A specimen c-SJT item

(Application: selecting diploma nurse applicants for advanced nurse degree-sponsoring)

It's visiting time in a ward looking after patients who are undergoing tests for bowel problems. It's your first week on any nursing ward, in any hospital. Most of the patients are pain-free, but experiencing disorders with bowel movements etc. Many are worried about their health and being in hospital. A couple of female patients are aged above 70, and look really ill to you. They don't speak much and really look quite lost. The family (husband and eldest son) of one of these patients come to visit them; they have seen how ill she is and are really concerned about her health and condition. You happen to be passing her bed on your way to help another patient to the bathroom. The husband (aged 79) is really upset and emotional about the state of his wife, her son seems even more upset. The son attracts your attention and asks you what is wrong with her. How should you respond?

A As you know nothing about the patient, you simply say you are new on the ward and just don't know anything about her. But you tell them that you are sure everything that can be done is being done to help her. Then you move on to the patient who needs help getting to the bathroom.

B You ask the family to hold on for a moment, while you go and see the senior nurse in charge on the ward to ask for her advice about what you are allowed to say to the family.

C You know nothing about the patient, but try to help the family by trying to makes sense of the "patient status" information sheet at the end of her bed – and convey the information as best you can to the family. Then you move on to the patient who needs help getting to the bathroom.

D You have heard other senior nurses commenting on what the consultant has indicated about the patient. It's not good. But, you don't want to upset the patient's family, so you tell them tests are still in progress but you are sure she will soon be up and about again.

E You say you will try to find the consultant for the patient, and bring him to the bed to meet with them. You are not sure where he is but you begin looking for him elsewhere in the hospital.

F You ask the son and husband to speak to the senior nurse in charge on the ward. You tell them where her office is, and then get back to helping the patient who needs you to help them to the bathroom.

G You have heard other senior nurses commenting on what the consultant has indicated about the patient. It's not good. You don't want to upset the patient's family but you feel honesty is the best policy. So, you try and indicate as carefully as you can that things might not be so good for the patient.

H You ask the patient's son to accompany you to meet with the senior nurse in charge on the ward. While he's seeing the nurse, you go back to sit with the husband by the side of the bed, as you feel he is so upset that needs your comfort and support.

I You ask the patient's son and husband to accompany you to meet with the senior nurse in charge on the ward. You then get back to helping the patient who needs you to help them to the bathroom.

The Pertinent Information Content in the item text

It's visiting time in a ward looking after patients who are undergoing tests for bowel problems. It's your first week on any nursing ward, in any hospital. Most of the patients are pain-free, but experiencing disorders with bowel movements etc. Many are worried about their health and being in hospital. A couple of female patients are aged above 70, and look really ill to you. They don't speak much and really look quite lost. The family (husband and eldest son) of one of these patients come to visit them; they have seen how ill she is and are really concerned about her health and condition. You happen to be passing her bed on your way to help another patient to the bathroom. The husband (aged 79) is really upset and emotional about the state of his wife, her son seems even more upset. The son attracts your attention and asks you what is wrong with her. How should you respond?

The reasoning behind each response option

This reasoning is mine – and may not match that of an expert panel – but I'm trying to give the flavour of how such response options might be designed. That is, I'm producing the items and responses which are then taken to the expert panel *(and perhaps a novice of two)* to adjudge plausibility and any perceived ambiguity in the "most appropriate response given the initial facts".

This is more efficient than just taking item paragraphs to the SME panel, and trying to get them to think of potential responses. Doing things this way, you give t hard targets to focus on – and adjustments, augmentation, or deletions can be done relatively painlessly! I haven't graded the options below – I think that is best left to the SME panel. But I have indicated what I consider to be the most correct response – and why. This kick-starts the SME panel process.

A As you know nothing about the patient, you simply say you are new on the ward and just don't know anything about her. But you tell them that you are sure everything that can be done is being done to help her. Then you move on to the patient who needs help getting to the bathroom.
Wrong. You are only 1 week into working on a hospital ward, your first experience of such a work environment. You don't even know anything about the patient. So, you talk in platitudes. That isn't going to help them very much although it gets you out of a potential awkward situation. The family have real concerns and are upset; you address these concerns by taking the family to see the senior nurse in charge, who will know how best to deal with them.

B You ask the family to hold on for a moment, while you go and see the senior nurse in charge on the ward to ask for her advice about what you are allowed to say to the family.
Wrong. You are trying to act as an information conduit between a senior nurse and patient family. This is silly, and also potentially dangerous as messages and their intended meaning can become distorted. Furthermore, another patient is waiting for you to help her get to the bathroom. That is still your primary task. By all means involve the senior nurse, but the communication is between her and the patient family, not with you as a 'go-between'. Asking for advice about what you might say or how to behave in these kinds of situations is fine, in private, over coffee say between you and the senior nurse.

