

# MEDICAL SCHOOL GRADUATION QUESTIONNAIRE 1998

**PLEASE PRINT**

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Last Name

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

First Name

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

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):**

- 1 Black, not of Hispanic origin
- 2 White, not of Hispanic origin
- 3 American Indian or Alaska native

**Asian or Pacific Islander:**

- 4 Chinese
- 5 Korean
- 6 Japanese
- 7 Vietnamese
- 8 Other Southeast Asian
- 9 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. Month and year you first entered medical school (either U.S. or international):**

month   year

**5. Type of degree program from which you are graduating. (Circle one):**

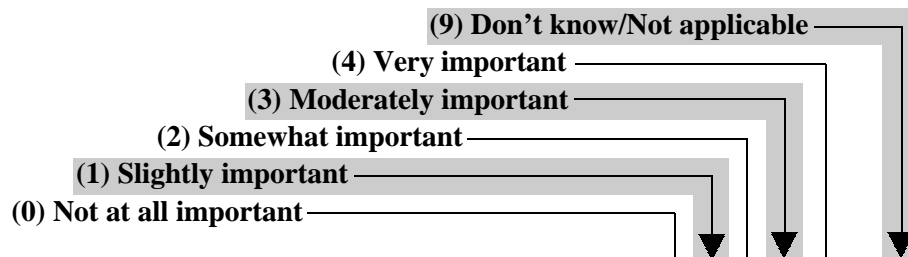
- 1 M.D.
- 2 Joint bachelor's/M.D.
- 3 Joint M.D./J.D.
- 4 Joint M.D./master's. (Go to question 5a.)
- 5 Joint M.D./Ph.D. (Go to question 5a.)
- 6 Other

**5a. If you are in an M.D./master's or an M.D./Ph.D. program, please indicate the major area of concentration of your master's or doctoral degree. (Circle one):**

- 1 Biological Science
- 2 Physical Science
- 3 Public Health
- 4 Social Science
- 5 Humanities
- 6 Business
- 7 Other

## PREMEDICAL SCHOOL EXPERIENCES

6. How important were the following premedical courses in preparing you for medical school. (Circle one for each item):



	0	1	2	3	4	9
1. Biology, introductory level .....	0	1	2	3	4	9
2. Biology, advanced level .....	0	1	2	3	4	9
3. General Chemistry, introductory level .....	0	1	2	3	4	9
4. General Chemistry, advanced level.....	0	1	2	3	4	9
5. Organic Chemistry, introductory level .....	0	1	2	3	4	9
6. Organic Chemistry, advanced level .....	0	1	2	3	4	9
7. Physics, introductory level .....	0	1	2	3	4	9
8. Physics, advanced level .....	0	1	2	3	4	9
9. Comparative Anatomy .....	0	1	2	3	4	9
10. Biochemistry .....	0	1	2	3	4	9
11. Genetics.....	0	1	2	3	4	9
12. Physiology.....	0	1	2	3	4	9
13. Zoology .....	0	1	2	3	4	9
14. Calculus.....	0	1	2	3	4	9
15. Statistics .....	0	1	2	3	4	9
16. Psychology .....	0	1	2	3	4	9
17. Social Sciences, other than psychology (e.g., sociology, anthropology) .....	0	1	2	3	4	9
18. English composition/writing .....	0	1	2	3	4	9
19. English literature .....	0	1	2	3	4	9
20. Humanities, other than English (e.g., philosophy, art history) .....	0	1	2	3	4	9

## EXPERIENCES IN YEARS 1 AND 2

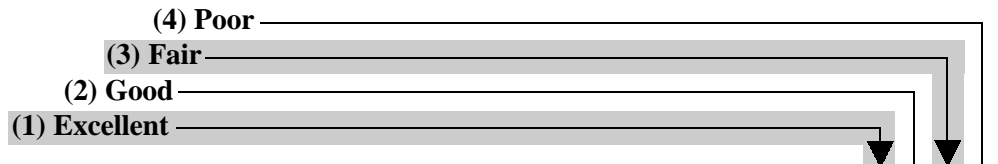
7. Indicate the approximate percentage of assigned class time spent in case based learning experiences during your years 1 and 2. (Circle one):

- 1 ZERO (0%)
- 2 1 to 25%
- 3 26 to 50%
- 4 51 to 75%
- 5 76 to 100%

8. Indicate if you participated in a preceptorship in a doctor's office (at least 1 half day per week) during year 1 and/or year 2 of your medical education. (Circle all that apply.)

