

11-1-2021

RIME 60 Years: Celebration and Future Horizons

Zareen Zaidi
University of Florida College of Medicine

Katherine S. McOwen
Association of American Medical Colleges

Dorene F. Balmer
University of Pennsylvania Perelman School of Medicine

Daniel J. Schumacher
University of Cincinnati College of Medicine

Javeed Sukhera
Schulich School of Medicine & Dentistry, javeed.sukhera@lhsc.on.ca

See next page for additional authors

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Citation of this paper:

Zaidi, Zareen; McOwen, Katherine S.; Balmer, Dorene F.; Schumacher, Daniel J.; Sukhera, Javeed; Young, Meredith; and Park, Yoon Soo, "RIME 60 Years: Celebration and Future Horizons" (2021). *Paediatrics Publications*. 2470.

<https://ir.lib.uwo.ca/paedpub/2470>

Authors

Zareen Zaidi, Katherine S. McOwen, Dorene F. Balmer, Daniel J. Schumacher, Javeed Sukhera, Meredith Young, and Yoon Soo Park

RIME 60 Years: Celebration and Future Horizons

Zareen Zaidi, MD, PhD, Katherine S. McOwen, MEd, Dorene F. Balmer, PhD, Daniel J. Schumacher, MD, PhD, MEd, Javeed Sukhera, MD, PhD, Meredith Young, PhD, and Yoon Soo Park, PhD

Abstract

This year marks the 60th anniversary (1961–2021) of Research in Medical Education (RIME). Over the past 6 decades, RIME has selected medical education research to be presented each year at the Association of American Medical Colleges Annual Meeting: Learn Serve Lead and published in a supplement of *Academic Medicine*. In this article, the authors surveyed

RIME chairs from the past 20 years to identify ways that RIME has advanced medical education research and to generate ideas for future directions. RIME chairs described advancements in the rigor and impact of RIME research and the timeliness of the topics, often serving as a driver for cutting-edge research. They highlighted RIME's role in promoting qualitative research,

introducing new epistemologies, and encouraging networking as a means of career advancement. Going forward, RIME chairs suggested (1) strengthening collaborations with formal advanced MEd and PhD degree programs, (2) creating formal mentorship channels for junior and minority faculty, and (3) promoting research related to knowledge translation.

The Association of American Medical Colleges (AAMC) convenes medical educators; leaders; and practitioners with the goal to advance education through faculty development, research, and assessment across the continuum.¹ As part of the AAMC annual meeting, the Research in Medical Education (RIME) Program seeks to enhance the quality of research in medical education and to promote its application to educational practice. RIME is a forum where research concerning all aspects of medical education is presented each year at the AAMC Annual Meeting: Learn Serve Lead with accepted papers being published simultaneously in a supplement of the journal *Academic Medicine*. In this article, we celebrate the 60th anniversary of RIME (1961–2021) by reflecting on the contributions of the RIME community in setting standards for medical education research and promote scholarship that has laid foundations for teaching and learning practices in the health professions.

Please see the end of this article for information about the authors.

Correspondence should be addressed to Zareen Zaidi, Department of Medicine, University of Florida College of Medicine, PO Box 103204, Gainesville, FL 32610; telephone: (352) 265-0651; email: zareen.zaidi@medicine.ufl.edu; Twitter: @zareenmd.

Acad Med. 2021;96:S13–S16.

First published online August 3, 2021
doi: 10.1097/ACM.00000000000004296

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RIME's History

In the initial years (1962–1968) of RIME, manuscripts accepted were published as supplementary content in the AAMC's *Journal of Medical Education*. From 1969 to 1990, a separate document was produced by the AAMC staff, which was indexed in Index Medicus beginning 1971.² Since 1990, RIME proceedings have been published by *Academic Medicine*.

Original founders of the RIME included visionaries such as George Miller, Robert Glazer, Donald Anderson, Paul Sanazaro, Ward Darley, and Christine McGuire, from interdisciplinary fields including education, measurement, sociology, health services, educational leadership, and clinician educators.^{2,3} Today, participants in RIME continue this space for dialogue between interdisciplinary scholars and leaders in the field of medical education research. The RIME Program Planning Committee (PPC) is composed of a combination of PhD–EdD and MD researchers, more recently MD–PhD researchers, and AAMC staff with a wide range of expertise. These individuals convene to review and select the RIME research and review papers for inclusion on the RIME Program and select the RIME plenary speaker(s). The group also provides constructive feedback to authors who responded to the RIME call for submissions, identifies areas of research methods and skills that would benefit the broader community

of medical and allied health professions educators, and communicates and aligns efforts to advance educational research with the AAMC Medical Education, Scholarship, Research, and Evaluation Section of the Group on Educational Affairs steering committee.⁴

