

## **Situational Judgement Tests (SJT)**

### **What is a SJT?**

Situational Judgement Tests (SJTs) are designed to assess individuals' judgement regarding situations encountered in the workplace. Candidates are presented with a set of hypothetical work-based scenarios and asked to make judgements about possible responses. Candidates' responses are evaluated against a pre-determined scoring key to provide a picture of their situational judgement in that particular context. SJT scenarios are based on extensive analysis of the job role, to ensure that test content reflects the most important situations in which to test candidates' judgement. They are concerned with testing attitudes and ethical values rather than knowledge or clinical skills.

SJTs are a measurement method that can reflect complex situations and events, are tailored to the particular context and can be designed to assess a variety of job-relevant and professional attributes. Typically, SJTs take the form of written tests, but scenarios and responses can also be video or web-based. A variety of answering formats can be used, e.g. asking candidates to identify the best/worst response, or rate the effectiveness of various responses. Scoring keys are typically derived from the judgements of experts in the relevant field.

### **How effective are SJTs?**

SJTs have become increasingly popular over the last 20 years and are used mostly in large-scale selection processes, often at the shortlisting stage, but can also form part of workplace assessment to highlight employee development needs. In the UK, SJTs are used nationally to select GP registrars and in other 'high stakes' selection. The research literature indicates that SJTs have significant validity in predicting job performance and can offer incremental validity over methods such as ability tests and personality questionnaires. SJTs typically relate to general experience and ability, rather than job-specific knowledge or experience, therefore may be fairer than other methods in contexts where candidates have little or no experience in the target job. SJTs also tend to show smaller differences in performance between candidate groups defined by a particular feature (e.g. race) than cognitive ability tests. SJTs are often favourably rated by candidates because they appear directly relevant to the job role. Further benefits of SJTs include being relatively easy and cost-effective to develop, administer and score.

### **How will SJTs be used?**

The SJT will be taken by all UK, EU and non-EU applicants under invigilated conditions in the UK. There will be more than one assessment venue and date. As such there will be an element of overlap in the questions asked of each candidate to assure the equivalence of assessments. Answers are multiple-choice and marking is automated. Non-UK resident applicants will be expected to travel to the UK to take the assessment.

The use of SJTs will be informed by outputs of the pilots. In particular, the SJT score will be weighted with the educational performance ranking score to provide a composite score that will be used in assigning applicants to Foundation Schools. The relative weighting of two components will be informed by modelling the data gathered during piloting and will aim to produce the most valid and reliable composite score.

### **Piloting**

Subject to legal opinion and approval, the first stage will be for Medical Schools Council to set up a small group with appropriate representation, including the UKFPO and employers, to consider the feasibility of the approach and produce a draft standard framework for further discussion. Once agreed, the framework will be carefully piloted during the next stage of the Selection into Foundation Project. This will be carried out according to a detailed project plan.

**What do SJT items look like?** (taken from Patterson et al, 2009):

**1. A 55-year-old woman with ischaemic heart disease has smoked 20 cigarettes per day for 40 years. She requests nicotine replacement patches. She has had these previously but has been inconsistent in their use and has often continued to smoke while using the patches.**

Rank in order the following immediate actions in response to this situation (1 = most appropriate; 5 = least appropriate)

- A Emphasise the dangers of smoking but do not prescribe
- B Enquire about the difficulties she has with stopping smoking and any previous problems with patches
- C Insist on a period of abstinence before prescribing any further patches
- D Prescribe another supply of patches and explain how they should be used
- E Suggest that nicotine replacement therapy is not suitable for her but explore alternative therapies

**Answer:** BEDAC

B is the best response to this situation. This patient clearly wishes to stop smoking but is experiencing difficulties in doing so. A discussion about the problems she faces may help her to make her next attempt more successful. E is also a good response but it assumes the nicotine replacement therapy is not suitable for her, whereas it may be the right approach and she may need more help in using it effectively. D is a possible approach but given her previous failures with the patches it may need more than this for her to succeed. A is unlikely to help her. She clearly already wants to stop smoking or she would not be making repeated attempts with the patches and this option does not include any alternative approach to stopping. C is a very poor response. If she is unable to stop smoking with the patches she is unlikely to do very well without.

**2. You are looking after Mrs Sandra Jones, who is being investigated in hospital. You are asked by her family not to inform Mrs Jones if the results confirm cancer.**

Choose the THREE most appropriate actions to take in this situation

- A Ignore the family's wishes
- B Agree not to tell Mrs Jones
- C Explain to the family that it is Mrs Jones' decision
- D Ask Mrs Jones whether she wishes to know the test results
- E Ask Mrs Jones whether she wishes you to inform the family
- F Inform Mrs Jones that her family do not wish her to have the results
- G Give the results to the family first
- H Give the results to the next of kin first

**Answer:** CDE

As Mrs Jones is the patient it is her decision whether she should hear her results, not the family's. Indeed it is Mrs Jones' choice whether the family should be informed of the results at all. This should be explained to the family. Therefore the correct responses are C, D and E. Together these actions are the most appropriate response to the situation.