



## **Introduction and Consent**

### **2022 PAEA Matriculating Student Survey**

#### **Important Information About the PAEA Matriculating Student Survey: Please Read Carefully**

The Physician Assistant Education Association (PAEA) is the national organization that represents physician assistant (PA) programs and advocates on behalf of students, faculty, and educational programs. PAEA administers the Matriculating Student Survey (MSS) annually for all incoming first-year PA students. The MSS seeks information from entering PA students to improve education, recruitment, and retention.

The survey will take approximately 25 to 30 minutes to complete. Students who complete the survey will have the opportunity to enter into a prize drawing. Questions on the MSS cover topics such as:

- Demographic information
- Academic and employment background
- Factors related to your choice of the PA profession and your PA program
- Educational financing

- Intended specialty and practice environments
- Health and well-being

## **Incentives**

Respondents who complete the survey will have the opportunity to enter into a drawing for one of four \$25 Amazon gift cards. PAEA will enter each PA program with at least an 80% response rate into a drawing for a \$250 gift card that can be used to help sponsor a pizza party or other event decided by your class. Additionally, each PA program with at least an 80% response rate will be entered into a drawing for a free 2023 PAEA Education Forum registration.

## **Participation is Voluntary**

Participation in this survey is completely confidential and voluntary. You have the right to not answer any questions you choose. There is no penalty for not completing the survey or for discontinuing it. You may withdraw at any time by simply closing the survey. Although you may skip any questions you do not feel comfortable answering, providing honest and complete information helps improve the reliability and validity of these important data. If you believe you are being coerced into participation, please contact PAEA research staff ([research@PAEAonline.org](mailto:research@PAEAonline.org)).

## **Confidentiality Statement**

The data collected in this survey are classified as confidential. You will have the option of providing your email address if you wish to participate in the incentive drawing but it will not be stored with your answers. Once this survey closes and incentive drawing participants are contacted, email addresses will be permanently removed from the dataset to ensure confidentiality. Your

email address and identified responses will only be released to your program with your consent for inclusion in their student database. If you do not consent, PAEA will never release your data to any parties and will store your data according to the standard confidentiality and privacy protections outlined below.

The responses you provide on this survey are retained by PAEA in a secure server which may only be accessed by a small number of designated PAEA research staff trained in human subjects protections and confidentiality procedures. PA programs typically receive data in reports that aggregate responses at the national level. On occasion, for the purpose of conducting further studies, researchers may request a de-identified (i.e., all identifying information is stripped from anonymous responses) report of individual-level data. PAEA reduces the probability of connecting responses to specific individuals by not providing information where the small number of respondents in a specific category could potentially allow individuals to be identified. Researchers requesting de-identified data will be required to agree to terms that outline how the data may be used and for how long. Otherwise, your data may only be released to IRB-approved faculty at your PA program and only with your explicit permission. This data collection activity has been reviewed according to PAEA policies and procedures and its Institutional Review Board and is considered to be minimal risk. PAEA has taken extensive measures to ensure the security of the data and the confidentiality of the responses. We believe that there are no anticipated risks or discomforts associated with taking this survey. PAEA does not use survey data for marketing purposes.

If you have any questions about your rights as a participant or experience technical difficulties while completing the survey, please contact PAEA research staff ([research@PAEAonline.org](mailto:research@PAEAonline.org); 703-667-4322).

Thank you for participating and welcome to PA school!

Please select an option below to indicate whether you have read the above disclosure and agree to participate in this research.

- I have read and understood the preceding information and **freely consent to participate in the survey.**
- I have read and understood the preceding information and **choose not to participate in the survey.**

Collecting student data at the applicant stage through the end of PA school helps PAEA identify the factors that improve student and applicant experiences and education. To help us link your responses between CASPA applicant data, this survey, and the End of Program Survey, and to help us remove duplicate responses, please indicate your first and last name.

Your email address and identified responses will only be released to your program with your consent for inclusion in their student database. If you do not consent, PAEA will never release your data to any parties and will store your data according to the standard confidentiality and privacy protections outlined previously. Thank you for helping us conduct important research and improve PA student educational experiences.

First name

Last name

## Screening

1. Did you start your current PA program **less than three months ago**?

Yes

No

1a. Will you be starting your PA program within the next month?

Yes

No

## Your PA Program

### Your PA Program

2. Please select the state in which your program is located from the drop-down list below.

3. Please select your program from the drop-down list below.

**Note:** Several programs have similar names; please make sure that you select the correct one.

3a. Are you enrolled at a distant or satellite campus?

Yes

No

3b. Please provide the full name of the distant or satellite campus you are enrolled in.

### **Consent to be included in a student database**

Some programs are seeking to collect student data for inclusion in a student database for use in educational research and program improvement. To support this use of data, PAEA accepts applications from member programs to access their own consenting students' identified (i.e., *including* consenting students' names) or deidentified (i.e., *excluding* students' names and other personally identifying information such as ZIP code) MSS responses.

