

Foreword

“I was lucky to have an opportunity to read Newland and Luo’s book prior to publication.

This is clearly the first well written book about medical school entry interview preparation in New Zealand.

This book points out which kind of medical professionals we would like to see in the future, and also accurately reflects the current emphasis on communication skills training in local and international medical schools. Simply, you have to be a good communicator before you can be a good doctor.

Unavoidably, communication skills are the key area which a medical student candidate will be assessed as a part of medical school entry selection process. This is mostly conducted by the interview.

Communication skills, like any other skill, can be acquired by training and constant practice. An interview is a performance. Good preparation for the interview will give you the best chance of getting into medical school.

The outstanding feature of this book is that it provides you with a systematic and DIY approach to prepare you for the interview.

Best wishes for those reading this book and taking the medical school entry interview.”

Dr Michael Zhang *MBChB, FRACP*
Interventional Cardiologist and General Physician
Wellington Hospital
11th October 2009

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Preface

The medical interview is your last step towards achieving your goal of becoming a doctor. It is a rite of passage for most medical schools; however it is still a daunting task to undertake for many applicants. You may have heard horror stories about disastrous interviews, which can be especially unnerving. But with the benefit of hindsight, the majority of medical students see the interview process as a very positive experience. For us it was an arduous journey of self-discovery. You will learn a great deal about yourself and your intrinsic strengths as well as your very human weaknesses. What we can say for sure is that if you apply yourself, you will come out a better and more empathetic person by the end of the process regardless of your results. We sincerely hope to help you achieve this.

So do not let the interview deter you from pursuing a career in medicine; the MBChB program is a wonderful course! The honour of being a doctor gives us the unique privilege of sharing in a vast sum of human experiences that few are privy to. The degree is highly flexible and there are specializations to suit all personalities; from academics to clinicians, researchers and aspiring leaders. Medicine is a rewarding, stimulating and challenging profession. Although you may have been told this by many different sources it is not until you are actually practicing medicine that you come to understand why this is.

Sir William Osler, the father of the modern medical school, once said: “to each one of you the practice of medicine will be very much as you make it – to one a worry, a care, a perpetual annoyance; to another a daily joy and a life of as much happiness and usefulness as can well fall on to one’s lot.” The rewards of medicine are not intrinsic. Doctors are no happier than any other profession. The joys

of medicine are “as you make it” – its price can be agony, sweat and devotion.

Are you willing to make this sacrifice? If so, you should start with the interview. It requires a great deal of preparation and should effectively be treated as another exam that you have to study for.

You may hear people telling you that it is “useless to prepare”, that you should “just be yourself” or that “you will not sound genuine”; they are most certainly wrong. Preparing will give you the greatest chance of being comfortable during the interview and of showing your true genuine self. In actuality, it is those who do not prepare or practice for their interview that end up being nervous and say things completely *unlike* their own personalities. The aim of this book is to give you an effective and systematic way to prepare for the interview using a combination of techniques, tips, worked examples and practice questions. It has not been designed to provide you with all the information you will need to know, and at no point will “correct” or ideal interview answers be given to you. Rather, think of this as your personal mentor while approaching and preparing for the interview, designed to delve deeper into understanding your own values and beliefs, giving you the best chance of “being yourself” in the interview.

This 9th edition has gone through another revamp with additional content aimed specifically at preparing you for the new MMI system, updated for 2016.

On behalf of the whole MedView team, we sincerely wish you all the best in your interviews!

Dr Newland and Dr Luo
23rd February 2015

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Introduction

The interview

MMI, or Multiple Mini Interviews, is a relatively new style of interviewing that is used at the University of Auckland and several Australian medical schools, and has been gaining popularity around the world. At the University of Auckland, the MMI consists of eight timed stations through which candidates will rotate.

You, as the candidate will spend eight minutes at each station. Two minutes are allocated as reading time, where you will be able to read the station's scenario. The remaining six minutes are allocated as interview time and when the timer runs out, you are required to move on, regardless of whether you or the interviewer are still talking.

You are assessed on a wide range of aspects with a mix of interview stations and activity-based stations. While the MMI does look holistically for your potential to be a medical professional, it is also important to remember that there are also key traits that the stations assess you on. They are as follows:

- Communication
- Quality of argument
- Critical thinking
- Creativity
- Social responsibility
- Cultural safety
- Awareness of health issues
- Ethical/moral reasoning
- Self-awareness
- Empathy
- Conflict resolution
- Career choice
- Teamwork
- Self-care

Scoring

At each station, the candidate is assessed on three selected attributes. For instance, a station about discussing your interest in medicine can assess self-awareness, critical thinking and your choice of profession. Every station will have its own set of attributes that the interviewer is looking out for. Each attribute is scored out of 10, with the minimum score being 1. Thus, each station has a maximum score of 30 and a minimum score of 3. As there are eight stations, the interview as a whole is scored out of 240.

Even for the same given scenario, two candidates may be assessed on different attributes. It is not reasonable to ascertain what score is required in order to gain entry into medicine; this will vary from student to student, depending on their grades and UMAT scores. As such, scoring 24/240 will not technically eliminate your chances of gaining entrance. Likewise, scoring 240/240 does not technically guarantee entrance.

Advantages and Disadvantages

Advantages

-Arguably, the MMI system's greatest strength is its objectivity. By involving more interviewers, the interview can provide a broader and more reliable assessment of your non-academic qualities.

-Bias, which can at times be a significant issue in interviews involving very few interviewers, is essentially reduced to a negligible amount.

-The interviewers at each station are unaware of your performance at any other station. This means a poor performance at one station will not necessarily ruin your interview. You are given the opportunity to make a fresh start at each and every station. Remember, one station's weighting is only an eighth of your total!

