"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

nterpreters

- 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

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 neededRestate 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

RIME

IN THE CLINICAL SETTING

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