<table>
<thead>
<tr>
<th></th>
<th>Table of Contents</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Letter from the Authors</td>
</tr>
<tr>
<td>2</td>
<td>Glossary of Terms</td>
</tr>
<tr>
<td>3</td>
<td>The Interview</td>
</tr>
<tr>
<td>15</td>
<td>Pre/Post-Interview Updates</td>
</tr>
<tr>
<td>16</td>
<td>What Happens Next</td>
</tr>
</tbody>
</table>
Dear Atlantis Fellows,

Our names are Alice and George and we are Atlantis Project premed advisors. We were lucky to have excellent guidance during our own (not so distant) premed days, so we created this guide in hopes of sharing what we learned with you. Basically, we want to help you get into medical school. At the very least, this document can be used as an aid in familiarizing yourself with the numerous steps along the way. The content in this guide can be applied to any MD or DO school in the United States.

As a disclaimer, we want to emphasize that the process of applying to medical school varies greatly from person to person. There are many components and moving parts to the medical school application process — therefore, it is impossible to predict if any one part of your application will directly affect your chances of admission. You may hear advice from other sources that differs from what you will find in this handout. We would also like to clarify that the information here is not affiliated with either one of our colleges or medical schools.

Understandably, some fellows have voiced concerns that, because they are not aiming for the top-tier medical schools, our advice may not be very helpful to them. We would like to emphasize that we both applied to and interviewed at a wide range of schools, and have worked with hundreds of students who have applied or are applying to medical school. Thus, we hope you will find this guide more relevant than intimidating, regardless of which medical schools you are aiming for.

Please also know that it is completely normal to feel overwhelmed by the information in this guide! We recommend that you do not try to read it all in one sitting. Instead, check back and refer to sections as needed and take time to digest and think over what you read here.

We hope you find this guide helpful, and we wish you the best of luck!

Sincerely,

Alice Li
Stanford Medical School Class of 2020

George Bugarinovic
Harvard Medical School Class of 2020

Here is a brief summary of our own backgrounds, so you know where we are coming from:

Alice

I graduated from Harvard College in 2014, majoring in Human Developmental and Regenerative Biology and minorng in Global Health and Health Policy. My main extracurricurals included dance, the Health Advocacy Program, and stem cell biology research. I took two gap years. In my first year I backpacked through Spain on the Michael C. Rockefeller Fellowship, and in my second year I worked in thoracic oncology clinical research at UCLA.

George

I graduated from Johns Hopkins University in 2015 with majors in Public Health and Natural Sciences. My main extracurricurals included varsity basketball, research, and community outreach. I spent the majority of my gap year in my hometown of Kansas City, Kansas. During this time, I worked in a developmental biology lab at the Stowers Institute for Medical Research, helped out with my former high school’s basketball team, did a bit of medical interpreting (Serbian), and participated in an Atlantis Fellowship in Toledo, Spain.
The acronyms start before you even get to medical school! Here is a list of some of the most common ones you will come across as you prepare to apply.

**AAMC**
Association of American Medical Colleges. This is the nationwide organization that facilitates the medical school application process for almost all U.S. Doctor of Medicine (MD) schools. They also develop an important exam you will be taking for admission to medical school, commonly known as the MCAT (see below).

**AMCAS**
American Medical College Application Service. This is the AAMC’s application tool through which you will submit your “primary” application. The [official guide](https://students-residents.aamc.org/applying-medical-school/applying-medical-school-process/applyingmedical-school-amcas/) to filling out the AMCAS is currently posted online. Note that some schools in Texas instead use the Texas Medical and Dental Schools Application Service (TMDSAS). Doctor of Osteopathic Medicine (DO) schools use the American Association of Colleges of Osteopathic Medicine Application Service (AACOMAS).

**MCAT**
Medical College Admission Test. This is the exam you will take to apply to medical school. It is analogous to the SAT or ACT for college admissions, but significantly different in format, difficulty, and required preparation.

**MSAR**
Medical School Admissions Requirements Guide. The AAMC has assembled this guide to help inform applicants about medical schools. The MSAR includes crucial information about each medical school, such as the average GPA and MCAT of matriculating students, in-state versus out-of-state tuition, location, curriculum, composition of student body, mission statement, etc. Having all of this information in one place can be very helpful when deciding which and how many schools to apply to.

**BCPM**
Biology Chemistry Physics Math. Together, these types of courses will form your “science GPA.” See section titled “GPA” for more information.

**MMI**
Multiple Mini Interview. This is a relatively new interview format used by an increasing number of medical schools. The MMI structure provides prompts with timed responses instead of the traditional question-and-answer interview. See the section titled “The Multiple Mini Interview (MMI).”

**Rolling vs Non-Rolling Admissions**
Rolling admission means that a school reviews applications in the order of receipt. Consequently, acceptance offers are made in the same order. This means your chances of getting accepted into a school with rolling admissions are higher if you apply earlier. Non-rolling admissions means a school will review all applicants in the same cycle (year) together, regardless of application submission date. Most medical schools use rolling admissions.

