

MELA - Michener English Language Assessment

What is MELA?

The Michener English Language Assessment, or MELA, is a standardized English language proficiency test specific to the health care sector. MELA measures English language proficiency based on communication that is typical in health care education or practice settings. The test is referenced to the Canadian Language Benchmarks (CLB), a Canadian framework for English language proficiency. MELA scores are used by post-secondary institutions and regulatory bodies as approved and acceptable demonstration of communicative competence to study or practice.

Development of MELA

MELA is a Canadian-made, language test which was developed in 2004, specific to the health care sector. It has undergone an extensive test development and validation process. MELA was structured around a language benchmarking analysis, which was conducted to identify the communications skills needed to practice effectively and safely in the Canadian health care workplace. The test items were developed by language specialists with input from health care workers, employers, regulators and test takers to ensure that the content was appropriate and meaningful. Guidance from language testing and measurement experts further ensures reliability and validity. The reliability of MELA test items was verified through detailed psychometric studies. MELA has also been evaluated against one of the most popular international standardized language proficiency tests through a concurrent validity study. MELA cut scores are set through an appropriate standard setting method which ensures that the results are used fairly and defensibly.

Why MELA?

- Specific to the health care environment
- Targets all language skills (ie. speaking, listening, reading, and writing)
- In-person & online tests allow for more accurate assessment of skills
- Provides diagnostic information to students to help them improve their communication skills

How are MELA scores used?

- **For admission** by registration departments at post-secondary institutions to determine communication skills to join health care educational programs;
- **As a diagnostic tool** by program consultants to advise applicants about strong and weak areas in their language proficiency and provide options for skills development;
- **For licensure** by regulators as part of the credentialing process for internationally educated health care professionals seeking to be licensed in Canada.

What you need to do on the test day

- The MELA takes 3 hours and 20 minutes. The reading, writing, and listening tests take 3 hours and there will be one short break after the first hour. After the reading, listening, and writing tests are finished, there will be another short break and you will go to an interview room to have your speaking test. Depending on when your interview is scheduled, you will need to allow for more time at the test session. You should allow a minimum of 4 hours and a maximum of 5 hours of time to take MELA.
- When you arrive at the Michener Institute, you will be directed to the test room at reception. The test room will open at the time the test is scheduled to start. The test invigilator will ask you to complete a registration form, sign an attendance form and show a government issued photo ID (eg. drivers' license, health card, etc). No dictionaries or electronic devices are allowed in the test room. You may use pen or pencil to complete the test.

MELA Test Format & Content

MELA measures English language communications skills in four areas: speaking, listening, reading and writing. The test takes about three and a half hours, including 10 minutes for sign in, document verification and instructions.

The test structure is based on the assumption that a language user can engage in tasks of different levels of complexity but their performance levels will differ depending on their language skills. For each skill area the MELA tasks increase in their level of difficulty, with the first task being relatively common, and the final task being more complex.

Speaking (20 minutes)

The speaking test is a four-part, 20 to 30 minute, interview which is recorded and rated by two different assessors to ensure score reliability. The interview requires test takers to demonstrate their ability to describe, instruct, persuade, educate, give opinions, propose, and recommend. Performance during the interview is evaluated based on the appropriateness of responses, fluency, pronunciation and the range and accuracy of the language used. The role play scenario is occupation specific.

Performance on the interview is rated based on fluency, pronunciation, and the range and accuracy of the language used. The interview is based on workplace situations and assessors use a rating scale adapted from the Canadian Language Benchmarks and the language required for the Canadian health care workplace.

The following information summarizes the Speaking Test organization, task requirements, and timing.

Not rated: Describe Occupation-specific Procedures (2-3 min)

This part of the interview is a warm up. The candidate receives instructions for the interview and has an opportunity to introduce him/herself, including explaining own training, experience and skills (for the purposes of planning the role play). **This part is NOT RATED.**

Part 1: Describe Occupation-specific Procedures (3-5 min)

This part of the interview measures how clearly and effectively the candidate is able to describe familiar occupation-specific tasks and procedures. The candidate is asked to describe his/her work experience and describe in some detail an occupation-specific routine.

