



ΕΛΛΗΝΙΚΟ ΑΝΟΙΚΤΟ ΠΑΝΕΠΙΣΤΗΜΙΟ

ΣΧΟΛΗ

ΑΝΘΡΩΠΙΣΤΙΚΩΝ ΣΠΟΥΔΩΝ

<<Διδασκαλία της Αγγλικής ως Ξένης/Διεθνούς Γλώσσας>>

ΔΙΠΛΩΜΑΤΙΚΗ ΕΡΓΑΣΙΑ

**"Designing a Diagnostic English Language Tool for the
Students of Health Sector in Greek Vocational Schools"**

ΟΝΟΜΑ ΦΟΙΤΗΤΗ

Τζηκαλιού Ολυμπία

ΟΝΟΜΑ ΕΠΙΒΛΕΠΟΝΤΑ ΚΑΘΗΓΗΤΗ

Δρ. Οικονομίδου Βασιλική

**ΠΑΤΡΑ
ΜΑΙΟΣ, 2026**

Η παρούσα εργασία αποτελεί πνευματική ιδιοκτησία του φοιτητή («Τζηκαλιού Ολυμπία») που την εκπόνησε. Στο πλαίσιο της πολιτικής ανοικτής πρόσβασης ο συγγραφέας/δημιουργός εκχωρεί στο ΕΑΠ, μη αποκλειστική άδεια χρήσης του δικαιώματος αναπαραγωγής, προσαρμογής, δημόσιου δανεισμού, παρουσίασης στο κοινό και ψηφιακής διάχυσής τους διεθνώς, σε ηλεκτρονική μορφή και σε οποιοδήποτε μέσο, για διδακτικούς και ερευνητικούς σκοπούς, άνευ ανταλλάγματος και για όλο το χρόνο διάρκειας των δικαιωμάτων πνευματικής ιδιοκτησίας. Η ανοικτή πρόσβαση στο πλήρες κείμενο για μελέτη και ανάγνωση δεν σημαίνει καθ' οιονδήποτε τρόπο παραχώρηση δικαιωμάτων διανοητικής ιδιοκτησίας του συγγραφέα/δημιουργού ούτε επιτρέπει την αναπαραγωγή, αναδημοσίευση, αντιγραφή, αποθήκευση, πώληση, εμπορική χρήση, μετάδοση, διανομή, έκδοση, εκτέλεση, «μεταφόρτωση» (downloading), «ανάρτηση» (uploading), μετάφραση, τροποποίηση με οποιονδήποτε τρόπο, τμηματικά ή περιληπτικά της εργασίας, χωρίς τη ρητή προηγούμενη έγγραφη συναίνεση του συγγραφέα/δημιουργού. Ο συγγραφέας/δημιουργός διατηρεί το σύνολο των ηθικών και περιουσιακών του δικαιωμάτων.



**"Σχεδιάζοντας ένα διαγνωστικό εργαλείο στα αγγλικά για
τους μαθητές του τομέα Υγείας των Ελληνικών
Επαγγελματικών Λυκείων"**

Τζηκαλιού Ολυμπία

(Αριθμός Μητρώου Φοιτητή: 121488)

Επιτροπή Επίβλεψης Πτυχιακής / Διπλωματικής Εργασίας

Επιβλέπων Καθηγητής

Δρ. Βασιλική Οικονομίδου

Ελληνικό Ανοικτό Πανεπιστήμιο

Συν-Επιβλέπων Καθηγητής:

Δρ. Σηφάκης Νικόλαος

Ελληνικό Ανοικτό Πανεπιστήμιο

ΠΑΤΡΑ
ΜΑΙΟΣ, 2026

Acknowledgements

I would like to express my sincere gratitude to my supervisor, Dr. Vasiliki Oikonomidou, for her invaluable guidance, continuous support, and constructive feedback throughout the completion of this dissertation. Her encouragement, patience, and academic insight inspired me at every stage of the research process and greatly contributed to the successful completion of this study.

I would also like to thank my family for their endless love, understanding, and support during this demanding journey. Special thanks go to my husband for his patience, encouragement, and constant support throughout the writing of this dissertation. I am equally grateful to my parents whose love and motivation gave me strength and determination to continue even during difficult moments. This dissertation is dedicated to them.

Furthermore, I would like to express my appreciation to my colleagues and friends who supported me throughout this research and willingly contributed their time, feedback, and encouragement. Their assistance and positive attitude were truly valuable.

Finally, I would like to thank all the students and participants who took part in this research, as well as everyone who contributed directly or indirectly to the completion of this dissertation. Without their cooperation and support, this study would not have been possible.

TABLE OF CONTENTS

Acknowledgements	4
Table of Contents	5
Abstract	7
Abstract in Greek (Περίληψη)	9
CHAPTER 1-Introduction	11
1.1 Background of the Study	11
1.2 Problem Statement	11
1.3 Purpose of the Study	12
1.4 Research Questions	12
1.5 Significance of the Study	13
1.6 Organization of the Thesis	14
CHAPTER 2 -Literature Review	16
2.1 Introduction	16
2.2 The Evolution of Language Assessment	16
2.3 Principles of Language Assessment	18
2.3.1 Validity	19
2.3.2 Reliability	19
2.3.3 Practicality	19
2.3.4 Impact, Washback, and Washforward	20
2.4 Diagnostic Assessment	20
2.5 English For Specific Purposes: English for Health Care Purposes	21
2.5.1 English for Specific Purposes	21
2.5.2 English for Health Care Purposes	23
2.6 Vocational Education in Greece and Assessment Practices in EPAL	24
2.7 Designing Diagnostic Tools for ESP and Health-Care Contexts	25
2.8 Conclusion	27
CHAPTER 3-Research Methodology	28
3.1 Introduction	28
3.2 Research Design	28
3.3 Research Context	30
3.4 Participants	30
3.5 Rationale and Development of the Diagnostic Tool	31
3.5.1 Purpose of the Diagnostic Tool	31
3.5.2 Rationale for Part A: Deficiency Analysis	31
3.5.3 Rationale for Part B: Strategy Analysis	32
3.5.4 Rationale for Part C: Additional Learner Priorities within Deficiency Analysis	33
3.5.5 The Combination of Models	34
3.5.6 Validity and Usefulness	36
3.5.7 Limitations of the Diagnostic Test	37
3.5.8 Overall	38

3.6 Teacher Questionnaire	39
3.7 Student Questionnaire	40
3.8 Tool Administration Procedures	41
3.9 Ethical Considerations	42
3.10 Summary	42
CHAPTER 4-Presentation of Findings	43
4.1 Introduction	43
4.2 Diagnostic Tool Analysis of Results	43
4.2.1 Part A – Analysis of Results	43
4.2.2 Part B – Analysis of Results	46
4.2.3 Part C – Analysis of Results	50
4.3 Analysis of Teacher Questionnaire	54
4.4 Analysis of Student Questionnaire	56
4.5 Conclusion	59
CHAPTER 5 – Discussion of Findings	60
5.1 Introduction	60
5.2 Main General Findings	60
5.3 Comparison of the Four Classes	62
5.4 Teacher Questionnaire Findings	64
5.5 Student Questionnaire Findings	64
5.6 Conclusion	65
CHAPTER 6 – Limitations, Implications and Suggestions for Future Research	66
6.1 Introduction	66
6.2 Limitations of the Study	66
6.2.1 Research Limitations	66
6.2.2 Diagnostic Tool Limitations	67
6.3 Implications for Teaching and Learning	67
6.4 Future Research	69
6.5 Conclusion	70
CHAPTER 7 – Conclusion	72
REFERENCES	74
APPENDICES	79
APPENDIX I-Diagnostic Test	
APPENDIX II-Diagnostic Test in Greek	
APPENDIX III-Teacher Questionnaire	
APPENDIX IV-Student Questionnaire	
APPENDIX V-Student Questionnaire in Greek	

ABSTRACT

The present study investigates the development and evaluation of a diagnostic English language assessment tool designed for students in the Health-Care sector of Greek vocational upper secondary schools (EPAL). The study is grounded in the theoretical frameworks of English for Specific Purposes (ESP), diagnostic assessment, needs analysis, communicative competence, and language learning strategies. Its main purpose was to identify learners' linguistic difficulties, learning strategies, and communicative priorities within the context of English for Health-Care Purposes, while also examining teacher and student perceptions regarding the usefulness of the diagnostic instrument.

The literature review examined key concepts related to language assessment, ESP course design, diagnostic testing, communicative competence, and vocational education in Greece. Particular emphasis was placed on the role of needs analysis and authentic communication in ESP instruction, as well as the importance of learner-centered and strategy-based approaches to language teaching and assessment. The study also explored the educational role of diagnostic assessment as a formative tool capable of supporting differentiated instruction and targeted pedagogical intervention.

The research adopted a quantitative research approach and involved students from four Health-Care classes in a Greek EPAL school, as well as English language teachers working within vocational education. Data were collected through a specially designed diagnostic tool consisting of three parts: deficiency analysis, strategy analysis, and learner priorities. In addition, teacher and student questionnaires were administered in order to evaluate the effectiveness, relevance, and practicality of the diagnostic instrument. The collected data were analyzed primarily through descriptive statistical methods.

The findings revealed that students experience moderate to high levels of difficulty in communicative and professionally oriented English tasks, particularly in authentic health-care communication contexts. At the same time, learners demonstrated strong awareness of the importance of English for their future professional needs. Significant differences were also identified among the four classes regarding strategy use, metacognitive awareness, and communicative orientation. Furthermore, both teachers

and students evaluated the diagnostic instrument positively, recognizing its usefulness in identifying learner needs and supporting instructional planning. The results also highlighted the importance of authentic, task-based, and communicative activities in ESP instruction.

Overall, the study demonstrates that diagnostic assessment can play a significant role in supporting English for Health-Care Purposes within Greek vocational education. By combining deficiency analysis, strategy analysis, and learner priorities, the diagnostic instrument offers a multidimensional and learner-centered approach to ESP assessment. The study contributes to the growing field of ESP and vocational language education by providing practical insights into the design of context-sensitive diagnostic tools and by emphasizing the importance of communicative competence, learning strategies, and authentic assessment practices in health-care-related language learning.

Keywords: English for Specific Purposes (ESP), diagnostic assessment, vocational education, English for Health Care Purposes, communicative competence, language learning strategies, needs analysis, formative assessment, EPAL, health-care communication

ΠΕΡΙΛΗΨΗ

Η παρούσα μελέτη διερευνά την ανάπτυξη και αξιολόγηση ενός διαγνωστικού εργαλείου αξιολόγησης της αγγλικής γλώσσας, σχεδιασμένου για μαθητές του τομέα Υγείας των Ελληνικών Επαγγελματικών Λυκείων (ΕΠΑ.Λ.). Η έρευνα βασίζεται στα θεωρητικά πλαίσια της Αγγλικής για Ειδικούς Σκοπούς (ESP), της διαγνωστικής αξιολόγησης, της ανάλυσης αναγκών, της επικοινωνιακής ικανότητας και των στρατηγικών εκμάθησης γλωσσών. Κύριος στόχος της ήταν η διερεύνηση των γλωσσικών δυσκολιών, των μαθησιακών στρατηγικών και των επικοινωνιακών αναγκών των μαθητών στο πλαίσιο της Αγγλικής για Σκοπούς Υγείας, καθώς και η εξέταση των απόψεων μαθητών και εκπαιδευτικών σχετικά με τη χρησιμότητα του διαγνωστικού εργαλείου.

Η ανασκόπηση της βιβλιογραφίας εξέτασε βασικές έννοιες που σχετίζονται με τη γλωσσική αξιολόγηση, τον σχεδιασμό μαθημάτων για ειδικούς σκοπούς, τη διαγνωστική αξιολόγηση, την επικοινωνιακή ικανότητα και την επαγγελματική εκπαίδευση στην Ελλάδα. Ιδιαίτερη έμφαση δόθηκε στον ρόλο της ανάλυσης αναγκών και της αυθεντικής επικοινωνίας στη διδασκαλία για ειδικούς σκοπούς, καθώς και στη σημασία των μαθητοκεντρικών και στρατηγικών προσεγγίσεων στη γλωσσική διδασκαλία και αξιολόγηση. Η μελέτη εξέτασε επίσης τον παιδαγωγικό ρόλο της διαγνωστικής αξιολόγησης ως διαμορφωτικού εργαλείου που μπορεί να υποστηρίξει τη διαφοροποιημένη διδασκαλία και τη στοχευμένη παιδαγωγική παρέμβαση.

Η έρευνα ακολούθησε ποσοτική μεθοδολογική προσέγγιση και περιλάμβανε μαθητές από τέσσερα τμήματα του τομέα Υγείας ενός ελληνικού ΕΠΑ.Λ., καθώς και εκπαιδευτικούς αγγλικής γλώσσας που εργάζονται στην επαγγελματική εκπαίδευση. Τα δεδομένα συλλέχθηκαν μέσω ενός ειδικά σχεδιασμένου διαγνωστικού εργαλείου, το οποίο αποτελούνταν από τρία μέρη: ανάλυση ελλείψεων, ανάλυση στρατηγικών και διερεύνηση μαθησιακών προτεραιοτήτων. Επιπλέον, χορηγήθηκαν ερωτηματολόγια σε μαθητές και εκπαιδευτικούς με στόχο την αξιολόγηση της αποτελεσματικότητας, της συνάφειας και της πρακτικότητας του διαγνωστικού εργαλείου. Τα δεδομένα αναλύθηκαν κυρίως μέσω περιγραφικών στατιστικών μεθόδων.

Τα αποτελέσματα έδειξαν ότι οι μαθητές αντιμετωπίζουν μέτριες έως υψηλές δυσκολίες σε επικοινωνιακές και επαγγελματικά προσανατολισμένες δραστηριότητες στην αγγλική γλώσσα, ιδιαίτερα σε αυθεντικά πλαίσια επικοινωνίας στον χώρο της υγείας. Παράλληλα, οι μαθητές αναγνώρισαν έντονα τη σημασία της αγγλικής γλώσσας για τις μελλοντικές επαγγελματικές τους ανάγκες. Εντοπίστηκαν επίσης σημαντικές διαφορές μεταξύ των τεσσάρων τάξεων ως προς τη χρήση στρατηγικών, τη μεταγνωστική επίγνωση και τον επικοινωνιακό προσανατολισμό. Επιπλέον, τόσο οι μαθητές όσο και οι εκπαιδευτικοί αξιολόγησαν θετικά το διαγνωστικό εργαλείο, αναγνωρίζοντας τη χρησιμότητά του στον εντοπισμό μαθησιακών αναγκών και στην υποστήριξη του εκπαιδευτικού σχεδιασμού. Τα αποτελέσματα ανέδειξαν επίσης τη σημασία αυθεντικών, επικοινωνιακών και βασισμένων σε δραστηριότητες προσεγγίσεων στη διδασκαλία για ειδικούς σκοπούς.

Συνολικά, η μελέτη καταδεικνύει ότι η διαγνωστική αξιολόγηση μπορεί να διαδραματίσει σημαντικό ρόλο στην υποστήριξη της Αγγλικής γλώσσας για Σκοπούς Υγείας στο πλαίσιο της ελληνικής επαγγελματικής εκπαίδευσης. Συνδυάζοντας την ανάλυση ελλείψεων, την ανάλυση στρατηγικών και τις μαθησιακές προτεραιότητες, το διαγνωστικό εργαλείο προσφέρει μια πολυδιάστατη και μαθητοκεντρική προσέγγιση στην αξιολόγηση των Αγγλικών για ειδικούς σκοπούς. Η μελέτη συμβάλλει στο διαρκώς αναπτυσσόμενο πεδίο της διδασκαλίας για ειδικούς σκοπούς και της επαγγελματικής γλωσσικής εκπαίδευσης, παρέχοντας πρακτικές προτάσεις για τον σχεδιασμό διαγνωστικών εργαλείων προσαρμοσμένων στο εκάστοτε εκπαιδευτικό πλαίσιο και αναδεικνύοντας τη σημασία της επικοινωνιακής ικανότητας, των στρατηγικών μάθησης και των αυθεντικών μορφών αξιολόγησης στη γλωσσική εκπαίδευση που σχετίζεται με τον χώρο της υγείας.

Λέξεις-κλειδιά: Αγγλική για Ειδικούς Σκοπούς (ESP), διαγνωστική αξιολόγηση, επαγγελματική εκπαίδευση, Αγγλική για Σκοπούς Υγείας, επικοινωνιακή ικανότητα, στρατηγικές εκμάθησης γλωσσών, ανάλυση αναγκών, διαμορφωτική αξιολόγηση, ΕΠΑ.Λ., επικοινωνία στον χώρο της υγείας

CHAPTER 1 – INTRODUCTION

1.1 Background of the Study

Assessment plays a central role in language education, as it provides valuable information about learners' abilities, learning needs, and instructional priorities (Bachman & Palmer, 2010). In recent years, language assessment has moved beyond the sole measurement of achievement toward approaches that support learning, inform teaching, and respond to the specific needs of diverse learner populations (Brown & Abeywickrama, 2019). This shift is particularly relevant in vocational education, where learners are required to develop language skills that directly support their future professional roles.

More specifically, vocational upper secondary education in Greece is provided primarily through the EPAL schools, which prepare students for entry into specific occupational fields, including health care. English is a compulsory subject in EPAL, and curriculum guidelines emphasize communicative competence and the development of skills relevant to professional contexts. Health-care students are expected to use English to understand medical terminology, interpret written documentation, follow procedural instructions, and communicate appropriately in workplace-related situations. Despite these expectations, English instruction and assessment in vocational schools often remain general in nature and do not systematically meet the linguistic demands of specific professional domains (Kantzara, 2018).

1.2 Problem Statement

One of the main challenges in English language education in Greek vocational schools is the inconsistency between learners' professional needs and the assessment tools commonly used in the classroom. Assessment practices frequently rely on general English tests that focus on grammar, general vocabulary, and broad communicative skills. While such tests may provide an overall indication of proficiency level, they rarely offer detailed information about learners' ability to

perform relevant tasks or use specialized terminology in their vocational field (Alderson, 2005; Douglas, 2000).

