MULTIPLE MINI INTERVIEW (MMI)

WINNING STRATEGIES FROM ADMISSIONS FACULTY

SAMIR P. DESAI MD

FROM THE AUTHOR OF THE SUCCESSFUL MATCH

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Dedication

To Ravi and Anna

For each book sold, two books will be donated to organizations supporting literacy.

ABOUT THE AUTHOR

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Dr. Samir Desai serves on the faculty of the Baylor College of Medicine in the Department of Medicine where he is actively involved in medical student and resident education. He is a member of the Clerkship Directors in Internal Medicine, and the recipient of multiple teaching awards. He is an author and editor, having written sixteen books that together have sold over 200,000 copies worldwide.

He is the co-author of the *Medical School Interview: Winning Strategies from Admissions Faculty*, a highly acclaimed book that has helped thousands of applicants deliver a compelling and powerful interview performance. His book *Success in Medical School: Insider Advice for the Preclinical Years* provides preclinical students with detailed knowledge and guidance to excel and position themselves for match success later in medical school. To help students lower the cost of attending medical school and position themselves for residency match success, he wrote the book *Medical School Scholarships, Grants, & Awards*.

Several years ago, he co-authored *The Successful Match: 200 Rules to Succeed in the Residency Match*, a well-regarded book that has helped thousands of residency applicants match successfully. He is also the co-author of *Success on the Wards: 250 Rules for Clerkship Success*. This book has helped students make the difficult transition from the preclinical to clinical years of medical school. *Success on the Wards* is a required or recommended resource at many U.S. medical schools, providing proven strategies for success in patient care, write-ups, rounds, and other vital areas.

As a faculty member, he has served on the medical school admissions and residency selection committees. His commitment to helping premedical and medical students reach their professional goals led him to develop the website TheSuccessfulMatch.com. The website's mission is to provide medical school and residency applicants with a better understanding of the selection process. Applicants interested in partnering with Dr. Desai to elevate their interview performance can learn more about his medical school mock interview service at TheSuccessfulMatch.com.

After completing his residency training in Internal Medicine at Northwestern University in Chicago, Dr. Desai had the opportunity to serve as chief medical resident. He received his M.D. degree from Wayne State University School of Medicine in Detroit, Michigan, graduating first in his class.

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Visit Us at TheSuccessfulMatch.com for more MMI examples and expert interview techniques.

Don't forget about our book for the traditional medical school interview: Medical School Interview: Winning Strategies from Admissions Faculty

CONTENTS

Chapter 1

Introduction

"Finally!" The patient, visibly frustrated, continued loudly with his complaint. "I'm in so much pain. That last nurse did nothing for me. I kept calling for her, and it took an eternity for her to come. That went on all night long. I couldn't sleep. I couldn't rest. It's like she was watching TV or something. I hope you can do better."

This is the type of exchange that could occur in any hospital. However, this particular encounter took place, not in a hospital, but during a medical school interview.

Playing the role of nurse was Sarah, a 25-year-old applicant who had desperately wanted to become a physician ever since childhood. Her chances of success hinged on her ability to interact effectively with an actor playing the role of an angry patient.

Early in college, Sarah had suffered from a variety of symptoms that left her weak and tired. Multiple visits to specialist after specialist failed to yield a diagnosis, and Sarah's grades suffered. One year later, with diagnosis finally in hand, she was appropriately treated and made a full recovery. By that time, however, the damage had been done and her GPA had plummeted.

Determined to reach her professional dreams, Sarah persisted and excelled in her remaining courses. Hopeful that medical schools would understand her situation, she applied as a college senior. She failed to receive even a single interview. After meeting with an advisor, it was clear that her biggest obstacle was a low GPA.

Following graduation, she enrolled in a two-year post-baccalaureate program. Several months into this new program, she applied again to medical school. Sadly, the outcome was the same. Although initially shaken, she persevered and maintained a 4.0 GPA.

In the fall of her second year as a post-baccalaureate student, she opened an email. "Thank you for applying to…After careful review of your application materials, our admissions committee would like to invite you for an interview…" It was her third attempt, and she was elated to see that her hard work and determination had finally paid

dividends. Now all that remained between her and a seat in medical school was the admissions interview.

At this particular school, a relatively new and innovative interview technique, known as the multiple mini interview (MMI), was in place. To understand why, it helps to trace the origins of the MMI. In 2001, on the west end of Lake Ontario, in an area known as the Golden Horseshoe, a small group of medical school educators at the Michael G. DeGroote School of Medicine at McMaster University initiated an interesting pilot project. Eighteen graduate students were recruited to act as "medical school candidates." These students were asked to participate in a series of brief interviews. Each interview station was designed to measure a certain non-cognitive quality or skill deemed important in future doctors. Interviewees interacted with a different interviewer or rater at each station.

