

# The virtuous assessor

Markers' decisions as ethical decisions

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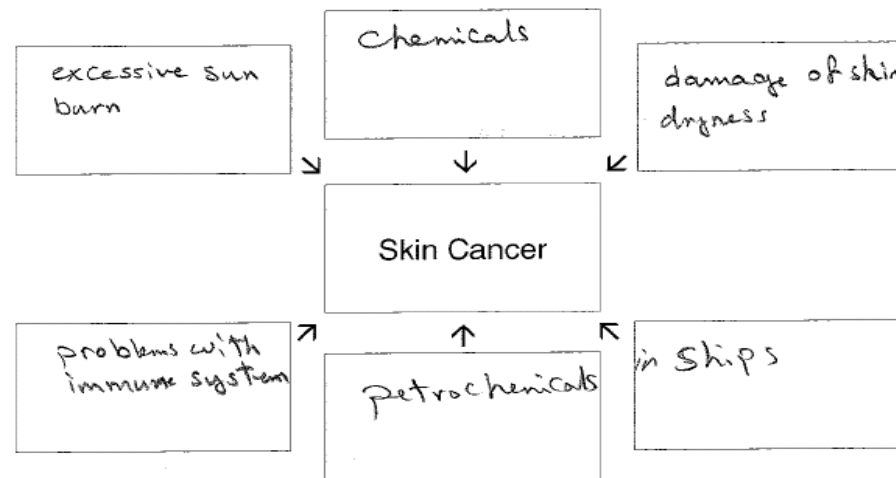
# The Occupational English Test (OET)

- A test of English language proficiency for health professionals whose language of training is not English
- Currently recognised in Australia and New Zealand by a range of accrediting boards and councils for the health professions
- Administered in around 30 countries with a candidature of over 10,000 in 2009
- Made up of four sub-tests: reading, writing, listening and speaking

# The OET listening sub-test

- Part A
  - Input: simulated consultation between a health professional and a patient
  - Task: note-taking under headings
- Part B
  - Input: lecture/short talk on a health-related topic
  - Task: mixture of fixed-choice and limited production tasks
- Two parts equally weighted in overall “Listening” score
- All papers marked centrally by a group of 8-10 assessors
- Internal consistency routinely  $>.9$  (Cronbach’s  $\alpha$ )

## Part B example



### Question 3

1 mark for each of the following up to maximum of 6

3a – 3f

- excessive sunlight/sun exposure **OR** sunburn
- petrochemicals
- chlorinated pools/chemicals **AND** sun(light)
- trauma/damage to skin
- dry/aging skin **OR** dryness
- poor general health
- problems with immune system

# The marking guide

- Degree of flexibility in applying the marking guide:
  - Spelling variations acceptable
  - Synonyms/alternate phrasings acceptable
  - Abbreviations acceptable
  - Grammatical accuracy not required

- Instruction to markers:

*The essential point to keep in mind is whether an answer indicates an appropriate response to the question, not whether it follows the suggested answer verbatim.*

# The marking guide project

- Two recent papers investigated assessor decision-making while using the marking guide (Harding & Ryan, 2009; Harding, Pill & Ryan, in press)
- Categories of decision types:
  - Spelling
  - Correctness of supplementary information (extra to marking guide)
  - Adequacy of response (diverging from marking guide)
- Bases for assessors' decisions:
  - Application of “rules-of-thumb” (e.g., for spelling)
  - Utilization of resources (e.g., medical dictionaries)
  - Assessor knowledge and beliefs (e.g., topic knowledge, beliefs about fairness)

# Aim of current study

- To investigate whether ethical considerations appeared to guide decisions made by assessors.
- If so, to investigate whether assessors differed in their ethical orientation.
- Why ethics?

# Ethics and decision-making (I)

- Ethical orientation has been explored as a variable influencing decision-making in other fields: medicine and health sciences, business and management.
- Some examples:
  - Differences in ethical orientations among doctors and nurses (Kuhse et al., 1997)
  - Ethical decision-making and ethical “passivity” among pharmacists (Cooper et al., 2007)
  - Relationship between individual moral philosophy and decision-making in business (Hunt & Vasquez-Parraga, 1993; Mayo & Marks, 1990)



## Ethics and decision-making (II)

- Orientations often distinguished as “deontological” or “teleological (utilitarian)”
- Sometimes profession-specific orientations, e.g., “ethics of care/ responsibility” or “Machiavellian”
- Few studies conducted on ethical decision-making practices in applied linguistics contexts
- Most language testing engagement with ethics has been at the normative or applied ethics level (e.g., Davies, 1997; Kunnan, 2004)
- A descriptive/empirical approach may be complementary (Borry, et al., 2004)

