

**Personalized Student Insights: [YEAR] End of Program Survey**

**PROGRAM NAME**

**CREATED December 5, 2024**

# ABOUT THIS REPORT

PAEA has identified items from the [YEAR] End of Program Survey that directly address multiple components of the ARC-PA Accreditation *Standards for Physician Assistant Education (5th Ed.)* or that may otherwise be useful to programs. This report summarizes your own students’ responses to these selected questions. The [Student Report](https://paeaonline.org/resources/public-resources/research-reports/student-survey-report) summarizing the results from all participating PA programs will be published approximately one year after the survey closes, allowing for benchmarking against national data. X responses were received from your program; responses were not deduplicated or otherwise altered in any way prior to generating this report. Please contact data@PAEAonline.org with any questions regarding this report or our other data services.

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# HEALTH AND WELL-BEING

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **In the *past week*, rate…** | ***n*** | **Mean** | **Median** |  |
| Level of social activity |  |  |  |  |
| Overall emotional well-being |  |  |  |  |
| Overall mental well-being |  |  |  |  |
| Overall physical well-being |  |  |  |  |
| Overall quality of life |  |  |  |  |
| Spiritual well-being |  |  |  |  |
| *Note: 0 = As bad as it can be, 10 = As good as it can be.* |  |
|  |  |  |  |  |
| **In the *past 30 days*, rate…** | ***n*** | **Mean** | **Median** |  |
| Financial concerns |  |  |  |  |
| Level of fatigue |  |  |  |  |
| Level of satisfaction with social support from friends and family |  |  |  |  |
| *Note: Financial concerns: 0 = No concerns, 10 = Constant concerns.* |  |
| *Fatigue: 0 = No fatigue, 10 = Constant tiredness.* |  |
| *Social support: 0 = Not at all satisfied, 10 = Highly satisfied.* |  |
|  |  |
| **In the *last month*, how often have you felt…** | ***n*** | **Mean** | **Median** |  |
| Confident about your ability to handle your personal problems? |  |  |  |  |
| Difficulties were piling up so high that you could not overcome them? |  |  |  |  |
| Things were going your way?  |  |  |  |  |
| Unable to control the important things in your life?  |  |  |  |  |
| *Note: 1 = Never, 5 = Very often.* |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **Aspects of PA training that were most stressful**  | ***n*** | **Mean** | **Median** |  |
| Clinical phase coursework |  | 8.0 |  |  |
| Didactic phase coursework |  |  |  |  |
| Financial concerns |  | 8.0 |  |  |
| Frequency of tests and other assessments |  |  |  |  |
| Interpersonal dynamics between faculty/preceptors |  |  |  |  |
| Interpersonal dynamics between peers |  |  |  |  |
| Lack of control over schedule |  |  |  |  |
| Mental health issues |  |  |  |  |
| Personal or family issues |  |  |  |  |
| Physical health issues |  | 8.0 |  |  |
| Relocating to a new area |  |  |  |  |
| Transition from didactic to clinical phase of training |  |  |  |  |
| Volume of learning |  |  |  |  |
| Other |  |  |  |  |
| *Note: Students were asked to select and rank the five most stressful aspects of PA training that they encountered (1 = Most stressful, 5 = Least stressful). This table displays the data to report the Mean and Median rankings of each item. Mean and Median stress scores are reported for those items selected as one of the five most stressful aspects.*  |
|  |  |  |  |  |
| **Barriers to receiving professional counseling services during your PA program** | ***n*** | **%** |  |  |
| Cost (e.g., poor insurance coverage or lack of personal finances) |  | #DIV/0! |  |  |
| I am concerned about confidentiality |  | #DIV/0! |  |  |
| I don’t believe counseling would help me |  | #DIV/0! |  |  |
| I am concerned about what others would think |  | #DIV/0! |  |  |
| I haven't felt the need for counseling services |  |  |  |  |
| I prefer to manage my mental health on my own |  |  |  |  |
| Lack of information about how/where to obtain services |  | #DIV/0! |  |  |
| Time (e.g., lack of personal time to seek professional counseling services) |  | #DIV/0! |  |  |
| Other  |  | #DIV/0! |  |  |
| **Total** | **0** | **--** |  |  |
| *Note: Percentages may sum to more than 100% because students could select multiple barriers. Only those students who reported that they have utilized or currently utilize professional counseling services were asked to respond to this question.* |
|  |  |  |  |  |
| **Experienced thoughts of dropping out during PA school** | ***n*** | **%** |  |  |
| Yes |  | #DIV/0! |  |  |
| No |  | #DIV/0! |  |  |
| **Total** | **0** | **--** |  |  |
| *Note: Students who selected "I prefer not to answer" were excluded.* |  |  |
|  |  |  |  |  |
| **Time during PA training students had thoughts of dropping out** | ***n*** | **%** |  |  |
| During the didactic phase |  | #DIV/0! |  |  |
| During the clinical phase |  | #DIV/0! |  |  |
| **Total** | **0** | **--** |  |  |
| *Note: Students who selected "I prefer not to answer" were excluded.* |  |  |

