Introduction and Consent

2024 PAEA Matriculating Student Survey

Important Information About the PAEA Matriculating Student 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 administers the Matriculating Student Survey (MSS) annually for all incoming first-year PA students. The MSS seeks information from entering PA students to improve education, recruitment, and retention.

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

• Demographic information
• Factors related to your choice of the PA profession and your PA program
• Educational financing
• Intended specialty and practice environments
• Health and well-being
Incentives

Respondents who complete the survey will have the opportunity to enter into a drawing for one of four $50 Amazon gift cards. PAEA will enter each PA program with at least an 80% response rate into a drawing for a $250 gift card. Additionally, each PA program with at least an 80% response rate will be entered into a drawing for a free 2025 PAEA Education Forum registration.

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. Once this survey closes and incentive drawing participants are contacted, those 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 a small number of 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 responses, rendering them anonymous) report of individual-level data. PAEA reduces the probability of connecting responses to specific individuals by not providing information where a 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@PAEAnline.org; 703-667-4322).
Thank you for participating and welcome to PA school!

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

- I have read and understood the preceding information and **freely consent to participate in the survey.** 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 the preceding information and **choose not to participate in the survey.**
Collecting student data at the applicant stage through the end of PA school helps PAEA identify the factors that improve student and applicant experiences and education. To help us link your responses between CASPA applicant data, this survey, and the End of Program Survey, and to help us remove duplicate responses, please indicate your first and last name, date of birth, and the email address associated with your CASPA account (if applicable).

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

First name

Last name

Date of birth (MM/DD/YYYY)

Email address associated with your CASPA account (enter n/a if you did not apply through CASPA)
1. Did you start your current PA program **less than three months ago**?

- [ ] Yes
- [ ] No

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

- [ ] Yes
- [ ] No

**Your PA Program**

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

   ![Dropdown list]

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

   **Note:** Several programs have similar names; please make sure that you
3a. Are you enrolled at a distant or satellite campus?

- Yes
- No

3b. Please provide the full name of the distant or satellite campus you are enrolled in.
**Consent to be included in a student database**

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

PAEA will only release your data to ${q://QID19/ChoiceGroup/SelectedChoices} with your written consent and if at least 50% of your cohort completes this survey. You have the right to withhold consent without penalty. If you do not consent, PAEA will never release your data to any parties and will store your data according to the standard confidentiality and privacy protections outlined previously. If you choose not to release your data to ${q://QID19/ChoiceGroup/SelectedChoices} you can still complete the survey and are eligible to win any prizes associated with completing the survey.

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

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

If you consent to releasing either your identified or de-identified data, ${q://QID19/ChoiceGroup/SelectedChoices} will protect this information using the standards and protections detailed in their IRB agreement with their home institution and may not share your data with any external individuals or parties.
Please select an option below to indicate whether you have read the above disclosure and agree to release your data to $q://QID19/ChoiceGroup/SelectedChoices$.

- I have read and understood the preceding information and freely agree that **PAEA may release my identified data** to $q://QID19/ChoiceGroup/SelectedChoices$ for inclusion in a student database.

- I have read and understood the preceding information and freely agree that **PAEA may release my de-identified data** to $q://QID19/ChoiceGroup/SelectedChoices$ for educational research and program improvement.

- I have read and understood the preceding information and choose **NOT** to release my data to $q://QID19/ChoiceGroup/SelectedChoices$ for inclusion in a student database.

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

5. Please enter your age at the time you entered the **graduate, professional**
phase of your PA program.

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

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

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

- Male
- Female
- I don't know the answer/Prefer not to answer
7a. What gender do you currently live as in your day-to-day life?

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

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

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

8a. Is your institution inclusive to the LGBTQIA+ community?

- Yes
- No
- Not applicable, too early in my program to know
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. Have you or do you intend to seek reasonable accommodations under the Americans with Disabilities Act (ADA)?

- [ ] Yes
- [ ] No
9b. Has your institution thus far accommodated your needs?

- Yes
- No
- I intend to seek reasonable accommodations but have yet to do so
- Not applicable, too early in my program to know

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
☐ Other, please specify:

☐ I prefer not to answer
10a. How do you self-identify? Please check as many as apply.