The Physician Assistant Education Association (PAEA) will only release your

data to \$ {q://QID19/ChoiceGroup/SelectedChoices} with your written consent and if at least 60% of your cohort completes this survey. You have the right to withhold consent without penalty. If you do not consent, PAEA will never release your data to any parties and will store your data according to the standard confidentiality and privacy protections outlined previously. If you choose not to release your data to \$ {q://QID19/ChoiceGroup/SelectedChoices} you can still complete the survey and are eligible to win any prizes associated with completing the survey.

If you consent to release your **identified** data to \$ {q://QID19/ChoiceGroup/SelectedChoices}, your first and last name will be supplied to your program before being permanently removed from the PAEA database.

If you consent to release your **de-identified** data to \$ {q://QID19/ChoiceGroup/SelectedChoices}, your PA program will protect this information using the standards and protections detailed in their IRB agreement with their home institution and may not share your data with any external individuals or parties.

If you consent to releasing either your identified or de-identified data, \$ {q://QID19/ChoiceGroup/SelectedChoices} will protect this information using the standards and protections detailed in their IRB agreement with their home institution and may not share your data with any external individuals or parties.

Please select an option below to indicate whether you have read the above disclosure and agree to release your data to \$ {q://QID19/ChoiceGroup/SelectedChoices}.

- I have read and understood the preceding information and freely **agree** that **PAEA may release my identified data** to  $\{q://QID19/ChoiceGroup/SelectedChoices\}$  for inclusion in a student database.
- I have read and understood the preceding information and freely **agree** that **PAEA may release my de-identified data** to  $\{q://QID19/ChoiceGroup/SelectedChoices\}$  for educational research and program improvement.
- I have read and understood the preceding information and choose **NOT** to release my data to  $\{q://QID19/ChoiceGroup/SelectedChoices\}$  for inclusion in a student database.

4. In what month did you enter (or expect to enter if you are in orientation now) the official PA program?

## Demographics

### Demographics

Your responses to the following demographic questions may be sensitive. Because of this, you have the right to skip any of the following questions in this section.



5. Please enter your age at the time you entered the [graduate, professional phase](#) of your PA program.

6. Which of the options below best describes your current gender identity?

- Man
- Woman
- Indigenous or other cultural gender minority (e.g. two-spirit)
- Identity not listed here (e.g. gender fluid, non-binary)
- I don't know the answer/Prefer not to answer

7. What sex were you assigned at birth, meaning on your original birth certificate?

- Male
- Female
- I don't know the answer/Prefer not to answer

7a. What gender do you currently live as in your day-to-day life?

- Man
- Woman

- Sometimes man, sometimes woman
- Something other than man or woman
- I don't know the answer/Prefer not to answer

8. Which of the following best represents your sexual orientation?

- Bisexual
- Gay or lesbian or homosexual
- Straight or heterosexual
- Other
- I don't know the answer/Prefer not to answer

8a. Has your institution thus far been inclusive to your LGBTQIA+ needs?

- Yes
- No

8b. Please explain how your institution has been inclusive to your LGBTQIA+ needs.

8b. Please explain how your institution has **not** been inclusive to your LGBTQIA+ needs.

9. Do you identify as having a disability?

- Yes
- No

9a. Have you or do you intend to seek reasonable accommodations under the Americans with Disabilities Act (ADA)?

- Yes
- No

9b. Has your institution thus far accommodated your needs?

- Yes
- No
- Not applicable, I intend to seek reasonable accommodations

9c. Please explain how your institution has accommodated your needs.

9c. Please explain how your institution has **not** accommodated your needs.

10. What is your race? Please check as many as apply.

- American Indian or Alaskan Native
- Asian
- Black or African American
- Native Hawaiian or other Pacific Islander
- White or European American

Other, please specify:

I prefer not to answer

10a. How do you self-identify? Please check as many as apply.

Bangladeshi

Cambodian

Chinese

Filipino

Hmong

Indian

Indonesian

Japanese

Korean

Laotian

Pakistani

Taiwanese

Thai

Vietnamese

Other Asian, please specify:

I prefer not to answer

10b. How do you self-identify? Please check as many as apply.

- African
- African American
- Afro-Caribbean
- Other Black or African American, please specify:

- I prefer not to answer

10c. How do you self-identify? Please check as many as apply.

- Guamanian
- Native Hawaiian
- Samoan
- Tongan
- Other Pacific Islander, please specify:

- I prefer not to answer

11. Are you Hispanic, Latino, or Spanish in origin?

- Yes
- No
- I prefer not to answer

11a. How do you self-identify? Please check as many as apply.

- Argentinean
- Colombian
- Cuban
- Dominican
- Mexican, Mexican American, Chicano/Chicana
- Peruvian
- Puerto Rican
- Other Hispanic, Latino, or Spanish origin, please specify:
- I prefer not to answer

12. Are you of Arab, Middle Eastern, and/or North African origin?

- Yes
- No
- I prefer not to answer

13. Did you spend the majority of your life before age 18 within the United States and its territories?

- Yes
- No

13a. Please enter the five-digit ZIP code for the place you spent the majority of your life before age 18.

Note: Please do not enter the ZIP code of the college or university attended while applying to your PA program—unless you grew up in that ZIP code in addition to attending college there.

13b. In what type of environment did you spend the majority of your life before age 18?

