

GQ Graduation Questionnaire 2005

Supplemental Survey on Financial Aid, Career Intentions and Diversity

**Welcome to the 2005 Graduation Questionnaire Supplemental Survey
on Financial Aid, Career Intentions, and Diversity**

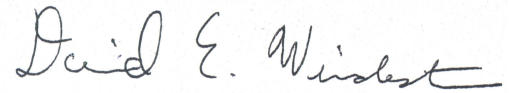
Your participation in this portion of the Graduate Questionnaire enables the AAMC, your medical school, and other organizations to identify and address issues critical to the future of medical education and the well-being of medical students. This survey is the primary source of national data on medical student debt and student mistreatment and the valuable information you provide will be used to guide AAMC priorities. The data may also be used by your medical school and the AAMC to provide information to the US Congress and other policy-makers to help shape the debate regarding programs and legislation that will impact medical professionals at all levels, from students, to residents, to practicing physicians - and, most likely, you!

By having a greater understanding of the perspectives of medical students, we will be empowered to work towards ensuring that medical education continues to be a rewarding and satisfying experience for future students.

Thank you,



Robert Stenger
Chair, AAMC Organization of Student Representatives



David Winchester
Chair, AMA Medical Student Section

Brian Palmer, MD, MS, MPH
National President, American Medical Student Association

Please enter your School or User Token log in to the Medical School Graduation Questionnaire. This information is used only to control access and to let your medical school know when you have completed the questionnaire.

Note: Please use the most current version of Microsoft Internet Explorer or Netscape Communicator to view the application. Free downloads/upgrades are available at: <http://www.microsoft.com/downloads/default.asp> or <http://home.netscape.com/computing/download/index.html>. JavaScript and cookies are enabled by default in the above browsers and must be enabled in order for this application to work properly.

[What is my AAMC ID?](#)

AAMC ID:

Important Information about the Supplemental Survey on Financial Aid, Career Intentions, and Diversity

Please Read Carefully

The Medical Student Graduation Questionnaire, Supplemental Survey on Financial Aid, Career Intentions, and Diversity is a collaborative activity of the AAMC and its member medical schools. It seeks important information from graduating medical students that is used to improve medical education at the local level. The data may also be used for research on national trends in medical education.

The information provided by you on this survey is retained by the AAMC in a secure database and kept strictly confidential. This means that the AAMC will not publish or provide to anyone your responses in a form that identifies you with those responses, unless you explicitly consent.

The data are routinely provided back to the school in reports that aggregate responses for all students at the school. On occasion, for the purpose of conducting further studies and analyses to improve their programs, schools seek to obtain from the AAMC their school data in a form that identifies each student with his or her response. At the end of this questionnaire, you will be asked if you consent to have your personally identified responses to the questionnaire released to your school.

The Career Intentions section of the supplemental survey asks you about your career and specialty plans. These questions are aimed at gathering information that can be used to improve the quality of the medical education and career planning program at your school or nationally. Your complete responses to these questions assure that your school gets a comprehensive evaluation of its programs. However, you have the right not to answer any question or set of questions, if you so choose. Failure to answer any question will not result in any adverse consequences to you.

The Financial Aid section of the supplemental survey, dealing with debt and financial assistance, seeks information that may be considered sensitive. The GQ asks about student debt in order to monitor the growing cost to students of medical education and inform policies at the school and nationally aimed at ameliorating the impact of these growing costs. In the history of the GQ, there has never been an unintended disclosure of GQ responses and the AAMC maintains procedures that prevent that from happening. Still, if your personally identified responses to the questions in these sections were publicly revealed, it could prove embarrassing to you and damaging to your financial standing, employability, or reputation. Therefore, you have the right not to answer any question or set of questions in these sections. Failure to answer any question will not result in any adverse consequences to you.

If you have any questions about the questionnaire, how the information is used or the results, please contact the AAMC GQ staff by email (gq@aamc.org).

The Medical Student Graduation Questionnaire, Supplemental Survey on Financial Aid, Career Intentions, and Diversity has been reviewed and approved by the American Institutes for Research Institutional Review Board. If you have any questions about this review, please contact the AAMC Office of Human Subjects Research Protection by email (hsrppadministrator@aamc.org).

I have read and understood this disclosure.

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Paul Tannous AAMC ID:11042542 Albany Medical College

Please complete all sections of the questionnaire.

- After answering the questions in a section, use the "Save and Continue" button to save your answers.
- If all questions in a section are completed, the red X on this page will change to a blue check.
- You can see which questions you missed by using the Status Summary feature next to each section.

