Aug 25, 2024

Week 4 Accreditation update #4: 8 weeks away! *Virtual visit Oct 21-23, 2024, in-person Dec 2&3*

Recap: Week 3:

Standard 9 was reviewed, which relates to ***Teaching, supervision, assessment, and student and patient safety***.

The following *elements* were explored, with reference to the important UME policies: https://cumming.ucalgary.ca/mdprogram/about/governance/policies as well as the appeal process (via SARC):https://cumming.ucalgary.ca/sites/default/files/teams/4/TORs/SARC/SARC%20TOR_June%2027_Approved%20by%20SEC%20(Electronic)v2.pdf

Elements:

1. Preparation of resident and non-faculty instructors
2. Supervision of required clinical learning experiences
3. Clinical supervision of medical students
4. Assessment system
5. Narrative assessment
6. Setting standards of achievement
7. Timely formative assessment and feedback
8. Fair and timely summative assessment
9. Student advancement and appeal process
10. Student health and patient safety

Recap Week 2:

Standard 11 was reviewed, which relates **to *Medical student academic support, career advising, and academic records***.

The following *elements* were explored in great detail, with the full details below

1. Academic advising and counselling
2. Career advising
3. Oversight of extramural electives
4. Provision of the medical student performance record
5. Confidentiality of student academic records
6. Student access to academic records

Recap Week 1:

Have a look at the CSM UME accreditation website https://cumming.ucalgary.ca/about/ume-accreditation#an-introduction-to-accreditation, the CACMS site (https://cacms-cafmc.ca/about-cacms/) and send along questions that you may have via the anonymous survey: https://forms.office.com/Pages/ResponsePage.aspx?id=7KAJxuOlMUaWhhkigL2RUZN0i06lk0tKreCUNDQbWeNUNkNEVDgzWFMzNlZJQk1HUUJXQTQ3OTdZTS4u

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Week 4

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Week 4 Accreditation update #4: 8 weeks away! *Virtual visit Oct 21-23, 2024, in-person Dec 2&3*

This week's update will focus on **STANDARD 8: CURRICULAR MANAGEMENT, EVALUATION AND ENHANCEMENT**

A considerable amount of thought and planning went into both the Legacy Curriculum (pre-July 2023) as well as the RIME curriculum (July 2023-onward). The goal in *showcasing* this Standard is to illustrate the background work and ongoing curricular monitoring which often goes unnoticed.
The elements include the following, and a description of each is noted below:

1. Curricular management
2. Use of program and learning objectives

3. Curricular design, review, revision/content monitoring
4. Evaluation of program outcomes
5. Medical student feedback
6. Monitoring of required patient encounters and procedures
7. Comparability of education/Assessment
8. Monitoring time spent in educational and clinical activities

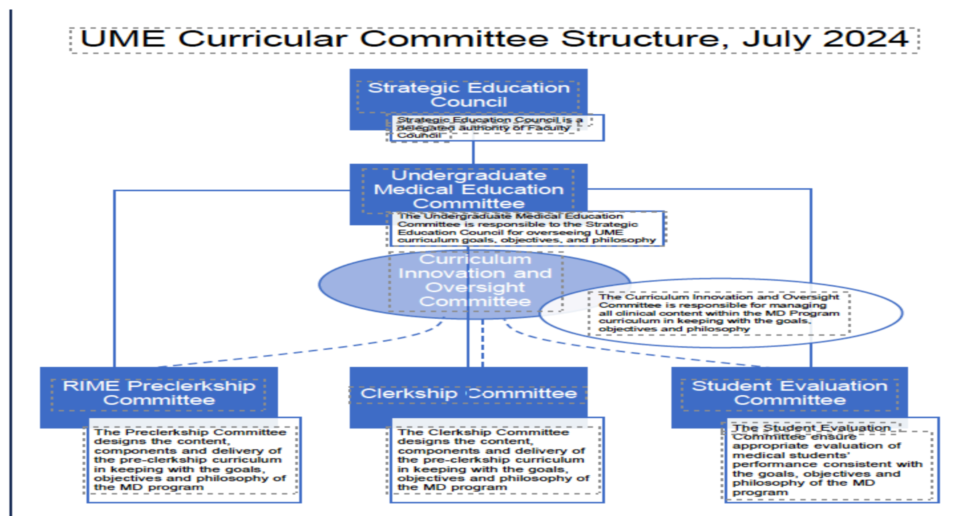
Additional information for each of the elements could be found on the CSM UME accreditation website:
https://cumming.ucalgary.ca/about/ume-accreditation#an-introduction-to-accreditation

