DESIGNING AUTHENTIC PEDAGOGICAL TASKS FOR ENGLISH MEDICAL WRITING: FROM CLINICAL CASE TO WRITTEN REPORT

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Abstract. Medical English writing courses often fail to prepare students for the genre conventions and communicative demands of authentic clinical documentation. This article describes the design, implementation, and evaluation of a task-based pedagogical sequence that guides learners from analysis of a clinical case to production of a written medical report. The sequence integrates genre analysis, language-focused input, scaffolded drafting, and peer/instructor feedback. Implementation with a cohort of medical and nursing students suggests that authentic, case-based tasks improve genre awareness, lexical precision, and confidence in producing clinical documentation in English, while also surfacing persistent challenges related to register control and hedging.

Key words: clinical documentation, pedagogical sequence, genre analysis, language-focused input, scaffolded drafting, peer feedback, instructor feedback.

Аннотация. Курсы медицинского английского языка часто не обеспечивают должной подготовки студентов к жанровым конвенциям и коммуникативным требованиям, предъявляемым к ведению аутентичной клинической документации. В данной статье описываются проектирование, внедрение и оценка педагогической последовательности на основе заданий (task-based

approach), которая направляет обучающихся от анализа клинического случая к составлению письменного медицинского отчета. Данная последовательность объединяет в себе жанровый анализ, лингвистически направленный материал (input), поэтапное написание черновиков (scaffolding), а также обратную связь со стороны сверстников и преподавателя. Внедрение этого подхода в когорте студентов медицинских и сестринских направлений показывает, что аутентичные задания на основе клинических кейсов повышают уровень понимания жанра, лексическую точность и уверенность в ведении клинической документации на английском языке, одновременно выявляя устойчивые трудности, связанные с контролем языкового регистра и использованием средств модальности (хэджинга).

Ключевые слова: клиническая документация, педагогическая последовательность, жанровый анализ, лингвистически направленный материал, поэтапное написание черновиков, обратная связь со стороны сверстников, обратная связь со стороны преподавателя.

Introduction

English for Specific Purposes (ESP) instruction in medical contexts has traditionally emphasized vocabulary lists, grammar drills, and isolated reading comprehension exercises, often divorced from the communicative tasks clinicians actually perform. Yet medical professionals are routinely required to produce written reports—discharge summaries, case reports, referral letters, and progress notes—that demand precise terminology, appropriate register, and adherence to established generic structures (Swales, 1990; Bhatia, 2004).

Task-based language teaching (TBLT) offers a framework for addressing this gap by organizing instruction around meaningful, real-world tasks rather than discrete linguistic items (Ellis, 2003; Nunan, 2004). When combined with genre-

based pedagogy, which makes explicit the rhetorical structures and linguistic features of target texts (Hyland, 2007), TBLT can help learners move from passive exposure to active production of authentic medical writing.

This article addresses the question: how can a pedagogical sequence be designed so that students progress systematically from analyzing a clinical case to producing a written medical report that reflects authentic professional conventions? The article describes the rationale, structure, and classroom implementation of such a sequence, and reports preliminary observations on its effectiveness and limitations.

Methods

- Context and Participants

The pedagogical sequence was designed for an intermediate-to-advanced English for Medical Purposes course, implemented with a cohort of 28 undergraduate medical and nursing students (B1–B2 proficiency, CEFR) over a six-week module. Participants had prior exposure to general medical vocabulary but limited experience producing extended written discourse in English.

- Task Sequence Design

The sequence followed four stages, each building toward the final written task.

Stage 1: Case Exposure and Comprehension. Students were given an authentic (anonymized) clinical case vignette comprising patient history, presenting complaints, examination findings, and investigation results. Pre-reading tasks activated schema (predicting diagnoses from symptom clusters), followed by comprehension checks targeting key clinical terminology.

Stage 2: Genre Analysis. Students examined model written reports (case reports and discharge summaries) corresponding to similar clinical scenarios. Using a

modified Swalesian move-analysis framework, students identified rhetorical moves (e.g., presenting complaint, history of present illness, assessment, plan) and associated linguistic features—nominalization, passive voice, hedging devices (e.g., "appears to," "is suggestive of"), and tense/aspect patterns characteristic of clinical narration.

