

SJT

DISCLAIMER: The following is just revision notes that we made during our revision. We are not stating the below as fact. There are many different opinions when it comes to answering the SJT. This is only OUR opinion from our own revision.

- There are a variety of ways that SJTs can be developed, but typically, the design process should follow best practice.

Table 1: Matrix of SJT Target Attribute Domains

Commitment to Professionalism	<ul style="list-style-type: none"> • Dealing with issues of confidentiality, eg hearing a colleague talking about a patient outside of work • Challenging inappropriate behaviour, eg consultant speaking to a colleague/patient in an inappropriate way • Commitment to learning, eg need to go to teaching while also being needed on the ward
Coping with Pressure	<ul style="list-style-type: none"> • Knowing how to respond when you make a mistake, eg providing wrong medication to patient • Dealing with confrontation, eg with an angry relative • Seeking help when not sure of the correct procedure / best way of doing things
Effective Communication	<ul style="list-style-type: none"> • Gathering information and communicating your intentions to nursing staff or other colleagues • Negotiating, eg for a scan from radiology • Listening and effectively communicating, eg with an unhappy patient or relative
Patient Focus	<ul style="list-style-type: none"> • Identifying that a patient's views and concerns are important and they should have input into their care • Considering that a patient may have different needs from others around them • Spending time trying to understand a patient's concerns and empathising with them
Working Effectively as Part of a Team	<ul style="list-style-type: none"> • Recognising and valuing the skills and knowledge of nursing staff, when faced with a disagreement about a patient's care • Consulting with colleagues about how to share workload fairly • Offering assistance and support to colleagues when they are not able to handle their workload

- The general response instructions for all the items in the test have a knowledge-based format (how should you respond) as opposed to a behavioural-based format (how would you respond). Knowledge-based instructions are deemed more appropriate for high-stakes selection as they measure maximal performance (how respondents perform when doing their best), whereas behavioural-based instructions measure typical performance (how one typically behaves). Answer how you **SHOULD respond**, not **WOULD**.
- If Question reads "Rank in order the appropriateness of the following actions in response to this situation (1= Most appropriate; 5= Least appropriate)", then 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.

- If question reads “Rank the order in which the following tasks should be undertaken (1= Do first; 5= Do last)’. These scenarios require the applicant to think about which actions should be completed first and which should be left until later.
- ‘Rank in order the importance of the following considerations in the management of this situation (1= Most important; 5= Least important)’. In this case the response options, rather than being actions, will instead be considerations which could be taken into account in the management of the situation, eg ‘How the patient feels about the procedure’.
- You are expected to use only the information provided; do not make assumptions about the situation or scenario
- Ask yourself, is this option solving the issue?
- Always rank top and bottom first
- Foundation Dentists will normally work 35 hours per week exclusive of lunch breaks, including any study day courses, at the agreed times. Hours worked must be between 8 am and 8 pm Monday to Saturday, within a maximum of 5 days in any week inclusive of study days, and with a maximum of 8 hours worked in a single day.
- The Foundation Dentist should fill out a self-certification form for any period of absence due to illness lasting less than 7 days. For any period of incapacity due to sickness or injury which lasts for seven consecutive days or more, a doctor's certificate stating the reason for absence must be obtained at the Foundation Dentist's own cost and supplied to the practice.
- Educational supervisor role:
 - to fulfil the responsibilities contained in the contract and in the educational agreement
 - to maintain the E-Portfolio and carry out the necessary assessments in a timely fashion
 - to work clinically in the same premises as the FD for not less than three days a week, not including the programmed study day
 - to engage in 14 sessions of FT related postgraduate activity during the year
 - to provide a weekly tutorial during normal working hours
- Please discuss any non-attendance with your TPD and formalise and record in your e-portfolio how the missing Study Day is to be made up.
- Dentists should not accept ‘friend’ requests from current or former patients
- If you think that the public and patients need to be protected from a dental professional registered with the GDC, you must refer your concern to us. This may be appropriate when:
 - taking action at a local level is not practical
 - action at a local level has failed
 - the problem is so severe that the GDC clearly needs to be involved (for example, issues of indecency, violence, dishonesty, serious crime or illegal practice)
 - there is a genuine fear of victimisation or deliberate concealment
 - you believe a registrant may not be fit to practise because of his or her health, performance or conduct.
- The Practitioner's Advice and Support Service (PASS) offers impartial help and advice to dentists who may have psychological or health issues or difficulties out of work
- If a prescription pad is missing, you must report it to the local clinical commissioning group so they can inform the local pharmacies not to dispense any prescriptions from that pad
- If young pt is there for an emergency without mum/dad, you still have to treat the emergency. Treat the minimum amount possible to get them out of pain.

