

LORNA DUBAC NEMET*

J. J. STROSSMAYER UNIVERSITY OF OSIJEK, FACULTY OF MEDICINE
FACULTY OF DENTAL MEDICINE AND HEALTH
CROATIA

 <https://orcid.org/0009-0001-9606-1224>

KATALIN EKLICSNÉ LEPENYE

UNIVERSITY OF PÉCS, MEDICAL SCHOOL
HUNGARY

 <https://orcid.org/0000-0002-3492-0871>

ORAL CASE PRESENTATION IN MEDICAL ENGLISH AND CLINICAL TERMINOLOGY COURSES – BRIDGING THEORY AND PRACTICE

Abstract: There is a common consensus among students of medicine that even though the study program itself brings a plethora of theoretical knowledge, what they see as a potential flaw is a shortage of opportunities for scaffolded practice. What better than to engage with the task of oral case presentation in English, which can be a cost-effective asset to clinical practice? Reading the written case report, critically reflecting upon the facts presented in it, extracting the most important pieces of information to present, as well as creating both structurally well-designed and coherent narrative to practice at home and execute in front of the audience of peers: an excellent opportunity to unite content, language and communication skills while providing the account of the medical case report. Our article aims to share the results of a pilot study of audio-recorded oral case presentations performed as final tasks near the end of semester at the University of Osijek among Croatian medical students compared to the results of International medical students at the University of Pécs. The transcribed texts are analyzed for the occurrence of formulaic academic phrases (FAP), and content-based terminology to observe competent clinical language use development.

Keywords: course design, oral case presentation (OCP), medical English, medical case report benchmarks, formulaic academic phrases (FAP)

* ldnemet@mefos.hr/ldnemet@fdmz.hr

1. INTRODUCTION

Medical discourse encompasses a plethora of communicative events as well as text types, listed by Piqué-Angordans and Posteguillo (2006, e651): editorials, research articles, abstracts, case reports, review articles, peer reviews etc. Such medical discourse texts are primarily compiled by medical professionals targeting their professional colleagues. In that professional circle, the rules applied to the construction are exclusively those of shared mechanisms of intercommunication: specialized lexis, prescribed structural elements, academic phrases, adding to both educational and scientific relevance. Discourse analysis is a valuable method for studying medical education, providing perspectives on language and power in social context, and discourse structure and function (Imafuku, Saiki, and Woodward-Kron 2022).

The role of the English language and communication has become highly appreciated in medicine over the past decades, however, until the implementation of the Bologna Process at Croatian universities 20 years ago, Medical English courses were limited to the pre-clinical years. With this reform, a six-year Medical English curriculum was introduced. The new Curriculum brought about significant optimizations regarding the structure and content of the courses, in the new re-shuffle - interwoven with the core medical courses. In addition to the 1st year's Introduction to the morphology of medical terms, the curriculum focused on the development of two immensely important academic skills – efficient use of professional, published resources (reading comprehension, skimming, scanning, taking notes, summarizing, paraphrasing) and successful presentation of the medical and healthcare content – concentrating on multi-faceted tasks around the oral presentation of a medical case report.

Even though minorized and shadowed by evidence-based pieces of medical publications, which do contribute to the impact factor of the medical journals (and ranking is of utmost importance in medical and scientific community publishing), medical case reports present an important step in the development of students, junior clinicians, and researchers (Gopikrishna 2010, 266). Similarly, Aitken and Marshall (2007, 133) underline the educational function of the medical case report (MCR), so-called “learning via pattern recognition”, as well as practical clarification of the process of clinical decision-making. For all previously mentioned reasons, scaffolded practice involving a multi-level task of processing a written medical case report published in renowned open-access medical journals (Wiley Online Library, Oxford Medical Case Reports) presents an opportunity for the students to deal with a clinical patient scenario without the pressure of a real-time evaluation, diagnosis and treatment. By preparing an oral presentation of a written MCR, and adapting it for an in-front-the-audience-of-peers execution, both students and their peers acquire new pieces of information in a safe learning environment, remembering to avoid potential pitfalls/errors in daily practice (Florek and Dellavalle 2016, 1). Similarly, medical educational case

reports can benefit from a hybrid style that incorporates aspects of qualitative research studies and clinical case reports in proportions deemed appropriate by the tutor for educational purposes. (Louie et al. 2022)

