

**AMERICAN ASSOCIATION OF COLLEGES OF
OSTEOPATHIC MEDICINE
2019-2020 Academic Year Survey of Graduating
Seniors**

Default Question Block

TO THE STUDENTS: Your opinions and attitudes about your osteopathic medical education, your plans for medical practice, and information about your debt are very important as the colleges and the osteopathic profession develop and plan for the future of osteopathic medical education. Please take some time to complete the following questionnaire to help in planning the future of osteopathic medical education. The information you provide in this survey will be reported only in aggregate or summary form; individually identifiable information will not be made available to the colleges or other organizations. The reason we ask for your identification is to allow for longitudinal studies linking your responses when you took a similar survey as a first-year medical student to your responses as a graduating medical student.

Please use the survey's navigation buttons (e.g. BACK, NEXT) to move throughout the survey. Do not use your

web browser's forward and back buttons to move through the survey. Please do not complete this survey more than once.

***Indicates required response.**

Please provide the following information:

Last Name

First Name

Suffix

Middle Name (or other/alternative last name)

*** Osteopathic Medical School**

Part I: OSTEOPATHIC MEDICAL EDUCATION EXPERIENCES

Please rate your overall satisfaction with the quality of your osteopathic medical education.

- Very satisfied
- Satisfied
- Neither satisfied nor dissatisfied
- Dissatisfied
- Very dissatisfied

At this time, how satisfied are you that you selected Osteopathic Medicine as a career?

- Very satisfied
- Satisfied
- Neither satisfied nor dissatisfied
- Dissatisfied
- Very dissatisfied

If given the opportunity to begin your osteopathic medical education again, would you prefer to enroll in:

- The osteopathic medical school from which you are about to graduate
- Another osteopathic medical school
- An allopathic medical school
- Would not have gone to medical school at all

I believe my osteopathic medical school values diversity in its faculty, administration, and student body.

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

Please evaluate the amount of instruction provided in each of the areas listed below.

	Appropriate	Inadequate	Excessive
Basic medical science	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Behavioral science	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Biostatistics	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bioterrorism	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Care of ambulatory patients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Care of elderly (geriatrics)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Care of hospitalized patients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Care of patients with HIV/AIDS	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Clinical decision-making	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Clinical pharmacology	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Clinical science	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Appropriate	Inadequate	Excessive
Cost-effective medical practice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Diagnostic skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Drug & alcohol abuse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family/domestic violence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Genetics	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health promotion & disease prevention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Human sexuality	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Independent learning & self-evaluation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Infection control/health care setting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Infectious disease prevention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Integrative medicine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Legal medicine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Literature analysis skill	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medical care cost control	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medical ethics	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medical record-keeping	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medical socioeconomics	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Neuromusculoskeletal med./OMT	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nutrition	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pain management	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Patient education	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Patient follow-up	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Patient interviewing skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Appropriate	Inadequate	Excessive
Physician-patient relationship	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Practice management	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Primary care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Public health & community medicine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Rehabilitation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Research techniques	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Role of medicine in community	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Screen for diseases	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Teamwork with other health professionals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Therapeutic management	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use of computers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Utilization review & quality assurance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please indicate whether you agree or disagree with the following statements about your first two years of osteopathic medical education.

	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
Basic & clinical science course objectives were made clear to students	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Basic science courses were sufficiently integrated with each other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
Basic science courses were sufficiently integrated with clinical training	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Course objectives & examination content matched closely	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Course work adequately prepared students for clerkships	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The first two years of medical school were well organized	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Students were provided with timely feedback on performance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There was adequate exposure to patient care during the first two years	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Osteopathic principles were adequately integrated into course work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
An appropriate amount of training was provided in OMT	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There was adequate preparation for COMLEX Level I	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

In your view how appropriate was your osteopathic medical school involvement in your clerkship years?

- Excessive involvement
- Outstanding involvement
- Adequate involvement
- Some, but inadequate involvement
- Not involved

For your required clerkships, please indicate the approximate percentage that were arranged/set up by your osteopathic medical school.

