

Manual for Interviewers 2017/18

**Admissions
Undergraduate Medical Program
Michael G. DeGroot School of Medicine**

PREFACE

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 Multiple-Mini Interview (MMI) is an indispensable element of the admission cycle and the Faculty is very appreciative of the efforts of all participants in this process.

This manual is prepared for all Interviewers/Assessors taking part in the MMI for the McMaster Undergraduate Medical Program.

The Manual contains brief descriptions of:

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

Guidelines, with suggested approaches, are provided, to identify the areas that must be assessed for each applicant. Instructions on interview procedures are included. The main text makes reference to the procedures and to the forms that need to be completed during the interviews.

PREAMBLE

McMaster University offers a three year undergraduate medical Program that culminates in the conferring of an 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 frequently evaluated by peers, tutors and other faculty members. This self-directed learning is accomplished by small tutorial groups, assisted by lectures, and facilitated by elective activities that are 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.

WHAT TYPE OF DOCTOR DOES MCMASTER WISH TO GRADUATE?

McMaster tends not to prepare students for any particular career specialty but, rather, strives to produce graduates who will 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 the exclusively clinical to the 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 the McMaster 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, realistic, 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. It is also effective in promoting group problem solving and having students learn how to listen to others and how to receive and provide constructive feedback. In addition, the tutorial setting also provides students with an opportunity for self-evaluation in order to monitor their learning progress.

While in the Program, students are expected to be responsible for their own learning as well as that of other members of the group, and they need to be responsible for developing skills in self-assessment, and skills in peer assessment.

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 have selected. They then 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 students begins to ask questions, specific issues become better defined and require a search for additional information. After assembling the appropriate information, a solution to the problem is synthesized which includes a re-evaluation of the formed hypotheses. The students learn how wrestling with any one problem may open up many other avenues of enquiry.

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 student's learning practices. Evaluation is a constructive and integral component of the learning process rather than a detached activity.

The purpose of our 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 important contributors to the process. This is consistent with the concept of self-directed learning in small groups.

SELECTION OF 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 applicants not only on their academic qualifications but also on personal characteristics and aptitudes, such as problem-solving ability, self-appraisal ability, the 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.

As well as the obvious need to select candidates 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 their tutorial group setting.

We need to be aware that the educational system at McMaster is not ideal for everyone. Some individuals may enjoy working in tutorials and thrive on self-directed learning and problem-based learning which for them may generate enthusiasm and excitement. However, others may need, or enjoy, a more structured environment, and thus may not be well-suited to the Program at McMaster.

THE MULTIPLE MINI-INTERVIEW

The interview is one of the opportunities for the medical school to assess the applicant in person. Candidates have reached this stage because of their sufficiently high academic standing, strong MCAT verbal reasoning or critical analysis and reasoning score, or by presenting themselves as highly suitable on their CASPer test. It is the combination of these assessments that is used to select applicants for this next stage of selection.

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

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 (OSCE) 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 have reported positive feedback on their perceptions of the MMI.

The MMI consists of a series of short, carefully timed interview stations in an attempt to draw multiple samples of the applicant's ability to think on his or her feet, critically appraise information, communicate 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, observe two applicants interacting with each other, or observe an applicant's 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, evaluations that use multiple scenarios have been found to be psychometrically more sound, with a strong basis in educational and evaluation theory. This is advantageous for applicants. If applicants have trouble in one scenario they can recover with an excellent performance in another situation. Also, with the MMI, individuals with diverse backgrounds have a better opportunity to demonstrate the quality of their educational and personal experiences.

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, for example, 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 his or her personal opinions.

Recognize that there are **no right answers** for many of the scenarios that applicants will be required to address. 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 should, challenge the applicant to express his or her ideas clearly and rigorously.

OPERATIONAL DETAILS:

- Each mini-interview takes place in a different room.
- When the applicant comes to the door, he/she will see a card that, in a few lines, describes the scenario for that room. There may be a brief additional note.
- The applicants 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 applicants 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 longer. 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 these 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 four stations that have been used in the past are included in this manual.

