

Setting an English Language Proficiency Passing Standard for Entry-Level Nursing Practice Using the Pearson Test of English Academic

Ada Woo, PhD
Senior Psychometrician, NCLEX® Examinations

Philip Dickison, PhD, RN
Director, NCLEX® Examinations

John de Jong, PhD
Vice President, Test Development, Pearson Language Tests



Pearson Test of English (PTE) Academic is a new computer-based English language proficiency test launched in October 2009 that will be available in 35 countries and more than 200 locations in 2010. Anticipating widespread use of PTE Academic, the National Council of State Boards of Nursing (NCSBN®) conducted a standard-setting study in November 2009 to establish a PTE Academic minimal passing standard, as related to entry-level nursing practice.

Similar standard-setting exercises targeting entry-level nursing practice have been performed on other English language proficiency tests. In 2003, NCSBN conducted its first English language proficiency workshop with the Test of English as a Foreign Language Computer-based Test (TOEFL® CBT). An updated TOEFL passing standard was set as a new version of the test, TOEFL Internet-based Test (TOEFL iBT™), became the primary choice for TOEFL candidates in a standard-setting workshop in 2008. In 2004, a similar standard-setting workshop was conducted with the International English Language Testing System (IELTS™) examination.

NCSBN is providing its member boards with another option for evaluating English language proficiency of licensure applicants by setting a minimum English proficiency requirement with PTE Academic. Given the number of internationally educated nurses who seek licensure in the U.S., defining a legally defensible passing standard, documenting the procedures used to identify that standard, and making the standard available to boards of nursing and other interested parties would be a benefit to member jurisdictions. An additional benefit to using the NCSBN recommended English proficiency standard is that it would make PTE Academic pass-fail decisions portable across member jurisdictions. This technical brief describes the PTE Academic standard-setting process and the NCSBN recommended passing standard.

PTE Academic

PTE Academic was developed to measure the English communication skills of nonnative English-speaking students in an academic environment. Owned and developed by Pearson, the test was cross-validated in several countries, including the United Kingdom, Australia and the U.S., to ensure that the test is representative of and measures international academic English.

PTE Academic measures four English language skills in four corresponding sections: Writing, Speaking, Reading and Listening. The test's format is shown in Table 1.

Part	Content	Time Allowed
Intro	Introduction	Not timed
Part 1	Speaking and Writing	77-93 minutes
Part 2	Reading	32-41 minutes
Optional Scheduled Break		10 minutes
Part 3	Listening	45-57 minutes

PTE Academic is aligned with the Common European Framework (CEF) (Council of Europe, 2001), a set of widely used benchmarks for language ability, made up of six consecutive levels of language ability defined by descriptors of language competencies (Appendix A). In terms of score reporting, PTE Academic results are expressed in three types of scores. The Overall Score reflects the overall English language ability of a test taker. Scores for Communicative Skills include listening, reading, speaking and writing. Scores for Enabling Skills include grammar, oral fluency, pronunciation, spelling, vocabulary and written discourse. The PTE Academic score scale ranges from 10 to 90.

Selection for the PTE Academic Standard-Setting Panel

The composition of a standard-setting panel is a key element in determining the validity of the standard-setting process. For the PTE Academic Standard-Setting Workshop, 19 subject matter experts were recruited from the four NCSBN geographic areas in order to provide a representative sample of the nursing profession and consumers of nursing services. The panel also includes a diverse range of demographic and practice characteristics following these

selection criteria: (1) nurses who speak a primary language other than English and have taken an English proficiency test; (2) nurses who work with clients who speak a primary language other than English; (3) clinical nurse supervisors of nurses who speak a primary language other than English; (4) nursing regulators; (5) nursing educators; and (6) consumers of nursing services. In all, the standard-setting panel represented 13 NCSBN boards of nursing, six languages and a variety of nursing specialties. Details of panelist composition are listed in Table 2.