# CLINICAL PREPARATORY INSTRUCTION

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **How well did your didactic instruction in the following topic areas prepare you for clinical rotations?** | ***n*** | **Mean** | **Median** |  |
| Anatomy |  |  |  |  |
| Biochemistry |  |  |  |  |
| Biostatistics/Epidemiology |  |  |  |  |
| Clinical experiences during the didactic portion of the curriculum |  |  |  |  |
| Clinical medicine (includes surgery/emergency medicine/peds/OB/GYN/behavioral health) |  |  |  |  |
| Clinical/Technical skills |  |  |  |  |
| Ethics/Bioethics |  |  |  |  |
| Genetics |  |  |  |  |
| Interpretation of literature/Evidence-based medicine/Research |  |  |  |  |
| Lab interpretation/Diagnosis |  |  |  |  |
| Microbiology |  |  |  |  |
| Neuroscience |  |  |  |  |
| Patient communication skills/History taking/Physical examinations/Patient assessment |  |  |  |  |
| Pathology/Pathophysiology |  |  |  |  |
| Pharmacology |  |  |  |  |
| Physiology |  |  |  |  |
| *Note: Excludes students who selected 'Did not take'; 1 = Not at all well, 4 = Extremely well..* |  |
|  |  |  |  |  |
| **Evaluate instruction (both quality and amount) received in the following areas** | **No instruc-tion (*n*)** | ***n*** | **Mean** | **Median** |
| Burnout prevention/Provider wellbeing |  |  |  |  |
| Culturally appropriate care for diverse populations |  |  |  |  |
| Disease prevention/Health maintenance |  |  |  |  |
| Health equity/Social determinants of health |  |  |  |  |
| Implicit bias training |  |  |  |  |
| Leadership training |  |  |  |  |
| Nutrition |  |  |  |  |
| Oral health |  |  |  |  |
| Palliative/End of life care |  |  |  |  |
| PA professional practice (billing/coding, patient safety) |  |  |  |  |
| Public health |  |  |  |  |
| Role of community health and social service agencies |  |  |  |  |
| Social justice/Anti-racism training and curriculum |  |  |  |  |
| Substance use disorders |  |  |  |  |
| Telemedicine |  |  |  |  |
| *Note: 1 =Insufficient, 2 = Appropriate, 3 = Excessive. 'No instruction (n)' refers to the number of students who responded to the question but reported that they did not receive instruction in an area. n refers to the number of responding students who reported receiving instruction in an area.* |

# SUPERVISED CLINICAL PRACTICE EXPERIENCES

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Rate quality of education experiences in each rotation** | ***n*** | **Mean** | **Median** |  |
| Behavioral and mental health care |  |  |  |  |
| Emergency medicine |  |  |  |  |
| Family medicine |  |  |  |  |
| Internal medicine |  |  |  |  |
| Obstetrics/Gynecology/Women's health |  |  |  |  |
| Pediatrics |  |  |  |  |
| Surgery |  |  |  |  |
| *Note: 1 = Poor, 4 = Excellent.* |  |  |  |  |
|  |  |  |  |  |
| **Preceptor experiences** | ***n*** | **% yes** |  |  |
| **Behavioral and mental health care** |  |  |  |  |
| Observed by preceptor taking patient history |  |  |  |  |
| Observed by preceptor performing physical exam |  |  |  |  |
| Observed by preceptor performing technical procedures |  |  |  |  |
| Given mid-point feedback by preceptor |  |  |  |  |
| **Emergency medicine** |  |  |  |  |
| Observed by preceptor taking patient history |  |  |  |  |
| Observed by preceptor performing physical exam |  |  |  |  |
| Observed by preceptor performing technical procedures |  |  |  |  |
| Given mid-point feedback by preceptor |  |  |  |  |
| **Family medicine** |  |  |  |  |
| Observed by preceptor taking patient history |  |  |  |  |
| Observed by preceptor performing physical exam |  |  |  |  |
| Observed by preceptor performing technical procedures |  |  |  |  |
| Given mid-point feedback by preceptor |  |  |  |  |
| **Internal medicine** |  |  |  |  |
| Observed by preceptor taking patient history |  |  |  |  |
| Observed by preceptor performing physical exam |  |  |  |  |
| Observed by preceptor performing technical procedures |  |  |  |  |
| Given mid-point feedback by preceptor |  |  |  |  |
| **Obstetrics/Gynecology/Women's health** |  |  |  |  |
| Observed by preceptor taking patient history |  |  |  |  |
| Observed by preceptor performing physical exam |  |  |  |  |
| Observed by preceptor performing technical procedures |  |  |  |  |
| Given mid-point feedback by preceptor |  |  |  |  |
| **Pediatrics** |  |  |  |  |
| Observed by preceptor taking patient history |  |  |  |  |
| Observed by preceptor performing physical exam |  |  |  |  |
| Observed by preceptor performing technical procedures |  |  |  |  |
| Given mid-point feedback by preceptor |  |  |  |  |
| **Surgery** |  |  |  |  |
| Observed by preceptor taking patient history |  |  |  |  |
| Observed by preceptor performing physical exam |  |  |  |  |
| Observed by preceptor performing technical procedures |  |  |  |  |
| Given mid-point feedback by preceptor |  |  |  |  |
| *Note: '% yes' refers to the proportion of the n responding students who said that they had had each experience.* |

