

# MEDICAL SCHOOL GRADUATION QUESTIONNAIRE

## 1996

**PLEASE PRINT**

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Last Name

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First Name

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Middle (Maiden, If Married Woman Using Husband's Name)

**MEDICAL SCHOOL AWARDING YOUR M.D.:**

(Indicate campus, if applicable)

**TODAY'S DATE:**

(month) 







 (day) 







 (year)

**SOCIAL SECURITY NUMBER**





 • 







 • 

















**1. Date of Birth**

month 







 day 







 year

**2. Sex (circle one):**     Male     Female

**3. How do you identify yourself? (circle one):**

- 01 Black, not of Hispanic origin
- 02 White, not of Hispanic origin
- 03 American Indian or Alaska native

**Asian or Pacific Islander:**

- 04 Chinese
- 05 Korean
- 06 Japanese
- 07 Vietnamese
- 08 Other Southeast Asian
- 09 Indian or Pakistani
- 10 Native Hawaiian
- 11 Filipino
- 12 Other Pacific Islander
- 13 Other Asian

**Hispanic:**

- 14 Mexican American/Chicano
- 15 Puerto Rican (Mainland)
- 16 Puerto Rican (Commonwealth)
- 17 Other Hispanic

**4. Please indicate where you spent the major portion of your high school years. (circle one):**

- 01 Large city (population 500,000 or more)
- 02 Suburb of a large city
- 03 City of moderate-size (population 50,000 to 500,000)
- 04 Suburb of moderate size city
- 05 Small city (population 10,000 to 50,000 - other than suburb)
- 06 Town (population 2,500 to 10,000 - other than suburb)
- 07 Small town (population less than 2,500)
- 08 Rural/unincorporated area

**5. Please indicate your current marital status. (circle one):**

- 1 Never married
- 2 Separated
- 3 Divorced
- 4 Widowed
- 5 Engaged/Partner
- 6 Married - Year of marriage -

**6a. Are you a U.S. citizen? (circle one):**

- 1 Yes     2 No

**6b. If NO, what type of visa do you hold? (circle one):**

- 1 Student/4 year
- 2 Exchange student/1 year
- 3 Permanent resident
- 4 Other visa type

**7. Month and year you first entered medical school (either U.S. or foreign):**

month 







 year

**8. Type of degree program from which you are graduating (circle one):**

- 1 M.D.
- 2 Joint bachelor's/M.D.
- 3 Joint master's/M.D.
- 4 Joint M.D./J.D.
- 5 Joint M.D./Ph.D.
- 6 Other

**I. MEDICAL SCHOOL EXPERIENCE AND CURRICULUM**

**9. Please circle the number indicating your level of satisfaction:**

	(5) Very Dissatisfied (4) Dissatisfied (3) No opinion/indifferent (2) Satisfied (1) Very Satisfied		(5) Very Dissatisfied (4) Dissatisfied (3) No opinion/indifferent (2) Satisfied (1) Very Satisfied								
<b>STUDENT-FACULTY-ADMINISTRATIVE RELATIONSHIPS</b>			<b>STUDENT HEALTH</b>								
1. Faculty availability	1	2	3	4	5	16. Availability of student health services	1	2	3	4	5
2. Availability of medical school administration	1	2	3	4	5	17. Accessibility of student health services	1	2	3	4	5
3. Administrative awareness of student problems	1	2	3	4	5	18. Adequacy of student health insurance	1	2	3	4	5
4. Role of students on key medical school committees	1	2	3	4	5	19. Adequacy of disability insurance	1	2	3	4	5
<b>STUDENT SUPPORT</b>			<b>LIBRARY AND LEARNING RESOURCES</b>								
5. Availability of academic counseling	1	2	3	4	5	20. Adequacy of education about prevention and exposure to infectious diseases	1	2	3	4	5
6. Adequacy of academic counseling	1	2	3	4	5	21. Adequacy of immunization and screening for communicable diseases	1	2	3	4	5
7. Availability of tutorial help	1	2	3	4	5	<b>OTHER STUDENT SUPPORT RESOURCES</b>					
8. Availability of counseling about careers and residency application	1	2	3	4	5	22. Accessibility of library	1	2	3	4	5
9. Adequacy of counseling about careers and residency application	1	2	3	4	5	23. Quality of library	1	2	3	4	5
10. Availability of student personal counseling	1	2	3	4	5	24. Adequacy of computer-learning resources	1	2	3	4	5
11. Adequacy of student personal counseling	1	2	3	4	5	25. Adequacy of student study space	1	2	3	4	5
12. Confidentiality of student personal counseling	1	2	3	4	5	26. Adequacy of student relaxation space	1	2	3	4	5
13. Availability of financial aid administrative services	1	2	3	4	5						
14. Adequacy of financial aid administrative services	1	2	3	4	5						
15. Adequacy of debt counseling	1	2	3	4	5						

