



## Introduction and Consent

### 2023 End of Program Survey

#### Important Information About the PAEA End of Program Survey: Please Read Carefully

The PA Education Association (PAEA) is the national organization that represents physician assistant (PA) programs and advocates on behalf of students, faculty, and educational programs. PAEA annually administers the End of Program Survey (EOPS) to graduating PA students. Data collected in this study helps schools evaluate and improve their educational programs. The information is also used for research on PA education.

The survey will take approximately **30-35 minutes** to complete. Students who complete the survey will have the opportunity to enter into a prize drawing, described below. Survey questions cover topics such as:

- Demographics
- Satisfaction with PA program & curriculum (didactic and clinical)
- Interprofessional education experiences
- Institutional support services
- Specialty choice and career plans
- Educational financing

Your PA program has been informed of the EOPS administration regulations and guidelines. By encouraging your participation, your PA program agrees to the protocol described below.

## **Incentives**

Respondents who complete the survey will have the opportunity to enter into a drawing for one of four \$75 Amazon gift cards. PAEA will enter each PA program with at least an 80% response rate into a drawing for a \$250 gift card, as well as for complimentary registration for the 2024 Education Forum.

## **Participation is Voluntary**

Participation in this survey is completely confidential and voluntary. You have the right not to 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, these email addresses will be permanently removed from the dataset to ensure confidentiality. Your 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.

In the survey, you will have the opportunity to provide qualitative feedback to your program. Your verbatim comments may be provided to your program for the purposes of self-evaluation as part of an anonymous report that aggregates the responses of all other consenting students. Comments shared with your program will not be linked to any of your other responses in this survey. Because shared comments will be unedited, **your responses should not contain self-identifying information unless it is your intention that your identity be known.** Providing feedback to your program is optional. By clicking the button below, you consent that your verbatim responses may be shared with your program in an aggregate report. You may also choose to continue with the survey without providing comments by skipping those specific questions.

The responses you provide on this survey are retained by PAEA in a secure server which may only be accessed by designated PAEA research staff trained in human subjects protection 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, rendering them anonymous) 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 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!

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 this disclosure and **agree to participate** in the survey. Further, I understand that if I choose to answer any qualitative questions, my unedited responses may be shared with my program.
- I have read and understood this disclosure 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 Matriculating Student Survey, and to help us remove duplicate responses, please indicate your first and last name and your date of birth. Your 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

Date of birth (MM/DD/YYYY)

Email address associated with your CASPA account (enter n/a if you did not apply through CASPA)

### **Important Note**

Your responses will automatically save as you progress through the survey. If you close your survey before you finish, you may pick up where you left off if

you use the same device and the same browser. Please contact PAEA research staff ([research@PAEAonline.org](mailto:research@PAEAonline.org); 703-667-4322) at any time if you have any questions or experience any technical difficulties.

## Your PA Program

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

2. 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.

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

- Yes
- No

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

## Demographics

### Demographics

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

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

Yes

No

4a. 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.

5. How old will you be when you graduate from PA school?

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

- Woman
- Indigenous or other cultural gender minority (e.g., two-spirit)
- Man
- Something else (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?

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



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

- Woman
- Man
- Sometimes man, sometimes woman
- Something other than man or woman
- I don't know/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. Is your institution inclusive to the LGBTQIA+ community?

- Yes
- No

8b. Please explain how your institution has demonstrated being inclusive to the LGBTQIA+ community.

8b. Please explain how your institution has demonstrated **not** being inclusive to the LGBTQIA+ community.

9. Do you identify as a person with a visible or invisible disability? This includes any learning disabilities.

Yes

No

9a. Did you seek reasonable accommodations under the Americans with Disabilities Act (ADA)?

Yes

No

9b. Has your institution accommodated your needs?

Yes

No

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/ethnicity? Please check as many as apply.

- American Indian or Alaskan Native
- Asian
- Black or African American
- Hispanic or Latin American
- Native Hawaiian or other Pacific Islander
- White or European American
- I prefer not to answer
- Other, please specify:

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

Bangladeshi

Cambodian

Chinese

Filipino

Hmong

Indian

Indonesian

Japanese

Korean

Laotian

Malaysian

Pakistani

Taiwanese

Thai

Vietnamese

Other Asian, please specify:

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

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

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

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

10d. 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:

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

- Yes
- No
- I prefer not to answer

12. Please indicate the highest level of education that 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

## Your Family



## Your Family

In this section of the survey, we ask you a couple of questions about your family.

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

- Single
- Partnered/Married
- I prefer not to answer
- Other, please specify

14. Other than yourself, how many legal dependents do you have? If you do not have any legal dependents, please enter "0".

