Introduction and Consent

2024 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 PA (i.e., physician assistant or physician associate) 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

https://paea.az1.qualtrics.com/Q/EditSection/Blocks/Ajax/GetSurveyPri...
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 2025 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).

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; 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, date of birth, and the email address associated with your CASPA account (if applicable).

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. Text highlighted in blue
provides further clarification and can be read by hovering your cursor over the blue text.

Please contact PAEA research staff (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.

   ![Dropdown State]

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.

   ![Dropdown Program]
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

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?

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

- 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/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, Latino, or Spanish
- [ ] Native Hawaiian or other Pacific Islander
- [ ] White
- [ ] 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: [Blank Space]

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

☐ Guamanian
☐ Native Hawaiian
☐ Samoan
☐ Tongan
☐ Other Pacific Islander, please specify: [Blank Space]
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:

II. 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

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
(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."

<table>
<thead>
<tr>
<th>Overall quality of life (the standard of health, comfort, and happiness experienced by an individual or group)</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Overall mental well-being</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Overall physical well-being</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Overall emotional well-being</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Level of social activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>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)</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
</tr>
</tbody>
</table>
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."

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."
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."

Financial concerns

<table>
<thead>
<tr>
<th>No concerns</th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
</tr>
</thead>
</table>

Constant concerns

[Diagram showing circles for each number from 0 to 10]
19. Please indicate how often you felt or thought a certain way during the past 30 days.

<table>
<thead>
<tr>
<th>Question</th>
<th>Scale</th>
</tr>
</thead>
<tbody>
<tr>
<td>In the last month, how often have you felt that you were unable to control the important things in your life?</td>
<td>Never</td>
</tr>
<tr>
<td>In the last month, how often have you felt confident about your ability to handle your personal problems?</td>
<td>Never</td>
</tr>
<tr>
<td>In the last month, how often have you felt that things were going your way?</td>
<td>Never</td>
</tr>
<tr>
<td>In the last month, how often have you felt difficulties were piling up so high that you could not overcome them?</td>
<td>Never</td>
</tr>
</tbody>
</table>

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
- Personally becoming infected with an illness
- Taking care of family member(s) diagnosed with an illness
- Taking care of immediate or extended family member(s)
- Lack of adequate support from PA program
- Financial challenges
- Other, please specify: [text box]
- Food insecurity
22. Please indicate how true the following statements are of your experiences in your current PA program.

<table>
<thead>
<tr>
<th>Statement</th>
<th>Not at all true</th>
<th>Somewhat untrue</th>
<th>Neither true nor untrue</th>
<th>Somewhat true</th>
<th>Completely true</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sometimes I feel as if I don’t belong in my PA program.</td>
<td>○</td>
<td>○</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>I am treated with as much respect as other students in my PA program.</td>
<td>○</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>I can really be myself in my PA program.</td>
<td>○</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>I wish I were in a different PA program.</td>
<td>○</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
</tbody>
</table>
23. Please indicate your level of agreement with the following statements.

<table>
<thead>
<tr>
<th>Overall, I am satisfied with the quality of my PA education.</th>
<th>Strongly disagree</th>
<th>Disagree</th>
<th>Neither agree nor disagree</th>
<th>Agree</th>
<th>Strongly agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>If I could revisit my career choice again, I would attend school to become a PA.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>If I could revisit my program choice again, I would attend the same program.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>I would recommend the PA career to others.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
</tbody>
</table>
24. Please indicate how satisfied you are with the program in which you are currently enrolled in terms of the following attributes.

