

SAMPLE QUESTIONNAIRE

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If you would like to view the GQ (read only),
please click on the Login/Save & Continue buttons at the bottom of each page
to move through the sample questionnaire.

To complete GQ 2000, please [click here](#).

From: Jordan J. Cohen, M.D., President, AAMC
Craig Nicholson, Chair, OSR
To: Medical Students Graduating in 2000

Thank you for participating in this year's AAMC Medical School Graduation Questionnaire (GQ). The Association is very pleased to be able to offer you this survey to assure your input into important medical education issues both at your school and nationally.

The results of the GQ have been used since 1978 to assist the Association and medical schools in priority setting and program and policy development. The questions posed in the GQ focus on critical issues for all medical students and educators:

- Does your medical education prepare you appropriately for residency and future practice?
- Did you study in an environment conducive to learning—supportive, with good role models and an opportunity to explore a range of interests and experiences?
- What is your financial situation—will finances affect your future career activities?
- What was particularly good or bad about your educational experience?
- What do you anticipate as your long term career goal and why?

Your classmates and colleagues are also completing this form—perhaps at this very moment! We look forward to your complete and candid responses. Your answers will be kept strictly confidential. Once again thank you for your help improving medical education.

If you have any questions about the questionnaire, how the information is used or the results, please contact us by [e-mail](#).

Congratulations on successfully completing your undergraduate medical education and best wishes for future success.

Continue



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Please enter your Social Security Number (SSN) and select your medical school to login to the Medical School Graduation Questionnaire. This information is used to control access and to let your medical school know when you have completed the questionnaire.

If your SSN and/or your medical school do not match our records you will be given a second chance to correct your information. *Note: If you have transferred medical schools, it may be necessary to input your previous school to gain access to the Graduation Questionnaire. After you have successfully logged in, you will be able to update your school information.* If after your second try we still cannot match you, you will be allowed access but will need to provide additional information about yourself. If there is a conflict with your SSN you will be asked to contact the AAMC for further instructions.

Note: There are known problems with the America Online (AOL) version 3 browser and Microsoft Internet Explorer (IE) version 3.02 because they do not fully support Javascript and/or SSL security, components for the GQ survey and your protection. Free upgrades are offered by [AOL](#) and [Microsoft](#).

Social Security Number:

Medical School: ▼

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Verification of Information

Please take a moment to verify that the following information is correct and make any necessary changes. All changes will be reflected in your submitted questionnaire, and the Student Record System will be notified.

First Name:	<input type="text" value="John"/>
Last Name:	<input type="text" value="Doe"/>
Middle Name:	<input type="text"/>
Social Security Number:	<input type="text" value="000-00-0000"/>
Medical School Awarding Your M.D.:	<input type="text" value="Univ of Illinois COM (IL)"/> ▼
<input type="button" value="Save & Continue"/> <input type="button" value="Clear Form"/>	

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Campus Verification

Please identify your primary Basic Science and Clinical Campuses

University of Illinois	Basic Sciences	Clinical Campus
Chicago (Main Campus)	<input type="radio"/>	<input type="radio"/>
Peoria		<input type="radio"/>
Rockford		<input type="radio"/>
Urbana-Champaign	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>

Save & Continue

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Table of Contents

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.

After completing all 10 sections, use the "Submit Completed Survey" button at the bottom of this main page to send your responses to the AAMC. You are encouraged to complete the survey in one session, however, you may exit at any time and finish the survey later. Please complete the survey by the date established by your school. If you have any questions, please review the [Frequently Asked Questions](#) or [contact us](#).

Section	Summary	Status
Background Information	Status Summary	X
Pre-Medical and Pre-Clinical Experiences	Status Summary	X
Clinical Education	Status Summary	X
General Medical Education	Status Summary	X
General Medical Education Pt. II	Status Summary	X
Specialty and Career Plans	Status Summary	X
Student Services	Status Summary	X
Medical School Experiences	Status Summary	X
Financial Aid Information	Status Summary	X
Strengths & Weaknesses of Your Medical School	Status Summary	X

Submit Completed Survey

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Frequently Asked Questions



[How Do I Fill Out the Survey?](#)
[How Do I Know When I Am Done With A Section?](#)
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[Further Questions](#)

How Do I Fill Out the Survey?