As a result, teachers often lack precise information about their students' strengths and weaknesses in English for Specific Purposes (ESP), particularly in fields such as health care where accurate and effective communication is essential (Hatzipanagiotou, 2010; Mitsis, 2004). Without diagnostic data, instructional planning becomes challenging, especially in mixed-ability classrooms typical of the EPAL context (Kassotakis, & Flouris, 2013). This situation highlights the need for assessment tools that are specifically designed to identify vocational learners' language needs and support targeted instruction (Hatzipanagiotou, & Makri, 2015).

1.3 Purpose of the Study

The purpose of the present study is to design and evaluate a diagnostic English language tool tailored to the needs of health-care students in Greek vocational schools (EPAL). Diagnostic assessment differs from placement or achievement testing in that it aims to identify learners' specific strengths and weaknesses rather than assign grades or classify learners by level (Alderson, 2005). By providing detailed information about learners' language abilities, diagnostic assessment can support differentiated instruction and more effective curriculum design.

In line with principles of English for Specific Purposes, the study seeks to ensure that the diagnostic test reflects the linguistic and communicative demands of health-care contexts. The study is guided by needs analysis theory, ESP theory, and established principles of language assessment, with the ultimate goal of supporting English teachers in vocational education and enhancing learners' readiness for professional communication.

1.4 Research Questions

In order to achieve the aims of the study, the following research questions were formulated:

Research Question 1a: What specific language strengths do health-care students demonstrate in English for Health Care Purposes as identified through a diagnostic tool?

Research Question 1b: What specific language weaknesses and communicative difficulties do they demonstrate?

Research Question 2: What learning strategies and metacognitive behaviors do these health-care students employ, and how do these vary across different classes and genders?

Research Question 3: How do English language teachers in EPAL perceive the role and effectiveness of this diagnostic assessment tool?

Research Question 4: How do health-care students evaluate the diagnostic tool for their own learning?

These research questions guide the selection of research instruments and the organization of data analysis (Creswell & Plano Clark, 2018). Each question corresponds to a specific data source, ensuring methodological coherence and facilitating triangulation of findings (Denzin, 1978; Cohen et al, 2018).

1.5 Significance of the Study

The present study holds considerable significance both pedagogically and academically, as it addresses a gap between theory and practice in the context of Greek vocational education. From a pedagogical standpoint, the study responds to a pressing need for more targeted and effective language instruction in English for Health-Care Purposes. In many vocational settings in Greece, English instruction tends to follow generalized curricula that do not always align with learners' specific professional and linguistic needs. By proposing the development and implementation of a diagnostic assessment tool, this study seeks to promote a more learner-centered approach, where instruction is informed by systematically identified strengths and weaknesses (Hatzipanagiotou, 2010; Mitsis, 2004).

More specifically, diagnostic assessment can function as a crucial mechanism for uncovering learners' gaps in language knowledge and skills at an early stage. This allows educators to design needs-based instruction that is better tailored to the communicative demands of the health care sector. In this way, the proposed

diagnostic tool is expected not only to improve instructional effectiveness but also to foster greater learner engagement and motivation, as students are more likely to respond positively to materials and activities that directly relate to their professional goals (Alderson et al, 2015). Furthermore, such an approach may contribute to more efficient use of classroom time and resources, as teaching can focus on areas that require the most attention rather than following a universal model.

From an academic perspective, the study aims to contribute to the growing body of research in diagnostic language assessment and English for Specific Purposes. While diagnostic testing has been widely discussed in the literature (Alderson, 2005), its practical application—particularly in vocational secondary education—remains relatively underexplored. By examining how diagnostic assessment principles can be adapted and implemented in a real educational context, this study provides empirical insights into both the challenges and the potential benefits of such approaches (Douglas, 2000).

In addition, the study is particularly relevant within the Greek educational landscape, where research on assessment practices in vocational schools is still limited. This is especially true for specialized fields such as health care, where language demands are complex and highly context-dependent. By focusing on this specific domain, the study offers focused knowledge that can inform future curriculum design, assessment development, and policy decisions (Kassotakis, & Flouris, 2013).

Ultimately, the findings of this study may serve as a foundation for further research on diagnostic assessment in ESP contexts. It is hoped that this work will encourage a shift toward more diagnostic, responsive, and context-sensitive approaches to language teaching and assessment in Greek EPAL school settings, thereby enhancing both educational outcomes and professional preparedness among vocational learners.

1.6 Organization of the Thesis

The thesis is organized into seven chapters. Chapter 1 introduces the background, purpose, and research questions of the study. Chapter 2 presents a review of the relevant literature on language assessment, diagnostic testing, English for Specific Purposes, and English for Health Care Purposes. Chapter 3 outlines the research

methodology, including the research design, participants, data collection instruments, and analytical procedures. Chapter 4 presents and analyzes the findings in relation to the research questions. Next, Chapter 5 discusses the results of the findings in relation to the relevant literature. Chapter 6 outlines pedagogical implications, acknowledges limitations, and offers suggestions for future research. Finally, Chapter 7 includes the conclusion which offers an overall summary of the main points of the current research paper.

2. Literature Review

2.1 Introduction

Language assessment has evolved significantly over the past decades, responding to pedagogical shifts, technological change, and increasingly diverse learner needs. In contemporary educational contexts, assessment is no longer understood merely as a measure of achievement but as a crucial tool for informing instruction, identifying learning needs, and supporting students' development (Bachman & Palmer, 2010; Brown & Abeywickrama, 2019). This need is especially pronounced in vocational education, where students have to acquire English that directly supports their professional practice.

In Greek vocational schools (EPAL), health-care students are expected to master English skills that enable them to engage with terminology, understand medical documentation, and communicate effectively in professional settings. Yet, despite the specialized needs of these learners, assessment practices in EPAL commonly rely on general proficiency tests that lack field-specific validity. This creates an inconsistency between assessment goals and learners' actual needs (Alderson, 2005; Douglas, 2000).

Diagnostic assessment presents a promising solution, as it aims to identify learners' strengths, weaknesses, and learning needs early in the learning process. This chapter reviews the theoretical and applied foundations relevant to designing a diagnostic English test for health-care students in EPAL. It discusses the evolution of language testing, key principles of assessment, the function and value of diagnostic testing, the role of needs analysis in English for Specific Purposes (ESP), and the linguistic demands of English in health-care contexts. Furthermore, it discusses vocational education in Greece and assessment practices in EPAL schools and more specifically the design of diagnostic tests for English in a health care context.

2.2 The Evolution of Language Assessment

The evolution of language assessment is commonly understood through a three-generation model, each phase reflecting shifts in linguistic theory, learning paradigms,

and educational priorities (Bachman, 1990; Weir, 2005). This framework illustrates how language testing has moved from highly controlled, form-focused assessments toward more authentic, communicative, and learning-oriented approaches. Understanding these developments is essential for designing assessment tools that meet the needs of specific learner populations, such as vocational health-care students.

The first generation of language tests arose within the structuralist and behaviorist traditions of the mid-20th century. Testing in this period assumed that language consisted of discrete, teachable, and measurable elements, such as grammatical structures, lexical items, and morphological forms (Lado, 1961; Carroll, 1968). As a result, tests typically employed multiple-choice grammar questions, sentence transformations, and fill-in-the-blank items that attempted to measure accuracy at the micro-linguistic level. The priority was objective scoring and reliability, often at the expense of authenticity and communicative relevance. Although these tests were efficient and easy to administer, scholars soon recognized that they did not capture learners' ability to use language meaningfully in real-world contexts (Bachman & Palmer, 2010).

In response to criticisms of structuralist testing, the second generation introduced integrative and communicative approaches to assessment. Influenced by theories of communicative competence (Hymes, 1972; Canale & Swain, 1980), second-generation tests viewed language as a system of meaning-making rather than a collection of isolated linguistic components. Assessment practices shifted toward tasks that required learners to integrate skills and engage with language holistically. Examples included cloze tests, dictation, and performance-based communicative activities designed to reflect authentic language use. These assessments attempted to evaluate not only grammatical accuracy but also pragmatic competence, discourse management, and sociolinguistic appropriateness. However, while communicative tests improved authenticity, they sometimes introduced challenges related to subjectivity in scoring and consistency across raters (Weir, 2005).

The third generation of language assessment reflects contemporary understandings of language use as dynamic, context-specific, and socially situated. During this period, emphasis shifted toward performance-based tasks, specific-purpose assessment, and

diagnostic evaluation. Third-generation tests aim to simulate real-world communicative situations, aligning task demands with the contexts in which learners will use English, such as academic, professional, or vocational environments (Douglas, 2000). Advances in learning-oriented and diagnostic assessment have further highlighted the need for tests that not only measure proficiency but also support learning by identifying strengths and weaknesses, informing instruction, and guiding curriculum planning (Alderson, 2005; Carless, 2007). The integration of frameworks such as the Common European Framework of Reference for Languages (CEFR) has also enabled more precise descriptions of learner performance and clearer developmental pathways (Council of Europe, 2020). In vocational education, particularly in health-care fields, the third-generation approaches are especially relevant because they assess the specific terminological, communicative, and interpretive skills needed for safe and effective workplace performance.

TABLE 2.1 Comparison of First-, Second-, and Third-Generation Language Tests

Generation	Historical Basis	Typical Tasks	Focus of Assessment	Limitations
First Generation	Structuralism & Behaviourism	Discrete-point items, grammar questions, controlled vocabulary tasks	Accuracy of isolated linguistic forms	Low authenticity; poor reflection of real communication
Second Generation	Communicative Language Teaching	Cloze tests, dictation, communicative activities	Holistic performance; functional communication	Scoring inconsistency; limited diagnostic detail
Third Generation	Performance-based & ESP testing	Simulated workplace tasks; domain-specific items; diagnostic sub-skills	Authentic performance; specific-purpose ability; learning needs	Requires teacher expertise and higher development effort

2.3 Principles of Language Assessment

Effective language assessment is guided by a set of foundational principles that ensure tests are meaningful, fair, and useful within their intended contexts. These

principles—validity, reliability, practicality, impact, and authenticity—form the basis for evaluating the quality and appropriateness of any assessment tool (Bachman & Palmer, 2010; Brown & Abeywickrama, 2019). In vocational environments such as Greek EPAL schools, where learners require English for professional communication in health-care settings, the application of these principles becomes even more critical. A well-designed assessment must not only measure linguistic ability accurately but also reflect the specific demands of the target domain and support learning by providing clear, actionable feedback. The following section outlines the key principles that underpin sound language assessment and explains their relevance to designing a diagnostic English test tailored to health-care students.

2.3.1 Validity

Validity is the cornerstone of language assessment. According to Messick (1996), validity concerns “the degree to which evidence and theory support the interpretations of test scores.” In ESP contexts, content validity is critical: test tasks must reflect the linguistic and communicative demands of the target professional domain (Douglas, 2000). General English tests often lack content validity for vocational learners because they do not assess terminology, workplace interactions, or professional genres relevant to fields such as health care.

2.3.2 Reliability

Reliability refers to the consistency of test results. Traditional tests achieve high reliability through objective scoring methods, but these may compromise authenticity or communicative validity (Weir, 2005). Diagnostic tests, which often include open-ended items, must ensure reliability through clear rubrics and training protocols.

2.3.3 Practicality

Practicality refers to the extent to which a test can be implemented effectively within real educational contexts. It encompasses considerations such as the time available for testing, the ease with which the test can be administered, the resources required in the classroom, and the demands placed on teachers during scoring and interpretation (Brown & Abeywickrama, 2019). In the context of Greek vocational schools (EPAL),

practicality is particularly important due to large class sizes, varying proficiency levels among students, and limited instructional hours. A diagnostic test designed for health-care students must therefore be straightforward to administer, require minimal specialized equipment, and produce results that can be easily interpreted by teachers so that it can meaningfully inform subsequent instruction. (Oermann & Gaberson, 1996)

2.3.4 Impact, Washback, and Washforward

Assessment affects teaching and learning. Positive washback occurs when tests guide teachers toward more effective practice (Cheng, 2014). Diagnostic tests support washforward, meaning they inform future instruction by identifying learning gaps. General placement tests, while administratively useful, offer minimal washforward because they do not distinguish between learners' vocationally relevant strengths and weaknesses.

2.4 Diagnostic Assessment

Diagnostic assessment plays a central role in contemporary language education, particularly in contexts where learners' needs are highly specific and instruction must be tailored accordingly. Unlike summative or placement testing, diagnostic assessment aims not to classify learners or assign grades but to identify the underlying strengths and weaknesses in their linguistic knowledge and communicative abilities. According to Alderson (2005), diagnostic testing should offer detailed information about the sub-skills involved in language performance so that teachers can make informed decisions about subsequent instruction. The theoretical foundation of diagnostic assessment lies in the idea that language ability is multifaceted and that meaningful improvement depends on understanding the components that contribute to communicative performance. This perspective contrasts sharply with general proficiency testing, which tends to provide holistic scores that are insufficient for instructional planning in specific-purpose contexts.

Diagnostic assessment differs significantly from placement testing, which typically aims to categorize learners into broad proficiency levels. Placement tests tend to be general in their content and are designed for administrative efficiency rather than

pedagogical insight (Hughes, 2003). By contrast, diagnostic tests are criterion-referenced and focused on identifying gaps between a learner's existing competence and the target competencies required for a particular educational or professional environment. In EPAL health-care programmes, the distinction is crucial: while placement tests may indicate whether a student is at an A2 or B1 level overall, they do not reveal whether that student can interpret medical terminology, comprehend clinical instructions, or interact appropriately with patients. For this reason, diagnostic assessment is uniquely suited to vocational education, where domain-specific skills are essential. (Davies et al, 1999).

Diagnostic language testing is also informed by cognitive diagnostic models, which view language ability as divisible into smaller, interconnected components that can be individually assessed (Jang, 2009). This approach allows teachers to pinpoint precisely which areas—such as morphological knowledge, inferencing strategies, or pragmatic competence—require attention. Research indicates that diagnostic assessment can enhance learners' awareness of their own linguistic profiles, support more targeted feedback, and ultimately contribute to improved learning outcomes (Rea-Dickins, 2001). However, its successful implementation depends on factors such as teacher training, institutional support, and the availability of appropriate testing instruments. Without tools specifically designed for vocational contexts, teachers in Greek EPAL settings may struggle to gather assessment data useful for planning instruction in English for Health-Care Purposes. Therefore, it is necessary to discuss the principles of English for Specific Purposes at first, as teaching English to students in EPAL settings involves familiarization with the relevant approach.

2.5 English for Specific Purposes: English for Health Care Purposes

2.5.1 English for Specific Purposes

English for Specific Purposes (ESP) has long been recognized as an area of language teaching that emphasizes the relevance of language learning to the learner's academic or professional goals. Work by Hutchinson and Waters (1987) and later by Basturkmen (2010) defines ESP as an approach grounded in the systematic analysis of learners' needs, the linguistic characteristics of specific domains, and the communicative tasks that learners must perform. Unlike general English, which

focuses on broad communicative competence, ESP instruction is driven by clearly defined target situations, such as reading academic articles in a scientific discipline, writing business correspondence, or communicating in professional health-care settings. The core principle of ESP is that language instruction should be purposeful and closely aligned with learners' future or current activities. (Hutchinson, & Waters, 1987).

Needs analysis is central to the ESP approach and forms the basis for curriculum development, material selection, and assessment design. In vocational education, needs analysis typically involves an examination of both present-situation factors, such as learners' current proficiency and prior knowledge, and target-situation factors, such as the communicative demands of their intended occupation (Brown, 2016). In the case of health-care students in EPAL, this may include the ability to understand medical instructions, interact with patients and colleagues, interpret clinical terminology, and read workplace documentation. Diagnostic assessment fits naturally into the ESP framework because it provides empirical data about learners' current skills and the extent to which they align with the requirements identified in the needs' analysis. Without such information, ESP instruction risks becoming too general or insufficiently responsive to vocational demands.

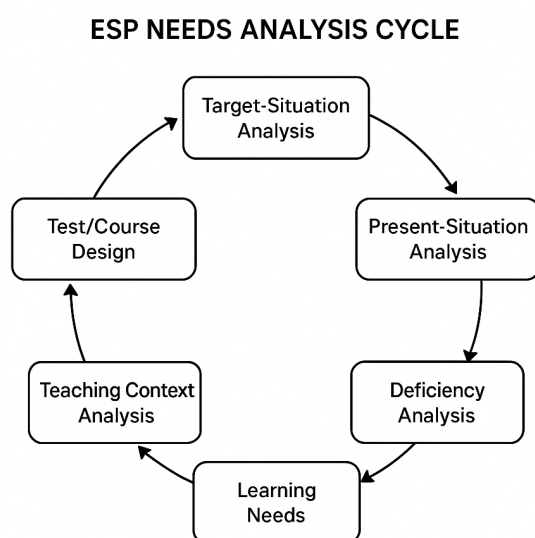


FIGURE 2.1: ESP Needs Analysis Cycle

Assessment in ESP contexts must therefore reflect the specialized communicative practices of the target domain. Douglas (2000) emphasizes that specific-purpose assessments need to integrate both language ability and background knowledge relevant to the field. For health-care students, this means that assessment tasks should incorporate terminology, discourse patterns, and communicative interactions common in medical and clinical environments. General English tests, even when communicative in orientation, often lack this degree of specificity. As a result, they cannot fully capture a learner's readiness to perform professional tasks. ESP-aligned diagnostic tests have the potential to fill this gap by offering more accurate and pedagogically useful information about learners' preparedness for workplace communication.

2.5.2 English for Health Care Purposes

English for Health Care Purposes is a category of ESP that focuses on the linguistic, pragmatic, and communicative demands encountered in clinical and medical settings. Health-care professionals must navigate interactions that are not only technically precise but also socially sensitive. Research by Candlin and Candlin (2002) highlights that communication in health care involves complex exchanges such as taking patient histories, giving instructions, explaining procedures, and responding empathetically to patient concerns. These interactions rely on clarity, accuracy, and appropriateness, as well as the ability to adjust language according to a patient's level of understanding. Consequently, the linguistic competence required in health care extends well beyond general conversational skills.

A central feature of health-care communication is its reliance on an extensive system of medical terminology. Medical English incorporates Greek and Latin morphological patterns, specialized vocabulary, acronyms, abbreviations, and formulaic expressions that convey highly technical meaning (Glendinning & Holmström, 2005). For vocational learners, developing familiarity with medical terminology is essential for comprehending workplace documentation, equipment instructions, and professional training materials. Misinterpretation of terminology can lead to errors that may compromise patient safety, reinforcing the need for assessment tools that evaluate terminology recognition and comprehension.