Part 2: Role-Play/Give Instructions (5-7 min)

This part of the interview is a role play. It measures how clearly and effectively the candidate is able to give instructions. The candidate is asked to role-play giving clear, detailed oral information to someone to carry out a multi-step task.

Part 3: Opinion/Discussion (5-7 min)

In this part of the interview the candidate provides own opinion and participates in a discussion about a complex and/or abstract idea related to health care.

Listening (60 minutes)

The listening tasks test the ability to understand messages and follow instructions, conversations and short academic-style lectures. There are four tasks that include completing forms while listening, taking notes, and answering multiple choice questions. The audio is delivered at normal speech rate and varies in length from 2 to 8 minutes.

During the Listening Test candidates take messages, make notes, and answer multiple-choice questions while listening to recordings of various communication situations typical in a health care workplace. All tasks are based on authentic work situations and each task is delivered at a normal rate of speech. The listening test lasts 60 minutes and the listening passages vary in length from 45 seconds to seven minutes.

The MELA is task based, so candidates are asked to complete such tasks as filling out message forms and making changes in a schedule. There are four tasks of increasing levels of difficulty. The third listening task is integrated with a writing task (see writing samples).

Performance on the Listening test is rated based on the number of items that are answered correctly.

Task 1: Voicemail Message (10 items - 5 min)

In this part of the test the candidates listen to a message and make notes in a prepared form (e.g. identify the caller's name, time, day, shift, and contact information). The message is played twice in acknowledgment that voice mail messages can be re-played by the receiver.

Task 2: Instructions from a Supervisor (5 items - 30 min)

In this part of the Listening test candidates listen to a recorded message from a supervisor and follow instructions to make changes on a workplace form (e.g., a schedule, a work plan, a health and safety status sheet). The message is played once.

Reading (60 minutes)

The reading tasks test comprehension of authentic texts from health care workplaces such as procedural manuals and memos as well as some academic reading such as medical journal articles and textbooks. There are three tasks that include matching and multiple-choice questions. Because health care workplaces rely heavily on forms and charts, the reading test contains passages in prose as well as forms and charts.

Reading comprehension in MELA is demonstrated through multiple-choice questions and completing forms. Performance on the Reading Test is rated based on the number of items that are answered correctly.

The Reading Test passages are based on tasks typically required in Canadian health care training institutions and workplaces and include texts from medical workplaces, newspaper articles, medical journal articles, medical textbooks, and government publications. The reading passages are about 500-600 words. If you wish to familiarize yourself with a MELA Reading Test task, please review task 1 or 2.

Task 1: Workplace form (10 matching questions & answers - 20 min. max)

In this task the candidate reads an example of a formatted text (e.g. a workplace form) and is asked to find specific information. This task tests the ability to comprehend information from workplace forms (e.g. incident report, disposal procedures).

Sample Reading Task – Workplace form

Scenario: Health care workers must read and comprehend safety procedures at their training institutions and at work

Instructions: Refer to the workplace form and complete the matching task. Read the statements in the task and using the information in the Code Green Form, identify the statements as belonging to either Horizontal or Vertical Evacuation or both Horizontal and Vertical Evacuation by selecting the appropriate responses. The first two have been completed for you as an example

Time: You have 20 minutes to complete the task.

Evaluation: You will be evaluated on the number of questions answered correctly. This task is worth 10 points.

Example Workplace Form: Code Green Evacuation

HORIZONTAL EVACUATION:

1. Move all patients from the danger zone to an adjacent safe area on the same floor. In this type of evacuation patients are normally taken beyond a corridor Fire Door.
2. This type of evacuation is initiated by the most senior person in the area at the time of the occurrence. For example: On night shift, the Unit Leader/Charge Person may initiate the Code Green.
3. In the event a Horizontal Evacuation is needed on your Unit:
 - a. The Emergency Response Warden must wear the safety vest
 - b. Dial 5555 and advise Telecommunications (ext 5555) of Code Green and direction of evacuation
 - c. Explain situation to patients
 - d. Obtain assistance from all available staff and able patients and relatives
 - e. Evacuate, use right side of corridor, to the adjacent unit
 - f. Use appropriate lifts for patients in immediate danger, ambulatory patients and non-ambulatory patients
 - g. A nurse is to accompany each critical patient
 - h. Ensure all rooms are empty
 - i. Provide a sheet/blanket to each patient
 - j. Transport charts and supplies with each patient if possible
 - k. Take medication chart if possible
 - l. Turn off main oxygen valve
 - m. Receiving Patient Area: verify all patients accounted for according to unit census
 - n. Contact Emergency operations Centre via Telecommunications (5555) when evacuation complete
 - o. If appropriate, utilize beds, stretchers and wheel chairs.

