

AMERICAN ASSOCIATION OF COLLEGES OF OSTEOPATHIC MEDICINE

2016-2017 Academic Year Survey of Graduating Seniors

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 when you took a similar survey as a first-year medical student to your responses as a graduating medical student.

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

Osteopathic School

--Click Here--

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

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

Alabama College of Osteopathic Medicine, AL

Arizona College of Osteopathic Medicine of Midwestern University, AZ

Campbell University 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 College of Osteopathic Medicine, MO

Lake Erie College of Osteopathic Medicine, PA

Lake Erie College of Osteopathic Medicine Bradenton Campus, FL

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, OH

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

Pacific Northwest University of Health Science 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

Rowan University School of Osteopathic Medicine, NJ

Touro College of Osteopathic Medicine - New York, NY

Part I: OSTEOPATHIC MEDICAL EDUCATION EXPERIENCES

Please rate your overall satisfaction with the quality of your medical education.

- Very satisfied
- Satisfied
- Neither satisfied nor dissatisfied
- Dissatisfied
- Very dissatisfied

At this time, how satisfied are you that you selected Osteopathic Medicine as a career?

- Very satisfied
- Satisfied
- Neither satisfied nor dissatisfied
- Dissatisfied
- Very dissatisfied

If given the opportunity to begin your medical education again, would you prefer to enroll in:

- The osteopathic medical school from which you are about to graduate
- Another osteopathic medical school
- An allopathic medical school
- Would not have gone to medical school at all

Please indicate your agreement with the following statement below:

I believe my medical school values diversity in its faculty, administration, and student body.

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

Please evaluate the amount of instruction provided in each of the areas listed below.

Appropriate

Inadequate

Excessive

Basic medical science

Behavioral science

Biostatistics

Bioterrorism

Care of ambulatory patients

Care of elderly (geriatrics)

Care of hospitalized patients

Care of patients with HIV/AIDS

Clinical decision-making

Clinical pharmacology

Clinical science

Cost-effective medical practice

Diagnostic skills

Drug & alcohol abuse

Family/domestic violence

Genetics

Health promotion & disease prevention

Human sexuality

Independent learning & self-evaluation

Infection control/health care setting

Infectious disease prevention

Integrative medicine

Legal medicine

Literature analysis skill

Medical care cost control

Medical ethics

Medical record-keeping

Medical socioeconomics

Neuromusculoskeletal med./OMT

Nutrition

Pain management

Patient education

Patient follow-up

Patient interviewing skills

Physician-patient relationship

Practice management

Primary care

Public health & community medicine

Rehabilitation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Research techniques	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Role of medicine in community	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Screen for diseases	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Teamwork with other health professionals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Therapeutic management	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use of computers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Utilization review & quality assurance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please indicate whether you agree or disagree with the following statements about your 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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Basic science courses were sufficiently integrated with each other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Basic science courses were sufficiently integrated with clinical training	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Course objectives & examination content matched closely	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Course work adequately prepared students for clerkships	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The first two years of medical school were well organized	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Students were provided with timely feedback on performance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There was adequate exposure to patient care during the first two years	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Osteopathic principles were adequately integrated into course work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
An appropriate amount of training was provided in OMT	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There was adequate preparation for COMLEX Level I	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

In your view how appropriate was your osteopathic medical school involvement in your clerkship years?

- Excessive involvement**
- Outstanding involvement**
- Adequate involvement**
- Some, but inadequate involvement**
- Not involved**

For your required clerkships, please indicate the approximate percentage that were arranged/set up by your COM.

- 10% or fewer**
- 11% - 40%**
- 41% - 60%**
- 61% - 80%**
- 81% - 100%**

For your elective/selective clerkships, please indicate the approximate percentage that were arranged/set up by your COM.

- 10% or fewer**
- 11% - 40%**
- 41% - 60%**
- 61% - 80%**
- 81% - 100%**

In general, how much advance notice did you have of where you would be doing your required clerkships?

- Less than 1 month**
- 1 to 3 months**
- 3 months or more**

In general, how much advance notice did you have of where you would be doing your elective clerkships?

- Less than 1 month**
- 1 to 3 months**
- 3 months or more**

Please indicate whether you agree or disagree with the following statements about your REQUIRED Clerkships during the last two years of medical education.