<table>
<thead>
<tr>
<th>Attribute</th>
<th>Very dissatisfied</th>
<th>Dissatisfied</th>
<th>Neither satisfied nor dissatisfied</th>
<th>Satisfied</th>
<th>Very satisfied</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accessibility/Responsiveness of faculty</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Program reputation</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>PANCE pass rates</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Program mission consistent with personal values</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Quality of program facilities (e.g., labs and equipment)</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Rigor of clinical curriculum</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Faculty reputation</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Tuition</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Scholarships and financial aid</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Class size/student-faculty ratio</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Opportunities to participate in community service</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Opportunities to gain clinical experience (e.g., rotations)</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
</tbody>
</table>
### Preparedness for clinical practice
- Very satisfied
- Dissatisfied
- Neither satisfied nor dissatisfied
- Satisfied
- Very satisfied

### Affiliation with a hospital or clinic system
- Very satisfied
- Dissatisfied
- Neither satisfied nor dissatisfied
- Satisfied
- Very satisfied

### Diversity of student body
- Very satisfied
- Dissatisfied
- Neither satisfied nor dissatisfied
- Satisfied
- Very satisfied

### Diversity of faculty
- Very satisfied
- Dissatisfied
- Neither satisfied nor dissatisfied
- Satisfied
- Very satisfied

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

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**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."

<table>
<thead>
<tr>
<th>Course/Topic</th>
<th>Not at all well</th>
<th>Somewhat well</th>
<th>Very well</th>
<th>Extremely well</th>
<th>N/A: Did not take during PA school</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anatomy</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Biochemistry</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Biostatistics/Epidemiology</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Clinical experiences during the didactic portion of the curriculum</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Clinical medicine (includes surgery/emergency medicine/peds/ OB/GYN/behavioral health)</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Clinical/Technical skills</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Ethics/Bioethics</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
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<tr>
<td>Genetics</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
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<tr>
<td>Interpretation of literature/Evidence-based medicine/Research</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
</tbody>
</table>
26. Please evaluate the instruction you received in the following areas. Please consider both quality and amount.

<table>
<thead>
<tr>
<th>Area</th>
<th>Received no instruction in area</th>
<th>Insufficient</th>
<th>Appropriate</th>
<th>Excessive</th>
</tr>
</thead>
<tbody>
<tr>
<td>Role of community health and social service agencies</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Public health</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
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<tr>
<td>Substance use disorders/Addiction</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Disorder/Addiction medicine</td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>-----------------------------</td>
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<tr>
<td>Burnout prevention/Provider wellbeing</td>
<td></td>
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<tr>
<td>Implicit bias training</td>
<td></td>
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<tr>
<td>Palliative/End of life care</td>
<td></td>
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<tr>
<td>Disease prevention/Health maintenance</td>
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<tr>
<td>PA professional practice (billing/coding; patient safety)</td>
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<td></td>
</tr>
<tr>
<td>Telemedicine</td>
<td></td>
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<tr>
<td>Culturally appropriate care for diverse populations</td>
<td></td>
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<tr>
<td>Health equity/Social determinants of health</td>
<td></td>
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<tr>
<td>Oral health</td>
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</tr>
</tbody>
</table>

**Clinical Curriculum**

| Social justice/Antiracism training and curriculum |  |  |  |  |
| Nutrition |  |  |  |  |
| Leadership/advocacy training |  |  |  |  |

27. In general, the didactic 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
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.

<table>
<thead>
<tr>
<th>Discipline</th>
<th>Poor</th>
<th>Fair</th>
<th>Good</th>
<th>Excellent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency medicine</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Family medicine</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Internal medicine</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pediatrics</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Surgery</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Obstetrics/Gynecology/Women’s health</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Behavioral and mental health care</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