Over the past 6 decades, RIME received medical education manuscripts from researchers nationally and internationally, including submissions from Central and South America, Europe, the Middle East, and Asia, although most submissions have traditionally come from authors in the United States and Canada. Annually, the average number of submissions hovers near 100 papers, with some years receiving far fewer, and on a few occasions, many more. The research and review paper acceptance rate for RIME has varied widely, early on nearly all papers were accepted, though more recently a 25%–30% acceptance rate is more common. This year the acceptance rate was 32% (22/68). As noted above, accepted manuscripts are currently published in the *Academic Medicine* RIME Supplement, available on *Academic Medicine's* website; the supplement's permanent open access status is made possible by support from the AAMC.⁵ Accepted RIME manuscripts are characterized by a clear articulation of the research focus of the paper and span across methodologies, populations, topics of study, and from primary research to syntheses.⁶

Highlights From Past RIME Forewords: Reflections From the 30th-, 40th-, and 50th-Year Commentaries From Past RIME Chairs

We (Z.Z., Y.S.P.) reviewed available RIME forewords by past chairs dating back to 1991, RIME's 30th anniversary, to note key observations made over the decades. In 1991, Georges Bordage observed the importance of research with methodological rigor and clarity to facilitate advances in medical education research that ultimately translate to applications:

Research is essential to the growth and development of medical education. Only through sound educational research can new, and old, ideas be tested, thus guarding against stagnation and dogmatism.... It is also through clear reporting that practitioners can appreciate the concepts being developed and judge the extent to which the results can be applied in their setting. The results will serve as a basis upon which educational actions can be planned and implemented. Thus a healthy and productive cycle is created between theory and practice in medical education.⁷

In 2003 (near RIME's 40th anniversary), Louis Pangaro had noted that 65% of the program was devoted to undergraduate medical education, 25% to graduate medical education, and 10% to continuing medical education.⁸ He emphasized the need for a focus on the educational continuum. At that time, the majority of accepted publications were noted to be quantitative in nature.⁹ And in the ensuing decade when RIME turned 50, Dale Dauphinee and Brownell Anderson examined the themes of papers selected by RIME over its first 50 years and noted that the major themes of manuscripts accepted focused on admissions, assessment, relationships, cognition, reasoning, and instruction. Some additional themes included continued professional development, emotions, competencies, and self-assessment.² At that time, Dauphinee and Anderson concluded that the themes were similar to those from 1960 to 1970 and wondered if we were revisiting the same topics over the years or actually building on the work done. The need to expand who RIME relates to and who RIME invites into medical education discussions was emphasized particularly in times of uncertainty.¹⁰

Reflection on RIME's 60 Years

This year marks RIME's 60th anniversary. As a reflection and introspection exercise, the RIME PPC sent a survey to RIME chairs from the past 20 years, whose contact information was available via AAMC database, with the aim of identifying and synthesizing advances made by RIME in medical education research and future directions.

The institutional review board at the AAMC determined the survey as exempt and approved this study. Survey questions are included in List 1, but focused on the impact of RIME, key papers published through the RIME process, and how RIME could evolve in the future. Data were collected using Qualtrics and were anonymized and an inductive thematic analysis was completed using Braun and Clarke's methodology.¹¹ Seventeen out of the 20 chairs who received the survey responded (85% response rate).

Four themes were identified in the responses from participants: (1) RIME provides rigorous, timely, and influential research; (2) RIME serves as a driver and outlet for research where networking and development of community is fostered; (3) RIME plays a role in career advancement; and (4) There is need to continue to innovate as we envision RIME's future.

RIME provides rigorous, timely, and influential research

Participants described how over the years RIME helped "set a standard and an agenda for research" by ensuring that papers went through rigorous peer review:

Over the years, [RIME] encouraged high-quality, rigorous education research and scholarship by providing a forum for publishing high-quality works and especially through the rigorous review and feedback process for all submissions. (P13)

Many influential RIME papers, including landmark articles in the field, were cited by respondents: Norman¹² and Bordage et al's¹³ work on clinical reasoning; Norcini et al's papers on description of the international medical graduates work force^{14,15}; Kennedy and Lingard et al's research on assessment of trainees' competence for independent work¹⁶; Eva and Regehr's paper on self-assessment¹⁷; Miller's pyramid about assessment of clinical skills¹⁸; and Ericsson's work on deliberate practice and expert performance.¹⁹ Participants noted that these RIME papers advanced the field and led to other researchers building on the work done over the next few decades.