- Isolated Rural (population <2,500)
- Small Town (population 2,500 to 9,999)
- Large Town (population 10,000 to 49,999)
- Mid-Size City (population 50,000 to 99,999)
- Large City (population 100,000 to 1,000,000)
- Urban (1,000,000 population)
- Prefer not to answer

14. Did you graduate from a high school that had any of the following characteristics? Please select all that apply.

- Many of the students were eligible for free or reduced lunch prices
- Advanced placement (AP) courses offered



- International Baccalaureate (IB) courses offered
- None of the above

## Your Family

### Your Family

In this section of the survey, we ask you questions about your family. As a reminder, all responses you provide will remain confidential.

15. Which of the following best describes your current civil status? Note: If you are engaged, please select "single".

- Single (includes engaged)
- Partnered
- I prefer not to answer
- Other, please specify

16. Other than yourself, how many legal dependents do you have? If you do not have any legal dependents, please keep the slider at "0".

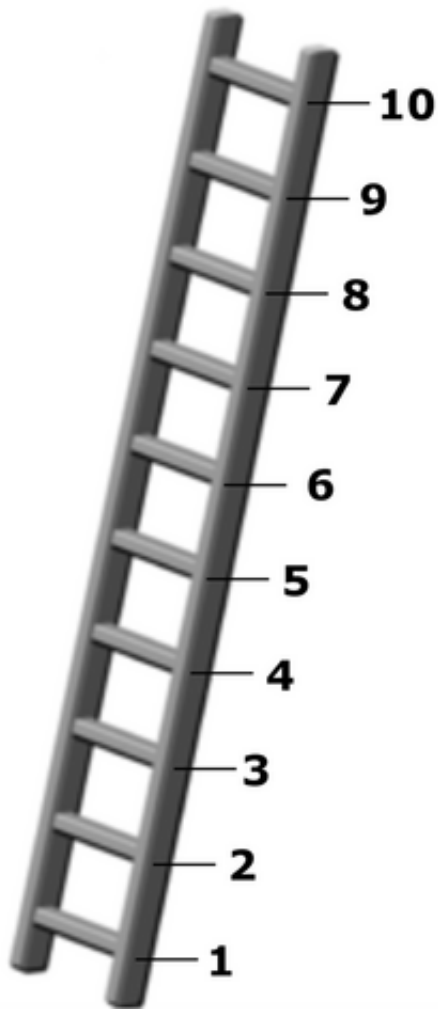
0 1 2 3 4 5 6 7 8 9 10

Number of legal dependents

17. Are you considered a dependent by your parents (i.e., did they claim you on their income taxes last year)?

- Yes
- No
- I do not know/prefer not to answer

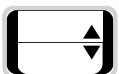
Think of the ladder below as representing where people stand in the United States. At the **top** of the ladder are the people who are the best off – those who have the most money, the most education, and the most respected jobs. At the **bottom** are the people who are the worst off – who have the least money, least education, and the least respected jobs or no job. The higher up you are on this ladder, the closer you are to the people at the very top. The lower you are, the closer you are to the people at the very bottom.



18. Think about where **your family stood when you were growing up**, relative to other people in the United States. Where would you place your family on this ladder?



19. Think about where **you stand at this time in your life**, relative to other people in the United States. Where would you place yourself on this ladder?



20. What is the **combined estimated annual gross income** for your household (this includes your income in addition to the income of your spouse/partner, if applicable)?

- Less than \$25,000
- \$25,000 to \$49,999
- \$50,000 to \$74,999
- \$75,000 to \$99,999
- \$100,000 to \$124,999
- \$125,000 to \$149,999
- \$150,000 to \$174,999
- \$175,000 to \$199,999
- \$200,000 to \$249,999
- \$250,000 to \$299,999
- \$300,000 or higher
- I do not know/prefer not to answer

21. What is the highest level of education of your parent(s) or guardian(s)? For example, if one parent/guardian holds an associate degree, and one holds a master's degree, please select "Master's degree."

- Grade school (did not enter high school)
- Some high school
- High school diploma/GED

- Some college
- Associate degree
- Bachelor's degree
- Master's degree
- Academic doctorate (e.g., PhD, EdD)
- Professional doctorate (e.g., MD, DO, PharmD, JD)
- Other, please specify:
- I prefer not to answer

## Military Experience

### Military Experience

22. Are you currently, or have you ever, served in the military?

- Yes
- No
- I prefer not to answer

22a. What is your current military status?

- Veteran/Commitment complete
- Regular military – active

- Regular military – inactive
- Reserve military – active
- Reserve military – inactive
- I prefer not to answer

22b. In which of the following branches did you serve/do you currently serve?  
If you served in more than one branch, please select the branch in which you served the most time

- Air Force
- Army
- Coast Guard
- Marine Corps
- Navy
- Space Force

22c. How many years were you/have you been enlisted in active duty military service?

22d. Did you gain experience providing direct patient care during your time in the military? Please do not count administrative or indirect patient care experience.

- Yes
- No
- I prefer not to answer

## Work Experience

### Work Experience

23. Have you ever been employed in a health care field? Please exclude internships, unpaid work, or other experiences related to completion of a degree.

