

# 2025 CDIM Annual Survey of Internal Medicine Core Clinical Clerkship Directors: Summary Results (April 2026)



**Note:** The information contained within this document is intended for reference by members of the Alliance for Academic Internal Medicine (AAIM) through their membership account login at <https://www.im.org/home>. No results or findings reported in this document may be reproduced or disseminated as one's own work. Requests to reference any results in this document may be addressed to [surveys@im.org](mailto:surveys@im.org) or by contacting AAIM Surveys and Research staff at 703-341-4540.

# 2025 CDIM Annual Survey

## Table of Contents

*Survey Fielding History and Human Subjects Research Exemption Determination*.....3

*Statistical Reporting and Notations*.....4

*Representativeness of the Results: Survey Respondents Compared to Survey Population (N=141)* .....5

    Medical School Type, U.S. Census Bureau Region, Proxy for Size, Accreditation Year and Status, and Clerkship Director Gender .....5

*Section I. Role of Student Feedback in Internal Medicine Clerkship Curriculum (n=114)*.....8

*Section II. Assigning a Failing Grade to a Student: Challenges for Internal Medicine Clerkship Directors (n=113)* .....13

*Section III. Precision Education in the Internal Medicine Clerkship (n=113)*.....20

*Section IV. Clerkship Director and Medical School Characteristics (n=113)* .....29

*Q78 The CDIM Council wants to ensure that your needs as a clerkship (or co- / associate / assistant) director are addressed.*.....34

## Survey Fielding History and Human Subjects Research Exemption Determination

Action	Date
Email pre-notification to 154 CDIM (Clerkship Directors in Internal Medicine) members designated as their medical school's single clerkship director of record, whose institution's Alliance for Academic Internal Medicine membership was valid or in a renewal "grace period," from fully or provisionally accredited Liaison Committee on Medical Education (LCME) medical schools (out of 156 schools with either LCME accreditation status: 154/156: 98.7% coverage)	9/3/2025
Survey launch	9/9/2025
First CDIM Discussion Forum reminder to nonrespondents	9/16/2025
First survey software email reminder	9/23/2025
Second Forum reminder	9/30/2025
Second software reminder	10/27/2025
Third Forum reminder	10/7/2025
Third software reminder	10/21/2025
Fourth software reminder	11/19/2025
Fourth Forum reminder	12/2/2025
Fifth software reminder	12/3/2025
Fifth Forum reminder	12/8/2025
<b>Survey closure:</b> Population reduced to 141 (141/156: 90.4% coverage) to reflect the number of medical schools with valid Alliance for Academic Internal Medicine (AAIM) membership (13 schools in a "grace period" did not renew membership at closure).	<b>12/11/2025</b>
<b>Response Rate</b>	<b>113/141: 80.1%</b>
<b>Note:</b> Separately, one additional participant completed Q6-Q8 ("Brief questions about medical school and internal medicine clerkship") and up to Q16 of Section I; their responses are included in the results for that section (n=114).	
<b>Human Subjects Research Determination</b> This study and its protocol (Number: 2025-0473-DFT) were submitted to Pearl IRB (registered with the U.S. Department of Health and Human Services Office for Human Research Protections as IRB00007772) for exemption determination in accordance with applicable federal regulations, and were deemed exempt according to 45 CFR 46.104(d)(2)(i): Tests, Surveys, Interviews on 08/12/2025.	
<b>Survey platform:</b> <i>Qualtrics Surveys XM</i> ; summary data analysis conducted in <i>Stata SE 18.0</i> .	

## Statistical Reporting and Notations

*With some exceptions (see below), this document excludes open-ended / essay comments.*

*Denominators for multiple-choice, select-all-that apply questions are based on the number of respondents who selected one or more items for those questions. Total number of responses will exceed the number of respondents to those questions and total percent of responses will exceed “100.” For multiple-choice questions, “Percent” is based on the actual number of respondents to the question. Where applicable, footnotes clarify denominators and/or item non-response.*

*Most measures of central tendency (e.g., mean) are reported to one decimal point. Where appropriate, some are reported to two decimal points (e.g., for precision, due to small ranges of values).*

*SD=Standard Deviation; IQR=Interquartile Range (a measure of “distance” between the 25<sup>th</sup> and 75<sup>th</sup> percentiles for a continuous variable [e.g., an amount or quantity]).*

*Numbers in parentheses after survey response options simply refer to the numeric value assigned them by the survey software during data collection (e.g., “No (1),” “Yes (2)”).*

*Select open-text responses to questions with an option for “Other” are included in table footnotes when the number of comments is small (about five or less) and the text is not extensive in length. Otherwise, they are tabulated separately, after the question.*

*Results tables with question numbers out of sequence (e.g., Q52, Q54) are not due to missing questions, but, rather, due to elements in the original web survey that were assigned a question number (e.g., instructions, special notes).*

### Representativeness of the Results: Survey Respondents Compared to Survey Population (N=141)

#### Medical School Type, U.S. Census Bureau Region, Proxy for Size, Accreditation Year and Status, and Clerkship Director Gender

Survey Respondents and Nonrespondents by Medical School Type (Public or Private)*			
	Responded to Survey?		
	Yes	No	Total
Public	68	16	84
<i>Column Percent</i>	60.2	57.1	59.6
Private	45	12	57
<i>Column Percent</i>	39.8	42.9	40.4
<b>Total</b>	<b>113</b>	<b>28</b>	<b>141</b>
<i>Column Percent</i>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>

**Note:** Dichotomous test (Fisher’s Exact; two-sided); p-value: 0.831.  
 \*Source: National Center for Education Statistics - Integrated Postsecondary Education Data System. 2024-25 IPEDS Universe of Institutions (Institutional Characteristics). Available at <https://nces.ed.gov/ipeds/datacenter/DataFiles.aspx?goToReportId=7>.

Survey Respondents and Nonrespondents by U.S. Census Bureau Region*				
	Responded to Survey?			<i>P-Value**</i>
	Yes	No	Total	
Northeast	27	6	33	0.999
<i>Column Percent</i>	23.9	21.4	23.4	
Midwest	25	7	32	0.802
<i>Column Percent</i>	22.1	25.0	22.7	
South	43	11	54	0.999
<i>Column Percent</i>	38.1	39.3	38.3	
West***	18	4	22	0.999
<i>Column Percent</i>	15.9	14.3	15.6	
<b>Total</b>	<b>113</b>	<b>28</b>	<b>141</b>	
<i>Column Percent</i>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	

\*U.S. Census Bureau. *Census Regions and Divisions of the United States*. Available at [https://www2.census.gov/geo/pdfs/maps-data/maps/reference/us\\_regdiv.pdf](https://www2.census.gov/geo/pdfs/maps-data/maps/reference/us_regdiv.pdf).  
 \*\*Dichotomous test (Fisher’s Exact; two-sided).  
 \*\*\*To ensure data confidentiality, includes two medical schools from an unincorporated territory.