---

1. [https://www.aamc.org/](https://www.aamc.org/)
2. [https://students-residents.aamc.org/applying-medical-school/applying-medical-school-process/applyingmedical-school-amcas/](https://students-residents.aamc.org/applying-medical-school/applying-medical-school-process/applyingmedical-school-amcas/)
4. [https://www.tmdsas.com/](https://www.tmdsas.com/)
5. [https://www.aacom.org/become-a-doctor/applying](https://www.aacom.org/become-a-doctor/applying)
6. [https://students-residents.aamc.org/applying-medical-school/taking-mcat-exam/](https://students-residents.aamc.org/applying-medical-school/taking-mcat-exam/)
7. [https://services.aamc.org/msar/home](https://services.aamc.org/msar/home)
**THE INTERVIEW**

**WHAT ARE SOME HELPFUL READINGS I CAN DO BEFORE THE INTERVIEW?**

1. **Refresh (or read up on) medical ethics terminology.**
   
   A. Take a medical ethics or bioethics course if you have room in your schedule.
   
   B. If you cannot fit such a course into your schedule, Wikipedia is a good place to start, if you type in “medical ethics.”
   
   C. The University of Washington School of Medicine has some great information on bioethics, as well.

2. **Refresh (or read up on) the U.S. healthcare system.**
   
   A. Understanding how our medical system is structured in the United States can help prepare you for a medical interview of any type (MMI or traditional).
   
   B. Bonus points if you can compare the U.S. healthcare infrastructure with that of other countries (this is where your Atlantis experience comes in handy).

3. **Maintain up-to-date background knowledge on current events in medicine and politics.**
   
   A. Staying aware of political events (U.S. and worldwide) comes with being an informed citizen.
   
   B. Good health columns to follow include:
      - Health section of The New York Times
      - Health section of The Washington Post

4. **Read a few books by well-recognized physician-writers.**
   
   A. One well-known example is Dr. Atul Gawande, who writes an excellent column for the New Yorker.
      - One particular article you should read is his “The Cost Conundrum,” which addresses the issue of healthcare costs in the U.S.
      - Being Mortal: Medicine and What Matters in the End by Siddhartha Mukherjee
      - Better by Atul Gawande
      - Complications by Atul Gawande
   
   B. The Emperor of All Maladies by Siddhartha Mukherjee
   
   C. The Spirit Catches You and You Fall Down by Anne Fadiman
   
   D. Memoirs of a Debunked Woman by Susan Gubar
   
   E. The House of God by Samuel Shem

---

1. [https://en.wikipedia.org/wiki/Medical_ethics](https://en.wikipedia.org/wiki/Medical_ethics)
2. [https://depts.washington.edu/bioethx/topics/](https://depts.washington.edu/bioethx/topics/)
5. [http://www.newyorker.com/magazine/2009/06/01/the-cost-conundrum](http://www.newyorker.com/magazine/2009/06/01/the-cost-conundrum)
10. [https://en.wikipedia.org/wiki/The_Spirit_Catches_You_and_You_Fall_Down](https://en.wikipedia.org/wiki/The_Spirit_Catches_You_and_You_Fall_Down)
11. [http://www.nytimes.com/2012/05/06/books/review/memoir-of-a-debulked-woman-by-susan-gubar.html?_r=0](http://www.nytimes.com/2012/05/06/books/review/memoir-of-a-debulked-woman-by-susan-gubar.html?_r=0)
SHOULD I SEND THANK YOU NOTES AFTER MY INTERVIEW?

Yes. Serving on an admission board is usually done on a volunteer basis, so you want to show your interviewers that you appreciate their time. For traditional interviews, you should send one letter per interviewer, either by postal mail (handwritten card) or email is fine. You do not need to send individual thank you letters to MMI interviewers. If you do not have your interviewer’s contact information, send your letter to the admissions office and they will relay it to your interviewer(s).

For email, many students will write their letter in a MS Word document and save it as a PDF file before attaching it to an email. This helps with ensuring that formatting does not depend on the viewer’s version of MS Word.

Regarding content, you want to be detailed but efficient; three paragraphs is a good limit. Thank each interviewer, recall specific commonalities that came up during your interview, briefly demonstrate your fit for their program (mention specifics you took away from meeting faculty and students), and reiterate interest in the program. More than anything, it should be a genuine thank you message to express appreciation for their time.

Note that some schools will ask you on interview day to not send in thank you cards, in which case you should be respectful and refrain from doing so.
THE TRADITIONAL INTERVIEW

WHAT ARE BLIND/CLOSED-FILE VERSUS NON-BLIND/OPEN-FILE INTERVIEWS?

Not all schools will inform you of this upon receiving an interview invite, but there are closed-file (blind) and open-file (non-blind) types of traditional interviews. This refers to whether or not your interviewer has read your AMCAS application.

It is helpful to know beforehand if your interview is blind or non-blind because in a blind interview you may feel like you are “repeating” the AMCAS application when, in reality, you are not repeating yourself at all since your interviewer has not seen your application. In a non-blind interview, you should try to emphasize what you have done since submitting your secondary application.