## About Your Health and Well-Being

### About Your Health and Well-Being

This section is based on the Association of American Medical Colleges

(AAMC) Matriculating Student Questionnaire (MSQ). [Why do we collect this information?](#)

15. 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 can be 0	1	2	3	4	5	6	7	8	9	As good as it 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"/>

16. 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"/>	<input type="radio"/>

17. 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 satisfaction with 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"/>	<input type="radio"/>

18. 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	0	1	2	3	4	5	6	7	8	9	10	Constant concerns
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"/>	<input type="radio"/>

19. 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?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In the last month, how often have you felt confident about your ability to handle your personal problems?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In the last month, how often have you felt that things were going your way?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In the last month, how often have you felt difficulties were piling up so high that you could not overcome them?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

19a. If desired, please explain in what ways have you have felt that you were unable to control the important things in your life.

19b.If desired, please explain how you felt about your ability to handle your personal problems.

19c. If desired, please explain in what ways have you felt that things were not going your way.

19d. If desired, please explain in what ways you have felt difficulties were piling up so high that you could not overcome them.

20. Is your program supportive of the needs of **underrepresented minority (URM)** students? Support includes providing encouragement, opportunities, and the means for students to succeed during and after PA school.

- Yes
- No
- I don't know/prefer not to answer

21. What obstacles are you currently facing? Please check all that apply.

- N/A: None of these
- Taking care of immediate or extended family member(s)
- Taking care of family member(s) diagnosed with COVID-19
- Lack of adequate support from PA program
- Financial challenges
- Personally becoming infected with COVID-19
- Other, please specify:
- Food insecurity

## Your PA Program Experiences

### Your PA Program Experiences

This section collects information about your experiences in and satisfaction



with your PA program curricula, as well as your perceived preparedness for clinical work.

22. Please indicate how true the following statements are of your experiences in your current PA program.

	Not at all true	Somewhat untrue	Neither true nor untrue	Somewhat true	Completely true
Sometimes I feel as if I don't belong in my PA program.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am treated with as much respect as other students in my PA program.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I can really be myself in my PA program.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I wish I were in a different PA program.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

23. Please indicate your level of agreement with the following statements.

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
Overall, I am satisfied with the quality of my PA education.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If I could revisit my <u>career choice</u> again, I would attend school to become a PA.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If I could revisit my <u>program choice</u> again, I would attend the same program.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I would recommend the PA career to others.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

24. Please indicate how satisfied you are with the program in which you are currently enrolled in terms of the following attributes.

	Very dissatisfied	Dissatisfied	Neither satisfied nor dissatisfied	Satisfied	Very satisfied	N/A
Program reputation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
PANCE pass rates	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Program mission consistent with personal values	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Quality of program facilities (e.g., labs and equipment)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Rigor of clinical curriculum	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Very dissatisfied	Dissatisfied	Neither satisfied nor dissatisfied	Satisfied	Very satisfied	N/A
Faculty reputation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tuition	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Scholarships and financial aid	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Class size/student-faculty ratio	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Opportunities to  
participate in  
community  
service

Very  
dissatisfied

Dissatisfied

Neither  
satisfied  
nor  
dissatisfied

Satisfied

Very  
satisfied

N/A

Opportunities to  
gain clinical  
experience (e.g.,  
rotations)

Preparedness for  
clinical practice

Affiliation with a  
hospital or clinic  
system

Diversity of  
student body

Diversity of  
faculty

24a. If desired, please explain your answer(s) to the previous question below, as to why you are **very dissatisfied** with your program.

24b. If desired, please explain your answer(s) to the previous question below, as to why you are **very satisfied** with your program.

## **Didactic Curriculum**

### **Didactic Curriculum**

This section collects information about your experiences specific to the didactic (classroom) phase of your program.

25. How well did your study of the following courses/topics taken during the didactic phase of PA school prepare you for clinical rotations?

Note: Some course names may be different from the ones used at your program. Please find the one that most closely matches. If you did not have a course/module that resembles one presented below, please select "Did not take."

