AACOM 2010-11 Academic Year Survey of Graduating Seniors Summary Report

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

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AMERICAN ASSOCIATION OF COLLEGES OF OSTEOPATHIC MEDICINE

AACOM 2010-11 Academic Year Graduating Seniors Survey Summary Report, Abstract

Each year, AACOM asks the nation's colleges of osteopathic medicine (COMs) to conduct the AACOM Graduating Seniors Survey. The survey compiles a comprehensive snapshot of osteopathic medical education students' debt, experiences in and satisfaction with various aspects of their education, graduate medical education plans, and future specialty and practice plans. In 2010-2011, 3,025 students participated in the Graduating Seniors Survey. Upon completion of the November 2011 Annual Osteopathic Medical School Questionaire, the demographic analyses presented in this report can be considered along with 2010-2011 demographic data that will be published on our Data and Trends website: http://bit.ly/1ydWKke.

Note: Additonal demographic data cannot be presented in this report since the demographics of the 2010-2011 graduating seniors is obtained through the Annual Osteopathic Medical School Questionaire which is still being administered.

Student Debt

Beginning with the 2010-2011 graduate survey, all debt means will include only responses greater than zero. In past reports, debt means reported included *all* responses (including entries of zero). The comparison between 2009-2010 and 2010-2011 graduate debt responses are made with recalculated means for 2009-2010. Please reference the relevant updated debt tables for 2009-2010 in this report's appendix.

Between 2009-2010 and 2010-2011, reported mean osteopathic medical education debt increased by 4 percent, from $199,774 to $207,317. This increase is less than the 7 percent found between 2008-2009 and 2009-2010. The percentage of graduating students reporting any medical education debt continued to be 93 percent, as it was in 2008-2009 and 2009-2010. Reported mean debt differed by 14 percent between students graduating from public osteopathic medical schools and those from private schools ($185,259 and $213,677, respectively), while public school students were about as likely as private school students to report any debt (93 and 92 percent, respectively).

Unlike graduating student debt, reported mean scholarship/grant awards decreased slightly (by less than 1 percent) between 2009-2010 and 2010-2011, from $49,223 to $48,735. Meanwhile, the percentage of students with any awards remained the same, at 43 percent. Reported mean awards differed by 65 percent between students graduating from public osteopathic medical schools and those from private schools ($28,395 and $55,444, respectively); however, public school students were 6 percent (due to rounding) more likely to have received any awards than private school students (49 and 42 percent, respectively).

Mean osteopathic medical education debt continued to increase and mean awards continued to decrease between 2009-2010 and 2010-2011. Meanwhile, estimated income for the year after residency completion decreased $113, from $165,077 to $164,964. Also, more students indicated plans to consolidate medical education debt in 2010-2011 than in 2009-2010 (53 and 47 percent, respectively).

Beginning in 2010-2011, the AACOM Graduating Senior Survey asked respondents to indicate plans to participate in loan forgiveness programs. Half of the survey respondents indicated loan forgiveness plans; hospital-, Department of Education Public Service-, and state-funded programs were the three most frequently cited programs. The Department of Education Public Service-funded loan consolidation program is new, and more information can be referenced here: http://www2.ed.gov/fund/grants-college.html

Seniors' Evaluations of Their Medical Education

In 2010-2011, graduating seniors evaluated their osteopathic medical education similarly to 2009-2010 seniors. As in 2009-2010, 82 percent of graduates were very satisfied or satisfied with the quality of their osteopathic medical training. Eighty-three percent of graduates were very satisfied or satisfied with their osteopathic medical career choice, slightly more than the 81 percent of the 2009-2010 graduates reporting these levels of satisfaction. When asked what they would do if they were to begin medical school again, 68 percent of 2010-2011 graduates would enroll in an osteopathic school; and 58 percent would enroll in the same osteopathic medical college.

Overall in 2010-2011, graduates were satisfied with the first two years of their osteopathic medical education. However, as in 2009-2010, more than a fifth of seniors were dissatisfied with their exposure to patient care; also more than a fifth

were dissatisfied with their preparation for the COMLEX Level I.

Less than 60 percent of 2010-2011 graduates felt an appropriate amount of time was devoted to each of the following topics: biostatistics, cost-effective medical practice, legal medicine, literature analysis skill, medical care-cost control, practice management, and research techniques.

Similar to 2009-2010 graduates, 2010-2011 graduates generally were more satisfied with their selective/elective clerkships than with their required clerkships. However, less than 20 percent strongly agreed or agreed that each required clerkship had an osteopathic orientation, or that osteopathic practice and principles (OPP) were well-integrated into the required clerkships. Also less than 60 percent of graduates strongly agreed or agreed that they were able to design their own goals and objectives during their required clerkships; that the required clerkships were well-organized; that they were able to meet and discuss areas of concern with the attending outside of the clinical setting during their required clerkships; or that rotations within the required clerkships prepared them for examinations.

Ninety percent of 2010-2011 graduates strongly agreed or agreed that they were able to work on a personal basis with patients during their required and selective/elective clerkships.

While 92 percent of graduates were completely or mostly confident in performing general adult examinations, less than 60 percent felt the same level of confidence about performing a well-baby or prostate/testicular examination.

At least 80 percent of graduates were very satisfied or satisfied with their school's electronic communication and library services. However less than 40 percent were very satisfied or satisfied with their school's career counseling or student health insurance services.

Over 90 percent of 2010-2011 graduates strongly agreed or agreed that they had the opportunity to practice OPP during their first two years in medical school. Conversely less than 40 percent strongly agreed or agreed that they had the opportunity to practice OPP during in-hospital rotations and ambulatory non-primary care rotations.

As in 2009-2010, in 2010-2011, graduates were generally satisfied with their medical training in geriatrics care; in each aspect of geriatrics training, over 75 percent of seniors strongly agreed or agreed that they were suitably prepared.

Graduate Medical Education, Professional Practice, and Specialty Plans

More than half of the 2010-2011 graduating respondents indicated plans to pursue an osteopathic residency, a dual AOA/ACGME-approved residency, or an osteopathic internship, and 65 percent of graduates indicated plans to pursue osteopathic or both AOA and ABMS board certification.

Beginning in 2010-2011, graduating seniors who indicated plans to practice in an underserved/shortage area were additionally asked to indicate the type of underserved/shortage area. Thirty-four percent of graduates indicated plans to practice in an underserved/shortage area; of those, 52 percent indicated rural areas and 38 percent indicated inner-city areas. Sixty-nine percent of graduates indicated plans to practice in a city with a population greater than 50,000.

Thirty-two percent of graduating seniors indicated plans to pursue a primary care specialty. Primary care specialty selection differed significantly among genders, race/ethnicity, marital status, financial independence/dependence, parental income, parental education, and those with or without DO/MD parents. The data are presented by cohort in this report.

Table 1: Osteopathic Medical Education Debt, Graduating Seniors 2010-2011

Source of Debt	$ Debt‡			% in Debt		
	All Schools	Public	Private	All Schools	Public	Private
Total Loans for Osteopathic Medical Education	$207,317	$185,259 [a]	$213,677 [b]	93%	93%	92%
Unsubsidized Stafford or FFELP	$120,943	$117,944	$121,799	75%	76%	75%
Subsidized Stafford or FFELP	$36,263	$37,431	$35,923	76%	78%	76%
Graduate PLUS	$51,482	$41,005 [a]	$53,375 [b]	50%	34% [α]	54% [β]
Perkins	$8,074	$6,967	$8,608	18%	26% [α]	15% [β]
Loans for Disadvantaged Students (LDS)	$10,285	$12,369	$9,204	1%	2% [α]	1% [β]
Primary Care Loan (PCL)	$70,494	$26,544 [a]	$82,480 [b]	1%	1%	1%
Other State-Issued Loans	$36,579	$21,250	$39,499	2%	1%	2%
Osteopathic Association Loans	$5,524	$7,000	$4,540	1%	2%	1%
Alternative Loans	$34,004	$23,676	$36,624	3%	3%	3%
Other	$3,257	$2,431	$3,501	5%	5%	5%

‡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.