Survey Respondents and Nonrespondents by Institutional Classification (From AAIM Membership Database: December 2025)				
	Responded to Survey?			P-Value*
	Yes	No	Total	
Medical School Very Large: 150 or more students	15	3	18	0.999
<i>Column Percent</i>	13.3	10.7	12.8	
Medical School Large: 100 - 149 students	42	8	50	0.509
<i>Column Percent</i>	37.2	28.6	35.5	
Medical School Medium: 65 - 99 students	31	11	42	0.251
<i>Column Percent</i>	27.4	39.3	29.8	
Medical School Small: Less than 65 students	25	6	31	0.999
<i>Column Percent</i>	22.1	21.4	22.0	
<b>Total</b>	<b>113</b>	<b>28</b>	<b>141</b>	
<i>Column Percent</i>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	

\*Dichotomous test (Fisher's Exact; two-sided).

Survey Respondents and Nonrespondents by Intervals (Ordinals) of Initial Accreditation Year*				
	Responded to Survey?			P-Value**
	Yes	No	Total	
On or prior to 1942	60	13	73	0.536
<i>Column Percent</i>	53.1	46.4	51.8	
1943 to 1966	17	2	19	0.365
<i>Column Percent</i>	15.0	7.1	13.5	
1967 to 1973	15	4	19	0.999
<i>Column Percent</i>	13.3	14.3	13.5	
1976 to 2010	9	7	16	<b>0.019</b>
<i>Column Percent</i>	8.0	25.0	11.4	
2011 to 2020	12	2	14	0.736
<i>Column Percent</i>	10.6	7.1	9.9	
<b>Total</b>	<b>113</b>	<b>28</b>	<b>141</b>	
<i>Column Percent</i>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	

**Note:** Intervals are reported because the exact accreditation year for medical schools accredited on or prior to 1942 is not available.

\*Source: Liaison Committee on Medical Education (LCME). *Accredited MD Programs in the United States*. [Dec 2025]. Available at <https://lcme.org/directory/accredited-u-s-programs>.

\*\*Dichotomous test (Fisher's Exact; two-sided).

Survey Respondents and Nonrespondents by Medical School Accreditation Status*			
	Responded to Survey?		
	Yes	No	Total
Full	113	27	140
<i>Column Percent</i>	--	--	99.3
Provisional	--	--	1
<i>Column Percent</i>	--	--	0.7
<b>Total</b>	--	--	<b>141</b>
<i>Column Percent</i>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
<p><b>Notes</b>                      To ensure data confidentiality, number of responses and / or percentages for most cells are <i>deliberately excluded</i> from this table, due to one medical school being of “provisional” accreditation status.</p> <p>Dichotomous test (Fisher’s Exact; two-sided): p-value: 0.199.</p> <p>*Source: Liaison Committee on Medical Education (LCME). <i>Accredited MD Programs in the United States</i>. [Dec 2025]. Available at <a href="https://lcme.org/directory/accredited-u-s-programs">https://lcme.org/directory/accredited-u-s-programs</a>.</p>			

Clerkship Director Survey Respondents and Nonrespondents by Self-Reported Gender (From AAIM Member Database)			
	Responded to Survey?		
	Yes	No	Total
Female	67	16	83
<i>Column Percent</i>	59.3	57.1	58.9
Male	46	12	58
<i>Column Percent</i>	40.7	42.9	41.1
<b>Total</b>	<b>113</b>	<b>28</b>	<b>141</b>
<i>Column Percent</i>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
<p><b>Note:</b> Dichotomous test (Fisher’s Exact; two-sided): p-value: 0.834.</p>			

**END OF SECTION**

## Section I. Role of Student Feedback in Internal Medicine Clerkship Curriculum (n=114)

**Note #1.** *One participant completed part of Section I; their responses are included in the results up to and including Q16; n=113 for Q17 onward.*

**Note #2:** *Questions Six to Eight, “Brief Questions About Medical School and Internal Medicine Clerkship,” transposed to Section IV.*

**For this section, “student feedback” refers to all data from student evaluations and feedback of the clerkship, both quantitative and qualitative. This includes 1. Formal written evaluations such as end-of-clerkship evaluations of faculty, residents, and the clerkship itself; and 2. Informal input gathered from midpoint conversations with students, email messages, and other less-structured sources.**

Q10 At your medical school, which of the following include student feedback data in their reviews?		
	Number of Responses	Percent
Internal medicine clerkship team (1)	105	92.1
Department of Medicine (2)	59	51.8
Institutional medical college committee (e.g., curriculum committee) (3)	83	72.8
Liaison Committee on Medical Education self-study (4)	70	61.4
Other (please explain): (5)*	4	3.5
No formal reviews include student feedback data (6)	1	0.9
Unsure (7)	2	1.8
<b>Total</b>	<b>324</b>	<b>284.2</b>
<b>Note:</b> For 114 respondents. Multiple responses allowed; total responses will exceed number of respondents to question and total percent will exceed 100.		
*Responses included: “dean’s office,” “Residency Leadership,” “Student Affairs office,” and “Student Feedback Committee.”		

Q11 Which source(s) of student feedback do you use to review your IM clerkship?		
	Number of Responses	Percent
Informal conversations (1)	85	74.6
Student committees (2)	48	42.1
Mid-rotation feedback (3)	72	63.2
End-of-clerkship evaluation (4)	112	98.3
Independent Student Analysis (for LCME) (5)	77	67.5
AAMC Medical School Graduation Questionnaire (GQ) (6)	97	85.1
Other (please specify): (7)	12	10.5
We do not use any sources of student feedback (8)	0	--
<b>Total</b>	<b>503</b>	<b>441.2</b>
<b>Note:</b> For 114 respondents. Multiple responses allowed; total responses will exceed number of respondents to question and total percent will exceed 100.		

**Q11 Text for "Other:" 12 open-text comments**

<b>Q12 With respect to student feedback, how often...</b>							
	<b>Never (1)</b>	<b>Rarely (2)</b>	<b>Sometimes (3)</b>	<b>Often (4)</b>	<b>Always (5)</b>	<b>Unsure (6)</b>	<b>Total</b>
does your institution expect it to be used to make changes in the IM clerkship? (Q12_1)	0	1	35	50	26	2	<b>114</b>
<i>Row Percent</i>	--	0.9	30.7	43.9	22.8	1.8	<b>100.0</b>
do you believe it should be used to make changes in the IM clerkship? (Q12_2)	1	2	52	47	12	0	<b>114</b>
<i>Row Percent</i>	0.9	1.8	45.6	41.2	10.5	--	<b>100.0</b>
does it lead to changes in the IM clerkship? (Q12_3)	1	3	52	53	5	0	<b>114</b>
<i>Row Percent</i>	0.9	2.6	45.6	46.5	4.4	--	<b>100.0</b>

