

The R.I.M.E. Evaluation Framework. A Vocabulary of Professional Progress

We describe performance goals for trainees using the following progression: Reporter, Interpreter, Manager/Educator (R.I.M.E.). The framework emphasizes a developmental approach, and distinguishes between basic and advanced levels of performance. Each step represents a synthesis of skills, knowledge and attitude, a final, “common pathway” of professional competencies. A learner’s progress to later steps is usually apparent in the basic stages. Trainees might function at a “reporter” level for a complex problem, and at a higher level for problems that are more frequently encountered; overall ratings of performance should reflect the level of consistent reliability.

“Reporter”: the learner can accurately gather and clearly communicate the clinical facts on his/her own patients, and can answer the “what” questions. Mastery in this step requires the basic skill to do a history and physical examination and the basic knowledge to know what to look for. The step emphasizes day-to-day reliability; for instance, being on time, or follow-up of a patient’s test results. Implicit in the step is the ability to recognize normal from abnormal, and the confidence to identify and label a new problem. This step requires a sense of responsibility, and achieving consistency in “bedside” skills in dealing directly with patients. These skills are often introduced to students in their pre-clinical years, but by third year they must be mastered as a “passing” criterion. This level is a non-negotiable expectation for interns for all patients.

“Interpreter”: Some transition from “reporter” to “interpreter” is an essential step in the growth of a third year student, and often the most difficult. At a basic level, a student must prioritize among problems they have identified. The signs of diagnostic reasoning, such as active use of pertinent positives and negatives, and key findings that imply differential diagnosis, become apparent, and penetrate the process of “reporting”. The next step is to offer an explicit differential diagnosis, explicitly supported. Because a public forum can be intimidating to beginners, and third year students cannot be expected to have the “right answer” all the time, we define success 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, more skill in stating the clinical findings that support possible diagnoses, and in applying test results to specific patients. A student has to make the transition, emotionally, from “bystander” to see himself/herself as an active participant in patient care, and can answer the “why?” questions. Interns should be able to “interpret”, though for unusual problems, their knowledge may limit them.

“Manager”: Managing patient care takes even more knowledge, more confidence and more judgment in deciding when action needs to be taken, and to propose and select among options; to answer the “how?” questions for getting things done. We can’t require novices to be “right” with each suggestion, so we ask students to include at least three *reasonable* options in their diagnostic and therapeutic plan, but finishing interns should be able to manage common problems they see; advanced residents manage atypical and complex cases, and to use the resources of the specific practice setting. An essential element is work with each particular patient’s circumstances and preferences, that is, to be patient-centered.

“Educator”: This is part of being a manager, and the action is focused on a learning plan for the physician. Success in each prior step depends on self-directed learning, and on a mastery of basics; but to be an “educator” in the RIME scheme means to go beyond the required basics, to read deeply, and to share new learning with others. Defining important questions to research in more depth takes insight. Having the drive and time-management skills to look for hard evidence on which clinical practice can be based, knowing whether current evidence will stand up to scrutiny are qualities of an advanced trainee; to share leadership in educating the team (and even the faculty) takes maturity and confidence. Systematically learning from one’s own practice experience, and being an “educator” are generally expected of residents.

Adapted from Pangaro, LN, Evaluating Professional Growth: A New Vocabulary and Other Innovations for Improving the Descriptive Evaluation of Students, *Acad. Med.*, (Nov) 74: 1203-1207, 1999.

USUHS Medicine Curriculum Matrix for the development of clinical skills - a synthetic system (Reporter-Interpreter-Manager-Educator) for setting goals and evaluation criteria.

Year in Training

Aspect of professional growth	I	II	III	IV	Intern	Residency	Fellowship
REPORTER	I*	P	M				
Interviewing	I	P	M				
Physical Examination	I	P	M			M*	
Written H&Ps		I	P	M			
Oral case presentations		I	P	M			
Reliability, Responsibility	I	P	M				
Respect for patient's values	I	P	M				
INTERPRETER		I	P	M			
Problem Lists		I	M				
Differential Diagnosis		I	P	P	M		
Interpreting basic EKG, Labs		I	P	P	M		
Interpreting advanced studies			I	P	P	M	M*
MANAGER			I	P		M	
Diagnostic Plans		I	I	P	M		
Therapeutic Plans			I	P	P	M	
Benefit/Risk Decision making			I	P	P	M	
Basic Procedures (IVs, etc.)			I	P	M		
Advanced Procedures				I	P	M	
Incorporates Patient Values in Plan			I	P	M		
System-based Practice			I	P	P	M	M*
EDUCATOR	I		P			M	
Reflective, self-directed Learning	I	P	M				
Critical Reading Skills			I	P	P	M	
Practice-based learning & Improvement			I	P	P	M	
Teaching Skills			I	P	P	M	

I = introduced in the curriculum, P = practice, repetition M= sufficient proficiency, mastery, for the next level of independence, M = sophisticated, complex situations or procedures

Typically, by a skill's third year in the curriculum, it becomes a passing criterion, or prerequisite for advancement. For each level of performance, examples are given which illustrate the framework, but do not exhaust the category.