

Oral Corrective Feedback in Medical ESP Reading Classes: Practices and Error Prioritization**Abstract****Article Type:****Original Research****Authors:****Nahid Tabasi¹**ORCID: [0009-0006-6525-4871](#)**Esmail Jadidi²**ORCID: [0009-0001-8691-297X](#)**Article History:****Received:** 2026.02.19**Accepted:** 2026.06.08**Published:** 2026.06.15

Oral corrective feedback (OCF) is central to supporting accuracy and comprehension in English for Specific Purposes (ESP) instruction; however, its enactment in medical ESP reading classrooms remains underexplored. This study investigated the OCF strategies employed by TESOL-trained instructors and the learner error types they prioritized during medical English reading comprehension classes. Adopting a qualitative descriptive design, data were collected from 18 audio-recorded classroom sessions taught by six instructors at a Medical Science university in Iran. OCF episodes were identified and coded using an observation checklist adapted from Lyster and Ranta's taxonomy. A total of 135 feedback episodes were identified. Explicit correction and recasts were the most frequently used strategies. Errors involving medical terminology were prioritized and predominantly addressed through explicit correction, whereas grammatical and phonological errors were more often treated through recasts or delayed feedback. The findings indicate that OCF practices in medical ESP reading classrooms are shaped by disciplinary demands, task characteristics, and institutional constraints, highlighting the need for context-responsive feedback practices in ESP instruction.

Key Words: English for Specific Purposes, Medical English, Oral Corrective Feedback, Reading Comprehension, Teacher Feedback Practices

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1. Introduction

English for Specific Purposes (ESP) is widely recognized as a context-sensitive approach to language instruction that addresses the situated communicative, linguistic, and discourse needs of learners in specialized academic and professional domains (Hyland, 2022). Building on foundational ESP principles of needs analysis and discipline specificity (Dudley-Evans & St John, 1998; Hutchinson & Waters, 1987), recent scholarship has emphasized the dynamic relationship between language, disciplinary knowledge, and professional practice in ESP pedagogy (Basturkmen, 2014, 2015; Jiang & Hyland, 2024). Unlike general English instruction, contemporary ESP programs aim to align language teaching with the genres, epistemologies, and communicative practices of specific fields, enabling learners to participate legitimately in professional discourse communities (Hyland, 2022; Zhai & Razali, 2023; Al Ghaniy, 2025).

Within ESP, medical English constitutes one of the most high-stakes instructional contexts (Nasiri & Khojasteh, 2024). Effective communication in medical settings is closely linked to professional credibility, accurate knowledge exchange, and patient safety (Huang, 2025; Nasiri & Khojasteh, 2024). Recent work in medical ESP highlights the increasing linguistic complexity of medical texts and interactions, characterized by dense technical vocabulary, nominalized syntax, and discipline-specific genre conventions (Coxhead, 2017; Ferguson, 2025). Consequently, medical ESP instruction prioritizes precision in terminology use, accurate interpretation of specialized texts, and adherence to professional communication norms, particularly in academic and clinical reading tasks (Khan, 2016; Reynolds et al., 2023).

A key pedagogical mechanism for supporting linguistic accuracy in such contexts is oral corrective feedback (OCF), broadly understood as teachers' responses to learners' spoken errors aimed at drawing attention to problematic language forms (Ellis, 2009; Lyster & Saito, 2010). More recent research has reinforced the role of OCF in promoting noticing, repair, and long-term development, particularly when feedback strategies are strategically aligned with instructional goals and task demands (Le et al., 2025; Lira-Gonzales et al., 2024). Empirical studies continue to document a range of OCF strategies, from implicit techniques such as recasts to explicit forms including direct correction and metalinguistic feedback, each differing in salience and cognitive load (Nassaji & Kartchava, 2017). Kadagidze (2025) also conducted a study with similar objectives; however, his focus was on course design and student outcomes in Medical English rather than on a detailed investigation of the critical practice of oral corrective feedback, which could enhance our understanding of effective language instruction in high-stakes professional domains.

Despite this extensive body of research, OCF scholarship has largely focused on general EFL and ESL classrooms, with comparatively limited attention to ESP contexts, particularly medical English instruction. Recent reviews have noted that disciplinary specificity fundamentally alters the nature of learner errors, the pedagogical consequences of inaccuracy, and the criteria by which errors are prioritized (Haghighi et al., 2019; Hyland, 2017). In medical ESP settings, errors often extend beyond surface-level linguistic inaccuracies to include misuse of technical terminology or misinterpretation of key disciplinary concepts, both of which may impede comprehension of medical texts and undermine professional communication (Korkoryi Jr, 2024; Wasserman et al., 2014).

This challenge is further shaped by the institutional reality that medical ESP courses are frequently taught by TESOL-trained language instructors rather than disciplinary specialists (Kartchava et al., 2020; Pavel, 2014). While such instructors possess strong expertise in language pedagogy, limited disciplinary training may influence decisions about which learner errors are addressed and how corrective feedback is delivered (Alkhamash & Gulnaz, 2019; Basturkmen, 2014, 2015). As recent ESP research suggests, this often results in selective error correction practices, with instructors prioritizing linguistically salient or pedagogically “safe” errors over content-embedded inaccuracies (Alfayed et al., 2025; Gibb, 2021).

