

RIME Model for CBD in Internal Medicine

Introduction

The Reporter, Interpreter, Manager, and Educator (RIME) framework describes learner development using clinically intuitive terms{Pangaro:1999vi}. It helps set a common denominator for those assessing learners; in doing so it has been shown to significantly improve reliability in assessment. We have adapted this model to create descriptors for each stage of development in the Competence by Design framework for Internal Medicine. It is built using the entrustable professional activities (EPAs) that have been endorsed nationally for core internal medicine. Below are the RIME descriptors we have created. Please use these in guiding judgments about performance and recommendations for improvement.

RIME Titles	Competence by Design Titles
Reporter	= Transition to Discipline (TTD)
Interpreter	= Foundations of Discipline (FOD)
Manager	= Core of Discipline (COD)
Educator	= Transition to Practice (TTP)

Reporter/TTD Stage

At the TTD level, the trainee can accurately gather and clearly communicate the clinical facts about his or her own patients. He or she consistently shows the basic skills required to obtain a history, and do an appropriately focused physical examination. At this level, the learner should be able to identify specific psychosocial challenges facing his or her patients. The trainee integrates the findings on history, physical examination, and diagnostic studies to generate a differential that, at a minimum, identifies the common and straightforward diagnostic possibilities. The trainee can safely admit patients to acute care settings under indirect supervision of a senior resident. On mastering this stage, the trainee can also identify typical presentations of unstable and critically ill patients; for these patients they are able to provide preliminary management and obtain help promptly. This level emphasizes day-to-day reliability and professionalism in patient and team interactions. The trainee at this stage has a sense of responsibility and is achieving consistency in bedside skills and interpersonal relationships with patients. The trainee is able to effectively balance personal, educational, and clinical priorities.

Interpreter/FOD Stage

The trainee again consistently gathers an accurate history, performs an appropriate exam, and identifies common diagnostic considerations. Further, he or she can prioritize among problems identified in his or her time with the patient. At this level an appropriate differential diagnosis should be consistently generated and includes less common but important diagnostic considerations. He or she is able to select and correctly interpret basic diagnostic tests relevant to the clinical presentation. The interpreter step requires a higher level of knowledge, and the ability to establish and correctly order a differential. Further, at the interpreter level the trainee can identify knowledge gaps and use a variety of resources to fill those gaps. He or she is also aware of the impact of his or her own biases on his or her clinical interpretation. The learner transitions from executing plans to developing their own plans. The learner begins seeing himself or herself as an active contributor to patient care.

Manager/COD Stage

This stage demands consultant level knowledge and judgment in deciding when actions need to be taken, and proposing and selecting treatment options for patients. Treatments are consistently evidence-informed, appropriately follow guidelines and standards of care, and are applied across the full breadth of internal medicine presentations. At this stage a trainee must be able to identify and address risk factors, prognostic factors, and patient specific challenges that will impact on the plan or care. The trainee also understands the relevance of resource utilization to clinical decision-making. Mastering this stage requires higher-level interpersonal skills, including the skills needed to educate patients and lead complicated family meetings. This level calls for the ability to communicate clearly with colleagues, consultants, and the multidisciplinary team, to deliver bad news to patients, and to answer more complex management questions. This stage also demands independence in performing all of the common procedures of internal medicine.

Educator/TTP Stage

The learner at this level has mastered the clinical skills required to care for medical patients across a broad range of diseases and presentations, but also is increasingly capable of caring for patients with uncertainty in diagnosis and/or management. This stage emphasizes the translation of clinical skills into the health systems in which we practice. Examples of this translation of skills include: assessing and treating patients remotely through telephone consults and telehealth; facilitating transfers to other institutions; and managing workflow in a busy clinic. At this stage, learners are aware of the process of Quality Improvement (QI) and can participate in local QI initiatives when called to.