

ASSESSOR REPORT**NURSE SJT**

An assessor report for:

Anonymous Candidate

Created 21 October 2026

**Communication Skills****Empathic Sensitivity****Desire to Understand****Empathic Judgement**

Introduction

This report is confidential and is intended solely for the person responsible for assessing Anonymous Candidate, who completed the Nurse SJT on 05/02/2025.

The test is designed to assess areas of critical importance for success in the role of a Nurse Professional. The competencies assessed are defined below.

Nurse Competencies

Communication Skills: Builds respectful, trusting patient relationships through attentive dialogue and adaptive, considerate interactions.

- Establishes respectful, trusting relationships with patients.
- Creates fluent and relaxed conversations with patients.
- Responds to patients in ways that minimise the risk of causing offence.
- Is flexible and adaptive in the way they approach patient interactions.

Empathic Sensitivity: Engages patient's with sensitivity to their vulnerability, focusing on their priorities and maintaining a non-judgmental, matched dialogue.

- Is sensitive to each patient's known or potential vulnerabilities.
- Guides discussion through a focus on whatever matters most to patients.
- Is careful not to judge patients, when observing the choices they make.
- Recognises the need to allow patients to express strong emotions.

Desire to Understand: Keenly uncovers the root causes of patient concerns by exploring their understanding of risks, checking their solutions, and avoiding assumptions.

- Is keen to discover the root cause of patient observations or requests, emotions etc.
- Wants to know whether patients recognise the risks they sometimes take.
- Checks how patients would resolve an issue, before offering own ideas.
- Is careful not to make untested assumptions about patient behaviour.

Empathetic Judgement: Makes evidence-based decisions that consider the patient's perspective and environment, knowing when to continue or step away from discussions.

- Seeks to ensure decisions are based on all relevant evidence.
- Uses each patient's perspective as the starting point for negotiating change.
- Takes the patient's environment into account when making plans with them.
- Recognises when to change discussion from one topic to another.

The results of this exercise are valid for 12 months and can be used to support recruitment decisions.

How To Use This Report

This report contains 'percentile scores', 'behavioural interpretation' and 'interview questions' that can be used to explore an individual's results in more detail:

Percentile Scores

Percentile scores represent how an individual's performance on a test (i.e., their score) compares to the performance of other individuals that have also taken the same test (i.e., the comparison group or norm group). Percentile scores range from the 1st to 99th percentile, where 1 is a very low score and 99 is very high. The overall percentile score is the most predictive of an individual's likely performance in a job. The report also contains percentile scores for each competency assessed, and these should be considered as a guide to help you identify where an individual has excelled or might need to improve a specific behavioural skill. It is not a score, in isolation, that should drive your final recruitment decision. This is because the competency percentile scores are produced by a subset of the test questions, whereas the overall percentile score is produced from all of the test questions.

Behavioural Interpretation

For each competency, an interpretation (four bullet points) has been provided to help you better understand the decisions a candidate has made on the assessment. Not every bullet point may apply equally to all candidates, but you should consider them all to be relevant as they are based on the specific choices a candidate has made on the assessment.

Interview Questions

For each competency, interview questions are provided to help you explore a candidate's results in more detail. You can select the question you believe is most appropriate and you should use the relevant 'four behavioural indicators' to guide your evaluation of a candidate's response. Note, you do not need to ask all four questions - usually one is sufficient, but more are provided if needed. It is also good practice to follow up with additional questions. To help with this you may wish to use the STAR method. This is described below with some additional probing questions you can use.

- **S = Situation:** What was the situation? What were the circumstances or context?
- **T = Task:** What were you trying to achieve? What was your task?
- **A = Actions:** How did you approach it? What did you do? Who did you involve? What challenges did you face, and how did you overcome these? What else did you do?
- **R = Results:** What was the outcome? How did you establish the benefit of what you did?

You should aim to spend more time asking 'Action' questions as these are the ones that typically produce behavioural responses.

