Summary Sheet: 2016 TOEFL Standard Setting for Licensing
Physical Therapists and Physical Therapists Assistants
August, 2016

Purpose

- The purpose of the 2016 TOEFL Standard Setting meeting was to review the recommended standard of the Federation of State Boards of Physical Therapy (FSBPT) for English proficiency for licensing Physical Therapists (PTs), and to consider whether such a standard is necessary for Physical Therapist Assistants (PTAs). The TOEFL is a widely used assessment of English language proficiency.

- Effective in 2018, the FSBPT recommendation will become a requirement to become eligible to take the National Physical Therapy Examination (NPTE) for PTs and PTAs who were educated in a country where the primary language of education is not English.

- The existing TOEFL standard was initially set in 2005 by a small panel of physical therapy experts in a meeting with representatives of other health care professions. The standard only applied to PTs, and was a recommendation to jurisdictional licensing boards (as opposed to an NPTE eligibility requirement). No standard was considered for the NPTE-PTA examination at that time.

- Given the amount of time that had passed since the PT standard was initially set, FSBPT's Technical Advisory Panel (TAP) recommended that we review and possibly reset this standard in recognition of possible changes in the PT field, changes to NPTE eligibility, and changes in the demographics of the NPTE examinee population.

- In relation to the potential need for an English proficiency standard for PTAs, only a small number of candidates educated outside of the US took the PTA exam when the initial standard was set. That number has grown significantly, making it both efficient and advisable to consider whether a standard would be appropriate for the PTA exam at this time.

Process

- FSBPT invited ETS, the publisher of the TOEFL, to lead a group of PTs and PTAs through a professionally acceptable process for determining cut scores, or standards, for the TOEFL.

- The 22 standard setting panelists represented a broad range of practice settings, areas of expertise, and geographic location. Approximately half of the panel were educated outside of the United States. Ten panelists supervised PTAs, and one panelists was a PTA. FSBPT made efforts to recruit more PTAs to participate but those efforts were not successful. The meeting took place in Alexandria, VA at the FSBPT offices on March 11-13, 2016.

- ETS led the panelists through a process orienting them to the TOEFL, providing examples of TOEFL questions from each of the four TOEFL sections: Reading, Writing, Listening, and Speaking.

- For each section, panelists reviewed performance examples, and then developed detailed descriptions of minimally acceptable English proficiency relevant to that section. The final versions of these descriptions are included in Appendix A.

- Using the description of minimal proficiency, panelists rated whether the each example from the TOEFL was consistent with the description or exceeded the definition of minimal proficiency. ETS collected these judgments, led a discussion of the differences, and allowed panelists to review and revise their initial ratings. ETS used this information to set initial cut score recommendations from the panel. During the first two days, panelists considered these standards for the PTs only; the PTA standard was not considered.
- Following the completion of the PT standard setting, ETS presented the provisional cut score recommendations from the panel: Reading = 22, Writing = 21, Speaking = 23, and Listening = 21.
- ETS collected evaluations of the standard setting process from the panelists. For Reading and Listening, 95% of the panelists reported being "very comfortable" with the standard. There was less agreement with the Speaking and Writing standards, with 62% being "very comfortable", 19% being "somewhat comfortable", and 19% reporting being either "somewhat uncomfortable" or "very uncomfortable." The panelists who expressed discomfort with these standards commented that they did not believe FSBPT should lower the recommendation from the previous standard on these sections. However, other panelists noted that people were becoming culturally more accepting of minor language issues for Speaking, and that technology (e.g., electronic medical records, document templates) had decreased the need for high levels of skill in Writing.
- Following the standard setting for PTs, the eleven panelists with experience working with PTAs stayed to consider whether a standard was necessary for PTAs, and if so, whether it would be different from the PT standard.
- The panelists reviewed the description of minimal proficiency for each section to determine how it should differ for PTAs, if at all. The panelists were unanimous in their judgment that the definitions should be the same for PTAs: PTAs had the same conversations with patients, had to deliver the same information, maintain the same records, and read the same materials. As such, the panelists recommended using the same standard for PTs as was recommended for PTAs.
- At the conclusion of the meeting, ETS recommended that FSBPT review information relating to the impact of the standard before setting a final standard.
- After the meeting, FSBPT staff asked the Foreign-Educated Standards Committee (FESC) to review the definitions of minimal proficiency and provide any substantive comments they felt might have been overlooked by the panelists. The FESC noted that the topic of advocating a patient's best interests to other health care professionals should be added. FSBPT staff added this concept to the definition of minimal proficiency for Speaking, and provided some additional editorial and organizational changes to the document for the sake of clarity.

