

Introduction and Consent

2021 PAEA Matriculating Student Survey

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

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

The survey will take approximately 20 to 25 minutes to complete. Students who complete the survey will have the opportunity to enter into a prize drawing. Questions on the MSS cover topics such as:

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

Incentives

Respondents who complete the survey will have the opportunity to enter into a drawing for one of four \$25 Amazon gift cards. PAEA will enter each PA program with at least an 80% response rate into a drawing for a \$250 gift card that can be used to help sponsor a pizza party or other event decided by your class. Additionally, each PA program with at least an 80% response rate will be entered into a drawing for a free 2022 PAEA Education Forum registration.

Participation is Voluntary

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

Confidentiality Statement

The data collected in this survey are classified as confidential. You will have the option of providing your email address if you wish to participate in the incentive drawing but it will not be stored with your answers. Once this survey closes and incentive drawing participants are contacted, email addresses will be permanently removed from the dataset to ensure confidentiality. Your email address and identified responses will never be released to your program or any other entity under any circumstances.

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

If you have any questions about your rights as a participant or experience technical difficulties while completing the survey, please contact PAEA research staff (research@PAEAonline.org; 703-667-4328).

Thank you for participating and welcome to PA school!

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

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

Collecting student data at the beginning and end of PA school helps PAEA identify the factors that improve student experiences and education. To help us **anonymously** link your responses between this survey and the End of Program Survey, and to help us remove duplicate responses, please create your own unique code, following the example below. **Your code will be kept separate from your survey responses and researchers will not be able to determine your identity.** Thank you for helping us conduct important research and improve PA student educational experiences.

Example:

First 2 letters of your mother's first name: If your mother's name is Jane, enter **JA**

First and last letters of your mother's maiden name: If your mother's maiden name is **Smith**, enter SH

Last letter of your first name: If first name is John, enter **N**

First letter of the city you were born: If born in Boston, enter **B**

Unique code will be **JASHNB**

Please provide the following information to create your own unique code:

First 2 letters of mother's first name

First and last letters of your mother's maiden name

Last letter of your first name

First letter of the city you were born

Screening

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

Yes

No

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

Yes

No

Your PA Program

Your PA Program

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

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

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

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

- Yes
 No

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

Consent to be included in a student database

The $\{q://QID19/ChoiceGroup/SelectedChoices\}$ PA program is collecting student data for inclusion in a student database for use in educational research and program improvement. The Physician Assistant Education Association (PAEA) will only release your identified data to $\{q://QID19/ChoiceGroup/SelectedChoices\}$ with your written consent and if at least 65% 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 identified 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 data to $\{q://QID19/ChoiceGroup/SelectedChoices\}$, you will be asked for your first and last name, which will be supplied to your program before being permanently removed from the PAEA database. $\{q://QID19/ChoiceGroup/SelectedChoices\}$ 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 data to $\{q://QID19/ChoiceGroup/SelectedChoices\}$ for inclusion in a student database.
- 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.

Thank you for agreeing to share your information with the $\{q://QID19/ChoiceGroup/SelectedChoices\}$ PA program for inclusion in their student database. Please provide your first and last name. This information will be permanently removed from the PAEA database.

First name

Last name

Consent to be included in a student database

The $\{q://QID19/ChoiceGroup/SelectedChoices\}$ PA program is collecting student data for educational research and program improvement. The Physician Assistant Education Association (PAEA) will only release your data to $\{q://QID19/ChoiceGroup/SelectedChoices\}$ with your written consent and if at least 65% of your cohort completes this survey. Fields collecting identified information (e.g., email for prize entry, ZIP code) will be removed from the data prior to release to your program. While it may still be possible to identify you based on your responses to other survey questions, your program has agreed to use this data in aggregate for research and evaluation only and is prohibited from attempting to use survey responses to identify individual students.

You have the right to withhold consent without penalty. If you do not consent, PAEA will never release your individual 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 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.

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 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 educational research and program improvement.

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

About You, Your Health, and Well-Being

You, Your Health, and Well-Being

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

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?

- Male
- Female
- 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?

- Male
- Female
- Sometimes male, sometimes female
- Something other than male or female
- I don't know the answer/Prefer not to answer

8. Which of the following best represents how you think of yourself?

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

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

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

Other, please specify:

I prefer not to answer

9a. How do you self-identify? Please check as many as apply.

Bangladeshi

Cambodian

Chinese

Filipino

Hmong

Indian

Indonesian

Japanese

Korean

Laotian

Pakistani

Taiwanese

Thai

Vietnamese

Other Asian, please specify:

I prefer not to answer

9b. 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

9c. 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

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

Yes

No

I prefer not to answer

10a. 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.