More recently, participants noted that RIME published work that was "ahead of its time" related to diversity, equity, and inclusion (DEI) issues:

At the time, it was controversial as people were very uncomfortable in talking about issues like "White privilege" and structural/systemic racism. In our current time, these conversations are much more common, but at that time, we were "stirring the pot" in a way that was ahead of the curve and I think helped bring these issues to the forefront—at least we were beginning the process. (P13)

Other influential DEI papers noted include work by Mpalirwa et al,²⁰ which "discusses racism in Canada (where there is paucity in research on anti-Blackness in med ed literature)" (P17), and the commentary

List 1

Survey Questions for RIME Chairs

Year in which you were the RIME chair:

Please respond to the following questions:

1. How do you think RIME has generally impacted the field of medical education, particularly medical education research, if at all? What is most important to you about RIME?
2. RIME has published many excellent research projects and perspective pieces. Do you recall specific manuscripts published in the RIME supplement, that impacted the field and if so which one/s? Who was involved and what did they do to create this success?
3. If you were involved in any of these manuscripts, what was your role and how did you contribute to this positive change?
4. How has RIME contributed to positive changes in medical education, if at all? In other words, what might RIME be celebrating?
5. It is RIME's 60th anniversary this year. What bold changes and innovation do you envision for RIME in the upcoming years, if any?

on racism by Karani and O'Brien et al,²¹ which was published before the BLM movement, and research on implicit bias by Sukhera et al was also mentioned.²²

RIME papers were described to have a positive impact by providing models for medical education research design (quantitative, qualitative, and mixed). Participants noted that the research provides accurate, useful data to improve medical education, which institutions turn to specifically while planning for change.

RIME drives research and develops a community of scholars

Participants described how RIME provided an “incubator” and an annual outlet for research where researchers could share work, develop a community, exchange ideas, and “cross-fertilize investigators”:

RIME also brings scholars together and creates opportunities for discussions that lead to future collaborations. I've seen several examples of this (and experienced it myself!). (P10)

RIME participants noted a sense of being part of a “community of scholars,” where they learned from each other, enjoyed the interpersonal interaction, sharpened their own skills, and “created a field of educational scholarship.”

Others commented on being stimulated by national and international colleagues, which resulted in an annual cycle supporting scholarship activities. The forum also allows for interaction across the educational spectrum, that is, where undergraduate, graduate, and continued medical education scholars could share ideas and collaborate.

RIME plays a role in career advancement

Participants noted that RIME's well-known rigorous peer review process made publishing in RIME a “pinnacle of MedEd research,” which was recognized by promotion and tenure committees.

It has made our community more rigorous and fostered educational change as research, and this allowed chairs and [promotion] committees to see the work as scholarship and worthy of academic promotion. (P14)

They also recognized that over the years as medical education has developed as a field RIME has played a role in recognition of educational scholarship

and has helped create and “legitimize” career paths for scholars:

Elevating the level of serious scholarship in medical education. Providing resources for faculty development interested in medical education scholarship, and an opportunity for junior faculty to become engaged in medical education scholarship, particularly clinical faculty in which their clinical journals do not provide a space for scholarship in medical education. (P15)

A participant described RIME as “the only national, multidiscipline forum to build community and capacity among investigators in medical education in the United States” (P13). Another participant noted that publishing in RIME led to a “success cycle,” that is, recognition of work, which provided encouragement and support, thus advancing careers.

RIME's future and room for innovation

Participants were asked to envision RIME's future, generating many suggestions. Specifically, there were suggestions for RIME to be involved in advanced degree programs in medical education:

I would love to see RIME clearly engaged in strengthening access to advanced education in medical education research. This could be through programming, scholarships, networking. The field of medical education has grown through those faculty who have been able to take the time to be prepared in education. Maybe there could be RIME fellows who are supported in advanced degree work. (P06)

Others encouraged RIME to continue to push boundaries, even when certain topics were not mainstream: “Be bold! Do not be afraid to share findings even if they are unpopular or complicated.” Some areas listed where innovation was needed included knowledge translation, overall impacting the vision for medical education curricula, and use of technology.

