

A Minimum English Proficiency Standard for The Test of English as a Foreign Language™ Internet-Based Test (TOEFL® iBT)

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Introduction

In 2009, one of the initiatives of the National Council of State Boards of Nursing (NCSBN®) was to determine a passing standard for nurses on the Test of English as a Foreign Language Internet Based Test (TOEFL® iBT). Previously, NCSBN had recommended an English proficiency passing standard for TOEFL and the International English Language Testing System (IELTS®). This study provides a specific recommendation for TOEFL iBT because the Internet-based test adds a speaking component to TOEFL. In keeping with the *Standards for Educational and Psychological Testing*, the procedures and rationale used to set a passing standard should be documented (American Educational Research Association, American Psychological Association, and National Council on Measurement in Education, 1999). This research brief explains the process and the NCSBN passing standard recommendation to member boards of nursing.

TOEFL® iBT Examination

TOEFL, produced by Educational Testing Service (ETS), is an examination designed to measure English language proficiency among non-native English speakers in the academic setting. It is administered internationally in over 180 countries and is accepted as an English proficiency test among academic institutions (ETS, 2009). Two versions of the TOEFL examination are administered in the U.S.: the Paper-based Test (PBT) and the Internet-based Test (iBT). Currently, a majority of TOEFL tests administered are Internet-based, however, the PBT is available as a supplement to TOEFL iBT in a limited number of locations (ETS, 2009).

The TOEFL iBT measures reading, listening, speaking and writing skills. Test takers are allowed a total of four hours to complete the test. For the reading section, the examinee reads three to five passages of approximately 700 words each and then answers 12 to 14 questions for each passage. The reading section takes 60 to 100

minutes. For the listening section, the examinee listens to four to six classroom lectures and two to three conversations that are three to five minutes in length. After listening to a segment, examinees answer five to six questions about segment content. The listening section is administered over 60 to 90 minutes. The speaking section consists of six tasks, including two independent tasks for the examinee to express an opinion on a familiar topic and four integrated tasks based on what the examinee reads or hears on the test. The examinee has up to 30 seconds to prepare each response and up to one minute to respond. The entire speaking section takes 20 minutes. Lastly, the writing section consists of one integrated task and one independent task. The examinee is allowed 20 minutes to complete the integrated task and 30 minutes for the independent task. The examinee can receive a maximum of 30 scaled points on each of the four sections. The section-level subscores (zero to 30 points each) and a total TOEFL iBT score (zero to 120) are reported.

Selection of Standard Setting Panelists

The composition of a standard setting panel is a key element in determining the validity of the standard setting process. Twenty-two subject matter experts from the four NCSBN geographic areas served on the standard setting panel. The panel was selected to include: (1) nurses who speak a primary language other than English and have taken the TOEFL; (2) nurses who work with clients that speak a primary language other than English; (3) clinical nurse supervisors who speak a primary language other than English; (4) a nursing regulator; (5) a nursing educator; (6) a consumer of nursing services; and (7) registered nurse (RN) and licensed practical/vocational nurse (LPN/VN) representatives. In all, the standard setting panel was quite diverse, representing 17 states, seven foreign languages and various nursing specialty and practice settings. Detailed panelist demographic characteristics are listed in Table 1.

Table 1. Demographic Characteristics of Standard Setting Panel Members			
Panelist Characteristic	Category	%	(N)
Gender	Female	86%	19
	Male	14%	3
License	RN	86%	19
	LPN/VN	14%	3
NCSBN geographic region	Area I	18%	4
	Area II	41%	9
	Area III	18%	4
	Area IV	23%	5
Language spoken other than English	Spanish	18%	4
	Igbo	14%	3
	Filipino	14%	3
	Chinese	9%	2
	Arabic	5%	1
	Russian	5%	1
	Korean	5%	1
Has taken TOEFL	Yes	50%	11
	No	50%	11
Job title	Staff nurse	59%	13
	Supervisor	14%	3
	Board of nursing staff	5%	1
	ESL instructor	5%	1
	Family nurse practitioner	5%	1
	Instructor	5%	1
	Nurse education manager	5%	1
	Recruitment specialist	5%	1
Primary specialty ¹	Medical/Surgical	33%	7
	Obstetrics	19%	4
	Pediatrics	10%	2
	Child/Adolescent psychiatric	5%	1
	Critical Care	5%	1
	Geriatric	5%	1
	Hospice	5%	1
	Neonatal intensive care	5%	1
	Not reported	14%	3
Practice setting ¹	Hospital	57%	12
	Outpatient facility	14%	3
	Home health	10%	2
	Academic program	5%	1
	Administration	5%	1
	County health department	5%	1
	Day care	5%	1

¹The standard setting panel contained one public member who was not a nurse. The percentages in this category were calculated based on 21 panelists.

