Evaluation Questions

Whether it is a mock interview with a Career Advisor, a friend or the actual interview with the medical school, it is a good idea to evaluate your performance. These questions will help guide you in perfecting your interviewing skills as well as increase your confidence level.

- Did I come across effectively?
- Where did I flounder and become excessively talkative?
- Did I keep my cool after a blunder?
- Was there some basic information I should have known, but didn’t?
- Were my prepared answers effective?
- Did I sell myself, especially my assets, adequately?
- Did I establish a good rapport and behave in a well-mannered way?
- Did I seem to show the appropriate interest in the school?
- Was I able to slip in information that I wanted the interviewer to know about me?
- What would I have done differently?

During your evaluation, keep in mind these interviewer turn-offs:

- Applicant is caught lying.
- Applicant is rude, impolite and lacks sincerity.
- Applicant is evasive or tries to bluff during the interview.
- Applicant is unable to concentrate.
- Applicant displays a lack of initiative.
- Applicant lacks ability to make decisions.
- Applicant has an arrogant, "know-it-all" attitude.
- Applicant tries to use pull to obtain admission.
- Applicant has poor personal appearance.
- Applicant is unable to express himself/herself clearly.
- Applicant lacks confidence and poise.
- Applicant shows a lack of tact; seems immature.
- Applicant condemns past employer.
- Applicant does not look the interviewer in the eyes.
- Applicant has a limp, fishy handshake.
- Applicant shows little sense of humor.
- Applicant lacks knowledge about the field.
- Applicant gives vague responses to many questions.
- Applicant makes excuses for failures and weaknesses.

Also take note of some of the areas they are assessing you in:

- Verbal and non-verbal communication skills.
- Level of maturity, empathy, integrity, and intelligence.
- Continuum of interest in medicine and community involvement.
SAMPLE Q/A:

One common question is “why do you want to be a doctor?”

The admission committee knows that you have a preplanned answer for this question. Even if you don’t, after a few interviews, you will have developed your own unique answer. You should think about what a good physician possesses; i.e., he needs to be intelligent, compassionate, hard working, etc.

In formulating your answer, include some of these qualities as qualities which you possess and like to put to good use by being a physician. For example, my response was “I like the intellectual challenge of being a physician. I have always looked forward to a career that would allow me to make a difference in other people’s lives.” This answer incorporates compassion and desire to help with your search for an intellectually fulfilling career.

 Spend some time in developing your answer to this as a poorly stated answer can really demote you in the ranks.

Other questions within the same category would include:

1. Did anyone you know influence your choice of career?
2. Do you have family members who are doctors? What do they think of the field? How has their lives changed over the past few years with the changes in medicine? Do you want to follow in their footsteps? (be careful with this one. This question may be a disguised way to ask you “what specialty you are interested in?” In answering this type of questions, you should keep in mind that many medical schools are having a push towards primary care. This does not mean that you should be dishonest and lie about what you want to do. Always say the truth. If you are uncertain about what you will want to do, say the truth: I am not certain which field of medicine I will be best suited for; I hope to find the answer during my clinical rotations!)
3. Which field of medicine are you interested in? Again, keep in mind that many schools have been pressured into graduating more students interested in primary care specialties!
4. What kind of experiences do you have in the medical field? This is an excellent opportunity to discuss some of the strong points in your application. Keep in mind that some interviewers do not have time to read all of your submitted information (but some will read everything in detail and will ask you questions to double check some of your statements!)
5. Where do you plan to practice? If you are a foreign student, stating that you want to return to your country will unquestionably count against you. The state/federal government (depending on the school you are applying to) is partly funding your medical education. Certain programs will prefer to train physicians who will work in the undeserved areas of the country.
6. What are your goals in medicine? Answer this one in a similar fashion to why you want to be a doctor.
7. Where do you see yourself in 15 years? (what specialty will you be in/ where do you plan to practice) are all the same questions!
8. Why did you apply to our school?

