

## Protocol for the 2023 CERA Clerkship Director Survey

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### Abstract

**Introduction:** CERA, the Council of Academic Family Medicine Educational Research Alliance, is a unique collaboration between multiple family medicine organizations to conduct omnibus surveys of distinct groups within family medicine. CERA's vision is to support excellence in family medicine educational research and improve research skills in family medicine. This paper describes the methods of the 2023 Clerkship Directory Survey and presents the demographic results of survey respondents.

**Methods:** CERA's call for proposals for the annual Clerkship Directory Survey opened from January 2023 to February 2023. Five topics were selected, and authors of the selected proposals had a mentor assigned to their project. The survey was sent to Clerkship Directors via SurveyMonkey (Momentive, Inc) on May 30, 2023 and responses were collected through June 30, 2023.  $\chi^2$  tests were used for descriptive analysis.

**Results:** The survey was initially sent to 179 potential respondents but after receiving updated clerkship information, the final pool size was 169 (163 United States, 16 Canada). Ninety-six clerkship directors completed the survey, with a response rate of 56.80% (96/169). The demographic data of potential clerkship director respondents were compared with the demographic data of actual respondents. There were no significant difference in demographic data including location, gender, race/ethnicity and underrepresented in medicine status.

**Discussion:** This paper describes the methods of the 2023 CERA Clerkship Directory Survey and shows that survey respondents are representative of clerkship directors. Authors of the five accepted survey topics are responsible for publishing their study findings.

## Introduction

CERA stands for Council of Academic Family Medicine (CAFM) Educational Research Alliance, which is a unique collaboration between the Association of Departments of Family Medicine; Association of Family Medicine Residency Directors; North American Primary Care Research Group; and Society of Teachers of Family Medicine (STFM).<sup>1</sup> CERA serves as a centralized infrastructure for producing rigorous and generalizable medical education research in the field of family medicine. CERA aims to facilitate collaboration among medical education researchers, provide mentorship in educational research methods, and offer a clearinghouse of data for CAFM members to meet scholarship requirements.<sup>2</sup>

CERA conducts surveys on various topics related to family medicine. They typically survey family medicine residency directors twice per year. Clerkship directors (CD), department chairs, and the general membership of CAFM are surveyed annually. The alliance conducts about five surveys per year.

The surveys conducted by CERA cover a range of topics relevant to family medicine education and research. Examples of survey topics include factors influencing the primary care workforce, public/population health training in medical education, and topics related to family medicine clerkships.

In addition to conducting surveys, CERA also provides resources and support to its members, including mentoring and education for junior researchers. To date, CERA results have been disseminated as 162 published papers and 207 presentations, showcasing the alliance's commitment to advancing knowledge and research in the field of family medicine education.<sup>4</sup>

In this paper we present the methods and demographic results of the 2023 Clerkship Directors Survey.

## Methods

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The call for proposals for questions to be included in the CD Survey was open between January 16, 2023 and February 14, 2023. Six proposals were received; five were accepted after review by three reviewers. Topics accepted this year are shown in Table 1. Survey proposal authors were assigned mentors who aided in question revision. The CERA CD survey director reviewed individual surveys and gave feedback to modify questions. The entire survey was reviewed by the CD survey director, then by individual survey authors for approval. It was reviewed by a third party for readability and clarity and submitted to the American Academy of Family Physicians Institutional Review Board (IRB) approval, which it received.

### **Sample**

The starting point for this year's send list of survey recipients is the final export from last year, updated with any replacement information provided after last year's survey. Next, the survey director reviewed the 2022 department chair survey that provided a list of names and emails for CDs. This information was compared to the prior CD list and updated as required. For 2023, we started with a list of 179 potential CDs (163 in the United States, 16 in Canada), compared to 164 in 2022. The survey was open from May 30, 2023 through June 30, 2023. Five reminders to nonresponders and partial respondents were sent: four weekly and one on June 29, 2023.

### **Analysis**

$\chi^2$  tests were used to compare the proportions of the location, gender, race/ethnicity and underrepresented in medicine (URM) status of potential versus actual respondents. Only variables with more than zero respondents were used for the calculation.

## Results

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One hundred seventy-nine names were entered into the SurveyMonkey (Momentive, Inc) online survey platform. On the initial send, eight emails bounced and one was marked as opted out of SurveyMonkey; each of those survey recipients were sent an invitation from the survey director's personal email with a unique link to the SurveyMonkey survey.

During the survey, 11 survey recipients indicated they were no longer the CD and gave a replacement name and email. The new CD was then sent an invitation to participate in the survey.

