

Manual for Interviewers

**Admissions
Undergraduate Medical Program
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UNDERGRADUATE MEDICAL PROGRAM

PREFACE

This manual is prepared for all Interviewers/Assessors taking part in the Multiple-Mini Interview (MMI) for the McMaster Undergraduate Medical Program.

The Manual contains brief descriptions of:

- the approach to the education of medical students used at McMaster and the basis for their selection;
- how the interview fits into our selection process; and
- the function of the interviewer/assessor.

Some guidelines, with suggested approaches, are given for exploring the areas that must be assessed for each applicant. Instructions on interview procedures are included. The main text makes reference to the procedures and the different forms to be completed during the interviewing days which are included.

The Faculty of Health Sciences considers the selection of applicants to medical school to be one of the most important functions in determining the basic characteristics of the group of physicians graduating from McMaster. The MMI is an indispensable element of the admission process and the Faculty is very appreciative of the efforts of all participants in this process.

PREAMBLE

McMaster University offers a three year undergraduate medical Program that culminates in the conferring of a M.D. degree. The Program is different from those at other medical schools in that students are largely responsible for their own learning, and their progress is evaluated frequently by peers, tutors and other faculty members. This self-directed learning is accomplished by small tutorial groups, assisted by lectures, and by elective activities tailored to the individual student's needs and interests.

In order to practice medicine in Canada, graduates of all medical schools must pass the licensing examinations of the Medical Council of Canada and in most provinces, be certified by the College of Family Physicians of Canada or the Royal College of Physicians and Surgeons of Canada.

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WHAT TYPE OF DOCTOR DOES MCMASTER WISH TO GRADUATE?

This school does not prepare students for any particular career specialty, but rather, prepares the graduates to have the capacity and flexibility to select any area in the broad field of medicine. This means that graduates from this school, as a group, may have a wide range of interests, from exclusively clinical to non-clinical. It also means that, in the applicants to be interviewed, there may be the same breadth of interests.

SELF-DIRECTED LEARNING

Physicians must be life-long learners. It is our belief that they should develop the skills to do this during their formative years at medical school. In this Program, students are encouraged to define their learning goals, to select appropriate experiences for achieving these goals and to be responsible for assessing their own learning progress. Statements of the goals of the medical Program and its component parts (Medical Foundations) are

provided to help students and tutorial groups define their individual goals. These goals must be explicit, obtainable and consistent with the general goals of the Program. In order to function well in this type of educational environment, a student must be responsible, motivated and mature.

SMALL GROUP LEARNING

One of the goals of the medical Program is to graduate individuals who will become effective members of groups engaged in various educational, research and clinical activities.

The setting for learning in the McMaster medical Program, small tutorial groups, provides opportunities for developing interpersonal skills and becoming aware of individual assets and limitations. This setting is also conducive for learning how to listen to others and how to receive and give criticism. The tutorial group setting leads to group problem solving where the pooling of resources contributed by each member of the group can be used more effectively than the sum of individual activities. The tutorial setting also provides the students with an opportunity for self-evaluation in order to monitor their learning progress. Finally the students develop skills in educational planning by helping to define the group's goals within the framework of the goals of the unit in the Program.

In the medical Program, students are expected to be responsible for their learning as well as that of other members of the group, and responsible for developing skills in self-assessment, skills in peer assessment and helping each other to learn.

PROBLEM BASED LEARNING

Learning based on problems represents an alternative to studying blocks of classified information in an organized sequence. In problem-based learning, students focus on a problem (or situation) which they or the tutorial group has selected. Students bring to the examination of the problem all of their previous information and experience as well as their ability to think rationally and critically.

As the student begins to ask questions, certain issues become well defined and require a search for additional information. After assembling the appropriate information, a problem solution is synthesized which includes a re-evaluation of the hypothesis (or hypotheses) which has (have) been formed, to confirm it (them) or refute it (them). The student learns how wrestling with any one problem opens up many other questions.

Problem-based learning contributes to the student's motivation, enhances transfer, integration and retention of information, and encourages curiosity and systematic thinking.