Deeply rooted in the Grand Rounds of Sir William Osler, the father of modern medicine, oral MCR presentations exhibit a platform for the dissemination of clinical knowledge, preparation for future professional and scientific career, as well as networking in both propulsive and challenging field of medicine. Accurate and succinct reporting in which the selected pieces of information are carefully assessed then synthesized and structurally arranged provides the foundation for students' experiential learning, simultaneously, it helps them recognize the value of the team work for the quality of patient's healthcare. (Lysanets, Morokhovets, and Bieliaieva 2017, 2)

Along with the arguments of Johns and Dudley-Evans (1991) that students' motivation increases when attending classes with subject-specific agenda, a task of adapting written MCRs for oral presentation provides opportunities for practicing and improving critical thinking skills (what to include, what to omit, which details are relevant to share with the healthcare team), as well as presentation skills (to communicate in a clear and concise manner with the purpose of achieving a mutual goal – best possible outcomes for the patient) following a prescribed structure of “moves” (MCR categories) to make it easier for the audience to follow and process information. Professional assertiveness may be formed that way as a “capacity to communicate one's views, concerns, rights and needs while respecting others and preserving therapeutic, collegial and educational professional alliances” (Gutgeld-Dror et al. 2023, 392).

2. RESEARCH

The research aimed to compare Croatian and Hungarian medical students' dealing with the task of oral presentation of the medical case report (MCR), i. e., their choice of topics, the use of medical terminology and formulaic academic phrases (FAPs), as well as to determine to what extent both of those student populations employ critical thinking. By acknowledging characteristic similarities and differences regarding the results obtained by two student corpuses, it is possible to draw conclusions about the benefits of a particular course design (Croatian vs Hungarian English for medical purposes (EMP) curriculum).

The corpus of the study contained 20 randomly chosen, audio-recorded oral medical case reports (OCP) – 10 from the Osijek corpus (J. J. Strossmayer University of Osijek, Faculty of medicine) and 10 from Pécs corpus (University of Pécs, Medical School). While the Osijek students were domestic, predominantly Croatian citizens in the final years of their study program (5th and 6th year), the Hungarian students were international students in the early years of their study (1st -4th year).

Both student groups were introduced with the same task of selecting a published MCR/using their notes from clinical rotations (practices) to prepare an oral presentation, following a structure of a baseline parameter (core benchmarks/categories). Therefore, while all students received similar input expectations, they obviously had different previous teaching/learning experiences.

Our hypotheses were as follows:

- 1. Topic choice of both corpuses may be based on curriculum (we expect the junior Pécs students to choose internal medicine mostly)
- 2. The senior Osijek students may use more specialized (medical) terms in their MCRs (related to their medical studies and unrelated to their level of English)
- 3. The use of FAPs is more conscious and frequent by senior Osijek students
- 4. Critical thinking may be more relevant to the Pécs international students as they are confident users of English

3. RESULTS

3.1. Topic choice

With the purpose of informing and educating their peers about unique and clinically interesting cases, the presenters used multi-modal presentation resources to boost their speech event (MS PowerPoint, lab results, imaging records etc.) and to achieve narrative flow when reporting on their chosen MCR. Students were free to opt for an already published MCR (Wiley, Oxford) or to construct their own MCR based on the patient cases from clinical rotations.

Table 1. Distribution of topic choices among Osijek and Pécs students

OSIJEK		PÉCS	
BRANCH OF MEDICINE	MCR TOPIC(S)	BRANCH OF MEDICINE	MCR TOPIC(S)
Infectious diseases	1	Urology (2 Oncology related)	4
Neurology	1	Internal medicine (Gastroenterology)	1
Emergency medicine	2	Internal Medicine (Cardiology)	2
Internal medicine	3	Oncology	2
Oncology	1	Gynaecology	3
Gynaecology and Obstetrics	2		

Our results revealed that Hungarian-international students to a certain extent adjusted to the course curriculum (clinical terminology courses in junior years) and their personal interest, or brought about a cautionary case from the field of Gynaecology, Urology, Oncology, Internal medicine (Cardiology, Gastroenterology).