# INTERPROFESSIONAL EDUCATION

|  |  |  |  |
| --- | --- | --- | --- |
| **Agreement with statement…** | ***n*** | **Mean** | **Median** |
| The learning experience(s) with students from different health professions helped me gain a better understanding of the roles of other professions in patient care |  |  |  |
| *Note: 1 = Strongly disagree, 5 = Strongly agree. Excludes students who said that they had not had any IPE experiences.* |
|  |  |  |  |
| **Assessment of amount of IPE experiences** | ***n*** | **Mean** | **Median** |
| Assessment |  |  |  |
| *Note: 1 = Not enough, would have liked more; 2 = About the right amount; 3 = Too much, would have liked less. Excludes students who said that they had not had any IPE experiences.* |

# SATISFACTION WITH AND UTILIZATION OF INSTITUTIONAL SUPPORT SERVICES

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Service** | ***n*** | **Mean satis-faction** | **Not offered (%)** | **Offered but not used (%)** |  |
| Counseling/Mental health center |  |  |  |  |  |
| Faculty advising |  |  |  |  |  |
| Institutional computing (technology)/Help desk |  |  |  |  |  |
| Library/Learning resource center |  |  |  |  |  |
| Program-provided tutoring |  |  |  |  |  |
| Registrar |  |  |  |  |  |
| Student health center |  |  |  |  |  |
| Student success center/ADA office |  |  |  |  |  |
| *Note: n refers to the number of students who responded to this question. Students could indicate that a service was not offered, or offered but not used. Those students were excluded from 'Mean satisfaction.' Only those students who reported their satisfaction with using a service are included in 'Mean satisfaction.'* |  |

**CONFIDENCE IN CORE COMPETENCIES FOR NEW PA GRADUATES**

Respondents were asked to rate their confidence in their current abilities to implement the [core competencies for new PA graduates](https://paeaonline.org/our-work/current-issues/core-competencies) in their practices. The competencies were summarized as follows:

**Patient-centered practice knowledge**

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

**Society and population health**

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

**Health literacy and communication**

Includes ability to effectively and sensitively communicate with patients as partners

**Interprofessional collaborative practice and leadership**

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

**Professional and legal aspects of health care**

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

**Health care finance and systems**

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

**Cultural humility**

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

**Self-assessment and ongoing professional development**

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **How confident are you in your ability to implement...** | ***n*** | **Mean** | **Median** |  |
| Cultural humility |  |  |  |  |
| Health care finance and systems |  |  |  |  |
| Health literacy and communication |  |  |  |  |
| Interprofessional collaborative practice and leadership |  |  |  |  |
| Patient-centered practice knowledge |  |  |  |  |
| Professional and legal aspects of health care |  |  |  |  |
| Self-assessment and ongoing professional development |  |  |  |  |
| Society and population health |  |  |  |  |
| *Note: The definitions of the core competencies for new PA graduates that students saw are listed above; 1 = Not at all confident, 5 = Very confident.* |

