

Why the MMI?

This year, the University of Arizona College of Medicine in Tucson is implementing an innovative way to assess applicants to our medical school – the Multiple Mini-Interview (MMI). Why the change? Below is a summary of the research we relied on when choosing this new format.

- Unlike standard metric tools such as the MCAT or GPA, the MMI is designed to measure abilities such as communication skills, professionalism and ethical decision making, all important characteristics in physicians.¹
- MMI scores do not correlate with other admissions tools (GPA, personal statement), so it can provide previously unavailable information about applicants.¹
- Research has shown it is a good predictor of future clinical performance among medical students.^{2,3}
- The format of the MMI, in which an applicant interacts with 9 interviewers instead of one or two, minimizes potential compatibility issues and unconscious bias that may be present in a traditional interview scoring system.⁴
- Research has shown that scores on the MMI are not associated with sociodemographic characteristics.⁵
- Studies have found that students who have been “coached” or who know the questions ahead of time do not perform better on the MMI, making it harder to “rehearse” for this format.^{6,7}
- Surveys and interviews conducted at institutions that utilize the MMI have shown that applicants generally give high approval ratings of the format and consider it to be a fair method of assessing candidates.^{1,8}
- It’s a time-saver: Using the MMI, we can conduct interviews in fewer hours than the traditional interview format.⁹

References

1. Eva, K.W., Rosenfeld, J., Reiter, H.I. & Norman, G.R. (2004). An admissions OSCE: The multiple mini-interview. *Medical Education*, 38, 314-326.
2. Eva, K.W., Reiter, H.I., Rosenfeld, J., Norman, G.R. (2004). The ability of the multiple mini-interview to predict preclerkship performance in medical school. *Academic Medicine*, 79(10), 40-42.
3. Reiter, H.I., Eva, K.W., Rosenfeld, J. & Norman, G.R. (2007). Multiple mini-interviews predict clerkship and licensing examination performance. *Medical Education*, 41, 378-384.
4. Edwards, J.C., Johnson, E.K., & Molitor, J.B. (1990). The interview in the admissions process. *Academic Medicine*, 65, 167-175.
5. Lemay, J.F., Lockyers, J. M., Collin, V. T., & Brownell, K. W. (2007). Assessment of non-cognitive trait through the admissions multiple mini-interview. *Medical Education*, 41, 573-579.
6. Griffin, B., Harding, D.W., Wilson, I.G., & Yeomans, N.D. (2008). Does practice make perfect? The effect of coaching and retesting on selection tests used for admission to an Australian medical school. *MJA*, 189(5), 270-273.
7. Reiter, H.I., Salvatori, P., Rosenfeld, J., Trinh, K. & Eva, K.W. (2006). The effect of defined violations of test security on admissions outcomes using multiple mini-interviews. *Medical Education*, 40, 36-42.
8. Kumar, K., Roberts, C., Rothnie, I., du Fresne, C. & Walton, M. (2009). Experiences of the multiple mini-interview: a qualitative analysis. *Medical Education*, 43, 360-367.
9. Rosenfeld, J.M., Reiter, H.I., Trinh, K. & Eva, K.W. (2008). A cost efficiency comparison between the multiple mini-interview and traditional admissions interviews. *Advances in Health Science Education*, 13, 43-58.