2024 Medical School Year Two Questionnaire (Y2Q)

If you are attending a U.S. medical school in 2024 and are currently in your second year, then you are encouraged to participate in the Medical School Year Two Questionnaire (Y2Q).

Note: Please use a standard web browser capable of viewing large pages, such as Chrome or Firefox. JavaScript and cookies must be enabled in order for this survey application to work properly.



2024 Medical School Year Two Questionnaire (Y2Q)

Please Verify Your Name and Medical School

Please take a moment to verify the information below. This information does not affect the confidentiality of your responses but ensures that your responses will be correctly associated with your medical school.

FIRST NAME: LAST NAME: MEDICAL SCHOOL:

(Note: the legal name displayed above was provided by your school's registrar to help us verify your eligibility for the survey; it may differ from the personal information you control separately in your AAMC account.)

Is your name and medical school information above correct?

Yes

No No





Important Information About the Medical School Year Two Questionnaire (Y2Q)

Please Read Carefully

The Medical School Year Two Questionnaire (Y2Q) is administered annually by the Association of American Medical Colleges (AAMC) to all second-year medical students. The Y2Q seeks information from second-year medical students to improve medical education. The survey will take approximately 15 to 25 minutes to complete.

Participation Is Voluntary

Participation in the Y2Q is voluntary. You have the right not to answer any question or set of questions. To help ensure participation is voluntary, the AAMC will not inform medical schools which students have started or completed the Y2Q. If you believe you are being coerced into participation, contact the AAMC Office of Human Subjects Research Protection by email (humansubjects@aamc.org).

Confidentiality Statement

The data collected in this survey are classified as confidential. Confidential data may not be released with individual identification, except with permission. (Your agreement to participate in the survey is not considered to be permission to release your identified responses.) Your responses will be securely stored by the AAMC with appropriate access controls to limit exposure of your data to the research team and support staff.

Benefits and Risks of Participation

Benefits of Participation: By participating, you will be contributing to medical education research, national benchmarking, and the improvement of medical education programs.

Risks of Participation: This data collection is considered to be minimal risk. If individually identified data were made public, it could prove embarrassing.

How Responses are Used

Medical schools receive Y2Q data in reports that aggregate responses at the national, medical school, and (where applicable) campus levels. On occasion, for the purpose of conducting further studies to improve their programs, schools may request a de-identified file of individual responses. The AAMC reduces the probability of connecting responses to specific individuals by not providing information where the small number of respondents in a specific category would allow individuals to be reasonably identified. Additionally, the AAMC may provide medical schools and AAMC or other medical education researchers a file of de-identified individual responses, in which your Y2Q responses may have been linked with information from other AAMC databases, without additional informed consent. Those receiving such de-identified files will be required to agree to terms that outline how the data may be used and for how long.

This data collection activity has been reviewed according to AAMC policies and procedures and its Institutional Review Board.

If you have any questions about your rights as a participant, contact the AAMC Office of Human Subjects Research Protection by email (humansubjects@aamc.org). If you have any technical questions about the Y2Q, contact Y2Q staff by email (Y2Q@aamc.org) or telephone (202-862-6151).

I have read and understood this disclosure and agree to participate in the survey

I have read and understood this disclosure and choose not to participate in the survey



2024 Y2Q Part I - Medical Education Experiences

Please indicate the extent to which you agree with the following	statement:				
	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
Overall, I am satisfied with the quality of my medical education					\bigcirc



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2024 Y2Q Part II - Curriculum

Please describe how often you attend:

	Almost Never (0% - 20%)	Occasionally (21% - 40%)	Somewhat Often (41% - 60%)	Often (61% - 80%)	Most of the Time (81% - 100%)
In-person pre-clerkship courses/lectures at YOUR medical school				\bigcirc	\bigcirc
Virtual pre-clerkship courses/lectures (e.g., podcast or video) at YOUR medical school	\bigcirc	0	0	0	\bigcirc



2024 Y2Q Part II - Curriculum

Are you aware that your school has policies regarding the mistreatment of medical students?