The Croatian students similarly chose case reports from the 4th, 5th and 6th year core medical curriculum courses, but, on the other hand, they were usually influenced and motivated by clinical rotations (for the most part conducted at the University Hospital Centre Osijek). In addition to 4th year courses - Internal medicine, Infectious diseases, Clinical Oncology, Neurology, Neurosurgery, Psychiatry, they opted for the 5th year courses: Emergency medicine (module), ORL, Paediatrics; and 6th year courses: Gynaecology and Obstetrics, Integrative medicine Clinical judgment (module).

3.2. Structural organisation – MCR categories/benchmarks

MCR categories, the so-called “moves” or benchmarks, present a textual macrostructure of a case report, complementing the horizontal discourse in which the content is being selected with the purpose of informing and educating peers about interesting cases that might be encountered in their future clinical practice. By recognizing, prioritizing and organizing the most pertinent features of the case around the set of benchmarks (core categories of the MCR), the presenter is allowed for flexibility, depending on the type of published MCR.

The structural organisation of the MCR is pretty much a rule-based display of key components, so-called “benchmarks”, which provide a groundwork for a successful presentation of the case report (McGee, s.d.). Bearing in mind both the list published on-line by Mc Gee and the checklist created by Heiman et al. (2012, e821) in their randomized trial, we have compiled a list of 10 categories to be used as a structural framework by our students when composing their oral case reports. Students were prompted to include relevant pieces of information and exclude extraneous data – in that way, they practiced achieving succinctness.

The 10 categories that were listed within the MCR structure were:

1. **Identifying information + chief concern/complaint** (II+CC): setting the stage by providing a clinical identification of the patient (patient's age, gender, race/ethnic origin, occupation) and chief problem (duration), reason for presentation/referral and duration of symptoms;

2. **History of present illness** (HPI): providing a thorough account of the presenting problem – beginning with the onset of symptoms and ending with the presentation, usually to the Emergency Room (ER) or doctor's practice;

3. **Physical Examination** (PE) including vital signs, general description, palpation, abnormal findings etc.;

4. **Past medical history** (PMH/PMx) reporting on past surgeries and hospitalisations; Social and family history;

5. **Laboratory results, imaging, diagnostics** including relevant tests and diagnostic procedures conducted with the purpose of determining the diagnosis and the treatment;

6. **Summary statement** (SS) – synthesizing identifying information, important history and exam results;

7. **Provisional diagnosis (PD)/Differential diagnoses (Dx):** addressing 2-3 differential diagnoses, suggested by PMH and exam results;

8. **Assessment and management plan (A&P)** – clinical reasoning in addressing patient's clinical problems: treatment and interventions conducted;

9. **Outcome and follow-up:** reporting on the response to treatment (repeated lab tests, imaging, diagnostics, routine screening): success or failure, follow-up appointments, patient education, referral to other specialists;

10. **Comment/Critical thinking:** discussing clinical relevance of the case.

Table 2. Presence/absence of MCR benchmarks in OCPs of Osijek students

CATEGORIES	ID/CC	HPI	PE	PMx/ Fx/Sx	LAB+ DIAGN	SS	PD/Dx	ASSESS PLAN	FOLLOW- UP/ OUTCOME	COMMENT
OS-MCR-01	+	+	+	+	+	-	+	+	+	+
OS-MCR-02	+	+	+	+	+	+	+	+	-	+
OS-MCR-03	+	+	+	+	+	+	+	+	+	+
OS-MCR-04	+	+	+	+	+	+	+	+	+	+
OS-MCR-05	+	+	+	+	+	+	+	+	+	+
OS-MCR-06	+	+	+	+	+	+	+	+	+	+
OS-MCR-07	+	+	+	+	+	+	+	+	+	+
OS-MCR-08	+	+	+	+	+	+	+	+	+	+
OS-MCR-09	+	+	+	+	+	+	+	+	+	+
OS-MCR-10	+	+	+	+	+	+	+	+	+	+
TOTAL	10	10	10	10	10	9	10	10	9	10

As can be observed from Table 2, Osijek students used the 10 previously mentioned categories in almost all the audio-recorded oral case presentations (OCPs). The summary statement was missing in one of the OCPs, and the follow-up/outcome category in the other.