- 10% or fewer
- 11% - 40%
- 41% - 60%
- 61% - 80%
- 81% - 100%

For your elective/selective clerkships, please indicate the approximate percentage that were arranged/set up by your osteopathic medical school.

- 10% or fewer
- 11% - 40%
- 41% - 60%
- 61% - 80%
- 81% - 100%

In general, how much advance notice did you have of where you would be doing your required clerkships?

- Less than 1 month
- 1 to 3 months
- 3 months or more

In general, how much advance notice did you have of where you would be doing your elective clerkships?

- Less than 1 month
- 1 to 3 months
- 3 months or more

Please indicate whether you agree or disagree with the following statements about your REQUIRED Clerkships during the last two years of osteopathic medical education.

	Strongly Agree	Agree	Neither Agree nor Disagree
Clear goals and objectives were set	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I was able to design my own goals and objectives	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Clear performance objectives were set	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Clerkships were well-organized	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Rounds were conducted as scheduled	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Timely feedback was provided on performance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There was too large a role by residents in teaching and evaluation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There was appropriate diversity of patients and their health issues	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There was an appropriate number of inpatient experiences	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Each clerkship had an osteopathic orientation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Strongly Agree	Agree	Neither Agree nor Disagree
Osteopathic principles & practice (OPP) were well-integrated in each clerkship	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There was appropriate technology usage for the situation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I was able to work on a personal basis with patients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The attending modeled excellent patient relationship skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Support staff was friendly and supportive to students	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Coverage hours were set and finished on time	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I was asked relevant and pertinent questions on patient diagnosis, treatment options, management, and follow-up care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I felt free to ask questions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The attending seemed interested in my opinions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Personal concerns were addressed by the attending while on rotation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I was treated with respect	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I was able to discuss progress on rotation with the attending	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The attending critically evaluated me during rotation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I was able to discuss the final rotation evaluation with the attending	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The attending based the evaluation on direct observation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I was able to meet and discuss areas of concern with the attending outside of the clinical setting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I lived a reasonable distance from rotation sites	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The rotations prepared me for examinations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Testing was provided at end of each rotation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There was adequate preparation for COMLEX Level 2-CE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There was adequate preparation for COMLEX Level 2-PE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please indicate whether you agree or disagree with the following statements about your SELECTIVE/ELECTIVE Clerkships during the last two years of osteopathic medical education.

	Strongly Agree	Agree	Neither Agree nor Disagree
Clear goals and objectives were set	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I was able to design my own goals and objectives	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Clear performance objectives were set	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Clerkships were well-organized	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Rounds were conducted as scheduled	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Timely feedback was provided on performance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There was too large a role by residents in teaching and evaluation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There was appropriate diversity of patients and their health issues	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There was an appropriate number of inpatient experiences	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Each clerkship had an osteopathic orientation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Osteopathic principles & practice (OPP) were well-integrated in each clerkship	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There was appropriate technology usage for the situation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I was able to work on a personal basis with patients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The attending modeled excellent patient relationship skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Support staff was friendly and supportive to students	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Coverage hours were set and finished on time	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I was asked relevant and pertinent questions on patient diagnosis, treatment options, management, and follow-up care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Strongly Agree	Agree	Neither Agree nor Disagree
I felt free to ask questions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The attending seemed interested in my opinions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Personal concerns were addressed by the attending while on rotation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I was treated with respect	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I was able to discuss progress on rotation with the attending	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The attending critically evaluated me during rotation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I was able to discuss the final rotation evaluation with the attending	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The attending based the evaluation on direct observation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I was able to meet and discuss areas of concern with the attending outside of the clinical setting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I lived a reasonable distance from rotation sites	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The rotations prepared me for examinations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Testing was provided at end of each rotation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There was adequate preparation for COMLEX Level 2-CE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There was adequate preparation for COMLEX Level 2-PE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Did you apply for elective rotations at MD programs through the Visiting Student Application Service (VSAS)?