If it helps alleviate your stress, you can try emailing the school beforehand so you have an idea of the dynamic to expect. Or, you can always ask the admissions office on the morning of your interview when you show up to their office. At the very latest, you should check with your interviewer at the start of the interview.

WHO WILL MY INTERVIEWER BE AND WHAT SHOULD I EXPECT?

Your interviewer will be either a faculty member or current (usually third or fourth year) medical student. Many schools will give you one faculty member and one medical student interviewer. Each traditional interview usually lasts 30-45 minutes. It is crucial you approach the student interview with as much professionalism as the faculty interview, no matter how relaxed/informal your student interviewer appears to be. The medical student and faculty member carry equal weight in assessing your candidacy.

No matter how your interviewers present themselves, do not feel intimidated! They are treating you the same way they treat all other applicants. Sometimes this means putting you in stressful situations to see how you respond, and other times this means developing a freeflowing and open conversation. Some interviewers prefer a more formal interview with a strictly segmented Q&A format without much, if any, dialogue in between. In this case, answer each question fully with a clear finish and do not feel pressured to merge questions together.

Finally, one of the best tips for interviewees is to be a good listener. You should not feel that any second your mouth is not moving is a second wasted. Your interviewer will likely have responses/anecdotes to your answers, so let the conversation develop without interrupting your interviewer. If anything they say interests you, keep a mental note and follow-up on the topic when the opportunity arises.
HOW SHOULD I APPROACH AND PRACTICE FOR THE INTERVIEW?

With the traditional interview, try to aim for a conversation more than an interview, but do not stress if this does not happen. If your interviewer wants to spend 90% of the time talking about your opinion on how to lower healthcare costs, do not feel like you need to shift the conversation back to your AMCAS. Go with the flow. Interviewers are hugely diverse in how they assess candidates, so try your best to go off the vibe of your interviewer. They will guide the conversation in whatever direction they see fit.

Be sure to identify and correct whatever quirks you may have when practicing for your interview. In addition to thinking about the content of your answers, maintain good body language — make regular eye contact, maintain good posture, do not fidget, etc. Here are some good ways to practice for your interview:

1. Try a few mock interviews with friends, family members, advisers, medical students, physicians, or anyone else you can find.
   - Have them time each of your answers in addition to the overall time, so you know how many minutes you are dedicating to particular answers. Cut down on answers for which you feel you are rambling and brainstorm on expanding answers for which you feel you finished too early.

2. Hold a dress rehearsal at least once before your interview: dress up in your formal suit to make sure you will be physically comfortable.
   - E.g., Do those new dress shoes pinch your toes; does your skirt bunch up when you sit down?
   - Ideally, you should wear your interview outfit for every mock interview you do. This will help you become accustomed to wearing this type of clothing.

3. Record yourself responding to some of the most frequently asked questions (still wearing your interview outfit).
   - Watch the video playback (awkward as it can be) and be on the lookout for bad body language, fidgeting, lacking eye contact, etc. Listen for verbal ticks and ensure you are fluctuating your tone enough like when talking to a friend (be aware of answers that make you sound like a robot).
PRACTICE TRADITIONAL INTERVIEW QUESTIONS

THE FIRST QUESTION MANY INTERVIEWERS BEGIN WITH IS: “TELL ME ABOUT YOURSELF.”

This question is more difficult to answer than you might think. While you do not want to sound rehearsed, you should prepare for this question by providing your interviewer with a brief outline. The ideal way to answer this question is to make it as easy as possible for your interviewer to follow up on any single thing you say and turn it into a natural, free-flowing conversation. You should keep your answer under about two minutes to avoid sounding rehearsed. You can try this template:

1. Start with where you were born/grew up.
2. Briefly describe what experiences initiated your interest in medicine.
3. Talk about one or two college activities (not necessarily medically-relevant) that you are most passionate about (e.g., research/volunteering/club/hobbies/experiences abroad).
4. Explain what you are currently doing while applying.

QUESTIONS ASSESSING YOUR DECISION TO PURSUE MEDICINE

This is your chance to apply all that hard work on the AMCAS in a face-to-face, real interaction — so this is when you want to be as memorable as possible. Tell your story with the passion/gusto/energy that made you decide on a medical career in the first place!

There is a fine line between feeling prepared and sounding rehearsed — one tip is to break down your story into a skeleton outline made up of bullet points that you should memorize before the interview. Once you actually deliver your complete answer, leave some of the details up to the moment.

It is also okay if you feel you are repeating what you wrote in your personal statement — chances are if your interviewer is bothering to ask you this question, s/he has not read your application, has forgotten it amongst the large pile of other applications, or that medical school uses blind interviews (i.e. your interviewer has not been granted access to your application at all). Even if your interviewer has already seen your application, take the opportunity to deliver your story in person. Hearing you speak about your passion for medicine in person is much more powerful, personal, and memorable than reading about it.