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

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

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

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

	As bad as it can be 0	1	2	3	4	5	6	7	8	9	As good as it can be 10
Overall quality of life	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Overall mental well-being	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Overall physical well-being	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Overall emotional well-being	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Level of social activity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Spiritual well-being	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

15. 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 0	1	2	3	4	5	6	7	8	9	Constant tiredness 10
Level of fatigue	<input type="radio"/>										

16. 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	1	2	3	4	5	6	7	8	9	Highly satisfied
	0										10
Level of social support from friends and family	<input type="radio"/>										

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

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

18. Please indicate how often you felt or thought a certain way **during the past 30 days**.

	Never	Almost never	Sometimes	Fairly often	Very often
In the last month, how often have you felt that you were unable to control the important things in your life?	<input type="radio"/>				
In the last month, how often have you felt confident about your ability to handle your personal problems?	<input type="radio"/>				
In the last month, how often have you felt that things were going your way?	<input type="radio"/>				
In the last month, how often have you felt difficulties were piling up so high that you could not overcome them?	<input type="radio"/>				

Military Experience

Military Experience

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

- Yes
- No
- I prefer not to answer

19a. What is your current military status?

- Veteran/Commitment complete
- Regular military – active
- Regular military – inactive
- Reserve military – active
- Reserve military – inactive
- I prefer not to answer

19b. 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

19c. How many years were you/have you been enlisted in active duty military service?

19d. 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

Your Education

Your Education

20. 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)
- Professional doctorate (not health-related; e.g., JD)
- Foreign medical graduate/unlicensed medical graduate
- Other, please specify:
- I prefer not to answer

20a. 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.

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

- Yes
- No

21a. Please estimate the number of credits you took to satisfy prerequisite requirements for the programs to which you applied.

21b. Please estimate the total cost of taking additional semester credits to satisfy prerequisite requirements for the programs you applied to.

- No cost (\$)
- \$1 to \$499
- \$500 to \$999
- \$1,000 to \$1,499
- \$1,500 to \$1,999
- \$2,000 to \$2,499
- \$2,500 to \$2,999
- \$3,000 to \$3,499
- \$3,500 to \$3,999
- \$4,000 to \$4,499
- \$4,500 to \$4,999
- \$5,000 to \$5,499
- \$5,500 to \$5,999
- \$6,000 to \$ 6,499
- \$6,500 to \$6,999
- \$7,000 or more
- Prefer not to answer

Applying to PA School

Applying to PA School

22. When did you decide to become a PA?

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

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

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

24. 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	<input type="text" value="0"/>
Offered an interview	<input type="text" value="0"/>
Received an acceptance letter	<input type="text" value="0"/>

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

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

- No cost (\$0)
- \$1 to \$499
- \$500 to \$999
- \$1,000 to \$1,499
- \$1,500 to \$1,999
- \$2,000 to \$2,499

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

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

- 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
- Admissions consulting
- Interview coaching
- Assistance with personal statement preparation
- Admissions books or other materials
- Other, please specify

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

- Yes
- No

27a. For how many **distinct school years** have you applied to one or more PA programs, including this school year?

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

- Yes
- No

28a. 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
- Was not accepted by another health professions program
- Wanted to spend more time providing direct patient care
- Cost of attending PA school was lower
- PA scope of practice
- Opportunity to work in a team environment
- Ability to change specialties
- Work-life balance
- Wanted collaborating physician relationship
- Wanted to work in the medical model
- Length of PA education was shorter
- Other, please describe:

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

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

Other health professional

Other, please specify

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

	Did not consider	Did consider: Not important	Did consider: Somewhat important	Did consider: Very important	Did consider: Essential
Program is part of a hospital or clinic system	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dual degree offered (e.g. PA plus MPH)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Diverse student body	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Quality program facilities (e.g., labs and equipment)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Accessible/Responsive faculty	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Low tuition	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Did not consider	Did consider: Not important	Did consider: Somewhat important	Did consider: Very important	Did consider: Essential
Good faculty reputation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Desirable program community	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Program offers scholarships and financial aid	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Required few or no prerequisites beyond what I had already completed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Small class size/student-faculty ratio	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Opportunities to participate in community service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Did not consider	Did consider: Not important	Did consider: Somewhat important	Did consider: Very important	Did consider: Essential
Many opportunities to gain clinical experience (e.g., rotations)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
High likelihood of admission	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Good program reputation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Desirable program location	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Did not consider	Did consider: Not important	Did consider: Somewhat important	Did consider: Very important	Did consider: Essential
How long since program was established	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Program accreditation status	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Did not consider	Did consider: Not important	Did consider: Somewhat important	Did consider: Very important	Did consider: Essential
Program mission consistent with personal values	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
High PANCE pass rates	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Diverse faculty	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Rigorous clinical curriculum	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

31. 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.