Element 1: Curricular Management
The faculty of a medical school entrusts authority and responsibility for the medical education program to a duly constituted faculty body, commonly called a curriculum committee. This committee and its subcommittees or other structures that achieve the same functionality, oversee the curriculum as a whole and have responsibility for the overall design, management, integration, evaluation, and enhancement of a coherent and coordinated medical curriculum.

The Undergraduate Medical Education Committee (UMEC, Legacy curriculum) and the Curriculum Innovation and Oversight Committee (CIOC, RIME curriculum) are the committees with the primary responsibility for curriculum oversight. There are student representatives on each committee, and the student voice is of great importance.
These committees, in partnership with the pre-clerkship and clerkship committees, are responsible for the following curriculum oversight:

i. *overall design*
ii. *management*
iii. *integration*
iv. *evaluation*
v. *enhancement of a coherent and coordinated medical curriculum.*

The UME *Committee Organizational Chart*, as it pertains to curriculum oversight, is noted below:



The Curriculum Innovation and Oversight Committee serves as an intermediary for curricular content changes between the RIME Preclerkship, Clerkship, and Student Evaluation Committees and the Undergraduate Medical Education Committee. This is intended to provide a dedicated platform for detailed curricular content discussion, review, and monitoring, thus allowing the Undergraduate Medical Education Committee to focus on more overarching goals, philosophy, and operations of the MD program as a whole.
Note: While both the legacy and RIME curricula were in progress, there were two Preclerkship Committees, the original Preclerkship Committee and the new one, designated as the RIME Preclerkship Committee. As of January, 2024, the original Preclerkship Committee was disbanded, and thus there is now only the RIME Preclerkship Committee.

As an example of curricular oversight, several examples were provided. Minutes of the November 18th, 2022 Undergraduate Medical Education Committee meeting show that the committee reviewed and approved changes to the clerkship work hours policy, changes to the clerkship feedback policy, changes to the policy regarding failures in clerkship, and changes to the MSPR policy. These items demonstrate the required iv) oversight of the evaluation of medical school students as well as v) enhancements to policies to update them and make them more student friendly and responsive to student concerns.

The best example of how the activities of the curriculum committee and its subcommittees have enhanced the coherent and coordinated medical curriculum was the approval for and oversight of the creation of the RIME curriculum. The Undergraduate Medical Education Committee approved in November 2020 that a RIME curriculum ad hoc subcommittee be formed to examine the feasibility and desirability of implementing RIME and report back to UMEC with recommendations. The Undergraduate Medical Education Committee accepted the recommendation of the ad hoc committee in January 2022 and the Undergraduate Medical Education Committee then approved the creation of a new RIME subcommittee in January 2022. This committee gave regular standing reports at every subsequent Undergraduate Medical Education Committee meeting, until July of 2023 when the new curriculum launched, and the RIME sub-committee was dissolved.

Element 2: Use of program and learning objectives

The faculty of a medical school, through the curriculum committee, ensures that the formally adopted medical education program objectives are used to guide the selection of curriculum content, and to review and revise the curriculum. The learning objectives of each required learning experience are linked to the medical education program objectives.

There are several sets of objectives that have been considered in the development of curricular content.