Reading comprehension represents a core component of medical ESP curricula, as learners must engage critically with textbooks, research articles, and clinical case materials written in highly specialized language (Fauzi & Hanifah, 2019; Li & Vuono, 2019). During reading-oriented classroom interaction, students frequently encounter difficulties related to technical lexis, syntactic density, and inferential meaning, creating moments where OCF becomes pedagogically consequential (Le, 2024). However, teachers must provide feedback under practical constraints such as limited instructional time, large class sizes, and heterogeneous learner proficiency levels, all of which shape how and when corrective feedback is offered (Jande & Ibrahim, 2021; Luo & Garner, 2017; Triastuiti, 2021).

Classroom-based research is needed to examine how oral corrective feedback (OCF) is enacted in medical ESP reading classes, particularly in the Iranian context. Despite growing interest in OCF in English for Specific Purposes (ESP), empirical research remains limited in reading-oriented medical ESP classrooms, where comprehension, linguistic form, and disciplinary meaning intersect in real-time interaction (Li & Vuono, 2019). Existing studies have largely focused on feedback in ESP writing or oral presentation tasks, or have relied on self-reported teacher practices and perception-based data, leaving underexplored how OCF is enacted

moment by moment during classroom interaction in reading-based instructional settings (Ahmed, 2014; Karizak & Khojasteh, 2016).

Addressing this gap, the present qualitative study investigated the OCF practices of TESOL-trained instructors teaching medical English reading comprehension at a Medical Sciences university in Iran. Drawing on classroom observations and systematic audio recordings, the study examined OCF practices during reading-related classroom interaction, with particular attention to the corrective strategies teachers employ and the categories of learner errors they prioritize. In doing so, the study sought to provide classroom-based, interactional evidence of how teachers' feedback decisions are shaped by the pedagogical demands of reading-centered tasks and the disciplinary specificity of medical English. To achieve this purpose, the study addressed the following research questions:

RQ1. What types of oral corrective feedback (OCF) do ESP teachers employ during classroom interaction in medical English courses?

RQ 2. What types of learner errors do ESP teachers prioritize, and how are these priorities realized through specific OCF strategies in classroom interaction?

2. Review of the Related Literature

2.1. Theoretical Foundations of Oral Corrective Feedback

Research on OCF in second language acquisition (SLA) is grounded in theoretical perspectives that explain how interaction, attention, and social mediation contribute to language development. Three complementary frameworks—the Interaction Hypothesis, the Noticing Hypothesis, and Sociocultural Theory—provide a coherent foundation for understanding the pedagogical role of OCF, particularly in specialized instructional contexts such as medical ESP. Figure 1 visually presents the conceptual relationship between these complementary perspectives, which together inform the analysis of oral corrective feedback in medical ESP reading classrooms.

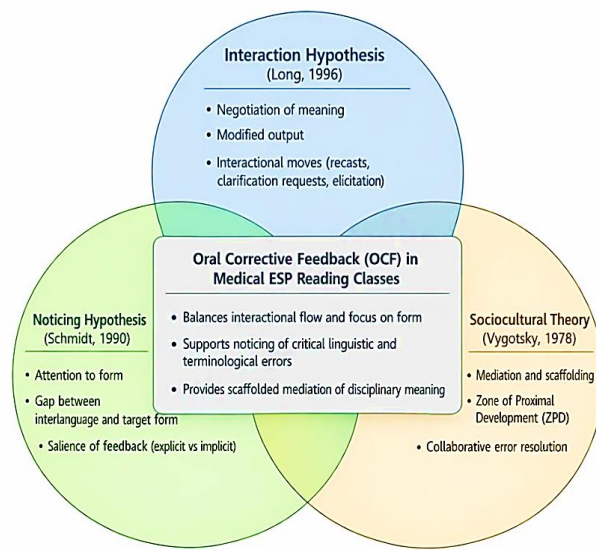


Figure 1.

Theoretical frameworks informing the analysis of oral corrective feedback (OCF) in medical ESP reading classrooms

The Interaction Hypothesis (Long, 1996) proposes that language acquisition is promoted through meaning-focused interaction in which communication breakdowns prompt negotiation of meaning. Within this framework, corrective feedback serves as a mechanism that directs learners' attention to problematic linguistic forms while maintaining communicative intent. Feedback moves such as clarification requests, recasts, and elicitation create opportunities for learners to modify their output, thereby strengthening form–meaning connections. Empirical classroom research supports the role of interactionally embedded feedback in facilitating both immediate repair and longer-term interlanguage development (Mackey & Gass, 2015). In ESP reading-based instruction, interaction frequently revolves around interpreting technical terminology, paraphrasing specialized concepts, and orally processing written input (Kusumawati & Widiati, 2017). In such contexts, OCF plays a crucial role in mediating comprehension-related difficulties in disciplinary content.

Complementing this interactional perspective, the Noticing Hypothesis (Schmidt, 1990) emphasizes that conscious awareness of linguistic form is a necessary condition for acquisition. From this viewpoint, the effectiveness of feedback depends on its capacity to make discrepancies between learner output and target-language norms perceptible (Kartchava et al., 2020). Research has demonstrated that feedback strategies differ in salience, with explicit correction and metalinguistic feedback more likely to promote noticing than implicit strategies such as recasts,

particularly when target forms are complex or abstract (Ellis, 2009; Sheen, 2011). Noticing is further shaped by task demands and cognitive load, with academically demanding content requiring heightened attentional resources (Feldon, 2007). In medical ESP contexts, noticing is especially consequential because terminological imprecision or conceptual misunderstanding can distort meaning and disrupt disciplinary understanding during reading-related discussion.