# Data

- Transcript of focus group convened after routine marking period
- Focus group took form of “stimulated” group discussion of marking decisions for administered version of Part B (skin cancer)
- Participants:
  - Emma: ESL/adult literacy teacher, strong marking background, many years’ experience marking OET
  - Laura: ESL/adult literacy teacher, consumer representative for cancer services, many years’ experience marking OET
  - Penny: ESL teaching background, strong health sciences research experience, good level OET experience

# Analytic procedures

- Data was interpreted following a qualitative, content-analytic approach:
  1. Identify sites where “talk” around a decision demonstrated an ethical dimension
  2. Bottom-up analysis of the nature of assessors’ reasoning to characterise ethical orientation
  3. Attempt to map ethical orientation onto existing normative categories:
    - Deontological orientation: Focused on duties and obligations
    - Utilitarian orientation: Focused on the greatest good for the greatest number
    - Virtue ethics orientation: Focused on “how should I be?” (rather than “what should I do?”)

# Initial view of orientations

- Differences in reasoning between Laura and Emma (teacher-assessors – non-subject specialists) and Penny (subject-specialist)
- Laura and Emma showed reasoning which was more compassionate and “relational” in accounting for their decisions
- Penny showed reasoning which was more rule-/principle-based in accounting for her decisions

## A predisposition for compassion: “Bowen’s disease”

Emma: And that’s why I thought, b-o-w-n, or b-o-n-e, or whatever ... with a capital.

Penny: Ah ha.

Laura: I ... I didn’t give b-o-n-e-s, “bones disease”. But I felt very sad for the candidates who had written ...

Emma: Who recognised that it ...

# Protecting the vulnerable: “liquid nitrogen”

Emma: Now a lot put “liquid nitrate” and I didn’t know if it’s acceptable or not but apparently nitrate’s ... But you sort of feel “well, that’s a pretty good stab” if people don’t have the scientific background.

# Making an effort to understand the candidate: “border irregularity”

Laura: ... many of them put “bolar”. And I could not understand whether it was, again, whether the word wasn’t clear, but ... I don’t know where that word “bolar” came from. “Bolar irregularity”.

...

Laura: ... and I looked at things at home and I spent a long time on “bolar”.

# Balancing compassion and obligation

R1: So when you are doing this kind of marking in that situation, you're ... you're considering what shows understanding to a certain extent.

Emma: Well, we're limited by ... by agreeing to mark according to the marking guide so initially I think we do try to do that rather than ...  
Well, it's a balancing act. But, you know, you can't pass them all ...



# Laura and Emma: Ethics of care

- Laura and Emma: virtue ethics orientation
- Specifically “ethics of care” – focus on compassion and relational responsibilities
- Ethics of care orientation has been associated with “caring professions” such as nursing and teaching
- Ethics of care orientation tempered by obligation/duty to mark consistently and according to the marking guide

# Principles in Penny's reasoning

*Context - Discussing a "borderline" insufficient answer:*

Penny: Well, that goes back to the point that if they didn't understand it they shouldn't get it right.

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*Context - Discussing an over-elaborate response:*

Penny: I think that if they wrote something that wasn't said, they weren't right. The information that they gave might have been correct but they were supposed to write down what they heard.

# Duty to uphold professional standards

R1: And you accepted it as “nitrate” for *nitrogen*

Emma: Yes I did, because I didn't know the difference but then I went home and found out

Penny: I, if I got it, I'm pretty sure I wouldn't have accepted it ... *Liquid nitrogen* is particular item so

Emma: But you have to know that

Penny: But these people are health professionals

Emma: If they are a speech pathologist why would they know that?

# Penny: a deontological ethical orientation

- Penny: deontological orientation:
  - rule-abiding,
  - Impartial application of principles,
- Duty-bound by role as marker (i.e., applier of the guide)
- Also obligated to uphold principles of the test and professional standards (for their own sake)

# Summary

- Trend towards non-subject specialists (teaching background) to show orientation towards ethics of care
- Assessor with subject-knowledge orients towards deontological sense of duty/obligation – obligations are to marking rules and to professional standards
- No clear evidence of utilitarian orientation, i.e., decisions based on consideration of beneficial outcomes or society
- Assessors are *not* ethically passive

# Implications for assessor decision-making

- Awareness that ethical orientation may be a factor in marking decisions
- How best to manage personal ethics?
- In the case of the OET, an ethics of care approach might lead to less consistency in marking because it is, by nature, partial
- However, a deontological approach means that what is considered right might not necessarily equate to what is considered good with respect to the consequences of actions
- Possibility to explore a rule-utilitarian approach for marking: guided by rules as a means to achieve the most beneficial consequences

# Implications for language testing research

- For language testing research:
  - Descriptive/empirical ethics emerging as a complement to normative approaches
  - Can enrich normative applications through an understanding of unique dilemmas specific to our field
  - Language testing can contribute in a broader scope to ethics because:
    - Language testing is a rich site for conducting research into decision-making
    - Language testers can draw on their strengths: conducting empirical research

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