



2018 Annual CDIM Survey Summary Results



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2019 AAIM Week
Philadelphia, PA

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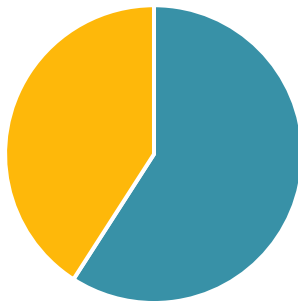
Shout outs

- Survey Committee members
- Section Leads
- Amy Shaheen
- Michael Kisielewski
- CDIM Council
- All of you!!

Demographics

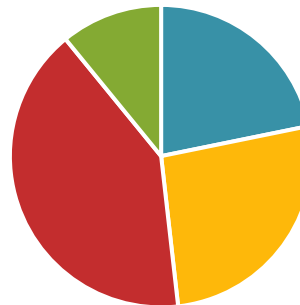
- Response Rate: $110/134 = 82.1\%$
- IRB approval

Institutions



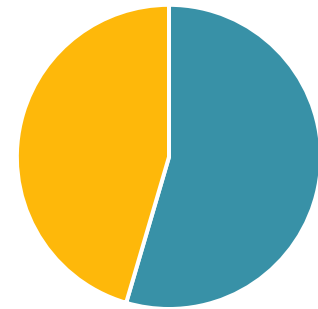
■ Public ■ Private

Region



■ Northeast ■ Midwest
■ South ■ West

Self Identified Gender

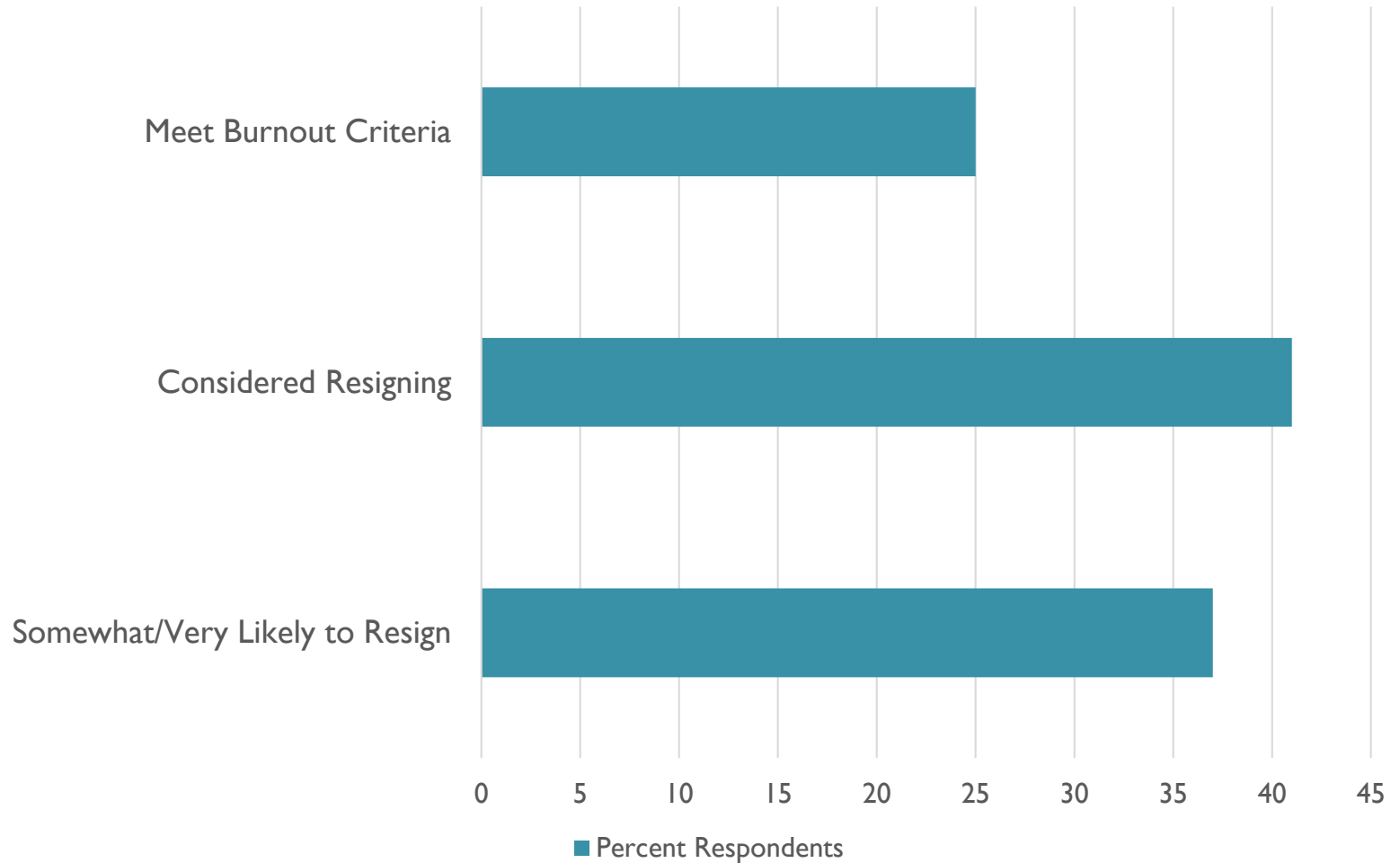


■ Male ■ Female

2018 Survey Sections

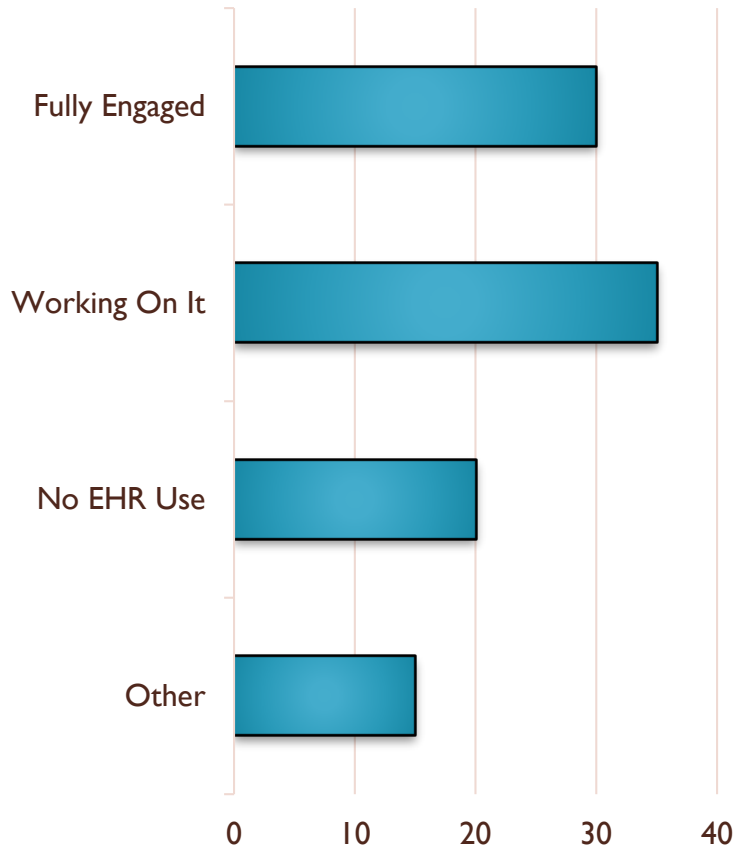
- Burnout (recurring)
- Student Documentation
- Assessment and NBME
- Hospitalist / Direct Care Service
- Opioid Curriculum

Clerkship Director Burn Out



Student Documentation

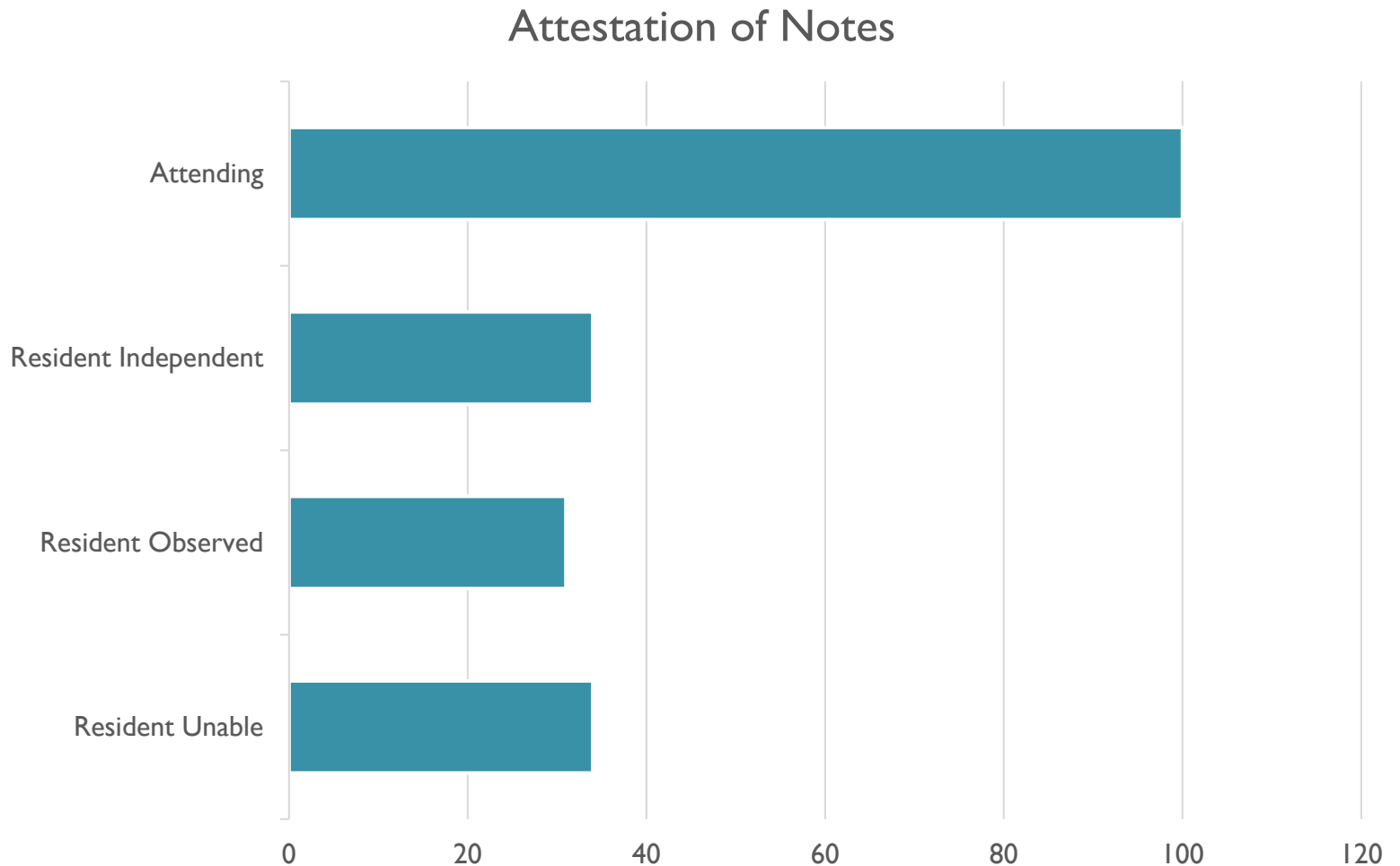
Who Is Doing What?



