THE PERPLEXED POSTBAC’S GUIDE TO THE MMI

I. MEET THE MMI

A. Reduced to Essentials

The MMI, or Multiple Mini Interview, is a screening technique that aims to assess your suitability for the medical profession *scientifically* – by inviting many judges to form an estimate of your character.

In the MMI process, speed rules the day. Instead of inviting you to converse at length with a single committee (as the conventional interview does), the MMI gives you the chance to speak briefly, with many different interlocutors, about many distinct subjects. It places you before a succession of examiners, one at a time, as you pass among the adjoining rooms in a classroom building or clinic.

With time so short, you will need to think quickly. Your success will depend on how well you adapt to the differing demands of each encounter.

B. How it Works

As the MMI begins, you stand in front of the first room, reading a sign on the door. The sign lays out a situation followed by a question or a prompt for a reaction on your part. You have two minutes to read the sign and plan out what you are going to say or do.

A bell sounds. You enter the room. You then have eight minutes to converse with your examiner about the situation. (If you are called upon to play a dramatic role, you will also find an actor or actress in the room.)

The examiners (or actors) won’t be passive. They have read background material about the situation on the door. They are ready: to answer questions; to offer new facts; to challenge your proposals. Part of what they are looking to see is how ably you respond to the objections and difficulties they raise.

When the bell rings again, your eight-minute session is over. You proceed to the next room on your itinerary. Now the cycle begins again: you read the scenario appended there, and gird yourself for your next response.

All told, you will have eight to ten brief encounters of this kind during the MMI. You will have made an impression on eight to ten different examiners.
II. THE EVALUATIVE AGENDA OF THE MMI

A. What Every Medical School Wants to Know

What is true for the conventional interview is true for the MMI. If you’ve been invited to take part, it means you have already reached the outer circle of the elect. With your luminous paper credentials, you have proven that you can hold your own in demanding academic circumstances.

But there remains an open question. Do you have the heart of a physician? Will you be a true healer, or a technocrat with a prescription pad? It is with an eye to finding this out that medical schools want to meet you.

B. Form Dictates Content

With each encounter on the MMI being so short, there is no time to be wasted in general conversation. This explains the use of pre-scripted scenarios. They allow you to start talking right away about something pertinent – and they let the examiners gauge almost as quickly whether they are hearing what they should be hearing.

C. The MMI’s “Soft Skills” Inventory

To give content to the “mini” interactions, the designers of the MMI have broken down the attributes of a good doctor and have developed situations that elicit each of them in turn. Here are the “soft skills” they have identified as important, together with examples of the situations designed to isolate them:

1. Communications. Listening without interrupting; expressing yourself clearly; gauging whether you are understood and elaborating where necessary.

   **Terminal diagnosis**
   You have just received a lab report showing confirming that Mr. Smith has pancreatic cancer, an inoperable condition which generally leaves patients no more than three months to live. You are now meeting with Mr. Smith’s wife and children to communicate the news. What would you say?

2. Ethics. Discerning the competing values at play in ethically charged situations; trying to do the right thing, as this emerges from reflection and discussion.

   **Circumcision**
   The Canadian Pediatric Association has recommended that circumcisions “not be routinely performed.” They base this recommendation on their determination that “the benefits have not been shown to clearly outweigh the risks and costs.” Doctors have no obligation to refer for, or provide, a circumcision, but many do, even when they are clearly not medically necessary. Ontario Health Insurance Plan (OHIP) no longer pays for unnecessary circumcisions.

   Consider the ethical problems that exist in this case. Discuss these issues with the interviewer.

3. Problem solving. Knowing what extra information is needed to solve practical problems; working within limits of money, time, and other resources; enlisting the support of others; imagining creative solutions.

   **Harmless Side-Effect**
   You are the head of a pharmaceutical company and have just learned that one of your drugs, which already been placed on the market, is causing an unusual but apparently harmless side-effect: it gives the patients’
saliva a greenish tinge. What do you do?

4. **Professionalism.** Living by the highest standards of your calling, including honesty, thoroughness, confidentiality, and avoiding hidden conflicts of interest.