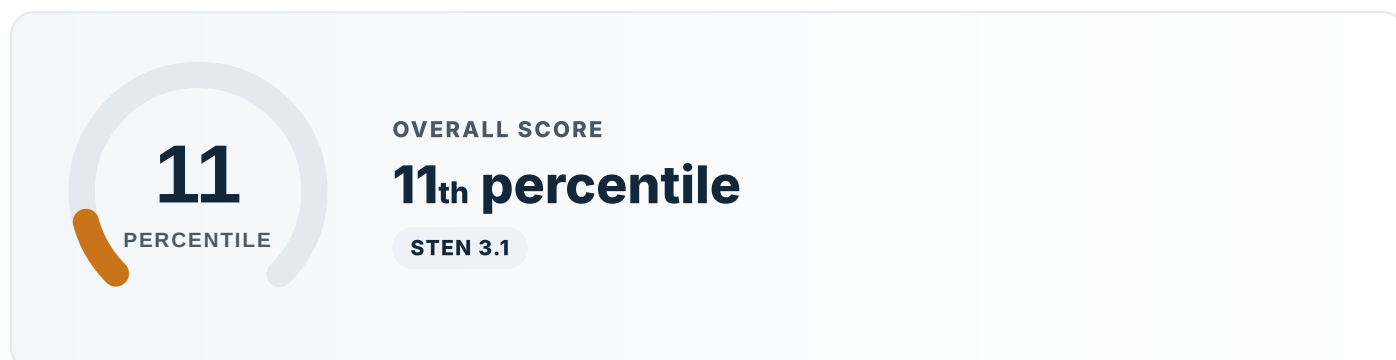
Rating Scale

The Rating Scale below can be used to evaluate a candidate's responses to the competency questions provided in this report. During the interview you should aim to establish a pattern of positive & negative evidence for each competency. The final rating you give should be a 'weighted' decision, based on the collective evidence you obtain for each competency.

1 Significant Development	2 Development	3 Mixed	4 Strength	5 Significant Strength
A strong and dominant pattern of negative behaviour (in relation to the indicators)	A clear pattern of negative behaviour (in relation to the indicators), and little evidence of positive behaviour to weigh against this – none significant	Balanced evidence of both positive and negative behaviour (in relation to the indicators)	A clear pattern of positive behaviour (in relation to the indicators), and little evidence of negative behaviour to weigh against this – none significant	A strong and dominant pattern of positive behaviour (in relation to the indicators)

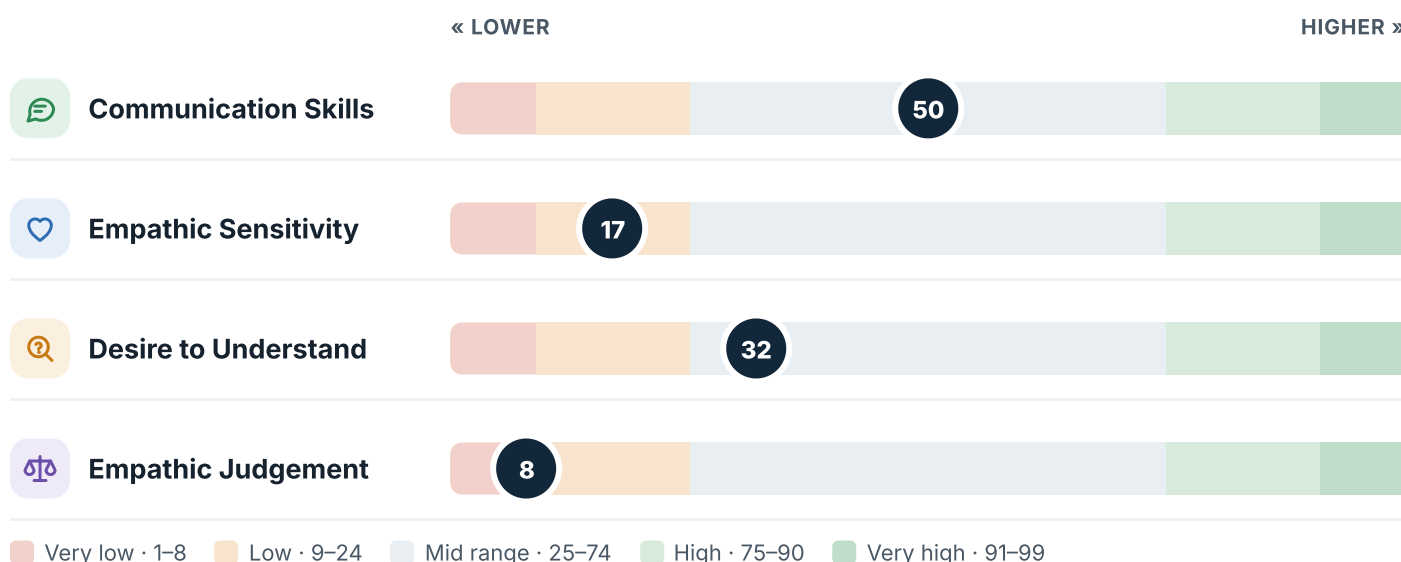
Profile

The following summarises Anonymous' performance on the Nurse SJT. It provides: An overall score, expressed as a percentile based on an individual's responses to all questions. A percentile score for each of the competencies assessed



Nurse SJT Competencies

The scores shown below are Anonymous' percentiles for each of the competencies.



