

# The situational judgement test: a student's worst nightmare

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## Dear editor

The expert opinion by Singagireson et al<sup>1</sup> questioning the fairness of the Situational Judgement Test (SJT) is a fascinating insight and has brought to light a pertinent issue regarding job allocation for junior doctors.

The 2010 *Improving Selection to the Foundation Programme: Appendix D FY1 Job Analysis* report<sup>2</sup> introduced a two-fold system in which newly graduated doctors are allocated jobs based solely on their educational performance measure (EPM) and SJT score. The EPM reflects the graduate's medical school performance based on their rank within their year group, as well as any other degrees and publications they have. The remaining 50% of a graduate's FY1 job allocation is based on the SJT.

An important issue has been raised by Singagireson et al,<sup>1</sup> whereby 5–6 years of hard work for a medical student has been put at jeopardy by a single, 2-hour test. Singagireson et al<sup>1</sup> conclude that the SJT “is vital to ensure that the rank of a student is more reflective of their abilities to be a safe and competent junior doctor”. A recent study has shown that judgement in SJTs, however, is not actually “situational”<sup>3</sup> and that SJTs often fail to test the professional attributes that they are intended to assess.

The SJT intends to examine nine domains: 1) coping with pressure, 2) working effectively as part of a team, 3) organization and planning, 4) effective communication, 5) learning and professional development, 6) self-awareness and insight, 7) patient focus, 8) problem solving and decision making, and 9) commitment to professionalism.<sup>2</sup> However, the authors cannot comprehend how the written SJT fairly and accurately tests these attributes.

It may be argued that current medical school examinations do not sufficiently assess the above professional attributes. However, from General Certificate of Secondary Education (GCSE) exams to medical school finals, junior doctors go through a grueling 9 years of back-to-back examinations, making them the UK's most academically assessed students. We believe that they should not be made to sit another examination demonstrating the professional attributes of an ideal doctor when they are yet to have any experience working as clinicians. The art of medicine is a lifelong learning process, and students are now spending their final year of medical school revising in libraries for the SJT, rather than being present on the wards getting that vital patient contact before starting work as a junior doctor.

Singagireson et al<sup>1</sup> do, however, make a valid point about the lack of standardization when assessing students ranked “middle” at the UK's best medical school, who

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receive the same EPM points as students ranked middle at the UK's worst medical school, when surely the former group would be academically superior. Unfortunately, the SJT certainly does not solve this problem, as higher performing students from higher performing medical schools do not perform better in the SJT;<sup>4</sup> therefore, the SJT only further disadvantages the top students from entering the top universities.

This situation has led many medical professionals to believe that the SJT may have been introduced merely to ensure that the country's brightest junior doctors are spread across the country, rather than allowing them all to enter the UK's most competitive deaneries, particularly in London. How can anyone defend a test that is being used as a tool within the UK National Health Service (NHS) to prevent the top applicants from securing the top jobs?

The question of how to allocate jobs to junior doctors still remains unanswered. We believe that the answer can be

found by examining the traditional practice the rest of the rational world uses: interviews.

## Disclosure

The authors report no conflicts of interest in this communication.

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