UNIVERSITI PUTRA MALAYSIA
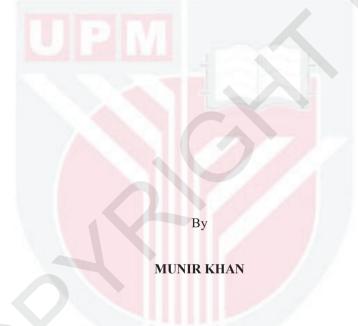
DIFFERENCES IN RHETORICAL AND LINGUISTIC FEATURES IN MEDICAL ORAL CASE PRESENTATIONS OF MEDICAL EXPERTS AND MEDICAL STUDENTS

MUNIR KHAN

FBMK 2018 71

DIFFERENCES IN RHETORICAL AND LINGUISTIC FEATURES IN MEDICAL ORAL CASE PRESENTATIONS OF MEDICAL EXPERTS AND MEDICAL STUDENTS

By

MUNIR KHAN

Thesis Submitted to the School of Graduate Studies, Universiti Putra Malaysia, in Fulfillment of the Requirements for the Degree of Doctor of Philosophy

May 2018

COPYRIGHT

DEDICATION

I dedicated this work to my beloved father Mr. Hakeem Khan, my loving mother, Mrs. Zardana, my sweet wife, Mrs. Shabnum Sayyed Hussain, my dear sons, Muhammad Muawiya Khattak and Rayyan Yousuf Khattak, my siblings, Mr. Muhammad Rasool Khattak, Dr. Nadeem Khattak, Mr. Waseem Khattak, Mrs. Nasreen, Mrs. Naseeb, Mrs. Waheeda, and Mrs. Rashida, and to my all respectful teachers!

My special dedication goes to my elder brother (Late) Yousuf Khan Khattak and my grandfather (Late) Abdullah Jan.

Abstract of thesis presented to the Senate of Universiti Putra Malaysia in fulfilment of the requirement for the degree of Doctor of Philosophy

DIFFERENCES IN RHETORICAL AND LINGUISTIC FEATURES IN MEDICAL ORAL CASE PRESENTATIONS OF MEDICAL EXPERTS AND MEDICAL STUDENTS

By

MUNIR KHAN

May 2018

Chairman : **Associate Professor Chan Mei Yuit, PhD**
Faculty : **Modern Languages and Communication**

Oral case presentation (henceforth, OCP) is a professional form of discourse between physician and physician-in-training focusing on patients' ailment, diagnosis, and treatment. Medical experts are often dissatisfied with medical students' poor mastery of the OCP genre. Eventually, they offer them sufficient implicit instructions to improve not only the formal structure but also the rhetorical strategies of the OCP genre. However, such instructions usually offer snippets of rhetorical and linguistic information. Therefore, medical students are unable to understand the implicit instructions, rhetorical strategies and medical specialists' knowledge-in-action which further makes this daunting task of OCP more complex. This study aimed to investigate the OCPs of medical experts and students in academic context with reference to investigate the differences in performance between the experts and novices in terms of the rhetorical structure, and rhetorical and linguistic features in order to obtain insights about the genre tacit knowledge that the experts have of the professional genre (the OCP) and which the novices have not yet acquired. History taking simulations of illnesses (*chest pain, Dengue fever*, and *numbness*) were employed as research instrument. The research data comprised actual pooled presentations of 20 medical experts and 30 medical students. Additionally, semi-structured interviews were conducted with the respondents providing a supplementary support for the interpretation of the textual based findings. Discourse, genre, thematic analysis, and corpus-based approaches to text analysis were applied.

Using move analysis, the present study established a framework of the rhetorical structure of the OCP genre in academic settings. The framework carries 16 distinct moves. The findings of the present study also demonstrated that medical experts shape their OCPs on the clinical course of patients by violating the traditional structure resulting in variations in the move patterns. However, medical students rigidly follow

the template as they have not yet learnt the skill of synthesizing patient relevant information required for meaningful diagnosis and clinical management. In addition, the findings of the current research revealed five categories of themes in the samples such as: textual themes, interpersonal themes, subject/themes, multiple themes, and marked themes. The comparative analysis of the OCPs of medical experts and students reflected a few remarkable differences in the choices and communicative functions of the textual themes, marked themes, and subject themes. Additionally, the present research revealed that the rhetorical and linguistic knowledge of the medical experts demonstrated in the OCPs, is significantly different from the one displayed in the learners' text. The comparative analysis of the rhetorical and linguistic features established a fact that medical students are still on the threshold of gaining access to the voice of medicine which is essential for their acculturation to the norms and values of medical discourse community. Overall, adequate gaps of genre tacit knowledge were identified in actual pooled presentations of the medical experts and novices. Finally, the current research contributed several pedagogical implications across the fields of Medical education and Applied Linguistics.

Keywords: Oral case presentation, rhetorical structure, rhetorical strategies, rhetorical and linguistic forms, thematic analysis, voice of medicine, genre tacit knowledge, medical experts, medical students, medical discourse community.

Abstrak tesis yang dikemukakan kepada Senat Universiti Putra Malaysia sebagai memenuhi keperluan untuk ijazah Doktor Falsafah

PERBEZAAN DALAM RETORIKAL DAN LINGUISTIK ANTARA DALAM PEMBENTANGAN KES ORAL OLEH PAKAR PERUBATAN DAN PELAJAR PERUBATAN

Oleh

MUNIR KHAN

Mei 2018

Pengerusi   : **Profesor Madya Chan Mei Yuit, PhD**
Fakulti   : **Bahasa Moden dan Komunikasi**

Pembentangan kes oral (selepas ini, OCP) merupakan bentuk profesionalis wacana antara pakar perubatan dan pelatih perubatan dalam latihan yang memfokuskan penyakit, diagnosis dan rawatan pesakit. Pensyarah perubatan biasanya tidak berpuas hati dengan penguasaan teruk pelajar perubatan mengenai genre OCP yang akhirnya; mereka menawarkan banyak pengajaran implisit kepada pelajar bagi memperbaiki bukan sahaja struktur formal malah strategi retorikal genre OCP. Walau bagaimanapun, pengajaran tersebut biasanya menawarkan sedikit maklumat retorikal dan linguistik. Oleh sebab itu, pelajar perubatan tidak berupaya untuk memahami penerangan implisit, strategik retorikal dan pengetahuan dalam tindakan pakar yang seterusnya menjadikan tugas OCP yang menggentarkan itu menjadi lebih kompleks. Kajian ini bertujuan untuk menyelidiki perbezaan retorikal dan linguistik antara OCP pakar perubatan dan novis perubatan dalam konteks akademik bagi mencari jurang pengetahuan tasit genre yang wujud dalam pembentangan mereka. Simulasi pengambilan sejarah (*sakit dada, demam denggi*, dan *kekebasan*) telah digunakan sebagai instrumen penyelidikan. Data penyelidikan terdiri daripada pembentangan berkumpulan sebenar 20 pakar perubatan dan 30 novis perubatan. Di samping itu, temu bual separa berstruktur dengan responden telah dijalankan yang memberikan sokongan suplementari bagi interpretasi dapatan berdasarkan tekstual. Pendekatan wacana, pendekatan berdasarkan genre, dan berdasarkan korpus bagi analisis teks telah diaplikasikan.

Dengan menggunakan analisis gerakan, kajian ini mengutarakan kerangka struktur retorikal bagi genre retorikal dalam seting akademik.Kerangka tersebut membawa 16 gerakan berlainan. Dapatan kajian ini memperlihatkan bahawa pakar perubatan membentuk pembentangan kes mereka ke atas haluan klinikal pesakit dengan menafikan struktur tradisional yang mengakibatkan variasi dalam pola gerakan. Walau bagaimanapun, pelajar perubatan yang mengikuti templat secara rigid disebabkan

iii

mereka belum lagi mempelajari kemahiran penganggaran dan pensintesisan maklumat yang relevan mengenai pesakit yang diperlukan untuk mendiagnosis dan mengurus klinikal secara berkesan. Tambahan pula, dapatan kajian ini memperlihatkan lima kategori tema dalam sampel tersebut seperti: tema tekstual, tema interpersonal, tema subjek, pelbagai tema, dan tema bertanda. Analisis komparatif OCP bagi pakar perubatan dan novis perubatan menggambarkan beberapa perbezaan yang menarik dalam pilihan dan fungsi komunikatif bagi tema tekstual, tema bertanda dan tema subjek. Di samping itu, penyelidikan ini menunjukkan bahawa pengetahuan retorikal dan linguistik pakar perubatan yang diperlihatkan dalam pembentangan kes, adalah berbeza secara signifikan daripada yang dipaparkan dalam teks pelajar. Analisis komparatif ciri retorikal dan linguistik telah membentuk suatu fakta bahawa pelajar perubatan tahun akhir masih dalam ambang untuk mendapatkan akses pada suara perubatan yang perlu bagi pengakulturasian norma dan nilai sesebuah komuniti wacana perubatan. Keseluruhannya, jurang pengetahuan tasit telah dikenal pasti dalam pembentangan berkumpulan sebenar bagi pakar perubatan dan novis perubatan. Akhirnya, penyelidikan ini telah menyumbang beberapa implikasi pedagogikal merentas bidang Pendidikan Perubatan dan Linguistik Gunaan.