	Not at all well	Somewhat well	Very well	Extremely well	N/A: Did not take during PA school
Anatomy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Biochemistry	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Biostatistics/Epidemiology	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Clinical experiences during the didactic portion of the curriculum	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Clinical medicine (includes surgery/emergency medicine/peds/ OB/GYN /behavioral health)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Clinical/Technical skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
					N/A: Did not take during PA school
	Not at all well	Somewhat well	Very well	Extremely well	during PA school
Ethics/Bioethics	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Genetics	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Interpretation of literature/Evidence-based medicine/Research	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## Medicine/Research

Lab interpretation/Diagnosis

Microbiology

Neuroscience

N/A: Did not take during PA school

Not at all well

Somewhat well

Very well

Extremely well

Patient communication skills/History-taking/Physical examinations/Patient assessment

Pathology/Pathophysiology

Pharmacology

Physiology

26. Please evaluate the instruction you received in the following areas. Please consider both quality and amount.

Received no instruction in area

Insufficient

Appropriate

Excessive

Culturally appropriate care for diverse populations

Telemedicine

Implicit bias training

Health equity/Social  
determinants of  
health

   

PA professional  
practice  
(billing/coding,  
patient safety)

   

Leadership/advocacy  
training

   

Nutrition

   

Social justice/Anti-  
racism training and  
curriculum

   

27. In general, the didactic portion of my PA education was:

Public health

Much less challenging than I expected

Oral health

Less challenging than I expected

Burnout

AS challenging as I expected

prevention/Provider

More challenging than I expected

Much more challenging than I expected

role of community  
health and social  
service agencies

   

Substance use

disorders/Addiction  
medicine

   

**Clinical Curriculum**

Disease  
prevention/Health  
maintenance

   

Palliative/End of life  
care



## Clinical Curriculum

This section collects information about your experiences in and satisfaction with your supervised clinical rotations, as well as your level of preparedness for clinical practice.

28. Please rate the quality of your educational experiences for the following clinical rotation disciplines.

	Poor	Fair	Good	Excellent
Emergency medicine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family medicine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Internal medicine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pediatrics	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Surgery	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Obstetrics/Gynecology /Women's health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Behavioral and mental health care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

28a. Please respond to the questions below regarding your supervised clinical rotations.

	Were you observed by your preceptor taking the relevant portions of the patients' history?		Were you observed by your preceptor performing the relevant portions of the physical examination?		Were you observed by your preceptor performing relevant technical procedures (e.g., suturing, phlebotomy, etc.)?		Were you provided mid-point feedback by your clinical preceptor?	
	Yes	No	Yes	No	Yes	No	Yes	No
Emergency medicine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family medicine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Internal medicine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pediatrics	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Surgery	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Obstetrics/gynecology /women's health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Behavioral and mental health care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

29. Did you complete a clinical training experience/rotation at or with any of the following? Please check all that apply.

	Yes	No	Not sure/I don't know what this is
Critical access hospital (CAH)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medically underserved areas (MUA), medically underserved populations (MUP), or health professional shortage area (HPSA), please specify: <div style="border: 1px solid black; height: 30px; width: 450px; margin-top: 5px;"></div>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Department of Veterans Affairs (VA) medical facility	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Substance Use Disorder (SUD) practice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Correctional facility	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Federally qualified health center (FQHC) or something similar	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

30. Did you participate in or complete **medication-assisted treatment (MAT) waiver training** during your PA education?

Note: MAT is the use of medications to treat persons with opiate use disorder. The three medications approved by the FDA for MAT are methadone, buprenorphine, and naltrexone.

- Yes, I **completed** MAT waiver training during PA school
- Yes, I participated in **some** MAT waiver training during PA school and **plan to complete** training following graduation
- Yes, I participated in **some** MAT waiver training during PA school and **do not plan to complete** the training
- No, I **did not participate** in any MAT waiver training

30a. Do you plan on completing MAT waiver training after graduation?

- Definitely will not
- Probably will not
- Might or might not
- Probably will
- Definitely will

31. In general, the clinical portion of my PA education was:

- Much less challenging than I expected
- Less challenging than I expected
- As challenging as I expected
- More challenging than I expected
- Much more challenging than I expected

### **Your Experiences with Interprofessional Education**

#### **Your Experiences with Interprofessional Education**

32. Have you participated in any **required** curricular activities where you had the opportunity to learn with students from different health professions programs?

- Yes
- No
- Unsure

32a. Please indicate your level of agreement with the following statement:  
“The learning experience(s) with students from different health professions helped me gain a better understanding of the roles of other professions in patient care.”

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

32b. Please assess the amount of interprofessional experiences and interactions you had during your PA program.

- Not enough, would have liked more
- About the right amount
- Too much, would have liked less

32a. Would have you have liked to have had the opportunity to learn with students from different health professions programs?

- Yes
- No
- Unsure

## **PA Competencies**

### **New Graduate Competencies**

The question in this section is being asked to help PAEA better understand graduate candidates' perceptions of their preparedness based on the competencies for new PA graduates.

