yang dikemukakan oleh para pensyarah dan laman sesawang universiti. Oleh itu, matlamat utama kajian ini adalah untuk menjalankan analisis struktur skema terutamanya terhadap kewujudan dan *move/step* dalam pembentangan kes secara lisan. Selain itu, penanda linguistik juga telah dikenal pasti untuk menentukan langkah-langkah yang wujud dalam pembentangan kes secara lisan. Kajian ini juga turut melihat bagaimana para pensyarah perubatan membangunkan strategi pengajaran dalam penyediaan dan pembentukan kes secara lisan terutamanya dalam membina skema bagi struktur genre.

Kajian ini menggunakan teori genre daripada Bhatia (1993) yang memfokuskan ciri-ciri teks, analisis langkah, pola teks dan ciri leksikal dalam ketatabahasaan. Sebanyak tiga puluh data telah diperoleh daripada tiga puluh orang pelajar yang merupakan pelajar-pelajar tahun tiga, empat dan lima khususnya daripada Jabatan Pengimejan, Obstetrik dan Ginekologi, Pediatrik, Psikiatri, Perubatan dan Pembedahan dari sebuah universiti tempatan di Malaysia telah dikumpul. Analisis data secara kualitatif telah dilakukan dengan menggunakan perisian komputer ATLAS.ti dalam mengenal pasti kewujudan dan turutan langkah pembentangan kes secara lisan. Selain itu, perisian

komputer AntConc juga telah digunakan untuk mengenal pasti kekerapan penanda linguistik dalam pembentangan kes-kes secara lisan.

Dapatan kajian menunjukkan *Move* 1 (M1) daripada *chief complaint* dan *Move 2* daripada *history of presenting illness* wujud dalam kesemua 30 pembentangan kes secara lisan manakala *Move 11* iaitu *assessment and plan* adalah langkah yang paling kurang kewujudannya. Analisis data juga memaparkan terdapat 13 langkah yang baru muncul seperti *menstrual history* dan *nutritional history* yang mana langkah-langkah ini tertakhluk kepada pengkhususan dalam bidang perubatan. Walau bagaimanapun, terdapat 2 langkah baru yang muncul seperti mana yang dinyatakan dalam semua bidang perubatan iaitu *provisional diagnosis* dan *differential diagnosis*. Selain itu, frasa nama juga telah digunakan sepenuhnya dalam pembentangan kes secara lisan ini untuk menunjukkan bagaimana sesuatu langkah itu beralih ke arah langkah yang lain seperti *"family history", "menstrual history"* dan *"physical examination."*

Oleh itu, diharapkan kajian ini dapat menyumbang dalam bidang wacana perubatan khususnya *English for Medical Purposes* (*EMP*) dengan menjadi garis panduan pembentangan kes secara lisan yang kohesi, sistematik dan menyeluruh kepada pelajar-pelajar perubatan. Dengan ini, mereka dapat menyusun idea dan mengumpul maklumat yang baik serta berkualiti dalam pembentangan kes.

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Thank you and may Allah S.W.T bless all of you.

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I certify that a Thesis Examination Committee has met on 12 July 2017 to conduct the final examination of Nur Farah Fadhliah binti Mahmud on her thesis entitled "Move/Step Analysis of Learners' Oral Case Presentations by Medical Undergraduate Students" in accordance with the Universities and University Colleges Act 1971 and the Constitution of the Universiti Putra Malaysia [P.U.(A) 106] 15 March 1998. The Committee recommends that the student be awarded the Master of Arts.

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Declaration by graduate student

I hereby confirm that:
- this thesis is my original work;
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This is to confirm that:
- the research conducted and the writing of this thesis was under our supervision;
- supervision responsibilities as stated in the Universiti Putra Malaysia (Graduate Studies) Rules 2003 (revision 2012-2013) are adhered to.