This is when having done all the reading and research about the school becomes very handy. Discuss the excellent research programs, their early clinical training, the pass fail system, etc.

Similar questions would include:

1. Would you go to our program if I gave you an acceptance letter now? -- You need to be both enthusiastic as well as practical in answering this question. My approach would probably be to say that I love their program. However, I can not make a final decision until I have completed all my interviews. I have shown my interest in their program; I have also shown a practical approach in dealing with difficult issues. I am not rushing into making such a significant decision in my life.

2. Why should we choose you? Discuss your strengths. Relate your strengths to those of the program. -- I love doing research. I was involved with qtl analysis of osteosarcomas, and I can see that your institution is interested in genetics of cancer development.

3. What other programs have you applied to? Why? Would you prefer to stay on the East or West Coast? -- list the programs for them. Usually they are trying to see if you are practical enough to have applied to back up programs in case you fail to enter an elite program.

4. You have lived in Hawaii for the past 20 years; why would you consider moving to NY now for medical school?

5. Our school is now looking for a new dean (a new hospital or any other issues with an uncertain future). Does that concern you? Why? Why not?

6. What other interests do you have?

7. Like answering all other questions, you want to be concise and specific. Discuss two or three hobbies; you may want to ask the interviewer about his hobbies. Be prepared to defend yourself if you are asked about your time commitment to these hobbies vs. your studies! Always keep in mind that your studies come first.

8. Do you plan to continue your hobbies through medical school?

9. If you had one day to do anything, what would you do?

10. What was the last book you read? What did you think about it? Would you recommend that I read it? The last movie you saw? What did you think of it?

11. What was the last medical book that you read/studied? If you have not studied one, don’t lie. But usually, everyone has looked at medical books when someone in the family has been sick. One good book that I had used in undergrad was the Merck manual which discusses most common illnesses.

12. Which classes did you enjoy most? Why? -- talk with great enthusiasm when you are talking about things you like in general. Make sure that your enthusiasm is at its highest when you talk about medicine!

13. How would your friends describe your personality? -- AKA, what are your strengths?

14. If you were stranded in an island, what three books would you want to have with you and why? -- think of practical books or possibly spiritual ones. You want to maximize your chance of survival in the island. For example, would you want to know which plants were poisonous?

15. What are your strengths and weaknesses? What would you change about yourself?

16. Is there something about you that would make it difficult to get along with you? What type of people do you get along with well? -- good physicians have to be able to work
with all types of personalities throughout their training. As residents, you need to depend on other residents to get many tasks accomplished. As surgeons, you depend on your scrub nurse and assistants. In general, you like to convey that you get along with most people well. To show that you are hardworking (hopefully one of your pre-planned strong points), you may discuss that working with people that do not give their best effort may be difficult. You should, however, add that you have been successful in working with these types of people (by putting forth more effort on your side)! This is what I honestly felt when I was asked this question; think of something similar for yourself.

17. Describe the most exciting (scary, unusual, etc.) event of your life?

18. What do you think will be the most difficult aspect of medical school? --don’t come up with multiple answers which would convince the interviewer that you would have a tough time in medical school. State the obvious like the need for increased studying; you may want to add that you can handle this sudden increase in your workload based on some previous quarter or semester in which you took 5000 units, etc!

19. Why did you do so poorly in bio 191? --this is a good opportunity to defend or explain bad grades, etc. Use it to your advantage; think about what you will discuss very carefully. You may even want to bring up this subject when you are asked “do you have any more questions?”.

20. Imagine that you find a lamp that gives you three wishes? What would they be?

21. What qualities would you look for in a doctor? --think of all your strength and stress the importance of possessing them as a doctor! You need to remind the interviewer that you possess all these strengths.

22. What qualities would you look for in your patients?

23. If you could be any animal/body organ/cell, what would you be and why?

24. Who do you admire the most in your life? If you could chose one figure in history to have dinner with, who would it be? --family members (like your dad) would be an easy way to go. Describing his good qualities and comparing them to your own qualities is yet another opportunity to sell yourself. Use these opportunities as the interviewer may not ask you about your strengths and weaknesses.

