

Methodology, Respondents, and Past Topics for 2024 CERA Clerkship Director Survey

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Abstract

Introduction: CERA, the Council of Academic Family Medicine (CAFM) Educational Research Alliance, is a collaboration between four family medicine organizations to conduct omnibus surveys of different groups within family medicine. This article describes the methodology of the 2024 Clerkship Directory (CD) Survey, presents the demographic results of respondents, and categorizes CD topics from 2012 through 2024.

Methods: Five topics for the annual CD survey were selected via peer review after a call for proposals in early 2024. The survey was sent to family medicine clerkship directors from June 4, 2024 to July 12, 2024. We used χ^2 tests to compare the demographics of sampling frame against the sample to determine if they were representative of the sampling frame. We used program records to describe past survey topics.

Results: One hundred seventy-nine surveys were sent out; after receiving updated clerkship information, the final 2024 pool size was 173 survey recipients (158 in the United States and 15 in Canada); 91 clerkship directors completed the survey, with a response rate of 52.60% (91/173). We compared demographic data of sampling frame with the sample. There was no significant difference in demographics including location, gender, race/ethnicity, underrepresented in medicine status, or MD degree. CD survey topics from 2012-2024 included 6 on preceptors, 29 on content/curriculum, 8 on grading/assessment, 8 on administration, and 9 on other.

Discussion: 2024 Clerkship Directory Survey respondents are representative of clerkship directors. From 2012-2024 the most studied topic was content/curriculum. The Clerkship Director Survey continues to offer important scholarship opportunities and insights into current themes in undergraduate medical education.

Introduction

CERA stands for Council of Academic Family Medicine (CAFM) Educational Research Alliance, which is a collaboration between the Association of Departments of Family Medicine, the Association of Family Medicine Residency Directors, the National Primary Care Research Group, and Society of Teachers of Family Medicine (STFM).¹ CERA provides 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.²

CERA conducts approximately five surveys per year on various topics related to family medicine. Family medicine residency directors are surveyed twice per year. Clerkship directors (CD), department chairs, and the general membership of CAFM organizations are surveyed once per year.³ The surveys conducted by CERA cover a range of topics relevant to family medicine education and research. In addition to conducting surveys, CERA also provides resources, educational opportunities, and support for early-career family medicine researchers. To date, CERA results have been disseminated as 187 published papers and 220 presentations.

This article presents the methods and demographic results of the 2024 Clerkship Directors Survey and describes CD survey topics from 2012-2024.

Methods

The methodology of the CERA Clerkship Director Survey has previously been described in detail.⁴ CAFM members were invited to propose survey questions for inclusion into the CD survey from January 2024 through February 2024. Approved projects were assigned a CERA Research Mentor to help refine questions. The final draft of survey questions was modified following pilot testing.

Sample and Survey Procedures

The 2024 list of survey recipients included 179 clerkship directors (164 in the United States, 15 in Canada). This list was generated by starting with the 169 respondents to the 2023 CD survey. A survey of department chairs identified five additional clerkship directors. Responses to email bounce-backs from the 2023 CD survey identified five additional clerkship directors.

We used the STFM membership database to generate demographics from the clerkship director sampling frame. We compared the email addresses of the 173 delivered surveys to email addresses in the STFM membership database and found there were 126 matching addresses. The remaining 47 email addresses did not have an STFM record, thus there was no way to determine base demographics for those individuals. Rates of nonresponse for the STFM demographic survey are as follows: credentials (3.92%), state location of institution (1.79%), gender (7.29%), race/ethnicity (8.35%).

The project was approved by the American Academy of Family Physicians Institutional Review Board in April 2024. The survey was open from June 4, 2024, through July 12, 2024. Six reminders to nonresponders and partial respondents were sent: five weekly and one on July 12, 2024.

Analysis

We used χ^2 tests to compare the proportions of the location, gender, race/ethnicity, and self-identified underrepresented in medicine (URiM) status of sampling frame compared to the sample.

After the 2024 CD survey was complete, CERA records were accessed to generate a list of prior CD survey topics from 2012-2024. One author categorized the topics with consensus from the other three authors.

Results

Topic Selection

Table 1 lists accepted topics for the 2024 CD Survey. These include artificial intelligence in clerkship assessment, effects of grade appeals on the clerkship director, exploration of overrepresentation of women

among family medicine clerkship directors, opioid use disorder education, and shifts in medical school grading: Step 1 pass/fail ramifications.