Beyond terminology, health-care communication requires advanced pragmatic competence. This includes the use of questioning strategies, culturally sensitive communication, politeness conventions, and the ability to provide reassurance or clarification (Nguyen, 2015). Health-care professionals often need to simplify complex concepts for patients, demonstrating communicative adaptability and empathy. These skills are rarely emphasized in general English assessments, which tend to focus on structural accuracy or broad communicative tasks. For EPAL students, whose future professional environments may involve interactions with English-speaking patients or exposure to English-language documentation, it is essential that assessment practices capture these pragmatic dimensions. Accordingly, diagnostic tests designed for this population should reflect both the linguistic and interpersonal demands of clinical communication.

2.6 Vocational Education in Greece and Assessment Practices in EPAL

Vocational education in Greece, delivered primarily through the EPAL system, serves students preparing for technical and professional careers, including specialties within the health-care sector. English instruction is mandatory across EPAL programmes, but its quality and focus can vary considerably depending on institutional resources, teacher expertise, and curricular interpretation (Kantzara, 2018). While the national curriculum acknowledges the importance of English for professional purposes, actual classroom practice often remains anchored in traditional grammar-translation approaches or general communicative instruction, with limited integration of ESP principles tailored to specific vocational fields.

One of the major challenges in EPAL is the discrepancy between curriculum objectives and assessment practices. Although students are expected to acquire vocationally relevant English skills, the assessments used in many schools do not reflect the specialized language demands of health-care professions. Instead, they often rely on general English tests that emphasize vocabulary use, grammar accuracy, or generic reading comprehension passages unrelated to clinical contexts. This creates a significant gap between what is taught, what is assessed, and what learners actually need to perform competently in the workplace. Teachers frequently report that they lack appropriate diagnostic tools that would allow them to identify students' specific

linguistic needs and adjust their instruction accordingly. (Tsagari & Papageorgiou, 2012).

The need for diagnostic assessment in Greek vocational schools is further supported by studies highlighting the difficulties vocational students face in mastering terminology, understanding technical listening materials, and performing workplace-oriented communicative tasks (Anastasiou, 2020). Many learners enter EPAL with diverse proficiency levels and uneven exposure to English, making differentiated instruction essential. Without diagnostic data, however, teachers may be unable to determine which learners require support in foundational skills and which are ready to develop advanced ESP competencies. This situation underscores the necessity of creating diagnostic tests specifically designed for EPAL health-care students—tests that provide insights into learners’ readiness for vocational communication. Such tools would bridge the gap between assessment, curriculum design, and professional requirements.

2.7 Designing Diagnostic Tools for ESP and Health-Care Contexts

Designing diagnostic assessments for ESP contexts, particularly for health-care students, requires careful consideration of domain relevance, task authenticity, and pedagogical usefulness. According to Douglas (2000), specific-purpose tests must capture not only general language proficiency but also the contextual knowledge and communicative practices characteristic of the field. This means that tasks included in a diagnostic test for health-care students should resemble the types of communication they are likely to encounter in clinical settings, such as interpreting workplace instructions, understanding interactions between medical staff, or recognizing terminology embedded within authentic scenarios. A diagnostic test that fails to incorporate such elements risks misrepresenting the learner’s ability to function effectively in the target domain.

A key challenge in designing diagnostic tests is balancing authenticity with practicality. While it is important for tasks to reflect real-world professional communication, the test must remain manageable within the classroom environment, especially in contexts like EPAL where time, resources, and teacher training may be limited (Bachman & Palmer, 2010; Brown & Abeywickrama, 2019). Tasks such as

reading simplified clinical charts, interpreting basic procedural guidelines, or listening to short doctor-patient exchanges can provide valuable diagnostic information while remaining feasible for classroom administration (Douglas, 2000). The goal is to design items that reveal learners' specific strengths and weaknesses across relevant skills, including vocabulary knowledge, discourse comprehension, and pragmatic interpretation, without imposing overwhelming demands on test delivery or scoring (Alderson, 2005; Douglas, 2000).

TABLE 2.2 Key Design Considerations for Diagnostic ESP Tests

Design Component	Description	Relevance to Health-Care Students
Authenticity	Tasks must reflect real-world communication	Use of clinical instructions, patient dialogs, terminology
Specificity	Assessment must match target domain	Focus on medical English rather than general English
Practicality	Feasible administration and scoring	Suitable for large EPAL classes with limited resources
Diagnostic Value	Ability to identify sub-skills and weaknesses	Helps teachers target vocabulary, listening, or pragmatic gaps
CEFR Alignment	Clear proficiency descriptors	Supports progression tracking within vocational programmes

The integration of CEFR descriptors can further strengthen the design of diagnostic assessments by providing clear developmental benchmarks for the professional competencies required in health-care communication (Council of Europe, 2020). Diagnostic tools based on CEFR can help map learners' progress and offer teachers a structured way to interpret assessment results in terms of communicative ability. Specifically, the effectiveness of any diagnostic tool lies in the quality of the feedback it generates. Diagnostic assessment is most valuable when results can be translated into specific instructional objectives, such as the need to develop strategies for interpreting medical terminology, improving note-taking for clinical listening tasks, or enhancing the clarity and appropriateness of patient-related communication. In vocational settings where learners must quickly build skills relevant to the workplace, such targeted feedback is essential for efficient and meaningful learning.

In addition, Cognitive Load Theory (Sweller, 1988) suggests that learning and assessment tasks should be designed in ways that avoid excessive cognitive overload, particularly in complex professional communication contexts. This perspective is especially relevant in ESP assessment, where learners are often required to process linguistic, professional, and situational information simultaneously. Consequently, diagnostic tasks should balance authenticity with clarity and accessibility in order to support effective learner performance.

2.8 Conclusion

The literature demonstrates a specific need for diagnostic ESP assessment tailored to vocational learners. General placement tests lack the means necessary to identify health-care students' professional communication needs. Diagnostic assessment, grounded in ESP principles, has the potential to support more effective instruction in Greek vocational schools by identifying learning gaps early and guiding pedagogical planning. The present study addresses this gap by designing a diagnostic English tool specifically for health-care students in EPAL, informed by the theoretical frameworks and empirical findings reviewed above.

CHAPTER 3 – RESEARCH METHODOLOGY

3.1 Introduction

This chapter presents the research methodology employed in the present study, which aims to design and evaluate a diagnostic English language tool for health-care students in Greek vocational schools (EPAL). Given the applied and educational nature of the research, the study adopts a quantitative approach, focusing on the collection and analysis of numerical data to examine learners' language needs and assess the pedagogical usefulness of the diagnostic instrument. Data collection is based on three main instruments: a diagnostic tool administered to students, a structured questionnaire with closed-ended items completed by teachers, and finally a Likert-scale questionnaire completed by students to evaluate the tool and their learning experience. The chapter outlines the research design, context and participants of the study, the rationale of each of the data collection instruments along with the procedures and the limitations of analysis as well as the ethical considerations guiding the study.

3.2 Research Design

The present study adopts an applied quantitative research design, which is widely used in language assessment and English for Specific Purposes (ESP) research. The primary aim of the study is not to test a theoretical model but to address a practical educational problem, namely the lack of diagnostic English assessment tools tailored to health-care students in Greek vocational schools (EPAL). As such, the research is grounded in an applied linguistics perspective that prioritizes pedagogical relevance, contextual appropriateness, and usefulness for classroom practice (Alderson, 2005; Douglas, 2000; Brown & Abeywickrama, 2019).

The study relies on quantitative methods to examine measurable aspects of learners' language performance as well as their perceptions of the diagnostic instrument. Quantitative data are collected from three sources: students' performance on a diagnostic English language tool, a structured questionnaire with closed-ended items completed by teachers, and a post-test questionnaire using a Likert-scale design administered to students. The diagnostic tool provides detailed information about learners' strengths and weaknesses across specific language skills and sub-skills, such

as reading comprehension, listening skills, vocabulary knowledge in a professional context, and functional writing. The teacher questionnaire generates numerical data regarding teachers' views on students' language needs and the relevance of assessment practices in the EPAL context, while the post-test questionnaire collects data on students' perceptions of the test, including its clarity, relevance, and usefulness for their learning. Together, these sources of quantitative data allow for the identification of patterns in both objective performance and participants' evaluations of the tool.

The use of multiple quantitative instruments contributes to the reinforcement of the research design by enabling a form of methodological triangulation within a quantitative framework. Rather than relying on a single data source, the study compares results across the diagnostic tool and the two questionnaires, allowing for a more comprehensive and reliable interpretation of findings (Creswell, 2014). This approach strengthens the validity of the conclusions by identifying converging patterns in learners' performance and in both teachers' and students' responses.

Importantly, the research design reflects the diagnostic purpose of the study. Unlike experimental or quasi-experimental designs, which aim to measure treatment effects, the present study seeks to generate detailed diagnostic information that can inform instructional planning and curriculum development. The design is therefore descriptive and exploratory, focusing on identifying language needs rather than testing causal relationships. Such an approach is consistent with established research in diagnostic language assessment, which emphasizes the identification of learning gaps and the provision of actionable feedback over statistical generalization (Alderson, 2005).

Overall, the quantitative research design adopted in this study ensures that the diagnostic tool; is evaluated systematically in terms of learner performance as well as its perceived relevance, clarity, and pedagogical value within the EPAL health-care context. By drawing on data from the diagnostic tool; and the two structured questionnaires, the study provides a coherent methodological framework for the development and evaluation of a diagnostic English language instrument that responds directly to the needs of vocational health-care students (Alderson, 2005; Douglas, 2000; Creswell, 2014).

3.3 Research Context

The research was conducted at the 2nd Vocational upper secondary school (EPAL) of Kozani, Greece, which provides specialized education and training for students preparing to enter specific professional fields, including health-care. English is a compulsory subject in EPAL, and curriculum guidelines emphasize communicative competence and vocational relevance. However, assessment practices in many vocational schools continue to rely on general English tests that do not adequately reflect the linguistic and communicative demands of specific professional domains (Kantzara, 2018).

Health-care students in EPAL are expected to use English for tasks such as understanding medical terminology, interpreting written instructions, and communicating in workplace-related situations. Despite these expectations, learners often receive limited exposure to systematic English for Health Care Purposes instruction. The diagnostic tool; developed in this study seeks to address this gap by providing teachers with detailed information about learners' vocationally relevant language strengths and weaknesses.

3.4 Participants

The participants in the study were the 80 students of grade B enrolled in the health-care specialization of the 2nd EPAL of Kozani. The student sample reflects the heterogeneous nature of vocational classrooms, with learners demonstrating varying levels of English proficiency and prior exposure to English instruction. Such diversity is characteristic of EPAL contexts and highlights the need for diagnostic assessment tools that support differentiated instruction. For this reason, both the diagnostic tool; as well as the follow-up questionnaire were translated in Greek (see **Appendices II and V**) so as to ensure that all the questions are understood and carefully answered by the students.

In addition to student participants, English language teachers working in EPAL participated in the next phase of the study through a specially designed questionnaire. Teachers' involvement provides an instructional and assessment-oriented perspective that complement learner data. Participation was voluntary, and all participants were informed of the aims and procedures of the research.

3.5 Rationale and Development of the Diagnostic Tool

3.5.1. Purpose of the Diagnostic Tool

The diagnostic tool presented here is designed to identify specific language-related problems and learning needs of learners in the context of English for Specific Purposes (ESP), rather than to measure general language proficiency. Diagnostic testing differs fundamentally from achievement and proficiency testing in that its primary aim is to reveal the particular areas in which learners experience difficulty, thereby enabling targeted pedagogical intervention. As Alderson, Clapham, and Wall (1995) argue, diagnostic tests are intended to “discover what specific language problems the learner has,” emphasizing the importance of qualitative insights over numerical scores.

In this sense, the present tool; is designed with the view that assessment should serve an informative and developmental function. By focusing on learners’ strengths and weaknesses in relation to the communicative demands of the health sector, the tool provides data that can directly inform teaching decisions, syllabus adaptation, and remedial instruction. This reflects the broader understanding in language testing that diagnostic assessment plays a crucial role in bridging the gap between evaluation and instruction (Brown, 2004).

3.5.2. Rationale for Part A: Deficiency Analysis

Part A of the diagnostic tool (see **Appendix I**) is grounded in the concept of deficiency analysis, which is a central component of needs analysis in ESP. Deficiency analysis focuses on identifying learners’ “lacks,” that is, the discrepancies between the requirements of the target situation and the learners’ current level of competence (Hutchinson & Waters, 1987). This perspective shifts attention from general language ability to context-specific performance, highlighting what learners are unable to do in relation to real-world demands.

The use of a self-assessment format in this section reflects the learner-centered orientation of deficiency analysis. This learner-centered perspective is also consistent with West’s (2004) discussion of deficiency analysis as a form of self-assessment that allows learners to identify perceived communicative difficulties and professional

language deficiencies. The deficiency-analysis component of the diagnostic instrument was also influenced by learner-centered approaches to needs analysis proposed by Allwright and Allwright (1977). Learners are invited to evaluate the degree of difficulty they experience across a range of tasks that are directly derived from the communicative requirements of the health sector. Such an approach is consistent with the argument that learners themselves are valuable sources of information about their needs, particularly when the goal is to identify perceived weaknesses and areas requiring improvement (Hutchinson & Waters, 1987; Dudley-Evans & St John, 1998).

Furthermore, the selection of items in this section is closely tied to target situation analysis, as it includes tasks such as understanding patients, interpreting medical instructions, and producing written reports. These tasks reflect authentic communicative situations that learners are likely to encounter in their future professional environment. The emphasis on authenticity contributes to the content validity of the test, as it ensures that the constructs being assessed correspond to real-life language use (Bachman & Palmer, 1996).

The pedagogical value of deficiency analysis lies in its ability to make learners aware of their own limitations while simultaneously providing teachers with precise information about areas that require attention. By identifying specific gaps in knowledge and skills, this part of the test supports the design of focused instructional interventions and promotes more efficient learning (Alderson et al., 1995).

3.5.3 Rationale for Part B: Strategy Analysis

Part B of the diagnostic tool (see **Appendix I**) is based on the principles of strategy analysis, which focuses on understanding how learners approach language learning and how they cope with difficulties. Strategy analysis extends the scope of diagnostic testing by examining not only what learners cannot do, but also how they attempt to perform tasks and solve problems. West (2004) identifies strategy analysis as an important component of learner-centered diagnostic testing because it provides insight into learners' approaches to language learning and the processes underlying performance difficulties. According to Alderson et al. (1995), an effective diagnostic

approach should include an investigation of learners' strategies and learning behaviours, as these factors often explain the underlying causes of performance difficulties.

The structure of this section reflects established classifications of language learning strategies, including cognitive, metacognitive, social, and compensation strategies. These categories are widely recognized in the literature on learner strategies and are associated with different aspects of language processing and learning management (Oxford, 1990; O'Malley & Chamot, 1990). Cognitive strategies relate to the processing and manipulation of language input, while metacognitive strategies involve planning, monitoring, and evaluating one's learning. Social strategies emphasize interaction with others, and compensation strategies enable learners to overcome gaps in their knowledge.

By eliciting information about the frequency with which learners use these strategies, the tool provides insight into their level of strategic competence. This is particularly important in ESP contexts, where learners are expected to function effectively in specific communicative situations, often under conditions of limited linguistic resources. Strategy analysis therefore contributes to a deeper understanding of learner performance by revealing the processes that underlie observable behaviour (Cohen, 1998).

In addition, the inclusion of items related to translation, dictionary use, and note-taking reflects the realities of the Greek educational context, where learners frequently rely on such strategies. Recognizing and analysing these practices allows teachers to guide learners towards more effective and autonomous learning behaviours, which is a key objective of learner training in ESP (Hutchinson & Waters, 1987).

3.5.4 Rationale for Part C: Additional Learner Priorities within Deficiency Analysis

The third part of the diagnostic instrument (see **Appendix I**) was designed to complement the deficiency and strategy analysis by focusing more explicitly on learners' perceived priorities and expectations from the course. While Parts A and B provide insight into learners' current difficulties and their strategic behavior, this

additional section aims to capture what learners themselves consider important for their professional development within the health-care context. In this sense, Part C reflects a learner-centered perspective, consistent with the principles of needs analysis in English for Specific Purposes, where learners' subjective perceptions are considered essential for effective course design (Hutchinson & Waters, 1987; Nunan, 1988).

The inclusion of this section is also informed by the distinction between present situation analysis and target situation analysis, as discussed by Hutchinson and Waters (1987) and further elaborated by Richterich and Chancerel (1980). Whereas Part A primarily identifies learners' present abilities and deficiencies, Part C allows learners to articulate their target needs by indicating the relative importance of specific skills and competencies. This provides valuable data on learners' goals, motivations, and expectations, which may not always be fully captured through difficulty ratings alone. In this respect, the section also aligns with Munby's (1978) model of communicative needs, which emphasizes the importance of identifying the communicative purposes and situations learners are likely to encounter.

Furthermore, this section enhances the overall validity of the instrument by triangulating data from multiple sources, an approach widely recommended in needs analysis research (Long, 2005; Brown, 2016). By comparing learners' perceived difficulties with their stated priorities, the researcher can identify potential mismatches between what learners struggle with and what they consider important. This, in turn, allows for more informed pedagogical decisions and supports the development of a needs-based syllabus that is both relevant and responsive to the specific demands of the health sector. Additionally, incorporating learners' perceived importance reflects a more democratic and participatory approach to curriculum design, as advocated in learner-centered pedagogy (Graves, 2000).

3.5.5 The Combination of Models

The diagnostic instrument designed for this study is grounded in learner-centered approaches to diagnostic testing within the field of English for Specific Purposes (ESP), particularly the models of deficiency analysis and strategy analysis discussed by Richard West (2004). The instrument also draws on the needs analysis framework

proposed by Hutchinson and Waters (1987), further developed by Dudley-Evans and St John (1998), and incorporates elements from Oxford's (1990) taxonomy of language learning strategies. The aim of combining these models is to produce a comprehensive diagnostic tool capable of identifying learners' perceived deficiencies, learning priorities, and strategic approaches to language learning in health-care-related contexts.