From 2009-2010 to 2010-2011, graduating seniors reported a 4 percent increase in mean debt, from $199,774 to $207,317. Meanwhile, reported mean debt between students graduating from public osteopathic medical schools and those from private schools differed by 14 percent in 2010-2011–less than the 16 percent difference reported in 2009-2010. As in 2009-2010, in 2010-2011, 93 percent of seniors reported any osteopathic medical school debt.

Mean Graduate PLUS loan debt reported by graduating students decreased slightly from $51,865 in 2009-2010 to $51,482 in 2010-2011. Additionally, the difference in mean reported Graduate PLUS loan debt between students graduating from private osteopathic medical schools and those from public schools increased from the 10 percent difference reported in 2009-2010 to a 26 percent difference in 2010-2011. Fewer 2010-2011 seniors reported having any Graduate PLUS loan debt: 50 percent in 2010-2011, compared with 63 percent in 2009-2010.

Table 2: Non-Osteopathic Medical Education Debt, Graduating Seniors 2010-2011

Source of Debt	$ Debt			% in Debt		
	All Schools	Public	Private	All Schools	Public	Private
At Entry, Loans Owing for Undergraduate Education	$31,581	$28,230	$32,515	50%	49%	50%
At Entry, Loans Owing for Post-Bac Education†	$34,108	$26,002 [a]	$36,177 [b]	19%	17%	19%
Family Loans to be Repaid by Student	$81,738	$58,607	$87,521	4%	4%	4%
Non-Educational Debt	$22,745	$22,298	$22,871	50%	49%	50%

a,b Means 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.

As in 2009-2010, 50 percent of 2010-2011 seniors reported loans owing for undergraduate education upon entering medical school. Of those seniors, 37 percent indicated post-baccalaureate education debt as a portion of total undergraduate debt–an increase of 12 percent over the 25 percent in 2009-2010. Mean undergraduate debt increased 7 percent, from $29,561 in 2009-2010 to $31,581 in 2010-2011. In 2010-2011, mean family loan debt to be repaid by the student increased 10 percent from that of 2009-2010 graduates ($74.586 in 2009-2010, $81,738 in 2010-2011). But, fewer seniors indicated any family loan debt: 4 percent in 2010-2011, compared with 7 percent in 2009-2010.

Table 3: Osteopathic Medical School Debt

	$ Debt	% in Debt
Gender		
Male	$206,883	92%
Female	$207,486	93%
Race/Ethnicity		
White	$210,267 [a]	94% [α]
Asian	$187,979 [b]	88% [α]
Hispanic	$211,607 [a]	93% [α]
Black	$217,659 [a]	100% [β]
All Others*	$217,113 [a]	89% [α]
Marital Status		
Married/Cohabiting	$209,428	94% [α]
Single	$205,408	92% [β]
Financial Status		
Independent	$215,047 [a]	96% [α]
Dependent	$175,981 [b]	81% [β]
Parental Income		
$49,999 or less	$215,521 [a]	98% [α]
$50,000 - $99,999	$213,832 [a]	97% [α]
$100,000 - 199,999	$204,222 [a]	95% [β]
$200,000 or more	$186,661 [b]	79% [γ]
Parental Education†		
Graduate/Professional Degree	$197,740 [a]	89% [α]
Bachelor's Degree	$215,392 [b]	94% [β]
No College Degree	$216,762 [b]	97% [γ]

a,b,c Means within subcolumn noted by distinct letters differ significantly, 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 84 respondents claiming American Indian and Alaskan Native, Native Hawaiian and Pacific Islander or multiple races.

†Highest education level indicated between mother and father considered.

No significant differences in osteopathic medical school debt were found between male and female graduating students. However differences were found among different race/ethnicities. As in 2009-2010, in 2010-2011 Asian students reported the lowest mean debt of $187,979, while Black students continued to be the most likely to have debt.

As in 2009-2010, married/cohabiting students were more likely to be in debt than single students, while financially independent students had more debt and were more likely to be in debt than financially dependent students.

Parental income and education of graduating seniors correlated with significant differences in reported mean osteopathic medical school debt in 2010-2011, as it did in 2009-2010. The $186,661 mean debt reported by students also indicating parental incomes of at least $200,000 was the lowest amongst the parental income levels analyzed in Table 3. Students indicating parental incomes of $100,000 - $199,999 were less likely to be in debt than those with parents earning less. Graduates with parents earning $200,000 or more were the least likely to be in debt.

Also consistent with 2009-2010 seniors, when examining the education attainment levels of students' parents, 2010-2011 seniors indicating parents holding a graduate/professional degree had the lowest mean debt of $197,740 and were the least likely to be in debt compared with those indicating parents holding a college degree or no college degree.

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

Parental Income	$ Debt		Debt %	% in Debt	
	Dependent	Independent	Difference	Dependent	Independent
$49,999 or less	$201,502 $^{a\alpha}$	$217,284 ^{a}	8%	100% $^{x\phi}$	97% $^{x\phi}$
$50,000 - $99,999	$192,629 $^{a\alpha\beta}$	$217,862 ^{b}	12%	96% $^{x\phi}$	97% $^{x\phi}$
$100,000 - 199,999	$179,593 $^{a\alpha\beta}$	$211,135 ^{b}	16%	90% $^{y\phi}$	96% $^{xy\psi}$
$200,000 or more	$150,247 $^{a\gamma}$	$207,879 ^{b}	32%	63% $^{z\phi}$	94% $^{y\omega}$

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.

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

Between 2009-2010 and 2010-2011, the differences in mean osteopathic medical education debt among students of varying parental incomes and financial independence have notably changed. The range in the percent difference increased in 2010-2011 compared with 2009-2010. In 2009-2010 the percent difference ranged from 14 to 24 percent, whereas in 2010-2011 percent difference ranged from 8 to 32 percent. However, both graduating classes reported similar trends in medical school debt: financially dependent students with parental incomes of $200,000 or more had the least debt ($154,658 in 2009-2010, $150,247 in 2010-2011) and were the least likely to be in debt (68 percent in 2009-2010, 63 percent in 2010-2011). In 2010-2011 the percent difference in mean debt between financially dependent and independent students increased as parental incomes increased.

Table 5: Osteopathic Education Debt Consolidation and Repayment

	Students
Will Consolidate Debt	53%
Will Not Consolidate Debt	16%
Undecided	30%

Mean Years to Repay Debt: 15

Compared with 2009-2010 seniors, more graduating seniors in 2010-2011 indicated plans to consolidate their medical education debt (53 percent in 2010-2011, 47 percent in 2009-2010).

Table 6: Osteopathic Education Debt Loan Forgiveness

	Students
Will Participate	51%
Will Not Participate	49%

Beginning in 2010-2011, graduating seniors were asked if they plan to participate in a medical debt loan forgiveness program upon graduation. Roughly half of 2010-2011 seniors indicated such plans.

Table 7: Osteopathic Education Debt Loan Forgiveness Participation by Programs

	Students
Hospital program	55%
Department of Education's Public Service Loan Forgiveness	40%
State loan forgiveness program	32%
National Health Service Corps	16%
Armed Services (Navy, Army, Air Force)	10%
Other Loan Forgiveness Programs	11%

Of the graduating seniors indicating plans to participate in a medical education loan forgiveness program, more than half (55 percent) reported plans to participate in a hospital-funded program; 40 percent indicated U.S. Department of Education-funded programs; and 32 percent indicated state funded programs.