	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
Clear goals and objectives were set	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I was able to design my own goals and objectives	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Clear performance objectives were set	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Clerkships were well-organized	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Rounds were conducted as scheduled	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Timely feedback was provided on performance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There was too large a role by residents in teaching and evaluation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There was appropriate diversity of patients and their health issues	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There was an appropriate number of inpatient experiences	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Each clerkship had an osteopathic orientation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Osteopathic principles & practice (OPP) were well-integrated in each clerkship	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There was appropriate technology usage for the situation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I was able to work on a personal basis with patients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The preceptor modeled excellent patient relationship skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Support staff was friendly and supportive to students	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Coverage hours were set and finished on time	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I was asked relevant and pertinent questions on patient diagnosis, treatment options, management, and follow-up care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I felt free to ask questions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The preceptor seemed interested in my opinions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Personal concerns were addressed by the preceptor while on rotation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I was treated with respect	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I was able to discuss progress on rotation with preceptor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The preceptor critically evaluated me during rotation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I was able to discuss the final rotation evaluation with the preceptor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The preceptor based the evaluation on direct observation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I was able to meet and discuss areas of concern with the preceptor outside of the clinical setting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I lived a reasonable distance from rotation sites	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The rotations prepared me for examinations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Testing was provided at end of each rotation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There was adequate preparation for COMLEX Level 2-CE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There was adequate preparation for COMLEX Level 2-PE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please indicate whether you agree or disagree with the following statements about your SELECTIVE/ELECTIVE Clerkships during the last two years of medical education.

	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
Clear goals and objectives were set	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I was able to design my own goals and objectives	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Clear performance objectives were set	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Clerkships were well-organized	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Rounds were conducted as scheduled	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Timely feedback was provided on performance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There was too large a role by residents in teaching and evaluation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There was appropriate diversity of patients and their health issues	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There was an appropriate number of inpatient experiences	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Each clerkship had an osteopathic orientation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Osteopathic principles & practice (OPP) were well-integrated in each clerkship	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There was appropriate technology usage for the situation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I was able to work on a personal basis with patients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The preceptor modeled excellent patient relationship skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Support staff was friendly and supportive to students	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Coverage hours were set and finished on time	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I was asked relevant and pertinent questions on patient diagnosis, treatment options, management, and follow-up care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I felt free to ask questions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The preceptor seemed interested in my opinions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Personal concerns were addressed by the preceptor while on rotation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I was treated with respect	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I was able to discuss progress on rotation with preceptor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The preceptor critically evaluated me during rotation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I was able to discuss the final rotation evaluation with the preceptor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The preceptor based the evaluation on direct observation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I was able to meet and discuss areas of concern with the preceptor outside of the clinical setting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I lived a reasonable distance from rotation sites	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The rotations prepared me for examinations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Testing was provided at end of each clerkship	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There was adequate preparation for COMLEX Level 2-CE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There was adequate preparation for COMLEX Level 2-PE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Did you apply for elective rotations at MD programs through the Visiting Student Application Service (VSAS)?

- Yes**
- No**
- Unsure**

If "Yes" How many elective rotations did you apply to through VSAS? Enter number.

If "Yes" How many elective rotations were you offered through VSAS? Enter number.

If "Yes" How many did you accept and complete? Enter number

If "Yes"

Please comment on your experiences with the Visiting Student Application Service.

Please note that there is a 1,000 maximum character length for the comment section.

Indicate the type of involvement your osteopathic school had in your third- and fourth-year education? Check all that apply.

- COMLEX Level 2-CE preparation
- COMLEX Level 2-PE preparation
- Distance learning
- E-mail
- Faculty visit
- Newsletter

National Examinations - COMLEX-USA

Did you pass COMLEX-USA Level 1 on your first attempt?

- Yes
- No

Did you pass COMLEX-USA Level 2 PE on your first attempt?

- Yes
- No

Did you pass COMLEX-USA Level 2 CE on your first attempt?

- Yes
- No

National Examinations - USMLE

Did you take USMLE Step 1?

- Yes
- No

IF "Yes" If you did take the USMLE Step 1, did you pass on your first attempt?

- Yes**
- No**

Did you take USMLE Step 2 CK?

Yes

No

IF "Yes" If you did take the USMLE Step 2 CK, did you pass on your first attempt?

- Yes**
- No**

Did you take USMLE Step 2 CS?

- Yes**
- No**

IF "Yes" If you did take the USMLE Step 2 CS, did you pass on your first attempt?