**Cheating Roommate**
You’re a pre-med student and have been studying for your biochemistry exam till midnight. You come back to your dorm room and your roommate tells you that she’s decided to cheat. What do you do?

5. **Negotiation.** Understanding all points of view in a conflict; knowing how to seek out a compromise or a middle ground.

**Obscure Painting for Sale**
You are the director of an art museum that has many paintings in storage. One of the curators would like to sell an obscure work that has languished in the basement for years. She hopes to use the proceeds of the sale to buy some contemporary works that will attract more visitors to the museum. Another curator, however, opposes this move. He argues that the museum’s primary function is to preserve the great art of the past, and that it is irresponsible to cash in on the existing collection to buy newer art. How do you handle this dispute?

6. **Interpersonal skills (in difficult situations).** Curiosity about what other people are thinking or feeling; listening without interrupting; ability to feel what others are feeling; trusting others to find their own solutions.

**Air Travel Phobia**
Your company needs both you and a co-worker (Sara, a colleague from another branch of the company) to attend a critical business meeting in San Diego. You have just arrived to drive Sara to the airport. Sara is in the room (and she has developed an intense fear of flying as a result of the 9/11 attacks).

7. **Cooperation.** Viewing medicine (or any other field) as a team effort, benefiting from the contributions of many different people.

**Orphaned Drugs**
There are a certain number of serious diseases that strike only a small minority of Americans. Promising drugs have been devised to treat these diseases, but because the market for the drugs would be so small, the major pharmaceutical companies have shown little interest in researching their efficacy. Should the federal government allocate funds to set up a national pharmaceutical laboratory to oversee the development of these “orphaned drugs”? Why or why not?

8. **Critical thinking.** Unearthing the unspoken, sometimes untested, assumptions underlying an argument; seeing whether the stated conclusion necessarily flows from the given predicates.

**Class Size**
Universities are commonly faced with the complicated task of balancing the educational needs of their students and the cost required to provide learning resources to a large number of individuals. As a result of this tension, there has been much debate regarding the optimal size of classes. One side argues that smaller classes provide a more educationally effective setting for students, while the other side argues that it makes no difference, so larger classes should be used to minimize the number of instructors required. Discuss your opinion on this issue with the examiner.

9. **Familiarity with Current Health Issues**

**Results-Oriented Reimbursement**
Some advocates for health care reform believe that doctors can be “incentivized” to provide more efficient medical services. Instead of paying for each office visit or each test, an insurer can pay for results – for example, a doctor receives a greater payment if her patient recovers quickly from a given condition. Do you think this is a promising approach to the crisis of medical spending?
D. Old-Fashioned Interview Questions on the MMI

Some medical schools using the MMI devote one or two of the rooms on the circuit to old-fashioned interview questions:

1. **Motivation**
   
   Why do you want to be a physician? Discuss this question with the interviewer.

2. **Experiences**

   What experiences have you had (and what insights have you gained from these experiences) that lead you to believe you would be a good physician?

   Discuss this question with the interviewer.

III. TACKLING THE MMI

A. Overall Strategy

1. **Be yourself – again and again and again.**

   The main scientific advantage of the MMI comes from having many examiners generating many reactions to your personal qualities. Bear this in mind as you move from room to room. There is nothing magical about the eight-minute time limit, the circuit of eight to ten rooms, or the topics raised by the various scenarios. The whole point of the exercise is to let a bunch of different people form distinct judgments about you, thereby infusing a measure of statistical rigor into an otherwise wooly process.

2. **Connect.**

   The impression you make on the people you meet is just as important in the MMI as it is in the conventional interview. (The only difference between the two formats in this respect is that the MMI pools, into a single composite score, the subjective responses of many examiners. In principle, at least, no one’s idiosyncratic judgment can determine your fate.) Making eye contact and maintaining a relaxed and friendly demeanor are essential elements of success here, just as they are in a conventional interview.

3. **Enter the situation.**

   Throughout the circuit, you will want to draw upon all of your strengths of character, whatever these may be. But you should also be aware that each station is designed to evoke specific traits of personality or intellect. In the limited time available to you, you should try, first, to figure out which traits the situation calls for; and second, to show through your conduct that you possess them in abundance.