**10. Circle the number indicating your level of satisfaction with the overall quality of the following:**

	(5) Very Dissatisfied (4) Dissatisfied (3) No opinion/indifferent (2) Satisfied (1) Very Satisfied		(5) Very Dissatisfied (4) Dissatisfied (3) No opinion/indifferent (2) Satisfied (1) Very Satisfied								
1. Integration across basic science courses	1	2	3	4	5	10. Student's role in patient care during clerkships	1	2	3	4	5
2. Match between stated basic science course objectives and examination content	1	2	3	4	5	11. Role of attending faculty in teaching and evaluation of students during clerkships	1	2	3	4	5
3. Illustrations of clinical relevance in basic science courses	1	2	3	4	5	12. Residents' role in teaching and evaluation of students during clerkships	1	2	3	4	5
4. Students' familiarity with basic science course objectives	1	2	3	4	5	13. Organization of clerkships	1	2	3	4	5
5. Organization of basic science courses	1	2	3	4	5	14. Timely feedback on student performance in clerkships	1	2	3	4	5
6. Timely feedback on student performance during basic science courses	1	2	3	4	5	15. Gender differences in diagnosis, treatment and control of medical conditions	1	2	3	4	5
7. Basic science preparation for clerkships	1	2	3	4	5						
8. Clinical skills preparation for clerkships	1	2	3	4	5						
9. Number and quality of patient experiences in clerkships	1	2	3	4	5						

**11. Do you believe that the time devoted to your instruction in each of the following areas was excessive, appropriate, or inadequate? [Circle one number (3, 2, or 1) for each of the 43 areas]:**

	(1) Inadequate	(2) Appropriate	(3) Excessive		(1) Inadequate	(2) Appropriate	(3) Excessive
01. Basic medical sciences	3	2	1	23. Quality assurance in medicine	3	2	1
02. Clinical sciences	3	2	1	24. Medical socioeconomics	3	2	1
03. Behavioral sciences	3	2	1	25. Medical care cost control	3	2	1
04. Research techniques	3	2	1	26. Independent learning and self-evaluation	3	2	1
05. Literature analysis skills	3	2	1	27. Teamwork with other health professionals	3	2	1
06. Patient interviewing skills	3	2	1	28. Use of computers	3	2	1
07. Diagnostic skills	3	2	1	29. Biostatistics	3	2	1
08. Therapeutic management	3	2	1	30. Human sexuality	3	2	1
09. Patient follow-up	3	2	1	31. The family life cycle	3	2	1
10. Clinical decision-making	3	2	1	32. Drug and alcohol abuse	3	2	1
11. Primary care	3	2	1	33. Cost effective medical practice	3	2	1
12. Care of hospitalized patients	3	2	1	34. Role of community health and social service agencies	3	2	1
13. Care of ambulatory patients	3	2	1	35. Family/domestic violence	3	2	1
14. Care of the elderly	3	2	1	36. Rehabilitation	3	2	1
15. Communication skills with patients	3	2	1	37. Screening for diseases	3	2	1
16. Medical Genetics	3	2	1	38. Law and medicine	3	2	1
17. Health promotion and disease prevention	3	2	1	39. Medical ethics	3	2	1
18. Public health and community medicine	3	2	1	40. Physician-patient relationship	3	2	1
19. Clinical pharmacology	3	2	1	41. Infectious disease prevention	3	2	1
20. Nutrition	3	2	1	42. Infection control in health care settings	3	2	1
21. Medical record-keeping	3	2	1	43. Cross cultural communication	3	2	1
22. Practice Management	3	2	1				

12. Please identify the methods that were used to *evaluate* your clinical skills (doctor-patient relationship, history-taking, physical examination, case presentation and synthesis, diagnosis, case management, etc.) (Circle all that apply):

- 1 Multiple-choice examination
- 2 NBME subject examination
- 3 Oral examination
- 4 Case simulation using standardized patient(s) for interviewing and/or physical examination
- 5 Objective Structured Clinical Examination (OSCE) using standardized patients, case vignettes, and/or focused examinations and interpretation of laboratory and test data, etc.
- 6 Observation by faculty member of student taking a complete history and conducting a complete physical examination
- 7 Computerized case simulation to test diagnostic and/or therapeutic decision-making

13. Overall, how satisfied are you with the quality of your medical education? (Circle one):

- 1 Very satisfied
- 2 Satisfied
- 3 Neither satisfied nor dissatisfied
- 4 Dissatisfied
- 5 Very dissatisfied

14. Please indicate which of the following computer applications were used in the course of your medical school instruction. (Circle all that apply):

- 1 Computerized bibliographic search
- 2 Computerized instructional programs used as study aids
- 3 Computer-based program(s) employed as part of course instruction
- 4 Computer-based instruction involving student's interaction to demonstrate understanding
- 5 Computerized case simulation to test diagnostic and/or therapeutic decision-making

15. How confident are you that you have mastered the clinical skills required to begin a residency program? (Circle one):

- 1 Very confident
- 2 Confident
- 3 Neither
- 4 Not very confident
- 5 Not at all confident

16. Using the list below, indicate which activities you participated in or plan to participate in while in medical school.

