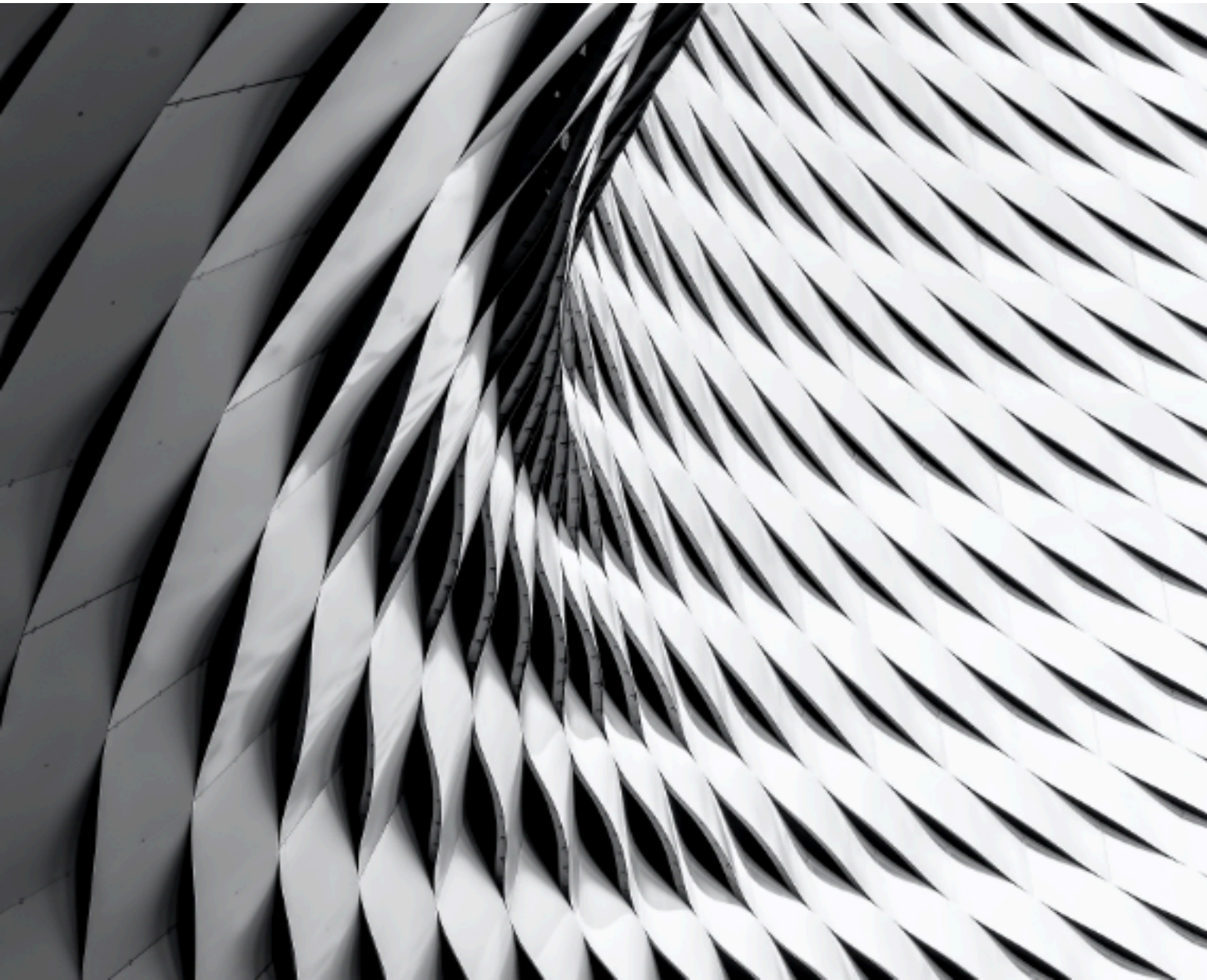
Nurse SJT

A report for:

Sam Sample

Created 10 July 2025



Introduction

This report is confidential and is intended solely for the person responsible for assessing Sam Sample, who completed the Nurse SJT on 10/07/2025.

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.

Evidence-Based Interviewing

Interview Questions

Evidence-based interview questions, often referred to as behavioural interview questions, are designed to uncover specific examples of a candidate's past behaviour or experiences in order to predict their future behaviour and performance in a job. Instead of asking hypothetical or speculative questions, evidence-based questions delve into actual situations that the candidate has encountered, giving the interviewer concrete examples of how the candidate operates in various scenarios.