Table 8: Expected Net Income

	Mean	Median	Mode
One Year After Residency	$164,964	$150,000	$200,000
Five Years After Residency	$228,849	$200,000	$200,000
Ten Years After Residency	$276,993	$250,000	$200,000

Table 9: Osteopathic Medical Education Scholarship/Grants, Graduating Seniors 2010-2011*

Source of Scholarship	$ Award‡			% Awarded		
	All Schools	Public	Private	All Schools	Public	Private
Total Scholarships/Grants	$48,735	$28,395 [a]	$55,444 [b]	43%	49% [α]	42% [β]
National Health Service Corps (NHSC) Scholarship^	$113,778	$72,000	$143,619	0%	0%	1%
Armed Forces Health Professions (AFHP) Scholarship	$184,917	$156,061	$188,160	8%	3% [α]	9% [β]
State Government Scholarship/Grant	$26,109	$9,659 [a]	$36,210 [b]	3%	6% [α]	3% [β]
Award from Osteopathic School or its Parent University	$13,390	$10,484	$14,217	15%	15%	15%
Tuition Waiver	$43,825	$44,085	$43,655	2%	4% [α]	2% [β]
Osteopathic Association	$6,416	$3,282 [a]	$7,664 [b]	5%	7%	5%
Other Sources	$18,079	$32,528	$13,615	6%	7%	6%

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

‡Mean taken from responses greater than zero.

^All percentages are greater than zero before rounding.

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.

Graduating students reported a slight decrease in mean scholarship/grant awards in 2010-2011 from 2009-2010 ($48,735 compared with $49,223). Forty-three percent of seniors in both years had received scholarships/grants.The $28,395 mean award received by 2010-2011 seniors graduating from public schools was 20 percent less than the $35,290 mean award reported by 2009-2010 public school graduating seniors. However, 2010-2011 public school seniors were 6 percent more likely to have received any awards than 2009-2010 public school seniors; 49 compared with 43 percent, respectively. For seniors graduating from private osteopathic medical schools in 2010-2011, the $55,444 mean award was 5 percent more than the $52,768 mean award reported by private school seniors in 2009-2010. 2010-2011 private school seniors were slightly less likely to have received any awards than 2009-2010 private school seniors; 42 compared with 43 percent, respectively.

Table 9a: Award and the AFHP and NHSC Scholarships

Source of Scholarship	$ Award‡		% Awarded	
	Public	Private	Public	Private
2010-2011				
Total Scholarships/Grants	$28,395 [a]	$55,444 [b]	49% [α]	42% [β]
Non-AFHP/NHSC Scholarships	$17,644	$19,434	44% [α]	33% [β]
2009-2010				
Total Scholarships/Grants	$35,290 [a]	$52,768 [b]	43%	43%
Non-AFHP/NHSC Scholarships	$16,827	$19,436	39% [α]	34% [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 ANOVA.

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

The difference in scholarship/grant awards reported between students graduating from public osteopathic medical schools and those from private schools increased from 40 percent in 2009-2010 to 65 percent in 2010-2011. Because the Armed Forces Health Professions (AFHP) and National Health Service Corps (NHSC) scholarships are awarded to students irrespective of chosen medical school, the significant difference in mean awards reported by students from public and private schools in 2009-2010 and 2010-2011, as well as the increase in that difference, is shown to not be statistically meaningful when the AFHP and NHSC scholarships are disregarded. In both academic years, the mean non-AFHP/NHSC awards did not significantly differ between public and private osteopathic medical schools. Also in both academic years, seniors from public schools were significantly more likely to have received non-AFHP/NHSC awards than those from private schools.

Table 10: Scholarship/Grant Awards

	$ Award‡	% Awarded
Gender		
Male	$57,451 [a]	42%
Female	$40,886 [b]	45%
Race/Ethnicity		
White	$52,211 [a]	45% [α]
Asian	$26,950 [b]	34% [β]
Hispanic	$31,339 [ab]	38% [αβ]
Black	$35,838 [ab]	67% [γ]
All Others	$68,960 [ab]	42% [αβ]
Marital Status		
Married/Cohabiting	$50,634	47% [α]
Single	$46,456	43% [β]
Financial Status		
Independent	$54,802 [a]	47% [α]
Dependent	$19,654 [b]	32% [β]
Parental Income		
$49,999 or less	$45,942	52% [α]
$50,000 - $99,999	$47,900	49% [α]
$100,000 - 199,999	$59,391	41% [β]
$200,000 or more	$40,980	31% [γ]
Parental Education		
Graduate/Professional Degree	$52,302	38% [α]
Bachelor's Degree	$44,049	45% [β]
No College Degree	$47,085	51% [γ]

‡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 signifcantly ($p<0.05$) by z-test.

Table 10a shows that the significant difference in mean scholarship/grant awards between genders seen in Table 10 can be explained by the greater number of males receiving AFHP scholarships. Comparing mean non-AFHP awards by genders reveals no significant difference in award amounts received. However, even when controlling for AFHP scholarships awarded, females were more likely than males to have received any scholarship/grants.

Asian students reported a lower mean award, and were less likely to receive any awards than white students. As in 2009-2010, blacks were the most likely to receive scholarship/grant awards; in 2010-2011, 67 percent of black students reported receiving awards.

Also as In 2009-2010, married/cohabiting seniors were more likely to have received awards than single seniors. Meanwhile, financially independent students reported receiving a mean award more than two times larger than that received by financially dependent students ($54,802 compared with $19,654, respectively). Financially independent students were also 15 percent more likely to have received any awards than financially dependent students.

As in 2009-2010, seniors with parents earning $200,000 or more were the least likely to have received scholarship grant awards. Similarly, seniors with parents earning $100,000 - $199,999 were less likely to receive awards than seniors with parents earning less and more likely to receive awards than those with parents earning more.

Scholarship/grant awards were received by more than half the respondents indicating parents with no college degrees; they were also more likely to receive awards than students of parents with any other educational attainment level. Students indicating parents with graduate degrees were the least likely to have received awards.