☐ Bangladeshi
☐ Cambodian
☐ Chinese
☐ Filipino
☐ Hmong
☐ Indian
☐ Indonesian
☐ Japanese
☐ Korean
☐ Laotian
☐ Malaysian
☐ Pakistani
☐ Taiwanese
☐ Thai
☐ Vietnamese

☐ Other Asian, please specify:

☐ I prefer not to answer
10b. How do you self-identify? Please check as many as apply.

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

☐ I prefer not to answer

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

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

☐ I prefer not to answer
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:

☐ I prefer not to answer

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

☐ Yes
☐ No
☐ I prefer not to answer
12. Did you spend the majority of your life before age 18 within the United States and its territories?

☐ Yes
☐ No

12a. 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.

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".

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

- Yes
- No
- I do not know/prefer not to answer
16. What is the **combined estimated annual gross income** for your household (this includes your income in addition to the income of your spouse/partner, if applicable)?

- [ ] Less than $25,000
- [ ] $25,000 to $49,999
- [ ] $50,000 to $74,999
- [ ] $75,000 to $99,999
- [ ] $100,000 to $124,999
- [ ] $125,000 to $149,999
- [ ] $150,000 to $174,999
- [ ] $175,000 to $199,999
- [ ] $200,000 to $249,999
- [ ] $250,000 to $299,999
- [ ] $300,000 or higher
- [ ] I do not know/prefer not to answer
17. What is the highest level of education of your parent(s) or guardian(s)?
For example, if one parent/guardian holds an associate degree, and one holds a master's degree, please select "Master's degree."

- Grade school (did not enter high school or partially completed high school)
- High School/GED
- Associate degree
- Bachelor's degree
- Master's degree
- Doctorate (academic or professional)
- Other, please specify: [ ]
- I prefer not to answer
18. Are you currently, or have you ever, served in the military?

- Yes
- No
- I prefer not to answer

18a. What is your current military status?

- Veteran/Commitment complete
- Active duty
- Reserves
- National Guard
- I prefer not to answer
18b. In which of the following branches did you serve/do you currently serve? If you served in more than one branch, please select the branch in which you served the most time

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

18c. How many years were you/have you been in military service?


18d. Did you gain experience providing direct patient care during your time in the military? Please do not count administrative or indirect patient care experience.

- Yes
- No
- I prefer not to answer
19. Have you ever been employed in a health care field? Please exclude internships, unpaid work, or other experiences related to completion of a degree.

☐ Yes
☐ No
☐ I prefer not to answer
19a. Please check the appropriate box(es) if you have experience in one or more of the following healthcare professions or fields.

- Athletic trainer/personal trainer
- Certified Nursing Assistant (CNA)
- EMT/Paramedic/ Emergency room technician
- Medical Assistant
- Military medical training (medic, corpsman)
- Nurse (LPN, RN, NP)
- Patient Care Assistant/Tech (PCA)
- Physical therapy assistant/technician
- Scribe
- Other, please specify:
19b. Approximately, how many total hours did you work in a healthcare field? If none, please enter ‘0’. **Please only include paid work experiences.**

<table>
<thead>
<tr>
<th>Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Direct patient contact (e.g., Nurse or nursing aide)</td>
</tr>
<tr>
<td>Health care setting (indirect patient contact; e.g., medical secretary or receptionist)</td>
</tr>
<tr>
<td><strong>#Conjoint, Total#</strong></td>
</tr>
</tbody>
</table>

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

- [ ] Yes
- [ ] No
- [ ] I prefer not to answer
20a. What type of community service work did you participate in? Please check all that apply.

<table>
<thead>
<tr>
<th>Paid experiences</th>
<th>Volunteer experiences</th>
<th>Service learning experiences associated with completion of academic studies</th>
</tr>
</thead>
<tbody>
<tr>
<td>International medical</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>International non-medical</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>U.S. medical</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>U.S. non-medical</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

**Your Education**
21. Please indicate the highest level of education you completed prior to entering the **graduate, professional phase** of your PA program. If your exact degree is not listed, please select the degree that most closely match yours.

