Preparing for the SJT

*I graduated from Sheffield, in 2021 having sat the SJT December 2020. I was the president of the Peer Teaching Society for my final two years – I'm obviously not an expert, so these are just my personal thoughts but hopefully will be useful for a couple of people! This document is intended to provide some friendly advice – nobody <u>really</u> knows exactly how the SJT works or how to get the marks, you shouldn't believe anyone that says they do. There are likely to be errors and some of my examples below will inevitably be incorrect (which is sort of the point of the SJT) so **please** don't take the advice below as gospel – take it on board, tweak bits of it, or completely disagree if you want – just make sure you prep in a way you feel comfortable with. Also please don't blame me if it doesn't go as well as we hope!!*

The SJT is one of the most important exams you'll take while at med school, because it is weighted so heavily in your F1 applications. This is a shame, because it doesn't really feel reflective of all the hard work you've put in over the 4/5/6 years of med school – and because an awful lot of people describe it as a random number generator. Add to this that medics tend to be control freaks (sorry not sorry) and good at revising for exams, prepping for an exam like this – that you can't really 'revise' for – is inherently stressful. However, unlike with med school exams more stress leading to more work won't necessarily yield a better result. Hopefully this document will provide a bit of general advice on basic prep you can do, and convince you to stress less than you otherwise might.

I graduated last year and got a bang average result (well, slightly better than the national average) in the SJT, without having done loads of work or stressing and while I was busy prepping for AFP interviews. My house mates and I all prepared in approximately the same way, amongst us: 1 got a slightly higher score than me, 1 got a score way better than national average and 1 got a little bit lower than national average. Here's the first point to hopefully ease nerves:

We all got our first-choice deanery, and one of our top ranked jobs, despite not all doing amazingly in the SJT.

Amongst my wider group of friends, and everyone else I know that did the exam, people prepared in a variety of ways, but the majority got a score that allowed them to get the deanery/jobs they were perfectly acceptable to them (obviously this is only anecdotal evidence - more on this later). Of course, there are always a few people for whom the SJT goes terribly, and it tanks their ranking*. This is an inescapable reality, but hopefully with some of the basic steps below you can avoid this.
*Lots of these people go on to be great doctors and love their time as an F1, even if it's not where they really wanted.

About the exam

Firstly, make sure you are familiar with the official guidance on the UKFPO website and in the foundation programme handbook.

https://foundationprogramme.nhs.uk/situational-judgement-test-sjt/

https://healtheducationengland.sharepoint.com/sites/UKFPOT/WebDocs/Forms/AllItems.aspx?id=%2Fsites%2FUKFPOT%2FWebDocs%2F1%2E%20Home%2F2022%2FUKFP%202022%5FApplicants%27%20Handbook%5FFINAL%2Epdf&parent=%2Fsites%2FUKFPOT%2FWebDocs%2F1%2E%20Home%2F2022&p=true

Key points:
- 140 minutes for 75 scenarios
- A mix of multiple choice, rank, and rate questions (more below)
- Variable marks for each type of question
- 2 sections:
  - Section 1 - typically 37 scenarios: 19 multiple-choice, 18 rating
  - Section 2 – typically 38 raking scenarios, each of which

	Maximum marks available per response	Responses per scenario	Maximum marks available per scenario
Rating	4	Rate between 4-8	Up to 32*
Ranking	4	Rank 5	20
Multiple choice	4	Choose 3 of 8	12

*depending on number of responses within each scenario

Figure 1 Taken from foundation programme website 04/11/21

- 'Rank' questions will ask you to rank the appropriateness of responses to a given scenario. Your answers are scored vs the 'ideal' answers in the mark scheme (more below)
  - Approximate marks available = 760 from rank, minimum 380 as you get 10 even if you rank the answers exactly the wrong way round
- Multiple choice questions will ask you to pick 3 options that **taken together** give the most appropriate response to the scenario.
  - This is a new section so there aren't any official mark schemes but given the table above it's likely 4 marks for every answer you get in the correct position
  - Approximate marks available = 228
- 'Rate' questions will ask you to rate the appropriateness of a list of responses to a given scenario – e.g. 'is this very appropriate or very inappropriate?'. 4 marks for every correct answer, 0 for incorrect answers
  - Approximate marks available = 480
- You never find out an actual mark – so all the above is a bit academic.