- Yes
- No
- I prefer not to answer

23a. Please check the appropriate box(es) if you have experience in one or more of the following healthcare professions or fields.

- Alternative/Complementary/Naturopathic medicine
- Athletic trainer
- Case manager
- Chiropractor
- Clinical research coordinator/assistant

- Dental assistant/hygienist
- Emergency room technician
- EMT/paramedic
- Healthcare administrator
- Health services researcher
- Home health aide
- Medic or medical corpsman
- Medical assistant
- Medical lab technician
- Medical reception/records
- Medical technician
- Nurse practitioner
- Nurse, licensed practical
- Nurse, registered
- Nursing assistant
- Nutritionist/dietitian
- Occupational therapist/occupational therapy assistant
- Ophthalmic technician/assistant
- Optometrist
- Pharmacist
- Pharmacy technician
- Phlebotomist
- Physical therapist
- Physical therapy assistant



- Physician
- Podiatrist
- Psychologist
- Radiologic technologist
- Radiology technician
- Respiratory technician
- Respiratory therapist
- Scribe
- Social worker
- Sonographer
- Surgical technician/assistant

Other, please specify:

23b. How many weeks and hours per week did you work in a healthcare field?  
 If none, please enter '0'. **Please only include paid work experiences.**

Weeks

Hours per week

Direct patient contact  
 (e.g., Nurse or nursing  
 aide)



Health care setting  
 (indirect patient  
 contact; e.g., medical  
 secretary or  
 receptionist)

#Conjoint, Total#

0

0

24. Have you ever participated in any paid and/or unpaid **voluntary community service work** (e.g., Peace Corps, AmeriCorps, service-learning activities, mission work)?

- Yes
- No
- I prefer not to answer

24a. What type of community service work did you participate in? Please check all that apply.

	Paid experiences	Volunteer experiences	Service learning experiences associated with completion of academic studies
International medical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
International non-medical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
U.S. medical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
U.S. non-medical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Your Education

## Your Education

25. Please indicate the highest level of education you completed prior to entering the [graduate, professional phase](#) of your PA program. If your exact degree is not listed, please select the degree that most closely match yours.

- Some college but no degree
- Associate degree
- Bachelor of Arts
- Bachelor of Science
- Other Bachelor's degree (e.g., business, BFA)
- Master's degree (health- or natural sciences-related; e.g., MPH)
- Master's degree (not health- or natural-sciences related; e.g., MBA)
- Academic doctorate (health- or natural sciences-related; e.g., Biology PhD)
- Academic doctorate (not health- or natural sciences-related; e.g., EdD)
- Professional doctorate (health-related; e.g., MD, PharmD, DPT)
- Professional doctorate (not health-related; e.g., JD)
- Foreign medical graduate
- Other, please specify:
- I prefer not to answer

25a. What was your college/university undergraduate **overall grade point average (GPA)** at the time of your graduation?

Note: Do not include cumulative GPA for additional college work done after graduation for prerequisites-requisites. Use a 4-point scale where an A = 4.0. If not applicable, please leave the space below blank.

26. Did you take additional semester credits to satisfy prerequisite requirements for the programs to which you applied?

Yes

No

26a. Please estimate the number of credits you took to satisfy prerequisite requirements for the programs to which you applied.

26b. Please estimate the total cost of taking additional semester credits to satisfy prerequisite requirements for the programs you applied to.

No cost (\$0)

- \$1 to \$499
- \$500 to \$999
- \$1,000 to \$1,499
- \$1,500 to \$1,999
- \$2,000 to \$2,499
- \$2,500 to \$2,999
- \$3,000 to \$3,499
- \$3,500 to \$3,999
- \$4,000 to \$4,499
- \$4,500 to \$4,999
- \$5,000 to \$5,499
- \$5,500 to \$5,999
- \$6,000 to \$ 6,499
- \$6,500 to \$6,999
- \$7,000 or more
- Prefer not to answer

## Applying to PA School

### Applying to PA School

27. When did you decide to become a PA?

- Before high school
- During high school/before college
- During the first two years of college
- After receiving an associate degree
- During junior year of college
- During senior year of college
- After receiving a Bachelor's degree
- During advanced/graduate training or degree (non-PA)
- After completing an advanced/graduate training or degree (non-PA)

28. People choose to pursue a PA career for many reasons. Please check all the reasons that made you choose to become a PA.

- A calling to the healthcare profession
- Financial stability
- Graduate-level education
- Work-life balance
- Geographic mobility
- Length of education
- Desire to care for patients
- Excitement of health care
- Cost of education/affordability
- Mobility within PA specialties

- Other health professions were less appealing
- Prestige
- Desire to influence the direction of health care
- Other, please specify

29. For the following statements regarding your application to PA programs for the current school year, please enter the appropriate number of programs:

Number of PA programs

Submitted an application

Offered an interview

Completed an interview

Received an acceptance letter

29a. What factor(s) caused you to interview at less programs than you were offered? Please select all that apply.