Table 3. Presence/absence of MCR benchmarks in OCPs of Pécs students

CATEGORIES	ID/CC	HPI	PE	PMx/ Fx/Sx	LAB+ DIAGN	SS	PD/Dx	ASSESS PLAN	FOLLOW- UP/ OUTCOME	COMMENT
PE-MCR-01	+	+	+	+	+	-	+	-	-	-
PE-MCR-02	+	+	+	+	+	+	+	+	+	+
PE-MCR-03	+	+	+	+	+	+	+	-	-	+
PE-MCR-04	+	+	+	-	+	-	+	+	+	+
PE-MCR-05	+	+	+	+	+	+	+	+	+	-
PE-MCR-06	+	+	+	+	+	+	+	+	+	-
PE-MCR-07	+	+	+	+	+	+	+	+	+	+
PE-MCR-08	+	+	+	+	+	+	+	+	+	+
PE-MCR-09	+	+	+	+	+	+	+	+	+	+
PE-MCR-10	+	+	+	+	+	+	+	+	-	+
TOTAL	10	10	10	9	10	8	10	8	7	7

Similarly, the majority of Hungarian OCPs covered all the categories mentioned, with the exception of one OCP lacking four categories (Summary Statement, Assessment & Plan, Follow-up/Outcome, Comment).

3.3. Medical terms

Language of medicine is a specialized form of language and consequently, just like other languages for specific purposes (LSPs) – it is not natural and understandable to people who are not in the healthcare/medical profession. The specialized lexis of medicine or medical terminology encompasses a large number of technical words of Latin and Greek origin – some of them belonging to the general field of medicine, some that are closely connected to a particular branch of medicine – sub-specialist terminology (dermatology, anaesthesiology, cardiology. etc). As soon as students enrol their first year of medicine, they start their journey of learning a new language – a set of one-word and multi-word expressions, abbreviations, phrases, all aimed at enabling them to participate effectively in the medical discourse community, both in understanding and being understood.

The foundations of medical English word formation (medical suffixes, prefixes, combining forms, roots) are laid during the 1st year of the study program in Osijek (course: Medical English 1), and then built upon in the years to follow – aligned with the core medical curriculum courses in a particular year of study. In the process of becoming a member of the profession, the same groundwork for the chain of educational events is achieved during junior years in Pécs within clinical terminology courses.

Table 4. The number of medical terms used in the OCPs of Osijek and Pécs students

CORPUS	NR OF MEDICAL TERMS IN MCRs										
	1	2	3	4	5	6	7	8	9	10	median
OSIJEK	171	134	147	173	151	98	97	69	154	178	149
PÉCS	29	58	56	30	102	122	35	40	38	67	57,7

The usage of medical terms in the OCPs was significantly more frequent in Croatian students, with the majority of them using more than 100 medical terms (median 149), compared to Hungarian students (median 57,7).

3.4. Formulaic academic phrases (FAPs)

In addition to monitoring the usage of medical terms, we also observed to what extent our students use Formulaic Academic Phrases (FAPs). The FAPs, also

known as set phrases or pre-fabricated chunks, are multi-word items that fill in the space between general English and specialist terminology (Guest 2018, 117).

They possess cross-disciplinary academic application attributing to transferrable skills, simply meaning that the productive use of a particular FAP in one category of EAP grants productive usage in the other as well. Since FAPs are at the same time, as Guest insightfully observes: “a structural driving force of spoken communication”, they are also indicators of the academic discourse community membership.

Within the scope of their assistance in the development of productive competence, according to Guest (2018, 118) it is only logical to aim for a shift from students’ passive awareness and recognition to higher levels of recall and reproduction. Ideally, students should start by recognizing them in model OCPs to become sensitized as to how they are used, which should then be followed by productive usage in oral case presentations.