Respondent Analysis

One hundred seventy-nine names were entered into the SurveyMonkey online survey platform. On the initial distribution, 10 emails bounced, and 1 was marked as opted out of SurveyMonkey; each of those 11 recipients were sent an invitation from the survey director's personal email account with a unique link to the SurveyMonkey survey. During administration of the survey, 12 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 a residency program. The residency program was deleted from the pool. Five undeliverable email addresses were removed from the pool, yielding a final pool size 173 survey recipients (158 in the United States and 15 in Canada). Of those receiving emails, the STFM membership email records contained demographics for 126.

There were 93 total survey responses. Two respondents who only answered the initial question, "Are you the clerkship director?" were counted as nonresponses. The final 91 responses yielded an overall response rate of 52.6% (91/173). There were no significant differences between the geographic location of the sampling frame versus the sample. There were no differences in the proportions of gender, race/ethnicity and URiM status, or MD degree holder of the sampling frame vs the sample (Table 2).

Topic Analysis

We used CERA program records to generate the list of CD topics from 2012-2024. Topics were grouped into five categories after consensus from the authors (Table 3). Figure 1 shows the changes in topic frequency over time.

Discussion

The yearly CD Survey provides insight into topics of interest for undergraduate medical educators and comparison to the CD topics from 2012-2024 illustrates shifts in topics over time. Although in 2024, topics centered on assessment/grading and administration issues, over the past 12 years, curriculum/content was the most frequent topic area for the CD survey. The historical list of CD topics illustrates that different groups study the same phenomenon over time, using different questions, thus limiting researchers' ability to understand temporal trends in clerkship education.

A strength of the CERA survey is the ability to target a national audience of CDs in a structured format.⁵ The 2024 CD Survey response rate of 56.8% aligns with prior years' response rates and demographic analysis indicates respondents are likely representative of clerkship directors.

Several limitations are noteworthy. CD demographics are limited to what is provided via STFM and are entirely self-reported. Self-reported demographics for STFM faculty members have a 1.79%-8.35% nonresponse rate. Additionally, demographic data of the CDs is important, but it does not necessarily provide insight to the demographics of the students and the institutions where they are located. It is unknown if the CDs are representative of their locations.

Areas for future exploration include a call for proposals based on topics that have been studied in the past and aligning questions so we may better explore the shifting landscape of family medicine clerkship education over time. Additionally, in the future we plan to explore if and how CDs' demographics have shifted over the time and if they are representative of their schools.

Tables and Figures

Table 1. Accepted Topics for the 2024 CERA Clerkship Directors Survey

Artificial intelligence in clerkship assessment
Effects of grade appeals on the clerkship director
Exploration of overrepresentation of women among family medicine clerkship directors
Opioid use disorder education
Shifts in medical school grading: Step 1 pass/fail ramifications

**Table 2. Demographics of 2024 CERA Clerkship Directors
Potential Respondents vs Actual Respondents**

		Potential respondents (n=126)	Actual respondents (n=91)	χ^2
Location	New England (NH, MA, ME, VT, RI, or CT)	9	6	$P=1.0$
	Middle Atlantic (NY, PA, or NJ)	17	13	
	South Atlantic (PR, FL, GA, SC, NC, VA, DC, WV, DE, or MD)	26	20	
	East South Central (KY, TN, MS, or AL)	6	5	
	East North Central (WI, MI, OH, IN, or IL)	19	12	
	West South Central (OK, AR, LA, or TX)	14	7	
	West North Central (ND, MN, SD, IA, NE, KS, or MO)	12	6	
	Mountain (MT, ID, WY, NV, UT, AZ, CO, or NM) ¹⁹	7	4	
	Pacific (WA, OR, CA, AK, or HI)	11	9	
	Canada	4	7	
	No response	1	2	
Gender	Female/woman	77	52	$P=0.99$
	Male/man	44	37	
	Genderqueer/gender nonconforming	0	0	
	Nonbinary	0	2	
	Choose not to disclose	1	0	
	No response	4	1	
Race/ethnicity	Hispanic/Latino/a/Spanish Origin	5	3	$P=0.99$
	American Indian/Alaska Native/Indigenous	1	1	
	Asian	21	19	
	Black/African American	5	4	
	Native Hawaiian/Pacific Islander	0	0	
	White	87	66	
	Middle Eastern/North African	1	1	
	Choose not to disclose	9	1	
No response	6	3		
Self-identified URiM	No	78	80	$P=0.98$
	Yes	11	8	
	No response	11	3	
Physician	Yes	123	90	$P=0.99$
	No	0	0	
	No response	3	1	

Abbreviations: CERA, Council of Academic Family Medicine Educational Research Alliance; URiM, underrepresented in medicine.

