

MULTIPLE MINI-INTERVIEW (MMI) PRACTICE TEST (SAMPLE)

STUDY GUIDE



**SAMPLE STUDY GUIDE
WITH LIMITED QUESTIONS**

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THE FULL VERSION STUDY GUIDE**

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Introduction

Preparing for a certification exam can feel overwhelming, but with the right tools, it becomes an opportunity to build confidence, sharpen your skills, and move one step closer to your goals. At Examzify, we believe that effective exam preparation isn't just about memorization, it's about understanding the material, identifying knowledge gaps, and building the test-taking strategies that lead to success.

This guide was designed to help you do exactly that.

Whether you're preparing for a licensing exam, professional certification, or entry-level qualification, this book offers structured practice to reinforce key concepts. You'll find a wide range of multiple-choice questions, each followed by clear explanations to help you understand not just the right answer, but why it's correct.

The content in this guide is based on real-world exam objectives and aligned with the types of questions and topics commonly found on official tests. It's ideal for learners who want to:

- Practice answering questions under realistic conditions,
- Improve accuracy and speed,
- Review explanations to strengthen weak areas, and
- Approach the exam with greater confidence.

We recommend using this book not as a stand-alone study tool, but alongside other resources like flashcards, textbooks, or hands-on training. For best results, we recommend working through each question, reflecting on the explanation provided, and revisiting the topics that challenge you most.

Remember: successful test preparation isn't about getting every question right the first time, it's about learning from your mistakes and improving over time. Stay focused, trust the process, and know that every page you turn brings you closer to success.

Let's begin.

How to Use This Guide

This guide is designed to help you study more effectively and approach your exam with confidence. Whether you're reviewing for the first time or doing a final refresh, here's how to get the most out of your Examzify study guide:

1. Start with a Diagnostic Review

Skim through the questions to get a sense of what you know and what you need to focus on. Your goal is to identify knowledge gaps early.

2. Study in Short, Focused Sessions

Break your study time into manageable blocks (e.g. 30 – 45 minutes). Review a handful of questions, reflect on the explanations.

3. Learn from the Explanations

After answering a question, always read the explanation, even if you got it right. It reinforces key points, corrects misunderstandings, and teaches subtle distinctions between similar answers.

4. Track Your Progress

Use bookmarks or notes (if reading digitally) to mark difficult questions. Revisit these regularly and track improvements over time.

5. Simulate the Real Exam

Once you're comfortable, try taking a full set of questions without pausing. Set a timer and simulate test-day conditions to build confidence and time management skills.

6. Repeat and Review

Don't just study once, repetition builds retention. Re-attempt questions after a few days and revisit explanations to reinforce learning. Pair this guide with other Examzify tools like flashcards, and digital practice tests to strengthen your preparation across formats.

There's no single right way to study, but consistent, thoughtful effort always wins. Use this guide flexibly, adapt the tips above to fit your pace and learning style. You've got this!

Questions

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- 1. How would you adapt communication for a patient who speaks limited English and relies on a family member as translator?**
- A. Use a professional interpreter, avoid relying on family as translator, check understanding with teach-back, use plain language, be culturally sensitive, and document.
 - B. Rely on a family member as translator and skip teach-back.
 - C. Use an ad hoc translator from staff.
 - D. Use a professional interpreter, check understanding with teach-back, use plain language, be culturally sensitive, and document.
- 2. What is the key ethical concern when a physician endorses a non-evidence-based treatment to reassure a patient?**
- A. Erosion of patient trust
 - B. Infringement on physician autonomy
 - C. No ethical issue if patient is not harmed
 - D. No ethical concerns if harm is minimal
- 3. A patient from a marginalized group experiences longer wait times; how would you address potential inequities and advocate for equal care?**
- A. Gather data, reflect on potential biases, escalate to leadership, review policies for fairness, communicate with the patient, involve diversity/DEI offices, and implement changes.
 - B. Blame the system and do nothing.
 - C. Wait for the patient to speak up.
 - D. Increase wait times.
- 4. Dr. Blair recommends homeopathic medicines for mild, non-specific symptoms despite no scientific evidence. What ethical problems does this pose?**
- A. Same thing as placebo
 - B. Doctor has responsibility to give all the facts. His opinion is his opinion and it's up to the patient to decide
 - C. Put patient in a position to make an informed decision
 - D. If no harm done, this is a matter of patient trust and integrity

