

Pearson Test of English (PTE) Academic is a new computer-based English language pro ciency 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

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 pro ciency

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

Conclusions

NCSBN's recommendation regarding the English prociency passing standard of an overall score of 55 with no subscores lower than 50 is consistent with the previous English prociency passing standards recommended for other English language tests and the level of English prociency 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] procient in written and spoken English skills" (NCSBN, 2003). Boards of nursing can use this information to make decisions regarding the level of English prociency 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 §, (2nd ed., pp. 508-600). Washington, DC: American Council on Education.

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

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

The E F (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 sys tems 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 pro ciency.

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 de ned by descriptors of language competencies. These commonly dened levels enable language learners, teachers, universities and employers to compare and relate language quali cations by level.

CEF describes language pro ciency 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 uent, spontaneous expression in clear, well-structured speech
- C2 Conveys ner 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 gure below.

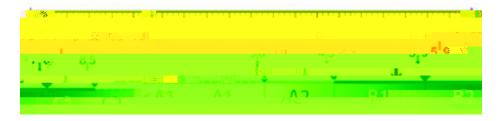


Table 1. Common Refere	nce Levels: G	lobal Scale
Pro cient user	C2	Can understand with ease virtually everything heard or read. Can summarize information from different spoken and written sources, and reconstruct arguments and accounts in a coherent presentation. Can express himself/herself spontaneously, very uently and precisely, differentiating ner 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 uently and spontaneously without much obvious searching for expressions. Can use language exibly 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 eld of specialization. Can interact with a degree of uency 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 brie y 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 CATEG	GORY			
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 speci c instruc - tions	
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				

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						
Con rm 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)				
Interof ce 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					