25. Have you always put forth your best effort in every situation? --you need to balance being modest with guaranteeing that you will do your best at all times in medical school.

26. Tell me about something that you know a lot about? --this could be a hobby or anything you feel like you are an expert in. You can discuss making a web page for children with cerebral palsy. Don’t forget that you want to be concise. Talk for a few minutes and pause to see the interviewer’s reaction (this holds true for all the answers!)

If you find that the professor with whom you have done research has changed some of the data before publication, what would you do?

These are the infamous ethical questions that you will undoubtedly be asked in some form or other. Always do the right thing and not the politically correct thing. And, always, keep in mind that you are obligated to do no harm to the patient.

In this example, you must ensure that fraudulent data does not get published. Falsified data may support the wrong conclusions which can hurt the health of many people. You may want to
discuss the matter with your professor to ensure that an honest mistake has not occurred (some-
how, computer data being changed, lost, etc.). If you have no luck persuading you professor to 
change the data back, you may want to speak to the chairman or dean, etc. Don't let the data get 
published!

1. What would you do if you saw a fellow med student cheating on an exam?--Keep in mind, 
the patient health comes first! --I was shocked to see this actually happen in our class. You 
need to ensure that this does not happen again; maybe talk to the student or some higher 
authority.
2. What are your thoughts on abortion? Euthanasia?
3. How would you tell your patient that he has cancer? --this is one of the most difficult as-
pects of bedside manners. You need to show your compassionate side with this question.
4. If you are held up at gunpoint with you wife (mom, etc.), What would you do?
5. What do you think of affirmative action?
6. Would you get out of you car in a highway to help an accident victim? Exactly what would 
you do? --you may want to call 911 immediately and get out and help as much as you can 
subsequently! Don't forget to be practical. If you get out to help and never call 911, your 
presence may be a complete waste unless you can perform trauma surgery!
7. If an Aids patient were bleeding profusely from a laceration, what would you do? What if 
you do not have gloves? What if you have an open sore on your hands? This was probably 
the most difficult question that I was asked during my interviews. You need to balance 
your obligation to the public vs. to yourself!

What is the most difficult issue facing the medical community? How about doctors in general? 
Your reading of the newspapers keeps you up to date with the current issues in medicine. You 
should feel comfortable discussing the health cost and access issues that have been raised. Try to 
list the different possible scenarios for the future of medicine.

1. What do you think of herbal/alternative medicine? Should people choose them over 
traditional medicine? What would you do if a family member decides to solely depend on 
alternative medicine for his treatment of a significant illness (cancer, etc.)?
2. What are your thoughts on Medicare reform? Capitation, HMO's, PPO's, etc.?
3. How would you improve our preventive care settings?
4. How would you improve access to care in this country?
5. Do you feel that the government should be involved with mandating insurance? Subsidiz-
ing insurance?
6. How would you control the cost of healthcare? --hay, nobody has figured that one out yet. 
Don't pretend like you know all the answers. Think of some plausible responses and be 
concise and specific. State that your answer is only one of many possibilities.
7. Do you think doctors are getting paid too much? Too little? Do you think that decreas-
ing the salaries of physicians can solve our healthcare cost issues? How about socialized 
medicine?
8. What do you think of the doctor shortage/oversupply in different areas? How would you 
improve this situation?
9. Why do you think the number of applicants has been growing every year despite the
problems we face in medicine?

What would you do if you do not get into medical school this year?

You need to convey that you will not give up. You will find out how you can improve your application and apply again. You may want to do an extra year of research, get your master or Ph.D. degrees, etc.

Taken from: http://medplaza.com/premed/index.php3
The Interview: Questions and Answers

Sample Questions:
There are an infinite number of questions and many different categories of questions. Different medical schools will emphasize different categories of questions. Arbitrarily, ten categories of questions can be defined: ambiguous, medically related, academic, social, stress-type, problem situations, personality oriented, based on autobiographical material, miscellaneous, and ending questions. We will examine each category in terms of sample questions and general comments.