Complete all sections of the questionnaire. Upon completion of all sections use the "Submit Completed Survey" button at the bottom of the Table of Contents page to return the survey to the AAMC. You are encouraged to complete the survey in one session, however you may finish the survey later. Please complete the survey by the date established by your school.

How Do I Know When I Am Done With A Section?

  Beside each section title is a symbol to indicate if the section is complete or incomplete. A blue check indicates all questions have been answered and a red X indicates one or more questions have not been answered. Click the "Status Summary" link to see a list of the questions that still need to be completed for a section to be marked with a blue check.

When Are Answers Saved?

Even if the section is incomplete, all answers in a section will be saved when you click "Save & Continue". You may freely move back and forth between any section and the Table of Contents.

How Do I Make Changes?

You may edit each section multiple times, until you press the "Submit Completed Survey" button at the bottom of the Table of Contents. After the survey has been submitted you will not be able to view or change answers.

How Are Inconsistent Answers Handled?

Some multi-part questions require all parts to be answered. Some inconsistent answers are automatically corrected for you, for others you will be prompted to make the changes yourself before continuing.

How Does My School Know That I Submitted the Survey?

Your school has access to an on-line, real-time directory listing your name and the status of your survey as either not started, in-progress, or complete. You must submit your survey to be marked as complete. A custom Thank You web page is generated once you submit. Press Print on your web browser if you wish to keep a record of completion. Your medical school office (usually the Office of Student Affairs) will regularly receive a list via e-mail of students who completed the survey.

Who Will Get This Information?

The Association of American Medical Colleges receives the information. The information is confidential and students are not identified. Your school receives summary information of how its students' responded. Your school will not have access to your individual answers unless you check the release form at the end of the survey.

Do I have to Worry About the Security of my SSN?

You do not have to worry about security. SSNs are encrypted during transmission. An SSN of 123-45-6789 would appear as 555-55-7865 (derived from an encryption mathematical scheme). In addition, most browsers have 40 to 128 bit encryption built-in. Would be hackers could "listen in" and see data moving, however the data would look something like this: "update q4, q5, q6, q7 set (A, 4, 22, D.)"

Do I Need All Blue Checks To Submit the Survey?

No. However, please complete as much of the survey as possible and to the best of your ability.

Further Questions

For questions contact GQ@aamc.org.

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Background Information

1. Date of Birth month [] / day [] / year [] (4 digit year)

2. Sex [] Male [] Female

3. How do you identify yourself? (Select one):

- [] Black
[] White
Native American
[] American Indian
[] Alaska Native
[] Native Hawaiian
Hispanic:
[] Mexican American/Chicano
[] Puerto Rican
[] Other Hispanic
Asian or Pacific Islander:
[] Filipino
[] Chinese
[] Indian or Pakistani
[] Korean
[] Japanese
[] Vietnamese
[] Southeast Asian, other than Vietnamese
[] Other Pacific Islander
[] Other Asian

4. Month and year you first entered medical school (either U.S. or international):
month [] / year [] (4 digit year)

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

- [] M.D. [] Joint M.D./Ph.D.
[] Joint Bachelor's/M.D. [] Other
[] Joint M.D./Master's

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. (Select one):

- [] Biological Sciences [] Humanities

Biological Science

Physical Science

Public Health

Social Science

Humanities

Business

Other

Save & Continue

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10. 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. (*Select one for each year*):

Yes

No

Year 1

Year 2

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Clinical Education

11. Rate the quality of your educational experience in each of the following clinical clerkships. (*Select one for each item*)

	Excellent	Good	Fair	Poor	Not Applicable
1. Family-community medicine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Internal medicine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Neurology	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Obstetrics and Gynecology	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Pediatrics	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Psychiatry	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Surgery	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

12. Please indicate if you participated in any of the following ambulatory educational experiences. (*Select one for each item*):

	Requirement	Elective	Not Applicable
1. Primary care clerkship (multidisciplinary)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Family medicine clerkship	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Community medicine clerkship in a rural setting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Community medicine clerkship in an inner-city setting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Ambulatory block assignment (at least 4 weeks or 50% of clerkship) during internal medicine clerkship	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Ambulatory block assignment (at least 4 weeks or 50% of clerkship) during pediatric clerkship	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Ambulatory block assignment (at least 4 weeks or 50% of clerkship) during general surgery clerkship	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Ambulatory block assignment (at least 4 weeks or 50% of clerkship) during obstetrics/gynecology clerkship	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