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LIST OF ABBREVIATIONS

EAP	English for Academic Purposes
ESP	English for Specific Purposes
LSP	Language for Specific Purposes
MCP	Medical Case Presentation
M1	Move 1
M1S1	Move 1 Step 1
M1S2	Move 1 Step 2
M2	Move 2
M2S1	Move 2 Step 1
M2S2	Move 2 Step 2
M2S3	Move 2 Step 3
M2S4	Move 2 Step 4
M2S5	Move 2 Step 5
M3	Move 3
M4	Move 4
M5	Move 5
M6	Move 6
M7	Move 7
M8	Move 8
M9	Move 9
M10	Move 10
M11	Move 11
NR	New Rhetoric
OCP	Oral Case Presentation
OCPs	Oral Case Presentations
SFL	Systemic Functional Linguistics
UPM	Universiti Putra Malaysia

CHAPTER 1

INTRODUCTION

1.1   Introduction

This chapter presents ideas on what this thesis seeks to research upon. The introduction section will be in a sequence as follows: the background of the study, an overview on medical case presentation, definition of genre, reasons for difficulties with oral case presentations among students, statement of the problem, research objectives and research questions, significance of research, limitation of the study, definition of key terms and summary of the chapter.

1.2   Background of the Study

It is now globally recognized that English language has become the language of international communication (Coury, 2001; Crystal, 2003; Jenkins, 2004; Seidlhofer, 2005). The widespread need for English has put a considerable pressure on the educational resources in many countries, especially in Asia since English is acknowledged as a second language. Apart from that, English is the world recognized language in medical science by medical professionals (Kang, 2004) and almost all medical information that students need to access is in English, especially in terms of the jargons or specialized terminologies.

Hutchinson and Waters (1987) stated that most written documents or reports of medicine are written in English. Medical students need English to read and understand textbooks and journals and also to write medical prescriptions, patient charts and medication sheets with treatments. Kurfürst (2005) also claimed that English is the most vital tool for them to have discussions in class, conference or meetings regarding patients' healthcare conditions. Milosavljevic et al. (2015) viewed that English has become the *lingua franca* of communication in the field of medical sciences, especially, in correspondences, conferences and writing scientific articles.

In medicine, medical case presentation (MCP) is known as the clinical communication skill whereby clinicians need to disseminate information regarding patient's reasons of admission, diagnoses and management plans (Carleton & Webb, 2012). An overview on MCP will be elaborated in the next section.

1.3   An Overview on Medical Case Presentation

Generally, physicians have to record patients' cases in a certain order as dictated by each specialization. Once they are done with the clerking, they have to present the data collected to their respective seniors in a good, clear and structured presentation, mainly using the English language. Normally, physicians use the language such as Malay, Chinese or Tamil language (in the context of this study which is in Malaysia) that is

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familiar to the patients in order to seek detailed information from the patients. The task of physician-physician interaction regarding patient's healthcare condition is called case presentation.

Medical case presentation (MCP) can be done in two ways, either via written or oral mode. The last few decades have witnessed studies on MCP both written and spoken, within the medical academic setting (Anspach, 1988; Nwogu, 1997; McCarthy & Reilly, 2000; Green et al., 2005; Chacko et al., 2007; Davenport et al., 2008; Cianflone, 2011; Dell et al., 2012; Hung et al., 2012; Chan, 2015; Grant & de Val., 2016). Such studies revealed that written medical case report is one of the highly established text genres in medical academic prose as it constitutes new or rare finding that is allied to disease, syndrome or disorder found in a patient (Mendez-Cendon, 2009).

MCP performs a dual function in teaching hospitals (Schryer et al., 2003) whereby physicians convey complex information regarding patients' health care, and it is an educational tool that medical students use to demonstrate their problem-solving abilities to their medical educators. McCarthy and Reilly (2000) asserted the importance of case reports where they provide vast resources for teaching and research in medicine. Sometimes medical students are required to prepare a written medical report first instead of performing oral case presentation or vice versa. This activity enables discussions among students and lecturers about future plans and managements that need to be done. However, different specializations require different styles of getting information about a patient.

In line with the objective of this study, oral case presentations performed by medical students are investigated. This research will only focus on the oral mode of medical case presentation.

1.3.1   The Oral Case Presentation: An Overview

The presentation of oral case (OCP) needs to be mastered by medical students as it has been recognized by the Clerkship Directors of Internal Medicine, Association of American Medical Colleges (AAMC) (Goroll & Morrison, 1998), Accreditation Council for Graduate Medical Education (ACGME) and medical educators (Donnelly, 1988; Maddow et al., 2003).