Table 3. Topics for CERA Clerkship Director Survey, 2012-2024

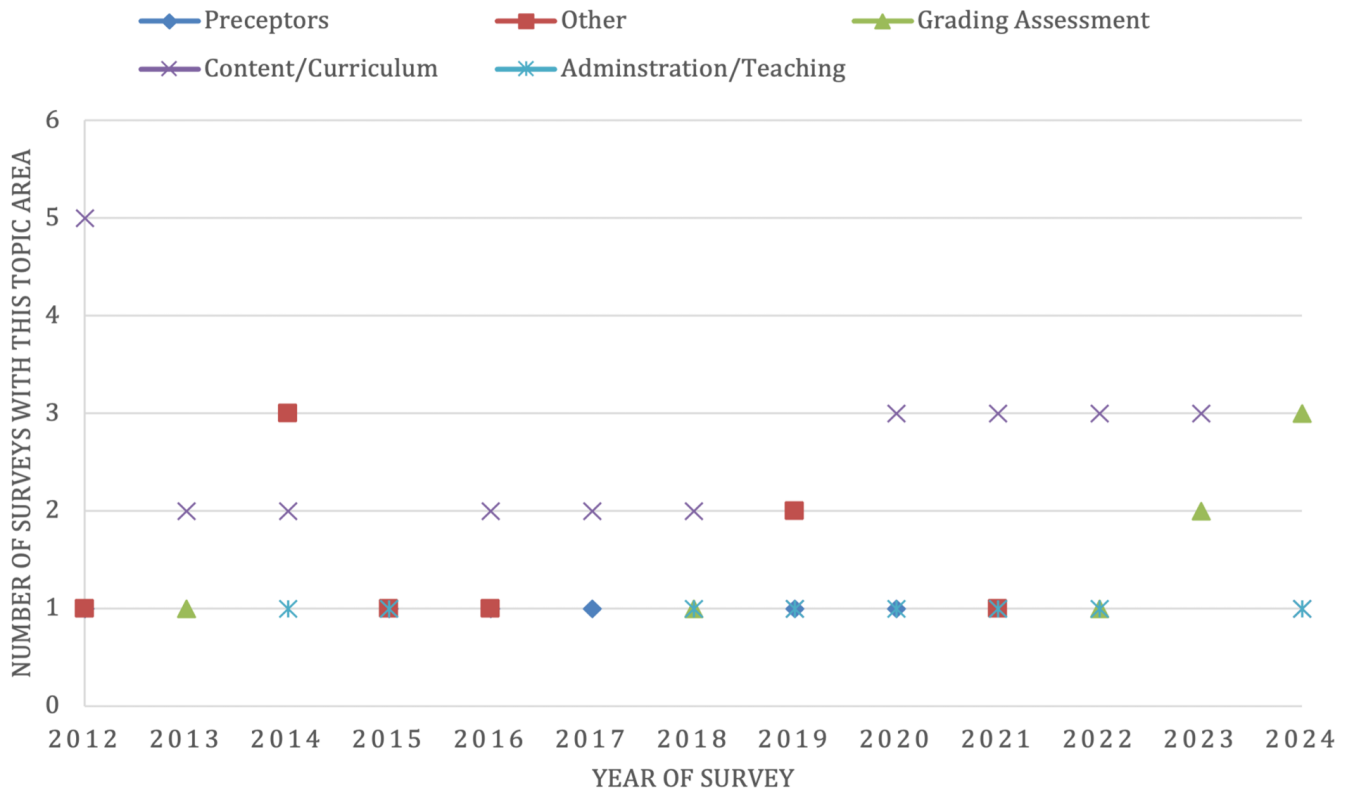
Year	Topic area/title of project
	Preceptors (n=6)
2012	Community preceptor payment
2015	Faculty development for community-based preceptors
2016	Quality of precepting practices
2017	Use of technology in faculty development for community-based preceptors
2019	What strategies do clerkship directors use and value to retain community preceptors?
2020	Quality of precepting practices
	Content/curriculum (n=29)
2012	Public/population health training in family medicine education
2012	Evaluation of interprofessional collaborative practice training in family medicine
2012	Interprofessional education in family medicine
2012	Knowledge and utilization of the national family medicine clerkship curriculum
2012	Exploring family medicine clerkship curricula in practice-based learning and improvement
2013	LGBT or SOGI content in clerkships
2013	The contribution of family medicine to procedural skill training
2014	Substance abuse SBIRT in primary care
2014	Educating students about chronic pain during the family medicine clerkship: a national survey of family medicine clerkship directors
2016	Behavioral health training in family medicine clerkships
2016	Palliative, end of life, and hospice care education in family medicine clerkships
2017	How are family medicine clerkship's addressing the obesity epidemic
2017	Examining naloxone treatment education
2018	Transgender education in the family medicine clerkship
2018	Understanding the current state of geriatric teaching and curricula in family medicine clerkships
2019	What keeps clerkship directors from teaching about chronic pain?
2020	Lifestyle medicine in medical student curriculum: perceptions of FM clerkship directors
2020	Sexual health teaching in the family medicine clerkship
2020	POCUS education in the family medicine clerkship
2021	Contraception and abortion care education in the family medicine clerkship
2021	Telemedicine visits in the family medicine clerkship
2021	Racism and bias curriculum in the family medicine clerkship
2022	Training future physicians in telemedicine competencies
2022	Characterizing the current state of MI education in North American family medicine clerkships
2022	POCUS in the family medicine clerkship curriculum
2023	HIV pre-exposure prophylaxis (PrEP)
2023	Characteristics of telemedicine after the return of in-person care
2023	Social determinants of health curriculum in family medicine clerkships
2024	Opioid use disorder education

