

AACOM 2007-08 Academic Year Entering Student Survey Summary Report



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

AACOM 2007-08 Academic Year Survey of Graduating Seniors
Summary Report

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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 2007-08, 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 response rate was 78 percent, the median response rate was 88 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 2008 averaged \$166,168 per survey respondent. Mean debt for students graduating from the six public osteopathic schools was \$152,990, lower than the mean debt for all graduates; mean debt for students graduating from the private schools was \$169,404.¹

One-third of the seniors had received scholarship funds, although proportionately more students from public schools (39 percent) than students from private schools (31 percent) had received scholarship monies. Most scholarships are awarded by the medical school or its parent university, but 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

Seventy-nine percent of seniors were either very satisfied or satisfied with the quality of their medical school training, and 85 percent were very satisfied or satisfied with their career choice. More than three out of four seniors would choose to study in an osteopathic medical school and nearly two out of three would attend 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 agreed that the objectives of courses offered in the first two years were clearly defined, and that the basic science courses were sufficiently integrated. There was less agreement regarding the adequacy of exposure to patient care and preparation for the COMLEX I in the first two years. 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, biostatistics and bioterrorism.

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.

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

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

Half of all seniors planned on entering an osteopathic or AOA/ACGME dual-approved residency. The main reason, chosen by nearly 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.

2007-2008 Seniors' Response Rates to the AACOM Survey of Graduating Seniors			
COM	4th Year Enrollment*	Surveys Received	Response Rate
ATSU/KCOM	182	141	77%
AZCOM	135	72	53%
CCOM	162	63	39%
DMU-COM	208	71	34%
KCUMB-COM	228	212	93%
LECOM	225	212	94%
LECOM-Br	149	136	91%
MSUCOM	146	136	93%
NSU-COM	210	158	75%
NYCOM	302	271	90%
OSU-COM	83	3	4%
OU-COM	107	81	76%
PCOM	262	245	94%
PCSOM	69	69	100%
TUCOM-CA	136	75	55%
TUNCOM	76	13	17%
UMDNJ-SOM	92	79	86%
UNECOM	121	121	100%
UNTHSC/TCOM	130	126	97%
VCOM	172	140	81%
WesternU/COMP	187	184	98%
WVSOM	97	88	91%
Missing		2	
Total	3,479	2,698	78%

*Source: AACOM, Annual Osteopathic Medical School Questionnaires 2007-08

Student Debt

(Data include all respondents to each question.)

Mean Debt, Seniors 2007-2008						
Source of Debt	All 2007-2008 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	\$166,168	92%	\$152,990	96%	\$169,404	91%
At Entry, Loans Owing for Undergraduate Medical Education	\$13,777	48%	\$12,315	48%	\$14,138	48%
Family Loans to be Repaid by Student	\$1,321	3%	\$859	3%	\$1,433	3%
Non-Educational Debt	\$15,453	48%	\$14,375	46%	\$15,730	49%

Scholarships/Grants, Seniors 2007-2008						
Type of Scholarship or Grant	All 2007-2008 Seniors		Public Schools		Private Schools	
	Dollar Amount	Percent with Awards	Dollar Amount	Percent with Awards	Dollar Amount	Percent with Awards
Total Scholarships/Grants	\$52,851	33%	\$32,343	39%	\$58,892	31%
National Health Service Corps Scholarship	\$119,697	1%	\$51,681	1%	\$130,580	1%
Armed Forces Health Professions Scholarship	\$166,466	7%	\$144,430	5%	\$170,138	7%
State Government Scholarship/Grant	\$23,240	4%	\$5,629	6%	\$31,268	3%
Scholarship/Grant/Fellowship from Osteopathic School or its Parent	\$13,786	15%	\$8,594	17%	\$15,257	14%
Tuition Waiver	\$30,734	2%	\$23,726	6%	\$38,520	1%
Osteopathic Association	\$4,785	5%	\$4,404	5%	\$4,898	5%
Other Sources	\$15,237	5%	\$13,376	7%	\$15,924	5%