<b>Q13 During the past three years, how have the following structural aspects of your IM clerkship changed due to student feedback?</b>						
	<b>Decreased (1)</b>	<b>Remained unchanged (2)</b>	<b>Increased (3)</b>	<b>Unsure (4)</b>	<b>Not applicable (5)</b>	<b>Total</b>
Weekend shifts (Q13_1)	40	69	2	1	2	<b>114</b>
<i>Row Percent</i>	35.1	60.5	1.8	0.9	1.8	<b>100.0</b>
Time off (Q13_2)	1	66	45	1	1	<b>114</b>
<i>Row Percent</i>	0.9	57.9	39.5	0.9	0.9	<b>100.0</b>
Weekday hours (Q13_3)	16	95	2	1	0	<b>114</b>
<i>Row Percent</i>	14.0	83.3	1.8	0.9	--	<b>100.0</b>
Admitter shifts (Q13_4)	6	64	6	2	36	<b>114</b>
<i>Row Percent</i>	5.3	56.1	5.3	1.8	31.6	<b>100.0</b>
Call (Q13_5)	19	74	0	1	20	<b>114</b>
<i>Row Percent</i>	16.7	64.9	--	0.9	17.5	<b>100.0</b>

Q14 During the <i>past three years</i> , how have the following <i>curricular aspects</i> of your IM clerkship changed due to <i>student feedback</i> ?					
	Decreased (1)	Remained unchanged (2)	Increased (3)	Unsure (4)	Total
Number of patients followed (Q14_1)	2	109	3	0	114
<i>Row Percent</i>	1.8	95.6	2.6	--	100.0
In-person teaching sessions (Q14_2)	21	67	26	0	114
<i>Row Percent</i>	18.4	58.8	22.8	--	100.0
Online sessions (Q14_3)	14	76	20	4	114
<i>Row Percent</i>	12.3	66.7	17.5	3.5	100.0
Assignments (Q14_4)	34	75	3	2	114
<i>Row Percent</i>	29.8	65.8	2.6	1.8	100.0
Formal assessments (e.g., OSCEs) (Q14_5)	9	92	7	6	114
<i>Row Percent</i>	7.9	80.7	6.1	5.3	100.0
Feedback provided to students (formal and informal) (Q14_6)	1	68	43	2	114
<i>Row Percent</i>	0.9	59.7	37.7	1.8	100.0

Q15 In your opinion, how have IM clerkship changes made in response to <i>student feedback</i> affected the quality of your clerkship's education?		
	Number of Responses	Percent
Significantly reduced the quality (1)	1	1.0
Somewhat reduced the quality (2)	12	12.5
Neither reduced nor improved the quality (3)	29	30.2
Somewhat improved the quality (4)	50	52.1
Significantly improved the quality (5)	4	4.2
<b>Total</b>	<b>96</b>	<b>100.0</b>

**Note:** For 96 of 96 respondents who reported in Q13 and/or Q14 that a structural or curricular aspect increased *or* decreased due to student feedback.

Q16 In your opinion, how have clerkship changes made in response to <i>student feedback</i> affected your students' subinternship / acting internship preparedness?		
	Number of Responses	Percent
Significantly reduced preparedness (1)	0	--
Somewhat reduced preparedness (2)	8	8.3
Neither reduced nor improved preparedness (3)	56	58.3
Somewhat improved preparedness (4)	11	11.5
Significantly improved preparedness (5)	3	3.1
<i>Unsure (6)</i>	18	18.8
<b>Total</b>	<b>96</b>	<b>100.0</b>

**Note:** For 96 of 96 respondents who reported in Q13 and/or Q14 that a structural or curricular aspect increased *or* decreased due to student feedback.

**Note: n=113 from this point forward.**

Q17 In the <i>past three years</i> , how have the following <i>student skills or behaviors</i> changed in your IM clerkship?					
	Declined (1)	Remained unchanged (2)	Improved (3)	Unsure (4)	Total
Communication skills (Q17_1)	13	83	12	5	113
Row Percent	11.5	73.5	10.6	4.4	100.0
Teamwork (Q17_2)	7	90	13	3	113
Row Percent	6.2	79.7	11.5	2.7	100.0
Professionalism (Q17_3)	29	74	7	3	113
Row Percent	25.7	65.5	6.2	2.7	100.0
Responsiveness to feedback (Q17_4)	18	77	15	3	113
Row Percent	15.9	68.1	13.3	2.7	100.0
Time management (Q17_5)	21	81	6	5	113
Row Percent	18.6	71.7	5.3	4.4	100.0
Medical knowledge (Q17_6)	16	76	18	3	113
Row Percent	14.2	67.3	15.9	2.7	100.0
Clinical reasoning (Q17_7)	15	69	23	6	113
Row Percent	13.3	61.1	20.4	5.3	100.0

**Note:** “Value conflict” is tension between maintaining your personal or professional standards for education, such as academic rigor, workload expectations, or clinical responsibility, and responding to student preferences or institutional priorities.

Q18 To what extent has the expectation to respond to <i>student feedback</i> created value conflict for you?		
	Number of Responses	Percent
To no extent (1)	9	8.0
To a small extent (2)	47	41.6
To a moderate extent (3)	38	33.6
To a great extent (4)	18	15.9
To the greatest extent (5)	1	0.9
<b>Total</b>	<b>113</b>	<b>100.0</b>

Q19 In your opinion, in the <i>past three years</i> , what effect has <i>student feedback</i> had on your teaching faculty in general (e.g., with respect to interest in teaching, comfort giving feedback)?		
	Number of Responses	Percent
A very adverse effect (1)	3	2.7
A somewhat adverse effect (2)	49	43.4
No effect (3)	39	34.5
A somewhat beneficial effect (4)	22	19.5
A very beneficial effect (5)	0	--
<b>Total</b>	<b>113</b>	<b>100.0</b>

<b>Q20 When <i>student feedback</i> conflicts with clerkship priorities, to what extent does your institution support your clerkship’s leadership?</b>		
	<b>Number of Responses</b>	<b>Percent</b>
To no extent (1)	1	0.9
To a small extent (2)	13	11.5
To a moderate extent (3)	29	25.7
To a great extent (4)	58	51.3
To the greatest extent (5)	6	5.3
<i>Unsure (6)</i>	6	5.3
<b>Total</b>	<b>113</b>	<b>100.0</b>

**Q21 What are your IM clerkship’s best practices for integrating student feedback with the goals of your clerkship? Total: 84 open-text responses**

**END OF SECTION I**

**Section II. Assigning a Failing Grade to a Student: Challenges for Internal Medicine Clerkship Directors (n=113)**

Q24 On average, how many students are assigned a final failing grade on the internal medicine (IM) clerkship annually? Answer to the best of your ability.						
Number of Responses	Mean	Median	SD	Min	Max	IQR
113	1.23	1	1.49	0	8	2
<b>Note:</b> SD: standard deviation; IQR: interquartile range.						

Q25 In your role as clerkship director (CD), have you ever assigned a final failing grade to a student on the IM clerkship?		
	Number of Responses	Percent
No (1)	31	27.4
Yes (2)	77	68.1
<i>I have not been in the CD role long enough to have assigned final grades to students OR to have completed a grading cycle (3)</i>	5	4.4
<b>Total</b>	<b>113</b>	<b>100.0</b>

Q26 Does your IM clerkship have documented criteria for determining whether a student receives a failing grade?		
	Number of Responses	Percent
No (1)	6	5.3
Yes (2)	105	92.9
<i>Unsure (3)</i>	2	1.8
<b>Total</b>	<b>113</b>	<b>100.0</b>

Q27 Are the criteria for determining whether a student receives a failing IM clerkship grade made available to all students?		
	Number of Responses	Percent
No (1)	0	--
Yes (2)	104	99.1
<i>Unsure (3)</i>	1	1.0
<b>Total</b>	<b>105</b>	<b>100.0</b>
<b>Note:</b> For 105 of 105 respondents who reported "Yes" to Q26.		