1. What initially made you interested in medicine?
2. What experiences have most motivated you to pursue medicine?
3. Why do you want to become a physician?
4. How are you qualified for the challenges of a medical career?
QUESTIONS ABOUT YOUR PERSONALITY/CHARACTER TRAITS

Generally, for the questions that ask you for a particular instance of a failure/challenging situation/etc., be prepared with some anecdotes drawn from your college/postgrad experiences. Sometimes you may find that an anecdote that happened before college will be appropriate, but in general keep your anecdotes to those that have happened since freshman year of college.

A question that asks you to talk about something negative (e.g., your weaknesses, your failures) has an unspoken subtext that is really asking you to elaborate on how you are working to improve said weakness, or what you learned from said failure.

Do not forget to be genuine with your weakness/failure — i.e. if you feel your weakness is that you are a perfectionist, do not make it sound like you are just repackaging how high achieving, determined, hard-working you are (all positive traits) into an apparent “weakness.”

This is merely a cheap stunt to reiterate to your interviewer how flawless you are. Choose something you truly want to improve on, without sounding like you have a serious character flaw. Like many aspects of this process, answering this question requires finding a delicate balance between two extremes.

In describing your strengths, do not be modest! Choose a facet of your character that you are proud of, and while you do not have to sound arrogant in your delivery, do not forget the interview is a chance to sell yourself. The best way to get this across while not sounding arrogant is to illustrate your strength with succinct anecdotes, not just big words pulled from the thesaurus. Remember to show, not tell.

1. Describe your strengths and weaknesses.
2. How would a friend describe you?
3. Describe a challenging situation, difficult decision, or obstacle you encountered, and how you dealt with it.
4. Tell me about a time when you got into a conflict with someone else. How was it resolved?
5. Tell me about a time when you had to compromise.
6. Tell me about a time when you made a mistake. What did you do and how did you correct it?
7. What was the most stressful situation you have ever faced? How did you handle it?
8. Tell me about a time when you collaborated on a successful project.
9. What has been your biggest failure, and how did you handle it?
10. How do you work under pressure? Give an example. What, in hindsight, were you most dissatisfied with about your performance? What did you learn from your experience?
11. What have you done that shows initiative? What did you gain from that experience? How were you most/least satisfied with that endeavor?
12. How do you respond to criticism? Describe a situation in which your work was criticized. What was your immediate reaction to the situation?
13. Describe a situation in which you felt like a fish out of water.
QUESTIONS ABOUT YOUR COLLEGE EXPERIENCES (COURSEWORK, RESEARCH, EXTRACURRICULARS, ETC.)

This is probably one of the easiest types of questions to prepare for — choose a few college courses that you most enjoyed and prepare a set of experiences through these courses to elaborate on. For instance, select a few experiences in a science course or two that sparked your interest in the academic aspects of medicine. Also think about some challenging experiences outside of science that spurred academic growth.

Regarding research, have a fluid elevator pitch you can use in case your interviewer asks about your research. Keep two forms of your elevator pitch handy — one for a lay audience, in case your interviewer wants the simplest version, and one for a scientific audience, in the likelier case you will have a chance to impress your medical faculty/student interviewer with your work. On the other hand, do not feel pressured into forcing your interviewer into a conversation on your research if your interviewer does not seem too interested or is not asking many follow-up questions after your initial description.

Questions regarding your college extracurriculars are your chance to talk about your passions outside of medicine. Your outside interests may actually be the highlight of the interview — many of your faculty interviewers will be accustomed to asking the generic “why medicine” questions and will pounce on the opportunity for a more entertaining conversation. If they seem genuinely interested in your interests, do not feel you need to speak 100% about medically-relevant topics. This may be the conversation topic that separates you from the typical experiences that most premeds have.

If money, status, lifestyle, etc. are your main reasons for applying to medical school, it will show in these questions. Make sure you emphasize that your decision is not only well-informed, but also well-thought-out and that you understand the sacrifices you are making with this career choice.

One particularly tricky question to answer is “If you could not be a physician, what career would you choose?” While you want to be genuine when answering this question, be wary of taking it to one of two extremes. Saying you have not even considered other fields can make you sound naïve or closed-minded. On the other hand, making it sound like you would easily go into another career can make you sound flippant in your medical school decision. Respond with the implication/tone that you have considered, perhaps even already worked in, other careers and are convinced medicine is the right fit for you. Some people would recommend that you avoid explicitly stating any profession besides a physician because implying you are aware of “other careers” is sufficient to show you are open-minded. However manner you choose to answer, be sure to end your response by emphasizing your conviction that medicine is for you.

QUESTIONS ASSESSING HOW INFORMED/COMMITTED YOU ARE ABOUT YOUR DECISION TO APPLY TO MEDICAL SCHOOL

1. How have you enjoyed your undergraduate experience? What would you change?
2. How did you choose your major?
3. What non-science courses did you like the most?
4. What was your most difficult college course, and why?
5. Was there a particular course in college that most interested you?
6. Tell me more about your research.
7. What extracurriculars were you involved in?
8. Tell me something you are passionate about.

