

AACOM 2008-09 Academic Year Survey of Graduating Seniors Summary Report



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

Summary

Each Spring AACOM sends each college of osteopathic medicine (COM) with a fourth-year class the AACOM Survey of Graduating Seniors. The survey collects data from graduating osteopathic medical students about their debt, graduate medical education plans, specialty and practice plans, and experience in and satisfaction with various aspects of their medical education. In 2008-09, the survey was administered in both paper and online formats according to the choice of each COM. The response rate to the survey varied. While the average medical school response rate was 76 percent, the median response rate was 84 percent because of extremely low participation levels at two schools.

A problem in the online survey invalidated some of the data. We have included counts in the published tables below to indicate those tabulations that include only partial data.

Student Debt

The educational debt of osteopathic medical school seniors graduating in 2009 averaged \$173,963 per survey respondent, up 4.7 percent from 2008. Mean debt for students graduating from the six public osteopathic schools was \$156,654, lower than the mean debt for all graduates; mean debt for students graduating from the private colleges was \$177,670.¹

Only about one-third of the seniors had obtained scholarship funds and of those, more than half had received funds awarded by the medical school or its parent university. The highest dollar awards are provided by the federal government in the form of National Health Service Corps Scholarships and Armed Forces Health Professions Scholarships, both of which require service after graduation.

Seniors' Evaluations of Their Medical Education

Eighty-six percent of seniors were either very satisfied or satisfied with the quality of their medical school training, and 88 percent were very satisfied or satisfied with their career choice. Three out of four seniors would choose to study in an osteopathic medical school and three out of five seniors would study in the same osteopathic medical school if they were to begin their medical education again.

Seniors were asked to assess the quality of training provided by their school, their mastery of clinical skills, the time devoted to various instruction areas and the adequacy of academic services. Seniors generally expressed satisfaction with most aspects of the curriculum in the first two years in medical school. However, 28 percent did not feel that there was adequate exposure to patient care during this period. Students felt more time should have been devoted to the following areas of instruction: research techniques; cost effective medical practice; medical care cost control; literature analysis skills and biostatistics.

Seniors were clearly more satisfied with their selective/elective clerkships than with their required clerkships. Although they generally agreed that the diversity and number of patients and health issues they encountered were appropriate, a majority thought that osteopathic principles and practices were not well integrated in each clerkship. Seniors' expressed high levels of confidence about performing a general adult examination but much lower levels of confidence about performing well baby examinations and prostate and testicular examinations.

Among the academic services provided by the schools, seniors expressed the greatest degree of satisfaction with the library and electronic communication. Seniors were least satisfied with career counseling, faculty mentoring and administration awareness of student problems.

Seniors expressed satisfaction with the level of training in osteopathic manipulative treatment, principles and practice, but were less satisfied with the opportunities they had to practice OPP during in-hospital rotations.

¹ There may be issues with the accuracy of self-reported debt. The most accurate method to collect debt data is to collect the official data from financial aid offices; however, this approach may present concerns about privacy.

Specialty and Practice Plans

Half of all seniors planned on entering an osteopathic or dual AOA/ACGME approved residency. The main reason, chosen by over two-thirds of seniors, for planning an allopathic or dual approved residency is that their preferred osteopathic residency is not available in their preferred geographic location. Group practice is the most popular long-range career plan for seniors.

Twenty-four percent of seniors consider themselves most likely to work in a primary care specialty. Primary care is defined as family practice, internal medicine and pediatrics.

2008-09 Seniors' Response Rates to the AACOM Survey of Graduating Seniors

COM	4th Year Enrollment*	Surveys Received	Response Rate
ATSU/KCOM	167	128	77%
AZCOM	155	128	83%
CCOM	157	21	13%
DMU-COM	197	79	40%
GA-PCOM	78	68	87%
KCUMB-COM	241	194	80%
LECOM	236	212	90%
LECOM-Br	163	161	99%
MSUCOM	201	151	75%
NSU-COM	224	205	92%
NYCOM	299	289	97%
OSU-COM	83	52	63%
OU-COM	104	76	73%
PCOM	278	239	86%
PCSOM	77	77	100%
TUCOM-CA	140	46	33%
TUNCOM	94	0	0%
UMDNJ-SOM	99	86	87%
UNECOM	124	114	92%
UNTHSC/TCOM	130	123	95%
VCOM	167	151	90%
WesternU/COMP	192	111	58%
WVSOM	104	95	91%
Total	3,710	2,806	76%

*Source: AACOM, Annual Osteopathic Medical School Questionnaires 2008-09

Student Debt

(Data include all respondents to each question.)