Panelist Orientation and Training

Another important element in the standard setting process is to ensure that the members of the panel are adequately prepared for the standard setting task. Thus, a set of preparatory materials was sent to panelists approximately two weeks prior to the standard setting workshop. The materials included a description of the TOEFL iBT, the agenda of the standard setting workshop, the NCLEX-RN® and NCLEX-PN® test plans, and a preworkshop homework assignment. Panelists were asked to read the materials and complete the homework assignment prior to attending the standard setting workshop. The homework was divided into four sections with each addressing a different language skill measured by TOEFL iBT: reading, listening, speaking and writing. For each section, panelists considered entry-level nursing activities that require the language skill being measured. In addition, panelists were instructed to reflect on their experiences with non-native English speakers and to think of an example of someone with good English skills and someone with poor English skills. The panelists then recorded skills that their examples illustrated as part of their preparation for the workshop.

Workshop facilitators oriented panelists to the goals and purpose of the three-day workshop by describing the TOEFL iBT and the standard setting process. Additionally, the minimally competent candidate concept was explained to panelists. In the presentation, facilitators emphasized that the responsibility of the panelists was to set a minimum English proficiency standard for nurses to practice at entry level in the U.S., not a minimum English proficiency standard for passing the NCLEX®. Panelists were encouraged to ask questions throughout the orientation. The panelists' evaluation at the conclusion of the workshop was positive and indicated that they felt prepared for their standard setting task (Wendt, Woo, & Kenny, in Press).

The facilitators also noted that it was important to come to consensus on the language demand that was being considered before the start of the standard setting process. After the orientation, facilitators asked panelists to discuss whether the English language requirements are the same for entry-level RNs and LPN/VNs. The panel, consisting of both RNs and LPN/VNs, agreed that the language demand is the same for RNs and LPN/VNs, despite the differences in scope of practice.

Standard Setting Procedures

Listening and Reading Sections

There were two standard setting procedures used in the standard setting workshop: the Yes/No method and the

Examinee Paper Selection method. To apply the Yes/No method each panelist was asked to imagine a nurse with minimally acceptable English skills and estimate whether such a nurse would be able to correctly answer a sample of items. This method was introduced by Impara and Plake (1997) as a variation of the modified Angoff method. In a modified Angoff standard setting, panelists estimate the probability that a minimally competent candidate would be able to obtain a correct answer to a particular question. Unlike the modified Angoff, the Yes/No method lessens the demand on panelists by asking them for a Yes/No response rather than to estimate probabilities. The Yes/No method was used to set standards for the listening and reading sections.

At the start of the listening section, panelists discussed and developed a consensus on minimally acceptable English listening skills for entry-level nurses in the U.S. As part of the discussion, the panelists defined a list of listening tasks that entry-level nurses are required to perform in order to practice nursing safely and effectively (Appendix A). This discussion was facilitated by the homework assignment that panelists completed prior to attending the workshop. After the minimally required listening skills and nursing tasks were defined, a sample listening segment and associated items were presented to the panelists. Panelists practiced the Yes/No rating procedure on the sample items. After the panelists became familiar with the TOEFL iBT listening section and the Yes/No method, they provided independent judgments on an actual TOEFL iBT listening section. For each item that was reviewed, facilitators asked panelists to consider whether an entry-level nurse with a minimally acceptable listening ability would answer the item correctly. The items for this section were drawn from retired TOEFL iBT tests. Panelists were provided two rounds of ratings with group discussion between each round.

The procedures used to set a standard for the reading section were very similar to those used for the listening section except that the items reviewed were written instead of verbal.

Writing and Speaking Sections

Unlike the listening and reading sections where examinees answer closed-ended items with definite right and wrong answers, the writing and speaking sections require examinees to generate open-ended responses that are graded by raters. Therefore, instead of using the Yes/No Method throughout the standard setting workshop, the Examinee Paper Selection method was used to set standards for the speaking and listening sections (Hambleton, Jaegar, Plake & Mills, 2000). The Examinee Paper Selection method requires panelists to read scoring

rules for each sample item that describe the elements that constitute a point for that item. Panelists then read examinee responses that correspond to each point of the scoring rules. After reviewing examinee responses that span different score points for an item, panelists chose a response that they believed would most likely be given by an internationally-educated, entry-level nurse with minimum English language skills. If the panelists believed that the minimally competent candidate would likely respond somewhere between two score levels, they were allowed to use half points.

