

AACOM 2009-10 Academic Year Survey of Graduating Seniors Summary Report



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

AACOM 2009-10 Academic Year Graduating Seniors Survey Summary Report, Abstract

Each year, AACOM asks the nation's colleges of osteopathic medicine (COM) to conduct the AACOM Graduating Seniors Survey. The survey compiles a comprehensive snapshot of osteopathic medical education debt, experience in and satisfaction with various aspects of student education, graduate medical education plans, and future specialty and practice plans. Beginning in 2009-2010, the survey has been administered solely via an online form to facilitate a more consistent and efficient data collection process. 2,842 students participated in the 2009-2010 Graduating Seniors Survey. Demographic analyses presented in this report can be considered along with demographic data presented on our Data and Trends website: <http://bit.ly/1ydWKke>.

Student Debt

For both the 2008-2009 and 2009-2010 academic years, 93 percent of graduating seniors indicated having debt. However, 2009-2010 seniors reported a mean debt of \$186,509, 7 percent more than the mean \$173,963 reported by 2008-2009 graduating seniors. Additionally, as in 2008-2009, 2009-2010 reported medical education debt differed significantly between seniors at private and public osteopathic medical schools. Seniors at private schools reported a mean debt of \$191,461, while seniors at public osteopathic medical schools reported a 14 percent lower mean debt of \$166,419. In 2008-2009, seniors at private schools reported a mean debt of \$177,670 while seniors at public schools reported a 13 percent lower mean debt of \$156,654.

For the 2009-2010 Graduating Senior Survey Summary Report, we have included analysis of the self-reported data students supplied on subsidized and unsubsidized Stafford loans, Graduate PLUS loans, Perkins loans, Loans for Disadvantaged Students, Primary Care Loans, other state-issued loans, osteopathic association loans, alternative loans and other loan sources of medical education debt that were not analyzed in prior Graduating Seniors Survey reports.

In 2009-2010 more graduating seniors received scholarships and/or grants than in 2008-2009; 43 percent of 2009-2010 seniors indicated receiving scholarships and/or grants, compared with just 34 percent of 2008-2009 graduating seniors. However, 2009-2010 seniors reported a mean award of \$49,223, 6 percent less than the \$52,516 reported by 2008-2009 seniors. As in 2008-2009, 2009-2010 reported mean scholarship/grant awards also differed significantly between seniors at private and public osteopathic medical schools. Seniors at private schools reported a mean award of \$52,768, while seniors at public schools reported a 40 percent lower mean award of \$35,290. In 2008-2009, seniors at private schools reported a mean award of \$57,785, while seniors at public schools reported a 57 percent lower mean award of \$32,200.

The distribution of scholarship awards changed slightly from 2008-2009 to 2009-2010. Twelve percent of 2009-2010 seniors reported receiving an Armed Forces Health Professions scholarship, compared with just 6 percent of 2008-2009 seniors. Also, 25 percent of 2009-2010 seniors reported receiving awards from their osteopathic school or parent university, whereas only 18 percent of 2008-2009 students reported receiving such awards.

Seniors' Evaluations of Their Medical Education

Compared with 2008-2009 seniors, 2009-2010 seniors were slightly less satisfied with the quality of their osteopathic medical training and/or career choice. Eighty-two percent of 2009-2010 seniors were very satisfied or satisfied with the quality of their osteopathic medical training, compared with 86 percent of 2008-2009 seniors. Also, 81 percent of 2009-2010 seniors were very satisfied or satisfied with their osteopathic medical career choice, less than the 88 percent of 2008-2009 seniors. If they were to begin medical school again, 67 percent of 2009-2010 seniors would enroll in osteopathic medical schools and 56 percent would enroll in the same osteopathic medical school.

Generally, 2009-2010 seniors were satisfied with most curricular aspects of their first two years of medical school. However, more than 20 percent of seniors were not satisfied with their exposure to patient care or preparation for the COMLEX Level I.

During their entire osteopathic medical school education, students felt more time should have been devoted to research techniques, medical care cost control, cost-effective medical practice, biostatistics, literature analysis skill, practice management and legal medicine.

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2009-2010 seniors were more satisfied with their selective/elective clerkships than their required clerkships. For both their selective/elective and required clerkship evaluations, less than one-fifth of 2009-2010 seniors strongly agreed or agreed that the clerkships had an osteopathic orientation and that osteopathic practice and principles were well-integrated. Less than 60 percent of seniors strongly agreed or agreed that their required clerkships were well-organized and that there was adequate preparation for the COMLEX Level 2-CE. Regarding their selective clerkships, less than 60 percent of students strongly agreed or agreed that their personal concerns were addressed by the attending while on rotation, while less than 50 percent strongly agreed or agreed that testing was provided at the end of the clerkships.

While seniors felt confident performing general adult examinations, only 53 percent felt completely or mostly confident performing well-baby examinations. Also, just 63 percent of seniors felt completely or mostly confident performing general pediatric examinations, while only 56 percent felt the same performing prostate/testicular examinations.

Regarding academic services, 2009-2010 seniors were most satisfied with electronic communication and library services, and were least satisfied with career and personal counseling, and disability and health insurance.

Seniors felt well-trained in most aspects of osteopathic manipulative treatment, principles and practice. However, they reported insufficient opportunities to practice OPP during in-hospital rotations and ambulatory non-primary care rotations. Seniors also reported an insufficient osteopathic physician role model presence during required in-hospital rotations and ambulatory non-primary care rotations.

Beginning with the 2009-2010 Graduating Seniors Survey, seniors were asked to evaluate their medical training in geriatric care. In each aspect of geriatric care, over 75 percent of 2009-2010 seniors agreed they were suitably prepared.

Graduate Medical Education, Professional Practice and Specialty Plans

Fifty-six percent of 2009-2010 seniors indicated plans to pursue an osteopathic residency, a dual AOA/ACGME-approved residency or an osteopathic internship, and 67 percent of seniors indicated plans to pursue osteopathic or both AOA and ABMS board certifications. Thirty-three percent of 2009-2010 seniors reported plans to practice in an underserved/shortage area, and 68 percent indicated plans to practice in a city with a population greater than 50,000.

Thirty-one percent of 2009-2010 seniors indicated plans to practice a primary care specialty, 7 percent more than the 24 percent of 2008-2009 seniors who reported such plans. Analysis also showed how planned primary care specialty selection differed across gender, marital status, and reported parental income level and education.

Table 1: Mean Osteopathic Medical Education Debt, Graduating Seniors 2009-2010*

Source of Debt	Debt			% in Debt		
	All Schools	Public	Private	All Schools	Public	Private
Total Loans for Osteopathic Medical Education	\$186,509	\$166,419 ^a	\$191,461 ^b	93%	95%	93%
Unsubsidized Stafford or FFELP	\$109,004	\$101,705 ^a	\$110,791 ^b	89%	91%	89%
Subsidized Stafford or FFELP	\$34,510	\$35,008	\$34,384	91%	93%	90%
Graduate PLUS	\$32,865	\$22,813 ^a	\$35,105 ^b	63%	48% ^α	67% ^β
Perkins	\$1,509	\$2,282 ^a	\$1,308 ^b	24%	41% ^α	19% ^β
Loans for Disadvantaged Students (LDS)	\$490	\$864	\$399	3%	4%	2%
Primary Care Loan (PCL)	\$2,650	\$805 ^a	\$3,094 ^b	3%	1%	3%
Other State-Issued Loans	\$672	\$784	\$645	3%	5% ^α	2% ^β
Osteopathic Association Loans	\$111	\$25	\$132	1%	0%	1%
Alternative Loans	\$2,506	\$1,055 ^a	\$2,850 ^b	8%	4% ^α	9% ^β
Other	\$2,937	\$2,106	\$3,142	11%	10%	11%

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

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.