Mean Debt, Seniors 2008-2009						
Source of Debt	All 2008-2009 Seniors		Public Schools		Private Schools	
	Mean Debt	Percent with Debt	Mean Debt	Percent with Debt	Mean Debt	Percent with Debt
Loans for Osteopathic Medical Education	\$173,963	93%	\$156,654	93%	\$177,670	93%
At Entry, Loans Owing for Undergraduate Education	\$14,843	48%	\$12,505	46%	\$15,343	49%
Family Loans to be Repaid by Student	\$1,908	3%	\$3,098	4%	\$1,647	3%
Non-Educational Debt	\$16,387	48%	\$11,675	45%	\$17,407	48%

Scholarships/Grants, Seniors 2008-2009						
Average scholarship or grant amount based on those who received awards from each source						
Type of Scholarship or Grant	2008-2009 Seniors		Public Schools		Private Schools	
	Dollar Amount	Percent with Awards	Dollar Amount	Percent with Awards	Dollar Amount	Percent with Awards
Total Scholarships/Grants	\$52,516	34%	\$32,200	39%	\$57,785	33%
National Health Service Corps Scholarship	\$109,212	1%	\$63,667	1%	\$113,767	1%
Armed Forces Health Professions Scholarship	\$170,659	6%	\$147,944	4%	\$173,460	6%
State Government Scholarship/Grant	\$30,375	3%	\$8,974	4%	\$37,007	3%
Scholarship/Grant/Fellowship from Osteopathic School or its Parent	\$11,716	18%	\$7,743	19%	\$12,675	17%
Tuition Waiver	\$41,520	2%	\$33,997	6%	\$48,359	1%
Osteopathic Association	\$4,454	4%	\$4,070	5%	\$4,551	5%
Other Sources	\$15,378	5%	\$18,708	8%	\$14,208	5%

Sources of Funds for Osteopathic Medical Education, 2008-2009			
(Percent of total cost provided by each source)			
Source	All 2008-2009 Seniors	Public Schools	Private Schools
Loans	81%	81%	81%
Scholarships	9%	7%	9%
Savings	2%	2%	2%
Earnings	1%	1%	1%
Parents	7%	8%	7%
Relatives	1%	1%	1%
Other	0%	0%	0%
Total	100%	100%	100%

Seniors' Evaluations of Their Medical Education

2008-2009 Seniors' Evaluation of Quality of Osteopathic Medical Training

Satisfaction Level	All 2008-2009 Seniors	
Very Satisfied	186	29%
Satisfied	361	57%
Neither Satisfied nor Dissatisfied	62	10%
Dissatisfied	25	4%
Very Dissatisfied	1	0%
Total	635	100%

2008-2009 Seniors' Satisfaction Level with Osteopathic Medicine Career Selection

Satisfaction Level	All 2008-2009 Seniors	
Very Satisfied	291	46%
Satisfied	264	42%
Mixed Feelings	116	18%
Dissatisfied	13	2%
Very Dissatisfied	1	0%
Total	685	100%

2008-2009 Seniors Who, if Starting over, Would Prefer to Enroll in:

Preferred Response	All 2008-2009 Seniors	
The Same Osteopathic Medical School	387	60%
Another Osteopathic Medical School	98	15%
An Allopathic Medical School	127	20%
Would not Have Gone to Medical School at All	36	6%
Total	648	100%