13. Indicate whether you agree or disagree with the following statements about clerkships at medical school. *(Select one for each item):*

	Strongly Agree	Agree	No Opinion / Indifferent	Disagree	Strongly Disagree
1. Students were taught sufficient clinical skills preparation for clerkships	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Clerkship objectives were made clear to students	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Performance expectations for clerkships were made clear to students	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. The number of patient experiences in clerkships was appropriate	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. The diversity of patient experiences in clerkship was appropriate	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Students were given appropriate role in patient care during clerkships	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Students were expected to demonstrate use of current evidence-based information in patient care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Attending faculty were involved adequately in teaching and evaluating during clerkships	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Residents played too large a role in teaching and evaluation during clerkships	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Residents demonstrated use of current evidence-based information in patient care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. Faculty demonstrated use of current evidence-based information in patient care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. Clerkships were well organized	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. Students were given timely feedback on performance in clerkships	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

14. Indicate whether you agree or disagree with the following statements about your clinical education. *(Select one for each item):*

	Strongly Agree	Agree	No Opinion / Indifferent	Disagree	Strongly Disagree
1. Nutrition-related experiences were adequate	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Clerkship preceptors served as appropriate role-models for the practice of nutrition assessment and intervention with patients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Students were well prepared to assess patients' status for obesity and undernutrition	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Students were adequately taught to nutritionally assess and treat patients with type 2 diabetes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Students were adequately taught to nutritionally assess and treat patients at risk for coronary heart disease	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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General Medical Education

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

<i>Clinical Decision Making and Clinical Care</i>	Inadequate	Appropriate	Excessive
1. Care of hospitalized patients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Care of ambulatory patients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Patient follow-up	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Primary care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Long-term health care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Patient interviewing skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Communication skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Diagnosis of disease	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Management of disease	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Physician-patient relationships	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. Teamwork with other health professionals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. Clinical decision-making	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. Clinical pharmacology	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. Geriatrics	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. Pain management	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. Evidence-based medicine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. Interpretation of clinical data and research reports	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. Literature reviews/critiques	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. Interpretation of laboratory results	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20. Decision analysis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<i>Population Based Medicine</i>	Inadequate	Appropriate	Excessive

1. Public health and community medicine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Role of community health and social service agencies	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Health promotion and disease prevention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Screening for diseases	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Infectious disease prevention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Clinical epidemiology	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Biostatistics	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Women's health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Health Issues for underserved populations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Risk assessment and counseling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. Occupational medicine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Practice Management

1. Medical care cost control	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Cost effective medical practice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Quality assurance in medicine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Quality improvement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Practice management	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Medical record-keeping	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Managed care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other Medical Topics	Inadequate	Appropriate	Excessive
1. Law and medicine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Behavioral sciences	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Medical genetics	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Genetics counseling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Complimentary and alternative medicine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Human sexuality	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Family dynamics	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Palliative care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Family/domestic violence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Drug and alcohol abuse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. Cultural differences and health related behaviors/customs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. Culturally appropriate care for diverse populations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

9. Respect for the privacy and dignity of patients
10. Valuing honesty and integrity in all interactions with patients' families, colleagues, and others with whom physicians must interact in their professional lives
11. The theories and principles that govern ethical decision making
12. The major ethical dilemmas in medicine, particularly those that arise at the beginning and end of life and from the rapid expansion of knowledge in genetics
13. To recognize and accept limitations in one's knowledge and clinical skills, and a commitment to continuously improve one's knowledge and ability

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General Medical Education, Part II

18. 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. *(Select one):*

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

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

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

20. Indicate whether you agree or disagree with the following statement: I am confident that I have acquired the [clinical skills](#) required to begin a residency program. *(Select one):*