Table 10a: Award and Gender

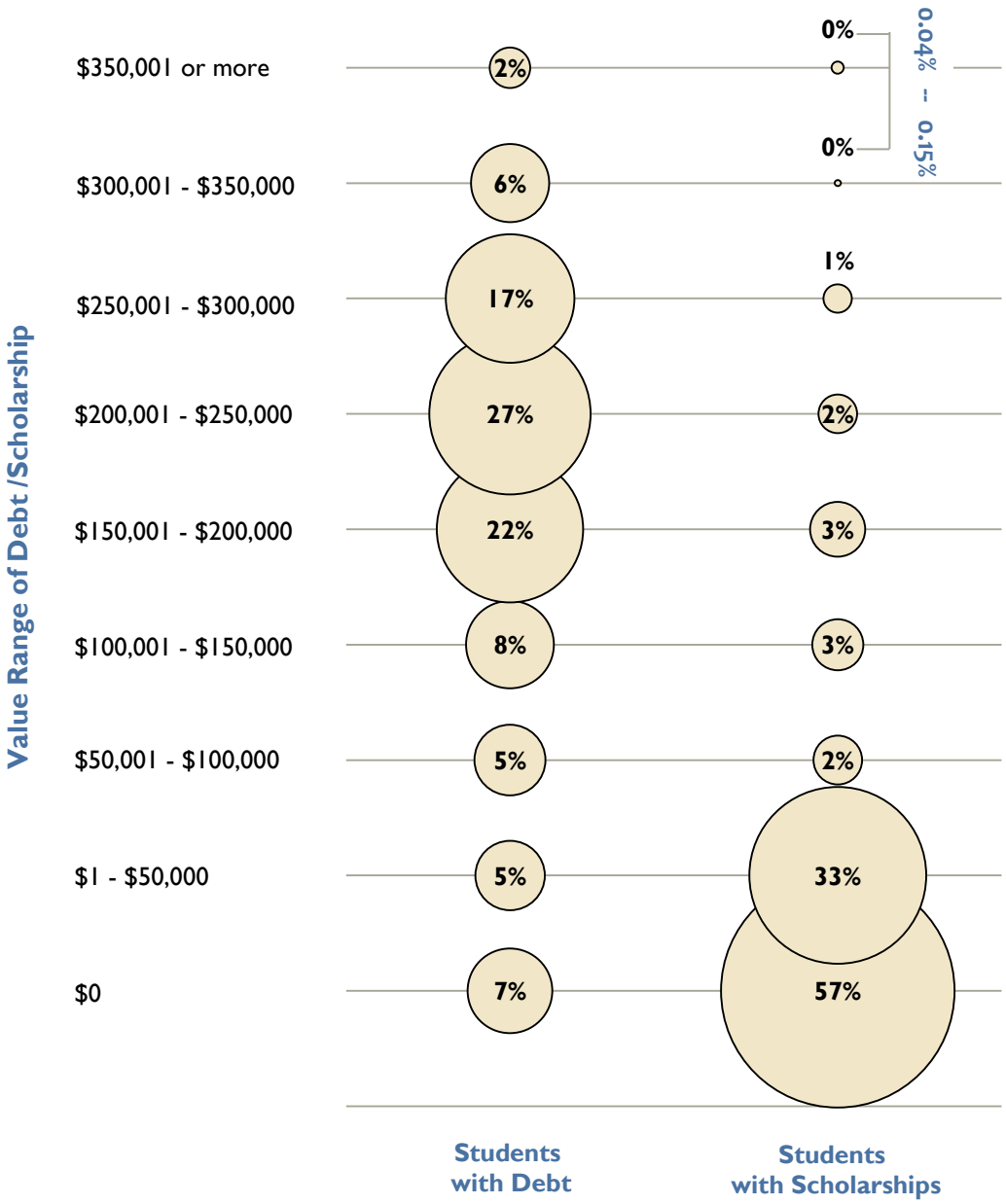
Source of Scholarship	$ Award‡		% Awarded	
	Male	Female	Male	Female
Total Scholarships/Grants	$57,451 [a]	$40,886 [b]	42%	45%
AFHP Scholarship	$184,168	$185,703	9% [α]	6% [β]
Non-AFHP Scholarships	$20,834	$19,759	32% [α]	39% [β]

‡Mean taken from responses greater than zero.

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

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

Chart 1: Percentage of Seniors with Debt and Scholarships*



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

Chart 1 compares the percentage of 2010-2011 student respondents who reported loan and/or scholarship award amounts in the listed value ranges.

The distribution of reported debt levels and scholarship award amounts reported in 2010-2011 remained consistent with those reported in 2009-2010.

Table 11: Sources of Funds for Osteopathic Medical Education (% of total cost provided by each source)

	All Schools	Public	Private
Loans	79%	81%	79%
Scholarships/Grants	9%	7% [a]	9% [b]
Savings	2%	2%	2%
Earnings	1%	2%	1%
Parents	8%	8%	8%
Relatives	1%	0% [a]	1% [b]
Other†	0%	1%	0%

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

†All percentages are greater than zero before rounding.

Table 12: Evaluation of Quality of Osteopathic Medical Training 2010-2011

	Students
Very Satisfied	22%
Satisfied	60%
Neither Satisfied nor Dissatisfied	12%
Dissatisfied	5%
Very Dissatisfied	1%
Mean Satisfaction Rating* : 4.0	

*Scale from 1 to 5; 1 being "Very Dissatisfied," 5 being "Very Satisfied."

On average, 2010-2011 graduating seniors were satisfied (mean satisfaction rating: 4.0) with the quality of osteopathic medical training they received.

Table 13: Satisfaction Level with Osteopathic Medicine Career Selection 2010-2011

	Students
Very Satisfied	41%
Satisfied	42%
Neither Satisfied nor Dissatisfied	13%
Dissatisfied	4%
Very Dissatisfied	1%
Mean Satisfaction Rating* : 4.2	

*Scale from 1 to 5; 1 being "Very Dissatisfied," 5 being "Very Satisfied."

On average, 2010-2011 graduating seniors were also satisfied (mean satisfaction rating: 4.2) with their osteopathic medicine career choice.

Table 14: 2010-2011 Graduating Seniors, if Starting Over, Would Prefer to Enroll in:

	Students
The osteopathic school from which you are about to graduate	58%
Another osteopathic medical school	10%
An allopathic medical school	27%
Would not have gone to medical school at all	5%

If starting over, more than half of respondents would choose to attend the osteopathic medical school from which they graduated. A little over a quarter of students would choose to attend an MD granting medical school and 10 percent would choose a different osteopathic medical school.

Table 15: 2010-2011 Graduating Seniors' Evaluation of First Two Years of Medical Education

	Strongly Agree	Agree	Neither Agree Nor Disagree	Disagree	Strongly Disagree
Basic and clinical science course objectives were made clear to students	27%	59%	9%	4%	1%
Basic science courses were sufficiently integrated with one another	22%	55%	12%	9%	2%
Basic science courses were sufficiently integrated with clinical training	17%	48%	17%	14%	3%
Course objectives & examination content matched closely	18%	56%	16%	7%	2%
Coursework adequately prepared students for clerkships	17%	54%	17%	9%	3%
The first two years of medical school were well-organized	18%	47%	18%	12%	5%
Students were provided with timely feedback on performance	18%	55%	15%	9%	3%
There was adequate exposure to patient care during the first two years	17%	40%	18%	18%	7%
Osteopathic principles were adequately integrated into coursework	26%	53%	13%	6%	2%
An appropriate amount of training was provided in OMT	34%	51%	10%	4%	2%
There was adequate preparation for COMLEX Level I	19%	40%	16%	16%	8%

Highlighted categories are those where ≤ 70% are "Strongly Agree" + "Agree."

Table 16: 2010-2011 Graduating Seniors' Evaluation of Time Devoted to Various Areas of Instruction

	Appropriate	Inadequate	Excessive
Basic medical science	88%	8%	5%
Behavioral science	82%	15%	3%
Biostatistics	58%	40%	2%
Bioterrorism	60%	37%	4%
Care of ambulatory patients	87%	7%	6%
Care of elderly (geriatrics)	79%	11%	10%
Care of hospitalized patients	82%	17%	1%
Care of patients with HIV/AIDS	65%	33%	2%
Clinical decision-making	83%	15%	2%
Clinical pharmacology	75%	22%	3%
Clinical science	89%	9%	2%
Cost-effective medical practice	51%	48%	1%
Diagnostic skills	86%	11%	3%
Drug and alcohol abuse	83%	14%	2%
Family/domestic violence	77%	22%	2%
Genetics	77%	20%	3%
Health promotion & disease prevention	88%	8%	4%
Human sexuality	75%	23%	2%
Independent learning & self-evaluation	81%	13%	6%
Infection control/health care setting	89%	10%	1%
Infectious disease prevention	90%	9%	1%
Integrative medicine	82%	16%	2%
Legal medicine	59%	38%	3%
Literature analysis skill	55%	43%	1%
Medical care cost control	50%	49%	1%
Medical ethics	79%	13%	7%
Medical record-keeping	63%	36%	1%
Medical socioeconomics	67%	32%	1%
Neuromusculoskeletal Medicine/OMT	79%	3%	18%
Nutrition	69%	29%	2%
Pain management	67%	32%	1%
Patient education	89%	9%	2%
Patient follow-up	87%	11%	1%
Patient interviewing skills	88%	2%	10%
Physician-patient relationship	91%	2%	7%
Practice management	58%	41%	1%
Primary care	79%	2%	20%
Public health & community medicine	85%	10%	5%
Rehabilitation	68%	31%	1%
Research techniques	47%	52%	1%
Role of medicine in community	86%	12%	3%
Screening for diseases	93%	6%	1%
Teamwork with other health professionals	87%	10%	2%
Therapeutic management	90%	10%	1%
Use of computers	83%	14%	3%
Utilization review & quality assurance	74%	25%	1%

Beige highlighted categories are those where ≤ 70% are "Appropriate" or ≥ 10% "Excessive."

