"RIME"

**Reporters**
- Accurately gather & clearly communicate the clinical facts of patients
- Hinges on ability to do history & physical well
- Discern normal from abnormal
- Label & identify a new problem
- Requires a sense of responsibility & consistency when talking to patients

**Interpreters**
- Interpret the clinical data using reasoning & problem solving
- Prioritization and construction of a differential diagnosis
- Requires a higher level of knowledge & skill in selecting the findings that support diagnoses in the differential
- A transition for learner emotionally from “bystander” to “active participant” in patient care

**Managers**
- Manage the care of the patient, anticipate outcomes and make independent decisions, understanding the alternatives
- This calls for even more knowledge, confidence & judgment in deciding when action needs to be taken, and options for patients need to be selected
- Understand & verbalize the patient’s situation and preferences

**Educators**
- Perform all RIME steps
- Learn in a self directed way, and teach other learners
- Read deeply, go beyond the basics, define important questions to research and share the results with learners
- Insight into quality of evidence and how to search for it and apply it to patient care

**Steps to RIME: Linking Question Types to RIME**

- **Reporters** will be most comfortable with recall questions
- **Interpreters** will also be comfortable with analysis/synthesis questions
- **Managers** will also be comfortable with applications questions
- **Educators** should link to questions focused on self assessment

Note: these are available electronically for printing at [http://medicine.hofstra.edu/faculty/facdev/facdev_clinical_communitypreceptorteaching.html](http://medicine.hofstra.edu/faculty/facdev/facdev_clinical_communitypreceptorteaching.html)

Adapted from: Bell, Hershey – Encouragement: Giving "Heart" to Our Learners in a Competency-Based Education Model (Fam Med 2007;39(1):13-5). Supported by HRSA Grant. Contact Ellen Tattelman (etattelm@montefiore.org)
RIME IN THE CLINICAL SETTING

**Reporter**
- Let learner Report-make good eye contact, be inviting and easygoing, pay undivided attention
- The learner is almost like your patient. They are about to reveal their RIME abilities; listen & know the learner well

**Interpreter**
- Keep learner on track, refocus as needed
- Restate what you’ve heard so far in order to consolidate, fine tune or compartmentalize
  - e.g., “What do you think so far?”
- If “What do you think so far?” is off base give cues for them to realize- e.g., “I appreciate that possibility but...”
- If “what do you think so far? Is nicely on target give prompt reinforcing feedback
- Should Identify and verbalize your overriding teaching theme or point at this stage in the presentation

**Manager**
- Begin Checking on management: “What would you like to do?”
- Assess healthcare maintenance decisions when there is no chief complaint of acute issue
- Assess appreciation of likelihood within the differential and of r completeness of the differential when there is an acute issue.
- Always check on presenter’s sense of healthcare maintenance

**Educator**
- If there’s an “I don’t know that” moment, then as the teacher, say “I don’t know” –models humility and the desire to fill in a gap in fund of knowledge or in patient care.
- Encourage on the spot or after session searches, promotes EBM skills.
- Should really happen multiple times in a patient care session