Both Osijek and Pecs students are aware of FAPs and use them in their OCPs, however, as expected, senior Osijek students use them more frequently. Examples below show FAPs in particular OCP categories:

FAPs IN PARTICULAR OCP CATEGORIES (Osijek(OS)-Pécs(PE))

1. IDENTIFYING INFORMATION/CHIEF CONCERN:

“26-year-old, 31-week pregnant woman presents with epigastric pain, bleeding gums and petechial haemorrhages, lasting for one day. Prior to admission, she also had a high-grade fever lasting for five days.” (OS-MCR-ME6-10)

“A 60-year-old woman presented to the emergency room with a severe case of back pain.” (PE-MCR-CT-07)

2. HISTORY OF PRESENT ILLNESS (HPI): “The patient was in his usual state of health until five days ago, when the teacher at kindergarten noticed that child was getting quieter, seemed more tired than usual and refused to eat.” (OS-MCR-ME6-09)

“He had a history of non-violent vomiting and developed fever lasting for 10 days which was associated with chills”. (PE-MCR-CT-02)

3. PHYSICAL EXAMINATION

“Upon initial examination, her vital signs indicated hypotension, tachycardia, tachypnea, and she was also subfebrile. Furthermore, she was dehydrated with poor skin turgor. During the mental status examination, she was confused and lethargic, but her pupils were isochoric and she had no focal neurological deficit. Other significant pathological findings were a mild generalized abdominal tenderness.” (OS-MCR-ME6-13)

“all vitals were within normal parameters.....on palpation of the suprapubic region there was mild tenderness.” (PE-MCR-CT-6)

4. PAST MEDICAL HISTORY /FAMILY HISTORY/SOCIAL HISTORY (PMx/Fx/Sx)

"The patient has suffered from type 2 diabetes for the last 30 years and with the progression of the disease some complications have developed, such as ..." (OS-MCR-ME5-04)

"Past medical history revealed type 2 diabetes and breast cancer." (PE-MCR-CT-07)

5. LABORATORY RESULTS, IMAGING AND DIAGNOSTICS

The laboratory test results revealed a normal white cell count, excluding the possibility of an inflammatory process. However, the hemoglobin level was significantly low, suggesting substantial bleeding. Given the patient fertile age, it was necessary to measure beta HCG level, which was found to be elevated indicating a pregnancy." (OS-MCR-ME6-11)

"We also tested him for haemoglobin, haematocrit and white blood cells, platelets, blood urea, creatinine and alkaline phosphatase, and liver functions where all tests came out normal." (PE-MCR-CT-05)

6. SUMMARY STATEMENT

"In summary, our patient is a 30-year-old woman diagnosed with preeclampsia at 35 weeks of pregnancy. Five days after a C-section was performed, she became hemodynamically unstable, oliguric and icteric." (OS-MCR-ME5-06)

"In conclusion, the doctors found that because there was a psychological component and the fact that this affected his genital region, they assumed that it had to be some kind of sexual trauma." (PE-MCR-CT-10)

7. PROVISIONAL DIAGNOSIS/DIFFERENTIAL DIAGNOSES (Dx)

"We also considered differential diagnoses such as cervical myelopathy, occipital neuralgia and carpal tunnel syndrome, but these diagnoses were excluded based on MRI studies and pathological studies which led to diagnosis of meningioma" (OS-MCR-ME5-14)

"The patient had a history of heavy alcohol use and smoking which raised my concern for possible acute pancreatitis." (PE-MCR-CT-09)

8. ASSESSMENT AND MANAGEMENT PLAN

"To address the spinal dislocation, the patient underwent the treatment involving spinous process wiring and utilization of custom-made hard lumbar sacral orthoses. The liver injury was managed conservatively under the hepatologist's care." (OS-MCR-ME6-07)

"The clinicians came up with the plan to get consent for transurethral resection of the prostate." (PE-MCR-CT-06)

9. OUTCOME AND FOLLOW-UP

"During the eight-year follow-up after the surgical intervention, the patient exhibited no hepatic complications or lower back pain. Moreover, the spine demonstrated a near-normal alignment, which is indicative of a favorable outcome." (OS-MCR-ME6-07)

"The patient responded well to the antibiotics and the symptoms improved within two days." (PE-MCR-CT-08)

3.5. Markers of critical thinking

Another important element of a successful oral case presentation is the use of the *markers of critical thinking*. They may function as takeaway messages at the very end of the case report, discuss a particular moral issue within the report, or raise awareness on a specific medical condition or choice of patient management. When talking about patient cases, students are learning to foster collaboration in clinical relationships. Through problem- and case-based learning they learn to identify and analyze issues, look for and evaluate relevant information and to arrive at an appropriate conclusion (Kaur and Mahajan 2023). Ideally, medical English and terminology lecturers provide students with adequate language and communication tools to entail their further problem-based learning processes and master critical thinking.