Q28 How helpful are the criteria when making your decision about whether an underperforming student will fail the IM clerkship?		
	Number of Responses	Percent
Very unhelpful (1)	5	4.8
Somewhat unhelpful (2)	7	6.7
Neither unhelpful nor helpful (3)	3	2.9
Somewhat helpful (4)	28	26.7
Very helpful (5)	62	59.1
<b>Total</b>	<b>105</b>	<b>100.0</b>
<b>Note:</b> For 105 of 105 respondents who reported "Yes" to Q26.		

Q29 In which AAMC UME competency does substandard performance <i>most often</i> contribute to a student being at risk of failing the clerkship?		
	Number of Responses	Percent
Professionalism (reliability, integrity) (1)	20	17.7
Patient Care and Procedural Skills (clinical skills such as taking a history, performing a physical exam, clinical reasoning) (2)	19	16.8
Medical Knowledge (exam performance) (3)	68	60.2
Practice-Based Learning and Improvement (4)	1	0.9
Interpersonal and Communication Skills (documentation and oral presentations) (5)	1	0.9
Systems-Based Practice (6)	0	--
Other (please explain): (7)*	4	3.5
<b>Total</b>	<b>113</b>	<b>100.0</b>

\*Responses included "I have had only one student fail in [several] years due to a combination of professionalism and patient care (clinical reasoning)," "it is equal between professionalism and presentations...[the] question may limit responses...And oral presentations are patient care and not just communication," "No student has failed since I have been CD," and one did not specify.

Q30 Generally, how often do students who fail to meet performance standards in one or more of the AAMC UME competencies receive a passing grade on the IM clerkship?		
	Number of Responses	Percent
Never (1)	29	25.7
Rarely (2)	38	33.6
Sometimes (3)	20	17.7
Often (4)	19	16.8
Always (5)	7	6.2
<b>Total</b>	<b>113</b>	<b>100.0</b>

Q31 If a student fails the end-of-clerkship exam (NBME shelf or other), how is this communicated in their medical school record?		
	Number of Responses	Percent
They may repeat the exam ONCE with no mention of failing on their transcript or MSPE (1)	58	51.3
They may repeat the exam as many times as needed with no mention of failing on their transcript or MSPE (2)	6	5.3
They may repeat the exam as many times as needed and then receive a note on their transcript or MSPE (3)	6	5.3
They receive a grade of "Fail" for the clerkship on their transcript (4)	3	2.7
Other (please explain): (5)	37	32.7
<i>Not applicable: Students do not take an end-of-clerkship exam that contributes to their final grade (6)</i>	0	--
<i>Unsure / Do not know (7)*</i>	3	2.7
<b>Total</b>	<b>113</b>	<b>100.0</b>

\*Coded from three original responses to "Other."

**Q31 Text for "Other:" 37 open-text comments**

Q32 How do you feel about assigning a “failing” IM clerkship grade to an underperforming student?		
	Number of Responses	Percent
Very uncomfortable (1)	10	8.9
Somewhat uncomfortable (2)	42	37.2
Neither uncomfortable nor comfortable (3)	21	18.6
Somewhat comfortable (4)	22	19.5
Very comfortable (5)	18	15.9
<b>Total</b>	<b>113</b>	<b>100.0</b>

Q33 How much guidance have you received from your medical school on determining the final grades for students who are at risk of failing the IM clerkship?		
	Number of Responses	Percent
None (1)	7	6.2
Very little (2)	28	24.8
Some (3)	30	26.6
A moderate amount (4)	28	24.8
A great amount (5)	20	17.7
<b>Total</b>	<b>113</b>	<b>100.0</b>

Q34 To what extent does your institution support you in your decision to assign a failing grade to a student?		
	Number of Responses	Percent
To no extent (1)	2	1.8
To a small extent (2)	9	8.0
To a moderate extent (3)	12	10.6
To a great extent (4)	42	37.2
To the fullest extent (5)	30	26.6
<i>Not applicable: I have not yet had to decide whether to assign a failing grade (6)</i>	<i>18</i>	<i>15.9</i>
<b>Total</b>	<b>113</b>	<b>100.0</b>

Q35 Who is ultimately responsible for assigning the final clerkship grade at your institution (i.e., the grade that is then reported on the transcript)?		
	Number of Responses	Percent
Clerkship director (1)	63	55.8
Co-clerkship director (2)	1	0.9
Assistant or associate clerkship director (3)	0	--
Internal medicine clerkship grading committee (4)	32	28.3
Institutional performance and promotions committee (5)	4	3.5
Dean (e.g., of students, of medical school) (6)	3	2.7
Combined clerkships committee (7)	1	0.9
Chair of Medicine (8)	1	0.9
An appeals committee (9)	2	1.8
Other (please specify): (10)	6	5.3
<i>Unsure (11)</i>	0	--
<b>Total</b>	<b>113</b>	<b>100.0</b>

Q35 Text for "Other:" Six open-text comments

Q36 For students whose performance warrants a failing IM clerkship grade, from who(m) have you received pressure to pass the student?		
	Number of Responses	Percent
The student (1)	44	38.9
Family member(s) of student (2)	4	3.5
Other students (3)	2	1.8
Other faculty (4)	3	2.7
Other clerkship directors (5)	1	0.9
Student advisors (6)	5	4.4
Dean (e.g., of students or of medical school) (7)	13	11.5
Chair of Medicine (8)	1	0.9
Other (please explain): (9)	5	4.4
<i>I have not received pressure to pass students who warrant a failing grade (10)</i>	64	56.6
<b>Total</b>	<b>142</b>	<b>125.7</b>

**Note:** For 113 respondents. Multiple responses allowed; total responses will exceed number of respondents to question and total percent will exceed 100.

Q36 Text for "Other:" Five open-text comments

Q37 Has a student’s grade on the IM clerkship ever been updated from “Fail” to a different grade by another individual or group <i>after</i> you submitted it?		
	Number of Responses	Percent
No (1)	87	77.0
Yes: through formal processes such as a grade appeal (2)	17	15.0
Yes: by an individual (please explain): (3)	2	1.8
Yes: through formal processes such as a grade appeal <i>and</i> by an individual (please explain): (4)	6	5.3
<i>Not applicable: I do not submit final clerkship grades at my institution</i> (5)	1	0.9
<b>Total</b>	<b>113</b>	<b>100.0</b>

Q37 Text for “Yes: by an individual:” *Two open-text comments*

Q37 Text for “Yes: through formal processes such as a grade appeal *and* by an individual:” *Six open-text comments*

**Note: *Intrinsic barriers:*** Motivations, such as your personal feelings.

Q39 Which <i>intrinsic barriers</i> make it difficult for you to assign a failing grade to a student?		
	Number of Responses	Percent
Discomfort with confrontation (1)	26	23.0
Personal feelings of responsibility for the student’s success (2)	39	34.5
Concerns about student financial wellbeing (3)	27	23.9
Concerns about student’s mental health (4)	48	42.5
Reluctance to label a student as “failing” (5)	28	24.8
Belief that student may succeed despite underperformance (6)	30	26.6
Lack of confidence in the assessment processes (7)	29	25.7
Potential retaliation from student (8)	33	29.2
Potential legal repercussions (9)	19	16.8
Fear that I am the only one failing a student (10)	24	21.2
Other (please explain): (11)	12	10.6
<i>None: I do not perceive any intrinsic barriers to assigning a failing grade</i> (12)	30	26.6
<b>Total</b>	<b>345</b>	<b>305.3</b>
<b>Note:</b> For 113 respondents. Multiple responses allowed; total responses will exceed number of respondents to question and total percent will exceed 100.		