- Yes
- No
- Unsure

How many elective rotations did you apply to through VSAS? Enter number.

How many elective rotations were you offered through VSAS? Enter number.

How many did you accept and complete? Enter number.

Please comment on your experiences with the Visiting Student Application Service.

Please note that there is a 1,000 maximum character length for the comment section.

Indicate the type of involvement your osteopathic medical school had in your third- and fourth-year education? Check all that apply.

- COMLEX Level 2-CE preparation
- COMLEX Level 2-PE preparation
- Distance learning
- E-mail
- Faculty visit
- Newsletter

National Examinations - COMLEX-USA

Did you pass COMLEX-USA Level 1 on your first attempt?

- Yes
- No

Did you pass COMLEX-USA Level 2 PE on your first attempt?

- Yes
- No

Did you pass COMLEX-USA Level 2 CE on your first attempt?

- Yes
- No

National Examinations - USMLE

Did you take USMLE Step 1?

- Yes
- No

If you did take the USMLE Step 1, did you pass on your first attempt?

- Yes
- No

Did you take USMLE Step 2 CK?

- Yes
- No

If you did take the USMLE Step 2 CK, did you pass on your first attempt?

- Yes
- No

Did you take USMLE Step 2 CS?

- Yes
- No

If you did take the USMLE Step 2 CS, did you pass on your first attempt?

- Yes
- No

During your osteopathic medical education, have you participated in organized interprofessional educational activities where you learned with students from different health professions (for example, dentistry, pharmacy, nursing, podiatry, physician assistant, physical therapy, and other)?

- Yes
- No
- Unsure

Please indicate when these interprofessional educational activities occurred during your osteopathic medical education. Check all that apply.

- Preclinical education
- Clinical education

With which other profession(s) have you experienced these educational activities? Check all that apply.

- Dentistry
- MD Medicine
- Nursing
- Occupational Therapy
- Pharmacy
- Physical Therapy

- Physician Assistant
- Podiatry
- Psychology
- Public Health
- Social Work
- Veterinary Medicine
- Other

What kinds of educational experiences did you have with other health professions students? Check all that apply.

- Lecture (basic science)
- Lecture (clinical subject)
- Patient-centered case studies
- Clinical simulations
- Active engagement with patients (rotations of any kind, clinics)
- Community projects or service learning
- Skills training in team settings
- Other

Indicate your level of agreement with each of the following statements:

The learning experiences with other health professionals helped me to better understand the roles of other health professionals in patient care.

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

I believe the learning experiences with other health professionals will contribute to/improve my performance as an osteopathic physician.

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

Please use this space to comment on your interprofessional medical education experiences.

Please note that there is a 1,000 maximum character length for the comment section.



Please indicate how confident you are in your ability to perform the following examinations.

	Completely Confident	Mostly Confident	Fairly Confident	Not at all Confident	No Opportunity to Perform
General adult examination	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
General pediatric examination	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Well-baby examination	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Breast and pelvic examination	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prostate and testicular examination	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Osteopathic structural examination	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sports participation examination	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Indicate your level of satisfaction with the following.

	Very Satisfied	Satisfied	Neither Satisfied nor Dissatisfied	Dissatisfied	Very Dissatisfied
Academic counseling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Accessibility to administration	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Awareness of student problems by administration	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Career counseling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Computer resource center	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Disability insurance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Electronic communication (e-mail, Internet/Intranet)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Faculty mentoring	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Financial aid administration services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Library	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Participation of students on key medical school committees	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Personal counseling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Student health insurance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Student health services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Student relaxation space	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Student study space	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tutorial help	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Enter percentage amounts without percent signs or decimals. If none, enter 0.

Please estimate the percentage of time you devoted to the following activities during the third and fourth years. Please be sure the sum of all equals 100.

Inpatient care, including reading x-ray films & laboratory work	<input type="text" value="0"/>	%
Outpatient care	<input type="text" value="0"/>	%
Extended/long-term care	<input type="text" value="0"/>	%
Research	<input type="text" value="0"/>	%
Other	<input type="text" value="0"/>	%
Total	<input type="text" value="0"/>	%

Please indicate your agreement with the following statements regarding your training in Osteopathic Manipulative Treatment, Principles, and Practice.