• Perceived Barriers

- Legal
- Compliance Office
- CMS Clarification
- M3 v. M4
- Impact on Interns

Student Documentation – Who Signs Off?

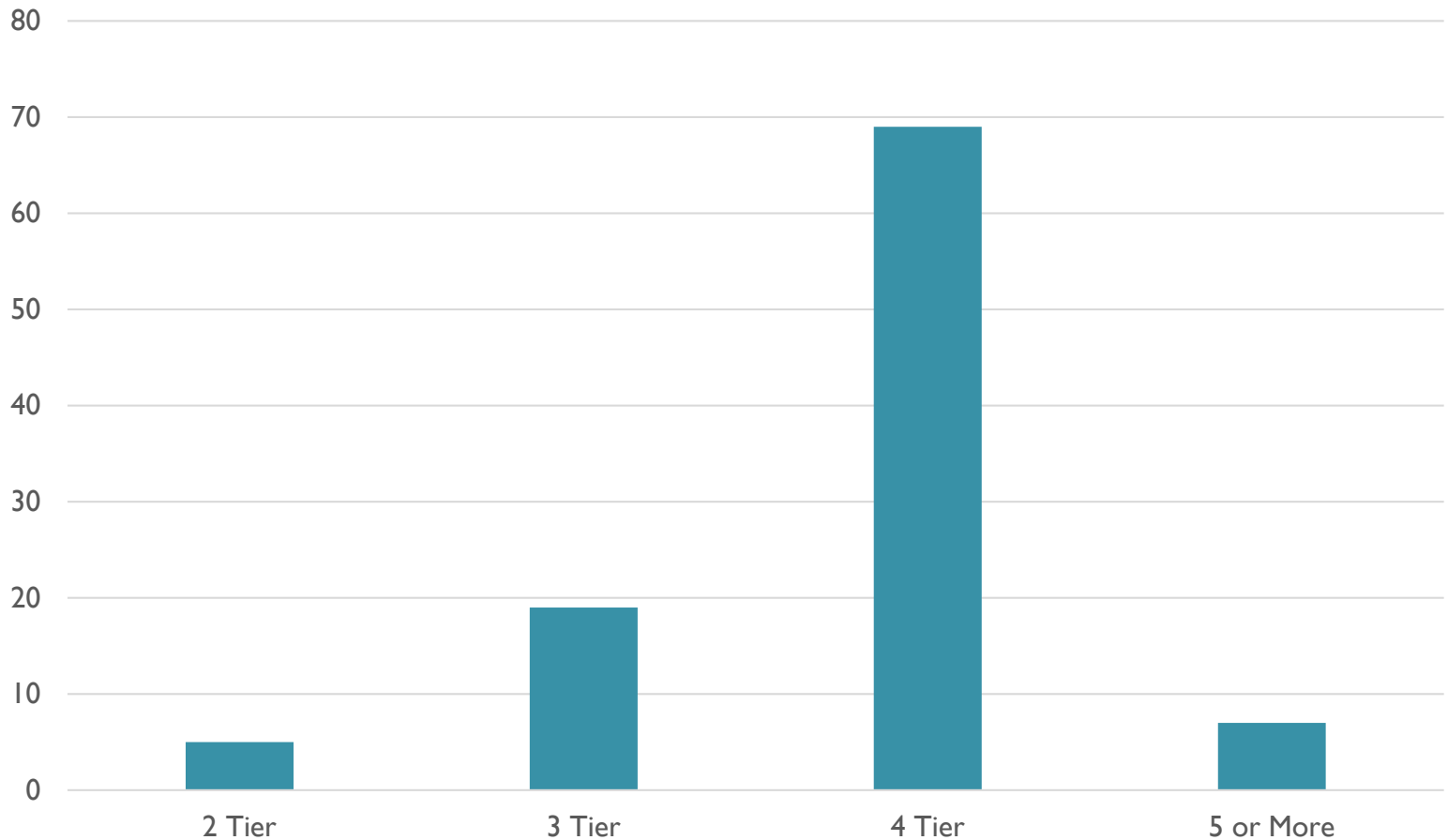


Student Documentation

- Take Aways
 - Legal and Compliance concerns remain
 - Role of GME is unclear
 - Implementation is variable
 - Community practices present most difficulty
 - Outpatient is harder than Inpatient
 - Satellite sites are harder than main campus
 - Guidance is needed across the board
 - Quality of student note is NOT an issue