4. **Ask!**

   The fact patterns of the various situations are often vague or ambiguous. This is done on purpose. The examiner wants to see whether you will identify the loose ends of the scenario before grappling with the underlying issues. Will you notice that essential facts
are missing? Will you ask to be filled in, or will you base your recommendations on conjecture? Intelligent curiosity is prized, insecure bluster penalized in the MMI universe.

5. *Suggest a plan of action, not a quick fix.*

The MMI offers situations that, because they are complicated, contentious, or problematic, defy easy resolution. It follows that the content of your proposed answer matters less than how you arrive at it. Try to identify a sound approach to the problem posed. Remember that the MMI is an exercise in *process*; there is no call for you to be “right” in some absolute sense.

6. *Highlight your experience.*

Feel free to enrich your suggestions by drawing upon the experiences you’ve had while volunteering in a clinic, studying at Columbia, or pursuing a previous career – experiences which need not be identical to the scenario on the door. It is perfectly acceptable to say, “This situation reminds me *in some ways* of something that I witnessed last week, from which I learned ….” The wisdom you’ve acquired is part of your appeal.

B. *Strategies for Particular Situations*

In theory, each of the MMI scenarios poses a distinct challenge, requiring you to draw upon a different skill. In practice, however, the scenarios are less targeted, less surgical, than they aspire to be. Most situations on the circuit, as in life, will require you to draw upon a number of different skills at once.

Nevertheless, if you can narrow down the kind of task in front of you, you will have some sense of how to proceed.

1. *Resolving ethical dilemmas:*
   
   a. If the ethical situation involves one person, think about the consequences your action would have if it were made into a general rule.
   
   b. Look for the competing *positive* values at stake in any decision.
   
   c. Identify the additional information that you would like to have in order to make an ethical judgment on the most secure grounds.
   
   d. Frame your preference as an expression of your determination to honor the highest ideal. Leave the door open re-considering your judgment in light of new evidence.

2. *Solving practical problems:*
   
   a. Where possible, let your resolution draw upon the talents and expertise of different colleagues and team members.
   
   b. Where appropriate, offer a decision tree, with different factual possibilities and different solutions for each of them.
c. Always choose the path that indicates the greatest degree of honesty, thoroughness, and transparency.

d. Offer your resolution confidently, but in a provisional spirit, emphasizing that it is subject to revision if new facts emerge.

3. Negotiating conflict:

a. Make sure to keep your own opinion (should you have one) to yourself. As a mediator, your task is to stay neutral. Attend to all; praise none.

b. Work from the premise that all sides are trying to do the right thing, and that they are having trouble getting along because they can't agree about what “doing the right thing” means in this particular situation.

c. Try to find common ground (i.e., points upon which everyone concurs).

d. Propose a solution in a provisional way, as the basis of further discussion.

4. Handling difficult interpersonal situations:

a. Try to elicit from the person what he or she is feeling and what experiences underlie those feelings. Listen with your heart. Avoid interrupting, evaluating, or contradicting. Empathize fully, and judge not!

b. When you believe that you have enough information about the person’s practical and emotional state, ask if you may offer a possible solution. Express this in collaborative terms, as in: “How would you feel if we --?”

c. Rise above the need to attain closure. It is always acceptable to leave some elements of the situation unresolved.

5. Thinking critically:

a. Unearth all the buried assumptions and untested hypotheses – there will be lots of them – and explain why it is important to know whether they are true.

b. Explain which assumptions or hypotheses you would like to verify first in order to verify the claim.

C. The Basic Qualities

The easiest way to organize all the personal qualities covered by the MMI is to think of your two future roles: physician and colleague.

1. Because you will be tending to the sick, some MMI stations will test your patience, capacity to listen, empathy, optimism, and non-judgmental outlook.

2. Because you will be working as part of a medical team, other MMI stations will assess your curiosity, open-mindedness, flexibility, honesty, and disposition to enlist the help of others.
If you go through the MMI with these qualities firmly guiding your conduct, you are bound to impress the examiners.