Sources of Funds for Osteopathic Medical Education, 2007-2008 (Percent of total cost provided by each source)			
Source	All 2008-2009 Seniors	Public Schools	Private Schools
Loans	81%	85%	80%
Scholarships	9%	7%	10%
Savings	2%	1%	2%
Earnings	1%	1%	1%
Parents	6%	5%	6%
Relatives	0%	0%	0%
Other	0%	0%	0%
Total	100%	100%	100%

Seniors' Evaluations of Their Medical Education

2007-2008 Seniors' Evaluation of Quality of Osteopathic Medical Training

Satisfaction Level	All 2007-2008 Seniors	
Very Satisfied	123	19%
Satisfied	391	60%
Neither Satisfied nor Dissatisfied	89	14%
Dissatisfied	43	7%
Very Dissatisfied	5	1%
Total	651	100%

2007-2008 Seniors' Satisfaction Level with Osteopathic Medicine Career Selection

Satisfaction Level	All 2008-2009 Seniors	
Very Satisfied	266	41%
Satisfied	284	44%
Mixed Feelings	119	18%
Dissatisfied	10	2%
Very Dissatisfied	8	1%
Total	687	100%

2007-2008 Seniors Who, if Starting over, Would Prefer to Enroll in:

Preferred Response	All 2007-2008 Seniors	
The Same Osteopathic Medical School	425	64%
Another Osteopathic Medical School	95	14%
An Allopathic Medical School	111	17%
Would not Have Gone to Medical School at All	32	5%
Total	663	100%

2007-2008 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	36%	56%	4%	2%	2%	2,662
Basic Science Courses Were Sufficiently Integrated with each other	30%	54%	11%	3%	2%	2,660
Basic Science Courses Were Sufficiently Integrated with Clinical Training	25%	51%	18%	4%	2%	2,661
Course Objectives and Examination Content Matched Closely	27%	59%	9%	3%	2%	2,662
Course Work Adequately Prepared Students for Clerkships	26%	60%	10%	3%	2%	2,659
The First Two Years of Medical School were Well Organized	26%	53%	13%	6%	2%	2,654
Students were Provided with Timely Feedback on Performance	27%	56%	11%	4%	2%	2,658
There was Adequate Exposure to Patient Care During the First Two Years	24%	47%	22%	6%	2%	2,655
Osteopathic Principles were Adequately Integrated into Course Work	30%	56%	9%	3%	2%	2,660
An Appropriate Amount of Training was Provided in OMT	37%	52%	6%	2%	2%	2,661
There was Adequate Preparation for COMLEX Level I	26%	49%	14%	8%	2%	2,656

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

2007-2008 Seniors' Evaluation of Time Devoted to Various Areas of Instruction

Area of Instruction	Appropriate	Inadequate	Excessive	Total Responses
Basic Medical Sciences	91%	7%	2%	2,678
Behavioral Sciences	84%	15%	2%	2,669
Biostatistics	58%	40%	2%	2,675
Bioterrorism	59%	37%	5%	2,673
Care of Ambulatory Patients	89%	7%	4%	2,669
Care of the Elderly (Geriatrics)	81%	14%	6%	2,674
Care of Hospitalized Patients	85%	14%	1%	2,672
Care of Patients with HIV/AIDS	66%	33%	1%	2,672
Clinical Decision-Making	85%	14%	1%	2,668
Clinical Pharmacology	81%	18%	1%	2,674
Clinical Sciences	91%	8%	1%	2,665
Cost Effective Medical Practice	50%	49%	1%	2,670
Diagnostic Skills	88%	10%	2%	2,670
Drug and Alcohol Abuse	83%	14%	2%	2,670
Family and Domestic Violence	74%	24%	2%	2,672
Genetics	77%	20%	3%	2,668
Health Promotion and Disease Prevention	90%	9%	2%	2,668
Human Sexuality	75%	21%	4%	2,670
Independent Learning and Self-evaluation	83%	14%	3%	2,670
Infection Control/Health Care Setting	89%	11%	1%	2,670
Infectious Disease Prevention	90%	10%	1%	2,667
Integrative Medicine	83%	16%	1%	2,668
Legal Medicine	68%	29%	3%	2,664
Literature Analysis Skills	56%	43%	1%	2,666
Medical Care Cost Control	53%	46%	1%	2,662
Medical Ethics	84%	10%	6%	2,662
Medical Record Keeping	64%	35%	1%	2,662
Medical Socioeconomics	68%	31%	1%	2,655
Neuromusculoskeletal Medicine\OMM	85%	6%	10%	2,663
Nutrition	71%	27%	2%	2,666
Pain Management	66%	33%	1%	2,663
Patient Education	88%	11%	1%	2,664
Patient Follow-up	87%	12%	1%	2,658
Patient Interviewing Skills	92%	4%	4%	2,663
Physician-Patient Relationship	93%	4%	3%	2,662
Practice Management	62%	38%	0%	2,659
Primary Care	87%	2%	11%	2,657
Public Health and Community Medicine	85%	12%	3%	2,659
Rehabilitation	65%	34%	1%	2,660
Research Techniques	46%	53%	1%	2,659
Role of Medicine in Community	86%	13%	1%	2,658
Screening for Diseases	92%	7%	0%	2,663
Teamwork with Other Health Professionals	88%	10%	1%	2,659
Therapeutic Management	88%	11%	0%	2,648
Use of Computers	84%	15%	1%	2,647
Utilization Review and Quality Assurance	75%	25%	0%	2,619