Q39 Text for “Other:” *12 open-text comments*

Q40 Which of <i>your</i> personal characteristics make it difficult for you to assign a failing grade to a student?		
	Number of Responses	Percent
Academic rank (1)	2	1.8
Years in clerkship director role (2)	15	13.3
Gender (3)	6	5.3
Ethnicity (4)	5	4.4
Relationship to the student (5)	18	15.9
Age (6)	3	2.7
Reputation among fellow faculty (7)	2	1.8
Reputation among students (8)	12	10.6
Other (please explain): (9)*	3	2.7
<i>None: I do not believe that my personal characteristics affect my ability to assign a failing grade (10)</i>	81	71.7
<b>Total</b>	<b>147</b>	<b>130.1</b>
<b>Note:</b> For 113 respondents. Multiple responses allowed; total responses will exceed number of respondents to question and total percent will exceed 100.		
*Responses included “burnout,” “Not academic rank but rather rank within the school hierarchy (e.g., deans),” and “The conflict I have between being their cheerleader and support system while also assigning a failing grade.”		

**Note: Extrinsic barriers:** Personal pressures that originate outside the self, such as the feeling of pressures from institutional expectations.

Q42 What <i>extrinsic barriers</i> make it difficult for you to assign a failing grade to a student who does not meet expectations?		
	Number of Responses	Percent
Pressure to retain student(s) due to medical school policies or goals (1)	16	14.2
Fear of student’s response (2)	31	27.4
Fear of faculty response (3)	1	0.9
Fear of repercussions from administration (4)	9	8.0
Fear of being labeled as overly “tough” (5)	19	16.8
Perception that failure may harm student’s career prospects (6)	56	49.6
Lack of clarity in institutional policies about failing students (7)	13	11.5
Pressure from student’s family (8)	1	0.9
Pressure from other external stakeholders (9)	11	9.7
Other (please explain): (10)	6	5.3
<i>None: I do not perceive any extrinsic barriers to assigning a failing grade (11)</i>	42	37.2
<b>Total</b>	<b>205</b>	<b>181.4</b>
<b>Note:</b> For 113 respondents. Multiple responses allowed; total responses will exceed number of respondents to question and total percent will exceed 100.		

**Q42 Text for “Other:” Six open-text comments**

Note: *Administrative barriers*: Feelings of being burdened by processes and documentation.

Q44 What <i>administrative barriers</i> make it difficult for you to assign a failing grade to a student?		
	Number of Responses	Percent
Documentation requirements (1)	12	10.6
Lack of support from the administration (2)	11	9.7
Limited resources to properly document failure (3)	13	11.5
Inadequate remediation options (4)	21	18.6
Institutional resistance to making decisions about assigning a failing grade (e.g., fear of legal consequences) (5)	10	8.9
Other (please explain): (6)	5	4.4
<i>None: I do not perceive any administrative barriers to assigning a failing grade (7)</i>	71	62.8
<b>Total</b>	<b>143</b>	<b>126.6</b>
<b>Note:</b> For 113 respondents. Multiple responses allowed; total responses will exceed number of respondents to question and total percent will exceed 100.		

Q44 Text for "Other:" *Five open-text comments*

**END OF SECTION II**

**Section III. Precision Education in the Internal Medicine Clerkship (n=113)**

*Precision Education (PE) is a systematic approach that tailors education to the **individual learner** to provide the “right education for the right learner at the right time.” PE offers the potential for continuous improvement that incorporates four key components: **inputs, insights, interventions, and outcomes.***  
 (Desai et al. 2024)

Q47 How familiar are you with Precision Education?		
	Number of Responses	Percent
Not at all familiar (1)	55	48.7
Slightly familiar (2)	39	34.5
Moderately familiar (3)	13	11.5
Very familiar (4)	5	4.4
Extremely familiar (5)	1	0.9
<b>Total</b>	<b>113</b>	<b>100.0</b>

Q48 Which of the following <i>COURSE INPUTS</i> (available data for cohorts of your students) do you have access to as internal medicine (IM) clerkship director?		
	Number of Responses	Percent
IM final exam scores (NBME shelf exam or other final exam score) (1)	109	96.5
IM final exam subject performance report (e.g., performance on cardiology, pulmonology) (2)	72	63.7
Clinical case log (list of patient encounters) (3)	91	80.5
Student evaluations of resident / faculty teaching (4)	97	85.8
IM clerkship OSCE performance (5)	64	56.6
Student evaluations of the IM clerkship (6)	104	92.0
Clerkship grade distribution (7)	100	88.5
Electronic health record data (8)	8	7.1
Other (please specify): (9)	6	5.3
<i>None</i> (10)	0	--
<b>Total</b>	<b>651</b>	<b>576.1</b>
<b>Note:</b> For 113 respondents. Multiple responses allowed; total responses will exceed number of respondents to question and total percent will exceed 100.		

**Q48 Text for “Other:” Six open-text comments**

<b>Q49 Which of the following <i>STUDENT INPUTS</i> (individual student data received during the IM clerkship) do you have access to as clerkship director?</b>		
	<b>Number of Responses</b>	<b>Percent</b>
Demographics (e.g., age, gender) (1)	39	34.5
Career goals (2)	13	11.5
Preclinical performance (3)	6	5.3
Performance on previous clinical rotations (4)	13	11.5
Workplace-based assessments (e.g., direct observations) (5)	74	65.5
Clinical case log (list of patient encounters) (6)	86	76.1
Clinical documentation (e.g., graded H&P) (7)	71	62.8
OSCE performance (8)	63	55.8
Clinical evaluations from your clerkship (9)	105	92.9
IM clerkship exam scores (10)	105	92.9
Professionalism concerns (11)	89	78.8
Electronic health record data (12)	4	3.5
Other (please specify): (13)*	2	1.8
None (14)	1	0.9
<b>Total</b>	<b>671</b>	<b>593.8</b>
<b>Note:</b> For 113 respondents. Multiple responses allowed; total responses will exceed number of respondents to question and total percent will exceed 100.		
*Responses included “aquifer clinical decision making exam” and “This is confusing and seems to overlap with the previous question.”		

