

## MMI Interviews – Debrief for Medics

*This is a debrief from the Setting up an MMI Practice for Medics document*

There are no “right” answers to most interview questions but interviewers are looking for evidence that you are thinking like a doctor and can cope with the pressure you are put under in the interview. The key to handling one is to keep calm, answer thoughtfully and try to establish a rapport with the interviewer or, in this case, interviewers – so, in each case, give a handshake at the beginning and end of each mini interview, make eye contact and try to engage with the interviewer as if you are having a conversation. Although they may not give much feedback at the time, they will appreciate the relationship you are immediately trying to establish, just as a good doctor does with a patient.

**Station 1: Why Medicine?** .....is the most obvious question and still the hardest to answer. The answer that must really be avoided is one along the lines of “because you want to help people”. This could be done by being a paramedic, a nurse, a care assistant or a social worker. The interviewers are looking for what is particular in being a doctor and therefore the science - liking the challenge of analysing and diagnosing problems over a range of conditions and wanting an on-going challenge as it is changing all the time, and all cases present differently etc. Doctors are primarily problem-solvers. People don’t usually consult them unless they think they have a problem and they are looking for the doctor(s) to diagnose it, treat it and hopefully solve it for them. There is enormous potential variety in the career of a doctor (at different times there’s the chance to do hospital work, work as a GP, do medical research, work abroad etc) and obviously there is the chance to have an impact on the lives of others in a particularly positive and satisfying way.

**What qualities do you think a good doctor needs to have?** There is no definitive list but among the ones most valued are – having great determination, not wanting to be beaten by problems, being patient, empathetic, optimistic, being a good communicator, being good at working in a team, having a capacity for hard work and for coping with stressful situations.

If asked about qualities, you just know what the next question will be, hence:

**Station 2: What evidence shows that you have the qualities a good doctor needs?** It is surprising how tongue-tied most candidates can be when detailing their experience and what they got from it and learnt from it. What goes down particularly well is when someone talks about how something done or seen was followed up by particular reading, research and action (“I saw cases of..... so I followed up by researching its symptoms and methods of treatment.”). Relevant experience does not have to be in a hospital. Some people do not get such an opportunity but there are other things you can do, such as working with others in your school or local community, especially with any who may have physical or mental handicaps or health issues. Working at a playgroup can introduce you to paediatric ailments, and working at an old people’s home to conditions of the elderly. Delivering medicines for

your local pharmacy can give you insights into treatments for various conditions and the complex issues that some patients have and how they are dealt with. You should definitely prepare for this question in advance, not so that you have a prepared script but so that you can give more than one example and develop your answer –again pointing out how you followed up on things you were introduced to. Be ready for the interviewer to probe more deeply about any of the examples you quote. **“Tell me about any relevant experience you’ve had”** does not mean “give me a list”; it means develop your answer, talk about how it felt, and what you learnt about medicine and about yourself as a potential medic..

**Station 3: What are the biggest health issues facing the NHS currently?** Listen carefully to questions. Note that this asks about health issues, so don’t go on about lack of funding and make political points. The most obvious issues are problems associated with an increasingly ageing population (Alzheimer’s, dementia, cancers associated with older people – prostate cancer for instance), obesity (among the young leading to unhealthy lifestyles and in older people leading to diabetes), and the so-called “antibiotic apocalypse” as viruses become more resistant to the drugs we have. Keep an eye on news items that suggest things. At the time this was written there were reports about increasing alcoholism among the over-50s and a rise in sexually transmitted diseases among the under-25s. Look also at problems in co-ordinating medical and social care in the community.

**What are they likely to be in 20 years’ time?** The problems just mentioned are not likely to go away. On the contrary, they could increase. Older people will represent a higher proportion than ever of the total demographic in 20 years’ time. If we don’t find new drugs, millions could end up dying of conditions we find easily treatable at the moment. Yet there are ever growing expectations on the part of the public (people will expect replacement organs so that they can be virtually rebuilt and live forever), doctors will have to cope with rapidly progressing technology (e.g., robotic surgery ). Note the example of the progress in prosthetics in the last few years as a result of injuries sustained in Iraq and Afghanistan. Also, assisted dying will become even more of a medical and moral issue.

**Station 4: What is health provision like in your home area?** Most candidates have no idea and many don’t even know what “provision” means. It means what are local services like, how accessible are they and how are they rated? The Care Quality Commission is like an OFSTED for Health Authorities and it will have produced a report on your local NHS Trust. How is your trust rated and why? Read that report, which you’ll find online. What is the balance between NHS and private hospital care in your area? Are there any specialist units (for instance in my local area one hospital pioneers world leading eye surgery, where eye ops are broadcast live to all parts of the world). Are there any local specialisms like a local heart care or neonatal unit? Is there a shortage of GPs so that it is difficult to get an appointment either at all or with the same doctor so that there is/isn’t continuity of care?