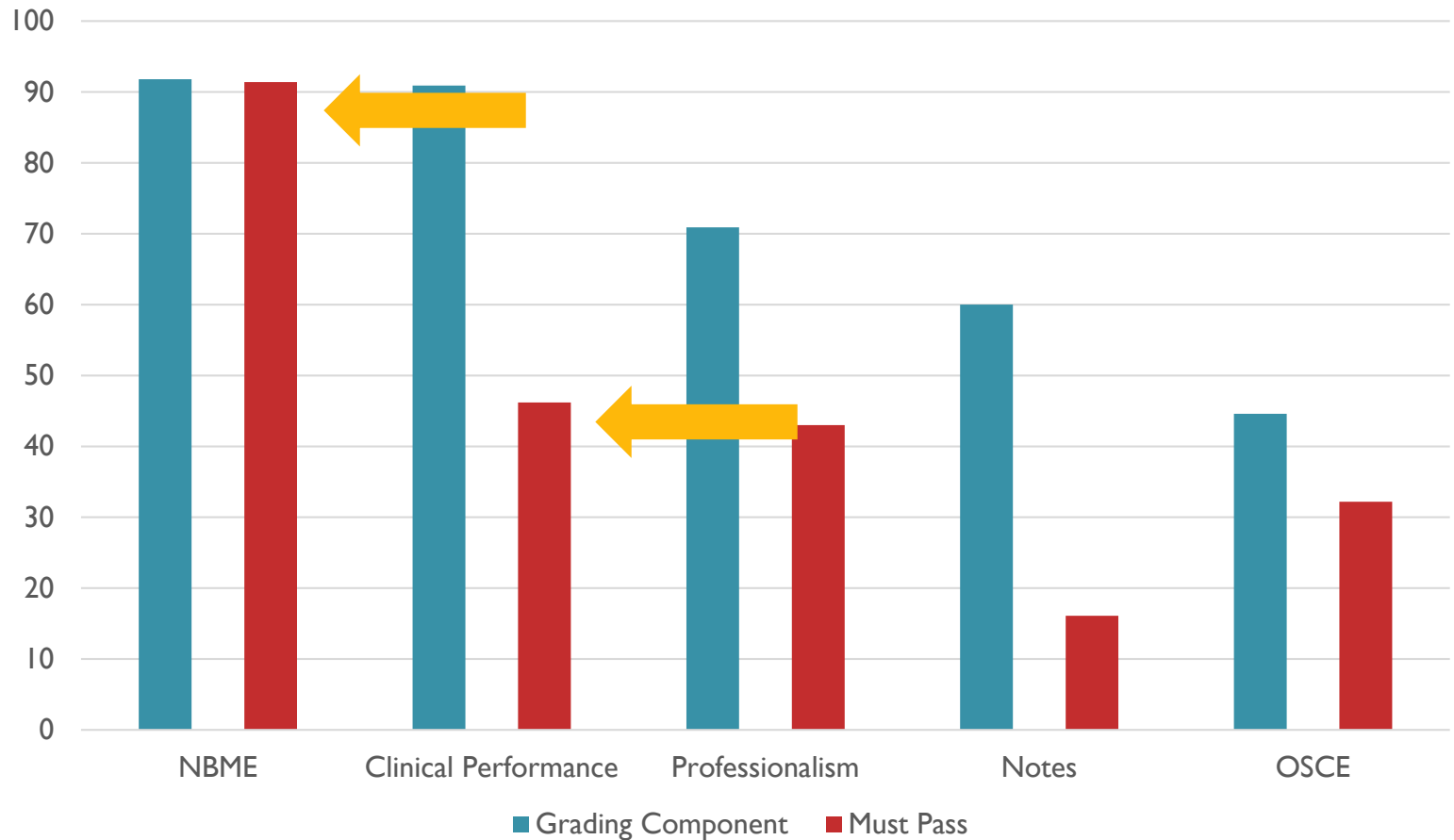
Clerkship Grading

Clerkship Grading Systems



Clerkship Grading

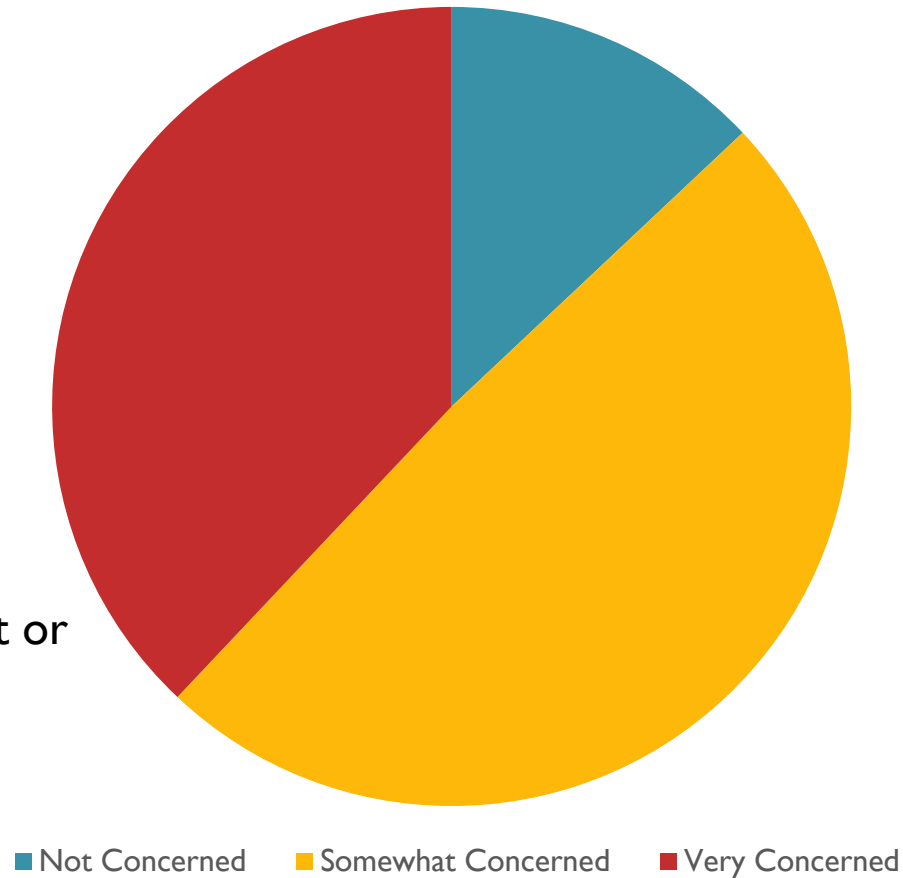
Grading Component Frequency and Must Pass Frequency



