

# AACOM 2010-11 Academic Year Entering Student Survey Summary Report

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Prepared by the Research Department  
American Association of Colleges of Osteopathic Medicine

## AACOM 2010-11 Academic Year Entering Student Survey Summary Report, Abstract

Each year, AACOM asks the nation's colleges of osteopathic medicine (COM) to conduct the AACOM Entering Student Survey. The survey compiles a comprehensive snapshot of osteopathic medical education debt, graduate medical education plans, and future specialty and practice plans. 4,337 students participated in the 2010-2011 Entering Student Survey. Demographic analyses presented in this report can be considered along with the demographic data presented on the Data and Trends website: <http://www.aacom.org/data/Pages/default.aspx>

### **Student Debt**

Mean expected osteopathic medical school debt increased by 12 percent from 2009-2010 to 2010-2011 from \$168,674 to \$189,615, while the percentage of first-year students with debt increased only slightly, from 90 to 91 percent. In 2010-2011, mean expected medical education debt also differed significantly between first-year students at private osteopathic medical schools and those at public schools. Students at private schools anticipated a mean debt of \$198,635, 24 percent more than the mean \$155,078 of debt anticipated by students at public schools.

From 2009-2010 to 2010-2011, mean expected scholarship/grant award amounts increased by 6 percent from \$70,392 to \$74,849, while the percentage of first-year students with awards increased from 28 to 30 percent. In 2010-2011, similar to expected debt, expected scholarship/grant award amounts differed significantly between first-year students at private osteopathic medical schools and those at public schools--unlike in 2009-2010. Students at private schools anticipated a mean award of \$80,052, 31 percent more than the mean \$58,305 anticipated by students at public schools. Additionally, the percentage of students anticipating scholarship/grant awards differed significantly between students at private and public schools; 29 percent of private school students received awards compared with 35 percent of public school students.

From 2009-2010 to 2010-2011, the distribution of scholarship/grant award sources remained similar, with the largest portion (9 percent) of awards coming from the osteopathic schools and/or their respective parent universities. A similarly significant portion (7 percent) of awards was attributed to the Armed Forces Health Professions (AFHP) scholarship. The largest award means were attributed to the AFHP (\$216,192) and National Health Service Corps (NHSC) (\$126,019) scholarships.

Income expected the first year upon completion of residencies increased from \$129,952 in 2009-2010 to \$131,592 in 2010-2011 amongst first-year students.

### **Graduate Medical Education, Professional Practice and Specialty Plans**

As in 2009-2010, 51 percent of 2010-2011 first-year respondents indicated plans to pursue osteopathic or dual AOA/ACGME-approved residencies or an osteopathic internship upon graduating from medical school. Forty-three percent of students indicated plans to practice in an underserved/shortage area, while 60 percent indicated plans to practice in a city with a population greater than 50,000.

Also as in 2009-2010, 23 percent of 2010-2011 first-year respondents indicated plans to pursue a primary care specialty. Analysis also showed how planned primary care specialty selection differed along lines of gender, marital status, parental profession, and parental income.

**Table I: Mean Debt, First-Year Students 2010-2011\***

Source of Debt	Debt <sup>‡</sup>			% in Debt		
	All Schools	Public	Private	All Schools	Public	Private
Expected Osteopathic Medical Education Loans	\$189,615	\$155,078 <sup>a</sup>	\$198,635 <sup>b</sup>	91%	90%	91%
Expected Family Loans to be Repaid by Student	\$4,543	\$3,342	\$4,872	6%	6%	6%
Expected Non-Educational Debt	\$9,263	\$8,611	\$9,435	40%	40%	40%
At Entry, Loans Owing for Undergraduate Education	\$18,782	\$18,522	\$18,850	52%	52%	52%
At Entry, Loans Owing for Post-Bac Education <sup>†</sup>	\$6,127	\$4,996 <sup>a</sup>	\$6,428 <sup>b</sup>	18%	18%	18%

\*All debt data are self-reported by respondents of the survey.

‡Mean taken from all responses.

† Amounts indicated are a portion of those indicated in the "At Entry, Loans Owing for Undergraduate Education" source of debt.

a,b Means within subrow noted by distinct letters differ significantly ( $p < 0.05$ ) by one-way ANOVA.

From 2009-2010 to 2010-2011 expected total osteopathic medical school debt reported by first-year students increased by 12 percent, from \$168,674 to \$189,615, while the mean increase in tuition and fees for all COMs was just 5 percent. The percentage of first-year students reporting debt increased by less than 1 percent to 91 percent. At private osteopathic medical schools, expected debt increased by 12 percent, from \$175,110 to \$198,635. Meanwhile, at public schools, expected debt increased by 7 percent, from \$144,428 to \$155,078. The percentage of students at private osteopathic medical schools with debt increased by less than 1 percent, to 91 percent; similarly, at public schools, the percentage of students with debt increased by less than 1 percent, to 90 percent.

Differences in expected debt between first-year students at private osteopathic medical schools and those at public schools were significant. First-year students at private schools expected a mean total medical school debt of \$198,635, while first-year students at public schools expected a 25 percent smaller mean debt of \$155,078. This significant difference between private and public school debt reported by 2010-2011 first-year students was 9 percent greater than the difference reported by 2009-2010 first-year students. Meanwhile, the difference between private and public COM tuition and fees grew by 3 percent, from 11 to 14 percent. Also from 2009-2010 to 2010-2011 the expected mean family loan debt to be repaid by the student increased by 87 percent, from \$2,425 to \$4,543. The percentage of first-year students indicating family loan debt to be repaid increased from 4 to 6 percent. Additionally, while mean expected non-educational debt decreased by 40 percent, from \$15,561 to \$9,263, the percentage of first-year students reporting non-educational debt increased from 39 to 40 percent.