Kata kunci: Pembentangan kes oral, struktur retorikal, strategi retorikal, bentuk retorikal dan linguistik, tema-rema, suara perubatan, pengetahuan tasit perubatan, pakar perubatan, pelajar perubatan, komuniti wacana perubatan.

iv

ACKNOWLEDGEMENTS

This thesis was submitted to the Senate of the Universiti Putra Malaysia and has been accepted as fulfilment of the requirement for the degree of Doctor of Philosophy. The members of the Supervisory Committee were as follows:

Chan Mei Yuit, PhD
Associate Professor
Faculty of Modern Languages and Communication
Universiti Putra Malaysia
(Chairperson)

Afida Binti Mohamad Ali, PhD
Senior Lecturer
Faculty of Modern Languages and Communication
Universiti Putra Malaysia
(Member)

Muhammad Bin Haji Mohd Isa, MD
Associate Professor
Faculty of Medicine and Health Sciences
Universiti Putra Malaysia
(Member)

Prepageran A/L Narayanan, MBBS
Professor
Faculty of Medicine
University of Malaya
(Member)

ROBIAH BINTI YUNUS, PhD
Professor and Dean
School of Graduate Studies
Universiti Putra Malaysia

Date:

Declaration by graduate student

I hereby confirm that:
- this thesis is my original work;
- quotations, illustrations and citations have been duly referenced;
- this thesis has not been submitted previously or concurrently for any other degree at any institutions;
- intellectual property from the thesis and copyright of thesis are fully-owned by Universiti Putra Malaysia, as according to the Universiti Putra Malaysia (Research) Rules 2012;
- written permission must be obtained from supervisor and the office of Deputy Vice-Chancellor (Research and innovation) before thesis is published (in the form of written, printed or in electronic form) including books, journals, modules, proceedings, popular writings, seminar papers, manuscripts, posters, reports, lecture notes, learning modules or any other materials as stated in the Universiti Putra Malaysia (Research) Rules 2012;
- there is no plagiarism or data falsification/fabrication in the thesis, and scholarly integrity is upheld as according the Universiti Putra Malaysia (Graduate Studies) Rules 2003 (Revision 2012-2013) and the Universiti Putra Malaysia (Research) Rules 2012. The thesis has undergone plagiarism detection software

Signature: _____   Date: _____

Name and Matric No : Munir Khan GS40945

Declaration by Members of Supervisory Committee

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) were adhered to.

Signature:
Name of Chairman
of Supervisory
Committee: _____ Associate Professor Dr. Chan Mei Yuit

Signature:
Name of Member
of Supervisory
Committee: _____ Dr. Afida Binti Mohamad Ali

Signature:
Name of Member
of Supervisory
Committee: _____ Associate Professor
Dr. Muhammad Bin Haji Mohd Isa, MD

Signature:
Name of Member
of Supervisory
Committee: _____ Professor Dr. Prepageran A/L Narayanan, MBBS

TABLE OF CONTENTS

LIST OF TABLES

LIST OF FIGURES

LIST OF ABBREVIATIONS

OCPs	Oral case presentations
MEs	Medical experts
MNs	Medical novices
MSs	Medical students
RALFs	Rhetorical and Linguistic features/forms
ESP	English for Specific Purposes
RGS	Rhetorical Genre Studies
SFL	Systemic Functional Grammar
M	Moves
S	Step/s

CHAPTER 1

INTRODUCTION

1.1　　　Introduction

This chapter introduces the background of the study. In the background of the study, first research gaps are identified. Later, the OCP genre which has been investigated in this research is briefly defined. Meanwhile, some of the problems of OCP genre in academic context are also highlighted. Then, this chapter offers the rationales of the current study. Numerous reasons are presented to justify the need of conducting the present research. Moreover, this chapter briefly discusses the statement of the problem where research gaps relevant to each objective of the study are presented. What follow is the objective of the study. The main objective is further divided into sub-objectives. And then research questions are raised based on each sub-objective. Later, this chapter presents the significance, scope and limitations of the study. This chapter also offers definitions of some of the key terms used in the present research. Finally, summary of this chapter is presented.

1.2　　　Introduction and background to the study

Medical discourse has been the subject of great interest in the field of Applied Linguistics. Research in this field is conducted on different genres of medical discourse for instance, the medical case reports genre (Cohen, 2006; Aitken & Marshal, 2007; Goodier, 2008; Cianflone, 2011); Helan, 2012; Hung et al., 2012; Murawska, 2013); Lysanets, et al., 2017) which guided them to analyze the texts from different theoretical perspectives for instance, corpus linguistics, discourse analysis, and genre analysis. Similarly, research has also been done on oral case presentation (henceforth, OCP) a related genre of clinical case reporting especially by rhetorical genre theorists (Lingard, 1998; Lingard, et al., 2003a;)Lingard & Haber, 1999; Haber & Lingard, 2001; Lingard, et al., 2003b); Schryer, et al., 2005); Spafford et al., 2006). However, to the best of the researcher's knowledge, only Nur Farah (2017) applied the ESP genre based approach and corpus based approach on the OCP genre in academic context. However, this study only investigated the differences in the rhetorical structure of the learners' text representing six different specializations such as: Surgery, Medicine, Imaging, Obstetrics and Gynaecology, Psychiatry, and Paediatrics.

OCP is an educational and clinical communication between the medical experts and students. It has three fundamental characteristics such as: (a) OCP is a professional form of discourse between the medical experts and medical students; (2) it is an educational tool of teaching learning, and evaluation; (3) and it is a resource used for socialization of the medical students into the medical discourse community. It also received plenty of definitions from different researchers. For instance, Hunter (1991, p.51) defined OCP as

1

"a fundamental ritual of academic medicine" which is performed by medical novices (both residents and clerks) during different rounds (i.e. morning rounds, evening rounds, hospital course, and treatment plan). For Erickson (1999, p.122), OCP is the presentation of "an extemporaneous summary and analysis of medical facts relevant to the diagnosis and treatment of the patient's medical condition" and to answer the questions, comments and criticisms initiated by medical lecturers. Lingard (1998) illustrated that medical practitioners collect data from patients' interviews and their physical examination and later arrange, inter-relate and then orally present it with intention to identify and treat the ailment. Finally, Green et al. (2009) stated that OCP potentially has ability to alleviate patient care, provide opportunity for individual and group learning to solve uncertainty and helps to evaluate both students and residents.

Further, Green et al. (2009) argued that the OCP genre has mainly dual goals: clinical and educational. The fundamental clinical goal of the genre is to improve the clinical skills of the medical students (henceforth, MSs) by nourishing their clinical reasoning skills that functions during interaction with real patient problem (Dell, 2012; Okubo, et al., 2014). The educational goal is achieved by helping medical lecturers to evaluate the tacit knowledge of MSs during rounds and examinations contexts. Chan (2015, p.1) statement on OCP also supported its educational goal as she argued, "OCP is a means by which medical students are evaluated for their competence in medical knowledge and clinical reasoning skills". Hence, OCP is used as a valuable educational tool that performs various functions and multiple goals at academic context.

In medical schools, the OCP genre is mainly evaluated during two traditional oral examinations: short case examinations, and long case examinations. In short case examinations, candidates perform the clinical examination of five or six patients for 15 to 20 minutes each and then the findings and diagnosis are briefly shared with the examiners (Khan et al., 2013, p. e1438). However, in long case examinations, a candidate spends 30 to 60 minutes with patient to take history and carryout physical examination in absence of the examiners and then presents the patient's case to one or more than one examiners (Ponnamperuma, et al., 2009, p.937). Examiners evaluate the history taking skills of MSs, physical examinations procedures, deductive reasoning, and interpersonal skills based on their presentations (Dare et al., 2008, p.52). Historically, University of Cambridge introduced the long case examinations in 1842 (Jolly and Grant, 1997; Dare et al., 2008, p.52). Long case examinations are still widely practiced in many medical schools around the world in order to assess the clinical competence of the MSs (Probert et al., 2003). The long case examinations and some others modified examinations of the OCP genre for instance OSCE are still in practice in medical faculties of Malaysian universities. Therefore, by employing the long case examinations format, the present study aimed to investigate the OCPs of medical experts (henceforth, MEs) and MSs conducted in two reputed medical faculties of Malaysian public sector universities.

Medical experts evaluate the OCP skills of MSs during long case examinations from various aspects. For instance, they ensure that the rudimentary structure of the genre which triggers medical knowledge of the MSs at certain point is followed. In medical

2

pedagogy, instructions regarding the rhetorical structure of the OCP genre are explicit and easy to practice. However, the use of proper linguistic forms and transformation of patient's clinical information into systematic and organized story form has been problematic for the novices especially in non-native context. Therefore, various medical colleges assign marks to communication skills on the evaluation form for instance, Michigan State University College of Human Medicine and University of Malaya. Further, MEs perceive OCP as a retrospective kind of communication where they infer the history taking skills of MSs during doctor-patient interviews based on their overall discursive performance during OCPs. However, MEs unfortunately don't have explicit criteria for evaluation of the students' linguistic competence because after all, they are not applied linguists. Besides, the existing literature scarcely informs about the implicit rhetorical and linguistic forms of the OCP genre. The lack of research on the implicit rhetorical and linguistic forms required for an effective OCP is a serious concern from teaching, learning and research point of view.

Moreover, opinions and guidelines of the MEs to MSs for an effective OCP indirectly emphasize the importance of rhetorical skills and the way language works. For instance, Cochran (n.d.) on Dartmouth Medical School website suggested to "be colorful, allow the listener to visualize the patient". He further postulated that "the patient was short of breath" is less emphatic than "the patient was sitting on the edge of the bed, leaning forward and gasping for breath" (Cochran, n.d.) because it is the perfect example of visualizing patient. McGee (2015) illustrated that maintaining eye contact and some of the other postural positions and paralinguistic features make the presentation forceful, add emphasize and shade meaning. Moreover, McGee (2015) further argued to use positive statement rather than the negative one, for example, "Chest X-ray shows normal heart size is better than Chest X-ray shows no cardiomegaly". In addition, instructions on UNC School of Medicine website for instance, "organized chronologically, without repetition, succinct, extraneous information, select the appropriate mode of presentation that is pertinent to the clinical situation and emphasize the important of context required for construction of a text" are the fundamental rhetorical skills required for a coherent and cohesively structured text. In contrast, a poor presentation includes "going into too much detail in the subjective and objective sections, overreliance on papers leading to poor eye contact, and lots of fumbling with paper, incomplete grasp or understanding of the assessment and plan" (UF Health websites). McGee (2015) also postulated that oral cases should be presented like an attorney so that the listeners assess and plan based on the shared information. Such guidelines on effective communication skills actually emphasize on employing the ritualized rhetorical and linguistic features required for an effective OCP. However, these surface level instructions cannot exactly pinpoint the actual choices of the rhetorical and linguistic features (henceforth, RALFs) of the OCP genre acceptable to the specialists of medical discourse community.