- O Yes
- 🔵 No

Do you know the procedures at your school for reporting the mistreatment of medical students?

- O Yes
- No



Please indicate the extent to which you agree with the following statements about your medical school:

	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
My medical school prepares students to effectively communicate with people across a broad spectrum of backgrounds.		\bigcirc		\bigcirc	\bigcirc
I often feel isolated at school.	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
My teachers and mentors have told me that they have high standards for my performance.	\bigcirc		\bigcirc	\bigcirc	\bigcirc
I often feel that my performance is being judged more closely than others.	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
My teachers and mentors have told me that they feel sure that I can perform well against high standards.			\bigcirc		
I closely share the professional values and interests of most of my classmates.	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
I often feel as if my performance is being judged as a member of the identity group that I belong to more than as an individual.	\bigcirc		\bigcirc	\bigcirc	\bigcirc
Students learn effective tools for recognizing their own bias in interacting with people of different identity groups.	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
The medical school experience, to this point, contributes to students' ability to work in disadvantaged communities.		\bigcirc		\bigcirc	

Think about HOW OFTEN you experience the following at your medical school. Determine your response by choosing one of the categories of frequency given below. Choose the category that best approximates your perceptions.

	Never	Almost never	Sometimes	Fairly often	Very often	Always
Faculty are helpful to students seeking advice not directly related to academic matter.	\bigcirc				\bigcirc	\bigcirc
Students in the school are distant with each other.	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
Students in the school get to know each other well.	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
When giving criticism or answering a question, faculty are genuinely interested in helping the student.	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
Students spend time assisting each other.	\bigcirc	\bigcirc		\bigcirc	\bigcirc	\bigcirc
Students gather together in informal activities.	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
	Never	Almost never	Sometimes	Fairly often	Very often	Always
Faculty and administrators give personal help to students having academic difficulty.	\bigcirc				\bigcirc	
Faculty are reserved and distant with students.	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
The educational experience makes students value themselves.	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
The educational experience makes students feel a sense of achievement.	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
There are disconnects between what I am taught about professional behaviors/attitudes and what I see being demonstrated by faculty.		\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
The educational experience makes students feel confident of their academic abilities.						

Please rate how often the following professional behaviors/attitudes are demonstrated by your medical school's faculty.

	Never	Almost never	Sometimes	Fairly often	Very often	Always
Respecting patient confidentiality.	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
Using professional language/avoiding derogatory language.	\bigcirc		\bigcirc	\bigcirc	\bigcirc	\bigcirc
Dressing in a professional manner.	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
Resolving conflicts in ways that respect the dignity of all involved.	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
Being respectful of house staff and other physicians.	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
Respecting diversity.	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
	Never	Almost never	Sometimes	Fairly often	Very often	Always
Being respectful of other health professions.	Never	Almost never	Sometimes	Fairly often	Very often	Always
Being respectful of other health professions. Being respectful of other specialties.	Never	Almost never	Sometimes	Fairly often	Very often	Always
• •	Never	Almost never	Sometimes	Fairly often	Very often	Always
Being respectful of other specialties.	Never	Almost never	Sometimes	Fairly often	Very often	Always
Being respectful of other specialties. Being on time and managing a schedule well.	Never	Almost never	Sometimes	Fairly often	Very often	Always



Indicate whether you agree or disagree with the following statement:

My medical school has done a good job of fostering and nurturing my development as a:

	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
Person	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
Future physician	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc



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2024 Y2Q Part IV - Medical School Support and Services

Indicate your level of satisfaction with the following:

	Very dissatisfied	Dissatisfied	Neutral	Satisfied	Very satisfied	Did not use
Academic counseling	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
Tutoring		\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
Faculty mentoring	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
Financial aid administrative services	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
	Very	Dissatisfied	Neutral	Satisfied	Very satisfied	Did not use
	dissatisfied				·	
Student health insurance	dissatisfied	\bigcirc	\bigcirc	\bigcirc		\bigcirc
Student health insurance Student health services	dissatisfied	0	0	0		0
	dissatisfied					



2024 Y2Q Part IV - Medical School Support and Services - Financial Information

How are you financing your medical school education? Please enter a percentage for each applicable category to total 100%. Enter 0 (zero) for non-applicable categories.