Table 2. Characteristics of Panelists

Panelist Characteristic	Category	%	(N)
Gender	Female	89	17
	Male	11	2
Nursing license ¹	Registered nurse (RN)	82	14
	Licensed practical/vocational nurse (LPN/VN)	18	3
NCSBN geographic region	I	21	4
	II	37	7
	III	21	4
	IV	21	4
Years of post licensure experience ²	1 to 10 years	24	4
	11 to 20 years	29	5
	21 to 30 years	18	3
	31 to 40 years	24	4
	41 or more years	6	1
Primary language	English	47	9
	Spanish	26	5
	Tagalog	11	2
	Arabic	5	1
	Chinese	5	1
	French	5	1
Has taken an English proficiency test	Yes	42	8
	No	58	11
Job title	Staff nurse	32	6
	Supervisor	21	4
	Board of nursing regulator	21	4
	Nursing educator	21	4
	Director	5	1
Nursing specialty ³	Nursing education	24	4
	Emergency medicine	18	3
	Medical/Surgical	12	2
	Mental health	12	2
	Geriatric	6	1
	Nursing regulation	6	1
	Obstetrics	6	1
	Pediatrics	6	1
	Preoperative care	6	1
	Rehabilitation	6	1
Rheumatology	6	1	

¹ Two panelists, representing consumers of nursing services, do not hold nursing licenses.

² Among the 17 panelists who are licensed nurses, average years of post-licensure experience is 22.8 years (SD=12 years).

³ Several panelists listed more than one specialty area; therefore sum of percentages exceeds 100%.

Standard-Setting Panelist Orientation and Training

A set of preparatory materials were sent to panelists prior to the workshop. The materials included a brief description of PTE Academic, the NCLEX-RN® and NCLEX-PN® test plans, and a preworkshop assignment that asked panelists to consider entry-level nursing activities that require English skills in each of the four areas measured by PTE Academic. Panelists were also given access to a PTE Academic online practice test prior to the standard-setting workshop. They were encouraged to complete the practice test in order to familiarize themselves with different item types on PTE Academic.

When panelists arrived at the workshop, they were given an overview of PTE Academic and the test development process. In addition to receiving training on standard-setting methodology, panelists also received extensive education on CEF, which covered basic principles underlying CEF, the hierarchy of CEF scales and the interpretation of CEF levels.

Standard-Setting Procedures

PTE Academic consists of four sections: Writing, Speaking, Listening and Reading. The standard-setting panel recommended a separate passing standard for each. Prior to the start of the standard-setting exercise, workshop facilitators surveyed panel members on whether language requirements for entry-level registered nurses (RNs) and licensed practical/vocational nurses (LPN/VNs) are comparable. This was an important discussion because if the panel judged that language requirements for entry-level RNs and LPN/VNs are distinct, two separate passing standards would need to be set in the workshop. After the discussion, the panel concluded that the English competency level required to practice entry-level nursing tasks safely and effectively should be the same across all licensure types.

At the beginning of each section, panelists participated in a discussion of how much English proficiency in each language skill was required to safely and effectively perform entry-level nursing activities. From the discussion, panelists generated a list of tasks related to that specific language skill deemed necessary for safe and effective entry-level nursing practice (Appendix B). After reaching a consensus, panelists reviewed actual PTE Academic items and made recommendations for a passing standard.

There were two standard-setting methods used to set passing standards for the four sections. For the productive skills (Writing and Speaking sections), panelists independently reviewed response profiles given by test-takers at various score levels (ranging from basic English users to proficient English users). The responses reviewed were obtained from actual PTE candidates on pretest items. Panelists were asked to consider whether an entry-level nurse with minimally acceptable English language skills would be able to answer

the items similar to one of the sample candidates. For the receptive skills (Listening and Reading sections), panelists reviewed PTE Academic items and made judgments on each. The panelists considered whether an entry-level nurse with minimally acceptable language skills would be able to answer the item under review correctly.