	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
Well prepared to diagnose structural problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Well prepared to treat structural problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Well prepared to document findings in a structural examination	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Had opportunity to practice OPP during first two years in medical school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Had opportunity to practice OPP during in-hospital rotations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
Had opportunity to practice OPP during ambulatory primary care rotations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Had opportunity to practice OPP during ambulatory non-primary care rotations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Had osteopathic physician role models during the first two years in medical school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Had osteopathic physician role models during required in-hospital rotations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Had osteopathic physician role models during ambulatory primary care rotations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Had osteopathic physician role models during ambulatory non-primary care rotations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Had osteopathic physician role models during selectives/electives	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Indicate whether you agree or disagree with the following statements about your geriatrics and gerontology education during medical school.

	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
I can identify situations where co-morbid conditions, life expectancy, and/or functional status should modify (or override) standard recommendations for screening tests in older adults	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I can anticipate and identify hazards of hospitalization for older adults	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
I can identify those medications that should be avoided or used with caution in older adults	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I can differentiate the clinical presentations of delirium, dementia, and depression in older adults	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I can assess a patient's self-care/functional capacity, e.g. ADLs & IADLs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I can assess an older adult patient's fall risk, identify underlying causative factors, and make recommendations for further evaluation and initial management	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I can describe the differences in the presenting signs, symptoms, and laboratory findings of common conditions in older, as compared to younger, adults	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

What percentage of your training was delivered by allopathic physicians?

	None	1 - 25%	26 - 50%	51 - 75%	76 - 100%
During the first two years of medical school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
During required in-hospital rotations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
During required ambulatory primary care rotations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
During required ambulatory non-primary care rotations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
During selectives/electives	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

The questions on this page are being asked by AACOM to evaluate the competencies expected of medical school graduates who will soon be entering residency.

How confident are you in your current ability to perform the following activities:

	Extremely Competent	Moderately Competent	Sligh Compe
Perform an accurate, complete, and focused history or physical exam in a prioritized, organized manner without supervision and with respect for the patient.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Integrate patient data to formulate an assessment and develop a list of potential diagnoses that can be prioritized, leading to a selection of a working diagnosis.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Select and interpret common diagnostic and screening tests using evidence-based and cost-effective principles when approaching a patient in any setting.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Write safe and indicated orders and prescribe therapies or interventions in a variety of settings (e.g. inpatient, ambulatory, urgent or emergent care) without direct supervision.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Provide accurate, focused, and context-specific documentation of a clinical encounter in either written or electronic formats.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Present a concise oral summary of a patient encounter to achieve a shared understanding of the patient's condition.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Identify key clinical questions in caring for patients, identify information resources, and retrieve information and evidence that will be used to address those questions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Perform safe and effective transitions of responsibility for patient care from one health care team or practitioner to another.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Extremely Competent	Moderately Competent	Slight Compe
Participate as a contributing and integrated member of an interprofessional team and fully embrace the value of teamwork in patient care.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Promptly recognize a patient who requires urgent or emergent care, initiate evaluation and treatment, and seek help.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Obtain consent for tests and/or procedures for which I know the indications, contraindications, alternatives, risks and benefits.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Understand systems, identify system failures, and intervene in systems to improve quality and safety in health care.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How confident are you in your current ability to perform the following skills without direct supervision (i.e., with no supervisor in the room)?

