Multiple Mini Interviews for Selection of Dental Students: Influence of Gender and Starting Station

Michele E. Barbour, M.Phys., Ph.D.; Jonathan R. Sandy, B.D.S., Ph.D.

Abstract: Multiple Mini Interviews (MMI) are an increasingly popular tool for selecting entrants to undergraduate degree programs in dentistry in the United Kingdom. This article reports on the use of MMI to select dental students at the University of Bristol, United Kingdom, over two successive admissions cycles (2011-12 and 2012-13). MMI provided an efficient means to discriminate between the performance of applicants who were all academically highly qualified, with total scores ranging from 35 percent to 87 percent of the maximum possible score. Female candidates performed significantly better than male candidates when assessed by total score (p=0.011; mean score 94.4 for female applicants and 91.9 for male applicants) and by outcome (offer/decline; p=0.016; 58.6 percent of female and 46.4 percent of male interviewees received an offer of study following interview). There was no statistically significant effect of starting station on candidate performance (p=0.359), indicating that a candidate’s overall chance of success in the MMI was not influenced by which station he or she experienced first. Stakeholder acceptance was good, with 75 percent of candidates and 95 percent of assessors preferring MMI over traditional interviews.

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The selection of candidates for highly oversubscribed programs of training or employment is fraught with difficulty. For degree programs in dentistry and medicine, applicants often significantly outnumber the places available, and many of these applicants meet the academic entry criteria. While academic achievement prior to admissions is doubtless an important indicator of a candidate’s ability to withstand the intellectual rigors of the course, there is doubt as to whether small differences in academic achievement before admission correlate with subsequent clinical performance. Furthermore, skills important for a clinician such as empathy and communication skills are not necessarily reflected in pre-course grades. For these reasons it is necessary to look beyond academic achievement and assess other relevant skills in the selection of students for these highly competitive programs.

One method for assessing applicants is to use Multiple Mini Interviews (MMI). The MMI approach was first reported as a tool to select undergraduate medical students at McMaster University in Ontario, Canada, in 2004. In MMI, the candidate is assessed at a number of different stations. Each station has a particular focus, which might be a structured interview on a particular topic, a practical task, or a cognitive and/or written test. The candidate moves through a circuit of these stations and completes every station. When McMaster University implemented MMI for medicine admissions in the early 2000s, its administrators found that MMI were highly reliable, gave multiple insights into a candidate’s abilities, and diluted the effects of chance and examiner bias; in addition, they were more flexible and required less interview time than traditional interviews. A recent thorough review of selection processes for medical students reported that MMI were preferred to traditional interviews in terms of reliability, validity, and reduced bias. In recent independent studies, MMI were found to be the most consistent predictor of subsequent exam performance for both medical and dental students when compared to other pre-admissions markers, and a correlation was found between MMI performance and the examinations taken at the end of a Canadian medical degree, in that candidates who were accepted through an MMI admissions assessment scored higher than those who were rejected and went on to study elsewhere.

Since the initial report of the use of MMI in 2004, their application for the selection of predoctoral medical students and graduates for training programs has been reported in North America, Australia.
and Europe.\textsuperscript{14,15} MMI have only recently been used as a tool for admissions in dentistry,\textsuperscript{13,16} yet many benefits of MMI described in the studies of medicine admissions could be expected to be of use to the academic dentistry community. Personal communications indicate that the use of MMI for dental admissions, in the United Kingdom (UK) at least, is set to increase over the next few years.

In this article, we describe the use of MMI for the selection of undergraduate dental students at the University of Bristol, UK, over two admissions cycles (2011-12 and 2012-13) using the same MMI station subjects. In particular, we wanted to determine the influence of candidate gender and starting station on scores and outcomes, as well as stakeholder acceptance and feedback on the MMI process. We intend to investigate other factors such as candidate age (mature/non-mature entrant) and educational background (“disadvantaged” or not; past academic performance) when we have had the opportunity to collect data from several successive cohorts of entrants. The aims of this study were to establish whether starting station influenced total score (were candidates advantaged or disadvantaged by starting at any particular station?); to determine whether gender influenced total score or MMI outcome; and to assess candidate and interviewer acceptance of MMI.