Within both standard-setting methods, panelists were asked to provide two rounds of ratings. In the first round, panel members estimated the absolute ability of candidates or the absolute difficulty of items in relation to the coherent system of level descriptors defined in CEF. In the second round, the panel members estimated the ability of candidates or the difficulty of items in relation to the hypothesized linguistic requirements for entry-level nurses. Panel members were asked to indicate whether they thought the ability displayed in a response (Speaking and Writing) or the ability required to respond (Listening and Reading) represented a minimal level of required English proficiency for an entry-level nurse.

Standard-Setting Panel Recommendations

In all four sections, panelists were able to reach consensus on the recommended standard through group discussion. A summary of panel recommendations on section scaled scores is listed in Table 3. According to conversion data provided by Pearson, the PTE Academic passing standards recommended by the standard-setting panel are comparable to the NCSBN endorsed TOEFL and IELTS passing standards. For TOEFL iBT, a minimal total score of 84 and a minimum speaking score of 26 has been advised. A score of 84 on TOEFL iBT corresponds with a score of 56 on PTE Academic. For IELTS, the minimum requirement has been set at 6.5 (corresponding to 58 on PTE Academic) with no communicative skill below 6.0 (which corresponds with 50 on PTE Academic).

Table 3. Summary of Panel Recommendations

Reading	Writing	Listening	Speaking	Overall
50	50	50	50	55

NCSBN Board of Directors (BOD) Deliberation

The NCSBN BOD reviewed and discussed results from the PTE Academic Standard-Setting Workshop. They reviewed background on PTE Academic, along with English proficiency benchmarks on CEF and procedures used in the standard-setting workshop. The BOD then considered passing standards recommended by the PTE Academic panel, as well as the potential pass/fail impact of these recommendations. After weighing all available evidence, including comparability to other NCSBN endorsed English proficiency standards and the BOD's own knowledge about the nursing profession, they concurred with the panel's recommendation of an overall passing standard of 55 with no individual section below 50.

Conclusions

NCSBN's recommendation regarding the English proficiency passing standard of an overall score of 55 with no subscores lower than 50 is consistent with the previous English proficiency passing standards recommended for other English language tests and the level of English proficiency needed to perform entry-level nursing safely and effectively. Additionally, this recommendation is consistent with the NCSBN policy position on international nurse immigration, which states that "domestic and international nurses need to [be] proficient in written and spoken English skills" (NCSBN, 2003). Boards of nursing can use this information to make decisions regarding the level of English proficiency needed for entry-level RNs and LPN/VNs in their jurisdictions.

References

- Angoff, W. H. (1971). Scales, norms and equivalent scores. In R. L. Thorndike (Ed.), *Educational measurement* (2nd ed., pp. 508-600). Washington, DC: American Council on Education.
- Council of Europe. (2001). *Common European framework of reference for languages: Learning, teaching, assessment*. Cambridge: CUP.
- National Council of State Boards of Nursing. (2003). National Council of State Boards of Nursing (NCSBN) Position Statement International Nurse Immigration. Retrieved July 20, 2009, from <https://www.ncsbn.org/1272.htm>
- Taube, K. T. (1997). The incorporation of empirical item difficulty data in the Angoff standard-setting procedure. *Evaluation and the Health Professions*, 20, 479-498.

Appendix A: Overview of the Common European Framework (CEF)

The *Common European Framework of Reference for Languages: Learning, Teaching, Assessment* (CEFR) is a guideline used to describe achievements of learners of foreign languages across Europe. It was established by the Council of Europe between 1986 and 1996 as the main part of the project "Language Learning for European Citizenship." Its main purpose is to provide educators, students and employers a common scale for comparing and contrasting language ability across all languages in Europe. In November 2001, a European Union Council Resolution recommended using CEFR to set up systems of validation of language ability. The six reference levels (see below) are becoming widely accepted as the European standard for grading an individual's language proficiency.

PTE Academic is aligned (preliminary estimate) with the Common European Framework (CEF), which is a widely recognized benchmark for language ability developed by the Council of Europe (2001) and other international English language tests. CEF includes a set of consecutive language levels defined by descriptors of language competencies. These commonly defined levels enable language learners, teachers, universities and employers to compare and relate language qualifications by level.