In the 2010-2011 first-year student survey, the reported mean undergraduate debt of \$18,782 decreased by 2 percent from the mean undergraduate debt of \$19,085 reported in 2009-2010. Also, the percentage of first-year students indicating undergraduate debt increased less than 1 percent, to 52 percent. Of the 52 percent of first-year students indicating undergraduate education debt in 2010-2011, 34 percent reported post-baccalaureate debt as a portion of undergraduate debt. (Beginning in 2010-2011, first-year students were asked to indicate any post-baccalaureate debt accrued before entering medical school.)

**Table 2: Mean Osteopathic Medical School Debt**

	Debt <sup>‡</sup>	% in Debt
<b>Gender</b>		
Male	\$187,206	90% <sup>α</sup>
Female	\$192,223	92% <sup>β</sup>
<b>Race/Ethnicity</b>		
White	\$190,440 <sup>a</sup>	90% <sup>α</sup>
Asian	\$180,481 <sup>a</sup>	89% <sup>α</sup>
Hispanic	\$198,433 <sup>a</sup>	93% <sup>α</sup>
Black	\$226,224 <sup>b</sup>	100% <sup>β</sup>
All Others*	\$190,866 <sup>a</sup>	92% <sup>αβ</sup>
<b>Marital Status</b>		
Married/Cohabiting	\$198,248 <sup>a</sup>	93% <sup>α</sup>
Single	\$187,076 <sup>b</sup>	90% <sup>β</sup>
<b>Financial Status</b>		
Independent	\$206,970 <sup>a</sup>	94% <sup>α</sup>
Dependent	\$156,377 <sup>b</sup>	84% <sup>β</sup>
<b>Parental Income</b>		
\$49,999 or less	\$211,136 <sup>a</sup>	96% <sup>α</sup>
\$50,000 - \$99,999	\$200,046 <sup>b</sup>	94% <sup>β</sup>
\$100,000 - 199,999	\$187,875 <sup>c</sup>	90% <sup>γ</sup>
\$200,000 or more	\$157,884 <sup>d</sup>	81% <sup>δ</sup>
<b>Parental Education<sup>†</sup></b>		
Graduate/Professional Degree	\$179,630 <sup>a</sup>	88% <sup>α</sup>
Bachelor's Degree	\$195,408 <sup>b</sup>	92% <sup>β</sup>
No College Degree	\$203,655 <sup>b</sup>	94% <sup>β</sup>

‡Mean taken from all responses.

a,b,c,d Means within subcolumn noted by distinct letters differ significantly, (p<0.05) by one-way ANOVA followed by the Games-Howell post-hoc test when applicable.

α,β,γ,δ Percentages within subcolumn noted by distinct letters differ significantly, (p<0.05) by z-test.

\*Includes respondents claiming American Indian and Alaskan Native, Native Hawaiian and Pacific Islander or multiple races.

†Highest education level indicated between mother and father considered.

Table 2, above, shows that, as in 2009-2010, first-year students indicating a parent with a graduate/professional degree expected a significantly lower mean debt than students indicating a parent with a college degree or parents holding no degree. Also as in 2009-2010, a significantly smaller percentage of students with a parent holding a graduate/professional degree anticipated indebtedness.

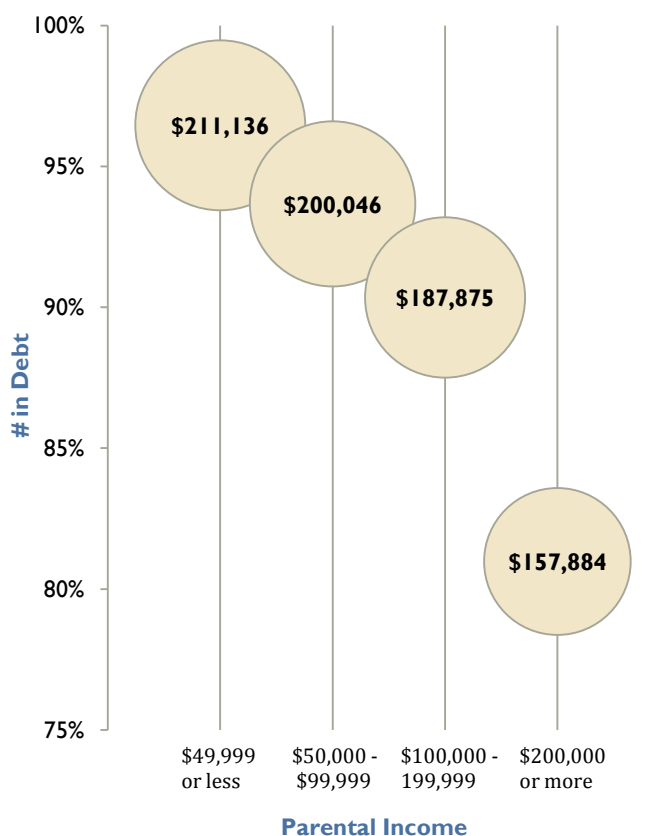
Table 2 shows that while the likelihood to be in debt was greater among females than among males, the mean expected debt did not significantly differ between genders.

Across race/ethnicities, Black first-year students anticipated a significantly higher mean debt than other first-year students. Additionally, all self-identifying Black students expected debt, and thus were more likely to be in debt than White, Asian or Hispanic students.

As in 2009-2010, married/cohabiting first-year students expected a significantly greater mean debt than single students and were more likely to be in debt. Financially independent students anticipated a \$50,593 greater mean debt than financially dependent students, and were 10 percent more likely to be in debt.

Chart 1 shows mean expected debt decreased significantly as indicated parental income increased. Likelihood to be in debt also decreased significantly as parental income increased.

