Language tests to enter the workplace: Perspectives from stakeholders

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Overview

Three studies

- Interviews with representatives of regulatory authorities; consultation documents
- 2. Standard-setting study for a general language test used for medical registration
- 3. Study to revise the scope of a specific-purpose language test for medical registration

Stakeholders

Test users

Public

Co-workers

Data sources

- 1. Knoch, May, Macqueen, Pill, & Storch (2016)
- 2. Macqueen, Pill, Elder, & Knoch (2013)
- 3. Pill & Macqueen (2017, forthcoming)









test users may be quite **far removed from the actual testing situation**, and we cannot assume that all will take the time and effort needed to find out exactly what was being tested. Thus, these stake-holders will **vary in their familiarity with the content of the specific tests**. ... It is thus extremely important that we find ways to communicate the test results in a way that is meaningful to all relevant stake-holders. (Bachman, 2004, p. 296)

Overall view

Test as taken-for-granted standard Focus on technicalities, not construct Little sense of what scores represent



Engineering

until we got the [IELTS samples] dvd, we were I think naturally thinking: well, there's a piece of paper that says their writing's 7, there's their writing, that must match, **that must be what a 7 is**



Medicine

I believe I mean what we expect of an English language test is that it provides **a level of assurance about the basic competence in in the English language** ... but we don't think it's teaching clinical communication skills ... if testing is congruent with practice that's terrific but we shouldn't be relying on that



UK consultations

In May 2010, the Coalition Agreement set out that 'we will seek to stop foreign healthcare professionals working in the NHS unless they have **passed robust language and competence tests**' in order to assure patient safety and quality of care in the UK. (DoH call, p. 6)

> Language Controls for Doctors - Proposed Changes to the Medical Act 1983 A paper for consultation



Regulating doctors Ensuring good medical practice

UK consultations

The academic version of the IELTS test is widely accepted by employers, regulators and professional bodies as a means of assessing proficiency in English in a professional environment. It is widely available, with a significant evidence base behind it. It is also relatively inexpensive for candidates. (GMC report, p. 7)



Regulating doctors Ensuring good medical practice

GMC report

There were a range of comments particularly about the International English Language Testing System (IELTS), for example stating it's not the only test, it's not specifically medical, or it's too expensive. (p. 7)

We received a range of comments relating to communication more broadly. These highlighted that **communication is more than just language** and includes nuances, phrases, colloquialisms and body language. (p. 33)

Berry, O'Sullivan, & Rugea (2013) Identifying the appropriate IELTS score levels for IMG applicants to the GMC register

- 1. Is IELTS an adequate measure of English proficiency for this context?
- 2. Are the existing cut-scores set for IELTS adequate?



Is IELTS an adequate measure for this context? Listening

In some respects this is quite a good test of [what] we think doctors should do but because of the tempo and the guidance that is given, **if a doctor is going to be able to function in a genuine medical setting they would need to get all of the questions right**.

There should be other tasks like an emotional situation, someone describing something in tears, on the telephone, with background noise.

Is IELTS an adequate measure for this context? Writing

It doesn't actually reflect the sorts of writing that we think doctors have to do.

Reading

It's a good test of reading ability in general but it's not sufficient to tell us whether a doctor can **read the sorts of things they need to read**.

Is IELTS an adequate measure for this context? Speaking

From the sorts of questions and the sorts of tasks, we couldn't say whether someone could be a doctor.

\rightarrow Greater integration of skills

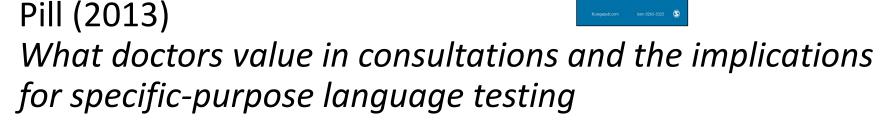
listening to the patient then you have to go and read and learn stuff and then you have to write about that ... having a whole integrated thing would be better.

Are the existing cut-scores set for IELTS adequate?