28a. Please respond to the questions below regarding your supervised clinical rotations.
<table>
<thead>
<tr>
<th>Professional Area</th>
<th>Did you observe your preceptor?</th>
<th>Did you observe your preceptor performing the relevant portions of the physical examination?</th>
<th>Did you observe your preceptor performing relevant technical procedures (e.g., suturing, phlebotomy, etc.)?</th>
<th>Did you receive mid-point feedback?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency medicine</td>
<td>☐ Yes</td>
<td>☐ Yes</td>
<td>☐ Yes</td>
<td>☐ Yes</td>
</tr>
<tr>
<td>Family medicine</td>
<td>☐ Yes</td>
<td>☐ Yes</td>
<td>☐ Yes</td>
<td>☐ Yes</td>
</tr>
<tr>
<td>Internal medicine</td>
<td>☐ Yes</td>
<td>☐ Yes</td>
<td>☐ Yes</td>
<td>☐ Yes</td>
</tr>
<tr>
<td>Pediatrics</td>
<td>☐ Yes</td>
<td>☐ Yes</td>
<td>☐ Yes</td>
<td>☐ Yes</td>
</tr>
<tr>
<td>Surgery</td>
<td>☐ Yes</td>
<td>☐ Yes</td>
<td>☐ Yes</td>
<td>☐ Yes</td>
</tr>
<tr>
<td>Obstetrics/gynecology/women’s health</td>
<td>☐ Yes</td>
<td>☐ Yes</td>
<td>☐ Yes</td>
<td>☐ Yes</td>
</tr>
<tr>
<td>Behavioral and mental health care</td>
<td>☐ Yes</td>
<td>☐ Yes</td>
<td>☐ Yes</td>
<td>☐ Yes</td>
</tr>
</tbody>
</table>
29. Did you complete a clinical training experience/rotation at or with any of the following? Please check all that apply.

<table>
<thead>
<tr>
<th>Correctional facility</th>
<th>Yes</th>
<th>No</th>
<th>Not sure/I don't know what this is</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicaly underserved areas (MUA), medically underserved populations (MUP), or health professional shortage area (HPSA), please specify:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Critical access hospital (CAH)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Substance Use Disorder (SUD) practice</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Department of Veterans Affairs (VA) medical facility</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Federally qualified health center (FQHC) or something similar</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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 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?

<table>
<thead>
<tr>
<th>Patient-centered practice knowledge:</th>
<th>Not at all confident</th>
<th>Not very confident</th>
<th>Neutral</th>
<th>Confident</th>
<th>Very confident</th>
</tr>
</thead>
<tbody>
<tr>
<td>Includes ability to access and integrate best medical knowledge and clinical expertise to provide clinical care based on patients’ individual needs</td>
<td>〇</td>
<td>〇</td>
<td>〇</td>
<td>〇</td>
<td>〇</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Society and population health:</th>
<th>Not at all confident</th>
<th>Not very confident</th>
<th>Neutral</th>
<th>Confident</th>
<th>Very confident</th>
</tr>
</thead>
<tbody>
<tr>
<td>Includes ability to recognize own biases and limitations and to integrate knowledge of social determinants of patient health into care decisions</td>
<td>〇</td>
<td>〇</td>
<td>〇</td>
<td>〇</td>
<td>〇</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Health literacy and communication:</th>
<th>Not at all confident</th>
<th>Not very confident</th>
<th>Neutral</th>
<th>Confident</th>
<th>Very confident</th>
</tr>
</thead>
<tbody>
<tr>
<td>Includes ability to effectively and sensitively communicate with patients as partners</td>
<td>〇</td>
<td>〇</td>
<td>〇</td>
<td>〇</td>
<td>〇</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Interprofessional collaborative practice and</th>
<th>Not at all confident</th>
<th>Not very confident</th>
<th>Neutral</th>
<th>Confident</th>
<th>Very confident</th>
</tr>
</thead>
</table>
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

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?

<table>
<thead>
<tr>
<th>Consideration</th>
<th>Not important</th>
<th>Somewhat important</th>
<th>Very important</th>
<th>Essential</th>
</tr>
</thead>
<tbody>
<tr>
<td>Setting (rural/urban)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Availability of jobs</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Geographical location</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medical specialty</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Collaborating physician relationship</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Working for social change</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>High income potential</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Flexible working schedule</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Work/life balance</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>High level of autonomy</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Social recognition or status</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Leadership potential</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ability to pay off debt</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Setting (inpatient/outpatient)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stable, secure future</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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 ${lm://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 $\{lm://Field/1\}$?

- $49,999$ 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 $\{lm://Field/1\}$ 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 $\{lm://Field/1\}$ located in?

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

- Full-time
- Part-time

35g. Did you accept this job offer for Job $\{lm://Field/1\}$ 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
☐ Great scheduling flexibility at accepted job/specialty
☐ Better benefits at accepted job/specialty
☐ Higher salary in accepted job/specialty
☐ Desirable location of 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.