- With patients who are anxious or needle phobic, always offer them sedation first as they are entitled to know all of their treatment options.
- When child safety is involved, making clear, concise and contemporaneous notes should be a very high priority.
- You get the Caldicott guardian involved with issues regarding information-sharing that go beyond the level of a senior colleague. Such as:
 - Police requesting information
 - A patient requesting for their records to be deleted
 - Serious confidentiality breaches
- If there has been theft, the police must be informed
- Try to involve as many team members as possible. If one option is "set up meeting with ES to discuss this practice problem" and one is "set up meeting with ES and practice manager to...", the second option is better.
- Training other staff such as nurses is out of our remit. This should be left to the practice principal or manager.
- In best of 3 questions, if a nurse has done something wrong, most of the time the answers are 1- speak to the nurse 2- involve the ES/practice manager 3- Involve the rest of the team so they learn from it as well, suggesting more training
- If one of the options is "write an incident report so other's in the team can learn from it", ask yourself "is this defo an incident?". A mum wanting her daughter SSC to be removed due to aesthetics is NOT an incident.
- If ES/principal dentist are doing something in the practice wrong, such as no rubber dam with RCT, it's better to tell TPD rather than asking indemnity for advice. Raise the concern to their superior basically.
- If you do something wrong clinically like XLA/RCT wrong tooth, you NEED to get dento-legal advice, make clear notes and inform ES. These 3 are more important doing an audit on your XLA/RCT or ePDP.
- If there are options for which you can be pro-active and deal with the situation yourself, those likely come before "get advice from ES" because this shows leadership and that you are being pro-active. However, this might not be the case if this is a rare case and is something you've never experienced before.
- If one of the options sounds like the advice that your indemnity provider would give, this option ranks higher than "ask for advice from your indemnity".
- If a patient is distressed but you don't know why, don't apologise because this could mean the patient loses confidence in you and cause even more distress.
- Telling a staff member what they are asking is unethical without further explanation is a poor choice. It does not solve the problem nor explain WHY it's unethical.
- If you think the patient might have cancer you have to be open and honest with them and tell them.
- Watch out for statements that include apologising without actually addressing the issue. These should not be ranked so high.
- For best of threes, try and choose 1 short term, 1 medium term and 1 long term solution. This is not always the case though.
- IRMER protects patient. IRR protects staff.
- Full medical history is needed for ANY treatment to take place
- Never assume parent's have legal responsibility. Grandparents may be the legal guardian

- You can carry out tx such as scale and polish without a nurse. Two people need to be in the practice at all time. One is you and one other person for medical emergencies.

Professional Attribute	Behavioural Descriptors
<p>1. Commitment to Professionalism</p> <p><i>Displays honesty, integrity and awareness of confidentiality and ethical issues. Is trustworthy and reliable. Demonstrates commitment and enthusiasm for role. Willing to challenge unacceptable behaviour or behaviour that threatens patient safety, when appropriate. Takes responsibility for own actions.</i></p>	<ol style="list-style-type: none"> Is punctual Takes responsibility for own actions/work Owens up to mistakes Takes responsibility for own health and well-being Demonstrates commitment to and enthusiasm/motivation for role Understands/is aware of the responsibility of the role of being a doctor Is reliable Displays honesty towards others (colleagues and patients) Trustworthy Identifies/challenges unacceptable/unsafe behaviour/situations when appropriate (colleague/organisational issues) Challenges others' knowledge where appropriate Understands/demonstrates awareness of ethical issues, including confidentiality
<p>2. Coping with Pressure</p> <p><i>Capability to work under pressure and remain resilient. Demonstrates ability to adapt to changing circumstances and manage uncertainty. Remains calm when faced with confrontation. Develops and employs appropriate coping strategies and demonstrates judgement under pressure.</i></p>	<ol style="list-style-type: none"> Remains calm and in control of situations Manages uncertainty/ambiguity Effectively deals with outcomes of mistakes/decisions Exhibits flexibility/adaptability when dealing with changing circumstance or issues Employs effective coping mechanisms for dealing with stress/emotions Demonstrates good judgement under pressure Does not give up easily Deals appropriately with confrontational/difficult situations (colleagues/patients) Seeks support when faced with stress/pressure