Please: (1) circle the year(s) in which you were involved in that type of activity, and (2) indicate whether it was a requirement or an elective.

TYPE OF ACTIVITY	MEDICAL SCHOOL YEARS (CIRCLE <u>ALL</u> YEARS THAT APPLY)				REQUIRED OR ELECTIVE (CIRCLE <u>ALL</u> THAT APPLY)	
	1	2	3	4	R	E
01. Independent study for credit					R	E
02. Investigator in a research project					R	E
03. Authorship (sole or joint) of a published research paper					R	E
04. Ambulatory primary care clerkship					R	E
05. Thesis project					R	E
06. Rural community clerkship/preceptorship					R	E
07. Inner-city community clerkship/preceptorship					R	E
08. International health/medical education experience					R	E
09. Educating secondary or college students about careers in health or science					R	E
10. Assisting in public health screening clinic					R	E
11. Delivering medical services to underserved populations outside of clinical rotation					R	E
12. Field experience in community health, e.g., adult/child protective services, family violence programs, rape crisis hotline/center, etc.					R	E
13. Field experience in home health or nursing home care					R	E

## II. SPECIALTY AND CAREER PLANS

**17a. It is possible to become certified in 33 different medical or surgical specialties and also to obtain subspecialty certification in most of them. Are you planning to obtain a general certificate in a specialty listed in question 17b? (circle one):**

1 YES (Go to Question 17b)

2 NO (Go to Question 19)

3 Undecided whether or not to seek a general certification in a specialty  
(Go to Question 19)

**17b. If YES, what specialty(ies) are you considering? Please indicate your choice(s) by entering the code(s) from the general specialty certification list below:**

code #

i) I am interested in just one general specialty

ii) I am STILL UNCERTAIN WHICH specialty to pursue but the following 2 or 3 specialties are possibilities

General specialty - 1st choice


General specialty - 2nd choice


General specialty - 3rd choice


### GENERAL SPECIALTY CERTIFICATION LIST

- |   |  |
|---|--|
| <p>(01) Aerospace Medicine<br/>                     (02) Allergy and Immunology<br/>                     (03) Anesthesiology<br/>                     (04) Colon and Rectal Surgery<br/>                     (05) Dermatology<br/>                     (06) Emergency Medicine<br/>                     (07) Family Practice<br/>                     (08) Internal Medicine<br/>                     (09) Medical Genetics Specialties<br/>                     (10) Neurology<br/>                     (11) Neurology (Qualification in Child Neurology)<br/>                     (12) Neurological Surgery<br/>                     (13) Nuclear Medicine<br/>                     (14) Obstetrics and Gynecology<br/>                     (15) Occupational Medicine<br/>                     (16) Ophthalmology<br/>                     (17) Orthopaedic Surgery<br/>                     (18) Otolaryngology</p> | <p>(19) Pathology (Anatomical and Clinical)<br/>                     (20) Pathology (Anatomical)<br/>                     (21) Pathology (Clinical)<br/>                     (22) Pediatrics<br/>                     (23) Physical Medicine and Rehabilitation<br/>                     (24) Plastic Surgery<br/>                     (25) Psychiatry<br/>                     (26) Public Health and General Preventive Medicine<br/>                     (27) Radiology<br/>                     (28) Radiology (Diagnostic)<br/>                     (29) Radiation Oncology<br/>                     (30) Radiological Physics<br/>                     (31) Surgery<br/>                     (32) Thoracic Surgery<br/>                     (33) Urology</p> |
|---|--|

**17c. Are you planning to seek certification in a subspecialty listed in question 17d? (circle one):**

1 YES (Go to Question 17d) 

2 NO (Go to Question 18) 

3 Undecided whether or not to seek certification in a subspecialty (Go to Question 18) 

**17d. If YES, what subspecialty(ies) are you considering? Please indicate your choice(s) by entering the code(s) from the subspecialty certification list below:**

code #

i) I am interested in just one subspecialty

--	--

ii) I am STILL UNCERTAIN WHICH subspecialty to pursue but the following 2 or 3 subspecialties are possibilities.