Clerkship Grading

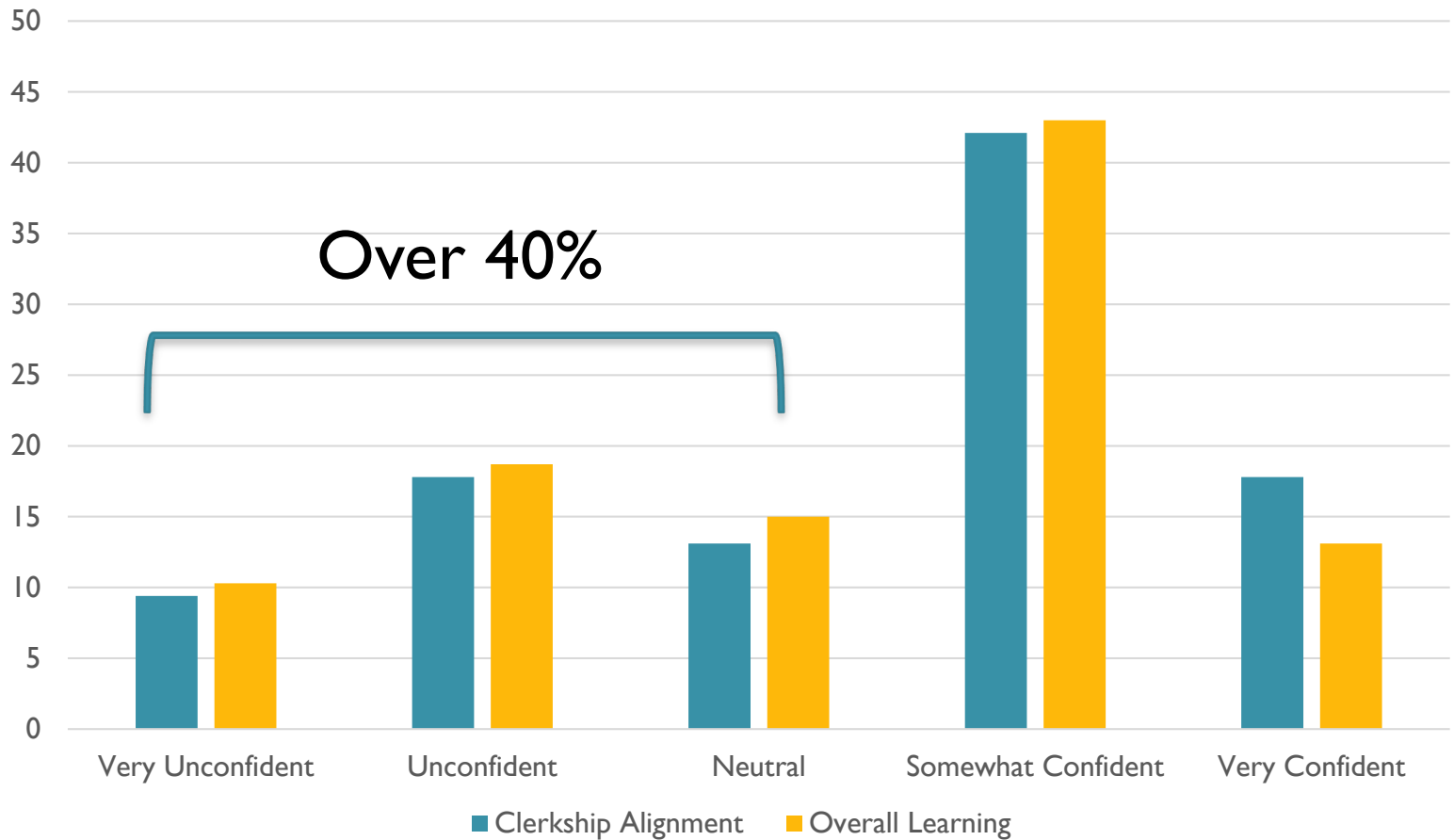
NBME Distracting from Patient Care

87% are Somewhat or Very Concerned



Clerkship Grading

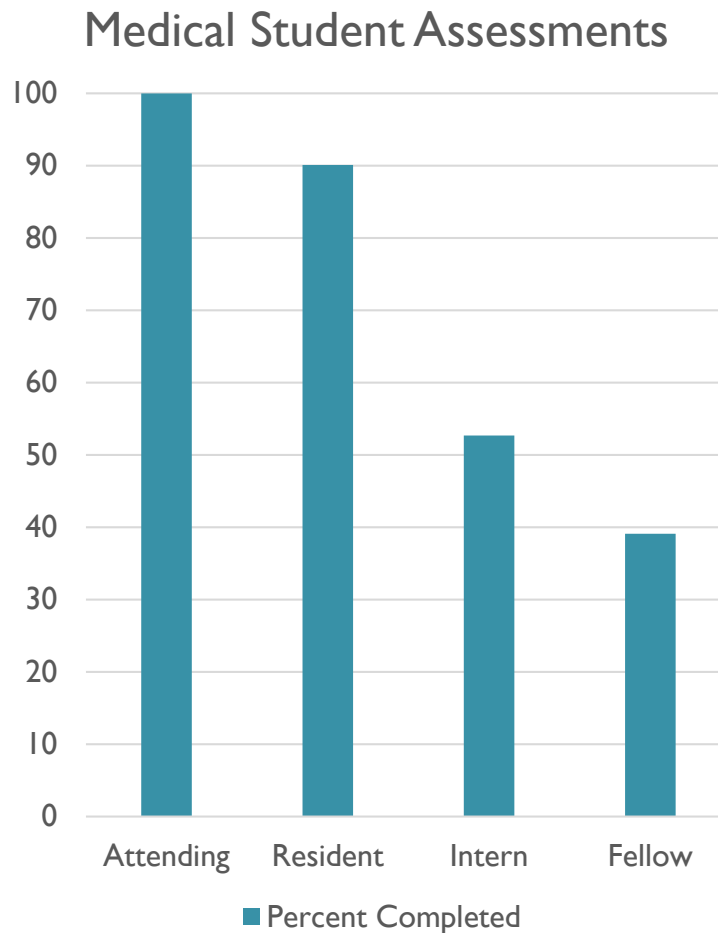
NBME IM Subject Exam



Clerkship Grading

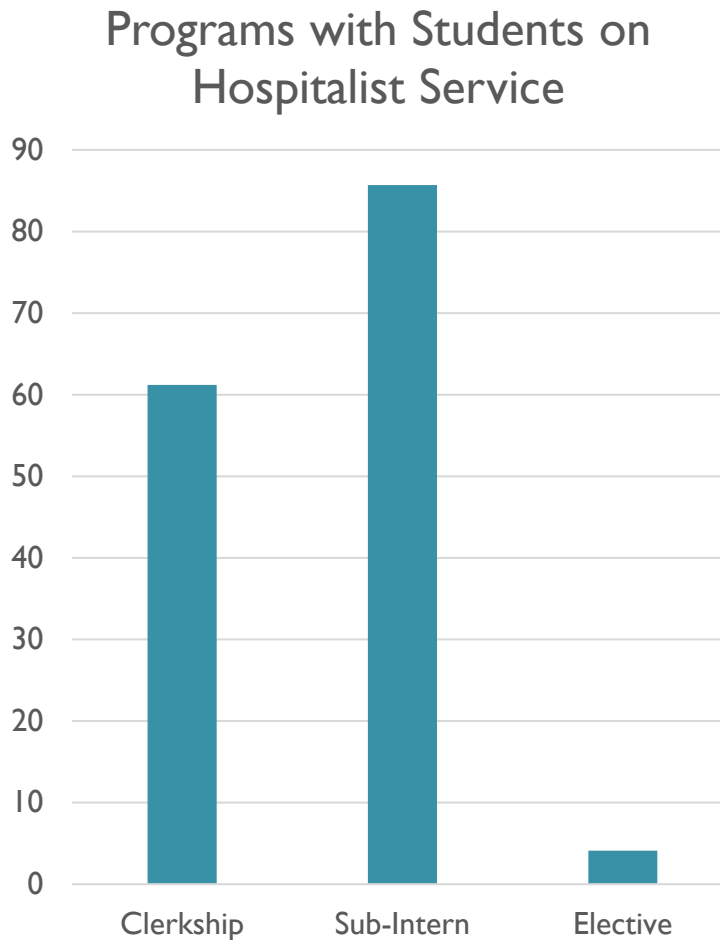
- 44% have changed how NBME is used
 - 47% have decreased grade contribution
 - 20% have eliminated Honors distinction
 - 15% have increased grade contribution
 - 4% have added Honors distinction
- 13% are likely to remove the NBME
- 86% use the NBME as a benchmark