These ritualized RALFs that MEs inherently exemplified in the genre in question are for the first time identified in the sociological work of Anspach (1988). The researcher found that certain ritualized linguistic forms of OCP perform various rhetorical actions for its users such as:(a) depersonalization of the patient, omission of the agents (physician), treating medical technology as agents, and presentation of patient's accounts as subjective whereas physician's observations and claims to medical knowledge as

3

objective phenomenon (account markers). These rhetorical actions inherently represent various ideological assumptions of medical discourse community. However, conflict occurs when representatives of patient centeredness pay varying importance to some of the RALFs of OCP while keeping in mind the importance of patient as a vulnerable participant of the healing discourse. For instance, the protagonists of the patient-centeredness are against the depersonalization of patient in medical care. They claim that the depersonalization strategies of patients in medical discourse "ill serve the humanity of patients and their doctors" (Donnelly, 1986). Hence, the tension either to neutralize the patient or disease creates problems for MNs especially in academic context of English as a Second Language.

Above all, despite the existence of these rhetorical features in OCP realized by specific linguistic choices, MEs generally provide inadequate acknowledgement to the importance of these RALFs which establish a world view of medical and scientific knowledge (Chan, 2015). However, when it comes to evaluation processes, MEs can hardly ignore it because the content and manner of the OCPs are interconnected (Colgan, 2014). The most unfortunate situations arise, when MEs offer only implicit guidelines as mentioned earlier about the manner of effective case presentations. However, when it comes to teaching, they do not know how to explain this rhetorical and linguistic knowledge to their students. Consequently, MEs usually offer snippets of linguistic information because teaching of such stylistics devices and rhetorical features is not their job. This phenomenon further extends the dire need of collaborative work of the medical educationists and genre theorists in the field of academic and research.

Unfortunately, existing teacher-centered approaches (Neher et al., 1992, OMP: One-Minute Preceptor), learner-centered approaches (Pangaro, 1999, RIME; Wolpaw et al., 2003, SNAPPS), and different checklists (Heiman et al., 2012, p.821; Kakar, et al., 2013)) used for medical educational purposes are constructed based on merely scholars' opinions or/and empirical studies highlighting only the rhetorical structure of OCP as probable solutions to the cardinal difficulties that MSs face during the acquisition of OCP. A performance based framework of OCP is not yet available. Therefore, a profession's rhetorical and linguistic knowledge which operates at tacit level (Sarangi, 2005) is still unknown because competent practitioners usually know more than what they can say (Schon, 1983). Consequently, in presence of all these available approaches, models and checklists, MSs especially in the context of English as a Second Language are still struggling during their OCPs.

Additionally, a universal model or a checklist is difficult to apply everywhere because socio-cultural aspects, the expectations of MEs, intellectual abilities of MSs and rhetorical and social contexts vary elsewhere. Moreover, the rhetorical structure and RALFs of the OCP genre are somehow determined by the personal style of MEs and students, rhetorical context, availability of time, types of diseases and the nature of diseases. Most importantly, clinical teaching is a complicated job. A medical expert at a time needs to diagnose and treat the patient at hospital setting and evaluate and enhance the clinical skills of MSs (Bannister et al., 2010). Consequently, MEs mostly give implicit instructions to MSs for instance, '*be relevant, be precise, and present pertinent*

positives and pertinent negatives' only, and so on. Therefore, the kind of teaching and learning which occur during OCP is unclear (Wolpaw, 2012). Eventually, the OCP genre is not only challenging to MSs but also to medical educationists and researchers. Consequently, medical educationists and researchers from other disciplines i.e. Sociology, Anthropology and Applied Linguistics consistently investigate the OCP genre with intention to facilitate the teaching and learning processes of the genre.

This exemplary research situated in the academic context of two public sector medical faculties of Malaysian universities which is another effort in the field of Applied Linguistics that investigates the differences in performance between MEs and MSs in terms of the rhetorical structure, and RALFs in order to know about the gap of genre tacit knowledge that MEs have of the professional genre (the OCP) and the novices have not yet acquired. The rational for the present study is reported in the section below.

1.3 Rational for the study

The researcher chose the OCP in academic context instead of the professional presentations in clinical setting for several reasons. First, the long case examination format fixed the situation and audience. Second, the long case is high-stake and most relevant to MSs. They are graded for passing this examination and then promoted to the next stage. Third, long case examination is comparatively longer in time durations. Longer time increases expectations and demands of the MEs. It further demands to follow the rudimentary rhetorical structure of OCP, and choices of the ritualized RALFs. Hence, in English as a Second Language context, OCP become harder because MSs need to learn both mastery of the genre and mastery of English language. Fourth, MSs during long case examination are not allowed to read from written notes. The presentations given in long case format are extemporaneous and actual representative of their competence. Last, no model is derived from actual performances of the MEs that vividly expresses their demands of OCP genre. The available models and checklists as mentioned in the previous section are established based on merely experts' opinion. Current models inform just about the topical categorization or rudimentary structure of case presentations such as: chief complaint, history of present illness, past medical history, family history, social history, physical examination, diagnostic impressions, summary statement, assessment and management. These models and checklists do not describe "the structure, language and function of the OCP from the linguistic standpoint" (Chan, 2015, p.3). To the best of the researcher's knowledge, a comprehensive model consisting of the actual performance of the MEs and their opinions derived from their interviews and/or observations is not yet prepared which may describe the rhetorical structure and RALFs of the OCP genre. It is hoped that the analysis of OCPs of MEs in academic context of the two public sector universities of Malaysia supplemented with opinions of the MEs derived from their interviews' responses in the present study would established "a comprehensive model of the OCP that would be useful to teachers and students" (Chan, 2015, p.3).

In addition, the analysis of the actual pooled presentations of the MEs and MSs in Malaysian academic context was worth to investigate for several reasons. First, people use language in sub-conscious manner. In language use, meaning is encoded from both the lexical units and syntactical patterns. Further, the linguistic and syntactic features perform specific social actions and establish certain ideological assumptions. Moreover, the linguistic and syntactical features, which perform typified actions and give meaning, are social context oriented. For the macro level (like the topical categorizations or moves and steps) we can use language consciously but at micro level (choices of linguistic forms), we use language at sub-conscious level suitable to the ideological assumptions of the target discourse community. Second, genre is practiced and certified by a discourse community. The genre use in Malaysian medical discourse community would be different from elsewhere. Therefore, the ethnographic perspectives of both MEs and MSs about the discursive practices of OCP genre in Malaysian academic context were compulsory to know. Hence, such investigation provided Malaysian based genre practices and expectations of OCP. Last, MEs possess adequate knowledge about the genre and content of OCP both at macro and micro level during their actual performance and evaluation of the MSs. At macro level, MEs know the topical categorizations and at micro level, they only know the content. However, they do not know, how to communicate the profession's knowledge base because it operates at tacit level (Sarangi, 2005). Other than that, MEs also do not explicitly express the epistemological assumptions of medical discourse realized by specific linguistic choices because experts usually know more than what they can say (Schon, 1983). The discourse and genre based analysis of the actual pooled presentations of the MEs helped the present study to know about the expectations of the specialists in form of the rhetorical structure and rhetorical and linguistic knowledge required for an effective OCP. The findings derived from the OCPs of MEs were used as a bench mark for the comparison with the OCPs of MSs.

Finally, the comparison of OCPs of the MEs and students is significant for several reasons. First, the discourse and genre based analysis of OCPs of the MEs would facilitate to analyze the tacit linguistic knowledge in their presentations. The resources of the tacit linguistic knowledge of experts are medical books, discourse practices of patients' clinical cases and their overall experience or from anywhere. This comparison helped the present study to find the gap of the genre tacit knowledge in terms of the rhetorical structure and RALFs of the OCP genre. Second, the kind of tacit knowledge that can be problematic for students was difficult to mention earlier. The comparative analysis of the OCPs of MEs and students helped the present research to identify the tacit knowledge that is problematic for MSs. However, it was widely used in discursive practices of the MEs. Third, these presentations also helped to identify what kind of case presentations can be accepted and what cannot be in Malaysian medical discourse community. Last, MEs generally suggest MSs to compare good and bad presentations in order to adopt the effective skills required for case presentations. For instance, University of California websites (on dated 13/10/2015) suggested to hear both effective and poor presentations and then adopt the good skills and avoid the ineffective elements. Such suggestions further support the idea of "analyzing a set of actual pooled presentations" (Chan, 2015, p.3) by both MEs and novices that differentiate between the standardized, effective, acceptable OCP and local forms of OCP style. However, the identification and evaluation of effective and ineffective elements of presentations at micro level particularly demand professional knowledge, which is beyond the

capabilities of MSs. It might require a collaborative work of the medical educationists and applied linguists.

1.4   Problem statement

Related literature reveals that MEs are often dissatisfied with students' poor mastery of the OCP genre, and medical students find OCP complex and difficult to learn even in the presence of a few applied approaches, models and checklists (Chan, 2015; Dell et al., 2012, p.1; Green et al., 2009). A clerkship director at the George Washington University School of Medicine and Health Sciences reported that third year medical students are not prepared to present case presentations effectively (Kakar et al., 2013). Similarly, in Malaysia, a medical specialist reported that MSs at MBBS level and in their earlier stage of professional life face difficulties while presenting the patients' cases. One of the core reasons can be the fact that non-native MSs learn both mastery of the genre and mastery of English language side by side.

Fundamentally, there are some other core factors that create difficulties for MSs during acquisition of the OCP skills as mentioned in the related literature. For instance, MEs expect from MSs to display the clinical reasoning skills in order to clarify the case by reorganizing the rhetorical structure for pertinent information. However, medical novices (henceforth, MNs) rigidly follow the rudimentary structure of OCP genre for each patient case and context (Lingard, 1998; Lingard & Haber, 1999; Haber & Lingard, 2001; Lingard et al., 2003a; Nur Farah, 2017).)It suggests that the rhetorical structure of OCP is modified for case to case and as per the demand of the MEs. The fluctuation of the rhetorical structure gets more complex for the novices when patients' cases get more complex. The perception of MNs whether to follow the rudimentary structure of OCP or should alter as demanded can be one of the principal difficulties. Haber and Lingard (2001) also argued that MNs recognize the fact that effective presenters modify the rhetorical structure but they cannot explain how, when or why these alterations are chosen.