2008-2009 Seniors' Evaluation of First Two Years of Medical Education

Characteristic of First Two Years of Medical Education	Strongly Agree	Agree	Disagree	Strongly Disagree	No Opinion	Total
Basic and Clinical Science Course Objectives were Made Clear to Students	39%	54%	5%	2%	1%	2,783
Basic Science Courses Were Sufficiently Integrated with each other	33%	53%	11%	3%	1%	2,786
Basic Science Courses Were Sufficiently Integrated with Clinical Training	27%	52%	16%	4%	2%	2,782
Course Objectives and Examination Content Matched Closely	29%	57%	9%	3%	2%	2,779
Course Work Adequately Prepared Students for Clerkships	28%	57%	10%	3%	2%	2,782
The First Two Years of Medical School were Well Organized	28%	52%	12%	5%	2%	2,783
Students were Provided with Timely Feedback on Performance	29%	56%	10%	3%	1%	2,779
There was Adequate Exposure to Patient Care During the First Two Years	24%	47%	21%	7%	2%	2,782
Osteopathic Principles were Adequately Integrated into Course Work	32%	54%	9%	2%	2%	2,780
An Appropriate Amount of Training was Provided in OMT	40%	50%	6%	2%	1%	2,779
There was Adequate Preparation for COMLEX Level I	28%	49%	14%	7%	2%	2,775

Highlighted categories are those where <80% are “Strongly Agree + Agree”

2008-2009 Seniors' Evaluation of Time Devoted to Various Areas of Instruction

Area of Instruction	Appropriate	Inadequate	Excessive	Total Responses
Basic Medical Sciences	92%	6%	2%	2,793
Behavioral Sciences	83%	15%	2%	2,792
Biostatistics	58%	40%	2%	2,787
Bioterrorism	62%	34%	4%	2,788
Care of Ambulatory Patients	89%	7%	4%	2,789
Care of the Elderly (Geriatrics)	83%	12%	5%	2,792
Care of Hospitalized Patients	85%	14%	1%	2,792
Care of Patients with HIV/AIDS	70%	28%	1%	2,792
Clinical Decision-Making	87%	12%	1%	2,785
Clinical Pharmacology	81%	18%	1%	2,788
Clinical Sciences	92%	7%	1%	2,792
Cost Effective Medical Practice	52%	47%	1%	2,789
Diagnostic Skills	89%	10%	1%	2,783
Drug and Alcohol Abuse	84%	14%	1%	2,787
Family and Domestic Violence	75%	23%	1%	2,786
Genetics	80%	18%	2%	2,780
Health Promotion and Disease Prevention	90%	7%	3%	2,786
Human Sexuality	75%	21%	4%	2,789
Independent Learning and Self-evaluation	85%	13%	3%	2,788
Infection Control/Health Care Setting	90%	10%	1%	2,789
Infectious Disease Prevention	91%	9%	1%	2,787
Integrative Medicine	83%	15%	2%	2,786
Legal Medicine	66%	31%	3%	2,791
Literature Analysis Skills	57%	41%	1%	2,786
Medical Care Cost Control	55%	45%	1%	2,789
Medical Ethics	81%	12%	7%	2,787
Medical Record Keeping	64%	35%	1%	2,787
Medical Socioeconomics	68%	31%	1%	2,783
Neuromusculoskeletal Medicine\OMM	86%	4%	10%	2,791
Nutrition	71%	27%	1%	2,791
Pain Management	69%	30%	1%	2,788
Patient Education	89%	10%	1%	2,788
Patient Follow-up	89%	11%	1%	2,787
Patient Interviewing Skills	93%	3%	4%	2,784
Physician-Patient Relationship	95%	3%	3%	2,785
Practice Management	60%	38%	1%	2,782
Primary Care	85%	2%	12%	2,779
Public Health and Community Medicine	87%	10%	3%	2,777
Rehabilitation	67%	33%	1%	2,780
Research Techniques	48%	51%	1%	2,780
Role of Medicine in Community	88%	10%	1%	2,778
Screening for Diseases	94%	6%	1%	2,780
Teamwork with Other Health Professionals	90%	9%	1%	2,779
Therapeutic Management	90%	9%	1%	2,774
Use of Computers	86%	12%	2%	2,775
Utilization Review and Quality Assurance	77%	23%	1%	2,754

Highlighted categories are those where <60% are “Appropriate”