Founded by the Dean of the New Orleans Medical School, Erasmus Fenner, the first OCP made its debut from patients' narratives back in 1984. Fenner required his medical students to read patients' case write-ups to medical professors during ward rounds. According to Davenport et al. (2008), the act of reading patient narratives was developed from written case report due to its structure similarities. What makes it different for both is that the case report is prepared in written discourse while case presentation is delivered in oral discourse.

OCP is done to transform a patient's story using some of the patient's words, into the history of present illness. Doctors from all professional levels have to perform this practice because "it is essential for the transfer of nuanced clinical information and relevant clinical information" (Shannon, 2012, p.16) and "provides a means of collaboration to provide meaningful and health-promoting interventions" (Epstein, 1995, p.403). Therefore, OCP is an important communicative event that is carried out by physicians as it has its own purpose and requires mastery in delivering a good, clear and structured presentation regarding the history, diagnoses, and managements of the patients.

Spafford et al. (2006) for example, identified oral case presentation as a genre that is used by health care providers to share important information about the identification and management of patients' illness. Fleischman (2003, p.473) also viewed this genre as "a highly conventialized linguistic ritual involving stylized vocabulary, syntax and discourse structures which, when examined under a linguistic microscope, reveal tacit and subtle assumptions, beliefs and values concerning patients, medical knowledge and medical practice to which physicians in training are covertly socialized."

In the process of OCP such as history taking, students should act as a detective whereby they have to investigate and find out the cause of the patients' medical problems. Juma and Goldszmidt (2017) claimed that as students started their training in clinical settings, case review becomes an important venue for learning clinical reasoning. They have to present it in a chronological order in relevance to the medical specialization such as Obstetrics and Gynaecology, Paediatrics, Psychiatrics, Anaesthetics and so forth. Besides presenting a patient's state of health, medical students are also required to use clinical reasoning thought processes to gather, synthesize and present the patient's medical data such as patient's history, physical and lab tests to other care providers. These processes should be done in a "cogent and succinct manner" (Wiese et al., 2002, p.29). Lingard and Haber (1999a) suggested that students must learn how to talk "medically" so that they can make themselves recognizable in the medical community. They have to know how to persuade others about diagnosis and plan and to enlist the cooperation required for the delivery of patient care. So, how do medical students perform their OCP in front of their lecturers and how do the lecturers mould their OCPs at the same time? To answer these questions, the present study will investigate learners' corpus of OCPs in order to look at the teaching strategies used in performing OCP.

However, Maddow et al. (2003) claimed that majority of the discussions related to medical communication concerned physician-patient communication, whereas inter-physician communication is addressed less frequently. They suggested that inter-physician communication such as OCP needs to be taught to medical students as it is the major clinical skill that functions mainly to discuss information about the patient's case to other physicians.

Similarly, Lingard et al. (2003) claimed that case presentations play a major part in structuring students' clinical professional learning. Davenport et al. (2008) asserted that medical students receive education on how to give oral case presentations through two general ways which are didactic and on-site training. In Boston, Davenport et al. (2008)

mentioned that the students receive their didactic training during their two years of medical school, whereas on-site training takes place during clerkships.

Chan (2015) posited that OCP as one of the means to evaluate novices' competence in medical knowledge and clinical reasoning skills. She claimed that both novices and lecturers will be frustrated if the novices failed to acquire both skills especially in presenting an effective OCP. Therefore, the teaching of OCP with its finer requirements as in (1) to facilitate patient care, improve efficiency on rounds, (2) to assist as a motivation for individual and group learning and (3) to allow students and residents evaluation, as suggested by Green (2006), determine the complexity of the OCP, which simultaneously challenge the novices in delivering a high quality OCP. The next section will outline the reasons why medical students are having difficulties in presenting OCP towards their lecturers.

In brief, it can be said that there are many opinions regarding how OCP should be delivered in medical academic setting. OCP is a universal specialised text that needs to be mastered and communicated by people in clinical medicine. However, despite its importance, there are still lacks of national guidelines for OCPs (Green, 2006) being introduced in the medical community. Further information on past studies on OCP will be discussed in Chapter 2, especially in relation to genre analysis. Next section seeks to give brief definition of genre theory as it will be adapted as the theoretical approach of this research.

