

Medicine mock interview

A second seven station MMI circuit for medicine applicants, with no question repeated from mock 1. Interviewers do not need to be doctors.

MOCK INTERVIEW 2 MMI CIRCUIT 7 STATIONS 7 MINUTES PER STATION

BEFORE YOU START

How to run this mock

- 1 Set up seven stations, one room or clearly separated space each, with a door card from the back of this pack on the door and one interviewer holding the matching station page.
- 2 Run students round in order: 7 minutes in the station, 2 minutes to move on. Seven students fit in one 63 minute circuit, twenty one if you start three at different points.
- 3 Interviewers mark all four domains at every station on the 1 to 4 scale, and write one line of evidence before the next student comes in, while it is still fresh.
- 4 Collect the station pages, copy the marks onto the scoring summary, and give every student one strength and one thing to work on. The debrief is the part that changes results.

MARKED THE SAME WAY AT EVERY STATION

The four scoring domains

M Motivation and insight

Knows what the job really involves, hard parts included, and why it suits them.

- 1 Generic reasons that would fit any career.
- 4 Personal and specific, honest about the hard parts.

C Communication

Clear, structured and pitched at the listener. Listens as well as talks.

- 1 Rambling or memorised, or talks over the interviewer.
- 4 Plain, structured, and answers what was actually asked.

R Reflection and self awareness

Learns from experience rather than listing it. Honest about limits.

- 1 Describes what happened, with no learning attached.
- 4 Says what changed, and what still needs work.

V Professional values and ethics

Puts the patient first, weighs both sides, and knows when to ask for help.

- 1 Jumps to one answer, ignoring who it affects.
- 4 Weighs both sides, and knows where their authority ends.

MOTIVATION FOR MEDICINE

What do you think the first two years at medical school will actually be like, and what do you expect to find hardest about them?

IF THEY STALL OR FINISH EARLY, YOU MAY ASK

- What have you done to find out, rather than assume?
- What would you do in the term where it stopped feeling exciting?

WHAT A STRONG CANDIDATE COVERS: A LISTENING AID, NOT A MODEL ANSWER. DO NOT READ IT OUT.

- A realistic picture of the work: a heavy timetable, a great deal of memorising, and being ordinary in a year group where everyone was the best in their school.
- Where the picture came from, whether that is an open day, a current student, a university's own course page or a placement.
- Names something specific they expect to find hard, such as the volume, living away from home, or the first time they see a patient die.
- A plan for the hard part that is about habits and asking for help, rather than about working harder.
- Knows that clinical contact and the parts they are looking forward to come later, and is willing to earn them.

NOTE FOR THE INTERVIEWER

Listen for whether the student has looked at a real course, not just the idea of medical school. A student who says plainly that they do not yet know what dissection or an early placement will feel like is being honest, and that is worth more than a confident guess.

MARK ALL FOUR DOMAINS

	Little evidence	Some evidence	Clear evidence	Strong evidence
Motivation and insight	1	2	3	4
Communication	1	2	3	4
Reflection and self awareness	1	2	3	4
Professional values and ethics	1	2	3	4

EVIDENCE: ONE LINE, IN THEIR WORDS, BEFORE THE NEXT STUDENT COMES IN

WORK EXPERIENCE AND REFLECTION

Tell us about a time you watched someone explain something difficult to a patient, a customer or a member of the public. What did you take from the way they did it?

IF THEY STALL OR FINISH EARLY, YOU MAY ASK

- What did the person on the receiving end do or say that told you it had landed?
- What would you have done differently in their place?

WHAT A STRONG CANDIDATE COVERS: A LISTENING AID, NOT A MODEL ANSWER. DO NOT READ IT OUT.

- One occasion described concretely, with enough detail that they were clearly there and paying attention.
- What the explainer actually did: the words they avoided, the checking they did, the pace, the silence they allowed.
- Attention to the listener rather than only to the speaker, including what their face and their questions showed.
- A learning point stated plainly, and connected to how the candidate would want to explain something themselves.
- No identifying detail about a patient or a customer, which is the quiet test in any work experience answer.

NOTE FOR THE INTERVIEWER

This works just as well from a retail job, a care home or a parents' evening as from a ward. Mark what they noticed, not where they were standing.

MARK ALL FOUR DOMAINS

	Little evidence	Some evidence	Clear evidence	Strong evidence
Motivation and insight	1	2	3	4
Communication	1	2	3	4
Reflection and self awareness	1	2	3	4
Professional values and ethics	1	2	3	4

EVIDENCE: ONE LINE, IN THEIR WORDS, BEFORE THE NEXT STUDENT COMES IN

ETHICAL REASONING

A medical student you know posts a photograph taken on a hospital ward on social media. A patient's notes are readable in the background. What are the issues here, and what would you do?

IF THEY STALL OR FINISH EARLY, YOU MAY ASK

- What if they took it down as soon as you mentioned it?
- Does it change anything if the photo was in a private group of six friends?