The **Medical Council of Canada** objectives must be considered in all medical schools and have been mapped to the educational experiences at the CSM to ensure adequate exposure. With the spirality of the RIME curriculum, each objective is addressed several times. Also, the CSM has **10 Graduation objectives** (see below) that are global objectives to be addressed prior to graduation (see below regarding upcoming changes to ensure greater inclusiveness and modernization *). In 2022 the UMEC considered, and later implemented, the **AFMC EPAs** (see below) and wove completion of these into the mandatory clerkship expectations. Additional information is below:

MCC objectives - all of the MCC objectives are taken into account in the curricular development in both pre-clerkship and clerkship. Educational sessions and clinical experiences have objectives mapped to the MCC objectives in the CanMEDS roles of medical expert, communicator, collaborator, health advocate, leader/manager, professional and/or scholar)
https://mcc.ca/objectives/Health

The 12 AFMC EPAs and the CSM Big 10 are noted below, with suggested changes for the Big 10 in evolution:

#	AFMC EPAs	CSM BIG 10 Graduation objectives* *A student at the time of graduation will be able to:*
1	Obtain a history and perform a physical examination adapted to the patient's clinical situation	1. Demonstrate the basic science and clinical science knowledge and skills necessary for the supervised practice of medicine and use knowledge efficiently in the analysis and solution of clinical presentations.
2	Formulate and justify a prioritized differential diagnosis	2. Evaluate patients and properly manage their medical problems by: - Conducting a comprehensive medical history and thorough physical examination; reliably eliciting appropriate information in the history and detecting abnormal findings on the physical examination. -Correctly identifying the patient's diagnosis, differential diagnosis, and medical problems. -Applying an appropriate clinical reasoning process to the patient's problems. -Advocating for patients while formulating and implementing a resource-conscious management plan to deal effectively with patient problems. -Applying basic patient safety principles

3	Formulate an initial plan of investigation based on the diagnostic hypotheses	3. Apply a comprehensive patient-centred approach in the evaluation and care of patients including sensitivity to differing: sexual orientation and gender identity, cultural and spiritual beliefs, attitudes and behaviours, economic situations.
4	Interpret and communicate results of common diagnostic and screening tests	4. Demonstrate knowledge of the fundamental concepts of disease prevention and health promotion for individual patients and populations and incorporate them into treatment plans as appropriate.
5	Formulate, communicate and implement management plans	5. Communicate and interact effectively with patients, families, medical staff and others involved in the delivery of health services.
6	Present oral and written reports that document a clinical encounter	6. Describe and apply ethical principles and high standards in all aspects of medical practice.
7	Provide and receive the handover in transitions of care	7. Exhibit appropriate professional behaviour, including awareness of personal wellness and limitations.
8	Recognize a patient requiring urgent or emergent care, provide initial management and seek help	8. Formulate clear clinical questions and apply an evidence-based approach to solving these questions.
9	Communicate in difficult situations	9. Demonstrate educational initiative and self-directed life-long learning skills.
10	Contribute to a culture of safety and improvement	10. Describe the basic principles of clinical and translational research, including how such research is conducted, evaluated, explained to patients and applied to patient care.
11	Perform general procedures of a physician	
12	Educate patients on disease management, health promotion and preventive medicine	

*under UMEC and SEC (Strategic Education Council) review and an updated version should be approved of by June 2025. Consideration for the following has been a focus of the UME working group revising the Big 10: a) a stronger statement regarding the importance of acting and working in an anti-oppressive and anti-racist, non-ableist way, b) content regarding Indigenous health, c) public health as an issue d) social science research is a major pillar e) planetary health and f) learner wellness

<u>Element 3: Curricular design, review, revision/content monitoring</u>

The faculty of a medical school is responsible for the detailed development, design, and implementation of all components of the medical education program, including the medical education program objectives, the learning objectives for each required learning experience, and instructional and assessment methods appropriate for the achievement of those objectives.

The curriculum committee oversees content and content sequencing, ongoing review and updating of content, and evaluation of required learning experiences, and teacher quality.

The medical education program objectives, learning objectives, content, and instructional and assessment methods are subject to ongoing monitoring, review, and revision by the curriculum committee.