<b>Q50 Which of the following are you using to identify <i>INSIGHTS</i> (lessons generated from analysis of individual student inputs) about a student’s individual clerkship experience?</b>		
	<b>Number of Responses</b>	<b>Percent</b>
Mid-clerkship data (e.g., review of evaluations, case log) (1)	91	80.5
Dashboards (e.g., data displayed in learning management system) (2)	22	19.5
Learning portfolios (3)	5	4.4
Data analytic tools (technology to analyze encounters or performance) (4)	6	5.3
Predictive analytic tools (e.g., standardized test performance prediction) (5)	8	7.1
Other (please specify): (6)	5	4.4
None (7)	18	15.9
<b>Total</b>	<b>155</b>	<b>137.2</b>
<b>Note:</b> For 113 respondents. Multiple responses allowed; total responses will exceed number of respondents to question and total percent will exceed 100. One non-respondent.		

**Q50 Text for “Other:” *Five open-text comments***

<b>Q51 Which of the following <i>individualized INTERVENTIONS (personalized learning opportunities to promote development)</i> are being used to support students in your clerkship?</b>		
	<b>Number of Responses</b>	<b>Percent</b>
Modified clinical experiences or schedules (1)	33	29.2
Learning modules (2)	31	27.4
Education plan (3)	32	28.3
Coaching (4)	68	60.2
Mentoring (5)	50	44.3
Other (please specify): (6)*	4	3.5
None (7)	20	17.7
<b>Total</b>	<b>238</b>	<b>210.6</b>
<b>Note:</b> For 113 respondents. Multiple responses allowed; total responses will exceed number of respondents to question and total percent will exceed 100.		
*Responses include “Learning plans for those identified as struggling only,” “low pretest scorers can meet with me for test-taking skills SRLMAT; all students have a preceptor (local coach) weekly, and they each have a university coach with whom they meet infrequently,” “tutors,” and “We offer optionally for students that request an assessment the [REDACTED] self-regulated learning exam assessment and coaching.”		

<b>Q52 Which of the following <i>OUTCOMES (measurements)</i> are you using to assess student performance in your clerkship?</b>		
	<b>Number of Responses</b>	<b>Percent</b>
NBME shelf exam (1)	111	98.2
Clinical performance evaluations (2)	112	99.1
OSCE (3)	62	54.9
Oral exam (4)	7	6.2
Faculty derived written exam (5)	16	14.2
Graded H&P / progress notes (6)	63	55.8
Direct observation of clinical skills (e.g., mini-CEX) (7)	56	49.6
Assessment of professionalism (8)	70	62.0
Online cases (9)	20	17.7
Written assignments (e.g., narrative reflections) (10)	34	30.1
Peer evaluations (11)	5	4.4
360-degree assessment (from care team members) (12)	8	7.1
Patient outcome metrics (13)	0	--
Other (please specify): (14)	6	5.3
None (15)	0	--
<b>Total</b>	<b>570</b>	<b>504.4</b>
<b>Note:</b> For 113 respondents. Multiple responses allowed; total responses will exceed number of respondents to question and total percent will exceed 100.		

**Q52 Text for "Other:" Six open-text comments**

**Reminder: Definitions**

**Inputs:** Available data elements, including assessments, educational activities, EHR, and clinical practice patterns (e.g., low clinical evaluation score of a student’s medical knowledge).

**Insights:** Lessons generated from analysis of inputs, specifically to drive precision interventions (e.g., practice exam that predicts poor shelf performance).

**Interventions:** Personalized learning opportunities to promote learner development (e.g., customized question banks or referral to learning specialist).

**Outcomes:** Measurements of student performance (e.g., aggregate IM shelf pass rates for clerkship students).

<b>Q54 To what extent do you believe that the following Precision Education components can contribute to your students’ individualized learning?</b>						
	To no extent	To a small extent	To a moderate extent	To a great extent	Not applicable (Component not used)	Total
Inputs (Q54_1)*	2	19	46	34	10	111
Row Percent	1.8	17.1	41.4	30.6	9.0	100.0
Insights (Q54_2)**	4	23	45	24	14	110
Row Percent	3.6	20.9	40.9	21.8	12.7	100.0
Interventions (Q54_3)*	4	12	44	34	17	111
Row Percent	3.6	10.8	39.6	30.6	15.3	100.0
Outcomes (Q54_4)*	3	21	48	29	10	111
Row Percent	2.7	18.9	43.2	26.1	9.0	100.0

**Note:** Question was presented to respondents who reported any item other than “None” in Q48, Q49, Q50, Q51, or Q52. No respondents reported “None” for all five questions; thus, question was presented to all respondents.

\*Two non-respondents.  
\*\*Three non-respondents.

<b>Q55 Has your institution formally implemented Precision Education in the clinical curriculum?</b>		
	Number of Responses	Percent
No, and there are no plans to implement it (1)	44	38.9
No, but there are plans to implement it (2)	8	7.1
No, and I am unsure whether there are plans to implement it (3)	39	34.5
Yes, Precision Education is implemented (4)	2	1.8
Unsure / Do not know (5)	20	17.7
<b>Total</b>	<b>113</b>	<b>100.0</b>

Q56 How feasible do you think it would (or will) be to implement Precision Education in the clinical curriculum at your institution?		
	Number of Responses	Percent
Very unfeasible (1)	14	12.6
Somewhat unfeasible (2)	40	36.0
Neither unfeasible nor feasible (3)	25	22.5
Somewhat feasible (4)	26	23.4
Very feasible (5)	6	5.4
<b>Total</b>	<b>111</b>	<b>100.0</b>
<b>Note:</b> For 111 of 111 respondents who reported in Q55 that Precision Education has <i>not</i> been implemented.		

Q57 What type(s) of support would be needed most to implement Precision Education into the clinical curriculum at your institution?		
	Number of Responses	Percent
Funding (1)	77	69.4
Faculty development (2)	95	85.6
Technological infrastructure to capture data (3)	85	76.6
Data analytic tools to track performance (4)	89	80.2
Guidance on how to integrate Precision Education (5)	93	83.8
Administrative support (6)	91	82.0
Collaboration across institutions (7)	36	32.4
Other (please explain): (8)	9	8.1
<i>No support would be needed (9)</i>	1	0.9
<i>Unsure / Do not know (10)</i>	4	3.6
<b>Total</b>	<b>580</b>	<b>522.5</b>
<b>Note:</b> For 111 of 111 respondents who reported in Q55 that Precision Education has not been implemented.		
Multiple responses allowed; total responses will exceed number of respondents to question and total percent will exceed 100.		

