

Joint Committee on Intercollegiate Examinations

SBA writing guidelines

Featherstone, C., and Hurst, Y. (2014), adapted from Case, S. M and Swanson, D. B. (2001) *Constructing Written Test Questions for the Basic Clinical Sciences*, NBME: Philadelphia.

Getting started

- 1) Identify an area of the blueprint which is in need of more questions or the area of the blueprint which you have been allocated.
- 2) Identify the topic area and the level of thinking you want to test, and write a question around this which mimics tasks that successful candidates must be able to undertake at the next stage of training. Ideally, questions should be pitched at the level of integration/interpretation (questions which require “putting the pieces together”) and problem solving (questions which require “clinical judgement”), not simple recall (questions which can be answered with a Google search).

Example recall questions, to avoid:

- What are the symptoms of X?
- Which of the following is a contraindication of X?
- What is the name/definition of this procedure?
- Which of the following is correct?

Example higher order (“putting the pieces together” and “clinical judgement”) questions:

- In this procedure, which structure is most at risk in this patient?
 - What is the most likely diagnosis?
 - What is the most useful investigation to carry out at this stage?
 - What is the most appropriate first step in the management of this patient?
- 3) Construct the stem. This should present a single, clearly formulated problem, possibly in the form of a patient vignette. The stem should contain enough information to allow candidates to answer without referring to the options. Patient vignettes may include any subset of the following information:
 - a. The patient (age, gender), the presenting complaint and its duration; any other relevant information a competent day one consultant would typically need to piece together to determine the best course of action.
 - b. Relevant details of the patient’s history, possibly including details of family history
 - c. Relevant physical findings, results of diagnostic studies, initial treatment, subsequent findings, images...
 - 4) Construct the lead-in in such a way that it builds on the information in the stem and poses a clear question. Candidates should be able to answer without looking at the options, and should not be able to answer if the information in the stem is masked.

- 5) Write the options. These should be of similar length, along a continuum, grammatically consistent and logically compatible. If appropriate, order the options in a logical order (e.g. numeric, alphabetical, or anatomical). All the distractors must be plausible (think of the educational impact of suggesting that something potentially dangerous is plausible but not the best answer!).

Reviewing the item

- 1) Does it focus on important problems relevant to clinical practice?
- 2) Can it be answered without looking at the options?
- 3) Are all the relevant facts included in the stem?
- 4) Can it be read and answered within approximately one minute?
- 5) Are all the options plausible, with one of them standing out as being the best option?
- 6) Does the question successfully avoid the pitfalls listed in the Question Writing Checklist?

Typical SBA layout

Blueprint code and level (integration/interpretation, problem solving)
Stem and image if relevant
Lead in
Options (all on a continuum, all plausible to some extent)
A. B. C. D. E.
Justification for correct answer