October 2014
NCLEX® TECHNICAL BRIEF

Setting an English Language Proficiency Passing Standard for Entry-Level Nursing Practice Using the Michigan English Language Assessment Battery

Hong Qian, PhD
Psychometrician, NCLEX® Examinations

Ada Woo, PhD
Director of Measurement and Testing, NCLEX® Examinations

Jayanti Banerjee, PhD
Research Director, Cambridge Michigan Language Assessments

NCSBN
National Council of State Boards of Nursing

The Michigan English Language Assessment Battery (MELAB) is a complete language proficiency assessment for advanced-level users of English as a second or foreign language who will need to use English for academic and professional use. It is a secure test program, administered worldwide at authorized test centers and is recognized by a growing list of academic institutions and professional organizations across North America and beyond. To provide member boards with another option for evaluating the English language proficiency of internationally-educated applicants, the National Council of State Boards of Nursing (NCSBN®) conducted a standard-setting study in October 2012 to establish the MELAB passing standard, as related to entry-level nursing practice.

Similar standard setting exercises targeting entry-level nurses have been performed for 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 in a standard setting workshop in 2008 as a new version of the test, TOEFL Internet-based Test (TOEFL iBT™), became the primary choice for TOEFL candidates. In 2004, a similar standard setting workshop was conducted with the International English Language Testing System (IELTS™) examination. In 2009, the Pearson Test of English (PTE) Academic was launched, and a standard setting workshop was also held in the same year.

Such exercises define a legally defensible passing standard for boards of nursing. They also make English language proficiency qualifications portable across member jurisdictions. This technical brief describes the MELAB standard-setting process and the NCSBN recommended passing standard.

The MELAB

The MELAB was developed to measure the English language proficiency of non-native English speakers intending to study or work in an English-medium environment. Owned and developed by Cambridge Michigan Language Assessments (CaMLA), the test is developed in accordance with the highest standards in educational measurement. Rigorous quality procedures are followed during item and test form development and the test is administered following standardized procedures, including strict security measures. All writing sections and speaking test examiners are trained and monitored.

The examination comprises four sections covering the different language skills (listening, reading, writing, and speaking) and takes approximately 2¾ hours to complete. The test items reflect the wide range of situations in which test takers will need to use English: public spaces, workplace settings and educational settings. The topics are varied, require no specialized content knowledge or experience and represent a variety of opinions. The format of the test is shown in Table 1.

Table 1. Structure of PTE Academic

Section	Time	Activities	Number of Items
Writing	30 minutes	An essay based upon one of two topic choices.	1 task
Listening	35-40 minutes	Audio recordings of short conversations and talks are followed by multiple choice questions.	60
Reading and use of English	75 minutes	Reading passages are followed by multiple-choice comprehension questions. Use of English is tested through a combination of discrete and integrated tasks.	100
Speaking	15 minutes	Test takers engage in a conversation with an examiner.	–

Each section of the MELAB is scored separately and reported on the score report. The report also provides an overall score that is the average of the writing, listening and reading sections. The speaking test result is reported separately on a scale 1 – 4. This may include a plus (+) or minus (-); for instance, a test taker may be awarded a 3+ or a 4-. The overall MELAB score ranges from 0 to 99.

Selection for the MELAB Standard Setting Panel

The composition of a subject matter expert (SME) panel of judges is critical to the success of the standard setting workshop (Cizek & Bunch, 2007). It is important to assemble "a sufficiently large and representative group of judges" (AERA/APA/NCME, 1999, p. 54). For the MELAB standard-setting workshop, 11 SMEs were recruited from the four NCSBN geographic areas to serve on the standard-setting panel. The panel was composed to include: (1) nurses who speak a primary language other than English, (2) nursing regulators, (3) nursing educators, and (4) consumers of nursing services. In all, the standard setting panel was quite diverse, representing nine NCSBN member boards of nursing, one NCSBN associate member board of nursing and five languages. Table 2 contains a description of the panel composition.