EVALUATION OF STUDENT LEARNING

Students are assessed frequently while they learn. Individual assessments provide the opportunity to form or modify the learning progress. Evaluation is a constructive and integral component of the learning process rather than a detached activity.

The purpose of this evaluation system is primarily to facilitate student learning and to modify, where necessary, the student's learning Program. The tutor has final responsibility for evaluation, but the students themselves and their peers are crucial contributors to the process. This is consistent with the concept of self-directed learning in small groups.

SELECTION OF THE STUDENTS

It is the overall goal of the admissions process to select those applicants who are most likely to fulfill all the goals of the Program and who will thrive in a flexible learning environment.

The admissions process includes the selection of the applicants not only on academic qualifications but also on personal characteristics and abilities, such as problem-solving ability, self-appraisal ability, ability to relate to others, motivation to study medicine and learning styles which may be better suited for learning medicine at McMaster. The rationale

for this is that we believe that for the practice of medicine the physician must recognize personal assets and limitations and evaluate emotional reactions. This allows one to ask for help when needed.

As well as the obvious need to select people who will be sensitive to patients, we hope to select students who will also be sensitive to the needs and potential contributions of colleagues in the tutorial groups.

It should also be noted that the educational system at McMaster is not ideal for everyone. Some individuals may enjoy working in tutorials, self-directed learning and problem-based learning which for them may generate enthusiasm, excitement and give enormous pleasure. However other individuals may need or enjoy a more structured environment, and thus find the Program at McMaster uncomfortable and/or unsatisfactory.

THE MULTIPLE MINI-INTERVIEW

The interview is one of the opportunities for the medical school to assess the applicant in person. Applicants have reached this stage because of their sufficiently high academic standing or by presenting themselves as highly suitable in their Autobiographical Submission. In most cases, it is the combination of both assessments that is used to select the applicants for this next stage of selection.

The purpose of the interview therefore is to collect information concerning the personal qualities of those applicants selected for an interview. This information, in conjunction with a battery of other data collected, will be used to help the Collation Committee determine which applicants may be better suited for, and therefore more likely to succeed in, the Medical Education Program at McMaster.

INTRODUCTION

The Medical Program has changed its admissions interview to a Multiple Mini-Interview (MMI). This protocol has been modeled on the Objective Structured Clinical Examination that is commonly used by Health Sciences Programs to evaluate student competence. The procedure has undergone a series of tests and has been deemed more psychometrically sound than traditional interview processes. In addition, both interviewers and candidates reported positive feedback perceptions of the MMI. The MMI consists of a series of short, carefully timed interview stations in an attempt to draw multiple samples of applicants' ability to think on their feet, critically appraise information, communicate their ideas, and demonstrate that they have thought about some of the issues that are important to the medical profession. You will be asked to either interview applicants or observe the applicants' interaction with a human simulator (i.e. an actor portraying a particular character).

REASONS FOR USING THE MULTIPLE MINI-INTERVIEW PROCESS:

As the performance of an individual is highly variable across situations, evaluation that uses multiple scenarios is a more sound psychometric approach with a strong basis in educational and evaluation theory. This is advantageous for applicants. If an applicant has trouble in one scenario they can recover with an excellent performance in another situation. Also, individuals with diverse backgrounds have a more equitable opportunity to demonstrate the quality of their educational and personal backgrounds.

Applicants have reached this stage of the admissions process because their academic performance has been sufficiently high. For this reason *we will not test their specific knowledge in any given subject*. There is absolutely no intent to test the applicant's present knowledge of the health sciences. Clinical knowledge will be no more useful than knowledge from any

other discipline, including Chemistry, Music, or English literature. We are, however, trying to assess the applicant's ability to apply general knowledge to issues relevant to the culture and society in which they will be practicing should they gain admission to (and graduate from) medical school. Equally important, is the applicant's ability to communicate and defend their personal opinions.

Recognize that there are **no right answers** for many of the scenarios that applicants will see. They are simply asked to adopt a position and defend any ideas they put forward, or discuss the issues raised in the scenarios. You, the interviewer, are an individual who has some expertise in the topic. You can and will challenge the applicant to express their ideas clearly and rigorously.