<table>
<thead>
<tr>
<th>Specialty Area</th>
<th>Undesirable</th>
<th>Neither desirable nor undesirable</th>
<th>Desirable</th>
<th>Do not know enough about it</th>
</tr>
</thead>
<tbody>
<tr>
<td>Behavioral and mental health care</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
</tr>
<tr>
<td>Family medicine</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
</tr>
<tr>
<td>Internal medicine</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
</tr>
<tr>
<td>Pediatrics</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
</tr>
<tr>
<td>Geriatrics</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
</tr>
<tr>
<td>Obstetrics/Gynecology /Women's health</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
</tr>
<tr>
<td>Inpatient specialties (e.g., critical care, hospitalist)</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
</tr>
<tr>
<td>Urgent care</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
</tr>
<tr>
<td>Emergency medicine (not urgent care)</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
</tr>
<tr>
<td>Internal medicine specialties (e.g., cardiology, endocrinology,</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
</tr>
</tbody>
</table>
39. Please rate the desirability of practicing in the following environments.

<table>
<thead>
<tr>
<th>Environment</th>
<th>Very undesirable</th>
<th>Undesirable</th>
<th>Neither desirable nor undesirable</th>
<th>Desirable</th>
<th>Very desirable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rural</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Suburban</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Urban</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Military base(s)</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Veterans Affairs (VA) facility</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Substance Use Disorder (SUD) practice</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Practice outside the US</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Federal/state prison system</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Native</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
</tbody>
</table>
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

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? This includes VA education benefits such as the Post-9/11 GI Bill.

- 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.

<table>
<thead>
<tr>
<th>Loan Forgiveness/Repayment Program</th>
<th>Have already enrolled</th>
<th>Plan to participate/apply</th>
<th>N/A: Do not plan to participate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Armed Services (e.g., military service)</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Department of Education's Public-Service Loan Forgiveness (PSLF)</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Employer-based program (e.g., hospital-based loan repayment)</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Indian Health Service Corps (IHSC)</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>National Health Service Corps (NHSC)</td>
<td>○</td>
<td>○</td>
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</tr>
<tr>
<td>State loan forgiveness program</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Veterans Affairs Education Debt Reduction Program (EDRP)</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Other Uniformed Service (e.g., Center of Disease Control [CDC], Department of Health and Human Services [HHS], Public Health Service [PHS] commissioned officer corp)</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
</tbody>
</table>

Other, please specify: ○ ○ ○
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.

As a reminder, the data collected in this survey are classified as confidential.

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 content to help faculty 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 988.

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.

<table>
<thead>
<tr>
<th>Behavior</th>
<th>Never</th>
<th>Once</th>
<th>Occasionally</th>
<th>Frequently</th>
</tr>
</thead>
<tbody>
<tr>
<td>Been publicly embarrassed or humiliated</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Experienced or been threatened with physical harm</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Been required to perform personal services (e.g., shopping, babysitting)</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Been subjected to unwanted sexual advances</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Been denied opportunities for training or rewards based on my <strong>age</strong></td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Been subjected to offensive remarks/names regarding my <strong>age</strong></td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Received lower evaluations or grades solely because of my <strong>age</strong> rather than</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>
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

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

Never | Once | Occasionally | Frequently
<table>
<thead>
<tr>
<th>Event</th>
<th>Never</th>
<th>Once</th>
<th>Occasionally</th>
<th>Frequently</th>
</tr>
</thead>
<tbody>
<tr>
<td>Been denied opportunities for training or rewards based on <strong>my race or ethnicity</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Been subjected to offensive remarks/names based on <strong>my race or ethnicity</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Received lower evaluations or grades solely because of <strong>my race or ethnicity</strong> rather than performance</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Been denied opportunities for training or rewards based on <strong>my religion</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Been subjected to offensive remarks/names regarding <strong>my religion</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Received lower evaluations or grades solely because of <strong>my religion</strong> rather than performance</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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.

