CAPSULE COMMENTARIES

Capsule Commentary on Glod et al., Clerkship Roles and Responsibilities in a Rapidly Changing Landscape: a National Survey of Internal Medicine Clerkship Directors

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Glod et al.¹ provide insight into the current role of internal medicine (IM) clerkship directors (CDs). The 83% response rate from the 129 LCME-accredited US medical schools with CDIM membership provides confidence that the results reflect today's state. Because of differences in design and content, this survey is not directly comparable to the last large survey of CDs conducted in 2007²; however, certain trends emerge. Although the 2003 Alliance for Clinical Education (ACE) statement recommended 50% salary support,³ the 2007 survey from multiple disciplines found an average of 22% salary support,² and the current IM CDs report between 21 and 50% with two-thirds supported 40% or less. Similarly, 40% of 2007 CDs had a discretionary budget² compared with 35% of IM CDs in the current study. The current role is also complex—40% of IM CDs report to the dean of curriculum, 70% direct other clinical experiences, including electives and subinternships, and 61% supervise other faculty members.

Although the 2003 ACE statement remains the primary guide for CDs, support appears stagnant at levels well below recommendations. Further, contemporary clinical education has little resemblance to 2003. At that time, 125 medical schools existed, the third year of medical school was synonymous with the clerkship year, nearly all students passed USMLE step 1 prior to their clerkships, and USMLE step 2CS did not exist. Today, 154 schools are LCME-accredited,⁴ and almost one-third operate regional campuses.⁵ This expansion has further strained clinical education as 85% of schools are concerned about the availability of clinical sites.⁴ Although obstetrics-gynecology and pediatrics are the most challenging, 26% of schools had difficulty finding IM clinical training sites

in 2018.⁴ These pressures have necessitated further collaboration with the dean's office as evidenced by the number of IM CDs who report to the curriculum dean. Although this study provides additional insight, we still have an incomplete understanding of how medical schools structure clerkship responsibilities. Further research on CD activities across all specialties is necessary to guide medical school decisions on clinical education support.

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