


Medical Students' Views on the Use of Multiple Mini-Interviews for Medical School Admissions [Letter]

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Dear editor

We appreciate the work accomplished by Haider et al¹ in analysing the role of Multiple Mini Interviews (MMIs) and recognising the challenges in the search for an effective process in medical school admissions. In this letter, we present our comments on certain aspects of this study.

The article acknowledges the need for additional student follow-up by comparing MMI scores to academic performance. Objective Structured Clinical Examinations (OSCEs) are used throughout medical schools in the UK to test communication skills as well as clinical knowledge. The use of MMIs in medical school admissions was deemed vital in preparing students for OSCEs; previous research established a positive correlation between MMI scores and OSCE performance. However, in this article there is no mention of the use of OSCEs which could be key in comparing performance to the previous cohort. It will be interesting to see if the cohort that underwent MMIs would feel better prepared for tackling their OSCEs.²

In assembling the stations, the authors took into account the non-cognitive attributes assessed by MMIs and the importance of these skills. The extent to which these were assessed or how they were performed was not discussed. The authors also make it clear that timing proved to be a limiting factor when assessing certain key skills, such as problem solving and teamwork. Alternatively, stations that explore personal statements and extracurricular activities can be used to look for evidence of these skills. This can also highlight candidates with a greater drive to pursue a career in medicine.³ Furthermore, the authors propose that MMIs allow institutions to identify specific areas of improvement to target these skills in the student's curriculum. Banjeree et al proposed a simulation-based curriculum to tackle this. A similar targeted approach could be used for these students over the next six years, therefore utilising the ability of MMIs to identify specific weaknesses in the cohort.⁴

Additionally, the main appeal of using MMIs as opposed to traditional interviewing is the ability to standardise the admission process. Consequently, we feel this demonstrates a need for interviewer training to also be standardised, ensuring reliability in assessing students. Investigating the effectiveness of MMI training sessions proved to be helpful in preparing examiners and improving knowledge regarding the overall process. This was explored by comparing the interviewer's perceptions of MMIs post-training and after completion of the MMIs. These

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findings could potentially be applied in the future through the use of mock interviews as part of the interviewer training.⁵

In summary, the article incisively highlights the use of MMIs as a reliable method of assessing prospective medical students. The points exemplified throughout this letter aim to further improve the implementation of MMIs. We also support the conclusions made about tailoring MMIs according to the values and ethos of the medical school. Further research on future cohorts can assess the reproducibility of the results obtained, potentially with a view to increase the weightage of MMIs in medical students' admissions.

Disclosure

The authors report no conflicts of interest in this communication.

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