

AMERICAN ASSOCIATION OF COLLEGES OF OSTEOPATHIC MEDICINE

2018-2019 Academic Year Entering Student Survey

TO THE STUDENTS: Your opinions and attitudes about your osteopathic 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.

*** Indicates required response.**

Last Name

First Name

Middle Name (or other/alternative last name)

Suffix

*** Osteopathic Medical School**

--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

Arkansas College of Osteopathic Medicine, AR

Burrell College of Osteopathic Medicine at New Mexico State University, NM

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 - Auburn, AL

Edward Via College of Osteopathic Medicine - Carolinas, SC

Edward Via College of Osteopathic Medicine - Virginia, VA

Idaho College of Osteopathic Medicine, ID

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

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

Lake Erie College of Osteopathic Medicine - Erie, PA

Lake Erie College of Osteopathic Medicine - Seton Hill, 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 - East Lansing, MI

Michigan State University College of Osteopathic Medicine - Detroit, MI

Michigan State University College of Osteopathic Medicine - Clinton, MI

New York Institute of Technology College of Osteopathic Medicine, NY

Part I: CAREER PLANS

Classes entering osteopathic medical education will be part of a changing Graduate Medical Education (GME) environment. With the move to a single GME accreditation system under the ACGME, that will be in place by June 30, 2020, (see more information at www.aacom.org/news-and-events/single-gme) there will be a new and different process of GME/residency matching and placement. Please respond to the next set of questions based on your current knowledge and understanding.

Please indicate your plans immediately following graduation.

- Transitional year
- Residency
- Government/military service residency
- Undecided

In the single GME environment ACGME programs in all specialties may apply and receive an "Osteopathic Recognition" designation (see more information at www.acgme.org/What-We-Do/Recognition/Osteopathic-Recognition), which indicates that the training program includes a focus on osteopathic training.

Do you plan to seek a GME program with "osteopathic recognition"?

- Yes
- No
- Undecided

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

- Family Medicine**
- General Internal Medicine**
- Internal Medicine Subspecialty**
- Osteopathic 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**
- Radiology including subspecialties**
- Sports Medicine**
- General Surgery**
- Colon Rectal Surgery**
- Orthopedic Surgery**
- Surgery subspecialty**
- Thoracic Surgery**
- Vascular Surgery**
- Urology/Urological Surgery**
- Undecided or Indefinite**

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

Major In
fluence Strong I
nfluenc
e Moderat
e Influe
nce Minor In
fluence No Influe
nce/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

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 "Osteo" or "Both" Please give ALL the reasons why you plan to pursue the selected board certification.

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

Long-Range Plans: Select ONE item that best describes your intended activity five years AFTER GME.

- 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.
- Fellowship
- Other professional activity-e.g., teaching, research, administration
- Undecided

Where do you expect to locate after the completion of your GME?

--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 GME?

**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 your GME?

- 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 GME.

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 GME?

€

Fifth year in practice after GME?

€

Tenth year in practice after GME?

€

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.nsls.ed.gov/nsls_SA/. To access the NSLDS you will need your username and password. If you do not have an 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.

Upon entering medical school, how much total student loan debt from undergraduate and graduate (if applicable) education did you incur? 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 an 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 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.

Graduate PLUS Loan Program

€

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 while attending medical school)

\$

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 or 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

⌘

Post-9/11 GI Bill

⌘

Indian Health Service Scholarship Program

⌘

Department of Defense Tuition Assistance Program

⌘

Scholarships for Disadvantaged Students

⌘

State government scholarship/grant

⌘

Scholarship/grant/fellowship from osteopathic school or its parent university (For example: Exceptional Financial Need (EFN), Financial Assistance for Disadvantage Health Professions (FADHPS), etc.)

⌘

Tuition waiver

⌘

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

⌘

Other sources

⌘

Total scholarship/grant or fellowship

€

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 make sure that the sum of your entries in the seven boxes below 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 attendance while in 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 do you expect to incur (such as car loans, credit card, and medical expenses) 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 (Federal or non-Federal) for repayment?

- Yes
 No
 Undecided

Do you plan to enter a loan forgiveness or repayment program?

Yes

No

If 'Yes' Please list the type of loan forgiveness or loan repayment 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 Loan Repayment Program**
- Indian Health Service Loan Repayment Program**
- National Institutes of Health Loan Repayment Program**
- State loan forgiveness program**
- Hospital program (e.g., sign-on bonus)**
- Other**

If 'Other' Please specify the type of loan forgiveness or loan repayment 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
- Non 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**