Typical evidence-based questions might begin with phrases like:

- "Tell me about a time when..".
- "Describe a situation where..".
- "Can you give an example of..".

How to Use Them

- **Focus on Competencies or Skills:** You should use the 4 Competencies defined by the Nurse SJT and ‘collect evidence’ from the interview of how candidate has demonstrated them.
- **Utilise the Questions:** We have designed questions to elicit ‘stories’ or examples that demonstrate these competencies. You should only need to ask one full question set and you should allow 10-12 minutes for each.
- **Listen Actively:** When the candidate responds, listen carefully. Do not judge what is being said during the interview but aim to gather as much information as you can that relates to the behavioural indicators of each competency.
- **Probe Further:** Ask the ‘probing’ or follow-up questions to delve deeper.
- **Evaluate:** After the interview, evaluate the candidate's answers against the competencies provided. Look for patterns in behaviour, both positive and negative.

Benefits

- **Predictive Value:** Evidence-based questions are more predictive of a candidate’s future performance than traditional interview questions because they focus on real past behaviour.
- **Fairness:** By standardising the questions based on desired competencies or behaviours, all candidates are measured against the same criteria, which can reduce bias.
- **Depth of Understanding:** These questions provide a deeper understanding of a candidate's experiences, how they think, and how they act in specific situations.
- **Gauge Cultural Fit:** Through real-life scenarios, interviewers can better judge if the candidate's behaviours that align with the role or a company's culture.
- **Reduced Mis-Hires:** By gaining insight into actual past behaviours, employers can make more informed hiring decisions, potentially reducing the cost and disruption of mis-hires.

How To Use This Report

To get the most from your interview, it is worth familiarising yourself with three models: STAR Model, ORCE Model & our Rating Scale.

STAR Model

The structure of the interview questions provided are based on the STAR model. This encourages you to collected a complete example (i.e., beginning, middle and end). During the interview you may wish to ask some of your own probing questions, and we recommend using this model as a guide, as it will help you create effective questions.

Typical STAR questions:

- **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.

ORCE Model

The ORCE model is a systematic approach to assess behaviours, especially used in the context of evidenced-based interviewing. The acronym stands for Observe, Record, Classify, and Evaluate. Here's a brief overview of how to use each step:

Step	Purpose	How to
Observe	Actively listen and watch for non-verbal cues as candidates share their experiences and examples.	During the interview, focus intently on the candidate's answers, noting not only what is said but how it's communicated. Pay attention to body language, tone, and other non-verbal cues that might give deeper insights into the candidate's experiences and emotions. This can help you know when to ask probing questions.
Record	Document candidates' responses to evidence-based questions for later analysis.	Use structured note-taking techniques to jot down key points or standout comments from the candidate. This could involve using a standardised form or digital tool where interviewers can quickly note down candidate examples, results, and other pertinent details.
Classify	Group the documented responses into categories that align with the competencies or skills you're assessing.	After the interview, review your notes and categorise the candidate's behaviours or actions based on the competencies in question.
Evaluate	Determine the candidate's suitability for the role based on their responses, matched against the desired competencies or behaviours.	Reflect on the classified responses in comparison with what is desired or expected for the role. Rate the candidate's evidence against predefined criteria or rating scale provided. This step helps interviewers make objective assessments and reduces the risk of personal biases affecting the hiring decision.

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)

In the context of evidence-based interviews, the STAR & ORCE models provide a systematic approach to assess a candidate's potential fit for a position. By observing behaviours through past experiences, recording pertinent details, classifying them under relevant competencies, and evaluating against role requirements, interviewers can make more informed and objective hiring decisions.