□ %	
□ %	
□ %	
□ %	
□ %	
□ %	



In which of the following activities do you plan to participate during your career? Select all that apply.

Patient Care	
Research	
Teaching	
Medical School Faculty	
Administration (e.g., Department Chair, Dean)	
Military Service	
Public Health	
Other (please specify):	



In which of the following activities do you plan to participate during your career? Select all that apply.

Patient Care
Research
Teaching
Medical School Faculty
Administration (e.g., Department Chair, Dean)
Military Service
Public Health
Other (please specify):

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)

How exclusively do you expect to be involved in research?

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



The following question is about your future career in medicine.

What general specialty are you considering?

Please select your MOST likely specialty from the list below:

- Anesthesiology or subspecialty
- Child Neurology
- Dermatology or subspecialty
- Emergency Medicine or subspecialty
- Family Medicine or subspecialty
- Internal Medicine or subspecialty
- Internal Medicine/Pediatrics
- Medical Genetics and Genomics or subspecialty
- Neurological Surgery or subspecialty
- Neurology or subspecialty
- Nuclear Medicine
- Obstetrics and Gynecology or subspecialty
- Ophthalmology or subspecialty
- Orthopaedic Surgery or subspecialty
- Otolaryngology or subspecialty
- Pathology or subspecialty
- Pediatrics or subspecialty
- Physical Medicine and Rehabilitation or subspecialty
- Plastic Surgery or subspecialty
- Preventive Medicine or subspecialty
- Psychiatry or subspecialty
- Radiation Oncology
- Radiology or subspecialty
- Surgery General Surgery or subspecialty
- Thoracic Surgery or subspecialty
- Urology or subspecialty

Vascular Surgery or subspecialty

Undecided

I do not plan to practice medicine



When thinking about your career path after medical school, how important are the following considerations?

	Not important	Somewhat important	Very important	Essential
Working for social change	\bigcirc	\bigcirc	\bigcirc	\bigcirc
High income potential	\bigcirc	\bigcirc	\bigcirc	\bigcirc
Social recognition or status	\bigcirc	\bigcirc	\bigcirc	\bigcirc
Stable, secure future	\bigcirc	\bigcirc	\bigcirc	\bigcirc
Creativity and initiative	\bigcirc	\bigcirc	\bigcirc	\bigcirc
Expression of personal values	\bigcirc	\bigcirc	\bigcirc	\bigcirc
Availability of jobs	\bigcirc	\bigcirc	\bigcirc	\bigcirc
Leadership potential	\bigcirc	\bigcirc	\bigcirc	\bigcirc
Work/life balance	\bigcirc	\bigcirc	\bigcirc	\bigcirc
Ability to pay off debt	\bigcirc	\bigcirc	\bigcirc	\bigcirc
Opportunity for innovation	\bigcirc	\bigcirc	\bigcirc	\bigcirc



If you could revisit your career choice, would you choose to attend medical school again?
No
Probably Not
Neutral
Probably Yes
Yes



	As bad as it can be = 0	1	2	3	4	5	6	7	8	9	As good as it can be = 10
Your overall quality of life?	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc		\bigcirc	\bigcirc	\bigcirc
Your overall mental (intellectual) well- being?	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
Your overall physical well-being?	\bigcirc		\bigcirc		\bigcirc	\bigcirc	\bigcirc		\bigcirc	\bigcirc	\bigcirc
Your overall emotional well-being?	\bigcirc	\bigcirc							\bigcirc	\bigcirc	
Your level of social activity?		\bigcirc		\bigcirc		\bigcirc	\bigcirc	\bigcirc		\bigcirc	\bigcirc
Your spiritual well-being?	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc

Please select the number best reflecting your response to the following that describe your feelings during the past week, including today. How would you describe:



Please select the number best reflecting your response to the following that describe your feelings during the past week, including today. How would you describe:

	Constant tiredness = 0	1	2	3	4	5	6	7	8	9	No fatigue = 10
Your level of fatigue, on the average?		\bigcirc					\bigcirc				

	No support = 0	1	2	3	4	5	6	7	8	9	Highest level of support = 10
Your level of social support from friends and family?		0	0	\bigcirc	\bigcirc	\bigcirc			\bigcirc	\bigcirc	

	Constant										No
	concerns										concerns
	= 0	1	2	3	4	5	6	7	8	9	= 10
Your financial concerns?	0		\bigcirc							0	0



The following questions ask you about your feelings and thoughts during the last month. In each case, indicate how often you felt or thought a certain way.

	Never	Almost never	Sometimes	Fairly often	Very often
In the last month, how often have you felt that you were unable to control the important things in your life?		\bigcirc		\bigcirc	\bigcirc
In the last month, how often have you felt confident about your ability to handle your personal problems?	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
In the last month, how often have you felt that things were going your way?	\bigcirc	\bigcirc			\bigcirc
In the last month, how often have you felt difficulties were piling up so high that you could not overcome them?	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc



Please indicate the extent to which you agree with the following statements:

	Strongly disagree	Disagree	Agree	Strongly agree
I always find new and interesting aspects in my medical school work.		\bigcirc	\bigcirc	\bigcirc
There are days when I feel tired before I arrive at medical school.		\bigcirc	\bigcirc	\bigcirc
It happens more and more often that I talk about my medical school work in a negative way.	\bigcirc			
After a day of medical school, I tend to need more time than in the past in order to relax and feel better.	\bigcirc	\bigcirc	\bigcirc	\bigcirc
I can tolerate the pressure of my medical school work very well.		\bigcirc	\bigcirc	\bigcirc
Lately, I tend to think less at medical school and do my medical school work almost mechanically.	\bigcirc	\bigcirc	\bigcirc	\bigcirc
I find my medical school work to be a positive challenge.	\bigcirc			
During my medical school work, I often feel emotionally drained.	\bigcirc	\bigcirc	\bigcirc	\bigcirc



Please indicate the extent to which you agree with the following statements:

	Strongly disagree	Disagree	Agree	Strongly agree
Over time, one can become disconnected from medical school work.		\bigcirc	\bigcirc	\bigcirc
After a day of medical school, I have enough energy for my leisure activities.	\bigcirc	\bigcirc	\bigcirc	\bigcirc
Sometimes I feel sickened by my medical school work.	\bigcirc		\bigcirc	\bigcirc
After a day of medical school, I usually feel worn out and weary.	\bigcirc	\bigcirc	\bigcirc	\bigcirc
The study of medicine is the only thing that I can imagine myself doing.			\bigcirc	
Usually, I can manage the amount of my medical school work well.	\bigcirc	\bigcirc	\bigcirc	\bigcirc
I feel more and more engaged in my medical school work.		\bigcirc		\bigcirc
When I am at medical school, I usually feel energized.	\bigcirc	\bigcirc	\bigcirc	\bigcirc

Your responses to the following questions about behaviors or experiences during medical school might be sensitive. These data may be reported at the national, school, or campus level; however, they would only be reported in aggregate and after review by AAMC staff to reduce the probability that you could be identified by your responses.

For each of the following behaviors, please indicate the frequency you personally experienced that behavior during medical school. Include in your response any behaviors performed by faculty, nurses, residents/interns, other institution employees or staff, and other students. Please <u>do not include behaviors performed by patients</u>.

During medical school, how frequently have you...