- Yes**
- No**

During your medical education, have you participated in organized interprofessional educational activities where you learned with students from different health professions (for example, dentistry, pharmacy, nursing, podiatry, physician assistant, physical therapy, and other)?

- Yes**
- No**
- Unsure**

IF IMEPART is "Yes or Unsure" Please indicate when these interprofessional educational activities occurred during your medical education. Check all that apply.

- Preclinical education
- Clinical education

With which other profession(s) have you experienced these educational activities? Check all that apply.

- Dentistry
- MD Medicine
- Nursing
- Occupational Therapy
- Pharmacy
- Physical Therapy
- Physician Assistant
- Podiatry
- Psychology
- Public Health
- Social Work
- Veterinary Medicine
- Other

Please specify the "other" profession(s).

--

What kinds of educational experiences did you have with other health professions students? Check all that apply.

- Lecture (basic science)**
- Lecture (clinical subject)**
- Patient-centered case studies**
- Clinical simulations**
- Active engagement with patients (rotations of any kind, clinics)**
- Community projects or service learning**
- Skills training in team settings**
- Other**

Please specify the "other" educational experience(s).

Indicate your level of agreement with each of the following statements:

The learning experiences with other health professionals helped me to better understand the roles of other health professionals in patient care.

- Strongly Agree
- Agree
- Neither Agree nor Disagree
- Disagree
- Strongly Disagree

I believe the learning experiences with other health professionals will contribute to/improve my performance as an osteopathic physician.

- Strongly Agree
- Agree
- Neither Agree nor Disagree
- Disagree
- Strongly Disagree

Please use this space to comment on your interprofessional medical education experiences.

Please note that there is a 1,000 maximum character length for the comment section.

Please indicate how confident you are in your ability to perform the following examinations.

	Complet ely Conf ident	Mostly Confide nt	Fairly C onfident	Not at all Confi dent	No Opp portunity to Perform
General adult examination	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
General pediatric examination	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Well-baby examination	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Breast and pelvic examination	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prostate and testicular examination	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Osteopathic structural examination	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sports participation examination	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Indicate your level of satisfaction with the following.

	Very Satisfied	Satisfied	Neither Satisfied nor Dissatisfied	Dissatisfied	Very Dissatisfied
Academic counseling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Accessibility to administration	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Awareness of student problems by administration	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Career counseling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Computer resource center	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Disability insurance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Electronic communication (e-mail, Internet/Intranet)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Faculty mentoring	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Financial aid administration services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Library	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Participation of students on key medical school committees	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Personal counseling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Student health insurance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Student health services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Student relaxation space	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Student study space	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tutorial help	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

Please estimate the percentage of time you devoted to the following activities during the third and fourth years. Please be sure the sum of all equals 100.

Inpatient care, including reading x-ray films & laboratory work

 %

Outpatient care

 %

Extended/long-term care

 %

Research

 %

Other

 %

Total Percentage (must equal 100%)

 %

Please indicate your agreement with the following statements regarding your training in Osteopathic Manipulative Treatment, Principles, and Practice.

	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
Well prepared to diagnose structural problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Well prepared to treat structural problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Well prepared to document findings in a structural examination	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Had opportunity to practice OPP during first two years in medical school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Had opportunity to practice OPP during in-hospital rotations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Had opportunity to practice OPP during ambulatory primary care rotations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Had opportunity to practice OPP during ambulatory non-primary care rotations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Had osteopathic physician role models during the first two years in medical school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Had osteopathic physician role models during required in-hospital rotations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Had osteopathic physician role models during ambulatory primary care rotations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Had osteopathic physician role models during ambulatory non-primary care rotations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Had osteopathic physician role models during selectives/electives	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Indicate whether you agree or disagree with the following statements about your geriatrics and gerontology education during medical school.

Strongly Agree Agree Neither Agree nor Disagree Disagree Strongly Disagree

I 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

I can anticipate and identify hazards of hospitalization for older adults

I can identify those medications that should be avoided or used with caution in older adults

I can differentiate the clinical presentations of delirium, dementia, and depression in older adults

I can assess a patient's self-care/functional capacity, e.g. ADLs & IADLs

I can assess an older adult patient's fall risk, identify underlying causative factors, and make recommendations for further evaluation and initial management

I can describe the differences in the presenting signs, symptoms, and laboratory findings of common conditions in older, as compared to younger, adults

What percentage of your training was delivered by allopathic physicians?

