FOR TEACHERS AND CAREERS LEADS

Medicine mock interview

A ninth seven station MMI circuit for medicine applicants, built around judgement and who a decision lands on. Interviewers do not need to be doctors.

MOCK INTERVIEW 9 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

Why medicine rather than a research science degree, when both would let you spend a career working on illness?

IF THEY STALL OR FINISH EARLY, YOU MAY ASK

- What do you think you would miss if you spent your working life in a laboratory?
- Where does research fit into a doctor's working life?

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

- Says what draws them to patients specifically, instead of praising medicine and never touching the comparison.
- Is fair to research rather than dismissive of it, and knows that many doctors end up doing both.
- Shows some understanding of what a science degree and a research career actually involve day to day.
- Names what they would find hard about medicine that a laboratory would spare them, and chooses it anyway.
- Gives evidence from something they have done, not only from how they imagine each would feel.

NOTE FOR THE INTERVIEWER

The comparison is the question, so a candidate who talks only about medicine has not answered it. A student who has seriously considered research and then chosen medicine should score well here, even if the reasons are ordinary.

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 placement or a shift where you were bored or had very little to do. What did you do with that time?

IF THEY STALL OR FINISH EARLY, YOU MAY ASK

- What did you learn from watching, even when nobody involved you?
- Did you ask for more to do, and what happened when you did?

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

- Is honest that a good deal of it was dull, instead of claiming every hour was fascinating.
- Describes what they did with the time: watching closely, asking at the right moment, making themselves quietly useful.
- Understands why they were kept at a distance, which is usually about the patients and not about them.
- Notices something worth noticing that they would have missed entirely if they had been kept busy.
- Takes some responsibility for the experience rather than blaming the placement for not entertaining them.

NOTE FOR THE INTERVIEWER

Standing about with little to do is the honest experience of most work experience, in a shop or a care home as much as a hospital. Reward the honesty: a student who insists it was all inspiring is telling you less, not more.

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

An elderly man who lives alone wants to go home from hospital. The team thinks he will not manage and is likely to fall. What are the issues, and what should they do?

IF THEY STALL OR FINISH EARLY, YOU MAY ASK

- What if his daughter rings and insists that he stays?
- What would change your mind about letting him go?

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

- Starts with whether he is able to make the decision himself, and does not assume his age settles that.
- States the trade-off plainly: his freedom to take a risk with his own life against the team's wish to keep him safe.
- Looks to reduce the risk rather than overrule the man: equipment, care at home, a neighbour or a warden calling in.
- Treats the daughter's worry as real while knowing the decision is not hers if her father can make it.
- Sees that a discharge like this is a team decision, involving people beyond the doctor who saw him.

NOTE FOR THE INTERVIEWER

Students often reach straight for keeping him in, because it sounds like the caring answer. Mark whether they can hold that a person may make a choice others think unwise, and whether they hunt for the middle ground.

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	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

THE NHS AND ITS PRESSURES

Does a doctor have responsibilities beyond the patient in front of them? To whom, and what happens when those pull in different directions?

IF THEY STALL OR FINISH EARLY, YOU MAY ASK

- Give us an example where the two would genuinely conflict.
- Who should decide when they do?

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

- Names who else is owed something: the patients waiting, colleagues, the public purse, and public health more widely.
- Reaches for a concrete example instead of staying abstract, such as antibiotics, a scan that is not needed, or a sick note.
- Holds that the patient in the room still comes first there, and can say why that matters to everyone else too.
- Sees that ignoring the wider duty is not kindness, only a cost moved on to somebody who is not in the room.
- Puts the hard calls where they belong: guidelines, teams and national decisions, not one person improvising alone.

NOTE FOR THE INTERVIEWER

This is an abstract question, so expect a slow start and let the silence run. The follow up asking for an example is where the answer usually becomes real, so use it early if the candidate is circling.