VERTICAL EVACUATION:

1. Remove patients from the danger zone to a safe area within the building. This type of evacuation is normally conducted downward, preferably two floors down.
2. This type of evaluation is initiated by the Chief Fire Warden. The evacuation will be signaled by the Evacuation Stage of the fire alarm. The evacuation will also be announced on the overhead pager.
3. **In the event a Vertical Evacuation is called for your Unit:**
 - a. The Emergency Response Warden must wear the safety vest
 - b. Proceed to stairwell
 - c. Assign a person to top, landing and bottom of stairwell
 - d. Keep people to the right going downstairs
 - e. Move ambulatory patients first
 - f. A nurse is to accompany each critical patient
 - g. Using the appropriate method, transport remainder of patients
 - h. Use another stairwell for staff returning to the unit, if possible
 - i. At next level, move patients to the most central part of the unit
 - j. Transport charts and supplies with each patient if possible
 - k. Ensure all rooms are empty
 - l. Turn off main oxygen valve
 - m. Receiving Patient Area: verify all patients accounted for according to unit census
 - n. DO NOT utilize beds, stretchers or wheelchairs

Task 2: Textbook-style reading (15 multiple choice questions - 20 minutes)

In this task, the candidate reads a study text of low to moderate complexity and answers comprehension questions. This task measures the reader's ability to comprehend main ideas, factual information, technical vocabulary, and some inferred information in textbook-level materials.

Example Textbook Reading Task and multiple choice questions: Dealing with Difficult Patients

Scenario: Health care professionals get information on a variety of health-related subjects through reading. The following is a simple article from a local health newsletter.

Instructions: Refer to the reading to answer the multiple-choice questions. Choose the best answer by circling one of the four choices for each question.

Time: You have 20 minutes to read the passage and answer the multiple-choice questions.

Evaluation: Your reading comprehension will be rated on the number of questions you answer correctly. This task is worth **10 points**.

1. Some patients, because of their particular behaviour or condition, are more difficult **to handle** than others. There may be a patient who is particularly angry or uncooperative. Another may be especially fearful or in great deal of pain. These situations require especially good communication skills. Listening carefully to the patient, reflecting the patient's feelings or concerns, reassuring the patient, providing clear explanations - all are techniques that are applicable in these situations.
2. Sometimes, however, usual communication skills are not effective. Special strategies are required. For example, it may be necessary **to stand up to** a particularly hostile patient, though open confrontation should be avoided. *If you are timid or deferential, it may only fuel the hostile patient's anger.* Give him/her time to vent some of his/her feelings, then interrupt to get back into the conversation. Use nonverbal behaviour that commands attention and maintain eye contact. Speak forcefully, using "I" messages, describing the behaviour concerning you, and making a request for change. For example, you may say something like "You are disturbing people with your shouting. I would like you to speak in a quieter voice." When the patient becomes less hostile, you can relax and be pleasant and polite.

