

Situational Judgement Test (SJT) and Clinical-Problem Solving Test (CPST) Blueprint and Test Information

Contents

1. Structure of the GP Training Selection Assessments	2
1.1. Situational Judgement Test (SJT)	2
1.2. Clinical Problem-Solving Test (CPST).....	2
2. Situational Judgement Test (SJT).....	3
2.1. Context/Setting.....	3
2.2. Target Domains	4
2.3. Item Types / Formats.....	5
2.4. Item Development	7
2.5. Scoring Process	7
3. Clinical Problem-Solving Test.....	8
3.1. Context/Setting.....	8
3.2. Target Domains	8
3.3. Item Types / Formats.....	9
3.4. Item Development	10
3.5. Scoring Process	10
4. Candidate Tips.....	10

1. Structure of the GP Training Selection Assessments

The selection process for the National Specialist Training Programme in general practice includes two computer-based assessments. These two assessments are the Situational Judgement Test (SJT) and the Clinical Problem-Solving Test (CPST).

Both assessments are designed to assess applicants who have achieved the level of competence expected of an intern or a recently qualified doctor. The SJT content relates directly to the professional values, behaviours, and attributes expected of doctors entering General Practice Specialist Training in Ireland. The CPST assesses candidates' ability to apply clinical knowledge and reasoning to common clinical presentations and make safe, appropriate clinical decisions.

1.1. Situational Judgement Test (SJT)

1.1.1. This assessment focuses on a candidate's approach to working as a doctor at intern/SHO level. Specifically, the paper measures one's understanding of situations that arise for doctors during clinical practice and training and judgement in choosing more or less appropriate responses to that situation, based on an understanding of what is more or less important. It focuses on appropriate behaviours when interacting with patients and colleagues and in managing one's work. It does not require specific knowledge of experience in General Practice but does assume general familiarity with typical primary/secondary care work.

1.1.2. This year the test covers three core domains:

- Professional integrity
- Adaptability and Resilience
- Empathy and sensitivity

1.1.3. The SJT paper consists of 45 items and there are 94 minutes in which to complete the test. Only 35 items account towards the final score, as 10 of the items in each test paper are being tested ('piloted') before use.

1.2. Clinical Problem-Solving Test (CPST)

1.2.1. In the CPST part of the assessment, candidates are presented with clinical scenarios that require them to exercise judgement and problem-solving skills to determine appropriate diagnosis and management of patients. This is not a test of knowledge per se, but rather one's ability to apply it appropriately. The items are based at intern/SHO level and test higher level knowledge synthesis of medical knowledge.