<u>The curriculum committee oversees:</u>

i. content and content sequencing
ii. ongoing review and updating of content
iii. evaluation of required learning experiences
iv. teacher quality

An example of <u>content and content sequencing</u> could be illustrated by the monumental amount work involved with the development of the RIME curriculum. The curriculum for RIME was framed on the MCC clinical presentations in a spiral pattern with integration of all non-medical content expert objectives. The RIME Implementation team consisted of several sub-committees and over 50 individuals in the development stage.

The RIME Curriculum sub-committee took the current course content from all Legacy courses and mapped it out into 12 units (each ~6 weeks). There was a pre-week of background science/principles for each unit.
Weekly topics were then outlined, including clinical presentations and main "diagnosis".

Then to ensure spirality, mapped each clinical presentation (CP) to return at least once and in most cases many times to other weeks. A curricular map with all the CPs was then constructed across all 12 units. The "non-medical expert domains" were then overlayed by the Health Equity & Structural Competency Sub-Committee and the Professional Identity Sub-Committee.

In terms of ongoing review and updating of content, all future content changes will need to be approved by the Curriculum Innovation and Oversight Committee. This committee will regularly review methods of implementation of education objectives and provide recommendations to appropriate committees to ensure integration and coordination of the program as a whole, and provide regular reports to RIME Pre-clerkship Committee, Clerkship Committee, Student Evaluation Committee and Undergraduate Medical Education Committee. This Committee will also review, provide recommendations, and approve all proposed modifications to the curriculum. This will be based on if the proposal is in keeping with: 1) the educational objectives of the program, which are framed by the Medical Council of Canada Examination Objectives; and 2) the rhythm and structure of the calendar, including scheduled time assigned to the course.

The Assistant Dean, Program Evaluation is responsible for evaluation of learning experiences and assessment of faculty (teacher quality). With the RIME curriculum student and faculty feedback are collected at the end of every two units (12 weeks). This feedback is reviewed by the Assistant Dean of Program Evaluation and then presented to the UME management committee. This data is then shared in its entirety with the relevant Assistant Dean. The Assistant Dean then approves release of the data to the appropriate RIME Directors with presentation at the RPCC meeting for approval.

Teachers are automatically sent their numerical feedback (on a scale of 1-5) approximately 2 weeks after the learning event. To respond to potential quality concerns early, any teacher who receives a score of <3/5 is flagged to the Assistant Dean Program Evaluation and relevant Assistant Dean (Pre-Clerkship or Clerkship). Additionally, all comments are reviewed and even if a score is > 3/5, if there is a concerning comment, it is flagged to the relevant Assistant Dean. In the cases, prior student feedback is reviewed, and a variety of actions can be taken. These include: a discussion between the Associate Dean and the faculty member, and forwarding the feedback to the relevant course leader to provide feedback to the faculty member or monitoring. All faculty ratings and comments are included in the Course Chair report that is provided to the course leaders at the end of a course.

Element 4: Evaluation of program outcomes

A medical school collects and uses a variety of outcome data, including national norms of accomplishment, to demonstrate the extent to which medical students are achieving the medical education program objectives and to enhance the quality of the medical education program as a whole.

MCC pass rates, in comparison with national rates, are reviewed yearly. These rates have historically been greater than 90% and in alignment with rates across the country.

Measures of performance that are examined by the UME members include a) student performance in required learning experiences b) performance-based assessment of clinical skills (e.g., OSCEs) c) achievement of AFMC EPAs d) student advancement and graduation, and e) results of MCCQE Part 1.

Information from student responses on the AFMC GQ, specialty choices of graduates as well as residency performance of graduates (via post-graduation program director questionnaires) are also monitored closely.

Identified deficiencies, such as concerns with MCCQE scores prior to 2016, had resulted in additional support being made available to the medical students. This was the rationale behind the *Supplemental UME Course for Competence in Educational Skills and Strategies* (SUCCESS) program, which successfully identified and supported students early on in the studies.

