

Using Multiple Mini-Interviews for Students' Admissions – An Insight from UK-Based Medical Students [Letter]

This article was published in the following Dove Press journal:
Advances in Medical Education and Practice

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Dear editor,

We read with great interest the article by Haider et al which provided an insight into using Multiple Mini Interviews (MMI) as an assessment method at medical school.¹ We appreciate the author's effort and as UK medical students who have participated in both MMI & traditional interviews, we would like to share our opinion.

Haider et al reported that 75% of candidates and 95% of assessors preferred MMI to traditional interviews.¹ Whilst all interviewers had an experience of traditional interviews, it would have been beneficial to have data regarding how many candidates had previous exposure to traditional interviews. For many candidates, the MMI may have been their first-ever interview. As a result, we believe it makes it difficult to compare the two interview methods in this study. We recommend including a traditional interview station along with MMI stations to allow comparison.

Furthermore, whilst it is completely acceptable to include only MMI or standard interviews as part of the selection process, we believe a hybrid model as highlighted by Zaidi et al will be more beneficial to implement initially.² This can address concerns highlighted by students such as not enough time to discuss particular issues in detail and fast-paced questioning. Moreover, whilst MMI allows students to showcase their well-roundedness, it only provides a snippet of the candidate's personality. Traditional methods allow an in-depth understanding of the individual.

Additionally, Bing-you et al mention certain steps that should be considered when implementing MMI such as rigorous training for faculty before implementation and contingency plans which have not been addressed in this study.³ This is crucial due to the complexity of MMI and can help deal with unforeseen circumstances in the future.

Finally, one of the issues highlighted by the interviewers was the length of MMI stations.¹ We recommend having 5–7 mins stations instead of 9 mins. This is something we have experienced during our MMI at UK medical schools. It has worked very well however the questions and phrasing need to be carefully selected. The study did not mention which questions were asked in the eight stations and it would have been useful to have this information.

To conclude, we appreciate this study highlights the reliability and acceptability of MMI as an assessment method. The findings are important, and we have

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suggested a few alterations to further improve the process for the following year. Future research should include using a hybrid model of MMI or including data on traditional interview methods to allow comparison, if suitable for their institution.

Disclosure

The authors report no conflicts of interest in this communication.

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