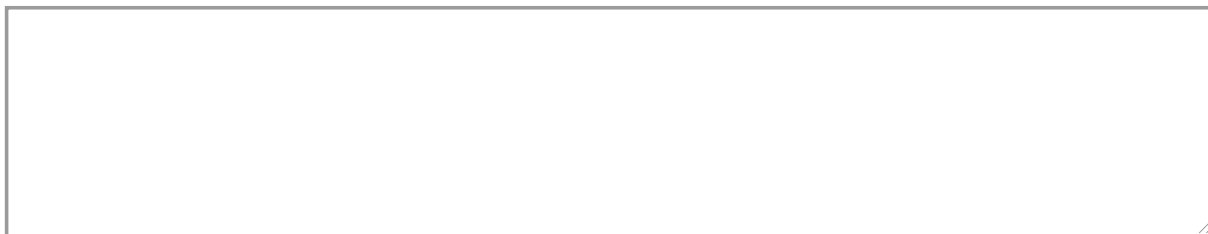
	Extremely Competent	Moderately Competent	Slightly Competent	Neither Competent nor Incompetent	Slightl Incompe
Intravenous (IV) line insertion	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Phlebotomy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bag-valve-mask (BVM) ventilation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cardiopulmonary resuscitation (CPR)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please offer any comments that may help the AACOM determine the usefulness of these questions for benchmarking and improving medical education at the local and national levels.

Please note that there is a 1,000 maximum character length for the comment section.

Please submit suggestions for improvement or positive comments on your osteopathic medical education. Your comments will be fed back to the schools ANONYMOUSLY in the spirit of helping to improve osteopathic medical education.

Please note that there is a 1,000 maximum character length for the comment section.



Part II: CAREER PLANS

Please indicate your plans immediately following graduation.

- ACGME transitional year with Osteopathic Recognition
- ACGME transitional year without Osteopathic Recognition
- ACGME residency with Osteopathic Recognition
- ACGME residency without Osteopathic Recognition
- Governmental/military service residency with Osteopathic Recognition
- Governmental/military service residency without Osteopathic Recognition
- Research or other non-residency activity
- Undecided

Please select ONE item that best describes your plans for board certification.

- AOA boards
- ABMS boards

- Both AOA and ABMS boards
- Not planning board certification
- Undecided or indefinite
- Other

Please give ALL the reasons why you plan to pursue ABMS boards or both AOA and ABMS boards.

- ABMS board certification is more widely recognized
- ABMS board certification has more colleague acceptance
- ABMS board certification carries more prestige
- ABMS board certification provides more opportunities (career, residencies, etc.)
- Personal desire for dual certification
- Hospital privileges more readily obtained with ABMS board certification
- Licenses more readily obtained with ABMS board certification
- It is a requirement of the residency program
- Other

Area of Interest: Select ONE specialty in which you are most likely to work or seek training.

- | | | |
|---|---|--|
| <input type="radio"/> Family Medicine | <input type="radio"/> Geriatric Medicine | <input type="radio"/> Preventive Medicine including subspecialties |
| <input type="radio"/> General Internal Medicine | <input type="radio"/> Medical Genetics and Genomics | <input type="radio"/> Radiology including subspecialties |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

- | | | |
|---|--|---|
| <input type="radio"/> Internal Medicine Subspecialty | <input type="radio"/> Neurology including subspecialties | <input type="radio"/> Sports Medicine |
| <input type="radio"/> Osteopathic Neuromusculoskeletal Medicine | <input type="radio"/> Psychiatry including subspecialties | <input type="radio"/> General Surgery |
| <input type="radio"/> General Pediatrics | <input type="radio"/> Nuclear Medicine | <input type="radio"/> Colon Rectal Surgery |
| <input type="radio"/> Pediatrics Subspecialty | <input type="radio"/> Ob/Gyn including subspecialties | <input type="radio"/> Orthopedic Surgery |
| <input type="radio"/> Allergy and Immunology | <input type="radio"/> Ophthalmology/Reconstructive Surgery | <input type="radio"/> Surgery subspecialty |
| <input type="radio"/> Anesthesiology | <input type="radio"/> Otolaryngology | <input type="radio"/> Thoracic Surgery |
| <input type="radio"/> Critical Care | <input type="radio"/> Pathology including subspecialties | <input type="radio"/> Vascular Surgery |
| <input type="radio"/> Dermatology | <input type="radio"/> Physical Medicine and Rehabilitation | <input type="radio"/> Urology |
| <input type="radio"/> Emergency Medicine | <input type="radio"/> Plastic Surgery | <input type="radio"/> Undecided or Indefinite |

Long-Range Plans: Select ONE item that best describes your intended activity five years AFTER internship and residency training.