- You will quickly note that the instructions that the candidates are provided with 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 applicant to defend his/her opinions by offering a countering point of view.
- Candidates have been informed that there are no absolutely correct answers for any of the stations.
- Be mindful that the MMI is not intended to test the amount of prior knowledge candidates have in a particular domain.
- 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 label you as an observer, you have been assigned to a scenario outlined and you should observe and evaluate each applicant's communication and/or collaboration skills.

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

Admissions MMI – Sample Station 1 (Ethical Decision-Making)

INSTRUCTIONS FOR THE INTERVIEWER

In 2012, a provincial health authority implemented an enhanced influenza control policy which, among other things, requires all hospital staff to receive the flu vaccination or wear a mask during flu season.

If you were in charge of a committee investigating whether to implement a mandatory flu vaccination policy for healthcare workers in Ontario, what information would you want to collect before making a recommendation?

1. **Ensure that the Applicant has read the scenario.**
2. The applicant 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.
3. Discuss some of the following issues with the applicant. Some background information is given on the following pages.
 - A. Some organizations argue that such a policy is an infringement on the rights of healthcare workers. Discuss your thoughts on this statement.
 - B. If you chose **NOT** to implement a mandatory vaccination program, what strategies might you use to increase healthcare provider vaccination coverage?
 - C. The policy implemented allows staff to opt out. Do you think it would be fair to penalize them if they get sick with the flu (i.e. unpaid sick day)?
4. In assessing the applicant, consider the following issues.
 - A. How well did the applicant demonstrate their analytical and critical thinking skills?
 - B. Did the applicant consider the issue from multiple perspectives?
 - C. Did the applicant demonstrate an understanding of the professional and ethical principles related to this issue?

BACKGROUND AND THEORY

In 2012, British Columbia's Health Authorities implemented an enhanced influenza control policy which, among other things, requires all hospital staff to receive the flu vaccination or wear a mask during flu season. If you were in charge of a committee investigating whether to implement such a policy in Ontario, what information would you want to collect before making a recommendation?

Applicants may discuss some of the following points (this is not an exhaustive list):

- What is the burden of influenza on both health care workers and patients?
- How effective is the vaccine?
- What is the safety profile of the vaccine?
- What proportion of the staff is eligible for the vaccine?
- Is there evidence demonstrating that vaccinating staff reduces patient mortality secondary to influenza (or other outcome measures)?
- How would the vaccine affect the number of missed work days by staff?
- How effective the masks at preventing influenza transmission?
- How receptive is the staff to such a policy?
- What is the cost of this policy?

Some organizations argue that such a policy is an infringement on the rights of healthcare workers. Discuss your thoughts on this statement.

Applicants may discuss some of the following points:

- Autonomy of health care workers
- Nature of the policy: invasive procedure, risks of vaccine
- Professional responsibilities of health care workers – respect, altruism, commitment to patients, health advocate, quality assurance
- Ethical responsibilities of health care workers – non-maleficence (“do no harm”)

If you chose NOT to implement a mandatory vaccination program, what strategies might you use to increase healthcare provider vaccination coverage?

Applicants may discuss some of the following points:

- Educational initiatives to inform staff of risks/benefits, etc.
- Accessibility: i.e. self-administered needles, provide flu shots for staff on hospital wards
- Incentives: money? food?
- Penalties: i.e. unpaid days if missed work due to influenza illness

Admissions MMI – Sample Station 2 (Communication/Actor Station)

INSTRUCTIONS FOR THE OBSERVER

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.

1. **Ensure that the student has read the scenario**
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.

Admissions MMI – Sample Station 3 (Collaboration/Task-Oriented)

INSTRUCTIONS FOR THE INTERVIEWER

When you enter the room there will be a sheet of paper that illustrates how to complete an origami (paper folding) project. On the other side of the room there is another candidate who can't look at you, but who has a blank piece of paper. Verbally guide your colleague to completion of the origami project.