At the start of the speaking section, panelists discussed and developed a consensus regarding their concept of the minimally competent speaker. They also defined a list of speaking tasks entry-level nurses need to perform in order to safely and effectively practice nursing in the U.S. (Appendix A). Preworkshop homework assignments facilitated the discussion and development of the task list shown in Appendix A. As previously noted, after the minimally acceptable speaking skills and tasks were developed, panelists were oriented to the TOEFL iBT speaking section. Facilitators familiarized the panelists with the section's format and score levels. To set a minimally acceptable standard for the speaking section, panelists reviewed six speaking tasks and their respective scoring rules. Twelve response profiles of varying speaking score levels from past TOEFL iBT candidates were presented to panelists as examples. Panelists were allowed to playback any response profile during the standard setting process. After the presentation of each speaking task and the corresponding scoring rules, panelists listened to responses from the 12 examinees on each of the six speaking tasks. At the conclusion of reviewing all six tasks, panelists were asked to independently consider whether each of the 12 example examinees demonstrated the minimally acceptable speaking skills required for safe and effective entry-level nursing practice. The lowest score level at which panelists thought an example examinee had the minimal speaking skills then represented their recommended standard for the speaking section. Panelists were allowed to provide two rounds of recommendations, with discussion between each round.

Procedures for the writing and speaking sections are similar except the writing section included writing skills rather than speaking skills.

Panel Recommendations

For all four TOEFL iBT sections, panelists were able to come to a consensus on a recommended standard. It is important to note that the social dynamic among panelists and facilitators was one of collaboration. After the workshop, all participants noted that they found the experience valuable and appreciated the ample opportunities they were given to express their opinion. In all TOEFL iBT skill categories, round two recommendations from the panel were more similar than those of the round one. This increased similarity suggested convergence of individual recommendations as the workshop progressed. No drastic outliers were found among second round recommendations for all four sections. This research brief will report these recommendations in aggregate form.

As indicated in the score interpretation guidelines provided by ETS and presented in Table 2, each TOEFL iBT section measures a range of English skill levels (ETS, 2009). Panel recommendations for the four sections are summarized in Table 3. In addition to analyzing recommendations from the panel as a whole, recommendations from panelist subgroups were also analyzed. These subgroups included: (1) panelists who have taken the TOEFL; (2) panelists who work with non-English speaking clients; (3) panelists who are clinical supervisors; and (4) panelists who are regulators, educators or members of the public. As can be seen in Table 3, the minimally acceptable skill levels recommended by the four panelist subgroups were remarkably consistent. In three out of the four TOEFL iBT skills, all subgroups recommended the same level of minimally acceptable performance. Panelists who have taken the TOEFL previously and those who work with non-English speaking clients recommended a slightly lower writing skill level than the other subgroups. Overall, the standard setting panel recommended intermediate levels for the reading and listening sections, and a fair level for the speaking and writing sections. The average of the panel's recommended English proficiency levels are shaded gray in Table 3.

Table 2. TOEFL iBT Score Scale

Skill	Score Range	Level
Reading	0-30	Low (0-14)
		Intermediate (15-21)
		High (22-30)
Listening	0-30	Low (0-14)
		Intermediate (15-21)
		High (22-30)
Speaking	0-4 points converted to 0-30 score scale	Weak (0-9)
		Limited (10-17)
		Fair (18-25)
		Good (26-30)
Writing	0-5 points converted to 0-30 score scale	Limited (0-16)
		Fair (17-23)
		Good (24-30)

Table 3. Summary of Panel Recommendations by Subgroups

Test Section	Mean recommendation by all panelists (N=22)	Mean recommendation by panelists who have taken TOEFL (N=11)	Mean recommendation by panelists who work with non-English speaking clients (N=8)	Mean recommendation by panelists who are clinical supervisors (N=3)	Mean recommendation by panelists who are regulators, educators or public members (N=3)
Reading	Intermediate	Intermediate	Intermediate	Intermediate	Intermediate
Listening	Intermediate	Intermediate	Intermediate	Intermediate	Intermediate
Speaking	Fair	Fair	Fair	Fair	Fair
Writing	Fair	Limited	Limited	Fair	Fair

NCLEX® Examination Committee (NEC) Deliberation

The NCSBN Board of Directors charged the NEC with developing a recommended minimum TOEFL iBT passing standard for entry-level nurses. As noted, the recommended passing standards from panelists were consistent across the four English language skills: reading, listening, speaking and writing. The average panel recommendations provided critical information for committee deliberation. In addition to

results of the standard setting process, the committee considered information from a variety of sources including existing U.S. visa-screening requirements for allied health professionals (Table 4) and normative TOEFL iBT performance data from applicants for professional licensure.