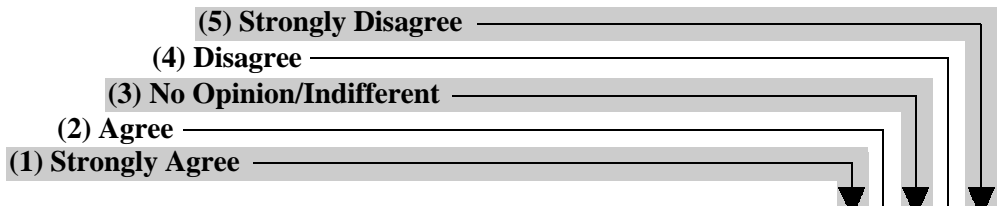
- 1 Year 1
- 2 Year 2

9. Indicate how well you think that instruction in the following sciences basic to medicine prepared you for clinical clerkships and electives. (Circle one for each item):



	1	2	3	4
1. Biochemistry .....	1	2	3	4
2. Biostatistics and epidemiology.....	1	2	3	4
3. Genetics .....	1	2	3	4
4. Gross anatomy .....	1	2	3	4
5. Immunology .....	1	2	3	4
6. Introduction to clinical medicine/introduction to the patient .....	1	2	3	4
7. Microanatomy .....	1	2	3	4
8. Microbiology .....	1	2	3	4
9. Neuroscience .....	1	2	3	4
10. Pathology.....	1	2	3	4
11. Pharmacology.....	1	2	3	4
12. Physiology .....	1	2	3	4

10. Based on your experiences, indicate whether you agree or disagree with the following statements about medical school. (Circle one for each item):



	1	2	3	4	5
1. Basic science course objectives were made clear to students .....	1	2	3	4	5
2. Basic science courses were sufficiently integrated.....	1	2	3	4	5
3. Basic science course objectives and examination content matched closely.....	1	2	3	4	5
4. Basic science courses had sufficient illustrations of clinical relevance .....	1	2	3	4	5
5. Basic science courses were well organized .....	1	2	3	4	5
6. Basic science courses provided relevant preparation for clerkships .....	1	2	3	4	5
7. Basic sciences courses provided timely feedback on performance .....	1	2	3	4	5

## CLINICAL EDUCATION

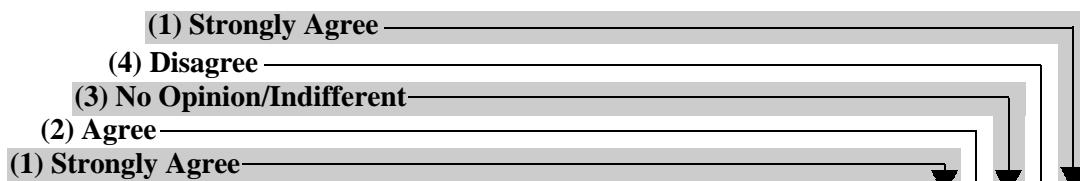
**11. For each of the following ambulatory educational experiences, please indicate if you participated by circling whether it was a requirement or an elective. (Circle all that apply.)**

REQUIREMENT	ELECTIVE	
1	2	Primary care clerkship (multidisciplinary)
1	2	Family medicine clerkship
1	2	Community medicine clerkship in a rural setting
1	2	Community medicine clerkship in an inner-city setting
1	2	Ambulatory block assignment (at least 4 weeks or 50% of clerkship) during internal medicine clerkship
1	2	Ambulatory block assignment (at least 4 weeks or 50% of clerkship) during pediatric clerkship
1	2	Ambulatory block assignment (at least 4 weeks or 50% of clerkship) during general surgery clerkship
1	2	Ambulatory block assignment (at least 4 weeks or 50% of clerkship) during obstetrics/gynecology clerkship

**12. Rate the quality of your educational experience in each of the following clinical clerkships. (Circle one for each item):**