Sociocultural Theory (Vygotsky & Cole, 1978) conceptualizes language learning as a socially mediated process occurring through interaction within the learner's Zone of Proximal Development (ZPD). Within this framework, OCF functions as instructional scaffolding that enables learners to perform beyond their independent capabilities through guided support. Feedback strategies that encourage learner participation, such as elicitation and guided reformulation, promote active engagement in error resolution and collaborative meaning-making (Kartchava et al., 2020). Research informed by sociocultural perspectives has shown that such scaffolded feedback supports both linguistic development and conceptual understanding (Nassaji & Kartchava, 2017). In ESP classrooms, where learners negotiate unfamiliar disciplinary discourse, socially mediated feedback plays a particularly important role in integrating language learning with emerging content knowledge (Kadagidze, 2025).

Taken together, these theoretical perspectives suggest that effective OCF in medical ESP classrooms should balance interactional continuity, attentional focus, and pedagogical support. They also highlight that the effectiveness of feedback is shaped not only by how errors are corrected, but by which errors are selected for correction—an issue that becomes especially salient in high-stakes, discipline-specific instructional contexts. These frameworks therefore provide the theoretical lens for interpreting OCF practices in the present study.

2.2. Oral Corrective Feedback Strategies in L2 Instruction

Building on these theoretical foundations, a substantial body of empirical research has examined the strategies teachers use to provide OCF in second language classrooms. One of the most influential descriptive frameworks is that proposed by Lyster and Ranta (1997), who categorized teacher feedback moves into six types: explicit correction, recasts, metalinguistic feedback, elicitation, clarification requests, and repetition. This taxonomy has been widely adopted in classroom-based research due to its analytical clarity and relevance to naturally occurring interaction (Fathimah, 2020).

Studies in general ESL/EFL classrooms consistently report recasts as the most frequently used feedback strategy (Laeli & Setiawan, 2019; Tamayo & Cajas, 2017). Early work by Lyster

and Ranta (1997), followed by subsequent classroom observations (Lyster & Saito, 2010), suggests that teachers favor recasts because they are unobtrusive and compatible with communicative language teaching principles. However, the effectiveness of recasts has been subject to considerable debate. Research indicates that learners do not always perceive recasts as corrective, particularly when the targeted forms are morpho-syntactically complex or semantically opaque (Ellis, 2009). Meta-analytic evidence further indicates that although recasts can facilitate learning, more explicit feedback types often result in stronger and more durable gains. Reviewing a range of experimental and classroom studies, Li and Vuono (2019) found that explicit correction and metalinguistic feedback yielded larger effect sizes than implicit feedback across various instructional settings. Similarly, Sheen (2011) demonstrated that explicit feedback was associated with higher rates of noticing and learner uptake in accuracy-oriented classrooms. Together, these findings highlight a potential discrepancy between teachers' preferred feedback strategies and those most likely to promote learning.

Beyond issues of frequency and effectiveness, recent research has emphasized the context-sensitive nature of OCF (Sepehrinia & Arabmofrad, 2025). Feedback strategies operate differently depending on task type, learner proficiency, and instructional objectives (Uludağ, 2024). In reading-based classroom interaction, feedback is frequently embedded in comprehension checks, paraphrasing activities, and oral summaries of written input, where it serves not only to correct linguistic form but also to resolve interpretive difficulties and align learners' understanding with meaning conveyed in the text (Li & Vuono, 2019; Lyster & Saito, 2010). These findings suggest the need for analyses of OCF that are sensitive to disciplinary context and task demands, particularly in content-oriented instructional settings such as ESP.

2.3. Oral Corrective Feedback in ESP and Medical English Reading Contexts

ESP instruction differs from general language education in its explicit orientation toward discipline-specific communicative needs (Azalmad, 2023). In medical ESP, these needs are shaped by linguistic features of medical discourse, including dense technical vocabulary, frequent nominalization, passive constructions, and extensive use of Greco-Latin terminology and abbreviations (Lodhi et al., 2018). These characteristics pose considerable challenges for learners, especially during reading tasks that require interpretation of research articles, clinical guidelines, or textbook materials (Hidayati & Meisani, 2023). Such challenges often manifest as misinterpretation of specialized lexis and conceptual ambiguity during classroom discussion (Wahyuni, 2021).

Reading comprehension in medical ESP is a highly interactive process that involves oral

discussion, clarification, and negotiation of meaning. Interaction around texts has been shown to enhance disciplinary literacy by linking language work to epistemological practices within the field (Basturkmen, 2014). During these interactions, learners frequently produce spoken output that reflects partial comprehension of complex texts, resulting in errors related to terminology, pronunciation, syntactic interpretation, or conceptual accuracy (Lodhi et al., 2018). In this context, OCF serves as a critical pedagogical resource for addressing inaccuracies that could otherwise become entrenched through repeated exposure to misinterpreted input (Li & Vuono, 2019).

Research in ESP suggests that not all learner errors carry equal instructional weight. In medical contexts, terminological inaccuracies may have more serious consequences than minor grammatical deviations, as they can distort disciplinary meaning and undermine professional communication (Alkhamash & Gulnaz, 2019). Comparative evidence across instructional settings points to a converging pattern in error prioritization. Basturkmen (2015) reported that instructors in a medical ESP program systematically prioritized technical vocabulary and genre-specific features over general grammatical accuracy in their feedback. Similarly, Alkhamash and Gulnaz (2019) found that Saudi medical ESP instructors primarily focused on discipline-specific lexis and collocations during oral corrective feedback episodes. More recently, Jeon and Kwon (2025) showed that in Korean medical ESP classrooms, discipline-related lexical errors received substantially more corrective attention than general language errors. Across contexts, these findings suggest that OCF in medical ESP tends to privilege disciplinary lexis and discourse features, reflecting the high-stakes nature of medical communication.