2008-2009 Seniors' Evaluation of Clinical Education – Required Clerkships

Characteristic of Clinical Education	Strongly Agree	Agree	Disagree	Strongly Disagree	No Opinion	Total
Clear Goals and Objectives	24%	58%	13%	3%	2%	2,789
Able to Design Own Goals and Objectives	22%	54%	16%	3%	5%	2,790
Clear Performance Objectives	20%	57%	18%	3%	2%	2,783
Well-Organized Clerkships	17%	54%	20%	7%	3%	2,785
Rounds Conducted as Scheduled	21%	62%	12%	2%	4%	2,789
Timely Feedback Provided on Performance	19%	59%	16%	4%	2%	2,788
Too Large a Role by Residents in Teaching and Evaluation*	11%	26%	48%	9%	7%	2,787
Appropriate Diversity of Patients and Their Health Issues	32%	61%	4%	1%	1%	2,782
Appropriate Number of Inpatient Experiences	32%	55%	8%	4%	1%	2,785
Each Clerkship had an Osteopathic Orientation	7%	18%	46%	25%	4%	2,786
Osteopathic Principles and Practice (OPP) Well-Integrated in Each Clerkship	7%	20%	44%	24%	4%	2,783
Appropriate Technology Usage for Situation	25%	66%	6%	1%	3%	2,787
Able to Work on a Personal Basis with Patients	42%	55%	2%	0%	1%	2,790
Attending Modeled Excellent Patient Relationship Skills	25%	65%	5%	1%	4%	2,786
Friendly and Supportive Support Staff	25%	63%	7%	2%	3%	2,786
Coverage Hours were Set and Finished on Time	18%	61%	13%	3%	4%	2,786
I Was Asked Relevant Pertinent Questions on Patient Diagnosis, Treatment Options, Management and Follow-up	29%	64%	4%	1%	2%	2,788
Felt Free to Ask Questions	35%	59%	3%	1%	2%	2,787
Attending Seemed Interested in My Opinions	22%	63%	9%	2%	4%	2,782
Personal Concerns Addressed by Attending While on Rotation	21%	60%	9%	1%	8%	2,786
I was Treated with Respect	28%	64%	4%	1%	3%	2,787
Able to Discuss Progress on Rotation with Attending	23%	64%	9%	1%	3%	2,785
Attending Critically Evaluated Me During Rotation	19%	62%	13%	2%	4%	2,782
Able to Discuss Final Rotation Evaluation with Attending	18%	58%	17%	3%	3%	2,782
Attending Based Evaluation on Direct Observation	20%	64%	10%	2%	5%	2,782
Able to Meet and Discuss Areas of Concern with Attending Outside of Clinical Setting	16%	49%	22%	3%	10%	2,782
Lived within Reasonable Distance from Rotation Sites	23%	59%	11%	5%	2%	2,782
Prepared Me for Examinations	20%	58%	15%	4%	3%	2,781
Testing Provided at End of Each Clerkship	22%	55%	16%	4%	3%	2,779
Adequate Preparation for COMLEX Level 2-CE	24%	56%	13%	4%	3%	2,784
Adequate Preparation for COMLEX Level 2-PE	33%	57%	6%	3%	2%	2,777

Highlighted categories are those where <80% are “Strongly Agree + Agree” (where relevant*)

2008-2009 Seniors' Evaluation of Clinical Education – Selective/Elective Clerkships