Clerkship Grading – Who Assesses?



- 50% are combined into a single assessment
- 60% do not have a minimum number of observations
- 47% weight assessments equally
 - 25% inc. attending
 - 12% on # of obs.

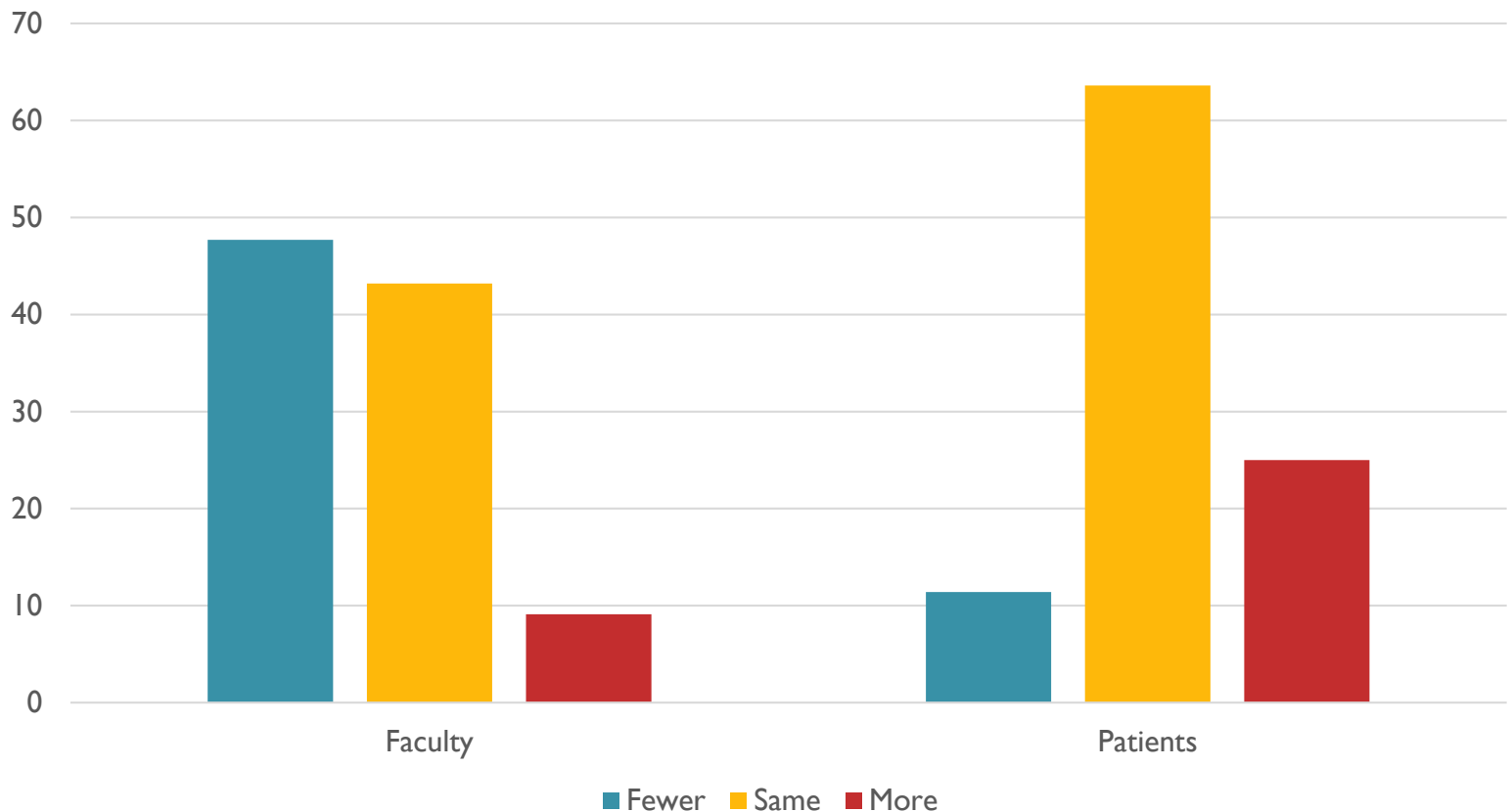
Hospitalist Service



- 45% of students will interact with a hospitalist service
- 70% of programs have considered using a hospitalist service

Hospitalist Service

Compared to a resident team, how many more or less faculty or patients does a clerk work with on a hospitalist service?