33. How confident are you in your current ability to implement the following competencies in your practice?

Not at all confident      Not very confident      Neutral      Confident      Very confident

**Patient-centered practice**

**knowledge:**

Includes ability to access and integrate best medical knowledge and clinical expertise to provide clinical care based on patients' individual needs

                      

**Society and population health:**

Includes ability to recognize own biases and limitations and to integrate knowledge of social determinants of patient health into care decisions

                      

**Health literacy and communication:**

Includes ability to effectively and sensitively communicate with patients as partners

                      

**Interprofessional collaborative practice and**



**Leadership:**

Includes ability to act as a leader in a collaborative team providing patient-focused health care

    **Professional and legal aspects of health care:**

Includes ability to practice medicine consistent with standards of care, laws, and regulations while being attuned to advancing social justice

    **Health care finance and systems:**

Includes ability to articulate the essential aspects of value-based health care and apply this understanding to the delivery of safe and quality care

    **Cultural humility:**

Openness toward understanding and respecting important aspects of other people's cultural identities

    **Self-assessment and ongoing professional development:**

Awareness of personal and professional limitations and commitment to addressing gaps and refining knowledge throughout career



## **Specialty and Career Plans**

### **Specialty and Career Plans**

This section collects information about your employment status, job search, and practice preferences.

34. This question is based on an item from Higher Education Research Institute's (HERI) College Senior Survey. When thinking about your career path after PA school, how important are the following considerations?

	Not important	Somewhat important	Very important	Essential
Setting (rural/urban)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
High income potential	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Setting (inpatient/outpatient)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Availability of jobs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Leadership potential	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Collaborating physician relationship	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Social recognition or status	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Geographical location	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stable, secure future	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Working for social change	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Flexible working schedule	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Work/life balance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medical specialty	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ability to pay off debt	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
High level of autonomy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

35. What is your PA employment status?

- I have not yet started my job search
- I plan to apply for/have already applied for postgraduate PA training (e.g., residency, fellowship)
- I have submitted job applications but have not yet received an invitation to interview
- I have had at least one interview or invitation to interview but have not yet received a job offer
- I have received at least one job offer but have not accepted a position
- I have accepted a job offer
- I do not plan to apply for a job as a PA

### **Specialty and Career Plans A**

35b. What is the specialty(ies) of Job \$ {Im://CurrentLoopNumber} ? Not all possible specialties are listed. Please select the closest match.

- Behavioral and mental health care
- Family medicine
- Internal medicine
- Pediatrics
- Geriatrics
- Obstetrics/Gynecology/Women's health
- Inpatient specialties (e.g., critical care, hospitalist)
- Urgent care
- Emergency medicine (not urgent care)
- Internal medicine specialties (e.g., cardiology, endocrinology, gastroenterology, infectious disease, nephrology, oncology/hematology, rheumatology)
- Surgical specialties (e.g., cardiovascular/cardiothoracic, neurosurgery, orthopedic, plastic, urologic)

35c. What is the annual salary of Job \$ {Im://Field/1} ?

- \$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

35d. How does your salary for Job \$ {Im://Field/1} compare to your expectations?

- Much less than expected
- Less than expected
- About what was expected
- Higher than expected
- Much higher than expected

35e. What state is Job \$ {Im://Field/1} located in?

35f. Is Job \$ {Im://Field/1} full-time or part-time?

- Full-time
- Part-time

35g. Did you accept this job offer for Job \$ {Im://Field/1} from a site where you completed a clinical rotation?

- Yes
- No

### Specialty and Career Plans B

35a. Were any of the jobs you accepted an offer in your **first choice** specialty?

- Yes
- No

35b. Why did you accept a job in a specialty that was not your first choice?  
Please select all that apply.

- Did not apply: No jobs available in first choice specialty
- Was not offered a position in first choice specialty
- Higher salary in accepted job/specialty
- Better benefits at accepted job/specialty
- Desirable location of accepted job/specialty
- Great scheduling flexibility at accepted job/specialty
- Other, please specify:

35a. How many job applications have you submitted?

35c. How many job applications had you submitted before you accepted an offer?



35a. In which specialties did you apply for postgraduate PA training opportunities? Please select all that apply. Not all possible specialties are listed. Please select the closest match.

- Acute care medicine
- Cardiology
- Cardiothoracic
- Critical care/trauma
- Emergency medicine
- Family medicine
- Hematology/oncology
- Hospitalist
- Internal medicine
- Neonatology
- OB-GYN
- Orthopedic surgery
- Otolaryngology
- Pediatrics
- Psychiatry
- Surgery
- Urgent care
- Urology
- Other, please specify:

35b. What was your primary motivation for choosing to pursue postgraduate training? Please select all that apply.