- Already accepted an offer at another school
- Cost associated with traveling to the interview
- Virtual interview format was not an option

No longer interested in program(s)

Other, please specify

30. Please estimate the total amount of money you spent applying to PA school, including fees and cost of interviews, for this year only.

Note: Please do not include costs from campus visits that were not associated with an interview, other non-mandatory expenses (e.g., interview clothes), prerequisite coursework, or the cost of applying to PA school in previous years

No cost (\$0)

\$1 to \$499

\$500 to \$999

\$1,000 to \$1,499

\$1,500 to \$1,999

\$2,000 to \$2,499

\$2,500 to \$2,999

\$3,000 to \$3,499

\$3,500 to \$3,999

\$4,000 to \$4,499

\$4,500 to \$4,999

\$5,000 to \$5,499

\$5,500 to \$5,999

\$6,000 to \$6,499



- \$6,500 to \$6,999
- \$7,000 or more
- Prefer not to answer

31. Did you engage any of these **paid** services to prepare for your application to PA schools? Please check all that apply and do not select services that were provided to you for free.

- N/A: I did not engage any paid services to prepare for PA school applications
- GRE prep course
- GRE prep books, materials, or services outside of a formal course
- MCAT prep course
- MCAT prep books, materials, or services outside of a formal course
- PA-CAT prep course
- PA-CAT prep course materials, or services outside of a formal course
- Admissions consulting
- Interview coaching
- Assistance with personal statement preparation
- Admissions books or other materials
- Other, please specify

32. Have you applied to PA school **before this academic year**?

- Yes
- No

32a. Including this year, how many application cycles have you applied to one or more PA programs?

33. Did you apply to and/or seriously consider a career in another health profession (e.g., MD, NP, PT)?

- Yes
- No

33a. Why did you choose to attend PA school **instead** of pursuing training in another health profession? Please select all factors that apply.

- PA education provided the right amount of intellectual challenge
- Length of PA education was shorter
- Cost of attending PA school was lower
- Ability to change specialties
- PA scope of practice
- Opportunity to work in a team environment
- Wanted to work in the medical model

- Wanted to spend more time providing direct patient care
- Was not accepted by another health professions program
- Work-life balance
- Wanted collaborating physician relationship
- Other, please describe:

34. Many factors may have influenced your decision to become a PA. Please select all of the factors that make you want to become a PA. Please select all that apply.

- College/campus admissions department
- PA program faculty/staff
- Family members
- Public media (e.g., television, newspaper, radio)
- AAPA website/literature
- PA who treated me/my family
- Physician who treated me/my family
- Previous healthcare experience
- Career counselor/teacher (high school or college)
- PA program literature
- Social media (e.g., YouTube, Facebook)
- Project Access
- Friend
- PAEA website/literature

- Other physician acquaintance
- Other PA acquaintance
- Other health professional
- Other, please specify

35. **As you were choosing which PA programs you would like to attend,** which of the following program attributes did you consider and how important was it to you that your PA program have these attributes?

	Did <b>not</b> consider	Did consider: Not important	Did consider: Somewhat important	Did consider: Very important	Did consider: Essential
Good faculty reputation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Diverse faculty	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Program offers scholarships and financial aid	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Required few or no prerequisites beyond what I had already completed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Opportunities to participate in community service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dual degree offered (e.g. PA plus MPH)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How long since program was established

Did **not** consider      Did consider: Not important      Did consider: Somewhat important      Did consider: Very important      Did consider: Essential

Diverse student body

Program mission consistent with personal values

Cost of application and interview process

Accessible/Responsive faculty

Many opportunities to gain clinical experience (e.g., rotations)

Small class size/student-faculty ratio

Proximity to home/current place of residence

Did **not** consider      Did consider: Not important      Did consider: Somewhat important      Did consider: Very important      Did consider: Essential

Job placement rates

Desirable program location	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Desirable program community	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Good program reputation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Program is part of a hospital or clinic system	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Rigorous clinical curriculum	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Time to degree	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Did <b>not</b> consider	Did consider: Not important	Did consider: Somewhat important	Did consider: Very important	Did consider: Essential
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Low tuition	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
High PANCE pass rates	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Accommodation for students with disabilities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mentorship	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Quality program facilities (e.g., labs and equipment)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
High likelihood of admission	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Program structure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Did <b>not</b> consider	Did consider: Not important	Did consider: Somewhat important	Did consider: Very important	Did consider: Essential
HBCU PA Program	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Program accreditation status	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Program is affiliated with or offering a doctoral degree such as the DMSc or DHSc	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

36. Which program attributes were the **most important** in helping you decide to attend your current program rather than the others you were accepted at? Please select and rank **only the 3 most important** deciding factors by importance.