Methods

This study was considered by the University of Bristol Faculty Committee for Ethics not to require ethical approval (Personal Communication, Chair of the Faculty Committee for Ethics). The MMI circuit consisted of ten assessed stations. The subjects of the stations, the assessment methods, and the marking (grading) criteria were discussed at a series of meetings in September-November 2011, with contributions from clinical and biomedical academic staff of the school. The stations were designed with reference to the UK General Dental Council’s guidelines,\textsuperscript{17} as well as the staff’s observations of those skills that dental students sometimes lack that present a particular barrier to progression.

Staff training was through a series of compulsory eLearning modules in which the principles underlying MMI, the assessment criteria, and the particular details of the stations were explained. These were available online, and all staff were required to complete the relevant modules in advance of the MMI. A series of drop-in sessions with the organizations were also arranged for staff to ask any questions for clarification.

Implementation of the MMI

Nine hundred and forty-nine applications were received for the seventy-nine places available for undergraduate dental students at the University of Bristol during the 2011-12 admissions cycle. In 2012-13, there were 793 applications. In each year, a shortlist of candidates was prepared by trained university staff using criteria including past and predicted academic results, work experience, understanding of dentistry, motivation for study, and evidence of teamwork and community contribution activities as described on the candidates’ Universities and Colleges Admissions Service form. Shortlisted candidates were invited to the university for MMI.

Candidates were given a briefing on arrival by the admissions tutor (MEB), which included details on the mechanics of the MMI and the rationale for their use but not about the specific subjects of the stations. Candidates were asked not to divulge the subjects of the stations after their own MMI on the grounds that, as well as being unprofessional, this could disadvantage them since a candidate taking the MMI at a later date could have an advantage over them if those later candidates learned something that helped them to prepare for a station.

The purpose of the briefing was threefold: first, to demystify the selection process at the university; second, to put the candidates at ease as far as possible; and third, to allow the candidates to pose any questions regarding the admissions process. Following the briefing, candidates were escorted to the venue for the MMI and assigned to a starting station. The starting station for each candidate was recorded on six of the seven interview days (346/414 candidates); unfortunately, these data were not retained on one day (the first of four interview days in the 2011-12 cycle) owing to an administrative error. After the MMI, the candidates were taken in small groups for a tour of the clinics and facilities by current dental students, and they were then escorted from the building.

MMI Stations and Assessment

The MMI circuit consisted of ten assessed stations and two rest stations. Each station was allocated a total of seven minutes: two minutes for orientation (the candidate was directed to the station, greeted by the assessor, and given a card with a synopsis of
the purpose of that station and what was required of the candidate), and five minutes for carrying out the allotted task. The total MMI circuit time was eighty-four minutes. The time allocations and scoring system for the MMI were based on a similar system first used at another UK dental school in 2011.16 Single and double whistle blasts were used to signal to the candidates and assessors when it was time to change activity.

Each station was staffed by a member of the staff; these included clinical and biomedical academics and research, teaching, and administrative staff. All staff members had received training as described above. Two parallel, identical circuits of ten active and two rest stations were operated, three times a day, giving six circuits and a maximum of 6x12=72 candidates per day.

After consultation with the university’s disability advisors, candidates who declared a condition that ordinarily made them eligible for extra time in assessments (such as dyslexia) were offered the opportunity to attend an “extra time” MMI circuit. In it, the time allocation was three minutes for orientation and six minutes for the task. Candidates who wished to do this were required to submit certified documentary evidence to demonstrate their eligibility for extra time.