IV. EXAMPLES OF SUCCESSFUL ENCOUNTERS

A. An Ethical Dilemma

1. The situation:

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 they do. 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. A possible approach:

   a. Identify the type of question.

   In this case, it is **ethical decision making**. (If you were called upon to talk directly to Dr. Cheung, your **interpersonal skills** might be tested, and your first priority would be to sound him out about his reasons for his actions. But here you are discussing the issues with the examiner.)

   b. Identify some of the conflicting positive values at stake.

   The scenario calls up a number of fascinating ethical dilemmas.

   In the first place, contemporary Western medicine is based on scientific evidence, and patients who visit doctors have a right to assume that the treatments recommended to them have been tested and proven to work. It could be seen as an abuse of patients' trust if a doctor suggests treatments that he himself doesn't believe to be effective.

   And yet, I believe Dr. Cheung is right in thinking that part of the doctor's role is to offer comfort and reassurance. In some ways, suggesting homeopathic remedies to patients may be like urging them to drink their chicken soup — it might serve to establish a bond with them, and it might give them a sense that they have a hand in their own care. These are not negligible considerations.

   c. Identify some of the missing information that would help you decide between the conflicting values

   The scenario leaves out some details that I would want to know before making a final decision about how to react to Dr. Cheung's unorthodox advice. First, does he tell the patients that he doesn't believe that the homeopathic remedies actually work? Or does he fail to mention his own skepticism? Second, does he offer his patients proven remedies — to which they can add, if they choose, the homeopathic preparations, by way of an adjunct treatment? Third, does he have a financial stake in these substances? Is there a line of “Dr. Cheung's Pharmaceuticals” that he sells right from his office?
d. Express your decision in accordance of what you deem to be the most important ethical values, while pointing out that your opinion is open to change in the light of additional information.

*To me, one of the most important values that I try to live by is honesty. If Dr. Cheung is not frankly disclosing to his patients that there is scant scientific basis for homeopathic remedies, I would oppose his recommending them. However, as I say, I would want to know more about Dr. Cheung’s specific practices before coming to a final decision.*

B. A Difficult Interpersonal Encounter

1. The situation:

   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.

2. A possible approach:

   a. Identify the type of question.

   *Interpersonal skills.* You are called upon to deal with someone who is angry, upset, confused, or oppositional.

   b. Try to elicit from the person what he is feeling and what lies in the background of that feeling:

   YOU: Hello, Mr. Smith. I’m Sally Jenkins. It’s a pleasure to meet you. I’m afraid I am the person who did some damage to your car.

   TIM: I don’t know why you’ve even bothered to come around. I heard all about the crash, and I’m making plans to take you to court. In fact, I was just about to call my lawyer.

   YOU: I gather that your car is very important to you.

   TIM: You have no idea! It’s a BMW. The top of the line! Do you realize how many years I’ve worked to be able to afford it? Half a lifetime of slaving away in the insurance business, just for the privilege of starting that beautiful engine!

   YOU: You were counting on driving it home today.

   TIM: It’s my one reliable pleasure in life. And what’s killing me is that there’s no way to keep it safe, even in a $400-a-month parking garage!

   c. Try to enter imaginatively into the other person’s predicament and empathize with his feelings:

   YOU: I think I know what it’s like to have that kind of attachment to a special possession. My grandmother once gave me a watch that she herself had worn. And then, years later, the
crystal got scratched when I was cooking. I was so upset.

TIM: So you can relate to what I’m going through? That car is like my own child.

YOU: I believe I do understand….

d. Offer a practical next step.

YOU [continuing]: How would it be if we tried to work out an agreement between ourselves? Of course you will want to have the repair work assessed at a garage.

TIM: That baby is going to cost a bundle to fix. The smallest dent has got to run you a thousand bucks. The headlights – forget about it! Those little plastic numbers are shipped in all the way from Germany.

YOU: Well, I’m intent on paying for the cost of the repairs. I caused the damage and I always try to take responsibility for my actions. Here, let me give you my card. Please call me when you have an estimate.

TIM: Gee, if I had known you’d be so reasonable….