- Practice in an HMO
- Employed in a hospital or physician group
- Self-employed with or without a partner in private practice
- Governmental service, e.g. military, NHS Corps, Indian Health Service, V.A., state/local health dept.
- Other professional activity, e.g. teaching, research, administration, fellowship
- Undecided

Please indicate the importance of each of the following factors affecting your specialty choice decision.

	Major Influence	Strong Influence	Moderate Influence	Minor Influence	Irrelevant
Intellectual content of the specialty (type of work, diagnostic programs, diversity)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Like dealing with people (type of person, type of patient) more than techniques	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prestige/income potential	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Debt level (level of debt, length of residency, high malpractice insurance premiums)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lifestyle (predictable working hours, sufficient time for family)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Like the emphasis on technical skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Program has Osteopathic Recognition	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Role models (e.g., physicians in the specialty)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Peer influence (encouragement from practicing physicians, faculty, or other students)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Skills/abilities (possess the skills required for the specialty or its patient population)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Academic environment (courses, clerkships in the specialty area)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Opportunity for research/creativity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Desire for independence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Previous experience	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Do you plan, at some point in your career, to work as a hospitalist (i.e., full-time care of hospitalized patients)?

- Yes
- No
- Unsure

If you plan to work as a hospitalist, do you anticipate providing patient care full-time or part-time?

- Full-time (at least 36 hours a week)
- Part-time (less than 36 hours a week)
- Unsure

If you plan to work as a hospitalist, how exclusively do you expect to be involved in research?

- Full-time
- Significantly involved
- Involved in a limited way
- Unsure

Where do you expect to locate after the completion of your internship and residency?

What is the population of the city/town/area of legal residence where you plan to be employed or in practice after completion of internship or residency?

- Major metropolitan area (1,000,001 or more)
- Metropolitan area (500,001 to 1,000,000)
- City (100,001 to 500,000)
- City (50,001 to 100,000)
- City or town (10,001 to 50,000)
- City or town (2,501 to 10,000)
- Area 2,500 or less
- Undecided

Are you planning to practice in any underserved or shortage areas after completion of internship or residency?

- Yes
- No
- Unsure

In what type of underserved or shortage area do you plan to practice?

- Rural community

- Inner-city community
- Other

The following question relates to your expected income after internship and residency.

Dollar amounts should be entered as whole numbers without dollar signs, commas, or decimals. If none, enter 0.

First year in practice after internship and residency?

Fifth year in practice after internship and residency?

Tenth year in practice after internship and residency?

Part III: FINANCIAL AID

The following section relates to debt you have incurred to complete your education.

When completing the following questions please refer to the National Student Loan Data System (NSLDS) for your loan information [by clicking here](#). To access the NSLDS you will need your username and password. If you do not have a FSA ID you will need to create one to log in.

Dollar amounts should be entered as whole numbers without dollar signs, commas, or decimals. If none, enter 0.

When you started osteopathic medical school, how much did you owe from undergraduate or graduate education? Do NOT include osteopathic medical school debt.

How much of the previous amount of $\$\{q://QID85/ChoiceTextEntryValue\}$ is debt from graduate education? Do NOT include osteopathic medical school debt.

When completing the following questions please refer to the National Student Loan Data System (NSLDS) for your loan information [by clicking here](#). To access the NSLDS you will need your username and password. If you do not have a FSA ID you will need to create one to log in.

Dollar amounts should be entered as whole numbers without dollar signs, commas, or decimals. If none, enter 0.

Indicate the principal amount you borrowed from each loan source listed below to finance your osteopathic medical education. Exclude loans to finance your undergraduate or previous graduate education and non-educational debt.