At the same time, the implementation of OCF in medical ESP classrooms is complicated by the instructional profile of many programs, where courses are frequently taught by TESOL-trained language instructors rather than medical specialists (Pavel, 2014). This disciplinary distance can shape how errors are identified and addressed, particularly when they involve conceptual or content-embedded issues rather than surface linguistic forms. Rachayon (2020) describes the ESP classroom as a 'strange and uncharted land' for many language teachers and shows that limited subject-specialist knowledge often leads them to rely on strategies such as focusing on safer linguistic features, avoiding content-heavy questions, or openly admitting gaps in subject knowledge. Such practices may encourage teachers to foreground grammatical or lexical accuracy while under-correcting inaccuracies in disciplinary meaning. Recent research proposes various ways of mitigating this imbalance. For example, Huang (2025) demonstrates how ESP specialists can play a key role in professional development for medical and healthcare faculty in English-medium instruction, highlighting the value of

cross-disciplinary collaboration for aligning language and content goals. Likewise, work in ESP teacher education documents how targeted preparation can reshape teachers' beliefs about their roles and responsibilities in content-oriented courses, encouraging more integrative views of language and subject matter (Dang et al., 2024). These studies collectively suggest that, without institutional support for collaboration and specialized training, language teachers in medical ESP may struggle to provide corrective feedback that fully addresses both linguistic form and disciplinary content.

3. Method

3.1. Design

This study uses a **qualitative descriptive research design** with **naturalistic classroom observation** to explore how ESP teachers give oral corrective feedback in medical English reading classes. The design is appropriate because the study aimed to describe what happens in real classroom interaction, not to test a hypothesis or measure variables numerically. By observing lessons in their natural setting, the researchers could identify the types of feedback teachers used, the kinds of learner errors they chose to correct, and how they prioritized those errors during interaction. This approach allows the study to capture authentic teaching practices and provide a clear, realistic picture of how corrective feedback works in a medical ESP classroom.

3.2. Context and Participants

The study was conducted at a Medical Sciences university, a major public medical university in Iran where English for Medical Purposes is a compulsory component of graduate medical education. Medical English courses are designed to support students' ability to read and discuss medical textbooks, research articles, and clinical materials in English. Instruction typically emphasizes reading comprehension, with classroom activities including text explanation, oral summarization, vocabulary clarification, and teacher-led discussion (Nasiri & Khojasteh, 2024).

These courses are taught by TESOL-trained instructors employed within language departments rather than medical faculties. While instructors possess strong backgrounds in English language pedagogy, they generally do not have formal medical training. This institutional arrangement creates a pedagogical context in which teachers should address linguistic errors embedded within specialized disciplinary discourse, making OCF a particularly salient feature of

classroom interaction.

The study included six instructors teaching Medical English reading comprehension courses at the Medical Sciences university. Participants were selected through purposive sampling based on the following criteria: (1) formal academic training in TESOL or Applied Linguistics, (2) current teaching of medical English reading comprehension courses, and (3) willingness to participate in classroom observations. The instructors possessed between 10 and 18 years of ESP teaching experience and were all responsible for undergraduate medical students at comparable proficiency levels. To ensure confidentiality, all instructors were assigned pseudonyms, and reporting of institutional details was limited to that necessary for contextual clarity.

The transcribed observational data were evaluated by two senior, experienced raters – an associate professor in Applied Linguistics and an assistant professor with over 20 years of experience in ESP instruction. These raters collaboratively analyzed the data to identify and confirm the emergent themes.

3.3. Instruments

The selection of instruments was guided by the need to capture naturally occurring feedback practices and to ensure analytic alignment with classroom-based OCF research (Li & Vuono, 2019; Lyster & Ranta, 1997).

3.3.1. Classroom Audio recordings

Classroom audio recordings constituted the primary data source for addressing research questions 1 and 2. A total of eighteen medical English reading-comprehension sessions (three sessions per instructor), taught by six TESOL-trained ESP instructors, were audio-recorded across one academic semester.

Audio recording was employed to capture naturally occurring classroom interaction, as OCF unfolds moment by moment during teacher–student exchanges. The recordings enabled identification of OCF strategies as they emerged during reading-related interaction (RQ1) and documentation of which learner errors received corrective attention and when feedback was provided (RQ2).

3.3.2. Classroom Observation Checklist (Analytical Instrument)

A structured classroom observation checklist was developed after initial familiarization with the recorded data to serve as a post-hoc analytical instrument for coding OCF episodes. The

checklist was adapted from Lyster and Ranta's (1997) OCF taxonomy and contextualized for medical ESP reading instruction.

The checklist was designed to guide the systematic identification and classification of OCF episodes in the transcribed classroom interaction data, ensuring that both the primary researcher and independent raters applied consistent criteria when coding feedback moves. For each OCF episode, the coders provided operational definitions and coding categories covering: (a) feedback type, (b) error focus (e.g., medical terminology, grammar, and pronunciation), (c) lesson phase, and (d) learner uptake.

Prior to formal coding, the checklist was reviewed by three ESP specialists to refine category definitions and reduce potential ambiguity. The finalized checklist was then used by the researcher and shared with trained coders as a coding guide for analyzing the transcribed audio data. The full coding framework and category definitions are provided in Appendix.

3.4. Research Framework

Lyster and Ranta's (1997) **oral corrective feedback (OCF) taxonomy** is a framework for classifying the different ways teachers respond to learners' spoken errors during interaction. It identifies six common types of feedback: **explicit correction**, **recasts**, **clarification requests**, **metalinguistic feedback**, **elicitation**, and **repetition**. These categories differ in how directly they indicate an error and whether they provide the correct form for the learner.