Subspecialty - 1st choice

--	--

Subspecialty - 2nd choice

--	--

Subspecialty - 3rd choice

--	--

### SUBSPECIALTY CERTIFICATION LIST

**Allergy and Immunology**

(01) Clinical and Laboratory Immunology

**Anesthesiology**

(02) Critical Care Medicine

(03) Pain Management

**Dermatology**

(04) Clinical and Laboratory Dermatological Immunology

(05) Dermatopathology

**Emergency Medicine**

(06) Medical Toxicology

(07) Pediatric Emergency Medicine

(08) Sports Medicine

**Family Practice**

(09) Geriatric Medicine

(10) Sports Medicine

**Internal Medicine**

(11) Adolescent Medicine

(12) Cardiac Electrophysiology

(13) Cardiovascular Disease

(14) Critical Care Medicine

(15) Clinical and Laboratory Immunology

(16) Endocrinology, Diabetes & Metabolism

(17) Gastroenterology

(18) Geriatric Medicine

(19) Hematology

(20) Infectious Disease

(21) Medical Oncology

(22) Nephrology

(23) Pulmonary Disease

(24) Rheumatology

(25) Sports Medicine

**Neurological Surgery**

(26) Critical Care Medicine

**Obstetrics and Gynecology**

(27) Critical Care Medicine

(28) Gynecologic Oncology

(29) Maternal and Fetal Medicine

(30) Reproductive Endocrinology

**Orthopaedic Surgery**

(31) Hand Surgery

**Otolaryngology**

(32) Otolaryngology/Neurotology

(33) Pediatric Otolaryngology

**Pathology**

(34) Blood Banking/Transfusion Medicine

(35) Chemical Pathology

(36) Cytopathology

(37) Dermatopathology

(38) Forensic Pathology

(39) Hematology

(40) Immunopathology

(41) Medical Microbiology

(42) Neuropathology

(43) Pediatric Pathology

**Pediatrics**

(44) Adolescent Medicine

(45) Clinical and Laboratory Immunology

(46) Medical Toxicology

(47) Neonatal-Perinatal Medicine

(48) Pediatric Cardiology

(49) Pediatric Critical Care Medicine

(50) Pediatric Emergency Medicine

(51) Pediatric Endocrinology

(52) Pediatric Gastroenterology

(53) Pediatric Hematology-Oncology

(54) Pediatric Infectious Disease

(55) Pediatric Nephrology

(56) Pediatric Pulmonology

(57) Pediatric Rheumatology

(58) Pediatric Sports Medicine

**Physical Medicine and Rehabilitation**

(59) Spinal Cord Injury Medicine

**Plastic Surgery**

(60) Hand Surgery

**Preventive Medicine**

(61) Medical Toxicology

(62) Undersea Medicine

**Psychiatry**

(63) Addiction Psychiatry

(64) Child and Adolescent Psychiatry

(65) Forensic Psychiatry

(66) Geriatric Psychiatry

**Neurology**

(67) Clinical Neurophysiology

**Radiology**

(68) Neuroradiology

(69) Nuclear Radiology

(70) Pediatric Radiology

(71) Vascular and Interventional Radiology

**Surgery**

(72) Pediatric Surgery

(73) Surgery of the Hand

(74) Surgical Critical Care

(75) General Vascular Surgery

18. In the table below, please indicate the degree to which each of the factors listed positively influenced your ultimate specialty/subspecialty choice. Using a scale of 0 (No influence/not applicable) to 4 (Major influence), circle the appropriate number in the right column.

		(4) Major influence	(3) Strong influence	(2) Moderate influence	(1) Minor influence	(0) No influence/NA
01. Intellectual content of the specialty	0	1	2	3	4	
02. Challenging diagnostic problems	0	1	2	3	4	
03. Opportunity for research	0	1	2	3	4	
04. Opportunity for innovation	0	1	2	3	4	
05. Interest in helping people	0	1	2	3	4	
06. Exercise of social responsibility	0	1	2	3	4	
07. Opportunity to make differences in people's lives	0	1	2	3	4	
08. Type of patient problems encountered	0	1	2	3	4	
09. Consistent with personality	0	1	2	3	4	
10. Possess the required skills or ability	0	1	2	3	4	
11. Minimum of uncertainties in diagnosis and therapy	0	1	2	3	4	
12. Diversity in diagnosis and therapy	0	1	2	3	4	
13. Opportunity to employ advanced diagnostic and treatment technology	0	1	2	3	4	
14. Opportunity to exercise manual dexterity skills	0	1	2	3	4	
15. Emphasis on patient education and prevention	0	1	2	3	4	
16. Emphasis on primary care	0	1	2	3	4	
17. Opportunity for creativity	0	1	2	3	4	
18. Specialty/subspecialty requires high intuitive skills	0	1	2	3	4	
19. Type of patients	0	1	2	3	4	
20. Influence of a mentor	0	1	2	3	4	
21. Example(s) of a physician in this specialty	0	1	2	3	4	
22. Encouragement from faculty	0	1	2	3	4	
23. Encouragement from practicing physicians	0	1	2	3	4	
24. Encouragement from other students/residents	0	1	2	3	4	
25. Clerkships in the area	0	1	2	3	4	
26. Courses in the area	0	1	2	3	4	
27. Prestige within the medical profession	0	1	2	3	4	
28. Desire for authority	0	1	2	3	4	
29. Opportunity to lead	0	1	2	3	4	
30. Predictable working hours	0	1	2	3	4	
31. Lack of stress in the field	0	1	2	3	4	
32. Enjoy working under pressure	0	1	2	3	4	
33. Not too demanding of time and effort	0	1	2	3	4	
34. Sufficient time/flexibility for family obligations	0	1	2	3	4	
35. Job security	0	1	2	3	4	
36. Independence	0	1	2	3	4	
37. Income prospects	0	1	2	3	4	
38. Malpractice insurance costs	0	1	2	3	4	
39. Level of educational debt	0	1	2	3	4	
40. Length of residency	0	1	2	3	4	
41. Lack of overcrowding in field	0	1	2	3	4	
42. Ease of getting a residency	0	1	2	3	4	
43. Appeals to personal sense of planning and organization	0	1	2	3	4	