Table 2. Characteristics of Panelists

Panelist Characteristic	Category	%	(N)
Gender	Female	81.8	9
	Male	18.2	2
Nursing license[1]	Registered nurse (RN)	80.0	8
	Licensed practical/vocational nurse (LPN/VN)	20.0	2
NCSBN geographic region	I	27.3	3
	II	9.1	1
	III	36.4	4
	IV	18.2	2
	Associate Member	9.1	1
Years of post licensure experience[2]	1 to 10 years	30.0	3
	11 to 20 years	20.0	2
	21 to 30 years	20.0	2
	31 to 40 years	20.0	2
	41 or more years	10.0	1
Primary language	English	45.5	5
	Spanish	18.2	2
	Tagalog	18.2	2
	Filipino	9.1	1
	German	9.1	1
Job title	Staff Nurse/Clinical Practice	36.4	4
	Board of Nursing Regulator	18.2	2
	Nursing Educator	36.4	4
	Community Consumer	9.1	1

[1] One panelist, representing consumer of nursing services, did not hold a nursing license..

[2] Among the 10 panelists who are licensed nurses, average years of post-licensure experience is 22.3 years (SD = 14.9 years).

Standard-Setting Procedures

The first portion of the workshop was spent educating the panelists on the MELAB assessment and language acquisition process. The panelists were provided a description of the format of the test and a demonstration of the items on the test. This presentation was followed by a discussion of the language acquisition process and a review of common English proficiency language frameworks. The panelists were then provided instruction on the standard setting methods and process. At the beginning of standard setting pertaining to each section, the panelists participated in a discussion of how much English proficiency was required in that language skill to safely and effectively perform entry-level nursing activities. From the discussion, the panelists generated a list of tasks related to that specific language skill that they deemed necessary for safe and effective entry-level nursing practice (Appendix A). After reaching a consensus, the panelists were asked to review actual MELAB items and make a recommendation for a passing standard.

Two standard setting methods were used to set passing standards for the four sections: the modified Angoff and the extended Angoff methods. These methods are commonly used in certification and licensure contexts (Cizek & Bunch, 2007). The central idea of the Angoff method is for judges to provide ratings on the basis of a "minimally competent candidate." Judges are asked to define what a "minimally competent candidate" would know and be able to do. In the modified Angoff method, judges are asked to consider how many out of 100 minimally competent candidates would answer the item correctly. This is appropriate for

the receptive skills (Listening and Reading sections). The panelists reviewed MELAB items and made a judgment for each. The panelists estimated the probability (out of 100) that an entry-level nurse with minimally acceptable language skills would be able to answer the item under review correctly.

In the extended Angoff method, rather than estimating the proportion of minimally competent candidates who will correctly answer an item, judges estimate the number of points minimally competent candidates will need to obtain on each item. This is appropriate for the productive skills (Writing and Speaking sections) where the test-takers have to produce open-ended responses, which are then assessed by raters, using a set of predetermined criteria. For the writing section, the standard setting panelists received a pack of test-taker responses, one at every score profile on the rating rubric (ranging from basic English users to proficient English users). They independently reviewed the responses and considered whether an entry-level nurse with minimally acceptable English language skills, as defined through panel discussions, would be able to provide a response similar to one of the sample candidates. For the speaking section, the panelists listened to short speaking test extracts that represented performances at every score profile on the rating rubric. As in the writing section, the panelists considered whether an entry-level nurse with minimally acceptable English language skills, as defined through panel discussions, would be able to provide a response similar to one of the sample candidates.

Within both standard setting methods, the panelists were asked to provide two rounds of ratings. In the first 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. The first round was followed by a period of discussion and feedback. The panelists then provided their second round and final ratings on the same set of items.

Standard-Setting Panel Recommendations

For all four sections of the MELAB, panelists were able to come to a consensus on a recommended standard. In their post-meeting feedback, the panelists indicated that they understood the standard setting process and were confident in their ratings. In all the skill categories, the round two recommendations were more consistent as compared to round 1. This suggests that the panelists converged in their opinions as the workshop progressed.

