

The R.I.M.E. Clinical Evaluation Framework

To enhance the credibility and reliability of the clinical evaluation process, Dr Louis Pangaro developed the RIME Model. The RIME progression provides a brief, cogent taxonomy of goals that are easily grasped and used by teachers at all levels, from residents supervising students to faculty describing the progress of residents and even fellows. Trainee performance is described as a progression of developmental steps: **Reporter, Interpreter, Manager, and Educator**. The framework emphasizes a developmental approach, and distinguishes between basic and advanced levels of performance for both ward and clinic rotations. Rather than separating evaluation of knowledge from skill or behaviors, it integrates learner achievements. Each step represents a synthesis, a final, “common pathway” of skills, knowledge and attitude. Advancement to the next step requires mastery of the previous level. While some learners may achieve one or more skills at the next developmental level, their final status will be the level of complete mastery. The four stages are defined below.

Reporter

The learner can accurately gather and clearly communicate the clinical facts on his/her own patients. The step requires the basic skill to do a history and physical examination, and the basic knowledge to know what to look for. It emphasizes day-to-day reliability, for instance, being on time, or checking a patient’s test results. Implicit is the ability to recognize normal from abnormal, and the confidence to identify a new problem. This step requires taking “ownership” in patient care.

Interpreter

Making a transition from “reporter” to “interpreter” is an essential step in the growth of clinical trainees, and often the most difficult. At a basic level, the learner must prioritize among problems identified. The next step is to offer a differential diagnosis. Because learners cannot be expected to have the “right answer” all the time, success can be defined as offering at least three reasonable diagnostic possibilities for new problems. Follow-up of tests provides another opportunity to “interpret” the data (especially in the clinic setting). This step requires a higher level of knowledge and more skill in selecting the clinical findings that support possible diagnoses in specific patients.

Manager

This takes even more knowledge, more confidence and judgment in deciding when action needs to be taken, and to propose options. Once again we can’t require learners to be “right” with each suggestion, so it is reasonable to ask them to include at least three reasonable options in their diagnostic and therapeutic plan. A key element is to tailor the plan to the particular patient’s circumstances and preferences.

Educator

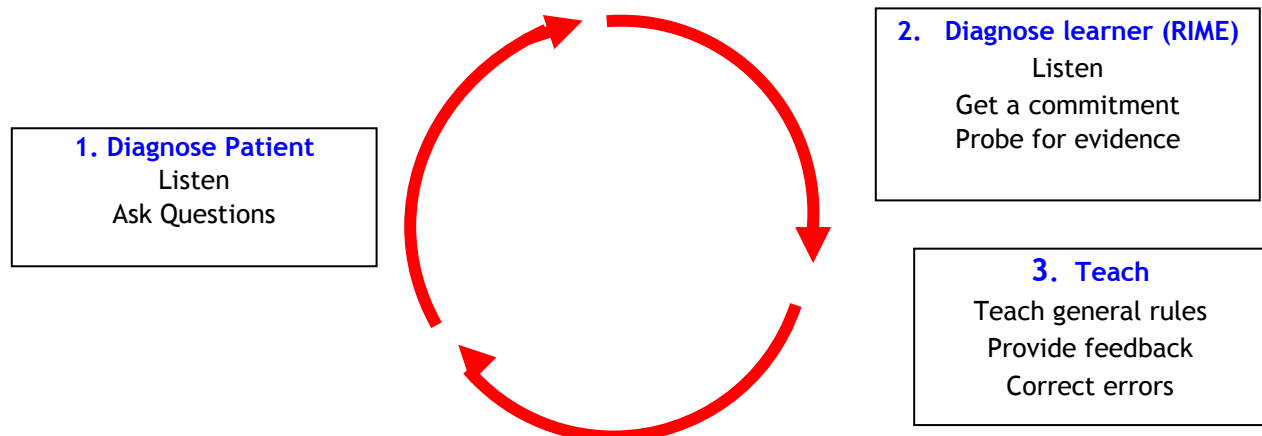
This means to go beyond the required basics of self-directed learning, to read deeply, and to share new learning with others. Defining important questions to explore in more depth takes insight. Having the drive to look for hard evidence on which action can be based, and having the skill to know whether the evidence will stand up to scrutiny, are qualities of an advanced trainee; sharing leadership in educating others takes maturity.