<p>Items</p> <p>Many opportunities to gain clinical experience (e.g., rotations)</p> <p>High PANCE pass rates</p> <p>Diverse faculty</p> <p>HBCU PA program</p>	<p style="text-align: center;">Top 3 Most Important Deciding Factors</p> <hr style="border: 1px solid black;"/>
-----------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------

Time to degree

Cost of application  
and interview  
process

Mentorship

Desirable program  
location

Quality program  
facilities (e.g., labs  
and equipment)

Program is affiliated  
with or offering a  
doctoral degree  
such as the DMSc or  
DHSc

Diverse student body

Program is part of a  
hospital or clinic  
system

Accommodation for  
students with  
disabilities

How long since  
program was  
established



Program offers  
scholarships and  
financial aid

Opportunities to  
participate in  
community service

Small class  
size/student-faculty  
ratio

High likelihood of  
admission

Job placement rates

Dual degree offered  
(e.g. PA plus MPH)

Good faculty  
reputation

Low tuition

Accessible/Responsive  
faculty

Required few or no  
prerequisites beyond  
what I had already  
completed

Program  
accreditation status

Proximity to  
home/current place  
of residence

Good program  
reputation

Desirable program  
community

Program Structure

Program mission  
consistent with  
personal values

Rigorous clinical  
curriculum

37. Please rate how the following **experiences** influenced your decision to accept the offer of admission to the program in which you are currently enrolled.

	Made me <b>not want</b> to attend the program	No influence on my decision to attend the program	Made me <b>want</b> to attend the program	Did not experience/Not applicable
Conversations with current students	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Program admissions outreach/recruitment efforts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Conversations with program faculty and staff	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Program interview experience	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Conversations with program alumni	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

38. In your opinion, how important is it that your program's curriculum cover the following topics?

	Not important	Somewhat important	Very important	Essential
Oral health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Implicit bias training	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Disease prevention/Health maintenance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nutrition	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Substance use disorders/Addiction medicine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Not important	Somewhat important	Very important	Essential
Palliative/End of life care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Telemedicine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Culturally appropriate care for diverse populations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Role of community health and social service agencies	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Burnout prevention/Provider wellbeing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Not important	Somewhat important	Very important	Essential
Health equity/Social determinants of health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Public health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Social justice/Anti-racism training and curriculum	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Leadership training	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

39. What obstacles are you currently facing? Please select all that apply.

- Taking care of family member diagnosed with COVID-19
- Difficulty securing loans
- Taking care of dependent adult
- Unanticipated financial challenges (e.g., partner being furloughed)
- Food insecurity

- Facilitating children's virtual learning
- Lack of adequate support from PA program
- Taking care of dependent children
- Lack of conducive and/or study space
- Inadequate technology (e.g., lack of laptop)
- Concerned about not being able to pay rent or mortgage
- Inadequate internet connection
- Social isolation
- Personally becoming infected with COVID-19
- N/A: None of these
- Other, please specify

40. To your knowledge, do you know if your program has any Diversity, Equity, and Inclusion (DEI) goals?

- Yes
- No

## **Application Process**

### **Application Process**

41. Did you apply to PA programs utilizing CASPA?

- Yes
- No

41a. Did you have access to all the information you needed to apply successfully?

- Yes
- No

41b. Did you have to interact with PAEA staff to resolve any issues with your application(s)?

- Yes, I was extremely satisfied with the experience and support provided
- Yes, I was somewhat satisfied with the experience and support provided
- Yes, I somewhat dissatisfied with the experience and support provided
- Yes, I extremely dissatisfied with the experience and support provided
- No, I did not interact with PAEA staff to resolve any issues

41c. Did you qualify for a fee waiver benefit through CASPA?

- Yes
- No

41d. Did you utilize a fee waiver benefit through CASPA?

- Yes
- No

41e. Please explain the reason(s) you did not use utilize the fee waiver benefit through CASPA.

41f. How satisfied were you with the overall experience with using CASPA:

- Extremely satisfied
- Somewhat satisfied
- Neither satisfied nor dissatisfied
- Somewhat dissatisfied
- Extremely dissatisfied

41g. Please use the space below to provide any feedback that could help PAEA improve the CASPA application process.

42. Did you apply to programs that were (please check all that apply):

- Local to you or within a 100-mile radius of place of residence
- Within your state of residence
- Regional
- National

43. Did you interview virtually?

- Yes, for all my programs I applied to
- Yes, for most of my programs I applied to
- Yes, for some of my programs I applied to
- No, I did not interview virtually for the programs I applied to

43a. Did you experience a decrease in your expected cost by interviewing virtually?

- Yes
- No

43b. Did the option of interviewing virtually allow you to expand your number



of applications?

Yes

No

## Financing Your Education

### Financing Your Education

Please have your student loan information available for this portion of the survey. All the information you share in this survey, including financial data, is confidential.

The information you provide will help the PA community and PAEA better understand the costs of education and inform advocacy efforts to make PA education more affordable.

44. Have you received any scholarships, stipends, or grants **(not loans)** for the [graduate, professional phase](#) of your PA program?

Yes

No

I prefer not to answer

44a. Please select the category that best represents the amount of scholarships, stipends, grants (not loans) that have been offered to you, and

you have accepted, for the [graduate, professional phase](#) of your PA education:

- \$1 to \$4,999
- \$5,000 to \$9,999
- \$10,000 to \$14,999
- \$15,000 to \$19,999
- \$20,000 to \$24,999
- \$25,000 to \$29,999
- \$30,000 to \$49,999
- \$50,000 to \$74,999
- \$75,000 to \$99,999
- \$100,000 or more
- I don't know/I prefer not to answer

45. Do you have any outstanding **pre-PA (undergraduate or non-PA graduate) educational loans**?

- Yes
- No
- I prefer not to answer

45a. Please select the category that best represents the amount you owe on your outstanding pre-PA educational loans.

