

UCAT Preparation Course

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Section 4

Situational Judgement

Introduction:

The Situational Judgement Test (SJT) is the last of the four subtests in the UCAT, following Quantitative Reasoning. Unlike the three cognitive subtests, which measure verbal, logical, and numerical reasoning, the SJT does not test academic ability at all. Instead, it presents a series of realistic scenarios drawn from clinical placements, healthcare teams, and everyday professional life, and asks you to judge how appropriate certain responses are, or how important certain factors are, in resolving them. It evaluates personal attributes such as integrity, perspective-taking, team involvement, resilience, and adaptability.

The core task is to read realistic scenarios drawn from clinical and professional contexts—situations a junior doctor, medical student, or dental professional might encounter—and judge how appropriately various responses would be. You are not required to have any medical knowledge; the scenarios are designed to be answered using general principles of professionalism, ethics, and common sense. What is being assessed is your alignment with the professional values expected of doctors and dentists, as articulated in frameworks such as the General Medical Council's [Good Medical Practice](#).

Format and Timing

The Verbal Reasoning section is a timed, multiple-choice assessment with the following structure, based on the official UCAT specifications:

Feature	Detail
Total Time for Section	26 minutes
Instruction Screen Time	1 minute 30 seconds (timed separately)
Number of Scenarios	Approximately 20-22 scenarios
Questions per Scenario	Up to 6 questions
Total Questions	69 questions
Time per Question	Approximately 22 seconds
Scoring	Expressed in one of four bands (Band 1 = highest, Band 4 = lowest)

Although candidates have only around 22 seconds per question on average, most students find this section less time-pressured than the cognitive subtests, since scenarios are grouped together and several questions can be answered from a single reading. The real challenge lies not in speed but in correctly judging what “appropriate” or “important” means from the perspective of a healthcare professional, rather than from your own personal opinion.

Question Types

1. Appropriateness Rating

You are presented with a scenario and a possible action or response. You must rate how appropriate that action is in the context of the scenario. Responses typically use a four-point scale:

- Very appropriate – An ideal or excellent response
- Appropriate, but not ideal – A reasonable response, though not the best possible
- Inappropriate, but not awful – A poor response, though not completely unacceptable
- Very inappropriate – A seriously flawed or unacceptable response

You can get a part of the mark if your answer is close to the best one.

2. Importance Rating

You are presented with a scenario and a number of considerations or actions. You must rate how important each one is within the context of the scenario. This tests your ability to prioritise competing duties and identify what truly matters in a given situation.

You can get a part of the mark if your answer is close to the best one.

3. Appropriateness Ranking (Most and Least Appropriate)

You are presented with a scenario and a set of three response options. Your task is to identify the most appropriate response and the least appropriate response. You must select one option as the most appropriate and a different option as the least appropriate.

You have to choose both the most and the least appropriate. Otherwise, you will not receive any points.

Why Situational Judgement is Tested

The Situational Judgement Test exists because academic ability alone does not predict whether someone will be a safe, trustworthy doctor or dentist. Strong situational judgement is crucial for:

- Patient safety: recognising when a situation requires immediate action, escalation, or a change of plan
- Professional integrity: being honest about mistakes and avoiding actions that could deceive patients or colleagues
- Teamwork: working constructively with colleagues, including those in more senior or junior positions
- Confidentiality: understanding when patient information can and cannot be shared, and with whom
- Resilience and self-awareness: recognising your own limitations, including fatigue, stress, or gaps in competence, and responding to them appropriately

Universities use this section because these qualities are difficult to assess from grades or personal statements alone, but are consistently linked to complaints, disciplinary action, and patient harm when absent in practising clinicians.

Instructions:

1. Time pressure

Although the Situational Judgement Test is less pressured than the cognitive subtests, 69 questions in 26 minutes still leaves little room for hesitation, especially when a single scenario carries four, five, or six sub-questions. **How to deal with this?**

A. Read the scenario once, carefully

Do not skim it the way you might skim a Verbal Reasoning passage. Every detail — who is involved, what has already happened, what has not yet happened — can change which response is appropriate.