-The structured nature of the interview makes it easier to prepare for. The MMI system provides a less 'random' and more structured way of assessing a candidate's attributes. Questions and scenarios are carefully selected in order to assess the attributes that are most important to the health profession, rather than spending time on irrelevant discussions. Make use of this structure to carefully prepare for each different category of interview station.

-The structure of the MMI also makes the interview fairer as candidates are likely to encounter a similar balance of stations. In other words, this means candidates are less likely to have 'easier' or 'tougher' questions than their peers.

Disadvantages

-Even if you build great rapport with the interviewer at one station, you'll have to begin the process all over again at the next station. This means that consistently scoring top marks with each interviewer is made very difficult.

-There is a time constraint at each station. Your explanations need to be concise, otherwise you may not have enough time to convey all of your thoughts and respond to follow-up questions from the interviewer.

-You can expect a very diverse interview. This means you need to spend more time preparing for areas that you are weaker in, as they are much more likely to be encountered in the interview.

Prepare for the interview early (Year 12 and 13)

The style of questions being asked during medical interviews is changing. Questions such as “what do you feel when you see scenes of poverty” are becoming less common, with greater emphasis on questions like “describe a time when you led a group”. These questions require the candidate to give a real life example to support their answer. This “proof through example” approach is much harder to “fake”. This allows interviewers to gain a more accurate impression of the candidate. As a result, successful candidates now require a repertoire of examples that they can use during the interview. This however can only come from life experience.

Those still at school have the advantage of time. More time to prepare for the interview, and a greater amount of time for extracurricular activities. Therefore we encourage you to begin building your ‘repertoire of examples’ now.

Here are some ideas for you to try:

The Duke of Edinburgh's Hillary Award - Here you are given the opportunity to complete different sets of tasks, such as learning a new skill or working in a team to complete a project. Not only is this a great experience for you, it is fantastic for your CV.

Do a sport – Soccer, rugby, tennis, badminton, running, the list goes on. It's great for the mind and body and you will learn valuable teamwork skills.

Unique talent - Some of you have an activity, skill or achievement that will make you stand out from the crowd. Make sure you spend your time to nurture this passion. As you read later, this unique talent will come in useful during the interview as you will almost certainly be asked about it!

Friends - Probably one of the most fruitful options. Although school is important, so is a healthy social life. Do as many things as possible

with your friends; maybe even try and plan group activities yourself - you will learn much more that way. The number of things you can learn from simply socialising is endless.

Clubs and volunteering - They are a great way to give back to the community and expose you to a wide variety of situations. To get the most out of the experience, we encourage you to take positions of responsibility such as being on the executive committee. From our experience, it is when you are responsible for your actions that you really starting learning.

Get a part time job - One of the best ways to develop workplace skills is to be in the workplace itself. You will get all sorts of experiences and develop a lot of confidence and maturity.

Remember that soft skills like teamwork, social skills, time management can only be gained from experience. They cannot be learnt from a book! So we encourage everybody to go out and gain those life experiences.

Unfortunately, this is only half your task. Just having life experiences is not enough. You must be able to reflect on these experiences so you can learn, grow and mature. Read the section 'Learning by reflection' in Chapter 2.

Preparation

Methodology

Preparation for a medical entry interview is a massive task and you should be as diligent as if you were studying for an exam.

Your *methodology* should be thorough and systematic.

Preparation can be divided into two parts:

Strategic Knowledge - *looking outwards* to research the world of medicine.

Personal Profile – *looking inwards*. This is a journey of self-discovery. You will find out the essence of who you are and your internal motivation. This is probably the hardest and most complex task you will undertake, but it is certainly the most rewarding.

Strategic Knowledge

This section requires you to research your world. Out of all your preparation, this will be the most like studying for an exam. Ideally it will broaden your knowledge base and help you to answer questions that require some background knowledge. We have put together some important questions that will stimulate your research into this area. They are not meant to be exhaustive, but should get you started.

Why should you be thorough in acquiring this background knowledge?

It shows your *hunger* to enter medical school

It is expected you will be questioned on these issues

It will hopefully interest, and motivate you towards a medical career

You need to show a genuine interest in medicine and the world around you, if you want to convince interviewer you want to study medicine

Here are a few of the things you may be interested in researching as preparation for your interview, and are expanded further in this book:

The University you are applying to

The Health Sector

Current Events

New Zealand Health Issues

Talk to health professionals

Research the University

Some interviewers question applicants on why they have chosen to apply to their particular university; therefore, it is wise to have some knowledge about the course and the university up your sleeve. You can usually find all the information you need on the university's website.

What does the MBChB involve? Who is their ideal candidate? How will students be taught? What are the clinical years? Is there anything unique about their course?

System based learning vs. problem based learning - How do medical students learn in each of these systems? Each medical school has a different mix of these. Which one is best? What type of learning experience is most suitable for you?

Does the university have any special admission schemes? What are the MAPAS & RRAS schemes at the University of Auckland? Why were they implemented?

The Māori & Pacific Island Admission scheme is a commitment to increasing the number of Māori and Pacific health professionals to 10% of the health workforce by the year 2020. (Vision 20:20). There are many reasons for this scheme but the most important reason is to combat the current disparities between Māori and Pacific Island health compared to the rest of the population.