CEF describes language proficiency along a number of scales. Each scale refers to a particular aspect of language use. The scales of descriptors have been drawn up on the basis of empirical research.

- A1 – Makes simple statements on personal details and very familiar topics
- A2 – Relates basic information on work, background, family, free time, etc.
- B1 – Relates comprehensibly the main point he/she wants to make on familiar matters
- B2 – Relates information and points of view clearly and without noticeable strain
- C1 – Shows fluent, spontaneous expression in clear, well-structured speech
- C2 – Conveys finer shades of meaning precisely and naturally

A person at the border between level A2 and B1 or B2 will probably do 80% of the tasks at level A2, but can also do 50% of the tasks at level B2, because the underlying scale is continuous.

The relation between PTE Academic scores and the CEF scale is shown in the figure below.

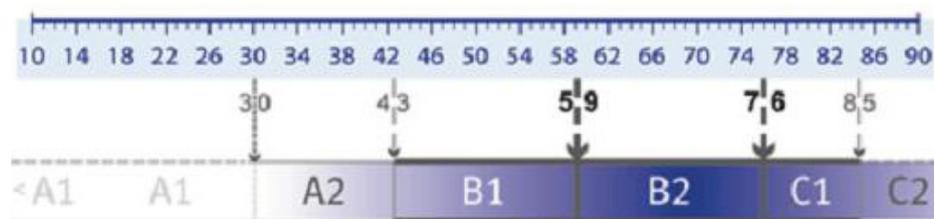


Table 1. Common Reference Levels: Global Scale		
Proficient user	C2	Can understand with ease virtually everything heard or read. Can summarize information from different spoken and written sources, and reconstruct arguments and accounts in a coherent presentation. Can express himself/herself spontaneously, very fluently and precisely, differentiating finer shades of meaning even in more complex situations.
	C1	Can understand a wide range of demanding, longer texts and recognize implicit meaning. Can express himself/herself fluently and spontaneously without much obvious searching for expressions. Can use language flexibly and effectively for social, academic and professional purposes. Can produce clear, well-structured, detailed text on complex subjects, showing controlled use of organizational patterns, connectors and cohesive devices.
Independent user	B2	Can understand the main ideas of complex text on both concrete and abstract topics, including technical discussions in his/her field of specialization. Can interact with a degree of fluency and spontaneity that makes regular interaction with native speakers quite possible without strain for either party. Can produce clear, detailed text on a wide range of subjects and explain a viewpoint on a topical issue giving the advantages and disadvantages of various options.
	B1	Can understand the main points of clear standard input on familiar matters regularly encountered in work, school, leisure, etc. Can handle most situations likely to arise while traveling in an area where the language is spoken. Can produce simple connected text on topics that are familiar or of personal interest. Can describe experiences and events, dreams, hopes and ambitions, and briefly give reasons and explanations for opinions and plans.
Basic user	A2	Can understand sentences and frequently used expressions related to areas of most immediate relevance (e.g., very basic personal and family information, shopping, local geography, employment). Can perform simple and routine tasks following a simple and direct exchange of information on familiar and routine matters. Can describe in simple terms aspects of his/her background, immediate environment and matters in areas of immediate need.
	A1	Can understand and use familiar, everyday expressions and very basic phrases aimed at the satisfaction of needs of a concrete type. Can introduce himself/herself and others, and can ask and answer questions about personal details, such as where he/she lives, people he/she knows and things he/she has. Can interact in a simple way provided the other person talks slowly and clearly, and is prepared to help.