B. Answer all the questions attached to one scenario before moving on

Since each sub-question is scored independently, working through them together while the scenario is fresh in your mind is faster and more accurate than returning to the same scenario later.

C. Don't search for a “trick”

Unlike Decision Making or Quantitative Reasoning, there is no calculation to perform. If your first read of the scenario gives you a clear sense of the right response, trust it and move on.

D. Flag scenarios that involve unfamiliar situations

If a scenario describes a situation you don't immediately understand (for example, an unfamiliar aspect of healthcare team structure), flag it, answer as best you can, and return to it only if time allows.

E. Practise against the GMC's Good Medical Practice guidance

Many of the “hidden” rules behind SJT answers come directly from this document. Reading it once before starting practice questions makes the correct answers far more predictable. The link is provided in the introduction section of this document.

F. Guessing

There is no penalty for wrong answers, so never leave a question unanswered. If you are

unsure, eliminate the option that most clearly compromises patient safety or honesty, and choose from what remains.

2. Anchoring to Professional Values

Most Situational Judgement questions can be answered correctly by holding a small number of principles in mind, rather than relying on personal opinion or “what seems nice.”

A. Patient safety and welfare come first

When two responses seem equally reasonable, the one that most directly protects the patient is usually the more appropriate one.

B. Honesty and transparency over concealment

Doctors are expected to disclose errors, even minor ones, rather than hide them. An action that conceals a mistake — even with good intentions — is rarely appropriate.

C. Escalate uncertainty rather than acting alone

If a scenario involves something outside your competence or authority, informing a senior colleague is almost always more appropriate than handling it independently or ignoring it.

D. Confidentiality is not absolute, but it is the default

Patient information should not be shared without a clear professional justification, even with well-meaning family members, friends, or colleagues who are not directly involved in that patient's care.

E. Respect and teamwork matter, even under pressure

Dismissive, discriminatory, or confrontational responses toward colleagues or patients are almost never appropriate, even when the other person is at fault.

3. Psychological Anchor

A. Keeping calm

Because there is no single formula, some scenarios will feel ambiguous no matter how well you have prepared. This is expected — remember that your goal is to be closer to the expert panel's judgement on average, not to be certain about every single item.

B. Don't let one confusing scenario derail you

If a scenario's context is unclear or unfamiliar, answer as best you can, flag it, and move on. Later scenarios are independent and just as likely to be straightforward.

C. Trust your first instinct

Overthinking a scenario often pulls you away from the professional standard and toward a more personal, idiosyncratic judgement. Your first read, grounded in the principles above, is usually closer to the ideal answer than a second-guessed one.

Sample Test [7 scenarios / 15 questions]

Scenario 1

You are a third-year medical student on a hospital placement. While using a shared computer in the staff area, you notice that a doctor has left a patient's full medical record open on the screen and has stepped away without locking it. No one else is currently in the room.

Scenario 1 Questions

Q1 (Appropriateness): Lock the screen yourself and mention it to the doctor when they return.

- A) Very appropriate
- B) Appropriate, but not ideal
- C) Inappropriate, but not awful
- D) Very inappropriate

Q2 (Appropriateness): Take a photo of the screen so you can raise the incident formally later.

- A) Very appropriate
- B) Appropriate, but not ideal
- C) Inappropriate, but not awful
- D) Very inappropriate

Q3 (Appropriateness): Leave the room and say nothing, since it is not your responsibility.

- A) Very appropriate
- B) Appropriate, but not ideal
- C) Inappropriate, but not awful
- D) Very inappropriate

Scenario 1 Answer Key with Explanation

Q1 - A (Very appropriate)

This directly protects patient confidentiality, requires no extra authority to carry out, and still allows you to raise the issue constructively rather than punitively.

Q2 - D (Very inappropriate)

Photographing confidential patient information — even with a legitimate concern in mind — is itself a further, and more serious, breach of confidentiality. The concern should be raised verbally or through the appropriate reporting channel, not documented informally.

Q3 - D (Very inappropriate)

Confidentiality breaches are everyone's responsibility to prevent, regardless of seniority. Walking away leaves the patient's information exposed and does nothing to reduce the risk.