Table 4. Current TOEFL iBT Standards for VisaScreen® (CGFNS, 2005)

Total Score	Speaking Score	Professional Group
79	26	Current standard for clinical laboratory technicians, (medical technicians) and LPN/VNs
83	26	Current standard for RNs , clinical laboratory scientists (medical technologists), speech language pathologists, audiologists and physician assistants
89	26	Current standard for occupational therapists and physical therapists

As seen in Table 4, the current VisaScreen® TOEFL requirements for other allied health professions are consistent with recommendations from the standard setting panel. The committee also reviewed 2007 test score information from the TOEFL iBT in order to gain information on the impact of a recommended passing score. The test scores of TOEFL examinees who reported that they took the test to obtain professional licensure were considered. The committee chose this sub-population of TOEFL examinees because their educational level would be similar to that of entry-level nurses. After weighing all available evidence, including their in-depth knowledge about the nursing profession, the NEC recommended that the minimally acceptable TOEFL iBT scores for entry-level nurses be an overall score of 84 with a minimum speaking score requirement of 26. The recommended minimum overall score is one point higher than the TOEFL passing standard endorsed by NCSBN in 2005.

Comparison with Minimum IELTS® Passing Standard for Entry-level Nurses

In 2005, NCSBN recommended a minimally acceptable English proficiency standard for entry-level nursing using the IELTS test (NCSBN, 2005). Similar to the TOEFL, the IELTS is designed to assess English skill levels of non-native English speakers. IELTS is mostly used in Great Britain, Ireland, New Zealand and Australia. This test is designed to measure general English, not just North American English. IELTS covers listening, reading, writing and speaking and measures an examinee's proficiency levels using band scores that range from 0 to 9 (Table 5). Using a standard setting process similar to the one described in the present paper, the NEC recommended a 6.5 overall IELTS band score with a minimum of 6.0 in any one IELTS module for entry-level nurses (O'Neill, Buckendahl, Plake & Taylor, 2007).

Table 5. IELTS Band Scores

Band 9 – Expert User
Has fully operational command of the language: appropriate, accurate and fluent with complete understanding.
Band 8 – Very Good User
Has fully operational command of the language with only occasional and unsystematic inaccuracies and inappropriateness. Misunderstandings may occur in unfamiliar situations. Handles complex detailed argumentation well.
Band 7 – Good User
Has operational command of the language, though with occasional inaccuracies, inappropriacies, and misunderstandings in some situations. Generally handles complex language well and understands detailed reasoning.
Band 6 – Competent User
Has generally effective command of the language despite some inaccuracies, inappropriacies, and misunderstandings. Can use and understand fairly complex language, particularly in familiar situations.
Band 5 – Modest User
Has partial command of the language, coping with overall meaning in most situations, though is likely to make many mistakes. Should be able to handle basic communication in own field.
Band 4 – Limited User
Basic competence is limited to familiar situations. Has frequent problems in understanding and expression. Is not able to use complex language.
Band 3 – Extremely Limited User
Conveys and understands only general meaning in very familiar situations. Frequent breakdowns in communication occur.
Band 2 – Intermittent User
No real communication is possible except for the most basic information using isolated or short formulae in familiar situations and to meet immediate needs. Has great difficulty in understanding spoken and written English.
Band 1 – Non User
Essentially has no ability to use the language beyond possibly a few isolated words.
Band 0 – Did not attempt the test
No assessable information provided

Common European Framework of Reference

The developers of IELTS and TOEFL have mapped both tests onto the Common European Framework of Reference for Languages: Learning, Teaching, Assessment (CEFR) for ease of interpretation. The CEFR is a set of guidelines used to describe language proficiency of English speakers. It is a six-level framework that describes English speaker's achievements on listening, writing, speaking and reading. Levels A1 and A2 represent basic users, levels B1 and B2 represent independent users and levels C1 and C2 are proficient users. The CEFR also provides descriptive context by which to interpret the six performance levels.