Amount you owe of **outstanding pre-PA (undergraduate or non-PA graduate) educational loans**, excluding interest:

- \$1 to \$24,999
- \$25,000 to \$49,999
- \$50,000 to \$74,999
- \$75,000 to \$99,999
- \$100,000 to \$124,999
- \$125,000 to \$149,999
- \$150,000 to \$174,999
- \$175,000 to \$199,999
- \$200,000 to \$224,999
- \$225,000 or more
- I don't know/I prefer not to answer

46. How were your **pre-PA (undergraduate and/or pre-PA graduate) education** costs paid? This refers to any education costs prior to entering your professional/graduate PA program. Please select all sources that apply.

- Employer support (e.g., tuition reimbursement)
- Loans
- Military benefits (e.g., GI Bill/VA tuition assistance)
- Money earned by spouse/partner
- Other family support (excludes money from spouse/partner)

- Personal income and savings
- Scholarships or awards from external sources
- Scholarships or awards from your college/university
- Work study program
- Other, please specify
- I prefer not to answer

47. How do you plan to finance the [graduate, professional phase](#) of your PA education? Please select all sources that apply.

- Employer support (e.g., tuition reimbursement)
- Loans
- Military benefits (e.g., GI Bill/VA tuition assistance)
- Money earned by spouse/partner
- Other family support (excludes money from spouse/partner)
- Personal income and savings
- Scholarships or awards from external sources
- Scholarships or awards from your college/university
- Work study program
- Other, please specify
- I prefer not to answer

48. Did you take out any **educational loans** to pay for the [graduate, professional phase](#) of your PA education?

- Yes
- No
- I prefer not to answer

48a. Please select the category that best represents the amount of **outstanding educational loans** you intend to take out for the [graduate, professional phase](#) of your PA education, **excluding interest**:

- \$1 to \$24,999
- \$25,000 to \$49,999
- \$50,000 to \$74,999
- \$75,000 to \$99,999
- \$100,000 to \$124,999
- \$125,000 to \$149,999
- \$150,000 to \$174,999
- \$175,000 to \$199,999
- \$200,000 to \$224,999
- \$225,000 or more
- I don't know/I prefer not to answer

49. Please indicate your plans regarding the below loan forgiveness/repayment program(s) to finance your [graduate, professional](#)

PA education after your graduation.

	Have already enrolled	Plan to participate/apply	N/A: Do not plan to participate
Armed Services (e.g., military service)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employer-based program (e.g., hospital-based loan repayment)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

49a. Please select the type of service requirement and/or loan forgiveness/repayment program(s) to finance your graduate, professional PA education after your graduation.

	Plan to participate/apply	N/A: Do not plan to participate
Department of Education's Public-Service Loan Forgiveness (PSLF)	<input type="radio"/>	<input type="radio"/>
Indian Health Service Corps (IHSC)	<input type="radio"/>	<input type="radio"/>
National Health Service Corps (NHSC)	<input type="radio"/>	<input type="radio"/>
State loan forgiveness program	<input type="radio"/>	<input type="radio"/>

Plan to participate/apply

N/A: Do not plan to  
participate

Veterans Affairs Education Debt Reduction Program (EDRP)



Other Uniformed Service (e.g., Center of Disease Control [CDC], Department of Health and Human Services [HHS], Public Health Service [PHS] commissioned officer corp)



Other, please specify:




## Your Future Practice

### Your Future Practice

50. Please rate the desirability of practicing in the following environments.

	Very undesirable	Undesirable	Neither desirable or undesirable	Desirable	Very desirable
Rural	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Suburban	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Urban	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Urban underserved	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Federal/State prison system	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Military base(s)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Practice outside the US	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Native American/American Indian Reservation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Veterans Affairs (VA) facility	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Substance use disorder (SUD) practice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

51. Please rate the desirability of working with a **medically underserved community** after graduation. Examples of medically underserved communities include urban underserved, rural, prison, military and VA facilities, and Native American/American Indian reservations.

- Very undesirable
- Undesirable
- Neither desirable nor undesirable
- Desirable
- Very desirable

52. Please rate the desirability of practicing in the following specialty areas after your graduation.



	Undesirable	Neither desirable nor undesirable	Desirable	Do not know enough about it
<b>Primary care</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Behavioral and mental health care</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Family medicine</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Internal medicine</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Undesirable	Neither desirable nor undesirable	Desirable	Do not know enough about it
<b>Pediatrics</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Geriatrics</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Obstetrics/Gynecology/Women's health</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Inpatient specialties</b> (e.g., critical care, hospitalist)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Undesirable	Neither desirable nor undesirable	Desirable	Do not know enough about it
<b>Urgent care</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Emergency medicine</b> (not urgent care)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Internal medicine specialties**

(e.g., cardiology, endocrinology, gastroenterology, infectious disease, nephrology, oncology/hematology, rheumatology, sports medicine)