Highlighted categories are those where <60% are "Appropriate"

2007-2008 Seniors' Evaluation of Clinical Education – Required Clerkships

Characteristic of Clinical Education	Strongly Agree	Agree	Disagree	Strongly Disagree	No Opinion	Total
Clear Goals and Objectives	22%	59%	13%	4%	2%	2,665
Able to Design Own Goals and Objectives	20%	55%	16%	3%	5%	2,658
Clear Performance Objectives	20%	58%	17%	3%	2%	2,658
Well-Organized Clerkships	16%	55%	20%	7%	2%	2,658
Rounds Conducted as Scheduled	19%	64%	11%	3%	4%	2,658
Timely Feedback Provided on Performance	18%	57%	18%	4%	2%	2,656
Too Large a Role by Residents in Teaching and Evaluation	12%	27%	46%	9%	6%	2,655
Appropriate Diversity of Patients and Their Health Issues	30%	62%	5%	1%	1%	2,658
Appropriate Number of Inpatient Experiences	30%	56%	8%	4%	1%	2,656
Each Clerkship had an Osteopathic Orientation	8%	19%	43%	26%	4%	2,660
Osteopathic Principles and Practice (OPP) Well-Integrated in Each Clerkship	7%	20%	42%	26%	4%	2,658
Appropriate Technology Usage for Situation	23%	67%	6%	2%	2%	2,657
Able to Work on a Personal Basis with Patients	40%	57%	2%	0%	1%	2,656
Attending Modeled Excellent Patient Relationship Skills	24%	64%	6%	2%	4%	2,658
Friendly and Supportive Support Staff	24%	64%	7%	3%	3%	2,658
Coverage Hours were Set and Finished on Time	17%	60%	15%	3%	4%	2,658
I Was Asked Relevant Pertinent Questions on Patient Diagnosis, Treatment Options, Management and Follow-up	26%	66%	5%	1%	2%	2,653
Felt Free to Ask Questions	32%	62%	3%	1%	2%	2,659
Attending Seemed Interested in My Opinions	21%	62%	11%	2%	4%	2,652
Personal Concerns Addressed by Attending While on Rotation	20%	60%	11%	2%	8%	2,655
I was Treated with Respect	25%	66%	4%	1%	3%	2,654
Able to Discuss Progress on Rotation with Attending	21%	62%	11%	2%	4%	2,652
Attending Critically Evaluated Me During Rotation	18%	61%	14%	2%	4%	2,655
Able to Discuss Final Rotation Evaluation with Attending	18%	57%	18%	3%	4%	2,650
Attending Based Evaluation on Direct Observation	20%	64%	9%	2%	5%	2,647
Able to Meet and Discuss Areas of Concern with Attending Outside of Clinical Setting	16%	50%	21%	4%	9%	2,653
Lived within Reasonable Distance from Rotation Sites	20%	59%	12%	5%	2%	2,655
Prepared Me for Examinations	19%	59%	14%	5%	3%	2,651
Testing Provided at End of Each Clerkship	20%	56%	14%	6%	3%	2,646
Adequate Preparation for COMLEX Level 2-CE	22%	58%	13%	5%	3%	2,655
Adequate Preparation for COMLEX Level 2-PE	30%	57%	6%	4%	2%	2,647

