

Editorial

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Speed-Date Your Way Into Medical School

I want to tell you today about a wonderful experience I had recently participating in a speed-dating session. But please rest easy out there. My devoted wife has absolutely nothing to be concerned about with my involvement in this speed-dating experience.

I'm referring to the new process that has been implemented by our local medical school as a way of assessing prospective medical students. The focus is on getting a handle on applicants' touchy-feely skills, which are incredibly important in the successful practice of medicine. Our school has followed the pioneering lead in this area of McMaster University in Ontario, Canada, which also happens to be the institution that practically invented the concept of evidence-based medicine. McMaster has developed a truly innovative new method of assessing the "soft" skills of would-be medical students.

We've long known that there are egregious flaws in the processes by which we choose from among the many prospective applicants for medical school. Those of us outside of the Ivy League have long delighted in repeating the hoary aphorism that "even Harvard makes mistakes" when it comes to deciding who should get into medical school. It's certainly a widespread phenomenon to come across the occasional medical student or house officer who's remarkably book smart but basically doesn't know his head from a hole in the ground when it comes to common sense in the practice of medicine. We've all encountered the geek who can recite 108 different causes of jaundice but doesn't have a clue about how to work up the newly yellow patient on

the gurney in front of him. And we've all run into the occasional student or resident who displays a shocking cynicism and/or a complete lack of empathy with a helpless patient and his or her family.

How do these misfits make it into medical school? The answer is that the current process facilitates their entry by limiting the number of faculty who assess these applicants in

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depth to just a precious few. If only 1 or 2 individuals are given the task of assessing an applicant's soft skills, it can be very easy for those faculty members to miss the occasional sociopath or other societal misfit who comes in for an in-depth one-on-one interview. But such an error is far less likely to occur with the new speed-dating model of multiple interviewers, because what one interviewer may miss, several others are very likely to pick up on.

The way the new system works is that the applicant has to interview se-

quentially with a battery of 8 to 10 interviewers, each for a very abbreviated period of roughly 7 minutes. There are a series of ethical dilemmas or thought-provoking questions that are posed to the applicant in the form of a posting outside each interviewer's room. The applicant has 2 minutes to read the scenario and formulate the response that he/she will offer to the interviewer.

The scenario I was assigned the morning of my interviews concerned the serial shooters who have heinously shot up a number of secondary schools around the country in recent years, most prominently at Columbine High School in Colorado. The question the applicant was asked to opine about concerned those factors that may be underlying the recent dramatic increase in the number of such episodes. One could argue that this question has little direct bearing on the day-to-day practice of medicine, but the fact is, the answers and the approaches of the various applicants were really quite revealing.

Most applicants quickly identified many of the same factors that had initially come to my mind when I saw the question, such as social isolation, alienation, anger, and the psychological consequences of having been repeatedly bullied. But one applicant in particular took a remarkably rigid approach that really concerned me: He insisted that the problem of serial shooters was primarily due to the pervasive influence of the Internet. To his way of thinking, the widespread availability of sites for purchasing mail-order guns and sites offering instructions for building homemade bombs was the primary cause of our horrendous epidemic of student shooters. I gen-

tly tried to prod him to consider the mind-set of the shooters, but he kept returning again and again to his obsession with the Internet as the primary culprit.

Another applicant was equally insistent that the primary responsibility lay with the media and their blood-thirsty willingness to give top billing to these shooting episodes. He, too, was fixated on a single global explanation for a complex social phenomenon that has strong determining elements of psychological dysfunction.

So I obviously had significant con-

cerns over these 2 individuals about whether or not they truly had the proper emotional mind-set to function as complete physicians sensitive to all of the psychological factors at work in each ailing patient. But the beauty of the multiple interviewers approach is that such a critical determination was hardly mine to make alone: Each of a whole series of examiners had the opportunity to provide his or her feedback on each of the applicants who came through that day.

I am convinced that this new approach is destined to become the

norm around the country in the not-very-distant future. Medicine remains very much an art as well as a science, and the psychological demands on a physician are great indeed. It is, therefore, incumbent on those who play a role in selecting medical students from among a wide pool of applicants to ensure that those with the strongest and most empathetic psychological makeup are the ones who are chosen. I truly believe that the speed-dating, multiple interviewer method represents a major advance over the more traditional one-on-one interviews. ●