I do think knowledge translation continues to be a big problem. That is, how do we help educators use all the great knowledge we create through MedEd research. If RIME can help to crack that nut, that would be doing something! (P08)

Finally, participants suggested developing a structured mentorship program for junior and minority scholars.

In the future, RIME should have a program for junior medical education scholars to be mentored. A program for scholars from disadvantaged backgrounds would be huge contribution. As these scholars are busy paying the “minority tax” and have little to no opportunity

to be involved in medical education scholarship. (P17)

Concluding Remarks

Since the inception of RIME 60 years ago, medical education research and scholarship have evolved. So too has the RIME Program and supplement. RIME chairs over the past 2 decades including Shea, West, Artino, and Park describe the rigor and impact of RIME research on timely topics of interest, ultimately leading to advance the field.^{6,23–25} Lingard describes RIME's role in helping qualitative research gain a firm “legitimacy” in medical education, resulting in a maturation of our field to promote and use a wide range of epistemologies.²⁶ RIME continues to serve as a driver and outlet for cutting-edge research. It encourages networking and the development of a community of medical education scholars that plays a role in career advancement, particularly for junior scholars. Suggestions for RIME's future include building on its strengths and accomplishments by (1) strengthening collaborations with formal advanced MEd and PhD degree programs, (2) creating formal mentorship channels for junior and minority faculty, and (3) continuing to advance the field by promoting research related to knowledge translation. RIME has been publishing topics “ahead of their time,” and this trend should continue.

In 1986, Christine McGuire observed: “I don't think we've been responsive to some of the broader social and economic changes that impact on medical practice and, therefore, ought to impact on medical training.”²³ Her observation is consistent with Dauphinee and Anderson's¹⁰ observation in 2012 that there is a need to build on the work that RIME has showcased, specifically through knowledge translation and reenvisioning the medical education curriculum in the post-Flexner era.²⁷ While this is a tall order, we, the current RIME committee members, enthusiastically commit to creating an agenda that moves us in this direction. The pandemic and social unrest in 2020 brought to the fore RIME's commitment to fostering diversity and encouraging faculty impacted by historical inequities. We are currently in the process of launching an inaugural RIME mentorship program for underrepresented faculty and scholars. We hope that in another decade the RIME

committee and the medical education community at large will look back on this reflection, having achieved the stated goals for the future. We would love to hear back from you—the medical education community—to continue shaping the direction for the field and to look forward to the next chapter of RIME.

Funding/Support: None reported.

Other disclosures: None reported.

Ethical approval: Reported as not applicable.

Z. Zaidi is chair, Research in Medical Education (RIME) Program Planning Committee, and professor, Division of General Internal Medicine, University of Florida College of Medicine, Gainesville, Florida; ORCID: <https://orcid.org/0000-0003-4328-5766>.

K.S. McOwen is senior director of educational affairs, Association of American Medical Colleges, Washington, DC; ORCID: <https://orcid.org/0000-0002-1577-0206>.

D.F. Balmer is incoming co-chair, RIME Program Planning Committee, and associate professor of pediatrics, Department of Pediatrics, Perelman School of Medicine, University of Pennsylvania, Philadelphia, Pennsylvania; ORCID: <http://orcid.org/0000-0001-6805-4062>.

D.J. Schumacher is associate professor of pediatrics, Cincinnati Children's Hospital Medical Center/University of Cincinnati College of Medicine, Cincinnati, Ohio; ORCID: <https://orcid.org/0000-0001-5507-8452>.

J. Sukhera is associate professor, Departments of Psychiatry and Paediatrics, and scientist, Centre for Education Research and Innovation, Schulich School of Medicine and Dentistry, Western University, London, Ontario, Canada; ORCID: <https://orcid.org/0000-0001-8146-4947>.

M. Young is incoming co-chair, RIME Program Planning Committee, and associate professor, Institute of Health Sciences Education and Department of Medicine, McGill University, Montreal, Quebec, Canada; ORCID: <https://orcid.org/0000-0002-2036-2119>.

Y.S. Park is immediate past chair, RIME Program Planning Committee, associate professor, Harvard Medical School, and director of health professions education research, Massachusetts General Hospital, Boston, Massachusetts; ORCID: <http://orcid.org/0000-0001-8583-4335>.