**Chart 1: Expected Mean Debt and % of Students with Debt by Parental Income**



**Table 3: Mean Debt, Parental Income and Financial Independence/Dependence**

Parental Income	Debt <sup>‡</sup>		Debt % Difference	% in Debt	
	Dependent	Independent		Dependent	Independent
\$49,999 or less	\$195,802 <sup>aa</sup>	\$215,679 <sup>ab</sup>	10%	95% <sup>x</sup>	97% <sup>x</sup>
\$50,000 - \$99,999	\$181,214 <sup>aa</sup>	\$207,042 <sup>ab</sup>	13%	94% <sup>x</sup>	94% <sup>y</sup>
\$100,000 - 199,999	\$157,875 <sup>ba</sup>	\$206,594 <sup>ab</sup>	27%	85% <sup>yw</sup>	94% <sup>yw</sup>
\$200,000 or more	\$118,325 <sup>ca</sup>	\$199,818 <sup>ab</sup>	51%	69% <sup>zw</sup>	93% <sup>yw</sup>

a,b,c, Means within subcolumn noted by distinct letters differ significantly ( $p < 0.05$ ) by one-way ANOVA followed by the Games-Howell or Hochberg post-hoc test.

$\alpha, \beta$  Means within subrow noted by distinct letters differ significantly ( $p < 0.05$ ) by one-way ANOVA.

x,y,z Percentages within subcolumn noted by distinct letters differ significantly ( $p < 0.05$ ) by z test.

$\psi, \omega$  Percentages within subrow noted by distinct letters differ significantly ( $p < 0.05$ ) by z-test.

Table 3 shows how indicated parental income and student financial independence/dependence affected expected osteopathic medical school debt. Notably, as reported parental income increased, the percent difference in mean debt between financially independent and dependent students increased, from a low of 10 to a high of 51 percent. Financially dependent students indicating parental incomes of \$200,000 or more expected the lowest mean debt amount of \$118,325. These same students were significantly less likely to be in debt, with only 69 percent anticipating medical school indebtedness.

**Table 4: Osteopathic Education Debt Consolidation & Repayment**

	% Students	
Will Consolidate Debt	36%	2010-2011 first-year students expected to repay their osteopathic medical school loans in an average of 10 years. While 44 percent of students were unsure about future loan consolidation plans, 36 percent indicated plans to consolidate medical school debt.
Will Not Consolidate Debt	19%	
Undecided	44%	

**Table 5: Expected Net Income**

	Mean	Median	Mode	
One Year After Residency	\$131,592	\$120,000	\$120,000	On average, 2010-2011 first-year students expected to earn \$131,592 the first year after completing their residencies--\$1,640 more than the 2009-2010 first-year mean estimate of \$129,952. 2010-2011 first-year
Five Years After Residency	\$191,714	\$175,000	\$200,000	
Ten Years After Residency	\$270,981	\$200,000	\$200,000	

estimates of income five years and ten years after residency completion increased from those of 2009-2010 first-year students by \$3,934 and \$22,999, from \$187,780 and \$247,982, respectively.

**Table 6: Mean Osteopathic Medical Education Scholarship/Grants, First-Year Students 2010-2011\***

Source of Scholarship	Award <sup>‡</sup>			% Awarded		
	All Schools	Public	Private	All Schools	Public	Private
Total Scholarships/Grants <sup>†</sup>	\$74,849	\$58,305 <sup>a</sup>	\$80,052 <sup>b</sup>	30%	35% <sup>α</sup>	29% <sup>β</sup>
National Health Service Corps (NHSC) Scholarship	\$126,019	\$131,600	\$125,385	1%	1%	1%
Armed Forces Health Professions (AFHP) Scholarship	\$216,192	\$213,475	\$216,853	7%	7%	7%
State Government Scholarship/Grant	\$22,272	\$10,837 <sup>a</sup>	\$25,204 <sup>b</sup>	4%	4%	4%
Award from Osteopathic School or its Parent University	\$14,956	\$12,280	\$15,746	9%	9%	8%
Tuition Waiver	\$27,990	\$33,000	\$23,313	1%	2% <sup>α</sup>	0% <sup>β</sup>
Osteopathic Association	\$8,002	\$4,175	\$10,089	2%	4% <sup>α</sup>	2% <sup>β</sup>
Other Sources	\$26,336	\$17,343	\$28,696	5%	5%	5%

\*All award data are self-reported by respondents of the survey.

‡Mean taken from responses greater than zero.

a,b Means within subrow noted by distinct letters differ significantly ( $p < 0.05$ ) by one-way ANOVA.

α,β Percentages within subrow noted by distinct letters differ significantly ( $p < 0.05$ ) by one-way ANOVA.

Between 2009-2010 and 2010-2011 expected total scholarship/grant award amounts increased by 6 percent, from \$70,392 to \$74,849. Similarly, the percentage of first-year students receiving awards increased from 28 to 30 percent. At private osteopathic medical schools, expected awards increased from \$70,547 to \$80,052, while at public schools, awards decreased from \$69,876 to \$58,305. The percentage of first-year students at public schools receiving awards increased by 4 percent from 2009-2010 (31 percent to 35 percent), and the percentage of students at private schools receiving awards increased by 2 percent (27 percent to 29 percent).

Differences in scholarship/grant awards between first-year students attending private osteopathic medical schools and those at public schools were also significant. Students from private schools reported a total scholarship/grant award mean of \$80,052, 31 percent greater than the \$58,305 mean award reported by public school first-year students. Conversely, students from public schools were 6 percent more likely to receive awards than students from private schools (35 compared with 29 percent, respectively).

**†Table 6a: Mean Award and the AFHP and NHSC Scholarships**

Source of Scholarship	Award <sup>‡</sup>		% Awarded	
	Public	Private	Public	Private
<b>2010-2011</b>				
Total Scholarships/Grants	\$58,305 <sup>a</sup>	\$80,052 <sup>b</sup>	35% <sup>α</sup>	29% <sup>β</sup>
Non-AFHP/NHSC Scholarships	\$17,201 <sup>a</sup>	\$24,603 <sup>b</sup>	27% <sup>α</sup>	20% <sup>β</sup>
<b>2009-2010</b>				
Total Scholarships/Grants	\$69,876	\$70,547	31%	27%
Non-AFHP/NHSC Scholarships	\$23,245	\$24,158	23%	20%

‡Mean taken from responses greater than zero.

a,b Means within subrow noted by distinct letters differ significantly ( $p < 0.05$ ) by one-way ANOVA.