Q57 Text for "Other:" *Nine open-text comments*

<b>Q58 Is Precision Education formally implemented in your clerkship? Answer to the best of your ability.</b>		
	<b>Number of Responses</b>	<b>Percent</b>
No, and there are <i>no plans</i> to implement it (1)	62	54.9
No, but there are <i>plans</i> to implement it (2)	2	1.8
No, and I am <i>unsure</i> whether there are plans to implement it (3)	44	38.9
Yes, and there are <i>no plans</i> to change it (4)	3	2.7
Yes, and there are <i>plans to do less</i> in the future (5)	0	--
Yes, and there are <i>plans to do more</i> in the future (6)	2	1.8
Yes, but I am <i>unsure</i> whether there are plans to change it (7)	0	--
<b>Total</b>	<b>113</b>	<b>100.0</b>

<b>Q59 Which of the following is your clerkship planning to implement within the next one to two years?</b>		
	<b>Number of Responses</b>	<b>Percent</b>
Data-driven identification of student learning needs (1)	2	50.0
Student dashboards (2)	3	75.0
Personalized coaching (3)	3	75.0
Personalized mentorship programs (4)	1	25.0
Customized learning modules (5)	1	25.0
Learning portfolios (6)	1	25.0
Feed forward (providing prior performance) (7)	1	25.0
Predictive analytics (e.g., standardized test performance prediction) (8)	1	25.0
Individualized clinical experiences or schedules (9)	0	--
Other (please specify): (10)	0	--
<i>We are not planning to implement any of the above</i> (11)	0	--
<b>Total</b>	<b>13</b>	<b>325.0</b>
<b>Note:</b> For four of four respondents who reported in Q58 that there are plans to implement or to do more with Precision Education in the future (Q58). Multiple responses allowed; total responses will exceed number of respondents to question and total percent will exceed 100.		

Q60 What have been the benefits of implementing Precision Education in your clerkship?		
	Number of Responses	Percent
Enhanced student learning (1)	3	60.0
Enhanced feedback (2)	2	40.0
Decreased evaluator burden (3)	0	--
Improved assessment (4)	0	--
Reduced bias (5)	0	--
Enhanced remediation (6)	2	40.0
Other (please explain): (7)	0	--
<i>It is too soon to know what the benefits have been (8)</i>	1	20.0
<i>I do not think have been any benefits (9)</i>	1	20.0
<b>Total</b>	<b>9</b>	<b>180.0</b>
<b>Note:</b> For five of five respondents who reported in Q58 that Precision Education is formally implemented in their clerkship. Multiple responses allowed; total responses will exceed number of respondents to question and total percent will exceed 100.		

Q61 What were the barriers to implementing Precision Education in your clerkship?		
	Number of Responses	Percent
Lack of data analysis tools (1)	4	80.0
Student privacy policies (e.g., FERPA or other institutional policies) (2)	2	40.0
Complexity of implementation (3)	4	80.0
Lack of expertise (4)	4	80.0
Faculty resistance (5)	0	--
Lack of faculty time (6)	4	80.0
Lack of funding (7)	3	60.0
Lack of institutional support (8)	3	60.0
Other (please explain): (9)	1	20.0
<i>I do not think there were any barriers (10)</i>	0	--
<b>Total</b>	<b>25</b>	<b>500.0</b>
<b>Note:</b> For five of five respondents who reported in Q58 that Precision Education is formally implemented in their clerkship. Multiple responses allowed; total responses will exceed number of respondents to question and total percent will exceed 100.		

**Q61 Text for "Other:" One open-text comment**

Q62 What would be the benefits of implementing Precision Education in your clerkship?		
	Number of Responses	Percent
Enhanced student learning (1)	78	73.6
Enhanced feedback (2)	60	56.6
Decreased evaluator burden (3)	22	20.8
Improved assessment (4)	53	50.0
Reduced bias (5)	29	27.4
Enhanced remediation (6)	62	58.5
Improved patient outcomes (7)	18	17.0
Improved residency preparedness (8)	51	48.1
Other (please explain): (9)*	3	2.8
<i>I do not think there are any benefits (10)</i>	8	7.6
<b>Total</b>	<b>384</b>	<b>362.3</b>
<p><b>Note:</b> For 106 of 108 respondents who reported in Q58 that Precision Education is <i>not</i> formally implemented in their clerkship. Multiple responses allowed; total responses will exceed number of respondents to question and total percent will exceed 100. Two non-respondents.</p> <p>*Responses included "I RESPONDED PREVIOUSLY BY SAYING THAT [I've] NEVER HEARD PRECISION MEDICINE BEFORE. ANY QUESTIONS ABOUT SPECIFICS ABOUT PE IS UNREASONABLE," "don't know," and "Unsure."</p>		

Q63 What are the barriers to implementing Precision Education in your clerkship?		
	Number of Responses	Percent
Lack of data analysis tools (1)	61	57.0
Student privacy policies (e.g., FERPA or other institutional policies) (2)	32	29.9
Complexity of implementation (3)	73	68.2
Lack of expertise (4)	77	72.0
Faculty resistance (5)	20	18.7
Lack of faculty time (6)	79	73.8
Lack of funding (7)	65	60.8
Lack of institutional support (8)	49	45.8
Lack of technology (9)	51	47.7
Other (please explain): (10)	5	4.7
<i>I do not think there are any barriers (11)</i>	8	7.5
<b>Total</b>	<b>520</b>	<b>486.0</b>
<p><b>Note:</b> For 107 of 108 respondents who reported in Q58 that Precision Education is <i>not</i> formally implemented in their clerkship. Multiple responses allowed; total responses will exceed number of respondents to question and total percent will exceed 100. One non-respondent.</p>		

**Q63 Text for "Other:" Five open-text comments**

Q64 Overall, how valuable do you think Precision Education is as a tool for IM clerkship education?		
	Number of Responses	Percent
Not at all valuable (1)	4	3.6
Slightly valuable (2)	29	26.1
Moderately valuable (3)	51	46.0
Very valuable (4)	21	18.9
Extremely valuable (5)	6	5.4
<b>Total</b>	<b>111</b>	<b>100.0</b>
<b>Note:</b> For 111 of 113 respondents. Two non-respondents.		

**END OF SECTION III**

**Section IV. Clerkship Director and Medical School Characteristics (n=113)**

*Note: Q6-Q8 transposed from Section I (n=114)*

Q6 Which of the following models are part of your core internal medicine (IM) clerkship?		
	Number of Responses	Percent
Longitudinal Integrated Clerkship (LIC): combination of several core clinical clerkships across disciplines into one longitudinal experience (1)	19	16.7
Traditional block: dedicated separate IM clerkship block (2)	102	89.5
Shared block: multiple different specialties integrated into one core block (3)	11	9.7
<b>Total</b>	<b>132</b>	<b>115.8</b>
<b>Note:</b> For 114 respondents. Multiple responses allowed; total responses will exceed number of respondents to question and total percent will exceed 100.		

Q7 Which of the following best describes your medical school’s current IM clerkship grading system?		
	Number of Responses	Percent
Pass/Fail only (1)	19	16.7
Honors tiers (e.g., Honors/High Pass/Pass/Fail; Honors/Pass/Fail) (2)	83	72.8
Letter grades or numeric scale (e.g., raw scores) (3)	12	10.5
Other (please explain): (4)	0	--
<b>Total</b>	<b>114</b>	<b>100.0</b>

Q8 For the current Academic Year (2025-26), how many...							
	Number of Responses	Mean	Median	SD	Min	Max	IQR
Students are in each class at your medical school? (Q8_1)	114	154.0	150	60.2	24	365	75
Students rotate at a time in your IM clerkship, on average? (Q8_2)	114	31.2	26.5	22.1	6	184	15
<b>Note:</b> SD: standard deviation; IQR: interquartile range.							