The topics of the ten assessed stations were the same for the two cohorts of applicants. Some details were modified, such as the precise questions and tasks of stations 8 and 11, but the overall scope of the stations was unchanged. The ten assessment and two rest stations were as follows: 1) communication skills (role-play with a staff member acting the role of a member of the public); 2) teamwork (structured interview probing candidates’ experiences of teamwork and how they reflect on these with respect to a career in dentistry); 3) work experience (structured interview comprised of a series of open questions concerning dentistry-related work experience the candidate has had and what was learned from it); 4) community contributions (structured interview to establish whether and how the candidate has made a contribution to his or her community, what form and extent this has taken, and how the candidate relates this to his or her aspirations to study dentistry); 5) why Bristol? (structured interview to ascertain what the candidate has learned through his or her research about the Bristol dental school); 6) no assessment (rest station); 7) why dentistry? (structured interview to allow the candidate to explain why he or she wants to pursue dentistry as a career); 8) numeracy and data-handling (two written assessments designed to assess numeracy and data-handling skills relevant to a career in dentistry); 9) ethics (analysis of a scenario and action planning from an ethical viewpoint); 10) research in dentistry (structured interview in which the candidate is asked to discuss interactions between scientific research and clinical dentistry); 11) dexterity (a series of instructions to be followed to carry out a practical task requiring both manual and mental dexterity); and 12) no assessment (rest station).

Each station was scored in three categories by the assessor: Mark 1 (on a scale of 1-6), Mark 2 (on a scale of 1-6), and Mark 3 (on a binary scale of 0 or 1), giving a total mark out of a possible 13. The ten stations were weighted equally, each contributing thirteen marks to give a total score for each candidate out of 130. The scoring method was based on an approach used previously at another UK dental school.16 Marks were awarded as follows.

For Stations 2-5, 7, 9-10:
- Mark 1: Communication with the assessor.
- Mark 2: Ability to comprehend, perform, and complete the task.
- Mark 3: Professionalism.

For Station 1, Communication Skills:
- Marks 1 and 2: Communication with the “actor.” To afford an equal weighting of this station, the candidate’s communication skills were marked on a 1-6 scale, and the mark was doubled to provide both Marks 1 and 2.
- Mark 3: Professionalism.

For Station 8, Numeracy and Data-Handling:
- Mark 1: Ability to complete the first numeracy/data-handling tasks.
- Mark 2: Ability to complete the second numeracy/data-handling tasks.
- Mark 3: Professionalism.

For Station 11, Dexterity:
- Mark 1: Ability to follow the written instructions calmly and accurately.
- Mark 2: Ability to perform the test and produce the final work as per the specifications and within the time limit.
- Mark 3: Professionalism.

Data Analysis and Feedback

The total score (out of thirteen for each of ten stations, thus 130 in total) was computed, and the candidates were ranked by total score. To establish whether starting station influenced total score, one-
way ANOVAs were used to compare total score as a function of starting station, in which starting station took one of the twelve values for station number (that is, all stations were used as starting stations) for the individual 2012 and 2013 cohorts and for the combined data set. To determine whether there was a difference in performance between male and female applicants, an unpaired t-test was used to compare the total scores, the outcome (offer/reject), and the individual station scores of the two groups. Unpaired t-tests were used to establish whether there were differences between the scores of the 2012 and 2013 cohorts.

Candidates were emailed by the admissions team after the interviews to thank them for attending and to ask for feedback on the MMI system via an online survey system. They were assured in writing that the feedback would be submitted anonymously and that any response would have no bearing on the outcome of their application. The candidates were asked which interview method they preferred, between the Bristol MMI and a traditional interview, in terms of how fair, thorough, and fit-for-purpose the interviews were and their overall preference. They were asked to respond on a five-point scale with 1=much prefer MMI, 2=slightly prefer MMI, 3=no preference, 4=slightly prefer traditional interview, and 5=much prefer traditional interview.

Staff and undergraduate students involved in escorting candidates and providing tours of the school were emailed to thank them for their contributions and to ask for feedback using the same online survey questions and possible answers as for the candidates. They were given the option to submit anonymous feedback if they wished or to include their role and/or name if they preferred.