Appendix B: Comprehensive Entry-Level English Task List Generated by Panelists

WRITING TASKS BY CATEGORY				
Documentation	Evaluation	Communicating with Health Care Workers	Nursing Interventions	Continuing Education and Training
Patient's status in health record	Taking notes on patient assessment	Communicating with health care workers	Instructions to patient/family	Test-taking skills (writing)
Progress note	Explaining in clear detail what the nurse observes	Notes to the charge nurse/supervisor	Developing a care plan and treatment plan	
Patient's change in condition		Agenda for staff meetings (nursing supervisor)	Contributing to care plan or patient specific instructions	
Vital signs/lab results		Transcribing a physician's order	Discharge instructions	
Notes related to postprocedure result		Line staff assignment		
Receiving or giving report over the phone		Unit report		
Narrative notes on a patient's chart		Documentation of quality assurance for blood glucose strips or urine dipsticks		
Medication administration record		Communicate accurately, clearly by e-mail		
Completion of ID bands for mom/baby in obstetrics		Taking health care providers' orders		
Completion of blood/blood products forms before and after infusion		Incident reports		
Computer documentation (electronic and paper records)		Provides instructions to unlicensed assistive personnel (UAPs) in writing		
		Notes (formal or informal) to other health care providers		
		An evaluation		

SPEAKING TASKS BY CATEGORY			
Assessment	Teaching	Interdisciplinary Education	Therapeutic Communication
Ask client questions when status change is noted	Any patient teaching	Give oral report to next shift	Offer support, hope, compassion to a grieving family
Asking patient about pain levels	Reinforce discharge teaching	Give report/updates to other health care professionals	Phrase questions to patients to elicit more than just a yes/no response
Obtain a health history	Explain new medications or disease process	General communication with colleagues regarding patients or work flow	
	Orient patient to room upon admission	Taking assessment	
	Provide patient/family with instruction/directions	Interacting with staff	
	Explain procedures	Able to articulate pertinent information	
	Instruction on diet	Explain accurately medical jargon into common language	
		Taking telephone orders/communicate via telephone with physician	

LISTENING TASKS BY CATEGORY				
Interacting with Health Care Team	Obtaining Information Over the Phone	Interacting with Clients	Participating in Continuing Education (CE) or Professional Development	Therapeutic Communication
Obtaining information from a supervisor	Obtaining a verbal or telephone physician's order	Identifying a patient/family's most urgent concerns	Attends CE session	Uses therapeutic conversations/counseling
Identifying pertinent information from verbal clinical report	Uses telephone properly	Understands questions posed by patient/family regarding care or instructions	Learns new procedures	Understands description of symptoms
Listens to shift report (verbal or dictated)	Obtains lab reports by phone		Educational inservices or programs	Understands pain level is what patient says it is
Verbal instructions			Participates in and contributes to team conferences	Recognize physical therapy needs
Listen to what other nurses are saying regarding treatment options				
Confirm physician orders				
Giving report to oncoming shift				

READING TASKS BY CATEGORY		
Interdisciplinary Communication	Education/Professional Development	Patient Safety
Read notes of other health care professionals/interdisciplinary notes	Reads nursing journal for ongoing professional development	Allergy lists
Able to read client chart	Understand reference materials as necessary	Dosage measurements (weights/heights)
Interoffice communication	Read equipment instructions	Read the medication/treatment administration record
Patient care plans	Policy/procedures manual for the organization	Check ID bands
Reads shift assignment and unit schedule	Drug inserts/Physicians' Desk Reference (PDR)/labels for drug information	Understand abbreviations used within the organization
History and physical	Information regarding diagnostic test or diagnosis which they are unfamiliar with	Understands signs found within hospital
Physician orders	Patient education materials	

©2010 The National Council of State Boards of Nursing (NCSBN®) is a not-for-profit organization whose members include the boards of nursing in the 50 states, the District of Columbia and four U.S. territories — American Samoa, Guam, Northern Mariana Islands and the Virgin Islands. There are four associate members.

Mission: The National Council of State Boards of Nursing (NCSBN), composed of Member Boards, provides leadership to advance regulatory excellence for public protection.



National Council of State Boards of Nursing, Inc.
 111 E. Wacker Drive, Suite 2900, Chicago, IL 60601-4277
 312.525.3600 | International Calls: +1.312.525.3688
 Testing Services: 312.525.3750 | www.ncsbn.org