Professional Attribute	Behavioural Descriptors
<p>3. Effective Communication</p> <p><i>Actively and clearly engages patients and colleagues in equal/open dialogue. Demonstrates active listening. Communicates verbal and written information concisely and with clarity. Adapts style of communication according to individual needs and context. Able to negotiate with colleagues and patients effectively.</i></p>	<p>General</p> <ol style="list-style-type: none"> 1. Listens effectively 2. Ensures surroundings are appropriate when communicating 3. Understands/responds to non-verbal cues 4. Uses non-verbal communication effectively <p>With patients</p> <ol style="list-style-type: none"> 1. Uses language that is understood by patients/relatives and free from medical jargon 2. Demonstrates sensitive use of language 3. Communicates information to patients clearly and concisely 4. Adjusts style of communication according to patient's/relative's needs 5. Adjusts how much information to provide according to patient's/relative's needs 6. Provides information to patients and keeps them updated 7. Readily answers patient's and relative's questions 8. Ensures he/she has all the relevant information before communicating to patients/colleagues 9. Asks questions/seek clarification to gain more information/understanding about the patient 10. Finds out patient's/relative's level of knowledge/understanding 11. Allows patients/relatives to ask questions and uses silence effectively 12. Checks patient's/relative's understanding 13. Summarises information / reflects back to patients to clarify their own understanding <p>With colleagues</p> <ol style="list-style-type: none"> 1. Asks questions of colleagues to gain more information 2. Provides/summarises information accurately and concisely to colleagues 3. Provides only relevant information to colleagues 4. Keeps colleagues informed/updated (about patients and about where they will be) 5. Is able to negotiate/ use diplomacy 6. Knows exactly what colleagues are asking for and why 7. Is assertive where necessary 8. Adapts style of communication according to need and situation 9. Clarifies information to check their own understanding <p>Written</p> <ol style="list-style-type: none"> 1. Displays high standards of written communication 2. Uses concise and clear written communication 3. Has legible handwriting

Professional Attribute	Behavioural Descriptors
<p>4. Patient Focus</p> <p><i>Ensures patient is the focus of care. Demonstrates understanding and appreciation of the needs of all patients, showing respect at all times. Takes time to build relationships with patients, demonstrating courtesy, empathy and compassion. Works in partnership with patients about their care.</i></p>	<ol style="list-style-type: none"> 1. Is able to gain trust from patients / instil confidence 2. Is empathetic towards patients 3. Is able to maintain appropriate distance from patients/ relatives 4. Is willing to make self available to patients (for support / provide continuity / get to know them) 5. Understands/considers the differing needs of patients 6. Recognises that patients have different backgrounds/values/ beliefs 7. Shows respect for patients 8. Works jointly with the patient about their care 9. Recognises the patient as the centre of care 10. Shows a genuine interest in patients 11. Shows compassion towards patients/relatives 12. Is willing to spend time with relatives 13. Builds rapport with patients 14. Is polite, courteous and presents an open manner when dealing with patients 15. Provides reassurance to patients 16. Considers patients' safety at all times
<p>5. Working Effectively as Part of a Team</p> <p><i>Capability and willingness to work effectively in partnership with others and in multi-disciplinary teams. Demonstrates a facilitative, collaborative approach, respecting others' views. Offers support and advice, sharing tasks appropriately. Demonstrates an understanding of own and others' roles within the team and consults with others where appropriate.</i></p>	<ol style="list-style-type: none"> 1. Demonstrates an understanding of others' roles within the team, including a recognition of others' knowledge/skills/ abilities/roles/responsibilities 2. Is able to identify and utilise the most appropriate person for a task/situation 3. Is aware of own role/responsibilities within a team 4. Builds rapport and establishes relationships with other team members 5. Supports others (in a non-task-related way) 6. Is willing to offer assistance with tasks/workload 7. Is willing to offer/provide advice 8. Values other people's opinions and contributions 9. Shows respect for colleagues 10. Delegates and shares tasks effectively 11. Maintains harmony within the team 12. Identifies when others are struggling/ in difficulty 13. Is able to take on board team members' perspectives 14. Is able to adapt role within team where necessary, ie take on role of leader 15. Shares knowledge and expertise with colleagues 16. Is willing to take direction from others 17. Consults with others and asks for advice 18. Makes others aware of own workload