T. Glendon Moody, MD



Speed-Date Your Way Into Medical School? Not So Fast!

I have been carrying on friendly debates with Dr. T. Glendon Moody on politics and practically everything else that can be debated since we shared a 9th grade class way back in 1962. Glen is Canadian, and that no doubt accounts for many of his distorted perspectives (just kidding!), even though he currently serves as chief of surgery at the VA Montana Healthcare System. So I was not at all surprised when he took umbrage at my ready editorial acceptance of the new "speed-dating" interview approach that we recently initiated at the University of Arizona in Phoenix. You might think that he would show special reverence for this new approach, because it originated in one of the premier medical schools of his native land, McMaster University in Hamilton, Ontario. But, no, instead he worries that the speed-dating interview is one more step down the road toward political correctness and the closing off of alternative points of view. I think he's wrong, but he makes some valuable points. See what you think.

James V. Felicetta, MD, Editor-in-Chief

n his editorial, "Speed-Date Your Way Into Medical School" (November, 2011), Editor-in Chief James V. Felicetta, MD, praises an experimental method of interviewing medical school applicants: 8 to 10 "speed-date" interviews, each lasting about 7 minutes. The candidate has 2 minutes to read an "ethical dilemma" scenario posted outside each interviewer's room. The interviewer then asks the candidate to opine on the issue.

At first glance, this diversification of interviews might be heralded as offering a broader understanding of medical school raw material, indicating what makes these folks tick—all in the pursuit of the more empathetic physician. ios. One might posit this as offering a challenging test, to which, unlike biology or chemistry, there are not necessarily "correct" answers, but rather a spectrum of acceptable responses.

However, considering the editorin-chief's example of the Columbine High School shooting, clearly, and

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Oh yes, don't you realize, the current system of 1 or 2 interviews apparently is "egregiously flawed," producing a crop of technically savvy but psychologically obtuse physicians. This notion is proferred by the faculty of the University of Arizona and is derived from the original work done at Mc-Master University in Ontario, Canada. Moreover, if one polled nurses, nurse practitioners, and physician assistants, they would likely concur, all the while avoiding a self-reflective gaze into their own professional mirrors.

I recall my own applicant interview with the taciturn vice dean of my medical school. This senior pediatrician asked, "Why do you want to go to medical school, and don't tell me you want to help people." Now, he was a well-respected, competent, and caring doctor, but he was clearly tired of listening to applicants' insipid recitations of their candy-striper days or their volunteering in nursing homes, because they "care" so much.

Apparently, speed-dating interviewers wish to venture beyond the trite life stories of the applicants and move aggressively into social scenarsadly with these interviewers, there is indeed a "correct" answer. The applicants have permission to consider the psychological torment and motivations of these high-school shooters, and by extension, I guess there could be a similar scenario proposed for the 9/11 hijackers or the Fort Hood shooter. Unfortunately, the candidate did not "choose wisely," to quote the knight from the movie, *Indiana Jones and the Last Crusade*.

This candidate actually thought that the Internet's abundance of websites promoting violence, combined with the instant notoriety that the media bestows on such losers, might be the most important factors. Perhaps he believed that although there have been victims of schoolyard bullying in the last few centuries, the ease of acting out in a violent way is greater today, while the psychological factors may be timeless.

But in the world of speed-date interviewing, there is one correct answer. Of course, one could argue that there are multiple interviewers, so there is plenty of flexibility in the system. To which I would respond, "Yes,

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but who writes the scenarios?" Someone, perhaps on loan from the sociology or psychology department, ever eager to don the prestigious mantle careful when we add a layer of interviews that clearly emphasize "right thinking" from a certain sociological and psychological perspective.

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of "Associate Professor of Sensitivity Medicine," has written these, and the interviewers had better know the "right answer," or they, too, despite their clinical talents, will be subject to scrutiny.

In the real world, "speed-dating" has faded. People thought it was an efficient alternative to having to buy dinner for someone, spend a few hours, and discover a lack of commonality. We want something that is less painful, but gets results.

I'm sure the current system has produced highly skilled diagnosticians and surgeons, some with good bedside manners, some not so much. However, I think we need to be very Soon, aspiring applicants will adapt and learn to give the responses the interviewers want to hear. Carry this forward a couple of generations, and physicians may become so preoccupied with the psychological issues of a patient that they can't decide when to begin treating the heart failure or removing the cataract.

Beyond that, with increased government intrusion into health care, perhaps it will be found more economical to explore the psychological factors of the heart failure or cataract patient and forget about treatment. Perhaps patients needing expensive treatment would be required to submit to multiple "speed-dating" scenarios to determine whether they qualify.

Speed-dating medical school interviews are, indeed, a novel twist on the traditional approach, but I suspect and hope that they will join the once popular automobile tailfins of the 1950s as a curious design concept, which ultimately proved irrelevant, and possibly counterproductive, to the goal of selecting our future physicians.

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