C You know nothing about the patient, but try to help the family by trying to makes sense of the "patient status" information sheet at the end of her bed – and convey the information as best you can to the family. Then you move on to the patient who needs help getting to the bathroom.
Wrong. You are only 1 week into working on a hospital ward, your first experience of such a work environment. You don't even know anything about the patient. Yet, you are now going to try and interpret technical medical information from the end of bed status sheet, and convey this to the patient family. Because you are wearing a uniform, and because you will be seen as a member of the medical profession, whatever you say will be treated as though coming from an "authority". Yet you are not. What if you convey the wrong interpretation?

D You have heard other senior nurses commenting on what the consultant has indicated about the patient. It's not good. But, you don't want to upset the patient's family, so you tell them tests are still in progress but you are sure she will soon be up and about again.
Wrong. You have overhead conversations etc. They may be correct – or just partial fragments of a much more complex picture. So, you have a bad feeling about the patient. Instead of conveying this, you resort to platitudes. That isn't going to help the family very much although it gets you out of a potential awkward situation. The family have real concerns and are upset; you would better address these concerns by taking the family (or son) to see the senior nurse in charge, who will know how best to deal with them.

E You say you will try to find the consultant for the patient, and bring him to the bed to meet with them. You are not sure where he is but you begin looking for him elsewhere in the hospital.
Wrong. You are now going to wander round the hospital to try and find a consultant, wherever she/he is, and bring her/him to the bed of the patient in your ward.
1. Assuming you can find the consultant, what makes you think she/he will just be able to drop everything to come to visit a patient's family at their bedside?
2. How long do you keep looking before you give up?
3. What about the poor patient who is waiting for you to take her to the bathroom?

F You ask the son and husband to speak to the senior nurse in charge on the ward. You tell them where her office is, and then get back to helping the patient who needs you to help them to the bathroom.
Tricky – needs SME input here. I'd choose "not really optimal" for this one – but it's pretty near correct I think. You do the right thing by referring the family to the senior nurse in charge. You indicate where they should go. Then you move on to fulfil your task in hand. The only issue I have here is that the family is really upset, other visitors and patients are probably looking on and absorbing the emotions on display. Also, is it not kinder *(more caring?)* to escort the family to the senior nurse rather than let them find their own way *(and potentially get lost/confused because of the emotional state they are in)*? Just a small touch – but perhaps this is what gives the potentially correct response the edge (see I below)?

G You have heard other senior nurses commenting on what the consultant has indicated about the patient. It's not good. You don't want to upset the patient's family but you feel honesty is the best policy. So, you try and indicate as carefully as you can that things might not be so good for the patient.
Wrong. You have overhead conversations etc. They may be correct – or just partial fragments of a much more complex picture. So, you have a bad feeling about the patient. You feel that it is better that people know the truth rather than get their hopes up artificially. So, you convey the bad feeling you feel about the patient. The likely errors are:
1. Hearsay does not constitute fact.
2. What expertise do you possess to convey what will be seen as an 'expert opinion' about a patient's prognosis to their family?
3. You have only been working on a hospital ward for one week. You have no experience of anything relevant to this situation.
4. Why shouldn't people hope for a good outcome? Is it always the case that what looks bad at the outset remains that way?

H You ask the patient's son to accompany you to meet with the senior nurse in charge on the ward. While he's seeing the nurse, you go back to sit with the husband by the side of the bed, as you feel he is so upset that needs your comfort and support.
Wrong. Why only the son and not the husband? You are already treating the husband as a child – someone who is not allowed to see senior people *(because of his age and how you interpret his cognitive state?)*. But, not only that, you now plan to sit with the husband at the side of the patient's bed until the son returns. This is very caring – <u>except for the fact that another patient is waiting for you to take her to the toilet</u>. How long do you plan to sit and wait?

I You ask the patient's son and husband to accompany you to meet with the senior nurse in charge on the ward. You then get back to helping the patient who needs you to help them to the bathroom.
Correct – the optimal answer (for me). You do the right thing by taking the family to meet directly with the senior nurse in charge. You escort the family to the senior nurse rather than letting them find their own way, with instructions, *(and potentially get lost or confused because of the emotions they are feeling)*. This is just a small personal touch *(the escorting of the family)* but one which probably pays huge dividends in helping the family at that point. They will feel that genuine and respectful concern is being given them. It also eases potential sources of extra stress on the ward among other visitors and patients. Once you've deposited the family with the senior nurse, you move on to fulfil your original task.

As you can see, the number of response options for this item is large (**9**) compared to more simple SJTs *(with 4 or 5 short-statement options, like Likert scale responses)*. Some items may have **15 or more** such carefully-designed options.

After reading the problem and the initial responses + logic, I'm sure many of you will want to take issue with the design or logic for some of them.

But that's exactly why I call these kinds of SJT '**complex**', because unlike Kenexa's, CEBs, or the myriad of other simple SJTs out there, there are few immediate *'obvious-to-all'* answers. It is a matter for the organizational SMEs to decide on the final response options, their number, wording, and what constitutes correct, not-so correct, and poor judgments by the applicant.