The first and third part of the instrument focuses on deficiency analysis and reflects the distinction between target needs, learning needs and learners' wants introduced by Hutchinson and Waters (1987). By asking learners to self-assess their level of difficulty across a range of communicative tasks relevant to the health sector, the instrument identifies learners' "lacks," that is, the gap between their current level of performance and the demands of real-life professional situations. This approach is consistent with ESP practice, where the identification of learners' specific communicative needs forms the basis for course design. This approach also closely reflects the learner-centered ESP deficiency analysis questionnaires described by West (2004), which emphasize learners' self-perception of communicative difficulties in professional contexts. In addition, the inclusion of items related to professional goals and priorities further aligns with Dudley-Evans and St John's (1998) emphasis on situational and task-based needs analysis in vocational contexts.

The second part of the instrument is adapted from Oxford's (1990) Strategy Inventory for Language Learning (SILL), incorporating key categories such as cognitive, metacognitive, social, and compensation strategies. This section aims to explore how learners actively engage with language learning, offering insights into their strategic behavior and level of learner autonomy. By examining the frequency with which learners employ different strategies, the study is able to complement the deficiency analysis with an understanding of the learning processes that may either facilitate or hinder language development.

The third part of the instrument further extends the needs analysis component by exploring learners' perceived priorities and expectations regarding English for health-care purposes. Drawing on Hutchinson and Waters' (1987) concept of learners' "wants," this section investigates which communicative skills and professional language tasks students consider most important for their future occupational needs.

The inclusion of learners' priorities is consistent with ESP approaches that emphasize the importance of incorporating learners' subjective perceptions and goals into course design and syllabus development (Dudley-Evans & St John, 1998). By identifying areas learners themselves prioritize, this section contributes to a more learner-centered and context-sensitive diagnostic framework.

The combination of these three components results in a hybrid diagnostic model that integrates deficiency analysis, strategy analysis, and learners' perceived priorities. This combined approach allows for a more holistic understanding of learners, as it accounts not only for what learners need and where they experience difficulties, but also for how they attempt to overcome these challenges and which professional language skills they consider most important. Such a learner-centered and three-dimensional design enhances the validity of the findings, as it draws on multiple dimensions of learner data, including self-perceived competence, learning behavior, and stated priorities. Ultimately, this integrated model supports the development of a more targeted and effective ESP curriculum tailored to the specific demands of the health-care context.

This hybrid structure represents an important advantage of the instrument, as many traditional diagnostic assessments focus primarily on language performance alone. In contrast, the present instrument integrates multiple dimensions of learner analysis, including perceived communicative difficulties, strategic behavior, and professional learning priorities. As a result, this tool not only identifies areas of linguistic weakness but also provides insight into the processes and perceptions that influence language learning within ESP contexts. Such a multidimensional approach contributes to a more comprehensive and learner-centered form of diagnostic assessment.

3.5.6 Validity and Usefulness

The tool demonstrates several key qualities associated with effective diagnostic assessment. Its content validity is ensured by the close alignment between test items and the communicative demands of the health sector. Its face validity is enhanced by the transparency and relevance of the tasks, which are likely to be perceived by learners as directly related to their future professional needs. Furthermore, the test has

strong practical usefulness, as it produces information that can be readily applied in instructional planning.

In addition, reliability analysis was conducted using Cronbach's alpha in order to examine the internal consistency of the three sections of the diagnostic instrument. The results demonstrated high reliability for Part A ($\alpha = .883$) and excellent reliability for Part B ($\alpha = .911$), indicating strong internal consistency among the questionnaire items. Part C produced a slightly lower reliability coefficient ($\alpha = .688$), which may be explained by the broader and more varied nature of learner priorities and perceptions explored in this section. Overall, the findings suggest that the diagnostic instrument demonstrates satisfactory to high levels of reliability and can therefore be considered an appropriate tool for classroom-based ESP diagnostic assessment.

Diagnostic tools are particularly valuable because they provide insights that go beyond simple measurement, offering guidance for teaching and learning. As Alderson et al. (1995) note, the ultimate aim of diagnostic assessment is to improve learning by identifying problems and suggesting appropriate solutions. In this respect, the present tool fulfills its purpose by linking assessment outcomes to pedagogical action.

3.5.7 Limitations of the Diagnostic Tool

Despite its theoretical grounding and pedagogical usefulness, the present diagnostic tool is subject to certain limitations that should be acknowledged. Recognizing these limitations is important in order to ensure a balanced interpretation of the results and to situate the test within the broader framework of language assessment.

One important limitation concerns the reliance on self-assessment in both parts of the tool. Learners are required to evaluate their own difficulties and strategy use, which introduces a degree of subjectivity. As noted in the literature, self-reported data may be influenced by factors such as learners' confidence, self-awareness, or willingness to report difficulties accurately (Alderson et al., 1995). Consequently, some learners may underestimate or overestimate their abilities, which can affect the accuracy of the diagnostic outcomes.

A second limitation relates to the absence of performance-based tasks. Diagnostic testing is often strengthened by the inclusion of direct evidence of language use, such as speaking or writing tasks, which allow for a more objective assessment of learners' abilities (Brown, 2004). In the present tool, the focus is primarily on perceived ability rather than demonstrated performance. While this is consistent with needs analysis practices in ESP, it may limit the extent to which the results reflect actual language competence.

In addition, the tool reflects a specific educational and professional context, namely students in the health sector of EPAL. While this enhances its relevance and content validity for this particular group, it also limits its generalizability to other contexts or learner populations. Diagnostic tools in ESP are inherently context-dependent, and their applicability is therefore restricted to the situations for which they are designed (Hutchinson & Waters, 1987).

Finally, although the combination of deficiency analysis and strategy analysis provides a more comprehensive understanding of learner needs, the relationship between these two dimensions is not always straightforward. High or low strategy use does not automatically lead to corresponding levels of performance, as other factors such as motivation, prior knowledge, and learning environment may also play a significant role (Cohen, 1998). Therefore, the results of the tool should be interpreted holistically and, where possible, complemented by additional sources of information.

3.5.8 Overall

In conclusion, the diagnostic tool developed in this study reflects a theoretically informed and pedagogically oriented approach to language assessment within the framework of English for Specific Purposes. By integrating deficiency analysis and strategy analysis, the test provides a comprehensive account of learners' needs, addressing both the gaps in their current language competence and the processes through which they approach learning.

The design of the tool is consistent with established principles in ESP and diagnostic testing, as it emphasizes context-specific language use, learner-centered evaluation, and the practical application of results to teaching. At the same time, the inclusion of

a structured scoring system and learner profiling framework enhances its usefulness as a tool for informed instructional decision-making.

However, as discussed, the tool is not without limitations. Its reliance on self-assessment, the absence of performance-based measures, and the lack of empirical validation mean that it should be interpreted primarily as a classroom-based diagnostic instrument rather than a standardized measure of ability. Despite these constraints, the tool succeeds in fulfilling its main objective, which is to generate meaningful insights into learners' strengths, weaknesses, and learning behaviours.

Overall, the combination of theoretical grounding, contextual relevance, and practical applicability makes this diagnostic tool a valuable means for supporting targeted teaching and learning in the health sector. It demonstrates how diagnostic assessment can move beyond simple evaluation to play an active role in shaping effective and responsive language instruction.

3.6 Teacher Questionnaire

To complement the learner-focused data and provide a pedagogical perspective on assessment practices in vocational education, a questionnaire was conducted with 10 English language teachers working in EPAL (see **Appendix III**). Teacher questionnaires are widely used in educational research to explore instructional practices, contextual constraints, and perceptions of assessment tools (Dörnyei, 2007). In the present study, teacher questions aimed to shed light on existing assessment practices, perceived learner difficulties, and the feasibility and value of the diagnostic assessment in health-care programmes.

The questionnaire designed for this study is based on principles of needs analysis and diagnostic assessment in language learning, particularly within the field of English for Specific Purposes (ESP). It draws on established frameworks which emphasize the importance of identifying learners' strengths, weaknesses, and target communicative needs in professional contexts. In this case, the focus is on students in the health sector, where effective communication in English is essential. The structure of the questionnaire reflects key dimensions discussed in the literature, such as the evaluation of language skills, the relevance of professional scenarios, and the role of learning strategies in language development.

The questionnaire was created to gather teachers' perspectives on the effectiveness and practicality of a diagnostic test tailored to health-care-related English. It aims to explore whether the test accurately reflects real-life communication demands, particularly interactions with patients, and whether it provides meaningful insights that can inform teaching practices. Additionally, it investigates the extent to which such a tool; can be realistically implemented in classroom settings and contribute to improved instructional planning. By including questions on prior experience with diagnostic testing and the perceived usefulness of different test components, the instrument seeks to provide a comprehensive understanding of its pedagogical value.

The development of this questionnaire is grounded in the idea that diagnostic assessment is a crucial tool for informed teaching, as highlighted by Alderson (2005), who argues that effective diagnosis can guide targeted intervention. Furthermore, it aligns with Hutchinson and Waters (1987), who stress the importance of needs analysis in ESP course design, and Dudley-Evans and St John (1998), who emphasize the role of authentic professional contexts in language assessment. These theoretical foundations support the rationale behind the questionnaire's design, ensuring that it addresses both linguistic competence and practical communication needs relevant to the health sector.

3.7 Student Questionnaire

The rationale for the student questionnaire is grounded in the need to systematically capture learners' perceptions of a diagnostic test within the framework of English for Specific Purposes (ESP), particularly in the health sector (see **Appendix IV**). In ESP contexts, learners' views are considered essential for evaluating whether instructional tools and assessments align with their actual communicative needs and learning experiences. The questionnaire is therefore designed to explore how students perceive the clarity, relevance, and usefulness of the diagnostic tool, as well as its impact on their awareness of their own language abilities and learning processes.

More specifically, the instrument aims to assess whether the test supports key aspects of diagnostic assessment, such as identifying strengths and weaknesses, promoting self-awareness, and reflecting authentic professional situations. By including items related to communication with patients, medical vocabulary, and real-life health-care

scenarios, the questionnaire reflects the central ESP principle that language learning should be closely connected to learners' target contexts (Hutchinson & Waters, 1987; Dudley-Evans & St John, 1998). At the same time, the inclusion of statements about learning strategies and self-reflection is informed by research emphasizing the role of metacognitive awareness in language learning, as learners who understand how they learn are better able to regulate and improve their performance (Oxford, 2011).

In addition, the use of a Likert-scale format allows for the measurement of attitudes and perceptions in a structured and quantifiable way, which is widely recommended in educational research for capturing subjective experiences (Dörnyei, 2007). The questionnaire also seeks to evaluate the perceived usefulness of the diagnostic tool in supporting future learning and motivation, as student engagement with assessment tools is closely linked to their effectiveness (Alderson, 2005). By gathering this data, the study aims to determine whether the diagnostic test functions not only as an assessment instrument but also as a pedagogical tool that can enhance learning in a specialized domain.

Overall, the rationale behind the questionnaire lies in its role as a means of validating the diagnostic test from the learners' perspective, ensuring that it is meaningful, relevant, and supportive of their development in English for the health sector.

3.8 Tool Administration Procedures

The diagnostic tool was administered during regular class time in order to maintain ecological validity and minimize disruption to instructional routines. Students were informed that the tool was diagnostic in nature and would not contribute to formal grading. This approach aligns with recommendations in formative and diagnostic assessment literature, which emphasize reducing test anxiety to obtain more accurate performance data (Brown & Abeywickrama, 2019).

Administration conditions were standardized as much as possible, including time limits and instructions. The teacher supervised the administration and provided assistance during the test in order to clarify any questions. Observations regarding student engagement and task difficulty were recorded to support later interpretation of results.

3.9 Ethical Considerations

Ethical principles were observed throughout the research process. Participants were informed about the aims of the study, and verbal consent was obtained prior to data collection. Participation was voluntary, and anonymity and confidentiality were ensured. No identifying information was included in the analysis or reporting of findings. These procedures align with established ethical guidelines for educational research (Cohen et al., 2018).

3.10 Summary

This chapter has described the methodological framework adopted in the study, outlining the research design, context, participants, data collection instruments, and analytical procedures. By employing a descriptive, non-experimental quantitative survey design and incorporating both learner and teacher perspectives, the study aims to develop a diagnostic English tool that is theoretically grounded and pedagogically relevant for health-care students in Greek vocational schools. The methodology ensures that the diagnostic instrument responds directly to learners' needs and supports more effective, needs-based English instruction in EPAL.

CHAPTER 4-PRESENTATION OF FINDINGS

4.1 Introduction

This chapter involves a presentation of all the findings of this research. At first, the findings of the diagnostic tool the researcher designed and conducted at the beginning of the survey to the 80 students of the 2nd EPAL school of Kozani (namely the classes BYΓ1, BYΓ2, BYΓ3 and BYΓ4) are presented. Then what follows is the analysis of the teachers' responses to the close-ended questions concerning the diagnostic tool administered in the second grade of the Health sector of the 2nd EPAL school in Kozani. In the rest of the chapter, the reader will be presented with the findings of the student questionnaire which was designed and administered by the researcher at the final phase of the survey.

4.2 Diagnostic Tool Analysis

4.2.1 Part A-Analysis of Results

First and most importantly, the analysis of the first part of the diagnostic tool reveals that students across all four classes experience moderate to high levels of difficulty in medical English, with mean scores clustering around the value of 3.0. This suggests that most students perceive themselves as experiencing 'some' to 'a lot of difficulty' across tasks. It should be noted that these findings reflect students' self-perceived levels of difficulty rather than objective measures of language proficiency. Such findings are consistent with ESP research, which indicates that domain-specific language tasks impose additional cognitive and communicative demands on learners (Basturkmen, 2010)

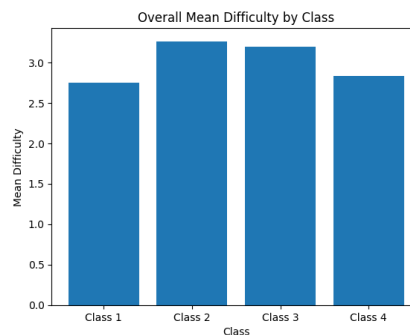


Figure 4.1: Overall mean difficulty by class

More specifically, a comparison across classes demonstrates that Class BYT2 consistently reports the highest levels of difficulty, followed closely by Class BYT3. In contrast, Class BYT1 exhibits the lowest overall difficulty levels, while Class BYT4 occupies an intermediate position. However, lower reported difficulty does not necessarily indicate higher competence, as learners with lower strategy awareness or limited metacognitive reflection may underestimate the challenges involved in professional language use (Zimmerman, 2002). This pattern suggests that class membership is a significant factor influencing performance, likely reflecting differences in prior exposure, instructional quality, or learner proficiency.

Class	N	Mean Difficulty Score	SD
BYG1	18	2.78	1.06
BYG2	24	3.46	0.66
BYG3	21	3.19	0.81
BYG4	17	2.95	0.71

Table 4.1 Overall mean difficulty score by class

Looking more closely at the category level, the highest levels of difficulty are observed in professional context tasks, such as communicating in emergency situations and explaining medical procedures. These tasks require the integration of linguistic knowledge with situational awareness, increasing cognitive load (Sweller, 1988). Writing tasks also present considerable challenges, supporting the claim that productive skills demand greater linguistic control and processing (Swain, 1985).

In contrast, listening skills show relatively lower difficulty levels, although challenges remain significant. This may be attributed to the more passive nature of receptive skills, which typically require less immediate linguistic production. However, even in this domain, students struggle when comprehension involves specialized vocabulary and authentic contexts.

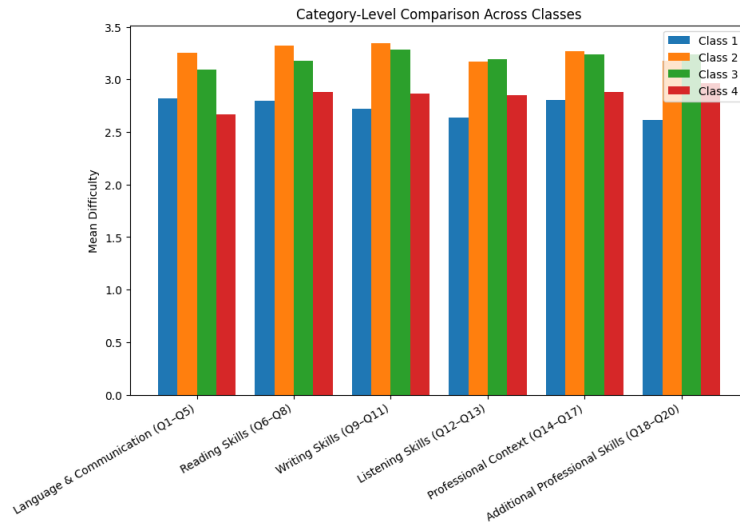


Figure 4.2: Category-level comparison across classes

Overall, the findings highlight a gap between general language competence and the ability to perform effectively in professional medical contexts. This supports the concept of communicative competence (Hymes, 1972), which emphasizes the importance of contextualized language use. The results also underscore the need for targeted ESP instruction that integrates authentic tasks and scaffolding strategies.

Finally, the analysis of results for Part A concludes that students face substantial challenges in medical English, particularly in tasks requiring active communication and professional application. Class-based differences are evident, with certain groups requiring more intensive support. These findings emphasize the importance of designing ESP curricula that address both linguistic and contextual demands, preparing learners for real-world health-care communication.

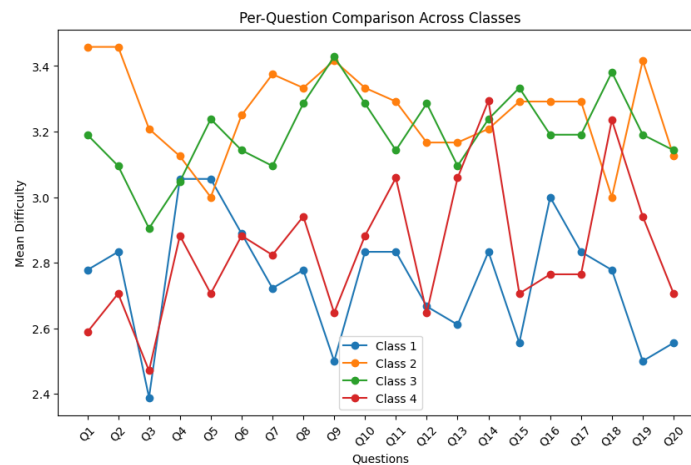


Figure 4.3: Per-question comparison across classes

4.2.2 Part B-Analysis of Results

To begin with, the analysis of the second part of the diagnostic test reveals a consistent and interpretable pattern of strategy use across the four classes, with clear differentiation both at the level of strategy categories and in the formation of class and student profiles. The questionnaire itself measures a range of cognitive, metacognitive, social, compensation, and additional strategies, based on the widely accepted taxonomy proposed by Oxford (1990). This theoretical framework is useful for interpreting the observed differences, as higher-performing learners are typically associated with more frequent and flexible strategy use.