**19. Since entering medical school, have you seriously considered, and then rejected a specialty or subspecialty?**

No **Go to Question 20** 

Yes code #

a) If yes, which *general specialty* was the last you considered before finally deciding? (Use code list in Question 17b)

b) If yes, which *subspecialty* (if any)? (Use code in Question 17d)

**20. Please indicate your first-, second-, and third-choice intentions for the different career activities listed below by entering the appropriate codes in the spaces provided:**

	code #
1st choice	<input type="text"/>
2nd choice	<input type="text"/>
3rd choice	<input type="text"/>

**CAREER ACTIVITIES LIST**

**Full-time academic faculty appointment:**

- (01) Basic science teaching and research (e.g., anatomy, biochemistry)
- (02) Clinical science teaching and research, including patient care (e.g., internal medicine, surgery)

**Salaried research scientist (e.g., in industry, federal agency, state agency):**

- (03) Basic medical sciences
- (04) Clinical sciences

**Private clinical practice (e.g., in a private office, paid by fee-for-service):**

- (05) Alone
- (06) In partnership with one other physician
- (07) In a group of 3 or more physicians
- (08) Undecided among responses 05, 06, and 07

**Other clinical practice, employed/salaried by:**

- (09) Salaried, hospital
- (10) Salaried, prepaid group practice (e.g., staff-model HMO)
- (11) Non-salaried, prepaid group practice (e.g., IPA, other-model HMO, PPO)
- (12) Salaried, state or federal agency (e.g., Veterans Administration, armed forces, Public Health Service)

**Other:**

- (13) Medical/healthcare administration, without practice (e.g., hospital or federal agency administrator, association or academic executive, business executive)
- (14) Other (specify): \_\_\_\_\_

**21. How extensively do you expect to be involved in research during your medical career? (circle one):**

- 1 Exclusively
- 2 Significantly involved (several years set aside for full-time research or 25% or more of continuous devoted to research pursuits)
- 3 Somewhat involved (one year or less set aside for research or less than 25% of continuous career)
- 4 Involved in a limited way (e.g., occasional cooperation with clinical trials of new drugs or medical devices in my practice)
- 5 Not involved

**22. In what state do you hope to practice after completing your residency/fellowship training? (Please indicate your choice below. If more than one area is acceptable, please indicate your first, second and third choices)**

	code #
1. Only one area is acceptable	<input type="text"/>
2. More than one area is acceptable	
1st choice	<input type="text"/>
2nd choice	<input type="text"/>
3rd choice	<input type="text"/>

**LOCATION CODE LIST**

- |                    |                     |  |
|--------------------|---------------------|--|
| (01) Alabama       | (23) Michigan       | (45) Texas   |
| (02) Alaska        | (24) Minnesota      | (46) Utah  |
| (03) Arizona       | (25) Mississippi    | (47) Vermont   |
| (04) Arkansas      | (26) Missouri       | (48) Virginia  |
| (05) California    | (27) Montana        | (49) Washington  |
| (06) Colorado      | (28) N. Hampshire   | (50) West Virginia   |
| (07) Connecticut   | (29) Nebraska       | (51) Wisconsin   |
| (08) Delaware      | (30) Nevada         | (52) Wyoming   |
| (09) Dist. of Col. | (31) New Jersey     | (53) U.S. Territory/<br>Possession                               |
| (10) Florida       | (32) New Mexico     | (54) Canada  |
| (11) Georgia       | (33) New York       | (55) Other foreign<br>country<br>(specify<br>which, if<br>known) |
| (12) Hawaii        | (34) N. Carolina    |  |
| (13) Idaho         | (35) N. Dakota      |  |
| (14) Illinois      | (36) Ohio           |  |
| (15) Indiana       | (37) Oklahoma       |  |
| (16) Iowa          | (38) Oregon         |  |
| (17) Kansas        | (39) Pennsylvania   |  |
| (18) Kentucky      | (40) Puerto Rico    | (56) Undecided   |
| (19) Louisiana     | (41) Rhode Island   |  |
| (20) Maine         | (42) South Carolina |  |
| (21) Maryland      | (43) South Dakota   |  |
| (22) Massachusetts | (44) Tennessee      |  |