Items	Top 3 Most Important Deciding Factors
Program mission consistent with personal values	
Desirable program location	
Small class size/student-faculty ratio	
Quality program facilities (e.g., labs and equipment)	
Required few or no prerequisites beyond what I had already completed	
Good faculty reputation	
Low tuition	
Accessible/Responsive faculty	
Many opportunities to gain clinical experience (e.g., rotations)	
High PANCE pass rates	
Program is part of a hospital or clinic system	
Diverse student body	
Good program reputation	
Dual degree offered (e.g. PA plus MPH)	

Program accreditation status

Rigorous clinical curriculum

Program offers scholarships and financial aid

Desirable program community

Diverse faculty

How long since program was established

Opportunities to participate in community service

High likelihood of admission

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

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

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

	Not important	Somewhat important	Very important	Essential
Implicit bias training	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Palliative/End of life care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Role of community health and social service agencies	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Burnout prevention/Provider wellbeing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Oral health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Not important	Somewhat important	Very important	Essential

	Not important	Somewhat important	Very important	Essential
Substance use disorders	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Disease prevention/Health maintenance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Telemedicine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Leadership training	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nutrition	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Not important	Somewhat important	Very important	Essential
Culturally appropriate care for diverse populations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Social justice/Anti-racism training and curriculum	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Public health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health equity/Social determinants of health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

34. What obstacles are you currently facing specifically related to the COVID-19 pandemic? Please check all that apply.

- N/A: None of these
- Supplementing children's education
- Concerned about not being able to pay rent or mortgage
- Personally getting sick from COVID-19
- Inadequate internet connection
- Unanticipated financial challenges (e.g., partner being furloughed)
- Lack of conducive workspace and/or study space
- Difficulty securing loans
- Taking care of family member diagnosed with COVID-19
- Food insecurity
- Taking care of dependent adult
- Social isolation
- Inadequate technology (e.g., lack of laptop)
- Taking care of dependent children
- Other, please specify

Work Experience

Work Experience

35. 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

35a. Please check the appropriate box(es) if you have experience in one or more of the following healthcare professions or fields.

- Alternative/Complementary/Naturopathic medicine
- Athletic trainer
- Case manager
- Chiropractor
- Clinical research coordinator/assistant
- Dental assistant/hygienist
- Emergency room technician
- EMT/paramedic
- Healthcare administrator
- Health services researcher
- Home health aide
- Medic or medial corpsman
- Medical assistant
- Medical lab technician
- Medical reception/records
- Medical technician
- Nurse practitioner
- Nurse, licensed practical
- Nurse, registered
- Nursing assistant
- Nutritionist/dietitian
- Occupational therapist/occupational therapy assistant
- Ophthalmic technician/assistant
- Optometrist
- Pharmacist
- Pharmacy technician
- Phlebotomist
- Physical therapist

- Physical therapy assistant
- Physician
- Podiatrist
- Psychologist
- Radiologic technologist
- Radiology technician
- Respiratory technician
- Respiratory therapist
- Scribe
- Social worker
- Sonographer
- Surgical technician/assistant
- Other, please specify:

35b. How many weeks and hours per week did you work in a healthcare field? If none, please enter '0'. **Please only include paid work experiences.**

	Weeks	Hours per week
Direct patient contact (e.g., Nurse or nursing aide)	<input style="width: 50px; height: 25px; border: 1px solid #ccc;" type="text" value="0"/>	<input style="width: 50px; height: 25px; border: 1px solid #ccc;" type="text" value="0"/>
Health care setting (indirect patient contact; e.g., medical secretary or receptionist)	<input style="width: 50px; height: 25px; border: 1px solid #ccc;" type="text" value="0"/>	<input style="width: 50px; height: 25px; border: 1px solid #ccc;" type="text" value="0"/>
#Conjoint, Total#	<input style="width: 50px; height: 25px; border: 1px solid #ccc;" type="text" value="0"/>	<input style="width: 50px; height: 25px; border: 1px solid #ccc;" type="text" value="0"/>

36. 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

36a. What type of community service work did you participate in? Please check all that apply.