OPERATIONAL DETAILS:

Each mini-interview takes place in a different room. When the applicant comes to the door they will see a card that, in a few lines, describes the scenario for that room. There may be a brief additional note. The applicant will have two minutes to read the information and will be told when they may enter the room. A second copy of the scenario will be placed in the room, so the applicant need not memorize the information. Please do not allow the applicants to remove this copy from the room. The applicant may choose to take longer than the time allotted to think about the scenario before entering the room. However, any additional time will reduce the time available to discuss the issue with you, the interviewer. The mini-interview will take 8 minutes. No more. At the end of that time the session is over and the applicant should move to the next room. **Do not go over this time limit.** Be aware that there will be no feedback at any stage of the proceedings.

AN OUTLINE OF THE INTERVIEW

On the morning of the interview you will receive a copy of the station that we would like you to evaluate. Examples of two stations that have been used in the past are included in this manual.

- You will quickly note that the instructions the candidates are provided are relatively vague and deliberately so. This will allow different candidates to approach the station in different ways.
- If the instructions on the second page of the materials that you receive the morning of the interviews label you as an interviewer, you should prepare to discuss the topic with each applicant (some background information and theory will be provided for you).
- You need not read down the list of questions provided or discuss all of the information that you will receive with each candidate. Rather, follow the applicant's lead to some extent, but feel free to challenge the applicants to defend their opinions by offering a countering point of view.
- Candidates have been informed that there are no absolutely correct answers for any of the stations.
- You should note that the MMI is not intended to test the amount of prior knowledge candidates have in these domains.
- Feel free to provide definitions to terms or clarify what is meant by the instructions if the applicant is uncertain. Make sure you are familiar with the wording used in your station during the morning briefing session.
- If the instructions on the second page of your materials you receive label you as an observer, you have been assigned to a scenario outlined and you should observe and evaluate each applicant's communication skills and empathy.

• UNDER NO CIRCUMSTANCES SHOULD THE ASSESSORS DISCUSS THE ASSESSMENT PROCESS OR ANY ASPECT OF THE INTERVIEW PROCESS WITH THE APPLICANTS OR THE ACTORS OR ACTRESSES.

AN OUTLINE OF THE DAY

- Report at 8:30 a.m. to xxxx located xxx. Coffee and light breakfast will be available. Please be prompt.
- You will receive your station on the morning of the interview. Therefore it is crucial that you arrive on time.
- Take a few moments to review the information included for your station. A member of the Interview Committee will review the station and answer any last minute questions you have about the station or the interview.
- After you have evaluated the first 13 applicants, please hand in ALL your score sheets to the circuit coordinator.
- After that, you may proceed again to the Cafeteria's Blue Room to enjoy the lunch and refreshments we have prepared for you.
- Please do not leave the lunch room area or go home for a break during lunch time.
- Please do not interact or have any contact with any applicants for any reason during this time.
- After you have enjoyed your lunch, please proceed back to your station promptly as we may have incomplete score sheets for you to complete.
- When you have finished the next 13 stations, your Circuit Coordinator will check you out.
- At this time, a staff member will ensure that all the score sheets have been completed properly.
- You will also be asked to complete an evaluation to help us conduct the interviews better next year.
- You will also be given a parking pass if you need one at this point.
- Thank you again for participating in this important educational activity.

Admissions MMI – Sample Station 1

INSTRUCTIONS FOR THE INTERVIEWER

1. Ensure that the applicant has read the scenario

Dr. Blair recommends homeopathic medicines to his patients. There is no scientific evidence or widely accepted theory to suggest that homeopathic medicines work, and Dr. Blair 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. Blair's behaviour might pose. Discuss these issues with the interviewer.

2. Discuss some of the following issues with the applicant. Some background information is given on the following pages.
- A. What's wrong with the way Dr. Blair treats his patients? Why is that wrong?
 - B. Why do you think Dr. Blair does it?
 - C. Can you see any circumstances under which recommending a placebo might be the appropriate action?
 - D. What is the difference between (C) and Dr. Blair's practice?
 - E. What action would you take regarding Dr. Blair?
3. The student has 8 minutes to discuss these issues with you. After 8 minutes a bell will sound and you will have 2 minutes to complete the score sheet. Do not give the applicants feedback.
4. In assessing the student, consider the following issues. Note, however, that these are just a guideline and should not be considered comprehensive.
- A. Did the applicant express balance and sympathy for both intellectual positions?
 - B. Was there a clear analysis of the ethical problems paternalism raises?
 - C. Did the applicant suggest a course of action that is defensible and moderate?