Across all twenty questions, the overall means cluster around moderate to relatively high usage (approximately 2.7–3.2 on a four-point scale), indicating that most students report using strategies between “sometimes” and “usually.” However, a numerical difference- regarding the student gender- is immediately visible, with girls consistently performing higher strategy use than boys in every single item. For example, in Question B1 the mean for girls is 3.30 compared to 2.70 for boys, and similar gaps appear throughout the dataset. This aligns with findings in the literature suggesting that female learners tend to report more frequent use of metacognitive and social strategies (Green & Oxford, 1995), which may contribute to more effective self-regulation and language development.

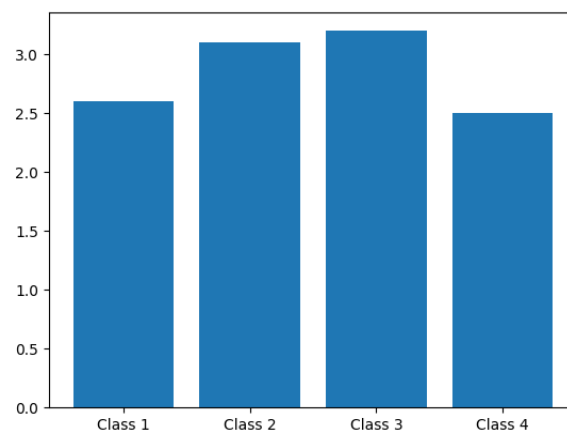


Figure 4.4: Overall mean strategy use by class

Class	N	Mean Strategy Score	SD
BYG1	18	2.61	1.19
BYG2	24	3.42	0.65
BYG3	21	3.57	0.60
BYG4	17	2.41	0.71

Table 4.2 Overall mean strategy score by class

Furthermore, when comparing the four classes, a clear hierarchy emerges. Class BYT3 consistently achieves the highest means across nearly all questions, followed closely by Class BYT2, while Class BYT1 and especially Class BYT4 fall behind. For instance, in cognitive strategy items such as guessing meaning from context (B1) and using examples (B2), Class BYT3 records means of 3.57 and 3.48 respectively, whereas Class BYT4 shows significantly lower values (2.41 and 2.94). This pattern is stable across metacognitive strategies as well, such as planning (B6) and reflecting (B7), where Class BYT2 and Class BYT3 again dominate. The relatively low standard deviations in Classes BYT2 and BYT3 indicate not only higher performance but also greater consistency among students, suggesting a more homogeneous and possibly more supportive learning environment.

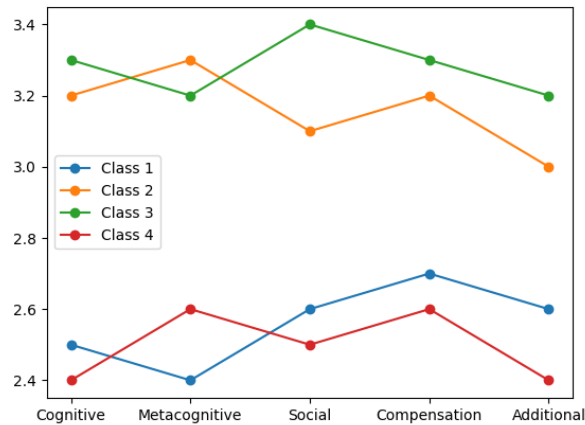


Figure 4.5: Strategy category comparison across classes

The cognitive strategy category shows that Classes BYT2 and BYT3 are more adept at deep processing strategies such as connecting prior knowledge and practicing

vocabulary. According to Anderson (2005), effective language learners actively manipulate and rehearse new information, which appears to characterize these classes. In contrast, Class BYT1 and particularly Class BYT4 demonstrate lower engagement with such strategies, indicating a more surface-level approach to learning. This is especially evident in items like B4 (connecting new information), where Class BYT1 has a mean of 2.44 compared to 3.46 in Class BYT2.

In addition, metacognitive strategies further differentiate the classes. Items such as checking mistakes (B5), planning (B6), and reflecting (B7) show that Classes BYT2 and BYT3 again lead, with means typically above 3.2, whereas Class BYT1 often falls below 2.5. Class BYT4 shows slightly better performance than Class BYT1 in some metacognitive items but remains inconsistent. This is significant because metacognitive awareness is strongly linked to learner autonomy and success (Zimmerman, 2002). The high performance of Classes BYT2 and BYT3 suggests that students in these groups are more capable of self-monitoring and regulating their learning processes.

In the domain of social strategies, such as asking for help (B8, B9) and practicing speaking (B10), the same pattern persists. Class BYT3 again demonstrates the highest engagement, with means around 3.4, while Class BYT1 and Class BYT4 remain below 2.7. This suggests that students in higher-performing classes are more willing to engage in interactive learning, which is crucial for language acquisition according to communicative language teaching principles (Long, 1996). The relatively low scores in Class BYT4 may indicate either lower confidence or fewer opportunities for interaction.

Compensation strategies (B11–B13), which involve overcoming gaps in knowledge, also show strong performance in Classes BYT2 and BYT3. These learners appear more flexible in communication, using synonyms, gestures, or inferencing strategies. This adaptability is a hallmark of proficient learners, as noted by Oxford (1990). In contrast, Class BYT1 and Class BYT4 display more limited use of such strategies, suggesting potential difficulties in maintaining communication when faced with unknown language.

The additional strategies category (B14–B20) provides further insight into learner habits such as translation, dictionary use, note-taking, and goal setting. Class BYT3 again stands out, particularly in goal setting (B19, mean 3.38) and use of online tools (B20, mean 3.24), indicating a more modern and autonomous approach to learning. Class BYT2 shows similar tendencies, though slightly less pronounced. Class BYT1 demonstrates moderate use of traditional strategies like translation but less engagement with higher-order strategies such as goal setting. Class BYT4 remains the weakest, particularly in items like note-taking and goal setting, which are crucial for long-term learning success.

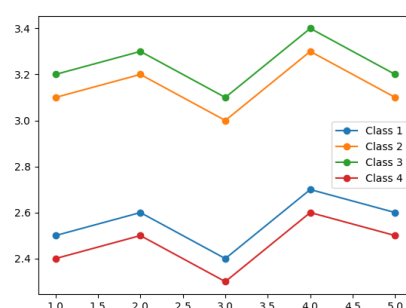


Figure 4.6: Per-question strategy use comparison across classes

Based on these findings, distinct class profiles can be constructed. Class BYT3 can be characterized as a high-strategy, autonomous group with strong use of cognitive and metacognitive strategies, high consistency, and active engagement in social and compensation strategies. Class BYT2 represents a slightly less advanced but still highly strategic group, with strong metacognitive awareness and consistent performance. Class BYT1 appears as a lower-strategy group with moderate engagement but limited depth in strategy use, particularly in metacognitive areas. Class BYT4 emerges as the most at-risk group, characterized by low and inconsistent strategy use across all categories, suggesting a need for targeted instructional intervention.

At the student level, three broad profiles can be inferred. High-strategy users, predominantly found in Classes BYT2 and BYT3 and more frequently among girls, demonstrate frequent use of a wide range of strategies, particularly metacognitive and social ones. These learners are likely to be more successful due to their ability to regulate and adapt their learning. Moderate-strategy users, common in Class BYT1,

use strategies occasionally but lack consistency and depth, limiting their effectiveness. Low-strategy users, concentrated in Class BYT4 and more common among boys, show limited engagement with strategies, particularly those requiring reflection or interaction, placing them at a disadvantage.

Overall, the results strongly support the view that strategy use is both a marker and a driver of language learning success. The clear differences between classes suggest that instructional context, teacher practices, or classroom climate may play a significant role in fostering strategy development. As Oxford (1990) and subsequent researchers argue, explicit strategy instruction could be particularly beneficial for lower-performing groups such as Class BYT4, helping to bridge the gap and promote more effective, autonomous learning behaviors.

4.2.3 Part C-Analysis of Results

Unlike Part A, which focused on perceived difficulty, and Part B, which examined strategy use, this section explores learners' perceptions of the importance of communicative competencies in health-care contexts. More specifically, the last part of the diagnostic instrument provided focuses on learners' perceived importance of specific communicative and linguistic competences in English for health-care purposes, including interaction with patients, understanding symptoms, medical vocabulary development, and engagement in authentic professional contexts. The SPSS output reflects responses from 80 students across four classes, allowing for a comparative needs' analysis grounded in descriptive statistics.

The overall results indicate a consistently high valuation of all communicative competencies, with mean scores across items ranging approximately between 2.17 and 2.44 on a three-point scale, where "very important" dominates the responses. This pattern confirms that students demonstrate strong instrumental motivation, aligning with Hutchinson and Waters' framework of target situation needs, where learners clearly recognize the relevance of language skills to their future professional contexts. In particular, items related to real-life communication, such as practicing health-care dialogues and communicating in emergency situations, receive some of the highest mean scores, suggesting that learners prioritize practical communicative competence over purely theoretical knowledge.

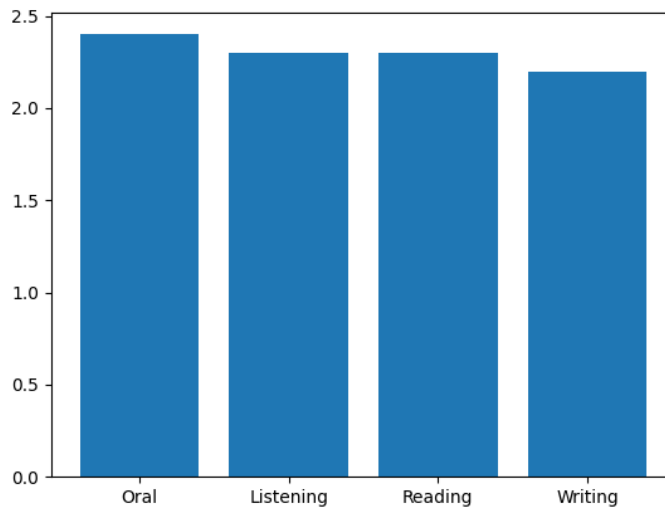


Figure 4.7: Overall importance of English language skills in health-care contexts

Class	N	Mean Priority Score	SD
BYG1	18	2.33	0.77
BYG2	24	2.42	0.65
BYG3	21	2.38	0.86
BYG4	17	2.47	0.72

Table 4.3 Overall mean priority score by class

When examining the categories of questions, a clear pattern emerges. Items related to oral communication and interaction, such as communicating with patients, asking questions about symptoms, and handling emergency situations, consistently receive higher mean values compared to skills associated with written production, such as writing patient notes or filling in forms. This reflects the communicative language teaching paradigm and supports findings by Dudley-Evans and St John, who argue that ESP learners tend to prioritize immediate communicative functionality in professional settings. The relatively lower means in writing-related items suggest either lower perceived urgency or reduced confidence in written skills, which has implications for curriculum design.

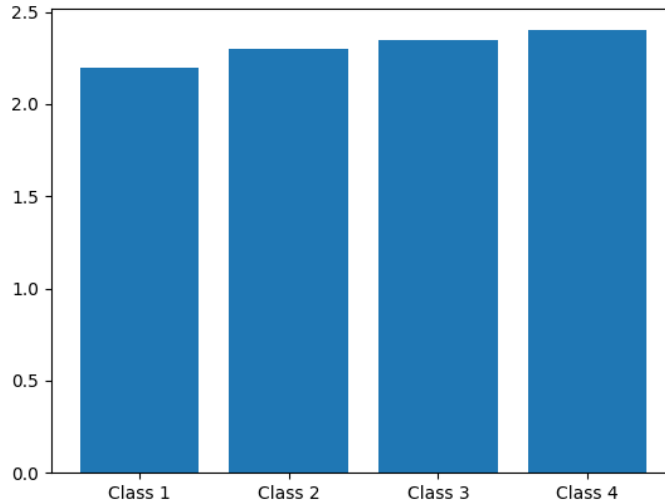


Figure 4.8: Skill category comparison across competencies

A comparison across the four classes reveals subtle but meaningful differentiation in learner profiles. Class BYT4 emerges as the most consistently motivated group in terms of valuing communicative competencies, recording the highest means in several key items, including understanding patients' needs, practicing real-life situations, and giving instructions. This suggests that Class BYT4 demonstrates a strong orientation toward practical application and may benefit from task-based learning approaches that simulate authentic health-care scenarios. In contrast, Class BYT1 tends to display lower mean values across multiple items, particularly in areas such as real-life practice and communicative interaction, indicating either lower perceived relevance or possibly lower confidence levels. This group may require more scaffolding and confidence-building activities.

Class BYT2 presents a relatively balanced profile, with moderately high means across most categories, particularly in vocabulary development and understanding instructions. This suggests a more academically oriented group that values both linguistic knowledge and communicative competence. Class BYT3, on the other hand, shows higher variability, with strong performance in certain communicative areas, such as understanding medical texts and asking questions, but less consistency overall. This variability may indicate heterogeneous proficiency levels within the group, which would require differentiated instruction.

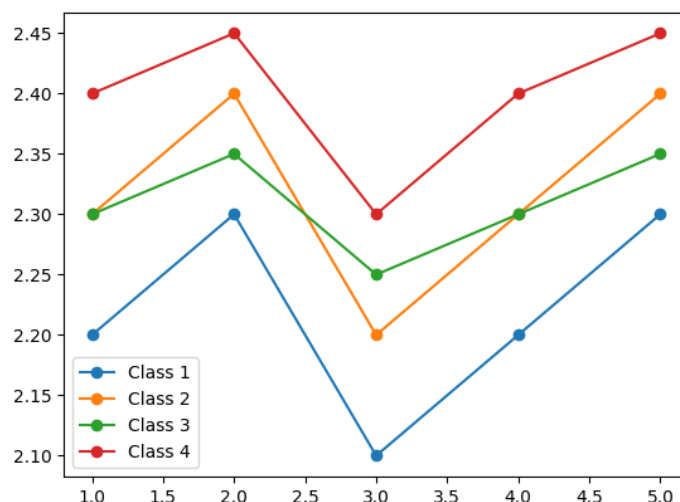


Figure 4.9: Per-question importance comparison across classes

From a gender perspective, female students consistently report higher mean values across almost all items compared to male students. This pattern suggests higher motivation or greater awareness of language needs among female learners, which aligns with existing research (Dörnyei, 2001; Gardner, 1985) in language learning motivation indicating that female students often demonstrate stronger engagement in language-related tasks. However, the differences are not extreme, and both groups overall show positive attitudes toward the importance of English in health-care contexts.

In an effort to construct class profiles, it becomes evident that Class BYT4 can be characterized as highly motivated toward communicative and professionally relevant language use. Even though they value communication highly, they still experience certain communicative and strategic difficulties. Class BYT2 as balanced and academically inclined, Class BYT3 as variable but communicatively capable, and Class BYT1 as comparatively less confident and in need of pedagogical support. At the student level, although individual data is not explicitly provided, the standard deviations suggest moderate variability within each class, indicating that individual learner differences remain significant and should be addressed through flexible instructional strategies.

Overall, the findings strongly support the implementation of an ESP-oriented curriculum that emphasizes communicative competence, authentic tasks, and domain-

specific vocabulary. According to Basturkmen (2010), effective ESP course design must be directly informed by learner needs, and the present data clearly indicate a preference for practical, interaction-based learning. Therefore, incorporating role-plays, simulations, and problem-based activities would likely enhance both engagement and learning outcomes.

In conclusion, the analysis demonstrates that students across all four classes recognize the critical importance of English for their future roles in the health-care sector, with a clear emphasis on communicative functionality. Differences between classes highlight the need for differentiated instruction, while overall trends reinforce key principles in ESP pedagogy. These findings provide a solid empirical foundation for designing targeted instructional interventions that align with learners' perceived needs and professional aspirations.

4.3 Analysis of Teacher Questionnaire

The teacher questionnaire provides insight into educators' perceptions of a diagnostic English test designed for students in the health sector. Using a three-point Likert-type scale, the teacher responses suggest a generally positive evaluation of the test, with some variability across specific dimensions.

Overall, the highest mean scores are observed in items relating to the perceived usefulness of the diagnostic test and its alignment with student needs. This indicates that most teachers consider the instrument effective in identifying learners' strengths and weaknesses. Such findings align with established literature on diagnostic assessment, which emphasizes its role in informing instruction and supporting differentiated teaching practices (Black & Wiliam, 1998; Alderson, 2005). The strong ratings in these areas suggest that the test fulfills its primary pedagogical purpose.

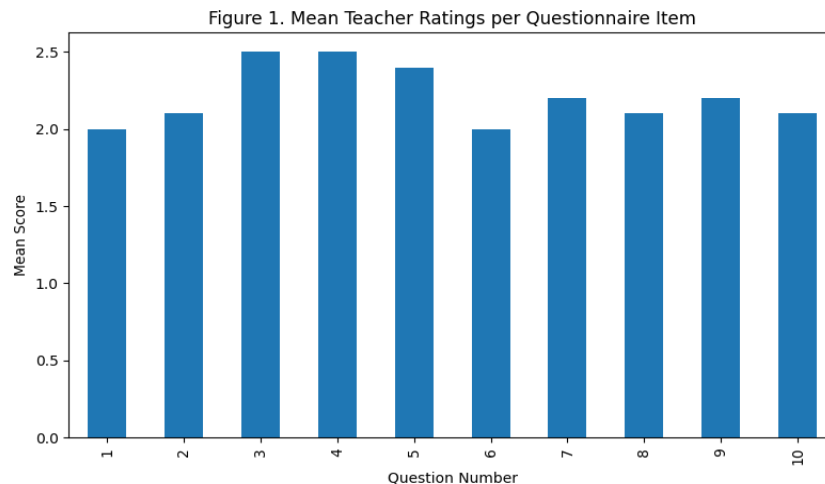


Figure 4.10: Mean Teacher Ratings per Questionnaire Item

However, moderate variation appears in responses concerning the test’s ability to capture real-life communicative demands in the health sector and its inclusion of professional situations. While many respondents selected high ratings, a noticeable proportion opted for “somewhat useful,” indicating perceived gaps in authenticity or contextual relevance. This reflects a common challenge in English for Specific Purposes (ESP) assessment, where aligning test content with domain-specific communication tasks is critical (Douglas, 2000). The findings imply that although the test is broadly relevant, further refinement could enhance its situational realism.