Ambiguous Questions:
- Tell me about yourself.
- How do you want me to remember you?
- What are your goals?
- There are hundreds if not thousands of applicants, why should we choose you?
- Convince me that you would make a good doctor.
- Why do you want to study medicine?

COMMENTS: These questions present nightmares for the unprepared student who walks into the interview room and is immediately asked: “Tell me about yourself.” Where do you start? If you are prepared as previously discussed, you will be able to take control of the interview by highlighting your qualities or objectives in an informative and interesting manner.

Medically Related Questions:
- What are the pros and cons to our health-care system?
- If you had the power, what changes would you make to our health-care system?
- What is your opinion of HMOs and PPOs?
- Do doctors make too much money?
- Is it ethical for doctors to strike?
- What is the Hippocratic Oath?
- What is the difference between Medicare and Medicaid?
- Should fetal tissue be used to treat disease (i.e. Parkinson’s)?
- If you were a doctor and an under age girl asked you for the Pill (or an abortion) and she did not want to tell her parents, what would you do?
- Should doctors be allowed to ‘pull the plug’ on terminally ill patients?
- If a patient is dying from a bleed, would you transfuse blood if you knew they would not approve (i.e. Jehovah Witness)?

COMMENTS: The health-care system, euthanasia, abortion, human cloning and other ethical issues are very popular topics in this era of technological advances, skyrocketing health-care costs, and ethical uncertainty. You should be up-to-date regarding changes in the province where you are being interviewed. All too often the general public is better informed regarding health-care than the medical school applicant! A well-informed opinion can set you apart from most of the other interviewees.

Questions Related to Academics:
- Why did you choose your present course of studies?
- What is your favorite subject in your present course of studies? Why?
Would you consider a career in your present course of studies?
• Can you convince me that you can cope with the workload in medical school?
• How do you study/prepare for exams?
• Do you engage in self-directed learning?

COMMENTS: Medical schools like to see applicants who are well-disciplined, committed to medicine as a career, and who exhibit self-directed learning (i.e. such a level of desire for knowledge that the student may seek to study information independent of any organized infrastructure). Beware of any glitches in your academic record. You may be asked to give reasons for any grades they may deem substandard. On the other hand, you should volunteer any information regarding academic achievement (i.e. prizes, awards, scholarships, particularly high grades in one subject or the other, etc.).

Questions Related to Social Skills or Interests:
• Give evidence that you relate well with others.
• Give an example of a leadership role you have assumed.
• Have you done any volunteer work?
• What would you do as Prime Minister of Canada with respect to the persistent national debt?
• How would you address Canada's constitutional crisis?
• What are the prospects for a lasting peace in South Africa? Eastern Europe? the former USSR? the Middle-East?
• What do you think of the free-trade agreement between Canada, the United States and Mexico?

COMMENTS: Questions concerning social skills should be simple for the prepared student. If you are asked a question that you cannot answer, say so. If you pretend to know something about a topic in which you are completely uninformed, you will make a bad situation worse.

Stress-Type Questions:
• How do you handle stress?
• What was the most stressful event in your life? How did you handle it?
• The night before your final exam, your father has a heart-attack and is admitted to a hospital, what do you do?

COMMENTS: The ideal physician has positive coping methods to deal with the inevitable stressors of a medical practice. Stress-type questions are a legitimate means of determining if you possess the raw material necessary to cope with medical school and medicine as a career. Some interviewers go one step further. They may decide to introduce stress into the interview and see how you handle it. For example, they may decide to ask you a confrontational question or try to back you into a corner (i.e. You do not know anything about medicine, do you?). Alternatively, the interviewer might use silence to introduce stress into the interview. If you have completely and confidently answered a question and silence falls in the room, do not retract previous statements, murmur, or fidget. Simply wait for the next question. If the silence becomes unbearable, you may consider asking an intelligent question (i.e. a specific question regarding their curriculum).