The taxonomy is widely used in second language acquisition research because it helps researchers and teachers analyze how corrective feedback is delivered and how learners respond to it. In general, the framework distinguishes between more **direct** feedback, such as explicit correction and recasts, and more **indirect** feedback, such as clarification requests, elicitation, repetition, and metalinguistic cues, which encourage learners to notice and self-correct their errors.

3.5. Procedure

Data collection for this study was conducted over a ten-week period during the second semester at the university. The study involved six TESOL-trained ESP instructors, each of whom was observed during three medical English reading comprehension lessons, resulting in a total of 18 observed sessions. Each 90-minute session was observed in its entirety, with the primary researcher adopting a non-participant observer role to maintain focus on classroom dynamics. To mitigate potential observer effects and ensure participant comfort, an introductory familiarization visit was conducted in each class prior to the commencement of formal data collection.

Furthermore, written informed consent was obtained from all participating instructors and students in accordance with ethical research standards.

Classroom observation was conducted simultaneously with audio recording to enhance the credibility, completeness, and accuracy of the data regarding oral corrective feedback. While observation enabled the researcher to capture the immediate classroom context—including interactional patterns, participant reactions, and nonverbal features that may not be fully reflected in audio data alone—the audio recordings provided a verbatim record of classroom discourse. This dual-method approach allowed coders to revisit the audio files to clarify or corroborate the observer's field notes whenever necessary. Consequently, the integration of these data sources supported methodological triangulation, effectively reducing the risk of omission or misinterpretation and strengthening the overall trustworthiness of the analysis (Cohen et al., 2018).

3.6. Data Analysis

Following data collection, all classroom audio recordings were transcribed verbatim to facilitate rigorous analysis. To ensure participant confidentiality, all teacher and student names were replaced with pseudonyms. Regarding the instructional context, as the medium of instruction was English, teachers utilized translation only as a last resort; these instances were carefully noted during the transcription process. For Research Questions 1 and 2, the unit of analysis was defined as the oral corrective feedback (OCF) episode. An OCF episode was operationalized as any teacher move responding to a learner's oral error during a reading-related activity, which either provided the correct target form or explicitly prompted the learner to self-correct.

Observation data were analyzed through deductive coding, guided by Lyster and Ranta's (1997) six-category OCF framework: explicit correction, recast, metalinguistic feedback, elicitation, clarification request, and repetition. Using the classroom observation checklist (Appendix) as an analytical guide, each identified OCF episode was coded for the following variables: (a) feedback type; (b) error focus (e.g., technical medical vocabulary, general vocabulary, grammar, pronunciation, conceptual or comprehension error); (c) lesson phase (pre-reading, while-reading, post-reading); (d) delivery mode (individual vs. whole-class); and (e) immediate learner response (e.g., uptake, repetition, no response). Where interactionally salient, episodes were also annotated in terms of pedagogical orientation, such as emphasis on terminological precision or maintenance of interactional flow.

Following episode-level coding, frequency counts and distributional patterns were

calculated to identify dominant OCF strategies and to examine their associations with specific error types and instructional phases. These analyses directly addressed Research Questions 1 and 2. To enhance the trustworthiness of the observation coding, a second trained coder independently coded 20% of the OCF episodes randomly selected from the dataset. Inter-rater reliability was calculated using Cohen's kappa, yielding $\kappa = 0.87$ for feedback type and $\kappa = 0.84$ for error category, indicating strong agreement. Discrepancies were resolved through discussion, and the finalized coding scheme was then applied to the remaining data.

4. Findings

Research Question 1 examined the types of OCF employed by TESOL-trained ESP instructors during classroom interaction in medical English courses. Across the 18 observed medical ESP reading-comprehension sessions, a total of 135 distinct OCF episodes were identified and coded using Lyster and Ranta's (1997) framework.

The analysis indicates that instructors employed all six OCF strategies proposed in the framework; however, their distribution was uneven. Explicit correction emerged as the most frequently observed strategy, followed by recasts. Elicitation, metalinguistic feedback, and clarification requests occurred at comparable rates, while repetition was the least frequently employed feedback type. This distribution suggests a clear preference for direct corrective moves alongside interactionally embedded reformulations during reading-related classroom talk. Table 1 presents a detailed overview of the OCF strategies observed, including their frequency of occurrence, primary delivery mode, predominant timing, and representative classroom examples extracted from the corpus.

Table 1.

Distribution, Characteristics, and Examples of OCF Strategies

OCF Type	Frequency (n / %)	Primary Delivery Method	Predominant Timing	Representative Example from Classroom Data
Explicit Correction	42 (31.1%)	Individual & Whole Class	Immediate/ Delayed	Context: A student discusses a case study. Error (Lexical): "The patient was very sensible about the news." Feedback: The teacher addresses the student directly but speaks for the whole class to hear: "Not 'sensible', the correct word here is 'sensitive'. The patient was very sensitive."
Recast	35 (25.9%)	Individual	Immediate	Context: During a reading discussion about treatment protocols. Error