Characteristic of Clinical Education	Strongly Agree	Agree	Disagree	Strongly Disagree	No Opinion	Total
Clear Goals and Objectives	25%	61%	10%	2%	2%	2,777
Able to Design Own Goals and Objectives	29%	59%	7%	1%	3%	2,774
Clear Performance Objectives	24%	60%	11%	1%	3%	2,773
Well-Organized Clerkships	24%	62%	9%	2%	3%	2,770
Rounds Conducted as Scheduled	24%	65%	6%	1%	5%	2,774
Timely Feedback Provided on Performance	24%	64%	8%	2%	2%	2,768
Too Large a Role by Residents in Teaching and Evaluation*	12%	31%	45%	8%	5%	2,772
Appropriate Diversity of Patients and Their Health Issues	33%	63%	2%	0%	2%	2,776
Appropriate Number of Inpatient Experiences	33%	61%	3%	1%	2%	2,771
Each Clerkship had an Osteopathic Orientation	10%	26%	41%	18%	6%	2,773
Osteopathic Principles and Practice (OPP) Well-Integrated in Each Clerkship	9%	26%	41%	18%	6%	2,771
Appropriate Technology Usage for Situation	28%	65%	3%	1%	3%	2,770
Able to Work on a Personal Basis with Patients	38%	58%	1%	0%	2%	2,774
Attending Modeled Excellent Patient Relationship Skills	33%	63%	2%	0%	3%	2,772
Friendly and Supportive Support Staff	31%	63%	3%	1%	3%	2,772
Coverage Hours were Set and Finished on Time	25%	64%	7%	1%	4%	2,775
I Was Asked Relevant Pertinent Questions on Patient Diagnosis, Treatment Options, Management and Follow-up	32%	64%	2%	0%	2%	2,774
Felt Free to Ask Questions	35%	61%	1%	0%	2%	2,771
Attending Seemed Interested in My Opinions	29%	64%	4%	1%	3%	2,775
Personal Concerns Addressed by Attending While on Rotation	26%	62%	5%	1%	7%	2,770
I was Treated with Respect	33%	62%	2%	0%	2%	2,772
Able to Discuss Progress on Rotation with Attending	27%	64%	5%	0%	3%	2,770
Attending Critically Evaluated Me During Rotation	25%	63%	8%	1%	4%	2,771
Able to Discuss Final Rotation Evaluation with Attending	25%	61%	10%	1%	3%	2,775
Attending Based Evaluation on Direct Observation	27%	65%	4%	1%	4%	2,770
Able to Meet and Discuss Areas of Concern with Attending Outside of Clinical Setting	22%	55%	13%	1%	9%	2,772
Lived within Reasonable Distance from Rotation Sites	26%	62%	7%	2%	3%	2,768
Prepared Me for Examinations	25%	60%	7%	1%	8%	2,772
Testing Provided at End of Each Clerkship	17%	40%	27%	7%	9%	2,772
Adequate Preparation for COMLEX Level 2-CE	24%	56%	9%	2%	8%	2,772
Adequate Preparation for COMLEX Level 2-PE	28%	58%	5%	2%	8%	2,753

Highlighted categories are those where <80% are “Strongly Agree + Agree” (where relevant*)

2008-2009 Seniors' Evaluation of Confidence Level to Perform Certain Examinations

Examination	Completely Confident	Mostly Confident	Fairly Confident	Somewhat Confident	Not at All Confident	No Opportunity to Perform	Total
General Adult	63%	31%	5%	1%	0%	0%	2,791
General Pediatric	32%	38%	20%	8%	2%	0%	2,791
Well Baby	28%	33%	22%	12%	4%	0%	2,788
Breast and Pelvic	40%	35%	17%	6%	2%	0%	2,787
Prostate and Testicular	29%	34%	20%	11%	5%	1%	2,791
Osteopathic Structural	37%	34%	17%	9%	3%	0%	2,787
Sports Participation	40%	33%	16%	7%	2%	2%	2,787

Highlighted categories are those where <70% are “Completely Confident + Mostly Confident”

2008-2009 Seniors' Evaluation of Various Academic Services

Academic Service Area	Very Satisfied	Satisfied	Dissatisfied	Very Dissatisfied	No Opinion	Total
Academic Counseling	13%	47%	20%	10%	10%	2,784
Accessibility to Administration	17%	56%	15%	7%	4%	2,788
Awareness of Student Problems by Administration	13%	47%	23%	12%	6%	2,784
Career Counseling	10%	38%	28%	13%	11%	2,789
Computer Resource Center	22%	59%	7%	3%	9%	2,786
Disability Insurance	10%	37%	5%	3%	45%	2,782
Electronic Communications (E-mail, Internet/Intranet)	30%	61%	5%	2%	2%	2,786
Faculty Mentoring	13%	43%	23%	11%	9%	2,786
Financial Aid Administration Services	24%	53%	10%	7%	6%	2,789
Library	31%	58%	5%	2%	4%	2,784
Participation of Students on Key Medical School Committees	19%	58%	6%	2%	15%	2,783
Personal Counseling	12%	41%	11%	6%	29%	2,779
Student Health Insurance	13%	41%	15%	12%	19%	2,786
Student Health Services	14%	47%	12%	9%	19%	2,777
Student Relaxation Space	13%	48%	17%	8%	14%	2,782
Student Study Space	17%	55%	14%	7%	8%	2,784
Tutorial Help	13%	42%	9%	5%	31%	2,771