**PA PROGRAM EXPERIENCES**

|  |  |  |  |
| --- | --- | --- | --- |
| **How true do you feel the following statements are?** | ***n*** | **Mean** | **Median** |
| Sometimes I feel as if I don't belong in my PA program.  |  |  |  |
| I am treated with as much respect as other students in my PA program.  |  |  |  |
| I can really be myself in my PA program.  |  |  |  |
| I wish I were in a different PA program.  |  |  |  |
| *Note: 1 = Not at all true, 5 = Completely true.* |  |  |  |
|  |  |  |  |
| **Agreement with…** | ***n*** | **Mean** | **Median** |
| Overall, I am satisfied with the quality of my PA education. |  |  |  |
| If I could revisit my career choice again, I would attend school to become a PA. |  |  |  |
| If I could revisit my program choice again, I would attend the same program. |  |  |  |
| I would recommend the PA career to others. |  |  |  |
| *Note: 1 = Strongly disagree, 5 = Strongly agree.* |  |  |  |
|  |  |  |  |
| **Satisfaction with…** | ***n*** | **Mean** | **Median** |
| Accessibility/Responsiveness of faculty |  |  |  |
| Affiliation with a hospital or clinic system  |  |  |  |
| Class size/Student-faculty ratio  |  |  |  |
| Diversity of faculty  |  |  |  |
| Diversity of student body |  |  |  |
| Faculty reputation  |  |  |  |
| Opportunities to gain clinical experience (e.g., rotations)  |  |  |  |
| Opportunities to participate in community service |  |  |  |
| PANCE pass rates  |  |  |  |
| Preparedness for clinical practice |  |  |  |
| Program mission consistent with personal values  |  |  |  |
| Program reputation  |  |  |  |
| Quality of program facilities (e.g., labs and equipment) |  |  |  |
| Rigor of clinical curriculum  |  |  |  |
| Scholarships and financial aid  |  |  |  |
| Tuition |  |  |  |
| *Note: Excludes students who selected 'N/A'; 1 = Very dissatisfied, 5 = Very satisfied.* |

**NEGATIVE EXPERIENCES IN PA SCHOOL**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Did *any* students in this cohort report…** | ***n*** | **% yes** |  |  |
| Been publicly embarrassed or humiliated |  |  |  |  |
| Been required to perform personal services (e.g., shopping, babysitting)  |  |  |  |  |
| Been subjected to unwanted sexual advances  |  |  |  |  |
| Experienced or been threatened with physical harm |  |  |  |  |
| Being discriminated against or harassed based on their **age** |  |  |  |  |
| Being discriminated against or harassed based on their **disability status** |  |  |  |  |
| Being discriminated against or harassed based on their **gender/gender identity** |  |  |  |  |
| Being discriminated against or harassed based on their **race or ethnicity** |  |  |  |  |
| Being discriminated against or harassed based on their **religion** |  |  |  |  |
| Being discriminated against or harassed based on their **sexual orientation** |  |  |  |  |
| *Note: Students could choose to skip this section. Those who chose to respond could select 'Never,' 'Once,' 'Occasionally,' or 'Frequently.' '% yes' represents the proportion of the n responding students who reported that a behavior had happened to them at least once. Students' reports of any of the following experiences were combined into one "been discriminated against or harassed" category:* |
| *-Denied opportunities for training or rewards* |  |  |  |  |
| *-Subjected to offensive remarks/names* |  |  |  |  |
| *-Received lower evaluations or grades* |  |  |  |  |

**QUALITATIVE PROGRAM FEEDBACK**

Students were presented with the following statements:

(…) you will have the opportunity to provide feedback to your program about the strengths and weaknesses of its curricula. 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 and will not be used for research purposes. **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 andproceeding to the comments, you consent that your verbatim responses may be shared withyour program in an aggregate report. You may also choose to continue with the surveywithout providing comments.

Unedited comments from those students who selected “I consent to leaving feedback that may be sharedverbatim with my program” are reported below. Any identifying student information may not be sharedoutside of the program. These comments are intended for program evaluation and improvement.

**STRENGTHS OF PROGRAM’S DIDACTIC (CLASSROOM/LAB) CURRICULUM**

**WEAKNESSES OF PROGRAM’S DIDACTIC (CLASSROOM/LAB) CURRICULUM**

**STRENGTHS OF PROGRAM’S CLINICAL CURRICULUM**

**WEAKNESSES OF PROGRAM’S CLINICAL CURRICULUM**

**STRENGTHS OF TEACHING METHODOLOGIES (E.G., SIMULATION LABS, OSCES, STANDARDIZED PATIENTS) USED IN PROGRAM’S DIDACTIC AND CLINICAL CURRICULA**

**WEAKNESSES OF TEACHING METHODOLOGIES (E.G., SIMULATION LABS, OSCES, STANDARDIZED PATIENTS) USED IN PROGRAM’S DIDACTIC AND CLINICAL CURRICULA**