Promising results led to a larger, more robust study in 2002, this time with real medical school candidates. As the data was analyzed, it became clear that the educators were on to something big. The new interview technique showed high overall test reliability.[1] Subsequent research demonstrated that it was superior to the traditional interview as a predictor of medical school clinical performance.[2]

Just two years later, in 2004, McMaster University introduced the MMI to the world of medical school admissions. Since then, the MMI has been adopted by numerous medical schools. Its reach has expanded beyond medical schools to include veterinary, dentistry, and pharmacy schools. In 2008, the University of Cincinnati College of Medicine became the first medical school in the United States to adopt this new interview technique. Since then, interest in MMI has exploded among allopathic and osteopathic medical schools. At the time of this book's writing, over 30 U.S. medical schools utilized the MMI in the admissions process.

For medical school applicants, the MMI's arrival represented a major change in the medical school admissions process. Change, especially in the high stakes world of admissions, often causes great anxiety for students, parents, and advisors, and the MMI was no exception. For years, medical schools had utilized the traditional interview format, a one-on-one or panel-based interview experience where applicants answered questions, such as "Tell me about yourself" and "Why do you want to be a doctor?"

Many students spent months preparing for the traditional interview, and there was a plethora of books available to help guide preparation. There were also numerous advisors skilled in mock interviewing. With enough practice and the right guidance, students could feel confident in their interview skills.

With the arrival of the MMI, everything changed. To maintain validity and objectivity, medical schools began requiring interviewees to sign forms preventing release of MMI information to others. On discussion forums, medical students who had taken part in MMIs were relegated to delivering generic advice such as "Be yourself and try to enjoy it."

Advisors and applicants turned to the Internet for more specific information. At the websites of those schools utilizing the MMI format, little could be found beyond basic information about its structure and the reasons why schools chose to adopt the new technique. "The strongest advice is to understand the basic structure, time limit, and number of stations," wrote one school in the South.[3] "It is not recommended that you try to prepare for specific MMI questions," wrote another school.[4]

Sarah faced these challenges when she prepared for the MMI. With a dearth of specific information to guide her preparation, she felt understandably nervous on her interview day.

How did Sarah handle the opening scenario?

Prior to entering the room with the actor playing the angry patient, Sarah was given the following information:

> During shift change, your nurse colleague informs you of a "problem patient" that you will be taking care of. She reports being "harassed" all night long by repeated requests for more pain medication. "I followed the doctor's orders, and there was no extra pain medication I could give." As the night progressed, their encounters became increasingly tense and hostile. "I gave him pain medication about an hour ago. He's not due for more for another two hours. Good luck with this one," she says. "You're going to really need it." Enter the room as the patient's new nurse.

Patient: Finally. I'm in so much pain. That last nurse did nothing for me. I kept calling for her, and it took an eternity for her to come. That went on all night long. I couldn't sleep. I couldn't rest. It's like she was watching TV or something. I hope you can do better.

Nurse Sarah: Well, I can promise you that she wasn't watching TV. What can I help you with?

Patient: Haven't you heard anything that I've said? I need some pain medication. How about getting me some? The other nurse told me to try some breathing exercises. Can you believe that? We're talking about real pain here. Eleven out of ten, do you hear me?

Nurse Sarah: I'm sure it's eleven out of ten. Now, we've already…

Patient: I don't like your condescending tone.

Nurse Sarah: I wasn't being condescending. What I was trying to say when you interrupted me was that you've already been given pain medication. You're not due for another dose for another two hours.

Patient: Are you kidding me? I'm trying to tell you that I'm in pain. And you're telling me that I have to wait for two hours. Do you know where the doctor is? Why don't you call him? You and that other nurse – I don't get it. Why did you go into nursing? You're supposed to help people.

Nurse Sarah: The pain medication that's been ordered has been given to you. I really think you should calm down. Maybe if you do, your pain would be more tolerable.

Patient: How dare you tell me to calm down? I demand to talk to your supervisor. I'm going to tell her that you're refusing to give me pain medication.

Nurse Sarah: I've already told you. There's no medication that anyone's holding. You've gotten what's written for.

Patient: Just call the doctor. And bring the nurse supervisor in too.

Analyzing Sarah's answer

Sarah left the encounter frustrated. What went wrong? How could she have avoided this outcome? The angry patient or person scenario is frequently part of the MMI circuit. As you read through Sarah's dialogue with the patient, were you able to identify the factors that led to this unsuccessful encounter? I've listed and described these in the following box.

