TESTING ENGLISH FOR PROFESSIONAL PURPOSES: HOW ‘GENERAL’ SHOULD A LANGUAGE TEST BE?

Mark Garner and Carole Sedgwick
University of Roehampton
Language Testing Forum
Department of Education Oxford
November 2015
International non-EEA trained nurses:
Band 7.0 IELTS overall
Band 7.0 each skill test (reading, writing, listening, speaking).

From January 2016 includes nurses from the EEA plus Switzerland
Are the existing IELTS English language requirements for international non-UK qualified nurses appropriate and adequate for the contexts in which these nurses hope to work?
What are the English language requirements in each skill area for nursing in the UK?

To what extent does 7.0 IELTS represent the English language required of practising nurses?
METHODS

- Tracking study
- Focus groups
- Documentation
What are the spoken English requirements for nursing in the UK?
She was very anxious when she was talking to me ... she was like, literally, shaky. I asked: ‘Are you OK?’ and she said, yes, she’s fine, but she wasn’t. Then I told her that after surgery she will be fine, and it’s normal ... even though it’s a tiny operation, we are anxious. So there’s nothing to worry. I just gave her a little bit of psychological support, make sure she’s OK.
Because he had anaesthesia today, ‘I can’t allow you to go for a fag, but, if you want to go, it’s your choice’, but he said he have to go it was his wish. . . . I told him: ‘Whenever you will go, please let me know’, in case he’s gone for a fag and he fainted there, it’s my responsibility, . . . he had a lot of family members there. I said: ‘Don’t allow him to go alone because if he faint, he's gonna be in trouble’
I mean, often when you do talk to a patient, often that's what they find so difficult in hospital is being away from all their family, their friends, so they're relying on you to come and bring some conversation, to have time to chat to them, and update them with what's been on the news if they don’t feel up to reading the newspaper, and, you know, all of those key things …
It’s also therapeutic to say what you want to say. It makes you feel better, and helps your recovery as well, and … at the same time you can assess them … You don't let them sleep all the time … sometimes it’s a good diversion as well if they’re in pain or things like that.
That includes what time they came back from recovery and includes all the medications they need to be given, or they have been given already, any particular reports or instructions from the surgeon, if they are eating, drinking, mobilising and - and basically everything, you know, any medications need to be down for the discharge.
Basically I went with her into the room and we basically between us and the patient talk about the best way of how to literally step by step how are we gonna stand up and how are we gonna sit on a chair. Are you going to hold onto the bed? Are you going to stand up and now you have to turn right or turn left, step, step, things like that.
Normally, some doctors say: 'Oh, I’ll come and check the patient', but uh this doctor he just said: 'Low urine output, OK. You can give Furosemide, and I said: 'Have you prescribed? Can you look' because normally some doctors they look and they check the balance.
I didn’t see the chart until he actually left. And then I noticed there were a couple of things wrong, so I needed to call him again and explain to him … this is not right, so you need to come back.
We have a multidisciplinary team office ... and that’s where I spoke to them... One of the doctors comes with me, assesses the patient and we discuss the interventions that we think are appropriate to take ... In this situation yesterday, I immediately asked if they wanted blood cultures. That’s what we usually do, which they agreed.
We can ask the patient: ‘Do you have any allergy, drug allergy?’ The patient said: ‘No’ and then … [you find] they are allergic to seafoods. [They say] ‘you didn’t ask, you said medication’, but sometimes it’s the same because when you’re allergic to seafood that means you are allergic to iodine because seafoods contain iodine.
She sort of … wanted everything to be explained in detail, every little thing that was gonna be done to her … It is a challenge to put some of our technical things into words that people can understand because if I was to talk to her in a very technical way, she wouldn’t understand it. And I think she would be more alarmed, because it all sounds very serious, very complicated.
Between me and the medical team, we have that communication in terms of numbers and infusions and things like that … And a plan is made for the day and it's written on the notes and we explain to the patient what it is, that we are talking about, and what it is that's gonna happen at that moment.
We have to communicate with the multi-whole multiple disciplinary things saying like physio or what doctor want physio to do or what physio they want patient to do and what they want us to do with the patient.
To what extent does 7.0 IELTS represent the spoken English required of practising nurses?
Part 1 – Introduction and interview (4–5 minutes)

+ social chat
  - asymmetrical (examiner dominant).

**Nurse talk**

Dominant partner: elicit, induct, reassure, request action, deal with non-compliance
Part 2 – Long turn (3-4 minutes)

+ time pressure
+ essential information on topic
+ organise ideas logically
  - not interactive
Part 3 – Discussion (4-5 minutes)

+ explain, give and support opinions, speculate, (discuss)

- one-way rather than two-way
- minimal or no opportunity to introduce and manage a turn or topic, negotiate interpretations, ask for and respond to requests for advice, opinion.
‘Public’ criteria for IELTS speaking test

- Fluency and coherence (speaks at length; may be hesitation and repetition; uses a range of connectives and discourse markers)
- Lexical resource (variety of topics, less common idiomatic vocab, awareness of style, collocation, paraphrase effective)
- Grammatical range and accuracy (range of complex structures flexibly, frequently error free)
- Pronunciation (intelligible, range of pronunciation features)

Conclusion
 Relevant aspects of speaking assessed by the IELTS

- talking about everyday topics;
- structuring information from notes on a topic (medical history of a patient, treatments and their effects, and the current patient’s condition);
- responding to prompts for information (from other members of the medical team).
to elicit personal information from someone in a formal situation, using prompts and requests for clarification, and, possibly, other more indirect means;

to reassure someone who is anxious;

to initiate and maintain a social conversation

to request action from a superior, a peer, or someone in their care, and deal with refusal;

...
Aspects not assessed by the IELTS (2)

...  
- to challenge the actions of a superior;  
- to participate in team decision-making;  
- to translate lay talk into a specialist register and vice versa.  
- to use language collaboratively with a peer, to negotiate responsibilities, issue instructions, and check information.
Is the IELTS more, or less, relevant to nurse communications than a test such as the Occupational English Test (OET)?
Thank you

mark.garner@roehampton.ac.uk
c.sedgwick@roehampton.ac.uk