1. If you already know, what field(s) of medicine are you most interested in and why?
2. Where do you see yourself in 10 years?
3. Which area of medicine do you imagine yourself working in? (E.g., academic medicine, public health, health policy/administration, or primary care)
4. If you could not be a physician, which career would you choose?
5. Why choose medicine over some other career in health?
6. How do you imagine the balance of research and clinical work in your future?
7. What do you think you will find most difficult about medical school?
8. Describe your ideal strategy for addressing [current event (may or may not be medically relevant)].
QUESTIONS ASSESSING YOUR KNOWLEDGE OF THE MEDICAL FIELD

Ideally, you will have taken some college coursework on the intersection of medicine with business/economics/politics/ethics/etc.; if not, do some reading on the U.S. healthcare system, public health, health policy, etc., so that you are at least familiar with the terminology. One tip for preparing for these types of questions is to do some reading on current events in medicine — the health/science column from the New York Times is a good place to start. You may be asked about non-medically-relevant current events too, so it does not hurt to keep informed on world and U.S. news as well.

1. What is the biggest challenge that is facing the medical field today?
2. What are the negative aspects of being a doctor?
3. How could you change the healthcare system?
4. What do you think is the most important quality a physician should have?
5. How do you see the field of medicine changing in the next 10 years? How do you see yourself fitting in?
6. How can we address the high cost of healthcare in the U.S.?

SCENARIO-BASED QUESTIONS

Here, the interviewer is not just checking if you have a strong moral compass, but also if you have a knowledge and an awareness of medical ethics. Common sense is not enough for you to deliver a stellar answer; your interviewer is also seeing if you know medical ethics terminology. Are you aware, for instance, of the difference between paternalism and patient autonomy? (If either of those terms are unfamiliar, start with a Wikipedia search on medical ethics terminology.)

In answering these questions, succinctly outline your action plan. It is crucial that you do not forget to explain your actions with your reasoning — this is where you need to incorporate the medical ethics. For questions that are clearly between two parties, show that you are considering pros and cons on both sides of the issue/conflict. For questions that are asking you to choose a side, do not sound wishy-washy in an attempt to seem you are considering both sides — make it clear you have considered both, but ultimately choose one side and be clear in your reasoning. At the end of the day, physicians need to make decisions and stick by them, no matter how difficult they are. Show that you have the ability to reason through these challenging cases and be confident in your choice.

1. How would you react if a colleague want you to help cover up a medical error they made, or keep it a secret from their patient?
2. What would you do if a 15-year-old came into your clinic and wanted an abortion?
3. If this institution is far from your hometown) How will you ensure you have a strong support network through medical school, in light of being so far away from home?
4. What makes you particularly interested in this school?
5. How can we address the high cost of healthcare in the U.S.?
6. What would you do if you were seeing a patient in the emergency room and he or she wanted to leave against medical advice?
7. How do we address the high cost of healthcare in the U.S.?
**QUESTIONS ASKING YOU TO ELABORATE ON YOUR AMCAS**

This will be especially relevant for open-file interviews, for which your interviewer has seen your AMCAS and (if he or she is well prepared) remembers everything about your application. This is your chance to explain that slump in your grades, for instance, or the experiences during a gap year that you did not get to describe in your secondaries. Be prepared to provide more details on any part of your AMCAS application — everything is fair game!

If you have indeed had a slump in your grades, and it was due to an issue in your personal life, be genuine in preparing your answer. Do not make yourself into a sob story (making excuses never leaves a positive impression). On the other hand, do not be afraid to open up to your interviewer if the issues in your personal life were truly keeping you from maintaining your GPA. In general, the overall point of the interview should be about positive elements of your application (selling yourself, sharing your experiences, discussing medical/health topics with your interviewer), not defending the weakest points of your application. If you can, try to keep the interview focus on your grade slump for as little time as possible without seeming like you are avoiding the conversation. There is no need to ramble on and on about your grade slump if your interviewer is perfectly content with a short explanation.

**QUESTIONS YOU COULD ASK THE INTERVIEWER (IF PROMPTED)**

Arrive to your interview prepared with a few questions for your interviewer. One of the most typical ways interviewers end the medical school interview is by asking, "Do you have any questions for me?"

Make sure you always have a good question ready. Do NOT ask any questions that are readily available on the school’s website or other easily-accessible resources. Ideally, your questions will organically develop during the interview itself; perhaps one of your previous responses prompted an idea for a question. For instance, if your interviewer mentioned he did some global health work after you shared your freshman summer experience volunteering abroad, you should ask him more about his experience (if you have not done so already). The questions listed below are just suggestions to get you started — these are just your back-up questions in case you are at a loss for what to ask.

1. **Tell me more about ____ from your personal statement (or AMCAS application).**
2. **What is the one thing you want me to convey to the admission committee?**
3. **What is the reason for your poor grades ____ year?**
4. **Tell me more about what you did during your gap year(s).**

**School-specific questions** (“What do you believe are the strengths of this school?” “What is it like living/training in medicine in this city/town?”)