α,β Percentages within subrow noted by distinct letters differ significantly ( $p < 0.05$ ) by z-test.

Unlike in 2009-2010, in 2010-2011, there was a 31 percent difference between expected scholarship/grant awards reported by students at private osteopathic medical schools and those at public schools. Table 6a shows that disregarding the Armed Forces Health Profession (AFHP) and National Health Service Corps (NHSC) scholarships reveals a better explanation for this significant difference. While there was no significant difference in mean non-AFHP/NHSC awards and the percentage of students receiving those awards in 2009-2010, there was a significant difference in means and percentages in 2010-2011. Compared to 2009-2010, public school students expected a smaller mean non-AFHP/NHSC award in 2010-2011, while a greater percentage of public school students anticipated receiving non-AFHP/NHSC awards. Conversely, private school students expected a similar mean non-AFHP/NHSC award in 2010-2011 to that expected in 2009-2010, and the percentage of students anticipating non-AFHP/NHSC awards also remained similar.

**Chart 2: Percentage of Students with Expected Debt and Scholarships\***

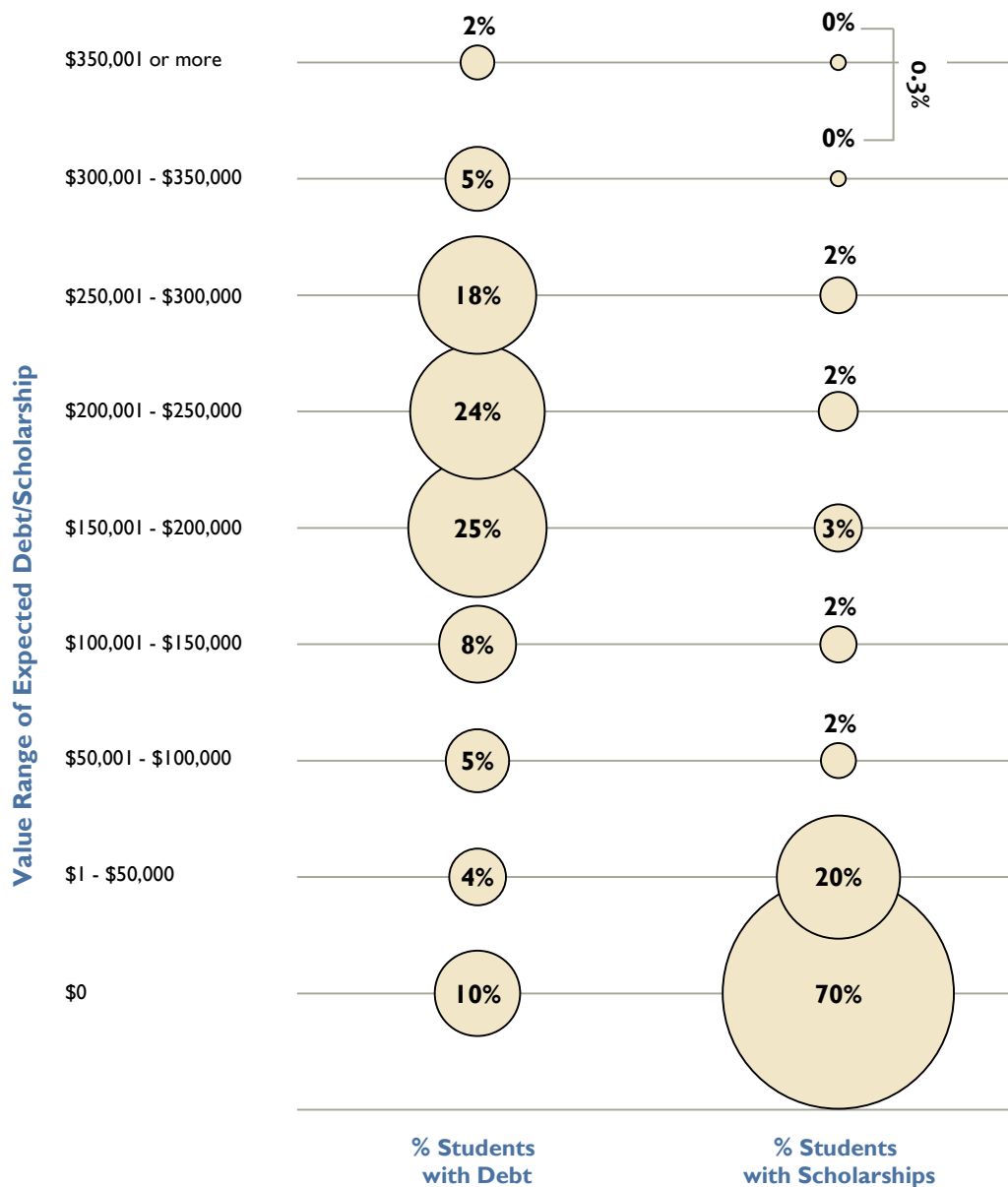


Chart 2 compares the number of 2010-2011 student respondents who reported loan and/or scholarship award amounts in the listed value ranges.

\*Bubble sizes are proportional to the percentage/number of students with debt/scholarships and may appear inconsistent due to rounding.

