

## Multiple Mini-Interview (MMI) FAQ Sheet

### 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. (1996) 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? Can I read more about the MMI and interviewing?

McMaster University has been using the MMI instead of the traditional interview for selection since 2004. In Eva KW, Reiter HI, Rosenfeld J, Norman GR. The 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

Criterion Validity

MMII & 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. 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.

## Can I read more about the MMI and interviewing?

Eva KW, Reiter HI, Rosenfeld J, Norman GR. The ability of the multiple mini-interview to predict preclerkship performance in medical school, *Acad Med.* 2004, Oct; 79(10 Suppl):S40-2

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Eva KW, Reiter HI, Where judgment fails: pitfalls in the selection process for medical personnel, *Adv Health Sci Educ Theory Pract* 2004; 9(2): 161 -1 74

Eva KW, Rosenfeld J, Reiter HI, Norman Gr, An admissions OSCE: The multiple mini interview, *Med Educ* 2004; 38(3): 3 14 – 326

Harasym PH, Woloschuk W, Mandin H, Brundin-Mather R, Reliability and validity of interviewers' judgments of medical school candidates, *Acad Med* 1996 71 : 40s-42s. Reiter HI, Eva KW, Reflecting the relative values of community, faculty, and students in the admissions tools of medical school. *Teach Learn Med.* 2005 Winter;