Using Crowdsourced Cases in a Multiple Mini-Interview (MMI)
Judith L. Rowen MD, Premal Patel MD, Victor Sierpina MD, Christine Ford MA
University of Texas Medical Branch

PROBLEM
Multiple mini-interviews have been shown to be feasible and reliable. Scores on an MMI correlate with later OSCE performance and enhance the diversity of the applicant pool. We decided to add MMIs into several of our processes, but struggled to find applicable scenarios to use in our setting.

OUR USES OF MMIs
• Application to SCOPE, the Student Continuity of Practice Experience, a longitudinal clerkship
• Application for Global Health assignments
• Assessment of ethics knowledge in our doctoring course, the Practice of Medicine year 1 (POM1)
• Assessment of TIME students’ acquisition of transition milestones for the upcoming match

METHODS
The same general method was used for all of the MMIs listed above; this poster focuses on the SCOPE program.

Within a widely representative group at various meetings (the “crowd” in our “crowdsourcing”), the following steps were followed:
1. Brainstorm qualities desired in student selected for SCOPE
2. Recall incidents where current or past students failed to exhibit the desire quality
3. Draft a scenario based on these “real-world” incidents, including prompting questions for the interviewer’s use
4. Circulate for comment, ensure language is understandable at learner level

Our MMIs have been held in our standardized patient center to allow overhead announcements. We allot 8 minutes per station. Evaluators stay in the same station throughout the exercise; we use one evaluator per station.

EVALUATION
After the MMI was used in the student selection process for SCOPE, an anonymous (SurveyMonkey) survey of faculty and students was distributed. We plan to track performance on the MMI and subsequent success in coursework.

<table>
<thead>
<tr>
<th>CHARACTERISTIC DESIRED</th>
<th>CASE SYNOPSIS</th>
<th>COMMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Perspective taking, readiness for interprofessional teamwork</td>
<td>Diabetic patient previously seen by NP, not started on metformin per guidelines</td>
<td>Strong students assume the NP had a good reason, weak students blame the NP for error</td>
</tr>
<tr>
<td>Balance priorities, patient advocacy</td>
<td>Serious lab results received; student has another activity at time patient available</td>
<td>Strong students discuss the pros and cons of options, weak students only discuss one side</td>
</tr>
<tr>
<td>Compassion, patient autonomy</td>
<td>Patient with multiple medical problems who does not want to talk about his smoking</td>
<td>Strong students acknowledge patient’s stance, leave door open for future discussion; weak students force the issue</td>
</tr>
</tbody>
</table>

RESULTS
• 100% of students reported doing more talking in the MMI than the interviewer.
• 92% of students thought the process was fair and balanced.
• None of the students agreed with the statement “I would have preferred a more standard, longer one-on-one interview.”
• 87.5% of faculty felt the MMI allowed them to differentiate students.
• 100% of faculty agreed the scenarios were realistic.
• 100% of faculty answered “very much” to the prompt “I enjoyed this form of interviewing.”

Sample comments: “I really liked this process, and I felt that the interviewers related to me as a first year medical student. I found the process fun and creative.” (student) “I thoroughly enjoyed the format and think it should be used for other purposes.” (faculty)

SUMMARY
MMIs were useful, well received and easily deployed at our institution. Crowdsourcing the scenarios made development of the exercise smoother and more targeted to the specific objectives.

References
1. Pau, Med Teacher 2013
3. Terregino Acad Med 2015