**Table 7: Mean Award and Socio-Economics**

	<b>Award<sup>‡</sup></b>	<b>% Awarded</b>
<b>Gender*</b>		
Male	\$89,742 <sup>a</sup>	30%
Female	\$58,277 <sup>b</sup>	31%
<b>Race/Ethnicity</b>		
White	\$78,188 <sup>ac</sup>	25% <sup>α</sup>
Asian	\$54,957 <sup>b</sup>	18% <sup>β</sup>
Hispanic	\$57,033 <sup>ab</sup>	32% <sup>γ</sup>
Black	\$36,334 <sup>b</sup>	49% <sup>δ</sup>
All Others*	\$112,067 <sup>c</sup>	37% <sup>γ</sup>
<b>Marital Status</b>		
Married/Cohabiting	\$87,866 <sup>a</sup>	27%
Single	\$70,430 <sup>b</sup>	24%
<b>Financial Status</b>		
Independent	\$82,708 <sup>a</sup>	26% <sup>α</sup>
Dependent	\$56,341 <sup>b</sup>	23% <sup>β</sup>
<b>Parental Income</b>		
\$49,999 or less	\$60,898 <sup>a</sup>	34% <sup>α</sup>
\$50,000 - \$99,999	\$75,419 <sup>ab</sup>	27% <sup>β</sup>
\$100,000 - 199,999	\$87,063 <sup>b</sup>	23% <sup>β</sup>
\$200,000 or more	\$72,980 <sup>ab</sup>	18% <sup>γ</sup>
<b>Parental Education</b>		
Graduate/Professional Degree	\$74,501	88% <sup>α</sup>
Bachelor's Degree	\$74,612	92% <sup>β</sup>
No College Degree	\$75,777	94% <sup>β</sup>

‡Mean taken from responses greater than zero.

a,b,c Means within subcolumn noted by distinct letters differ significantly ( $p < 0.05$ ) by one-way ANOVA followed by the Games Howell post-hoc test when applicable.

α,β,γ,δ Percentages within subcolumn noted by distinct letters differ significantly ( $p < 0.05$ ) by z-test.

Table 7 shows that while there was a significant difference in mean scholarship/grant award amounts reported by males and females, there as little difference between the percentage of males and females receiving awards. Table 7a shows that the difference in reported award means was due to males being two times more likely than females to indicate Armed Forces Health Professions (AFHP) scholarship awards. No significant difference was found in mean AFHP and non-AFHP award amounts between genders. Conversely, the 25 percent of females receiving non-AFHP awards was significantly greater than the 21 percent of males receiving non-AFHP awards.

Among race/ethnicities, Asian and Black students reported significantly different scholarship figures. Both Asian and Black students expected the lowest scholarship/grant amounts (\$54,957 and \$36,334 respectively). On the other hand, Asians were the least likely to receive awards (18 percent of Asians), while Blacks were the most likely to receive awards (49 percent of Black students).

Married/cohabiting students and financially independent students expected significantly greater award means than single and financially dependent students, respectively. Financially independent students were also more likely than financially dependent students to receive awards.

Students with parental incomes of less than \$50,000 were the most likely to receive awards, while students indicating parental incomes greater than \$199,999 were the least likely. Also, students indicating a parent holding a graduate/professional degree were less likely to receive awards than students indicating otherwise.

**\*Table 7a: Mean Award and Gender**

<b>Source of Scholarship</b>	<b>Award<sup>‡</sup></b>		<b>% Awarded</b>	
	<b>Male</b>	<b>Female</b>	<b>Male</b>	<b>Female</b>
Total Scholarships/Grants	\$89,742 <sup>a</sup>	\$58,277 <sup>b</sup>	30%	31%
AFHP Scholarship	\$215,728	\$217,300	10% <sup>α</sup>	5% <sup>β</sup>
Non-AFHP Scholarships	\$27,960	\$29,899	21% <sup>α</sup>	25% <sup>β</sup>

‡Mean taken from responses greater than zero.

a,b Means within subrow noted by distinct letters differ significantly ( $p < 0.05$ ) by one-way ANOVA.

α,β Percentages within subrow noted by distinct letters differ significantly ( $p < 0.05$ ) by z-test.

**Table 8: Sources of Funds for Osteopathic Medical Education, (% of total cost provided by each source)**

	<b>All Schools</b>	<b>Public</b>	<b>Private</b>
Loans	76%	75%	77%
Scholarships/Grants	9%	9%	9%
Savings	3%	4%	3%
Earnings	1%	1%	1%
Parents	9%	10%	8%
Relatives	1%	1%	1%
Other	1%	0%	1%

2010-2011 first-year students were asked to report a distribution of sources of osteopathic medical education funds. On average, students indicated that more than three-quarters of their education funds were loans. This distribution is similar to that reported by 2009-2010 first-year students.

**Table 9: Immediate Post-Graduate Plans, First-Year Students 2010-2011**

	% Students	Gender		Race-Ethnicity				
		Male	Female	White	Asian	Hispanic	Black	All Others
Osteopathic Residency	28%	25% <sup>a</sup>	31% <sup>b</sup>	30% <sup>α</sup>	23% <sup>β</sup>	25% <sup>αβ</sup>	33% <sup>αγ</sup>	21% <sup>βγ</sup>
Dual AOA/ACGME-Approved Residency	16%	16%	17%	15% <sup>αγ</sup>	20% <sup>β</sup>	22% <sup>βγ</sup>	21% <sup>αβγ</sup>	13% <sup>αδ</sup>
Allopathic Residency	8%	10% <sup>a</sup>	5% <sup>b</sup>	6% <sup>α</sup>	14% <sup>β</sup>	5% <sup>α</sup>	3% <sup>α</sup>	6% <sup>α</sup>
Internship	7%	6% <sup>a</sup>	8% <sup>b</sup>	6%	8%	10%	7%	7%
Government, NHSC, Military, VA, etc.	6%	8% <sup>a</sup>	3% <sup>b</sup>	6% <sup>α</sup>	3% <sup>β</sup>	6% <sup>αγ</sup>	5% <sup>αβγ</sup>	12% <sup>γ</sup>
Undecided	35%	35%	35%	36%	33%	32%	30%	41%
Total	100%	100%	100%					

a,b Percentages within subrow noted by distinct letters differ significantly (p<0.05) z-test.

α,β,γ,δ Percentages within subrow noted by distinct letters differ significantly (p<0.05) z-test.

The immediate post-graduate plans of 2010-2011 first-year students were similar to those of 2009-2010 first-year students. In both academic years, more than a third of the respondents were undecided; 28 percent indicated plans to pursue an osteopathic residency; and at least 14 percent indicated plans to pursue a dual AOA/ACGME-approved residency.

