Expectations for Honors Level Clinical Performance

We seek to clarify the expectations for Honors level performance for the pediatrics medical student on the 3rd year clerkship, in order to better support consistent evaluation. We use the **Reporter, Interpreter, Manager, Educator** (R.I.M.E.)[1] stepwise framework to help distinguish between basic and advanced levels of competency. The R.I.M.E. system is synthetic and integrates student achievement rather than separating out evaluation of knowledge from skills and behaviors. Furthermore, reaching subsequent levels implies competence at the previous levels. The following is adapted from Dr Louis Pangaro's original description of the RIME framework.[1]

"**Reporter**": This student can accurately gather and clearly communicate the clinical facts on his/her own patients. This requires the basic skills to do a history and physical examination and the basic knowledge to know what to look for. It emphasizes day-to-day reliability (such as being on time, or following-up on a patient's progress). This requires a sense of responsibility, and achieving consistency in "bedside" skills in dealing directly with patients. These skills were introduced to students in their preclinical years, but now they must be mastered in order to "pass" the rotation.

"**Interpreter**": To make the transition from "reporter" to "interpreter" is a difficult step. At a "basic interpreter" level, the student must prioritize among problems identified in their time with the patient. The next step is to offer a differential diagnosis. This would mean offering about 3 reasonable diagnostic possibilities, as there is some performance pressure and we don't expect 3rd yr students to be right all the time. Follow-up of lab tests provides another opportunity to "interpret" the data, especially in the outpatient setting. This step requires a higher level of knowledge and more skills in (1) selecting the clinical findings which support or refute possible diagnoses and in (2) applying test results to specific patients. The student has to make the transition in how he/she sees himself/herself from "bystander" to "active participant" in patient care.

"**Manager**": This step takes even more knowledge, more confidence, and more judgment on the part of the student in deciding when action needs to be taken, and in proposing and selecting among options for patients. Again, we can't require students to be "right" with each suggestion, so we ask them to include several options in their diagnostic and therapeutic plans. A key element is to tailor the plan to the particular patient's circumstances and preferences.

"**Educator**": Success in each prior step depends on self-directed learning and on a mastery of basics. To be an "educator" means to go beyond the required basics, to read deeply, and to share new learning with others. The educator has insight to define important questions to research in more depth. The educator has the drive to look for evidence on which clinical practice can be based, and has the skill to critically evaluate the evidence and apply it to a given patient. At this level is a mature and confident student who takes on an advanced role of educating the team (and even the faculty).

- ***A student must be a consistent "Reporter" to achieve an unqualified grade of pass which on the uniform evaluation form in use at CNMC/GW is a 3 = Very good, at expected level for a 3rd year GW student.***
- ***A student must be consistent as an "Interpreter" for a High Pass grade, which on the uniform evaluation form is a 4 = Excellent, among the top 40% of all GW students.***
- ***The Honors 3rd year pediatrics student is at the "Manager/Educator" level (which includes mastery of the Reporter and Interpreter levels). These students receive a 5 = Outstanding, among the top 10-15% of all GW students.***

Further descriptions of the expected and extremes of performance are detailed on the uniform evaluation form.

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