As indicated earlier, test takers receive a score for each section of the MELAB. The writing, listening, and reading scores are averaged to produce a total score. This score is used for decision-making. The speaking score is reported separately for decision making. Table 3 lists the MELAB total score and speaking score that the panel recommended.

Table 3. Summary of Panel Recommendations

Total (Reading, Listening, Writing)	Speaking
78-81	3

In order to gauge whether the recommended MELAB scores are in line with the standards set in the TOEFL studies, the results from the MELAB workshop were compared to previous results. According to a study conducted by CaMLA, the MELAB passing standards recommended by the standard setting panel are comparable to the NCSBN-endorsed TOEFL passing standards. NCSBN recommended an overall cut score of 560 on the TOEFL PBT, 220 on the TOEFL CBT and 84 on the TOEFL iBT. A minimum speaking score of 26 was advised on the TOEFL iBT. The findings from the study suggest that the NCSBN recommendations on the PBT, iBT and CBT all fall within the same score range. As shown in Table 4, the score range corresponds to a MELAB score range of 78-81.

Table 4. Comparison of MELAB and TOEFL Score Ranges

MELAB	TOEFL PBT	TOEFL iBT	TOEFL CBT
78-81	560-577	83-91	220-233

NCSBN Board of Directors (BOD) Deliberation

The NCSBN Board of Directors (BOD) reviewed and discussed results from the MELAB standard setting workshop. They reviewed background on the MELAB and procedures used in the standard setting workshop. The BOD then considered the passing standards recommended by the MELAB standard setting 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 BOD's own knowledge about the nursing profession, they concurred with the standard setting panel's recommendation of an overall passing standard of 81 and a speaking section score of 3.

Conclusions

NCSBN's recommendation regarding the English proficiency passing standard of an overall score of 81 with a speaking score of 3 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, as cited in Woo, Dickison & de Jong, 2010). 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

American Educational Research Association, American Psychological Association, National Council on Measurement in Education. (1999). *Standards for educational and psychological testing*. Washington, DC: American Psychological Association.

Cizek, G. J., & Bunch, M. B. (2007). *Standard setting: A guide to establishing and evaluating performance standards on tests*. Thousand Oaks, CA: Sage.

Woo, A., Dickison, P., & de Jong, J. (2010). Setting an English Language Proficiency Passing Standard for Entry-Level Nursing Practice Using the Pearson Test of English Academic. Retrieved October 29, 2014 from https://www.ncsbn.org/NCLEX_technicalbrief_PTE_2010.pdf

Appendix A: English Language Tasks Performed by Entry-Level Nurses

Reading	Listening	Writing	Speaking
▪ Advance directives ▪ Reading reports and charts ▪ Medication orders ▪ Equipment instructions ▪ Medication labels ▪ References material ▪ Research/evidenced-based practice ▪ Infection control practices ▪ Patient safety ▪ Physician consultation ▪ Narrative notes ▪ Memos/emails/correspondences ▪ Continuing education ▪ Data reports	▪ Patient feedback ▪ Clarifying information ▪ Cultural differences ▪ Discern ▪ Phone conversations ▪ Unscripted conversations ▪ Communicating with colleagues ▪ Receiving feedback and direction ▪ Receiving report of lab values	▪ Receiving doctor's orders ▪ Initial assessment ▪ Client report ▪ Nursing care plan ▪ Client consent to care ▪ Nurse's note	▪ Phone order-clarify ▪ Client interview ▪ Client education ▪ Physical assessment ▪ Client report ▪ Collaboration ▪ Rapid response/Code Blue ▪ Clarifying language ▪ Socialization in profession ▪ Medical terminology ▪ Client advocacy

Mission: NCSBN provides education, service, and research through collaborative leadership to promote evidence-based regulatory excellence for patient safety and public protection.
(Mission Statement Adopted by Delegate Assembly 2010)

NCSBN
National Council of State Boards of Nursing

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