	(1) Excellent	(2) Good	(3) Fair	(4) Poor	(9) Does not apply
1. Family-community medicine .....	1	2	3	4	9
2. Internal medicine .....	1	2	3	4	9
3. Neurology .....	1	2	3	4	9
4. Obstetrics and gynecology .....	1	2	3	4	9
5. Pediatrics .....	1	2	3	4	9
6. Psychiatry .....	1	2	3	4	9
7. Surgery .....	1	2	3	4	9

13. Indicate whether you agree or disagree with the following statements about clinical education at medical school. (Circle one for each item):



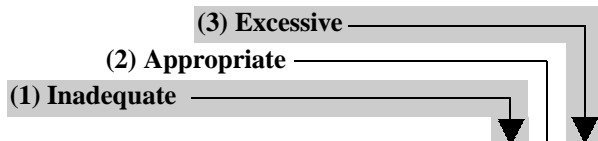
	1	2	3	4	5
1. Students were given sufficient clinical skills preparation for clerkships .....	1	2	3	4	5
2. Clerkship objectives were made clear to students .....	1	2	3	4	5
3. Performance expectations for clerkships were made clear to students .....	1	2	3	4	5
4. The number of patient experiences in clerkships was appropriate .....	1	2	3	4	5
5. The diversity of patient experiences in clerkships was appropriate .....	1	2	3	4	5
6. Students were given appropriate role in patient care during clerkships .....	1	2	3	4	5
7. Attending faculty were involved adequately in teaching and evaluation during clerkships .....	1	2	3	4	5
8. Residents played too large a role in teaching and evaluation during clerkships .....	1	2	3	4	5
9. Clerkships were well organized.....	1	2	3	4	5
10. Students were given timely feedback on performance in clerkships.....	1	2	3	4	5

**GENERAL MEDICAL EDUCATION**

14. Indicate the activities you will have participated in during medical school on an elective or voluntary (not required) basis. (Circle all that apply.)

- 1 Independent study project for credit
- 2 Research project with faculty member
- 3 Authorship (sole or joint) of a research paper submitted for publication
- 4 Thesis project
- 5 International health experience
- 6 Educating high school or college students about careers in health professions or biological sciences
- 7 Delivering health services to underserved populations at a clinical site
- 8 Providing health education, e.g., HIV/AIDS education, breast cancer awareness, smoking cessation
- 9 Field experience in community health, e.g., adult/child protective services, family violence programs, rape crisis hotline
- 10 Field experience in home care
- 11 Field experience in nursing home care

15. Do you believe that the time devoted to your instruction in each of the following areas was inadequate, appropriate, or excessive? (Circle one):



	(1) Inadequate	(2) Appropriate	(3) Excessive
<b>CLINICAL CARE</b>			
1. Care of hospitalized patients.....	1	2	3
2. Care of ambulatory patients .....	1	2	3
3. Patient follow-up.....	1	2	3
4. Primary care .....	1	2	3
5. Long term health care .....	1	2	3
6. Patient interviewing skills.....	1	2	3
7. Communication skills .....	1	2	3
8. Diagnosis of disease .....	1	2	3
9. Management of disease.....	1	2	3
10. Physician-patient relationships .....	1	2	3
11. Teamwork with other health professionals.....	1	2	3
12. Clinical decision-making .....	1	2	3
13. Clinical pharmacology .....	1	2	3
14. Nutrition .....	1	2	3
15. Geriatrics.....	1	2	3
16. Pain management .....	1	2	3
<b>POPULATION BASED MEDICINE</b>			
17. Public health and community medicine .....	1	2	3
18. Role of community health and social service agencies .....	1	2	3
19. Health promotion and disease prevention.....	1	2	3
20. Screening for diseases.....	1	2	3
21. Infectious disease prevention .....	1	2	3
22. Clinical epidemiology.....	1	2	3
23. Biostatistics.....	1	2	3
24. Women's health.....	1	2	3
25. Risk management .....	1	2	3
26. Occupational medicine .....	1	2	3
<b>PRACTICE MANAGEMENT</b>			
27. Medical socioeconomics.....	1	2	3
28. Medical care cost control .....	1	2	3
29. Cost effective medical practice.....	1	2	3
30. Quality assurance in medicine .....	1	2	3
31. Practice management .....	1	2	3
32. Medical record-keeping .....	1	2	3
33. Managed care .....	1	2	3
<b>SOCIAL SCIENCES AND HUMANITIES</b>			
34. Law and medicine.....	1	2	3
35. Behavioral sciences.....	1	2	3
36. Medical ethics .....	1	2	3
37. Genetics counseling .....	1	2	3
38. Alternative medicine.....	1	2	3
39. Human sexuality .....	1	2	3
40. Family dynamics.....	1	2	3
41. Death and dying .....	1	2	3
42. Family/domestic violence .....	1	2	3
43. Drug and alcohol abuse.....	1	2	3
44. Cultural diversity .....	1	2	3