Other than that, mostly MEs do not share their expectations in written (rubrics/evaluation form) or even in spoken with MSs. The unfamiliarity of MSs with expectations of the MEs further makes OCP complex (Coe, 1994; Green et al., 2009; Dell et al., 2012). The lack of knowledge about the varying nature of the rhetorical structure and expectations of MEs, ultimately force MSs to follow the traditional structure of OCP for each patient's case. Consequently, Heiman et al. (2012) also argued that MNs follow a rule-based structure for case presentations. When MSs follow the traditional structure of OCP, it hinders the socialization of the MSs into the medical discourse community because they perceive it as a rigid, rule based storage activity whereas MEs usually consider it as a flexible tool of communication which helps to construct the diagnostic process and therapeutic plans (Haber & Lingard, 2001).

7

In addition, MEs usually inform MNs to promote and demote various presentational elements (Lingard, 1998). This back and forth process usually runs between history of present illness and past medical history. The decision what patient data should promote to the history of present illness and what should be demoted to past medical history is a highly complicated task (Lingard, 1998). This indicates a need to understand how MEs select, entitle, order, interrelate and emphasize the patient's data in their case presentations. Such investigation demands micro level analysis of the rhetorical structure and RALFs of the OCP genre. Unfortunately, ESP based researchers in such context adopt analytical frameworks from Systemic Functional Linguistics in order to comprehensively analysis the micro structure of a genre (Flowerdew, in Bhatia, 2011). Theme-rheme analysis of Systemic Functional Linguistics is the best available approach used for textual analysis of a genre at clause level. Thematic analysis is the "one aspect of textual meaning" which helps to understand the functions of themes (Forey, 2002, p.4). Hence, the comparison of the actual pooled presentations of the samples at thematic level would enable to understand the priorities and expectations of MEs in selecting, promoting and demoting various presentational elements of the OCP genre. The theme choices would further inform how MEs want MSs to use various references to patients and references to patient's organs, body parts and symptoms especially in the history section of an OCP. Besides, thematic analysis would help to know about the functions that themes perform in the OCP genre.

Moreover, the transformation of patient's data taken during doctor-patient interview into case presentation genre itself is a daunting task because the everyday language of the doctor-patient interview generally needs to transform into medical and scientific discourse of OCP. Thus, the voice of the lifeworld and the voice of medicine (Mishler, 1984) represented in these two interconnected genres (doctor-patient interview and OCP) respectively are encountered at the threshold of medical case presentations. (Barry et al., 2001, p.487-488) stated, "The voice of the lifeworld refers to the patient's contextually-grounded experiences of events and problems in her life" whereas "the voice of medicine reflects a technical interest and expresses a scientific attitude". Medical experts being specialist members of the medical discourse community would easily transform the everyday language into the voice of medicine comparatively as they have already experienced the contextually grounded linguistic features of medical discourse during their longstanding interaction with the discourse community. However, MSs in contrast would struggle because of their social position. Hence, their OCPs would represent both of the voices. Similarly, Anspach (1988) argued that the acquisition of the ritualized RALFs plays an important role in acculturation of MNs. The consistent use of these RALFs realizes the voice of medicine. However, MSs would struggle during transformation of the voice of the lifeworld into the voice of the medicine as they are still in the process of socialization into the norms, values and goals of the medical discourse community. On top of that, it is still unclear how far the discursive practices of MSs during OCPs possess the ritualized RALFs of the genre that realize the voice of medicine. Meanwhile, the gap of linguistic knowledge existing between OCPs of MEs and students is also so far unclear. The analysis of the similarities and differences between the OCPs of MEs and students would highlight the implicit expectations of MEs regarding the linguistic knowledge. It would also highlight the gap of linguistic knowledge that the MEs of the discourse community possess and the novices are yet to acquire.

Additionally, OCP is a sandwich between school genre and workplace genre. Medical novices perceive case presentations as an educational genre hence they largely avoid uncertainty in their case presentations as they want to display their competency, minimize interruption and deflect criticism (Lingard et al., 2003b). Besides, MSs employ certain RALFs that reflect the characteristics of the course textbooks and teacher notes. These textbook characteristics in MSs make their presentation explanatory and comparatively lengthier. Meanwhile, patients are assigned to them as a learning object. Consequently, they hardly distance themselves from the patient as individual. In contrast, MEs restrict themselves to the communicative relevance. They treat patient as entity. Ultimately, they succeed to separate patient from the biological process in their case presentations. They make knowledge claims as scientific and objective in nature. Hence, the kind of text that they produced is comparatively implicit, unequivocal and objective. Meanwhile, when MEs are not certain about their knowledge claims, they would believe that uncertainty should not be avoided or disguised (Lingard et al., 2003b). They know that human life is more valuable instead of show casing competencies. Consequently, doubts and uncertainties in medical practices are never compromised.

Furthermore, patients' cases are extemporaneously presented to physicians in clinical setting (McGee, 2015) and examination hall. Written notes or reading of any kind of text are not allowed during OCPs. Further, certain factors for example, audience, purpose, time and urgency shape this rhetorical act (Haber & Lingard, 2001; Lingard et al., 2003a) and unfortunately novices especially in non-native context are not competent enough at their earlier stage of clinical life to compose and present this daunting task effectively (Chan, 2015). Meanwhile, all patient data is not possible to present orally. Therefore, MSs need to learn the selection criteria for effective presentation of patients' cases. Medical students are expected to present the pertinent elements of the OCP genre systematically. The selection of pertinent elements varies among student-to-student, teacher-to-teacher, context-to-context and institution-to-institution. Medical experts usually ask to discuss only the pertinent positive or pertinent negative aspects of the patients' cases but many MSs do not know what does it means (Dell et al., 2012).

Finally, when MEs are asked about the mastery of OCP skills; they simply reply, 'it comes by experience'. Experience matters no doubt. However, genre based investigations can widely be adopted for enhancing teaching and learning processes. For instance, Swales' (2004) CARS model helps the teaching and learning processes of writing introduction section of an article. Some valuable studies have already been published focusing on improving the case presentation genre. For instance, topical categorizations and rhetorical analysis (Lingard & Haber, 1999), note card guidelines (Green et al., 2005; Bannister et al., 2011) clinical reasoning curriculum (Wiese et al., 2002; Green et al., 2005;), structured method (Green et al., 2011), pre-clerkship clinical skills (Heiman et al., 2012; Kakar et al., 2013) and case report writing (Goodier, 2008; Hung et al., 2012; Lysanet et al., 2017).

However, unfortunately, insufficient attention is given to the teaching aspects of OCP (Chan, 2015). Therefore, the teaching processes of OCP are not satisfactory. Kroenke (1985) reported that OCP is poorly taught and early training is essential for gaining

competency in the genre. Heiman et al. (2012) further stated that so far medical education has not a best methodology to prepare MSs early for effective presentation of patients' cases. Factually, the teaching and learning processes of oral case presentation skills can be improved to make explicit the tacit knowledge of the genre (Haber & Lingard, 2001) and by providing explicit expectations regarding OCP expected style and structure to MSs early in their clinical experiences (Dell et al., 2012). Lingard, (1998) also found that explicit instruction regarding OCP could improve students' mastery of the genre and transfer the medical ethics that MEs want to transfer. Currently, it is still a challenge for MEs and researchers to prepare a model of OCP that represent the actual expectations of the experts and also carry a unified rhetorical structure and recognized RALFs suitable to a target discourse community.

Hopefully, the discourse analysis, ESP genre based approach, thematic analysis, and a corpus-based approach that the present study employed in order to investigate the rhetorical structure and RALFs of the samples would facilitate to find the gap of linguistic knowledge. It would also contribute in development of a comprehensive model which will be useful for both MEs and students. To the best of the researcher's knowledge, no study has been conducted that apply research methods of discourse analysis, ESP, thematic analysis, and corpus bases approach on actual pooled presentations of the MEs and students aiming to investigate the characteristic features of the OCP genre practiced at academic context with intention to find the gap of genre tacit knowledge existing between the MEs and students. Exceptionally, Nur Farah (2017) only investigated the rhetorical structure and communicative functions of the learners' OCPs at clinical setting.

1.5   Objectives of the study

This study aims to investigate the OCPs of medical experts and students in academic context of the MBBS/MD with reference to investigate the differences in performance between medical experts and medical students in terms of the rhetorical structure, and rhetorical and linguistic features in order to obtain insights about the genre tacit knowledge that the experts have of the professional genre (the OCP) and which the students have not yet acquired. The main objective of the current study is divided into sub-objectives as mentioned below for instance;

The aim of the present study is to:

1. Explore the rhetorical structures in oral case presentations of the medical experts and novices
2. Investigate the prominent lexico-grammatical features which realize the rhetorical structure of the oral case presentations of medical experts and novices
3. Analyze the thematic structures of the oral case presentations of medical experts and novices

4. Examine the ritualized lexico-grammatical features of OCP genre that realize various rhetorical features existing in the oral case presentations of medical experts and novices
5. Identify the overall similarities and differences in terms of the rhetorical and linguistic knowledge prevailing in the oral case presentations of medical experts and novices
6. Explore how these differences in the oral case presentations represent the genre tacit knowledge that expert members of the discourse community possess and the novices have yet to acquire

1.6 Research Questions

The following research questions need to be addressed to achieve the objectives of the study;

1. What are the rhetorical structures of the oral case presentations of medical experts and novices?
2. What are the prominent lexico-grammatical features which realize the rhetorical structure of the oral case presentations of medical experts and novices?
3. What function does theme perform in the oral case presentations of medical experts and novices?
4. How do the ritualized lexico-grammatical features of the OCP genre realize various rhetorical actions existing in the oral case presentations of medical experts and novices?
5. What are the overall similarities and differences in terms of the rhetorical and linguistic knowledge prevailing in the oral case presentations of medical experts and novices?
6. How do these differences in the samples represent the genre tacit knowledge that expert members of the discourse community possess and the novices have yet to acquire?

1.7 Significance of the study

This study was part of a project namely "Developing a Genre and Linguistic Framework for the Teaching and Assessment of Medical Students' case presentations" approved from Putra grant of University Putra Malaysia. The present research describes the genre of OCP and learners' text in academic context. This is a novel study because it provides an explicit description of the generic structure of the OCP genre in academic context for the first time. It is also a novel research because it reveals the gap of tacit knowledge between the MEs and students by analyzing the rhetorical structure and RALFs employed by the MEs and students in their actual pooled presentations. This tacit knowledge is widely applied in discursive practices of the MEs. However, it is problematic for the MSs. The current research establishes a fact that final year MSs have

not yet fully acquired the discourse of OCP. They are still on the threshold of gaining access to the voice of medicine which is essential for their acculturation to the norms and values of the medical discourse community. Besides, the similarities and differences of the rhetorical structure and RALFs found in the OCPs of MEs and students would assist MSs to improve their skills.