- Potential for a higher salary
- Increased preparedness for practice
- Potential for more employment opportunities
- Other, please specify:

36. What state is your primary choice for practicing in after finishing PA school?

37. Please estimate the 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

38. 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
Behavioral and mental health care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family medicine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Internal medicine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pediatrics	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

	Undesirable	Neither desirable nor undesirable	Desirable	Do not know enough about it
Emergency medicine (not urgent care)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Internal medicine specialties (e.g., cardiology, endocrinology,	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

gastroenterology, infectious disease, nephrology, oncology/hematology, rheumatology, internal medicine)

Surgical specialties (e.g., cardiovascular/cardiothoracic, neurosurgery, orthopedic, plastic, urologic, dermatology)

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

	Very undesirable	Undesirable	Neither desirable nor undesirable	Desirable	Very desirable
Urban underserved	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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"/>
Military base(s)	<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"/>
Practice outside the US	<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"/>
Federal/state prison system	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

40. Please rate the desirability of working with a **medically underserved community** after graduation. Examples of medically underserved communities include low-income, ethnic/racial minorities, and rural areas.

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

41. Please rate the desirability of pursuing a career as a PA educator.

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

## **Financing Your Education**

### **Financing Your Education**

Please have your student loan info available for this portion of the survey. All of 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. If you cannot remember the actual figures for some of the questions, please enter your best estimates. You may also check your federal loans, grants, and aid overpayments at the [National Student Loan Data System](#).

42. Have you received any scholarships, stipends, or grants **(not loans)** to help finance the [graduate, professional phase](#) of your PA education?

- Yes
- No
- I prefer not to answer

42a. Please select the category that best represents the amount of scholarships, stipends, or grants (**not loans**) that have been offered to you, and you have accepted in total, 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

43. Do you currently hold any **outstanding pre-PA (undergraduate or non-PA graduate) educational loans**?

- Yes
- No
- N/A I am in a direct entry program
- I prefer not to answer



43a. Please select the category that best represents the amount you owe on your **outstanding pre-PA (undergraduate or non-PA graduate) educational loans**.

Amount 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

44. Did you take out any **educational loans** to pay for the [graduate, professional phase](#)

- Yes
- No
- I prefer not to answer

44a. What type of loans have you taken out to pay for the **graduate, professional phase**?

Federal Direct/Stafford loans

Federal Grad PLUS loans

Private loans

Other, please specify:

44b. Please select the category that best represents the amount of outstanding educational loans you took out to pay 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

45. What do you anticipate your **total debt (excluding personal debt)** to be from attending PA school?

- \$0
- \$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. Please indicate your plans regarding the below loan forgiveness/repayment program(s) to finance your **graduate, professional phase** of 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"/>
Department of Education's Public-Service Loan Forgiveness (PSLF)	<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"/>
Indian Health Service Corps (IHSC)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
National Health Service Corps (NHSC)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
State loan forgiveness program	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Veterans Affairs Education Debt Reduction Program (EDRP)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other Uniformed Service (e.g., Center of Disease Control [CDC], Department of Health and Human Services [HHS], Public Health Service [PHS] commissioned officer corp)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other, please specify: <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## Behaviors Witnessed or Experienced During PA School

### Behaviors Witnessed or Experienced During PA School

Your responses to the following questions about behaviors or experiences during PA school may be sensitive. Because of this, you have the right to skip any of the following questions in this section.

If the survey indicates that student mistreatment or harassment are being experienced at the national level, we will use this information to plan workshops and other educational experiences to help faculty and staff address any problems. Unfortunately, PAEA does not have a mechanism to follow up on any individual issues of mistreatment or harassment that have not already been reported. If you have personally experienced or have observed mistreatment or harassment, you are encouraged to report the incident(s) to the proper authorities, whether that is within your school or to appropriate outside parties. 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.

47. If you would prefer to skip this section, please indicate below.

- I am comfortable proceeding to questions on behaviors and experiences during PA school
- I would prefer to skip this section

48. Does your program have policies regarding the mistreatment of PA students?

- Yes
- No
- Unsure

49. For each of the following behaviors, please indicate the frequency that you **personally experienced** that behavior during PA school. These behaviors could have originated from patients, preceptors, program faculty or staff, and/or other PA or health professions students.