Unsubsidized Stafford Loan (FFEL or Direct) \$

Subsidized Stafford Loan (FFEL or Direct) \$

Federal Graduate PLUS Loan Program \$

Perkins Loan in whole dollars	\$	<input type="text" value="0"/>
Loans for Disadvantaged Students (LDS)	\$	<input type="text" value="0"/>
Primary Care Loan (PCL)	\$	<input type="text" value="0"/>
Other loans insured by a state government	\$	<input type="text" value="0"/>
Osteopathic association loans (For example: AOA, state or local osteopathic society)	\$	<input type="text" value="0"/>
Alternative loan (For example: Robert Wood Johnson, student loan program, PEP, StillLoan, MedFunds, CitiAssist, MedEXCEL, Med-Cap, Med-Achiever, Signature Health)	\$	<input type="text" value="0"/>
Any other loans for your osteopathic medical education in your name	\$	<input type="text" value="0"/>
Total	\$	<input type="text" value="0"/>

Family Loans: If your parents or other family members borrowed to help finance your osteopathic medical education, please indicate the total amount of their loan(s). Omit any loans in your name.

Total loans taken out by family members

How much of the previous amount of $\$\{q://QID148/ChoiceTextEntryValue\}$ for loans taken out by family is to be paid by you?

Dollar amounts should be entered as whole numbers without dollar signs, commas, or decimals. If none, enter 0.

Indicate the total amount you received as scholarship/grant, fellowship funds from the sources listed below to finance your osteopathic medical education. Exclude any scholarships or grants received to finance your undergraduate or previous graduate education.

National Health Service Corps Scholarship	\$	<input type="text" value="0"/>
Armed Forces Health Professions Scholarship	\$	<input type="text" value="0"/>
Post-9/11 GI Bill	\$	<input type="text" value="0"/>
Indian Health Service Scholarship Program	\$	<input type="text" value="0"/>
Department of Defense Tuition Assistance Program	\$	<input type="text" value="0"/>
Scholarships for Disadvantaged Students	\$	<input type="text" value="0"/>
State government scholarship/grant	\$	<input type="text" value="0"/>
Scholarship/grant/fellowship from osteopathic medical school or its parent university	\$	<input type="text" value="0"/>

Tuition waiver	\$	<input type="text" value="0"/>
Osteopathic association scholarships (For example: AOA, state or local osteopathic society)	\$	<input type="text" value="0"/>
Other sources	\$	<input type="text" value="0"/>
Total	\$	<input type="text" value="0"/>

This question relies on your previous responses to the survey. If you need to change your response please do so by using the “Back” button below.

Enter percentage amounts without percent signs or decimals. If none, enter 0.

Estimate the percentage of the total cost of your osteopathic medical education that was paid by each of the following sources. Please be sure the total equals 100.

Loans – Total from your previous response	<input type="text" value="0"/>	%
Scholarships/grants – Total from your previous response	<input type="text" value="0"/>	%
Personal savings	<input type="text" value="0"/>	%
Personal earnings – (Only include monies earned by you or your spouse during your 4 years of medical school.)	<input type="text" value="0"/>	%
Parents	<input type="text" value="0"/>	%
Other relatives	<input type="text" value="0"/>	%
Others		

Total

0

 %

How much non-educational consumer debt (such as car loans, credit card, and medical expenses) did you incur while in osteopathic medical school? Dollar amounts should be entered as whole numbers without dollar signs, commas, or decimals. If none, enter 0.

How many years do you expect to take to repay the indebtedness for your osteopathic medical education?

Do you anticipate participating in a student loan consolidation program for repayment?

- Yes
- No
- Undecided

Do you plan to enter a loan-forgiveness program?

- Yes
- No

Please list the type of loan-forgiveness program you plan on participating in:

- Department of Education's Public Service Loan Forgiveness (PSLF)
- Armed Services (Navy, Army, Air Force)
- National Health Service Corps Loan Repayment Program
- Indian Health Service Loan Repayment Program
- National Institutes of Health Loan Repayment Program
- State loan forgiveness program
- Hospital program (e.g. sign-on bonus)
- Other

Part IV: DEMOGRAPHIC DATA

This information is for classification purposes only and is considered confidential. Information will only be used by the AACOM and affiliated organizations in totals or averages.