It was obvious that the patient was upset but Sarah **did not acknowledge** the patient's emotions or feelings. "You seem very upset" would have been one way for Sarah to do so.

Sarah never invited the patient to **share his story** and fully vent. It was clear that the patient had much on his mind. Sarah needed to make the patient feel that he was being heard.

Sarah **failed to show sympathy** or regret for the patient's situation. "I'm really sorry you had to go through all this" would have been effective.

Sarah **lost her composure**. At one point, the patient commented on her condescending tone. At another point, Sarah asked the patient to "calm down." Setting limits when someone is angry is seldom effective. In such situations, it's important to keep your cool.

Sarah **never explored any other solutions**. A particularly effective technique is to ask the patient for his thoughts on possible solutions. "Do you have some suggestions on ways to solve the problem?" Through this process, Sarah may have been able to **find an acceptable solution**. "Here's what I suggest…"

The angry patient is a common scenario in the MMI because it's such a common scenario in medicine. Patients, when faced with the stress of illness, sometimes act in uncharacteristic ways. They may lash out at their doctors and nurses for many reasons. Being sick enough to be hospitalized is frightening for most people. Patients commonly feel afraid, confused, and powerless. They feel that they have no control over what's happening to them. Physical factors, such as acute or chronic pain, may also play a role. Dealing with bad news that impacts prognosis, dealing with the risk of a disability, and the realities of living with a life-threatening illness: all of these are obviously severe stressors.

Sometimes the healthcare system itself can be the cause, as in long waiting times for a test, or an intrusive procedure, or denied insurance claims. At other times, the patient-physician relationship will cause a patient to lash out, such as when a physician is perceived as arrogant or disrespectful. Understand that there may be a number of factors at play when a patient lashes out at you, and that, in most cases, you shouldn't take it personally.

Sarah clearly didn't perform well during this scenario. Fortunately, for Sarah, this wasn't a real admissions interview. This was a mock interview experience in which I played the role of patient. After I analyzed her performance, Sarah was able to better understand where things went wrong. She was then able to implement several strategies to effectively handle this type of situation, as you'll see in the following encounter.

You are the nurse manager on a busy hospital floor. One of your nurses is upset after a difficult patient encounter. The patient was in considerable pain but the nurse was unable to give him anything because the next dose of pain medication was not scheduled for another several hours. As she tried to explain the situation, the patient became quite angry and questioned the nurse's dedication to her profession. Hurt by this, the nurse lost control of her emotions, and the situation escalated, with the patient requesting to speak with the nurse manager. The patient is now waiting for you in the room. Enter the room.

Nurse Manager Sarah:	Hello Mr. Smith. I'm the nurse manager on the floor. I understand you wanted to speak with me. How are you feeling?
Patient:	Terrible. I'm in a lot of pain and no one seems to care.
Nurse Manager Sarah:	Can you tell me what happened?
Patient:	I just want some medication to help me with this pain. It's now so bad – nine out of ten. I've just been sitting here hoping and waiting for medication. The nurse told me that if I calmed down, that I might feel better. Can you believe that? I need some pills or even a shot. I need something. I'm really hurting.
Nurse Manager Sarah:	So let me see if I've understood the situation. You're in a lot of pain, and you don't feel like the current pain medication is providing you with enough relief.
Patient:	Yes, that's what I'm saying. I need something stronger than what I'm getting. I told the nurse this, and she kept telling me to calm down. I asked her to help me, and she kept telling me that it wasn't time for the next dose. I asked her to call the doctor, and she didn't look too happy about that.
Nurse Manager Sarah:	I'm sorry that you're in so much pain. It sounds like you would find it helpful if I reached out to your doctor. That's something I can do. I'll call and let him know that your pain medication is not keeping the pain under control. Perhaps he can make an adjustment to the medication or stop by and take a look at you.
Patient:	I would love that. I don't know why it's so hard to find the doctor.

Nurse Manager Sarah: Let me go and call the doctor. Let's see if we can come up with a plan to address this. How does that sound to you?

Patient: That sounds wonderful.

Nurse Manager Sarah: Before I take care of that, I wanted to see what else I can do for you. I know you're uncomfortable, and I apologize for that. Is there anything else I can do to help you? Are you cold? Do you need a blanket? How about a snack?

Patient: Would you mind turning the TV on for me?

In the following pages, you'll learn how to create this type of response.

A response that confirms that you have the qualities that this medical school seeks. The type of response that confirms to the interviewer that you are the perfect fit for their medical school.

In the next 200+ pages, we'll review, in depth, the multiple mini interview. You'll learn how critical the interview is in the admissions process. The Association of American Medical Colleges (AAMC) evaluated the importance of 12 variables on admissions decisions.[5] Of these, the MCAT score was rated sixth. Cumulative science and math GPA was rated third. What was the most important variable?