In terms of skill differentiation and identification of communication difficulties, the responses tend toward the upper end of the scale, suggesting that teachers find the test diagnostically informative across multiple language domains. This supports the argument that effective diagnostic tools should provide great insights into learner performance (Jang, 2009). Nevertheless, the presence of mid-range responses indicates that some teachers perceive limitations in the test’s ability to fully disentangle different skill areas.

Responses to items related to practical implementation and pedagogical impact reveal a generally favorable outlook. Most teachers consider the test feasible for classroom use and believe it can contribute to improved teaching. This is consistent with research highlighting the importance of usability for successful assessment integration (Carless, 2007). At the same time, the distribution of “somewhat possible” and

“maybe” responses suggest that contextual constraints—such as time, resources, or class size—may influence actual adoption.

Finally, the section on learning strategies receives more mixed evaluations. While several teachers recognize its value, others rate it as only moderately useful. This may reflect differing levels of familiarity with strategy-based instruction or uncertainty about how to operationalize such insights in practice. As noted by Cohen (2011), the effectiveness of strategy instruction depends heavily on teacher understanding and training.

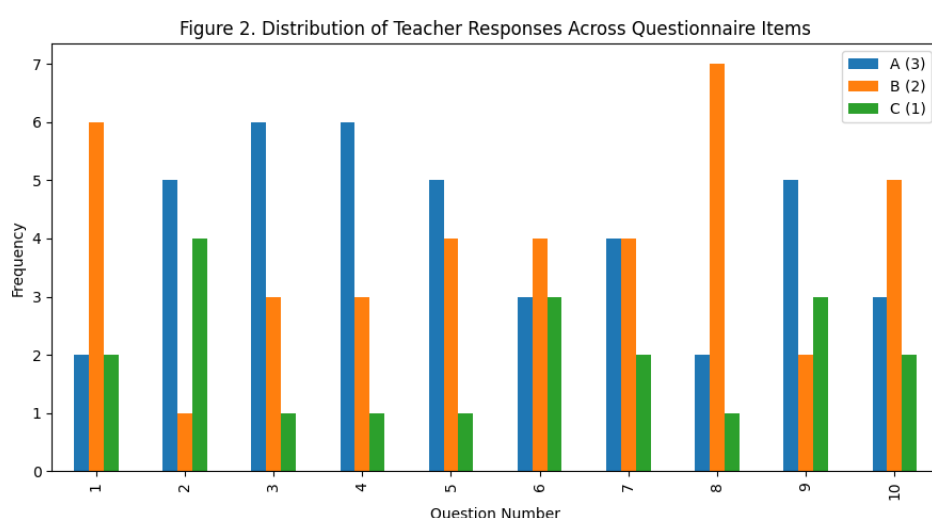


Figure 4.11: Distribution of Teacher Responses Across Questionnaire Items

In conclusion, the data indicate that the diagnostic test is broadly perceived as a valuable and relevant tool, particularly in identifying learner needs and supporting instructional planning. Nonetheless, there is room for improvement in enhancing its contextual authenticity, expanding coverage of professional scenarios, and strengthening its integration of learning strategies. Addressing these areas could increase both the validity of the test and its practical utility in ESP contexts.

4.4 Analysis of Student Questionnaire

The overall pattern of responses in the student questionnaire suggests a moderately positive perception of the diagnostic test across all four classes, with mean scores consistently clustering between 3.2 and 4.1. This indicates that most students leaned

toward agreement rather than neutrality or disagreement, reflecting general acceptance of the test's usefulness and relevance. The highest evaluations appear in items related to authenticity and applicability, particularly statement (e), which concerns real health-care scenarios, and statement (i), which refers to improvement in English for the health sector. This aligns with research in English for Specific Purposes (ESP), where contextualized and profession-oriented assessment tends to enhance student engagement and perceived value.

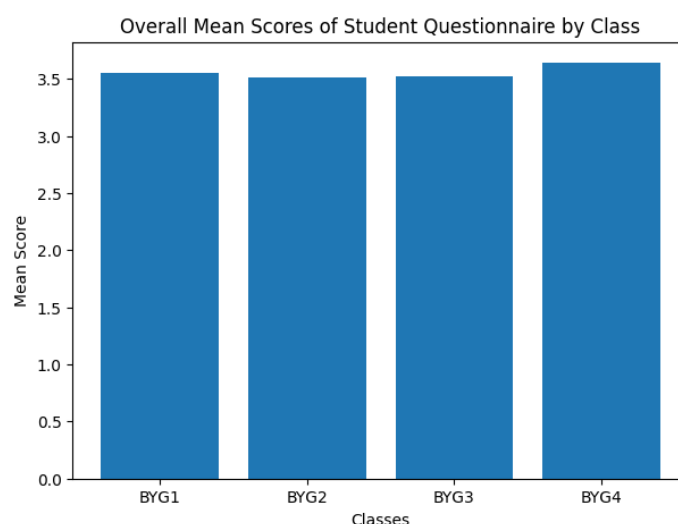


Figure 4.12: Overall Mean Scores of Student Questionnaire by Class

Differences between classes reveal subtle variations in how students experienced the test. BYT1 and BYT3 reported stronger agreement regarding clarity and comprehension of the test (item a), suggesting that these groups may have had slightly higher linguistic readiness or familiarity with test formats. In contrast, BYT2 showed the highest score in item (e), indicating that this group particularly valued the realism of the test content. BYT4 stands out with the highest score overall in item (i), implying that these students were most convinced of the test's contribution to their future professional language development.

When examining metacognitive aspects, such as items (g) and (h), which relate to learning strategies and reflection, scores are slightly lower but still positive. This suggests that while students recognize the usefulness of such components, they may not yet be fully accustomed to reflecting on their learning processes. This finding is

consistent with studies in learner autonomy, such as those by Little (1991), which indicate that strategy awareness often requires explicit instruction and repeated exposure before students fully appreciate its value.

Communication-related confidence, as reflected in item (d), remains moderate across all groups, with no class exceeding a mean of 3.6. This suggests that while the test provides some insight into communicative ability, students may still feel uncertain about their real-world performance with patients in English. This is a critical point for pedagogical consideration, as communicative competence is central in health-care contexts and may require more interactive or performance-based assessment formats (Hymes, 1972; Canale & Swain, 1980).

Finally, willingness to engage in similar tests in the future (item j) remains positive but not exceptionally high. This indicates acceptance rather than enthusiasm, suggesting that while students see the benefit, factors such as test anxiety or perceived difficulty might still influence their attitudes.

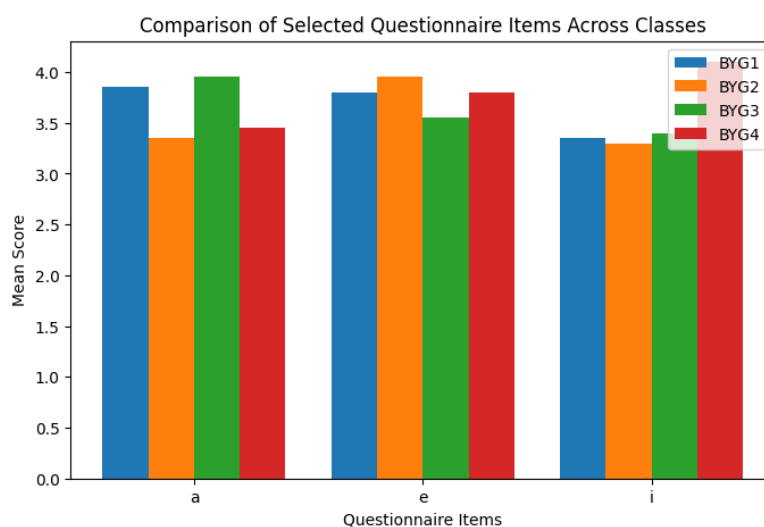


Figure 4.13: Comparison of Selected Questionnaire Items Across Classes

Overall, the data supports the conclusion that the diagnostic test is effective, relevant, and pedagogically valuable, particularly in aligning language learning with vocational needs, but also highlights areas where further instructional support and test design refinement could enhance student experience.

4.5 Conclusion

This chapter presented and analyzed the findings derived from the diagnostic tool, the teacher questionnaire, and the student questionnaire. Overall, the results indicate that students in the Health sector experience considerable difficulties in English, particularly in communicative and professionally oriented tasks. At the same time, the findings demonstrate strong recognition of the importance of English for future health-care contexts and generally positive attitudes toward the diagnostic test. Nevertheless, the findings should be interpreted within the limitations of the study, including the relatively confined sample size and the reliance on self-reported data.

Differences between classes and learner profiles further highlight the need for differentiated instruction and targeted pedagogical support. The findings also emphasize the importance of strategy use, communicative competence, and authentic learning tasks in ESP instruction (Oxford, 1990; Hymes, 1972). In addition, both teachers and students viewed the diagnostic tool as a useful and relevant educational instrument, although some areas for improvement were identified, particularly regarding authenticity and communicative assessment formats. These findings support the view that effective diagnostic assessment can inform instructional planning and improve learning outcomes (Black & Wiliam, 1998; Alderson, 2005).

Overall, the analysis provides a strong empirical basis for the development of a needs-based ESP curriculum tailored to the linguistic and professional demands of vocational health-care education, consistent with the principles of ESP course design proposed by Hutchinson and Waters (1987) and Basturkmen (2010).

5. DISCUSSION OF FINDINGS

5.1 Introduction

The present study aimed to explore learners' needs, difficulties, and strategic behavior in medical English within an ESP framework, while also examining teacher and student perceptions of a diagnostic assessment tool. The findings presented in Chapter 4 provide a coherent and multi-layered picture of the current state of English language competence among students in the health sector in Class B of 2nd EPAL school in Kozani, and this chapter seeks to interpret these results in relation to the four research questions and the theoretical and empirical literature reviewed in the thesis.

5.2 Main general findings

A central finding of the study is that students experience moderate to high levels of difficulty in medical English, particularly in tasks requiring active communication in professional contexts, such as explaining procedures and managing emergency situations. Research Question 1a asked what specific language strengths health-care students demonstrate in English for Health Care Purposes, while Research Question 1b focused on weaknesses and communicative difficulties. Part A results show moderate to relatively high perceived difficulty across the diagnostic items, with item means ranging from 2.79 to 3.15. The pattern indicates that students perceived several professional and communicative tasks as demanding.

This finding is consistent with ESP theory, which suggests that learners often struggle not with general language proficiency but with applying their linguistic knowledge in specialized professional settings (Hutchinson & Waters, 1987). It also supports communicative competence frameworks proposed by Hymes (1972) and further developed by Canale and Swain (1980), which emphasize that effective communication depends not only on grammatical knowledge but also on sociolinguistic, discourse, and strategic competence. The difficulties reported by learners therefore highlight the need for vocational ESP instruction that goes beyond vocabulary development and focuses on context-sensitive communication skills required in real healthcare environments.

The findings can also be interpreted through the lens of Cognitive Load Theory. Tasks situated in authentic medical contexts require the simultaneous processing of

linguistic, conceptual, and situational information, thereby increasing cognitive demands on learners (Sweller, 1988). For students in Greek EPAL schools, this cognitive load may be even greater because they are often required to engage with specialized medical content in English despite having limited prior exposure to health-care specific terminology and relatively few opportunities to practice professional communication in the foreign language classroom.

In addition, the vocational curriculum places considerable emphasis on technical and practical subjects, which may limit students' experience with extended English-language tasks. This helps explain why productive skills, particularly speaking and writing, were perceived as more difficult than receptive skills. Swain's Output Hypothesis further supports this interpretation, suggesting that producing language requires learners to process linguistic forms more deeply and therefore exposes gaps in their knowledge (Swain, 1985). The relatively lower difficulty reported in listening tasks does not necessarily indicate proficiency but may reflect the less demanding nature of receptive processing, especially for learners who have had limited experience using English actively in healthcare-related situations.

Research Question 2 examined learning strategies and metacognitive behaviours and their variation across classes and genders. Part B means generally fall between the "sometimes" and "usually" categories. The class-level figures indicate differences in reported strategy use, with BYT2 and BYT3 generally showing stronger profiles than BYT1 and BYT4. This pattern is relevant to Oxford's (1990) taxonomy of language learning strategies, which distinguishes cognitive, metacognitive, social, compensation and other strategy types. Zimmerman's (2002) work on self-regulated learning also provides a useful framework for discussing planning, monitoring and reflection. However, the present descriptive design does not permit the conclusion that strategy use causes higher language competence; it identifies a numerical pattern that merits further investigation.

Gender comparisons show numerical differences in reported strategy use, with female students often recording higher means on individual items. This is compatible with earlier research reporting gender-related differences in language-learning strategy use (Green & Oxford, 1995), but no inferential statistical test was conducted. The findings

should therefore be described as descriptive differences rather than as evidence of a statistically significant gender effect.

The class patterns have practical implications. Learners reporting less frequent use of metacognitive strategies may benefit from explicit instruction in planning, monitoring, reflection, vocabulary management and help-seeking. Such support is consistent with the learner-centered orientation of ESP and with Oxford's (1990) emphasis on strategic learning behaviour.

5.3 Comparison of the four classes

Another important dimension of the findings concerns the variation across classes. The consistent differences observed between groups, particularly the more developed strategy use and metacognitive awareness demonstrated by Classes BYT2 and BYT3 compared to BYT1 and BYT4, suggest that contextual factors may play a significant role in shaping language learning outcomes. These factors may include teaching practices, classroom environment, prior exposure to English, and learner motivation. The relatively homogeneous and higher-performing profiles of certain classes indicate that supportive instructional contexts can foster more effective learning, while the weaker performance of other groups points to the need for targeted pedagogical interventions.

The analysis of learning strategies provides further insight into these differences. The study confirms a strong relationship between strategy use and language learning success, supporting Oxford's (1990) taxonomy of language learning strategies. High-performing learners, particularly in Classes BYT2 and BYT3, demonstrated frequent use of cognitive and metacognitive strategies, such as planning, monitoring, and reflecting on their learning. This aligns with Zimmerman's (2002) theory of self-regulated learning, which emphasizes the importance of metacognitive awareness in achieving academic success. In contrast, lower-performing groups exhibited limited engagement with such strategies, suggesting a more passive approach to learning.

The gender differences observed in strategy use also merit discussion. Female students consistently reported higher use of strategies across all categories, which is consistent with previous research by Green and Oxford (1995). This pattern may be attributed to differences in motivation, attitudes toward language learning, or

socialization processes that encourage more reflective and collaborative learning behaviors among female students. However, gender should not be viewed as a deterministic factor, as individual differences and contextual influences remain significant.

The findings related to learners' perceived needs further reinforce the importance of communicative competence in ESP contexts. Students overwhelmingly prioritised skills associated with real-life healthcare communication, such as interacting with patients and responding to emergency situations. This reflects strong instrumental motivation, as learners clearly recognised the relevance of English to their future professional roles (Hutchinson & Waters, 1987). Such findings are consistent with Dudley-Evans and St John (1998), who argue that ESP instruction should be driven by learners' target situation needs. However, the findings also suggest that awareness of professional language needs does not automatically translate into effective language learning behaviours. While most students understood the importance of communicative competence for their future careers, not all demonstrated the strategic skills necessary to develop it successfully.

This issue is particularly evident in Class BYT4. Although these learners expressed a strong recognition of the importance of English communication in healthcare settings, they reported lower levels of strategy use and encountered greater difficulties in several communicative tasks. This pattern suggests that the challenge may not be a lack of motivation but rather a lack of strategic and instructional support. In other words, learners appear to know what they need to learn but may not know how to learn it effectively. Within the context of a Greek EPAL school, where students often have diverse educational backgrounds and varying levels of prior success in language learning, such a profile is especially important. It highlights the value of diagnostic assessment, not only for identifying linguistic weaknesses but also for revealing mismatches between learners' aspirations, awareness of professional requirements, and their ability to employ effective learning strategies. From this perspective, Class BYT4 represents an "at-risk" learner profile that may benefit most from targeted intervention, explicit strategy instruction, and structured scaffolding designed to bridge the gap between motivation and successful language learning outcomes (Cohen, 2011). Rather than viewing these learners as weaker performers, the findings

suggest that they are learners whose educational needs have not yet been fully supported by appropriate learning tools and instructional practices.

5.4 Teacher Questionnaire Findings

The teacher questionnaire findings provide an additional perspective on the diagnostic tool. Research Question 3 concerned teachers' perceptions of the role and effectiveness of the diagnostic assessment tool. The ten teachers generally gave positive ratings, with item means ranging from 2.00 to 2.50 on the three-point scale. The highest ratings concerned perceived usefulness and relevance to students' needs, while some contextual and practical dimensions received more moderate ratings.

Teachers generally viewed the tool as useful and aligned with student needs, supporting its validity as a diagnostic tool. This is consistent with Black and Wiliam's (1998) argument that assessment should serve a formative function, informing instruction and supporting learning. However, teachers also identified limitations in terms of authenticity and representation of real-life professional situations. This brings to mind Douglas's (2000) assertion that ESP assessment must closely mirror the communicative demands of the target domain in order to be effective.

The mixed responses regarding the integration of learning strategies suggest that while teachers recognize their importance, they may not feel fully equipped to implement strategy-based instruction. This points to a potential gap in teacher training, as effective strategy instruction requires both theoretical understanding and practical expertise (Cohen, 2011).

