



AMERICAN ASSOCIATION OF COLLEGES OF OSTEOPATHIC MEDICINE 2023-2024 Academic Year Entering Student Survey

Identifiable Info

TO THE STUDENTS: Your opinions and attitudes regarding your osteopathic medical education, plans for medical practice and debt information are central to the planning and development of osteopathic medical education. Please take a moment to complete the following questionnaire to assist the college of osteopathic medicine (COMs) and osteopathic profession plan for the future of osteopathic medical education. This year, the American Association of Colleges of Osteopathic Medicine (AACOM) has added important questions to assess the baseline well-being of incoming osteopathic medical students. The information collected will help AACOM and your individual COMs assess the impact of medical school and wellness initiatives on students. The data collected in this survey will be either aggregated or summarized;

individual identifiable information will neither be made available to COMs nor other organizations. The purpose for requesting your identification is to allow for longitudinal studies linking your responses as first-year medical students with other information, such as when this survey is re-administered in your fourth year.

The following instructions will ensure successful completion of this survey: 1. Use the survey's navigation buttons (e.g. BACK, NEXT) instead of your web browser's "forward" and "back" buttons to move throughout the survey. 2. Only complete this survey ONCE. 3. An "*" indicates a required response.

Last Name

First Name

Middle Name (or other/alternative last name)

Suffix

Please enter your email address:

*** Osteopathic Medical School**

Resilient Mindset

Part I: RESILIENT MINDSETS IN MEDICINE

*** Have you started attending medical school classes?
(If you are currently attending or have only attended orientation, please select "No")**

- ☐ Yes
- ☐ No

Please respond to the following items:

	Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree
You can learn new things, but you cannot really change your basic intelligence.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
You have a certain amount of intelligence, and you really cannot do much to change it.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your intelligence is something about you that you cannot change very much.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree

	Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	
Faculty members at my medical school seem to believe students have a certain intelligence level, and they really cannot do much to change it.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Faculty members at my medical school seem to believe students can learn new things, but they cannot really change their basic intelligence,	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Faculty members at my medical school seem to believe that students either "have it" or they don't.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

Please respond to the following items:

	Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	
I think the classes I am taking this term are important.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
What I'm learning in my medical school classes is useful to me currently.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
What I am learning in my medical school classes will be useful to me in the future.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
My faculty believe that what I am learning in my medical school classes is useful to me currently.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

	Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	

	Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	S
Faculty members believe what I am learning in my medical school classes will be useful to me in the future.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Faculty members believe I often connect class material to patient care.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Faculty members believe I find my medical school classes interesting.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
I often connect what I learn in class to my ideas of patient care.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

Please respond to the following items:

	Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	S
When something bad happens, I feel that maybe I don't belong in medical school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Sometimes I feel I belong in medical school and other times I feel I don't.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
I sometimes feel other students on campus have stronger academic skills than me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
I belong at this medical school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

	Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	S
I feel like this medical school is a good fit for me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

7/13/23, 5:59 PM		Qualtrics Survey Software				
		Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	S Agree
I feel more academically prepared than other students at this medical school.		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Faculty members at my medical school believe I belong in medical school.		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please respond to the following items:

		Strongly Disagree	Disagree	Slightly Disagree	Neither Agree nor Disagree	Slightly Agree
I lead a purposeful and meaningful life.		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My social relationships are supportive and rewarding.		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am engaged and interested in my daily activities.		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I actively contribute to the happiness and well-being of others.		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		Strongly Disagree	Disagree	Slightly Disagree	Neither Agree nor Disagree	Slightly Agree
I am competent and capable in the activities that are important to me.		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am a good person and live a good life.		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am optimistic about my future.		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Strongly Disagree	Disagree	Slightly Disagree	Neither Agree nor Disagree	Slightly Agree
People respect me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please indicate for each item, how true the statement is in describing you

	Not true at all	Rarely true	Sometimes true	Often true	True nearly all the time
I am able to adapt when changes occur.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I can deal with whatever comes my way.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I try to see the humorous side of things when I am faced with problems.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Having to cope with stress can make me stronger.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I tend to bounce back after illness, injury or other hardships.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Not true at all	Rarely true	Sometimes true	Often true	True nearly all the time
I believe I can achieve my goals, even if there are obstacles.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Under pressure, I stay focused and think clearly.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am not easily discouraged by failure.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

I think of myself as a strong person when dealing with life's challenges and difficulties.

☐ Not
true
at all

☐ Rarely
true

☐ Sometimes
true

☐ Often
true

☐ True
nearly
all the
time

I can handle unpleasant or painful feelings like sadness, fear and anger.

☐
☐
☐
☐
☐

Overall, based on your own definition of burnout, how would you rate your level of burnout?