In addition to focusing on content and form, they must also consider other elements; in deciding what is clinically relevant, they need to envisage for whom the OCP is intended (target audience), what its purpose is, as well as its momentum. (Haber and Lingard 2001, 509).

Consequently, markers of critical thinking help achieve a successful pedagogical interaction (dissemination of medical knowledge) between the student presenter and the audience of peer students/future colleagues – of various medical and healthcare professions, stressing the fact that both motivation and dedication to patient-focused healthcare will remain a must in their future medical career.

For that purpose, students must progress through four stages of clinical performance, as described by Pangaro (1999, 1204); starting in the role of Reporters, who answer the question WHAT by reliably collecting and organizing data, followed by the role of Interpreters, whose key features are analysis and clinical reasoning – which enables them to answer the WHY question. The last two roles to fit in are those of Managers and Educators; the former – discussing diagnostics and treatment (HOW?) and the latter – teaching colleagues how to use the experience collected by observing OCPs to positively affect future patient endeavours.

The examples below demonstrate the choice of words and expressions to focus the attention of the audience, making them aware of the fact that MCRs are an excellent opportunity for dealing with practical cases without being in danger of making mistakes.

The first Osijek example focuses on patient education, an important aspect of medical work, the second calls upon students' vigilance for potential clues in the patient's PMH, and the third one stresses the importance of carefully taking the patient's social history.

- Example 1: "Lastly, I would like to emphasize the importance of education and promotion of women's health. If the patient had suspected her pregnancy earlier and undergone gynaecological examination, the rupture of tubal ectopic pregnancy could have been prevented." (OS-MCR-ME6-11)

- Example 2: "... today we still don't have a perfect tool to diagnose this disease. This is the main reason why there are still so many missed cases and as a home takeaway message, I would like you to think when you have a child with a streptococcus infection in his or her past medical history, please think about Kawasaki disease."(OS-MCR-ME6-09)

- Example 3: "So we want to emphasize with our presentation that even though most cases of iron deficiency anaemia are because of inflammation, celiac disease, atrophic gastritis, Helicobacter pylori infection, nutritional deficits, and intestinal resection, we want to mention that we should take into account as future doctors to look at patients' social habits and consider green tea intake as a possible causative factor for anemia."(OS-MCR-ME5-15)

In Pécs examples moral issues are raised, underpinning the aspect of the medical profession being a calling as well as the importance of dissemination of medical knowledge.

- Example 1: "It's very important that we as doctors educate ourselves not only as doctors, but as human beings to be able to see the signs of both abuse and any other kinds of sexual violence. And this is especially important when it comes to men, because men will seemingly not report this kind of assaults because of social stigma and also the fear that police won't actually take up their plight if they go and report it. And this is very important for us, because as doctors we are mandatory reporters." (PE-MCR-CT-10)

- Example 2: "That's the entire case but I want to look more into this. I want to see what we could have done wrong. Better because as doctors, our life isn't all about just simply giving people treatments and going off our day. Our lives are dedicated to the well-being of people in every way we can imagine."(PE-MCR- CT-7)

- Example 3: "There are three main things that concern us."....It's a disease which is very difficult to diagnose. The take home message is that when you are working as doctors and you receive a patient with acute abdomen, please keep it in the back of your head." (PE-MCR-CT-2)

4. DISCUSSION

Hypothesis 1 has been partly proven; most students chose their topic to match the curriculum, but junior PE students did not favour internal medicine over others, personal interest also played a role!

Hypothesis 2 was fully confirmed: senior Osijek students use significantly more (3X, 4X) medical terms than their PE junior peers (confident use related to the seniority)

Hypothesis 3 was also proven: more discourse-specific FAPs were detected in the Osijek corpus, the medical and clinical experience of senior students may have resulted in conscious choice of FAPs

Hypothesis 4 could not be proven, even though there are confident critical-thinking students in the international corpus of Pécs, the senior Osijek students outnumber them. The junior Pécs students' language use shows engagement with future responsibilities, and ethical questions; thus, not the medical, but rather the empathetic language dominates their MCRs. Osijek students demonstrate professional critical thinking, which may be linked to them being in their final years of medical studies.

