

### Supplemental Material For Use and Evaluation of Medical School Information Sources By Aspiring Medical Students

Rationale and method for determining survey options: In an August administration of the 2010 AAMC Pre-MCAT Questionnaire (PMQ), we invited respondents to name what they “used to compare or evaluate the medical schools” to which they may apply. From 2,228 open-text responses supplied, we aggregated to nine frequently named categories. To be amenable to those interested in osteopathic medicine, we included the less commonly cited *Osteopathic Medical College Information Book*. We then added an additional option, “Other source not listed here,” to allow respondents to freely enter an alternative. “*Maclean’s* [magazine] rankings” was also included in the list, but the results are not presented due to the small number of responses (4%). “Other source not listed here” was cited by just 3.4 percent of the final cohort; of 37 write-in responses, no item was cited more than three times.

The language of the evaluative question was: “Please rate the source you identified by its value for helping you make your application decisions. If you identified more than one source, rate each source independently.” A seven-point scale extended from “-3” at the left to “+3” at the right; the label “POOR VALUE” was placed at the scale’s left pole and “HIGH VALUE” at the right.

The secondary survey link was sent by e-mail to 2,954 registrants of a September 2010 MCAT exam. Those consenting to participate totaled 1,213 (41%), of whom 1,159 responded to the first question about medical school comparison sources. (U.S. citizens comprised 82.5 percent of the initial cohort: 1,001 of 1,213). A small percentage

of PMQ participants do not indicate an interest in the M.D. or D.O. degree; such individuals were not offered the questions about medical school comparison resources. Respondents were 622 women (54%) and 537 men; 498 (43%) had at least one parent with a master’s degree or above; and 561 (52%) identified as undergraduates (freshman, sophomore, junior, or senior, vs. graduate, graduate student, or not in college). To ascertain if there was any survey response bias, data were separately weighted by sex and college status using population-level data for all MCAT registrants. Because the weighted results did not differ significantly from the unweighted results, we present unweighted results.

Statistical significance: Group differences for source usage are reported only for Pearson chi-square values significant at the .05 level. Group differences for value means are reported only for Levenes t-values significant at the .05 level.

Other references: increasing numbers of AAMC medical schools: include LCME “preliminary accreditation” status; “Institutions with Developing Medical Education Programs that have Applied for Preliminary Accreditation by the LCME (Updated October 12, 2010),” <http://www.lcme.org/newschoolprocess.htm> (accessed January 11, 2011). Increasing number of AAMC medical school matriculants: 2010 AAMC Data Book, Table B.1.

Human subjects research of the 2010 AAMC PMQ was approved by the Institutional Review Board of the American Institutes for Research.