WHAT A STRONG CANDIDATE COVERS: A LISTENING AID, NOT A MODEL ANSWER. DO NOT READ IT OUT.

- Identifies the harm to the patient first: information they gave to a hospital in confidence is now somewhere they never agreed to.
- Separates the friendship from the problem, and resists the idea that saying nothing is the loyal thing to do.
- Starts with the most proportionate step, which is speaking to the student directly, rather than reporting them straight away.
- Recognises that taking it down does not undo it, and that the ward, the hospital or the school may still need to know.
- Knows this is exactly the sort of thing to raise with a supervisor rather than settle alone, and says so without sounding like a rule book.

NOTE FOR THE INTERVIEWER

There is no single right answer and the medical schools do not expect a student to quote guidance. Mark whether they hold the patient in view, whether they take a proportionate first step, and whether they can be honest with a friend.

MARK ALL FOUR DOMAINS

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Motivation and insight	1	2	3	4
Communication	1	2	3	4
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THE NHS AND ITS PRESSURES

The NHS is free at the point of use. What does that actually mean in practice, and what problems does it create as well as solve?

IF THEY STALL OR FINISH EARLY, YOU MAY ASK

- Who pays for it, and what happens to that money when the population gets older?
- Would charging a small amount for a missed appointment be a good idea?

WHAT A STRONG CANDIDATE COVERS: A LISTENING AID, NOT A MODEL ANSWER. DO NOT READ IT OUT.

- Explains the principle accurately: care is paid for from general taxation and provided on the basis of need rather than ability to pay, with a few charges such as prescriptions in England.
- Names what the principle protects: people seek help early, and illness does not bankrupt a family.
- Accepts the harder side honestly, including demand that has no price to limit it and the rationing that then happens through waiting.
- Reasons about a proposed charge from both ends, and notices it would fall hardest on the people least able to pay.
- Distinguishes what they know from what they think, and says where their information came from.

NOTE FOR THE INTERVIEWER

Sixth formers are not expected to know health economics. A candidate who says they are not sure of a figure but can reason about who a change would fall on is doing exactly what this station tests.

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COMMUNICATION ROLE PLAY

A friend missed a compulsory session and wants you to tell your teacher you were together. You were not. Speak to them now.

IF THEY STALL OR FINISH EARLY, YOU MAY ASK

- What would you do if they said they would lose their place without your help?
- Is there anything you could offer them instead?

BRIEF FOR THE PERSON PLAYING THE PART

Your part	You are the candidate's friend. You missed the session because you had a panic attack and went home, and you are ashamed of it. You play it down and push hard for the favour. If the candidate is warm and asks what happened, you tell them.
Open with	It is one word to one teacher. You would do it for anyone else.
If handled well	Admit what really happened, and accept their offer to come with you to speak to the teacher.
If handled badly	Get quieter and more insistent if they lecture you, and say they are making it a bigger deal than it is. Never aggressive.

WHAT A STRONG CANDIDATE COVERS: A LISTENING AID, NOT A MODEL ANSWER. DO NOT READ IT OUT.

- Finds out what is really going on before answering.
- Says no clearly, once, without a lecture and without leaving the friend guessing.
- Keeps the friendship intact while refusing: the answer is about the lie, not the person.
- Offers a real alternative, such as going with them to speak to the teacher.

NOTE FOR THE INTERVIEWER

Two people run this station: one marks, one plays the friend, from the brief above. Mark the conversation, not the verdict.

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DATA AND PROBLEM SOLVING

Look at the table. Which hospital would you want to be referred to, and what would you need to know before you decided?

WAITING TIME FROM REFERRAL TO FIRST APPOINTMENT, ONE SPECIALTY, ONE MONTH

Hospital	Patients referred	Average wait (weeks)	Longest wait (weeks)
A	820	11	26
B	1,140	14	31
C	760	9	40
D	180	5	9

These figures are invented for this exercise. They are not data from any real hospital and should not be quoted as such.

IF THEY STALL OR FINISH EARLY, YOU MAY ASK

- Hospital D is being praised for its short waits. Is that fair?
- What would you measure that this table does not show?

WHAT A STRONG CANDIDATE COVERS: A LISTENING AID, NOT A MODEL ANSWER. DO NOT READ IT OUT.

- Reads the table accurately before judging it, including how many patients each hospital is dealing with.
- Notices that the hospital with the shortest wait also sees by far the fewest patients, so the comparison is not like for like.
- Sees that an average hides the tail: the longest wait matters to the person waiting it.
- Names what the table cannot say, including how ill the patients were and whether anyone was turned away or sent elsewhere.
- Thinks about the patient's own position, including travel, and does not treat the smallest number as automatically the best.

NOTE FOR THE INTERVIEWER

Print this station page so the candidate can see the table while they talk. There is no right answer. Mark whether they read carefully, reason out loud and stay aware of what they do not know.