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

2007-2008 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	24%	61%	11%	2%	3%	2,650
Able to Design Own Goals and Objectives	27%	61%	8%	1%	4%	2,648
Clear Performance Objectives	23%	60%	12%	2%	3%	2,649
Well-Organized Clerkships	24%	61%	10%	2%	3%	2,642
Rounds Conducted as Scheduled	24%	65%	6%	1%	4%	2,644
Timely Feedback Provided on Performance	23%	63%	10%	2%	3%	2,643
Too Large a Role by Residents in Teaching and Evaluation	12%	32%	42%	7%	6%	2,646
Appropriate Diversity of Patients and Their Health Issues	32%	63%	3%	1%	2%	2,646
Appropriate Number of Inpatient Experiences	32%	60%	4%	1%	2%	2,645
Each Clerkship had an Osteopathic Orientation	10%	26%	39%	19%	5%	2,642
Osteopathic Principles and Practice (OPP) Well-Integrated in Each Clerkship	10%	26%	39%	19%	6%	2,640
Appropriate Technology Usage for Situation	27%	65%	4%	1%	3%	2,642
Able to Work on a Personal Basis with Patients	37%	59%	2%	1%	2%	2,645
Attending Modeled Excellent Patient Relationship Skills	30%	63%	2%	1%	3%	2,642
Friendly and Supportive Support Staff	29%	64%	3%	1%	3%	2,642
Coverage Hours were Set and Finished on Time	25%	62%	9%	1%	4%	2,641
I Was Asked Relevant Pertinent Questions on Patient Diagnosis, Treatment Options, Management and Follow-Felt Free to Ask Questions	30%	65%	2%	1%	2%	2,642
Attending Seemed Interested in My Opinions	33%	62%	2%	1%	2%	2,641
Personal Concerns Addressed by Attending While on Rotation	27%	62%	6%	1%	4%	2,647
I was Treated with Respect	25%	61%	6%	1%	7%	2,641
Able to Discuss Progress on Rotation with Attending	31%	63%	3%	1%	3%	2,645
Attending Critically Evaluated Me During Rotation	26%	62%	7%	1%	4%	2,643
Able to Discuss Final Rotation Evaluation with Attending	24%	62%	9%	1%	4%	2,644
Attending Based Evaluation on Direct Observation	23%	60%	11%	2%	4%	2,643
Able to Meet and Discuss Areas of Concern with Attending Outside of Clinical Setting	25%	65%	5%	1%	4%	2,641
Lived within Reasonable Distance from Rotation Sites	21%	54%	14%	2%	9%	2,641
Prepared Me for Examinations	23%	63%	7%	3%	4%	2,639
Testing Provided at End of Each Clerkship	22%	61%	7%	2%	8%	2,639
Adequate Preparation for COMLEX Level 2-CE	17%	42%	25%	8%	8%	2,639
Adequate Preparation for COMLEX Level 2-PE	23%	58%	9%	3%	8%	2,640
Adequate Preparation for COMLEX Level 2-PE	26%	59%	6%	3%	7%	2,634

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

2007-2008 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	60%	33%	5%	1%	0%	0%	2,662
General Pediatric	30%	39%	21%	7%	2%	0%	2,662
Well Baby	27%	35%	22%	12%	3%	0%	2,657
Breast and Pelvic	39%	35%	16%	7%	2%	1%	2,659
Prostate and Testicular	29%	32%	23%	10%	5%	1%	2,658
Osteopathic Structural	35%	34%	19%	9%	3%	0%	2,657
Sports Participation	39%	35%	15%	7%	2%	1%	2,656