1.2.2. The CPST paper consists of 50 questions and there are 60 minutes in which to complete the test.

2. Situational Judgement Test (SJT)

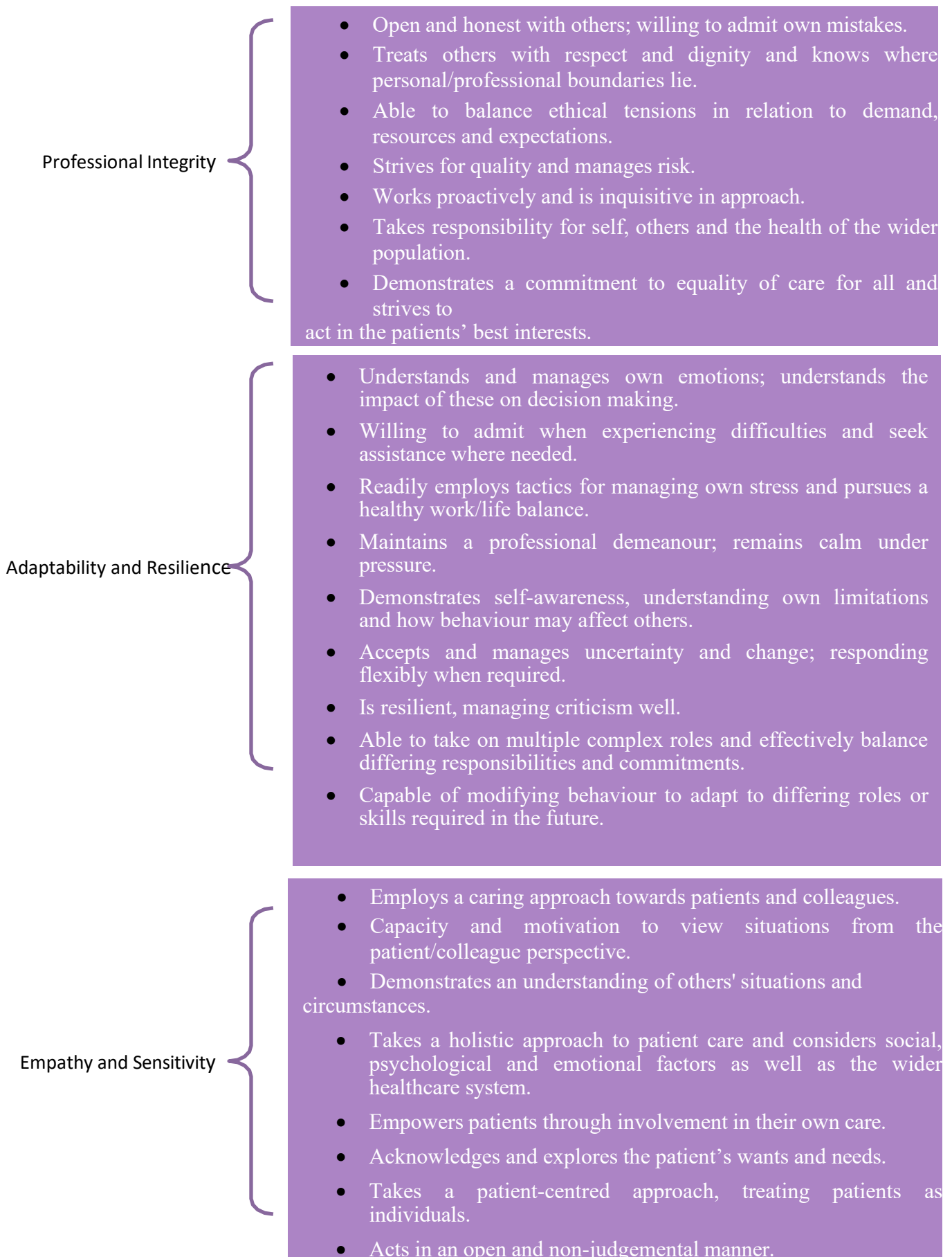
The SJT is an assessment method which measures how a candidate believes they should behave when posed with a challenging professional dilemma. It is not a test of knowledge or problem-solving ability, but rather aims to assess professional attributes (i.e. domains/competencies) which are considered to be important for successful progression through General Practice Specialist training and clinical practice. There is no negative marking used.

2.1. Context/Setting

- 2.1.1. As the SJT is a measure of aptitude for entry to Specialist General Practice Training, it is set within the context of intern/SHO level clinical knowledge, with candidates considering situations that may arise during training and clinical work. Although the candidate is asked to assume the role of an intern/SHO, each scenario is reviewed by Subject Matter Experts (SMEs) to ensure that the scenario does not contain any knowledge of procedures or policies that would only be applicable in certain localities or that are very Ireland-specific, as this would disadvantage certain candidates (i.e. International Medical Graduates).
- 2.1.2. In order to ensure that the SJT paper is relevant to candidates and to increase the overall face validity of the test, the blueprint also requires that items are based within a range of contexts and rotations that an intern/SHO would realistically find themselves in. Therefore, there is a mixture of items based in hospital settings (across a variety of wards/placements).
- 2.1.3. Even where a setting is specified in the question, this has only been chosen to provide a context, but the judgement required to answer the question is not specific to that setting.

2.2. Target Domains

2.2.1. The SJT covers three core competencies. Behavioural indicators linked to each competency are outlined below:



2.3. Item Types / Formats

- 2.3.1. The SJT paper consists of 45 scenarios. Each scenario is presented in one of two formats: either candidates are asked to rank a number of response options in order of appropriateness, or to select the best answers from a series of multiple-choice options. There is no negative marking; therefore, candidates should attempt to answer all questions.
- 2.3.2. Responses to scenarios are usually actions taken to address the situation. Response options will be realistic, and the 'best response' will always be included. For scenarios where the candidate is asked to consider the appropriateness of actions (whether ranking or multiple choice), there will be a mixture of good, acceptable and poor responses to the situation, as judged by SMEs. Completely implausible responses are not included as options.
- 2.3.3. **Part 1 – Ranking:** Candidates are asked to judge the appropriateness of five independent actions, i.e. '*Rank in order the following actions in response to this situation (1= Most appropriate; 5= Least appropriate)*'. These scenarios require the candidate to think about the appropriateness of each of the different options presented. **For these scenarios the actions are discrete actions and should not be thought of as chronological.** An example is presented below:

You are an intern/SHO on a medical ward. During a break, you overhear two senior nurses making mocking comments about an elderly patient Mr. Ryan who has dementia. Mr. Ryan has been particularly distressed and confused during his stay. You are uncomfortable and new to the team and unsure about how to respond. You are aware that both nurses are experienced and well respected on the ward.

What is the most appropriate action to take?