Q67 What is your primary educational leadership role?		
	Number of Responses	Percent
Clerkship Director (1)	98	86.7
Clerkship Co-Director (2)	6	5.3
Associate Clerkship Director (3)	2	1.8
Assistant Clerkship Director (4)	2	1.8
Vice (or Associate) Chair for Education (5)	4	3.5
Other (please specify): (6)*	1	0.9
<b>Total</b>	<b>113</b>	<b>100.0</b>

\*Response included "[Other faculty-leader]."

Q68 For how many years have you been in this role?						
Number of responses	Mean	Median	SD	Min	Max	IQR
113	7.0	6	5.9	0.5	30	6

**Note:** SD: standard deviation; IQR: interquartile range.

Q69 What is your academic rank?		
	Number of Responses	Percent
Instructor (1)	0	--
Assistant Professor (2)	40	35.4
Associate Professor (3)	48	42.5
Professor (4)	23	20.4
Other unranked faculty or clinical professor position (5)*	2	1.8
<b>Total</b>	<b>113</b>	<b>100.0</b>

\*Includes responses of unranked faculty or professor positions originally reported as "Other."

Q70 What is...							
	Number of Responses	Mean	Median	SD	Min	Max	IQR
Your birth year? (Q70_1)	113	1978.5	1980	8.9	1950	1992	11
The year in which you completed internal medicine residency training? (Q89_2)	113	2009.0	2010	9.1	1979	2022	12

**Note:** SD: standard deviation; IQR: interquartile range.

Q71 How often do you feel...?								
	Never (1)	A few times a year or less (2)	Once a month (3)	A few times a month (4)	Once a week (5)	A few times a week (6)	Every day (7)	Total
burned out from work? (Q71_1)	6	32	20	27	13	9	5	112
<i>Row Percent</i>	5.4	28.6	17.9	24.1	11.6	8.0	4.5	100.0
you've become more callous toward people since you took this job? (Q71_2)	27	34	20	17	7	4	3	112
<i>Row Percent</i>	24.1	30.4	17.9	15.2	6.3	3.6	2.7	100.0
<b>Note:</b> For 112 of 113 respondents. One non-respondent.								
<i>Source:</i> Maslach, Christina and Susan E. Jackson. 1981. <i>MBI-Human Services Survey</i> . Published by Mind Garden, Inc., <a href="http://www.mindgarden.com">www.mindgarden.com</a> .								

Screened positively for burnout (based on Q71)?				
	Number of Responses	Percent	95% Confidence Interval (Lower Bound, Upper Bound)*	
Yes**	28	25.0	18.4	31.6
No	84	75.0	68.4	81.6
<b>Total</b>	<b>112</b>	<b>100.0</b>		
<b>Notes</b>				
*95 percent confidence intervals reported due to sensitivity of the outcome (screening for burnout).				
**Criteria based on respondents who reported "Once a week, A few times a week, or Every day" for either of the following: "How often do you feel burned out from work?," "How often do you feel you've become more callous toward people since you took this job?"				
<i>Source:</i> Maslach, Christina and Susan E. Jackson. 1981. <i>MBI-Human Services Survey</i> . Published by Mind Garden, Inc., <a href="http://www.mindgarden.com">www.mindgarden.com</a> .				

Q72 In the past year, have you considered resigning from your position?		
	Number of Responses	Percent
No (1)	64	57.1
Yes (2)	48	42.9
<b>Total</b>	<b>112</b>	<b>100.0</b>
<b>Note:</b> For 112 of 113 respondents. One non-respondent.		

Q73 How likely are you to resign in the next 12 months?		
	Number of Responses	Percent
Very unlikely (1)	15	31.3
Somewhat unlikely (2)	15	31.3
Neutral (3)	7	14.6
Somewhat likely (4)	5	10.4
Very likely (5)	6	12.5
<b>Total</b>	<b>48</b>	<b>100.0</b>
<b>Note:</b> For 48 of 48 respondents who reported “Yes” to Q72.		

Q74 What is the percent (%) full-time equivalent (FTE) support for the clerkship director position?						
Number of Responses	Mean	Median	SD	Min	Max	IQR
113	37.4	39	15.2	10	100	20
<b>Note:</b> SD: standard deviation; IQR: interquartile range.						

Q75 Do you have a clerkship administrator / coordinator to support your work as a clerkship director?		
	Number of Responses	Percent
No (1)	1	0.9
Yes: A <i>part-time</i> administrator / coordinator (2)	16	14.2
Yes: A <i>full-time</i> administrator / coordinator who works <i>exclusively</i> for the IM clerkship (3)	43	38.1
Yes: A <i>full-time</i> administrator / coordinator, but they have other educational duties (e.g., other student rotations / clerkships, military students, GME) (4)	53	46.9
Other (please explain): (5)	0	--
<i>Do not know / Unsure</i> (6)	0	--
<b>Total</b>	<b>113</b>	<b>100.0</b>

Q76 Which responsibilities does your clerkship administrator / coordinator assist you with?		
	Number of Responses	Percent
Clerkship scheduling (1)	105	93.8
Recruitment of clerkship clinical sites (2)	13	11.6
Maintenance of clerkship clinical sites (3)	44	39.3
Clerkship curriculum development (4)	8	7.1
Preparing letters of recommendation (5)	13	11.6
Preparing the IM-SEL (6)	41	36.6
Administration of clerkship grades (7)	69	61.6
Editing clerkship narrative comments (8)	22	19.6
LCME preparation (9)	21	18.8
Clerkship program evaluation (10)	26	23.2
Student IM interest group (11)	10	8.9
Proctoring examinations (e.g., all NBME) (12)	85	75.9
OSCE support (13)	32	28.6
Research support (14)	1	0.9
Duties for other core clerkships (15)	27	24.1
Acting internship or student elective duties (16)	67	59.8
GME responsibilities (17)	7	6.3
Budgeting (UME or GME) (18)	15	13.4
Student housing (19)	3	2.7
Student advising (20)	7	6.3
Other (please specify): (21)*	3	2.7
<b>Total</b>	<b>619</b>	<b>552.7</b>
<p><b>Note:</b> For 112 of 112 respondents who reported “Yes” to Q75. Multiple responses allowed; total responses will exceed number of respondents to question and total percent will exceed 100.</p> <p>*Responses included “mid-clerkship feedback meetings with students. administrative support for student advising meetings,” “Syllabus structure updates and clerical work,” and “[they] now [do] coaching for students needing it for admin/time management skill development.”</p>		

**END OF SECTION IV**

**Q78 The CDIM Council wants to ensure that your needs as a clerkship (or co- / associate / assistant) director are addressed.**

Q78 The CDIM Council wants to ensure that your needs as a clerkship (or co- / associate / assistant) director are addressed. Please provide one area that you are struggling with and / or would like the CDIM Council to review as an opportunity to better support clerkship directors. You may also include any comments regarding the questions from this survey. *[Total: 50 open-text responses]*

**END OF DOCUMENT**