The \$186,509 mean total osteopathic medical education debt reported by 2009-2010 seniors was 7 percent greater than the \$173,963 reported by 2008-2009 seniors. Nonetheless, 93 percent of both graduating senior classes reported having medical education debt. Total medical education debt between 2009-2010 graduating seniors from private and public osteopathic medical schools differed significantly, while the percentage of students in debt remained similar. The \$191,461 mean debt reported by 2009-2010 seniors at private schools was 14 percent greater than the \$166,419 mean total debt reported by 2009-2010 seniors at public schools.

Significant differences were found in the mean Graduate PLUS and Perkins loans debt between seniors at private and public osteopathic medical schools; significant differences in the percentage of students with these loans were also found. While seniors at public schools reported a 54 percent greater mean Perkins loan than seniors at private schools, seniors at private schools reported a 42 percent greater mean Graduate PLUS loan. Also, while 67 percent of 2009-2010 seniors at private schools reported Graduate PLUS loan debt, only 48 percent of 2009-2010 seniors at public schools reported such debt. Conversely, 41 percent of 2009-2010 seniors at public schools reported Perkins loan debt, while just 19 percent of 2009-2010 seniors at private schools reported such debt. The differences in mean Perkins loan debt and the percentage of students with Perkins loan debt are consistent with the varied nature and distribution of Perkins loan funds available to each school.

Table 2: Mean Non-Osteopathic Medical Education Debt, Graduating Seniors 2009-2010

Source of Debt	Debt			% in Debt		
	All Schools	Public	Private	All Schools	Public	Private
At Entry, Loans Owing for Undergraduate Education	\$14,660	\$12,991	\$15,071	50%	45% ^α	51% ^β
At Entry, Loans Owing for Post-Bac Education [†]	\$4,132	\$2,025 ^a	\$4,653 ^b	13%	9% ^α	13% ^β
Family Loans to be Repaid by Student	\$5,031	\$5,723	\$4,861	7%	6%	7%
Non-Educational Debt	\$11,627	\$12,430	\$11,427	51%	49%	52%

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.

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

Fifty percent of 2009-2010 seniors had loans owing for undergraduate education on entering medical school. Of these, 25 percent included post-baccalaureate debt in undergraduate education debt. Post-baccalaureate loans accounted for 28 percent of the \$14,660 mean undergraduate education debt. From 2008-2009 to 2009-2010, reported undergraduate debt showed no significant change, although the percentage of students reporting undergraduate education debt increased by 2 percent.

AACOM 2009-10 Academic Year Graduating Seniors Survey Summary Report, Expected Debt

The mean \$11,627 non-educational debt reported by 2009-2010 seniors decreased by 29 percent from the \$16,387 reported by 2008-2009 seniors. However, the percentage of students reporting non-educational debt increased by 3 percent from 2008-2009 to 2009-2010. Mean family loan debt to be repaid by students more than doubled, from \$1,908 in 2008-2009 to \$5,031 in 2009-2010. In addition, the percentage of seniors who indicated being responsible for family loan debt increased by 5 percent.

Table 3: Mean Osteopathic Medical School Debt

	Debt	% in Debt
Gender		
Male	\$184,375	92% ^α
Female	\$188,177	95% ^β
Race/Ethnicity		
White	\$189,398 ^a	94% ^α
Asian	\$164,604 ^b	88% ^β
Hispanic	\$207,132 ^a	97% ^α
Black	\$202,712 ^a	97% ^α
All Others*	\$181,099 ^{ab}	97% ^α
Marital Status		
Married/Cohabiting	\$193,131 ^a	96% ^α
Single	\$180,953 ^b	91% ^β
Financial Status		
Independent	\$199,378 ^a	96% ^α
Dependent	\$138,865 ^b	82% ^β
Parental Income		
\$49,999 or less	\$204,708 ^a	97% ^α
\$50,000 - \$99,999	\$199,018 ^a	97% ^α
\$100,000 - 199,999	\$184,738 ^b	94% ^β
\$200,000 or more	\$151,603 ^c	83% ^γ
Parental Education[†]		
Graduate/Professional Degree	\$175,808 ^a	91% ^α
Bachelor's Degree	\$192,771 ^b	95% ^β
No College Degree	\$203,980 ^b	97% ^β

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

*Includes the 93 respondents claiming American Indian and Alaskan Native, Native Hawaiian and Pacific Islander or multiple races.

†Highest education level indicated between mother and father considered.

Males were significantly less likely than females to have medical education debt. Among race/ethnicities, Asians were significantly less likely than students in the other race/ethnicity categories listed in Table 3 to be in debt, and they reported the lowest mean debt (\$164,604).

Single students were less likely to have medical education debt than married/cohabiting students; single students also reported a lower mean debt amount. Financially dependent students were less likely to have medical education debt, and reported a mean debt of \$138,865--\$60,560 less than the \$199,425 reported by financially independent students.

Students indicating parental incomes of \$100,000 - \$199,999 reported significantly lower debt than students indicating parental incomes of less than \$100,000, and significantly higher debt than students indicating parental incomes of \$200,000 or more. In addition, students indicating parental incomes of \$100,000 - \$199,999 were significantly less likely to have medical education debt than students indicating parental incomes of less than \$100,000, and were significantly more likely to have medical education debt than students indicating parental incomes of \$200,000 or more.

Students indicating a parent holding a graduate/professional degree reported the lowest reported mean debt, and were the least likely to have debt.

Table 4: Mean Debt, Parental Income and Financial Independence/Dependence

Parental Income	Debt		Debt %	% in Debt	
	Dependent	Independent	Difference	Dependent	Independent
\$49,999 or less	\$168,344 ^{aα}	\$208,922 ^{aβ}	22%	96% ^x	98% ^{xy}
\$50,000 - \$99,999	\$166,100 ^{aα}	\$205,103 ^{abβ}	21%	92% ^{xψ}	98% ^{yω}
\$100,000 - 199,999	\$154,404 ^{aα}	\$194,165 ^{bcβ}	23%	88% ^{xψ}	96% ^{xzω}
\$200,000 or more	\$104,570 ^{ba}	\$183,731 ^{cβ}	55%	68% ^{yψ}	94% ^{zω}

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.

α,β 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.

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

Table 4 shows the percentage difference in reported mean debt between financially independent and dependent students is highest amongst seniors indicating parental incomes of \$200,000 or more. The 6 percent of respondents indicating financial dependence and parental incomes of \$200,000 or more not only reported less debt than students in any other socio-economic category considered, but also were the least likely to have osteopathic medical education debt. Just 68 percent of financially dependent students with parents earning \$200,000 or more reported having osteopathic medical education debt.