References

- McOwen KS, Zaidi Z, Varpio L. The five W's of RIME Program Planning. *Acad Med.* 2020;95(11 suppl):S123.
- Dauphinee WD, Anderson MB. Maturation (and déjà vu) comes to the research in medical education program at age 51. *Acad Med.* 2012;87:1307–1309.
- Anderson B. Silver Anniversary. AAMC Research in Medical Education Conference. 1962-1986. The Proceedings. 1986.
- Association of American Medical Colleges. MESRE-RIME Program Planning Committee. <https://www.aamc.org/professional-development/affinity-groups/gea/rime-committee>. Accessed June 12, 2021.
- Academic Medicine. November 2020 - Volume 95 - Association of American Medical Colleges Learn Serve Lead: Proceedings of the 59th Annual Research in Medical Education Presentations 11S. <https://journals.lww.com/academicmedicine/toc/2020/11001>. Accessed June 12, 2021.
- West DC, Miller KH, Artino AR Jr. Foreword: Characteristics of RIME papers that make the cut. *Acad Med.* 2016;91(11 suppl):Si–Siii.
- Bordage G. Foreword: Theory-practice-theory: A healthy cycle in medical education. *Acad Med.* 1991;66:Svii.
- Pangaro L. Foreword. *Acad Med.* 2003;78:Siii–Siv.
- Wolf FM. Methodological quality, evidence, and Research in Medical Education (RIME). *Acad Med.* 2004;79(10 suppl):S68–S69.
- Dauphinee D. In recognizing impending and uncertain change, we must remember that the underlying issues remain. Foreword. *Acad Med.* 2011;86(10 suppl):Si.
- Braun V, Clarke V. Using thematic analysis in psychology. *Qual Res Psychol.* 2006;3:77–101.
- Norman GR. The epistemology of clinical reasoning: Perspectives from philosophy, psychology, and neuroscience. *Acad Med.* 2000;75(10 suppl):S127–S135.
- Bordage G, Lemieux M. Semantic structures and diagnostic thinking of experts and novices. *Acad Med.* 1991;66(9 suppl):S70–S72.
- Norcini JJ, Boulet JR, Whelan GP, McKinley DW. Specialty board certification among U.S. citizen and non-U.S. citizen graduates of international medical schools. *Acad Med.* 2005;80(10 suppl):S42–S45.
- Norcini JJ, van Zanten M, Boulet JR. The contribution of international medical graduates to diversity in the U.S. physician workforce: Graduate medical education. *J Health Care Poor Underserved.* 2008;19:493–499.
- Kennedy TJ, Regehr G, Baker GR, Lingard L. Point-of-care assessment of medical trainee competence for independent clinical work. *Acad Med.* 2008;83(10 suppl):S89–S92.
- Eva KW, Regehr G. Self-assessment in the health professions: A reformulation and research agenda. *Acad Med.* 2005;80(10 suppl):S46–S54.
- Miller GE. The assessment of clinical skills/competence/performance. *Acad Med.* 1990;65(9 suppl):S63–S67.
- Ericsson KA. Deliberate practice and the acquisition and maintenance of expert performance in medicine and related domains. *Acad Med.* 2004;79(10 suppl):S70–S81.
- Mpalirwa J, Lofters A, Nnorom O, Hanson MD. Patients, pride, and prejudice: Exploring Black Ontarian physicians' experiences of racism and discrimination. *Acad Med.* 2020;95(11 suppl):S51–S57.
- Karani R, Varpio L, May W, et al. Commentary: Racism and bias in health professions education: How educators, faculty developers, and researchers can make a difference. *Acad Med.* 2017;92(11 suppl):S1–S6.
- Sukhera J, Wodzinski M, Teunissen PW, Lingard L, Watling C. Striving while accepting: Exploring the relationship between identity and implicit bias recognition and management. *Acad Med.* 2018;93(11 suppl):S82–S88.
- Shea JA. Foreword. *Acad Med.* 2010;85:Si–Sii.
- Artino AR Jr, West DC, Gusic ME. Foreword: The more things change, the more they stay the same. *Acad Med.* 2015;90(11 suppl):Si–Siii.
- Park YS, Zaidi Z, O'Brien BC. RIME foreword: What constitutes science in educational research? Applying rigor in our research approaches. *Acad Med.* 2020;95(11 suppl):Si–Sv.
- Lingard L. Qualitative research in the RIME community: Critical reflections and future directions. *Acad Med.* 2007;82(10 suppl):S129–S130.
- Cooke M, Irby DM, Sullivan W, Ludmerer KM. American medical education 100 years after the Flexner report. *N Engl J Med.* 2006;355:1339–1344.