2010-2011 female first-year students were more likely to indicate plans to pursue an osteopathic residency or internship than males--as were 2009-2010 female students. On the other hand, females were almost two times (due to rounding) less likely to indicate allopathic residency plans in both 2009-2010 and 2010-2011. As in 2009-2010, 2010-2011 female students were less likely than males to pursue post-graduate activities within government or related institutions (which is consistent with the significant difference shown in Table 7a comparing AFHP scholarship awards between genders).

In 2010-2011, Asian first-year students were less likely than White students to indicate plans to pursue an osteopathic residency, as they were in 2009-2010. Also in 2010-2011, Asians were less likely than Black students to indicate osteopathic residency plans, while students in the All Others category were less likely than White students to do so. Asians were more likely than Whites to indicate plans to pursue a dual AOA/ACGME-approved residency as they were in 2009-2010. Meanwhile Hispanic students were more likely than students in the All Others category to indicate dual AOA/ACGME-approved residency plans. Notably, Asians were more likely to indicate plans to pursue an allopathic residency than any of the other race/ethnicities listed in Table 10--this is consistent with 2009-2010, when Asians were also statistically the most likely to choose allopathic residencies. Students in the All Others category were the most likely to indicate plans to pursue post-graduate activities within the government or related institutions, while Whites and Hispanics were more likely than Asians to do so.

**Table 10: Reasons Given for Planning an Allopathic or Dual AOA/ACGME-Approved Residency\***

	% Students	
Opens more career opportunities	73%	The 24 percent of respondents who indicated plans to pursue allopathic or dual AOA/ACGME-approved residencies were asked to select among the reasons listed in Table 10 for choosing their respective post-graduate activities.
Located in more suitable geographic location(s)	56%	
Located in larger institutions	50%	
Believe better training and educational opportunities available	40%	
Better chance of being accepted in program	28%	
Desire specialty training not available in osteopathic program	26%	
Allows ABMS board certification	17%	
Higher pay	10%	
Shorter training period	4%	
Obligation	1%	
Other	2%	

\*Each respondent indicating allopathic or dual AOA/ABMS-approved residency plans could choose one or more of the listed reasons influencing residency choice.

**Table 11: Board Certification Plans, First-Year Students 2010-2011**

	% Students	Gender		Race-Ethnicity				
		Male	Female	White	Asian	Hispanic	Black	All Others
Osteopathic AOA Boards	25%	23% <sup>a</sup>	27% <sup>b</sup>	28% <sup>α</sup>	15% <sup>β</sup>	17% <sup>γ</sup>	34% <sup>δ</sup>	27% <sup>αδ</sup>
Both AOA and ABMS Boards	56%	57%	56%	53% <sup>α</sup>	65% <sup>β</sup>	65% <sup>β</sup>	55% <sup>αβ</sup>	60% <sup>αβ</sup>
Allopathic ABMS Boards	2%	3% <sup>a</sup>	1% <sup>b</sup>	2% <sup>α</sup>	4% <sup>β</sup>	2% <sup>αβ</sup>	0% <sup>αβ</sup>	1% <sup>α</sup>
Other	0%	0%	0%	0%	0%	0%	0%	0%
Not Planning Board Certification	0%	0%	0%	0%	0%	0%	1%	0%
Undecided	16%	17%	16%	17%	16%	16%	10%	12%
Total	100%	100%	100%	100%	100%	100%	100%	100%

a,b Percentages within subrow noted by distinct letters differ significantly (p<0.05) z-test.

α,β,γ, Percentages within subrow noted by distinct letters differ significantly (p<0.05) z-test.

The board certification plans of 2010-2011 first-year students were similar to those of 2009-2010 first-year students. In both years, at least one-quarter of survey respondents indicated plans to pursue osteopathic board certification, while more than one-half indicated plans to pursue both osteopathic and allopathic board certifications. Also as in 2009-2010, 2010-2011 female first-year students were more likely to indicate osteopathic board certification plans than males; and male first-year students were more likely to indicate allopathic board certification plans.

Black first-year students were more likely than White, Asian or Hispanic first-year students to indicate plans to pursue osteopathic board certification. Asians were the least likely to indicate such plans, as they were in 2009-2010. Asian and Hispanic students were more likely than White students to indicate plans to pursue both AOA and ABMS board certifications. In 2009-2010, Asians were also more likely than Whites to indicate both AOA and ABMS board certification plans. In 2010-2011, Asians were more likely than Whites and students from the All Others category to indicate plans to pursue allopathic boards.

As in 2009-2010, while 56 percent of 2010-2011 first-year students indicated plans to pursue both AOA and ABMS board certifications, Table 10 shows that only 44 percent of first-year respondents indicated pursuing the prerequisite AOA or dual AOA/ACGME-approved residencies needed to pursue both AOA and ABMS boards.

**Table 12: Reasons Given for Taking ABMS (Allopathic) or Both Boards\***

	% Students	
ABMS board certification provides more opportunities	68%	Fifty-eight percent of 2010-2011 first-year respondents indicated plans to pursue allopathic or both AOA and ABMS board certifications.
Personal desire for dual certification	56%	
ABMS board certification is more widely recognized	46%	
Hospital privileges more readily obtained with ABMS board certification	25%	
ABMS board certification has more colleague acceptance	22%	
It is a requirement of the residency program	22%	Sixty-eight percent of respective respondents felt ABMS board certification provides more opportunities, while 56 percent had a personal desire for dual certification. Just under half of respective respondents felt ABMS board certification is more widely recognized.
Licenses more readily obtained with ABMS board certification	15%	
ABMS board certification carries more prestige	13%	
Other	3%	

\*Each respondent indicating allopathic or both AOA and ABMS board certification plans could choose one or more of the listed reasons influencing board certification choice.