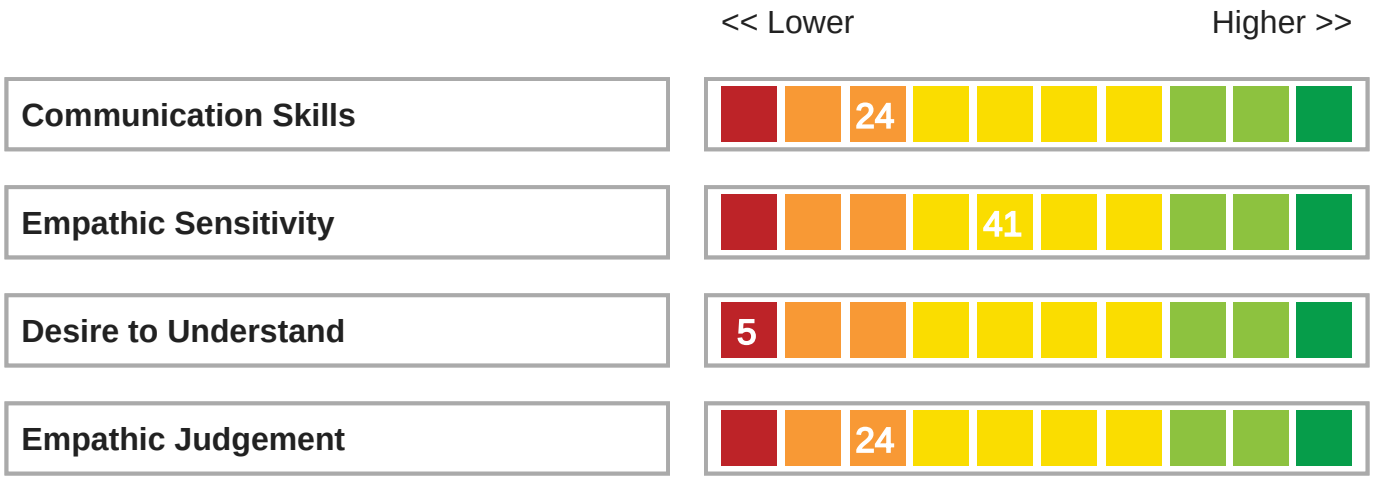
Profile

The following summarises Sam’s 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 Sam’s percentiles for each of the competencies.



Performance

The following provides a detailed interpretation of Sam’s responses, who completed the Nurse SJT on 10/07/2025.

Empathic Sensitivity

The responses suggest:

- Recognises the risk of causing patients possible embarrassment, therefore avoiding any immediate mention of unusual or surprising behaviour.
- Introduces sensitive issues indirectly, being careful not to appear to criticise or blame patients for choices they might have made.
- Seeks to draw patients into shared discussion of issues that arise, keen to find practical solutions that meet the ongoing needs of the patient.
- Respects the need for patients to move at their own pace, recognising that they will sometimes act or respond strongly, and this will need to be handled carefully.

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

1. Tell me about a time when you had to support a patient during a particularly vulnerable moment.

- **Situation & Task:** What was the situation, and how did you recognise the patient's vulnerability?
- **Action:** How did you approach the conversation? What was your priority?
- **Result:** How did the patient respond to your approach, and what was the impact of this on their mood and your future interactions?

2. Describe a situation where you sensed a patient was feeling isolated or lonely, and you took steps to deal with this.

- **Situation & Task:** What indicators led you to believe the patient was feeling isolated?
- **Action:** What actions did you take to make them feel less vulnerable?
- **Result:** How did your actions affect the patient's sense of isolation / loneliness? How did this impact the subsequent dialogue between you?

3. Recall a time when you were with a patient experiencing emotional distress, and you expressed concern through actions rather than words.

- **Situation & Task:** What was the context of the patient's emotional distress, and how was it demonstrated?
- **Action:** How did you show that you recognised their distress?
- **Result:** What was the patient's response to your actions, and how did this influence your ongoing relationship?

4. 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.

- **Situation & Task:** What was the significant life change the patient was experiencing, and how did you become aware of their need for emotional support?
- **Action:** How did you provide emotional support to the patient during this transition? What specific steps did you take to ensure they felt supported?
- **Result:** What was the outcome of your support on the patient's emotional well-being, and how did this affect your ongoing relationship?

Communication Skills

The responses suggest:

- Overlooks the need for a clear and careful introduction before suggesting or taking any action.
- May appear to engage in overly formal or distant manner, potentially making patients uneasy and reluctant to contribute openly to conversations.
- Directly or abruptly asks patients to change what they're doing to some other activity, thereby appearing to undermine patient choices.
- May intrude on a patient's personal space, or take action without first checking with patient or signposting what they plan to do.

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

1. Tell me about a time when you had to give a difficult piece of information to a patient who was resistant to unwelcome news.

- **Situation & Task:** What did you need to tell them? Why was the patient resistant?
- **Action:** How did you prepare for this conversation? What did you do to ensure clarity and sensitivity?
- **Result:** What was the outcome of your discussion? How did it impact your ongoing relationship with the patient?

2. Describe an instance where you were struggling to connect with a patient.

- **Situation & Task:** Who was the patient? Why did you need to connect well with them?
- **Action:** How did you identify the most effective way to communicate with them? What methods did you employ to ensure you were both understood and respectful?
- **Result:** What improvements did you notice in your interactions with the patient following these adjustments?