	Never	Once	Occasionally	Frequently
Been publicly embarrassed or humiliated	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Experienced or been threatened with physical harm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Been required to perform personal services (e.g., shopping, babysitting)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Been subjected to unwanted sexual advances	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Been denied opportunities for training or rewards based on my <b>age</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Been subjected to offensive remarks/names regarding my <b>age</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Never	Once	Occasionally	Frequently
Received lower evaluations or grades solely because of my <b>age</b> rather than	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

performance

Been denied  
opportunities for  
training or rewards  
based on my  
**disability status**

   

Been subjected to  
offensive  
remarks/names  
regarding my  
**disability status**

   

Received lower  
evaluations or  
grades solely  
because of my  
**disability status**  
rather than  
performance

   

Been denied  
opportunities for  
training or rewards  
based on **my**  
**gender/gender**  
**identity**

   

Been subjected to  
offensive  
remarks/names  
based on **my**  
**gender/gender**  
**identity**

   

Never

Once

Occasionally

Frequently

Received lower  
evaluations or  
grades solely  
because of **my**  
**gender/gender**  
**identity** rather than



performance

Been denied opportunities for training or rewards based on **my race or ethnicity**

Been subjected to offensive remarks/names based on **my race or ethnicity**

Received lower evaluations or grades solely because of **my race or ethnicity** rather than performance

Been denied opportunities for training or rewards based on **my religion**

Been subjected to offensive remarks/names regarding **my religion**

Never

Once

Occasionally

Frequently

Received lower evaluations or grades solely because of **my religion** rather than performance

Been denied opportunities for

training or rewards  
based on my **sexual  
orientation**



Been subjected to  
offensive  
remarks/names  
regarding **my  
sexual orientation**



Received lower  
evaluations or  
grades solely  
because of **my  
sexual orientation**  
rather than  
performance



49a. Please indicate the individual(s) who performed the described behavior(s). Select all that apply.

	Patients	Preceptors	Program faculty	Program staff	Other health professionals	Other PA students	I prc st
Been publicly embarrassed or humiliated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Experienced or been threatened with physical harm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Been required to perform personal services (e.g., shopping,	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

babysitting)

Been subjected to unwanted sexual advances

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

Been asked to exchange sexual favors for grades or other rewards

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

Been denied opportunities for training or rewards based on my **age**

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

	Patients	Preceptors	Program faculty	Program staff	Other health professionals	Other PA students	I
Been subjected to offensive remarks/names regarding my <b>age</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	prc st
Received lower evaluations or grades solely because of my <b>age</b> rather than performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Been denied opportunities for training or rewards based on my <b>disability status</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Been subjected to offensive remarks/names regarding my **age**

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

Received lower evaluations or grades solely because of my **age** rather than performance

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

Been denied opportunities for training or rewards based on my **disability status**

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

Been subjected to offensive remarks/names regarding my **disability status**

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

Been denied opportunities for training or rewards based on **my gender/gender identity**

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

Been subjected to offensive remarks/names based on **my gender/gender identity**

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

						Other PA students	I pre st
Patients	Preceptors	Program faculty	Program staff	Other health professionals			

Received lower evaluations or grades solely because of **my gender/gender identity** rather than performance

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

Been denied opportunities for training or rewards based on **my race or ethnicity**

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

Been subjected to offensive remarks/names based on **my race or ethnicity**

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

Received lower evaluations or grades solely because of **my race or ethnicity** rather than performance

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

Been denied opportunities for training or rewards based on **my religion**

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

Been subjected to offensive remarks/names regarding **my religion**

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

	Patients	Preceptors	Program faculty	Program staff	Other health professionals	Other PA students	Other preceptors
--	----------	------------	-----------------	---------------	----------------------------	-------------------	------------------

Received lower evaluations or grades solely because of **my religion** rather than performance

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

Been denied opportunities for training or

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

rewards based  
on my **sexual  
orientation**



49b. If desired, please explain more about the way(s) in which **you** have  
been subjected to offensive  
experienced mistreatment.

remarks/names

Received lower  
evaluations or  
grades solely

because of **my  
sexual  
orientation** incident(s) that **you were subject to** did you report the  
incident(s) to a designated person or any other official empowered to  
handle such complaints?

- Yes  
 No

50a. How satisfied were you with how the incident(s) were handled?

- Very satisfied  
 Satisfied  
 Neither satisfied or dissatisfied  
 Dissatisfied  
 Very dissatisfied

50a. Please select all the reasons that made you choose not to report the incident(s).

Incident(s) did not seem important enough to report

Did not know who to report incident(s) to

Did not know what to do

I did not think anything would be done about it

Fear of reprisal

Handled incident(s) by myself

Other, please specify

51. For each of the following behaviors, please indicate the frequency that **you witnessed other students experience** that behavior during PA school. These behaviors could have originated from patients, preceptors, program faculty or staff, and/or other PA or health professions students.