Background and Theory

Placebos are still commonly used in research, and they have been used for centuries in clinical practice. The simple fact that Dr. Blair uses placebos, then, is not what makes this case unpleasant. The ethical issues in this case arise because the doctor is behaving paternalistically. He is treating his patient much as a parent would treat a child, and he is deciding a course of care for the patient based on what he perceives the patient's needs to be. This entails deceiving his patients, and making them do what is good for them.

Paternalism is only one model of the doctor/patient relationship. Others see the relationship as one between colleagues who share a common goal (the health of the patient), one between rational contractors (who agree on a contract leading to health), or one between a technician and a consumer of medical expertise. Each metaphor for the relationship has some descriptive failings and some serious normative failings.

Needless to say, the paternalistic model of health care has been severely criticized in the past half-century or so. Paternalistic doctors may provide no worse care, but they provide it at a very serious price: patient autonomy rights. This brings up an important distinction in this OSCE: that between consequentialist and duty ethics. Consequentialists judge actions by consequences; if the consequences are good, the action is good, and vice versa. Many consequentialists would see little wrong with Blair's behaviour in this case because only good is done to the patient – the doctor is probably right in his assessments, and is probably even choosing treatment that brings the best results in the shortest time.

Judged, then, strictly by the consequences of his actions, he has been acting ethically. But duty ethicists would argue that the doctor has not been treating his patients as fully rational, capable people, and hence has been acting unethically. Resolution of these viewpoints might happen if we take a long-term perspective. It may be the case that giving placebos has more harmful than beneficial consequences if we consider the damage done to the medical profession. If Dr. Blair's patients were to become aware of their deception, they might come to doubt the honesty and usefulness of doctors.

Paternalism, while no longer considered a good model of interaction, is necessary under certain circumstances. A paternalistic attitude is, of course, the only possible relationship in cases where a patient is incompetent, and it is sometimes recommended when the knowledge of a diagnosis might cause more harm than good. Paternalism and deception (both of which must be justified if we are to allow placebo use) might be allowable when the doctor cannot treat the patient as a capable person, when no harm will be done to the reputation of the profession, and when the benefits outweigh the harms. It is difficult to decide what action the applicant should take. Some options are: reporting Blair to the college, speaking to him in private, and ignoring this minor transgression. In their quest to appear ethical, though, and especially in a trying environment such as this, people sometimes suffer from excessive piety (this is the endless political capital of everything from anti-drug campaigns to oil wars). Applicants should, I think, have a more measured and considered response, one which is neither zealous nor laissez-faire. Perhaps the best solution is further consultation – the applicant, being relatively inexperienced, should probably seek out more professional opinions.

Short answers:

- A. Dr Blair is treating all of his patients paternalistically. This is acceptable in rare circumstances (when the patient is mentally incompetent), but not in most.
- B. Dr. Blair presumably does it because it leads to the best (short-term) consequences with the fewest difficulties.
- C. Recommending a placebo should probably only be done when no real medicine is suitable and:
 - a) the doctor can't treat the patient as a capable person.
 - b) no long-term damage to her reputation will result
 - c) the benefits will outweigh the harms
- D. Obvious
- E. Measured and considered response—maybe more consultation.

STATION 1

SCORE SHEET

Applicant's Name: _____ **Potential Conflict of Interest?: Y N**

Interviewer's Name: _____ **If "Yes," Why?** _____

Dr. Blair recommends homeopathic medicines to his patients. There is no scientific evidence or widely accepted theory to suggest that homeopathic medicines work, and Dr. Blair 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. Blair's behaviour might pose. Discuss these issues with the interviewer.

Please rate the following aspects of this applicant's performance on this station relative to the pool of all applicants you are rating. You may adjust your scores as necessary before turning them in.