- ☐ I enjoy my work/school. I have no symptoms of burnout.
- ☐ Occasionally I am under stress, and I don't always have as much energy as I once did, but I don't feel burned out.
- ☐ I am definitely burning out and have one or more symptoms of burnout, such as physical and emotional exhaustion.
- ☐ The symptoms of burnout that I'm experiencing won't go away. I think about frustration at work a lot.
- ☐ I feel completely burned out and often wonder if I can go on. I am at the point where I may need some changes or to seek some sort of help.

Please respond to the following items:

Disagree
strongly

Disagree
slightly

Neutral

Agree
slightly

Agree
strongly

Events in my personal life have impacted my transition to medical school in an emotionally unhealthy way.

☐
☐
☐
☐
☐

	Disagree strongly	Disagree slightly	Neutral	Agree slightly	Agree strongly
I feel burned out from the transition to medical school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel fatigued when I get up in the morning and must face another day transitioning to medical school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel frustrated by transitioning to medical school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel I am working too hard transitioning to medical school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Disagree strongly	Disagree slightly	Neutral	Agree slightly	Agree strongly
Events in medical school affect my life in an emotionally unhealthy way.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel burned out from medical school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel fatigued when I get up in the morning and must face another day in medical school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel frustrated by medical school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel I am working too hard in medical school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please indicate how frequently you have experienced the following since transitioning to medical school:

	Never	Rarely	Sometimes	Often	Always or nearly always
Trouble falling asleep	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling tense or high strung	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling irritable or angry	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling down or depressed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling inferior to others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please indicate how these statements describe you:

	Not at all like me	Not much like me	Somewhat like me	Mostly like me	Very much like me
I have difficulty maintaining my focus on projects that take more than a few months to complete.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I finish whatever I begin.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Setbacks don't discourage me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have been obsessed with a certain idea or project for a brief time but later lost interest.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am a hard worker.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Not at all like me	Not much like me	Somewhat like me	Mostly like me	Very much like me
I often set a goal but later choose to pursue a different one.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am diligent.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
New ideas and projects sometimes distract me from previous ones.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

When thinking about medical school, how often, if ever, do you wonder, 'Maybe I don't belong here?'

- ☐ Never
- ☐ Rarely
- ☐ Sometimes
- ☐ Usually
- ☐ Always

Enrollment

Part II: MEDICAL SCHOOL ENROLLMENT

Given your choice, would you prefer to enroll in:

- ☐ The osteopathic medical school you are beginning
- ☐ Another osteopathic medical school
- ☐ An allopathic medical school
- ☐ Another career direction (e.g., medicine as a second-choice career)

Career Plans

Part III: CAREER PLANS

Please indicate your plans immediately following graduation.

- ☐ Transitional year/preliminary year
- ☐ Residency
- ☐ Government/military service residency
- ☐ Undecided

Have you been adequately informed about Osteopathic Recognition?

- ☐ Yes
- ☐ No
- ☐ Somewhat informed

In the single Graduate Medical Education (GME) environment, residency programs can choose to integrate osteopathic medicine as part of graduate level training in all specialties. These programs can even choose to apply for a designation with the Accreditation Council for Graduate Medical Education (ACGME) called "Osteopathic Recognition". Learn more [by clicking here.](#)

Do you plan to seek a GME residency program that integrates osteopathic medicine as part of the training within your specialty of choice?

- ☐ Yes
- ☐ No
- ☐ Undecided

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

- ☐ American Osteopathic Association (AOA) boards
- ☐ American Board of Medical Specialties (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 the selected board certification.

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

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

- | | | |
|---|--|---|
| <input type="radio"/> Allergy and Immunology | <input type="radio"/> Neurological Surgery | <input type="radio"/> Plastic Surgery |
| <input type="radio"/> Anesthesiology | <input type="radio"/> Neurology | <input type="radio"/> Preventive Medicine |
| <input type="radio"/> Child Neurology | <input type="radio"/> Nuclear Medicine | <input type="radio"/> Psychiatry |
| <input type="radio"/> Dermatology | <input type="radio"/> Obstetrics and Gynecology | <input type="radio"/> Radiology Diagnostic |
| <input type="radio"/> Diagnostic Radiology | <input type="radio"/> Ophthalmology | <input type="radio"/> Radiation Oncology |
| <input type="radio"/> Emergency Medicine | <input type="radio"/> Orthopedic Surgery | <input type="radio"/> Surgery |
| <input type="radio"/> Family Medicine | <input type="radio"/> Osteopathic | <input type="radio"/> Thoracic Surgery |
| <input type="radio"/> | <input type="radio"/> Neuromusculoskeletal Medicine | <input type="radio"/> |
| <input type="radio"/> Internal Medicine | <input type="radio"/> Otolaryngology | <input type="radio"/> Urology |
| <input type="radio"/> Interventional Radiology | <input type="radio"/> Pathology | <input type="radio"/> Vascular Surgery |
| <input type="radio"/> Medical Genetics and Genomics | <input type="radio"/> Pediatrics | <input type="radio"/> Undecided or Indefinite |
| <input type="radio"/> Neurodevelopmental Disabilities | <input type="radio"/> Physical Medicine and Rehabilitation | |