*** Date of Birth (MM/DD/YYYY):**

SSN (xxx-xx-xxxx):

**AACOM asks for your Social Security Number so that we can track data longitudinally--a similar survey was administered during your first year, and this number allows us to analyze changes in responses. AACOM provides reports to the COMs only in aggregate or summary form and does not include any individual identifiers.*

Assigned sex at birth: What sex were you assigned at birth, on your original birth certificate?

- Male
- Female

Current Gender Identity: How do you describe yourself?

- Male
- Female

- Transgender female
- Transgender male
- Gender variant/non-conforming
- Not listed
- Decline to answer

Martial Status

- Married/cohabiting
- Single

Dependents: Including yourself, how many dependents do you support financially?

- 1
- 2
- 3
- 4
- 5 or more

Race/Ethnicity: Indicate your race and/or ethnicity from the categories provided. If you are selecting Hispanic or Latino ethnicity and/or Asian or Native Hawaiian or Other Pacific Islander race, you must check one or more of the sub-categories.

Ethnicity - Check all that apply

Hispanic or Latino

- Mexican, Mexican American, Chicano/Chicana
- Cuban
- Puerto Rican
- Other Hispanic or Latino

Race - Check all that apply

American Indian/Alaskan Native

- American Indian/Alaskan Native

Asian

- Asian Indian
- Chinese
- Filipino
- Japanese
- Korean
- Pakistani
- Vietnamese

Other Asian

Black/African-American

Black/African-American

Native Hawaiian or Other Pacific Islander

- Guamanian or Chamorro
- Native Hawaiian
- Samoan
- Other Native Hawaiian or Pacific Islander

White/Caucasian

White/Caucasian

Ethnic Description:

American Indian/Alaskan Native: *A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.*

Asian: *A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.*

Black/African American: *A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" can be used in addition to "Black or African American."*

Hispanic/Latino: *A person of Cuban, Mexican, Puerto Rican, South or Central America, or Spanish culture or origin, regardless of race.*

Native Hawaiian/Other Pacific Islander: *A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.*

White/Caucasian: *A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.*

Citizenship Status

- U.S. Citizen
- Permanent Resident
- Temporary Resident

What is your current state of legal residence?

What is the population of the city/town/area of legal residence?

- Major metropolitan area (1,000,001 or more)
- Metropolitan area (500,001 to 1,000,000)
- City (100,001 to 500,000)

- City (50,001 to 100,000)
- City or town (10,001 to 50,000)
- City or town (2,501 to 10,000)
- Area 2,500 or less

Father's Education: Select the highest level of education your father attained. Complete this item even if he is deceased.

- Professional Degree (DO/MD, JD, DDS, etc.)
- Doctorate (Ph.D. Ed.D. etc.)
- Master's
- Bachelor's
- Associate Degree/Technical Certificate
- High School Graduate
- Less than High School

What is your father's professional degree, please select one of the following:

- DO/MD
- Other Health Professions
- Other

Mother's Education: Select the highest level of education your mother attained. Complete this item even if she is deceased.

- Professional Degree (DO/MD, JD, DDS, etc.)
- Doctorate (Ph.D. Ed.D. etc.)
- Master's
- Bachelor's
- Associate Degree/Technical Certificate
- High School Graduate
- Less than High School

What is your mother's professional degree, please select one of the following:

- DO/MD
- Other Health Professions
- Other

Parent's Income: Give your best estimate of your parents' combined income before taxes for the prior year.

- Less than \$20,000
- \$20,000 - \$34,999
- \$35,000 - \$49,999
- \$50,000 - \$74,999

- \$75,000 - \$99,999
- \$100,000 - \$199,999
- \$200,000 or more
- Deceased/Unknown

Financial Independence: Do you consider yourself financially independent from your parents?

- Yes
- No

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