ORAL PRESENTATION OF MEDICAL CASE HISTORY

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There are a lot of professional genres in medical community. The teachers have to facilitate students' linguistic command and medical terms proficiency. Let`s consider the term 'genre'. V. Bhatia deals with a genre as '… situated linguistic behavior in institutionalized academic or professional settings...' [2, p. 629]. J. Harmer defines genre as 'a type of written organization and layout (such as an advertisement, a poem, a magazine article, etc.) which will be instantly recognized for what it is by members of a discourse community – that is any group of people who share the same language customs and norms' [5, p. 31]. Textual success often depends on the familiarity of text organization for discourse community readers, either small or large the community might be, and students should be aware of the genre norms [5, p. 32]. It concerns the genre of medical history oral presentation. The teacher simulates environmental settings, covers the information gap emerging when students present medical history orally, tries to elicit feedback from the other students. According to K. Bailey, activities 'involving information gaps can be used at all levels of instruction to create communicative needs and motivate interaction' [1, p. 129].

We can suggest some meaningful activities for implementation of this task. Some students (A, B and C) take turns speaking about medical histories of different patients. They are asked to be patient-centered and ask open questions. Learners may use different texts from their course-book for presenting medical histories. These pieces of written discourse may represent: a letter from a GP (general practitioner) to a consultant when a GP asks for opinion and advice [4, p. 10], doctor's findings after examination [4, p. 9], an interview between a doctor and a patient, a letter of referral [4, p. 20], a discussion between a GP and a consultant [4, p. 22], a conversation between two doctors [4, p. 23], a checklist for the first examination of a patient [4, p. 32], a list of investigation for a patient [4, p. 52], etc. If some pieces of information are omitted, the learners fill in the gaps [4, p. 11]. The other students (D, E and F) give feedback about these oral presentations of medical histories. While listening to

students A, B, C presenting medical histories, they decide whether the patients are at risk. In team work, the students discuss clinical cases presented orally; they may be asked to give examples from their own experience; as it is stated that '...in the more specific ESP classes, the teacher sometimes becomes more like a language consultant, enjoying equal status with the learners who have their own expertise in the subject matter' [3, p. 4]. Oral presentation constituents are not obligatory, but changeable, and may be omitted. The structure of oral presentation of the patient's medical history at admission to the emergency, may include: previous occupation; initial symptoms; initial diagnosis; condition immediately prior to admission; reason for emergency admission; past history (family history, patient's lifestyle, habits, living/working conditions).

We agree with J. Harmer`s statement that 'in communicative activities there are stages where communication was more important than accuracy' [5, p. 49]. The teacher`s role is not to interrupt a student occasionally, but to facilitate a life situation in classroom, summarize the occurred mistakes, correct and explain them only after the learner's presentation.

Thus, the genre of oral presentation of medical case histories is worth discussing in order to succeed in medical community.

References

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