**16. Indicate whether you agree or disagree with the following statement: The fundamental knowledge, skills, attitudes, and values that medical students should possess at the time of graduation were made explicitly clear to students at my medical school. (Circle one):**

- 1 Strongly agree
- 2 Agree
- 3 Neither agree nor disagree
- 4 Disagree
- 5 Strongly disagree

**17. Indicate whether you agree or disagree with the following statement: Overall, I am satisfied with the quality of my medical education (Circle one):**

- 1 Strongly agree
- 2 Agree
- 3 Neither agree or disagree
- 4 Disagree
- 5 Strongly disagree

**18. Indicate whether you agree or disagree with the following statement: I am confident that I have acquired the clinical skills (doctor-patient relationship, history-taking, physical examination, case synthesis and presentation, diagnosis, case management, etc.) required to begin a residency program. (Circle one):**

- 1 Strongly agree
- 2 Agree
- 3 Neither agree or disagree
- 4 Disagree
- 5 Strongly disagree

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

- 1 Multiple-choice examination
- 2 NBME subject examination
- 3 Oral examination
- 4 Observation by faculty member
- 5 Peer evaluation
- 6 Case simulation using standardized patient(s)
- 7 Objective Structured Clinical Examination (OSCE) using standardized patients, case vignettes, and/or focused examinations and interpretation of laboratory and test data
- 8 Computerized case simulations

**20. Indicate which of the following computer applications were used in the course of your medical school instruction. (Circle all that apply):**

- 1 Computer-based instructional programs available as study aids
- 2 Computer-based programs required as part of course instruction
- 3 Computer-based testing and assessment of student's understanding
- 4 Computer-based clinical record keeping
- 5 Computer-based medical decision support as part of course instruction
- 6 Computer-based medical decision support for clinical care
- 7 Computerized case simulations
- 8 Computerized bibliographic searches
- 9 Electronic communications (E-mail, listserves)
- 10 Instruction in searching and /or evaluating information on the internet
- 11 Internet/Intranet resources as an instructional aid

**SPECIALTY AND CAREER PLANS**

**21a. Are you planning to become certified in one of the general specialties listed below? (Circle one):**

- 1 YES (Go to Question 21b)
- 2 NO (Go to Question 22)
- 3 Undecided whether to seek a certification in a specialty (Go to Question 22)

**21b. If YES, which specialty are you planning? Please indicate your most likely specialty by entering the appropriate code from the specialty certification list below.**

CODE #

**21c. Are you planning to become certified in a subspecialty. (Circle one):**

- 1 YES
- 2 NO
- 3 Undecided whether to seek certification in a subspecialty

**21d. To what degree has your understanding of the impact of the market on professional opportunities influenced your specialty choice. (Circle one):**

- 0 No Influence
- 1 Minor Influence
- 2 Moderate Influence
- 3 Strong Influence
- 4 Major Influence

**SPECIALTY CERTIFICATION LIST**

- (01) Allergy and Immunology
- (02) Anesthesiology
- (03) Colon and Rectal Surgery
- (04) Dermatology
- (05) Emergency Medicine
- (06) Family Practice
- (07) Internal Medicine
- (08) Medical Genetics
- (09) Neurology
- (10) Neurological Surgery
- (11) Nuclear Medicine
- (12) Obstetrics and Gynecology
- (13) Ophthalmology
- (14) Orthopedic Surgery
- (15) Otolaryngology
- (16) Pathology
- (17) Pediatrics
- (18) Physical Medicine and Rehabilitation
- (19) Preventive Medicine
- (20) Plastic Surgery
- (21) Psychiatry
- (22) Radiology
- (23) Surgery
- (24) Thoracic Surgery
- (25) Urology