<table>
<thead>
<tr>
<th>Behavior</th>
<th>Patients</th>
<th>Preceptors</th>
<th>Program faculty</th>
<th>Program staff</th>
<th>Other health professionals</th>
<th>Other PA students</th>
<th>Other health professions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Been publicly embarrassed or humiliated</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Experienced or been threatened with physical harm</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Been required to perform personal services (e.g., shopping,</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>
Have you been subjected to unwanted sexual advances?

Have you been asked to exchange sexual favors for grades or other rewards?

Have you been denied opportunities for training or rewards based on your age?

Have you been subjected to offensive remarks/names regarding your age?

Have you received lower evaluations or grades solely because of your age rather than performance?

Have you been denied opportunities for training or rewards based on your disability status?
Received lower evaluations or grades solely because of my disability status rather than performance

Been subjected to offensive remarks/names regarding my disability status

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

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

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

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

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

Been subjected to offensive remarks/names.

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

50. For any 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).

- [ ] Fear of reprisal
- [ ] Did not know who to report incident(s) to
- [ ] Incident(s) did not seem important enough to report
- [ ] I did not think anything would be done about it
- [ ] Did not know what to do
- [ ] 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.

<table>
<thead>
<tr>
<th>Behavior</th>
<th>Never</th>
<th>Once</th>
<th>Occasionally</th>
<th>Frequently</th>
</tr>
</thead>
<tbody>
<tr>
<td>Been publicly embarrassed or humiliated</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Experienced or been threatened with physical harm</td>
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<tr>
<td>Been required to perform personal services (e.g., shopping, babysitting)</td>
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</tr>
<tr>
<td>Been subjected to unwanted sexual advances</td>
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<td></td>
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</tr>
<tr>
<td>Been denied opportunities for training or rewards based on <strong>their age</strong></td>
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</tr>
<tr>
<td>Been subjected to offensive remarks/names based on <strong>their age</strong></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Received lower evaluations or grades solely because of <strong>their age</strong></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Occurrence</td>
<td>Have been denied opportunities for training or rewards based on their disability status</td>
<td>Have been subjected to offensive remarks/names based on their disability status</td>
<td>Received lower evaluations or grades solely because of their disability status rather than performance</td>
<td>Have been denied opportunities for training or rewards based on their gender/gender identity</td>
</tr>
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<td>-----------------------------------------------------------------------------------------</td>
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<td>------------------------------------------------------------------------------------------</td>
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<tr>
<td>Frequently</td>
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<tr>
<td>Performance</td>
<td></td>
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</tbody>
</table>

**Question:** Have you ever experienced any of the following situations?

- Been denied opportunities for training or rewards based on their disability status
- Have 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
- Have been denied opportunities for training or rewards based on their gender/gender identity
- Have been subjected to offensive remarks/names based on their gender/gender identity
**performance**

<table>
<thead>
<tr>
<th>Been denied opportunities for training or rewards based on <strong>their race or ethnicity</strong></th>
<th>Never</th>
<th>Once</th>
<th>Occasionally</th>
<th>Frequently</th>
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<table>
<thead>
<tr>
<th>Been subjected to offensive remarks/names based on <strong>their race or ethnicity</strong></th>
<th>Never</th>
<th>Once</th>
<th>Occasionally</th>
<th>Frequently</th>
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</table>

<table>
<thead>
<tr>
<th>Received lower evaluations or grades solely because of <strong>their race or ethnicity</strong> rather than performance</th>
<th>Never</th>
<th>Once</th>
<th>Occasionally</th>
<th>Frequently</th>
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</table>

<table>
<thead>
<tr>
<th>Been denied opportunities for training or rewards based on <strong>their religion</strong></th>
<th>Never</th>
<th>Once</th>
<th>Occasionally</th>
<th>Frequently</th>
</tr>
</thead>
<tbody>
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<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Been subjected to offensive remarks/names regarding <strong>their religion</strong></th>
<th>Never</th>
<th>Once</th>
<th>Occasionally</th>
<th>Frequently</th>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Received lower evaluations or grades solely because of <strong>their religion</strong> rather than performance</th>
<th>Never</th>
<th>Once</th>
<th>Occasionally</th>
<th>Frequently</th>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Been denied opportunities for training or rewards based on <strong>their religion</strong></th>
<th>Never</th>
<th>Once</th>
<th>Occasionally</th>
<th>Frequently</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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.