Teal highlighted categories are those where ≥ 90% are "Appropriate."

Table 17: 2010-2011 Graduating Seniors' Evaluation of Clinical Education – Required Clerkships

	Strongly Agree	Agree	Neither Agree Nor Disagree	Disagree	Strongly Disagree
Clear goals and objective were set	14%	57%	16%	9%	3%
Able to design own goals and objectives	13%	46%	23%	15%	3%
Clear performance objectives were set	12%	53%	20%	12%	3%
Clerkships were well-organized	10%	43%	23%	18%	7%
Rounds were conducted as scheduled	12%	53%	22%	10%	3%
Timely feedback was provided on performance	11%	51%	21%	13%	4%
Too large a role by residents in teaching and evaluation†	6%	21%	31%	34%	8%
Appropriate diversity of patients and their health issues	24%	60%	11%	4%	1%
Appropriate number of inpatient experiences	23%	55%	10%	8%	3%
Each clerkship had an osteopathic orientation	4%	13%	17%	41%	25%
Osteopathic principles & practice (OPP) were well-integrated in each clerkship	4%	15%	19%	37%	25%
Appropriate technology usage for situation	16%	61%	17%	4%	2%
Able to work on a personal basis with patients	33%	58%	7%	1%	0%
Attending modeled excellent patient relationship skills	19%	56%	21%	3%	1%
Support staff was friendly and supportive	20%	57%	18%	3%	1%
Coverage hours were set and finished on time	12%	51%	24%	10%	3%
Was asked relevant and pertinent questions on patient diagnosis, treatment options, management, and follow-up care	20%	64%	12%	3%	1%
Felt free to ask questions	26%	61%	11%	2%	1%
The attending seemed interested in my opinions	14%	53%	25%	6%	2%
Personal concerns were addressed by the attending while on rotation	14%	49%	29%	6%	2%
Was treated with respect	21%	61%	15%	3%	1%
Able to discuss progress on rotation with attending	17%	56%	19%	6%	1%
Attending critically evaluated me during rotation	14%	55%	22%	7%	2%
Able to discuss the final rotation evaluation with the attending	13%	47%	22%	14%	4%
Attending based the evaluation on direct observation	14%	55%	22%	6%	2%
Able to meet & discuss areas of concern with the attending outside of the clinical setting	11%	40%	30%	16%	4%
Lived a reasonable distance from rotation sites	17%	53%	15%	10%	5%
Rotations prepared me for examinations	11%	48%	23%	13%	5%
Testing was provided at end of each rotation	18%	53%	15%	10%	3%
Adequate preparation for COMLEX Level 2-CE	14%	46%	18%	15%	7%
Adequate preparation for COMLEX Level 2-PE	31%	52%	10%	5%	3%

Beige highlighted categories are those where ≤ 70% are "Strongly Agree" + "Agree."

Teal highlighted categories are those where ≥ 90% are "Strongly Agree" + "Agree."

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

Table 18: 2010-2011 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	16%	58%	17%	7%	2%
Able to design own goals and objectives	19%	59%	15%	5%	1%
Clear performance objectives were set	15%	58%	18%	8%	2%
Clerkships were well-organized	16%	56%	17%	8%	3%
Rounds were conducted as scheduled	16%	59%	19%	4%	1%
Timely feedback was provided on performance	16%	60%	17%	6%	2%
Too large a role by residents in teaching and evaluation†	7%	25%	27%	34%	7%
Appropriate diversity of patients and their health issues	26%	62%	10%	1%	1%
Appropriate number of inpatient experiences	27%	60%	10%	3%	1%
Each clerkship had an osteopathic orientation	6%	21%	19%	33%	21%
Osteopathic principles and practice (OPP) were well-integrated in each clerkship	5%	20%	21%	32%	21%
Appropriate technology usage for situation	20%	63%	14%	2%	1%
Able to work on a personal basis with patients	31%	59%	8%	1%	0%
Attending modeled excellent patient relationship skills	24%	61%	14%	1%	1%
Support staff was friendly and supportive	24%	61%	13%	1%	1%
Coverage hours were set and finished on time	17%	58%	20%	4%	1%
Was asked relevant and pertinent questions on patient diagnosis, treatment options, management, and follow-up care	22%	65%	11%	1%	1%
Felt free to ask questions	26%	63%	9%	1%	1%
Attending seemed interested in my opinions	20%	59%	18%	3%	1%
Personal concerns were addressed by the attending while on rotation	17%	57%	22%	3%	1%
Was treated with respect	26%	62%	10%	1%	1%
Able to discuss progress on rotation with attending	19%	59%	17%	4%	1%
Attending critically evaluated me during rotation	18%	60%	18%	4%	1%
Able to discuss the final rotation evaluation with the attending	17%	53%	19%	9%	2%
Attending based the evaluation on direct observation	19%	60%	18%	3%	1%
Able to meet and discuss areas of concern with the attending outside of the clinical setting	15%	49%	24%	10%	2%
Lived a reasonable distance from rotation sites	18%	58%	15%	6%	3%
Rotations prepared me for examinations	15%	53%	24%	6%	2%
Testing was provided at end of each clerkship	11%	36%	22%	22%	9%
Adequate preparation for COMLEX Level 2-CE	15%	47%	24%	9%	4%
Adequate preparation for COMLEX Level 2-PE	23%	51%	19%	4%	2%

Beige highlighted categories are those where ≤ 70% are "Strongly Agree" + "Agree."

Teal highlighted categories are those where ≥ 90% are "Strongly Agree" + "Agree."

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

Table 19: 2010-2011 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%	37%	7%	1%	0%	0%
General pediatric examination	26%	39%	24%	10%	2%	0%
Well-baby examination	22%	35%	24%	14%	6%	0%
Breast and pelvic examination	33%	35%	20%	9%	3%	0%
Prostate and testicular examination	22%	33%	26%	12%	6%	1%
Osteopathic structural examination	32%	37%	19%	9%	3%	0%
Sports participation examination	33%	37%	18%	8%	2%	1%

Beige highlighted categories are those where ≤ 70% are "Completely Confident" + "Mostly Confident."
Teal highlighted categories are those where ≥ 90% are "Completely Confident" + "Mostly Confident."