3. Share a time when you successfully built rapport with a new patient who was initially withdrawn or unresponsive.

- **Situation & Task:** What were the initial barriers to communication, and why was the patient withdrawn?
- **Action:** What steps did you take to engage the patient and encourage dialogue? How did you ensure your approach was non-intrusive and respectful of their space and pace?
- **Result:** How did your relationship evolve over time? Can you share a moment where you felt you had truly earned their trust?

4. Describe a situation where you had to be quite assertive to resolve a misunderstanding or conflict with a patient who was initially uncooperative.

- **Situation & Task:** What was the nature of the misunderstanding or conflict? Why was the patient uncooperative?
- **Actions:** What communication style did you adopt? What difficulties did this present to you?
- **Result:** How effective was this approach? How did it affect your relationship and future interactions with the patient?

Desire to Understand

The responses suggest:

- When patients mention a problem or make a request, tends to offer solutions before ensuring they fully understand the issue and its possible causes.
- Doesn't routinely check whether patients are aware of the potential risks attached to their actions, focusing primarily on finding solutions.
- Is quick to propose solutions based on their own understanding of situations, tending not to ask patients whether they have their own suggestions or preferences.
- Tends to jump to conclusions, acting before checking whether they sufficiently understand the nature or

needs of a situation.

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

1. Tell me about a time when you noticed a change in a patient's behaviour or routine.

- **Situation & Task:** What led you to believe there was a change?
- **Action:** How did you approach the situation? How did you uncover more about the patient's behaviour? What steps did you take to ensure your understanding was accurate?
- **Result:** What did you discover, and how did this understanding inform the care you provided or the advice you gave?

2. Share an experience where you had to understand why a patient was taking risks with their health or safety.

- **Situation & Task:** What was the behaviour that indicated the patient was taking risks? What were your initial thoughts on this?
- **Action:** How did you engage with the patient to explore their awareness of the risks? What was the patient's perspective? How did you share your own perspective?
- **Result:** What was the outcome of this approach, and how did it help you in managing the patient's care going forward?

3. Describe a situation where you had to investigate further to understand a patient who had behaved in an unusual manner.

- **Situation & Task:** What was the unusual behaviour? What initial thoughts did you have about this?
- **Action:** What steps did you take to gain a deeper understanding of the patient's behaviour? How did you ensure you didn't make unjustified assumptions?
- **Result:** What did you find out by taking the investigation further? How did this new understanding shape your subsequent interactions with the patient, or the care plan you developed?

4. Describe a time when you had to understand the underlying reasons for a patient's non-compliance with a recommended treatment or plan.

- **Situation & Task:** What was the recommended treatment or plan? How did you discover the patient was not complying with the treatment / plan?
- **Action:** How did you explore the patient's reasons for non-compliance? How did you ensure you fully understood their perspective?
- **Result:** What insights did you gain from understanding the patient's reasons? How did this affect the support you provided (or any adjustments you made to their treatment plan)?

Empathic Judgement

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.

1. Describe a time when you had to make a decision regarding a patient's care plan.

- **Situation & Task:** What was the situation that required a decision? Why was it important?
- **Action:** What information did you use to support your decision?
- **Result:** What was the outcome of the decision? Looking back, how do you feel about the decision you made?

2. Tell me about a scenario where you negotiated a change in a patient's care or routine by starting from their perspective.

- **Situation & Task:** What change needed to be negotiated? Why was it important to start from the patient's perspective?
- **Action:** How did you approach the negotiation? What steps did you take to ensure the patient's viewpoint was incorporated in the decision-making?
- **Result:** What was the result of this approach? How did it affect the patient's care or your relationship with them?

3. Share an experience where you considered a patient's home (or working) environment when planning their care.

- **Situation & Task:** What were the specific environmental factors that you needed to take into account? How did this affect the way you approached the situation?
- **Action:** How did you use your understanding of the patient's environment to plan their care? What challenges did you encounter? How did you tackle these challenges?
- **Result:** Having taken the patient's environment into account, what was the impact of this on the care provided and the patient's well-being?

4. Share an example of when you had to adjust a care plan based on a patient's feedback.

- **Situation & Task:** What was the feedback provided by the patient? Why was it necessary to adjust the care plan?
- **Action:** How did you gather additional information from the patient to establish their needs and preferences? What steps did you take to incorporate this feedback into the care plan?
- **Result:** What was the outcome of the adjusted care plan? How did it impact the patient's satisfaction and overall care experience?