Table 5: Osteopathic Education Debt Consolidation & Repayment

	% Students	2009-2010 graduating seniors expected to repay their osteopathic medical school loans in an average of 15 years.
Will Consolidate Debt	47%	
Will Not Consolidate Debt	17%	
Undecided	36%	

Table 6: Expected Net Income

	Mean	Median	Mode	2009-2010 graduating seniors expected incomes that did not greatly differ from those reported by 2008-2009 graduating students. While 2009-2010 graduating seniors expected to earn an average of \$165,077 after completing an internship/residency, 2008-2009 seniors expected to earn an average of \$164,814 the first year after completing an internship/residency.
One Year After Residency	\$165,077	\$150,000	\$150,000	
Five Years After Residency	\$225,424	\$200,000	\$200,000	
Ten Years After Residency	\$279,607	\$250,000	\$200,000	

Table 7: Mean Osteopathic Medical Education Scholarship/Grants, Graduating Seniors 2009-2010*

Source of Scholarship	Award [‡]			% Awarded		
	All Schools	Public	Private	All Schools	Public	Private
Total Scholarships/Grants	\$49,223	\$35,290 ^a	\$52,768 ^b	43%	43%	43%
National Health Service Corps (NHSC) Scholarship	\$138,470	\$0	\$138,470	1%	0%	1%
Armed Forces Health Professions (AFHP) Scholarship	\$178,915	\$190,626	\$177,330	12%	8% ^α	13% ^β
State Government Scholarship/Grant	\$27,415	\$17,705	\$32,185	6%	10% ^α	5% ^β
Award from Osteopathic School or its Parent University	\$14,799	\$8,933 ^a	\$16,123 ^b	25%	24%	25%
Tuition Waiver	\$48,024	\$27,412 ^a	\$60,755 ^b	4%	7% ^α	3% ^β
Osteopathic Association	\$4,506	\$4,976	\$4,432	8%	6%	9%
Other Sources	\$14,771	\$22,359	\$12,482	10%	12%	10%

*All scholarship 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 2008-2009 and 2009-2010, mean total scholarship/grant awards decreased, and the percentage of students who reported receiving awards increased. Thus, 43 percent of 2009-2010 seniors reported receiving a mean \$49,223 scholarship/grand award, while 34 percent of 2008-2009 seniors reported receiving a mean \$52,516 award. The percentage of graduating seniors at private and public osteopathic medical schools receiving awards was similar, although mean award amounts differed significantly. The \$52,768 mean total scholarship/grant award reported by seniors at private schools was 40 percent greater than the \$35,290 mean total award reported by seniors at public schools. Regarding scholarship/grant sources, from 2008-2009 to 2009-2010, more seniors were granted larger awards from the National Health Service Corps (NHSC) scholarship, the Armed Forces Health Professions (AFHP) scholarship and tuition waivers. The \$178,915 mean AFHP scholarship award and the \$119,475 mean NHSC scholarship award were the highest award means reported in 2009-2010.

Table 8: Mean Scholarship/Grant Awards

	Award[‡]	% Awarded
Gender*		
Male	\$62,614 ^a	41% ^α
Female	\$37,914 ^b	45% ^β
Race/Ethnicity		
White	\$49,463	44% ^{αγ}
Asian	\$43,613	36% ^β
Hispanic	\$50,649	35% ^{αβ}
Black	\$43,079	51% ^γ
All Others	\$68,742	49% ^{αβγ}
Marital Status		
Married/Cohabiting	\$48,968	46% ^α
Single	\$49,883	40% ^β
Financial Status		
Independent	\$53,896 ^a	46% ^α
Dependent	\$25,697 ^b	31% ^β
Parental Income		
\$49,999 or less	\$48,150	51% ^α
\$50,000 - \$99,999	\$48,082	48% ^α
\$100,000 - 199,999	\$54,154	40% ^β
\$200,000 or more	\$44,423	33% ^γ
Parental Education		
Graduate/Professional Degree	\$50,427	41% ^α
Bachelor's Degree	\$50,094	43% ^{αβ}
No College Degree	\$46,989	46% ^β

‡Mean taken from responses greater than zero.

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

***Table 8a: Mean Award and Gender**

Source of Scholarship	Award[‡]		% Awarded	
	Male	Female	Male	Female
Total Scholarships/Grants	\$62,614 ^a	\$37,914 ^b	41% ^α	45% ^β
AFHP Scholarship	\$181,661	\$173,629	16% ^α	9% ^β
Non-AFHP Scholarships	\$21,233	\$19,848	34% ^α	42% ^β

‡Mean taken from responses greater than zero.

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

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

Table 8 shows that females were significantly more likely than males to receive scholarship/grant awards. In addition, Table 8a shows that although males reported a 49 percent greater total osteopathic medical education scholarship/grant award than females, the difference is no longer significant when we disregard the 127 males and 66 females who reported receiving the Armed Forces Health Professions (AFHP) scholarship. With or without considering those who received the AFHP scholarship, females were still significantly more likely than males to receive awards.

Statistical tests failed to find significant differences in mean scholarship awards amongst race/ethnicities. Yet tests did indicate that Asians were less likely than White and Black students to receive scholarship/grant awards. Hispanic students were also less likely than Black students to receive awards. On the other hand, statistical tests failed to indicate whether Hispanics were less likely than White students to receive scholarship/grant awards.

Married/cohabiting students were significantly more likely to receive scholarship/grant awards than single students. Financially independent students were also more likely to receive awards than dependent students, and they reported a mean \$53,896 award--\$28,198 more than the \$25,697 reported by financially dependent students.

Students indicating parental incomes of \$100,000 - \$199,999 were significantly less likely than students indicating parental incomes of less than \$100,000 to receive awards, and were significantly more likely than students indicating parental incomes of \$200,000 or more to receive awards.

Table 8 also shows that among the respondents indicating parental education and awards received, students indicating parents not holding a college degree were significantly more likely than students indicating

a parent holding a graduate/professional degree to receive awards. However the z-test (p<0.05) failed to indicate whether students indicating parents with a Bachelor's degree were more or less likely than students indicating either a parent with a graduate/professional degree or parents with no college degree to receive awards.

