Community Preceptor Teaching Tips

"RIME"

Assessing your Learner- the RIME Concept

- **R-Reporters**
- **I-Interpreters**
- **M-Managers**
- **E-Educators**

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

RIME

Managers

- Manage the care of the patient, anticipate outcomes and make independent decisions, understanding the alternatives
- This calls for even more knowledge, confidence and 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
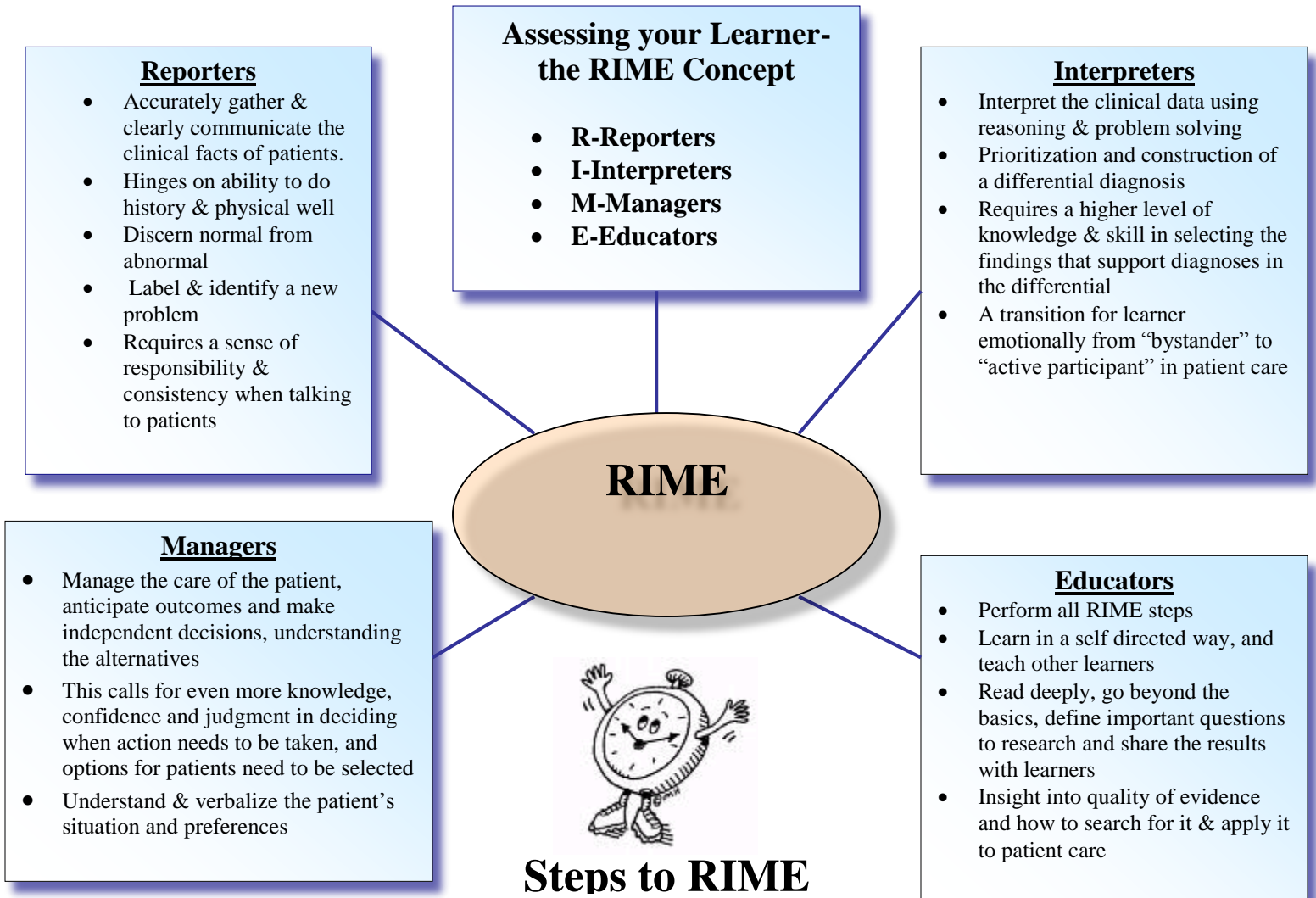- Insight into quality of evidence and how to search for it & apply it to patient care

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.

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

RIME in the Clinical Setting

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?"
- E.g., "So far, I'm hearing your patient is presenting with…"

RIME in the Clinical Setting

Interpreter
- 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 or acute issue

RIME in the Clinical Setting

Manager
- Assess appreciation of likelihood within the differential and for completeness of the differential when there is an acute issue.
- Always check on the presenter's sense of healthcare maintenance

RIME in the Clinical Setting

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