- [ ] Some college but no degree
- [ ] Associate degree
- [ ] Bachelor of Arts
- [ ] Bachelor of Science
- [ ] Other Bachelor’s degree (e.g., business, BFA)
- [ ] Master’s degree (health- or natural sciences-related; e.g., MPH)
- [ ] Master’s degree (not health- or natural-sciences related; e.g., MBA)
- [ ] Academic doctorate (health- or natural sciences-related; e.g., Biology PhD)
- [ ] Academic doctorate (not health- or natural sciences-related; e.g., EdD)
- [ ] Professional doctorate (health-related; e.g., MD, PharmD, DPT)
- [ ] Professional doctorate (not health-related; e.g., JD)
- [ ] Foreign medical graduate
- [ ] Other, please specify: ____________________________
- [ ] I prefer not to answer
21a. What was your college/university undergraduate overall grade point average (GPA) at the time of your graduation?

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

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

☐ Yes
☐ No

22a. Please estimate the number of credits you took to satisfy prerequisite requirements for the programs to which you applied.
22b. Please estimate the total cost of taking additional semester credits to satisfy prerequisite requirements for the programs you applied to.

- No cost ($0)
- $1 to $999
- $1,000 to $1,999
- $2,000 to $2,999
- $3,000 to $3,999
- $4,000 to $4,999
- $5,000 to $5,999
- $6,000 to $6,999
- $7,000 or more
- Prefer not to answer

Applying to PA School

Applying to PA School
23. When did you decide to become a PA?

- Before high school
- During high school/before college
- During college (undergraduate)
- After receiving a Bachelor’s degree
- During advanced/graduate training or degree (non-PA)
- After completing an advanced/graduate training or degree (non-PA)
24. People choose to pursue a PA career for many reasons. Please check all the reasons that made you choose to become a PA.

☐ Cost of education/affordability
☐ Other health professions were less appealing
☐ Excitement of health care
☐ Length of education
☐ Work-life balance
☐ Desire to influence the direction of health care
☐ Prestige
☐ Geographic mobility
☐ A calling to the healthcare profession
☐ Desire to care for patients
☐ Financial stability
☐ Graduate-level education
☐ Mobility within PA specialties
☐ Other, please specify

25. Are you in a direct entry program that combines both an undergraduate and the graduate, PA program?

☐ Yes
☐ No
26. For the following statements regarding your application to PA programs for the current school year, please enter the appropriate number of programs:

Number of PA programs

| Submitted an application | 0 |
| Offered an interview     | 0 |
| Completed an interview   | 0 |
| Received an acceptance letter | 0 |

26a. What factor(s) caused you to interview at less programs than you were offered? Please select all that apply.

- [ ] Already accepted an offer at another school
- [ ] Cost associated with traveling to the interview
- [ ] Virtual interview format was not an option
- [ ] No longer interested in program(s)
- [ ] Other, please specify
27. Please estimate the total amount of money you spent applying to PA school, including fees and cost of interviews, for this year only.

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

- No cost ($0)
- $1 to $999
- $1,000 to $1,999
- $2,000 to $2,999
- $3,000 to $3,999
- $4,000 to $4,999
- $5,000 to $5,999
- $6,000 to $6,999
- $7,000 or more
- Prefer not to answer
28. Did you engage with any of the following **paid** services to prepare for your application to PA schools? Please check all that apply and do not select services that were provided to you for free.

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

29. Have you applied to PA school **before this application cycle**?

- [ ] Yes
- [ ] No
29a. Including this application cycle, how many cycles have you applied to one or more PA programs?

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

- Yes
- No
30a. Why did you choose to attend PA school instead of pursuing training in another health profession? Please select all factors that apply.

- [ ] PA education provided the right amount of intellectual challenge
- [ ] Wanted to work in the medical model
- [ ] Cost of attending PA school was lower
- [ ] Opportunity to work in a team environment
- [ ] Wanted to spend more time providing direct patient care
- [ ] Length of PA education was shorter
- [ ] Work-life balance
- [ ] Was not accepted by another health professions program
- [ ] PA scope of practice
- [ ] Wanted collaborating physician relationship
- [ ] Ability to change specialties
- [ ] Other, please describe:

   Other, please describe:
31. Many factors may have influenced your decision to become a PA. Please select all of the factors that contributed to your decision to become a PA.