	Never	Once	Occasionally	Frequently
Been publicly embarrassed?		\bigcirc		
Been publicly humiliated?	\bigcirc	\bigcirc	\bigcirc	\bigcirc
Been threatened with physical harm?	\bigcirc	\bigcirc	\bigcirc	\bigcirc
Been physically harmed (e.g., hit, slapped, kicked)?	\bigcirc	\bigcirc	\bigcirc	\bigcirc
Been required to perform personal services (e.g., shopping, babysitting)?		\bigcirc		\bigcirc
	Never	Once	Occasionally	Frequently
Been subjected to unwanted sexual advances?				
Been asked to exchange sexual favors for grades or other rewards?			\bigcirc	
Been denied opportunities for training or rewards based on gender?	\bigcirc	\bigcirc		
Been subjected to offensive sexist remarks/names?	\bigcirc	\bigcirc	\bigcirc	\bigcirc
Received lower evaluations or grades solely because of gender rather than performance?	\bigcirc	\bigcirc		\bigcirc
	Never	Once	Occasionally	Frequently
Been denied opportunities for training or rewards based on race or ethnicity?	\bigcirc		\bigcirc	
Been subjected to racially or ethnically offensive remarks/names?	\bigcirc	\bigcirc	\bigcirc	\bigcirc
Received lower evaluations or grades solely because of race or ethnicity rather than performance?	\bigcirc	\bigcirc	\bigcirc	
Been denied opportunities for training or rewards based on sexual orientation?	\bigcirc	\bigcirc	\bigcirc	\bigcirc
Been subjected to offensive remarks/names related to sexual orientation?		\bigcirc		
	Never	Once	Occasionally	Frequently
Received lower evaluations or grades solely because of sexual orientation rather than performance?				

Been denied opportunities for training or rewards based on a disability?	\bigcirc	\bigcirc	\bigcirc	\bigcirc
Been subjected to offensive remarks/names related to a disability?	\bigcirc	\bigcirc	\bigcirc	\bigcirc
Received lower evaluations of grades solely because of a disability rather than performance?	\bigcirc	\bigcirc	\bigcirc	\bigcirc
Been subjected to negative or offensive behavior(s) based on your personal beliefs or personal characteristics other than your gender, race/ethnicity, sexual orientation, or disability?		\bigcirc	\bigcirc	\bigcirc

If you were subjected to negative or offensive behavior(s) based on your personal beliefs or personal characteristics other than your gender, race/ethnicity, sexual orientation, or disability, please describe the behavior(s) here:

500 characters left.





What is your current marital status?

- Single (never legally married)
- Legally married
- Common law or civil union
- Divorced
- Separated, but still legally married
- Widowed

How many dependents do you have (not including a spouse/partner)?



4 or more



The individual responses provided below will not be shared with or reported to your medical school. The data will only be reported in aggregate.

What sex were you assigned at birth?

- Male
- Female

What best describes your current gender identity?

- Man
- 🔵 Woman
- Trans man
- Trans woman
- Agender
- Genderqueer/Gender nonconforming
- Nonbinary
- Another gender identity (please specify):



The individual responses provided below will not be shared with or reported to your medical school. The data will only be reported in aggregate.

What best describes your current sexual orientation?

- Asexual
- Bisexual
- Gay or Lesbian
- Heterosexual or Straight
- Pansexual
- Queer
- Another sexual orientation (please specify):



The individual responses provided below will not be shared with or reported to your medical school. The data will only be reported in aggregate.

Are you a person with a disability (e.g., ADHD, learning, psychological, chronic health, mobility, hearing, vision, etc.)?

- Yes
- No
- I do not know



The individual responses provided below will not be shared with or reported to your medical school. The data will only be reported in aggregate.

Are you a person with a disability (e.g., ADHD, learning, psychological, chronic health, mobility, hearing, vision, etc.)?

Yes
No
I do not know
Which of the following best describes your disability? If you have more than one type, select all that apply. (Optional: please add a brief description where provided.)
Attention deficit/hyperactivity disorder
Chronic health disability (please specify):
Deaf or hard of hearing
Learning disability (please specify):
Mobility disability
Psychological disability (please specify):
Visual disability
Another disability or condition (please specify):
Have you received accommodations from your institution for your disability?