In addition, the framework of the rhetorical structure and the gaps of genre tacit knowledge identified in the present research could be used for a range of pedagogical purposes. For instance, physicians would be subsequently more empowered to teach OCPs skills to MSs by fulfilling the actual demands of the specialists' community. They can use the framework as a bench mark for developing a rubric used for assessment processes of the OCP genre. Genre based researchers most importantly can use the prototypical pattern of moves and steps as analytical framework. Other than that, the interpretation of the gaps in terms of the rhetorical and linguistic knowledge found between OCPs of the MEs and MSs could be used as a resource for medical pedagogy. By using the gaps of genre tacit knowledge as a resource, medical educators and medical English teachers can improve OCP skills of MSs. On top of that, the present research applied a research method of the history taking simulations which has not been used previously. It can be replicated in another context as well.

Moreover, this study can contribute to achieve clinical and educational goals of OCP. In clinical perspective, Lingard (1998) stated that expertise of the OCP genre is fundamentally the reflection of expert clinical skills. The mastery of the OCP genre at academic context would not only facilitate MSs to pass the examination but also optimize their clinical competence required for clocking patients' cases. Consequently, it is expected that MSs' mastery of OCP skills would hopefully help them in future to better administer the patient care. Finally, this research will contribute a range of knowledge into the current literature and give insights to medical educators, curriculum developers, discourse analysts and genre and corpus base researchers.

1.8   Scope of the study

This study examines the actual pooled OCPs of the MEs and students based on three simulated patient cases (*chest pain, fever and numbness*) aiming to describe the OCP genre and to highlight the underlying gap of genre tacit knowledge in terms of the rhetorical structure and RALFs between the experts and students. By applying the research and analytical methods, all research questions raised based on the objectives of the study (see Section 1.6) have been addressed by using a combination of theoretical and analytical approaches. Hence, the present study in general not only explores the OCP genre in academic context but also establishes similarities and differences between the experts' genre and the leaners' text. Based on the comparison of the samples, the current study also explores the gap of genre tacit knowledge in terms of the rhetorical structure and RALFs between the MEs and students. However, there are still a few scope limitations which need to be highlighted. For instance, the OCPs of the MEs and students are given based on only three simulated patient cases (Dengue fever, chest pain and

numbness). The three simulated patient cases only represent the three medical specialities. Some clinical procedures are typical to specific medical specializations. Therefore, considerable variability in terms of the rhetorical structure and RALFs of the OCP genre can be established for patients' cases other than the three simulated cases used for the present study. For instance, in Orthopedics, different investigative procedures would be used as compared to the neurological disorders which could lead to variability in terms of moves and steps of the genre.

Further, the present research analyzed the lexio-grammatical features which perform rhetorical actions of depersonalization of the patients, omission of the agent, treating medical technology as agent, factive predicators, and non-factive predicators (Anspach, 1988; Helan, 2012). Additionally, this study also applied thematic analysis aiming to analyze some other lexico-grammatic features present at theme level of a clause besides these particular kinds of linguistic features. In Bhatia et al. (2011), Flowerdew criticized the ESP based research for the lack of focus on the linguistic analysis of a genre. However, the scope of the linguistic analysis in the present research is broad as it analysis a range of lexico-grammatical features. Generally, in systemic functional linguistics traditions, researchers investigate both theme and rheme for exploring the textual metafunctions of a genre. However, the current research only applied thematic analysis and left out the rheme part due to scope limitations. But it is still justifiable because Forey (2002) and Goodier (2008) also skipped the rheme and only investigated the functions and categories of themes.

In addition, the participants of the study were taken from only two medical faculties of two reputed public sector universities of Malaysia. In fact, the participants of these two reputed universities would represent the whole Malaysian medical discourse community. However, differences can also be found as other medical faculties of Malaysian universities might have faculty members and students having expertise slightly different from the participants selected for the present research. In order to make tentative generalizations, it would be better to include participants of some other public sector universities.

Finally, the OCPs of the MEs and students were recorded in conference rooms and offices instead of the examinations hall. The rhetorical context of the conference room would be different from the actual context of examinations hall. The rhetorical context has important role in performing social actions (Miller, 1984). However, measures were taken to minimize the gap between the mock context of conference room and actual context of examination hall. For instance, equal time for preparation (almost 15 minutes) was given to each participant and they were requested not to read from the notes during their case presentations. Most importantly, it was not a kind of role play. The participants of the study used proper clinical procedures, medical knowledge and expertise in order to present the patients' cases. Despite of all these measures taken for balancing the contextual differences, the actual context of examination hall might not bring in to the present study. However, it is also a fact that examination is case sensitive. Technically, it is not possible to collect data from the actual context of examination hall. Therefore,

the OCPs of MEs and students were recorded in quite rooms based on the three simulated patients' cases.

1.9 Definitions of key terms

Some key definitions that are vividly used in this thesis are presented in this section.

Discourse community: Discourse communities are groups of people who share common social interests, goals, and values and special form of communication. These forms of communication also differentiate members of a discourse community from non-members (Evans, 2013, p.85). The members of the community share the same language, beliefs and practices. A discourse community existing in one region can be different from the same discourse community practices elsewhere.

Genre: According to Swales "a genre comprises a class of communicative events, the members of which share some set of communicative purposes. These purposes are recognized by the expert members of the parent discourse community and thereby constitute the rational for the genre. This rational shape the schematic structure of the discourse and influences and constrains choice of content and style. Communicative purpose is both a privileged criterion and one that operates to keep the scope of a genre as here conceived narrowly focused on comparable rhetorical action. In addition to purpose, the exemplars of a genre exhibit various patterns of similarity in terms of structure, style, content and intended audience" (Swales, 1990, p.58).

Genre analysis: Genre analysis perceives text as a system of features and choices based on communicative purposes of the text. Therefore, when a study emphasizes on analysis of regularities of text structure, and also its functions that distinguish one genre from the others, such process is called as genre analysis. According to Bhatia (2002), p.7, the aim of genre analysis is to uncover the realities of the text to the world. It gives careful consideration to all the features of a discourse community such as, culture, ideology, social practices and social context rather than only specific linguistic features of discourse (Xu, et al., 2010).

Rhetorical structure: Rhetorical structure stands for an underlying structure of a genre which accounts for a recognizeable organization of the genre governed by the specialists of a discourse community (Richards et al., 1992). The present study aimed to examine the rhetorical structure of the OCP genre in academic context.

Tacit knowledge: Tacit knowledge refers to a kind of knowledge which "we can know more than what we can tell" (Polayni, 1966, p.4). Usually, principles of the tacit knowledge is difficult to express linguistically (Chomsky, 1965). However, it can be displayed in actual performances of its users.

Move: Move is a functional unit or section of a text that accomplishes specific communicative function and constitutes a particular purpose contributing to "the overall communicative purposes of the genre" (Kanoksilapatham, 2005; 2015). It does not have any specific length. Move can be as short as clause and as long as paragraph (Swales, 1990) however one move has at least one proposition (Conner & Mauranen, 1999).

Move analysis: Move analysis is the analysis of forms and functions of a genre (Bhatia, 1993). Generally, it is conducted to identify the moves and steps (strategies) of a genre and to explain the reasons for employing the move-step structure by the expert member for achieving particular communicative purposes (Bhatia, 1993). Swales (1990) for the first time introduced the move analysis approach. There is not a hard and fast rule of doing move analysis (Biber et al., 2007).

Oral Case Presentation: OCP is a genre that takes place between specialists and students for educational and clinical purposes. Green et al. (2009) stated that OCP potentially has ability to alleviate patient care, provide opportunity for individual and group learning to solve uncertainty and helps to evaluate students and residents.

1.10   Summary of the chapter

This chapter at first highlighted the lack of research done on the OCP genre in the field of Applied Linguistics. Meanwhile, attempts were made to offer extensive definitions of OCP first and then different functions of the genre in academic context were explained. The importance of OCP as a tool of evaluation is also presented. Thereafter, the implicit instructions of medical educationists regarding the importance of using appropriate RALFs were described. Further, a more detailed account of the RALFs from linguistic standpoint is presented. Before proceeding to the rational of the research, ineffectiveness of a few approaches, models, and checklists of OCP genre is highlighted. After this, rationales for the present research were provided. Once the importance of the current study justified, in the next section, problem statement was briefly explained. This section overwhelmingly highlighted the research gaps relevant to each objective of the present study. After that, main objective of the study was offered. Based on the sub-objectives, research questions were raised. And then, this chapter presented the significance of the study followed by the scope and limitations of the current research. Finally, this chapter offered definitions of the key terms used in the thesis.

REFERENCES

Afida, M. A. (2007). Semantic fields of problem in business English: Malaysian and British journalistic business texts. *Corpora* 2: 211–239

Aitken, L. M., & Marshall, A. P. (2007). Writing a case study: ensuring a meaningful contribution to the literature. *Australian Critical Case*, 20, 132-136.

Anderson, J. R. (1992). Automaticity and the ACT theory. *Am J Psychol*; 105: 165_80.

Atkinson, P. (1999). Medical discourse, evidentiality and thew construction of professional responsibility. In S. Sarangi and C. Roberts (eds) Talk, Work and Institutional Order: discourse in medical, mediation and management settings 75–108. Berlin and New York: Mouton de Gruyter.

Anspach, R.R., (1988). Notes on the sociology of medical discourse: the language of case presentation. *J Health Soc Behav*; 29:357±75.

Bannister, S. L., Hanson, J. L., Maloney, C. G., & Raszka, W. V. (2011). Using the student case presentation to enhance diagnostic reasoning. *Pediatrics*, *128*(2), 211–3.

Bannister, S. L., Raszka, W. V, & Maloney, C. G. (2010). What makes a great clinical teacher in pediatrics? Lessons learned from the literature. *Pediatrics*, *125*(5), 863–5.

Barry, C. A., Stevenson, F. A., Britten, N., Barber, N., & Bradley, C. P. (2001). Giving voice to the lifeworld . More humane , more effective medical care ? A qualitative study of doctor – patient communication in general practice. *Social Science & Medicine*, *53*, 487–505.