	None	1 - 25%	26 - 50%	51 - 75%	76 - 100%
During the first two years of medical school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
During required in-hospital rotations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
During required ambulatory primary care rotations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
During required ambulatory non-primary care rotations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
During selectives/electives	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

The questions on this page are being piloted by the AACOM to understand the value of asking students about the competencies expected of medical school graduates who will soon be entering residency. Your responses to these questions will not be reported to your school; they will be analyzed by the AACOM to learn whether such questions may be useful to include in a future Graduation Questionnaire.

How confident are you in your current ability to perform the following activities:

(5) Very
Confident

(4)

(3)

(2)

(1) Not
at All C
onfident

Perform an accurate, complete, and focused history or physical exam in a prioritized, organized manner without supervision and with respect for the patient.

Integrate patient data to formulate an assessment and develop a list of potential diagnoses that can be prioritized, leading to a selection of a working diagnosis.

Select and interpret common diagnostic and screening tests using evidence-based and cost-effective principles when approaching a patient in any setting.

Write safe and indicated orders and prescribe therapies or interventions in a variety of settings (e.g. inpatient, ambulatory, urgent or emergent care) without direct supervision.

Provide accurate, focused, and context-specific documentation of a clinical encounter in either written or electronic formats.

Present a concise oral summary of a patient encounter to achieve a shared understanding of the patient's condition.

Identify key clinical questions in caring for patients, identify information resources, and retrieve information and evidence that will be used to address those questions.

Perform safe and effective transitions of responsibility for patient care from one health care team or practitioner to another.

Participate as a contributing and integrated member of an interprofessional team and fully embrace the value of teamwork in patient care.

Promptly recognize a patient who requires urgent or emergent care, initiate evaluation and treatment, and seek help.

Obtain consent for tests and/or procedures for which I know the indications, contraindications, alternatives, risks and benefits.

Understand systems, identify system failures, and intervene in systems to improve quality and safety in health care.

How confident you are in your current ability to perform the following skills without direct supervision (i.e., with no supervisor in the room)?

	(5) Very Confident	(4)	(3)	(2)	(1) Not at All Confident
Intravenous (IV) line insertion	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Phlebotomy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bag-valve-mask (BVM) ventilation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cardiopulmonary resuscitation (CPR)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please offer any comments that may help the AACOM determine the usefulness of these questions for benchmarking and improving medical education at the local and national levels.

Please note that there is a 1,000 maximum character length for the comment section.

Please submit suggestions for improvement or positive comments on your medical education. Your comments will be fed back to the schools ANONYMOUSLY in the spirit of helping to improve osteopathic medical education.

Please note that there is a 1,000 maximum character length for the comment section.

Part II: CAREER PLANS

Please indicate your plans immediately following graduation.

- AOA traditional rotating internship
- Osteopathic residency
- ACGME transitional year
- ACGME residency with osteopathic recognition
- ACGME residency without osteopathic recognition
- Dual accredited AOA/ACGME residency
- Governmental/military service residency
- Research or other non-residency activity
- 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

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

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)

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 III: 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 username and password. If you do not have a FSA ID you will need to create one to log in.

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

When you started medical school, how much did 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 username and password. If you do not have a FSA ID you will need to create one to log in.

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

Indicate the principal amount you borrowed 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 borrowed 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 received 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 was paid by each of the following sources. Please be sure the total 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
9
10
11
12
13
14
15
16
17
18
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 IV: DEMOGRAPHIC DATA

This information is for classification purposes only and is considered confidential. Information will only be used by the 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 was administered during your first 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 'Professionl...'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**

If 'yes' At any time during your osteopathic medical education, were you concurrently enrolled in another degree program?

- Yes**
- No**

Please select all that apply

- DO/BA or BS
- DO/JD
- DO/MA or MS
- DO/MBA
- DO/MHA
- DO/MHSA
- DO/MMEL
- DO/MPH
- DO/MSBI

- DO/MSBS
- DO/MSDEM
- DO/MSHS
- DO/MSMEd
- DO/MSMS
- DO/DHEd
- DO/DMD
- DO/PhD
- Other

Please specify your "other" enrolled degree program.

Please indicate the current status of the additional degrees:

- I will complete the additional degree(s) simultaneously with my DO degree.
- I withdrew from the additional degree program(s).
- I will complete the additional degree(s) after receiving my DO degree.

Thank you for completing the survey!

Please click the submit button for further instructions