Regional/Rural Admission Scheme (RRAS) is a scheme reserved specifically for students from a rural background. It is designed to increase the number of rural students studying medicine. Associated with this is the Grassroots Rural health club which encourages students to get involved in rural health. New Zealand currently has a severe shortage of rural doctors and it is hoped these programmes will improve this. The criteria for application under RRAS are a lot more lenient compared to the previous ROMPE programme. Applicants are eligible for this scheme if they grew up in any area of New Zealand that does not fall within the local authority boundaries of the:

- Auckland City Council
- Hamilton City Council
- Tauranga City Council
- Wellington City Council
- Porirua City Council
- Hutt City Council
- Upper Hutt City Council
- Christchurch City Council
- Dunedin City Council

Those interested in applying for MBChB in Auckland should consider the eligibility under either of these criteria. Regardless of eligibility, however, all applicants should have an understanding of these schemes, and the need for them.

What medical research has the university published recently? What areas of specialization is the medical school renowned for?

What happens after you graduate? For example the transition from trainee intern to house officer to registrar to consultant. You could even look into potential training pathways such as general practice or the surgical training scheme. You are not required to know this but it

shows you have researched your career in detail and have *some* idea where you want work in medicine. It also helps you to give an accurate answer to questions such as “where do you see yourself in 10 years’ time?”

Research the Health Sector

Having background knowledge of New Zealand’s health sector can be very helpful. It will help you to portray a greater level of insight in many of your answers and show the examiners that you understand where medicine fits in society. Doctors are not the only members of the health care team or even the most important. You need to have knowledge of the entire health sector from prevention to rehabilitation and the unique contributions of other members of the health care team. The following are some of the main areas of focus:

Public Health Care - Public hospitals are run and funded by District Health Boards (DHBs). Public hospitals are set up to provide free acute and elective healthcare to ensure that as many people as possible have access to essential healthcare services. Public health care is also about early intervention to prevent disease and morbidity. This is not only cost effective, it is better for the patient because doctors often cannot restore the patient to their previous state of health.

Private Health Care - Many people have private health insurance because it allows them to bypass the waiting times in the public health system for treatment of non-urgent conditions and allows the patient to choose their treating doctor. However, this can be expensive. In comparison to other countries, most doctors in New Zealand work predominantly in the public, but also in the private sectors. This means that there is no actual difference in the level of care provided. People who have private health insurance are not excluded from public health services.

Primary Health Care - This relates to health care received in the community, usually from a GP or practice nurse. It includes a range of services, including health education, counselling, disease prevention and screening. Primary health care is essential for improving the health of all New Zealanders and reducing health inequalities. Primary health organizations (PHO) as explained below are primarily responsible for providing this kind of health care. Studies show that increased emphasis on primary health is correlated with positive health outcomes.

Secondary, Tertiary and Quaternary Health Care - refers to more specialised medical care, more expensive and less accessible than primary care. Secondary health care is a service provided by medical specialists after patients have been referred by their primary care provider (usually a GP). It is generally delivered in a hospital or clinic setting. Tertiary Health care is much specialised care, often only provided in a small number of locations in larger cities around New Zealand. Quaternary health care refers to Auckland City Hospital which has the sub-specialists and specialized equipment to treat patients that other tertiary hospitals cannot. There have been recent efforts by the government to bring more secondary health care closer to the community by encouraging “super clinics” that can provide a limited range of hospital level care.

DHBs - District Health Boards (DHBs) are responsible for funding the provision of health and disability services in their area. There are 21 DHBs across New Zealand and they have existed since the Public Health and Disability Act 2000 came into force in 2001. The objectives of DHBs include:

- Improving and protecting the health of communities
- Promoting the integration of health services, especially primary and secondary care services
- Promoting effective care or support of those in need of personal health services or disability support.
- Reduce health outcome disparities between various population groups.

PHOs - District Health Boards (DHBs) fund Primary health organisations (PHOs) to provide primary health care to those people who are enrolled with the PHO. PHOs utilise many different health professionals (such as doctors, physiotherapists, Māori health workers, nurses and pharmacists) within the community to serve the health needs of their enrolled population. PHOs vary in size and structure. There are now 81 PHOs around the country. PHOs are allocated a set amount of funding from the government which is based on “capitation” that is the numbers and characteristics (e.g. age, sex and ethnicity) of patients enrolled with them.

ACC - Accident Compensation Corporation (ACC) provides comprehensive, no-fault, personal injury cover for all New Zealand residents and visitors to New Zealand. It covers a wide range of services payment towards treatment, support at home during recovery and assistance with lost income if people cannot work due to injury. Because of ACC you are unable to sue other parties for personal injury in New Zealand, and you also give up the right to sue medical practitioners for unintentional mistakes.

Pharmac - The Pharmaceutical Management Agency of New Zealand. Their central role is to manage the pharmaceutical budget on behalf of DHBs, and to decide which medicines are funded by the Government. The list of funded medicines is published in the Pharmaceutical Schedule. Because of combined buying power of Pharmac, the cost of medications in New Zealand remains affordable. Compared to international standards, New Zealand has one of the cheapest prices of medications in the world. Countries like America, which has an open market for pharmaceutical products have a far greater range of products but prices are often much more expensive.

Current Events

Why should I learn about this?

Medicine is always progressing - There are new drugs, treatments and imaging tools being developed, new protocols for treating diseases and a constant supply of medical studies. As a Doctor you will be required to be at the leading edge of this.

It is more than likely you will be questioned on a current issue during your interview - Having some knowledge about the topic will allow you to create an insightful and educated answer to show the interviewer your genuine interest in a career in medicine.

We have outlined some of the current medical issues below. Please note this list is in no way exhaustive, and may not always be relevant, due to the changing nature of news.

Your task:

For each topic research the *general* points only. It is not necessary to know everything in detail.

Do form your own opinion and views on the issue. This will help when we teach you our method to answer the questions.