Rank the following actions from most appropriate (1) to least appropriate (5):

- A. Speak to the nurses and state that their comments are inappropriate.
- B. Report the incident to your clinical supervisor.
- C. Avoid raising the issue and continue with your work.
- D. Join in with the conversation.
- E. Discuss the incident during a supervision session.

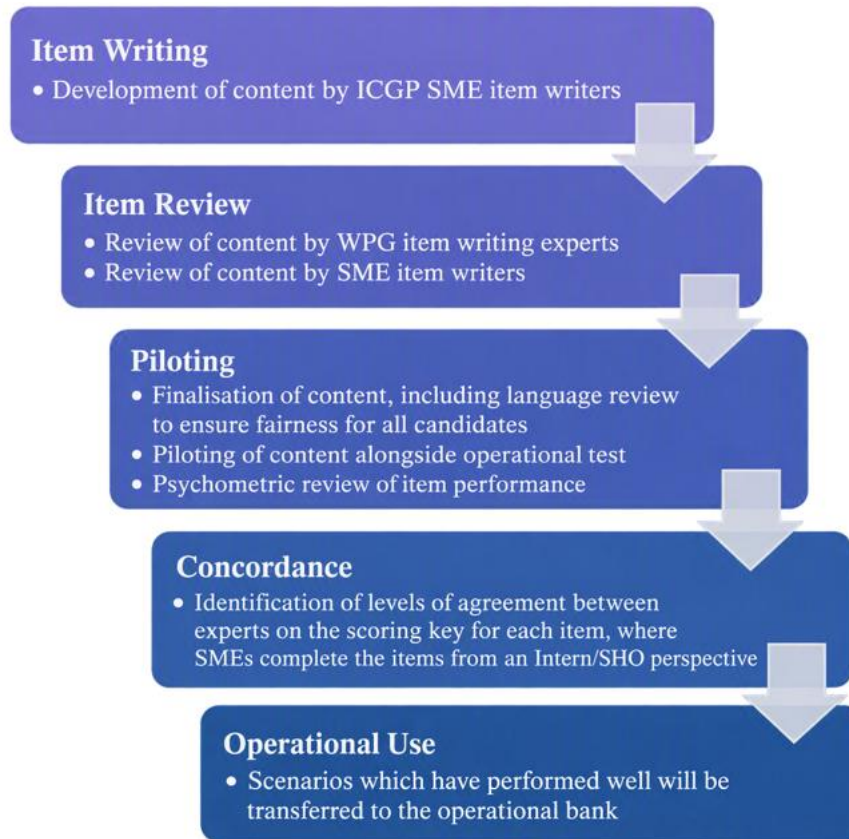
- 2.3.4. **Part 2 – Multiple Choice:** Candidates are asked to select three most appropriate actions to take in combination, out of a total of eight plausible actions, i.e. '*Select the THREE most appropriate actions to take in this situation*'. These scenarios require the candidate to think about the appropriateness of each of the options presented. **The three most appropriate actions taken together should fully resolve the situation.** An example is presented below:

You are an intern/SHO doctor working on a respiratory ward. One morning, just as you are preparing for the ward round, your consultant informs you that due to staff shortages, you are being temporarily reassigned to the surgical ward for the rest of the week. You have not worked on that ward before and are unfamiliar with the team and local routines. The change is unexpected, and you had recently started to feel confident in your current role.

- A.** Introduce yourself to the surgical team and ask for an overview of the ward's routine and expectations.
- B.** Tell your consultant that you would prefer to remain on the respiratory ward because you feel more comfortable there.
- C.** Review any local guidance or induction material available for the surgical ward.
- D.** Focus only on tasks you feel confident performing until you return to your usual ward.
- E.** Ask a senior member of the surgical team who you can approach if you need support or advice.
- F.** Spend time discussing with colleagues how frustrating the reassignment is.
- G.** Avoid asking questions because you do not want the new team to think you are struggling.
- H.** Actively participate in ward activities while seeking help when needed.

2.4. Item Development

- 2.4.1. A well-established team of trained item writers, and subject matter experts develops and reviews assessment content. Some of this content is then piloted alongside the tests used live. The development process is summarised below:



2.5. Scoring Process

- 2.5.1. SJT scenarios are scored against pre-determined keys that have been determined throughout the development process. This means the scoring of the test is standardised and fair to all candidates.
- 2.5.2. **Scoring Ranking Scenarios:** The items in the ranking section require candidates to rank a series of options in response to a given situation. Answers are marked by comparing a candidate's response to the pre-determined key. The closer a candidate's response is to the pre-determined key, the more marks are awarded. A candidate does not need to get every option in exactly the same order as the pre-determined key to obtain a good score on an SJT item. **Given that there is no negative marking, and the way the scoring convention works, it is strongly recommended that all questions are attempted.**
- 2.5.3. **Scoring Multiple Choice Scenarios:** The items in the multiple-choice section require candidates to select three response options from a minimum of eight possible responses,

which together are the most appropriate response to the given situation. As with ranking items, answers are marked by comparing a candidate's response to the pre-

determined key. **Again, there is no negative marking therefore it is recommended that all questions are attempted.**

