

# Teaching Tips

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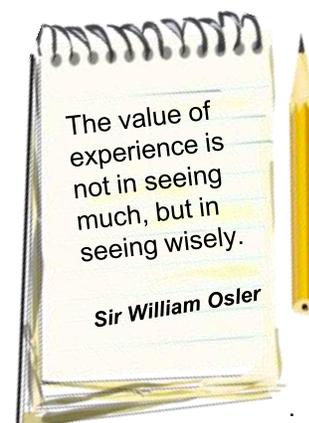
## Department of Family & Social Medicine Faculty Development E-Newsletter



### Using the RIME Model for Developmental Assessment and Feedback

Clinical preceptors working with medical students and residents evaluate the learners' clinical competence in terms of their knowledge, clinical skills, professionalism, etc. using performance evaluation forms. Although, we recognize that competence is developmental, the assessment tools that we use do not lend themselves to assessment in a developmental way. RIME is a model, originally described in 1999 by Pangaro and modified by Battistone in 2002, that proposes using a developmental framework for assessing learners. The model describes a progressive continuum of performance levels in the clinical settings: observer, reporter, interpreter, manager, and educator.

Learners level	Description	Level of competence
<b>Observers</b> <i>Year 1 students</i>	Bystander	Skills limited in taking a relevant history and presenting a patient.
<b>Will be able to:</b>		
<b>Reporter</b> <i>Year 2 students</i>	Understands "what" is wrong	Consistently gather and present basic patient information, write basic notes, recognize normal vs. abnormal.
<b>Interpreter</b> <i>Early third-year students</i>	Understands "why" it is wrong	Present a case, identify salient features suggest differential diagnoses and reason through these diagnoses.
<b>Manager</b> <i>Late third-year and early fourth-year students</i>	Understands "how" to address the problem	Present a case with appropriate differential diagnosis and develop diagnostic and therapeutic plans.
<b>Educator</b> <i>Some students attain educator level skills by the end of medical school, while others may achieve this level during residency.</i>	Committed to self-learning and education of the team	In addition to all of the above, generate questions, investigate those questions and educate others.



#### References / Resources:

Sepdham, D, Julka M, Hoffman L, Dobbie A. Using the RIME model for learner assessment and feedback. *Fam Med.* 2007;39(3):161-3.

Bloomfield L, Magney A, Segelov E. Reasons to try 'RIME'. *Med Educ.* 2007;41(11):1104.

Pangaro L. A new vocabulary and other innovations for improving descriptive in-training evaluations. *Acad Med.* 1999;74(11):1203-7.

Battistone MJ, Milne C, Sande MA, Pangaro LN, Hemmer PA, Shomaker TS. The feasibility and acceptability of implementing formal evaluation sessions and using descriptive vocabulary to assess student performance on a clinical clerkship. *Teach Learn Med.* 2002;14(1):5-10.

#### Using RIME in outpatient teaching

<b>Orientation session the learner</b>	Present the model, establish a shared vocabulary to assess learner's presentation skills and help them improve. Use <b>RIME</b> vocabulary to be specific about expectations. For example, inform early third-year students that you expect them to present at least 2 patients at a 'Manager' level by the end of the clerkship.
<b>Assess the learners' presentation</b>	Evaluate the RIME level of the learner's presentation and the appropriateness of the level for this learner's developmental stage.
<b>Give daily feedback</b>	Target your feedback to improve the learner's current performance level

The RIME Developmental Process