**23a. Please indicate the setting in which you would most like to practice after the completion of your medical education. (circle one):**

- 1 Large city (population 500,000 or more)
- 2 Suburb of large city
- 3 City of moderate-size (population 50,000 to 500,000)
- 4 Suburb of moderate-size city
- 5 Small city (population 10,000 to 50,000 - not suburb)
- 6 Town (population 2,500 to 10,000 - not suburb)
- 7 Small town (population less than 2,500)
- 8 Rural/unincorporated area
- 9 Undecided or no preference

**23b. Do you plan to locate in a socioeconomically deprived area? (circle one):**

- 1 Yes
- 2 No
- 3 Undecided

**24. What are your plans for a practice specialty? (If your choice of specialty is not listed below, enter 97 in the appropriate space(s); if you are undecided, enter 00 in the appropriate space(s) below.)**

1st choice	<input type="text"/>	<input type="text"/>
2nd choice	<input type="text"/>	<input type="text"/>
3rd choice	<input type="text"/>	<input type="text"/>

**LIST OF SELF-DESIGNATED PRACTICE SPECIALTIES**

- |                                       |                                       |  |
|---------------------------------------|---------------------------------------|--|
| (01) <b>Aerospace Medicine</b>        | (34) <b>Obstetrics and Gynecology</b> | (70) <b>Clinical Pharmacology</b>                |
| (02) <b>Allergy and Immunology</b>    | (35) Critical Care Medicine           | (71) <b>Physical Medicine and Rehabilitation</b> |
| (03) Allergy                          | (36) Gynecology                       | (72) <b>General Preventive Medicine</b>          |
| (04) Diagnostic Lab Immunology        | (37) Gynecologic Oncology             | (73) <b>Psychiatry</b>                           |
| (05) Immunology                       | (38) Maternal and Fetal Medicine      | (74) Child Psychiatry                            |
| (06) <b>Anesthesiology</b>            | (39) Obstetrics                       | (75) Geriatric Psychiatry                        |
| (07) Critical Care                    | (40) Reproductive Endocrinology       | (76) <b>Public Health</b>                        |
| (08) Pain Management                  | (41) <b>Occupational Medicine</b>     | (77) <b>Pulmonary Diseases</b>                   |
| (09) <b>Critical Care Medicine</b>    | (42) <b>Ophthalmology</b>             | <b>Radiology</b>                                 |
| (10) <b>Dermatology</b>               | (43) <b>Otolaryngology</b>            | (78) Diagnostic Radiology                        |
| (11) <b>Emergency Medicine</b>        | (44) <b>Pathology</b>                 | (79) Nuclear Radiology                           |
| (12) <b>General Practice</b>          | (45) Anatomic Pathology               | (80) Pediatric Radiology                         |
| (13) <b>Family Practice</b>           | (46) Blood Banking                    | (81) Radiation Oncology                          |
| (14) Geriatric Medicine               | (47) Clinical Pathology               | (82) <b>General Surgery</b>                      |
| (15) Sports Medicine                  | (48) Chemical Pathology               | (83) Cardiovascular Surgery                      |
| (16) <b>General Internal Medicine</b> | (49) Cytopathology                    | (84) Colon and Rectal Surgery                    |
| (17) Cardiovascular Disease           | (50) Dermatopathology                 | (85) Critical Care Surgery                       |
| (18) Diabetes                         | (51) Forensic Pathology               | (86) Facial Plastic Surgery                      |
| (19) Diagnostic Laboratory Immunology | (52) Hematology                       | (87) Head and Neck Surgery                       |
| (20) Endocrinology                    | (53) Immunopathology                  | (88) Hand Surgery                                |
| (21) Gastroenterology                 | (54) Medical Microbiology             | (89) Neurological Surgery                        |
| (22) Geriatrics                       | (55) Neuropathology                   | (90) Orthopaedic Surgery                         |
| (23) Hematology                       | (56) Pediatric Pathology              | (91) Pediatric Surgery                           |
| (24) Infectious Diseases              | (57) Radioisotopic Pathology          | (92) Plastic Surgery                             |
| (25) Nephrology                       | (58) <b>Pediatrics</b>                | (93) Thoracic Surgery                            |
| (26) Nutrition                        | (59) Adolescent Medicine              | (94) Trauma Surgery                              |
| (27) Medical Oncology                 | (60) Diagnostic Laboratory Immunology | (95) Vascular Surgery                            |
| (28) Rheumatology                     | (61) Neonatal-Perinatal Medicine      | (96) <b>Urology</b>                              |
| (29) <b>Legal Medicine</b>            | (62) Pediatric Allergy                | (97) <b>Other Specialty</b>                      |
| (30) <b>Medical Genetics</b>          | (63) Pediatric Cardiology             | (00) <b>Undecided</b>                            |
| (31) <b>Neurology</b>                 | (64) Pediatric Critical Care          |  |
| (32) Child Neurology                  | (65) Pediatric Endocrinology          |  |
| (33) <b>Nuclear Medicine</b>          | (66) Pediatric Gastroenterology       |  |
|                                       | (67) Pediatric Hematology-Oncology    |  |
|                                       | (68) Pediatric Nephrology             |  |
|                                       | (69) Pediatric Pulmonology            |  |

