

Understanding your Situational Judgement Test (SJT) score

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SJT as a measure of meeting the person specification

The SJT is a measurement methodology, designed to assess your approach to work as a Foundation doctor as defined by the attributes in the [FP 2013 person specification](#).

It measures your understanding of situations that arise for a foundation doctor, your judgement in differentiating between appropriate and inappropriate responses, and your recognising the most important concerns in any situation. It focuses on appropriate behaviour with respect to interacting with patients and colleagues and in managing your own workload. The test covers the five core domains identified as key for Foundation doctors:

- commitment to professionalism
- coping with pressure
- effective communication
- patient focus
- working effectively as part of a team

How the papers are marked

There are 70 items in a test paper, 10 of which are trial items which are being piloted for future use. All of the 60 live items have been reviewed by experts and piloted to ensure that they are appropriate for use. Around two thirds of the items are ranking items, and one third of the items are multiple choice (select three from eight). There is no negative marking. Please see the scoring grid on the [FAQs](#) for more information.

- **Ranking items:** Part One of the paper requires you to rank a series of options according to how appropriate or important they are in response to a given situation. Your answers are marked by comparing your response to the model response determined by an expert panel. The closer your response is to the model response the more marks you are awarded. A perfect match receives 20 marks. If you tie two options in your answer you will receive no credit for either option. As you will have realised, even if you were to answer a ranking item completely out of order, you would score a minimum of 8 marks.
- **Select three from eight items:** These are worth 12 marks. Each of the three individual responses is worth 4 marks. If you select more than three options you will receive no credit for the question.

Marks are not differentiated by domain but combined into an overall mark. On a sixty-item test paper with forty ranking items, the minimum SJT mark is 320. The maximum possible

mark is over 1000 although in practice this is rarely achieved. Marks ranged from 546 to 935 on the SJT papers used for FP 2013.

Test equating

There were three test papers used for selection to FP 2013. The papers were balanced for content and difficulty; items were selected taking account of discrimination¹ and facility² to ensure that each version of the test was of as equal quality and equal difficulty as possible. The three test papers covered an equal number of items assessing a similar number of each of the core domains (commitment to professionalism, coping with pressure, effective communication, patient focus, working effectively as part of a team), with the papers also designed to include a similar number of items according to theme (i.e. colleague-related or patient-related). It is not, however, possible to give an SJT 'mark' by domain as one item could assess several different domains, and other domains are integral to all items, for example decision making.

Statistical procedures were used to make minor adjustments to marks on the different papers to ensure that all scores are equivalent – this is known as test equating³.

Marking changes

Following resolution of the scanning errors, marking, statistical checks and scaling were reviewed and revised where necessary, which has resulted in some further changes in addition to the 353 answer sheets affected by the scanning errors, as follows:

Difference in SJT points since remarking	No of Applicants
Up to -0.5	494
0.0 (no change)	6631
0.1–0.5	752
0.6–1.0	113
1.1–1.5	78
1.6–2.0	44
2.1–3.5	19
2.6–3.0	15
3.1–3.5	5
3.6–6.1	11