3. Clinical Problem-Solving Test

The Clinical Problem-Solving Test (CPST) is designed to assess a candidate's ability to apply clinical knowledge and make appropriate clinical decisions in the context of everyday practice. The scenarios are designed to reflect the level of knowledge and clinical reasoning expected of a newly qualified intern and are testing a candidate's ability to synthesise and apply medical knowledge (not just their recall of knowledge).

3.1. Context/Setting

- 3.1.1. CPST items are based in 16 clinical topic areas relevant to general medicine and each test paper includes a balance of scenarios which cover all 16 topics. The topics covered include:

Haematology	Dermatology	Infectious Disease	Gastroenterology
Reproductive / Women's Health	ENT	Ophthalmology	Respiratory
Therapeutics	Surgery	Renal	Paediatrics
Endocrinology / Metabolic Health	Neurology / Psychiatry	Cardiovascular	Musculoskeletal

- 3.2.1. Scenarios are all relevant to the GP training programme. Where a setting is specified in the question, this has only been chosen to provide a context; but the judgement required to answer the question is not specific to that setting.

3.2. Target Domains

- 3.2.1. The test covers five core domains / competencies. The competencies and their definitions are provided below:

- 1) **Investigation:** *specific investigations that are carried out in order to obtain a more conclusive diagnosis, or rule out possible causes of illness/injury*
- 2) **Diagnosis:** *identification of a condition, disease or injury made by evaluating the symptoms and signs presented by a patient*
- 3) **Emergency:** *potential serious illness requiring an immediate response (recognising patient risk based on suggested factors)*
- 4) **Prescribing:** *advising, authorising or reviewing the use of medicine/drugs as part of a patient's clinical management plan*

- 5) **Management (non-Prescribing):** *advising, authorising or reviewing the use of other forms/methods of treatment (not medicinal/drug-related) as part of a patient's clinical management plan*

3.3. Item Types / Formats

- 3.3.1. There are 50 Single Best Answer (SBA) questions in the CPST paper. Each question presents a clinical scenario that reflects common presentations encountered by a recently qualified doctor in a hospital setting. Candidates are required to select the single most appropriate answer from a range of response options. The examination assesses clinical knowledge, reasoning, and decision-making at approximately intern level.
- 3.3.2. **Single Best Answer (SBA):** Candidates are asked to select the single most appropriate or likely answer out of 5 plausible responses for one clinical presentation, i.e. '*Select the SINGLE most appropriate diagnosis from the list below*'. An example is below.

A 17 year old student suddenly develops chest pain and dyspnoea after a morning swim. His trachea is deviated to the left. There is hyper-resonance and decreased breath sounds on that side.

Select the **SINGLE** most likely **diagnosis** from the list below. Select **ONE** option only.

- A. Asthma
- B. Left ventricular failure
- C. Pneumothorax
- D. Pulmonary Embolus
- E. Pulmonary haemorrhage

3.4. **Item Development**

- 3.4.1. A well-established team of trained item writers, who are also clinicians, have responsibility for developing new items year on year.
- 3.4.2. All new CPST items undergo a thorough review process that includes a review by a nominated clinician, and further review and refinement by the team of SME item writers. At each stage, items are reviewed for fairness and relevance. Reviews also take place to ensure that each item is appropriate for all candidates in terms of language used and that locality-specific knowledge is not tested. This ensures that the CPST is fair to all candidates.

3.5. **Scoring Process**

- 3.5.1. For each item, 1 mark is awarded for choosing the correct response. There is no negative marking.

4. **Candidate Tips**

- 4.1. A live candidate briefing session will be held to cover what to expect during the assessment and provide familiarity with the platform for delivery. Attendance is strongly recommended.
- 4.2. A glossary of frequently used terms and a list of abbreviations is available for reference throughout the exam. This is particularly useful for those less familiar with the Irish medical system.
- 4.3. Papers are NOT negatively marked so **make sure you answer all the questions**. A wrong answer can score more marks than a missed question.
- 4.4. Read the instructions and questions carefully. There may be times when you would like more information to answer questions; you need to give your best answer using the information provided in the question.
- 4.5. For the SJT it is important to bear in mind that answers are marked against a predetermined key, based on a near-miss approach. Your performance on the test as a whole will be used to determine your level of situational judgement.