FSBPT Board Review & Adoption
- FSBPT provided a report of the standard setting to the TAP, along with options for a final standard for the FSBPT Board to consider. The TAP agreed that all of the options were reasonable and defensible given the standard setting process, evaluations, previous evidence of TOEFL validity for predicting performance on the NPTE, and impact on candidates.

- FSBPT staff recommended minor adjustments to the panels recommended standard to the FSBPT Board, taking into account the factors listed above and comments from the standard setting panelists. The final recommendation retains the same total minimum score for the TOEFL (89), but redistributes the sections scores more evenly and in line with the panelists' recommendations. The FSBPT Board adopted these standards in July, 2016.
- The final recommendations for minimum scores on each TOEFL section are:
    - Reading = 22,
    - Writing = 22,
    - Speaking = 24, and
    - Listening = 21.
- Consistent with the previous rules, each of these section scores must be attained within a single administration. There is no attempt limit for the TOEFL.
- FSBPT will publicize the final details regarding the implementation of the new standard soon, including when the previous cut scores will no longer be accepted.

Appendix A: Description of minimal proficiency in language skills necessary for physical therapists and physical therapist assistants

Skill	Description of Minimal Proficiency ** Minimally proficient communicators demonstrate all language skills without compromising patient safety. **
Writing	Always: • Writes with only minor flaws in spelling, grammar, and use of abbreviations; flaws do not interfere with the reader's understanding • Provides adequate support when explaining an opinion or conclusion • Is aware of the audience, e.g., aware of differences between writing to a physician and writing to a patient Most of the time: • Organizes writing logically • Provides information that is accurate, clear, and concise
Speaking	Always: • Speaks fluidly; lapses or pauses do not interfere with the listener's understanding • Uses basic vocabulary and grammar adequately and correctly; minor errors do not impact patient care • Is able to paraphrase (express a message using different words to achieve greater clarity) • Requires only a reasonable amount of effort by the listener to understand his/her message; does not confuse or frustrate the listener • Responds to questions with relevant information • Advocates for the patient's best interests in discussions with other health care professionals using appropriate language and tone Most of the time: • Self-corrects errors in speaking • Conveys messages clearly and concisely Some of the time: • Adapts speech to the audience (e.g., gender, culture, role of the listener [patient, physician, etc.])

Skill	Description of Minimal Proficiency ** Minimally proficient communicators demonstrate all language skills without compromising patient safety. **
Listening	Always: • Recognizes information that has urgent/emergency implications Most of the time: • Understands the speaker's explicitly stated meaning and implicit meaning, including basic vocabulary, regardless of the speaker's accent/dialect • Uses context clues and intonation clues to understand the speaker's intended meaning or to understand unfamiliar words • Synthesizes and organizes key information in order to determine next steps/actions • Understands lengthy speech or discourse and picks out key information • Extracts and recalls relevant/essential information during conversations in all media (by telephone, face-to-face, etc.)
Reading	Always: • Adjusts reading strategy (e.g., pace) for different types of documents • Makes connections between different parts of documents • Understands basic vocabulary and simple grammatical structures • Identifies errors or inconsistencies in documents and infers the intended meaning Most of the time: • Comprehends the key points of documents (e.g., patient charts) • Understands the tone and perspective of documents' authors • Infers implicit meaning of documents from stated information • Distinguishes important/relevant details from less important/relevant details Some of the time: • Understands less frequently used words and complex grammatical structures