How SJT points are determined

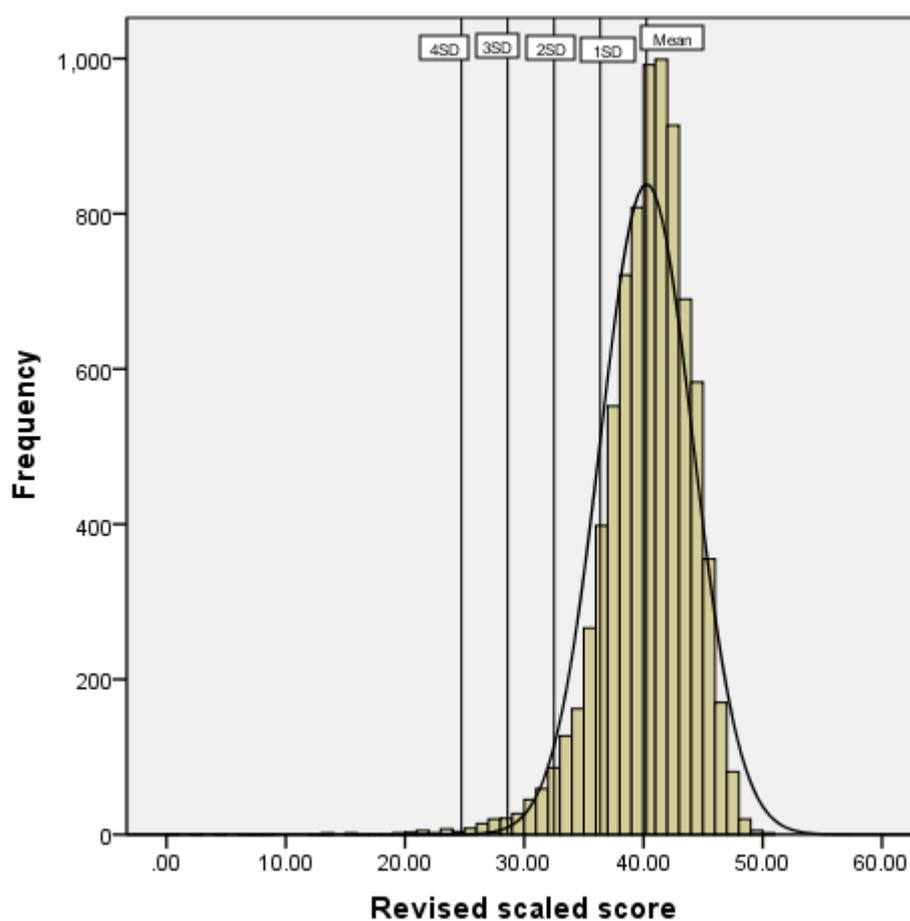
¹ By examining the correlation between item score and overall test score, not including the item itself this shows how well an item differentiates between high and low scorers.

² The facility value is the mean score achieved for the item. If the facility value is very low, then the item may be too difficult and may not yield useful information. If the facility value is very high, then the item may be too easy and may not provide useful information or discriminate between applicants.

³ Statistical process of determining comparable scores on different forms of an assessment which takes into account the relative difficulty of items.

SJT scores are reported on a 50-point scale with the lowest mark receiving 0 points and the highest mark receiving 50 points. The table below shows how scores were distributed.

SJT points	Range of Marks	Percentage of Applicants
0.0–10.0	546–611	0.1%
10.1–20.0	641–700	0.1%
20.1–30.0	701–779	1.4%
30.1–35.0	780–818	6.3%
35.1–40.0	819–857	34.7%
40.1–45.0	858–896	50.0%
45.1–50.0	897–935	7.4%



Following the revisions to SJT answer sheets, the statistics for the SJT have been recalculated. The mean and standard deviations of SJT points are within 0.1 SJT points of the previously calculated statistics; the median is unchanged.

Mean: 40.26/859.26 (points/equated SJT marks)

Median: 40.60/862

Standard Deviation: 3.88/30.22

Standard Deviation (SD) shows how much statistical variation there is. In a normal distribution, the majority (68.26%) of applicants would score within 1 SD from the mean; a further 27.18% would score 1–2 SDs away from the mean; 4.28% would score 2–3 SDs away from the mean; 0.26% would score 3–4 SDs from the mean; 0.01% would score more than 4 SDs away from the mean. The distribution of SJT scores was a normal distribution with a slight negative skew, i.e. a long tail of low-scoring applicants.

More information

The SJT has been developed over a number of years, with extensive piloting, clinician and psychometric review, to ensure that the test is fair, reliable and robust. For more information about the Department of Health funded *Improving Selection to the Foundation Programme (ISFP) project*, the results and analysis of the pilot SJTs and further reading about the SJT, please visit www.isfp.org.uk.