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

21. Identify the methods that were used to evaluate your [clinical skills](#) *(Select one for each item):*

	Yes	No
1. Multiple-choice examination	<input type="radio"/>	<input type="radio"/>
2. NBME subject examination	<input type="radio"/>	<input type="radio"/>
3. Oral examination	<input type="radio"/>	<input type="radio"/>
4. Observation by faculty member	<input type="radio"/>	<input type="radio"/>
5. Peer evaluation	<input type="radio"/>	<input type="radio"/>
6. Case simulation using standardized patient(s)	<input type="radio"/>	<input type="radio"/>
7. Objective Structured Clinical Examination (OSCE) using standardized patients, case vignettes, focused examinations, and interpretation of laboratory and test data	<input type="radio"/>	<input type="radio"/>
8. Computerized case simulations	<input type="radio"/>	<input type="radio"/>

22. Indicate your level of agreement with the following statements. (*Select one for each item*):

I am confident that I have the appropriate knowledge and skills to:

	Strongly Agree	Agree	No Opinion/ Indifferent	Disagree	Strongly Disagree
1. Carry out reasonably sophisticated searches of medical information databases	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Appropriately interpret copyright and intellectual property rights issues with regard to materials that are obtained electronically	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Protect the confidentiality of private information obtained from patients and colleagues when the information is stored on a computer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Use a computer-based clinical record keeping program, both for finding and recording patient-specific information	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Use computer-based self assessment tools, as might be appropriately applied in medical education	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Use presentation software (e.g., Harvard Graphics, PowerPoint) to create visual materials which support oral presentations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Use a variety of forms of telemedicine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Participate in Internet listservs and discussion groups	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Select and use software tools for creating simple databases of medical information	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Use a statistical software package (e.g., SAS, SPSS, Minitab, Systat) to organize, summarize, and analyze small sets of medical data	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. Understand how information technology supports automation of laboratory experiments	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. Understand how information technology can be used to develop, implement, and monitor compliance with clinical pathways and other forms of patient care protocols	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. Use a computerized clinical scheduling system	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Specialty and Career Plans

23. Are you planning to become certified in a specialty or subspecialty (*Please select up to two specialties/subspecialties from the drop down boxes*)?

Yes No Undecided whether to seek a certification in a specialty

First Choice: ▼

Second Choice: ▼

24. To what degree did your level of educational debt influenced your specialty choice? (*Select one*):

- No influence
- Minor influence
- Moderate influence
- Strong influence

25. To what degree has your understanding of the professional opportunities in the future medical market place influenced your specialty choice? (*Select one*):

- No influence
- Minor influence
- Moderate influence
- Strong influence

26. Indicate your career intention from the different activities listed below. (*Select one*):

Full-time university faculty

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

Full-time (non-academic) clinical practice:

- 3. Solo Practice
- 4. In partnership with one other physician
- 5. In a group of 3 or more physicians
- 6. Join a closed panel (group or staff-model) HMO
- 7. Salaried, hospital based.

Other:

- 8. State or federal agency (e.g., Veterans Administration, armed forces, Public Health Service)
- 9. Medical/healthcare administration, without practice (e.g., hospital or federal agency administrator, association or academic executive, business executive)
- 10. Non-university research scientist (e.g., in industry, federal agency, state agency)
- 11. Other
- 12. Undecided

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

- Exclusively
- Significantly involved (several years set aside for full time research or 25% or more of continuous career devoted to research pursuits)
- Somewhat involved (one year or less set aside for research or less than 25% of continuous career)
- Involved in a limited way (occasional cooperation with clinical trials of new drugs or medical devices in my practice)
- Not involved

28. Do you plan to locate your practice in an underserved area? (*Select one*):

- Yes (*Please select the likely location from the drop down box*)
- No
- Undecided

Select an Option ▼

29. Regardless of location, do you plan to serve primarily a minority population? (Over 50% of patients). (*Select one*):

- Yes (*Please select the primary population of your practice from the drop down box*)
- No
- Undecided

Select an Option ▼

Save & Continue

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SAMPLE QUESTIONNAIRE

**PLEASE DO NOT ENTER DATA IN THIS SAMPLE
(data will not be saved).**

Student Services

30. Indicate your level of satisfaction with the following. *(Select one for each item):*

	Very Satisfied	Satisfied	No Opinion/ Indifferent	Dissatisfied	Very Dissatisfied
<i>Student Administration</i>					
1. Accessibility to administration	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Awareness of student problems by administration	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Participation of students on key medical school committees	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<i>Student Support</i>					
4. Academic counseling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Tutorial help	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Career counseling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Personal counseling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Financial aid administrative services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Overall educational debt management counseling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Senior loan exit interview	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. Faculty mentoring	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<i>Student Health</i>					
12. Student health services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. Student health insurance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. Disability insurance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. Education about exposure to and prevention of infectious disease	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. Screening and immunization for communicable diseases	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<i>Library and Learning Resources</i>					

