

# **P.R.I.M.E. Plus - A new vocabulary for Evaluation in the 21<sup>st</sup> century**

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adapted from L. Pangaro MD**

Why do we need a new frame of reference to judge the performance of trainees?

- New terminology mandated from the LCME and ACGME: "Competencies"
- With multiple faculty observing, we need a common way of communicating skill acquisition.
- Traditional Knowledge, Skills, and Attitudes (KSA) scheme is too vague and restrictive.
- We need a new vocabulary aimed at better documenting the new competencies.

A new system of observing and evaluating trainees should be:

- Simple phrases that all faculty and students can remember.
- Easy of use for faculty to observe and write about performance.
- Easy for learners to answer the question: What are the endpoints to aim for during training?
- Employ a common vocabulary to measure progress across rotations so learners can gauge progress.

In our program, we used to employ blank space at the end of the rating form for faculty to write comments.

Here are some typical examples:

- "Need to work on follow-through of plans, communicating with staff. Will refer to Program Director."
- "Very pleasant. Fun to work with. Seemed to enjoy Ped ED setting. Overall, performed as expected."
- "Solid fund of knowledge, gets the job done."

- "Great job. No problems w/ students, staff, patients. Supervised well. Knew his patients. Organized."
- "Exceeded all expectations. Very bright and organized."
- "Although a likable person, at times he appeared to be confused during the rotation."
- "Work on FOK. Did o.k. overall."
- "Pleasant. Interested in learning. Performed as expected"

We can do better. Here we introduce a new tool, called **P.R.I.M.E.**. We teach faculty to OBSERVE and WRITE about trainee performance using this neumonic:

## **PROFESSIONALISM**

**To what degree does the trainee manifest:**

Reliability, Responsibility, Teamwork  
 Respect for patient's values  
 Punctuality  
 Respect for staff and peers  
 Appropriate attire for clinical care  
 Demeanor and Comportment

## **REPORTER**

**To what degree does the trainee manifest:**

Interviewing  
 Physical Examination  
 Written Documentation  
 Oral case presentations

## **INTERPRETER**

**To what degree does the trainee manifest:**

Problem Prioritization  
 Differential Diagnosis  
 Interpreting Data (Hx,PE,Labs)

## MANAGER

### To what degree does the trainee manifest:

- Management of individual patients
- Management of a medical team
- Diagnostic Plans
- Therapeutic Plans
- Benefit/Risk Decision making
- Basic Procedures (IVs, etc.)
- Advanced Procedures
- Incorporates Patient Values in Plan

## EDUCATOR

- Self-directed Learning
- Response to Feedback
- Critical Reading Skills
- Teaching Skills

## PLUS

Think about and write: What is needed to reach the next step in PRIME for this trainee?

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## Here are some examples of a write-ups using P.R.I.M.E. :

1. She is a reliable reporter, although initially she seemed to want to embrace all the problems found in the review of systems in one visit - this improved greatly as she seems to be able to focus & prioritize her histories much more effectively for the clinic setting. Her PE skills are very good, reliable & reproducible. Interpretive skills are good for an intern, & managerially, she always seemed to be able to navigate the system to ensure that the treatment plan/consultations, etc. were instituted. As stated before, she is a motivated learner who is clearly reading & asking more questions of staff for her own education. She was at all times professional in her dealings with patients & physician/ancillary support staff alike. Areas for improvement, as stated before: focus histories & prioritize problems, relax a bit more when it comes to the unpredictability of patient flow/issues in the clinic, continue education as the opportunities arise.
2. Dr. XXX was always on time, reliable and dependable. She was able to report data succinctly and gather complete histories. She performed good differential diagnoses, able to interpret lab data, PFT's, etc. Able to come up with good plans, and managed patients well. She responded well to feedback, worked on fund of knowledge, was able to educate families and patients well on various illnesses. Dr. XXX was a pleasure to have in the Peds Clinic.
3. Professionalism: Highly professional in her interactions with ancillary staff, her intern & her attending. With new mothers & infants, she was caring, sensitive & respectful. Dr. XXX was also able to handle delicate family/social situations head on, yet with tact. She took

full ownership for the patients on her service & made sure that all issues, large & small, had been fully addressed prior to patient discharge. Reporter: Dr. XXX mastered the reporting skills necessary for the newborn nursery. For our more medically complex patients, she asked all of the right questions, as was reflected in her reports of patient histories. Interpreter: CPT XXX offered good analysis of problems we faced in the MICC, including hyperbilirubinemia in 35-36 week premature infants; mothers with h/o thyroid disease; infants with hip clicks & heart murmurs; & infants born to mothers with GBS. Manager: She offered solid management plans of infants with the problems listed above. Her plans were well thought-out & she sought out answers to more subtle aspects of these management questions.

4. During the three weeks of his rotation, he made some noticeable improvement in his ability to gather data, interpret it, & came up with a reasonable treatment plan. Reporter skills were usually comprehensive, but still some occasional holes in reporting pertinent aspects of the history. At about expected level for beginning PL-1. As an interpreter, he usually has an idea of the differential, although he needs to focus on the relevant data to help in seeing the "forest from the trees." As a manager, once a plan is formulated, he is able to implement it well. As an educator, he needs to continue his focus on reading to learn from his clinical encounters.