- Elections - 2014 was election year for NZ, and health issues/policies were presented by the different parties. What were their different healthcare policies? How will the policies of each party affect healthcare outcomes?
- TPPA - an agreement called the Trans-Pacific-Partnerships agreement (TPPA) is underway, where the government is in negotiations with various other countries for free trade. The major problem is that these negotiations are being undertaken in secret, and serious concerns have been raised over leaked documents which imply the future of Pharmac, smoking restrictions and other health policies will be put in jeopardy as the cost for economic potential.
- ACE mismatch - there have been problems with shortages of spots for house officers in various hospitals in New Zealand that have resulted in some new graduates not getting jobs. This has only affected international students so far, but forecasts indicate we are training more medical students than the number of graduate jobs we have at the moment. There have also been issues around how new graduates have been offered jobs. Should doctors be guaranteed jobs? Who takes responsibility

for medical students once they graduate? Should we be cutting down medical school spots if there aren't jobs?

- Christchurch Earthquake - What impact has the Christchurch earthquake had on the health sector? How did we cope? What are the lasting effects?
- The brain drain - One of the issues the government is facing is the number of trained professionals, including doctors, heading overseas. Why is this happening and how can we slow it? Would you consider staying in NZ?
- The brain gain - We hear often of the brain drain of health care professionals. However there is no actual shortage of doctors in hospitals. This is because New Zealand has one of the highest percentages of foreign trained doctors in the world. What are the consequences of this? Would you like to be treated by a foreign trained or locally trained doctor? What are the effects of the health systems in the countries that these doctors immigrated from?
- Exciting new research - There is almost an unlimited supply of medical research. Look into areas of research that Auckland is making advances in.
- Long waiting lists for elective surgeries - How should we prioritise people on waiting lists? Are there other ways to solve this issue?
- Breakfasts in schools - various programs are being set up to feed school children. Is this good use of money? What are the benefits? Will this improve school attendance? Does this have an effect on nutrition?
- 7 ETFS cap - the recent cap of 7 years on student loans will disproportionately affect medical students, if you are entering medical school as a post-graduate. Why is it that the government will not make exceptions for loans, such as post-graduate medical students who will take longer than 7 years to graduate? Shouldn't the length of the degree influence the length of the cap? Isn't investing in student loans for medical students a worthwhile investment in the long run?
- Child abuse - There have been numerous cases in the news recently of neglect and abuse. What can the government do to combat this?
- Rheumatic fever - Generally considered a third world disease, but there are persistently high rates of infection in New Zealand. Why is this? What is being done about this?

As you read about the above issues you may find that your natural curiosity will motivate you to explore more. While you only need a general understanding of most issues, a better, detailed and insightful understanding is always better!

New Zealand Health Issues

There are specific issues that the New Zealand Healthcare system has to deal with. As with current events you should research these, understand why they are a problem in New Zealand, find out what the health system is doing about them, and start forming a view or an opinion on the subject. Below are some important issues to consider:

The Treaty of Waitangi - This is unique to New Zealand. Although it is not a legal document, the principles within it still influence political and legal discourse in New Zealand. The treaty promises full recognition of Māori rights as Tangata Whenua (people of the land) - this includes the right to the same standard of health as non-Māori. Importantly, the Treaty also includes the protection of Maori Taonga (literal translation being “treasured things”) that includes not only tangible belongings but also key values, traditions, and knowledge, with a relevant example being traditional Maori medicines. The current disparities highlight the fact that this protection promised by the crown has not been upheld. Does the Treaty have any relevance to medicine nowadays? What are the principles of the treaty? What does it mean for the Māori community? What does it mean for other ethnicities?

Māori and Pacific Island health disparities - Ethnic disparities in health do exist in NZ. Reasons behind the gap are multifactorial, which has made finding a solution incredibly hard. There are increasing numbers of Māori-led initiatives and projects being used to combat the disparities. How should we combat these disparities? Are the current strategies working? Who is responsible for promoting Māori and Pacific Island health? What are some of the specific initiatives targeting these inequalities?

Māori Health Disparities

Statistics show that almost all health outcomes are lower in Māori and Pacific peoples than the general population; they have lower life expectancies, higher rates of death from most diseases, higher rates of almost all infectious diseases and higher rates of morbidity from chronic diseases. While the majority of people understand this, they don't comprehend **why** and **how** we should address these inequalities.

There have been studies showing that the quality of healthcare provided to Māori and Pacific Island (PI) patients is lower than other ethnic groups in NZ. Should we address this by giving Maori or PI preferential treatment?

The conclusion that many people draw from these studies is that there is systematic discrimination against Maori and PI by the health system. Do you agree with this? A well-known concept in social psychology is the "stereotype threat" where the performance of individuals in the negatively stereotyped group will be reduced for psychological rather than sociological reasons. This is also known as "internalised racism" or "learned helplessness", whereby a group that does not think highly of themselves in the first place, does not seek to better their situation because they do not expect any better. This is an issue within many sub-groups of NZ, not just Maori and PI - immigrants, people living in low socioeconomic areas and disabled people all suffer poorer health outcomes from a combination of poor access to health, and consequent low expectations from other people, and of themselves.

Many people talk of the causes of poor Maori health, and the origins. One must understand that it is inextricably linked to socioeconomic status, and while understanding that "colonisation" contributes to the root cause, fixating on this alone does not give us answers to how we can resolve the issue, and it cannot be easily rectified.

Socioeconomic status (SES) is a large determinant of health; the lower SES you are, the more likely you are to have poorer health. It is unfortunate that Māori and PI communities are over represented in the lower SES groups, and consequently tend to suffer from worse health outcomes.