<table>
<thead>
<tr>
<th>Patients</th>
<th>Preceptors</th>
<th>Program faculty</th>
<th>Program staff</th>
<th>Other health professionals</th>
<th>Other PA students</th>
<th>I proc st</th>
</tr>
</thead>
</table>

Been publicly embarrassed or humiliated

Experienced or been threatened with physical harm

Been required to perform personal services (e.g.,
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

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

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

Received lower evaluations or grades solely because of their religion
51b. If desired, please explain more about the ways in which you have witnessed mistreatment.

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

- 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).

- Handled incident(s) by myself
- Student(s) subjected to the incident(s) asked me not to report it
- I did not think anything would be done about it
- Fear of reprisal
- Incident(s) did not seem important enough to report
- Did not know what to do
- Did not know who to report incident(s) to
- 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 988.

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.

<table>
<thead>
<tr>
<th>Items</th>
<th>Top five most stressful aspects of PA training</th>
</tr>
</thead>
<tbody>
<tr>
<td>Financial concerns</td>
<td></td>
</tr>
<tr>
<td>Interpersonal dynamics between peers</td>
<td></td>
</tr>
<tr>
<td>Didactic phase coursework</td>
<td></td>
</tr>
<tr>
<td>Relocating to a new area</td>
<td></td>
</tr>
<tr>
<td>Interpersonal dynamics between faculty/preceptors</td>
<td></td>
</tr>
<tr>
<td>Mental health issues</td>
<td></td>
</tr>
<tr>
<td>Other, please specify</td>
<td></td>
</tr>
<tr>
<td>Volume of learning</td>
<td></td>
</tr>
<tr>
<td>Transition from didactic to clinical phase of training</td>
<td></td>
</tr>
<tr>
<td>Lack of control over schedule</td>
<td></td>
</tr>
<tr>
<td>Clinical phase</td>
<td></td>
</tr>
</tbody>
</table>
54. Have you been diagnosed with a mental disorder/illness?

- 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.

<table>
<thead>
<tr>
<th>Service</th>
<th>Very satisfied</th>
<th>Satisfied</th>
<th>Neither satisfied nor dissatisfied</th>
<th>Dissatisfied</th>
<th>Very dissatisfied</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program-provided tutoring</td>
<td>Ø</td>
<td>Ø</td>
<td>Ø</td>
<td>Ø</td>
<td>Ø</td>
</tr>
<tr>
<td>Counseling/Mental health center</td>
<td>Ø</td>
<td>Ø</td>
<td>Ø</td>
<td>Ø</td>
<td>Ø</td>
</tr>
<tr>
<td>Faculty advising</td>
<td>Ø</td>
<td>Ø</td>
<td>Ø</td>
<td>Ø</td>
<td>Ø</td>
</tr>
<tr>
<td>Student health center</td>
<td>Ø</td>
<td>Ø</td>
<td>Ø</td>
<td>Ø</td>
<td>Ø</td>
</tr>
<tr>
<td>Institutional computing (technology)/Help desk</td>
<td>Ø</td>
<td>Ø</td>
<td>Ø</td>
<td>Ø</td>
<td>Ø</td>
</tr>
<tr>
<td>Library/Learning resource center</td>
<td>Ø</td>
<td>Ø</td>
<td>Ø</td>
<td>Ø</td>
<td>Ø</td>
</tr>
<tr>
<td>Registrar</td>
<td>Ø</td>
<td>Ø</td>
<td>Ø</td>
<td>Ø</td>
<td>Ø</td>
</tr>
<tr>
<td>Student success center/ADA office</td>
<td>Ø</td>
<td>Ø</td>
<td>Ø</td>
<td>Ø</td>
<td>Ø</td>
</tr>
</tbody>
</table>

**General Comments on PA Curriculum**
Program Feedback

The remaining questions seek to gather explicit feedback regarding strengths and weaknesses of different aspects of your program.

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 a $75 Amazon gift card, 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.