Bawarshi, A. S., & Reiff, M. J. (2010). Genre in Linguistic Traditions : Systemic Functional and Corpus Linguistics. *Genre: An Introduction to History, Theory,research, and Pedagogy*, 29–40.

Bazerman, C. (1988). Shaping written knowledge: The genre and activity of the experimental article in science. Madison: *University of Wisconsin Press*.

Berkenkotter, C., & Huckin, T. N. (1995). Genre knowledge in disciplinary communication: Cognition, culture, power. Hillsdale, NJ: Lawrence Erlbaum.

Berry, M. (1995). Thematic options and success in writing. In M. Ghadessy (Ed.), Thematic development in English texts (pp. 55–84). London: Pinter.

Bhatia, V. K. (1993). Analysing genre: Language use in professional settings. London and New York: Longman.

Bhatia, V. K. (2002). Applied genre analysis: A multi-perspective model. *Ibérica: Revista de La Asociación Europea de Lenguas Para Fines Específicos (AELFE)*, *4*, 3–19.

Bhatia, V.K. (2004). Worlds of Written Discourse: A Genre-Based View. London: Continuum.

Bhatia, V. K. (2008). Genre analysis, ESP and professional practice. *English for Specific Purposes*, *27*(2), 161–174.

Bhatia, V. K. (2015). Critical genre analysis: Theoretical preliminaries. *Hermes- Journal of language and communication in business*. No(54).

Biber, D., Connor, U., & Upton, T.A. (2007). Discourse on the move: Using corpus analysis to describe discourse structure. *John Benjamins Publishing Company*.

Bogdan, R. C., & Biklen, S. K. (1998). Qualitative research for education: An introduction to theory and methods (3rd ed.). Boston: Allyn and Bacon.

Bowen, J. L. (2006). Educational strategies to promote clinical diagnostic reasoning. *N Engl J Med*. 355:2217–2225.

Bunton, D. (2005). The structure of PhD conclusion chapters. *Journal of English for Academic Purposes*, *4*(3), 207–224.

Caffi, C. (1999). On mitigation. *Journal of Pragmatics*, *31*(7), 881–909.

Centonze, L. (2013). Conjunctions in ELF Academic Disourse: A Corpus-based analysis. *Lingue E Linguaggi*, *10*(September), 7–18.

Chan, M.Y., (2015). The oral case presentation: toward a performance-based rhetorical model for teaching and learning. *Medical Education Online, 20*.

Chen, Q., & Ge, G. C. (2007). A corpus-based lexical study on frequency and distribution of Coxhead's AWL word families in medical research articles (RAs). *English for Specific Purposes*, *26*(4), 502–514.

Cheng, A. (2007). Transferring generic features and recontextualizing genre awareness: Understanding writing performance in the ESP genre-based literacy framework. *English for Specific Purposes*, *26*(3), 287–307.

Christie, F. (1991). Literacy in Australia. *Annual Review of Applied Linguistics*, 12, 142–155.

Cochran, N. (n.d.). A guide to case presentations. http://webcampus.drexelmed.edu/doccom/. [cited 22 September 2015].

Coe, R. (1994). An arousing and fulfillment of desires: The rhetoric of genre in the process era—and beyond. *Genre and the New Rhetoric*. Freedman A. and Medway, P. (eds.), London: Taylor and Francis, 181-190.

Cohen, H. (2006). How to write a patient case report. *Am J Health-Syst Pharm*, 63, 1888-1892.

Colgan R. (2014). Advice to the young clinician: the art of presentation. *Consultant*; 54: 755.

Conner, U. & Mauranen (1999). Linguistic analysis of Grand Proposal. *English for Specific Purposes*. 18 (1), p. 47-62

Corder, S. (1973). Introducing Applied Linguistics. Harmondsworth: Penguin Books.

Crismore, A., Markkanen, R., & Steffensen, M. S. (1993). Metadiscourse in Persuasive Writing: A Study of Texts Written by American and Finnish University Students. *Written Communication* (Vol. 10).

Crystal, D. (1992). A Dictionary of Linguistics and Phonetics. Oxford: Blackwell.

Dahm, M. R. (2011). Exploring perception and use of everyday language and medical terminology among international medical graduates in a medical ESP course in Australia. *English for Specific Purposes*, *30*(3), 186–197.

Dare, A.J., Cardinal, A., Kolbe, J., & Bagg, W. (2008). What can the history tell us? An argument for observed history-taking in the trainee intern long case assessment. *Journal of the New Zealand Medical Association,* 121 No 1282.

Davenport, C., Honigman, B. & Druck, J. (2008). The 3-minute emergency medicine medical student presentation: a variation on a theme. *Society for Academic Emergency Medicine*, 15(7), 683 – 687.

Davies, F. (1988). Reading between the lines: thematic choice as a device for presenting writer viewpoint in academic discourse. *The ESPecialist*, 9 (2), 173-200.

Davies, F. (1997). Marked Theme as a heuristic for analysing text-type, text and genre. In J. Pique & D. Viera (Eds.), Applied languages: theory and practice in ESP (pp. 45–71). Universitat de Valencia: Servei de Publications Universitat de Valencia.

Dell, M., Lewin, L., & Gigante, J. (2012). What's the story? Expectations for oral case presentations. *Pediatrics*, *130*(1), 1–4.

Devitt, A. J. (1991). Intertextuality in tax accounting: generic, referential and functional. In C. Bazerman & J. Paradis (Eds.), Textual dynamics of the professions: historical and contemporary studies of writing in professional communities (pp. 336–357). Madison, WI: The University of Wisconsin Press.

177

Dhaliwal, G., & Hauer, K. E. (2013). The oral patient presentation in the era of night float admissions: credit and critique. *JAMA : The Journal of the American Medical Association*, *310*(21), 2247–8.

Dias, P., Freedman, A., Medway, P. and Paré, A. (1999). Worlds Apart: Acting and Writing in Academic and Workplace Contexts. Mahwah, NJ: Erlbaum.

Ding, H. (2007). Genre analysis of personal statements: Analysis of moves in application essays to medical and dental schools. *English for Specific Purposes*, *26*(3), 368–392.

Donnelly, W.J., (1986). Medical language as sysmptom: doctor talk in teaching hospital. *Perspective in biology and medicine*, 30(1); 81-94.

Donelly, W.J., & Brauner, D.J., (1992). Why SOAP is bad for the medical record. *Arch Intern Med,* 152; 481-84

Donnelly, W.J., (1997). The language of medical case histories. *Ann Intern Med.* 127:1045±48.

Eggins, S. (2000). Researching everyday talk. In L. Unsworth (Ed.), Research language in schools and communities: functional linguistic perspectives (pp. 130–151). London: Cassell.

Eggins, S. (2004). An introduction to systemic functional linguistics. London, England: Continuum.

Elliot, D. L., Hickam, D. H., Elliot, D. L., & Hickam, D. H. (2009). Teaching and Learning in Medicine : An How Do Faculty Evaluate Students ' Case Presentations ? How Do Faculty Evaluate Students ' Case Presen tations ?, (December 2014).

Erickson, F. (1999). Appropriation of voice and presentation of self as a fellow physician: aspects of a discourse of apprenticeship in medicine. In S. Sarangi and C. Roberts (eds) Talk, Work and Institutional Order: discourse in medical, mediation and management settings 109–144. Berlin and New York: Mouton de Gruyter.

Evans, S. (2013). "Just wanna give you guys a bit of an update": Insider perspectives on business presentations in hong kong. *English for Specific Purposes*, *32*(4), 195–207.

Feez, S. (2002). Heritage and innovation in second language education. In A.M. Johns (Ed.), *Genre in the classroom* (pp. 47–68). Mahwah, NJ: Erlbaum.

Fleischman, S., (2001). Language and Medicine. In Schiffrin, D., D. Tannen and H. E. Hamilton (Eds.). The Handbook of Discourse Analysis (pp. 470-502). Blackwell Publishing.

Flowerdew, L. (1998). Corpus linguistic techniques applied to textlinguistics. *System*, *26*(4), 541–552.

Flowerdew, L. (2005). An integration of corpus-based and genre-based approaches to text analysis in EAP/ESP: Countering criticisms against corpus-based methodologies. *English for Specific Purposes*, *24*(3), 321–332.

Flowerdew, J. (2011). Some dichotomies in genre analysis for Languages for Specific Purposes. *John Benjamins Publishing.*

Flowerdew, L. (2013). Corpus-based research and pedagogy in EAP: From lexis to genre. *Language Teaching*,*48,* p.1–18.

Forey, G. (2002). Aspects of Theme and their role in workplace texts. Unpublished PhD dissertation. Glasgow: Department of English Language. University of Glasgow.

Forey, G. (2004). Workplace texts: Do they mean the same for teachers and business people? *English for Specific Purposes*, *23*(4), 447–469.

Fries, P. H. & Francis, G., (1992). Exploring theme: Problems for research. Occasional papers in systemic linguistics, 6, p.45-60.

Goodier, C. (2008). Purpose and identity in professional and student radiology writing: a genre based approach. *Dissertation/Thesis*, (November).

Grant, A., & de Val, J. (2016). How to make an oral case presentation to colleagues. *The Pharmaceutical Journal, 286* (7887).

Green, C., Christopher, E. R., & Mei, J. L. K. (2000). The incidence and effects on coherence of marked themes in interlanguage texts: a corpus based enquiry. English for Specific Purposes, 19(2), 99–113.

Green, E.H., Hershman, W., DeCherrie, L., Greenwald, J., Torres-Finnerty, N., & Wahi-Gururaj, S., (2005). Developing and implementing universal guidelines for oral patient presentation skills. *Teach Learn Med*.;17:263–7.

Green, E. H., Durning, S. J., DeCherrie, L., Fagan, M. J., Sharpe, B., & Hershman, W. (2009). Expectations for oral case presentations for clinical clerks: opinions of internal medicine clerkship directors. *Journal of General Internal Medicine*,

Green, E. H., DeCherrie, L., Fagan, M. J., Sharpe, B. a, & Hershman, W. (2011). The oral case presentation: what internal medicine clinician-teachers expect from clinical clerks. *Teaching and Learning in Medicine*, *23*(1), 58–61.