Highlighted categories are those where <60% are “Very Satisfied + Satisfied”

2008-2009 Seniors' Evaluation of Training in Osteopathic Manipulative Treatment, Principles & Practice

Training Aspects	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree	Total
Well Prepared to Diagnose Structural Problems	30%	54%	11%	4%	1%	2,787
Well Prepared to Treat Structural Problems	26%	51%	16%	6%	1%	2,783
Well Prepared to Document Findings in a Structural Examination	26%	54%	14%	6%	1%	2,783
Had Opportunity to Practice OPP During First Two Years in Medical School	45%	48%	5%	2%	1%	2,780
Had Opportunity to Practice OPP During In-Hospital Rotations	12%	28%	20%	30%	10%	2,784
Had Opportunity to Practice OPP During Ambulatory Primary Care Rotations	16%	49%	16%	15%	4%	2,785
Had Opportunity to Practice OPP During Ambulatory Non-Primary Care Rotations	11%	28%	22%	31%	8%	2,782
Had Osteopathic Physician Role Models During the First Two Years	31%	51%	11%	6%	1%	2,781
Had Osteopathic Physician Role Models During Required In-Hospital Rotations	15%	37%	19%	23%	6%	2,782
Had Osteopathic Physician Role Models During Ambulatory Primary Care Rotations	19%	51%	15%	11%	4%	2,768
Had Osteopathic Physician Role Models During Ambulatory Non-Primary Care Rotations	14%	37%	22%	21%	6%	2,779
Had Osteopathic Physician Role Models During Selectives/Electives	16%	41%	18%	19%	5%	2,769

Highlighted categories are those where <70% are “Strongly Agree + Agree”

2008-2009 Seniors' Evaluation of School's Involvement in Clerkship Years

Type of Involvement	All 2008-2009 Seniors	
Excessive Involvement	26	4%
Outstanding Involvement	25	4%
Adequate Involvement	343	50%
Some, but Inadequate Involvement	207	30%
Not Involved	84	12%
Total	685	100%

Type of School's Involvement During the Clerkship Years

Type of Involvement	All 2008-2009 Seniors
E-Mail	86%
COMLEX PE Preparation	60%
Distance Learning	37%
Newsletter	35%
COMLEX Level II Preparation	31%
Faculty Visits	30%
Total Students	2,806

2008-2009 Seniors' Evaluation of Time Devoted to Various Activities in 3rd and 4th Years

Type of Activity	All 2008-2009 Seniors
Inpatient Care, Including Reading X-ray Films and Laboratory Work	51%
Outpatient Care	38%
Extended/Long-Term Care	7%
Research	2%
Other	2%
Total	2,727

2008-2009 Seniors' Evaluation of Percentage of Training Delivered by Allopathic Physicians

Type of Training	None	1-25%	26-50%	51-75%	76-100%	Total
During the First Two Years of Medical School	7%	60%	23%	7%	3%	2,787
During Required In-Hospital Rotations	1%	18%	26%	32%	23%	2,783
During Required Ambulatory Primary Care Rotations	9%	28%	28%	21%	14%	2,783
During Required Ambulatory Non-Primary Care Rotations	6%	22%	27%	25%	20%	2,780
During Selectives/Electives	2%	16%	24%	29%	29%	2,774

Specialty and Practice Plans

2008-2009 Seniors' Immediate Post-Graduate Plans (After Internship)		
Plans	All 2008-2009 Seniors	
Osteopathic Residency	242	36%
Allopathic Residency	312	46%
Dual AOA/ACGME Approved Residency	97	14%
Government, NHSC, Military, V.A., etc.	15	2%
Other or Undecided	8	1%
Total	674	100%

Reasons Given for Planning an Allopathic or AOA/ACGME Dual Approved Residency*, 2008-2009	
Reason	All 2008-2009 Seniors
Preferred Osteopathic Residency is not Available in Preferred Geographic Location	67%
Believe Better Training & Educational Opportunities Available in Allopathic Programs	51%
Better Chance of Location in Larger Institutions	48%
Opens More Career Opportunities	43%
Desire Specialty Training Not Available in Osteopathic Program	23%
Better Chance of Being Accepted in Allopathic Program	14%
Allows for ABMS Board Certification	9%
Higher Pay	8%
Shorter Training Period	6%
Military or Government Service Obligation	5%
Other Reasons	7%

*Data represent the percent of the 409 respondents planning an allopathic or AOA/ACGME approved residency.