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

2007-2008 Seniors' Evaluation of Various Academic Services						
Academic Service Area	Very Satisfied	Satisfied	Dissatisfied	Very Dissatisfied	No Opinion	Total
Academic Counseling	13%	47%	19%	11%	10%	2,653
Accessibility to Administration	19%	56%	14%	7%	5%	2,658
Awareness of Student Problems by Administration	13%	48%	23%	11%	6%	2,657
Career Counseling	8%	37%	28%	15%	12%	2,654
Computer Resource Center	22%	60%	7%	4%	8%	2,654
Disability Insurance	10%	38%	5%	3%	44%	2,650
Electronic Communications (E-mail, Internet/Intranet)	29%	62%	4%	2%	2%	2,657
Faculty Mentoring	12%	41%	24%	13%	10%	2,655
Financial Aid Administration Services	24%	56%	9%	5%	7%	2,653
Library	29%	59%	6%	2%	4%	2,653
Participation of Students on Key Medical School Committees	17%	58%	6%	2%	17%	2,655
Personal Counseling	12%	41%	10%	7%	29%	2,657
Student Health Insurance	12%	40%	15%	13%	19%	2,655
Student Health Services	13%	48%	11%	8%	19%	2,647
Student Relaxation Space	13%	49%	14%	8%	15%	2,649
Student Study Space	17%	55%	13%	7%	8%	2,649
Tutorial Help	12%	45%	8%	5%	29%	2,632

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

2007-2008 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	26%	56%	13%	4%	1%	2,645
Well Prepared to Treat Structural Problems	22%	52%	17%	7%	2%	2,643
Well Prepared to Document Findings in a Structural Examination	23%	56%	15%	5%	2%	2,640
Had Opportunity to Practice OPP During First Two Years in Medical School	40%	51%	6%	2%	1%	2,643
Had Opportunity to Practice OPP During In-Hospital Rotations	11%	29%	20%	30%	10%	2,645
Had Opportunity to Practice OPP During Ambulatory Primary Care Rotations	14%	50%	16%	15%	5%	2,643
Had Opportunity to Practice OPP During Ambulatory Non-Primary Care Rotations	10%	30%	21%	30%	9%	2,638
Had Osteopathic Physician Role Models During the First Two Years	29%	52%	11%	6%	2%	2,644
Had Osteopathic Physician Role Models During Required In-Hospital Rotations	14%	40%	18%	22%	7%	2,643
Had Osteopathic Physician Role Models During Ambulatory Primary Care Rotations	17%	52%	14%	13%	4%	2,644
Had Osteopathic Physician Role Models During Ambulatory Non-Primary Care Rotations	13%	40%	19%	21%	6%	2,635
Had Osteopathic Physician Role Models During Selectives/Electives	15%	43%	17%	18%	6%	2,631

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

2007-2008 Seniors' Evaluation of School's Involvement in Clerkship Years

Type of Involvement	All 2007-2008 Seniors	
Excessive Involvement	23	3%
Outstanding Involvement	32	5%
Adequate Involvement	309	44%
Some, but Inadequate Involvement	221	32%
Not Involved	113	16%
Total	698	100%

Type of School's Involvement During the Clerkship Years

Type of Involvement	All 2007-2008 Seniors
E-Mail	81%
COMLEX PE Preparation	56%
Distance Learning	36%
Newsletter	33%
COMLEX Level II Preparation	28%
Faculty Visits	26%
Total Students	2,698

2007-2008 Seniors' Evaluation of Time Devoted to Various Activities in Third and Fourth Years

Type of Activity	All 2007-2008 Seniors
Inpatient Care, Including Reading X-ray Films and Laboratory Work	52%
Outpatient Care	37%
Extended/Long-Term Care	7%
Research	3%
Other	2%
Total	2,564

2007-2008 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%	61%	21%	8%	3%	2,645
During Required In-Hospital Rotations	1%	19%	26%	30%	24%	2,641
During Required Ambulatory Primary Care Rotations	9%	28%	27%	21%	15%	2,638
During Required Ambulatory Non-Primary Care Rotations	5%	23%	26%	26%	19%	2,641
During Selectives/Electives	2%	18%	22%	28%	30%	2,636

Specialty and Practice Plans

2007-2008 Seniors' Immediate Post-Graduate Plans (After Internship)		
Plans	All 2007-2008 Seniors	
Osteopathic Residency	241	35%
Allopathic Residency	300	44%
Dual AOA/ACGME Approved Residency	109	16%
Government, NHSC, Military, V.A., etc.	35	5%
Other or Undecided	2	0%
Total	687	100%