Gumperz, J. J. (1982). *Fact and Inference in Courtroom Testimony*. *Language and Social Identity*.

179

Haber, R. J., & Lingard, L. a. (2001). Learning Oral Presentation Skills. *Journal of General Internal Medicine*, *16*(5), 308–314.

Hajiyeva, K. K. (2015). A corpus-based lexical analysis of subject-specific university textbooks for English majors. *Ampersand*, *2*, p.136–144.

Halliday, M. A. K., (1994). An introduction to functional grammar. 2nd ed. London: Edward Amold.

Halliday, M. A. K & Hasan, R., (1976). Cohesion in English. London: Longman.

Halliday, M. A. K. & R. Hasan (1989). Language, Context, and Text: Aspects of language in a social-semiotic perspective. Oxford: *Oxford University Press*.

Halliday, M., & Matthiessen, C. (2004). An introduction to functional grammar. London: Edward Arnold.

Halloran, S. M. (1984). "The birth of molecular biology: An essay in the rhetorical criticism of scientific discourse", *Rhetoric Review* 3, p.70-83.

Hasan, R. (1977). Text in the systemic-functional model: Current trends in text linguistics. Berlin, Germany: *Walter de Gruyter*.

Haverkate, H. (1992). Deictic categories as mitigating devices. *Pragmatics* 2(4): p.505-522.

Heiman, H. L., Uchida, T., Adams, C., Butter, J., Cohen, E., Persell, S. D., … Martin, G. J. (2012a). E-learning and deliberate practice for oral case presentation skills: A randomized trial. *Medical Teacher*, (Ericsson 2006).

Helan, R., (2012). Analysis of published medical case reports: genre-based studies. *Unpublished thesis*, Masaryk University.

Henry, A. (2007). Evaluating language learners' response to web-based, data-driven, genre teaching materials. *English for Specific Purposes*, *26*(4), 462–484.

Hoekje, B. J. (2007). Medical discourse and ESP courses for international medical graduates (IMGs). *English for Specific Purposes*, *26*(3), 327–343.

Hoey, M. (1986). 'The Discourse Colony: A Preliminary Study of a Neglected Discourse Type', in M. Coulthard (ed.) Talking about Text, pp. 1–26. Birmingham: *English Language Research*.

Hung, H., Chen, P.C., & Tsai, J.J. (2012). Rhetorical structure and linguistic features of case presentations in case reports in Taiwanese and international medical journals. *Journal of English for Academic Purposes*, *11*(3), 220–228.

Hunter, K. M. (1991). Doctors' Stories: The Narrative Structure of Medical Knowledge. Princeton, N. J.: Princeton University Press.

Hyland, K. (2002). Authority and invisibility : authorial identity in academic writing, *34*, 1091–1112.

Hyland, K. (2005). Stance and engagement: a model of interaction in academic discourse. *Discourse Studies*, *7*(2), 173–192.

Hyland, K. (2007). Genre pedagogy: Language, literacy and L2 writing instruction. *Journal of Second Language Writing*, *16*(3), 148–164.

Hyland, K., & Tse, P. (2004). Metadiscourse in academic writing: A reappraisal. *Applied Linguistics*, *25*(2), 156–177.

Hyon, S. (1996). "Genre in three traditions: Implications for ESL". *TESOL Quarterly* 30: 693- 722.

Iedema, R. A. M. (1995). The language of administration: write-it-right industry research report stage three. Sydney: NSW Dept of Education, Disadvantaged Schools Program, Metropolitan East.

Iedema, R. A. M. (2000). Bureaucratic planning and resemiotisation. In E. Ventola (Ed.), Discourse and the community (pp. 47–69). Tubingen: Gunter Narr Verlag Tubingen.

Johns, A. M. (2008). Genre awareness for the novice academic student: An ongoing quest. *Language Teaching*.

Johnstone, B. (2008). Discourse Analysis. Blackwell Publishing.

Jolly, B. Grant, J. (1997). The Good Assessment Guide: A Practical Guide to Assessment and Appraisal for Higher Specialist Training. Joint Centre for Medical Education.

Kakar, S. P., Catalanotti, J. S., Flory, A. L., Simmens, S. J., Lewis, K. L., Mintz, M. L. Blatt, B. C. (2013). Evaluating oral case presentations using a checklist: how do senior student-evaluators compare with faculty? *Academic Medicine : Journal of the Association of American Medical Colleges*, *88*(9), 1363–7.

Kang, J. (2016). A Functional Approach to the Status of Theme and Textual Development , *6*(5), 1053–1059.

Kong, K. (2014). Professional Discourse. *Cambridge University Press*.

Kanoksilapatham, B. (2005). Rhetorical structure of biochemistry research articles. *English for specific purposes*, 24, 269-292.

Kanoksilapatham, B. (2015). Distinguishing textual features characterizing structural variation in research articles across three engineering sub-discipline corpora. *English for Specific Purposes*, *37*(1), 74–86.

Khan, K. Z., Ramachandran, S., Gaunt, K., & Pushkar, P. (2013). The Objective Structured Clinical Examination (OSCE): AMEE Guide No. 81. Part I: an historical and theoretical perspective. *Medical Teacher*, *35*(9), e1437–46.

Kim, S., Kogan, J. R., Bellini, L. M., & Shea, J. A. (2005). A randomized-controlled study of encounter cards to improve oral case presentation skills of medical students. *Journal of General Internal Medicine*, *20*(8), 743–747.

Kihm, J. T., Brown, J. T., Divine, G. W., & Linzer, M. (1991). Quantitative analysis of the outpatient oral case presentation: Piloting a method. *Journal of General Internal Medicine*, *6*(3), 233–236.

Kroenke, K. (1985). The case presentation: stumbling blocks and stepping stones. *The American Journal of Medicine*, 79(5): 605-608.

Kwan, B. S. C. (2006). The schematic structure of literature reviews in doctoral theses of applied linguistics. *English for Specific Purposes*, 25, 30e55.

Laing, R.D., (1982). The voice of experience. New York: Pantheon

Lewin, L. O., Beraho, L., Dolan, S., Millstein, L., & Bowman, D. (2013). Interrater reliability of an oral case presentation rating tool in a pediatric clerkship. *Teaching and Learning in Medicine*, *25*(1), 31–8.

Lingard, L., (1988). Genre as initiation: socilaizing the student physician. *Unpublished thesis*, Simon Fraser University.

Lingard, L., & Haber, R. J. (1999).Teaching and learning communication in medicine:A rhetorical approach. *Academic Medicine*, 74, 507-510.

Lingard, L., Garwood, K., Schryer, C. & Spafford, M. (2003a). A certain art of uncertainty: case presentation and the development of professional identity. *Social Science & Medicine*, *56*(3), 603–616.

Lingard, L., Schryer, C., Garwood, K., & Spafford, M. (2003b). "Talking the talk": School and workplace genre tension in clerkship case presentations. *Medical Education*, *37*(7), 612–620.

Lysanets, Y., Morokhovets, H., & Bieliaieva, O. (2017). Stylistic features of case reports as a genre of medical discourse. *Journal of Medical Case Reports, 11*(83), 1-5.

Maddow, C. L., Shah, M. N., Olsen, J., Cook, S., & Howes, D. S. (2003). Efficient communication: Assessment-oriented oral case presentation. *Academic Emergency Medicine*, *10*(8), 842–847.

Martin, J.R., Christie, F. and Rothery, J. (1987). Social processes in education: A reply to Sawyer and Watson (and others). In I. Reid (ed.), The place of genre in learning: Current debates (46-57). Geelong, Victoria (Australia): Deakin University Press.

Martin, J. R. (1992). Theme, method of development in existentiality: the price of reply. *Occasional papers in systemic linguistics*, 6,147-184.

Martin, J. R., & Rose, D. (2003). Working with discourse. London: Continuum.

Mason, R. A. (2001). The case report- An endangered species? *Anaesthesia*, 56(2), 99-102.

McGee S. (2015). Medicine students' program: oral presentation guidelines. Learning & Scholarly Technologies, University of Washington; 1998_2015. Available from: https://catalyst.uw.edu/workspace/medsp/30311/202905 [cited 10 May 2015].

Michael, A., Rao, R., & Goel, V. (2013). The long case: a case for revival? *The Psychiatrist*, *37*(12), 377–381.

Miller, C. R. (1984). Genre as social action. *Quarterly Journal of Speech*, *70*(2), 151–167.

Mishler, E.G. (1984). The discourse of medicine. The dialectics of medical interviews. Norwood, NJ: Ablex.

Monroe, W. F., Holleman, W. L., & Holleman, M. C. (1992). "Is There a Person in This Case?" *Literature and Medicine*, *11*(1), 45–63.

Murawska, M. (2013). A multitude of voices and worlds: Towards a new model of the medical case report. *A journal of English linguistics*, (2).

Neher, J.O., Gordon, K.C , Meyer, B. & Stevens, N. (1992). A five- step microskills model of clinical teaching. *Journal of the American Board of Family Practice*, 5, pp. 419-424

Norman, G. (2005). Research in clinical reasoning: past history and current trends. *Medical Education*, *39*(4), 418–27.

Nur-Farah, F. M. (2017). A move/step analysis of learners' oral case presentations by medical undergraduate students. Unpublished thesis: Universiti Putra Malaysia.

Nwogu, K. N. (1997). The medical research paper: Structure and functions. *English for Specific Purposes*,16(2), 119–138.

Okubo, Y., Education, M., & Women, T. (2014). Reflection and feedback in ambulatory education, 355–360.

Paltridge, B. (1995). Working with genre: A pragmatic perspective. *Journal of Pragmatics* 24, P. 393-406.

Paltridge, B., Starfield, S. (2013). The Handbook of English for Specific Purposes. MA : Wiley-Blackwell.

Pangaro L. (1999). A new vocabulary and other in- novations for improving descriptive in- training evaluations. *Acad Med*. ;74(11): 1203–1207.

Pennycook, A. (2010). Language as a local practice. Routledge: Taylor & Francis Group.

Poirier, S., & Brauner, D.J., (1988). Ethics and the daily language of medical discourse. *The Hastings Centre Report*; 18(4); 5-9.

Ponnamperuma, G. G., Karunathilake, I. M., McAleer, S., & Davis, M. H. (2009). The long case and its modifications: A literature review. *Medical Education*, *43*(10), 936–941.