3. For the uncooperative patient who is not overtly hostile, you will need to use different strategies. It is important to get him/her to talk. Use open-ended questions, and verbalize what you feel is happening. You might say, "You seem to be feeling uneasy about the test. Can you tell me what you are thinking about?" Through discussion, hopefully, the reasons for his/her lack of co-operation will be brought out into the open so that they can be dealt with. The overly fearful patient and the patient in a great deal of pain require all your supportive skills. The fearful patient needs to be encouraged to express his fears out loud: "You seem to be worried about the test. Can you tell me what particularly you are concerned about?" Verbalizing the fears helps to dispel them, and if any of them are unfounded, you can quickly correct the patient's **faulty perception**. The patient in pain can be somewhat comforted when you express your awareness of his condition, e.g. "I know that you are experiencing a great deal of discomfort. I will try to finish quickly. Please let me know if it becomes too much for you at any point." Verbal and nonverbal encouragement and reassurance are very important with these patients.
4. Hospitals are multicultural environments. Some of the patients may have difficulty understanding or speaking English. They may also have expectations, ideas and concerns that are different from Western medical practice. For example, one of the questions we seek to answer is what caused a particular illness. If we were to ask the patient, we may get quite different answers, depending on cultural background. One patient may give a medical reason; another may give non-medical reasons. When treatment is discussed, one person might feel that he needs his extended family to provide his care; another, specific kinds of food; another, religious intervention or folk medicine.
5. All patients, no matter what their cultural background, expect and need support, care, respect, concern, honesty, communication, hope, understanding and a family presence. Everybody in every culture wants these things in a culturally acceptable way. While it is important to respect cultural differences, it is equally important to avoid stereotyping individuals of different cultures and instead treat people as individuals.
6. The importance of reassurance and support for the patient cannot be underestimated. Nonverbal communication **plays a crucial role** in this area. A warm, friendly manner, a smile, and a touch - all can provide the reassurance so desperately needed. The important thing to remember is that there are differences among people. These differences are not in themselves good or bad; but these differences will affect people's response to hospitalization and treatment. Understanding that these differences exist, and making an effort to accommodate these differences where possible, will go a long way to ensuring that medical care is successful.

The multiple-choice questions during the test will have boxes for test takers to check.

1. The phrase **to handle** in paragraph 1 is closest in meaning to:
 - a) to lift up
 - b) to carry out
 - c) to move by hand
 - d) to manage
2. In paragraph 2 the phrase **to stand up** is closest in meaning to:
 - a) to greet
 - b) to ignore
 - c) to confront
 - d) to report
3. Which sentence best expresses the meaning in the underlined sentence in paragraph 2:
 - a) a shy and quiet person might calm a hostile patient down
 - b) a shy and quiet person might make a hostile patient more angry
 - c) a shy person can communicate well with a hostile and angry patient
 - d) it's better to let the hostile patient take control so as not to fuel his/her anger
4. Which sentence best expresses the open-ended question strategy recommended in paragraph 3:
 - a) "Are you uncomfortable? I told you not to sit in that position."
 - b) "Are you in pain? Are you thinking about the treatment?"
 - c) "You seem to be angry. Can you tell me what you are concerned about?"

- d) "You are upset. You must be worried about the treatment, right?"
5. The phrase **faulty perception** in paragraph 3 is closest in meaning to:
- bad feeling
 - misunderstanding
 - nervousness
 - negative attitude
6. According to paragraph 4, why might some patients feel they need specific kinds of food for a particular illness:
- because they have difficulty speaking English
 - because they have medical reasons
 - because they have a particular illness
 - because of their cultural background
7. The phrase **plays a crucial role** in paragraph 6 is closest in meaning to:
- is an essential game
 - is an important factor
 - is an unimportant factor
 - is a factor to be ignored
8. Which statement reflects the author's opinion about nonverbal communication in paragraph 6:
- it makes the patient apprehensive
 - it should only be used when the patient requests it
 - it should only be used when the patient is uncooperative
 - it is very important for reassurance and support
9. In paragraph 6 the author suggests that:
- all people from the same culture want the same type of care
 - patients from the same culture are still individuals and have specific needs
 - some cultures prefer not to communicate or be touched by caregivers
 - some cultures don't want honesty from health care providers
10. This article emphasizes that in dealing with difficult patients there is a need to:
- accommodate patient differences
 - ignore cross cultural differences
 - use communication technology
 - use self-defense techniques

Writing (60 minutes)

The writing tasks test the ability to complete forms accurately and communicate requests and ideas clearly and effectively. Tasks including write a report, make a request and discuss a health care topic. The writing tasks are assessed according to content, organization and accuracy of language use.

MELA candidates produce writing samples that are assessed according to content, organization, and accuracy of language use. Writing tasks include completing forms, writing summary reports, and writing short opinion essays.

There are three tasks of increasing levels of difficulty in the MELA Writing Test. The Writing Test is comprised of two tasks and takes one hour to complete. An additional writing task is integrated in the listening test, but the writing score derived from that task is included in the overall Writing Test score. Commonly more advanced writers complete the test first.

