Language assessment of health professionals: the issue of communicative competence

Dr Brigita Séguis
Overview

1. The Occupational English Test (OET)
2. What is meant by “communicative competence”?
3. The challenges of working in a multilingual healthcare setting
4. What is clinical communication?
5. Incorporation of clinical communication into the OET
About OET

• designed specifically to test the English language competence of healthcare professionals

• four components: listening, reading, writing, speaking

• productive components are profession-specific

• 12 professions: medicine, dentistry, dietetics, nursing, occupational therapy, optometry, pharmacy, physiotherapy, podiatry, radiography, speech pathology, veterinary science
Speaking

- 20 minutes total
- 2 role plays
- recorded via DVR
- ‘lay’ interlocutor

Separate role cards for candidate and interlocutor

Candidate takes role of health professional

Interlocutor takes the role of the patient

Assessor listens to recording online

MARKING
- 1-2 weeks post-test
- 2 different assessors
- via rating scale
Assessment criteria

• Overall Communicative Effectiveness
• Intelligibility
• Fluency
• Appropriateness of Language
• Resources of Grammar and Expression
Communication vs language testing

- communication involves not only speaking but also active listening and encouraging
- highly interactive
- non-verbal
- making space for the patient
- patient-centred
Communicative competence

Language Ability

Interactional Competence

Clinical Communication
Communicative competence

- Language Ability
- Interactional Competence
- Clinical Communication
Interactional competence

On a macro level:
- co-constructing interaction in a purposeful and meaningful way
- taking into account socio-cultural and pragmatic dimensions of the speech situation.

On a micro level:
- aspects of topic management, turn management, interactive listening, breakdown repair and non-verbal behaviours.
The issue of authenticity

• **interactional authenticity**: how candidates engage with the test task. Do they draw on context-relevant language skills?

• **situational authenticity**: the degree of correspondence between the test and the non-test domain

- 232 video recordings in 19 inner London general practices
- to identify how patients consult with general practitioners (GPs) and develop training strategies
- 30 languages other than English reported as patients’ first or dominant language
- 20% of all consultations with non-native speakers contained misunderstandings caused by breakdowns in communication
Multilingualism in London
• 12.4% of NHS staff report a non-British nationality
• A total of 202 nationalities
• Doctors: India, Pakistan, Egypt, Nigeria and Greece
• Nurses: Philippines, India, Ireland, Spain and Portugal
The setting

• Super-diversity: “*diversity within diversity*”, characterised by mobility, complexity and unpredictability (Vertovec 2007)

• “*more people from more places migrated into more and different places and for more and different reasons and motives than before; and the outcomes was an escalation of ethnic, social, cultural and economic diversity in societies almost everywhere*” (Vertovec 2010)
Impact on public policies and practices

“Clearly no ‘knowledge based’ training can prepare [health] professionals for all the issues that ever increasing diversity creates. Learning generic skills to respond flexibly to all encounters is more appropriate. In other words, responding to each patient as an individual, with individual needs, and to variations in patients’ culture in its broadest sense”.

Kai (2003: 33)
Communicative competence

- Language Ability
- Interactional Competence
- Clinical Communication
Clinical communication skills

Calgary Cambridge Guide: To The Medical Interview
Clinical communication and OET

1. Research project by Language Testing Research Centre (LTRC) at the University of Melbourne
2. Checklist reviewed by Dr Jonathan Silverman
3. Standards setting and examiner trial

• Clinical communication to be assessed alongside linguistically-oriented criteria from September 2018
Clinical communication skills

1. Relationship-building
2. Understanding the Patient’s Perspective
3. Providing Structure
4. Information-gathering
5. Information-giving
Standard setting

- 13 judges were played 14 audio-recorded test performances
- high consensus for Speaking – out of a maximum score of 30:
  - 8 judges selected a score of 18
  - 3 judges selected a score of 17
  - 2 judges selected a score of 19
- high level of confidence in judgment
Assessor trial feedback

“Assessing clinical communication skills is the missing link under the current assessment criteria situation.”

“It will be a fairer test if these aspects of communication are included.”

“[…] I believe that these criteria have the potential to improve the test validity.”
Why include clinical communication?

- improve test authenticity
- immediate washback
- positive impact on stakeholders and society more generally
- framework for managing consultations in a multilingual, multi-ethnic and multi-cultural environment
THANK YOU!

seguis.b@cambridgeassessment.org.uk