1.4   Definition of Genre

To start off, the word *genre* has its own interesting elucidation regarding the concept of genre. Basically, the word *genre* has often been associated with literary studies, media and communication studies and rhetorical studies (Bawarshi & Reiff, 2010). According to Bawarshi and Reiff (2010), the word *genre* originated from the Latin word *genus* which carries the meaning of 'kind', 'class' or 'category'. Linguistically, genres can be explained as the categories of discourse. At the same time, they linked the word *genre* with the Latin word *generare* which can be defined as 'to create'.

Richards and Schmidt (2002) also defined genre as:

> …a type of discourse that occurs in a particular setting that has distinctive and recognizable patterns and norms of organization and structure, and that has particular and distinctive communicative functions… (p.224).

Interestingly, in recent years, there has been an increasing interest in the study of *genre* especially in language development. Paltridge (1996) found that there are differences between genre and text type. By referring to Biber's (1988) perspective towards the terms of genre and text type, Paltridge (1996) summed up that "the term 'genre' categorizes texts on the basis of external criteria, while 'text type' represents groupings of texts which are similar in linguistic form, irrespective of genre" (p.237). Thus, genre and text

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type can be confusing as both are different, but complementary, depending on the outlook of the text. As Freedman and Medway (1994) discovered,

> While recognising that genres can be characterized by regularities in textual form and substance, current thinking looks at these regularities as surface traces of a different kind of underlying regularity. Genres have come to be seen as typical ways of engaging rhetorically with recurring situations. The similarities in textual form and substance are seen as deriving from the similarity in the social action undertaken… (p.2).

Briefly, this research applies genre theory i.e. English for Specific Purposes (ESP) to achieve the objectives of this research which will be discussed in Section 2.2, 2.3 and 2.4. ESP highlights the use of move analysis approach to investigate learners' corpus as in this research, the undergraduate medical students' oral case presentations. This theory also identifies the organizational structure of the texts and the realization of linguistic features available in the OCPs. The next section will discuss the difficulties with the OCPs faced by the students.

1.5 Reasons for Difficulties with the Oral Case Presentation among Students

Oral case presentation is the key genre for students to have medical knowledge and clinical reasoning skills to present details of the patient's history, physical examinations and laboratory tests. In creating an OCP, they have to determine the placement of the content and to improve clarity to facilitate understanding by the listener (Green et al., 2005). Yet, students sometimes do not recall on what to ask or examine pertaining to the differential diagnoses of the patients, thus affect the content of the presentation (Onishi, 2008). Even though OCP constitutes shared knowledge among novices and lecturers (Wiese et al., 2002; Schryer et al., 2003), novices are still facing difficulties to present good and high-quality OCP since the guidelines of OCP is not standardized universally in medical institutions. This also conforms to Williams and Surakanti (2016)'s study whereby they claimed that OCP has not been taught consistently and effectively in medical schools. Green (2006) observed that the lack of national guidelines and standards reflected the varied contexts in which OCPs are presented.

Likewise, Davenport (2008) indicated that students are struggling in delivering proper OCPs since there is no universally accepted or widely used tool to help learners improve oral presentation skills. This problem was highlighted back in 1985, whereby Kurt Kroenke in his article *The Case Presentation: Stumbling Blocks and Stepping Stones* emphasized that OCP is poorly taught, therefore early education is crucial. This problem still persists and raised by Chan (2015) on concerning a challenge in teaching how to clerk good OCPs is related to its complex rhetorical nature of the activity. This shows that there is still a struggle from the last 20 years in providing high-quality and standard guidelines of OCP to be used in medical institutions globally.

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Lingard and Haber (1999) and Haber and Lingard (2001) outlined the difficulties faced by students in delivering proper and correct style of OCPs. Wiese et al. (2002) encountered similar problems in presenting only relevant information and to disregard what is not among medical students.

Lingard and Haber (1999) claimed that the OCP, for students, is a feared-component of clerkship curriculum as they have trouble in determining relevance regarding patients' state of health especially in specifying patients' history. This happens when students face difficulties in organizing the information to construct the patient's story for the presentation. Therefore, in order to become a successful physician after their housemanship, students must learn how to perform a good presentation so that they can get the important points across in terms of diagnosis and plan for patient's management. Haber and Lingard (2001) emphasized that there is a need to understand how OCP is taught and learnt by the students. Consequently, their study revealed that there were differing perspectives from both students and teachers whereby the students described and presented oral case presentation as a rigid, rule-based storage activity governed by "order" and "structure" (p.311). On the other hand, the teachers perceived oral case presentation as both "a story you tell and an argument you make" (p.311).

