



## 2008 GQ Student Survey on Priorities in Medical Education

*Welcome to the 2008 Graduation Questionnaire Student Survey on Priorities in Medical Education: Indebtedness, Career Aspirations, 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 financial aid and the valuable information you provide will be used to assist the AAMC's efforts to address the challenges associated with rapidly rising educational costs and indebtedness. 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,

Diane Reis Chair, AAMC Organization of Student Representatives

Mike Ehlert, M.D. President, American Medical Student Association

Rana Yehia Chair, AMA Medical Student Section

Landon E. Dickson Chair, American College of Physicians, Council of Student Members



## **Important Information about the Graduation Questionnaire Student Survey on Priorities in Medical Education: Indebtedness, Career Aspirations, and Diversity**

*Please Read Carefully*

The Graduation Questionnaire Student Survey on Priorities in Medical Education: Indebtedness, Career Aspirations, 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 is 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 Aspirations section of the Graduation Questionnaire Student Survey on Priorities in Medical Education: Indebtedness, Career Aspirations, and Diversity 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 Graduation Questionnaire Student Survey on Priorities in Medical Education: Indebtedness, Career Aspirations, and Diversity, 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](mailto:gq@aamc.org)).

The Graduation Questionnaire Student Survey on Priorities in Medical Education: Indebtedness, Career Aspirations, 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](mailto:hsrppadministrator@aamc.org)).



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I have read and understood this disclosure



Yes



No

## Specialty and Career Plans

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

- Yes
- No
- Undecided whether to seek certification in a specialty

**1a.** Choice of Specialty / Subspecialty

- Allergy and Immunology
- Anesthesiology
- Colon and Rectal Surgery
- Dermatology
- Emergency Medicine
- Family Practice
- Internal Medicine
- Internal Medicine/Pediatrics
- Medical Genetics
- Neurological Surgery
- Neurology
- Nuclear Medicine
- Obstetrics and Gynecology
- Ophthalmology
- Orthopedic Surgery
- Other
- Other Surgical Specialty
- Otolaryngology
- Pathology
- Pediatrics
- Physical Medicine and Rehabilitation
- Plastic Surgery
- Preventive Medicine
- Psychiatry
- Radiology
- Surgery
- Thoracic Surgery
- Urology

**1b.** How confident are you in your choice of specialty?

- Not Confident
- Slightly Confident
- Moderately Confident
- Very Confident

**1c.** How satisfied are you with your opportunities during medical school to explore potential career choices?

- Very Satisfied
- Satisfied
- Neutral
- Dissatisfied
- Very Dissatisfied

**2.** How useful were the following in helping you choose your specialty?

	Did Not Use	Not Useful	Slightly Useful	Moderately useful	Very Useful
Overall Career Planning program in your school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Advising/Mentoring	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Careers in Medicine Web Site	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Specialty Interest Group-sponsored panels and presentations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
School-sponsored Career Planning Workshops and Courses	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Publications and web-based resources	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Participation in in-house extramural electives	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**3. How important were the following factors in determining your specialty choice?**

	Not Important	Slightly Important	Moderately Important	Very Important
1. Lifestyle	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Competitiveness of specialty	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Level of educational debt	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Mentor/role model influence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Options for fellowship training	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Salary expectations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Length of residency training	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Family Expectations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Fit with personality, interests, and skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Content of specialty	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**4. 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



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- 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

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

- Exclusively
- Significantly involved
- Somewhat involved
- Involved in a limited way
- Not involved

**6.** Do you plan to practice in an underserved area?

- Yes
- No
- Undecided

**6a.** If yes, what is the likely location?

- Rural community
- Inner-city community
- Other

**7.** Where do you plan to practice?

State \_\_\_\_\_

## Indebtedness

**8.** Did you receive any scholarships or grants (not loans) for medical school

- Yes  
 No

**8a.** If yes, please fill in the amount of scholarships or grants for medical school

Amount \$ \_\_\_\_\_

**9.** Do you have any outstanding educational loans for your premedical/college education? (Select one):

- Yes  
 No

**9a.** If yes, please fill in the amount of any outstanding educational loans for your premedical/college education

Amount \$ \_\_\_\_\_

**10.** Do you have any outstanding education loans for your medical school education? (Select one):

- Yes  
 No

**10a.** If yes, please enter in the total amount of outstanding education loans for your medical school education

Amount \$ \_\_\_\_\_

**11.** Do you have any non-educational, consumer debt? (Select one): (This includes credit card debt, car loans, residency search loans, or other consumer debt. Do not include home mortgages.):

- Yes  
 No

**11a.** Please enter the principal amount for each listed category of non-educational, consumer debt that you are legally required to repay.

Credit Card \$ \_\_\_\_\_

Car Loans \$ \_\_\_\_\_

Residency Search Loans \$ \_\_\_\_\_

Other Consumer Loans \$ \_\_\_\_\_

Total \$ Item \_\_\_\_\_

## Institutional Impact of Diversity

**12.** 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.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### Consent and Data Release Form:

The Graduation Questionnaire Student Survey on Priorities in Medical Education: Indebtedness, Career Intentions, and Diversity are 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, 2008. 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](mailto:GQ@aamc.org) with any questions or comments.

- I Agree
- I Do Not Agree

**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.

How many minutes did it take you to complete this survey?

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Where are you completing this survey (eg. hospital, medical school, or home)?

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**Comments.** Do you have any comments or suggestions for the 2008 Graduation Questionnaire?

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