Elicitation	18 (13.3%)	Individual & Whole Class	Immediate	(Grammar): “The medication don’t work for all patients.” Feedback: The teacher seamlessly reformulates: “Right, the medication doesn’t work for all patients. What other factors might affect treatment success?” Context: During a grammar review of a text. Error (Grammar): “The doctor should to check the vital signs.” Feedback: The teacher poses a question to the entire group: “Wait, ‘should to check’? (pauses) Who can fix this sentence for me? Why?” Context: A student is summarizing a textbook chapter about the Ebola virus. Error (Grammar/Countability): “The chapter gives many important informations about the symptoms.” Feedback: The teacher addresses the whole class: “Careful with that word. ‘Information’ is an uncountable noun in English, so it doesn’t have a plural (s). We say ‘much information’ or ‘a lot of information’.” Context: A student is summarizing a paragraph about a new drug. Error (Content Vagueness): “The article says the drug was good for the cancer.” Feedback: The teacher prompts the specific student for more precise information: “Good... but what does ‘good’ mean here? Can you be more specific? What did the drug actually do?”
Metalinguistic Feedback	15 (11.1%)	Whole Class	Immediate/ Delayed	Context: After a discussion on the topic of treatment failure. Error (Pronunciation): Multiple students mispronounce “failure” as “fay-lor”. Feedback: The teacher models the correct form and initiates a drill: “Let’s focus on this word. Listen: Fail-yure. Everyone, together: Fail-yure.”
Clarification Request	15 (11.1%)	Individual	Immediate	
Repetition (as Group Drill)	10 (7.4%)	Whole Class	Delayed	
Total	135 (100%)			

Distribution of OCF Strategies. Explicit correction accounted for the largest share of feedback moves, with 42 instances (31.1%). This strategy involved teachers overtly identifying an error and providing the correct form. Explicit correction was used for a range of error types and was directed both at individual students and the class as a whole. Delivery occurred either immediately following an error or after a brief delay, depending on instructional flow.

Recasts were the second most frequent feedback strategy, occurring in 35 episodes

(25.9%). Recasts typically involved implicit reformulation of students' erroneous utterances and were delivered immediately during ongoing interaction, primarily to individual students. These reformulations were embedded within teacher turns that simultaneously advanced the reading discussion.

Elicitation was observed in 18 instances (13.3%). This strategy took the form of prompts or questions designed to encourage learner self-correction. Elicitation was delivered both individually and to the whole class and typically occurred immediately after the error was produced.

Metalinguistic feedback occurred in 15 episodes (11.1%). In these cases, teachers provided comments or explanations referring to linguistic rules or form-based principles rather than supplying the correct answer directly. This type of feedback was most often directed to the whole class and was delivered either immediately or after a short delay.

Clarification requests were also observed in 15 episodes (11.1%). These feedback moves involved teachers signaling problems of meaning, precision, or comprehensibility and prompting learners to clarify or elaborate their responses. Clarification requests were consistently delivered immediately and were directed at individual students.

Repetition was the least frequently observed strategy, occurring in 10 episodes (7.4%). In the present dataset, repetition was used primarily as a delayed, whole-class corrective technique, typically involving group drills following the completion of a discussion segment.

Delivery Mode and Timing. Across strategies, variation was observed in both delivery mode and timing. Explicit correction and elicitation were implemented through both individual and whole-class delivery, while recasts and clarification requests were directed exclusively to individual students. Metalinguistic feedback and repetition were typically delivered to the class as a whole.

With respect to timing, recasts and clarification requests were consistently delivered immediately following an error. Explicit correction, elicitation, and metalinguistic feedback were observed with both immediate and delayed timing, whereas repetition was characteristically delayed and implemented during structured pauses in classroom activity.

Research Question 2 examined the focus of oral corrective feedback (OCF) provided by TESOL-trained ESP instructors during medical English reading-based classroom interaction. Specifically, the analysis investigated whether OCF targeted disciplinary errors (misuse of medical terminology) or linguistic errors (grammar, general vocabulary, pronunciation), and how

error focus was associated with the feedback strategies identified under Research Question 1. In total, 135 OCF episodes were analyzed.

Overall Distribution of Error Focus. The analysis shows that instructors corrected both disciplinary and linguistic errors, with a greater proportion of feedback directed toward disciplinary errors related to medical terminology. As shown in Table 2, medical terminology accounted for 83 of the 135 recorded OCF episodes (61.5%). Linguistic errors constituted the remaining 52 corrections (38.5%), including grammar (22.2%), general vocabulary (8.9%), and pronunciation (7.4%). Table 2 presents the frequency and percentage distribution of OCF episodes by error focus category.

Table 2.

Distribution of OCF by Error Focus

Error Focus Category	Sub-Category	Frequency (n)	Percentage (%)
Disciplinary Errors	Medical Terminology	83	61.5%
Linguistic Errors	Grammar	30	22.2%
	General Vocabulary	12	8.9%
	Pronunciation	10	7.4%
Total		135	100%

Characteristics of Corrected Error Types. Medical terminology errors were the most frequently corrected error type ($n = 83$, 61.5%). Examination of the corrected terms and phrases documented in the observation checklist indicates that these corrections primarily involved three recurring categories. First, instructors corrected imprecise or generic expressions by supplying more specific clinical terms. Second, feedback addressed non-standard or non-conventional phrasing by providing established medical collocations. Third, instructors corrected the use of semantically related but contextually inappropriate terms within clinical or academic medical discourse. These corrections occurred during students' oral processing and discussion of written medical texts.

Linguistic errors accounted for 52 OCF episodes (38.5%) and included grammar, general vocabulary, and pronunciation. Grammar-related corrections ($n = 30$, 22.2%) primarily involved structures affecting clarity, such as subject–verb agreement, verb tense, and article usage. General vocabulary corrections ($n = 12$, 8.9%) focused on non-technical lexical choices and collocations that influenced accuracy and register. Pronunciation feedback ($n = 10$, 7.4%) targeted selected academic or medical terms and occurred when mispronunciation affected intelligibility during oral reading or discussion.