Element 5: Medical student feedback

In evaluating medical education program quality, a medical school has formal processes in place to collect and consider medical student evaluations of required learning experiences, teachers, faculty members, and other relevant aspects of the medical education program.

It is expected that, in evaluating medical education program quality, the medical school has formal processes in place to collect and consider medical student evaluations of their a) required learning experiences b) non-faculty teachers c) faculty members d) other relevant aspects of the medical education program.

Student evaluations are collected from some learning experiences that are not required, but that are offered to the students, including from sessions such as optional review sessions. Mandatory learning experiences are all evaluated, and the results of such evaluations help shape potential change.

In addition to student evaluations about learning experiences and teachers, a student-wide survey is also collected at the end of each year of the program.
Additional questions that are asked include the following year specific questions:

Year 1	Year 2	Year 3
-Is **exposure** to certain topics (indigenous health, anatomy, disease prevention/health promotion, end of life care, inter-professionalism, and physician wellness and self-care) was inadequate, appropriate or excessive. -Level of **satisfaction with**: career planning services, guidance when choosing electives, budget/debt management counseling, financial aid services and counseling -The approximate amount of **debt** that students have related to their medical studies. -Whether or not students have experienced various forms of **mistreatment** within the last year. If yes, whether they felt that the mistreatment was based on any of the following categories: race or ethnicity, gender, gender identity, religion, physical appearance, other. Source of mistreatment (i.e. students, residents, staff, patients or standardized patients, other). Familiarity with the school's mistreatment reporting process. Familiarity with how to access mistreatment advisors -Participation in **research** or scholarly activities -**Agreement with statements on** equality of student treatment, respectful treatment of students, support for students in academic difficulty, support for students who have experienced personal stress, adequate feedback on performance, appropriate balance between individual study time and scheduled class time, availability, and access to personal health care. -Awareness of what to do if they are exposed to **an infectious or environmental hazard**. -**Safety/security** at the various teaching sites -Comments about the **strengths and weaknesses** of the program **Overall rating of the year**	-**Readiness for clerkship** with respect to history taking, physical examination, documentation, verbal presentations, ability to identify patients who are seriously ill, ability to determine if a patient is not competent, ability to develop a differential diagnosis, ability to interpret key investigations, ability to interpret key imaging reports, ability to develop an appropriate management plan, incorporation of efficient and equitable health care resource allocation, communication skills, professionalism skills, self-directed learning skills, wellness skills -**Finances**- amount of preexisting debt before medical school, if the overall debt has increased since entering medical school, the approximate amount that debt has increased, how much of the debt is attributed to the cost of medical school (directly and indirectly) **Overall rating of the year**	-Same questions as **Year 1 survey** (above) except for the addition of: how well the program prepared the student for each of the Big 10 educational objectives. **Overall rating of the year**

In addition to the above-described review process, each course and clerkship lead also presents a yearly report at the relevant Pre-Clerkship or Clerkship Committee. In this report, they share (among other things), data from student evaluations, and highlight changes that have been made based on student feedback.

During each course or clerkship, all below satisfactory flags are sent to the relevant Assistant Dean for immediate review, so that any egregious concerns could be addressed immediately.

Teacher quality, whether that is faculty or residents, is assessed through regular feedback after specific experiences. Experiences may be small group teaching, pre-clerkship electives, clerkship exposure or other teacher-trainee interactions. Feedback is collated to preserve anonymity. During each course, unit or clerkship, all below satisfactory flags are sent to the relevant Assistant Dean for immediate review, so that any egregious concerns can be addressed immediately.

Student end of year evaluations on aspects of the program outside of required learning experiences and teachers are also collected through the one45 system. Data are reviewed by the Assistant Dean Program, Faculty, and Student Evaluations to identify themes and areas for improvement. Aggregate data are shared with other Assistant Deans and the Associate Dean and presented at the Management Committee for further discussion, review, and identification of actionable items.

