

Is the situational judgment test a fair way of assessing candidates applying to the United Kingdom Foundation Programme?

This article was published in the following Dove Press journal:
Advances in Medical Education and Practice

Joanna Ismail
Anmol Bipin Patel

Department of Undergraduate Medicine,
Faculty of Medicine, Imperial College
London, London, UK

The situational judgment test (SJT) is an assessment used by the UK Foundation Programme (UKFP) in stratifying medical students applying for their first clinical jobs. It aims to measure domains including problem solving, working in a team, communication skills, working under pressure, commitment and professionalism.^{1,2} Question stems are based on situations observed in clinical practice, whereby examinees rank the appropriateness of various responses offered. Controversy in student and expert opinion makes the SJT a highly debated topic in medical education.

Academic competency is tested vigorously throughout medical school, but interpersonal and professional qualities receive lesser emphasis. Although structured interviews may provide a more dynamic platform for this purpose, the logistical and economic feasibility of this, in an already over-stretched NHS, is questionable. The SJT provides a cost and time effective manner of assessment.

With years of international research behind it, the SJT has been consistently described as a reliable method of assessing essential professional attributes.³ Assessing these attributes notoriously difficult, even in Objective Structured Clinical Examinations (OSCE) and traditional interview settings, which depend on somewhat subjective impressions of examiners and interviewers. The SJT provides a fair standardized approach that does not rely on examiner variability. Studies have reported that SJTs are on par with selection tools such as mini-multiple interviews, academic records and aptitude tests, while being fairer than modalities such as white space questions, personal statements and traditional interviews.³

Despite the SJT being described as a reliable marker of professional skills, studies show no correlation between medical school performance and SJT performance, and that use of additional materials such as books or courses having no significant effect on scores.⁴ Traditionally, medical studies value academia and consistent hard work to generate success, and suddenly students are presented with an exam which does not fit this philosophy. The SJT is the most significant portion of the UKFP application, which may be perceived as unfair; it is only one snapshot of a candidate's performance over 5 years. Students who perform well throughout medical school will surely become competent doctors, as all medical degrees in the UK have been approved by the General Medical Council, the organization that regulates the development and education of doctors in the UK.

Correspondence: Joanna Ismail
Department of Undergraduate Medicine,
Faculty of Medicine, Imperial College
London, Wembley, London SW7 2AZ,
UK
Tel +44 741 509 6553
Email ji613@ic.ac.uk

Ranking-style questions present their own dilemma. In a study where experts were asked to answer 35 validated ranking-style questions, less than half of the group were able to agree on the single best answer for 23% of the questions.⁵ This highlights the inconsistency in expert opinion and may explain why students understandably struggle to find the single best answer.

Given the controversy of the SJT, its weighting in UKFP application should perhaps be reviewed to facilitate a more holistic view of a candidate's clinical potential. Even though the SJT has its shortcomings, its presence in the UKFP selection process is a reminder that the practice of medicine is not just an academic exercise. SJTs remain one of the most reliable, valid and cost-effective way medical students can be assessed in these domains. To better equip students for the exam and their future clinical practice, the SJT should become a more integrated part of medical studies.

Disclosure

The authors report no conflicts of interest in this work.

References

1. Patterson F, Zibarras L, Ashworth V. Situational judgement tests in medical education and training: research, theory and practice: AMEE Guide No. 100. *Med Teach*. 2016;38(1):3–17. doi:10.3109/0142159X.2015.1072619
2. Situational Judgement Test. Medical Schools Council [Internet]. Available from: <https://www.medschools.ac.uk/our-work/assessment/situational-judgement-test>. Accessed May 21, 2019.
3. Patterson F, Knight A, Dowell J, Nicholson S, Cousans F, Cleland J. How effective are selection methods in medical education? A systematic review. *Med Educ*. 2016;50(1):36–60. doi:10.1111/medu.12817
4. Simon E, Walsh K, Paterson-Brown F, Cahill D. Does a high ranking mean success in the Situational Judgement Test?. *Clin Teach*. 2015;12(1):42–45. doi:10.1111/tct.12239
5. Schubert S, Ortwein H, Dumitsch A, et al. A situational judgement test of professional behaviour: development and validation. *Med Teach*. 2008;30(5):528–533. doi:10.1080/01421590801952994

Advances in Medical Education and Practice

Dovepress

Publish your work in this journal

Advances in Medical Education and Practice is an international, peer-reviewed, open access journal that aims to present and publish research on Medical Education covering medical, dental, nursing and allied health care professional education. The journal covers undergraduate education, postgraduate training and continuing medical education

including emerging trends and innovative models linking education, research, and health care services. The manuscript management system is completely online and includes a very quick and fair peer-review system. Visit <http://www.dovepress.com/testimonials.php> to read real quotes from published authors.

Submit your manuscript here: <http://www.dovepress.com/advances-in-medical-education-and-practice-journal>