Example Rank Question and Answer Matrix

> **14.** It is 8am and you have just finished a busy night shift on the Acute Admissions Unit* (AAU). Mr Dean, a patient on your ward with acute renal failure, needs his blood tests to be re-checked in four hours' time. You approach Gerard, your FY1 colleague, who is starting his shift on your ward. You attempt to hand over the information relating to Mr Dean's case to ensure that the blood tests are carried out. Gerard says angrily that he has a long list of other patients to see and has just been called to an emergency situation on another ward. He refuses to accept your handover.

Rank in order **the appropriateness of the following actions** in response to this situation (1= Most appropriate; 5= Least appropriate).

- **A.** Stay on the ward to do Mr Dean's blood tests yourself
- **B.** Explain to Gerard that he is now responsible for attending to patients on the ward so should accept your handover
- **C.** Find another appropriate colleague to whom to hand over Mr Dean's case
- **D.** Advise Gerard that you will leave detailed instructions regarding Mr Dean's case in the patient's clinical records for him to follow up later
- **E.** Inform a nurse of Mr Dean's case, asking him or her to find another doctor to conduct the patient's blood tests

Ideal rank	Applicant rank 1	Applicant rank 2	Applicant rank 3	Applicant rank 4	Applicant rank 5
B	**4**	3	2	1	0
C	3	**4**	3	2	1
D	2	3	**4**	3	2
E	1	2	3	**4**	3
A	0	1	2	3	**4**

Example Multiple-Choice Question and Answer Matrix

> **50.** You are on a busy colorectal team and regularly need to work late to complete all of your tasks. Your FY1 colleague, Jenny, works on the breast team and usually finishes all her jobs by lunchtime. You have 20 new patients this morning and a long list of jobs, including checking blood results. You will need to work late in order to complete all of these tasks. You notice that Jenny is checking her personal e-mails on the ward computer. Your specialty trainee* is busy in theatre.

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

- **A.** Ask Jenny if she would mind helping you today
- **B.** Inform your specialty trainee in theatre that you are extremely busy and need some help
- **C.** Stay at work until you have completed all of your tasks
- **D.** Talk to your consultant about the unequal workload between you and Jenny
- **E.** Raise the issue of unequal workloads at the next departmental meeting
- **F.** Explain to Jenny that it is not appropriate to check personal e-mails at work
- **G.** Ask a medical student to assist you by requesting x-rays and scans
- **H.** Hand over the remaining jobs to the on-call team at the end of your shift

A	B	C	D	E	F	G	H
4	4	0	4	0	0	0	0

**So, where do these marking criteria come from?**
Different people will give different answers to this because the FPO never make it explicitly clear, but essentially the questions are set by asking junior doctors about situations they've faced, and then the answers are picked/rated/ranked by a committee made up of doctors at various stages of training, according to what they would do. The answers are therefore **not** definitive answers like in medical exams we're used to – they are essentially testing to what degree you agree with the committee.

