CHAPTER 3: METHODOLOGY.

3.1. THE SAMPLE.

For this study twenty authentic medical reports were selected and photocopied from the records office of a local government hospital. The only criterion for selection was that these reports be of narrative prose and not too brief. Out of these twenty records, one was written in the month of June, seventeen in the month of July and two in the month of August 1996. All the reports were written by doctors working in that hospital. Eight reports concerned were medical cases, six orthopaedic cases, two surgical cases, two paediatrics and two eye cases. The reports were written by ten different doctors and all were written after the patient was treated, discharged or the patient had passed away during the process of treatment.

These reports are originally handwritten by the doctors based on the case notes in the patient’s record. These handwritten reports are then sent to the records office where a clerk typewrites and prints them. The printed copy is sent to the doctor or writer to be proof read. Corrections are then made on typing errors which may have been made because most doctors’ writing are often difficult to decipher and being technical in nature, they may not be clearly understood by the clerks. However in spite of being proof read certain mistakes of spelling are still in the reports. In the analysis of these texts the mistakes are overlooked.
3.2. PROCEDURE FOR ANALYSIS.

This study attempts to account for the organisational structure of information in medical reports, using Swales’ 4 Move-Model for Article Introductions and Bhatia’s structural description on genre in legislative documents. Although based on Swales’ model, this study attempts to characterise the structure of information in medical reports and adopts a genre analysis approach for its description. Swales’ genre analysis is a system that is able to reveal patterns of organisation of a genre and the language used to express these patterns. The medical reports in this corpus were first analysed for general patterns of organisation. It was observed that all the texts could be divided into sections. Some divisions could be seen under headings and others followed recognizable sections.

Swales’ (1981, 1990) genre analysis model draws insights from schema theory models and is a system which is able to reveal patterns of organisation of a genre and the language used to express it. Schema theory concepts have been found to be useful for accounting for the structure of technical texts. This study will attempt to account for the schematic structure of information in medical reports using Swales’ genre analysis model. Swales’ model involving the communicative functions is used in this analysis and new Moves and Steps are created based on data examined. Swales’ model is not only descriptively powerful but is also applicable to this analysis because it
enables insights into the nature of genre and is helpful in making suggestions about layout and language appropriate to the writing of medical reports.

Based on this understanding, a Move structure will be drawn up. The texts in the corpus are analysed for Moves to determine what Moves can be found. These Moves are then examined for the steps that are present in them. The aim here is to interpret regularities that occur in the reports.

For the purpose of this study a Move is defined as a segment of text that is shaped and constrained by a specific communicative function. The term 'Move' used here will be the same as used by Swales in his analysis of article introductions. It has been described by Ngowu (1997) as;

"a text segment made up of a bundle of linguistic features which give the segment a uniform orientation and signal the content of discourse in it. Each 'move' is taken to embody a number of 'Constituent Elements' or submoves which combine to constitute information in the move".

( Ngowu 1997 : 323 ).

The unit of analysis is the sentence. In most cases it was sufficient to classify each sentence as a move or step. Only one sentence in the whole corpus had two Moves embedded within a single sentence. Seven sentences were coded as having different steps and these sentences were broken up according to the steps and labelled accordingly. Once the Moves and Steps are identified, the text is then divided into the Moves and Steps. The move
boundaries are identified by continuous lines and the step boundaries by broken lines. The functional labels are provided along the margin. The sentences are numbered for ease of reference. The reports are numbered and are reproduced in Appendix A. The analysed reports are reproduced in Appendix B. Each report is identified by the letters MR and a number from 1-20.

The size of the data sample is small, but the few randomly chosen texts are sufficient for an exploratory investigation. The reports were studied and analysed to look for patterns in order to arrive at a sufficient understanding of this discourse. The writers of these reports seem to be fairly consistent in the way they organise their overall message and an analysis of the structural organisation of medical reports will reveal their preferred ways of communication.

A specialist informant was consulted regularly to gain insight into technical medical information that would otherwise have been unattainable without medical knowledge. This specialist informant was found to be very helpful in the explanation of medical terms used and procedures and problems of medical report writing.

Nature and construction of a text are largely shaped by its communicative purpose and it is this communicative purpose which forms the basis for analysing medical reports as a genre. Medical reports have a more or less conventionalised format that is used across hospitals. As such it is an
example of a genre or a 'recognised communicative event with a shared public purpose and within variable degrees of freedom, a structured and standardised communicative event with constrains on allowable contributions in terms of their positioning, form and intent' (Swales 1986: 13).