**Are there any particular health issues in your local area?** There will almost always be some and it would be a good question to put to your own GP. I don’t know your area but look for

equivalents to what issues there are in the area I live in, which is the Thames Valley. Being a river valley there are higher incidences of respiratory conditions, made worse here by lower air quality due to a heavy network of roads into London and flight paths into and out of Heathrow, Gatwick and City Airports . It is also classic commuter belt territory with people working long hours to afford the high cost of living, and therefore there is a higher than average rate of stress-related conditions such as strokes and hypertension. There are also issues concerning the Asian community in nearby Slough – e.g. women of grandparental age could not speak English, and therefore were not getting the messages about screening for breast cancer so the literature was translated into all the appropriate languages and distributed via the mosques so that the message got through. Young Asian males, it is said by doctors, are more reluctant than most youth groups to self-refer for sexually transmitted diseases so there is a higher than average incidence of the spread of gonorrhoea and chlamydia. If you are from a school in that area, that would be a great campaign to suggest, if they ask you what you might spend money on in your local area if you were given some to improve local health. Your own local GP should be able to help with any other ideas. Certainly let your own practice know that you're interested in going for Medicine as they may be able to set a few things up for you – if not, contact your local Rotary Club as they'll have members who are doctors and they are usually very willing to help out and will have contacts.

**Station 5: The Organ problem.** These can be awkward. There are no right answers, though some can be wrong. Don't say for this one that you'd just put all the names in a hat and draw out the lucky winners! The key is to think like a doctor and therefore use clinical needs as your main criteria. Again listen carefully to the question. "Do these issues matter?" Of course they do, as they are clinically relevant but that doesn't mean that they should preclude patients getting transplants. Certainly you should not be seen to be judging people for their lifestyles, but simply taking them into account when assessing how to treat them. Which patients would gain medical independence as a result of the transplant? That wouldn't preclude those with the other conditions but clearly those other issues would have to be addressed as part of the treatment. You'd take "risk" into account, not wanting to do actual harm to the patient and "social justice" could be relevant. If one of your patients was a single parent of three young, dependent children, you'd probably take that into account as you've got the consequences for four lives to consider. You should recognise that you do not have all the information you need from this to make that judgement yet; hence the need to get a fuller picture before deciding.

**Station 6: What areas of medical research interest you and what do you know about them?** This is straightforward as long as you have looked at some research. Check [www.ted.com](http://www.ted.com), which is brilliant for latest ideas. For instance, there's a lot being done on ways to delay the onset of dementia, there's using bacteria to attack certain cancer cells, they've found obesogens that show that some people have a genetic predisposition to obesity and what of research on zebra fish? It has been found that they can regenerate their

own damaged hearts – great if we could discover that trick and apply it to humans. It would revolutionise cardiac medicine. Keep a note of press articles about potential breakthroughs in different areas of medicine. You don't have to know about them all but certainly about one or two and again show that you've followed them up with a bit of independent research. FutureLearn has lots of taster courses – one or two will be an excellent introduction to studying medicine and will provide evidence of your having done independent learning.

**Station 7: Needle exchange scheme.** The first thing to avoid is any statement that illegal drug users “don't deserve” the money being spent on them because in medicine you treat everyone without prejudice. It is easy to condemn the proposal as “encouraging illegal drug use” but, if you stop the spread of HIV to the extent of preventing just 5 or 6 people getting it and developing full blown AIDS, you'll have saved money as it costs about £25,000 a year to treat an AIDS patient. The place where you set up the scheme could also house detox and rehab information and via the numbers using the scheme you could monitor local usage – so there are a number of clinical advantages. I did have someone once, who answered this by saying that it was a great idea having such a centre because you could get all the illegal drug users together and then arrest them. That may have been thinking like a good policeman but not as a good medic!

**Station 8: £10,000 for a health initiative.** This is a test of your local knowledge and of ideas about how to invest limited resources to best effect. £10,000 won't go particularly far so don't talk in terms of hiring more nurses or subsidising housing for GPs. What they are looking for is an investment in something preventative that will pay for itself many times over by preventing things that will be much more costly to treat. It could be a drive to get youngsters fitter, a mental health or sexual health awareness campaign and, if linked to some evidence or statistics you could quote that shows up a local need, that would be very impressive.