So, where does your score out of 50 come from?
All of the marks across the whole of the country are moderated and scaled so that the distribution roughly matches the distribution of scores from the rest of the EPM. This is done so that they can be weighted the same – so the results are squished into a bell-curve to match what happens with results from a natural exam. One way of looking at this is that there aren't a lot of points between candidates and dropping a few marks *might* mean you drop your score significantly. This isn't quite true because the FPO have already artificially squished most people's scores together - and is statistical evidence of the anecdotal point I made earlier, and hopefully the second point to calm nerves:

In practice, most people get an approximately average score, <u>by definition.</u>

For context, the mean score for the 2020 cycle was 39.85 with a standard deviation of 4.16 – so 68.27% of candidates will have scored between 35.69 – 44.31. Even within this distribution, the majority of that 67% come very close to the true mean. The average EPM for the whole country for 2021 (admittedly a different cycle but likely very similar results) was 41.6 – so average overall score would have been 81.45. This sounds high but remember the SJT scores are adjusted to make it about that every year, so your actual mark will be scaled up or down to fit.
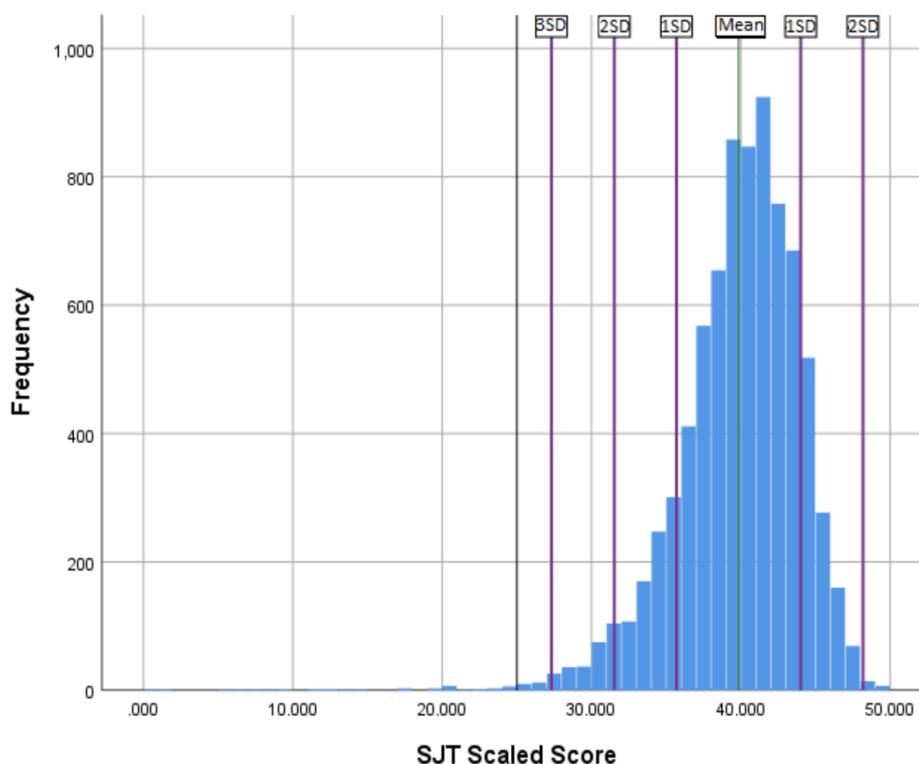
Using Sheffield as an example, in 2020 the average SJT was 40.4 +/- 3.26 (around average) and 83.5% of candidates got their first-choice deanery.

In addition to the above, there a few *very* important things to remember when preparing for and doing the SJT, regardless of how you choose to prepare.

1. Most of the questions are routed in common sense – maintain confidentiality, prioritise patient safety, don't have affairs with patients etc etc. If you've spent 25% of the time that you technically should have on the wards, you should be able to at least identify the obviously wrong and obviously right answers when they're there.