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

	Major Influence	Strong Influence	Moderate Influence	Minor Influence	No Influence
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 (person or 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 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"/>
	Major Influence	Strong Influence	Moderate Influence	Minor Influence	No Influence
Like the emphasis on technical skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Specialty programs with 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"/>
	Major Influence	Strong Influence	Moderate Influence	Minor Influence	No Influence
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"/>

Major
Influence

Strong
Influence

Moderate
Influence

Minor
Influence

No
Influence

Previous experience

☐☐☐☐☐

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

- ☐ Practice in an Health Maintenance Organization (HMO)
- ☐ Practice in a Federally Qualified Health Center (FQHC)
- ☐ 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 department)
- ☐ Fellowship
- ☐ Academic Medicine
- ☐ Other professional activity (e.g., teaching, research, administration)
- ☐ Undecided

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

- ☐ Yes
- ☐ No

☐ Unsure

If planning 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 planning to work as a hospitalist, to what extent do you expect to participate in research?

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

Where do you expect to locate after completing your GME?

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

- ☐ 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 medically underserved or healthcare shortage areas after completion of GME?

- ☐ Yes
- ☐ No
- ☐ Unsure

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

- ☐ Rural community

- ☐ Inner-city community
- ☐ Suburban/urban but shortage of my specialty
- ☐ Other

The following question relates to your expected income after GME.

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

What annual gross income do you expect to earn before taxes during:

First year in practice after GME?

Fifth year in practice after GME?

Tenth year in practice after GME?

Fin Aid/Climate

Part IV: FINANCIAL AID

The following section relates to debt incurred while completing 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 an 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.

Upon entering medical school, how much did you owe from your undergraduate education? Do NOT include osteopathic medical school debt.

Upon entering medical school, how much did you owe from your graduate education? Do NOT include undergraduate or 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 an 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 plan to borrow from each loan source listed below to finance your osteopathic medical education. Exclude loans to finance your undergraduate or previous/concurrent graduate education and non-educational debt.

Unsubsidized Stafford Loan (FFEL or Direct):

\$

Federal Graduate PLUS Loan:

\$

Loans for Disadvantaged Students (LDS):

\$

Primary Care Loan (PCL):

\$

Other loans issued by a state government:

\$

Osteopathic association loans (For example: AOA, state or local osteopathic society):

\$

Alternative loan (For example: Robert Wood Johnson, student loan program, PEP, StillLoan, MedFunds, CitiAssist, MedEXCEL, Med-Cap, Med-Achiever, Signature Health):

\$

Any other loans for your osteopathic medical education in your name:

\$

Total

\$

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

Total loans expected to be taken out by family members

How much of the previous amount of \${q://QID227/ChoiceTextEntryValue} for loans expected to be 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 expect to receive as scholarship, grant or 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/concurrent graduate education.

National Health Service Corps Scholarship Program: \$

Armed Forces Health Professions Scholarship Program (HPSP): \$

Veterans Affairs Health Professionals Scholarship Program (HPSP): \$

Post-9/11 GI Bill: \$

Department of Defense Tuition Assistance Program: \$

Indian Health Service Scholarship Program: \$

Scholarships for Disadvantaged Students Program: \$

Diversity/Minority Scholarship: \$

State government scholarship/grant: \$

Scholarship/grant/fellowship from osteopathic medical school or its parent university: \$

Western Interstate Commission for Higher Education (WICHE): \$

Tuition waiver:

\$

Osteopathic association scholarships (For example: AOA, state or local osteopathic society):

\$

Other sources:

\$

Total

\$

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 will be paid by each of the following sources. Please be sure the total equals 100.

Loans – **Based on your previous total loan response:** %Scholarships/grants/fellowship – **Based on your previous scholarships/grants total response:** %

Personal savings:

 %

Personal earnings – (Only include you and/or your spouse's earnings during your four years of medical school.):

 %

Parents:

 %

Other relatives:

 %

Others:

 %

Total

 %

How much non-educational consumer debt (such as car loans, credit card, and medical expenses) do you expect to 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 it will take to repay your osteopathic medical education debt?

Do you anticipate participating in a student loan consolidation program (Federal or non-Federal) for

repayment?

- ☐ Yes
- ☐ No
- ☐ Undecided

Do you plan to enter a loan forgiveness or repayment program?