Chart I: Percentage of Seniors with Debt and Scholarships*

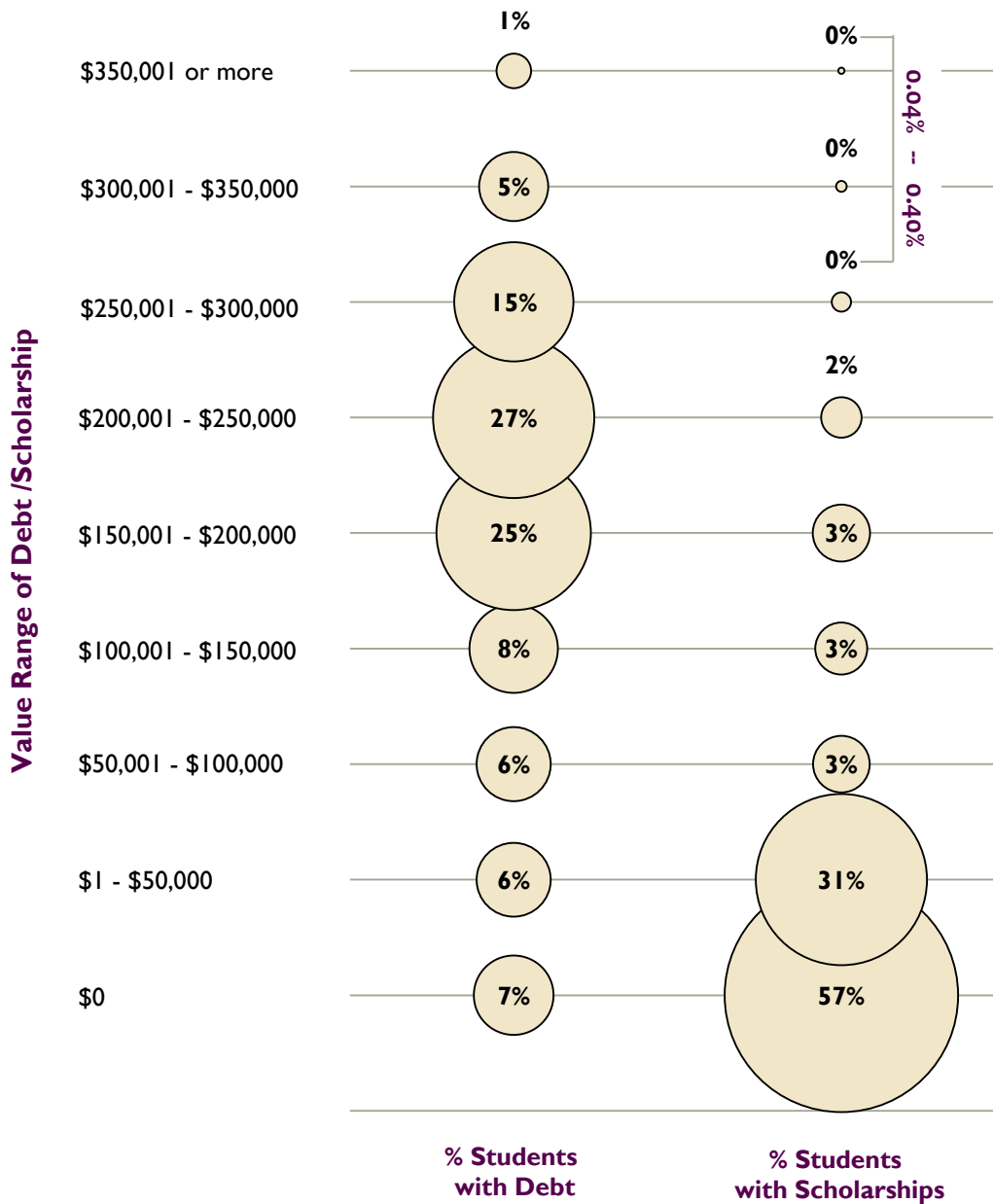


Chart 1 compares the number of 2009-2010 student respondents who reported loan and/or scholarship award amounts in the listed value ranges.

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

Table 9: Sources of Funds for Osteopathic Medical Education, (% of total cost provided by each source)

	All Schools	Public	Private
Loans	78%	80%	77%
Scholarships/Grants	9%	7% ^a	10% ^b
Savings	2%	2%	2%
Earnings	2%	2%	1%
Parents	8%	9%	8%
Relatives	1%	1%	1%
Other	0%	0%	1%

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

Seniors were asked to estimate the percentage contribution of each of the listed sources of funds in Table 9 to the total cost of their medical education. Each column sums to 100 (allowing for rounding). In 2009-2010, respondents indicated that an average of 78 percent of medical education funds were from loans; this was 3 percent less than the 81 percent reported by 2008-2009 seniors. Nonetheless, the overall distribution of funds reported by 2009-2010 graduating seniors did not differ greatly from that reported by 2008-2009 graduating seniors.

Among the sources, the average percentage of funds from scholarship/grant awards differed significantly between students at public and private schools. 2009-2010 seniors graduating from private schools reported an average of 10 percent of their medical education cost being covered by scholarship/grants, 3 percent more than the 7 percent reported by 2009-2010 seniors graduating from public schools.

Table 10: 2009-2010 Graduating Seniors' Evaluation of Quality of Osteopathic Medical Training

	% Students
Very Satisfied	21%
Satisfied	61%
Neither Satisfied nor Dissatisfied	11%
Dissatisfied	6%
Very Dissatisfied	1%

Compared with 2008-2009 graduating seniors, fewer 2009-2010 graduating seniors were satisfied with the quality of their osteopathic medical training. Eighty-two percent of respondents were very satisfied or satisfied, less than the 86 percent of 2008-2009 respondents; 7 percent of 2009-2010 respondents were very dissatisfied or dissatisfied with their osteopathic medical training, more than the 4 percent of 2008-2009 respondents. By ranking satisfaction level with "Very Satisfied" at 5 and "Very Dissatisfied" at 1, 2009-2010 graduating seniors evaluated the quality of their osteopathic medical training with a mean satisfaction rating of 3.9, less than the 4.1 given by 2008-2009 graduating students.

Table 11: 2009-2010 Graduating Seniors' Satisfaction Level with Osteopathic Medicine Career Selection

	% Students
Very Satisfied	38%
Satisfied	43%
Neither Satisfied nor Dissatisfied	13%
Dissatisfied	5%
Very Dissatisfied	1%

Compared with 2008-2009 graduating seniors, fewer 2009-2010 seniors were satisfied with their osteopathic medicine career choice. Eighty-one percent of respondents were very satisfied or satisfied, less than the 88 percent of 2008-2009 respondents; 6 percent of 2009-2010 respondents were very dissatisfied or dissatisfied, more than the 2 percent of 2008-2009 respondents. By ranking satisfaction level in the same manner as that for Table 10, 2009-2010 graduating seniors evaluated the satisfaction of their osteopathic medicine career choice with a mean satisfaction rating of 4.1, less than the 4.2 given by 2008-2009 graduating students.

Table 12: 2009-2010 Graduating Seniors if Starting over, Would Prefer to Enroll in:

	% Students
The osteopathic school from which you are about to graduate	56%
Another osteopathic medical school	11%
An allopathic medical school	28%
Would not have gone to medical school at all	6%

Compared with 2008-2009 respondents, fewer 2009-2010 seniors, if starting over, would enroll in an osteopathic medical school. Sixty-seven percent of 2009-2010 respondents would choose to enroll in an osteopathic medical college, less than the 75 percent of 2008-2009 respondents. Also, 56 percent of 2009-2010 respondents would choose to remain in the osteopathic medical school from which they were about to graduate, less than the 60 percent of 2008-2009 respondents.

Table 13: 2009-2010 Graduating Seniors' Evaluation of First Two Years of Medical Education

	Strongly Agree	Agree	Neither Agree Nor Disagree*	Disagree	Strongly Disagree
Basic & clinical science course objectives were made clear to students	26%	60%	9%	5%	1%
Basic science courses were sufficiently integrated with one another	22%	54%	13%	9%	2%
Basic science courses were sufficiently integrated with clinical training	17%	50%	15%	14%	3%
Course objectives & examination content matched closely	18%	56%	14%	9%	3%
Coursework adequately prepared students for clerkships	18%	54%	16%	9%	3%
The first two years of medical school were well-organized	18%	50%	16%	11%	6%
Students were provided with timely feedback on performance	19%	55%	15%	8%	3%
There was adequate exposure to patient care during the first two years	16%	42%	17%	19%	6%
Osteopathic principles were adequately integrated into coursework	24%	55%	14%	6%	2%
An appropriate amount of training was provided in OMT	33%	51%	10%	4%	2%
There was adequate preparation for COMLEX Level I	18%	44%	16%	14%	8%

Highlighted categories are those where $\leq 70\%$ are "Strongly Agree" + "Agree."

*For Graduating Seniors Surveys prior to 2009-2010, the First Two Years of Medical Education Evaluation section allowed respondents to choose one of five agreement options: "Strongly Agree," "Agree," "Disagree," "Strongly Disagree," and "No Opinion."