Questions on Problem Situations:
• A 68 year-old married woman has a newly discovered cancer. Her life expectancy is 6 months.
How would you inform her?

- A 34 year-old man presents with AIDS and tells you, as his physician, that he does not want to tell his wife. What would you do?
- You are playing tennis with your best friend and the ball hits your friend in the eye. What do you do?

COMMENTS: As for the other questions, listen carefully and take your time to consider the best possible response. Keep in mind that the ideal physician is not only knowledgeable, but is also compassionate, empathetic, and is objective enough to understand both sides of a dilemma. Be sure such qualities are clearly demonstrated.

**Personality-Oriented Questions:**

- If you could change one thing about yourself, what would it be?
- How would your friends describe you?
- What do you do with your spare time?
- What is the most important event that has occurred to you in the last five years?
- If you had three magical wishes, what would they be?
- What would you do on a perfect day?
- What are your best attributes?

COMMENTS: Of course, most questions will assess your personality to one degree or the other. However, these questions are quite direct in their approach. Forewarned is forearmed!

**Questions Based on Autobiographical Materials:**

COMMENTS: Any autobiographical materials you may have provided to the medical schools is fair game for questioning. You may be asked to discuss or elaborate on any point the interviewer may feel is interesting or questionable.

**Miscellaneous Questions:**

- Should the federal government reinstate the death penalty? Explain.
- What do you expect to be doing 10 years from now?
- How would you attract physicians to rural areas?
- Why do you want to attend our medical school?
- What other medical schools have you applied to?
- Have you prepared for this interview?
- Have you been to other interviews?

COMMENTS: You will do fine in this grab-bag category as long as you stick to the strategies previously iterated.

**Concluding Questions:**

- What would you do if you were not accepted to a medical school?
- How do you think you did in this interview?
- Do you have any questions?

COMMENTS: The only thing more important than a good first impression is a good finish in
order to leave a positive lasting impression. They are looking for students who are so committed to medicine that they will not only re-apply to medical school if not accepted, but they would also strive to improve on those aspects of their application which prevented them from being accepted in the first attempt. All these questions should be answered with a quiet confidence. If you are given an opportunity to ask questions, though you should not flaunt your knowledge, you should establish that you are well-informed. For example: “I have read that you have changed your curriculum to a more patient-oriented and self-directed learning approach. I was wondering how the medical students are getting along with these new changes.” Be sure, however, not to ask a question unless you are genuinely interested in the answer.

Answering the Questions:

The questions may be seemingly simple. The answers, however, can be a fantastic exercise in clearly demonstrating your commitment to medicine or they could be vague responses drowning in ambiguity. Within seconds of your first response an impression begins to form. At the end of the interview, usually 20 to 45 minutes long, an evaluation will be written that will have a critical impact on your future. For this reason, a couple of points need to be re-emphasized.

There are always two ways that a question is answered in an interview: one is your manner, the other is your words. Consider your manner. Compare one person who speaks in a continuous monotone with few facial expressions while others have multiple inflections when the words leave their lips and begin to smile spontaneously as they describe some aspect of medicine that fascinates them. One student may be viewed as unmotivated while others may seem enthusiastic about medicine.

Manner is also displayed in many other ways including eye contact. Adequate eye contact (not staring!) is often viewed in two important ways for a future doctor: confidence and sincerity. Conversely, shifting one’s eyes or looking away from the interviewer while answering a critical question may be seen as unsureness or worse _ insincerity. Imagine, all this information that can be derived about your manner alone!

Now let us focus on the content of the answer. Your answer should be clear, to the point and preferably interesting! Begin by listing in your mind the reasons, experiences, anecdotes or analogies that clearly illustrate your interest in medicine. You must be organized and concise. Remember: this is not an interview for McDonald’s! The entire medical school interview centers upon one question: what kind of doctor would you be?

Some students hold back what they want to say for fear that their answer will sound too sappy! This is supremely ridiculous! If you are being honest, your manner will confirm the sincerity with which you speak.