### III. FINANCIAL AID INFORMATION

25. Please provide your best estimate of what your expected net taxable income will be (in today's dollars):

Annual

a) Five years after completing all training (including residency/fellowship, if any)? \$ \_\_\_\_\_

26a. Did you receive any SCHOLARSHIPS OR GRANTS (not loans) for medical school? (circle one):

No

Yes--please indicate the amount: \$ \_\_\_\_\_

26b. If YES, which of the following scholarships/grants did you receive?

- |  |          |
|--|----------|
| <input type="checkbox"/> 1 Armed Forces  | \$ _____ |
| <input type="checkbox"/> 2 NHSC (PHS)  | \$ _____ |
| <input type="checkbox"/> 3 National Medical Fellowship (NMF)                                 | \$ _____ |
| <input type="checkbox"/> 4 Financial Assistance to Disadvantaged Health Professions Students | \$ _____ |
| <input type="checkbox"/> 5 Exceptional Financial Need Scholarship                            | \$ _____ |
| <input type="checkbox"/> 6 School Scholarships for Disadvantaged Students                    | \$ _____ |
| <input type="checkbox"/> 7 Need-Based School Scholarships                                    | \$ _____ |
| <input type="checkbox"/> 8 School Merit Scholarships   | \$ _____ |
| <input type="checkbox"/> 9 Other   | \$ _____ |

27. Do you have any outstanding educational loans for your **college/premedical** education which you are legally required to repay? (circle one):

No

Yes--please indicate the amount: \$ \_\_\_\_\_  
**Total College/Premedical Debt**

28. Do you have any outstanding loans for your **medical school** education which you are legally required to repay?

No

Yes--please indicate the amount: \$ \_\_\_\_\_  
**Total Medical School Debt**

29. If you have outstanding premedical and/or medical school loans which you are legally required to repay, please indicate the principal amount(s) [without interest] and source(s) in the table below.

Loan Type/Source	College/Premedical Amount	Medical School Amount
01. Federal Stafford Student Loan - subsidized		
02. Federal Stafford Student Loan - unsubsidized		
03. Federal Perkins Loan		
04. Federal Supplemental Loans to Students (SLS)		
05. Health Education Assistance Loan (HEAL)		
06. Primary Care Loan		
07. Health Professions Student Loans (HPSL)		
08. MEDLOANS Alternative Loan Programs (ALP)		
09. Loans for Disadvantaged Students (LDS)		
10. Other privately-insured loan program		
11. State loan		
12. University or medical school loan		
13. Other (please specify):		
<b>TOTAL</b>		
	<b>Should equal amount in Question 27.</b>	<b>Should equal amount in Question 28.</b>

## IV. RESIDENCY ISSUES

**30a. Do your graduate medical education plans include a research fellowship? (circle one):**

- 1 Yes
- 2 No
- 3 Undecided

**30b. If YES, in which area? (circle one):**

- 1 Basic medical science
- 2 Clinical science
- 3 Health services research
- 4 A combination of two or more of the above
- 5 Don't know
- 6 Other (specify): \_\_\_\_\_

**Answer question 31-34 only if you are planning to pursue a residency THE FIRST YEAR AFTER GRADUATING from medical school.**

**31. To how many programs of your first choice specialty did you apply?**

Number of programs \_\_\_\_\_

**32. How many days will you have spent away from your medical school applying and interviewing for residency positions this academic year?**

Number of Days \_\_\_\_\_

**33. How much money will you have spent applying and interviewing for residency positions this academic year?**

\$ \_\_\_\_\_

**34. In the course of your residency interviews was reference made inappropriately to your (circle all that apply):**

- 1 Gender
- 2 Race-ethnicity
- 3 Disability or any assumed handicapping condition
- 4 Sexual orientation
- 5 Religious beliefs
- 6 Marital status
- 7 Intentions to have children
- 8 Level of commitment to medicine