   **Surgical specialties** (e.g.,

cardiovascular/cardiothoracic, neurosurgery, orthopedic, plastic, urologic, dermatology)

53. Please estimate the annual salary you expect at graduation for a full-time position as a PA.

- \$49,999 or less
- \$50,000 to \$59,999
- \$60,000 to \$69,999
- \$70,000 to \$79,999
- \$80,000 to \$89,999
- \$90,000 to \$99,999
- \$100,000 to 109,999
- \$110,000 to \$119,999
- \$120,000 to \$129,999
- \$130,000 to \$139,999
- \$140,000 to \$149,999
- \$150,000 to \$159,999
- \$160,000 or more

## About Your Health and Well-Being

### About Your Health and Well-Being

Your responses to the following questions about your health and well-being may be sensitive. Because of this, you have the right to skip any of the following questions in this section.

PAEA unfortunately, does not have a mechanism to follow up on any issues of health and well-being that have not already been reported. If you or someone you know needs help, please contact the National Alliance on Mental Health Crisis line at 1-800-950-NAMI (6264) available Monday-Friday 10 am-10pm (EST) or call the National Suicide Prevention Lifeline available 24/7 at 800-273-8255.

[Why do we collect this information?](#)

This section is based on the Association of American Medical Colleges (AAMC) Matriculating Student Questionnaire (MSQ).

54. Please select the number that best describes your feelings **during the past week, including today**. "0" represents "as bad as it can be" and "10" represents "as good as it can be."

As  
bad  
as  
it

As  
good  
as it

	can be 0	1	2	3	4	5	6	7	8	9	can be 10
Overall quality of life (the standard of health, comfort, and happiness experienced by an individual or group)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Overall mental well-being	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Overall physical well-being	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Overall emotional well-being	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Level of social activity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Spiritual well-being (expanding a sense of purpose and meaning in life, including one's morals and ethics. It may or may not involve religious activities)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

55. Please select the number that best describes your level of fatigue, on average, **during the past 30 days**. "0" represents "no fatigue" and "10" represents "constant tiredness."

	No fatigue										Constant tiredness
	0	1	2	3	4	5	6	7	8	9	10
Level of fatigue	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

56. Please select the number that best describes your level of satisfaction with social support from friends and family **during the past 30 days**. "0" represents "not at all satisfied" and "10" represents "highly satisfied."

	Not at all satisfied										Highly satisfied
	0	1	2	3	4	5	6	7	8	9	10
Level of social support from friends and family	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

57. Please select the number that best describes your financial concerns **during the past 30 days**. "0" represents "no concerns" and "10" represents "constant concerns."

	No concerns										Constant concerns
	0	1	2	3	4	5	6	7	8	9	10
Financial concerns	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

58. Please indicate how often you felt or thought a certain way **during the**

**past 30 days.**

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?

In the last month, how often have you felt confident about your ability to handle your personal problems?

In the last month, how often have you felt that things were going your way?

In the last month, how often have you felt difficulties were piling up so high that you could not overcome them?

58a. If desired, please explain in what ways have you have felt that you were unable to control the important things in your life.

58b. If desired, please explain in what ways have you have felt that you were unable to control the important things in your **academic** life.

58c. If desired, please explain how you felt about your ability to handle your personal problems.

58d. If desired, please explain in what ways have you felt that things were not going your way.

58e. If desired, please explain in what ways you have felt difficulties were piling up so high that you could not overcome them.

59. What would you rate your anticipated stress level during PA school? 0" represents "no stress" and "10" represents "constant stress."

	No stress	1	2	3	4	5	6	7	8	9	Constant stress
Level of stress	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

60. Please rank the **five** aspects of PA training that you think will be **most stressful**, with the item causing the greatest amount of stress first.

Items	
Physical health issues	Top 5 Most Stressful Aspects of PA training <hr style="border: 1px solid black;"/> <hr style="border: 1px solid black;"/>
Initial transition to PA training	
Frequency of tests and other assessments	
Transition from didactic to clinical phase of training	



Financial concerns

Clinical phase  
coursework

Personal issues

Other, please specify

Interpersonal  
dynamics between  
faculty/preceptors

Lack of control over  
schedule

Interpersonal  
dynamics between  
peers

Relocating to a new  
area

Volume of learning  
expected

Mental health issues

Didactic phase  
coursework

61. Please list the ways in which you plan to cope with the anticipated stress during PA school.

### **Conclusion and Thank You**

62. Thank you for your participation. Please comment below on any questions that you considered to be confusing or difficult to respond to. We would also appreciate any other feedback you would like to offer in order to improve our survey.

63. If you are interested in being entered into a drawing for one of four \$25 Amazon gift cards, please provide your email address below. Your email address is not stored with your responses and will be permanently deleted as soon as the drawing is complete.

If you have any questions or need to report any errors concerning your survey, please contact PAEA Research Staff at [research@PAEAonline.org](mailto:research@PAEAonline.org). If you need to change any responses, PAEA Research Staff will be happy to

assist you. Please be sure to hit the "submit" button and close this browser window when you are done in order to protect your privacy.

Best wishes for your PA career,

PAEA Research Staff

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