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

COMMUNICATION ROLE PLAY

A friend at your weekend job asks you to cover their shift again, for the fourth time. Speak to them now.

IF THEY STALL OR FINISH EARLY, YOU MAY ASK

- What if they remind you of the time they covered for you?
- What would you say to your manager if they asked about it?

BRIEF FOR THE PERSON PLAYING THE PART

Your part	You work weekends with the candidate. You want Saturday off for a family thing and have asked three times before. You lean on the friendship and remind them you covered for them in March. You give way only if they are firm and kind.
Open with	It is only Saturday. You never do anything on a Saturday.
If handled well	Back off, say you understand, and mention you will ask the manager instead.
If handled badly	Push harder if they waver, and sound hurt rather than angry about it.

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

- Says no clearly and early, so the friend is not left guessing.
- Gives a reason that is genuinely theirs rather than an invented one.
- Holds the line when pressed, without going cold or apologising repeatedly.
- Keeps the friendship in the room: the refusal is about the shifts.

NOTE FOR THE INTERVIEWER

Two people run this station: one marks, one plays the friend. Mark how they refuse, not whether they refuse.

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DATA AND PROBLEM SOLVING

Look at the table. Which ward would worry you most tonight, and what would you want to know before saying so?

NIGHT STAFFING AND BEDS OCCUPIED ON FOUR WARDS

Ward	Beds occupied	Nurses on shift	Patients per nurse
A	24	4	6
B	28	3	9
C	30	6	5
D	18	2	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

- Ward C has the most nurses on shift. Does that settle it?
- What would you move, and what would that cost the ward you took it from?

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

- Reads the table accurately, including that the ward with most patients is not the one with fewest nurses.
- Uses the ratio rather than the headcount, and sees that B and D are stretched the same way despite their size.
- Notices that a small ward with two nurses has no slack at all if one of them is called away.
- Asks what the table cannot show: how ill the patients are, how many need two people, experience, and the ward layout.
- Thinks about what moving staff would cost the ward they came from, rather than fixing one problem by making another.

NOTE FOR THE INTERVIEWER

Print this station page so the candidate can see the table. Mark whether they compare like with like, notice that headcount alone answers nothing, and say plainly what the figures leave out.

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PERSONAL INSIGHT

Tell us about a time you let somebody down. What did you do about it afterwards?

IF THEY STALL OR FINISH EARLY, YOU MAY ASK

- What did you say to them at the time?
- What do you do now that makes it less likely to happen again?

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

- Picks an occasion where somebody else was affected, not one where they only let themselves down.
- Says what they did without softening it, and without spreading the blame around other people.
- Describes the repair: what they said, how soon, and whether the other person accepted it.
- Separates apologising from being forgiven, and does not assume the second followed the first.
- Names the change that came out of it, in terms concrete enough that you could check them.

NOTE FOR THE INTERVIEWER

Give the silence a long run before you prompt. A student who tells a small, true story usually scores better here than one with a dramatic example they have already polished for an audience.

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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

	Station 1				Station 2				Station 3				Station 4				Station 5				Station 6				Station 7				Total
STUDENT	M	C	R	V	M	C	R	V	M	C	R	V	M	C	R	V	M	C	R	V	M	C	R	V	M	C	R	V	/ 112

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.

STATION 1 OF 7

MOTIVATION FOR MEDICINE

Why medicine rather than a research science degree, when both would let you spend a career working on illness?

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

Tell us about a placement or a shift where you were bored or had very little to do. What did you do with that time?

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An elderly man who lives alone wants to go home from hospital. The team thinks he will not manage and is likely to fall. What are the issues, and what should they do?

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Does a doctor have responsibilities beyond the patient in front of them? To whom, and what happens when those pull in different directions?

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A friend at your weekend job asks you to cover their shift again, for the fourth time. Speak to them now.

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Look at the table. Which ward would worry you most tonight, and what would you want to know before saying so?

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

Tell us about a time you let somebody down. What did you do about it afterwards?

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