

AMERICAN ASSOCIATION OF COLLEGES OF OSTEOPATHIC MEDICINE

2014-2015 Academic Year Entering Student Survey

TO THE STUDENTS: Your opinions and attitudes about your medical education, your plans for medical practice, and information about your debt are very important as the colleges and the osteopathic profession develop and plan for the future of osteopathic medical education. Please take some time to complete the following questionnaire to help in planning the future of osteopathic medical education. The information you provide in this survey will be reported only in aggregate or summary form; individually identifiable information will not be made available to the colleges or other organizations. The reason we ask for your identification is to allow for longitudinal studies linking your responses as first year students to your responses when this survey is readministered again in your fourth year.

Please use the survey's navigation buttons (e.g. BACK, NEXT) to move throughout the survey. Do not use your web browser's forward and back buttons to move through the survey. Please do not complete this survey more than once.

Last Name

First Name

Middle Name (or other/alternative last name)

Suffix

--Click Here--

Alabama College of Osteopathic Medicine, AL

A.T. Still University-Kirksville College of Osteopathic Medicine, MO

A.T. Still University-School of Osteopathic Medicine in Arizona, AZ

Arizona College of Osteopathic Medicine of Midwestern University, AZ

Campbell University Jerry M. Wallace School of Osteopathic Medicine, NC

Chicago College of Osteopathic Medicine of Midwestern University, IL

Des Moines University College of Osteopathic Medicine, IA

Edward Via College of Osteopathic Medicine - Carolinas Campus, SC

Edward Via College of Osteopathic Medicine - Virginia Campus, VA

Kansas City University of Medicine and Biosciences College of Osteopathic Medicine, MO

Lake Erie College of Osteopathic Medicine, PA

Lake Erie College of Osteopathic Medicine Bradenton Campus, FL

Liberty University College of Osteopathic Medicine, VA

Lincoln Memorial University-DeBusk College of Osteopathic Medicine, TN

Marian University College of Osteopathic Medicine, IN

Michigan State University College of Osteopathic Medicine, MI

New York Institute of Technology College of Osteopathic Medicine, NY

Nova Southeastern University College of Osteopathic Medicine, FL

Ohio University Heritage College of Osteopathic Medicine - Athens, OH

Ohio University Heritage College of Osteopathic Medicine - Dublin, OH

Oklahoma State University Center for Health Sciences College of Osteopathic Medicine, OK

Pacific Northwest University of Health Sciences College of Osteopathic Medicine, WA

Philadelphia College of Osteopathic Medicine, PA

Georgia Campus - Philadelphia College of Osteopathic Medicine, GA

Rocky Vista University College of Osteopathic Medicine, CO

Part I: CAREER PLANS

Please indicate your plans immediately following graduation.

- Internship
- Osteopathic residency
- ACGME residency
- Dual approved AOA/ACGME residency
- Governmental/military service residency
- Undecided

If ACGME or AOA/ACGME Please give ALL the reasons why you plan to pursue an allopathic or AOA/ACGME dual approved residency.

- Desire specialty training not available in osteopathic program**
- Believe better training and educational opportunities available**
- Located in more suitable geographic location(s)**
- Located in larger institutions**
- Better chance of being accepted in program**
- Allows ABMS board certification**
- Opens more career opportunities**
- Military or government service obligation**
- Shorter training period**
- Higher pay**
- Other**

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

- Osteopathic AOA boards**
- Allopathic ABMS boards**
- Both AOA and ABMS boards**
- Not planning board certification**
- Undecided or Indefinite**
- Other**

If CERT is "Allo" or "Both" Please give ALL the reasons why you plan to pursue ABMS boards or both boards.