Colgan (2014, p.1) asserted that he witnessed "students, residents and even physicians present in a haphazard ways. These people often have intelligent contributions to make to the discussion, but their message is often lost in the confusion and disarray of ideas." This illustrates that there is still a struggle in providing systematic description on how an OCP should be carried out, thus affects students to have difficulties in presenting an organized OCP. Furthermore, Chan (2015) claimed that the students are only guided by the lecturers on how to perform their OCP based on their experience.

Melvin and Cavalcanti (2016) addressed that there are limited attention given to developing case presentations as tools for structured teaching and assessment. Attending physicians always explicitly outlined the expectations for the students' OCPs. The students seemed to have difficulties on what to expect in performing their OCPs as there are differences in the desired presentation formats from the lecturers' personal preference. In general, this requires 'relevance' as proposed by Lingard et al. (2003) whereby it is important to place supervisors according to context. Here, "relevance for particular pieces of information will change depending on clinical details, setting, audience, and purpose of the presentation" (Melvin & Cavalcanti, 2016, p.2187).

Importantly, OCP is regarded as one of the key genres in medical education that evaluates novices' medical knowledge and clinical reasoning skill. However, genre studies on this professional discourse in the academic classroom setting are scarce. Studies on the structure of case presentations have so far focused on written and published medical academic discourse, for example medical journals (Hung et al.; 2012), research paper (Nwogu, 1997), case reports (McCarthy & Reilly, 2000; Cohen, 2006; Aitken & Marshall, 2007; Cianflone, 2011; Lysanets et al., 2017) and research articles introduction (Mahzari, 2008; Yang et al., 2015; Validi et al., 2016). Yet, researches that examined the characteristics of OCP especially in terms of move-step analysis, move sequences and linguistic features using a genre theory are yet to be studied.

Therefore, despite the importance in knowing the structure in OCP, this study is proposed to provide teaching and learning support for both teachers and novices to acquire this mode of medical communication. Consequently, a theoretical model is needed to overcome serious problems towards the teaching and learning efforts of this clinical skill (Chan, 2015).

1.6   Statement of the Problem

Taking into consideration the claims made by Green et al. (2005), Lingard and Haber (1999), Haber and Lingard (2001) and Lingard et al. (2003) which noted that students have problems in delivering good, structured and high-quality oral case presentation, this study is motivated to examine the OCPs' structure performed by medical students using genre theory. Juma and Goldszmidt (2017) also criticized that students in their pre-clinical years are taught mostly on how to perform clinical tasks, such as history-taking. This confirms the claim made by Goldszmidt et al. (2013), whereby they stated that medical school and residency programs have overlooked one of the activities that is important to the students which is the reasoning tasks. This has caused inefficiency to gather the information from the clinical clerkship of the patients' word-of-mouth into medical text such as the OCP. This scenario has led to the concerns on how to structure a case presentation, particularly on what to put in, what to leave out and what to focus. Henceforth, the present study will look at how OCPs are structured and performed in front to their lecturers in academic classroom setting.

In Malaysia, medical students are required to present case presentations in English as what has been accredited by the National Accreditation Board and The Malaysian Medical Council (Lim, 2008). To define, accreditation is an official procedure appointed by external authoritarian bodies and is responsible at government level to evaluate educational institutions using "established criteria, standards and procedures" (Cueto et al., 2006, p.208).

According to Mafauzy Mohamed (2008), the existence of the Malaysian Medical Council (MMC) is to ensure that medical graduates become competent medical practitioners to practice in Malaysia. MMC is the responsible body that sets standards and certifies achievements of the standards of medical degree programme either within or outside Malaysia. However, this process is done as a final product, while training, teaching and curriculum are set and determined by the universities that deal with medical programmes. This issue was raised by Salam et al. (2008), i.e. whether medical schools or universities lived up to community's expectations in meeting their health needs. Surprisingly, the answer was not entirely yes. Even though the major aim of medical education is to produce doctors who are competent in providing medical services to the community, not all undergraduates are apt to that competency.