1. **Did you always know you wanted to go into medicine?**
2. **How did you decide on your specialty?**
3. **Did you always know you wanted to go into medicine?**
THE MULTIPLE MINI INTERVIEW (MMI)

An increasing number of schools are adopting the multiple mini interview (MMI), which these schools believe is a more objective means of assessing communication skills.

WHAT IS THE MMI?

Imagine a row of eight rooms* with closed doors. A sheet of paper with a prompt is taped to each door. You and seven other applicants will be asked to stand outside each door, facing away from the paper.

1. The prompter will announce over the intercom that it is time for all of you to turn around.
   A. You will all be given about two minutes to read the prompt (each prompt is different) and prepare your thoughts. Most schools allow you to take notes on your response.

2. Once the two minutes are up, the prompter will announce over the intercom that you may enter the room.
   A. You will each enter your respective room and present your thoughts to a “rater” (or actor; see below for types of prompts) for about eight minutes.

3. Once the eight minutes are up, the prompter will announce over the intercom that time is up and you need to leave the room. Some schools tell you it is okay to leave the room early if you are done presenting/discussing with the rater.
   A. You will stand outside your room and wait for all applicants to exit their rooms.

4. The prompter will announce over the intercom that you may walk to the next station and stand with your back to the door. The cycle starts again until all eight applicants have finished all eight stations.

*Depending on the school, there will be about 6-9 stations, each with its own prompt.

DOES THE MMI DIFFER AMONGST THE SCHOOLS THAT USE IT?

Some schools ask their raters to turn the response time into a discussion, while other schools simply ask their raters to grade your presentation (so they will not interact much with you). Some schools will emphasize that it is okay to finish early. For schools that do not mention finishing early, you should try to fill up the full time without babbling or fluffing your response. Some schools allow you to take notes for your response, while others do not permit any pen or paper. You can check with the medical school admissions staff the morning of your interview to see what kind of specific dynamic you should expect at that school’s MMI.
WHAT ARE THE DIFFERENT TYPES OF MMI PROMPTS?

Some prompts will put you into a role-playing situation in which the rater is an actor. For these prompts, you will be explicitly told in the prompt that the person on the other side of the door is an actor and that you should be acting during the session as well.

- E.g., This is a role-playing MMI station. You are a physician and the actor in the room is playing a patient’s mother who wants to persuade you to keep the patient’s prostate cancer diagnosis from him. How would you respond to this request from your patient’s mother?

Some prompts will ask you to present on a case/ethical dilemma.

- E.g., Do you think recreational marijuana should be legalized (from an ethical, political, economic, and social perspective)?

Some prompts will ask you to share your past experiences regarding failures, obstacles, conflicts, etc.

- E.g., What is one time you saw a friend do something unethical and what did you do about it?

Some prompts will pair you with another applicant to observe how you work with others. A common one is with Legos. You will be sitting back-to-back with the other applicant. In front of you will be a random structure built from Legos that the other applicant cannot see. Your partner will have a pile of unassembled Legos in front of them. As you sit back-to-back, you will need to verbally describe the structure and your partner will need to try his/her best to recreate the object. Even though you cannot see each other, you can both communicate verbally.

- In such a scenario, the point is not to see which team gets the most accurate resemblance to the actual object; it is to see how well you can communicate in terms of giving directions, dealing with confusion, working through misunderstandings, etc. At the end of the session, you will be asked to discuss your interaction with each other, as in what you feel were the strengths and weaknesses of your communication together. Two raters (one for each of you) will be in the room with you, observing and taking notes of both the building session and discussion session.

- Do not worry about being paired with someone who is bad at giving directions (and thus keeps you from building the structure), or someone who is bad at building (and thus keeps you from seeming like you can give good instructions), because you will get a chance to rotate to the other chair with a new partner as the next station.

TAKING A SIDE

Certain MMI questions ask you to take a side. For instance, a common MMI example is, “Should recreational marijuana be legalized?” Although you need to show you are aware of the various issues involved, it is a bad idea for you to try to seem like you are choosing a middle-ground compromise. Doctors have to make difficult decisions on a daily basis, and at the end of the day you need to give either a yes or no answer. For this marijuana example, you should say either yes or no, and then support your answer and stick to it.

This is why the two minutes for reading the prompt before you enter the room are so critical. You should not only outline the arguments for your side, but also anticipate the counterarguments and address them with appropriate rebuttals. Successful MMI responses address opposing views while supporting the chosen stance. This demonstrates that you can commit to a decision that is nonetheless well-informed.
PRACTICE MMI QUESTIONS

FOR EACH STATION: READ AND CONSIDER THE PROMPT FOR TWO MINUTES (NOTE-TAKING ALLOWED); SPEAK FOR EIGHT MINUTES

1. You are the director of a financially struggling hospital. You have been unable to generate enough revenue to implement some very important initiatives at the hospital and are at risk of inevitable service cuts if more funding is not secured immediately. The only secure source of funds that is being offered is by a cigarette company. They are willing to provide your hospital with all the resources required in exchange for advertisement at your facility. What will you and should you do as the hospital director?