5.5 Student Questionnaire Findings

Finally, Research Question 4 examined how health-care students evaluated the diagnostic tool for their learning. The student questionnaire produced generally positive class-level mean scores, with particular appreciation of the relevance and authenticity of health-care-related content. Students also expressed positive views concerning the potential usefulness of the tool for improving English for the health sector.

Student perceptions of the diagnostic tool largely corroborate the teacher findings. Students generally viewed the test as relevant and useful, particularly in terms of its connection to real-life health-care scenarios. This supports the notion that authenticity enhances learner engagement, a key principle in ESP pedagogy (Basturkmen, 2010). However, the moderate levels of confidence in communicative ability indicate that assessment alone is not sufficient to develop competence. Learners need opportunities for practice in interactive, performance-based contexts that simulate real-world communication (Long, 1996).

The slightly lower scores in metacognitive aspects of the student questionnaire suggest that learners are not yet fully accustomed to reflecting on their learning processes. This reinforces the earlier finding that metacognitive strategy use is uneven across groups and highlights the need for explicit instruction in this area. Developing learner autonomy is a gradual process that requires consistent support and reinforcement (Zimmerman, 2002).

5.6 Conclusion

Overall, the findings of this study converge on several key points. There is a clear need for ESP instruction that integrates linguistic and professional competencies through authentic, task-based activities (Basturkmen, 2010; Dudley-Evans & St John, 1998). Learning strategies play a crucial role in mediating language learning success, and their development should be an integral part of instruction (Oxford, 1990; Zimmerman, 2002). Differences between classes highlight the importance of differentiated teaching approaches, while both teachers and students recognize the value of diagnostic assessment (Black & Wiliam, 1998).

In conclusion, the discussion of findings underscores the complex connection between language competence, strategy use, motivation, and instructional context in shaping ESP learning outcomes. The results confirm existing theoretical frameworks while also providing practical insights for improving teaching and assessment in medical English contexts (Hutchinson & Waters, 1987; Douglas, 2000).

CHAPTER 6: LIMITATIONS, IMPLICATIONS AND FURTHER SUGGESTIONS FOR FUTURE RESEARCH

6.1 Introduction

While the present study offers valuable insights into the teaching and learning of medical English in a vocational context, it is important to acknowledge certain limitations that may affect the interpretation and generalization of the findings.

6.2 Limitations of the Study

6.2.1 Research Limitations

One of the primary limitations concerns the sample size and context of the study. The research was conducted within a single school, involving four classes from the same educational setting. On one hand, the great number of students who participated allowed for meaningful comparisons, on the other hand, the participants were from one school only which limits the generalization of the findings. ESP learning is highly context-dependent, and variables such as institutional resources, curriculum design, and learner background can significantly influence outcomes (Dudley-Evans & St John, 1998).

Another limitation relates to the reliance on self-reported data. Questionnaires, while useful, are subject to biases such as social desirability and inaccurate self-assessment. Students may not always accurately evaluate their strategy use, and teachers may respond in ways that reflect ideal rather than actual practices (Cohen, 2011). Although the diagnostic tool provides additional data beyond self-report questionnaires, the interpretation of questionnaire responses should be treated with caution.

Lastly, although the study employed multiple sources of data, including a diagnostic instrument and questionnaires administered to both students and teachers, the findings relied primarily on self-reported responses and descriptive statistical analysis. As a result, the study provides limited insight into the reasons underlying participants' perceptions, difficulties, and strategy use. The absence of qualitative data, such as interviews, focus groups, open-ended responses, or classroom observations, restricts the depth of interpretation and does not allow for the verification of how learners

actually approach language tasks in practice. Future research could adopt a mixed-methods approach by incorporating qualitative techniques to explore learners' experiences, instructional practices, and classroom interactions in greater depth, thereby providing a more comprehensive understanding of the factors influencing English language learning in vocational health-care contexts.

6.2.2 Diagnostic Tool Limitations

Furthermore, the diagnostic tool itself presents certain limitations. As indicated in the findings, both teachers and students noted that the tool could be improved in terms of authenticity and representation of real-life communication. This reflects a broader issue in ESP assessment, where achieving ecological validity is essential (Douglas, 2000). The lack of performance-based tasks may limit the tool's ability to fully assess communicative competence.

Another limitation is the cross-sectional design of the study. Data were collected at a single point in time, which does not allow for the observation of changes in learner performance or strategy use. Longitudinal research would provide a more accurate picture of language development and the impact of instructional interventions (Anderson, 2005).

6.3 Implications for Teaching and Learning

Despite these limitations, the study has important implications for ESP teaching and learning. One key implication is the need for integrating authentic, task-based activities into the curriculum in a more systematic and structured way. While complete syllabus overhaul is constrained by national EPAL guidelines, teachers can realistically supplement the mandated curriculum with 10–15minute mini-task simulations (e.g., role-playing an intake form) to lower cognitive load. (Long, 1996). For instance, modules could include simulated patient–nurse interactions, role-plays involving emergency scenarios, and case-based discussions requiring students to interpret symptoms and provide instructions in English. Such tasks should follow a pedagogical sequence of pre-task preparation, task performance, and post-task reflection, allowing learners to activate prior knowledge, engage in authentic communication, and consolidate linguistic input (Ellis, 2003).

Additionally, incorporating Content-Based Instruction (CBI) elements, such as simplified medical texts, charts, and patient records, would help bridge the gap between language learning and subject-matter knowledge (Brinton, Snow, & Wesche, 2003). Digital tools, including video simulations and virtual patients, could further enhance authenticity and learner engagement, aligning with modern ESP practices (Basturkmen, 2010). Importantly, syllabus design should also include differentiated tasks with varying levels of complexity to accommodate mixed-ability classes, ensuring that lower-performing groups receive scaffolded support while more advanced learners are challenged through problem-solving and critical thinking activities (Tomlinson, 2014).

Another important implication concerns the role of learning strategies. The findings suggest a relationship between strategy use and learner performance, indicating that strategy instruction should not remain implicit but be systematically embedded within the curriculum. This could be achieved through a Strategy-Based Instruction (SBI) approach, where specific strategies are explicitly taught, modeled, and practiced within language tasks (Oxford, 1990). For example, teachers could incorporate guided activities that train students in vocabulary inference from context, note-taking from medical texts, and self-monitoring during speaking tasks.

Metacognitive strategies, in particular, should be emphasized through structured reflection activities, such as learning journals, self-assessment checklists, and goal-setting exercises, enabling students to plan, monitor, and evaluate their own progress (Zimmerman, 2002). Furthermore, collaborative strategies, such as peer feedback and group problem-solving tasks, can promote social interaction and deeper processing of language (Cohen, 2011). Teachers should also adopt a gradual release model, moving from explicit instruction to guided practice and eventually to autonomous use of strategies, thereby fostering learner independence. Embedding these practices into the syllabus not only enhances language proficiency but also equips students with lifelong learning skills, which are particularly valuable in the constantly evolving field of health-care.

Teacher training is also a crucial consideration. The findings indicate that teachers may need additional support in implementing strategy instruction and designing authentic assessments. Professional development programs focusing on ESP

pedagogy and assessment literacy could enhance teaching effectiveness (Carless, 2007).

An important practical advantage of the diagnostic instrument is its adaptability within real classroom conditions. The test can be administered relatively easily within vocational education settings and does not require specialized technological resources or extensive examiner training. This makes it particularly suitable for EPAL classrooms, where mixed proficiency levels and limited instructional resources often present significant challenges. Furthermore, the structure of the instrument allows teachers to obtain detailed information about learners' communicative needs, strategy use, and perceived priorities in a relatively short period of time, thereby supporting more informed instructional planning.

In terms of assessment, the study highlights the importance of combining diagnostic testing with performance-based evaluation. While diagnostic tests are useful for identifying learner needs, they should be complemented by tasks that simulate real-life communication, such as role-plays and problem-solving activities (Douglas, 2000).

6.4 Future Research

Future research could depend directly on the findings of the present study by investigating the relationship between learners' perceived professional language needs and their actual use of learning strategies. The profile identified in Class BYΓ4, where students demonstrated strong awareness of the importance of English for healthcare communication but comparatively low levels of strategy use, deserves particular attention. Further research could explore why some vocational learners recognise the value of language learning yet struggle to turn this awareness into effective learning behaviours. Such research could contribute to a better understanding of learner motivation, self-regulation, and strategic competence in vocational ESP contexts.

Another promising area for future investigation concerns the impact of explicit strategy instruction on vocational ESP learners. Since the findings suggested a connection between strategy use and stronger performance, intervention studies could examine whether systematic training in cognitive and metacognitive strategies leads

to improved language outcomes, particularly for students identified as at risk through diagnostic assessment (Oxford, 1990; Cohen, 2011).

Future studies could also explore the effectiveness of authentic, task-based ESP activities that simulate real healthcare situations. Given that students consistently prioritised communication with patients, emergency interactions, and other professionally relevant tasks, researchers could investigate whether increased exposure to simulations, role-plays, and scenario-based learning improves communicative competence and learner confidence (Douglas, 2000; Basturkmen, 2010).

In addition, larger-scale studies involving multiple EPAL schools from different regions of Greece would help determine whether the learner profiles identified in this study are characteristic of vocational healthcare students more broadly. Such research could provide valuable insight into how institutional, social, and educational factors influence ESP learning needs and outcomes.

Further research should continue validating the diagnostic instrument through larger sample sizes and additional statistical procedures. Repeated administration across different educational settings would provide further evidence regarding its reliability, validity, and usefulness as a diagnostic and instructional planning tool in vocational ESP contexts (Alderson, 2005; Bachman & Palmer, 2010).

Finally, future studies could adopt a mixed-methods approach by incorporating interviews, focus groups, and classroom observations. Such methods would provide deeper insight into the reasons underlying learners' reported difficulties, strategy use, and perceptions, allowing researchers to better understand how vocational students experience English language learning and how teachers respond to their identified needs (Creswell & Plano Clark, 2018).

6.5 Conclusion

In conclusion, while the study has certain limitations, it offers valuable insights into the teaching and learning of medical English within an ESP framework. The findings highlight the importance of communicative competence, learning strategies, and

authentic assessment in supporting effective language learning (Hymes, 1972; Oxford, 1990; Douglas, 2000). Furthermore, the study provides a foundation for future research and contributes to the ongoing development of needs-based ESP instruction in vocational health-care education.

CHAPTER 7: CONCLUSION

The present study explored the development and evaluation of a diagnostic English language tool designed for health-care students in Greek vocational schools (EPAL). Drawing on the theoretical frameworks of English for Specific Purposes (ESP), diagnostic assessment, needs analysis, and language learning strategies, the study investigated learners' perceived difficulties, strategic behavior, and communicative priorities within medical English contexts.

The findings revealed that students experience moderate to high levels of difficulty in professional communication tasks, particularly in speaking and writing activities related to authentic health-care situations. At the same time, learners demonstrated strong awareness of the importance of English for their future professional roles, highlighting the need for more specialized and context-sensitive ESP instruction (Hutchinson & Waters, 1987; Douglas, 2000).

The study also demonstrated important differences among learner groups in terms of strategy use, metacognitive awareness, and communicative orientation. Classes demonstrating stronger use of cognitive and metacognitive strategies generally showed greater learner autonomy and more effective engagement with language learning tasks (Oxford, 1990; Zimmerman, 2002).

An additional contribution of the study lies in the pedagogical usefulness of the diagnostic instrument itself. Rather than functioning solely as a tool for identifying linguistic weaknesses, the instrument provides detailed learner profiles that can support differentiated instruction, strategy training, and targeted ESP syllabus design. By combining deficiency analysis, strategy analysis, and learners' perceived priorities, the diagnostic tool offers a multidimensional understanding of learner needs that extends beyond traditional forms of language testing.

Furthermore, reliability analysis demonstrated satisfactory to high levels of internal consistency across the three components of the instrument, further supporting its usefulness as a diagnostic ESP assessment tool. In this respect, the instrument may assist teachers in adapting instructional practices more effectively to the communicative and professional demands of vocational health-care education.

Last but not least, the findings also emphasized the need for more authentic and performance-based assessment practices that better reflect the communicative realities of health-care contexts (Basturkmen, 2010; Black & Wiliam, 1998).

Overall, the study highlights the importance of integrating diagnostic assessment, authentic communication, and strategy instruction into English for Health-Care Purposes curricula within vocational education. Furthermore, both teachers and students evaluated the diagnostic tool positively, particularly regarding its usefulness in identifying learner needs and supporting instructional planning. Despite its limitations, the research contributes valuable insights into the linguistic and professional needs of EPAL health-care students and supports the development of more learner-centered and needs-based approaches to language teaching and assessment. It is hoped that the findings of this study will contribute to future ESP research and encourage the adoption of more targeted, communicative, and professionally relevant assessment practices in Greek vocational education.

REFERENCES

- Alderson, J. C. (2005). *Diagnosing foreign language proficiency: The interface between learning and assessment*. Continuum.
- Alderson, J. C., Brunfaut, T., & Harding, L. (2015). Towards a theory of diagnosis in second and foreign language assessment: Insights from professional practice across diverse fields. *Language Testing*, 32(3), 305–328.
- Alderson, J. C., Clapham, C., & Wall, D. (1995). *Language test construction and evaluation*. Cambridge University Press.
- Allwright, D., & Allwright, J. (1977). An approach to the teaching of medical English. In S. Holden (Ed.), *English for specific purposes* (pp. 58–65). Modern English Publications.
- Anastasiou, D. (2020). English language needs in Greek vocational education: Challenges and perspectives in ESP instruction. *Journal of Applied Linguistics and Language Research*, 7(2), 45–58.
- Anderson, N. J. (2005). L2 learning strategies. In E. Hinkel (Ed.), *Handbook of research in second language teaching and learning* (pp. 757–771). Lawrence Erlbaum Associates.
- Bachman, L. F. (1990). *Fundamental considerations in language testing*. Oxford University Press.
- Bachman, L. F., & Palmer, A. S. (1996). *Language testing in practice*. Oxford University Press.
- Bachman, L. F., & Palmer, A. S. (2010). *Language assessment in practice: Developing language assessments and justifying their use in the real world*. Oxford University Press.
- Basturkmen, H. (2010). *Developing courses in English for specific purposes*. Palgrave Macmillan.
- Black, P., & Wiliam, D. (1998). Assessment and classroom learning. *Assessment in Education: Principles, Policy & Practice*, 5(1), 7–74.
- Brinton, D. M., Snow, M. A., & Wesche, M. B. (2003). *Content-based second language instruction*. University of Michigan Press.
- Brown, H. D. (2004). *Language assessment: Principles and classroom practices*. Pearson Education.
- Brown, J. D. (2016). *Introducing needs analysis and English for specific purposes*. Routledge.

- Brown, J. D., & Abeywickrama, P. (2019). *Language assessment: Principles and classroom practices* (3rd ed.). Pearson Education.
- Canale, M., & Swain, M. (1980). Theoretical bases of communicative approaches to second language teaching and testing. *Applied Linguistics*, 1(1), 1–47.
- Candlin, C. N., & Candlin, S. (2002). Discourse, expertise, and the management of risk in health care settings. *Research on Language and Social Interaction*, 35(2), 115–137.
- Carless, D. (2007). Learning-oriented assessment: Conceptual bases and practical implications. *Innovations in Education and Teaching International*, 44(1), 57–66.
- Carroll, J. B. (1968). The psychology of language testing. In A. Davies (Ed.), *Language testing symposium* (pp. 46–69). Oxford University Press.
- Cheng, L. (2014). Consequences, impact and washback. In A. J. Kunnan (Ed.), *The companion to language assessment* (pp. 1130–1146). Wiley Blackwell.
- Cohen, A. D. (1998). *Strategies in learning and using a second language*. Longman.
- Cohen, A. D. (2011). *Strategies in learning and using a second language* (2nd ed.). Longman.
- Cohen, L., Manion, L., & Morrison, K. (2018). *Research methods in education* (8th ed.). Routledge.
- Council of Europe. (2020). *Common European framework of reference for languages: Learning, teaching, assessment – Companion volume*. Council of Europe Publishing.
- Creswell, J. W. (2014). *Research design: Qualitative, quantitative, and mixed methods approaches* (4th ed.). Sage.
- Creswell, J. W., & Plano Clark, V. L. (2018). *Designing and conducting mixed methods research* (3rd ed.). Sage.
- Davies, A., Brown, A., Elder, C., Hill, K., Lumley, T., & McNamara, T. (1999). *Dictionary of language testing*. Cambridge University Press.
- Denzin, N. K. (1978). *The research act: A theoretical introduction to sociological methods*. McGraw-Hill.
- Douglas, D. (2000). *Assessing languages for specific purposes*. Cambridge University Press.
- Dörnyei, Z. (2001). *Motivational strategies in the language classroom*. Cambridge University Press.
- Dörnyei, Z. (2007). *Research methods in applied linguistics*. Oxford University Press.

- Dudley-Evans, T., & St John, M. J. (1998). *Developments in English for specific purposes: A multi-disciplinary approach*. Cambridge University Press.
- Ellis, R. (2003). *Task-based language learning and teaching*. Oxford University Press.
- Gardner, R. C. (1985). *Social psychology and second language learning: The role of attitudes and motivation*. Edward Arnold.
- Glendinning, E. H., & Holmström, B. A. S. (2005). *English in medicine* (3rd ed.). Cambridge University Press.
- Graves, K. (2000). *Designing language courses: A guide for teachers*. Heinle & Heinle.
- Green, J. M., & Oxford, R. L. (1995). A closer look at learning strategies, L2 proficiency, and gender. *TESOL Quarterly*, 29(2), 261–297.
- Hatzipanagiotou, M. (2010). *English for specific purposes in vocational education*. Gutenberg.
- Hatzipanagiotou, M., & Makri, A. (2015). Diagnostic assessment and ESP curriculum design in Greek vocational education. *Selected Papers on Theoretical and Applied Linguistics*, 21, 210–222.
- Hughes, A. (2003). *Testing for language teachers* (2nd ed.). Cambridge University Press.
- Hutchinson, T., & Waters, A. (1987). *English for specific purposes: A learning-centred approach*. Cambridge University Press.
- Hymes, D. (1972). On communicative competence. In J. B. Pride & J. Holmes (Eds.), *Sociolinguistics* (pp. 269–293). Penguin.
- Jang, E. E. (2009). Cognitive diagnostic assessment of L2 reading comprehension ability: Validity arguments for fusion model application to Language assessment. *Language Testing*, 26(1), 31–73.
- Kantzara, V. (2018). English language teaching in Greek vocational education: Current challenges and perspectives. *International Journal of Language Education*, 2(1), 55–67.
- Kassotakis, P., & Flouris, G. (2013). *Educational theory and practice in vocational education*. Pedio.
- Lado, R. (1961). *Language testing: The construction and use of foreign language tests*. McGraw-Hill.
- Little, D. (1991). *Learner autonomy 1: Definitions, issues and problems*. Authentik.

