

# The role of interviews in predicting student OSCE performance: medical students' perspective

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## Dear editor

We have read with great interest the article by Kumar et al,<sup>1</sup> which correlates the performance of physician associates in a multiple mini-interview (MMI) to performances in objective structured clinical examinations (OSCEs). As senior medical students, we share many similarities with physician associate students as we were assessed through MMIs for entrance into medical school and are constantly assessed via OSCEs throughout our training. We would therefore like to share our perspective on the topic.

Since the MMI is based on many stations, each approximately 10 minutes,<sup>2</sup> attributes such as motivation, which is a vital factor contributing to an individual's examination performance,<sup>3</sup> may be difficult to assess in a limited period. From our own personal experiences, the majority of MMI stations, excluding the role play station, did not allow for further exploration of ideas through conversation. This is in contrast to OSCEs which consist of multiple role-playing stations that facilitate academic discussion with examiners such as investigations and management of the clinical case.

A study by Sklar et al<sup>4</sup> demonstrated that interviewees who participated in both traditional panel interviews and MMIs felt that the traditional interviewing format allowed them to better display their communication abilities. Thus, traditional interviews may better display a student's motivation and communication skills. A lack of conversation and a limited time period are important factors which may make MMIs inferior in demonstrating communication skills. Additionally, the variation of examiners within MMIs and OSCEs also make it difficult to truly assess performance fairly across all candidates, since this introduces a subjective element that cannot be completely eliminated. Nevertheless, a study by Oluwasanjo et al<sup>2</sup> supports the use of MMI in assessing interpersonal and communication skills at a postgraduate level as well as stating a moderate positive correlation with OSCE scores, which supports the findings from Kumar et al.<sup>1</sup>

OSCEs are designed to assess both clinical and nonclinical aspects of communication. Since MMIs assess noncognitive skills, it is difficult to ascertain whether MMIs are also a good predictor of communication involving cognitive ability. This is particularly challenging when assessing a student's ability to explain and give information on topics

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such as blood results or a diagnosis. A clear breakdown of communication relating to cognitive or noncognitive skills would better differentiate the use of MMI as a predictor of performance in an OSCE.

The predictive value of MMIs is far from certain due to the lack of data available on the topic. A comparison of MMIs to traditional panel interviews with respect to attainment in future OSCEs would further help increase the acceptability of interviews as a predictive factor of future attainment. Considering the importance in training future clinicians, the correlation between MMI admission interviews and OSCE performances may permit a smarter and more efficient admission process. Therefore, we welcome more studies that explore such hypotheses.

## Disclosure

The authors report no conflicts of interest in this communication.

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## Authors' reply

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## Dear editor

We thank Shafi et al for their interest in our recently published paper<sup>1</sup> and for sharing their perspective as medical students who have gone through multiple mini-interview (MMI) and objective structured clinical examinations (OSCE). Having read their response in detail, we feel it warrants several clarifications.

Our study aims to identify the correlation between the performance of the physician associates' communication skills during MMI and the subsequent OSCEs throughout their training and the effectiveness of MMI as a selection tool with the communication skills reflecting the ethos of the National Health Service (NHS). Since, its introduction by McMaster University in Canada, MMI has been widely espoused as part of the recruitment tool in the medical school and supported by medical school council in the United Kingdom. Several authors have shown that there is significant correlation that exists between MMI performance and clinical medical education examinations.<sup>2,3</sup>

Unlike traditional MMI used by the medical schools, we blueprinted and piloted the Value-Based Recruitment strategy (6Cs) proposed by NHS, and assessed the communication

skills later during OSCE.<sup>4,5</sup> Hence, this unique MMI put us in an advantageous position to compare the noncognitive part of the communication skills but not the information giving part of the communication skills in a clinical scenario such as an explanation of the procedure or data interpretation.

We welcome the comparison between our prescribed MMI and the author's experience in medical school. However, neither was it the remit of our paper to compare MMIs in different clinical programs nor compare its superiority over traditional interviews. Moreover, we suggested further research to find out the correlation between MMI and Faculty of Physician Associate National Examination.<sup>1</sup>

It is an undisputed fact that MMI is a good predictor for subsequent clinical year performance, and we welcome the Medical Schools Council and GMC's initiative to compare such data across medical schools.

## Disclosure

The authors report no conflicts of interest in this communication.

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