**Station 9:** These are a real challenge and full of potential pitfalls so part of the test is that you show you are thinking carefully. In (a) you do not want to give the impression that there has been negligence or else you could give grounds for all sorts of accusations. The key word is “unexpected”. At this immediate stage you will not have a particularly clear idea why the death has occurred. You will first of all inform the family of what has happened in as sensitive a way as possible, because the news will be unexpected and come as a shock. You will then tell them that you will do everything you can to discover why it is that this has happened – which is true. That is exactly what you and your team will do (and remember it is always a team effort so don't assume individual responsibility). Say that you will keep them informed. That is all you can reasonably say at that stage. It may turn out that what the person died of was something you couldn't possibly have foreseen from the symptoms they were showing and that you were right in the treatment you were giving for what was

something else, but that was not the cause of death. If something was missed that shouldn't have been, you will learn from that for the benefit of future patients.

The trap in (b) is that you make an automatic assumption of child abuse, accuse the parent and cause mayhem, possibly ending up with an even more hysterical mother, who might even run out of the hospital with the child, who then won't get the treatment it needs. If it turned out that "she" was the dog or indeed the child was saying something that was entirely unrelated to how the injury came about, you could end up in a very awkward situation. Therefore proceed with caution. Clearly there could have been abuse so you will have to look into that. Alert a senior nurse and get him/her to have a gentle chat with the mother to elicit exactly what happened, talk (very gently and calmly) to the child, preferably without the mother there, to find out what she meant, examine the child for any injuries or bruises consistent with the story and, if there does appear to be evidence of actual abuse, call a senior colleague so that you have a second opinion and you proceed collaboratively and not just on your own. You'd also check with past records on both the child and the parents.

**Station 10: How do you cope with stress?** Please do not say that you don't get stressed. You are a human being, not an android, and saying you don't get stressed suggests little self-awareness, which in turn could cause others to doubt your empathy skills. Medicine is a highly stressful career so they want to know what coping strategies you have, outlets, a life other than medicine that can help you relax, restore your perspective and give you enjoyment. Don't necessarily be too honest. **Describe a situation where your intervention has made a decisive difference.** This doesn't have to have been a life-threatening scenario – simply one where you can show that you took a lead, were persuasive, got others' agreement and had a good outcome. All of those things reflect well on your levels of confidence and communication skills.

**What would you do if not offered a place to read Medicine this year?** There is really only one answer they wish to hear and that is "see you next year – I shall re-apply" – i.e. I am very determined to be a doctor and, as long as it is realistic, I shall keep applying.

However hard they make it and some interview panels can be very daunting, try to establish a rapport with them. As said before, even if they don't acknowledge it, they will notice and it will count in your favour. After all, you need to be able to inspire other people's trust and confidence so the more warm you can appear to be, the better. This is particularly relevant if you are faced in one room with a role play. There could be someone acting the part of a very awkward or frightened or drunk patient in A & E and you've got to cope with finding out what's wrong and why they've presented themselves there. Remember – just stay calm, speak quietly, be empathetic, have good eye contact and keep smiling!

In choosing where to study, think whether you'd prefer a Med School where you'll be surrounded by medics all the time or whether you'd prefer a university, where you'd be in

halls of residence with people doing other subjects as well. Which method of teaching would you prefer – the more traditional approach or a problem-based learning one? Would you like an “intercalated course” that will give you the chance to do a one-year science research degree in the middle in some related field such as biochemistry or genetics? Factors such as these can help you answer the question “**why have you applied to this particular Med. School?**”

If you have the time, read “Do No Harm” by Henry Marsh and any of the books on the NHS currently- such as “NHS SOS” by Raymond Tallis”, “The Health of the Nation: NHS in Peril” by David Owen or “Betraying the NHS” by Mandelstram. The “Very Short Introduction to Medical Ethics” is very good as is “How Doctors Think” by Groopman. Certainly look at the King’s Fund website –

[www.kingsfund.org.uk/joinedupcare](http://www.kingsfund.org.uk/joinedupcare)

[www.kingsfund.org.uk/think](http://www.kingsfund.org.uk/think)

**Keep a portfolio** of what you do so that you don’t forget anything and use it when you come to write your personal statement and prepare for any interview. When you do write your personal statement, keep it simple and clear, let your evidence do the talking for you and remember that applications need to be in by **OCTOBER 15<sup>th</sup>** so don’t leave things to the last minute.

Check on the respective websites for practice questions for the BMAT and UKCAT exams and practise the essay question in particular as that is probably what you will have had least experience of, particularly if doing sciences in the Sixth Form. It helps you get the timing right as well. There isn’t time to write a lot so do a short introductory paragraph that sets out how you are interpreting the question, make 2 or 3 key points in paragraphs to follow and write a short final summary of your own view as a conclusion. Make sure you are accurate too in your spelling, use of grammar, and punctuation.

It all seems a lot to do and it is a lot really but it is worth all the effort and it should prove to be very interesting. Medicine is one of the most rewarding things you can do, so well done on giving it a go and very best of luck. I hope I get to meet you someday – maybe even as a patient!

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The PiXL Club