22. Indicate your career intention from the different activities listed below by entering the appropriate code.

CODE #

--	--

**CAREER ACTIVITIES LIST**

**Full-time university faculty:**

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

**Non-university research scientist (e.g., in industry, federal agency, state agency):**

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

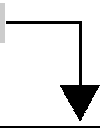
**Full-time (non-academic) clinical practice:**

- (05) Solo practice
- (06) In partnership with one other physician
- (07) In a group of 3 or more physicians
- (08) Join a closed panel (group or staff-model) HMO
- (09) Salaried, hospital based

**Other:**

- (10) State or federal agency (e.g., Veterans Administration, armed forces, Public Health Service)
- (11) Medical/healthcare administration, without practice (e.g., hospital or federal agency administrator, association or academic executive, business executive)
- (12) Other
- (13) Undecided

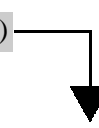
23. Do you plan to locate your practice in an underserved area? (Circle one.)

- 1 NO  (Go to Question 24)
- 2 Undecided
- 3 YES (Go to Question 23a) 

23a. If yes, indicate the likely location. (Circle one.)

- 1 Rural community
- 2 Inner-city community
- 3 Other

24. Regardless of location, do you plan to serve primarily a minority population? (Over 50% of patients) (Circle one.)

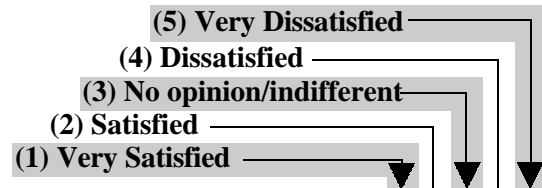
- 1 NO  (Go to Question 25)
- 2 Undecided
- 3 YES (Go to Question 24a) 

24a. If yes, indicate the primary minority population of your practice. (Circle one.)

- 1 African American
- 2 Hispanic
- 3 Native American or Alaskan Native
- 4 Asian

## STUDENT SERVICES

25. Indicate your level of satisfaction with the following. (Circle one for each item):



	1	2	3	4	5
<b>STUDENT-ADMINISTRATION</b>					
1. Accessibility to administration .....	1	2	3	4	5
2. Awareness of student problems by administration .....	1	2	3	4	5
3. Participation of students on key medical school committees .....	1	2	3	4	5
<b>STUDENT SUPPORT</b>					
4. Academic counseling .....	1	2	3	4	5
5. Tutorial help .....	1	2	3	4	5
6. Career counseling .....	1	2	3	4	5
7. Personal counseling .....	1	2	3	4	5
8. Financial aid administrative services .....	1	2	3	4	5
9. Financial aid counseling .....	1	2	3	4	5
10. Faculty mentoring .....	1	2	3	4	5
<b>STUDENT HEALTH</b>					
11. Student health services .....	1	2	3	4	5
12. Student health insurance .....	1	2	3	4	5
13. Disability insurance .....	1	2	3	4	5
14. Education about exposure to and prevention of infectious disease .....	1	2	3	4	5
15. Screening and immunization for communicable diseases .....	1	2	3	4	5
<b>LIBRARY AND LEARNING RESOURCES</b>					
16. Library .....	1	2	3	4	5
17. Computer resource center .....	1	2	3	4	5
18. Electronic communication (E-mail, Internet/Intranet) .....	1	2	3	4	5
<b>OTHER STUDENT SUPPORT SERVICES</b>					
19. Student study space .....	1	2	3	4	5
20. Student relaxation space .....	1	2	3	4	5