Relationship between Error Focus and Feedback Strategy. To examine whether error type

was associated with the choice of corrective strategy, error focus categories were cross-tabulated with the OCF strategies identified in RQ1. The results of this analysis are presented in Table 3.

Table 3.

Cross-Tabulation of Error Focus and OCF Strategy

Error Focus	Recast	Elicitation	Explicit Correction	Repetition	Clarification Request	Metalinguistic Feedback	Total
Medical Terminology	16 (19.3%)	7 (8.4%)	40 (48.2%)	0	15 (18.1%)	5 (6.0%)	83
Grammar	12 (40%)	6 (20%)	2 (6.7%)	0	0 (0%)	10 (33.3%)	30
General Vocabulary	7 (58.3%)	5 (41.7%)	0 (0%)	0	0 (0%)	0	12
Pronunciation	0	0	0	10 (100%)	0	0	10
TOTALS	35	18	42	10	15	15	135

The distribution indicates clear variation in feedback strategy use across error types. Disciplinary errors related to medical terminology were most frequently addressed through explicit correction, which accounted for 40 of the 83 terminology-focused feedback episodes (48.2%). Recasts ($n = 16$, 19.3%) and clarification requests ($n = 15$, 18.1%) were also used for medical terminology errors, while metalinguistic feedback occurred less frequently in this category ($n = 5$, 6.0%).

In contrast, linguistic errors were primarily addressed using less explicit strategies. Grammar errors were most commonly treated through recasts ($n = 12$, 40%) and metalinguistic feedback ($n = 10$, 33.3%), with explicit correction occurring infrequently ($n = 2$, 6.7%). General vocabulary errors were addressed exclusively through recasts ($n = 7$, 58.3%) and elicitation ($n = 5$, 41.7%). Pronunciation errors were consistently treated through repetition, with all ten pronunciation-related OCF episodes implemented as delayed, whole-class repetition.

5. Discussion

This study examined OCF practices employed by TESOL-trained instructors in medical ESP reading classes at a medical sciences university in Iran. Anchored in classroom observation data and interpreted through the Interaction Hypothesis (Long, 1996), the Noticing Hypothesis (Schmidt, 1990), and Sociocultural Theory (Vygotsky, 1978), the discussion interprets observed feedback practices as context-responsive instructional choices shaped by the cognitive, interactional, and institutional demands of medical ESP instruction. Prior research suggests that

ESP classroom practices are strongly mediated by disciplinary expectations and task epistemology rather than generic SLA prescriptions, particularly in high-stakes domains such as medicine (Basturkmen, 2014, 2015). In this respect, the present study situates Lyster and Ranta's (1997) OCF taxonomy within a reading-dominant, discipline-specific instructional ecology.

Addressing the first research question, the findings revealed that explicit correction was the most frequently employed OCF strategy, particularly for errors involving medical terminology. This finding aligns with previous research indicating that explicit feedback is often favored in ESP and professional communication contexts where precision is critical and misinterpretation has serious consequences (Alkhamash & Gulnaz, 2019; Basturkmen, 2015; Khanahmadi, 2024). Similar patterns have been observed in medical ESP classrooms, where instructors prioritize clarity and terminological accuracy over interactional subtlety (Kadagidze, 2025). The current findings extend this body of work by showing that explicit correction is especially prominent during reading-centered tasks, where oral interaction is closely tied to interpreting dense disciplinary texts (Al Ghaniy, 2025).

From the perspective of the Interaction Hypothesis, explicit correction in such contexts can be understood as a strategy that prevents communicative breakdowns triggered by lexical or conceptual misunderstanding, thereby facilitating continued negotiation of meaning (Mackey & Gass, 2015). In reading-based ESP interaction, explicit feedback appears to function not merely as local error repair but as a mechanism for recalibrating shared understanding of specialized terminology embedded in written sources (Li & Vuono, 2019).

However, this preference contrasts with findings from several general EFL contexts where clarification requests or recasts dominate teachers' feedback repertoires (Lyster & Saito, 2010). Research suggests that such cross-contextual variation reflects differences in task demands and perceived error gravity rather than instructional inconsistency (Ellis, 2009; Fu & Nassaji, 2016). In medical ESP settings, the epistemic status of terminology and its professional consequences likely justify a shift toward more explicit corrective practices (Lodhi et al., 2018).

With respect to the second research question, the analysis demonstrated a clear prioritization of disciplinary errors—particularly medical terminology—over grammatical or phonological inaccuracies. This pattern is well documented in ESP research, where instructors are shown to selectively correct errors that threaten disciplinary meaning rather than surface linguistic form (Basturkmen, 2015). In medical contexts specifically, terminological imprecision has been shown to impede comprehension and distort professional discourse, especially during text-mediated learning activities (Bosher & Smalkoski, 2002; Quero & Coxhead, 2018).

Viewed through the Noticing Hypothesis, this selective error focus can be interpreted as an instructional attempt to direct learners' limited attentional resources toward linguistically and professionally salient forms (Schmidt, 1990). Research on ESP vocabulary learning suggests that explicit attention to technical lexis during reading tasks significantly increases retention and disciplinary literacy development (Coxhead, 2017). Accordingly, prioritizing disciplinary errors during oral interaction supports learners' immediate comprehension needs while reinforcing long-term professional language competence.

In contrast, less critical errors—such as minor pronunciation inaccuracies that did not impede meaning—were more frequently addressed through delayed feedback or recasts, or left uncorrected. This approach corresponds with findings that ESP instructors often engage in pedagogical triage, balancing accuracy goals against maintaining task flow and learner engagement (Li & Vuono, 2019). Such strategic selectivity is particularly salient in reading-dominant lessons, where excessive interruption risks disrupting cognitive processing of complex texts (Fauzi & Hanifah, 2019).