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

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

- Family Practice
- General Internal Medicine
- Internal Medicine Subspecialty
- OMT and Neuromusculoskeletal Medicine
- General Pediatrics
- Pediatrics Subspecialty
- Allergy and Immunology
- Anesthesiology
- Critical Care
- Dermatology
- Emergency Medicine
- Geriatrics
- Medical Genetics
- Neurology including subspecialties
- Psychiatry including subspecialties
- Nuclear Medicine
- Ob/Gyn including subspecialties
- Ophthalmology
- Otolaryngology
- Pathology including subspecialties
- Physical Medicine and Rehabilitation
- Plastic Surgery /Reconstructive Surgery
- Preventive Medicine including subspecialties
- Proctology
- Radiology including subspecialties
- Sports Medicine
- General Surgery
- Colon Rectal Surgery
- Orthopedic Surgery
- Surgery subspecialty
- Thoracic Surgery
- Vascular Surgery
- Urology/Urological Surgery
- Undecided or Indefinite

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

- Practice in an HMO
- Self-employed with or without a partner
- Employed in group or other type of private practice-salary
- Enter governmental service-e.g. military, NHS Corps, Indian Health Service, V.A., state/local health dept.
- Other professional activity-e.g. teaching, research, administration, fellowship
- Undecided

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

Major Influence Strong Influence Moderate Influence Minor Influence No Influence/NA

Intellectual content of the specialty (type of work, diagnostic programs, diversity)

Like dealing with people (type of person, type of patient) more than techniques

Prestige/income potential

Lifestyle (predictable working hours, sufficient time for family)

Like the emphasis on technical skills

Role models (e.g., physicians in the specialty)

Peer influence (encouragement from practicing physicians, faculty, or other students)

Skills/abilities (possess the skills required for the specialty or its patient population)

Debt level (level of debt, length of residency, high malpractice insurance premiums)

Academic environment (courses, clerkships in the specialty area)

Opportunity for research/creativity

Desire for independence

Previous experience

Where do you expect to locate after the completion of your internship and residency?

--Click Here--

ALABAMA
ALASKA
ARIZONA
ARKANSAS
CALIFORNIA
COLORADO
CONNECTICUT
DELAWARE
DISTRICT OF COLUMBIA
FLORIDA
GEORGIA
GUAM
HAWAII
IDAHO
ILLINOIS
INDIANA
IOWA
KANSAS
KENTUCKY
LOUISIANA
MAINE
MARYLAND
MASSACHUSETTS
MICHIGAN
MINNESOTA
MISSISSIPPI
MISSOURI
MONTANA
NEBRASKA
NEVADA
NEW HAMPSHIRE
NEW JERSEY
NEW MEXICO
NEW YORK
NORTH CAROLINA
NORTH DAKOTA
OHIO
OKLAHOMA
OREGON
PALAU
PENNSYLVANIA
PUERTO RICO
RHODE ISLAND
SOUTH CAROLINA
SOUTH DAKOTA
TENNESSEE
TEXAS
UTAH
VERMONT

Where do you expect to locate after the completion of your internship and residency?

**VIRGIN ISLANDS
VIRGINIA
WASHINGTON
WEST VIRGINIA
WISCONSIN
WYOMING
OTHER**

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

- Major metropolitan area 1,000,001 or more
- Metropolitan area (500,001 to 1,000,000)
- City (100,001 to 500,000)
- City (50,001 to 100,000)
- City or town (10,001 to 50,000)
- City or town (2,501 to 10,000)
- Area 2,500 or less
- Undecided

Are you planning to practice in any underserved or shortage areas?

- Yes
- No
- Unsure

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

- Rural community**
- Inner-city community**
- Other**

The following question relates to your expected income after internship and residency.

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

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

First year in practice after internship and residency?

€

Fifth year in practice after internship and residency?

€

Tenth year in practice after internship and residency?

€

Part II: FINANCIAL AID

The following section relates to debt you have incurred to complete your education.

When completing the following questions please refer to the National Student Loan Data System (NSLDS) for your loan information www.nslds.ed.gov/nslds_SA/

To access the NSLDS you will need your social security number and your PIN (issued by the Department of Education). If you have lost or can't remember your PIN please click here to retrieve your PIN www.pin.ed.gov/PINWebApp/pinindex.jsp

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

Upon entering medical school, how much do you owe from undergraduate or graduate education? Do NOT include osteopathic medical school debt.

\$

How much of the previous amount of **\${DBTUND}** is debt from graduate education? Do NOT include osteopathic medical school debt.

\$

When completing the following questions please refer to the National Student Loan Data System (NSLDS) for your loan information www.nslds.ed.gov/nslds_SA/

To access the NSLDS you will need your social security number and your PIN (issued by the Department of Education). If you have lost or can't remember your PIN please click here to retrieve your PIN www.pin.ed.gov/PINWebApp/pinindex.jsp

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

Indicate the principal amount you plan to borrow from each loan source listed below to finance your osteopathic medical education. Exclude loans to finance your undergraduate or previous graduate education and non-educational debt.