The most important factor in admissions decisions was, in fact, the interview.

You'll learn why the MMI is so important to admissions officers. It's widely recognized that the best physicians have more than just great scores and grades. The most effective physicians display a number of non-academic attributes. These traits are difficult to evaluate, and admissions officers rely on the MMI to help assess these traits. "Our school intends to graduate physicians who can communicate with patients and work in a team," writes Dr. Cynda Johnson, Dean of the Virginia Tech Carilion School of Medicine. "So if people do poorly on the MMI, they will not be offered positions in our class."[6]

How can you tell which qualities will be measured during your MMI? Unless you're privy to inside information at that school, you can't know for sure. However, every school will create its MMI to assess for those qualities or skills that it has deemed important in its future students. In Chapter 3, I'll show you how to determine those qualities and skills.

I also review, in detail, other important aspects of the MMI. You'll understand who the raters (interviewers) are, how they'll interact with you, and what they're looking for. In Chapter 5, you'll also learn about their pet peeves, as well as the behaviors and attitudes that would lead them to flag you as an unsuitable candidate. Will your interviewers challenge you? They absolutely will, and I'll show you how to respond to these probing questions in a compelling manner. What else do you need to be concerned about? In one study, researchers described the concerns raised by interviewers who had been tasked with asking applicants certain interview questions. A major concern

involved "assessor fatigue." What is it, and how could it affect your performance?[7]

You'll also hear from interviewees. In one study, 10% of participants rated the MMI as worse than the traditional interview.[7] What were the problem areas cited by interviewees? What caused them the most difficulty? How can you avoid their mistakes?

"There are no right or wrong answers," writes one Midwestern U.S. medical school.[8] Is that true? Are there really no right or wrong answers? As reassuring as this sounds, there are clearly wrong answers. In Chapter 7, I'll present the types of answers that can remove an applicant from consideration. You'll see how such answers can easily surface in the high stakes setting of the MMI. You'll learn how to avoid these responses, and deliver answers that yield high interview scores.

I break down the process of developing and delivering powerful answers to MMI questions in chapters 8 – 11. You'll then be able to utilize these strategies with our example questions. This will help provide the practice needed to elevate your performance. With each question, task, or scenario, I provide a sample answer with a thorough explanation of what makes the response so effective.

The recommendations in this book are based on multiple sources. Throughout the book, you'll see quotes from many different admissions officers. Although the MMI is a relatively new interview technique, there's been a substantial body of research on the topic. I've included the results of these research studies, which have shaped and guided my recommendations. Lastly, the recommendations are based on extensive discussions with applicants as well as admissions faculty. I've served on the admissions committee at Baylor College of Medicine for over 10 years, and interacted with admissions officials at numerous medical schools. I now provide interview preparation services for medical school applicants. In this book, as in my previous books, I've applied a combination of evidence-based advice and insider knowledge.

I've seen where students have excelled in interviews, and I've seen where they've failed. In the next 200+ pages, you'll learn how to apply these lessons to your own interview preparation. It's taken years of intense work for you to reach this point, and receiving an invitation to interview is a strong vote of confidence from the medical school. In the following pages, you'll learn how to make the most of this opportunity in order to reach your goal: medical school.

References

[1]Eva K, Reiter H, Rosenfeld J, Norman G. An admissions OSCE: the multiple mini-interview. *Med Educ* 2004; 38: 314-26.
[2]Reiter H, Eva K, Rosenfeld J, Norman G. Multiple mini-interview predicts for clinical clerkship performance, National Licensure Examination Performance. *Med Educ* 2007; 41(4): 378-84.
[3]Duke University School of Medicine. Available at:
http://dukemed.duke.edu/modules/ooa_applicant/print.php?id=9. Accessed May 12, 2015.
[4]University of Nevada School of Medicine. Available at:
http://medicine.nevada.edu/asa/admissions/applicants/selection-factors/applicant-interviews. Accessed May 12, 2015.
[5]Dunleavy D, Sondheimer H, Bletzinger R, Castillo-Page L. Medical school admissions: more than grades and test scores. *AIB* 2011: 11 (6).
[6]New York Times. Available at:
http://www.nytimes.com/2011/07/11/health/policy/11docs.html?_r=0. Accessed May 3, 2015.
[7]McAndrew R, Ellis J. An evaluation of the multiple mini-interview as a selection tool for dental students. *Br Dent J* 2012; 212 (7): 331-5.
[8]Michigan State University College of Human Medicine. Available at:
http://mdadmissions.msu.edu/applicants/mmi_faq.php. Accessed May 4, 2015.