**Table 13: Long-Range Career Plans, First-Year Students 2010-2011**

	% Students	Gender		Race-Ethnicity				
		Male	Female	White	Asian	Hispanic	Black	All Others
Group or Other Type of Private Practice	38%	37%	40%	41% <sup>α</sup>	32% <sup>β</sup>	35% <sup>αβ</sup>	28% <sup>β</sup>	34% <sup>αβ</sup>
Self-Employed, with or without a Partner	10%	12% <sup>a</sup>	8% <sup>b</sup>	10% <sup>αβ</sup>	11% <sup>αβ</sup>	11% <sup>αβ</sup>	16% <sup>α</sup>	7% <sup>β</sup>
Practice in an HMO	11%	10% <sup>a</sup>	12% <sup>b</sup>	10% <sup>α</sup>	14% <sup>β</sup>	11% <sup>αβ</sup>	14% <sup>αβ</sup>	9% <sup>αβ</sup>
Government, NHSC, Military, VA, etc.	10%	9%	10%	10% <sup>α</sup>	7% <sup>β</sup>	10% <sup>αγ</sup>	15% <sup>αγ</sup>	17% <sup>γ</sup>
Other Professional Activity	3%	3%	3%	2% <sup>α</sup>	6% <sup>β</sup>	3% <sup>αβ</sup>	3% <sup>αβ</sup>	2% <sup>αβ</sup>
Undecided	28%	28%	27%	26% <sup>α</sup>	31% <sup>β</sup>	28% <sup>αβ</sup>	24% <sup>αβ</sup>	31% <sup>αβ</sup>
Total	100%	100%	100%	100%	100%	100%	100%	100%

a,b Percentages within subrow noted by distinct letters differ significantly (p<0.05) z-test.

α,β,γ Percentages within subrow noted by distinct letters differ significantly (p<0.05) z-test.

The long-range career plans of 2010-2011 first-year students were also similar to those of 2009-2010 first-year students. More than one-quarter of the respondents in both years were undecided about long-range career plans. More students (38 percent in 2010-2011 and 41 percent in 2009-2010) indicated plans to practice in a group or other type of private practice than those who indicated the other options listed in Table 13. As in 2009-2010, 2010-2011 male students were more likely than female students to indicate plans to be self-employed, with or without a partner. Meanwhile, females were more likely to indicate plans to practice in an HMO.

In 2010-2011, White students were more likely than Asian students to indicate plans to practice in a group or other type of private practice, as they were in 2009-2010. In addition, in 2010-2011, White students were more likely than Black students to indicate group/other type of private practice plans. Black students were more likely than students in the All Others category to indicate plans to be self-employed, with or without a partner. Again as in 2009-2010, Asian students were more likely to indicate HMO practice and other professional activity plans than White students, while White students were more likely to indicate plans to practice in government or other related institutions. In 2010-2011, Asians were more likely to be undecided about future practice plans than White students.

**Table 14: Size of Location Planned for Practice After Residency**

	% Students	
Major Metropolitan Area (1,000,001 +)	16%	Sixty percent of 2010-2011 first-year survey respondents indicated plans to practice in a location with a population greater than 50,000, while 21 percent of respondents were undecided about their future practice location.
Metropolitan Area (500,001 - 1,000,000)	16%	
City (100,001 - 500,000)	18%	
City (50,001 - 100,000)	11%	
City or Town (10,001 - 50,000)	12%	
City or Town (2,501 - 10,000)	6%	
Area 2,500 or less	2%	
Undecided	21%	
Total	100%	

**Table 15: Practice in Underserved/Shortage Area**

	% Students	
Yes	43%	One-half of the 2010-2011 first-year survey respondents were undecided about future practice in an underserved/shortage area, while 43 percent of respondents indicated plans to practice in underserved/shortage areas.
No	7%	
Unsure	50%	
Total	100%	

**Table 16: Percentage of Students Who Plan To Practice in Underserved/Shortage Areas**

	<b>% Students</b>
<b>Gender</b>	
Male	37% <sup>a</sup>
Female	49% <sup>b</sup>
<b>Race-Ethnicity</b>	
White	40% <sup>a</sup>
Asian	44% <sup>b</sup>
Hispanic	56% <sup>c</sup>
Black	81% <sup>d</sup>
All Others	51% <sup>bc</sup>
<b>Marital Status</b>	
Married/Cohabiting	47% <sup>a</sup>
Single	41% <sup>b</sup>
<b>Financial Status</b>	
Independent	45% <sup>a</sup>
Dependent	38% <sup>b</sup>
<b>Parental Income</b>	
\$49,999 and less	55% <sup>a</sup>
\$50,000 - \$99,999	44% <sup>b</sup>
\$100,000 - 199,999	38% <sup>c</sup>
\$200,000 or more	37% <sup>c</sup>
<b>Parental Education</b>	
Graduate/Professional Degree	41% <sup>a</sup>
Bachelor's Degree	43% <sup>ab</sup>
No College Degree	46% <sup>b</sup>

a,b,c Percentages within subcolumn noted by distinct letters differ significantly ( $p < 0.05$ ) by z-test.

Among 2010-2011 first-year students, females were more likely than males to indicate plans to practice in an underserved/shortage area. An overwhelming majority, 81 percent, of Black students also indicated plans to do so. White students were the least likely to indicate plans to practice in underserved/shortage areas, when compared with the other race/ethnicities considered in Table 16.

Differences in the percentage of students who indicated plans to practice in underserved/shortage areas across socio-economic factors did not differ greatly from 2009-2010 to 2010-2011. Married/cohabiting and financially independent students were more likely than single and financially dependent students, respectively, to indicate plans to practice in underserved/shortage areas. Students reporting lower parental incomes were also more likely to indicate plans to do so. Students with parents holding no degree were more likely than students with parents holding a graduate/professional degree to indicate plans to practice in underserved/shortage areas.