**Results**

Four hundred and fourteen candidates were interviewed over the seven interview days (213 in 2011-12, 139 female and 74 male; 201 in 2012-13, 122 female and 79 male). Five candidates were eligible for, and elected to sit, the extra time circuit (two in 2011-12 and three in 2012-13). The distribution of scores for the MMI grouped by gender is shown in Figure 1. The mean scores and standard deviations for individual stations for the 2012 and 2013 cohorts and combined are shown in Figure 2. The 2012 cohort scored significantly higher than the 2013 cohort overall (p=0.009; 2012 score 94.9, 2013 score 92.2). Comparing performance of the cohorts at each individual station revealed some statistically significant differences: station 1 p=0.661; station 2 p=0.177; station 3 p=0.001; station 4 p=0.027; station 5 p=0.119; station 7 p<0.001; station 8 p<0.001; station 9 p=0.055; station 10 p=0.044; and station 11 p=0.465. For the stations where there were statistically significant differences between the scores of the cohorts, the 2012 cohort scored higher on four (stations 3, 4, 7, 8) and lower on one (station 10).

Table 1 shows the mean score, standard deviation, number of candidates, and percentage to receive an offer divided by candidate gender and overall. An unpaired t-test for equal variances was applied and resulted in p=0.011, indicating that there was a statistically significant difference between the total score achieved by female and male candidates, with females achieving a significantly higher score than males. An unpaired t-test was also used to establish whether the outcome of the MMI (i.e., the decision to offer the candidate a place) was associated with gender. This resulted in p=0.016, indicating that, as well as receiving higher total scores, female candidates were more likely to score above the threshold for receiving an offer. A comparison of the two cohorts of applicants indicated that this pattern was consistent between the 2011 and 2012 data (Table 1).

Scores for each individual station were also compared for male and female candidates. Levene’s test indicated equal variances for all but one station (station 2); thus, for station 2 the t-test for unequal variances was used, and for all other stations the t-test for equal variances was used. The p-values for the comparison of male and female candidates at the stations were as follows: station 1 p=0.366; station 2 p=0.783; station 3 p=0.553; station 4 p=0.017; station 5 p=0.057; station 7 p=0.116; station 8 p=0.923; station 9 p=0.004; station 10 p=0.835; and station 11 p=0.106. Thus there were two stations where male and female candidates had statistically significantly different scores (p<0.05): station 4, on community contribution, with mean scores females 10.35 and males 9.97; and station 9, on ethics, with mean scores females 9.77 and males 9.17. There was one station with borderline significance (p=0.057): station 5, on why Bristol?, with mean scores females 10.04 and males 9.71. The total score as a function of starting station is shown in Table 2, as well as the standard deviation of the scores and the number of candidates starting at each station. The one-way ANOVA gave a p-value of 0.359, indicating that total score was not influenced by starting station.
It is of note that female candidates in our study scored significantly higher than male candidates in two stations and overall and that they were more likely to receive an offer of study following the MMI. It is interesting that there were some differences in performance between the two cohorts’ performance, although the overall trend towards the female applicants scoring more highly was consistent. There is no similar previous comparison of the performance of male and female candidates on the MMI for selection of dental students. Such comparisons have been studied for the selection of medical students and medicine graduates for postgraduate programs, and most have revealed no significant difference between performance of the genders, although one recent study reported a significantly stronger performance by female interview candidates compared to male. However, it has been observed in studies dating back at least twenty years that female dental students tend to outperform their male counterparts, at least in some assessments. Interestingly, a

In the post-interview surveys, a response rate of 62.3 percent was attained in the candidate survey and of 66.4 percent in the assessor staff survey. The proportions of candidates and assessors preferring MMI, traditional interviews or indicating neither preference in different categories and overall are shown in Table 3.