Table 14: 2009-2010 Graduating Seniors' Evaluation of Time Devoted To Various Areas of Instruction

	Appropriate	Inadequate	Excessive
Basic medical science	87%	9%	4%
Behavioral science	79%	18%	3%
Biostatistics	52%	45%	3%
Bioterrorism	60%	36%	5%
Care of ambulatory patients	87%	7%	6%
Care of elderly (geriatrics)	79%	13%	8%
Care of hospitalized patients	82%	16%	2%
Care of patients with HIV/AIDS	64%	35%	2%
Clinical decision-making	84%	14%	3%
Clinical pharmacology	76%	21%	3%
Clinical science	89%	9%	2%
Cost-effective medical practice	49%	50%	1%
Diagnostic skills	86%	11%	4%
Drug and alcohol abuse	83%	14%	3%
Family/domestic violence	73%	25%	2%
Genetics	75%	23%	2%
Health promotion & disease prevention	87%	10%	4%
Human sexuality	74%	23%	3%
Independent learning & self-evaluation	80%	13%	7%
Infection control/health care setting	88%	10%	2%
Infectious disease prevention	90%	8%	2%
Integrative medicine	81%	16%	3%
Legal medicine	58%	40%	3%
Literature analysis skill	54%	45%	1%
Medical care cost control	48%	52%	1%
Medical ethics	77%	15%	9%
Medical record-keeping	63%	36%	2%
Medical socioeconomics	66%	33%	1%
Neuromusculoskeletal Medicine/OMT	77%	5%	19%
Nutrition	70%	29%	2%
Pain management	67%	33%	1%
Patient education	89%	9%	2%
Patient follow-up	88%	11%	2%
Patient interviewing skills	87%	2%	11%
Physician-patient relationship	90%	2%	8%
Practice management	56%	43%	1%
Primary care	77%	3%	20%
Public health & community medicine	82%	13%	5%
Rehabilitation	66%	33%	1%
Research techniques	44%	55%	1%
Role of medicine in community	84%	13%	3%
Screening for diseases	93%	6%	1%
Teamwork with other health professionals	87%	11%	2%
Therapeutic management	88%	11%	1%
Use of computers	85%	12%	3%
Utilization review & quality assurance	73%	27%	1%

*Beige highlighted categories are those where $\leq 70\%$ are "Appropriate" or $\geq 10\%$ "Excessive."
Teal highlighted categories are those where $\geq 90\%$ are "Appropriate."*

Table 15: 2009-2010 Graduating Seniors' Evaluation of Clinical Education - Required Clerkships

	Strongly Agree	Agree	Neither Agree Nor Disagree*	Disagree	Strongly Disagree
Clear goals and objective were set	15%	58%	14%	10%	3%
Able to design own goals and objectives	14%	51%	20%	12%	3%
Clear performance objectives were set	12%	56%	17%	11%	3%
Clerkships were well-organized	10%	45%	21%	17%	7%
Rounds were conducted as scheduled	13%	56%	21%	8%	3%
Timely feedback was provided on performance	13%	53%	20%	11%	3%
Too large a role by residents in teaching and evaluation†	6%	22%	30%	35%	6%
Appropriate diversity of patients and their health issues	24%	62%	10%	3%	1%
Appropriate number of inpatient experiences	24%	56%	9%	7%	4%
Each clerkship had an osteopathic orientation	3%	14%	18%	41%	24%
Osteopathic principles & practice (OPP) were well-integrated in each clerkship	3%	15%	20%	38%	24%
Appropriate technology usage for situation	15%	63%	16%	4%	1%
Able to work on a personal basis with patients	34%	60%	6%	1%	0%
Attending modeled excellent patient relationship skills	18%	59%	19%	3%	1%
Support staff was friendly and supportive	18%	59%	18%	4%	2%
Coverage hours were set and finished on time	11%	53%	23%	10%	3%
Was asked relevant and pertinent questions on patient diagnosis, treatment options, management, and follow-up care	19%	66%	11%	3%	1%
Felt free to ask questions	26%	61%	10%	3%	1%
The attending seemed interested in my opinions	15%	55%	22%	6%	2%
Personal concerns were addressed by the attending while on rotation	14%	54%	25%	6%	2%
Was treated with respect	22%	61%	13%	3%	1%
Able to discuss progress on rotation with attending	16%	60%	18%	6%	1%
Attending critically evaluated me during rotation	13%	57%	23%	7%	1%
Able to discuss the final rotation evaluation with the attending	13%	49%	22%	12%	3%
Attending based the evaluation on direct observation	15%	58%	20%	6%	2%
Able to meet & discuss areas of concern with the attending outside of the clinical setting	10%	42%	29%	15%	4%
Lived a reasonable distance from rotation sites	17%	54%	15%	9%	5%
Rotations prepared me for examinations	12%	50%	21%	13%	4%
Testing was provided at end of each rotation	17%	53%	14%	11%	5%
Adequate preparation for COMLEX Level 2-CE	13%	46%	18%	15%	8%
Adequate preparation for COMLEX Level 2-PE	28%	55%	10%	5%	3%

Beige highlighted categories are those where $\leq 70\%$ are "Strongly Agree" + "Agree."

Teal highlighted categories are those where $\geq 90\%$ are "Strongly Agree" + "Agree."

†Not highlighted since evaluation factor is stated in the negative.

*For Graduating Seniors Surveys prior to 2009-2010, the Evaluation of Clinical Education - Required and Selective Clerkships sections allowed respondents to choose one of five agreement options: "Strongly Agree," "Agree," "Disagree," "Strongly Disagree," and "No Opinion."

Table 16: 2009-2010 Graduating Seniors' Evaluation of Clinical Education - Selective/Elective Clerkships

	Strongly Agree	Agree	Neither Agree Nor Disagree	Disagree	Strongly Disagree
Clear goals and objectives were set	17%	61%	14%	7%	2%
Able to design own goals and objectives	20%	61%	13%	5%	1%
Clear performance objectives were set	16%	61%	17%	6%	1%
Clerkships were well-organized	17%	59%	16%	7%	2%
Rounds were conducted as scheduled	17%	63%	16%	3%	1%
Timely feedback was provided on performance	17%	62%	15%	5%	1%
Too large a role by residents in teaching and evaluation†	7%	26%	27%	34%	6%
Appropriate diversity of patients and their health issues	26%	64%	8%	2%	0%
Appropriate number of inpatient experiences	26%	62%	9%	3%	1%
Each clerkship had an osteopathic orientation	6%	22%	19%	34%	20%
Osteopathic principles & practice (OPP) were well-integrated in each clerkship	5%	21%	21%	33%	20%
Appropriate technology usage for situation	20%	64%	13%	2%	1%
Able to work on a personal basis with patients	30%	61%	8%	1%	0%
Attending modeled excellent patient relationship skills	24%	63%	12%	1%	0%
Support staff was friendly and supportive	23%	63%	13%	1%	1%
Coverage hours were set and finished on time	18%	61%	16%	5%	1%
Was asked relevant and pertinent questions on patient diagnosis, treatment options, management, and follow-up care	22%	67%	9%	2%	0%
Felt free to ask questions	29%	62%	8%	1%	0%
Attending seemed interested in my opinions	21%	60%	15%	3%	1%
Personal concerns were addressed by the attending while on rotation	18%	58%	20%	4%	1%
Was treated with respect	26%	63%	9%	1%	1%
Able to discuss progress on rotation with attending	20%	62%	15%	3%	1%
Attending critically evaluated me during rotation	18%	62%	16%	4%	1%
Able to discuss the final rotation evaluation with the attending	17%	56%	18%	8%	2%
Attending based the evaluation on direct observation	19%	63%	14%	3%	1%
Able to meet & discuss areas of concern with the attending outside of the clinical setting	15%	51%	22%	10%	2%
Lived a reasonable distance from rotation sites	19%	59%	14%	6%	3%
Rotations prepared me for examinations	16%	56%	21%	5%	2%
Testing was provided at end of each clerkship	11%	38%	21%	21%	10%
Adequate preparation for COMLEX Level 2-CE	13%	48%	24%	10%	5%
Adequate preparation for COMLEX Level 2-PE	21%	53%	19%	4%	3%

Beige highlighted categories are those where $\leq 70\%$ are "Strongly Agree" + "Agree."