MCRs can be presented more effectively by senior Osijek students due to their clinical experience and theoretical knowledge, nevertheless, what they lack is the Simulated Patient Programme in English, to which students in Pécs have access and can start practising history taking and case presentation in their junior years, which makes them more prepared for the clinical practice in their senior years. Osijek students start dealing with the concept of OCP in English at the beginning of the 5th year.

International students studying all medical subjects in English cannot assume superior language proficiency due to several reasons. One: compared to Osijek senior students (5th and 6th year of medical study), Pécs students in their junior years of study lack medical background and clinical experience; two: they are mostly non-native speakers of English like Croatians, so they learn medical English as a lingua franca to function as a medical professional in international settings.

Nevertheless, clinical practice, medical knowledge and internalisation of clinical case structures and differential diagnoses can warrant success in MCR presentation, therefore it is to be expected that the Pécs students will meet high standards of proficiency and quality in presenting their MCRs once they enter the final years of their medical studies, provided they received training in FAP use within their Medical English courses.

5. CONCLUSION

In summary, efficient communication is the foundation of patient-centred care, contributing to safety, quality and trust in the healthcare process. It directly affects patient outcomes, by harmonising and optimising the interaction between members of the healthcare team, at the same time contributing to more efficient use of healthcare resources.

The scaffolded practice and experiential learning within the framework of a safe environment (medical English classroom) equips the students with knowledge and skills to build upon once they enter the medical professional circle and engage in communication between different healthcare providers.

Medical graduates and young residents worldwide necessitate confident clinical skills, including history taking and presentation of medical case reports, which may be based on the integration of both formal academic communication and real-world clinical engagement. To improve clarity, accuracy, and coherence

in oral case reporting, our study draws attention to regular training and assessment blending standardized medical terminology and formulaic academic words. Incorporating simulated patient interactions also facilitates clinical reasoning and interpersonal skills necessary for real-life medical practice. Enhancing future doctors' diagnostic accuracy and their capacity to effectively communicate complicated medical information, we advise that medical trainees gain a thorough understanding of case presentation (following the protocol suggested in the OCR benchmarks) by bridging the gap between formal academic speech and patient-centred communication. With more representative results in a future study, we aim to examine the long-term effects of these integrated training methods on patient outcomes and clinical competency.

REFERENCES

- Aitken, Leanne M., and Andrea P. Marshall. 2007. "Writing a Case Study: Ensuring a Meaningful Contribution to the Literature." *Australian Critical Care* 20 (4): 132–36. <https://doi.org/10.1016/j.aucc.2007.08.002>.
- Florek, Aleksandra G., and Robert P. Dellavalle. 2016. "Case Reports in Medical Education: A Platform for Training Medical Students, Residents, and Fellows in Scientific Writing and Critical Thinking." *Journal of Medical Case Reports* 10 (1). <https://doi.org/10.1186/s13256-016-0851->
- Gopikrishna, Velayutham. 2010. "A Report on Case Reports." *Journal of Conservative Dentistry* 13 (4): 265. <https://doi.org/10.4103/0972-0707.73375>
- Guest, Michael. 2017. "What are FAPs? And why should medical students focus on them?". *Journal of Medical English Education* 16(1): 18-22.
- Guest, Michael. 2018. "Academic Tenor and Formulaic Academic Phrases." In *Springer Texts in Education*, 113–19. https://doi.org/10.1007/978-981-13-2475-8_12.
- Gutgeld-Dror, Maayan, Nathaniel Laor, and Orit Karnieli-Miller. 2023. "Assertiveness in Physicians' Interpersonal Professional Encounters: A Scoping Review." *Medical Education* 58 (4): 392–404. <https://doi.org/10.1111/medu.15222>.
- Haber, Richard J., and Lorelei A. Lingard. 2001. "Learning Oral Presentation Skills." *Journal of General Internal Medicine* 16 (5): 308–14. <https://doi.org/10.1046/j.1525-1497.2001.00233.x>.
- Heiman, Heather L., Toshiko Uchida, Craig Adams, John Butter, Elaine Cohen, Stephen D. Persell, Paul Pribaz, William C. McGaghie, and Gary J. Martin. 2012. "E-learning and Deliberate Practice for Oral Case Presentation Skills: A Randomized Trial." *Medical Teacher* 34 (12): e820–26. <https://doi.org/10.3109/0142159x.2012.714879>.
- Imafuku, Rintaro, Takuya Saiki, and Robyn Woodward-Kron. 2022. "Revisiting Discourse Analysis in Medical Education Research." *International Journal of Medical Education* 13 (May): 138–42. <https://doi.org/10.5116/ijme.6278.c1b7>.
- Johns, Ann M., and Tony Dudley-Evans. 1991. "English for Specific Purposes: International in Scope, Specific in Purpose." *TESOL Quarterly* 25 (2): 297. <https://doi.org/10.2307/3587465>.
- Kaur, Mandeep, and Rajiv Mahajan. 2023. "Inculcating Critical Thinking Skills in Medical Students: Ways and Means." *International Journal of Applied and Basic Medical Research* 13 (2): 57–58. https://doi.org/10.4103/ijabmr.ijabmr_214_23.