We have constructed a grid that is highly speculative, but may assist faculty and educational managers in plotting where a learner might be – **much like a Denver Developmental Assessment.**

### The Developmental Progress of Pediatricians-in-Training

from: Pangaro L. A new vocabulary and other innovations for improving descriptive in-training evaluations. *Acad Med* 1999 Nov 74:1203-1207.

Aspect of professional growth	Year in Training			
	III	IV	Intern	PGY 2+ & beyond
<b>REPORTER</b>				
Interviewing	P	M		
Physical Examination	P	M		
Written Documentation	P	M		
Oral case presentations	P	M		
<b>INTERPRETER</b>				
Pediatric Problem Prioritization	P	M		
Pediatric Differential Diagnosis	I	P	P	M

Interpreting Peds data (Hx,PE,Labs)	<b>I</b>	<b>P</b>	<b>P/M</b>	<b>M</b>
<b>MANAGER</b>				<b>M</b>
Management of individual patients	<b>I</b>	<b>P</b>	<b>P</b>	<b>M</b>
Management of a medical team			<b>I</b>	<b>P &amp; M</b>
Diagnostic Plans	<b>I</b>	<b>P</b>	<b>P</b>	<b>M</b>
Therapeutic Plans	<b>I</b>	<b>P</b>	<b>P</b>	<b>M</b>
Benefit/Risk Decision making	<b>I</b>	<b>P</b>	<b>P</b>	<b>M</b>
Basic Procedures (IVs, etc.)	<b>I</b>	<b>P</b>	<b>M</b>	
Advanced Procedures		<b>I</b>	<b>P</b>	<b>M</b>
Incorporates Patient Values in Plan	<b>I</b>	<b>P</b>	<b>P/M</b>	<b>M</b>
<b>EDUCATOR</b>				
Self-directed Learning	<b>I</b>	<b>P</b>	<b>P/M</b>	<b>M</b>
Response to Feedback	<b>I</b>	<b>P</b>	<b>P/M</b>	<b>M</b>
Critical Reading Skills	<b>I</b>	<b>P</b>	<b>P</b>	<b>M</b>
Teaching Skills	<b>I</b>	<b>P</b>	<b>P</b>	<b>M</b>
<b>PROFESSIONALISM</b>				
Reliability, Responsibility, Teamwork	<b>M</b>			
Respect for patient's values	<b>M</b>			
Punctuality	<b>M</b>			
Respect for staff and peers	<b>M</b>			
Appropriate attire for clinical care	<b>M</b>			
Demeanor and Comportment	<b>M</b>			

\***I** = introduced in the curriculum **P** = practiced, repetition **M** = mastered, sufficient proficiency for the next level of independence

This Matrix, while speculative, illustrates the concept of progressive mastery.

Can PRIME meet all the LCME/ACGME competency requirements? YES!  
Here is the proof:

***Professionalism***

- Demonstrate respect, compassion, integrity, and altruism in relationships with patients, their families, and colleagues. [PROFESSIONALISM]
- Interact with consultants and allied health professionals in a respectful and appropriate manner. [INTERPERSONAL AND COMMUNICATION SKILLS]
- Demonstrate sensitivity to gender, culture, behaviors, and disabilities of patients. [P]
- Adhere to principles of confidentiality, scientific integrity, and informed consent. [P]
- Recognize and identify deficiencies in one's own performance. [PRACTICE BASED LEARNING AND IMPROVEMENT]

***Reporter***

- Gather accurate, essential information from all sources: patients, records, and healthcare providers. [PATIENT CARE]
- Use effective listening, nonverbal, questioning, and narrative skills to communicate with patients and their families. [INTERPERSONAL AND COMMUNICATION SKILLS]
- Demonstrate the ability to present information clearly to other health professionals. [IC]
- Perform reliable and accurate physical examinations. [PATIENT CARE]
- Maintain comprehensive, timely, and legible medical records. [IC]
- Provide effective and professional consultation to other physicians and health care professionals. [IC]

***Interpreter***

- Make informed recommendations on preventive, diagnostic, and therapeutic options based on clinical judgment and scientific evidence. [PATIENT CARE]
- Demonstrate command of the biomedical, clinical, and social sciences that apply to patient care. [MEDICAL KNOWLEDGE]
- Apply knowledge to clinical problem-solving, clinical decision making, and critical thinking. [MK]

***Manager***

- Develop and implement effective patient management plans. [PATIENT CARE]
- Reliably perform therapeutic procedures inherent to the practice of pediatrics. [PC]
- Demonstrate the ability to understand, access, and utilize the resources and systems necessary to provide optimal care (TRICARE, mental health options, community social services). [SYSTEMS BASED PRACTICE]
- Apply cost conscious strategies to prevention, diagnoses, and disease management. [SBP]
- Collaborate with other members of the health care team to assist patients in dealing effectively with complex systems and processes of care. [SBP]

***(Self) Educator***

- Demonstrate an analytical and open-minded approach to acquiring new knowledge. [PRACTICE BASED LEARNING AND IMPROVEMENT]
- Use information technology to access and manage information to support patient care. [PBL & I]
- Identify areas for improvement and implement strategies to enhance knowledge, skills, attitudes, and values. [PB & I]
- Analyze practice experiences and implement strategies to improve the quality of patient care. Develop a willingness to learn from errors and use them to improve patient care. [PBL & I]