

## APPENDICES

### Appendix 1: Competency domains identified in job analysis and examples of their behavioural indicators

Competency domain name and example observable behavioural indicators	Mean importance at SHO grade (SD)
<p><b>Professional integrity and respect for others (PIR)</b>            Doctor is open and honest with parents, children and colleagues, and is willing to apologise when mistakes are made. Doctor treats parents, children and colleagues with respect and without prejudice. He/she takes responsibility for difficult decisions and does what is best for the child. Puts patients' needs before his/her own.</p>	4.40 (.78)
<p><b>Empathy and sensitivity (ES)</b>            Reassures anxious child and family through their positive approach and optimism. Is sensitive to parents' feelings when breaking bad news and explaining child's condition. Plays with children, wins confidence and makes them feel comfortable. Addresses parents' concerns and develops trust.</p>	4.32 (.80)
<p><b>Personal attributes (PA)</b>            Shows enthusiasm, compassion, flexibility and physical abilities such as effective manual dexterity.</p>	4.18 (.79)
<p><b>Communication skills (CS)</b>            Asks open questions to ascertain the facts, engages in social conversation and demonstrates sense of humour. Involves the child in discussions. Uses simple, clear and appropriate language. Checks understanding and shows signs of active listening. Maintains eye contact and positions self at child's level.</p>	4.13 (.79)
<p><b>Team work (TW)</b>            Supportive to colleagues at any grade, acknowledges their efforts / skills, and gives positive feedback. Actively seeks information from other professionals. Shows awareness of others' perspective, works in partnership with various professional groups.</p>	4.10 (.87)
<p><b>Learning and personal development (LPD)</b>            Is motivated and committed towards self-directed learning. Critically evaluates his/her own work, acknowledges own limitations, and acts on feedback. Able to recognise and use learning opportunities and to systematically locate and critically evaluate new research.</p>	3.98 (.80)
<p><b>Coping with pressure (CP)</b>            Remains calm under pressure and is able to deal confidently with emergency situations. The doctor is prepared to seek help when appropriate. He/she takes control when it is appropriate in emergency situations. Recognises stress in both self and others and develops coping mechanisms</p>	3.56 (.97)
<p><b>Personal organisation and administration skills (POA)</b>            Doctor establishes and maintains an effective system of organisation. Appropriately prioritises conflicting demands and recognises the urgency of cases. He/she is able to manage time effectively and allocate sufficient time for tasks. Plans and co-ordinate activities, and arranges cover for absence.</p>	3.20 (.99)
<p><b>Vigilance and situational awareness (VSA)</b>            Doctor is alert to symptoms and signs suggesting conditions which might progress or de-stabilise rapidly, and to indicators which might suggest child abuse or neglect. Picks up subtle changes in clinical condition. Thinks laterally to incorporate the influence of emotional / social / family dynamics on clinical situations</p>	3.17 (.93)
<p><b>Clinical / technical knowledge and expertise (CTK)</b>            Doctor is able to demonstrate core technical skills such as ability to incubate newborn babies, and is able to identify risks and options for treatment. He/she acknowledges parents' expertise and instincts with regards to their child. He/she is able to diagnose and manage complex clinical problems.</p>	3.10 (.81)
<p><b>Conceptual thinking, problem solving and decision making (CT)</b>            Doctor keeps an open mind and considers all available evidence (i.e. doesn't assume and uses probing questions to move beyond the surface-level information). He/she is rational and logical in decision-making, and demonstrates critical thinking when applying current medical knowledge</p>	2.95 (.79)
<p><b>Legal, ethical and political awareness (LEP)</b>            Doctor is aware of legal duty to advocate for the child, and lobbies effectively on behalf of child. He/she demonstrates awareness and understanding of child protection issues. He/she is aware of the ethical and legal implications of actions with regard to confidentiality, informed consent, and participation in clinical trials. He/she understands the implications of government policy making.</p>	2.92 (1.05)
<p><b>Managing others (MO)</b>            Doctor provides leadership to juniors and manages / mentors them effectively. Reviews team decisions and debriefs team members after difficult cases.</p>	2.38 (.67)
<p><b>Teaching (TE)</b>            Doctor shares knowledge and skills with others and explains clearly to juniors the rationale behind actions He/she is able to prepare and effectively deliver teaching, and uses cases that provide learning opportunities for juniors.</p>	2.30 (.76)

### Appendix 2: Scoring process for non-interview assessments

<b>During the exercise</b>
<p><b>Stage 1: Observation of candidate</b> Assessors monitor both the verbal and non-verbal behaviour of one candidate.</p>
<p><b>Stage 2: Recording of candidate behaviour</b> Assessors make notes of what the candidate says and does as it happens. These are <i>factual observations</i>. Inferences are not made about what the behaviour means.</p> <p>For the simulated consultation only, a ‘tick box’ list of behavioural indicators is provided for the recording of clinical and technical knowledge, and conceptual thinking, problem-solving and decision-making. This is designed to reduce the load on assessors.</p>
<b>After the exercise</b> (Stage 3 and Stage 4 take 15-20 minutes in total)
<p><b>Stage 3: Classification of observations</b></p> <p>Assessors identify (within their recorded observations) instances (behavioural indicators) of the various competencies assessed by the exercise. Each observation is classified (e.g. a positive indicator of communication skills is allocated a code CS+).</p> <p>For each exercise, a scoring sheet is used that contains 5-7 positive, and 5-7 negative, typical behavioural indicators (identified in the pilot work) for each competency assessed by the exercise. Assessors tally the positive and negative behaviours (on the scoring sheet) that they have observed for each competency. Behaviours that do not appear in the examples are classified by considering the overall definition of the competencies. Recorded observations can be classified within more than one competency domain.</p>
<p><b>Stage 4: Evaluation of candidate performance</b></p> <p>Each competency is then given a score on a four point scale which is anchored as follows:</p> <ul style="list-style-type: none"> <li>• 4 (good to excellent) = Strong display of positive behavioural indicators. Few negative indicators displayed, and these considered minor in status</li> <li>• 3 (satisfactory) = Satisfactory display of positive behavioural indicators. Some negative indicators displayed, but not decisively</li> <li>• 2 (areas of concern) = Limited number of positive behavioural indicators displayed. Many negative indicators displayed, one or more decisively</li> <li>• 1 (poor) = Little evidence of positive behavioural indicators. Mostly negative indicators displayed, many of which decisively</li> </ul> <p>Considering the competency scores together, the assessors make a judgment on overall exercise performance. A score of 1 to 4 (on the scale above) is then given for the exercise overall, along with a brief justification of the overall score.</p>