- 5. A 14-year-old requests birth control pills and asks you not to tell her parents. What is the most appropriate approach?**
- A. Provide contraception confidentially.
 - B. Refuse contraception due to minor status.
 - C. Tell the parents about the request.
 - D. Advise waiting until she is older.
- 6. Among common health care ethics topics, which is widely debated?**
- A. Fungal infections
 - B. The cost of health care
 - C. Surgical techniques
 - D. Anatomy lab procedures
- 7. If a client begins contacting you through social media, what is the appropriate approach?**
- A. Accept contact and respond promptly.
 - B. Keep communications open across all platforms.
 - C. End the relationship immediately.
 - D. Explain boundaries and keep communications on professional channels; if boundary violations continue, discuss options to continue services.
- 8. Which factor best helps explain why admissions decisions should not rely on numbers alone?**
- A. The MCAT percentile alone.
 - B. Personal interests unrelated to medicine.
 - C. Personal qualities and experiences beyond numbers.
 - D. The GPA alone.
- 9. A teenager refuses a vaccine in a school clinic due to fear of needles; how do you approach consent, fear, and education while respecting autonomy?**
- A. Acknowledge fear, use age-appropriate language, provide concise information on risks/benefits, use teach-back, involve guardians as appropriate, and document.
 - B. Coerce the teen to accept vaccination to protect others.
 - C. Withhold information and postpone vaccination until assent is secured.
 - D. Require parental consent only and exclude teen's views.

10. A mother asks for a dentist who accepts monthly payments; you provide options and later she cannot obtain care; what is an appropriate next step?

- A. Ask her why she hasn't obtained care, if she is comfortable sharing.
- B. Assume costs are insurmountable and stop offering help.
- C. Tell her there are no programs that can help.
- D. Criticize her for not securing care earlier.

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Answers

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1. A
2. A
3. A
4. C
5. A
6. B
7. D
8. C
9. A
10. A

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Explanations

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1. How would you adapt communication for a patient who speaks limited English and relies on a family member as translator?

- A. Use a professional interpreter, avoid relying on family as translator, check understanding with teach-back, use plain language, be culturally sensitive, and document.**
- B. Rely on a family member as translator and skip teach-back.
- C. Use an ad hoc translator from staff.
- D. Use a professional interpreter, check understanding with teach-back, use plain language, be culturally sensitive, and document.

When communicating with a patient who speaks limited English, you prioritize accuracy, privacy, and understanding. A professional interpreter provides accurate translation of medical information, protects confidentiality, and avoids the biases or omissions that can happen when relying on a family member. Pairing that with a teach-back check ensures the patient truly understands the diagnosis, the plan, and the instructions. Using plain language reduces confusion, and being culturally sensitive helps build trust and respect the patient's values. Documenting that interpreter services were used and that understanding was verified shows you safeguarded safety and continuity of care. Relying on a family member or an ad hoc staff translator, or skipping a comprehension check, can lead to miscommunication and safety risks. This combination—professional interpretation, teach-back, plain language, cultural sensitivity, and documentation—is the best approach.

2. What is the key ethical concern when a physician endorses a non-evidence-based treatment to reassure a patient?

- A. Erosion of patient trust**
- B. Infringement on physician autonomy
- C. No ethical issue if patient is not harmed
- D. No ethical concerns if harm is minimal

Honesty and trust in the doctor-patient relationship are at the heart of this issue. When a physician endorses a treatment that isn't supported by evidence just to reassure the patient, it can mislead about the true effectiveness and risks of that option. This behavior undermines informed consent and transparency, and it can damage the patient's trust in the physician and in medical advice more broadly. Even if no harm occurs in the moment, the long-term consequence is a weakened relationship and doubt about future recommendations. The other concerns—physician autonomy or the idea that there's no ethical issue if harm is minimal or absent—don't capture the central problem. It's not primarily about the doctor's freedom, and the ethical breach isn't negated by low or uncertain harm, because eroding trust and compromising integrity undermine patient care overall.

3. A patient from a marginalized group experiences longer wait times; how would you address potential inequities and advocate for equal care?

A. Gather data, reflect on potential biases, escalate to leadership, review policies for fairness, communicate with the patient, involve diversity/DEI offices, and implement changes.