Element 6: Monitoring of required patient encounters and procedures
A medical school has in place a system with central oversight that monitors, remedies any gaps, and ensures completion of the required patient encounters, clinical conditions, skills and procedures to be performed by all medical students.

Each clerkship rotation is responsible for ensuring that students have an experience in a defined set of clinical presentations. The ideal is that each of these clinical experiences will occur in the context of a real patient, however, given the variety of experiences that can occur during an individual clerkship, it is not feasible for this to be the only approach to clinical learning. As a result, allowances are made for students to have a substitute clinical experience through simulation or discussion as a part of the clerkship rotation, or to have a simulated experience as a part of the longitudinal Course 8 (Comprehensive Clinical Skills Curriculum for Clerkship) during clerkship.

The required clinical presentations for that rotation are tracked through mandatory on-line logbook reporting. This is a 'must complete' element in each clerkship for a student to be considered satisfactory in that rotation. When students identify an exposure gap during their clerkship, they must engage a preceptor in a discussion about those clinical presentations as a substitute exposure. Several clerkships (Obstetrics & Gynecology, Surgery, Emergency Medicine, Pediatrics) have simulation sessions as a component of their clerkship that allow for students to experience common clinical presentations. Also, each clerkship has dedicated protected academic time for students to learn about these clinical presentations through self-study or preceptor led teaching sessions. In addition, some clerkships (pediatrics, anesthesia) use daily encounter cards or passports that further guide the learners in the accessing of clinical presentations.

Observation of a portion of the history and physical exam is a required part of the logbook in every rotation. This requires the faculty members' details, to validate that this was observed. Preceptors are required to indicate on all clerkship ITERs whether or not the student was observed completing a history and physical exam, and all students are required through the course of the clerkship to successfully complete eight observations of EPA 1 (complete a history and physical exam).

As of June 2024, there is a new process to review and adjust the overall process of evaluation in the clerkship. A plan is being developed that would see the replacement of the MCQ exams that are currently offered at the end of each of the eight core clerkship rotations. These would be replaced by a series of examinations that would cover the entirety of the clerkship and would be written several times over the course of the clerkship. The expectation is that any student would achieve success on the examination over the course of the clerkship. Students would be provided with CARDS decks that would cover the entirety of the clinical presentations represented in the clerkship and would therefore ensure that every student has, at a minimum, been exposed to clinical questions covering the content of all clinical presentations. These CARDS decks would serve both as a formative assessment that would allow students to prepare for the clerkship exams, but also ensure the coverage of all content. As such, the need for the current logbook would be eliminated.

Element 7: Comparability of education/Assessment
A medical school ensures that the medical curriculum includes comparable educational experiences and equivalent methods of assessment across all locations within a given required learning experience to ensure that all medical students achieve the same learning objectives.

In the pre-clerkship curriculum, aside from required clinical learning experiences, required non-clinical learning experiences are provided centrally to all students from our single campus.

In the clerkship curriculum (and during clinical experiences in the pre-clerkship), students attend clinical rotations at more than one location. Multiple methods are used to ensure that the educational experiences across all locations are comparable including:

- Maintaining clear objectives for all required learning experiences
- Assigning a clerkship director to each mandatory clerkship rotation, who oversees the clerkship experience at each location, and ensures that the educational experience is comparable, and that it aligns with the objectives of the rotation
- Regularly disseminating information about clerkship objectives to clinical supervisors (this process is managed by each

of the clerkship directors)
- Re-sending a link to the program's "Big 10 graduation objectives" to all preceptors at the time of ITER completion
- Re-sending a link to the relevant course/clerkship objectives to all preceptors at the time of ITER completion
- Having must complete questions on all ITERs asking preceptors to express their awareness of the "Big 10 graduation objectives" and the relevant course/clerkship objectives
- Monitoring comparability across sites by a group consisting of: the Manager of Academic Technologies (who maintains a database which identifies rotation sites for each student and allows for comparison of ITER scores and examination results per site), the Assistant Dean of Program, Faculty and Student Evaluations (who collates and analyzes the information from this database), the Assistant Dean-Clerkship (who interact with specific Clerkship Directors when discrepancies are noted), and the Associate Dean-UME who oversees this process.

