



AMERICAN ASSOCIATION OF COLLEGES OF OSTEOPATHIC MEDICINE 2020-2021 Academic Year Entering Student Survey

Default Question Block

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 medical 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

Part I: CAREER PLANS

As of June 30, 2020, classes entering osteopathic medical education will be part of the single graduate medical accreditation system under the Accreditation Council for Graduate Medical Education. [Learn more about the transition by clicking here.](#)

Please indicate your plans immediately following graduation.

- Transitional year/Internship
- 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 by clicking here](#)) which indicates that the training programs includes a focus on osteopathic training.

Do you plan to seek a GME program with "Osteopathic Recognition"?

- Yes
- No
- Undecided

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

- AOA boards
- ABMS boards
- Both AOA and ABMS boards
- Not planning board certification
- Undecided or indefinite
- Other

Please give all the reasons why you plan to pursue the selected board certification.

- 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 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

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

- | | | |
|-----------------------------------------------------------------|-----------------------------------------------------------|--------------------------------------------------------------------|
| <input type="radio"/> Family Medicine | <input type="radio"/> Geriatric Medicine | <input type="radio"/> Preventive Medicine including subspecialties |
| <input type="radio"/> General Internal Medicine | <input type="radio"/> Medical Genetics and Genomics | <input type="radio"/> Radiology including subspecialties |
| <input type="radio"/> Internal Medicine Subspecialty | <input type="radio"/> Neurology including subspecialties | <input type="radio"/> Sports Medicine |
| <input type="radio"/> Osteopathic Neuromusculoskeletal Medicine | <input type="radio"/> Psychiatry including subspecialties | <input type="radio"/> General Surgery |
| <input type="radio"/> General Pediatrics | <input type="radio"/> Nuclear Medicine | <input type="radio"/> Colon Rectal Surgery |
| <input type="radio"/> Pediatrics Subspecialty | <input type="radio"/> | <input type="radio"/> |

- | | | |
|----------------------------------------------|------------------------------------------------------------|-----------------------------------------------|
| <input type="radio"/> Allergy and Immunology | <input type="radio"/> Ob/Gyn including subspecialties | <input type="radio"/> Orthopedic Surgery |
| <input type="radio"/> Anesthesiology | <input type="radio"/> Ophthalmology/Reconstructive Surgery | <input type="radio"/> Surgery subspecialty |
| <input type="radio"/> Critical Care | <input type="radio"/> Otolaryngology | <input type="radio"/> Thoracic Surgery |
| <input type="radio"/> Dermatology | <input type="radio"/> Pathology including subspecialties | <input type="radio"/> Vascular Surgery |
| <input type="radio"/> Emergency Medicine | <input type="radio"/> Physical Medicine and Rehabilitation | <input type="radio"/> Urology |
| | <input type="radio"/> Plastic Surgery | <input type="radio"/> Undecided or Indefinite |

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

	Major Influence	Strong Influence	Moderate Influence	Minor Influence	In
Intellectual content of the specialty (type of work, diagnostic programs, diversity)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Like dealing with people (type of person, type of patient) more than techniques	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Prestige/income potential	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Debt level (level of debt, length of residency, high malpractice insurance premiums)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Lifestyle (predictable working hours, sufficient time for family)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Like the emphasis on technical skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Program has Osteopathic Recognition	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

	<input type="radio"/> Major Influence	<input type="radio"/> Strong Influence	<input type="radio"/> Moderate Influence	<input type="radio"/> Minor Influence	In
Role models (e.g., physicians in the specialty)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Peer influence (encouragement from practicing physicians, faculty, or other students)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Skills/abilities (possess the skills required for the specialty or its patient population)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Academic environment (courses, clerkships in the specialty area)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Opportunity for research/creativity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Desire for independence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Previous experience	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

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

- Practice in an HMO
- Employed in a hospital or physician group
- Self-employed with or without a partner in private practice
- 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, fellowship
- Undecided

Do you plan, at some point in your career, to work as a hospitalist (i.e., full-time care of hospitalized patients)?

- Yes

- No
- Unsure

If you plan to work as a hospitalist, do you anticipate providing patient care full-time or part-time?