Scenario 2

During a ward round, a junior colleague on your team makes an error in a drug dose calculation. You notice it and point it out before the medication is given, so the patient comes to no harm. Afterwards, your colleague, who is visibly anxious about upcoming exams, asks you not to mention the error to anyone since “nothing happened in the end.”

Scenario 2 Questions

Q1 (Appropriateness): Agree not to mention it, since no harm was caused.

- A) Very appropriate
- B) Appropriate, but not ideal
- C) Inappropriate, but not awful
- D) Very inappropriate

Q2 (Appropriateness): Report the near-miss through the standard incident-reporting process, while reassuring your colleague that this is a normal part of learning.

- A) Very appropriate
- B) Appropriate, but not ideal
- C) Inappropriate, but not awful
- D) Very inappropriate

Q3 (Appropriateness): Tell other students on the placement about what happened, so they can be more careful.

- A) Very appropriate
- B) Appropriate, but not ideal
- C) Inappropriate, but not awful
- D) Very inappropriate

Scenario 2 Answer Key with Explanation

Q1 - D (Very inappropriate)

Near-miss reporting exists precisely because errors that cause no harm this time can cause harm next time. Agreeing to conceal it prioritises a colleague's short-term comfort over patient safety and honest practice.

Q2 - A (Very appropriate)

This response fulfils the professional duty to report errors and near-misses, while also supporting a stressed colleague — showing that honesty and compassion are not in conflict here.

Q3 - (Inappropriate, but not awful)

This does not conceal the error, which is a good thing in itself, but it is not the appropriate channel either — informal disclosure among peers does not fix the underlying issue and could unfairly damage your colleague's reputation. Formal reporting is the correct route.

Scenario 3

You are a dental student on a four-week clinical placement. Your supervisor has arrived more than 30 minutes late to your last three scheduled sessions, cutting your hands-on teaching time short each time. You are now behind on the practical competencies you are required to complete before your end-of-placement assessment.

Scenario 3 Questions

Q1 (Importance): Whether falling behind will affect your ability to pass the end-of-placement assessment.

- A) Very important
- B) important
- C) Of minor importance
- D) Not important at all

Q2 (Importance): Whether raising the issue might make your supervisor annoyed with you.

- A) Very important
- B) important
- C) Of minor importance
- D) Not important at all

Q3 (Importance): Whether other students on the same placement are experiencing the same problem.

- A) Very important
- B) important
- C) Of minor importance
- D) Not important at all

Scenario 3 Answer Key with Explanation

Q1 - A (Very important)

This directly affects your progression and competence as a future dentist, and is the central reason the issue needs addressing rather than being quietly tolerated.

Q2 - D (Not important at all)

Your discomfort about a supervisor's reaction should not influence whether a legitimate training issue gets raised. Prioritising this factor over your own competency development would be the wrong basis for a decision.

Q3 - B (Important)

This is a useful and legitimate part of the picture — if the problem is affecting other students too, it strengthens the case for raising it formally with the placement organiser — but it is not the deciding factor on its own.

Scenario 4

At a family gathering, a relative you don't know well says they heard that a mutual acquaintance was recently admitted to the hospital where you are on placement, and asks you, "Do you know what's wrong with them?"

Scenario 4 Questions

Q1 (Appropriateness): Explain that you are not able to discuss any patient's information, even to confirm whether they are a patient.

- A) Very appropriate
- B) Appropriate, but not ideal
- C) Inappropriate, but not awful
- D) Very inappropriate

Q2 (Appropriateness): Confirm that the person is a patient, but say you can't share any further details.

- A) Very appropriate
- B) Appropriate, but not ideal
- C) Inappropriate, but not awful
- D) Very inappropriate

Q3 (Appropriateness): Suggest that your relative ask the acquaintance or their family directly, if they want to know how they are doing.

- A) Very appropriate
- B) Appropriate, but not ideal
- C) Inappropriate, but not awful
- D) Very inappropriate

Scenario 4 Answer Key with Explanation

Q1 - A (Very appropriate)

Confidentiality covers not just clinical details but the fact of someone's attendance at all. Declining to confirm or deny is the safest and most correct response.

