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## Multiple Mini-Interview (MMI) – Additional Information

### 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

KW EVA, J ROSENFELD, HI REITER & GR NORMAN (2004a). An admissions OSCE: the multiple mini-interview. *Medical Education* 38:314-326.

KW EVA, HI REITER, J ROSENFELD, & GR NORMAN (2004b) The ability of the multiple mini-interview to predict preclerkship performance in medical school. *Academic Medicine* 79:S40-S42.

KW EVA, HI REITER, J ROSENFELD, & GR NORMAN (2004c). The relationship between interviewers' characteristics and ratings assigned during a multiple mini-interview. *Academic Medicine* 79:602-609.

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.