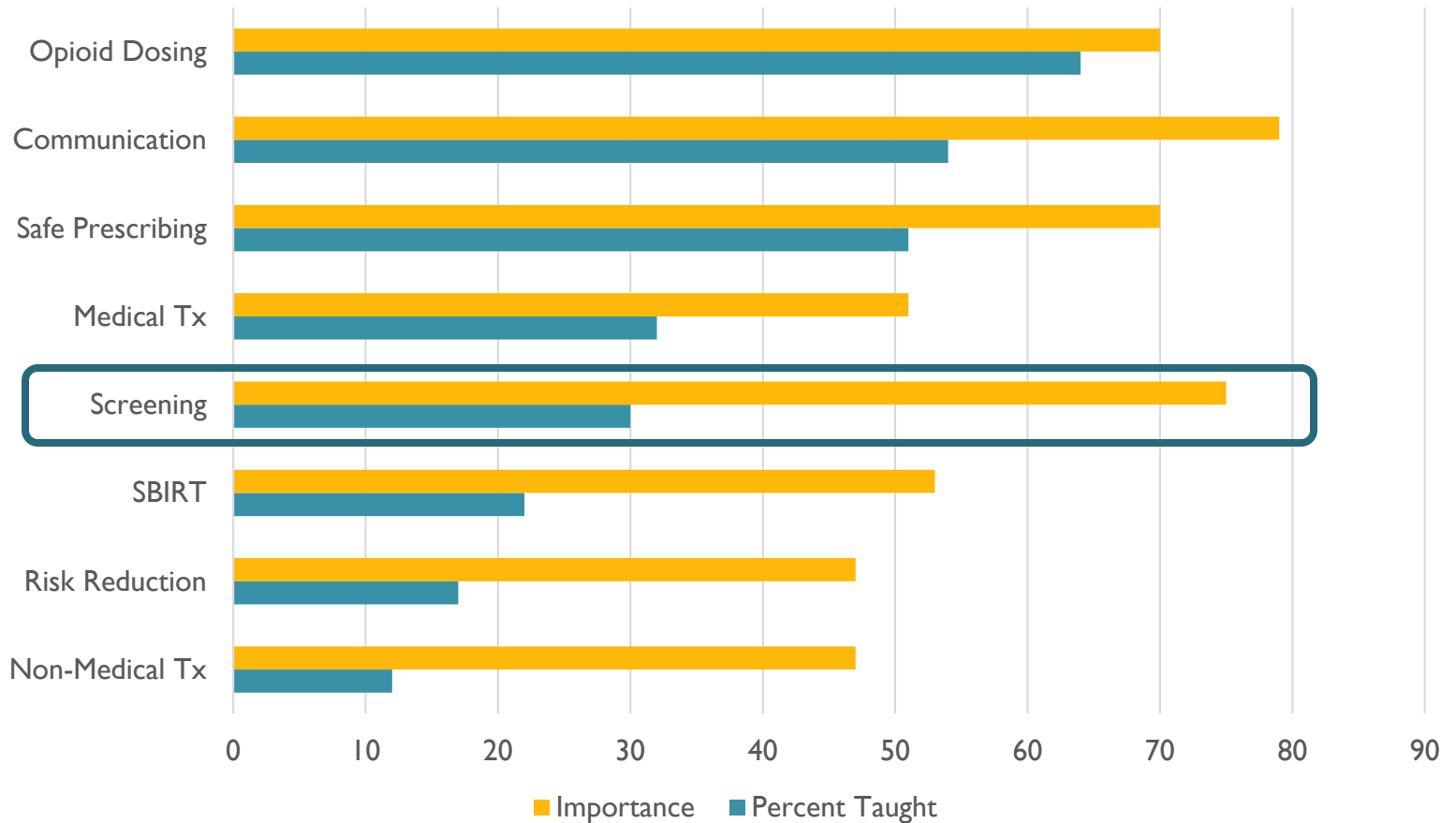


Hospitalist Service

- Barriers to Implementation
 - Compensation
 - 6% given money for teaching
 - 100% given RVU credit
 - Too busy / Productivity pressures
 - Faculty continuity
 - Patient census too high
 - Not dedicated to teaching
 - Higher student independence needed

Opioid Use Curriculum

What is taught v. What is important to teach



Opioid Use Curriculum

- Should be taught throughout
- 12% have plans to begin teaching
 - 50% in response to current crisis
- One third planning to expand curriculum
- Barriers
 - Time and lack of faculty expertise
- Resources needed
 - Cases, videos, and pocket cards
 - Faculty development

Areas for Council Assistance

- Re-addressing protected time
 - Working with APM
- Clinical training sites
 - Compensation
 - Faculty development
- Direct Observation
- Assessments guide

Take Home Message

- More clarity for student documentation
 - CMS, legal, compliance, etc...
 - Guidance is welcome!
- Assessment drives behavior
 - Changes to NBME subject exam are coming
- Hospitalist service use is increasing
 - There is educational value to capture
- Opioid use is a multi-disciplinary topic
 - External pressures for content

Our Well Being



Thank you!