26. Is the student body at your school racially and ethnically diverse? (Circle one):

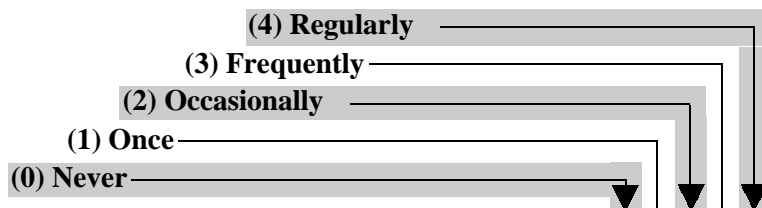
- 1 YES (Go to Question 26a)
- 2 NO (Go to Question 26a)
- 3 Don't know/no opinion (Go to Question 27)

26a. To what degree did the racial and ethnic diversity of your school's student body positively foster your professional growth and development? (Circle one):

- 0 No influence
- 1 Minor influence
- 2 Moderate Influence
- 3 Strong Influence
- 4 Major influence

## EXPERIENCES OF MISTREATMENT IN MEDICAL SCHOOL

27. For each of the following types of mistreatment, indicate the frequency you experienced it personally. (Circle one for each item):



**GENERAL MISTREATMENT:**

01. Been publicly belittled or humiliated?	0	1	2	3	4
02. Been threatened with physical harm or been physically punished (e.g., hit, slapped, kicked)?	0	1	2	3	4
03. Been required to perform personal services (e.g., shopping, babysitting)?	0	1	2	3	4

**SEXUAL HARASSMENT:**

04. Been denied opportunities for training or rewards because of your gender?	0	1	2	3	4
05. Been asked to exchange sexual favors for grades or other awards?	0	1	2	3	4
06. Been subject to unwanted sexual advances by school personnel?	0	1	2	3	4
07. Been subjected to offensive sexist remarks/names <u>directed at you personally</u> ?	0	1	2	3	4
08. Received lower evaluations or grades <u>solely</u> because of your gender rather than performance?	0	1	2	3	4

**RACIAL/ETHNIC HARASSMENT:**

09. Been denied opportunities for training or rewards because of your race ethnicity?	0	1	2	3	4
10. Been subjected to racially or ethnically offensive remarks/names <u>directed at you personally</u> ?	0	1	2	3	4
11. Received lower evaluations or grades <u>solely</u> because of your race or ethnicity rather than performance?	0	1	2	3	4

**SEXUAL ORIENTATION HARASSMENT:**

12. Been denied opportunities for training or rewards because of your sexual orientation?	0	1	2	3	4
13. Been subjected to offensive remarks/names <u>directed at you personally</u> because of your sexual orientation?	0	1	2	3	4
14. Received lower evaluations or grades <u>solely</u> because or your sexual orientation rather than performance?	0	1	2	3	4

28. If you experienced mistreatment during medical school, please identify the source. (Circle all that apply.):

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

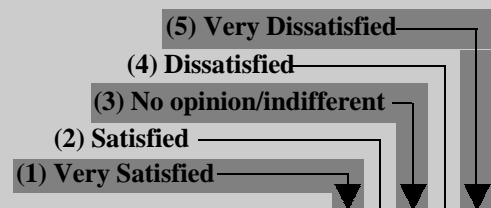
**29a. If you experienced mistreatment during medical school, did you report the incident(s) to a designated faculty member or a member of the medical school administration empowered to handle such complaints?**

- 1 NO (Go to Question 30a)
- 2 YES (Go to Question 29b & 29c )

**29b. 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

**29c. How satisfied are you with the application of your school's student mistreatment procedures:**



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

**FINANCIAL AID INFORMATION**

**30a. Did you receive any SCHOLARSHIPS OR GRANTS (not loans) for medical school? (Circle one):**

- 1 No
- 2 Yes--please indicate the amount:

\$ \_\_\_\_\_ .00

**30b. If YES, which of the following scholarships/grants did you receive? (Circle all that apply):**

- 1 Armed Forces
- 2 NHSC (PHS)
- 3 National Medical Fellowship (NMF)
- 4 Financial Assistance to Disadvantaged Health Professions Students
- 5 Exceptional Financial Need Scholarship
- 6 School Scholarships for Disadvantaged Students
- 7 Need-Based School Scholarships
- 8 School Merit Scholarships
- 9 Other



I consent to have personally identifiable information released to my medical school after September 1, 1998. 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 \_\_\_\_\_