To the best of the researcher's knowledge, there seems to be lack of studies on the generic structure of OCP performed by novices especially the one presented in front of their medical lecturers in a non-clinical setting done in Malaysia. Studies have merely done on the communication skills among doctors and patients in breaking bad news and patient-centredness (Aaijaz Ahmed Khan, 2009; Abdus Salam, 2008; AR Yong Rafidah,

2007; Chan, 2012; Kwok Chi Leong, 2006; Lukman, 2009; Norazah Mohd Suki, 2011; Tan Chai Eng et al., 2012).

Apparently, quite a number of non-Malaysian studies have covered the generic structure of OCP that need to be followed by medical trainees (Davenport et al., 2008; Wolpaw et al., 2003; Weed, 1968; Donnelly, 1988; Goldberg, 2008; Maddow et. al, 2003; Dell et al., 2012; Weitzel et al., 2012; & Anspach, 1988, Onishi, 2008; Grant & de Val, 2016). However, these studies have not conducted any analysis on the sequences of moves and steps especially using a corpus linguistic method. Hence, this has urged the researcher to study the move-step structure of OCP in an academic setting among novices as it is assumed to be their starting point of their clinical skill and clinical diagnosing.

OCPs also carry specific communicative purposes whereby it is an act of presenting patients' health information from one doctor to another doctor to discuss patients' health problems and investigations. In OCPs, medical language plays an important role in delivering information regarding patients' healthcare conditions. OCPs are filled with medical jargon and terminology, which can make the medical students being realized as medical professionals. Despite rich literature existing on physician-patient communication, studies on medical language were done due to the awareness that physicians interact and communicate differently to their patients than they do among themselves. However, there seems to be lack of studies analysed linguistic features that signal the moves and steps in OCPs. Past studies only showed the struggle of medical students in using proper language while presenting OCPs (Caldicott, 1998; Anspach, 1989; Spafford et al., 2007). Furthermore, this study also observes how the medical lecturers shape their students' OCPs while they present it in class. On the whole, this study will be beneficial for the medical community as it will inform them that there is a need to produce a standard or an accepted guideline of OCP. Other than that, novices can know the lecturers' expectations in presenting OCP especially on what to be included in the OCP.

Apart from the limitation of studies done on medical students' OCP in academic classroom setting in Malaysia, this study seeks to have a deeper understanding on how OCP performed by students is structured and how the lecturers shape the OCP especially in a non-clinical setting. Since the students have been introduced to OCP structure in their first and second year of medical curriculum, it is assumed that they (the third and fourth undergraduate medical students) should not have any problems in presenting their OCP.

As stated before, many investigations were mostly on the rhetorical structure in academic written texts such as medical articles and case reports (Nwogu, 1997; Cohen, 2006; Murawska, 2010; Gagnier et al., 2014; Cianflone, 2011; Hung et al., 2012). Other than that, the findings from six OCP guidelines from Wiese et al. (2002), Schryer et al. (2003), Green et al. (2005), Davenport et al. (2008), Hung et al. (2012) and, Grant and de Val (2016) were observed to be lacking in identifying the schematic structure of the OCPs using the genre theory approach. These studies showed the general structure of the OCP guidelines such as history of presenting illness, past medical history, past surgical history and, assessments and plans.

Basically, medical educators recognize OCP as a core clinical skill presented in medical education as it acknowledges problem-solving skill among students. However, this medical genre is vague whereby it seems that there are lack universal structured guideline for medical students to follow even though "the practice of OCP is universally taught in medical school and applied during clinical training" (Wiese, 2002, p.29). This is attested by the presence of vast sources available in academic journals and universities' websites that introduce various guidelines on OCP. Such information may have a downside with regards to a standard OCP structure that students can strictly or flexibly follow the guidelines provided in their medical curriculum.

This study introduces learner corpus of undergraduate medical students' OCPs as they are still learning on how to perform OCPs in classrooms. According to Tono (2009), learner corpus is regarded as texts produced by learners of a second or foreign language. This study observes learner corpus' of OCPs done by medical undergraduate students because it can provide beneficial data to identify the complexity of OCP texts which have made difficulties for leaners to produce an organized report of patients' history, diagnoses and clinical managements. Due to the fact that they are still learning, therefore, their production of OCP may have errors in the structure, language and content. Therefore, the lecturers also play their role in moulding and correcting students' OCPs as their strategies for the students to produce better OCPs. The students may not be following the sequence of presenting case presentations and the expectations of the lecturers may be different from the students' expectations.