	OVERALL	LISTENING	SPEAKING	READING	WRITING
GMC scores at time of study	7	7	7	7	7
Patients' view	8	8.5	8	8	7.5
Reported view from study	8	8.5	8	7.5	7.5
Revised GMC scores	7.5	7	7	7	7

Elder, McNamara, Woodward-Kron, Manias, McColl, & Webb (2013) Towards improved healthcare communication: Development and validation of language proficiency standards for non-native English speaking health professionals

Elder (Ed.) (2016) Special issue of *Language Testing* volume 33 Number 2 2016 Language Testing





Occupational English Test (OET) Speaking test – assessment criteria

- OVERALL COMMUNICATIVE EFFECTIVENESS
- FLUENCY
- INTELLIGIBILITY
- APPROPRIATENESS OF LANGUAGE
- RESOURCES OF GRAMMAR AND EXPRESSION

Indigenous assessment criteria

[Group members] call upon their own indigenous members' methods of practical reasoning and on a rich inventory of tacitly known assessment criteria (Jacoby, 1998, p. 311)

by definition task-related, context-related, specific and local (Jacoby & McNamara, 1999, p. 234)

Weak performance tests

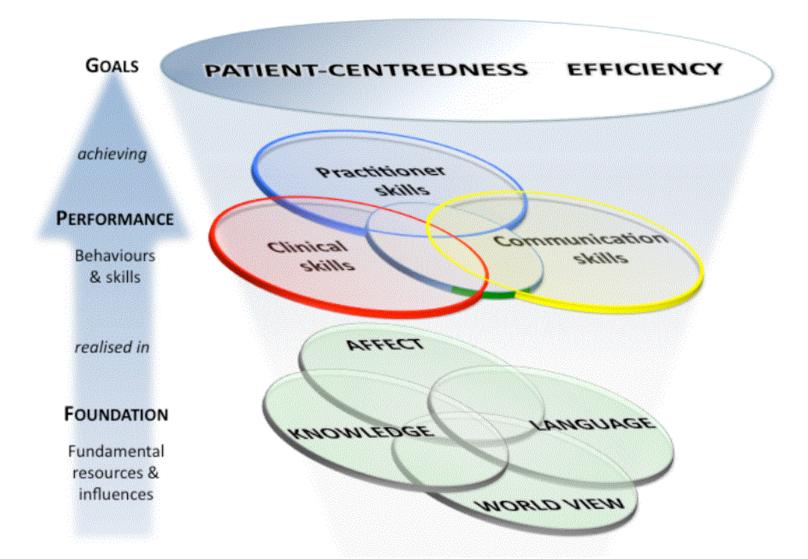
the focus is on **language performance** ... [and] the purpose of the assessment is to elicit a language sample so that second language proficiency ... may be assessed

Strong performance tests

performance will primarily be judged on **real-world criteria**, that is, the fulfilment of the task set

(McNamara, 1996, pp. 43-44)

A model of what is valued by doctors in the doctor–patient consultation (Pill, 2013)



Existing test criteria

• FLUENCY

you have a tendency to talk quite quickly

• INTELLIGIBILITY

Some of the patients, mainly elderly, had difficulty with your accent

• APPROPRIATENESS OF LANGUAGE

You asked the patient 'you still drink?', which I thought was a bit abrupt

• RESOURCES OF GRAMMAR AND EXPRESSION

I think his questions were at least phrased clearly

Interaction tools – realising clinical work

when she needed to she **clarified** something she didn't understand ... so she made sure she was getting the correct story

she said you know 'tumour bleeding' without ... couching it in a little bit of **explanation**

In the explanation of diagnosis and management, practise **using precise simple sentences**, so that you do not need to repeat them.

Patient-centredness (examples)

- Interacting with the patient in an approachable, professional way
- Allowing the patient to contribute fully [not interrupting him/her unnecessarily]
- Supporting the patient's narrative with active listening techniques
- Seeking to elicit the patient's perspective on the situation
- → Added criterion: CLINICIAN ENGAGEMENT

Efficiency (examples)

- Using an open question to allow the patient to provide more information
- Sequencing the process of information-gathering purposefully and logically for the patient
- Finding out what the patient wants to know
- Explaining in a straightforward way, relevant to the patient's situation and needs
- → Added criterion: MANAGEMENT OF INTERACTION

OET Speaking test Proposed assessment criteria

- FLUENCY
- INTELLIGIBILITY
- APPROPRIATENESS OF LANGUAGE
- RESOURCES OF GRAMMAR AND EXPRESSION
- CLINICIAN ENGAGEMENT
- MANAGEMENT OF INTERACTION

Perspectives from stakeholders

Tests may be

- taken for granted, as standard
- outsourced, someone else's responsibility
- hurdles for entry, to record that a check was carried out
- management tools to control access

Tests can (also) be

- thresholds for entry
- clear models of what the domain requires
- starting points for language skills development in the domain, for everyone

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