Taken together, these feedback practices reflect adaptive scaffolding mechanisms consistent with Sociocultural Theory (Vygotsky, 1978). Rather than applying uniform correction rules, instructors adjusted their feedback based on the instructional value and epistemic risk of errors, a pattern widely reported in ESP teaching contexts where language instructors navigate disciplinary boundaries (Pavel, 2014; Rachayon, 2020). Reliance on textual authority, peer clarification, and selective explicitness functioned as mediational tools that enabled teachers to support learning within feasible zones of instructional confidence (Basturkmen, 2015).

Institutional constraints further shaped these practices. Previous research has shown that ESP instructors working without systematic collaboration with content specialists often prioritize “safe” corrections grounded in textual evidence, particularly in medical settings (Alkhamash & Gulnaz, 2019). Such conditions necessitate pragmatic decision-making that limits the scope of corrective feedback while preserving pedagogical credibility and learner trust (Zohrabi & Khalili, 2024).

From an integrated theoretical perspective, these institutional and disciplinary constraints reduce the density of interactional feedback opportunities (Interaction Hypothesis), sharpen attentional selectivity (Noticing Hypothesis), and delimit the range of scaffolded intervention available to instructors (Sociocultural Theory). Collectively, the findings suggest that TESOL-trained instructors at the medical sciences university have developed a localized OCF ecology, consistent with prior descriptions of context-bound ESP pedagogies shaped by

institutional, epistemic, and professional pressures (Basturkmen, 2015; Hyland, 2016).

6. Conclusion

This study examined oral corrective feedback practices in medical ESP reading comprehension classes, focusing on the types of feedback strategies employed and the categories of learner errors prioritized by TESOL-trained instructors. Analysis of 135 feedback episodes across 18 observed lessons revealed a context-sensitive pattern of OCF use shaped by disciplinary demands and instructional constraints. Explicit correction and recasts were the most frequently used strategies, with explicit correction predominantly targeting disciplinary errors related to medical terminology, while recasts, elicitation, and clarification request as implicit strategies were more commonly applied to grammatical and phonological errors.

The findings highlight that error prioritization in medical ESP is driven less by linguistic form alone and more by the potential impact of inaccuracies on disciplinary meaning and textual comprehension. In reading-centered instruction, where learners engage intensively with specialized texts, instructors appeared to balance accuracy goals with the need to preserve lesson flow and learner engagement. These practices reflect adaptive pedagogical decision-making within high-stakes, content-rich environments.

By documenting naturally occurring classroom interaction, this study contributes empirical evidence to ESP-focused OCF research and extends established feedback taxonomies into reading-dominant medical contexts. The findings underscore the importance of context-responsive feedback strategies in ESP and point to the need for targeted professional development that supports language teachers working with specialized disciplinary content.

These findings carry direct implications for ESP teacher training and institutional support. The study reveals that error prioritization in medical ESP is epistemically driven rather than rule-based, suggesting that professional development should equip teachers with frameworks for making context-responsive feedback decisions rather than prescriptive correction protocols. The observed reliance on textual authority and selective explicitness reflects adaptive pedagogy, yet also indicates that TESOL-trained instructors working in isolation from content specialists may under-correct inaccuracies with serious disciplinary consequences. Institutional investment in cross-disciplinary collaboration—pairing language instructors with medical faculty—could expand teachers' zones of instructional confidence while strengthening both linguistic and content-focused feedback. Future teacher education programs should explicitly address the unique

demands of reading-dominant ESP contexts, where balancing accuracy, engagement, and comprehension requires deliberate, theoretically grounded decision-making.

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Appendix

Classroom Observation Checklist: Oral Corrective Feedback in Medical ESP Reading

Tasks

Observation Category	Details to Record	Example from Medical ESP
Date & Time	Observation date, class time (start/end), duration of active instruction	—
Teacher ID	(T1 to T6)	—
Lesson Phase	☐ Pre-reading ☐ During reading ☐ Post-reading	E.g., "Vocabulary explanation during post-reading discussion"
Feedback Type (Lyster & Ranta, 1997)	☐ Explicit correction ☐ Recast ☐ Elicitation ☐ Metalinguistic feedback ☐ Clarification request ☐ Repetition	E.g., "Explicit correction of 'diabetics' to 'diabetes mellitus'"
Error Type	☐ Pronunciation ☐ Grammar ☐ Vocabulary (technical/medical) ☐ Comprehension error ☐ Collocation/word choice	E.g., "Misuse of 'therapy' instead of 'treatment'"
Corrected Term/Phrase	The student's incorrect utterance and the teacher's correction	"He has blood pressure" → "He has high blood pressure"
Feedback Timing	☐ Immediate ☐ Delayed (e.g., during summary/debrief)	—
Student Response	☐ Uptake (self-correction) ☐ Repetition ☐ No response ☐ Error persists	—
Teacher Rationale (inferred)	☐ Terminological precision ☐ Misunderstanding risk ☐ Disciplinary importance ☐ Fluency-preserving	E.g., "Corrected 'tumor' to 'neoplasm' during diagnostic task"
Delivery Method	☐ Individual ☐ Whole class ☐ Peer-assisted correction	—
Affective Strategy Used	☐ Humor ☐ Softening language ☐ Encouragement ☐ Postponed feedback	E.g., "Nice try, but we need a more clinical term here."
Additional Notes	Context, tone, or student reaction	"Student appeared hesitant to speak after correction."