It is also important to remember that an interviewer will more likely recall a specific example rather than some generalized or ambiguous statement that any student might make.
Sample Answers: The Good, the Bad and the Ugly

For the proper context it is important to have fully read the two interview chapters. Since there are an infinite number of good, bad and ugly ways to answer a question, do not take the details too seriously. Instead see what you can learn from these specific sample answers which are labelled good (I), bad (II), or ugly (III).

Q: Tell me about yourself. [Interviewer blinded to grades]
I: [pause; total answer less than 4 minutes]

My friends call me Jimmy the Greek. The odd thing is that I'm not Greek! They've been calling me that since high-school when we were taught about the Greek scientist Archimedes. After he had discovered buoyancy for his king, he ran through the streets of Syracuse butt-naked screaming “Eureka, eureka!”, which means “I found it”. Certainly my friends do not think of me as the type to run around naked (!), but rather being enthralled by what you do - that’s who I am.

... academic, creative, social ...

From an academic standpoint, I have always worked hard at school primarily because I love to learn. I won an entrance scholarship to Simon Fraser University and after a period of adjustment to university life, I was able to give my energies to my craft, and be honored by receiving two more academic awards over the last two years and being placed on the Dean's list. I am in my last year of an honors program in Life Sciences.

I definitely have a creative side. I think it’s partly due to the years of classical piano lessons. I learned jazz piano on my own, and I recently had the honour to play with Oscar Peterson at a benefit for cystic fibrosis. I have also developed creative skills while tutoring, which I thoroughly enjoy, and during research. I was fortunate to be awarded 2 summer research scholarships during my undergraduate studies to investigate something called apoptosis, which is a programmed cell death important in most forms of cancer. Since this is a relatively new concept, we have had to design new techniques - one of which I had written up and was accepted by the journal Science for publication.

The potential for a treatment for cancer is very exciting.

My social side I express in many ways including with my family, friends and the French and Spanish clubs I've joined at school. I also play many team sports such as basketball, volleyball and hockey. My greatest experiences from a social perspective have come from my volunteer activities. Having volunteered at St. Paul's and the Children's hospital, I have opened a whole new world of possibilities in my personal growth. I learned to listen to the sick, to hold hands with the elderly, and even to cry with children who saw no hope. I always did my best to comfort.

It has been said that a doctor may cure sometimes, diagnose often, but comfort always. I am excited about entering a profession where you can learn, research, teach, and above all, interact in a most human way with those in need. That is why I am convinced that medicine
is the right career choice for me.

II: {no pause}

Dr. Robinson is the main reason I want to be a doctor. When I was 10 I broke my leg and he was my doctor. He was really kind and he always had time to listen to my silly complaints. He went to practice in the States though, but I still remember him as . . .

[Interviewer: “This is not an interview for Dr. Robinson. Could you please spend some time talking about yourself?”]

Sorry, it’s just that . . . OK . . . I’ve done a lot of volunteer work, like in the PACU of the VGH and the ER of CHEO, I also have good self-directed learning skills, I’m a good listener, I have leadership skills, I’m good at problem solving. I know these are important to be a good doctor . . . and that’s it.

III: {no pause}

Umm, exactly what do you want to know?

[Interviewer: “Just tell me about yourself.”]

Umm, I wouldn’t know where to start, maybe if you can ask a more specific question.

Q: An eighteen year-old female arrives in the emergency room with a profound nose bleed. You are the physician and you have stopped the bleeding. She is now in a coma from blood loss and will die without a transfusion. A nurse finds a recent signed card from the Jehovah’s Witness in the patient’s purse refusing blood transfusions under any circumstance. What would you do?