Assessments that are completed at more than one location for a required learning experience include: ITERs that are completed as part of mandatory clinical rotations, EPAs that are completed in a workplace environment, and any "must complete (i.e. not graded) projects that are completed as part of clinical rotations. The Assistant Dean of Evaluations and Research (with support from the Student Evaluation Committee), oversees all assessments that are used in the program, and approves any changes or updates to these tools. This person ensures that students are assessed in the same way across learning experiences, regardless of the location of that experience.

Equivalent methods of assessment are used across all locations in the following ways:
- All assessment forms/formats are the same for each required learning experience (i.e. the ITER that must be completed for a given clerkship is the same, regardless of where the clerkship is physically completed)
- As noted above, the required learning objectives for a particular required learning experience are well communicated to all preceptors who are assessing students, so that they have clear expectations
- Assessment forms are designed with explanatory language, so that it is very clear what the level of expected performance for a student is at a given stage of training (as an example are the EPA forms where it is clearly stated which anchors are considered below expectations and what the designates the standard of achievement)
- As noted in above, a database is maintained that includes rotation location, ITER scores, and examination results, to continuously compare performance across locations, and ensure that discrepancies do not arise

Element 8: Monitoring time spent in educational and clinical activities

The pre-clerkship schedule is organized into 10 half-days per week. Curricular content (including Independent Study Time {IST}) is scheduled from 8:30 to 17:30 daily.

For the legacy curriculum, the general layout of the schedule was 5 half-days for the "systems" courses, 2 half-days for the longitudinal courses, and 3 half-days of independent study time.

For the RIME curriculum, the layout of the schedule is 3 half days of the Professional Role course, 3.5 half days of the Fundamentals course, and 3.5 half days of IST.

As per the Pre-Clerkship Student Handbook document, in the section on our school's *Operating Philosophy*, a minimum of 25% of scheduled time will be in an interactive, small group setting (this has been achieved and at times exceeded by pre-clerkship courses), and 30% of the week will be set aside for IST. IST is entirely under students' control, and is a time during which students can address required activities assigned to be completed outside of class (e.g. preparation for mandatory activities, viewing vodcasts etc).

Clerkship Curriculum
Work hours in clerkship are outlined in the Clerkship Work Hours Policy*:*
https://cumming.ucalgary.ca/sites/default/files/teams/4/Policies/C/Clerkship%20Work%20Hours.pdf. As outlined in this policy, unless scheduled for evening or overnight call, clerks should not be expected to work more than 11 hours per day on a regular basis. Call may not exceed an average of 1:4 (7 calls maximum in 28 days) over the course of the rotation. Students should be excused the morning after overnight call, once sign over is complete (24 + 2 hours). Any exceptions to these rules are outlined in the policy.

Compliance with policies is monitored through an annual report provided by leads which includes a breakdown of numbers of hours of instructional time, and percentage breakdown by instructional strategy (i.e. didactic small group, simulation, etc.). The program coordinator supervisors regularly calculate, on a yearly basis, the amount of

time devoted to IST in the pre-clerkship, and report this initially to UME management, and subsequently to the relevant committees. With the *rhythm* created in the RIME pre-clerkship curriculum there is less of a concern that work hours will be problematic as the weekly schedule is set every fall.

In clerkship the students are asked at the end of all clinical rotations whether the work hours policies were followed. Additionally, students are present on all major committees in the program and have an opportunity to give updates at each meeting, where they can express any concerns, including those related to work hour compliance. Data is collected from the end of clerkship surveys are reviewed regularly (at least yearly) by the management committee and the Clerkship Director(s) and clerkship committee. When reg flags are identified, the Assistant Dean of Clerkship and/or the Clerkship Director follow up on these concerns with the specific site/preceptor involved.