2. You are a specialist who has just received lab results with regard to one of your patients. The results indicate that your patient, a single mother of two young boys, has been diagnosed with a terminal cancer and that she will only have 4-6 months to live. There are not many treatment options aside from a few experimental procedures that are still under study. There are some alternative treatments available in Europe; however, they have not been validated by scientific studies in North America. What would you say to your patient once they are in the office? If an alternative treatment, without scientific evidence for its efficacy, existed for a terminal illness would you recommend it to a patient?

3. You are the father of a 12-year-old boy. Your son’s friend, who is also your neighbor, is playing with your son in the backyard. As you approach them to ask them about lunch, you notice some severe bruises on the friend’s arm and upper neck. You are worried about these obvious signs and decide to approach your neighbor (the young boy’s father). How would you approach this situation? What would you say to the father of the young boy? What are some potential concerns that you may have?

4. You enter the cafeteria at work. You sit down to eat with a group of male colleagues who are having a conversation about a female colleague of yours. The comments they make are not very professional and can be deemed rude and offensive. You feel very uncomfortable. What do you do? What do you say to your male colleagues? If this became a regular occurrence, even after you speaking to your colleagues, what other steps would you take to resolve the situation?

5. Due to the shortage of physicians in rural communities, it has been suggested that medical programs preferentially admit students who are willing to commit to a two or three-year tenure in an under-served area upon graduation. Consider the broad implication of this policy for health and healthcare costs. For example, do you think the approach will be effective? At what expense?

6. Role-playing station: Your best friend, Jennifer, calls to tell you that she has been rejected for the third time from all medical schools that she had applied to during the previous application cycle. She invites you over to her house to have a chat about her future plans. Go inside the room and speak with Jennifer.

7. You are a research supervisor and you notice that one of your graduate students has been sleeping in the lounge area within the research facility. Because your student is a recent international student, she cannot afford to rent a place of her own with her student stipend. You are aware that the facilities safety policies prohibit overnight stays. How do you approach the student about this?

8. You are a PhD student and your supervisor, Professor Harry, has recently published the results of his publicly funded research project with the intention to commercialize his discovery. What are your views about university professors that use public funding to create for-profit solo ventures?
If you feel a substantially important activity (for instance, a research publication, significant recognition, new job, etc.) can boost your chances of receiving an interview invite or acceptance offer, you may want to consider sending your top choice school(s) an update.

First, check if that school even accepts updates. Some schools will be direct and tell you they do not accept updates until a certain date, for instance. If they do not mention anything, keep your update short and to the point. Some schools have a special part of their online application tool for updates, while others just use email.

You do not want to inundate any particular school with mundane updates. An A in a course is not a significant enough achievement to merit an update. (Note that if you are applying straight through as a senior in college, most schools will want an updated academic transcript after the fall semester, so be sure to send that in some capacity.) If you do in fact have updates worth sharing, consider the timing of when those updates would be the most effective:

1. In late fall/winter if you still have not received an interview invite.
2. In early spring if you already interviewed and are waiting for the final decision.
3. In late spring through summer if you are trying to get off a waitlist.
WHAT HAPPENS NEXT

GETTING DEFERRED/WAITLISTED/REJECTED/ACCEPTED OR DEFERRING YOUR ACCEPTANCE

WHAT DOES IT MEAN TO BE DEFERRED, AND IS THERE ANYTHING I CAN DO TO MAXIMIZE MY CHANCES OF GETTING ACCEPTED?

In some cases, medical schools will want to compare you with a wider applicant pool before giving you a decision. This will most often occur with “rolling” schools that send out their decisions in batches. Regardless, any medical school in the U.S. can only defer their decision until the March 30th deadline. By that date, you should be notified if you have been rejected, accepted, or waitlisted.

If you have been deferred, there are two main things you can do to maximize your chances of acceptance:

1. If you have accomplished something significant since being deferred, send in an update letter (see section titled “Pre/post-interview updates”).

2. If this school is your absolute dream school, write a succinct but sincere letter of intent to the institution explaining that it is in fact your dream school. Be careful of sending this letter because you should keep your word and actually matriculate here if you are accepted. Do not write a “cookie cutter” letter that could be sent to any school; sincerity cannot be faked! Some things to consider when writing this letter are:
   
   A. How does the school’s culture appeal to you?
   B. How is the school’s location favorable to you (e.g., is family nearby)?
   C. Are there any specific individuals at this school who have made a big impact on you?

WHAT DOES IT MEAN TO BE WAITLISTED, AND IS THERE ANYTHING I CAN DO TO MAXIMIZE MY CHANCES OF GETTING ACCEPTED?

Unfortunately, there are only so many spaces at each medical school. Fortunately, out of common courtesy, most applicants who have been accepted to more than one school and know for sure where they want to attend will notify the remaining schools that they will not be attending that institution. This opens up spaces in the class for waitlisted students.