Performance

The following provides a detailed interpretation of Anonymous' responses, who completed the Nurse SJT on 05/02/2025.



Communication Skills

50th percentile

50

The responses suggest:

- Makes an effort to engage carefully with patients, especially when introducing themselves or building a relationship.
- Is supportive and approachable when communicating with patients, wanting them to feel at ease.
- Recognises the need sometimes to guide patients from current activity to something they need to include in their ongoing routine.
- Is aware that they are in a patient's home or personal space, and that they need to take this into account when carrying out their role.



The questions below are designed for interviewers to explore the results in more detail.

- Tell me about a time when you had to communicate a difficult message to a patient who was resistant to change or unwelcome news. What did you need to communicate? How did you prepare for this conversation?
- Describe an instance where you were struggling to connect with a patient. How did you identify the most effective way to communicate with them?
- Share a time when you successfully built rapport with a new patient who was initially withdrawn or unresponsive. What steps did you take to engage the patient and encourage dialogue?
- Describe a situation where you had to be quite assertive to resolve a misunderstanding or conflict with a patient who was initially uncooperative. What did you do to address the situation?



Empathic Sensitivity

17th percentile

17

The responses suggest:

- Seems unconcerned about the risk of upsetting patients, directly exposing them to situations that might embarrass them.
- Focuses on their own immediate reaction to sensitive situations, rather than the choices made by patients which might help explain their behaviour.
- Looks for immediate solutions to issues that arise, rather than first considering whether there may be a reason the patient has not already resolved the issue.
- When patients show strong emotion, reacts by trying to change the conversation; conversely, when patients speak or respond slowly, tends to try and speed up conversations so targets can be met.



The questions below are designed for interviewers to explore the results in more detail.

- Tell me about a time when you had to support a patient during a particularly vulnerable moment. What did you do to ensure the discussion was handled appropriately?
- Describe a situation where you sensed a patient was feeling isolated or lonely, and you took steps to deal with this? What actions did you take to make them feel less vulnerable?
- Recall a time when you were with a patient experiencing emotional distress, and you expressed concern through actions rather than words. How did you show that you recognised their distress?
- Describe a time when you had to help a patient who was experiencing a significant life change, and how you provided emotional support during this transition. What specific steps did you take to ensure they felt supported?

**Desire to Understand**

32nd percentile

32

The responses suggest:

- Listens carefully to patient concerns then offers solutions, keen to maximise time while also showing they recognise the patient's need to share their thoughts.
- Highlights concerns as they arise, being careful to ensure patients understand the importance of protecting themselves from risk.
- Seeks to reach solutions to problems through an open interaction with the patient, sharing their own ideas then inviting the patient to do the same.
- When responding to patient behaviour, is careful to express themselves in a way that shows they understand why the patient may have acted as they have.



The questions below are designed for interviewers to explore the results in more detail.

- Tell me about a time when you noticed a change in a patient's behaviour or routine. How did you go about establishing the reason for this change?
- Share an experience where you had to understand why a patient was taking risks with their health or safety. What was the behaviour that indicated the patient was taking risks? How did you engage with the patient to explore their awareness of the risks?
- Describe a situation where you had to investigate further to understand a patient who had behaved in an unusual manner. What was the unusual behaviour? What steps did you take to gain a deeper understanding of the patient's behaviour?
- Describe a time when you had to understand the underlying reasons for a patient's non-compliance with a recommended treatment or plan. How did you explore their reasons? How did you ensure you fully understood their perspective?

**Empathic Judgement**

8th percentile

8

The responses suggest:

- Tends to make decisions based on their preferred way of dealing with situations, rather than ensuring they draw on sufficient information relevant to each patient.
- Uses own perceptions or experience as the main reference point for decision-making, believing this will be best for the patient, rather than prioritising patient views.
- Takes an overly narrow view of options when planning with patients, tending not to make best use of available resources in the home environment.
- Seeks to sustain dialogue on sensitive topics with patients, at times asking probing questions, without ensuring the patient is comfortable to continue discussing the topic.



The questions below are designed for interviewers to explore the results in more detail.

- Describe a time when you had to make a decision regarding a patient's care plan. What information did you use to support your decision?
- Tell me about a scenario where you negotiated a change in a patient's care or routine by starting from their perspective. What steps did you take to ensure the patient's viewpoint was incorporated in the decision-making?
- Share an experience where you considered a patient's home (or working) environment when planning their care. How did you use your understanding of the patient's environment to plan their care?
- Share an example of when you had to adjust a care plan based on a patient's feedback. How did you gather additional information from the patient to understand their needs and preferences?