

## RIME & THE 1 MIN PRECEPTOR

## DISCLOSURE

- Nothing relevant to this presentation
- Research grants from CPSA, Heart and Stroke Foundation, Pfizer and Merck

## YOUR OBJECTIVES

- After this workshop I will be able to:
  - Know and explain RIME
  - Understand and be able apply the 1 minute preceptor
  - Be ready to use both in the upcoming week

## HOW'S YOUR RESIDENT?

- Video
- <http://www.youtube.com/watch?v=hlqFVZJ1bQk>

## OUTLINE

- Interactive workshop
  
- Introductions 5 min
- Background on RIME 15 min
- Participation session 20 min
- 1 min preceptor 15 min
- Practice 20 min

## EVALUATION OF LEARNERS

- How do we decide on how a learner is doing
- Comparison to previous learners
- Correct or incorrect management
- Subjective feelings
- Comments from co workers.

## RIME

- REPORTER
- INTERPRETER
- MANAGER
- EDUCATOR

• Pangaro. Acad.Med. 1999;74(11):1203-7

## RIME VIDEO

- <http://www.practicalprof.ab.ca/assessment/rime.html#>

## REPORTER

- Obtains and reports basic information accurately
- Clearly communicates clinical facts about patients
- Beginning to interpret data
- Works well with patients staff and colleagues
- Answers WHAT questions

## INTERPRETER

- Good fund of knowledge
- Active participant in patient care; prepared for clinic/rounds
- Consistently able to interpret data
- Can offer a DDx: 2-3 possibilities
- Not always correct, more skill in selecting clinical findings to support diagnosis
- Answer WHY questions

## MANAGER

- Excellent fund of knowledge
- Actively suggests management options for patient
- Confidence and willingness to state own preferences
- Answers WHAT's NEXT for patients
- Diagnostic plans include more than 1 appropriate treatment option

## EDUCATOR

- Cite evidence that new therapies, test or procedures are worthwhile
- Active role in educating themselves and others
- Open to new knowledge
- Superior fund of knowledge
- Skilled in identifying questions that cannot be answered by textbooks

### CASE 1

- I just saw this 26 year old previously well woman who presented with unilateral headache associated photophobia, and some nausea. She has tried advil and tylenol without relief. Headache last all day often better after sleeping. No visual changes preceding the headaches. Headache has occurred 4 times.

### CASE 2

- I just saw a 26 year old female with a family history of migraine presenting with a history of severe headaches consistent with migraine w/o aura occurring at the time of her menses. She has no RED FLAG symptoms. She has tried occasional tylenol and advil w/o success. The DDx include migraine w/o aura, muscle tension headache, and menses related migraine.

### CASE 3

- I just saw a 26 year old female with a family history of migraine presenting with a history of severe headaches consistent with migraine w/o aura occurring at the time of her menses. She has no RED FLAG symptoms. She has tried occasional tylenol and advil w/o success. The DDx include migraine w/o aura, muscle tension headache, and menses related migraine.
- Treatment options include higher dose NSAIDs at the start of headache, abortive treat like triptan, and possible preventative measures.

### YOUR PARTICIPATION

- Take card with one of the RIME descriptors on it.
- Pretend you are a learner presenting a case of chest pain consistent with your assigned RIME description
- Rest of the group will guess which you are role playing

### REMEMBER

- We all may flip between these roles at some time in our clinical activities

### RIME

## 1 MIN PRECEPTOR

- Get commitment
  - Probe for supporting evidence
  - Teach general rules
  - Reinforce what is right
  - Correct mistakes
- Neher et al. Journal of Am. Board of Fam. Pract. 1992;5:419-24.

- [http://www.practicalprof.ab.ca/teaching\\_nuts\\_bolts/one\\_minute\\_preceptor.html#](http://www.practicalprof.ab.ca/teaching_nuts_bolts/one_minute_preceptor.html#)

## GET COMMITMENT

- “What do you think is happening here?” or
- “What would be your treatment plan?”
- Helps the learner commit to a diagnosis or treatment option, rather than simply going along with the preceptor’s plans.
- Avoid prompting or suggesting a diagnosis or treatment plan at this point
- **“What do you think is most likely behind this man’s delirium?”**

## PROBING

- Explore the student’s thought processes.
- Was this a lucky guess or a well thought out evaluation?
- “Were there any other alternatives you considered?”
- “What made you rule out condition X?” are helpful.
- Questions that rely on rote memory, such as “What is the differential diagnosis for retrosternal chest pain?” don’t aid clinical reasoning.
- **“Did you consider any alternative diagnoses? What makes you favour pneumonia?”**

## TEACHING RULES

- Try to find a teaching point that can be applied to other situations.
- **“Consider the possibility of a urinary tract infection in any elderly person with delirium.”**

## REINFORCE POSITIVES

- **“You were right to do a head-to-toe examination to evaluate delirium.”**
- **“It was good to consider a cardiac source for the patient’s chest pain”**

## MISTAKES

- Point out any errors
- <http://www.youtube.com/watch?v=WvjwaqZfjIY>
- **“Those fine crackles in the chest are more suggestive of heart failure than of pneumonia.”**

## EXAMPLES

- We could start either paroxetine or venlafaxine.
- I think this patient needs antibiotics
- Current Alberta practice guideline suggest ...

## PROBING STATEMENTS

- If I wasn't here what would you use/ do etc?
- Why do you think that (drug/test) is necessary?
- What is the evidence for that?

## PRACTICE

- Separate into groups of 2
- Identify who is the learner and who is the preceptor
- Case: learner comes into the office to discuss patient who has hypertension, has tried lifestyle modification without success, BP 168/98. learner present plan of medical management. Learner can act at any level (ie. Medical student vs senior resident)

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## CONCLUSIONS

- With your learner this coming week, think in terms of RIME as you reflect on their evaluation
  
- Remember the 1 min preceptor, it can be used in any clinical encounter