## V. EXPERIENCES OF MISTREATMENT IN MEDICAL SCHOOL

**35. If you experienced mistreatment during medical school, please identify the area by circling the person(s) responsible (see codes below):**

- (1) ..... Preclinical Faculty
- (2) ..... Clinical Faculty (in classroom)
- (3) ..... Clinical Faculty (in hospital)
- (4) ..... Residents/Interns
- (5) ..... Nurses
- (6) ..... Administrators
- (7) ..... Students

TYPE OF MISTREATMENT	PERSONS RESPONSIBLE FOR MISTREATMENT (CIRCLE ALL WHO APPLY)						
<b>GENERAL MISTREATMENT:</b>							
01. Been publicly belittled or humiliated?	1	2	3	4	5	6	7
02. Been threatened with physical harm or been physically punished (e.g., hit, slapped, kicked)?	1	2	3	4	5	6	7
03. Been required to perform personal services (e.g., shopping, babysitting)?	1	2	3	4	5	6	-
<b>SEXUAL HARASSMENT:</b>							
04. Been denied opportunities for training or rewards because of your gender?	1	2	3	4	5	6	-
05. Been asked to exchange sexual favors for grades or other awards?	1	2	3	4	5	6	-
06. Been subject to unwanted sexual advances by school personnel?	1	2	3	4	5	6	-
07. Been subjected to offensive sexist remarks/names <u>directed at you personally</u> ?	1	2	3	4	5	6	7
08. Received lower evaluations or grades <u>solely</u> because of your gender rather than performance?	1	2	3	4	5	6	-
<b>RACIAL/ETHNIC HARASSMENT:</b>							
09. Been denied opportunities for training or rewards because of your race ethnicity?	1	2	3	4	5	6	-
10. Been subjected to racially or ethnically offensive remarks/names <u>directed at you personally</u> ?	1	2	3	4	5	6	7
11. Received lower evaluations or grades <u>solely</u> because of your race or ethnicity rather than performance?	1	2	3	4	5	6	-
<b>SEXUAL ORIENTATION HARASSMENT:</b>							
12. Been denied opportunities for training or rewards because of your sexual orientation?	1	2	3	4	5	6	-
13. Been subjected to offensive remarks/names <u>directed at you personally</u> because of your sexual orientation?	1	2	3	4	5	6	7
14. Received lower evaluations or grades <u>solely</u> because or your sexual orientation rather than performance?	1	2	3	4	5	6	-
<b>OSTRACIZED BECAUSE OF YOUR:</b>							
15. Age	1	2	3	4	5	6	7
16. Race/Ethnicity	1	2	3	4	5	6	7
17. Gender	1	2	3	4	5	6	7
18. Sexual Orientation	1	2	3	4	5	6	7
19. Physical Handicap	1	2	3	4	5	6	7

**36a. If you experienced mistreatment during medical school, did you report the incident(s) to a designated faculty member or a member of the medical school administration empowered to handle such complaints?**

- 1 No (go to question 37)
- 2 Yes (go to question 36b)

**36b. Whom did you tell about your experience(s) of mistreatment (circle all that apply):**

- 1 Dean of students
- 2 Designated counselor/advocate
- 3 Other medical school administrator
- 4 Faculty member
- 5 Other

**36c. How satisfied are you with the application of your school's student mistreatment procedures:**

	(1) Very Satisfied	(2) Satisfied	(3) No opinion/indifferent	(4) Dissatisfied	(5) Very Dissatisfied
1. Provided a non-threatening and easily accessible mechanism for the submission and processing of your complaint(s)	1	2	3	4	5
2. Objectively determined if further investigation was warranted	1	2	3	4	5
3. Equitably investigated and adjudicated complaint(s)	1	2	3	4	5
4. Appropriately protected your rights	1	2	3	4	5

**37. If you experienced mistreatment while in medical school, but did not report it, what was/were your reason(s) for not reporting the incident(s) (circle all that apply):**

- 1 Did not feel that the mistreatment was/were serious enough to warrant reporting
- 2 Did not know whom to inform or what procedures to follow
- 3 Feared retaliation
- 4 Did not feel that reporting would be effective
- 5 Other

I consent to have personally identifiable information released to my medical school after September 1, 1996. I understand that the medical school will not disclose this information to organizations or persons in any form that will permit personal identification of me.

SIGNATURE \_\_\_\_\_

## **Instructions for returning your completed questionnaire to AAMC**

Please place the questionnaire in the accompanying envelope, print your name on the back of the envelope, and return the sealed questionnaire to the office specified by your medical school for a record of its receipt. Your sealed questionnaire will be mailed directly to the AAMC for processing.

If you have not yet completed the page on the strengths and weaknesses of your medical school, and wish to do so, please fill out the page on the back of the cover letter. Return the page with the questionnaire.

***Thank you for taking the time to complete this questionnaire!***