2. Answer in a way that reflects what you should do as an F1 in an ideal world, not what you think you'd probably do in reality. This sounds easy to remember but can be quite difficult in the exam because *hopefully* there is a lot of overlap between what we *should* so and what we *would* do. For example, in SJT-land it is rarely if ever appropriate to hand anything over via mobile phone e.g. text someone to say you're stuck on another ward doing a job and could do with a hand. In the real world, you might text them and then bleep/phone after 10 minutes if you didn't get a response but that won't be an option in the SJT – so say you'd bleep them, or phone the ward, or send a nurse/CSW, or go yourself…

3. There are 9(ish, depending on how you break them down) key professional attributes that the SJT is testing
    a. Commitment to professionalism
    b. Coping with pressure
    c. Effective communication
    d. Learning and professional development
    e. Organising and planning
    f. Patient focus
    g. Problem solving and decision-making
    h. Self-awareness and insight
    i. Effective teamwork

4. When answering questions do not assume anything – you must use the information as presented in the scenario. If in a real-life scenario you would definitely ask a senior for advice (for example) but that isn't mentioned anywhere in the stem, *then you are not asking a senior for advice* (unless that is an answer to the question). In the example above about communication, you would have to read an answer that said 'text your colleague to explain the situation and ask for some help' as text your colleague to explain the situation and ask for some help – **and do nothing else**' (which really changes how you think about the answer)

5. The wording of each question is ***very*** specific and important– make sure you read them all properly and answer accordingly
    a. 'Rank' questions are asking you what one thing you would do in an ideal world, out of the options available – then if that option wasn't available (because you've just picked it) what would be the next best option? The answer you pick for number 2 is not what you would do next – again this sounds easy to differentiate but can be harder than you think because very often you would do 'a' and 'b' and 'c' all at once, or you may even have to do them in that specific order in real life, but in the scenario you will have to pick which one is the single most appropriate/important action

b. Pick questions almost have the opposite problem. Here you are asked which 3 responses taken together give the best overall response. There may well be more than three appropriate responses, but which 3 go together best? It may also be possible that answers you are not picking seem to be more appropriate when looked at individually, but don't really fit with other answers

c. Rate questions are the most difficult to give advice on because there are no official mark schemes. The difficulty in these questions lies in deciding if a response is 'very appropriate' or just 'slightly appropriate'. A difficulty to watch out for in these questions is not letting previous answers affect your current answer, as multiple questions will be based on the same scenario (3 answers in a row could all fit in a different place on the continuum of 'very inappropriate' to 'very appropriate' but could all be within 'appropriate' because you're limited to four categorical answers)

6. As with any exam, timing is key! It is a very long exam, but every year people leave a lot of marks on the table by not finishing, which can have massive consequences because, for example, half of the marks are guaranteed on the rank questions even if you get them exactly the wrong way round. Don't rush and read the questions carefully of course, but by the time you get to the exam hopefully you'll be able to quickly intuit your answer – sitting staring at questions for 5 minutes might help in medical exams but is probably less helpful here and isn't a great use of time.

It is important to stress again that these are just my thoughts on prepping for the exam based on my experience – it is not fool proof! Do whatever you feel comfortable/confident with ☺

Should I go on an SJT course?
The age-old question. By the time you're reading this you've probably already decided if you're doing a course or not, so I'm not trying to convince you to do one or not to, instead I'll try to convince you you've made the right decision either way.

If you are doing a course – great! I know a lot of people that did courses and found them really useful. A lot of these people went on to do well in the SJT.

If you aren't doing a course – also great! I know a lot of people who didn't do a course and did equally well in the SJT.

I know people who did courses and did really well in the SJT, I also know people who did courses and didn't do very well. Likewise, I know people who didn't do a course and did very well and people who didn't do very well. It's impossible to prove how useful courses are because you never get actual results/answers. It *could* be true that on average people who attend courses do better (**I don't think that's actually the case, just making a point**) but that would still not be evidence that going on the course is the causal factor, people who attend courses could also just be doing on average *x* amount of extra hours prep, or be preparing more efficiently outside of the courses (see below) etc etc. This really goes in favour of the people/companies running these courses because it always *might* help. If you're the type of person to worry about leaving no stone unturned in trying to prepare, and you'd blame a poor result on not having attended a course then you should absolutely attend one – for the peace of mind/psychological preparedness as much as anything else. If, on the other hand you are quite happy not to do a course and prepare in your own way and accept the results, then don't do a course!