Teaching and Patient Care

The One Minute Preceptor

Microskills Overview

Most clinical teaching takes place in the context of busy clinical practice where time is at a premium. Microskills enable teachers to effectively assess, instruct and give feedback more efficiently. Clinical teachers play several different professional roles: expert consultant, joint problem solver, Socratic teacher, and occasionally the *One minute Preceptor*.



When distinguished clinical teachers in medicine listen to case presentations, they first diagnose the patient's problem, then assess the learner's needs, and finally provide targeted instruction to the learner's point of need

The microskills in this program facilitate this instructional process. There are 8 microskills presented. We will practice five skills (3-7) in this teaching session.

1. Determine the level of the learner
2. Listen
3. Get a commitment
4. Probe for supporting evidence
5. Teach general rules
6. Reinforce what was right
7. Correct mistakes
8. Have the learner identify learning objectives

Microskill 1: Determine the level of the learner

In this situation, there may be no cue from the learner. It is easy to assume in a busy environment that this is a new problem for the learner but one cannot be certain unless the teacher asks. Learners bring different life experiences to the table and the teacher can often use these to enhance the educational interaction. One of the most important tasks a teacher has in a teaching encounter is to determine the level of the learner; i.e., has this learner ever had experience with a similar patient such as this.

PRECEPTOR RESPONSE:

Ask the learner if she/he has previously seen a similar patient and if so, in what context.

RATIONALE:

The father of andrology or adult learning theory, Dr. Malcolm Knowles, speaks to this issue by

emphasizing the importance of prior learning experiences and how individuals vary in this regard. The teacher cannot possibly know or understand what the learner needs to know if this issue is not addressed openly. Only after this discussion can the teacher determine what the major teaching point(s) of the interactions should be. This is an example of a learner-centered and not a teacher-centered agenda. Assumptions on what a learner knows or has experienced will not allow the teacher to accurately diagnose the learner as Irby suggests is necessary in his teaching/learning model.

Examples:

"Have you ever seen a patient like this previously?"

"Do you recall ever having read about a problem like this before?"

Non-examples

It is not making any assumptions about what the learner has or has not experienced.

"I'm sure the senior residents here have all handled patient with enuresis in your continuity practice."

"You all know the basic pathophysiologic concepts on how to treat a patient in diabetic ketoacidosis."

Microskill 2: Listen

CUE:

During the course of a case presentation, it is commonplace for faculty to interrupt the trainee to ask probing and/or clarification questions about the patient. This most often is done in a caring, helpful manner but trainees often feel their train of thought is disrupted and they seem frustrated at not being able to start and finish their presentation without interruption.

PRECEPTOR RESPONSE:

The teacher allows the trainee to proceed in one of two ways: 1) finish the presentation and withhold questions and comments until then; or 2) ask probing and clarifying questions after any major heading in the history; e.g., present illness, developmental history, past history, etc.

RATIONALE:

Listening will enable the teacher to determine the level of the learner's knowledge and experience with the patient such as this and will help establish what the teaching point(s) will be.

EXAMPLES:

"Before you go on to past history, I have a couple of questions re: the HPI."

"Now that you've presented the H&P, I would like to ask you some specific questions about his family."

NON-EXAMPLES

Breaking into the middle of the HPI...

"You never really characterized the diarrhea and I'm not certain of how significant it is."

"You are presenting issues in the history that really belong in the physical exam finding."