- Yes
- 🔵 No

Please indicate your level of satisfaction with your institution's accessibility/disability services:

	Very dissatisfied	Dissatisfied	Neutral	Satisfied	Very satisfied	Not applicable
The process for requesting accommodations	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
The accommodations that I received	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc

Use the space below if you would like to share anything about your experiences regarding disability and medical school:

1500 characters left.





The individual responses provided below will not be shared with or reported to your medical school. The data will only be reported in aggregate.

Are you a person with a disability (e.g., ADHD, learning, psychological, chronic health, mobility, hearing, vision, etc.)?

Yes
No
I do not know
Which of the following best describes your disability? If you have more than one type, select all that apply. (Optional: please add a brief description where provided.)
Attention deficit/hyperactivity disorder
Chronic health disability (please specify):
Deaf or hard of hearing
Learning disability (please specify):

- Mobility disability
- Psychological disability (please specify):
- Visual disability
- Another disability or condition (please specify):

Have you received accommodations from your institution for your disability?

No	\bigcirc	Yes				
		No				

Why haven't you received accommodations from your institution for your disability? Select all that apply.

My request for accommodations was denied

My request for accommodations is under review

- I have not requested accommodations because I feel I do not need accommodations
- I have not requested accommodations due to fear of stigma or bias
- I have not requested accommodations because I do not have documentation to support my request
- I have not requested accommodations because my institution does not have a clear process for requesting accommodations

I have not requested accommodations because the process for requesting or accessing accommodations is too difficult
I have not requested accommodations for other reasons (please specify):

Please indicate your level of satisfaction with your institution's accessibility/disability services:

	Very dissatisfied	Dissatisfied	Neutral	Satisfied	Very satisfied	Not applicable
The process for requesting accommodations	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
The accommodations that I received	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc

Use the space below if you would like to share anything about your experiences regarding disability and medical school:

1500 characters left.



2024 Y2Q - Medical School Strengths and Areas for Improvement

Any comments you write below about your school's programs will be provided to your medical school verbatim. The verbatim responses will not be linked to your identity and will not be linked to Y2Q data other than your campus location. In responding to these essay-type questions, you should not provide self-identifying information unless it is your intention that your identity be known.

Please comment on what you perceive to be the strengths of your medical school experiences to date. (3000 character limit)

3000 characters left.

Please comment on any areas where you believe your medical school could improve. (3000 character limit)

3000 characters left.





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2024 Y2Q - Survey Feedback

Please share any thoughts that you have about this survey:

1500 characters left.



2024 Y2Q - Submit Your Survey

Please read carefully:

Clicking on "Submit Survey" below will complete the survey and direct you to a final page that displays your name. You may print that page for personal purposes, or for purposes such as raffles, prize drawings, or other incentives that your school or student organization may have offered to encourage your participation in this survey.

If you have questions you have not completed, you may use the "Previous" button to review prior responses.

(Optional:) Would you like an email confirming your participation in the Y2Q?

Indicate your preference below:

- Email me confirmation of my participation in the Y2Q, which will be sent after I click "Submit Survey" below.
- Do not email me confirming my participation in the Y2Q. I understand that I can use the standard confirmation page that will be displayed after I click "Submit Survey" below.



2024 Medical School Year Two Questionnaire (Y2Q)

Name:

Thank you for participating in the Year Two Questionnaire. If you have any questions, please contact us by email at Y2Q@aamc.org.

Although you have completed the Y2Q, you may still use your survey link to review or revise your responses before the survey closes on January 5, 2025.

Aggregate results from respondents at your school will be reported to your school's AAMC Student Surveys Contacts on March 31, 2025. To see a report of national Y2Q results, visit the Y 2Q website.

You may print a copy of this page for your records. Your school or student organization may also offer raffles, prize drawings, or other incentives for those who have participated in the survey, and this page can be used as verification of completion.

AFTER YOU ARE FINISHED, PLEASE CLOSE YOUR BROWSER TO ENSURE THE SECURITY OF YOUR SURVEY.