So how should I prepare?
Like the people who run the courses mentioned above, I don't have an infallible insight into the SJT. So, at the risk of sounding like a broken record – this is just my advice, and how I would prepare if I had to do it again.

<u>Step 1</u>
Do the practice papers on the Pearson Vue website. These are the only official examples provided so are the only place you can truly glean anything about what the questions are like and what they *might* be looking for in your answers. There's probably no point doing them timed the first time (they're long) but do them properly and think about each question without just looking at the answers

<u>Step 2</u>
This is the most important step. Don't just mark your answers according to the mark scheme, go through the official answers forensically. For each question, try to determine

what they're really trying to ask. For each set of answers, identify what they are prioritising in their justification. For example, the example I used earlier about handing over via text would really be a question about communication and from the answer/justification you may be able to determine that (according to the SJT) a direct bleep > phoning the ward > asking somebody else to pass on the message > leaving a situation to go yourself > sending a text. As you go through the papers, try to extrapolate these into general rules that you can follow. Edit and add to the rules as you go, as you get to other questions that 'overlap'. If in another question 'go and speak to them yourself' is the best answer, *why? What is different about this situation*?

There will always be some grey areas, but some rules should become clear – some things are always a terrible option, some things are always the best. Patient safety, for example, will always come top. The rules you come up with will broadly fit into the categories above, so the next step is to compare rules from other categories to see how they compare. *If one answer prioritises patient safety but breaks confidentiality, and another prioritises confidentiality, but the patient may suffer, which is better?*

There are loads of questions in the SJT itself and in the practice papers and in question books, but they all have to be based on realistic situations that an F1 may face (some seemed unrealistic at the time, but in retrospect they aren't). This means that when you get to the heart of the question, there is only a limited number of core things they can really be asking you about. If you build up a general approach to these common scenarios, you'll be absolutely fine.

Step 3
Admittedly this is a step I didn't really do. It probably would have helped a little bit, but don't prioritise it if you're short on time.

Cross-reference the 'rules' you've made against the F1 person-specification, GMC guidance (ethics, good medical practice…) and the foundation programme curriculum. These will hopefully align with your rules and might help plug some gaps that'll come up in the actual exam.

Step 4
Go through the exam papers again with a friend, comparing the rules you've both made. I think this is a really important step. It doesn't necessarily have to be a friend, but it does need to be someone you can have an argument with. Whether they got all the same answers or the exact opposite, *why*? They could have interpreted the question/answers completely differently, and still given the exact same answer as you – or interpreted everything the same and come to different conclusions. The important thing is discussing the 'rules' that you both made and discuss the logic that led you both there. This will allow both of you to refine your rules, learn the rules more deeply and open your mind to other possible interpretations (which in of itself is important).

Step 5
Do the papers again – ideally leave a bit of time so that you aren't just doing it from memory. This is helpful both for learning the rules and for checking they work. It's worth

noting I don't think you need to rote learn these rules off-by-heart (there will be loads) you just need to have a good understanding and feel for the scenarios.

<u>Step 6</u>
This is something else I only did a bit of, but I think it would have helped to do more.

Start doing practice questions from other sources. Read their answers and justifications but take them with a pinch of salt and **mark your answers based on the rules that you have previously made**. This might identify things you hadn't thought of (i.e., rules for things you hadn't thought of) but the answers wouldn't necessarily be the same as the SJT answers, hence taking any new rules you can make here with a BIG pinch of salt. I think the real benefit here is just exposure to other scenarios, and having to determine what a question is 'really' asking (and it'll help learn your rules). The practice papers are only a limited number of questions so there will inevitably be scenarios in the real thing that don't appear in the mocks. Doing more questions from other places will give you a chance to apply your rules and should reduce the number of times you think '*I've literally never even thought of that*' while doing the real exam (which could save you a lot of time/stress during the exam).