Table 20: 2010-2011 Graduating Seniors' Evaluation of Various Academic Services

	Very Satisfied	Satisfied	Neither Satisfied Nor Dissatisfied	Dissatisfied	Strongly Dissatisfied
Academic counseling	9%	35%	29%	17%	10%
Accessibility to administration	14%	45%	23%	12%	6%
Awareness of student problems by administration	9%	35%	25%	21%	11%
Career counseling	5%	26%	33%	23%	12%
Computer resource center	16%	50%	26%	5%	2%
Disability insurance	7%	25%	62%	4%	2%
Electronic communication (e-mail, Internet/Intranet)	20%	60%	14%	4%	2%
Faculty mentoring	9%	33%	26%	20%	12%
Financial aid administration services	20%	45%	22%	8%	5%
Library	27%	54%	14%	3%	2%
Participation of students on key medical school committees	14%	48%	32%	4%	2%
Personal counseling	9%	30%	45%	10%	6%
Student health insurance	8%	31%	34%	15%	12%
Student health services	11%	38%	32%	11%	7%
Student relaxation space	10%	38%	32%	13%	7%
Student study space	14%	46%	22%	12%	5%
Tutorial help	10%	32%	45%	8%	5%

Highlighted categories are those where ≤ 70% are "Very Satisfied" + "Satisfied."

Table 21: 2010-2011 Graduating Seniors' Evaluation of Training in Osteopathic Manipulative Treatment, Principles, and 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	20%	56%	16%	7%	2%
Well-prepared to document findings in a structural examination	20%	58%	14%	7%	1%
Had opportunity to practice OPP during first two years in medical school	41%	49%	7%	2%	1%
Had opportunity to practice OPP during in-hospital rotations	8%	28%	20%	29%	15%
Had opportunity to practice OPP during ambulatory primary care rotations	12%	51%	17%	14%	7%
Had opportunity to practice OPP during ambulatory non-primary care rotations	8%	27%	22%	31%	12%
Had osteopathic physician role models during the first two years in medical school	29%	51%	13%	5%	2%
Had osteopathic physician role models during required in-hospital rotations	9%	32%	20%	25%	12%
Had osteopathic physician role models ambulatory primary care rotations	14%	47%	18%	14%	7%
Had osteopathic physician role models during ambulatory non-primary care rotations	9%	33%	23%	24%	11%
Had osteopathic physician role models during selectives/electives	12%	36%	22%	20%	10%

Beige highlighted categories are those where ≤ 70% are "Strongly Agree" + "Agree."
Teal highlighted categories are those where ≥ 90% are "Strongly Agree" + "Agree."

Table 22: 2010-2011 Graduating Senors' 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	19%	64%	13%	3%	1%
Can anticipate and identify hazards of hospitalization for older adults	21%	67%	10%	2%	1%
Can identify those medications that should be avoided or used with caution in older adults	15%	61%	18%	6%	1%
Can differentiate the clinical presentations of delirium, dementia, and depression in older adults	22%	64%	11%	2%	0%
Can assess a patient's self-care/functional capacity, e.g. ADLs & IADLs	18%	60%	17%	5%	1%
Can assess an older adult patient's fall risk, identify underlying causative factors, and make recommendations for further evaluation and initial management	18%	62%	15%	5%	1%
Can describe the differences in the presenting signs, symptoms, and laboratory findings of common conditions in older, as compared to younger, adults	17%	63%	15%	4%	1%

Table 23: 2010-2011 Graduating Seniors' Evaluation of School's Involvement in Clerkship Years

	Students
Excessive Involvement	2%
Outstanding Involvement	8%
Adequate Involvement	47%
Some, but Inadequate, Involvement	33%
Not Involved	10%

Table 24: Type of School Involvement During Clerkship Years

	Students
E-Mail	81%
COMLEX PE Preparation	50%
Distance Learning	32%
COMLEX Level II Preparation	28%
Faculty Visits	25%
Newsletter	22%

Table 25: 2010-2011 Graduating Seniors' Evaluation of Time Devoted to Various Activities

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

Table 26: 2010-2011 Graduating Seniors' Evaluation of Percentage of Training Delivered by MD Physicians

	None	1%-25%	26%-50%	51%-75%	76%-100%
During the First Two Years of Medical School	4%	60%	26%	8%	2%
During Required In-Hospital Rotations	1%	14%	25%	34%	26%
During Required Ambulatory Primary Care Rotations	7%	25%	29%	23%	15%
During Required Ambulatory Non-Primary Care Rotations	4%	18%	27%	28%	22%
During Selectives/Electives	1%	14%	23%	30%	31%

Table 27: Immediate Post-Graduate Plans, Graduating Seniors 2010-2011

	Students	Gender		Race-Ethnicity				
		Male	Female	White	Asian	Hispanic	Black	All Others
Osteopathic Residency	29%	33% [a]	25% [b]	28%	29%	30%	30%	32%
Dual AOA/ACGME-Approved Residency	12%	9% [a]	14% [b]	13% [α]	9% [β]	7% [β]	15% [α]	10% [αβ]
Internship	13%	15% [a]	12% [b]	13% [α]	16% [β]	13% [αβ]	15% [αβ]	8% [αβ]
Allopathic Residency	39%	34% [a]	43% [b]	39% [α]	41% [α]	39% [α]	20% [β]	45% [α]
Government, NHSC, Military, VA, etc.	5%	7% [a]	4% [b]	6% [α]	2% [β]	5% [αβ]	7% [α]	2% [αβ]
Other or Undecided	2%	2%	2%	1% [α]	2% [β]	6% [γδ]	12% [γ]	2% [αβδ]
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,δ Percentages within subrow noted by distinct letters differ significantly (p<0.05) z-test.

As in 2009-2010, in 2010-2011 more than a third of graduating seniors indicated plans to pursue an allopathic residency, while just under 30 percent indicated osteopathic residency plans. Also as in the previous year, 2010-2011 male seniors were more likely than female seniors to indicate plans for osteopathic residencies or internships; females were more likely to plan allopathic residencies.

Again in 2010-2011, the likelihood to indicate osteopathic residencies did not differ among race/ethnicities. Asian seniors were more likely than White graduates to plan internships and less likely than White or Black graduates to indicate plans to pursue post-graduate activities within government and related institutions. Black seniors were the least likely to indicate plans to pursue an allopathic residency.

Table 28: 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	59%
Opens more career opportunities	55%
Desire specialty training not available in osteopathic program	22%
Better chance of being accepted in program	15%
Allow ABMS board certification	13%
Higher pay	12%
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.

Table 28 lists the reasons selected by the 50 percent of respondents indicating a dual AOA/ACGME-approved or allopathic residency.

As in 2009-2010, nearly three-quarters of the 2010-2011 graduates indicating dual AOA/ACGME-approved or allopathic residencies indicated that their preference was influenced by geographic location. More than half of the respondents indicated that better training and educational opportunities, larger institutions, and more career opportunities influenced their residency choice.

Table 29: Board Certification Plans, Graduating Seniors 2010-2011

	Students	Gender		Race-Ethnicity				
		Male	Female	White	Asian	Hispanic	Black	All Others
Osteopathic AOA Boards	43%	43%	43%	44% $^{\alpha\beta}$	41% $^{\alpha}$	46% $^{\alpha\beta}$	52% $^{\beta}$	35% $^{\alpha}$
Both AOA and ABMS Boards	22%	22%	22%	22%	22%	23%	30%	29%
Allopathic ABMS Boards	18%	21% ^{a}	15% ^{b}	18% $^{\alpha}$	22% $^{\alpha}$	17% $^{\alpha}$	6% $^{\beta}$	18% $^{\alpha}$
Other	0%	0%	0%	0%	0%	1%	0%	1%
Not Planning Board Certification	0%	0%	0%	0% $^{\alpha}$	0% $^{\alpha}$	0% $^{\alpha\beta}$	0% $^{\alpha\beta}$	1% $^{\beta}$
Undecided	16%	13% ^{a}	19% ^{b}	16%	16%	14%	12%	17%
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.