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

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

Your Future Practice

Your Future Practice

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

	Very undesirable	Undesirable	Neither desirable or undesirable	Desirable	Very desirable
Rural	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Suburban	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Urban	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Urban underserved	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Federal/State prison system	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Military base(s)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Practice outside the US	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Native American/American Indian Reservation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Veterans Affairs (VA) facility	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

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

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

	Undesirable	Neither desirable nor undesirable	Desirable	Do not know enough about it
Primary care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Behavioral/Mental health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family medicine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Internal medicine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Undesirable	Neither desirable nor undesirable	Desirable	Do not know enough about it
Pediatrics	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Geriatrics	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Obstetrics/Gynecology/Women's health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Inpatient specialties (e.g., critical care, hospitalist)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Undesirable	Neither desirable nor undesirable	Desirable	Do not know enough about it
Urgent care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Emergency medicine (not urgent care)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Internal medicine specialties (e.g., cardiology, endocrinology, gastroenterology, infectious disease, nephrology, oncology/hematology, rheumatology)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Surgical specialties (e.g., cardiovascular/cardiothoracic, neurosurgery, orthopedic, plastic, urologic)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

40. 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

Your Family

Your Family

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

- Single (never legally married, includes engaged)
- Married
- Domestic partnership
- Civil union
- Separated, but still legally married
- Divorced
- Widowed
- I prefer not to answer

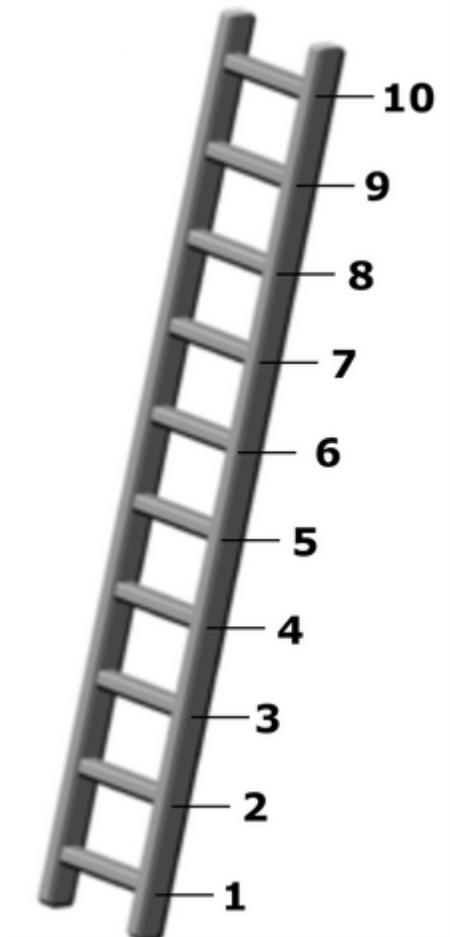
42. Other than yourself, how many legal dependents do you have? If you do not have any legal dependents, please keep the slider at "0".



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

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

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



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

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

46. What is your parents'/guardians' **combined estimated annual gross income**?

- 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

47. 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

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

- Grade school (did not enter high school)
- Some high school
- High school diploma/GED
- Some college
- Associate degree
- Bachelor's degree
- Master's degree
- Academic doctorate (e.g., PhD, EdD)
- Professional doctorate (e.g., MD, DO, PharmD, JD)
- Other, please specify:
- I prefer not to answer

Financing Your Education

Financing Your Education

All the information you share in this survey, including financial data, is confidential and will not be released to your school or any other person or institution. No identifying information will be linked to your answers.

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.

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

- Yes
- No
- I prefer not to answer

49a. Please enter the [graduate, professional phase](#) of your PA education.

Amount of scholarships, stipends, grants (not loans) that have been offered to you, and you have accepted, for the [graduate, professional phase](#) of your PA education:

49b. If you prefer not to provide a dollar amount, we would appreciate if you could select the category that best represents the amount.

Amount of scholarships, stipends, grants (**not loans**) that have been offered to you, and you have accepted, for the [graduate, professional phase](#) of your PA education:

- \$1 to \$4,999
- \$5,000 to \$9,999
- \$10,000 to \$14,999
- \$15,000 to \$19,999
- \$20,000 to \$24,999
- \$25,000 to \$29,999
- \$30,000 to \$49,999
- \$50,000 to \$74,999
- \$75,000 to \$99,999

- \$100,000 or more
- I don't know/I prefer not to answer

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

- Yes
- No
- I prefer not to answer

50a. Please enter the dollar amount that you owe on your **outstanding pre-PA (undergraduate or non-PA graduate) educational loans**, excluding interest. We ask for this in order to provide the most accurate data possible to our government relations team, who work to make PA education more affordable for all students.