☐ Career counselor/teacher/academic advisor (high school or college)
☐ Previous healthcare experience
☐ Social media
☐ Project Access
☐ PAEA website/literature
☐ AAPA website/literature
☐ PA who treated me or my family/other PA acquaintance
☐ Family members/friends
☐ PA program faculty/staff
☐ College/campus admissions department
☐ Physician who treated me or my family/other physician acquaintance
☐ Other, please specify:

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

<table>
<thead>
<tr>
<th>Attribute</th>
<th>Did not consider</th>
<th>Did consider: Not important</th>
<th>Did consider: Somewhat important</th>
<th>Did consider: Very important</th>
<th>Did consider: Essential</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rigorous clinical curriculum</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Program is affiliated with or offering a doctoral degree such as the DMSc or DHSc</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Good program reputation</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Required few or no prerequisites beyond what I had already completed</td>
<td>○</td>
<td>○</td>
<td>○</td>
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<td>○</td>
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<tr>
<td>Dual degree offered (e.g. PA plus MPH)</td>
<td>○</td>
<td>○</td>
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<tr>
<td>High likelihood of admission</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
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<tr>
<td>Program mission consistent with personal values</td>
<td>○</td>
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<td>○</td>
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<td>○</td>
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<tr>
<td>HBCU PA Program</td>
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<td>○</td>
<td>○</td>
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<tr>
<td>Desirable program</td>
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<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Desirable program location</td>
<td>Did not consider</td>
<td>Did consider: Not important</td>
<td>Did consider: Somewhat important</td>
<td>Did consider: Very important</td>
<td>Did consider: Essential</td>
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<tr>
<td>Many opportunities to gain clinical experience (e.g., rotations)</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Good faculty reputation</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Time to degree</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
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</tr>
<tr>
<td>Job placement rates</td>
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<td>○</td>
</tr>
<tr>
<td>Program offers scholarships and financial aid</td>
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<td>○</td>
<td>○</td>
<td>○</td>
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</tr>
<tr>
<td>Diverse faculty</td>
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<td>○</td>
<td>○</td>
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<tr>
<td>Program accreditation status</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Quality program facilities (e.g., labs and equipment)</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Proximity to home/current place of residence</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Small class size/student-faculty ratio</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Accessible/Responsive faculty</td>
<td>○</td>
<td>○</td>
<td>○</td>
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</tr>
<tr>
<td>Program is part of a</td>
<td>○</td>
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<td>○</td>
</tr>
<tr>
<td>Factor</td>
<td>Did not consider</td>
<td>Did consider: Not important</td>
<td>Did consider: Somewhat important</td>
<td>Did consider: Very important</td>
<td>Did consider: Essential</td>
</tr>
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<tr>
<td>Hospital or clinic system</td>
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</tr>
<tr>
<td>Desirable program community</td>
<td></td>
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</tr>
<tr>
<td>Mentorship</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Cost of application and interview process</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>High PANCE pass rates</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Program structure</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Accommodation for students with disabilities</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Diverse student body</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>How long since program was established</td>
<td></td>
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<tr>
<td>Low tuition</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Opportunities to participate in community service</td>
<td></td>
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</tr>
</tbody>
</table>
33. Which program attributes were the **most important** in helping you decide to attend your current program rather than the others you were accepted at? Please select and rank **only the 3 most important** deciding factors by importance. 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>
</tr>
</thead>
<tbody>
<tr>
<td>High likelihood of admission</td>
</tr>
<tr>
<td>Program offers scholarships and financial aid</td>
</tr>
<tr>
<td>Rigorous clinical curriculum</td>
</tr>
<tr>
<td>Opportunities to participate in community service</td>
</tr>
<tr>
<td>Required few or no prerequisites beyond what I had already completed</td>
</tr>
<tr>
<td>How long since program was established</td>
</tr>
<tr>
<td>Desirable program community</td>
</tr>
<tr>
<td>Low tuition</td>
</tr>
<tr>
<td>Desirable program location</td>
</tr>
</tbody>
</table>

