Situational Judgement Tests have been used as a tool, in selection, for predicting behaviour and performance in a selected role. They are a series of questions simulating real life scenarios that one would face as an employee. In the context of UK medicine, SJTs have been used successfully for several years for selection into postgraduate training, including General Practice and Public Health. The professional attributes, highlighted by the research conducted by the Foundation Programme, which will be tested for in these questions come under the following areas:

- Commitment to Professionalism
- Coping with Pressure
- Effective communication
- Patient focus
- Working effectively as part of a team

As a junior doctor you are challenged on a daily basis with many if not all of the above, sometimes all in one scenario.

By following our simple and robust way of breaking down the questions into themes, and identifying keywords; you will be able to see more transparently what the questioner is posing to you; and with clarity comes safety and holistica. Understanding the themes and the pitfalls that arise with them is the foundation of knowledge required in order to succeed in these professional dilemmas (understanding the rulings). Some of the situation themes:

- Safe prescribing
- Whistleblowing
- Patient confidentiality
- DVLA
- End of life decision making
- Professional integrity
- Safeguarding children/ vulnerable adults
- Criminal issues in the workplace
- Breaking bad news

Test: 2hr 20mins, 70 questions (10 of which are pilot questions not counted, but are randomised into rest). Mixture of: Best 3 of 8 (total 12 marks per q, 4 marks per correct option), and Rank 1-5 (total 20 marks per q; where 4 marks per correct ranked option, and 1,2 or 3 marks if a correct option but wrongly ranked)

By preparing for this exam in a thorough manner, you will be able to firstly recognise when you are in the scenario, and apply the knowledge gained from sitting the exam to the situation. This will in itself prepare you for the daily challenges; to know ethically and legally what is right and wrong in delivering safe and effective patient care empathically.
Hints and tips

Situational Judgement Tests examine your analytical skills and as such can take more time to answer than your average EMQ. Therefore, with an average of 2 minutes per question, ensuring you manage your time effectively is crucial.

Much of the time allocated for each question will be taken by just reading it as both the stems and options given can be lengthy. Given this, it is important that candidates aim to quickly familiarize themselves with the particular issues raised by the question (such as patient safety, teamwork, work-life balance etc.) and then apply them to the possible options.

It goes without saying that you should carefully read the question and make sure that you identify the key words in the scenario, certain words are positive, certain words are negative. E.g. ignore – negative actions, explain – positive.

Trust your instincts! You can spend an inordinate amount time overthinking the situation but your natural instinct will be responsible for identifying the options that you will definitely do and those that you would definitely not. The remaining options will then need to be ranked or ruled out based on your analysis of the situation. However, try not to over-analyse the question/options – this will not only take up a lot of time but may undo your initial instincts that will usually be correct.

Questions that require you to choose the best three options will seem more straightforward but it is important that you read all the options prior to making your decision as it will be important that all of your chosen options do not contradict one another.

Remember that the questions in this exam aim to simulate real-life scenarios so when faced with seemingly difficult questions, think about how a junior doctor would deal with the situation, bearing in mind the training you would have had so far. When ranking in order 1-5, if unsure of prioritizing, then prioritise in order of practicability; i.e. on the wards, which order would you do things in practically.

Practice makes perfect! Some that situational judgement tests are tests of common sense, and to a certain extent they are. However, as you will soon learn they can be quite tough and by doing as many questions as you can you will soon learn the common themes that are tested and ways to structure your approach. This can then be applied to any questions you encounter.

Sample Questions

A fellow F1 doctor on your team has come to work this morning and appears tired and you think she smells strongly of alcohol. What will you do?

Rank options “a” to “e” in order of most to least appropriate.

- a. Ignore the issue as your team is currently post-take and very busy.
- b. Explain to your colleague in private that they appear hungover and smell of alcohol. Suggest that she go home and you will inform the team that she is not feeling well.
- c. Raise your concerns during the consultant ward round so the whole team can make a plan.
- d. Raise your concerns with the SpR as you feel uncomfortable addressing this personally.
- e. Inform the nurses on the ward about your concerns and with their cooperation monitor your colleague’s work.
The issues raised in this scenario are patient safety and effective teamwork. As a general rule, patient safety should always take precedence in your decision-making.

- Option b combines both patient safety and team-work effectively: recognising that your colleague is in no fit state to see patients while sensitively supporting them to address the situation immediately. Realistically, you would not report this straight to your senior because you would hopefully want to give them the benefit of the doubt that this is a one-off occurrence.
- Option d is the next best option because although you are not personally addressing the situation, you are escalating this to a senior member of the medical team of which you are a part.
- Option c may seem attractive but highlighting the issue in the middle of a ward round will publicly expose your colleague in front of the extended team of nurses and allied health professionals, and potentially patients too. This will undermine everyone’s trust in your colleague, but also her trust in you.
- Option d is less appropriate as it does not address the issue. Patients’ safety remains at risk. Both you and the nurses have your own jobs to do and can only hope that you will notice a mistake before it happens. By gossiping and conspiring with the nurses rather than speaking directly to your colleague, you are undermining her trust in you as a fellow member of the same team.
- Option e is clearly the worst thing to do because a potentially dangerous situation is being ignored.

2) On a morning ward round, an elderly immobile patient who was admitted with confusion complains that she was left for several hours unattended on the commode during the night.

Choose the THREE most appropriate actions to take in this situation.

a. Acknowledge the patient’s concerns and reassure her that you will look into her complaint.
b. Check the nursing and medical notes to see if there is any mention of confusion during the night, or recorded use of the commode.
c. Apologise to the patient and state that you will ensure that the nurse looking after her during the night will be disciplined accordingly.
d. Immediately complete a clinical incident form regarding the night nurse caring for this patient before attending to your other jobs.
e. Ignore the complaint, as the patient remains confused.
f. Inform your consultant of the patient’s complaint.
g. Contact the patient’s next of kin and advise them to make a formal complaint in order to improve patient care.
h. Discuss the patient’s complaint with the nurse in charge.
Answer:

a, b, h.

Taken together, options a, b and h are the three most appropriate actions as they are the three first things that you would do.

- You are demonstrating to the patient that you are taking their complaint seriously but without taking sides or apportioning blame.
- It is good practice to respond to a patient’s complaint promptly and offer a full and honest explanation. Therefore, it would be appropriate to look at the patient’s notes and assess the events of the night objectively.
- And discussion with the nurse in charge will be most appropriate as this is primarily a nursing issue.

Options c and d seem okay on the face of it but you are making a rash judgment prior to being certain of all the facts based on the information provided in the stem. E is wrong for the same reason as well as showing a complete disregard for the dignity and safety of the patient.

Option f would be inappropriate to do at this stage, as this is primarily an issue of nursing care.

Option g is an excessive response to the situation as it stands. Local procedures will exist to deal with such complaints and these should be undertaken first. This may be appropriate later (e.g. if poor staffing levels were to blame) but not at the outset.

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