**15 features of case presentation speech events gleaned from visits made to 4 Asian university hospitals or affiliated hospitals**

1. Case presentations are most commonly performed as early morning intra-departmental discussion sessions, often with junior doctors and trainees reporting on a rotating basis. In some cases, these are done daily, in others once every week or two weeks.
2. These were performed more often in English than in the local language.
3. These have both educational value (peer-to-peer information sharing) and are also used as assessment tools, with both peers and seniors assessing clinical performance.
4. Whether the performers adhere to a strict format depends on the institution. Some follow the SOAP format (Subjective Observation Assessment Plan) closely, some follow a set chart, whereas others allow for more flexibility depending upon the case.
5. If and when the case presentation was assessed, the focus tended to be upon the following categories: *Construction of the case, assessment of patient’s clinical condition, the lab examinations and interpretations thereof, follow-up discussion, observations, and subsequent clinical planning/follow-up.*
6. Generally, the assessment of the case was performed holistically.
7. The format/structure of the case presentation depended largely on the type of treatment or medical event, which itself is determined largely by the functions associated with the clinical department. In anaesthesiology, developing a differential diagnosis in prior or given data and the focus is instead on a single significant event that occurred while the patient was under anaesthesia.
8. In some countries, religion did play a factor in terms of the treatment of the patient, particularly when constructing a social history. Local herbal remedies were also frequently included in the narrative and/or assessment.
9. Some case presentations included a number of abbreviations used as a matter of course: For example: Dx for diagnosis, further broken down into IDx (initial diagnosis) and/or PDx (provisional diagnosis). Treatment was rendered as Tx. Learners should be familiar with the most widely-used abbreviations and acronyms.
10. In several cases, negative data was considered highly significant and young clinicians should learn how to assess and express such cases. On the other hand, the presentation of irrelevant data often interfered with the case, and young clinicians should likewise learn to be selective rather than comprehensive.
11. An emphasis upon noting significant items and prioritizing or organizing them either chronologically or in terms of pertinence, such that these are salient in the case presentation, formed much of the critical response from senior clinicians.
12. Some of the case presentations led to somewhat muted open discussion in English, more robust discussion in the native language, and always some final consolidating commentary from senior participants.
13. Management and follow-up, including prognosis, were often given more credence than the data gained from history-taking. Learners should be aware of how to express future factors rather than presenting a mere summary of past developments.
14. Although the presenters used special English terminology almost flawlessly, they did have some trouble with the use of English formulaic academic phrases, which were not explicitly taught at any of the institutions that I visited.
15. Presentations formats varied in terms of the method of presenting general patient data. Some distinguished between current vs. returning inpatient or outpatient. Some explicitly stated the doctor(s) in charge. Some maintained a summary of discrete categories marked only with + or – symbols. Presenters were often asked why they chose to report on a particular problem or what, if any, problems they encountered during the case.

In summary, formalized English case presentations are a core speech event for young physicians and play a central role not only in developing clinical English skills, but also in furthering the clinicians’ understanding of their specialist field. It can also serve to impress senior clinicians and thereby improve one’s position or reputation in the hospital. Finally, the informative value for audience/participants should not be understated – a well-presented case furthers everyone’s understanding of interesting or complex cases, which ultimately benefits both doctors and their patients.

\*This report will be developed into a formal academic paper to be published at a later date.