INTERACTIONAL COMPETENCE IN THE WORKPLACE: CHALLENGES AND OPPORTUNITIES

Evelina Galaczi ● Cambridge Assessment English
Lynda Taylor ● CRELLA

Language Testing Forum 2018 ● CRELLA
Influences on evolution and definition of interactional competence

Pedagogic
Socio-political
Theoretical
Methodological
The AUTHENTICITY debate

Is the speech elicited in interactional tests sufficient to assess communicative competence?

Language Proficiency Interviews: Natural conversation?


Paired test format

• broader range of speech functions

• cognitive demands
  (Field 2011)
The RELIABILITY debate

What level of variability do interactional tests present?

Interviewer variability

• Different support behaviours across examiners

Interlocutor effect

• Personality, gender, familiarity, cultural background, talkativeness …

• We are all linguistic chameleons
The testing of interactional competence …

A validity asset?

A validity threat?
The THEORETICAL debate

**IC = a psychological construct**

Does interactional competence reside WITHIN an individual?

**IC = a social construct**

Does interactional competence reside in co-constructed interaction BETWEEN individuals?

(Bachman & Palmer 1996; McNamara, 1997; McNamara & Roever, 2006)
Interactional Competence

(Galaczi & Taylor 2018:227)
How can interactional competence be measured without compromising validity or reliability?

Construct definition

Test design

Scoring model

Examiner training in test delivery and scoring
Case Study: Occupational English Test (OET)

- ability to communicate in an English-speaking healthcare context
- 4 skills: reading, writing, listening and speaking
- 12 healthcare professions, e.g. dentistry, medicine, nursing, pharmacy, podiatry, veterinary science
OET Speaking

• 1-to-1 face-to-face
• 2 role-plays (~5 mins & 3 mins prep)
  • Candidate ➔ their professional role
  • Interlocutor ➔ patient, client, relative, carer
• Interlocutor script
OET SAMPLE TEST

ROLEPLAYER CARD NO. 1

SETTING
Suburban General Practice

PATIENT
You are 46 and recovering from a mild heart attack two weeks ago. You were discharged from hospital four days ago. You are unsure how much physical activity is appropriate and are seriously worried that the heart attack has left you dramatically weakened. You fear that any physical activity such as walking, gardening or swimming might bring on another heart attack. The doctors have told you that another episode may be more severe than the first.

TASK
- Explain your tiredness to the doctor and express your concern about your future.
- Ask how much physical activity is advisable. Admit your fear that any physical activity may provoke a relapse.
- Ask when you can return to work (you are an office worker sitting at a desk all day) and whether the condition will make you invalid for the rest of your life.
- What can you do to reduce the risk of further attacks?

© Cambridge English Language Assessment 2013

CANDIDATE CARD NO. 1

SETTING
Suburban General Practice

DOCTOR
This 45-year-old patient is attending the practice after suffering a mild anterior acute myocardial infarct two weeks ago. Recovery was uncomplicated and the patient was discharged from hospital four days ago. He/she is now very concerned about the long-term process of recovery.

TASK
- Find out what is worrying the patient and be reassuring. Some fatigue is to be expected; it usually takes some weeks before full energy levels return.
- Advise the patient of the importance of joining the cardiac rehabilitation program at a nearby hospital in order to increase exercise tolerance under supervision.
- Explain the importance of exercise (e.g., to lower cholesterol, lose weight, strengthen heart etc.).
- Reassure the patient that his/her concerns are appropriate. Moderate physical activity is all right two weeks after a mild event with a good recovery, with usually four to six weeks before attempting to return to work.
- Provide recommendations for prevention of future attack (diet, relaxation, stress management).

© Cambridge English Language Assessment 2013
ROLEPLAYER CARD NO. 1  VETERINARY SCIENCE

SETTING: Suburban Clinic

CLIENT: You have a five-year-old not neutered male dog. You think your dog has an ear infection because you noticed the dog scratching his ears and shaking his head. You also noticed an offensive smell coming from the ear area when you bathed him. You haven’t neutered your dog because you think he will grow fat and lazy.