Hence, the present study is needed to answer and to fill the gap by providing an overall understanding of the professional genre of OCP in academic setting. It is important to identify the linguistic features which can lead to communicative purposes featured in OCP. Therefore, it is vital for the novices to pay attention in using a coherent and systematic structure of OCP.

1.7   Research Objectives

The study seeks to address the following objectives:

1. To analyse the rhetorical structure and move sequence in oral case presentations by medical undergraduate students.
2. To identify the linguistic features that realise the moves and steps of oral case presentations.
3. To find out how medical lecturers shape their students' oral case presentations as an act of giving feedback and reinforcing learning.

1.8   Research Questions

Several research questions were formulated to achieve the research objectives:
1. What are the rhetorical structure and move sequence of oral case presentations?
2. What are the linguistic features that realise the moves and steps in oral case presentations?

3. How do lecturers shape their students' oral case presentations as an act of giving feedback and reinforcing learning?

1.9   Significance of Research

It is important to analyse the move-step structure of OCP in the medical field as the issue of poor communication skills among Malaysian medical graduates have been raised by the Malaysian government. Importantly, medical students' first step of communication with patients is by interaction with other physicians or lecturers as to report patients' health condition. Therefore, this study would shed light into the questions of how OCPs are produced by medical students.

The contribution of this study will redound to the benefit of medical community by highlighting the chronological schematic structure of OCPs considering that medical students are facing difficulties to arrange patients' history, diagnoses and managements accordingly. Therefore, the existence of this study could contribute to the body of knowledge in medical discourse in relation to genre theory as it develops awareness on the generic structure of OCP for undergraduate medical students. Students also will be guided based on what are expected by the lecturers in presenting the case presentations. Also, this multidisciplinary study connects two disciplines, Linguistics and Medicine as both could aid physicians' clinical communication skills which may contribute towards the usage of English language in the medical profession.

1.10   Limitation of Research

The aim of this study is to provide a body of knowledge on the analysis of OCPs in general medical specializations performed by third, fourth and fifth year medical undergraduate students. There are, however, some limitations to this study. The nature of this study is to provide a general outlook on the genre of OCP. However, genre is dynamic and changes overtime. This study only managed to obtain thirty OCPs from six different medical specializations in order to determine its rhetorical structure. Nevertheless, the results and implications of the present study should be treated as suggestive in order for future researchers to conduct more studies on selected professional genre.

Hence, thirty OCPs by medical undergraduate students from one public university in Malaysia were analysed using a revised version of OCP (which are based on the observations done on six different OCP structures) which will be discussed in Section 3.6.

1.11   Definition of Key Terms

Throughout the present study, several key terms will be used and its definitions are as follows:

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1.11.1 Oral case presentation

Oral case presentation (OCP) is a clinical communication skill that is realized by medical community to be part of the essential activity done among medical professionals. The content of OCP is similar to the written case report as clinicians disseminate information regarding patients' reasons of admission, diagnoses and managements (Carleton & Webb, 2012). This activity is usually done in medical academic setting.

1.11.2 Schematic structure

Schematic structure is one of the important elements in the analysis of a genre as it introduces move-step analysis (Swales, 1990; Bhatia, 1993; Nwogu, 1997). Each move and step usually signalled by linguistic features which carry specific communicative purposes of the genre.

1.11.3 Moves

Moves are semantic functional units that have identifiable communicative purposes which are directly and coherently related to the communicative purpose of their genre. (Ding, 2007; Connor et al., 1995; Holmes, 1997; 2001; Nwogu, 1997; Bhatia, 1993, 2004; Flowerdew & Wan, 2010).

1.11.4 Steps

Steps are tactics within moves which appear in a fixed and predicTable sequence (Swales, 1990).

1.11.5 Move sequence

Move sequence is done using a corpus linguistic tool to expose the pattern of move occurrences in a rhetorical structure of a text (Bhatia, 1993).

1.11.6 Learners' corpus

It is a computerized textual database of language produced by second or foreign language learners (Leech, 1998). It is used to pointed out how languages are learned and how to help in making learning process better (Pravec, 2002).

1.12 Summary of the Chapter

To sum up, this chapter briefly discusses what oral case presentation is and how it becomes an important educational tool for medical students and novices to apply in non-clinical settings. This study also covers research objectives, research questions, significance and limitation of study in order to justify the reasons of conducting this research.

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