Long-Range Career Plans, 2008-2009		
Plans	All 2008-2009 Seniors	
Government, NHSC, Military, V.A., etc.	43	7%
Practice in an HMO	12	2%
Self-Employed with or without a Partner	86	13%
Group or Other Type of Private Practice	332	51%
Other Professional Activity	72	11%
Undecided	112	17%
Total	657	100%

Specialization, 2008-2009

Planned Specialty	All 2008-2009 Seniors	
Allergy and Immunology	2	0.3%
Anesthesiology	46	6.9%
Critical Care	5	0.8%
Dermatology	11	1.7%
Emergency Medicine	93	14.0%
Family Practice	117	17.6%
Geriatrics	2	0.3%
Internal Medicine, General	22	3.3%
Internal Medicine, Subspecialty	97	14.6%
Medical Genetics	1	0.2%
Neurology and Subspecialties	15	2.3%
Nuclear Medicine	0	0.0%
OB/GYN and Subspecialties	36	5.4%
Ophthalmology	5	0.8%
Orthopedic Surgery	24	3.6%
Osteopathic Manipulative Medicine	4	0.6%
Otolaryngology	4	0.6%
Pathology and Subspecialties	7	1.1%
Pediatrics, General	18	2.7%
Pediatrics, Subspecialty	27	4.1%
Physical Medicine & Rehabilitation Med.	19	2.9%
Preventive Medicine and Subspecialties	0	0.0%
Proctology	1	0.2%
Psychiatry and Subspecialties	23	3.5%
Radiology and Subspecialties	26	3.9%
Sports Medicine	6	0.9%
Surgery Subspecialties	26	3.9%
Surgery, General	12	1.8%
Urology/Urological Surgery	5	0.8%
Vascular Surgery	0	0.0%
Undecided or Indefinite	11	1.7%
Total	665	100%

Factors Influencing Specialty Choice Decision, 2008-2009	
Factor	Mean Influence Rating* All 2008-2009 Seniors
Intellectual Content of the Specialty	3.3
Like Dealing with People More than Techniques	3.0
Prestige/Income Potential	1.8
Lifestyle	2.8
Like the Emphasis on Technical Skills	2.5
Role Models	2.7
Peer Influence	1.9
Skills/Abilities	3.0
Debt Level	1.6
Academic Environment	2.5
Opportunity for Research/Creativity	1.8
Desire for Independence	2.5
Previous experience	2.1

*Students were asked to rate the importance of each of the above factors affecting their specialty choice decision. Each factor was rated on a scale of 0 to 4 (with 0 being no influence and 4 being major influence) and the average response is used above.

Primary Care*, 2008-2009		
Primary Care*	All 2008-2009 Seniors	
Primary Care	157	24%
Non-Primary Care	497	75%
Undecided	11	2%
Total	665	100%

* Primary care includes family medicine, internal medicine and pediatrics. Results are calculated from responses to specialization.

Board Certification Plans, 2008-2009		
Plans	All 2008-2009 Seniors	
AOA Boards	317	46%
ABMS Boards	117	17%
Both Boards	188	27%
Other	0	0%
Not Planning Board Certification	0	0%
Undecided	64	9%
Total	686	100%

**Reasons for Taking ABMS (Allopathic) or Both Boards*,
2008-2009**

Reason	All 2008-2009 Seniors
ABMS Board Certification Provides More Opportunities	47%
ABMS Board Certification is More Widely Recognized	43%
Personal Desire for Dual Certification	38%
ABMS Board Certification has More Colleague Acceptance	26%
Hospital Privileges are More Readily Obtained with ABMS	23%
Licenses More Readily Obtained with ABMS Certification	19%
ABMS Board Certification has More Prestige	16%
Other	11%

* Data represent the percent of the 305 respondents planning on taking the ABMS Boards or both Boards.

Expected Net Income, 2008-2009

Years After Completion of Internship or Residency	Mean Expected Income All 2008-2009 Seniors
1 Year	\$164,814
5 Years	\$226,972
10 Years	\$292,610