17. Library	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. Computer resource center	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. Access to electronic communication (E-mail, Internet/Intranet)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<i>Other Student Services</i>					
20. Student study space	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21. Student relaxation space	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

- No influence
 Moderate influence
 Minor influence
 Strong influence

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SAMPLE QUESTIONNAIRE

**PLEASE DO NOT ENTER DATA IN THIS SAMPLE
(data will not be saved).**

Medical School Experiences

32. Have you personally been mistreated during medical school? Yes No

32a. For each of the following types of mistreatment, indicate the frequency you experienced it personally. (Select one for each item):

	Never	Once	Occasionally	Frequently
<i>General Mistreatment</i>				
1. Been publicly belittled or humiliated?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Been threatened with physical harm or been physically punished (e.g., hit, slapped, kicked)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Been required to perform personal services (e.g., shopping, babysitting)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<i>Sexual Harrassment</i>				
4. Been denied opportunities for training or rewards because of your gender?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Been asked to exchange sexual favors for grades or other awards?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Been subject to unwanted sexual advances by school personnel?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Been subjected to offensive sexist remarks/names directed at you personally?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Received lower evaluations or grades solely because of your gender rather than performance?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<i>Racial/Ethnic Harrassment</i>				
9. Been denied opportunities for training or rewards because of your race or ethnicity?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Been subjected to racially or ethnically offensive remarks/names directed at you personally?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. Received lower evaluations or grades solely because of your race or ethnicity rather than performance?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<i>Sexual Orientation Harrassment</i>				
12. Been denied opportunities for training or rewards because of your sexual orientation?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

13. Been subjected to offensive remarks/names directed at you personally because of your sexual orientation?
14. Received lower evaluations or grades solely because of your sexual orientation rather than performance?

32b. Please identify the source of the mistreatment (*Select Yes or No for each group*):

	Yes	No
1. Preclinical Faculty	<input type="radio"/>	<input type="radio"/>
2. Clinical Faculty (in classroom)	<input type="radio"/>	<input type="radio"/>
3. Clinical Faculty (in hospital)	<input type="radio"/>	<input type="radio"/>
4. Residents/Interns	<input type="radio"/>	<input type="radio"/>
5. Nurses	<input type="radio"/>	<input type="radio"/>
6. Administrators	<input type="radio"/>	<input type="radio"/>
7. Students	<input type="radio"/>	<input type="radio"/>
8. Patients	<input type="radio"/>	<input type="radio"/>

32c. Did you report the incident(s) to a designated faculty member or a member of the medical school administration empowered to handle such complaints? Yes No

32d. If yes, whom did you tell about your experience(s) of mistreatment? (*Select all that apply*)

- Dean of Students Designated counselor/advocate
- Other medical school administrator Faculty member
- Other

32e. How satisfied are you with the application of your school's student mistreatment procedures?

	Very Satisfied	Satisfied	No Opinion/ Indifferent	Dissatisfied	Very Dissatisfied
1. Provided a non-threatening and easily accessible mechanism for the submission and processing of your complaint(s)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Objectively determined if further investigation was warranted	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Equitably investigated and adjudicated complaint(s)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Appropriately protected your rights	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