Below is a very, **very** small sample of possible rules – this is just a starting point! They may not be correct and the WHLOE POINT is that you make rules that you believe in and are happy with! You will come up with many, many, many more rules.
- If there is a problem to be addressed, the best answers are ones that address is **directly** and **promptly**. Next would be answers that address it promptly but indirectly, or directly but at a delay (both options will be available, so it depends on the situation which comes first – if it is patient safety, it is more likely to be time-critical, if it's resolving an issue with a colleague doing it directly is more important than dong it quickly). Poor answers would address the problem indirectly and slowly, or not address it at all
- **Do not do jobs outside of your competencies**. If you've never seen a procedure, ask to watch; if you've helped with a procedure previously, ask to do it supervised etc.
- **Don't do jobs F1's don't do** (don't do private work, don't discharge patients, don't give terminal diagnoses)
- Direct communication is (almost) always the best answer. If you have an issue with a colleague, try to have a calm discussion with them and resolve the issue. Likewise if a colleague moans to you about another colleague, advise them to have a direct conversation
  - There are caveats to this rule. For example, if another F1 is always late, it isn't really your job to police this/tell them off (it's probably the reg's job)
- Angry patients should almost always be interpreted as upset/vulnerable so treat them as such in your answers
- If there is an option to clarify an issue or gain further information about a situation, this is very often the best answer
- Generally speaking, answers that prioritise the following should be ranked in this order: patient safety > confidentiality > patient (mental) wellbeing/anxiety > patient relatives > good teamwork > personal well-being > career development opportunities > your social life > answers that do nothing > answers that do harm.

Hopefully it's clear that this is an exam you cannot rote learn/revise for, but one that you can absolutely prepare for. My advise for the final few days before the exam would be to take it easy – you can't cram and it's far more important to just be in a good frame of mind.

Do the practice paper's again a few days before the exam – or an equivalent number of questions from other sources – in the time allowed for the real exam minus 10%. Doing it in less than the real time allowed is important to account for the inevitable time-expensive deliberating you do in the exam (you'll stress more in the real exam because it feels like every question could be life-changing – as I tried to convince you above, **it probably isn't**). After you've done a final practice, take a couple of days off. Make sure you're well rested and try to do something fun the day before you sit your exam (this is the exact opposite to what I'd be doing for a normal exam, which would be *cramcramcramcramcramcramcram*)

On the morning of the exam, do whatever you normally do for an exam – have a coffee, go for a walk, do whatever works for you. The specifics may be different if you're doing it in a test centre vs at home. If at a test centre, usual rules apply (get their early, take water etc). If doing at home, take every possible precaution you can to stop Pearson Vue f*cking you over – disconnect all the phones so they can't ring, have only a clear bottle of water on the desk, take any clocks off the wall if the ticking is going to be annoying, boot everybody else out of the house if possible.

During the exam
- Remember it is not about 'knowing' the answers, it isn't even about knowing your own rules – it's about identifying what a question is really asking and what an ideal F1 would do
- This means you shouldn't fret about any one question too much! Identify what the question is about and rank however you intuitively think, based on all the work you've done (if you've done the above)
- Remember it is time sensitive, it isn't negatively marked, and you get marks on some questions even if you get the answers exactly wrong! Don't spend too long on anyone question – give it your best shot, flag it and come back later if you have time.
- You are allowed a whiteboard and pen (clarify this and make sure you are allowed if doing it at home). I'd been using paper to practice, and in the real thing just used it for noting the options I was stuck between on questions I flagged to go back to later. I didn't really have time to use them anyway in the end but use it if it helps get your thought straight (think that helped me)
- Go to the toilet before the exam begins. You should obviously be able to go during the exam (and I think you have a break built in this year?) but last year some people were told they weren't allowed and obviously that caused chaos.

In summary: make sure you prepare (the above is a great place to start) but try not to stress yourself out too much – it probably isn't the be-all-end-all exam that it feel like.
If you have any questions/want to discuss anything, feel free to get in touch ☺
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