More than 40 percent of 2010-2011 seniors indicated plans to pursue osteopathic board certification, similar to 2009-2010 seniors' plans. Also as in the previous year, around 40 percent of seniors indicated plans to pursue both osteopathic and allopathic or just allopathic board certification. Male seniors in 2010-2011 were more likely than females to indicate allopathic board certification plans.

In 2010-2011, Black seniors were more likely than Asians or seniors in the All Others category to indicate osteopathic board certification plans, and were also the least likely to indicate allopathic board certification plans.

Table 30: Reasons Given for Taking ABMS (Allopathic) or Both Boards*

	Students
ABMS board certification provides more opportunities	58%
ABMS board certification is more widely recognized	54%
ABMS board certification has more colleague acceptance	36%
Personal desire for dual certification	34%
Hospital privileges more readily obtained with ABMS board certification	31%
Licenses more readily obtained with ABMS board certification	22%
ABMS board certification carries more prestige	22%
Other	5%

*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 30, the percentages listed for each reason are taken from the 40 percent of seniors indicating allopathic or both osteopathic and allopathic board certification plans.

As in 2009-2010, more than half of respective seniors felt ABMS board certification provides more opportunities and is more widely recognized. Less than a quarter felt that ABMS board certification carries more prestige.

Table 31: Long-Range Career Plans, Graduating Seniors 2010-2011

	Students	Gender		Race-Ethnicity				
		Male	Female	White	Asian	Hispanic	Black	All Others
Group or Other Type of Private Practice	47%	48%	46%	50% $^{\alpha}$	43% $^{\beta}$	42% $^{\beta}$	27% $^{\gamma}$	40% $^{\alpha\beta\gamma}$
Self-Employed with or without a Partner	10%	12% ^{a}	8% ^{b}	9% $^{\alpha}$	11% $^{\alpha\beta}$	10% $^{\alpha\beta}$	16% $^{\beta}$	5% $^{\beta}$
Other Professional Activity	9%	9%	10%	9%	11%	8%	12%	10%
Government, NHSC, Military, VA, etc.	10%	10%	10%	10% $^{\alpha}$	6% $^{\beta}$	11% $^{\alpha\beta\gamma}$	17% $^{\gamma}$	19% $^{\beta\gamma}$
Practice in an HMO	4%	4%	4%	4%	6%	6%	3%	6%
Undecided	19%	17% ^{a}	21% ^{b}	18% $^{\alpha}$	23% $^{\beta}$	22% $^{\alpha\beta}$	24% $^{\alpha\beta}$	20% $^{\alpha\beta}$
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.

Just under half of 2010-2011 seniors indicated plans to practice in a group or other type of private practice, similar to 2009-2010 seniors' plans. Also like 2009-2010 male seniors, 2010-2011 males were more likely than females to indicate plans to practice self-employed, with or without a partner.

Asian students were less likely than White students to indicate group or private practice plans, and were also less likely than White or Black students to indicate plans to practice in the government or related institutions. Black seniors were less likely than White, Asian, or Hispanic seniors to indicate group or private practice plans, and were more likely than White or Asian graduates to indicate plans to practice in the government or related institutions.

Table 32: Size of Location Planned for Practice After Residency

	Students
Major Metropolitan Area (1,000,001 +)	20%
Metropolitan Area (500,001 - 1,000,000)	18%
City (100,001 - 500,000)	20%
City (50,001 - 100,000)	10%
City or Town (10,001 - 50,000)	11%
City or Town (2,501 - 10,000)	3%
Town 2,500 or less	1%
Other or Undecided	16%
Total	100%

Similar to the previous year, 69 percent of seniors indicated plans to practice in city with a population of more than 50,000.

Table 33: Practice in Underserved/Shortage Area

	Students
Yes	34%
No	17%
Unsure	49%
Total	100%

Again similar to 2009-2010, while 34 percent of 2010-2011 seniors indicated plans to practice in underserved/shortage areas, nearly half were unsure of such plans.

Table 34: Percentage of Students Who Plan to Practice in Underserved/Shortage Areas

	Students
Gender	
Male	29% [a]
Female	39% [b]
Race/Ethnicity	
White	32% [a]
Asian	29% [a]
Hispanic	46% [b]
Black	61% [c]
All Others	44% [bc]
Marital Status	
Married/Cohabiting	36%
Single	33%
Financial Status	
Independent	36% [a]
Dependent	28% [b]
Parental Income	
$49,999 or less	42% [a]
$50,000 - $99,999	35% [b]
$100,000 - 199,999	31% [bc]
$200,000 or more	27% [c]
Parental Education	
Graduate/Professional Degree	31% [ab]
Bachelor's Degree	33% [a]
No College Degree	39% [b]

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

As in 2009-2010, female seniors were more likely than males to indicate plans to practice in underserved/shortage areas. Blacks were again the most likely to indicate such plans as well. Financially independent students were more likely than dependents to indicate plans to practice in an underserved/shortage area, while students with parents earning less than $49,999 were more likely to indicate such plans than students indicating higher parental income levels. Students with parents holding no college degree were, as in 2009-2010, more likely to indicate plans to practice in underserved/shortage areas than students with parents holding college/graduate degrees.

Table 35: Practice by Type of Underserved/Shortage Area

	Students
Rural	52%
Inner-city	38%
Other	10%
Total	100%

Beginning in 2010-2011, seniors who indicated plans to practice in underserved/shortage areas were also asked to indicate what type of underserved/shortage area. Of the 34 percent of students indicating underserved/shortage area practice plans, more than half indicated plans to practice in a rural underserved/shortage area, while 38 percent indicated inner-city areas.

Table 36: Percentage of Students Who Plan to Practice in Rural or Inner-city Underserved/Shortage Areas

	Students	
	Rural	Inner-city
Gender		
Male	58% [a]	33% [a]
Female	48% [b]	42% [b]
Race/Ethnicity		
White	61% [a]	29% [a]
Asian	24% [b]	67% [b]
Hispanic	41% [bc]	49% [c]
Black	25% [c]	67% [b]
All Others	46% [a]	32% [ac]
Marital Status		
Married/Cohabiting	61% [a]	28% [a]
Single	43% [b]	47% [b]
Financial Status		
Independent	55% [a]	35% [a]
Dependent	36% [b]	50% [b]
Parental Income		
$49,999 or less	57% [a]	37% [a]
$50,000 - $99,999	52% [ab]	38% [a]
$100,000 - 199,999	53% [ab]	34% [ab]
$200,000 or more	44% [b]	45% [b]
Parental Education		
Graduate/Professional Degree	50%	40%
Bachelor's Degree	55%	35%
No College Degree	53%	37%

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

Female seniors were more likely than males to indicate plans to practice in an inner-city area. While White students were more likely to choose rural underserved/shortage areas for practice, Asian and Black students were more likely to choose inner-city areas. Married students were more likely than singles to choose rural areas for practice, while financially dependent students were more likely than independents to choose inner-city areas. Seniors with parents earning less than $50,000 were most likely to choose rural areas for practice, while those with parents earning $200,000 or more were most likely to choose inner-city areas.