33. Are you aware that your school has a mistreatment policy? Yes No

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

	Strongly Agree	Agree	No Opinion / Indifferent	Disagree	Strongly Disagree
1. Medicine will not be as financially rewarding in the future as in the past	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Physicians will not receive the same respect from society in the future as they have in the past	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Changes in the health care system are impairing physician independence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. The administrative requirements of the health care financing system are too burdensome on physicians	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Physicians' legal liabilities and the high cost of malpractice insurance are major problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. The demands of a physician's work interfere too much with family relations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. The demands of a physician's work interfere too much with other interests and pursuits	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Specialists are less important than primary care physicians	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Physicians who work hard will always be able to build a successful practice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Having interesting and intelligent colleagues is a major benefit of being a physician	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. Access to medical care continues to be a major problem in the United States	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. Everyone is entitled to receive adequate medical care regardless of his or her ability to pay	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. Physicians have an opportunity to exercise greater influence on health promotion and disease prevention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. Physicians have an obligation to care for a reasonable number of patients who will be unable to pay for the services they receive	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. Advances in the biomedical sciences and their application to the care of patients will make the practice of medicine more challenging and rewarding in the future	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. Cure of disease is the most important purpose of medicine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. Relief of patient suffering is the most important pursuit of medicine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. Managed care organizations interfere with physician ability to provide good medical care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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SAMPLE QUESTIONNAIRE

**PLEASE DO NOT ENTER DATA IN THIS SAMPLE
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Financial Aid Information

35. Did you receive any scholarships or grants (*not loans*) for medical school? (*Select one*):

Yes (*please indicate the amount.*)
 No

Amount \$

35a. If yes, which of the following scholarships/grants did you receive? (*Select an answer for each item*)

	Yes	No
1. Armed Forces	<input type="radio"/>	<input type="radio"/>
2. NHSC (PHS)	<input type="radio"/>	<input type="radio"/>
3. National Medical Fellowship (NMF)	<input type="radio"/>	<input type="radio"/>
4. Financial Assistance to Disadvantaged Health Professions Students	<input type="radio"/>	<input type="radio"/>
5. Exceptional Financial Need Scholarship	<input type="radio"/>	<input type="radio"/>
6. School Scholarships for Disadvantaged Students	<input type="radio"/>	<input type="radio"/>
7. Need-Based School Scholarships	<input type="radio"/>	<input type="radio"/>
8. School Merit Scholarships	<input type="radio"/>	<input type="radio"/>
9. Other	<input type="radio"/>	<input type="radio"/>

36. 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 \$

37. 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

Principal Amount \$

38. If you have outstanding medical school loans which you are legally required to repay, please indicate the source(s). *(Select an answer for each item):*

	Yes	No
1. Federal Stafford Student Loan - subsidized	<input type="radio"/>	<input type="radio"/>
2. Federal Stafford Student Loan - unsubsidized	<input type="radio"/>	<input type="radio"/>
3. Federal Perkins Loan	<input type="radio"/>	<input type="radio"/>
4. Health Education Assistance Loan (HEAL)	<input type="radio"/>	<input type="radio"/>
5. Primary Care Loan (PCL)	<input type="radio"/>	<input type="radio"/>
6. Health Professions Student Loan (HPSL)	<input type="radio"/>	<input type="radio"/>
7. Loans for Disadvantaged Students (LDS)	<input type="radio"/>	<input type="radio"/>
8. MEDLOANS Alternative Loan Program (ALP)	<input type="radio"/>	<input type="radio"/>
9. Other privately-insured loan program	<input type="radio"/>	<input type="radio"/>
10. State Loan	<input type="radio"/>	<input type="radio"/>
11. University or medical school loan	<input type="radio"/>	<input type="radio"/>
12. Other	<input type="radio"/>	<input type="radio"/>

39. Do you have any debts other than educational (e.g., credit cards, car loan, etc.)? *(Select one):*

Yes *(please indicate the amount)* No

Amount \$

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SAMPLE QUESTIONNAIRE

**PLEASE DO NOT ENTER DATA IN THIS SAMPLE
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Strengths And Weaknesses

*Note: Your comments will be sent to your medical school **without** identifying you.*

A. Please comment on what you perceive to be the **strengths** of the medical school from which you are graduating.

B. Please comment on what you perceive to be the **weaknesses** of the medical school from which you are graduating.

SAMPLE QUESTIONNAIRE

**PLEASE DO NOT ENTER DATA IN THIS SAMPLE
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I consent to have personal information released to my medical school after September 1, 2000.
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.

SAMPLE QUESTIONNAIRE

**PLEASE DO NOT ENTER DATA IN THIS SAMPLE
(data will not be saved).**

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 2001 Graduation Questionnaire?

▲

▼

SAMPLE QUESTIONNAIRE

**PLEASE DO NOT ENTER DATA IN THIS SAMPLE
(data will not be saved).**

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



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