You may receive a waitlist decision for schools with rolling admissions at any point from a week to months after your interview. The last date you could possibly receive a waitlist decision is March 30th of your application cycle. One month later, on April 30th, applicants across the U.S. who have received at least one offer will need to select one school to matriculate to. This means that in the interim between April 30th and the first day of medical school (usually sometime in August), waitlists are still actively moving around.

Here is a true story about a previous applicant: Jane drove cross-country from Los Angeles to Atlanta, planning to start medical school at Emory while remaining on the waitlist at UCLA. Just before she reached her highway exit in Georgia, she received an email from UCLA indicating that she had been offered a seat in the class. So Jane drove to the nearest gas station, filled up her tank, drove all the way back to Los Angeles, and started medical school in LA instead! This should give you a sense that waitlists still move around quite actively every summer.

In terms of maximizing your chances, your options are similar to what you would do if you had been deferred (update letter or letter of intent).

Some medical schools specifically ask waitlisted applicants not to send in any updates, stating that these updates will not make any difference in a waitlist position. Other schools, however, expect to receive further correspondence after a waitlist decision. Otherwise, if the school provides no clarification and it is your dream, it cannot hurt to let them know how strongly you feel about their institution.
If you have received a rejection but are still waiting to hear back from other schools, keep your head up! Consider sending in an update or intent letter to your top choice if you are still waiting to hear back from them. A majority of the time, correspondence with a school ends after a rejection. That being said, a few schools do provide constructive feedback on why you were rejected if you request this information.

If you are rejected from all the schools you applied to, you have two main options:

1. **You can apply again in a future cycle.**
   
   A. Note that medical schools will know you have unsuccessfully applied once before. If you choose to reapply, you should be aware that unless there are significant changes in your application, you may get the same result in another application cycle.
   
   B. Alternatively, if you pursue a powerful, new opportunity that addresses the weaknesses of your previous application, it may prove to medical schools just how determined you are to become a physician. You will need to speak with the people closest in your life and ask yourself if you are truly willing to put in the time and energy to apply another cycle. If you have an experience lined up that you feel will greatly boost your application, and you are as determined as ever to become a physician, go for it! Many applicants reapply every year and are successful, so if medicine is truly your lifelong dream, keep your head up!

2. **You can look into pursuing a different career — in healthcare or otherwise. See section titled “Alternatives to the MD degree.”**
IF I AM ACCEPTED, WHAT HAPPENS NEXT?

Congrats! Celebrate and do not forget to thank the people in your life who have helped you achieve this step. Here are a few things medical schools will ask you to do before starting school:

1. Submit your financial information, so schools may send you possible need-based financial aid packages.
   - Your financial aid to-do list will include the FAFSA and other school-specific forms, which you should submit sometime in late winter/early spring. Check with the school(s) that accepted you to make sure you have completed all their financial forms.

2. Before you matriculate to a school (unless it is a dream school for which you would pay any amount of money to attend), wait to receive financial aid offers before you commit anywhere.
   - Your decision may be swayed by how much funding you may receive.

3. Join the admitted student Facebook groups of school(s) you have been admitted to.
   - These are usually moderated by current medical students who are a great resource if you are trying to decide among schools.

4. If you can afford the transportation, visit as many Second Look Weekends (SLWs) as possible.
   - Medical schools host these events during weekends in April to provide accepted students with a better picture of life at their institution.
   - Some medical schools will even cover your roundtrip transportation for you.
   - These events are especially helpful if you are deciding among multiple schools. And to be honest, since the schools are trying to recruit you, the weekends aim to impress/spoil you — so it is a great way to meet your peers in a much more relaxed setting than interview day!

5. When you are set in your decision, notify the other schools that accepted you that you are withdrawing your acceptance.
   - This way they can offer spots to their waitlisted applicants.
   - Do this as soon as possible; put yourself in the shoes of a student hoping to get off of a waitlist.

6. Make sure you matriculate to just one school by April 30th.

7. Figure out your housing/rooming/car situation for next year.
   - Some schools offer on-campus housing so make sure you apply on time.
   - Refer to that school’s admitted student Facebook group to help with such tasks.

8. If you were waitlisted at your dream school, you will still be able to change your matriculation after April 30th if you are offered an acceptance by that school.

9. The summer before medical school:
   - Some medical schools will have a required reading list or suggest you brush up on certain coursework (usually biochemistry).
   - Otherwise, relax/read/write/work/unwind/travel/spend quality time with family and friends.
   - CELEBRATE!

WHAT DOES IT MEAN IF I AM “DEFERRING MY ACCEPTANCE”?

If you have been accepted to a medical school and you know you want to attend but not until a year (or more) later, you may have the option to defer your acceptance. This means your medical school will hold a spot for you until you are ready to begin your medical education at that institution. This situation may apply to you if you are already committed to another position (work, study, or otherwise) for the upcoming year. Keep in mind schools tend to prefer that applicants do not defer their acceptance (it creates more work for all involved and can get disorganized if you never actually start your medical school education).