Table 37: Specialization, Graduating Seniors 2010-2011

		Students
Family Practice	Primary Care Specialties	20%
Internal Medicine, General		7%
Pediatrics, General		5%
Emergency Medicine		12%
Internal Medicine, Subspecialty		11%
OB/GYN and Subspecialties		5%
Anesthesiology		5%
Pediatrics, Subspecialties		5%
Psychiatry and Subspecialties		4%
Orthopedic Surgery		3%
Surgery, General		3%
Physical Medicine & Rehabilitation Med.		3%
Radiology and Subspecialties		2%
Surgery Subspecialties		2%
Neurology and Subspecialties		2%
Dermatology		1%
Sports Medicine		1%
Pathology and Subspecialties		1%
Critical Care		1%
Otolaryngology		1%
Ophthalmology		1%
Osteopathic Manipulative Medicine		1%
Urology/Urological Surgery	0.033% - 0.499%	0%
Geriatrics		0%
Plastic Surgery/Reconstructive Surgery		0%
Allergy and Immunology		0%
Thoracic Surgery		0%
Vascular Surgery		0%
Colon Rectal Surgery		0%
Preventive Medicine and Subspecialties		0%
Medical Genetics		0%
Proctology		0%
Nuclear Medicine		0%
Undecided or Indefinite		2%
Total		100%

Table 38: Primary Care Plans, Graduating Seniors 2010-2011

	Students
Primary Care	32%
Non-Primary Care	66%
Undecided	2%
Total	100%

Table 39: Percentage of Students Who Plan to Practice Primary Care Specialties

	Students
Gender	
Male	27% [a]
Female	38% [b]
Race/Ethnicity	
White	32% [a]
Asian	31% [a]
Hispanic	35% [ab]
Black	42% [b]
All Others	36% [ab]
Marital Status	
Married/Cohabiting	34% [a]
Single	31% [b]
Financial Status	
Independent	33% [a]
Dependent	28% [b]
Parental Income	
$49,999 or less	40% [a]
$50,000 - $99,999	35% [a]
$100,000 - 199,999	31% [b]
$200,000 or more	26% [c]
Parental Education	
Graduate/Professional Degree	31% [a]
Bachelor's Degree	33% [ab]
No College Degree	35% [b]
Parental Profession	
DO/MD*	26% [a]
Non DO/MD	33% [b]

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

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

Similar to 2009-2010 seniors in 2010-2011, 32 percent of seniors (Tables 37 and 38) indicated a primary care specialty selection.

Again in 2010-2011, female seniors were more likely than males to indicate primary care specialties. Also, Black seniors were more likely than Whites and Asians to indicate primary care specialties. Married/cohabiting seniors were more likely than singles to indicate primary care specialties, and financially independent seniors were more likely than dependents to indicate primary care specialties. Seniors with parents earning $200,000 or more were the least likely to indicate primary care specialties. Those with DO/MD parents were more likely than those without DO/MD parents to indicate primary care specialties.

Table 40: Specialty Choice Decision Factors

	Mean Influence Rating*	
Intellectual Content of the Specialty	3.2	Strong Influence
Like Dealing with People	3.0	
Skills/Abilities	2.9	
Lifestyle	2.7	
Role Models	2.7	
Like the Emphasis on Technical Skills	2.4	Moderate Influence
Desire for Independence	2.4	
Academic Environment	2.4	
Previous Experience	2.1	
Peer Influence	1.7	
Prestige/Income Potential	1.7	
Opportunity for Research/Creativity	1.6	
Debt Level	1.5	

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

For 2010-2011 seniors, the intellectual content of the specialty, the opportunity to deal with people and the skills/abilities related to the specialty were the most influential factors in specialty choice, as they were in 2009-2010.

On the other hand, the prestige/income potential of the specialty, the opportunity for research/creativity of the specialty and student debt level were the least influential factors in specialty choice, as they were in 2009-2010.

Table A1: 2010-2011 Graduate Student Response Rate to the AACOM Graduating Student Survey

Response Rate Range	Number of COMs
90% or more	13
75% - 89%	1
50% - 74%	8
25% - 49%	1
Less than 25%	4

Mean response rate for all COMs: 70%

Table A2: Response Rate to Debt, Scholarship, and Specialty Survey Questions, 2010-2011

	Response Rate
Debt	
Total Loans for Osteopathic Medical Education	97%
Unsubsidized Stafford or FFELP	82%
Subsidized Stafford or FFELP	82%
Graduate PLUS	75%
Perkins	63%
Loans for Disadvantaged Students (LDS)	56%
Primary Care Loan (PCL)	55%
Other State-Issued Loans	55%
Osteopathic Association Loans	55%
Alternative Loans	55%
Other	56%
At Entry, Loans Owing for Undergraduate Education	98%
At Entry, Loans Owing for Post-Bac Education	96%
Family Loans to be Repaid by Student	61%
Non-Educational Debt	92%
Scholarships/Grants	
Total Scholarships/Grants	87%
National Health Service Corps Scholarship	48%
Armed Forces Health Professions Scholarship	51%
State Government Scholarship/Grant	49%
Award from Osteopathic School or its Parent University	53%
Tuition Waiver	48%
Osteopathic Association	50%
Other Sources	49%
Specialty	
Specialty Choice	99%

Table A3: 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	$199,774	$175,329 [a]	$205,927 [b]	93%	95%	93%
Unsubsidized Stafford or FFELP	$122,053	$111,876 [a]	$124,601 [b]	89%	91%	89%
Subsidized Stafford or FFELP	$38,125	$37,855	$38,196	91%	93%	90%
Graduate PLUS	$51,865	$47,381	$52,585	63%	48% [α]	67% [β]
Perkins	$6,334	$5,560	$6,762	24%	41% [α]	19% [β]
Loans for Disadvantaged Students (LDS)	$19,536	$23,613	$17,906	3%	4%	2%
Primary Care Loan (PCL)	$105,609	$87,168	$107,027	3%	1%	3%
Other State-Issued Loans	$24,108	$15,925 [a]	$28,473 [b]	3%	5% [α]	2% [β]
Osteopathic Association Loans	$14,007	$8,000	$14,508	1%	0%	1%
Alternative Loans	$32,134	$26,120	$32,796	8%	4% [α]	9% [β]
Other	$26,623	$20,809	$27,907	11%	10%	11%

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.

Table A4: 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	$29,561	$28,777	$29,734	50%	45% [α]	51% [β]
At Entry, Loans Owing for Post-Bac Education†	$32,789	$21,668 [a]	$34,707 [b]	13%	9% [α]	13% [β]
Family Loans to be Repaid by Student	$74,586	$100,438	$69,416	7%	6%	7%
Non-Educational Debt	$22,643	$25,384	$21,998	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.

Table A5: Mean Osteopathic Medical School Debt, 2009-2010

	Debt	% in Debt
Gender		
Male	$200,477	92% α
Female	$198,615	95% β
Race/Ethnicity		
White	$201,336 a	94% α
Asian	$187,416 b	88% β
Hispanic	$213,868 a	97% α
Black	$208,265 ab	97% α
All Others*	$187,135 ab	97% α
Marital Status		
Married/Cohabiting	$201,312	96% α
Single	$198,236	91% β
Financial Status		
Independent	$206,816 a	96% α
Dependent	$169,277 b	82% β
Parental Income		
$49,999 or less	$210,073 a	97% α
$50,000 - $99,999	$204,578 ab	97% α
$100,000 - 199,999	$196,774 b	94% β
$200,000 or more	$182,175 c	83% γ
Parental Education†		
Graduate/Professional Degree	$192,897 a	91% α
Bachelor's Degree	$203,363 b	95% β
No College Degree	$210,331 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.

Table A6: Mean Debt, Parental Income and Financial Independence/Dependence, 2009-2010

Parental Income	Debt		Debt %	% in Debt	
	Dependent	Independent	Difference	Dependent	Independent
$49,999 or less	$174,945 aα	$214,145 aβ	20%	96% x	98% xy
$50,000 - $99,999	$180,374 aα	$208,786 abβ	15%	92% xψ	98% yω
$100,000 - 199,999	$176,313 aα	$202,574 bcβ	14%	88% xψ	96% xzω
$200,000 or more	$154,658 bα	$196,031 cβ	24%	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.