B. Blame the system and do nothing.

C. Wait for the patient to speak up.

D. Increase wait times.

Addressing inequities in patient care requires a proactive, data-driven, systemic approach. The best way to respond is to gather data on wait times and outcomes by different patient groups, analyze where gaps exist, and then reflect on any biases that might influence decision-making or triage. Escalating concerns to leadership and reviewing policies for fairness helps ensure that disparities aren't hidden or dismissed. Communicating with the patient about their experience demonstrates respect and accountability, while involving Diversity, Equity, and Inclusion offices or similar bodies provides expert guidance on inclusive practices. Finally, implementing concrete changes and monitoring their impact closes the loop and moves care toward equal treatment. This approach is superior because it targets root causes through evidence, accountability, and collaboration, rather than placing blame or relying on passive responses. Blaming the system and doing nothing leaves inequities unaddressed. Waiting for the patient to speak up depends on a single person's voice and may fail to protect them. Increasing wait times would likely worsen disparities rather than reduce them.

4. Dr. Blair recommends homeopathic medicines for mild, non-specific symptoms despite no scientific evidence. What ethical problems does this pose?

A. Same thing as placebo

B. Doctor has responsibility to give all the facts. His opinion is his opinion and it's up to the patient to decide

C. Put patient in a position to make an informed decision

D. If no harm done, this is a matter of patient trust and integrity

Respecting patient autonomy through informed decision-making is essential in medical ethics. When a physician recommends something with no solid evidence, the ethical issue isn't simply about whether the treatment works; it's about ensuring the patient understands what is known, what isn't, and what alternatives exist so they can decide in line with their values. The best choice captures this duty: the doctor should put the patient in a position to make an informed decision by clearly explaining the lack of evidence for the remedy, discussing potential benefits or placebo effects, outlining alternatives, and checking the patient's understanding and preferences before proceeding. Even if no harm is anticipated, failing to provide full information can erode trust and undermine autonomy. So the core obligation is to enable informed choice by giving relevant information and supporting the patient's deliberation.

5. A 14-year-old requests birth control pills and asks you not to tell her parents. What is the most appropriate approach?

- A. Provide contraception confidentially.**
- B. Refuse contraception due to minor status.
- C. Tell the parents about the request.
- D. Advise waiting until she is older.

A minor's right to confidential reproductive health care is central here. The scenario tests how to handle a request for contraception without involving parents. Providing contraception confidentially is best because it respects the teen's autonomy and removes a barrier to care, which is crucial for preventing unintended pregnancy and reducing STI risk. The clinician should explain the options, discuss how each method works, possible side effects, and how to use it, all while keeping the information confidential from the parents unless the law requires disclosure or there is a safety concern. Be mindful that laws vary by location. In many places, minors can consent to contraceptive services and maintain confidentiality. If there is any risk of harm or abuse, or if local regulations mandate parental involvement or reporting, those rules take precedence and should be followed. The key idea is to support the adolescent's health needs and privacy while ensuring informed, voluntary consent and ongoing care.

6. Among common health care ethics topics, which is widely debated?

- A. Fungal infections
- B. The cost of health care**
- C. Surgical techniques
- D. Anatomy lab procedures

The main issue being tested is how ethical discussions in health care revolve around fairness and access to care. The cost of health care is widely debated because it directly touches on who can receive what treatments, how care is funded, and how to allocate limited resources. These questions force us to weigh values like beneficence (doing good) and autonomy (patients' choices) against justice (fair distribution and paying for care). While topics like fungal infections, surgical techniques, and anatomy lab procedures are important medically, they are not central ethical battlegrounds in the same way that cost and funding are, which is why this option stands out as the widely debated one.

7. If a client begins contacting you through social media, what is the appropriate approach?

- A. Accept contact and respond promptly.
- B. Keep communications open across all platforms.
- C. End the relationship immediately.
- D. Explain boundaries and keep communications on professional channels; if boundary violations continue, discuss options to continue services.**

Maintaining professional boundaries when communicating with clients is essential. Social media blur lines between personal and professional space, can raise privacy and documentation concerns, and makes it harder to keep conversations secure and properly recorded. The best approach is to clearly explain boundaries and keep communications on professional channels, while also outlining what will happen if those boundaries are crossed—if boundary violations continue, discuss options for continuing services. This approach protects both parties, preserves confidentiality, and keeps the therapeutic or professional relationship on a clear, accountable footing. Why the other approaches aren't as suitable: accepting contact and responding via social media shifts the relationship into a more informal, less secure space and can complicate record-keeping and consent; keeping communications across all platforms again weakens boundaries and increases risk of miscommunication or privacy breaches; ending the relationship immediately may be necessary in some cases, but it doesn't address the boundary issue or provide a plan for continuity of care.