According to the University of Cambridge ESOL Examinations, the developer of IELTS, a 6.5 overall IELTS band score corresponds to level C1 (proficient user) in the CEFR (IELTS, 2009). This is slightly higher than the NCSBN recommended standard for the TOEFL iBT. According to preliminary data provided by ETS, an overall TOEFL iBT score of 84 corresponds to level B1 (independent user) in the CEFR and the recommended speaking score of 26 falls somewhere between levels B2 and C1 on the CEFR scale (ETS, 2008).

Conclusion

NCSBN's recommendation regarding the English proficiency passing standard of 84 with a minimum speaking score of 26 for TOEFL iBT is consistent with the previous passing standard recommended for TOEFL, IELTS 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, 2009). 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.



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Appendix A: Skills and Tasks Identified by TOEFL® iBT Standard Setting Panel Members

1. Reading Section:

Reading Tasks of Entry-Level Nurses:

- Read patient history/charts
- Read directions for medications
- Read procedures
- Read consultation notes
- Read bulletin boards
- Read shift to shift notes

Characteristics of an Entry-Level Nurse with Minimally Acceptable Reading Ability:

- Can identify main idea(s) all the time even if they need to seek help in understanding
- Can understand enough vocabulary and grammar to get and infer meaning
- Can distinguish important from less important information most of the time
- Can connect what is read to what they know (makes appropriate connections and inferences)
- Can identify main idea(s) all the time even if they need to seek help in understanding
- Understands tone of writer most of the time

2. Listening Section:

Listening Tasks of Entry-Level Nurses:

- Listen to and understand patients, families and their issues
- Understand verbal and telephone orders
- Understand telephone calls
- Understand shift report
- Evaluate patient's knowledge based on what they say
- Understand verbal paging system messages
- Understand staff at meetings and other interactions
- Understand lectures and service training

Characteristics of an Entry-Level Nurse with Minimally Acceptable Listening Ability:

- Can identify main points all the time
- Responds appropriately most of the time to the point of discussion
- Understands enough vocabulary (including numbers) and grammar to identify main points and important details
- Can understand meaning from context most of the time
- Most of the time can make appropriate connections
- Sometimes can recognize underlying emotion or intent from tone
- Can differentiate between important and less important information most of the time

3. Writing Section:

Writing Tasks of Entry-Level Nurses:

- Document response to treatment
- Take notes on patient assessment
- Document verbal orders
- Document patient's understanding of progress/condition
- Document care plans
- Document incident reports
- Document medication-averse reactions
- Document all aspects of care
- Send e-mails and texts of documents to supervisors

- Write transfer reports
- Write discharge instructions
- Give instructions for ancillary staff
- Write personalized notes
- Document initial assessments
- Document requests for release
- Communicate with police and other social services

Characteristics of an Entry-Level Nurse with Minimally Acceptable Writing Ability:

- Spelling is mostly correct; errors don't interfere with meaning
- Grammar is mostly correct; errors don't interfere with meaning
- Stays on topic; provides relevant details
- Order of documented events doesn't interfere with meaning
- Able to identify objective vs. subjective (fact vs. opinion)
- Appropriate word choice for audience

4. Speaking Section:

Speaking Tasks of Entry-Level Nurses:

- Communicate shift to shift report orally
- Introduce self to patient
- Speak to pharmacy to provide clarification
- Explain rights to patient
- Redirecting and reorienting patients
- Ask questions for self-learning/nurse learning
- Discuss interdisciplinary care plans
- Explain procedures
- Explain care to families and patients
- Speak to doctors
- Speak on the telephone
- Explain patient progress
- Give instruction to ancillary workers
- Directions for, and conversations with, families and visitors
- Teach other nurses
- Provide feedback on patient progress

Characteristics of an Entry-Level Nurse with Minimally Acceptable Speaking Ability:

- Grammar errors don't interfere with listener's understanding
- Pronunciation errors don't interfere with listener's understanding
- Can stay on topic, maintain focus
- Intonation, clarity, volume, pace and mannerisms do not interfere with listener understanding
- Vocabulary is appropriate for listener's context/situation
- Flow of information does not impede listener's understanding
- Able to express thoughts in at least simple, structured sentences
- Speech does not require excessive effort on the part of the listener