Frequently Asked Questions

The majority of our readers apply for Medicine at the University of Auckland, and every year the same questions are asked. Answers are hard to find given the competitive nature of medical entry, even with the aid of online search engines or friends who are medical students. Here are the answers and hard facts that you have been looking for, from medical students and doctors who have been through it all before.

Medical Entrance

How do I get into Medicine?

Universities choose the highest-ranking students based on a combination of the following: academic grades, psychometric testing and interviews.

At the University of Auckland the ranking formula is:
60% grades, 15% UMAT, 25% interview.

At Otago University, the ranking formula is:
66% grades, 33% UMAT.

Application forms and written references are sometimes required. Full information is available at each university's website.

1. How many places are there for Medicine?

In 2012, approximately 240 students gained entry to Medicine at the University of Auckland.

In 2011, approximately 240 students gained entry.

In 2010, approximately 215 students gained entry.

2. Are there quotas for Medical entrance?

Yes. There is the Rural-Regional Admissions Scheme (RRAS) and also the Maori and Pacific Admissions Scheme

(MAPAS).

There are also quotas for international students.

Apart from the above, there are no racial or age quotas.

3. *What other universities can I apply to?*

Undergraduate:

Otago University (Dunedin)

Postgraduate:

Otago University (Dunedin)

Australian National University (Canberra)

University of Melbourne

University of Sydney

University of Western Australia (Perth)

University of Queensland

University of Wollongong (Shoalhaven)

University of Notre Dame (Sydney and Fremantle)

Monash University (Gippsland)

Griffith University (Gold Coast)

Deakin University (Melbourne)

Flinders University (Adelaide)

4. *What should I do if I don't get into Medicine?*

This is a personal decision. Many students complete a degree and apply to Medicine again as a graduate. The chance of getting into Medicine is higher because of your increased maturity and increased choice of post-graduate medical schools.

First Year Papers

5. *What's first year Biomed/Health Science like?*

For many people it should be one of the best years at university. There is a lot of freedom. Instead of a 30 hour high school week there are only about 20 hours of formal

teaching. Formal teaching includes lectures, tutorials and labs. Assignments and study are self-directed. University experience is exciting, fun and above all - unique.

6. *Is first year hard or stressful?*

With the pressure of getting accepted, people generally rate first year quite badly. However, looking back, first year is not actually that hard nor too stressful. It depends a lot on who your friends are; good social support eases any difficulties. The hardest thing is finding the motivation to study, because no one checks up on your progress. Cramming for exams though is hard and stressful so avoid it at all costs.

7. *How competitive is it?*

There are horror stories of competitive students stealing or destroying others' study notes and telling their friends the wrong answers to questions. This has happened in the past, but people who do these things make up a very tiny minority. We hope the interview process will screen these students out. You will meet people in first year who are friendly and helpful, and it is these kinds of people who tend to get in. At the end of the day, getting accepted into medicine is realistic if you are prepared to put the effort in.

8. *Should I do Biomed or Health Science?*

Consider what subjects you are good at and what subjects you enjoy; don't just do what your friends are doing. There is actually very little difference at the end of the day in regards to medical entrance, so make sure you do your research, and talk to people who have actually done both. Also choose the degree that you would be happy to complete if you are to continue with it after first year.

After first year Biomed or Health Science, students can apply for Nursing and Pharmacy. After first year Biomed, students can also apply for Optometry.

9. *What's the difference between Biomed and Health Science?*
 In first year, there is little difference between the two. Out of a total of eight papers in first year, there are five papers common to both degrees: the four “Core Papers” and one General Education paper.

The four Core Papers are:

BIOSCI 107 (Semester One – cells, tissues, embryology)

POPLHLTH 111 (Semester One – population health)

CHEM 110 (Semester One or Two – mainly organic chemistry)

MEDSCI 142 (Semester Two – organ systems of the human body)

The remaining subjects for Biomed are:

BIOSCI 101 (Semester One - genetics, evolution)

PHYSICS 160 (Semester Two - equivalent to Year 12/Year 13 Physics)

BIOSCI 106 (Semester Two - biochemistry)

The remaining subjects for Health Science are:

POPLHLTH 101 (Semester One - health systems)

POPLHLTH 102 (Semester Two - health and society)

HLTHPSYC 122 (Semester Two - behaviour, health and development)

Biomed is more science based whereas Health Science is more population health based.

For example, questions from Biomed could include: “If the theoretical ATP yield from the complete oxidation of stearic acid is 146, what would it be for linolenic acid? (1 mark)”

Questions from Health Science could include: “List two examples of the cultural/behavioural explanation to explain the higher rates of obesity in males compared to females. (2 marks)”

10. *What's a General Education paper?*

This is a paper at a first-year level that can be anything of your choice – a language, history, arts, music, business, etc. Undergraduate degrees at the University of Auckland are required to have one or two of these.

11. *Which paper is the hardest?*

This depends on your own strengths, weaknesses and educational background so any paper could be considered “hard”. Papers with more internal assessments and mid-semester tests can be easier, as there is less weighting on the final exam. Certain papers, such as MEDSCI 142 cover more content than others.

12. *What grades do I need to get an interview?*

For first years, a minimum GPA of 6.0 (B+ average) over all eight first year papers is eligible for consideration for an interview.

For graduate students, a minimum GPA of 6.0 (B+ average) over the best two years of full-time study is eligible for consideration for an interview.

Meeting the minimum GPA of 6.0 (B+ average) does not guarantee an interview. The minimum GPA required for an admission interview is determined once the university has received and reviewed the entire application pool for that admission period and it can vary from year to year.