I: {pause}

The courts have recently ruled on this issue saying that a patient has the legal right to refuse treatment, even a life-saving transfusion. As a physician, I would have entered medicine with a purpose - to preserve life. As difficult a decision as it would be for me, I would elect not to transfuse. The legal aspect would not influence my decision as much as the reason for the law. We live in a multicultural society based on mutual respect. I may not agree with the Sikh who wears a turban into battle, but an adult knows the risks and then balances these with their culture, experiences, and so on. That is their right. I entirely disagree with the idea of refusing a life-saving blood transfusion, all the more painful my decision would be; but on some other day, I will again celebrate the many fascinating differences we have as Americans.

II: There’s no way I would transfuse. She’s an adult, it’s against the law.

III: I’d give the blood. She’s gotta be crazy to believe in that stuff anyways.

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WHAT IS THE MMI (MULTIPLE MINI INTERVIEW)?
The multiple mini interview (MMI) is a series of short, structured interviews used to assess personal traits/qualities. Each mini interview provides a candidate with two minutes to read a question/scenario and mentally prepare before entering the interview room. Upon entering, the candidate has eight minutes of dialogue with one interviewer/assessor (or, in some cases, a third party as the interviewer/assessor observes). At the conclusion of the interview, the interviewer/assessor uses the next two-minute period to evaluate while the candidate moves to the next scenario. This pattern is repeated through a circuit of 10 – 12 stations, taking 100 – 120 minutes. The MMI was derived from the well-known OSCE (objective structured clinical examination) used by most undergraduate medical programs to assess a student’s application of clinical skills and knowledge (Eva et al. 2004a). Note: The MMI differs from the OSCE in that the MMI is neither clinical nor objective.

WHY IS THE TRADITIONAL PANEL-STYLE INTERVIEW BEING REPLACED WITH THE MMI?
The MMI has numerous strengths which led to the College of Medicine adopting it as a tool for selecting students.

- The MMI allows multiple samples of insight into a candidate's abilities.
- The MMI dilutes the effect of chance and examiner bias.
- MMI stations can be structured so that all candidates respond to the same questions and interviewers receive background information a priori.
- MMI stations can be designed with a great deal of flexibility to select students with the personal attributes desired by the medical college.
- Candidates can feel confident they will be given a chance to recover from a disastrous station by moving to a new, independent reviewer.
- The MMI has been found to better predict pre-clerkship OSCE performance than assessment of non-academic traits by autobiographical submissions, the standard panel interview, or simulated tutorial (Eva et al., 2004b).

WHAT ARE THE PERSONAL ATTRIBUTES TYPICALLY FOCUSED ON IN THE MMI STATIONS?
Personal attributes such as communication skills and maturity will be assessed at all MMI stations. Station scenarios may be structured to specifically judge a candidate’s ethical and critical decision-making abilities, knowledge of the health-care system, understanding of health determinants in a local or global context, commitment to helping others, non-academic achievements, or desire for studying medicine. A sample of MMI scenarios used by McMaster University is included in the article “An admissions OSCE: the multiple mini interview” (Eva et al. 2004a).

ARE OTHER MEDICAL SCHOOLS USING THE MMI AS A SELECTION TOOL?
The MMI was developed at McMaster University, where it was first assessed in parallel with the panel interview in 2003. The McMaster Medical School has been using the MMI in selecting students since the incoming class of 2004. Other Canadian medical colleges/schools that have used the MMI include the Northern Ontario School of Medicine (NOSM) as of its inaugural class in 2005, the University of Calgary for selecting students in 2006, and the University of Manitoba which ran the MMI in parallel to the panel interview in 2006. Lastly, a number of international medical schools adopted the MMI in 2006 or are considering adopting the MMI in 2007.
LITERATURE:
HI REITER & KW EVA (2005). Reflecting the relative values of community, faculty, and students in the admissions tools of medical school. Teach Learn Med 17(1):4-8.
What is MMI?
In an MMI, applicants will complete a two-hour circuit of ten, 10-minute mini-interview stations, rotating from station to station. The MMI is similar to an objective structured clinical examination (OSCE) used by medical schools and certifying bodies except that it is not ‘clinical’. At each station, candidates will be presented with a ‘scenario’ or question. They will then respond to a series of questions before proceeding to the next stations.