Top 3 Most Important Deciding Factors
Diverse faculty

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

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

High PANCE pass rates

Good faculty reputation

Program is part of a hospital or clinic system

Program mission consistent with personal values

Small class size/student-faculty ratio

Program accreditation status

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

Diverse student body

Acceptable/responsive faculty

34. Please rate how the following experiences influenced your decision to accept the offer of admission to the program in which you are currently enrolled.
### Program Structure

<table>
<thead>
<tr>
<th>Factor</th>
<th>Not Important</th>
<th>Somewhat Important</th>
<th>Very Important</th>
<th>Essential</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program admissions outreach/recruitment efforts</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Time to degree</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accommodation for students with disabilities</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Proximity to home/current place of residence</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Job placement rates</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Program is affiliated with or offering a doctoral degree such as the DMSc or DHSc</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Public health leadership/advocacy training</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HBCU PA program</td>
<td></td>
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<td></td>
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<tr>
<td>Mentorship</td>
<td></td>
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</tr>
<tr>
<td>Telemedicine</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Culturally appropriate care for diverse populations</td>
<td></td>
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</tr>
</tbody>
</table>

### Cost of application and interview process

- Not important
- Somewhat important
- Very important
- Did not experience/Not applicable

### Time to degree

- Not important
- Somewhat important
- Very important
- Did not experience/Not applicable

### Accommodation for students with disabilities

- Not important
- Somewhat important
- Very important
- Did not experience/Not applicable

### Proximity to home/current place of residence

- Not important
- Somewhat important
- Very important
- Did not experience/Not applicable

### Job placement rates

- Not important
- Somewhat important
- Very important
- Did not experience/Not applicable

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

- Not important
- Somewhat important
- Very important
- Essential

### Public health leadership/advocacy training

- Not important
- Somewhat important
- Very important
- Essential

### HBCU PA program

- Not important
- Somewhat important
- Very important
- Essential

### Mentorship

- Not important
- Somewhat important
- Very important
- Essential

### Telemedicine

- Not important
- Somewhat important
- Very important
- Essential

### Culturally appropriate care for diverse populations

- Not important
- Somewhat important
- Very important
- Essential

### Role of community

- Not important
- Somewhat important
- Very important
- Essential

---

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

<table>
<thead>
<tr>
<th>Topic</th>
<th>Not Important</th>
<th>Somewhat Important</th>
<th>Very Important</th>
<th>Essential</th>
</tr>
</thead>
<tbody>
<tr>
<td>Burnout prevention/Provider wellbeing</td>
<td></td>
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<tr>
<td>Social justice/Anti-racism training and curriculum</td>
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<tr>
<td>Health determinants of health</td>
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<tr>
<td>Conversations with program alumni</td>
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<tr>
<td>Palliative/End of life care</td>
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<tr>
<td>Conversations with current students</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Public health leadership/advocacy training</td>
<td></td>
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<tr>
<td>Implicit bias training</td>
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<tr>
<td>Telemedicine</td>
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<td></td>
</tr>
<tr>
<td>Culturally appropriate care for diverse populations</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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44 of 68
36. What obstacles are you currently facing? Please select all that apply.

- [ ] Taking care of family member(s) diagnosed with an illness
- [ ] Financial challenges
- [ ] Food insecurity
- [ ] Taking care of immediate or extended family member(s) (unrelated to COVID-19)
- [ ] Lack of adequate support from PA program
- [ ] Personally becoming infected with an illness
- [ ] N/A: None of these
- [ ] Other, please specify:
37. To your knowledge, do you know if your program has any Diversity, Equity, and Inclusion (DEI) goals?

- Yes
- No

Application Process

38. Did you interview virtually?

- Yes, for all my programs I applied to
- Yes, for most of my programs I applied to
- Yes, for some of my programs I applied to
- No, I did not interview virtually for the programs I applied to
38a. Did the option of interviewing virtually allow you to expand your number of applications?