In previous years the actual cut-off for an interview has been a GPA of around 7.25 to 7.75 (A- to A average) over the core papers for first-year students.

13. *What grades do I need to get into Medicine?*

For first years, only the four Core Papers are considered in the final ranking process. For graduates, only the last two years of study are considered.

Anyone who is able to get an interview has the potential to get in, even though most first year students that are accepted lie in the higher average range. Making broad generalizations, this is slightly lower for graduates.

14. Which is more likely to get into Medicine, Biomed or Health Science?

There is no difference, and no quotas for each paper. Only the Core Papers are considered in the final ranking process, and so the two degrees are essentially identical. Each year many more students get into Medicine from Biomed, purely because many more students apply from Biomed.

15. My Physics isn't great. Will it be ok to do Biomed still?

Yes, for the purposes of applying for Medicine. PHYSICS 160 is not a Core Paper and so it is not essential to get top marks. Physics is not compulsory after first year Biomed. However, health sciences first year is also a very viable way of entering medicine and is often underrated. At least one of the authors of this book entered medicine through first year Health Science.

16. Should I do CHEM 110 in first or second semester?

Most Biomed and Health Science students choose first semester, and so you will have the same timetable and exams as your peers. The benefit is in having completed three cores after half a year, and so you have a good idea of your chances for getting an interview and entry to Medicine. CHEM 110 is said to be easier in second semester, as generally the students taking it in second semester are not competing for Medicine. It also means that you can spread out your cores, and get help from your peers who have completed the entire paper before. Some General Education courses are only offered in first semester, and so in this case you should do CHEM 110 in second semester. Our personal recommendation would be to do it in first semester, as MEDSCI 142 is probably the most

content-heavy core paper, and it is good to have that as the only core paper to focus on in second semester.

17. *What General Education paper should I do?*

Do something that you will enjoy and will really fill a gap in your knowledge, not something that will just get you good marks or that you have already learnt in school. Almost all general education papers are considered “easy”, as they are designed to be introductory rather than specialist papers. There are no more General Education options once you enter Medicine.

18. *How much study should I be doing?*

Quality is more important than quantity; study so that you are able to remember and even teach what you have learnt, not just so that you can say you have studied. It helps to study enough so that before each lecture you have the knowledge to understand it and not ask questions that you should already know the answer to from a previous lecture. One lecture generally takes thirty minutes to revise; it takes longer if you don't remember the lecture.

Generally speaking, you should treat studying like a full time job. That is from 8am to 4pm every weekday you should be studying if you are not in any required class. We do advise weekend reviews of at least an hour and more closer to exams. But of course, each person is different.

19. *What's the best way to study?*

Everybody has their own way – find out what works for you. Try and make your study finite and have clear boundaries with what you need to know and what you don't need to know. Take regular breaks, because we learn better this way and high quality study is tiring.

People may have different techniques but most importantly you must be able to actively engage with the words or topics

being read rather than just glazing across words. As you read concepts, diagrams, ideas and most importantly connections should crystalize in your head. Remember it is always easier to remember something if we understand it. So do spend time understanding concepts so that you can work it out from first principles. Other methods are highlighting key information and colouring in and drawing relevant diagrams. Most lecture notes are in a condensed form, and many people write their own notes on top of the lecture notes so that you only have one source of information.

Writing out the answers to past exam questions or self-made challenges really tests what you do and don't know.

The location is important. Find ways to study at home without interruptions. Any library will be a silent, well-lit place; a common room will not be. Studying in front a television, computer or tablet is very distracting for most people. Having the internet in front of you is especially dangerous because you can end up "studying" a lot of information that is actually irrelevant. Also, the transition from study time to leisure time only requires one click.

Routine is probably the most important skill to develop early on. Treat studying like a full time job and make good habits so that when you are at university at 8am you are studying and when you finish at 4pm you are free to peruse whatever you want!

Study groups are great for going over exams and asking *prepared* questions once everybody feels at around 80% knowledge.

This is because it is always better if you can figure things out by yourself rather than asking someone because you are far more likely to retain that information. Also study groups by their nature are full of interruptions so it is not advisable to

study something side by side as you can study side by side with any random person in the library for the same effect.

Study groups can become a mere social occasion. What is helpful instead is an early support group where members support each other and give general study advice.

The six secrets to high quality study are:

Primacy – we remember what we learn first.

Recency – we remember what we learn last.

Patterns – we remember what is predictable and easy.

STAND OUT – we remember things that stand out.

Repetition – we remember things that are repeated seven times or more.

Associations – we remember things that are related to things we already know.

You know if you have studied well if you can recall the information completely anywhere you are, just in your head.

20. *What are the best resources to study with?*

Study the lecture as 99% of the exams are based on the lecture information only. For every question in the exam you should be able to say which lecture it is from or who gave the lecture. Print out lecture slides as you get them, if you can. This way you can actually see in front of you the volume of information that needs to be learnt, and you don't need a power source to refer to them.

Always do past exams completely because these tend to be repeated.

Textbooks are only there for you to clarify information, look up specific points and for personal interest, not to be learnt word for word.

- 21.** *One of my lectures is scheduled to finish at the same time another starts, but they are in a different location. Will I make it in time?*

If they are at the same campus, yes. Lectures start five minutes after the hour and end five minutes before the hour. Most of your first year lectures will even be in the same room.

- 22.** *What textbooks should I buy?*

In first year, most people only consider “Principles of Anatomy and Physiology” as an essential. Do not rush in to buy any of your books. We recommend trying them out from the library before you purchase any textbook.

Second hand and old editions are cheaper and will do fine for study; however they are difficult to resell. Sometimes the difference between editions is simply different formatting and a few paragraphs.