What might I see in an MMI scenario?
As in any examination process, the actual scenarios will remain confidential. However, examples of scenarios can be found in Eva KW, et al. (2004)

(1) Placebo (Ethical Decision Making)
Dr. Cheung recommends homeopathic medicines to his patients. There is no scientific evidence or widely accepted theory to suggest that homeopathic medicines work, and Dr. Cheung doesn’t believe them to. He recommends homeopathic medicine to people with mild and non-specific symptoms such as fatigue, headaches and muscle aches, because he believes that it will do no harm, but will give them reassurance. Consider the ethical problems that Dr. Cheung’s behavior might pose. Discuss these issues with the interviewer.

(2) Standard Interview Question
Why do you want to be a physician? Discuss this question with the interviewer.

(3) Parking Garage (Communication Skills)
The parking garage at your place of work has assigned parking spots. On leaving your spot, you are observed by the garage attendant as you back into a neighboring car, a BMW, knocking out its left front headlight and denting the left front fender. The garage attendant gives you the name and office number of the owner of the neighboring car, telling you that he is calling ahead to the car owner, Tim. The garage attendant tells you that Tim is expecting your visit. Enter Tim’s office.

What will an MMI station assess?
During the last two years, considerable time and attention has been paid to determining the non-cognitive characteristics of the students we believe will make good physicians (attached). This has been accepted by Faculty Council. Similarly, the philosophy, goals and objectives of our school have been reviewed. The MMI stations are aligned with this work. The stations will assess characteristics like reliability, responsibility, collegiality, self-directedness, compassion, willingness to work hard, teamwork, altruism etc. that we have established are important. (See appendices 1 and 2)

What are the problems with the traditional interview?
We know from educational research conducted at the University of Calgary and elsewhere that the ‘score’ received by applicants on the traditional interview can be influenced by the biases, expectations and perspectives of the interviewers. For example, Harasym et al. (1 996) demonstrated that interviewer variability accounted for 56% of the total variance in interview ratings. Similarly, we know from examination data, that our most reliable data on student performance is achieved through multiple assessments by multiple assessors. In part, this is due to the fact that
'good' performance in one domain (e.g., communication skills) does not predict 'good' performance in another domain (e.g., knowledge of the cardiovascular system). It is also due to the fact that more examiners provide fewer idiosyncrasies in the assessment process than provided by one or two assessors. These types of studies have led to the OSCE being adopted as the examination of choice when measuring clinical competence.

**What is the evidence for the MMI?**

McMaster University has been using the MMI instead of the traditional interview for selection since 2004. In 2003, they ran a parallel process in which volunteers participated in both the MMI and a traditional interview. This has given them a cohort of 45 students who were admitted to medical school and have completed the MCC, Part I examination. They have studied the MMI systematically and carefully during this period and provide these data about the MMI.

**Reliability**

r = .69 - .79 through several iterations at McMaster for admissions to UGME as well as when used to assess candidates for internal medicine and ER residency programs.

**Validity**

Male/female: no differences found in performance

Time of day: no difference based on time of day

- MNII & school OSCE r = .28
- MMI and clerkship ratings r = .58
- MMI & Medical Council of Canada Part I (multiple choice exam) r = .05 [NB, Grade point average does correlate with MCQ]
- MMI & MCC Part I (CLEO) r = .33

**Acceptability**

Candidate and examiner feedback are generally positive. The new Northern Ontario School of Medicine used the MMI in its selection process for its inaugural class (2005). MMI is being used in 2006 or planned for 2007 in Jerusalem, Brunei, Michigan (Ann Arbor), Australia, Northern Ontario, Calgary, and McMaster. It will be used in parallel with the traditional interview at the University of Manitoba in 2006.

**Feasibility**

McMaster reduced the rater hours required from their interviews in which 3 people interviewed each candidate for 1 hour to the equivalent to 2 persons for one hour. In 2005, they were able to assess over 700 candidates (of 4000 applicants) during a 4 day period.