Unsubsidized Stafford Loan (FFEL or Direct)

\$

**Note: As of 4/18/2008 the aggregate (subsidized plus unsubsidized) Stafford Loan limit for students enrolled in approved health profession programs is \$224,000 (before then the limit was \$189,125). No more than \$65,500 of this amount may be in subsidized loans. This maximum total includes Stafford Loans received for undergraduate study.*

Source: The United States Department of Education Federal Student Aid Program as of February 2, 2010.

Subsidized Stafford Loan (FFEL or Direct)

\$

**Note: No more than \$65,500 of Stafford Loans may be in Subsidized Stafford Loans. This maximum includes Stafford Loans received for undergraduate study.*

Source: The United States Department of Education Federal Student Aid Program as of February 2, 2010.

Graduate PLUS Loan Program

\$

Perkins Loan in whole dollars

\$

**Note: The aggregate Perkins Loan limit for graduate studies is \$60,000 which includes amounts borrowed for undergraduate study.*

Source: The United States Department of Education Federal Student Aid Program as of November 25, 2009.

Loans for Disadvantaged Students (LDS)

\$

Primary Care Loan (PCL)

\$

Other loans insured by a state government

€

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

€

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

€

Any other loans for your osteopathic medical education in your name

€

Total Osteopathic Medical School Debt (awarded through financial aid)

€

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

Total loans taken out by family members

€

How much of the previous amount of $\${LNTOTFAM}$ for loans taken out by family is to be repaid by you?

€

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

Indicate the total amount you expect to receive as scholarship/grant, fellowship funds from the sources listed below to finance your osteopathic medical education. Exclude any scholarships or grants received to finance your undergraduate or previous graduate education.

National Health Service Corps Scholarship

⌘

Armed Forces Health Professions Scholarship

⌘

State government scholarship/grant

⌘

Scholarship/grant/fellowship from osteopathic school or its parent university (For example: EFN, FADHPS, SDS, etc.)

⌘

Tuition waiver

⌘

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

⌘

Other sources (For example: IHS, etc.)

⌘

Total Scholarship/Grant

⌘

This question relies on your previous responses to the survey. If you need to change your response please do so by using the “Back” button below.

Enter percentage amounts without percent signs or decimals. If none, enter 0.

Estimate the percentage of the total cost of your medical education that will be paid by each of the following sources. Please be sure the total equals 100.

Please make sure that the sum of your entries in the above seven boxes equals 100.

Loans - Total from your previous response $\${LNTOT}$

 %

Scholarships/grants - Total from your previous response $\${SCTOT}$

 %

Your savings

 %

Earnings - (Only include monies earned by you or your spouse during your 4 years of medical school.)

 %

Parents

 %

Other relatives

 %

Others

 %

Total Percentage (must equal 100%)

 %

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

How much non-educational consumer debt (such as car loans, credit card, and medical expenses) did you incur while in medical school?

\$

How many years do you expect to take to repay the indebtedness for your osteopathic education?

--Click Here-- ▼

1
2
3
4
5
6
7
8
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10
11
12
13
14
15
16
17
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19
20
21
22
23
24
25
26
27
28
29
30
More than 30

Do you anticipate participating in a student loan consolidation program for repayment?

- Yes
 No
 Undecided

Do you plan to enter a loan-forgiveness program?

Yes

No

If 'Yes' Please list the type of loan-forgiveness program you plan on participating in:

- Department of Education's Public Service Loan Forgiveness (PSLF)**
- Armed Services (Navy, Army, Air Force)**
- National Health Service Corps**
- State loan forgiveness program**
- Hospital program (e.g. sign-on bonus)**
- Other**

If 'Other' Please specify the type of loan-forgiveness program for which you chose "other" in the previous question.

Part III: DEMOGRAPHIC DATA

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

Date of Birth (MM/DD/YYYY):

Sex:

- Male
 Female

Marital Status

- Married/cohabiting
 Single

SSN (xxx-xx-xxxx):

AACOM asks for your Social Security Number so that we can track data longitudinally--a similar survey will be administered during your senior year, and this number allows us to analyze changes in responses. AACOM provides reports to the COMs only in aggregate or summary form and does not include any individual identifiers.