You should get a book out from the library a few times before you buy it. You may find that you never need to buy it. If you left wanting a copy at home, go buy it. Books may be cheaper online like book depository. Electronic versions are more portable but difficult to write notes on.

- 23.** *The lecturer said something different to the textbook. What should I go with?*

Do not be afraid to email your lecturer and clarify. In general however, your lecturer is the one writing your exam, so what they say is probably what you should go with.

- 24.** *I can't pay attention in the lecture. What should I do?*

A lot of people have problems with this and some record lectures and listen to them at their own pace. Others like to just focus on the notes they are given.

However do develop the habit of paying attention. You can listen to a recorded lecture but this may unconsciously make you pay less attention to the current lecture. Well intentioned plans to review recorded lectures often fail.

25. *Do I have to do “required readings”?*

Usually, no for first year. It depends on the paper or lecturer. It doesn't hurt to do them, but use your common sense as to the best use of your time, especially in regards to the likelihood of being assessed on reading material.

UMAT

26. *What is the UMAT?*

This is a test sat in Australia and New Zealand to assist in the selection of students into certain health science courses – Medicine, Dentistry, Pharmacy and Physiotherapy. It is administered by the Australian Council for Educational Research (ACER).

The test has three sections:

Section One: Logical Reasoning and Problem Solving (learn new information and immediately answer questions on it)

Section Two: Understanding People (read dialogue or stories and work out how people are feeling or what they really mean)

Section Three: Non-Verbal Reasoning (similar to IQ tests – pick the next shape in the series or the one that fits the pattern best)

27. *How do I apply for the UMAT?*

Applications are online via umat.acer.edu.au

28. *What's a good UMAT mark?*

We believe that students should be very happy if they receive a mark of 85th percentile and above. In the end, a “good mark” actually depends on which university you apply for,

their weighting on the UMAT, and whether they use raw scores or percentiles in their calculation.

At the University of Auckland, students who got 0-20th percentile have still been accepted into Medicine and students who got 100th percentile have not been accepted. The University of Auckland uses raw scores for the calculation.

Other universities only consider percentiles, and here it is much more difficult to get a “good mark”.

In 2012, the top raw score (100th percentile) was around 80. The median raw score (50th percentile mark) was 52. Notice that, if raw scores are used in the calculation, 52 out of 80 actually equals 65%, not 50%.

29. *Do I need to do a UMAT course? Do they actually help?*

This is a personal decision. At the very least we recommend that all students become familiar with the test format, by practising with ACER’s Practice Tests 1 and 2. Unfortunately, these can only be completed online and so do not emulate the actual UMAT, which is sat with a pencil and paper.

Many students choose to undertake a UMAT course. We recommend that you do your own research into what is available, and consider the costs and benefits of taking such courses. Medview runs a UMAT course.

30. *Then should I sit the UMAT twice just to improve my result?*

No. UMAT results only last for one year, and you are only meant to sit the UMAT once – in the year that you apply to Medical school. In previous years, the UMAT result lasted two years; however, this favoured students who sat the test twice.

31. *How do they mark the UMAT?*

ACER does not release their method of marking the UMAT. To prevent cheating, there are different types of test booklets with a few of the questions only appearing in one type. Even if there is weighting on harder questions, it is impossible for test-takers to identify these questions in the test. For all intents and purposes, knowledge of how they mark the UMAT will not improve your UMAT score. It is best to answer in the same way as you would with other multiple choice question tests.

32. *Is any UMAT section more important than the other sections?*

This depends on the university. Some universities put less weighting on Section Three as it is most susceptible to improvement by coaching. Auckland only ranks you based on your overall score, not individual sections.

33. *Are there any free UMAT resources?*

ACER's Practice Test 1 is included in the UMAT registration fee. Practice Test 2 costs \$35 AUD and is not meant to be distributed for free.

Many UMAT courses and blogs offer free sample questions and advice, but the quality of these are generally poor and will not improve your UMAT score.

Interview

34. *Should I prepare for the interview or not? When should I start preparing for the interview?*

We believe in preparing for your interview. This is not rehearsing your answers; it is about practicing delivering the best that you have to offer. We advocate starting as early in first year as you can. Ingraining skills and attitudes take time. It cannot be crammed. See the rest of this book for more on

this.

35. *How many people get an interview?*

Approximately twice as many eligible candidates as there are places available in the medical programme will be interviewed.

36. *Are there any free interview courses I can go to?*

The University of Auckland offers free interview courses. Visit the careers portion of the university website for more information. Medview also offers the free symposium series which tackles specific interview problems. Medview has scholarships for students who cannot afford our courses.

37. *What are the MH03 and MH04 forms?*

These are forms you will need to fill out for consideration of entry into medicine (MHO4 only applies to people in certain entry categories). For more info visit the University Of Auckland, Faculty of Medicine webpage.

38. *Could I be disadvantaged if I apply under the RRAS/MAPAS scheme?*

No. This is a scheme designed to allow alternative entry into medicine. If you apply under one of these categories, you will actually be advantaged as you can also be considered under the general category if you do not make the cut off in one of these categories.

39. *What if my English isn't very good?*

Our recommendation is of course to work on your English throughout the year. This is not for racially biased reasons, but merely because it will assist you in writing and communicating – even as a doctor, you will have to write up patient histories, essays etc. However, you shouldn't be discouraged if English is your second language, you can always improve and work on it. This can be a problem for the UMAT but you should be fine in the interview; the interview

is to establish your ability to communicate with people, which is not necessarily the same as having good English skills.

