Appendix G: Comparing the Foreign Language Tests

Tests: / **Test Criteria**	**Oral Proficiency Interview** (OPI): ACTFL / ETS / ILR (FSI / DLI)	**Simulated OPI** (SOPI) Center for Applied Linguistics (CAL) & Stansfield (SLTI):	**Proficiency Tests for Interpreters: CA Health Collaborative / Healthy House Interpreter Proficiency Test**	**1. SF Dept Public Health, Alameda Cty Highland, OHSU, Stanford**	**Language Line Services & Berlitz** **(declined to participate)**	**Practical Oral Language Ability Test (POLA)** (Johnson) (not yet in existence)
1. Test Description:	30 min interview by in-person tester or over phone. Test developed in 1950s	Modified OPI: candidate either reads a test booklet or listens to audiotape and responds on 2nd audiotape. Requires speech lab.	30 min. modified SOPI for **interpreters** based on "authentic language" developed from discourse analysis. Pass/Fail only / no scaling	written, spoken test for bilingual staff, incl. clinicians typically interested in **interpreting** for other	Test of general language proficiency for **interpreters**	Proposed test to address critiques of OPI. Videotape of real situation with 2 raters. Test only hypothetical
2. Validity:						
2 a. Face validity: Note: **Consequential validity** is significant for all tests with career / financial implications of not passing – no difference here between tests in this regard.	Live "conversation" supposed to have high face validity	Not a conversation – time-limited response window means "self-repair" limited. Experienced "test-takers" will do best	Unknown but since this is based on Johnson's POLA linguistic model, likely to be high	face validity only – no or limited psychometric tests done	Not clear even from test administrators of this test (ACMC)	Untested but likely to be good
2b. Construct validity:	Domain being tested: general language proficiency – constructs not yet developed for	As in OPI	Not calculated but likely to be high **for interpreters** (designed around medical interpreter's	Unknown	Unknown	Potentially High

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	clinicians.		speech interactions)			
2c. Predictive validity for clinicians:	Test well established, but validity for clinicians not determined as test is not health profession specific	As in OPI	Untested but should be higher than general language tests. Based on interpreter dialog – But, interpreters not typically required to produce speech although "cultural brokerage" role may require this.	Tests focus on interpreter role, not direct clinician tasks; used in a number of settings but administrators uncertain how successful with clinicians.	May be more than one test developed by Berlitz. ACMC test modified by County Some Administrators felt basic test is relatively invalid based on experience with poor proficiency of individuals who have passed test. Test focuses on interpreters t	Assessed differently from standardized test because local context and situation seen as important and included. Potentially high validity but lower inter-rater reliability.
3. **Purported Advantages:**	Available for 37 languages; Long-term development of test / & scaling related to "native speakers"	Available in 10 languages. No rater needs to be on hand; simultaneous tests. Computer/Internet version being developed	Specific for screening healthcare interpreters' lang. competency	Role plays are useful in seeing test taker in action, not just using an isolated skill.	Availability & Ease of Administration.	Recognizes language is co-constructed & uses real situation with real people.
4. **Critiques**:						
4.1 - Does test contain relevant domain? (Health terminology & concepts?)	No	No	Yes	yes	Basic test: No Has been modified (ACMC) to include this, but still not satisfactory	Potentially
4.2 - Applicable for heritage language	Critiqued but developer argues test	As in OPI	Yes – specifically designed to include	yes	Not necessarily an issue	Potentially yes

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speakers?	is function specific, & heritage lang. status is mostly irrelevant.		this			
4.3 - Theoretical model	Unitary proficiency (1 rating combing all – "Advanced" and "Superior" levels are not typical even for native speakers - require college education in language)	Same as OPI	Practical competence model requiring "Advanced" or "Superior" skill level	Unknown	Unknown but likely similar to OPI	Current linguistic theory – incl. Co-construction of real conversation / interaction
4.4 - Rating Scale	Tasks determining scale are not empirically determined. Eg. Is persuasion a more complex linguistic task than solving a problem? Highest ILR levels originally designed for diplomats Scale: Novice / ILR 0: Low/Med/High Intermediate / 1 Low/Med/High Advanced / 2 Low/Med/High Superior / 3-5	Uses ACTFL scale	Pass / Fail at an Advanced / Superior level: There is no scaling for this test	Pass / Fail based on test criteria	Unknown at this time	Pass/ Fail & tied in to context and specific local language usage.

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5. What is required for this test to be useful for Health care providers?	Modification required to incorporate health domain questions & terminology Timeframe: unknown	Modification required to incorporate health domain questions & terminology Timeframe: unknown	Determination of required provider language competence – **If** at same level as interpreter then **may be** appropriate, but may still require some content modification for providers. -Timeframe this might require: unknown	Unknown – may be too general for health care providers and require re-writing Timeframe: unknown	Modification required to incorporate health domain questions & terminology Timeframe: unknown	Test does not yet exist so would be constructed specific to provider needs Timeframe: unknown
6a. Cost of test	Contract depends on numbers. Varies from $129/person/ language & up	Rater Kit/language: $150 Test/language: $115	Unknown at this time by developer (Claudia) Per person costs not yet determined.	Unknown at this time – known to vary with volume of test-takers.	Unknown at this time – but known to be relatively low-cost.	Unknown but likely to be fairly high
6b. Cost for use with Health Care Providers	Unknown	Unknown at this time	Unknown at this time	Unknown at this time	Unknown at this time	Unknown at this time
Contact / test developer:	Helen Hamlyn, Testing Director	Dorry Kenyon, Director, Lang Testing Div.	Claudia Angelelli, PhD & Marilyn Mochel, ED – Healthy House, Merced.	Janet Erickson-Johnson, Language Line Services Certification Manager, or Holly Mikkelson, the original test developer	Not certain yet	Marysia Johnson, PhD, University of Arizona, Tucson.