- Yes
- No

**Financing Your Education**

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

The information you provide will help the PA community and PAEA better understand the costs of education and inform advocacy efforts to make PA education more affordable.
39. Have you received any scholarships, stipends, or grants (not loans) for the graduate, professional phase of your PA program? This includes VA education benefits such as the Post-9/11 GI Bill.

☐ Yes
☐ No
☐ I prefer not to answer

39a. Please select the category that best represents the amount of scholarships, stipends, grants (not loans) that have been offered to you, and you have accepted, for the graduate, professional phase of your PA program?

☐ $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
40. Do you have 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

40a. Please select the category that best represents the amount you owe on your outstanding pre-PA educational loans.

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

- $1 to $24,999
- $25,000 to $49,999
- $50,000 to $74,999
- $75,000 to $99,999
- $100,000 to $124,999
- $125,000 to $149,999
- $150,000 to $174,999
- $175,000 to $199,999
- $200,000 to $224,999
- $225,000 or more
- I don’t know/I prefer not to answer
41. How were your **pre-PA (undergraduate and/or pre-PA graduate)** education costs paid? This refers to any education costs prior to entering your professional/graduate PA program. Please select all sources that apply.

- [ ] Employer support (e.g., tuition reimbursement)
- [ ] Federal Direct/Stafford loans
- [ ] Federal Grad PLUS loans
- [ ] Private loans
- [ ] Military benefits (e.g., GI Bill/VA tuition assistance)
- [ ] Money earned by spouse/partner
- [ ] Other family support (excludes money from spouse/partner)
- [ ] Personal income and savings
- [ ] Scholarships or awards from external sources
- [ ] Scholarships or awards from your college/university
- [ ] Work study program
- [ ] Other, please specify: ________
- [ ] I prefer not to answer
42. How do you plan to finance the *graduate, professional phase* of your PA education? Please select all sources that apply.

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

43. Did you take out any *educational loans* to pay for the *graduate, professional phase* of your PA education?

- Yes
- No
- I prefer not to answer
43a. Please select the category that best represents the amount of outstanding educational loans you intend to take out for the graduate, professional phase of your PA education, excluding interest:

- $1 to $24,999
- $25,000 to $49,999
- $50,000 to $74,999
- $75,000 to $99,999
- $100,000 to $124,999
- $125,000 to $149,999
- $150,000 to $174,999
- $175,000 to $199,999
- $200,000 to $224,999
- $225,000 or more
- I don't know/I prefer not to answer
44. Please indicate your plans regarding the below loan forgiveness/repayment program(s) to finance your **graduate, professional PA education** after your graduation.

<table>
<thead>
<tr>
<th>Program Description</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>Employer-based program (e.g., hospital-based loan repayment)</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
44a. Please select the type of service requirement and/or loan forgiveness/repayment program(s) you are considering to finance your graduate, professional PA education after your graduation.

<table>
<thead>
<tr>
<th>Plan to participate/apply</th>
<th>N/A: Do not plan to participate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Department of Education's Public-Service Loan Forgiveness (PSLF)</td>
<td>○</td>
</tr>
<tr>
<td>Indian Health Service Corps (IHSC)</td>
<td>○</td>
</tr>
<tr>
<td>National Health Service Corps (NHSC)</td>
<td>○</td>
</tr>
<tr>
<td>State loan forgiveness program</td>
<td>○</td>
</tr>
<tr>
<td>Veterans Affairs Education Debt Reduction Program (EDRP)</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>
</tr>
<tr>
<td>Other, please specify:</td>
<td>○</td>
</tr>
</tbody>
</table>