	Never	Once	Occasionally	Frequently
Been publicly embarrassed or humiliated	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Experienced or been threatened with physical harm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Been required to perform personal services (e.g., shopping, babysitting)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Been subjected to unwanted sexual advances	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Been denied opportunities for training or rewards based on <b>their age</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Been subjected to offensive remarks/names based on <b>their age</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Never	Once	Occasionally	Frequently
Received lower evaluations or grades solely because of <b>their age</b> rather than	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



performance

Been denied opportunities for training or rewards based on **their disability status**

   

Been subjected to offensive remarks/names based on **their disability status**

   

Received lower evaluations or grades solely because of **their disability status** rather than performance

   

Been denied opportunities for training or rewards based on **their gender/gender identity**

   

Been subjected to offensive remarks/names based on **their gender/gender identity**

   

Never

Once

Occasionally

Frequently

Received lower evaluations or grades solely because of **their gender/gender identity** rather than

performance

Been denied opportunities for training or rewards based on **their race or ethnicity**

   

Been subjected to offensive remarks/names based on **their race or ethnicity**

   

Received lower evaluations or grades solely because of **their race or ethnicity** rather than performance

   

Been denied opportunities for training or rewards based on **their religion**

   

Been subjected to offensive remarks/names regarding **their religion**

   

Never

Once

Occasionally

Frequently

Received lower evaluations or grades solely because of **their religion** rather than performance

   

Been denied

opportunities for training or rewards based on **their sexual orientation**

   

Been subjected to offensive remarks/names regarding **their sexual orientation**

   

Received lower evaluations or grades solely because of **their sexual orientation** rather than performance

   

51a. Please indicate the individual(s) who performed the described behavior(s). Please select all that apply.

	Patients	Preceptors	Program faculty	Program staff	Other health professionals	Other PA students	I prc st
Been publicly embarrassed or humiliated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Experienced or been threatened with physical harm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Been required to perform personal services (e.g.,	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

shopping,  
babysitting)

Been subjected  
to unwanted  
sexual  
advances

Been denied  
opportunities for  
training or  
rewards based  
on **their age**

Been subjected  
to offensive  
remarks/names  
based on **their  
age**

	Patients	Preceptors	Program faculty	Program staff	Other health professionals	Other PA students	I prc st
--	----------	------------	--------------------	------------------	-------------------------------	-------------------------	----------------

Received lower  
evaluations or  
grades solely  
because of  
**their age**  
rather than  
performance

Been denied  
opportunities for  
training or  
rewards based  
on **their  
disability  
status**

Been subjected  
to offensive  
remarks/names

based on **their disability status**

Received lower evaluations or grades solely because of **their disability status** rather than performance

Been denied opportunities for training or rewards based on their **gender/gender identity**

Been subjected to offensive remarks/names based on **their gender/gender identity**

			Program	Program	Other health	Other	
Patients	Preceptors	faculty	staff	professionals	PA	students	l prc st

Received lower evaluations or grades solely because of **their gender/gender identity** rather than performance

Been denied

opportunities for training or rewards based on **their race or ethnicity**

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

Been subjected to offensive remarks/names based on **their race or ethnicity**

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

Received lower evaluations or grades solely because of **their race or ethnicity** rather than performance

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

Been denied opportunities for training or rewards based on **their religion**

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

Been subjected to offensive remarks/names regarding **their religion**

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

					Other	
					PA	
					students	
Patients	Preceptors	Program faculty	Program staff	Other health professionals		

Received lower evaluations or grades solely because of

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

**their religion**

rather than  
performance



Been denied  
opportunities for  
training or  
rewards based  
on **their sexual**

**orientation**

51b. If desired, please explain more about the ways in which you have  
**witnessed** mistreatment.

been subjected  
to offensive

**orientation**

Received lower  
evaluations or  
grades solely

52. For any incident(s) that **you witnessed**, did you report the incident(s) to  
because of  a designated person or any other official empowered to handle such   
**their sexual**   
**complaints?**

rather than  
performance

- Yes
- No

52a. How satisfied were you with how the incident(s) were handled?

- Very satisfied
- Satisfied
- Neither satisfied or dissatisfied
- Dissatisfied
- Very dissatisfied

52a. Please select all the reasons that made you choose not to report the incident(s).

- Student(s) subjected to the incident(s) asked me not to report it
- Did not know what to do
- Did not know who to report incident(s) to
- Incident(s) did not seem important enough to report
- Handled incident(s) by myself
- Fear of reprisal
- I did not think anything would be done about it
- Other, please specify

## **Stress and Mental Health**



## Stress and Mental Health

Your responses to the following questions about stress and mental health during PA school may be sensitive. Because of this, you have the right to skip any of the following questions in this section.