Reasons Given for Planning an Allopathic or AOA/ACGME Dual Approved Residency*, 2007-2008	
Reason	All 2007-2008 Seniors
Preferred Osteopathic Residency is not Available in Preferred Geographic Location	64%
Believe Better Training & Educational Opportunities Available in Allopathic Programs	55%
Better Chance of Location in Larger Institutions	53%
Opens More Career Opportunities	41%
Desire Specialty Training Not Available in Osteopathic Program	26%
Better Chance of Being Accepted in Allopathic Program	12%
Allows for ABMS Board Certification	11%
Higher Pay	9%
Shorter Training Period	7%
Military or Government Service Obligation	3%
Other Reasons	8%

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

Long-Range Career Plans, 2007-2008		
Plans	All 2007-2008 Seniors	
Government, NHSC, Military, V.A., etc.	51	8%
Practice in an HMO	14	2%
Self-Employed with or without a Partner	90	14%
Group or Other Type of Private Practice	330	50%
Other Professional Activity	61	9%
Undecided	110	17%
Total	656	100%

Specialization, 2007-2008

Planned Specialty	All 2007-2008 Seniors	
Allergy and Immunology	0	0.0%
Anesthesiology	41	6.1%
Critical Care	8	1.2%
Dermatology	10	1.5%
Emergency Medicine	98	14.7%
Family Practice	103	15.4%
Geriatrics	2	0.3%
Internal Medicine, General	33	4.9%
Internal Medicine, Subspecialty	87	13.0%
Medical Genetics	0	0.0%
Neurology and Subspecialties	10	1.5%
Nuclear Medicine	0	0.0%
OB/GYN and Subspecialties	41	6.1%
Ophthalmology	2	0.3%
Orthopedic Surgery	32	4.8%
Osteopathic Manipulative Medicine	8	1.2%
Otolaryngology	7	1.0%
Pathology and Subspecialties	7	1.0%
Pediatrics, General	25	3.7%
Pediatrics, Subspecialty	29	4.3%
Physical Medicine & Rehabilitation Med.	22	3.3%
Preventive Medicine and Subspecialties	2	0.3%
Proctology	0	0.0%
Psychiatry and Subspecialties	24	3.6%
Radiology and Subspecialties	15	2.2%
Sports Medicine	8	1.2%
Surgery Subspecialties	22	3.3%
Surgery, General	23	3.4%
Urology/Urological Surgery	0	0.0%
Vascular Surgery	1	0.1%
Undecided or Indefinite	8	1.2%
Total	668	100%

Factors Influencing Specialty Choice Decision, 2007-2008	
Factor	Mean Influence Rating* All 2007-2008 Seniors
Intellectual Content of the Specialty	3.3
Like Dealing with People More than Techniques	3.1
Skills/Abilities	3.0
Role Models	2.7
Lifestyle	2.7
Like the Emphasis on Technical Skills	2.5
Desire for Independence	2.5
Academic Environment	2.5
Previous experience	2.2
Peer Influence	1.9
Prestige/Income Potential	1.8
Opportunity for Research/Creativity	1.8
Debt Level	1.6

*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 2007-2008 Seniors	
Primary Care	161	24%
Non-Primary Care	499	75%
Undecided	8	1%
Total	668	100%

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

Board Certification Plans, 2007-2008

Plans	All 2007-2008 Seniors	
AOA Boards	358	52%
ABMS Boards	116	17%
Both Boards	174	25%
Other	3	0%
Not Planning Board Certification	1	0%
Undecided	42	6%
Total	694	100%

Reasons for Taking ABMS (Allopathic) or Both Boards*, 2007-2008

Reason	All 2007-2008 Seniors
ABMS Board Certification Provides More Opportunities	45%
ABMS Board Certification is More Widely Recognized	45%
Personal Desire for Dual Certification	41%
Hospital Privileges are More Readily Obtained with ABMS	27%
ABMS Board Certification has More Colleague Acceptance	26%
Licenses More Readily Obtained with ABMS Certification	19%
ABMS Board Certification has More Prestige	14%
Other	10%

*Data represent the percent of those who plan on taking the ABMS Boards or taking both Boards.

Expected Net Income, 2007-2008

Years After Completion of Internship or Residency	Mean Expected Income All 2007-2008 Seniors
1 Year	\$160,184
5 Years	\$221,470
10 Years	\$282,596