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

50b. If you prefer not to provide a dollar amount, we would appreciate if you could 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

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

- Employer support (e.g., tuition reimbursement)

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

51a. Please estimate the percentage of your **pre-PA (undergraduate and/or pre-PA graduate) education** costs that was paid for by each source. The total of all sources must equal 100%. If you prefer not to answer, please enter '100' in the box by 'I prefer not to answer.'

	%
Employer support (e.g., tuition reimbursement)	<input type="text" value="0"/> %
Loans	<input type="text" value="0"/> %
Military benefits (e.g., GI Bill/VA tuition assistance)	<input type="text" value="0"/> %
Money earned by spouse/partner	<input type="text" value="0"/> %
Other family support (excludes money from spouse/partner)	<input type="text" value="0"/> %
Personal income and savings	<input type="text" value="0"/> %
Scholarships or awards from external sources	<input type="text" value="0"/> %
Scholarships or awards from your college/university	<input type="text" value="0"/> %
Work study program	<input type="text" value="0"/> %
Other, please specify: \${q://QID104/ChoiceTextEntryValue/8}	<input type="text" value="0"/> %
I prefer not to answer	<input type="text" value="0"/> %
#Conjoint, Total#	<input type="text" value="0"/> %

52. How do you plan to finance the **graduate, professional phase** of your PA education? Please select all sources that apply.

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

- Other family support (excludes money from spouse/partner)
- Personal income and savings
- Scholarships or awards from external sources
- Scholarships or awards from your college/university
- Work study program
- Other, please specify
- I prefer not to answer

52a. Please estimate the percentage of your [graduate, professional PA education](#) costs that will come from each source. The total of all sources must equal 100%. If you prefer not to answer, please enter '100' in the box by 'I prefer not to answer.'

	%
Employer support (e.g., tuition reimbursement)	<input style="width: 40px; text-align: center;" type="text" value="0"/> %
Loans	<input style="width: 40px; text-align: center;" type="text" value="0"/> %
Military benefits (e.g., GI Bill/VA tuition assistance)	<input style="width: 40px; text-align: center;" type="text" value="0"/> %
Money earned by spouse/partner	<input style="width: 40px; text-align: center;" type="text" value="0"/> %
Other family support (excludes money from spouse/partner)	<input style="width: 40px; text-align: center;" type="text" value="0"/> %
Personal income and savings	<input style="width: 40px; text-align: center;" type="text" value="0"/> %
Scholarships or awards from external sources	<input style="width: 40px; text-align: center;" type="text" value="0"/> %
Scholarships or awards from your college/university	<input style="width: 40px; text-align: center;" type="text" value="0"/> %
Work study program	<input style="width: 40px; text-align: center;" type="text" value="0"/> %
Other, please specify: \${q://QID106/ChoiceTextEntryValue/8}	<input style="width: 40px; text-align: center;" type="text" value="0"/> %
I prefer not to answer	<input style="width: 40px; text-align: center;" type="text" value="0"/> %
#Conjoint, Total#	<input style="width: 40px; text-align: center;" type="text" value="0"/> %

53. 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

53a. Please enter **the outstanding dollar amount** of the educational loans you took out to pay for the [graduate, professional phase](#) of your PA education, excluding interest. We ask for this in order to provide the most accurate data possible to our government relations team, who work to make PA education more affordable for all students.

53b. If you prefer not to provide a dollar amount, we would appreciate if you could select the category that best represents the amount you of PA educational loans you hold.

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

54a. Please indicate your plans regarding the below loan forgiveness/repayment program(s) to finance your **graduate, professional PA education** after your graduation.

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

54b. Please select the type of service requirement and/or loan forgiveness/repayment program(s) to finance your **graduate, professional PA education** after your graduation.

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

Plan to participate/apply

N/A: Do not plan to participate

	Plan to participate/apply	N/A: Do not plan to participate
Veterans Affairs Education Debt Reduction Program (EDRP)	<input type="radio"/>	<input type="radio"/>
Other Uniformed Service (e.g., Center of Disease Control [CDC], Department of Health and Human Services [HHS], Public Health Service [PHS] commissioned officer corp)	<input type="radio"/>	<input type="radio"/>
Other, please specify: <input type="text"/>	<input type="radio"/>	<input type="radio"/>

Conclusion and Thank You

55. 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.

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

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

Best wishes for your PA career,

PAEA Research Staff

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