Teal highlighted categories are those where $\geq 90\%$ are "Strongly Agree" + "Agree."

†Not highlighted since evaluation factor is stated in the negative.

Table 17: 2009-2010 Graduating Seniors' Evaluation of Confidence Level to Perform Certain Examinations

	Completely Confident	Mostly Confident	Fairly Confident	Somewhat Confident	Not at All Confident	No Opportunity to Perform
General adult examination	55%	36%	7%	1%	0%	0%
General pediatric examination	22%	41%	25%	9%	3%	0%
Well-baby examination	19%	34%	26%	15%	6%	0%
Breast and pelvic examination	32%	38%	18%	9%	3%	0%
Prostate and testicular examination	21%	34%	26%	12%	6%	1%
Osteopathic structural examination	31%	37%	20%	9%	3%	0%
Sports participation examination	33%	38%	18%	8%	2%	1%

Beige highlighted categories are those where $\leq 70\%$ are "Completely Confident" + "Mostly Confident."

Teal highlighted categories are those where $\geq 90\%$ are "Completely Confident" + "Mostly Confident."

Ninety-two percent of 2009-2010 graduating seniors felt completely or mostly confident with performing general adult examinations. Only 63 percent felt the same with performing general pediatric examinations; 53 percent felt the same with performing well-baby examinations; and 56 percent felt the same with performing prostate/testicular examinations.

Table 18: 2009-2010 Graduating Seniors' Evaluation of Various Academic Services

	Very Satisfied	Satisfied	Neither Satisfied Nor Dissatisfied*	Dissatisfied	Strongly Dissatisfied
Academic counseling	8%	38%	27%	18%	10%
Accessibility to administration	12%	43%	23%	15%	7%
Awareness of student problems by administration	7%	33%	23%	23%	13%
Career counseling	5%	26%	33%	24%	13%
Computer resource center	16%	51%	24%	7%	3%
Disability insurance	6%	26%	61%	4%	3%
Electronic communication (e-mail, Internet/Intranet)	20%	62%	12%	4%	1%
Faculty mentoring	8%	34%	28%	20%	11%
Financial aid administration services	18%	46%	22%	8%	6%
Library	26%	55%	15%	4%	1%
Participation of students on key medical school committees	12%	48%	31%	6%	3%
Personal counseling	8%	30%	45%	10%	6%
Student health insurance	7%	32%	31%	16%	14%
Student health services	9%	39%	32%	12%	8%
Student relaxation space	10%	37%	30%	16%	8%
Student study space	14%	46%	20%	14%	7%
Tutorial help	8%	34%	46%	7%	5%

Highlighted categories are those where $\leq 70\%$ are "Very Satisfied" + "Satisfied."

*For Graduating Seniors Surveys prior to 2009-2010, the Evaluation of Various Academic Services section allowed respondents to choose one of five agreement options: "Very Satisfied," "Satisfied," "Dissatisfied," "Strongly Dissatisfied," and "No Opinion."

Table 19: 2009-2010 Graduating Seniors' Evaluation of Training in Osteopathic Manipulative Treatment, Principles & Practice

	Strongly Agree	Agree	Neither Agree Nor Disagree	Disagree	Strongly Disagree
Well-prepared to diagnose structural problems	23%	59%	12%	5%	1%
Well-prepared to treat structural problems	19%	56%	15%	9%	2%
Well-prepared to document findings in a structural examination	19%	58%	15%	7%	1%
Had opportunity to practice OPP during first two years in medical school	39%	52%	7%	2%	1%
Had opportunity to practice OPP during in-hospital rotations	7%	27%	19%	32%	15%
Had opportunity to practice OPP during ambulatory primary care rotations	11%	50%	16%	16%	7%
Had opportunity to practice OPP during ambulatory non-primary care rotations	6%	26%	21%	34%	13%
Had osteopathic physician role models during the first two years in medical school	27%	52%	12%	5%	3%
Had osteopathic physician role models during required in-hospital rotations	9%	34%	21%	25%	11%
Had osteopathic physician role models ambulatory primary care rotations	14%	51%	16%	12%	6%
Had osteopathic physician role models during ambulatory non-primary care rotations	9%	35%	22%	25%	10%
Had osteopathic physician role models during selectives/electives	11%	40%	20%	20%	9%

Beige highlighted categories are those where $\leq 70\%$ are "Strongly Agree" + "Agree."

Teal highlighted categories are those where $\geq 90\%$ are "Strongly Agree" + "Agree."

Beginning with the 2009-2010 Graduating Seniors Survey, graduating students were asked to evaluate their medical training in geriatric care.

Table 20: 2009-2010 Graduating Seniors' Evaluation of Training in Geriatric Care

	Strongly Agree	Agree	Neither Agree Nor Disagree	Disagree	Strongly Disagree
Can identify situations where co-morbid conditions, life expectancy, and/or functional status should modify (or override) standard recommendations for screening tests in older adults	20%	64%	12%	4%	1%
Can anticipate and identify hazards of hospitalization for older adults	21%	67%	10%	3%	1%
Can identify those medications that should be avoided or used with caution in older adults	14%	62%	17%	6%	1%
Can differentiate the clinical presentations of delirium, dementia, and depression in older adults	22%	63%	12%	3%	0%
Can assess a patient's self-care/functional capacity, e.g. ADLs & IADLs	17%	60%	16%	7%	1%
Can assess an older adult patient's fall risk, identify underlying causative factors, and make recommendations for further evaluation and initial management	17%	64%	13%	5%	1%
Can describe the differences in the presenting signs, symptoms, and laboratory findings of common conditions in older, as compared to younger, adults	16%	64%	14%	4%	1%

Table 21: 2009-2010 Graduating Seniors' Evaluation Of School's Involvement in Clerkship Years

	All Schools
Excessive Involvement	2%
Outstanding Involvement	8%
Adequate Involvement	46%
Some, but Inadequate, Involvement	34%
Not Involved	10%

Fifty-four percent of 2009-2010 seniors felt the school's involvement during clerkship years was outstanding or adequate, while 44 percent felt the school's involvement during clerkship years was inadequate or nonexistent.

Table 22: Type of School Involvement During Clerkship Years

	All Schools
E-Mail	82%
COMLEX PE Preparation	51%
Distance Learning	29%
COMLEX Level II Preparation	26%
Faculty Visits	22%
Newsletter	20%

Table 23: 2009-2010 Graduating Seniors' Evaluation of Time Devoted to Various Activities

	All Schools
Inpatient Care, Including Reading X-ray Films and Laboratory Work	50%
Outpatient Care	40%
Extended/Long-Term Care	6%
Research	2%
Other	2%

2009-2010 graduating seniors indicated a similar evaluation of time devoted to various medical education activities as that of 2008-2009 graduating seniors.

Table 24: 2009-2010 Graduating Seniors' Evaluation of Percentage of Training Delivered by Allopathic Physicians

	None	1%-25%	26%-50%	51%-75%	76%-100%
During the First Two Years of Medical School	5%	62%	25%	6%	2%
During Required In-Hospital Rotations	1%	15%	28%	33%	23%
During Required Ambulatory Primary Care Rotations	8%	27%	31%	20%	14%
During Required Ambulatory Non-Primary Care Rotations	5%	20%	29%	28%	20%
During Selectives/Electives	1%	15%	24%	31%	29%

The percentages of training delivered by allopathic physicians reported by 2009-2010 graduating seniors did not differ greatly from the percentages reported by 2008-2009 graduating seniors.