Microskill 3: Get a Commitment

CUE:

After presenting the facts of a case to you, the learner either stops to wait for your response or asks your guidance on how to proceed. In either case, the learner does not offer an opinion on the data presented. If you recognize the patient's problem, your immediate response is to want to tell the learner the answer.

PRECEPTOR RESPONSE:

Instead, you ask the learner to state what she/he thinks about the issue presented by the data. Issues may include coming up with more data, proposing a hypothesis or plan, developing a management plan, figuring out why the patient is non-complaint, deciding on whom to consult, etc.

RATIONALE:

Asking learners how they interpret the data is the first step in diagnosing their learning needs.

Without adequate information on the learner's knowledge, teaching might be misdirected and unhelpful. When encouraged to offer their suggestions, learners not only feel more of the responsibility for patient care but enjoy a more collaborative role in the resolution of the problem.

EXAMPLES:

- "What do you think is going on with this patient?"
- "What other information do you feel is needed?"
- "What would you like to accomplish in this visit?"
- "Why do you think the patient has been non-compliant?"

NON-EXAMPLES:

- It is not offering your own opinion.
- "This is obviously a case of pneumonia."
- It is not asking for more data nor is it Socratically leading them to the right answer.
- "Anything else?"
- "Did you find out which symptom came first?"

Microskill 4: Probe for Supporting Evidence

CUE:

When discussing a case, the learner has committed him/herself on the problem presented and looks to you to either confirm the opinion or suggest an alternative. You may or may not agree with the opinion and your instinct is to tell them outright what you think about the case.

PRECEPTOR RESPONSE:

Before offering your opinion, ask the learner for the evidence that she/he feels supports her/his opinion. A corollary approach is to ask what other choices were considered and what evidence supported or refuted those alternatives.

RATIONALE:

Learners proceed with problem solving logically from their knowledge and data base. Asking them to reveal their thought processes allows you both to find out what they know and to identify where there are gaps. Without this information, you may assume they know more or less than they do and risk targeting your instruction inefficiently.

EXAMPLES:

- "What were the major findings that led to your conclusion?"
- "What else did you consider?"
- "What kept you from that choice?"
- "What are the key features of this case?"
- "What questions are arising in your mind?"

NON-EXAMPLES:

- It is not list making nor an oral examination/grilling about the problem.
- "What are the possible causes of congestive heart failure?"
- It is not judgment on the student thinking.
- "I don't think this is infectious mono. Don't you have any other ideas?" It is not asking for more data about the case than was presented initially.
- "What do you know about her previous childbirth?"

Microskill 5: Teach General Rules

CUE:

You have ascertained from what the learner revealed that the case has teaching value, i.e., you know something about it which the learner needs or wants to know.

PRECEPTOR RESPONSE:

Provide general rules, concepts or considerations, and target them to the learner's level of understanding. A generalizable teaching point can be phrased as: "When this happens, do this..."

RATIONALE:

Instruction is both more memorable and more transferable if it is offered as a general rule or a guiding metaphor. Learners value approaches that are stated as more standardized approaches for a class of problems or as key features of a particular diagnosis.

Targeting your instruction minimizes the risk of misjudging the learner's sophistication on the topic - resulting in either insulting or losing him/her, and wasting both of your time.

EXAMPLES:

"If the patient only has cellulitis, incision and drainage is not possible. You have to wait until the area becomes fluctuant to drain it."

"Patients with cystitis usually experience pain with urination, increased frequency and urgency of urination, and they may see blood in the urine. The urinalysis should show bacteria and white blood cells, and may also have some RBCs."

NON-EXAMPLES:

It is not the answer to a problem (although this may also be needed), rather it is an approach to solving it.

"In this case, it's a good idea to soak the affected area to relieve the tenderness rather than lancing it."

It is not an unsupported, idiosyncratic approach.

"I'm convinced the best treatment for diarrhea with salmonella enteritis is still a liquid or soft diet."