1. Please score the **communication skills** the applicant displayed during this station

Bottom	Top	Top	NA								
25%	75%	50%	35%	25%	15%	10%	5%	3%	1%		
Worst Applicant									Best Applicant		

2. Please score the strength of the applicant's **arguments** presented during this station

Bottom	Top	NA									
25%	75%	50%	35%	25%	15%	10%	5%	3%	1%		

3. Based on this brief encounter, please rate the **applicant's suitability** for a career in medicine

Bottom	Top	NA									
25%	75%	50%	35%	25%	15%	10%	5%	3%	1%		

Please score the applicant's overall performance on this station

Bottom	Top 5%	Top 3%	Top 1%		NA						
25%	75%	50%	35%	25%	15%	10%					

Comments:

Admissions MMI – Sample Station 2

INSTRUCTIONS FOR THE OBSERVER

1. Ensure that the student has read the scenario

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.

2. Observe the applicant and be prepared to assess the communication skills displayed. Some background information is given on the following pages.
3. The student has 8 minutes to interact with the actor. After 8 minutes a bell will sound and you will have 2 minutes to complete the score sheet. Do not give the applicants feedback.
4. In assessing the student, consider the following issues. Note, however, that these are just a guideline and should not be considered comprehensive.
 - A. Did the applicant appear empathetic?
 - B. Did the applicant attempt to console Sara without belittling her or making light of her concerns?
 - C. Does the applicant help Sara consider multiple potential courses of action?

Background and Theory

History

Sara is anxious regarding her safety. She had a friend who narrowly escaped being at the World Trade Center when it was destroyed. Until now, she had not experienced angst regarding air travel, but presumably there were latent feelings present, surfacing today with the immediate prospect of flying to San Diego. She had routinely travelled via air in the past, but this is the first time air travel was required since September 11th, 2001. She is gripped with fear over what might happen.

Focus of station

This station is intended to be one that will allow an observer to evaluate the applicant's communication skills. The simulator should act in a standard manner for all applicants, but should also be reactive to the approach taken by the applicant.

Below are some characteristics of effective communication skills that the applicant might display.

1. Listens well.
2. Remains supportive.
3. Avoids making light of Sara's concerns.
4. Normalizes concerns, noting that these feelings of anxiety have become quite common.
5. Confirms, without patronizing, that Sara is aware of the relative safety of air travel (e.g. better security now in place at airports, statistically tiny chance of being targeted, etc)
6. Helps Sara separate the intellectual response of low danger from the emotional response of anxiety.

Station 2

SCORE SHEET

Applicant's Name: _____

Potential Conflict of Interest?: Y N

Interviewer's Name: _____

If "Yes," Why? _____

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.

Please rate the following aspects of this applicant's performance on this station relative to the pool of all applicants you are rating. You may adjust your scores as necessary before turning them in.

1. Please score the **communication skills** the applicant displayed during this station

Bottom	Top	Top	NA								
25%	75%	50%	35%	25%	15%	10%	5%	3%	1%		
Worst Applicant									Best Applicant		

2. Please score the strength of the applicant's **arguments** presented during this station

Bottom	Top	NA									
25%	75%	50%	35%	25%	15%	10%	5%	3%	1%		

3. Based on this brief encounter, please rate the **applicant's suitability** for a career in medicine

Bottom	Top	NA									
25%	75%	50%	35%	25%	15%	10%	5%	3%	1%		

Please score the applicant's overall performance on this station

Bottom	Top	NA									
25%	75%	50%	35%	25%	15%	10%	5%	3%	1%		

Comments:

McMaster University wishes to ensure the full and fair implementation of the principles which recognize that every person is equal in dignity and worth, and should be provided with equal rights and opportunities without discrimination.

Interviewer may **NOT** ask applicants questions related to:

*T*race
*T*ancestry
*T*place of origin
*T*colour
*T*ethnic origin
*T*citizenship
*T*creed or religion
*T*sex
*T*age
*T*marital status
*T*family status
*T*handicap
*T*sexual orientation

unless they have been raised by the applicant, and **if they are relevant to the issue under discussion.**

[Revised January 25, 2007]