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.

If you would prefer to skip this section, please indicate below.

- I am comfortable proceeding to questions on stress and mental health during PA school
- I would prefer to skip this section

53. Please rank the **five** aspects of PA training that were the **most stressful**, with the item causing the greatest amount of stress first. Note: You may drag and reorder your desired selections further up in the list prior to placing them in the box on the right.

Items

Personal or family  
issues

Interpersonal  
dynamics between  
peers

Lack of control over  
schedule

Physical health  
issues

Transition from  
didactic to clinical  
phase of training

Other, please specify

Frequency of tests  
and other  
assessments

Relocating to a new  
area

Mental health issues

Interpersonal  
dynamics between

Top five most stressful aspects  
of PA training

dynamics between  
faculty/preceptors

Didactic phase  
coursework

Financial concerns

Volume of learning

Clinical phase  
coursework

54. Have you been diagnosed with a mental disorder/illness? The American Psychiatric Association defines mental illness as health conditions involving significant changes in thinking, emotion and/or behavior, distress and/or problems functioning in social, work or family activities.

- Yes, diagnosed prior to attending PA school
- Yes, diagnosed during PA school
- No, I have never been diagnosed

55. Have you utilized or currently utilize professional counseling services?

- Yes
- No

55a. When did you start utilizing professional counseling services? Please select all that apply.

- Prior to attending PA school
- During PA school

55a. What do you believe are the barriers to receiving professional counseling services during PA school? Please select all that apply.

- Cost (e.g., poor insurance coverage or lack of personal finances)
- Time (e.g., lack of personal time to seek professional counseling services)
- I am concerned about confidentiality
- I don't believe counseling would help me
- I am concerned about what others would think
- Lack of information about how/where to obtain services
- None of the above
- Other, please specify

56. Have you ever experienced thoughts of dropping out during PA school?

- Yes
- No

56a. During what part of PA training did you have thoughts of dropping out?  
Please select all that apply.

- During the didactic phase
- During the clinical phase

57. What types of social support systems did you receive during PA school?  
Please select all that apply.

- Friends
- Family
- Fellow PA students
- Program faculty and/or staff
- Religious and spiritual community
- Significant other/partner
- None of the above
- Other, please specify

### **Institutional Support Services**

## **Institutional Support Services**

This brief section collects information about the services and resources available at the institution that sponsors your program.

58. In considering accessibility and responsiveness, please respond by indicating your level of satisfaction with the following student support services.

	Very dissatisfied	Dissatisfied	Neither satisfied nor dissatisfied	Satisfied	Very satisfied	School does not offer
Program-provided tutoring	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Counseling/Mental health center	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Faculty advising	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Student health center	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Institutional computing (technology)/Help desk	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Library/Learning resource center	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Registrar	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Student success center/ADA office	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### General Comments on PA Curriculum

## Program Feedback

As stated in the confidentiality section at the start of the survey, providing qualitative feedback to your program is optional. By clicking the button below and proceeding to the comments, you consent that your verbatim responses may be shared with your program in an aggregate report. Because shared comments will be unedited, **your responses should not contain self-identifying information unless it is your intention that your identity be known.**

- I consent to PAEA sharing verbatim feedback with my program
- I do not consent to PAEA sharing verbatim feedback with my program.

59. Please comment on what you perceive to be the **strengths** of your program's **didactic (classroom/lab)** curriculum.

60. Please comment on what you perceive to be the **weaknesses** of your program's **didactic (classroom/lab)** curriculum.



61. Please comment on what you perceive to be the **strengths** of your program's **clinical** curriculum.

62. Please comment on what you perceive to be the **weaknesses** of your program's **clinical** curriculum

63. Based on your experiences, please comment on the **strengths** of teaching methodologies (e.g., simulation labs, OSCEs, standardized patients) used in your program's didactic and clinical curricula.

64. Based on your experiences, please comment on the **weaknesses** of teaching methodologies (e.g., simulation labs, OSCEs, standardized patients) used in your program's didactic and clinical curricula.

### **Thank you and prize drawing**

Thank you very much for participating in PAEA's End of Program Survey and best wishes on the next steps in your career!

If you are interested in being entered into a drawing for one of four \$75 Amazon gift cards, please provide your email address below. This email address is not stored with your responses and will be permanently deleted

as soon as the drawing is complete. Please note that the prize drawing may occur after you graduate, so you may choose to provide a personal email if you will lose access to your school's email address upon graduation.

Please provide any feedback about this survey, including suggestions for additional items or about the administration process.

Powered by Qualtrics