**Table 17: Specialization, First-Year Students 2010-2011**

	% Students
Family Practice	14%
Internal Medicine, General	5%
Pediatrics, General	5%
Emergency Medicine	11%
Internal Medicine, Subspecialty	8%
Orthopedic Surgery	7%
Pediatrics, Subspecialties	6%
OB/GYN and Subspecialties	5%
Surgery, General	3%
Sports Medicine	3%
Surgery Subspecialties	3%
Anesthesiology	3%
Neurology and Subspecialties	2%
Dermatology	2%
Radiology and Subspecialties	2%
Psychiatry and Subspecialties	1%
Physical Medicine & Rehabilitation Med.	1%
Ophthalmology	1%
Plastic Surgery/Reconstructive Surgery	1%
Thoracic Surgery	1%
Pathology and Subspecialties	1%
Osteopathic Manipulative Medicine	1%
Otolaryngology	1%
Preventive Medicine and Subspecialties	0%
Geriatrics	0%
Critical Care	0%
Vascular Surgery	0%
Allergy and Immunology	0%
Urology/Urological Surgery	0%
Medical Genetics	0%
Nuclear Medicine	0%
Colon Rectal Surgery	0%
Proctology	0%
Undecided or Indefinite	13%
Total	100%

Primary Care  
Specialties

0.02% - 0.48%

**Table 18: Primary Care Plans, First-Year Students 2010-2011**

	% Students
Primary Care	23%
Non-Primary Care	63%
Undecided	13%
Total	100%

**Table 19: Percentage of Students Who Plan to Practice in Primary Care Specialties**

	% Students
<b>Gender</b>	
Male	19% <sup>a</sup>
Female	28% <sup>b</sup>
<b>Ethnicity</b>	
White	24%
Asian	23%
Hispanic	22%
Black	27%
All Others	21%
<b>Marital Status</b>	
Married/Cohabiting	28% <sup>a</sup>
Single	22% <sup>b</sup>
<b>Financial Status</b>	
Independent	25%
Dependent	21%
<b>Parental Income</b>	
\$49,999 or less	27% <sup>a</sup>
\$50,000 - \$99,999	26% <sup>ab</sup>
\$100,000 - 199,999	23% <sup>b</sup>
\$200,000 or more	18% <sup>c</sup>
<b>Parental Education</b>	
Graduate/Professional Degree	22%
Bachelor's Degree	25%
No College Degree	24%
<b>Parental Profession</b>	
DO/MD*	19% <sup>a</sup>
Non-DO/MD	24% <sup>b</sup>

a,b Percentages within subcolumn noted by distinct letters differ significantly (p<0.05) by z-test.

\*Category includes the 13 percent of respondents who indicated a DO/MD father and/or mother.

As in 2009-2010, 23 percent of 2010-2011 first-year respondents indicated plans to pursue a primary care specialty (Tables 17 and 18).

From 2009-2010 to 2010-2011, specialty preferences remained consistent. In both academic years, nearly 14 percent (due to rounding) of first-year students indicated interest in the family practice specialty; 11 percent of students indicated emergency medicine specialty plans; and nearly 9 percent (due to rounding) indicated internal medicine specialty plans.

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Primary care specialty preference across socio-economic factors was also consistent from 2009-2010 to 2010-2011. Table 19 shows that females were more likely than males to indicate plans to pursue primary care specialties. Students with parental incomes of \$200,000 were again least likely to indicate primary care specialty plans, while students with parental incomes of \$49,999 or less were more likely to do so. However, while in 2009-2010 there was no statistically significant difference between married/cohabiting and single students in primary care specialty selection, in 2010-2011, married/cohabiting students were more likely to indicate primary care specialties. Also, while in 2009-2010 there was no statistically significant difference between students with and without DO/MD parents, in 2010-2011 students without DO/MD parents were more likely than students with DO/MD parents to indicate primary care specialty plans.

**Table 20: Specialty Choice Decision Factors**

	Mean Influence Rating*		
Like Dealing with People	3.1	Strong Influence	2010-2011 first-year student specialty choice decision factor ratings were quite similar to those of 2009-2010 first-year student ratings.
Intellectual Content of the Specialty	3.1		
Skills/Abilities	2.9		
Lifestyle	2.8		
Like the Emphasis on Technical Skills	2.4	Moderate Influence	2010-2011 first-year respondents rated "dealing with people" and "intellectual content of the specialty" as the strongest influences on specialty selection, with each factor receiving the highest mean rating of 3.1.
Role Models	2.4		
Desire for Independence	2.3		
Previous Experience	2.2	Moderate Influence	On the other hand, first-year respondents rated "opportunity for research/creativity" and "peer influence" as only moderate influences, with each factor receiving the lowest mean rating of 1.7.
Academic Environment	2.1		
Prestige/Income Potential	1.9		
Debt Level	1.8		
Opportunity for Research/Creativity	1.7		
Peer Influence	1.7		

\*Scale from 0 to 4; 0 being "No Influence," 4 being "Major Influence."

**Table A1: 2010-2011 First-Year Student Response Rate to the AACOM Entering Student Survey**

<b>Response Rate Range</b>	<b>Number of COMs</b>
90% or more	Ten
75% - 89%	Nine
50% - 74%	Ten
25% - 49%	One
Less than 25%	Zero

Mean response rate for all COMs: 80%

**Table A2: Response Rate to Debt, Scholarship and Specialty Survey Questions**

	<b>Response Rate</b>
<b>Debt</b>	
Expected Osteopathic Medical Education Loans	99%
Expected Family Loans to be Repaid by Student	66%
Expected Non-Educational Debt	93%
At Entry, Loans Owing for Undergraduate Education	99%
At Entry, Loans Owing for Post-Bac Education	96%
<b>Scholarships/Grants</b>	
Total Scholarships/Grants	88%
National Health Service Corps Scholarship	58%
Armed Forces Health Professions Scholarship	61%
State Government Scholarship/Grant	59%
Award from Osteopathic School or its Parent University	60%
Tuition Waiver	58%
Osteopathic Association	58%
Other Sources	59%
<b>Specialty</b>	
Specialty Choice	100%