

RIME is an initiative to implement a co-designed pre-clerkship curriculum focused on the spiral delivery of patient-centred clinical presentations rooted in generalism, while providing opportunities for creativity, self-regulated learning, and professional identity development through active learning.

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Welcome to the RIME Update! This newsletter provides an update to faculty, students and staff regarding the progress of the UME curriculum re-design, including accomplishments and next steps required in order to be ready for the July 2023 launch.

What has happened?

February 2021

The **RIME Sub-committee** (reporting to UMEC) was formed to assess the overall desirability and feasibility of redesigning the UME curriculum, and oversee the work of the RIME Working Groups which are responsible for integrating specific topics into the curriculum structure.

June-December 2021

The **Curriculum & Clinical Presentations Working Group** developed a proof-of-concept for a new curriculum based on 12 Units organized around clinical presentations and mapped to MCC objectives (see **RIME Explained** below).

October 2021

UMEC approved the operational feasibility of the new curriculum structure.

RIME Explained – Dr. Sylvain Coderre

The Curriculum & Clinical Presentations Working Group (Sylvain Coderre - Chair, Sarah Anderson, Amy Bromley, Kevin McLaughlin, Doug Myhre, Siavash Zare-Zadeh) has been developing a proof-of-concept for the new curriculum, and we asked Dr. Coderre to explain the foundation behind this:



The cognitive aspects of the Re-Imagining Medical Education (RIME) curriculum

The RIME curriculum is intended to emphasize the three phases of true learning outlined in the following paper:

[Desy J, Busche K, Cusano R, Veale P, Coderre S, McLaughlin K. How teachers can help learners build storage and retrieval strength. Med Teach 2018; 40: 407-13.](#)

True learning involves:

Acquisition: storage of knowledge into long-term memory

Teachers and curricular designers need to factor in our working memory limitations pertaining to space (2-4 topics) and time (learners need opportunities to refresh their working memory).

Acquisition: encoding of knowledge. Encoding is how information is changed so that it can be stored in memory (analogous to “cueing”).

Teachers and curricular designers can use techniques such as: providing an organizational structure (=scheme), teaching basic sciences, or using “desirable difficulty” (e.g., small groups, flip classrooms, breaking up lectures) to promote deeper learning

Retrieval: medical education in general can be overly concerned with acquisition instead of retrieval. Retrieval is the ultimate goal of an educational intervention. To promote retrieval, we need to have learners practice retrieval. Teachers and curricular designers need to promote retrieval by testing and retesting, as well as break the chains of our traditional block (=systems) teaching by dispersing content throughout the curriculum.

The curricular model and delivery of RIME is deeply steeped in the principles of Cognitive Psychology, and particularly knowledge retrieval. This concept of retrieval forms the basis of the following motto:

True learning is not about how much time, but rather how many times

RIME is unapologetically redundant, in a planned fashion. To quote Dr. Allan Jones, former Associate Dean of UME: “The five most dangerous words of medical education are ‘we have already covered that!’”

Dr. Sylvain Coderre, Chair, RIME Curriculum & Clinical Presentations Working Group

What are the next steps?

January 2022

The **Week-by-Week Working Group** will continue work completed by the Curriculum & Clinical Presentations Working Group and identify if the clinical presentations/diagnoses are appropriate within each of the weekly topics, create a calendar of learning objectives/presentations/sub-presentations for each week, and reference these to MCC objectives and presentations. **Preclerkship Directors** will be recruited to develop course outlines and descriptions, and will be involved in the recruitment of facilitators for clinical presentations.

February 2022

The **Day-by-Day Working Group** will continue the work of the Week-by-Week Working Group and create daily learning objectives and ensuring that other competencies (eg. structural competency) are included in the curriculum.

Ongoing

Consultation and co-design with internal stakeholders will continue throughout the development of the curriculum to ensure that important content and concepts are included.

Visit the [RIME website](#) for a complete timeline through June 2023.

Feedback, suggestions, and comments

Always welcome at rime@ucalgary.ca



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