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PERSONAL INSIGHT

Tell us about a time you changed your mind about something that mattered to you. What changed it?

IF THEY STALL OR FINISH EARLY, YOU MAY ASK

- What did it cost you to change your position?
- How do you decide whose opinion is worth listening to?

WHAT A STRONG CANDIDATE COVERS: A LISTENING AID, NOT A MODEL ANSWER. DO NOT READ IT OUT.

- Picks something that genuinely mattered, rather than a preference or a small logistical choice.
- Says what they used to think and why, without embarrassment about having thought it.
- Names what actually moved them, whether that was evidence, an argument or meeting someone the question affected.
- Shows they can hold a view and still hear a challenge to it, which is the whole point of the station.
- Connects it to the work: medicine changes its mind regularly, and a doctor who cannot is a hazard.

NOTE FOR THE INTERVIEWER

Give a long pause before prompting. Students often reach for a political example and then worry about your opinion, so stay neutral in your face as well as your words.

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Scoring summary

One row per student. Copy each mark across from the station sheets, then total the row. Every station is marked out of 16, so the circuit totals 112.

M Motivation and insight C Communication R Reflection and self awareness V Professional values and ethics

[illegible]

THE SCALE, AT EVERY STATION

- | | | |
|---|-----------------|---|
| 1 | Little evidence | Barely addressed, or addressed in a way that raises a concern. Would need substantial work before a real interview. |
| 2 | Some evidence | Touched on it, but thinly or only when prompted. The material is there and the answer is not. |
| 3 | Clear evidence | Covered it well and unprompted. The kind of answer that does the candidate no harm at a real interview. |
| 4 | Strong evidence | Covered it with insight and specifics, and made the interviewer want to hear more. Rare, and should stay rare. |

Briefing for interviewers

Read this once before the circuit starts. It takes about three minutes, and it is the difference between a mock that flatters everyone and one that tells a student something they can act on.

You do not need to be a doctor to interview

You are not judging medical knowledge. You are judging whether a seventeen year old can think out loud, listen, reflect honestly and hold more than one side of a problem. Everything you need is on your station page, and the four domains mean the same thing at every station in the circuit.

Before the circuit starts

- Read your station page twice, including the two follow up prompts, and check the door card outside matches your station.
- Have the page, a pen and a watch or a phone timer in front of you. Someone will call the changeover, but keep your own eye on the time.
- Decide with the coordinator who calls time if you are running the role play station, because that station needs two people.

Running your station

- Ask the question exactly as written, so every student gets the same station.
- Then stop talking. Let a silence run for a good five seconds before you prompt: thinking time is not a fault.
- Use a follow up only if the candidate has stalled or has finished early. Two prompts is the maximum.
- Do not teach, correct or react. Nodding along warmly to one student and sitting stony faced with the next is the most common way a circuit becomes unfair.
- Keep the listening aid beside you, not in front of the candidate. It is there to help you hear a thin answer, and it is not a checklist to tick off or read aloud.

Marking

- Mark all four domains, every time, even at a station that leans on two of them. A candidate who communicates beautifully and says nothing can score 4 and 1 on the same answer.
- Mark immediately, before the next student walks in. Marks written at the end of the afternoon are memories of the strongest and the weakest, and nothing in between.
- Write one line of evidence per student, in their words if you can. That line is what makes the debrief useful, and it is the part students remember.
- Use the whole scale. If everyone gets a 3, the circuit has told the student nothing.

Afterwards

- Hand your station pages to the coordinator with every mark and evidence line filled in.
- Flag anything that worried you, for example a student who was very distressed or an answer that raised a safeguarding concern, to the member of staff running the day rather than to the student.
- If you can stay for ten minutes, the students get far more from hearing one strength and one improvement from you directly than from a score.

**What do you think
the first two years
at medical school
will actually be
like, and what do
you expect to find
hardest about
them?**

Take a moment to think before you answer. The interviewer may ask you more.

**Tell us about a time
you watched
someone explain
something difficult
to a patient, a
customer or a
member of the
public. What did
you take from the
way they did it?**

Take a moment to think before you answer. The interviewer may ask you more.

A medical student you know posts a photograph taken on a hospital ward on social media. A patient's notes are readable in the background. What are the issues here, and what would you do?

Take a moment to think before you answer. The interviewer may ask you more.

The NHS is free at the point of use. What does that actually mean in practice, and what problems does it create as well as solve?

Take a moment to think before you answer. The interviewer may ask you more.

A friend missed a compulsory session and wants you to tell your teacher you were together. You were not. Speak to them now.

Take a moment to think before you answer. The interviewer may ask you more.

**Look at the table.
Which hospital
would you want to
be referred to, and
what would you
need to know
before you
decided?**

Take a moment to think before you answer. The interviewer may ask you more.

**Tell us about a
time you changed
your mind about
something that
mattered to you.
What changed it?**

Take a moment to think before you answer. The interviewer may ask you more.