Task 1: Incident Report (20 min)

This part of the test is integrated with Task 3 of the Listening Test and consists of writing a descriptive paragraph. The candidate must complete the form based on the dialogue and then use the information to complete Writing task 1 (write the paragraph) within 20 minutes.

Example Writing Task 1: Sample of an Incident Report

Please state what happened and what you were doing at the time. Include details of equipment, sizes, weights of objects.

Task 2: Message to Supervisor (20 min)

The candidate is given a workplace scenario and is asked to write a message to a supervisor or manager. Examples of scenarios included in the test are "Change in Schedule", "Reporting on an Incident", "Requesting time off for a Doctor's Appointment", "Follow up Note from a Telephone Conversation".

Task 3: Opinion Essay (30 min)

The opinion essay represents the reflective practitioner's need to think critically about relevant issues. For the opinion essay candidates are given a general health care topic and are asked to discuss two different points of view on that issue.

Example Writing Task: Opinion Essay

Scenario: As part of their professional portfolios, health care professionals must be able to express themselves in writing and demonstrate the ability to think analytically and critically about an issue.

Instructions: Discuss the following statement and develop a short essay of about 300 words:

There is some controversy about Canada's public health care system. Some people feel that a universally accessible public health care system is best. Others feel that a private, or mixed (public and private) health care system can provide the best service to its patients. In a short essay discuss your position on this issue. Use specific reasons and examples to support the views on both sides of the issue.

Time: You have 30 minutes to write this short essay.

Evaluation: You will be evaluated on your ability to express your ideas and opinions in a clear and thoughtful manner, demonstrating analytic and critical thinking skills.

In your essay make sure that you:

- clearly state your opinion/position;
- use an essay style, with an introduction, paragraph development and conclusion;
- provide three supporting arguments/positions and provide support for each; and
- use proper grammar, spelling and punctuation

How to read your MELA report

The Michener English Language Assessment (MELA) evaluates your ability to communicate in English in the health care context; your performance is measured against requirements that are typical of communicative workplace tasks. The MELA is based on the Canadian Language Benchmarks (CLB) so your scores are reported as benchmarks. MELA scores are accepted as proof of language proficiency for registration into academics and upgrading programs offered at the Michener Institute of Education at UHN and for professional registration with some health care regulators. There is no pass or fail scores on the MELA. Each program and regulatory body may have a different passing score.

Understanding your MELA Test Report

The Michener English Language Assessment (MELA) evaluates your ability to communicate in English in the health care context. Your communicative performance is measured against language requirements that are typical of workplace and study tasks. There are no pass or fail scores on the MELA. In order to know your required score, you must check the score requirements of the educational institution or regulatory college to which you are applying.

These ratings from 0 to 5 indicate how well you performed on each task:

- 5 Strong
- 4 Very Good
- 3 Adequate
- 2 Minimally Adequate
- 1 Weak
- 0 Unable to complete

In this report, for example, the test taker had an overall adequate performance.

These ratings will give you an idea of the tasks that were more difficult for you, and will alert to areas for improvement.

MELA Test Report

The MELA Test Report contains four MELA scores for Speaking, Writing, Listening, and Reading. Scores are reported on a MELA scale of 0-10. The MELA Test Report is intended for use by test takers, educational institutions, and professional bodies. MELA scores are valid for two years from the date of this Report. All information on the MELA Test Report is confidential.

First Name	Last Name	MELA ID	Instance
John	Doe	201101	1

Session	Test Number	Test Location	Test Date
43	1	Michener Institute	08/01/2011

Speaking **MELA Speaking Score** 8

0 1 2 3 4 5

1: Description

2: Instructions

3: Discussion

Comments: Demonstrates fluency, generally clear speech, and an adequate range of vocabulary with some minor errors that do not impede comprehension. Is able to convey own experience effectively, give instructions clearly, and participate in an interview.

Writing **MELA Writing Score** 8

0 1 2 3 4 5

1: Short Report

2: Workplace Message

3: Opinion Essay

Comments: Demonstrates mostly clear written communication. Some errors in the use of grammar, vocabulary, and cohesive devices, but these do not impede comprehension.