- Long, M. H. (1996). The role of the linguistic environment in second language acquisition. In W. C. Ritchie & T. K. Bhatia (Eds.), *Handbook of second language acquisition* (pp. 413–468). Academic Press.
- Long, M. H. (2005). *Second language needs analysis*. Cambridge University Press.
- Messick, S. (1996). Validity and washback in language testing. *Language Testing*, 13(3), 241–256.
- Mitsis, N. (2004). *Teaching English in Greek vocational schools*. Patakis.
- Munby, J. (1978). *Communicative syllabus design*. Cambridge University Press.
- Nguyen, T. T. M. (2015). Pragmatic competence in medical communication. *Journal of Pragmatics*, 85, 1–12.
- Nunan, D. (1988). *The learner-centred curriculum*. Cambridge University Press.
- O'Malley, J. M., & Chamot, A. U. (1990). *Learning strategies in second language acquisition*. Cambridge University Press.
- Oermann, M. H., & Gaberson, K. B. (1996). *Evaluation and testing in nursing education*. Springer Publishing Company.
- Oxford, R. L. (1990). *Language learning strategies: What every teacher should know*. Newbury House.
- Oxford, R. L. (2011). *Teaching and researching language learning strategies*. Pearson Education.
- Rea-Dickins, P. (2001). Mirror, mirror on the wall: Identifying processes of classroom assessment. *Language Testing*, 18(4), 429–462.
- Richterich, R., & Chancerel, J. L. (1980). *Identifying the needs of adults learning a foreign language*. Pergamon Press.
- Swain, M. (1985). Communicative competence: Some roles of comprehensible input and comprehensible output in its development. In S. Gass & C. Madden (Eds.), *Input in second language acquisition* (pp. 235–253). Newbury House.
- Sweller, J. (1988). Cognitive load during problem solving: Effects on learning. *Cognitive Science*, 12(2), 257–285.
- Tomlinson, C. A. (2014). *The differentiated classroom: Responding to the needs of all learners* (2nd ed.). ASCD.
- Tsagari, D., & Papageorgiou, S. (2012). Teacher perspectives on assessment in Greek secondary education. *Research Papers in Language Teaching and Learning*, 3(1), 72–88.

Weir, C. J. (2005). *Language testing and validation: An evidence-based approach*. Palgrave Macmillan.

West, R. (2004). Needs analysis in language teaching. *Language Teaching*, 27(1), 1–19.

Zimmerman, B. J. (2002). Becoming a self-regulated learner: An overview. *Theory Into Practice*, 41(2), 64–70.

APPENDICES

APPENDIX 1-DIAGNOSTIC TEST

PART A – DEFICIENCY ANALYSIS

A1. Self-Assessment of Deficiencies

Instructions:

Indicate the degree of difficulty you experience in each situation.

A. Not applicable | B. No difficulty | C. Some difficulty | D. A lot of difficulty |

Language & Communication

1. Understanding patients when they speak English
2. Asking appropriate questions to patients (symptoms, pain, medical history)
3. Explaining simple medical instructions clearly
4. Using appropriate and accurate medical vocabulary
5. Pronouncing medical terms correctly

Reading Skills

6. Understanding written medical instructions (e.g. medication guidelines)
7. Reading and interpreting hospital forms and documents
8. Understanding short medical texts or informational materials

Writing Skills

9. Writing simple patient notes
10. Writing short reports related to patient care
11. Writing clear instructions for patients

Listening Skills

12. Understanding spoken instructions from doctors or supervisors
13. Understanding patients' descriptions of symptoms and problems

Professional Context

14. Communicating effectively in emergency situations
15. Explaining medical procedures (e.g. injection)
16. Giving basic advice or guidance to patients

Additional Professional Skills

17. Explaining medical conditions in simple English
18. Responding to patients' questions clearly
19. Understanding patient records or case notes
20. Filling in medical forms in English

PART B – STRATEGY ANALYSIS

B1. Learning Strategy Questionnaire

Instructions:

Indicate how often you use the following strategies.

| A. Usually | B. Sometimes | C. (Almost) Never | D. Don't know

Cognitive Strategies

1. I guess the meaning of unknown words from context
2. I use examples to understand and remember new vocabulary
3. I repeat or practice new words to help memorization
4. I connect new information with prior knowledge (e.g. from Greek or health subjects)

Metacognitive Strategies

5. I check my mistakes after completing a task
6. I plan how to approach a task before starting
7. I reflect on what I did wrong after a test or activity

Social Strategies

8. I ask classmates for help when I don't understand
9. I ask the teacher questions for clarification
10. I practice speaking English with others

Compensation Strategies

11. I use synonyms or simpler words when I don't know a word
12. I use gestures or body language to support communication
13. I skip difficult words and continue reading to understand the general meaning

Additional Strategies

14. I translate from English into Greek when I try to understand or produce language
15. I use translation from English into Greek to understand difficult terms
16. I use a dictionary (paper or digital) when I encounter unknown words
17. I take notes when learning new vocabulary
18. I take notes (e.g. keywords, vocabulary) to help me remember and understand
19. I set goals for improving my English
20. I use online tools (e.g. apps, videos) to improve my English

PART C-ADDITIONAL DEFICIENCY ANALYSIS – Health Sector EPAL

In this course I want to:

A = Very important | B = Important | C = Not very important

- a) learn to communicate effectively with patients in English
- b) be able to understand patients' symptoms and problems
- c) expand my medical vocabulary in English
- d) be able to give simple medical instructions to patients
- e) improve my pronunciation of medical terms
- f) learn how to ask questions about patients' health (history, pain, symptoms)
- g) improve my understanding of medical texts and instructions
- h) learn how to write simple patient notes and reports
- i) understand doctors' instructions in English
- j) practise English through real-life healthcare situations (e.g. hospital dialogues)
- k) understand and fill in medical forms in English
- l) learn how to communicate in emergency situations

APPENDIX II-DIAGNOSTIC TEST IN GREEK

ΜΕΡΟΣ Α – ΑΝΑΛΥΣΗ ΕΛΛΕΙΨΕΩΝ

A1. Αυτοαξιολόγηση Ελλείψεων

Οδηγίες:

Να δηλώσετε τον βαθμό δυσκολίας που αντιμετωπίζετε σε κάθε περίπτωση.

A. Δεν εφαρμόζεται | B. Καμία δυσκολία | Γ. Κάποια δυσκολία | Δ. Μεγάλη δυσκολία |

Γλώσσα & Επικοινωνία

1. Να κατανοώ ασθενείς όταν μιλούν αγγλικά
2. Να υποβάλλω κατάλληλες ερωτήσεις στους ασθενείς (συμπτώματα, πόνος, ιατρικό ιστορικό)
3. Να εξηγώ απλές ιατρικές οδηγίες με σαφήνεια
4. Να χρησιμοποιώ κατάλληλο και ακριβές ιατρικό λεξιλόγιο
5. Να προφέρω σωστά τους ιατρικούς όρους

Δεξιότητες Ανάγνωσης

6. Να κατανοώ γραπτές ιατρικές οδηγίες (π.χ. οδηγίες φαρμακευτικής αγωγής)
7. Να διαβάζω και να ερμηνεύω νοσοκομειακά έντυπα και έγγραφα
8. Να κατανοώ σύντομα ιατρικά κείμενα ή ενημερωτικό υλικό

Δεξιότητες Γραφής

9. Να γράφω απλές σημειώσεις ασθενών
10. Να γράφω σύντομες αναφορές σχετικές με τη φροντίδα ασθενών
11. Να γράφω σαφείς οδηγίες για ασθενείς

Δεξιότητες Ακρόασης

12. Να κατανοώ προφορικές οδηγίες από γιατρούς ή προϊσταμένους
13. Να κατανοώ τις περιγραφές συμπτωμάτων και προβλημάτων από ασθενείς

Επαγγελματικό Πλαίσιο

14. Να επικοινωνώ αποτελεσματικά σε καταστάσεις έκτακτης ανάγκης
15. Να εξηγώ ιατρικές διαδικασίες (π.χ. ένεση)
16. Να δίνω βασικές συμβουλές ή καθοδήγηση σε ασθενείς

Επιπλέον Επαγγελματικές Δεξιότητες

17. Να εξηγώ ιατρικές καταστάσεις με απλά αγγλικά
18. Να απαντώ με σαφήνεια σε ερωτήσεις ασθενών
19. Να κατανοώ ιατρικά αρχεία ή σημειώσεις ιατρικών περιστατικών
20. Να συμπληρώνω ιατρικά έντυπα στα αγγλικά

ΜΕΡΟΣ Β – ΑΝΑΛΥΣΗ ΣΤΡΑΤΗΓΙΚΩΝ

Β1. Ερωματολόγιο Στρατηγικών Μάθησης

Οδηγίες:

Δηλώστε πόσο συχνά χρησιμοποιείτε τις ακόλουθες στρατηγικές.

Α. Συνήθως | Β. Μερικές φορές | Γ. (Σχεδόν) ποτέ | Δ. Δεν γνωρίζω

Γνωστικές Στρατηγικές

1. Μαντεύω τη σημασία άγνωστων λέξεων από τα συμφραζόμενα
2. Χρησιμοποιώ παραδείγματα για να κατανοήσω και να θυμάμαι νέο λεξιλόγιο
3. Επαναλαμβάνω ή εξασκώμαι σε νέες λέξεις για απομνημόνευση
4. Συνδέω νέες πληροφορίες με προηγούμενη γνώση (π.χ. από τα ελληνικά ή μαθήματα υγείας)

Μεταγνωστικές Στρατηγικές

5. Ελέγχω τα λάθη μου μετά την ολοκλήρωση μιας εργασίας
6. Σχεδιάζω πώς να προσεγγίσω μια εργασία πριν ξεκινήσω
7. Αναστοχάζομαι τι έκανα λάθος μετά από ένα τεστ ή δραστηριότητα

Κοινωνικές Στρατηγικές

8. Ζητώ βοήθεια από συμμαθητές όταν δεν καταλαβαίνω
9. Κάνω ερωτήσεις στον καθηγητή για διευκρινίσεις
10. Εξασκώμαι στην ομιλία αγγλικών με άλλους

Αντισταθμιστικές Στρατηγικές

11. Χρησιμοποιώ συνώνυμα ή πιο απλές λέξεις όταν δεν γνωρίζω μια λέξη
12. Χρησιμοποιώ χειρονομίες ή γλώσσα σώματος για υποστήριξη της επικοινωνίας
13. Παραλείπω δύσκολες λέξεις και συνεχίζω την ανάγνωση για να κατανοήσω το γενικό νόημα

Επιπλέον Στρατηγικές

14. Μεταφράζω από τα αγγλικά στα ελληνικά όταν προσπαθώ να κατανοήσω ή να παράγω λόγο
15. Χρησιμοποιώ μετάφραση από τα αγγλικά στα ελληνικά για να κατανοήσω δύσκολους όρους
16. Χρησιμοποιώ λεξικό (έντυπο ή ψηφιακό) όταν συναντώ άγνωστες λέξεις
17. Κρατώ σημειώσεις όταν μαθαίνω νέο λεξιλόγιο
18. Κρατώ σημειώσεις (π.χ. λέξεις-κλειδιά, λεξιλόγιο) για να με βοηθήσουν να θυμάμαι και να κατανοώ
19. Θέτω στόχους για τη βελτίωση των αγγλικών μου
20. Χρησιμοποιώ διαδικτυακά εργαλεία (π.χ. εφαρμογές, βίντεο) για να βελτιώσω τα αγγλικά μου

ΜΕΡΟΣ Γ-ΕΠΙΠΛΕΟΝ ΑΝΑΛΥΣΗ ΑΝΑΓΚΩΝ – Τομέας Υγείας ΕΠΑΛ

Σε αυτό το μάθημα θέλω να:

A = Πολύ σημαντικό | B = Σημαντικό | Γ = Όχι πολύ σημαντικό

- α) να μάθω να επικοινωνώ αποτελεσματικά με ασθενείς στα αγγλικά
- β) να μπορώ να κατανοώ τα συμπτώματα και τα προβλήματα των ασθενών
- γ) να εμπλουτίσω το ιατρικό μου λεξιλόγιο στα αγγλικά
- δ) να μπορώ να δίνω απλές ιατρικές οδηγίες σε ασθενείς
- ε) να βελτιώσω την προφορά μου στους ιατρικούς όρους
- στ) να μάθω πώς να κάνω ερωτήσεις σχετικά με την υγεία των ασθενών (ιστορικό, πόνος, συμπτώματα)
- ζ) να βελτιώσω την κατανόηση ιατρικών κειμένων και οδηγιών
- η) να μάθω πώς να γράφω απλές σημειώσεις και αναφορές ασθενών
- θ) να κατανοώ οδηγίες γιατρών στα αγγλικά
- ι) να εξασκώμαι στα αγγλικά μέσα από πραγματικές καταστάσεις στον χώρο της υγείας (π.χ. διάλογοι σε νοσοκομείο)
- κ) να κατανοώ και να συμπληρώνω ιατρικά έντυπα στα αγγλικά
- λ) να μάθω πώς να επικοινωνώ σε καταστάσεις έκτακτης ανάγκης

APPENDIX III-TEACHER QUESTIONNAIRE

1. How useful do you think this diagnostic test is for understanding your students' strengths and weaknesses in English?

- A. Very useful – it clearly highlights both strengths and areas for improvement.
- B. Somewhat useful – it provides general information but lacks detail in some areas.
- C. Not very useful – it does not give enough insight into students' abilities.

2. Do you think the test reflects the real needs of students of English in the health sector?

- A. Yes, it strongly reflects real-life needs in the health sector.
- B. Partially – some aspects are relevant, but others are missing.
- C. No, it does not reflect the actual needs of health sector students.

3. How effective is this test in showing students' difficulties in communication with patients in English?

- A. Very effective – it clearly reveals communication challenges.
- B. Moderately effective – it shows some difficulties but not all.
- C. Not effective – it does not adequately assess communication issues.

4. How useful is the test for identifying problems in different skills?

- A. Very useful – it covers and identifies issues across all key skills.
- B. Somewhat useful – it identifies problems in some skills but not all.
- C. Not useful – it fails to distinguish between different skill areas.

5. Do you think the test includes important professional situations?

- A. Yes, it includes a wide range of relevant professional situations.
- B. To some extent – some important situations are included, but others are missing.
- C. No, it does not include enough relevant professional situations.

6. Have you ever used a diagnostic test in your classroom before?

- A. Yes, regularly.
- B. Yes, occasionally.
- C. No, never.

7. What do you think about the part of the test that focuses on learning strategies?

- A. Very useful – it helps understand how students learn and improve.
- B. Somewhat useful – it provides some insights but could be improved.
- C. Not useful – it does not add much value to the test.

8. Do you think this test can help improve your teaching? How?

- A. Yes, significantly – it provides clear guidance for lesson planning and support.
- B. To some extent – it offers some helpful information for teaching adjustments.
- C. No, it does not contribute much to improving teaching practices.

9. How possible would it be to use this test in your classroom?

- A. Very possible – it fits well within the classroom context and time.
- B. Somewhat possible – it could be used with some adjustments.
- C. Not possible – it is difficult to implement in my classroom.

10. Would you use this test in the future? Why or why not?

- A. Yes – because it is useful and relevant for my students' needs.
- B. Maybe – depending on improvements or specific teaching contexts.
- C. No – because it does not meet my teaching requirements.

APPENDIX IV-STUDENT QUESTIONNAIRE

Instructions:

Please show how much you agree with the following statements regarding the diagnostic test you have taken.

1 = Strongly disagree| 2 = Disagree| 3 = Neutral| 4 = Agree| 5 = Strongly agree

- a) The test was easy to understand.
- b) The test helped me understand my strengths in English.
- c) The test helped me understand my weaknesses in English.
- d) The test showed my ability to communicate with patients in English.
- e) The test included situations related to real healthcare work.
- f) The test helped me understand my level of medical vocabulary.
- g) The test made me think about how I learn English.
- h) The learning strategy questions part of the test were useful for me.
- i) This test can help me improve my English for the health sector.
- j) I would like to take similar tests again in the future.

APPENDIX V-STUDENT QUESTIONNAIRE IN GREEK

Οδηγίες:

Παρακαλώ δηλώστε σε ποιον βαθμό συμφωνείτε με τις παρακάτω προτάσεις σχετικά με το διαγνωστικό τεστ που έχετε συμπληρώσει.

1 = Διαφωνώ απόλυτα | 2 = Διαφωνώ | 3 = Ουδέτερος/η | 4 = Συμφωνώ | 5 = Συμφωνώ απόλυτα

- α) Το τεστ ήταν εύκολο να το κατανοήσω.
- β) Το τεστ με βοήθησε να κατανοήσω τα δυνατά μου σημεία στα αγγλικά.
- γ) Το τεστ με βοήθησε να κατανοήσω τις αδυναμίες μου στα αγγλικά.
- δ) Το τεστ έδειξε την ικανότητά μου να επικοινωνώ με ασθενείς στα αγγλικά.
- ε) Το τεστ περιλάμβανε καταστάσεις σχετικές με τις πραγματικές συνθήκες εργασίας στον τομέα της υγείας.
- στ) Το τεστ με βοήθησε να κατανοήσω το επίπεδό μου στο ιατρικό λεξιλόγιο.
- ζ) Το τεστ με έκανε να σκεφτώ πώς μαθαίνω αγγλικά.
- η) Το μέρος του τεστ σχετικά με τις στρατηγικές μάθησης ήταν χρήσιμο για εμένα.
- θ) Αυτό το τεστ μπορεί να με βοηθήσει να βελτιώσω τα αγγλικά μου για τον τομέα της υγείας.
- ι) Θα ήθελα να συμμετάσχω ξανά σε παρόμοια τεστ στο μέλλον.