- Lysanets, Yuliia, Halyna Morokhovets, and Olena Bieliaieva. 2017. "Stylistic Features of Case Reports as a Genre of Medical Discourse." *Journal of Medical Case Reports* 11 (1). <https://doi.org/10.1186/s13256-017-1247-x>.
- Louie, Alan K., Richard Balon, Eugene V. Beresin, Anthony P. S. Guerrero, Mary K. Morreale, Rashi Aggarwal, John Coverdale, and Adam M. Brenner. 2022. "Educational Case Reports: Purpose, Style, and Format." *Academic Psychiatry* 46 (2): 147–50. <https://doi.org/10.1007/s40596-022-01610-7>.
- Mc Gee, Steven. (s.d.). Oral case presentation. Retrieved from University of Washington Pressbooks. xxx <https://uw.pressbooks.pub/fcmtextbook/chapter/oral-case-presentations/> Accessed May 19, 2024
- Pangaro, Louis N. 1999. "A New Vocabulary and Other Innovations for Improving Descriptive In-training Evaluations." *Academic Medicine* 74 (11): 1203–7. <https://doi.org/10.1097/00001888-199911000-00012>.
- Piqué-Angordans, J., and S. Posteguillo. 2006. "Medical Discourse and Academic Genres." In Elsevier eBooks, 649–57. <https://doi.org/10.1016/b0-08-044854-2/02350-6>.

USMENO IZLAGANJE PRIKAZA SLUČAJA U SKLOPU PREDMETA MEDICINSKI ENGLISKI I KLINIČKA TERMINOLOGIJA - POVEZIVANJE TEORIJE I PRAKSE

Rezime

Većina studenata medicine slaže se s činjenicom da studijski program obiluje teorijskom obukom, no ono što vide kao manu jest nedostatak prigoda za vježbu uz potporu. Upravo zbog te činjenice, ističe se važna uloga i vrednost usmenog izlaganja prikaza slučaja na engleskom jeziku kao dodatka redovnoj kliničkoj praksi. Zadatak koji uključuje pažljivo iščitavanje objavljenog prikaza slučaja, kritički osvrt na informacije koje donosi, ekstrahovanje najvažnijih podataka koje će student potom uklopiti u uspešno strukturirano i koherentno izlaganje, uvežbati ga kod kuće te potom izložiti pred publikom kolega sa studijske godine – sjajna je prigoda za objedinjavanje teorijskih znanja i praktičnih vještina u području medicinskih sadržaja, jezika i komunikacije. Cilj je ovog članka prikazati rezultate pilot istraživanja koje uključuje poređenje audio snimaka usmenih izlaganja prikaza slučaja hrvatskih studenata medicine odrađenih pred kraj semestra na osječkom Sveučilištu i rezultata međunarodnih studenata medicine sa Sveučilišta u Pečuju. Sprovedena je analiza transkribiranih tekstova pri čemu je posmatrano pojavljivanje formulaičnih akademskih izraza (FAP) te stručne terminologije kako bi se stekao uvid u razvitak kompetencija vezanih za korišćenje kliničke terminologije.

Gljučne reči: oblikovanje predmeta, usmeno izlaganje prikaza slučaja (OCP), medicinski engleski, kategorije medicinskog prikaza slučaja, formulaični akademski izrazi (FAP)