- ☐ Yes
- ☐ No
- ☐ Undecided

Please select the type of loan forgiveness or repayment program you might be interested in pursuing:

- ☐ Department of Education's Public Service Loan Forgiveness Program (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
- ☐ Health Resources and Services Administration Faculty Loan Repayment Program
- ☐ State loan forgiveness program

- ☐ Hospital program (e.g., sign-on bonus)
- ☐ Other

Part V: DIVERSITY, EQUITY, and INCLUSION

Please rate how likely you think you are to experience the following climate/environmental factors at your osteopathic medical institution.

	Strongly Agree	Agree	Neither Agree or Disagree	Disagree	Str Dis
I will be able to openly express all my identities at my college of osteopathic medicine.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
I will be able to connect with someone I consider a trusted friend or at least one person that can help me with struggles.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
My college of osteopathic medicine is committed to creating a campus climate that respects individuals and groups with cultural differences.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
My peers and I will be afforded equitable opportunities for success under the same set of standards.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
I anticipate my college of osteopathic medicine will have a safe and inclusive environment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
My college of osteopathic medicine will have a visible culture that supported me while I was on campus.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

Disability

Part VI: DISABILITIES AND ACCESSIBILITY

The next set of questions asks about disability and accessibility. We ask these items to foster more inclusive environments. The information you provide is not shared with your COM, residency sites, or licensing boards.

Disability is defined as any condition that substantially limits one or more of your major life activities, such as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and working. Disabilities include, but are not limited to, intellectual or developmental disabilities, chronic health conditions, physical disability, deafness or serious difficulty hearing, blindness or a serious visual impairment, and mental health conditions.

Based on the above definition, do you identify as having a disability?

- ☐ Yes
- ☐ No
- ☐ I prefer not to respond.

Have you encountered difficulties accessing your medical education because of a disability or health condition?

- ☐ Yes, a lot of difficulties
- ☐ Yes, some difficulties
- ☐ No, no difficulties
- ☐ I prefer not to respond.

Did you register with disability services at your COM to receive accommodations?

- ☐ Yes, I am registered.
- ☐ Not yet, but I plan to register.
- ☐ No, I have not registered, and I do not plan to.
- ☐ I prefer not to respond.

Please explain why you have not yet registered or do not plan to register with disability services.

In my medical education, people and institutions have been accommodating of my disability or health condition.

- ☐ Not at all accommodating
- ☐ Somewhat accommodating
- ☐ Moderately accommodating
- ☐ Very accommodating
- ☐ Extremely accommodating
- ☐ I prefer not to respond.

I feel comfortable talking with others at my college of osteopathic medicine about my disability or health condition.

- ☐ Not at all comfortable

- ☐ Somewhat comfortable
- ☐ Neither comfortable nor uncomfortable
- ☐ Fairly comfortable
- ☐ Completely comfortable
- ☐ I prefer not to respond.

Part VII: DEMOGRAPHIC DATA

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

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

Demo

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
- ☐ Intersex
- ☐ Gender variant/non-conforming
- ☐ Not listed
- ☐ Decline to answer

Marital 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

Select one or more of the following races:

American Indian or Alaskan Native

☐ American Indian or Alaskan Native

Asian

☐ Asian Indian

☐ Chinese

☐ Filipino

☐ Japanese

☐ Korean

☐ Pakistani

☐ Vietnamese

☐ Other Asian

Black or African-American

☐ Black or African-American

Native Hawaiian or Other Pacific Islander

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

White

- ☐ White

Ethnic Description:

American Indian or Alaskan Native: *A person having origins in any of the original peoples of North and South America (including Central America) who maintains cultural identification through 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 or African American: *A person having origins in any of the black racial groups of Africa.*

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

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

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

Citizenship Status

- ☐ U.S. Citizen
- ☐ Legal/Permanent Resident (Green Card)
- ☐ Non-Immigrant Status (F-1 Visa)
- ☐ Non Resident or Undocumented (including Deferred Action for Childhood Arrivals - DACA)
- ☐ None

Was English your first language?

- ☐ Yes
- ☐ No

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 (PhD, EdD etc.)
- ☐ Master's
- ☐ Bachelor's
- ☐ Associate Degree/Technical Certificate
- ☐ High School Graduate
- ☐ Less than High School

Select one of the following as your father's professional degree:

- ☐ 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 (PhD, EdD etc.)
- ☐ Master's
- ☐ Bachelor's
- ☐ Associate Degree/Technical Certificate
- ☐ High School Graduate
- ☐ Less than High School

Select one of the following as your mother's professional degree:

- ☐ DO/MD
- ☐ Other Health Professions
- ☐ Other

Parent's Income: Provide 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

Powered by Qualtrics