TASK:
- Describe your dog’s condition to the vet.
- Explain that you maintained a cotton ball with warm water to clean the ears and noticed dark brown ‘crumbs’ falling out of the ear.
- You are shocked to learn your dog has ear mites and listen to the vet explain treatment and control.
- Explain your fears of having the dog neutered but eventually agree to consider de-scenting your dog.

OET SAMPLE TEST

CANDIDATE CARD NO. 1  VETERINARY SCIENCE

SETTING: Suburban Clinic

VET: Your client has a five-year-old entire male dog and thinks the dog has an ear infection. The dog scratches his ears and shakes his head. There is an offensive smell coming from the ear area.

TASK:
- Ask the client to explain the dog’s actions.
- Find out if cleaning the ear has been attempted or if anything was put in the ear.
- Explain that the dog has Ear Mites and they cause intense irritation. If untreated, can predispose to infection which may rupture the ear drum.
- Tell the client about medication – drops into each ear twice daily or a specific topical flea treatment that is put onto the skin (more expensive). Good flea treatment is necessary to keep ear mites under control.
- Ask why the dog has not been desexed and suggest it is done.
- Explain with the correct diet and daily exercise his/her dog will stay healthy.
OET Role play tasks

Test design

- Explicit contextual information
  - setting, participants, content
- Range of speech functions
  - e.g. discussing symptoms and concerns, explaining cause of symptoms, recommending and exploring different treatment options …
- Implicit requirement for candidate to demonstrate empathy (Silverman 2016)
  - attentive listening, facilitating patient’s narrative, reassuring a patient who is worried/anxious/angry/concerned
Assessing OET Speaking performances

• Post-hoc
• Audio recording
• Independent rating by 2 trained examiners
• 9 assessment criteria
  • 4 linguistic criteria: 6-point scale
  • 5 clinical communication: 4-point scale
Assessment criteria

Linguistic criteria
- Intelligibility
- Fluency
- Appropriateness of Language
- Resources of Grammar and Expression

Clinical communication criteria
- Relationship building
- Providing structure
- Understanding and incorporating the patient's perspective
- Information gathering
- Information giving

‘indigenous’ assessment criteria
(Jacoby 1998; Pill 2016)
How is the construct of interactional competence conceptualised and operationalised in the OET Speaking Test?
Balancing the tension between authenticity & reliability

OET Speaking:
• rich construct definition for IC
• discipline/workplace-specific
• context setting
• role specification
• task parameters
• interactive listening
• indigenous criteria – both linguistic AND clinical communication skills

• guided interaction but spontaneous (unscripted) talk
• interlocutor training
• independent double marking
Taking account of the effect of interlocutor variables

OET Speaking:
• the interlocutor as part of the IC construct ➔ reconceptualising variability as construct-relevant, not irrelevant
• guidance for interlocutors to minimise negative impact of any potential effect
• inclusion of 2 role-play tasks (‘2 bites of the cherry’)

Acknowledging the role of non-verbal behaviours

OET Speaking:

• non-verbal and paralinguistic behaviours included as part of the IC construct (i.e. broadening of the construct)

• Clinical communication criteria:
  
  • Criterion A4: ‘Showing empathy for feelings/predicament/emotional state – achieved through both non-verbal and verbal behaviours … use of silence and appropriate voice tone …’
  
  • Criterion B2: ‘Picking up the patient’s cues – changes in non-verbal behaviour such as hesitation or change in volume …’
Possible issues to consider

• task comparability across tests/disciplines?
• ‘role-play’ vs ‘real-life’?
• socio-cultural conventions?
• personal characteristics?
• emotionally charged interaction?
• non-verbal interactive behaviour among L2 users not well understood?
• interlocutor training?
• assessor training?
• challenge for assessors, esp. when rating audio-recordings (kinesic and nonverbal turn-taking features are not visible)?
Further information


Thank you.