Microskill 6: Tell Them What They Did Right

CUE:

The learner has handled a situation in a very effective manner that resulted in helping you, patients, or other colleagues. She/he may or may not realize that the action was effective and had a positive impact on others. What is needed here is timely, objective reinforcing feedback.

PRECEPTOR RESPONSE:

Take the first chance you find to comment on: 1) the specific good work; and 2) the effect it had.

RATIONALE:

Some good actions are pure luck, others are more deliberate. In either case, skills in learners are not well established and are, therefore, "vulnerable." Unless reinforced, competencies may never be firmly established.

EXAMPLES:

"You didn't jump into solving her presenting problem but kept open until the patient revealed her real agenda from coming in today. In the long run, you saved yourself and the patient a lot of time and unnecessary expense by getting to the heart of her concerns first."

"Obviously you considered the patient's finances in your selection of a drug. Your sensitivity to this will certainly contribute to improving his compliance."

"Thanks for volunteering for the selection committee. Now I don't have to pick someone and wonder about their commitment to the job."

NON-EXAMPLES

It is not general praise.

"You are absolutely right. That was a wise decision."

"You did that IV preparation very well."

Microskill 7: Correct Mistakes

CUE:

The learner's work has demonstrated mistakes (omissions, distortions, or misunderstandings) that have or will have an impact on the patient's care, the team's functioning, or the learner's own effectiveness. What is needed here is timely, objective corrective feedback.

PRECEPTOR RESPONSE:

As soon after the mistake as possible, find an appropriate time and place to discuss what was wrong and how to avoid or correct the error in the future. Allow the learner a chance to critique his/her performance first.

RATIONALE:

Mistakes left unattended have a good chance of being repeated. By allowing the person the first chance to discuss what was wrong and what could be done differently in the future, you are in a better position to assess both their knowledge and standards.

Learners who are aware of their mistakes and know what to do differently in the future need only to be reinforced. Learners who are aware of their mistakes but unsure of how to avoid the situation in the future are very likely to be in a "teachable moment" (they are eager for and appreciate tips that will help them get out of or avoid the uncomfortable situation in the future).

Learners who are unaware that they made a mistake or are unwilling to admit the error are more troublesome. Obviously they have not seen that their action has an undesirable consequence. In order to maximize learning for them, detailing the negative effect as well as the correction are both essential for effective feedback.

EXAMPLE

"You may be right that this child's symptoms are probably due to a viral upper respiratory infection. But you can't be sure it isn't otitis media unless you've examined the ears."

NON-EXAMPLE

Avoid vague, judgmental statements.

"You did what?"

Microskill 8: Learner Objectives

CUE:

Since many teaching interactions are a one-way street flowing from the teacher to the learner, the latter may not have thought much about what his/her learning objectives should be for that interaction. Those objectives might be quite obvious to the teacher and the response is to want to tell the learner what these objectives should be.

PRECEPTOR RESPONSE:

Once the preceptor has provided feedback to the learner, it is important for the latter to close the educational loop by determining what his/her learning objectives are for that patient-teacher-learner. The preceptor's role here is to prompt the learner to identify the learning objective(s).

RATIONALE:

The adult learner is motivated to be a self-directed, life-long learner and will be able to determine his/her learning needs. These, of course, should be within the confines of the curriculum objectives for that rotation. They also need to be limited to no more than 2-3 objectives so as not to overwhelm the learner. They need to be specific rather than general and can focus on knowledge, skills and attitudes.

EXAMPLES:

"What do you think your learning objectives should be regarding this patient?"

"What is it that you need to read about this patient to enable you to better understand this problem?"

"What do you think your gaps were in trying to solve this patient's problems?"

NON-EXAMPLES:

Don't provide the learner your perceptions. "I think you would do well to..."

****A note of caution:** treating students and residents like adult learners is critical to enable them to reach their fullest potential. Therefore, the onus is upon the learner to pursue the learning objectives and to seek you out once they feel they've mastered them.

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