You have 5 minutes to complete the project after which you will be given 3 minutes to discuss with your colleague any difficulties that arise during your communication.

YOU ARE APPLICANT A

1. **Ensure that the applicant has read the scenario**
2. During the first 5 minutes, observe the interaction of Applicant A with the other applicant. Assess how Applicant A approaches the problem. At the 5 minute mark, end the discussion and ask the two applicants to discuss the interaction and assess their contribution as well as that of the other applicant.
3. 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 speak calmly, clearly, and eloquently?
 - B. Did the applicant attempt to elicit feedback from the instructee to help guide the process?
 - C. Did the applicant attempt to confirm that the instructions had been understood before moving onto the next step?
 - D. During the final 3 minutes, was feedback given and received in an honest, respectful and mature manner?

BACKGROUND AND THEORY

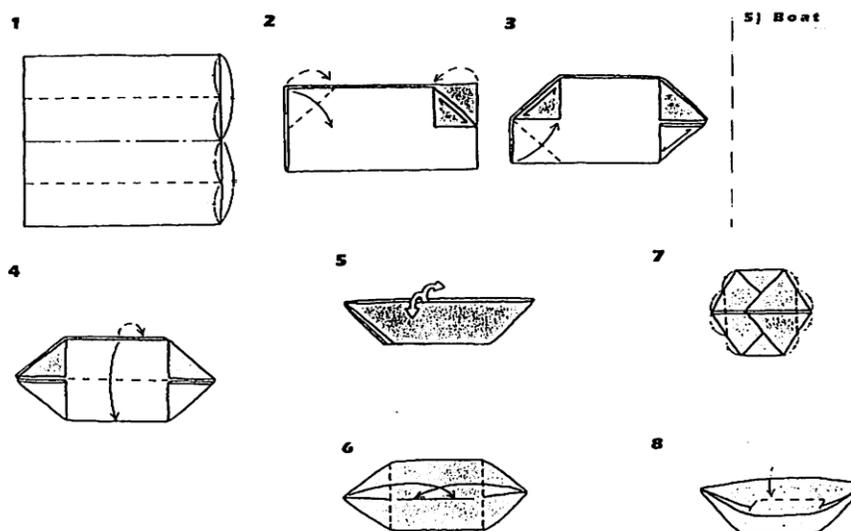
One of the essential roles that the CanMeds 2015 Physician Competency Framework, published by the Royal College of Physicians and Surgeons of Canada defined as critical to the performance of medical specialists is “Communicator”. The key competencies under this role include:

- Establishes professional therapeutic relationships with patients and their families;
- Elicits and synthesizes accurate and relevant information, incorporating the perspectives of patients and their families;
- Shares health care information and plans with patients and their families;
- Engages patients and their families in developing plans that reflect the patient’s health care needs and goals;
- Documents and shares written and electronic information about the medical encounter to optimize clinical decision-making, patient safety, confidentiality and privacy.

Obviously new candidates can’t be placed in clinical situations and expected to show that they are capable of each of these competencies, but this exercise is intended to serve as a proxy measure of these abilities.

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

- Listens well
- Remains supportive
- Provides instructee with a sense of the end goal rather than just leaping into the step by step instructions
- Avoids making light of any difficulties experienced by the instructee
- Takes stock of progress, gathering feedback from the instructee and confirming that the project is at the anticipated stage
- Is able to eloquently express instructions and maintain an effective dialogue with instructee during the 3 minute debriefing/feedback session



Admissions MMI – Sample Station 4 (Personal Interview)

INSTRUCTIONS FOR THE INTERVIEWER

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.

1. **Ensure that the applicant has read the scenario**
2. Discuss some of the following issues with the applicant. Some background information is given on the following pages.
 - A. What personal skills does the applicant feel physicians require?
 - B. How have these skills been demonstrated by the applicant in the past?
 - C. If the applicant does not get in, what would he/she do in the following year to try and improve his/her chances during the next admissions cycle?
 - D. What was learned from the experiences described by the applicant?
 - E. What experiences does the applicant wish he/she had had an opportunity to participate in?
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 demonstrate having put some thought into the qualities that must be maintained by a good physician?
 - B. Did the applicant support his/her claim that he/she has these qualities with specific examples of past experiences?