Q2 - D (Very inappropriate)

Even confirming that someone is a patient, without giving further detail, is a disclosure of confidential information that the patient has not consented to.

Q3 - B (Appropriate, but not ideal)

This redirects the request appropriately and avoids any breach, but it is a slightly less complete response than Q1, since it doesn't make clear that you also can't confirm the person's patient status.

Scenario 5

Two dental students, on a paediatric ward placement, are asked to take a family history from the parent of a nervous eight-year-old. One of the students, Sam, notices that the child has several bruises in different stages of healing on their arms and legs, which the parent does not mention or explain.

Scenario 5 Question

Q (Ranking): Which action should Sam take?

Option 1: Continue the family history as normal, and raise the observation privately with the supervising doctor once the appointment has finished.

Option 2: Point out the bruises to the parent directly and ask them to explain, in front of the child.

Option 3: Say nothing to anyone, since the child could simply be accident-prone and it isn't Sam's place to intervene.

Choose the one **most appropriate** action and the one **least appropriate** action. You receive no marks for this question unless you select both correctly.

Most Appropriate:
Least Appropriate:

Scenario 5 Answer Key with Explanation

Most Appropriate: Option 1

Unexplained bruising in a child is a recognised safeguarding concern. Continuing calmly and raising it privately with a senior afterwards protects the child, avoids alarming the family prematurely, and hands the concern to someone with the authority and training to act on it correctly.

Least Appropriate: Option 3

Doing nothing risks a genuine safeguarding issue going unaddressed entirely. Even though Option 2 is also poor practice — confronting the parent directly in front of the child is premature and could damage trust — it at least attempts to address the concern; failing to raise it at all is the more serious lapse.

Scenario 6

Two medical students on a surgical placement are asked by the ward sister to help move a patient from a bed to a chair. One of the students, Priya, sprained her wrist in a minor sports injury the previous week and is unsure whether lifting could make it worse.

Scenario 6 Question

Q (Ranking): Which action should Priya take?

Option 1: Tell the ward sister about the wrist injury and ask whether someone else can help with the lift instead.

Option 2: Attempt the lift as normal without mentioning the injury, since the patient's move shouldn't be delayed.

Option 3: Refuse to help at all and leave the ward area without explanation.

Choose the one **most appropriate** action and the one **least appropriate** action. You receive no marks for this question unless you select both correctly.

Most Appropriate:
Least Appropriate:

Scenario 6 Answer Key with Explanation

Most Appropriate: Option 1

Being open about a physical limitation allows the ward sister to organise a safe alternative for both Priya and the patient. It resolves the task without putting anyone at unnecessary risk.

Least Appropriate: Option 3

Leaving without any explanation is unprofessional and unhelpful — it leaves colleagues without support and without any understanding of why. Option 2 is also poor judgement, since lifting through an unreported injury risks both Priya and the patient, but it does not represent the same breakdown in communication and teamwork as walking away unexplained.

Scenario 7

During a ward round, a consultant asks a fellow student a question in a tone the whole group finds humiliating. The student is visibly upset and close to tears, but the round moves on immediately to the next patient's bedside.

Scenario 7 Question

Q (Ranking): Which action should you, a fellow student, take?

Option 1: Say nothing to your colleague or anyone else, since it isn't really your business how the consultant chooses to teach.

Option 2: Check in with your colleague privately once the round has finished, and encourage them to raise it with the placement supervisor if they would like support.

Option 3: Interrupt the consultant immediately, in front of the patient, to say the questioning was inappropriate.

Choose the one **most appropriate** action and the one **least appropriate** action. You receive no marks for this question unless you select both correctly.

Most Appropriate:
Least Appropriate:

Scenario 7 Answer Key with Explanation

Most Appropriate: Option 2

This offers genuine support to a colleague and points them toward the appropriate channel for raising a teaching or wellbeing concern, without disrupting patient care or creating a confrontation in the wrong setting.

Least Appropriate: Option 1

Ignoring a colleague's evident distress misses an opportunity to support them and to help address a genuine problem with the teaching environment. Option 3 is better than doing nothing — it is simply the wrong moment and manner for raising the concern, in front of a patient rather than privately.