Listening **MELA Listening Score** 8

0 1 2 3 4 5

1: Workplace Message

2: Instructions

3: Work Conversation

4: Short Lecture

Comments:

Reading **MELA Reading Score** 8

0 1 2 3 4 5

1: Workplace Form

2: Textbook Text

3: Journal Article

Comments:

General Comment

This shows the number of times (instances) you've taken the MELA.

Your test session date (the date you took MELA). dd/mm/yyyy

Comments to help you understand your test score.

Recommendations for additional support, if applicable.

- These are your MELA scores.**
- 10 Demonstrates strong English language and communication skills, sufficient for studies or professional practice.
 - 9 Demonstrates strong English language and communication skills, sufficient for studies or professional practice. There are some inaccuracies that can be corrected over time.
 - 8 Demonstrates mostly effective English language and communication skills for studies or professional practice. Errors and inaccuracies sometimes impede communication. Aim to improve your communication skills as you work or study.
 - 7 Demonstrates English language and communication skills sufficient for routine study or professional practice requirements, but weaken as requirements become more challenging. Consider taking additional English language courses to help you improve your communication skills.
 - 6 Demonstrates English language and communication skills that are not strong enough for independent study and professional practice. It is recommended that you enroll in English language training courses to help you improve your skills.

Frequently Asked Questions

1. Is MELA different from other language tests I have already taken?

Yes. Michener English Language Assessment (MELA) tests communication exclusively in the context of Canadian healthcare (workplace and academic). All the test tasks are related to communication in health care.

2. Who can take MELA?

- Students applying for admission to the Michener Institute
- Health professionals fulfilling the language requirement for professional certification.

3. How can I prepare for MELA?

The MELA is intended to measure how well you use English in a familiar health care context. There are no specific training programs or material available to prepare for taking the MELA test but you can still prepare yourself for MELA by:

- Reviewing the format of the test as described in this document;
- Becoming familiar with language used in typical healthcare communication tasks for example, understand main ideas, facts and details, and inferences in workplace reading texts, give verbal instructions to a staff member, understand information delivered orally in a professional development presentation, and understand facts and details in a workplace voicemail message.

4. Where is MELA administered?

In-person at:
The Michener Institute of Education at UHN
222 St. Patrick Street
Toronto, Ontario Canada M5T 1V4
mela@michener.ca

5. What do I need to bring to a test session?

Government issued photo identification, for example, your health card, and a pen or pencil.

6. How long is a test session?

The reading, writing, and listening tests are 3 hours and are offered in person or online. The speaking test is 20 minutes. Speaking tests are scheduled on the day following the reading, writing, and listening tests. Speaking tests are administered online using Zoom technology.

7. Can I take MELA more than once?

Yes. You can take MELA up to a maximum of three times at certain test sessions. When you register for a second or third time, The Michener Institute will inform you what dates are available to you.

8. What is the pass score on MELA?

There is no pass or fail on MELA. You must check the minimum score required for your purpose in taking the MELA; for example, program admission or professional certification.

9. How will I get my MELA Report?

The Michener Institute will send you an electronic test report. To fulfill language requirements for professional certification, you must have the Michener Institute direct a copy of your electronic MELA Test Report to the CSMLS, CMRTO, CRTO, or CMTO.

10. When will I get my MELA Report?

You will receive your MELA Test Report 10 business days after your MELA test session.

List of Regulatory Bodies

The following regulatory bodies have approved the MELA test as one of their language proficiency tests for their applicants who are required to demonstrate English proficiency.

- [Canadian Society for Medical Laboratory Science](#)
- [College of Medical Laboratory Technologists of Ontario](#)
- [College of Medical Radiation & Imaging Technologists of Ontario](#) (Formerly the College of Medical Radiation Technologists)
- [College of Massage Therapy of Ontario](#)
- [College of Respiratory Therapists of Ontario](#)

“The CRTO has embedded MELA as one of the accepted language proficiency tests used in the registration process. We recognized MELA as a valuable and unique tool because of MELA's focus on health care specific context ” by Ania Walsh, Manager of Registration, CRTO

MELA is the property of [The Michener Institute](#)