- 40.** *What's the interview like? Who are the interviewers? When are the interviews? Where are the interviews held? What do they ask you?*

You should be able to find the answers to all these questions in the rest of this book.

Extra-curricular Activities

- 41.** *How much spare time will I have in first year?*

This is what you make of it. Careful planning and good use of your time should mean that you have time to keep up things like sports, and is often done by first year candidates who are successful!

- 42.** *How many extra-curricular activities do I need to do in first year?*

There is no set number. Do what you enjoy, and keep a balance. See the rest of this book for more on this.

- 43.** *Do I need to watch the news every day even though I don't usually?*

No if this is not something you would do. News can easily be read online, or from other sources. It is not essential to keep up to date, but try have some idea of what is going on around you!

Medicine Itself

- 44.** *What is it like to study Medicine?*

Medicine can be divided into pre-clinical and clinical. The pre-clinical part of medicine has a lot of memorization to learn the basic sciences especially anatomy. Clinical medicine is the art of learning to apply the basic science

concepts in real patients so that you can extract accurate information in as little time as needed to determine diagnosis and to form a management plan. Medical school is often described as a rollercoaster ride – rewarding, but with many ups and downs along the way. **It is really important that you research and are fully aware of what you are getting yourself into before committing to medicine.**

45. What is it like to be a doctor?

A doctor has responsibility over the patient. Choices that you make can alter the health of a person in sometimes dramatic or even unpredictable ways. The responsibility is great but it also means that finally after all the training in medical school – you can actually make a difference! It is simply rewarding to be confident in your skills and knowledge to diagnose an illness and formulate a management plan to make a person better. But unavoidably, there is plenty of non-clinical work such as administration, filling in forms and calling people.

46. How is being a doctor different to doing a Science degree?

Essentially a doctor is a profession who has a monopoly conferred by society to perform surgery and prescribe medicine. A science degree may teach medical knowledge but only doctors can practice the “art of medicine” on patients using their clinical skills rather than theoretical knowledge.

47. When do you specialise?

The general training for doctors in Australasia is two years where graduated doctors (“house doctors/ house surgeons”) undergo placement in different specialities to get a broad knowledge and clinical experience in medicine. Only after broad clinical training a doctor can specialize in a particular organ or system or procedure. Disease after all is not just confined to a particular organ or body system.

48. *How much does a Medicine degree cost?*

Around \$350000 for the entire six years, assuming medical entry after first year. For domestic students, four fifths are subsidised by the Government, and so the actual amount paid by the student is around \$70000.

49. *Are there scholarships available?*

Yes.

Visit <http://www.auckland.ac.nz/uoa/home/for/future-undergraduates/fu-scholarships-and-awards> for more information.

Other Students

50. *I'm a graduate student. What grades do I need to get an interview? What grades do I need to get into Medicine? What should I do to prepare for the interview?*

As a graduate applicant, your approach should be no different to that of an undergraduate. The grades required by graduates are typically lower, as they are assessed across a greater number of more difficult papers.

51. *I'm a mature student. Do you have any special tips for me?*

Again, your approach to this year should be no different to anyone else. You will of course, most likely have different reasons and motivations for wanting to do medicine, so make sure you acknowledge and think about this when it comes to thinking and preparing for your interview.

52. *I'm an international student. How much does a Medicine degree cost? Why should I choose New Zealand to study?*

Typically, annual fees are around \$65,000, but vary each year.

See <http://tinyurl.com/aucklandmedinternational> for more info. There are a range of reasons people choose to study in NZ, such as the degree structure, lifestyles and opportunities. We recommend you do your research!

Our services

Free interview symposiums

While we strive for our book to be as comprehensive as possible there are many topics which we believe would be better delivered face to face rather than written down. That is why we offer throughout the year, a series of free symposiums where we will discuss highly useful interview and study advice.

Topics include: “The Science of effective studying” “Why Blacks are not superior runners – stereotypes and how to break them”, “The Secrets to Aceing the core papers” and “TOW101” (Treaty of Waitangi).

They are usually very popular and numbers are limited. Please go to www.medview.co.nz to sign up.

Interview workshops

“Medical Interview Prep” is written as a systematic and comprehensive guide to how you should prepare for the medical interview. For many students this book is all they need.

However, some students prefer a more detailed, interactive and practical course. Our interview workshop will help the transition from theory to practice. The workshop will be structured into separate modules where we will cover each topic in much more depth than the book.

There is no repetition between the book and the workshop, instead they are *complementary*. You will also receive a free copy of our

extremely useful workshop workbook which will help retain information taught in the workshop.

Please see www.medview.co.nz for more information.

First year papers teaching

The Auckland medical interview is made to discriminate among candidates because most candidates have similar scores for the four core papers assessed. That is why the interview is important.

However if you cannot achieve a competitive core papers GPA (at least an A average) then you would be less competitive.

The Medview Papers courses will cover most 1st year biomed papers and the 4 core papers. Our weekly classes are 1.5 hours long with extended classes before exams or tests with a convenient location on 85 Airedale Street, just a few minutes walk from the Quad.

Our classes are aimed to essentially *save you time*. Our high yield, useful and entertaining (!) classes taught by our SuperStar teachers will help you focus study on **what you actually need to know** with teaching on the difficult questions or concepts encountered each week. Each week you will be provided with a challenging weekly problem set and you will have the opportunity to regularly mix with our tutors and your classmates outside of class.

Please see www.medview.co.nz for more information.

UMAT

We produce an excellent, well structured and concise UMAT course that covers all of what you need to know. We start with concise teaching move onto 400+ pages of workbook questions and teaching and finally we have 4 full mock exams – written in class and explained in person. Please see our website for more information.