BACKGROUND AND THEORY

Following is a list of essential roles and key competencies that the CanMeds 2015 Physician Competency Framework, published by the Royal College of Physicians and Surgeons of Canada defined as critical to the performance of medical specialists. Applicants cannot have demonstrated competency in each of these areas without medical training, but they might serve as a guideline when listening to responses.

Medical Expert

- Practise medicine within their defined scope of practice and expertise
- Perform a patient-centred clinical assessment and establish a management plan
- Plan and perform procedures and therapies for the purpose of assessment and/or management
- Establish plans for ongoing care and, when appropriate, timely consultation
- Actively contribute, as an individual and as a member of a team providing care, to the continuous improvement of health care quality and patient safety

Communicator

- Establish professional therapeutic relationships with patients and their families
- Elicit and synthesize accurate and relevant information, incorporating the perspectives of patients and their families
- Share health care information and plans with patients and their families
- Engage patients and their families in developing plans that reflect the patient's health care needs and goals
- Document and share written and electronic information about the medical encounter to optimize clinical decision-making, patient safety, confidentiality, and privacy

Collaborator

- Work effectively with physicians and other colleagues in the health care professions
- Work with physicians and other colleagues in the health care professions to promote understanding, manage differences, and resolve conflicts
- Hand over the care of a patient to another health care professional to facilitate continuity of safe patient care

Leader

- Contribute to the improvement of health care delivery in teams, organizations, and systems
- Engage in the stewardship of health care resources
- Demonstrate leadership in professional practice
- Manage career planning, finances, and health human resources in a practice

Health Advocate

- Respond to an individual patient's health needs by advocating with the patient within and beyond the clinical environment
- Respond to the needs of the communities or populations they serve by advocating with them for system-level change in a socially accountable manner

Scholar

- Engage in the continuous enhancement of their professional activities through ongoing learning

- Teach students, residents, the public, and other health care professionals
- Integrate best available evidence into practice
- Contribute to the creation and dissemination of knowledge and practices applicable to health

Professional

- Demonstrate a commitment to patients by applying best practices and adhering to high ethical standards
- Demonstrate a commitment to society by recognizing and responding to societal expectations in health care
- Demonstrate a commitment to the profession by adhering to standards and participating in physician-led regulation
- Demonstrate a commitment to physician health and well-being to foster optimal patient care

Place Applicant Sticker Here

ADMISSIONS MMI – SAMPLE SCORE SHEET

Applicant’s Name: _____

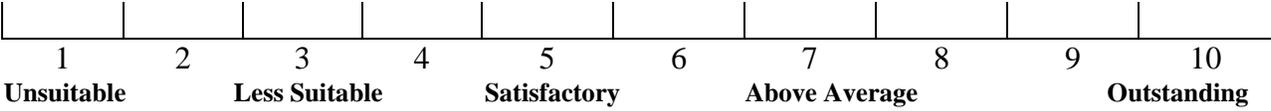
Interviewers Name: _____

Potential Conflict of Interest?: **Y** **N** **If “Yes,” Why?** _____

Station Stem will appear here

Please rate the applicant’s **overall 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.

Consider the applicant’s: **Communication skills**
 The strength of the arguments expressed
 The applicant’s suitability for the medical profession.



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.

Interviewers may **NOT** ask applicants questions related to the following unless they have been raised by the applicant, and **if they are relevant to the issue under discussion.**

- *Age*
- *Ancestry, color, race*
- *Citizenship*
- *Ethnic origin*
- *Place of origin*
- *Creed*
- *Disability*
- *Family Status*
- *Marital status*
- *Gender identity, gender expression*
- *Receipt of public assistance*
- *Record of offences*
- *Sex*
- *Sexual orientation*

[Revised January 26, 2017]