Stage 3: Language Focus and Controlled Practice. Targeted mini-lessons addressed features identified in Stage 2: reporting verbs, modal hedging, sequencing connectors, and abbreviation conventions. Controlled exercises (gap-fill, sentence transformation, error correction) reinforced these features using sentences drawn from the case material.

Stage 4: Guided Production. Students drafted a written report (discharge summary or case report) based on the original clinical case, using a structural template derived from the genre analysis. Drafting proceeded in two phases: an individual first draft, followed by peer review using a checklist targeting both content organization and language accuracy, then a revised draft submitted for instructor feedback.

- **Data Collection**

Data sources included student drafts (first and revised versions), peer feedback checklists, a post-task questionnaire (Likert-scale items on perceived usefulness and confidence, plus open-ended reflection questions), and instructor field notes recorded during classroom observation.

Results

Genre Awareness

Comparison of first and revised drafts showed increased structural conformity to target genre conventions: 24 of 28 students reorganized their initial drafts to follow the standard move sequence (identification data, history, examination, investigations, assessment, plan) after engaging in genre analysis, compared to only 11 students whose first drafts had spontaneously followed this structure.

Language Use

Revised drafts showed increased use of hedging devices and nominalizations characteristic of clinical register (e.g., a shift from "the patient has pneumonia" to "findings are consistent with a diagnosis of pneumonia"). However, instructor feedback indicated that approximately one-third of students continued to overuse categorical assertions in the "assessment" section, suggesting that register control required more sustained practice than the six-week module allowed.

Learner Perceptions

Questionnaire responses indicated high perceived usefulness of the case-to-report sequence (mean 4.4/5 on usefulness items) and moderate-to-high gains in confidence regarding producing similar reports independently (mean 4.0/5). Open-ended responses frequently cited the genre-analysis stage and peer review as particularly valuable, while some students noted that the controlled practice exercises felt repetitive relative to the more engaging case-based stages.

Discussion

The findings suggest that anchoring the writing task in an authentic clinical case, and making genre conventions explicit through guided analysis before production, supports learners in producing structurally appropriate medical reports. This aligns with prior work emphasizing the value of combining genre pedagogy

with task-based frameworks in ESP contexts (Hyland, 2007; Tardy, 2009): explicit attention to rhetorical moves appears to transfer more readily to learner output than implicit exposure alone.

The persistence of register-control difficulties, particularly hedging in diagnostic statements, points to a broader challenge in medical English pedagogy: hedging is not merely a lexical feature but reflects epistemic stance and professional norms around uncertainty and liability, which may require explicit discussion of disciplinary culture alongside linguistic instruction (Salager-Meyer, 1994).

Limitations of this implementation include the small, single-institution sample, the absence of a comparison group, and reliance on self-reported confidence measures. Future iterations might extend the sequence to include multiple case types (e.g., emergency versus chronic-care scenarios) to broaden genre exposure, and incorporate longitudinal tracking to assess retention of genre awareness in subsequent coursework or clinical placements.

Conclusion

A pedagogical sequence moving from clinical case exposure through genre analysis, language-focused practice, and guided production offers a promising framework for teaching authentic medical report writing. While learners demonstrated improved structural conformity and lexical appropriateness, register control remains an area requiring sustained, explicit instruction. Embedding such sequences within broader ESP curricula, with iterative practice across varied clinical genres, may further strengthen learners' readiness for professional written communication.

REFERENCES

1.Bhatia, V. K. (2004). Worlds of written discourse: A genre-based view. Continuum.

2.Ellis, R. (2003). Task-based language learning and teaching. Oxford University Press.

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

4.Nunan, D. (2004). Task-based language teaching. Cambridge University Press.

5.Salager-Meyer, F. (1994). Hedges and textual communicative function in medical English written discourse. English for Specific Purposes, 13(2), 149–170.

6.Swales, J. M. (1990). Genre analysis: English in academic and research settings. Cambridge University Press.

7.Tardy, C. M. (2009). Building genre knowledge. Parlor Press.