- Full-time (at least 36 hours a week)
- Part-time (less than 36 hours a week)
- Unsure

If you plan to work as a hospitalist, how exclusively do you expect to be involved in research?

- Full-time
- Significantly involved
- Involved in a limited way
- Unsure

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

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

- Yes
- No
- Unsure

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 [by clicking here](#). 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 $\$\{q://QID85/ChoiceTextEntryValue\}$ 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 [by clicking here](#). 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/concurrent graduate education and non-educational debt.

Unsubsidized Stafford Loan (FFEL or Direct)

\$

Federal Graduate PLUS Loan

\$

Loans for Disadvantaged Students (LDS)

\$

Primary Care Loan (PCL)	\$	<input type="text" value="0"/>
Loans issued by a state government	\$	<input type="text" value="0"/>
Osteopathic association loans (For example: AOA, state or local osteopathic society)	\$	<input type="text" value="0"/>
Alternative loan (For example: Robert Wood Johnson, student loan program, PEP, StillLoan, MedFunds, CitiAssist, MedEXCEL, Med-Cap, Med-Achiever, Signature Health)	\$	<input type="text" value="0"/>
Any other loans for your osteopathic medical education in your name	\$	<input type="text" value="0"/>
Total	\$	<input type="text" value="0"/>

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

Total loans expected to be taken out by family members

How much of the previous amount of $\$\{q://QID148/ChoiceTextEntryValue\}$ for loans expected to be taken out by family is to be paid 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/concurrent graduate education.

National Health Service Corps Scholarship Program	\$	<input type="text" value="0"/>
Armed Forces Health Professions Scholarship Program (HPSP)	\$	<input type="text" value="0"/>
Post-9/11 GI Bill	\$	<input type="text" value="0"/>
Indian Health Service Scholarship Program	\$	<input type="text" value="0"/>
Department of Defense Tuition Assistance Program	\$	<input type="text" value="0"/>
Scholarships for Disadvantaged Students Program	\$	<input type="text" value="0"/>
State government scholarship/grant	\$	<input type="text" value="0"/>
Scholarship/grant/fellowship from osteopathic medical school or its parent university	\$	<input type="text" value="0"/>
Tuition waiver	\$	<input type="text" value="0"/>
Osteopathic association scholarships (For example: AOA, state or local osteopathic society)	\$	<input type="text" value="0"/>

Other sources

\$

Total

\$

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 osteopathic medical education that will be paid by each of the following sources. Please be sure the total equals 100.

Loans - Based on your previous total loan response

 %

Scholarships/grants/fellowship - Based on your previous total response

 %

Personal savings

 %

Personal earnings - (Only include monies earned by you or your spouse during your four years of medical school.)

 %

Parents

 %

Other relatives

 %

Others

 %

Total

 %

How much non-educational consumer debt (such as car loans, credit card, and medical expenses) do you expect to incur while in osteopathic medical school? Dollar amounts should be entered as whole numbers without dollar signs, commas, or decimals. If none, enter 0.

How many years do you expect to take to repay your osteopathic medical education debt?

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

Please list the type of loan forgiveness or repayment program you plan to participating in:

- Public Service Loan Forgiveness Program (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
- Health Resources and Services Administration Faculty Loan Repayment Program
- State loan forgiveness program
- Hospital program (e.g. sign-on bonus)
- Other

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):**

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.*

Assigned sex at birth: What sex were you assigned at birth, on your original birth certificate?

- Male
- Female

Current Gender Identity: How do you describe yourself?

- Male

- Female
- Transgender female
- Transgender male
- Gender variant/non-conforming
- Not listed
- Decline to answer

Martial Status

- Married/cohabiting
- Single

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

- 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

Ethnic Description:

American Indian/Alaskan Native: A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

Asian: A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.

Black/African American: A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" can be used in addition to "Black or African American."

Hispanic/Latino: A person of Cuban, Mexican, Puerto Rican, South or Central America, or Spanish culture or origin, regardless of race.

Native Hawaiian/Other Pacific Islander: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

White/Caucasian: A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Citizenship Status

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

What is your current state of legal residence?

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

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

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

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