Dependents: Including yourself, how many dependents do you support financially?

--Click Here-- ▼
1
2
3
4
5 or more

Race/Ethnicity: Indicate your race and/or ethnicity from the categories provided. If you are selecting Hispanic or Latino ethnicity and/or Asian or Native Hawaiian or Other Pacific Islander race, you must check one or more of the sub-categories.

Ethnicity - Check all that apply

Hispanic or Latino

- Mexican, Mexican American, Chicano/Chicana
- Cuban
- Puerto Rican
- Other Hispanic or Latino

Race - Check all that apply

American Indian/Alaskan Native

- American Indian/Alaskan Native

Asian

- Asian Indian
- Chinese
- Filipino
- Japanese
- Korean
- Pakistani
- Vietnamese
- Other Asian

Black/African-American

- Black/African-American

Native Hawaiian or Other Pacific Islander

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

White/Caucasian

- White/Caucasian

Citizenship Status

- U.S. Citizen
- Permanent Resident
- Temporary Resident

What is your current state of legal residence?

--Click Here--



- ALABAMA
- ALASKA
- ARIZONA
- ARKANSAS
- CALIFORNIA
- COLORADO
- CONNECTICUT
- DELAWARE
- DISTRICT OF COLUMBIA
- FLORIDA
- GEORGIA
- GUAM
- HAWAII
- IDAHO
- ILLINOIS
- INDIANA
- IOWA
- KANSAS
- KENTUCKY
- LOUISIANA
- MAINE
- MARYLAND
- MASSACHUSETTS
- MICHIGAN
- MINNESOTA
- MISSISSIPPI
- MISSOURI
- MONTANA
- NEBRASKA
- NEVADA
- NEW HAMPSHIRE
- NEW JERSEY
- NEW MEXICO
- NEW YORK
- NORTH CAROLINA
- NORTH DAKOTA
- OHIO
- OKLAHOMA
- OREGON
- PALAU
- PENNSYLVANIA
- PUERTO RICO
- RHODE ISLAND
- SOUTH CAROLINA
- SOUTH DAKOTA
- TENNESSEE
- TEXAS
- UTAH
- VERMONT

What is your current state of legal residence?

**VIRGIN ISLANDS
VIRGINIA
WASHINGTON
WEST VIRGINIA
WISCONSIN
WYOMING
OTHER**

What is the population of the city/town/area of legal residence ?

- Major metropolitan area-1,000,001 or more**
- Metropolitan area (500,001 to 1,000,000)**
- City (100,001 to 500,000)**
- City (50,001 to 100,000)**
- City or town (10,001 to 50,000)**
- City or town (2,501 to 10,000)**
- Area 2,500 or less**

Father's Education: Select the highest level of education your father attained. Complete this item even if he is deceased.

- Professional Degree (DO/MD, JD, DDS, etc.)**
- Doctorate (Ph.D. Ed.D. etc.)**
- Master's**
- Bachelor's**
- Associate Degree/Technical Certificate**
- High School Graduate**
- Less than High School**

If 'Professional...'What is your father's professional degree, please select one of the following:

- DO/MD
- Other Health Professions
- Other

**Mother's Education: Select the highest level of education your mother attained.
Complete this item even if she is deceased.**

- Professional Degree (DO/MD, JD, DDS, etc.)**
- Doctorate (Ph.D. Ed.D. etc.)**
- Master's**
- Bachelor's**
- Associate Degree/Technical Certificate**
- High School Graduate**
- Less than High School**

If 'Professional...'What is your mother's professional degree, please select one of the following:

- DO/MD
- Other Health Professions
- Other

Parent's Income: Give your best estimate of your parents' combined income before taxes for the prior year.

- Less than \$20,000**
- \$20,000 - \$34,999**
- \$35,000 - \$49,999**
- \$50,000 - \$74,999**
- \$75,000 - \$99,999**
- \$100,000 - \$199,999**
- \$200,000 or more**
- Deceased/Unknown**

Financial Independence: Do you consider yourself financially independent from your parents?

- Yes**
- No**