Discussion

There was a wide range of total candidate scores, from 59 (35 percent of total possible score) to 116 (87 percent of total possible score), showing that the MMI method can be used to differentiate between a large number of candidates who all present with excellent academic records. This is in keeping with the findings of Sebok et al. who noted that, in an analysis of MMI data from 455 medical school applicants, MMI yielded a wider range of scores than a traditional interview and facilitated the process of choosing among well-qualified candidates. It is of note that female candidates in our study scored significantly higher than male candidates in two stations and overall and that they were more likely to receive an offer of study following the MMI. It is interesting that there were some differences in performance between the two cohorts’ performance, although the overall trend towards the female applicants scoring more highly was consistent. There is no similar previous comparison of the performance of male and female candidates on the MMI for selection of dental students. Such comparisons have been studied for the selection of medical students and medicine graduates for postgraduate programs, and most have revealed no significant difference between performance of the genders, although one recent study reported a significantly stronger performance by female interview candidates compared to male. However, it has been observed in studies dating back at least twenty years that female dental students tend to outperform their male counterparts, at least in some assessments.
but may also be influenced by a stronger interview performance by this group. The number of factors that could be analyzed in this study was determined by the number of candidates interviewed, and this constitutes a limitation of this study; however, in future studies, we intend to investigate the effects of candidate educational background and performance and entry route (mature, graduate). Another limitation is that, because this study was conducted at only one recent report of a longitudinal study demonstrated different approaches to moral reasoning between male and female dental students,\textsuperscript{25} and this might conceivably correlate with our observation that female candidates scored higher than male candidates on the ethics station. The proportion of female dental students has increased steadily over the past thirty years.\textsuperscript{25} This is likely to be at least in part due to an increasing number of applications from females.

![Figure 2. Mean score on each MMI station for the two cohorts combined and each individual cohort](image)

**Note:** Error bars represent standard deviations. There were statistically significant differences between the two cohorts’ performance for station 3 (work experience, \(p=0.001\)), station 4 (community contributions, \(p=0.027\)), station 7 (why dentistry, \(p<0.001\)), station 8 (numeracy, \(p<0.001\)), and station 10 (science in dentistry, \(p=0.044\)).

<table>
<thead>
<tr>
<th>Candidate Group</th>
<th>Mean Total Score (SD)</th>
<th>Number of Candidates</th>
<th>Received Offer</th>
<th>Mean Total Score (SD)</th>
<th>Number of Candidates</th>
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<th>Mean Total Score (SD)</th>
<th>Number of Candidates</th>
<th>Received Offer</th>
</tr>
</thead>
<tbody>
<tr>
<td>All</td>
<td>93.5 (9.6)</td>
<td>414</td>
<td>54.1%</td>
<td>94.7 (9.2)</td>
<td>213</td>
<td>51.6%</td>
<td>92.2 (9.8)</td>
<td>201</td>
<td>56.7%</td>
</tr>
<tr>
<td>Female</td>
<td>94.4 (9.6)</td>
<td>261</td>
<td>58.6%</td>
<td>95.7 (8.9)</td>
<td>139</td>
<td>56.1%</td>
<td>92.9 (10.3)</td>
<td>122</td>
<td>61.5%</td>
</tr>
<tr>
<td>Male</td>
<td>91.9 (9.3)</td>
<td>153</td>
<td>46.4%</td>
<td>92.9 (9.7)</td>
<td>74</td>
<td>43.2%</td>
<td>91.1 (8.8)</td>
<td>79</td>
<td>49.4%</td>
</tr>
</tbody>
</table>

**Table 1. Mean total scores, standard deviation, number of candidates, and percentage who received an offer of study, by gender and overall for the two applicant cohorts and combined**
This is very similar to the degree of acceptability of an MMI method in assessing entrants to a medical school in Canada, in which 90 percent of both candidates and assessors indicated a preference for the MMI method.

**Conclusion**

In this study, MMI were used to help select undergraduate dental students to attend a UK university. The study found that starting station did not have any significant impact on the candidates’ total scores. Female candidates achieved a total score that was statistically significantly higher than that of male candidates and had a significantly higher chance of receiving an offer of study. Candidate and assessor acceptance of MMI was high, with 74.7 percent of dental school, the results may not be generalizable to other dental schools in the UK or elsewhere.

In our study, both assessors and candidates responded positively to the MMI questionnaire. While 85.6 percent of the candidates felt that MMI were superior to traditional interviews in terms of fairness, thoroughness, and fitness, only 74.7 percent of candidates said they preferred MMI, and 15.2 percent preferred traditional interviews despite indicating that they felt them inferior in at least one of the above respects. The reason for this is not clear but may relate to familiarity since few of the other dental schools in the UK used MMI at the time, so this may have been the candidates’ first experience of this interview style. Assessors were very strongly in favor of MMI compared to traditional interviews, with none preferring traditional interviews overall.

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