8. Which factor best helps explain why admissions decisions should not rely on numbers alone?

- A. The MCAT percentile alone.
- B. Personal interests unrelated to medicine.
- C. Personal qualities and experiences beyond numbers.**
- D. The GPA alone.

The key idea is that admissions should look beyond numeric scores to understand who a candidate is and how they will function as a clinician. Numbers like MCAT percentile and GPA measure certain academic abilities and work habits, but they don't reveal how a person communicates, handles ambiguity or stress, shows empathy, collaborates in teams, or makes ethical judgments. Those personal qualities and relevant life experiences—things like leadership, service, resilience, cross-cultural awareness, and meaningful interactions with patients—can be seen in essays, interviews, letters of recommendation, and the applicant's described activities. Together, these non-numeric factors provide a fuller picture of potential for success in medical school and in practice, which is why they're emphasized over numbers alone. The other options either focus on a single metric or on interests not directly tied to medical training, and they don't capture the broader, ongoing patterns that indicate how a student will perform as a future physician.

9. A teenager refuses a vaccine in a school clinic due to fear of needles; how do you approach consent, fear, and education while respecting autonomy?

A. Acknowledge fear, use age-appropriate language, provide concise information on risks/benefits, use teach-back, involve guardians as appropriate, and document.

B. Coerce the teen to accept vaccination to protect others.

C. Withhold information and postpone vaccination until assent is secured.

D. Require parental consent only and exclude teen's views.

The main idea here is supporting an adolescent's right to decide while giving them the support and information they need to make that decision. When a teen refuses a vaccine because of needle fear, respond with empathy and validation, not judgment. Acknowledge the fear and speak in language that matches their development level, keeping explanations concise and focused on what the vaccine does, how it helps protect them, and what the very common risks or side effects are. Use a teach-back approach: ask the teen to describe in their own words what the vaccine does, why it's being offered, and what would happen next. This confirms understanding and reveals any remaining questions. Address fear directly by offering practical comfort measures—such as topical anesthetic, distraction, or breathing techniques—and by letting them choose who, if anyone, is present during administration, within the clinic's policies. Discuss consent openly: respect the teen's right to accept or refuse, while also explaining any applicable policies about guardian involvement and how that may vary by location. If appropriate and allowed, involve guardians in a way that supports the teen's autonomy rather than overrides it, and document the conversation, the decision, the information given, and any agreed-upon plan (for example, arranging vaccination at a later time or in a different setting if the teen remains uncomfortable). Coercion, withholding information, or requiring parental consent without considering the teen's views would erode trust and undermine ethical care. The best approach balances respect for autonomy with clear, compassionate education and practical steps to reduce fear.

10. A mother asks for a dentist who accepts monthly payments; you provide options and later she cannot obtain care; what is an appropriate next step?

A. Ask her why she hasn't obtained care, if she is comfortable sharing.

B. Assume costs are insurmountable and stop offering help.

C. Tell her there are no programs that can help.

D. Criticize her for not securing care earlier.

The main idea here is using patient-centered communication to uncover barriers to care. By asking her why she hasn't obtained care, if she is comfortable sharing, you invite open, nonjudgmental discussion about what's getting in the way. This approach respects her autonomy and helps you gather concrete information about obstacles—whether financial, logistical, scheduling, fear, or previous experiences—that you can address directly. With that insight, you can explore tailored options (like different payment arrangements, referral to sliding-scale clinics, or assistance from social work) to help her access care. Other choices fall short because they convey blame, make assumptions, or shut down options. Assuming costs are insurmountable and stopping help closes the door to potential solutions. Stating there are no programs that can help is both inaccurate and discouraging, and criticizing her for not securing care is disrespectful and undermines trust.

Next Steps

Congratulations on reaching the final section of this guide. You've taken a meaningful step toward passing your certification exam and advancing your career.

As you continue preparing, remember that consistent practice, review, and self-reflection are key to success. Make time to revisit difficult topics, simulate exam conditions, and track your progress along the way.

If you need help, have suggestions, or want to share feedback, we'd love to hear from you. Reach out to our team at hello@examzify.com.

Or visit your dedicated course page for more study tools and resources:

<https://mmi.examzify.com>

We wish you the very best on your exam journey. You've got this!

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