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For Graduating Seniors Surveys prior to 2009-2010, students were asked to separately indicate plans to participate in an osteopathic internship before their residencies. The complex wording and formatting of the questions led to inconclusive data. Thus, for the 2009-2010 Graduating Seniors Survey, the Immediate Post-Graduate Plans questions were redesigned. The options of pursuing an internship or beginning a residency directly after graduation are listed as categorical choices within a single question.

Note that because of the significant change in the Immediate Post-Graduate Plans section of the survey, attempts at analyzing 2009-2010 graduating student data against previous graduating student data would lead to inconsistent conclusions.

Table 25: Immediate Post-Graduate Plans, Graduating Seniors 2009-2010

	% Students	Gender		Race-Ethnicity				
		Male	Female	White	Asian	Hispanic	Black	All Others
Osteopathic Residency	28%	31% ^a	25% ^b	29%	27%	29%	27%	26%
Dual AOA/ACGME-Approved Residency	12%	9% ^a	14% ^b	12%	11%	9%	7%	11%
Internship	16%	18% ^a	14% ^b	15% ^α	15% ^α	20% ^{αβ}	27% ^β	18% ^{αβ}
Allopathic Residency	37%	33% ^a	41% ^b	37%	40%	34%	28%	32%
Government, NHSC, Military, VA, etc.	6%	7% ^a	4% ^b	6% ^{αβ}	4% ^α	3% ^α	5% ^{αβ}	11% ^β
Other or Undecided	2%	2%	2%	1% ^α	3% ^β	5% ^β	7% ^β	2% ^{αβ}
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 Percentages within subrow noted by distinct letters differ significantly (p<0.05) z-test.

2009-2010 graduating male and female seniors differed greatly in likely immediate post-graduate plans. Fifty-six percent of males indicated plans to pursue an osteopathic residency, an internship, or post-graduate activities within the government or related institutions, compared with only 43 percent of females. In addition, 55 percent of females indicated plans to pursue a dual AOA/ACGME-approved or allopathic residency upon graduation, compared with 42 percent of males.

Among race/ethnicities, Black students were more likely to indicate plans to pursue an osteopathic internship than White and Asian students. Additionally, students in the All Others category were statistically more likely to indicate plans to pursue post-graduate activities within the government or related institutions than Asian and Hispanic students. White students were less likely than Asian, Hispanic, and Black students to be undecided about post-graduate pursuits.

Table 26: Reasons Given for Planning an Allopathic or AOA/ACGME Dual Approved Residency*

	% Students
Located in more suitable geographic location(s)	74%
Believe better training and educational opportunities available	61%
Located in larger institutions	60%
Opens more career opportunities	53%
Desire specialty training not available in osteopathic program	22%
Better chance of being accepted in program	12%
Higher pay	12%
Allow ABMS board certification	11%
Shorter training period	7%
Obligation	1%
Other	11%

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

In Table 26, the percentages listed for each reason are taken from the 49 percent of respondents indicating a dual AOA/ACGME-approved or allopathic residency in the Post-Graduate Plans

More than half of 2009-2010 Graduating Seniors Survey respondents indicating a dual AOA/ACGME-approved or allopathic residency plan believed the residencies are located in more suitable geographic locations, offer better training and educational opportunities available, are located in larger institutions, and/or open more career opportunities than other residency options.

Table 27: Board Certification Plans, Graduating Seniors 2009-2010

	% Students	Gender		Race-Ethnicity				
		Male	Female	White	Asian	Hispanic	Black	All Others
Osteopathic AOA Boards	44%	44%	44%	44% ^{αβ}	40% ^α	52% ^β	42% ^{αβ}	44% ^{αβ}
Both AOA and ABMS Boards	23%	21% ^a	25% ^b	23%	27%	23%	29%	17%
Allopathic ABMS Boards	16%	19% ^a	13% ^b	15%	19%	13%	9%	17%
Other	0%	0%	0%	0%	0%	0%	0%	0%
Not Planning Board Certification	0%	0%	0%	0%	0%	1%	0%	0%
Undecided	17%	15% ^a	19% ^b	17% ^{αβ}	14% ^{αβ}	11% ^α	20% ^{αβ}	22% ^β
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 Percentages within subrow noted by distinct letters differ significantly (p<0.05) z-test.

Table 27 shows 2009-2010 graduating male and female seniors differed significantly in likely board certification plans. Females were more likely than males to indicate plans to pursue both AOA and ABMS board certification. However, males were more likely than females to indicate plans to pursue allopathic board certification. Females were more likely than males to be undecided about board certification plans.

Among race/ethnicities, Asian students were less likely than Hispanic students to indicate plans to pursue osteopathic board certification, while students in the All Others category were more likely than Hispanic students to be undecided about board certification plans.

Table 28: Reasons Given for Taking ABMS (Allopathic) or Both Boards*

	% Students
ABMS board certification provides more opportunities	60%
ABMS board certification is more widely recognized	57%
Personal desire for dual certification	40%
ABMS board certification has more colleague acceptance	37%
Hospital privileges more readily obtained with ABMS board certification	34%
Licenses more readily obtained with ABMS board certification	25%
ABMS board certification carries more prestige	21%
Other	8%

*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.

In Table 28, the percentages listed for each reason are taken from the 39 percent of students indicating an ABMS or both board certification plans.

At least 57 percent of respondents indicating an ABMS or both boards certification plan believed ABMS board certification provides more opportunities and/or is more widely recognized than other residency options. Forty percent indicated a personal desire for dual certification.

Table 29: Long-Range Career Plans, Graduating Seniors 2009-2010

	% Students	Gender		Race-Ethnicity				
		Male	Female	White	Asian	Hispanic	Black	All Others
Group or Other Type of Private Practice	48%	47%	49%	51% ^α	41% ^β	40% ^β	40% ^{αβ}	43% ^{αβ}
Self-Employed with or without a Partner	12%	15% ^a	9% ^b	11% ^α	13% ^α	22% ^β	7% ^α	15% ^{αβ}
Other Professional Activity	9%	8%	10%	8% ^α	14% ^β	9% ^{αβ}	11% ^{αβ}	9% ^{αβ}
Government, NHSC, Military, VA, etc.	8%	9%	8%	8% ^{αβ}	6% ^α	9% ^{αβ}	12% ^{αβ}	13% ^β
Practice in an HMO	4%	3%	4%	3%	4%	2%	5%	6%
Undecided	20%	18% ^a	21% ^b	18%	22%	20%	25%	14%
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.

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Table 29 shows that 2009-2010 graduating male and female seniors differed significantly in likely plans to be self-employed with or without a partner; males were more likely than females to indicate such plans. Meanwhile, females were significantly more likely than males to be undecided about future practice plans.

Among race/ethnicities, White students were more likely than Asian and Hispanic students to indicate plans to practice in a group or other type of private practice, while Hispanic students were more likely than White, Asian and Black students to indicate plans to be self-employed with or without a partner. Students in the All Others category were also more likely than Asians to indicate plans to practice in government or related institutions. Asian students were more likely than White students to indicate other professional plans.