Survey Submitted on :(02/15/2005)

Section	Summary	Status
Specialty and Career Plans	Status Summary	X
Financial Aid Information	Status Summary	X
Institutional Impact of Diversity	Status Summary	X

(Last Login Date:02/15/2005)

Specialty and Career Plans

Progress: (1 of 3)

1. Are you planning to become certified in a specialty or subspecialty?

Yes

 No

Undecided whether to seek certification in a specialty

Specialty/Subspecialty

1a. Choice of specialty/subspecialty:

2. How important were the following factors in determining your specialty choice:

	No influence	Minor influence	Moderate influence	Strong influence
1. Lifestyle				
2. Competitiveness of specialty				
3. High level of educational debt				
4. Mentor/role model influence				
5. Options for fellowship training				
6. Salary expectations				
7. Length of residency training				
8. Family expectations				
9. Medical School Career Planning Activities				

3. Indicate your career intention from the different activities listed below:

 Full-time university faculty: Basic science teaching/research

 Full-time university faculty: Clinical teaching/research

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

 Full-time (non-academic) clinical practice: In partnership with one physician

 Full-time (non-academic) clinical practice: In a group of 3 or more

 Full-time (non-academic) clinical practice: Join a closed panel HMO

 Full-time (non-academic) clinical practice: Salaried, hospital

 Other: State or federal agency

 Other: Medical/healthcare administration, without practice

 Other: Non-university research scientist

 Other: Other

 Other: Undecided

Exclusively Significantly involved Somewhat involved Involved in a limited way Non involved

4. How extensively do you expect to be involved in research during your medical career?

5. Do you plan to locate your practice in an underserved area?

Yes

No

Undecided

5a. If yes, indicate the likely location:

6. Where do you plan to practice?

Financial Aid Information

Progress: (2 of 3) 33%

7. Did you receive any scholarships or grants (not loans) for medical school? (select one):

Yes (please indicate the amount.)

No

Amount \$:

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

Yes (please indicate the amount.)

No

Principal Amount \$:

9. Do you have any outstanding loans for your medical school education, which you are legally required to repay? (Select one):

Yes (please indicate the amount.)

No

Principle Amount \$:

10. Do you have any non-educational, consumer debt that you are legally required to repay? Select one. (This includes credit card debt, car loans, residency search loans, or other consumer debt. Do not include home mortgages.):

Yes (please indicate the principal amount for each listed category.)

No

Credit Card \$:

Car Loans \$:

Residency Search Loans \$:

Other Consumer Loans \$:

Institutional Impact of Diversity

Progress: (3 of 3)  67%**11. Based on your experiences, indicate whether you agree or disagree with the following statements (Scale: 1=Strongly Agree to 5=Strongly Disagree)**

- | | Strongly Agree | Agree | No Opinion/Indifferent | Disagree | Strongly Disagree |
|--|----------------|-------|------------------------|----------|-------------------|
| 1. I was appropriately trained to care for individuals from racial and ethnic backgrounds different from my own. | | | | | |
| 2. My knowledge or opinion was influenced or changed by becoming more aware of the perspectives of individuals from racial and ethnic backgrounds different from my own. | | | | | |

AAMC Graduation Questionnaire, Supplement Survey on Financial Aid, Career Intentions, and Diversity**Consent and Data Release Form**

The Graduation Questionnaire Supplement Survey on Financial Aid, Career Intentions, and Diversity is used to gather information from you about your medical student education program and experiences. This information is provided to your medical school only in aggregate form, unless you provide a specific consent to release your individual responses below.

I consent to have my personally identified responses to this questionnaire released to my medical school after September 1, 2005. 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. I further understand that my personal identifiers may be used by the AAMC solely for the purpose of linkage with other data sources for further analyses.

Please feel free to contact the AAMC via email at GQ@aamc.org with any questions or comments.

Survey Evaluation

Thank you for completing the Medical School Graduation Questionnaire and providing the critical guidance that can only come from you. The AAMC will notify your school that you have completed this survey.

In order that we may better serve you, we hope you will take a moment and evaluate the Graduation Questionnaire.

1. How many minutes did it take you to complete this survey?
2. Where are you completing this survey (e.g., hospital, medical school, or home)?
3. Do you have any comments or suggestions for the 2005 Graduation Questionnaire?

Thank You!

Once again, thank you for completing the Medical School Graduation Questionnaire and helping us serve you better.

Please click the close button to close your browser