Probert, C. S., Cahill, D. J., McCann, G. L., & Ben-Shlomo, Y. (2003). Traditional finals and OSCEs in predicting consultant and self-reported clinical skills of PRHOs: A pilot study. *Medical Education*, *37*(7), 597–602.

Pryor, E., & Woodward-Kron, R. (2014). International medical graduate doctor to doctor telephone communication: A genre perspective. *English for Specific Purposes*, *35*(1), 41–53.

Rayson, P. (2005). Wmatrix: a web-based corpus processing environment. Computing Department, Lancaster University.

Rayson, P. and Garside, R. (2000). 'Comparing corpora using frequency profiling', in proceedings of the workshop on Comparing Corpora, held in conjunction with the 38th annual meeting of the Association for Computational Linguistics (ACL 2000). 1–8 October 2000, Hong Kong.

Rothery, J. (1996). Making changes: Developing an educational linguistics. In R. Hasan & G. Williams (Eds.), *Literacy in Society*. London: Longman.

Rowley-Jolivet, E., & Carter-Thomas, S. (2005). Genre awareness and rhetorical appropriacy: Manipulation of information structure by NS and NNS scientists in the international conference setting. *English for Specific Purposes*, 24, 41e64.

Salager-meyer, F. (1983). The Lexis of Fundamental English:Classificatory Framework and Rhetorical Function (A Statistical Approach). *Reading in a Foreign Language*.

Samraj, B. (2004). Discourse features of the student-produced academic research paper: variations across disciplinary courses. *Journal of English for Academic Purposes*, 3,5e22.

Sarangi, S. (2005). The conditions and consequences of professional discourse studies. *J Appl Linguist*; 2: 371_94.

Schiffrin, D. (1994). Approaches to Discoure. Blackwell Publishing.

Schon, D. (1983). The reflective practitioner: how professionals think in action. New York, NY: Basic Books.

Schryer, C. F. (1993). Records as genre. *Written Communication* 10 (2), 200-34.

Schryer, C. F., (1994). The lab versus the clinic: competing sites of genre. In Freedman, A., & Medway, P. (Eds.), Genre and the new rhetoric. London: Taylor & Francis.

Schryer, C. F., Lingard, L., & Spafford, M. (2003). Structure and Agency in Medical Case Presentations Case Presentations Medical professionals use case presentations to communicate the salient details of patient cases. *Russell The Journal Of The Bertrand Russell Archives*.

Schryer, C. F., Lingard, L., & Spafford, M. M. (2005). Techne or Artful Science and the Genre of Case Presentations in Healthcare Settings. *Communication Monographs*, *72*(2), 234–260.

Schryer, C. F., Lingard, L., & Spafford, M. M. (2007). Regulated and regularized: Genres, improvisation and identity formation in healthcare professions. In M. Zachry & C. Thralls (Eds.), Communicative practices in workplaces and the professions: Cultural perspectives on the regulation of discourse and organizations (pp. 21–44). Amityville, New York: Baywood Publishing.

Sengupta, S., Forey, G., & Hamp-Lyons, L. (1999). Supporting effective English communication within the context of teaching and research in a tertiary institute: developing a genre model for consciousness raising. *English for Specific Purposes*, *18*, S7–S22.

Siegel, H. (1988). Educating reason: Rationality critical thinking, and education. New York, Routledge.

Spafford, M. M., Lingard, L., Schryer, C. F., & Hrynchak, P. K. (2004). Tensions in the Field: Teaching Standards of Practice in Optometry Case Presentations. *Optometry and Vision Science*, *81*(10), 800–806.

Spafford, M. M. (2006). Look Who's Talking: Teaching and Learning Using the Genre of Medical Case Presentations. *Journal of Business and Technical Communication* (Vol. 20).

Stainton, C. (1993). Metadiscourse and the analytical text: a genre based approach to children's written discourse. Unpublished Ph.D. thesis, University of Manchester.

Stubbs, M. (1983). Discourse Analysis. Chicago: University of Chicago Press.

Swales, J. M. (1990). English in Academic and Research Settings: Genre Analysis and Its Applications. Cambridge: *Cambridge University Press*.

Swales, J.M. (2004). Research genres. Exploration and Applications. Cambridge: *Cambridge University Press*.

Swales, J.,& Feak, C. (2004). Academic writing for graduate students: Essential tasks and skills (2nd ed.). Ann Arbor: University of Michigan Press.

Thompson, G. (2004). Introducing functional grammar. 2nd ed. London: Arnold.

Thompson, G. & Zhou, J. (2000). Evaluation and organisation in text: the structuring role authorial stance and the construction of discourse. Oxford: Oxford University Press, of evaluative disjuncts. In: S. Hunston & G. Thompson, eds. Evaluation in text: 121-141.

Thompson, P. & Zarina, Z. (2004). Corporate social responsibility reporting in Malaysia. *Journal of corporate citizenship* (13): 125-136.

Thornton, S. (2012). A literature review of the long case and its variants as a method of assessment. *Education in Medicine Journal*, *4*(1), 5–14.

Upton, T. A. & Cohen, M. A. (2009). An approach to corpus-based discourse analysis: The move analysis as example. Discourse Studies, 11, 585-605.

Van de Pol, M. H. J., & Van Weel-Baumgarten, E. M. (2012). Challenges in communication during clerkships: A case report. *Medical Teacher*, *34*(10), 848–849.

Vandenbroucke, J. P. (1999). Case reports in an evidence-based world. *Journal of the Royal Society of Medicine*, 22(4), 159-163.

Varpio, L., Spafford, M. M., Schryer, C. F., & Lingard, L. (2007). Seeing and Listening: A Visual and Social Analysis of Optometric Record-Keeping Practices. *Journal of Business and Technical Communication*, *21*(4), 343–375.

Warner, J. O. (2005). Case reports- What is their value? Pediatric Allergy and Immunology, 16(2), 93- 94.

Wass, V., Van Der Vleuten, C., Shatzer, J., & Jones, R. (2001). Assessment of clinical competence. *Lancet*, *357*(9260), 945–949.

Webber, P. (n.d.). Speaking practice in the medical english classroom: bridging the gap between medical english and the everyday world. *IRAL. International Review of Applied Linguistics in Language Teaching*, *33*(1), 64–70.

Wiese, J., Varosy, P., & Tierney, L., (2002). Improving oral presentation skills with a clinical reasoning curriculum: a prospective controlled study. *American Journal of Medicine.* 112:212–8.

Wolpaw, T. M., Wolpaw, D. R., & Papp, K. K. (2003). SNAPPS: A Learner-centered Model for Outpatient Education, 893–898.

Wolpaw, T., Papp, K. K., & Bordage, G. (2009). Using SNAPPS to facilitate the expression of clinical reasoning and uncertainties: a randomized comparison group trial. *Academic Medicine : Journal of the Association of American Medical Colleges*, *84*(4), 517–24.

Wolpaw, T., Côté, L., Papp, K. K., & Bordage, G. (2012). Student uncertainties drive teaching during case presentations: more so with SNAPPS. *Academic Medicine : Journal of the Association of American Medical Colleges*, *87*(9), 1210–7.

Xunfeng Xu, Yan Wang, Forey, G., & Lan Li. (2010). Analyzing the Genre Structure of Chinese Call-Center Communication. *Journal of Business and Technical Communication*, *24*(4), 445–475.

Yang, W. (2015). "Call for papers": Analysis of the schematic structure and lexico-grammar of CFPs for academic conferences. *English for Specific Purposes*, 37(1), 39-51.

BIODATA OF STUDENT

Munir Khan is a lecturer in the Department of English, Lasbela University of Agriculture, Water, and Marine Sciences (LUAWMS), Pakistan. He received scholarship from LUAWMS for Master and PhD programs. He has completed his Master of Applied Linguistics from Faculty of Modern Languages and Communication, Universiti Putra Malaysia under the kind supervision of Dr. Chan Mei Yuit. His research interest lies under the area of Discourse Analysis and Genre Analysis.

LIST OF PUBLICATIONS

Khan, M. (2019). The perspective of medical communication on the biomedical model of practice and patient centeredness: A review of the language of medical case presentation genre. International Journal of Linguistics and Translation. Vol. 2(3).

Conference attended

Chan, M.Y., Khan, M., Ali, A.M., Isa, M.M., Narayanan, P., Abu Bakar, M.Z., Yap, N.T., Hoo, F.K., Hod, R., & Foo, Y.L. (2018, March). Examining the rhetorical structure of the medical case presentation for genre-based teaching of communication in medical education. Paper presented at the ASEAN-ELT Conference, Melaka, Malaysia.

UNIVERSITI PUTRA MALAYSIA

STATUS CONFIRMATION FOR THESIS / PROJECT REPORT AND COPYRIGHT

ACADEMIC SESSION : _____

TITLE OF THESIS / PROJECT REPORT :

DIFFERENCES IN RHETORICAL AND LINGUISTIC FEATURES IN MEDICAL ORAL CASE PRESENTATIONS OF MEDICAL EXPERTS AND MEDICAL STUDENTS

NAME OF STUDENT: MUNIR KHAN

I acknowledge that the copyright and other intellectual property in the thesis/project report belonged to Universiti Putra Malaysia and I agree to allow this thesis/project report to be placed at the library under the following terms:

1. This thesis/project report is the property of Universiti Putra Malaysia.

2. The library of Universiti Putra Malaysia has the right to make copies for educational purposes only.

3. The library of Universiti Putra Malaysia is allowed to make copies of this thesis for academic exchange.

I declare that this thesis is classified as :

*Please tick (√)

☐ **CONFIDENTIAL**   (Contain confidential information under Official Secret Act 1972).

☐ **RESTRICTED**   (Contains restricted information as specified by the organization/institution where research was done).

☐ **OPEN ACCESS**   I agree that my thesis/project report to be published as hard copy or online open access.

This thesis is submitted for :

☐ **PATENT**   Embargo from_____ until _____
                              (date)   (date)

Approved by:

_____   _____
(Signature of Student)   (Signature of Chairman of Supervisory Committee)
New IC No/ Passport No.:   Name:

Date :   Date :

[Note : If the thesis is CONFIDENTIAL or RESTRICTED, please attach with the letter from the organization/institution with period and reasons for confidentially or restricted.]