Table 30: Size of Location Planned for Practice After Residency

	% Students
Major Metropolitan Area (1,000,001 +)	20%
Metropolitan Area (500,001 - 1,000,000)	19%
City (100,001 - 500,000)	19%
City (50,001 - 100,000)	10%
City or Town (10,001 - 50,000)	11%
City or Town (2,501 - 10,000)	5%
Town 2,500 or under	1%
Other or Undecided	16%
Total	100%

While 16 percent of respondents were uncertain about post-residency practice location size, 68 percent of 2009-2010 seniors indicated plans to practice in a city with a population of more than 50,000.

Table 31: Practice in Underserved/Shortage Area

	% Students
Yes	33%
No	17%
Unsure	50%
Total	100%

While half of the respondents were uncertain as to their future decision, 33 percent of 2009-2010 seniors indicated plans to practice in underserved/shortage areas.

Table 32: Percentage of Students Who Plan To Practice in Underserved/Shortage Areas

	% Students
Gender	
Male	29% ^a
Female	36% ^b
Race-Ethnicity	
White	33% ^a
Asian	27% ^b
Hispanic	37% ^a
Black	55% ^c
All Others	30% ^{ab}
Marital Status	
Married/Cohabiting	36% ^a
Single	30% ^b
Financial Status	
Independent	35% ^a
Dependent	24% ^b
Parental Income	
\$49,999 or less	41% ^a
\$50,000 - \$99,999	35% ^b
\$100,000 - 199,999	28% ^c
\$200,000 or more	27% ^c
Parental Education	
Graduate/Professional Degree	31% ^a
Bachelor's Degree	32% ^{ab}
No College Degree	37% ^b

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

Considering demographic and socio-economic factors, female, married/cohabiting, and financially independent seniors were more likely than male, single, and financial dependent seniors, respectively, to indicate plans to practice in underserved/shortage areas. Among race/ethnicities, Asians were the least likely to indicate plans to practice in underserved/shortage areas, while Black seniors were most likely to do so.

Analysis showed that the lower the indicated parental incomes of 2009-2010 graduating seniors, the more likely the seniors were to indicate plans to practice in underserved/shortage areas. Also, seniors indicating a parent holding a graduate/professional degree were less likely than seniors indicating parents not holding a college degree to plan to practice in an underserved/shortage area.

Table 33: Specialization, Graduating Seniors 2009-2010

	Primary Care Specialties	% Students
Family Practice	}	20%
Internal Medicine, General		8%
Pediatrics, General		4%
Emergency Medicine		12%
Internal Medicine, Subspecialty		12%
OB/GYN and Subspecialties		5%
Anesthesiology		5%
Psychiatry and Subspecialties		5%
Pediatrics, Subspecialties		4%
Surgery, General		3%
Orthopedic Surgery		3%
Physical Medicine & Rehabilitation Med.		3%
Radiology and Subspecialties		3%
Dermatology		2%
Sports Medicine		2%
Surgery Subspecialties		2%
Neurology and Subspecialties		2%
Pathology and Subspecialties		1%
Critical Care		1%
Otolaryngology		1%
Ophthalmology		1%
Plastic Surgery/Reconstructive Surgery		1%
Urology/Urological Surgery		1%
Geriatrics		0%
Preventive Medicine and Subspecialties		0%
Osteopathic Manipulative Medicine		0%
Vascular Surgery		0%
Allergy and Immunology		0%
Medical Genetics		0%
Thoracic Surgery		0%
Undecided or Indefinite		1%
Total		100%

0.1% - 0.4%

Table 34: Primary Care Plans, Graduating Seniors 2009-2010

	% Students
Primary Care	31%
Non-Primary Care	68%
Undecided	1%
Total	100%

Table 35: Percentage of Students Who Plan to Practice Primary Care Specialties

	% Students
Gender	
Male	26% ^a
Female	37% ^b
Ethnicity	
White	32%
Asian	31%
Hispanic	30%
Black	34%
All Others	27%
Marital Status	
Married/Cohabiting	37% ^a
Single	27% ^b
Financial Status	
Independent	32%
Dependent	30%
Parental Income	
\$49,999 or less	39% ^a
\$50,000 - \$99,999	34% ^a
\$100,000 - 199,999	29% ^b
\$200,000 or more	22% ^c
Parental Education	
Graduate/Professional Degree	29% ^a
Bachelor's Degree	37% ^b
No College Degree	33% ^b
Parental Profession	
DO/MD*	27%
Non DO/MD	32%

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

*Category includes the 12 percent of respondents who indicated a DO/MD father and/or mother.

Thirty-one percent of 2009-2010 graduating seniors indicated plans to pursue primary care specialties (Tables 33 and 34), 7 percent more than the 24 percent of 2008-2009 graduating students who indicated likewise.

Table 35 shows how seniors' specialty selection plans differed by gender, marital status, parental income and parental education. Females were more likely than males to indicate plans to select a primary care specialty, and married/cohabiting students were more likely than single students to indicate primary care plans. Also, as parental income decreased, seniors were more likely to indicate plans to select a primary care specialty. Students indicating a parent holding a graduate/professional degree were the least likely to plan to select a primary care specialty.

Table 36: Specialty Choice Decision Factors

	Mean Influence Rating*		
Intellectual Content of the Specialty	3.1	Strong Influence	Graduating respondents rated the importance of each factor listed in Table 36 in future specialty choice selection on a scale from 0 to 4, 0 being "No Influence," 4 being "Major Influence."
Like Dealing with People	3.0		
Skills/Abilities	2.9		
Lifestyle	2.7		
Role Models	2.7		
Desire for Independence	2.4	Moderate Influence	Respondents indicated that the intellectual content of the specialty and dealing with people were the strongest influences on specialty selection, with each of these factors receiving the highest mean influence ratings of 3.1 and 3.0, respectively.
Like the Emphasis on Technical Skills	2.4		
Academic Environment	2.4		
Previous Experience	2.2		
Peer Influence	1.8		
Prestige/Income Potential	1.7	Moderate Influence	Respondents indicated that prestige/income potential of the specialty selected, debt level and the opportunity for research/creativity of the specialty selected were moderate influences on specialty choice, with each of these factors receiving the lowest mean influence ratings of 1.7, 1.7 and 1.6, respectively.
Debt Level	1.7		
Opportunity for Research/Creativity	1.6		

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

Table A1: 2009-2010 Graduate Student Response Rate to the AACOM Graduating Student Survey

Response Rate Range	Number of COMs
90% or more	Fourteen
75% - 89%	One
50% - 74%	Six
25% - 49%	Four
Less than 25%	One

Mean response rate for all COMs: 71%

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

	Response Rate
Debt	
Total Loans for Osteopathic Medical Education	98%
Unsubsidized Stafford or FFELP	87%
Subsidized Stafford or FFELP	86%
Graduate PLUS	78%
Perkins	66%
Loans for Disadvantaged Students (LDS)	59%
Primary Care Loan (PCL)	59%
Other State-Issued Loans	58%
Osteopathic Association Loans	58%
Alternative Loans	59%
Other	60%
At Entry, Loans Owing for Undergraduate Education	99%
At Entry, Loans Owing for Post-Bac Education	95%
Family Loans to be Repaid by Student	63%
Non-Educational Debt	94%
Scholarships/Grants	
Total Scholarships/Grants	88%
National Health Service Corps Scholarship	52%
Armed Forces Health Professions Scholarship	55%
State Government Scholarship/Grant	53%
Award from Osteopathic School or its Parent University	58%
Tuition Waiver	52%
Osteopathic Association	53%
Other Sources	54%
Specialty	
Specialty Choice	100%