One survey was sent to the same person twice, to both their medical school and residency program. The

residency program was deleted from the pool. Another program indicated that no clerkship existed at their location, so it was also deleted from the pool. Eight undeliverable email addresses were removed from the pool, yielding a final pool size 169 survey recipients (154 in the United States and 15 in Canada). Of those receiving emails, the STFM membership records contained demographics for 144.

There were 99 total responses. Three respondents who only answered the initial question, "Are you the clerkship director?" were counted as nonresponses. The final 96 responses yielded an overall response rate of 56.8% (96/169). Each individual question response data file was sent to survey authors for analysis.

There were no significant differences between the location, gender, race/ethnicity or URM status of potential versus actual respondents (Table 2). It was not possible to calculate a statistic for the MD versus non-MD proportion because no potential respondents reported being a non-MD.

## Discussion

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The yearly CD survey provides a vital sign on topics relevant to undergraduate medical education. This includes timely topics such as the potential impact of United States Medical Licensing Exam Step 1's shift from numeric scores to pass/fail on family medicine clerkship and telemedicine after the post-COVID-19 return to in-person care. Social determinants of health curriculum in family medicine clerkships, HIV pre-exposure prophylaxis, and fairness of clerkship assessments are all topics with limited literature specific to the family medicine clerkship.

The CERA infrastructure promotes faculty scholarship by decreasing barriers to creating original research. Importantly, this includes IRB approval, data collection, and data cleaning. Authors of accepted survey questions can work with their mentors on analyzing their data and on the manuscript preparation process. While this infrastructure is most beneficial for early-career faculty, faculty at all levels benefit from CERA surveys as the interpreted results of these surveys provides unique, real-world insight into factors affecting their everyday work.

A strength of the CERA survey is the ability to target a national audience of CDs in a structured format. On average, there are 160 CDs in accredited schools located in either the United States or Canada. This year's CD Survey response rate of 56.8% is in line with prior years of 48.75% (2021) to 64.42% (2020).

A limitation of CERA surveys is that each proposal is limited to 10 close-ended questions. The extent to which authors can test their hypotheses must be tailored to this specific survey format. This restricts what types of questions can be asked through CERA surveys.

Authors have exclusive access to their data for 90 days. After that time, the data are published in the online clearinghouse for members to use.<sup>5</sup> Thus, survey question authors are incentivized to have their manuscripts submitted within that time frame.

## Tables and Figures

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**Table 1. Topics Accepted for the 2023 CERA Clerkship Directors Survey**

Social determinants of health curriculum in family medicine clerkships
Characteristics of telemedicine after the return of in-person care
The potential impact of USMLE Step 1's shift from scores to pass/fail on the family medicine clerkship
Fairness of clerkship assessments
HIV pre-exposure prophylaxis (PrEP)

Abbreviation: USMLE, United States Medical Licensing Exam.

**Table 2. Demographics of 2023 CERA Clerkship Directors Sample Versus Respondents**

Demographic variable		Potential respondents (n=144)	Actual respondents (n=96)	$\chi^2$
Medical school location	New England (NH, MA, ME, VT, RI, or CT)	11	7	P=NS
	Middle Atlantic (NY, PA, or NJ)	19	15	
	South Atlantic (PR, FL, GA, SC, NC, VA, DC, WV, DE, or MD)	31	17	
	East South Central (KY, TN, MS, or AL)	6	2	
	East North Central (WI, MI, OH, IN, or IL)	23	17	
	West South Central (OK, AR, LA, or TX)	13	8	
	West North Central (ND, MN, SD, IA, NE, KS, or MO)	12	8	
	Mountain (MT, ID, WY, NV, UT, AZ, CO, or NM)	10	7	
	Pacific (WA, OR, CA, AK, or HI)	13	7	
	Canada	6	8	
Gender	Female/woman	85	57	P=NS
	Male/man	49	39	
	Genderqueer/gender nonconforming	0	0	
	Nonbinary	0	0	
	Choose not to disclose	1	0	
	No response	9	0	
Race/ethnicity	Hispanic/Latino/a/Spanish origin	7	2	P=NS
	American Indian/Alaska Native/Indigenous	1	1	
	Asian	20	19	
	Black/African American	8	4	
	Native Hawaiian/Pacific Islander	0	0	
	White	97	63	
	Middle Eastern/North African	0	3	
	Choose not to disclose	11	5	
	No response	11	0	
Self-identified URM	No	73	76	P=NS
	Yes	9	17	
	No response	62	3	
Physician status	Yes	144	95	Unable to calculate
	No	0	1	

Abbreviations: NS, nonsignificant; URM, underrepresented in medicine.

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