**Your Future Practice**
### Your Future Practice

1. 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 or 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>Federal/State prison system</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>Practice outside the US</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Native American/American Indian Reservation</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>
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<tr>
<td>Substance use disorder (SUD) practice</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
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</tr>
</tbody>
</table>
46. 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
47. 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>
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<tr>
<td>Family medicine</td>
<td></td>
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<tr>
<td>Internal medicine</td>
<td></td>
<td></td>
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<tr>
<td>Pediatrics</td>
<td></td>
<td></td>
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<tr>
<td>Geriatrics</td>
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<tr>
<td>Obstetrics/Gynecology /Women’s health</td>
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<tr>
<td>Inpatient specialties (e.g., critical care, hospitalist)</td>
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<tr>
<td>Urgent care</td>
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</tr>
<tr>
<td>Emergency medicine (not urgent care)</td>
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</tr>
<tr>
<td>Internal medicine specialties (e.g., cardiology, endocrinology, gastroenterology, infectious disease, nephrology, oncology/hematology, rheumatology, sports medicine)</td>
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</tr>
<tr>
<td>Surgical specialties (e.g., cardiovascular/cardiothoracic, neurosurgery, orthopedic,</td>
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</tbody>
</table>
48. Please estimate the annual salary you expect at graduation for a full-time position as a PA.

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

About Your Health and Well-Being

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

This section is based on the Association of American Medical Colleges (AAMC) Matriculating Student Questionnaire (MSQ).
49. 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>
<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>
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</tbody>
</table>

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

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

<table>
<thead>
<tr>
<th>Overall emotional well-being</th>
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<table>
<thead>
<tr>
<th>Level of social activity</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</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>
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</tbody>
</table>
50. 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
```

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

```
Not at all satisfied          Highly satisfied
      0     1     2     3     4     5     6     7     8     9     10
Level of social support from friends and family
```
52. Please select the number that best describes your financial concerns **during the past 30 days**. "0" represents "no concerns" and "10" represents "constant concerns."

<table>
<thead>
<tr>
<th>Financial 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>
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<td>〇</td>
</tr>
</tbody>
</table>
53. Please indicate how often you felt or thought a certain way **during the past 30 days**.

<table>
<thead>
<tr>
<th>Statement</th>
<th>Never</th>
<th>Almost never</th>
<th>Sometimes</th>
<th>Fairly often</th>
<th>Very often</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></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>In the last month, how often have you felt confident about your ability to handle your personal problems?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>In the last month, how often have you felt that things were going your way?</td>
<td></td>
<td></td>
<td></td>
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<td></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></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

53a. If desired, please explain in what ways have you have felt that you were unable to control the important things in your life.
53b. If desired, please explain how you felt about your ability to handle your personal problems.

53c. If desired, please explain in what ways have you felt that things were not going your way.

53d. If desired, please explain in what ways you have felt difficulties were piling up so high that you could not overcome them.
54. What would you rate your anticipated stress level during PA school? 0" represents "no stress" and "10" represents "constant stress."

<table>
<thead>
<tr>
<th>Level of stress</th>
<th>No stress</th>
<th>Constant stress</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td></td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td></td>
<td>10</td>
<td></td>
</tr>
</tbody>
</table>
55. Please rank the **five** aspects of PA training that you think will be **most stressful**, with the item causing the greatest amount of stress first.

You may drag lower listed options towards the top before placing in the box on the right.

<table>
<thead>
<tr>
<th>Items</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical health issues</td>
</tr>
<tr>
<td>Transition from didactic to clinical phase of training</td>
</tr>
<tr>
<td>Didactic phase coursework</td>
</tr>
<tr>
<td>Volume of learning expected</td>
</tr>
<tr>
<td>Personal issues</td>
</tr>
<tr>
<td>Relocating to a new area</td>
</tr>
<tr>
<td>Interpersonal dynamics between faculty/preceptors</td>
</tr>
<tr>
<td>Interpersonal dynamics between peers</td>
</tr>
<tr>
<td>Lack of control over schedule</td>
</tr>
<tr>
<td>Financial concerns</td>
</tr>
</tbody>
</table>
Mental health issues

Initial transition to PA training

Other, please specify

Frequency of tests and other assessments

Clinical phase coursework

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

Conclusion and Thank You

Thank you for your participation. Please comment below on any questions that you considered to be confusing or difficult to respond to. We would also appreciate any other feedback you would like to offer in order to improve our survey.
If you are interested in being entered into a drawing for a $50 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.

If you have any questions or need to report any errors concerning your survey, please contact research@PAEAonline.org. If you need to change any responses, PAEA Research Staff will be happy to assist you. Please be sure to hit the "submit" button and close this browser window when you are done in order to protect your privacy.

Best wishes for your PA career,

PAEA Research Staff