Table 3, continued

Year	Topic area/title of project
	Grading/assessment (n=8)
2013	Remediation, forward feeding, and fear of legal action
2018	Perceptions of grade inflation and proposed solutions
2022	Bias in family medicine clerkship evaluations
2023	Fairness of clerkship assessments
2023	The potential impact of Step 1's shift from scores to pass/fail on the family medicine clerkship
2024	Effects of grade appeals on the clerkship director
2024	Artificial intelligence in clerkship assessment
2024	Shifts in medical school grading: Step 1 pass/fail ramifications
	Administration/Teaching (n=8)
2014	Assessment of NCC website and clerkship director needs
2015	Describing how clerkship directors obtain consent from patients to work with medical students
2018	Understand identifying, tracking and remediating performance issues at clinical teaching sites
2019	Family medicine clerkship directors' handling of student mistreatment
2020	Active learning methods in the family medicine clerkship
2021	Professional development needs of clerkship directors
2022	Family medicine clerkship directors' remediation of preceptors with student mistreatment concerns
2024	Exploration of overrepresentation of women among family medicine clerkship directors
	Other (n=9)
2012	Uncertainty in family medicine programs
2014	Identify clerkship directors' perceptions of strengths and deficiencies of graduating medical students from US medical schools; and to capture proposed solutions suggested by clerkship directors to the perceived major deficiencies
2014	Scope of practice experience in family medicine clerkships and implications for recruitment to careers in family medicine
2014	Evaluate which characteristics influence family medicine clerkship directors' opinions of the quality of an individual residency program and their knowledge of specific characteristics of individual residency programs.
2015	Clerkship directors' views and actions on students' impressions of family medicine
2016	Primary care tracks in medical school
2019	Family medicine sub-internships as part of medical school curricula
2019	Clerkship director perceptions on student choice of family medicine
2021	Diversity in the family medicine clerkship

Abbreviations: CERA, Council of Academic Family Medicine Educational Research Alliance; LGBT, lesbian, gay, bisexual, and transgender; SOGI, sexual orientation and gender identity; SBIRT, screening, brief intervention, and referral to treatment; FM, family medicine; POCUS, point-of-care ultrasound; MI, motivational interviewing; NCC, National Clerkship Curriculum

CERA Clerkship Director Survey Topic Trends: 2012-2024



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