



Introduction and Consent

2025 End of Program Survey

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

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

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

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

- Educational financing

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

Participation is Voluntary

Participation in this survey is completely confidential and voluntary. You have the right not to answer any questions. 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).

Incentives

Respondents who complete the survey will have the opportunity to enter into a drawing for one of four \$75 Amazon gift cards. PAEA will enter each PA program with at least an 80% response rate into a drawing for a \$250 gift card, as well as for one complimentary registration for the 2026 Education Forum.

Confidentiality Statement

The data collected in this survey are classified as confidential. You will have the option of providing your email address if you wish to participate in the incentive drawing, but it will not be stored with your answers. Once this survey closes and incentive drawing participants are contacted, these email addresses will be permanently removed from the dataset to ensure confidentiality. 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 program self-evaluation as part of an anonymous report that aggregates the responses of all other consenting students. Comments shared with your program will not be linked to any of your other responses in this survey. Because shared comments will be unedited, **your responses should not contain self-identifying information unless it is your intention that your identity be known.** Providing feedback to your program is optional. By clicking the button below, you consent that your verbatim responses may be shared with your program in an aggregate report. You may also choose to continue with the survey without providing comments by skipping those specific questions.

The responses you provide on this survey are retained by PAEA in a secure server which may only be accessed by designated PAEA staff trained in human subjects protection and confidentiality procedures. PA programs typically receive data in reports that aggregate responses at the national level. On occasion, for the purpose of conducting further studies, researchers may request a de-identified (i.e., all identifying information is stripped from anonymous responses, rendering them anonymous) report of individual-level data. PAEA reduces the probability of connecting responses to specific individuals by not providing information where 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. 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. You may review PAEA's data policies [here](#).

If you have any questions about your rights as a participant or experience

technical difficulties while completing the survey, please contact PAEA research staff (research@PAEAonline.org; 703-667-4322).

Thank you for participating!

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

- ☐ I have read and understood this disclosure and **agree to participate** in the survey. Further, I understand that if I choose to answer any qualitative questions, my unedited responses may be shared with my program.
- ☐ I have read and understood this disclosure and **choose not to participate** in the survey.

The use of unique identifiers (UIDs) in student surveys improves data and analytical quality by mitigating the risk of duplicate or inconsistent submissions, allowing for longitudinal analyses, and helping to protect student anonymity. For more information on UIDs and how they support these efforts, please see [here](#).

Collecting student data at the application phase, the beginning, and end of PA school helps PAEA identify the factors that improve applicant and student experiences and education. To help us link your responses between this survey, the End of Program Survey, and CASPA application data, please submit the following information below. Following the administration of this survey, PAEA Research Staff will use this information to create your UID, which will be kept separate from your survey responses, and researchers outside of PAEA staff will not be able to determine your identity.

PAEA will never release your identifiable data to any parties and will store your data according to the standard confidentiality and privacy protections outlined previously. Thank you for helping us conduct important research and improve PA student educational experiences.

First name

Last name

Date of birth (MM/DD/YYYY)

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

Important Note

Your responses will automatically save as you progress through the survey. If you close your survey before you finish, you may pick up where you left off if you use the same device and the same browser. Text highlighted in blue provides further clarification and can be read by hovering your cursor over the blue text.

Please contact PAEA research staff (research@PAEAonline.org; 703-667-4322) at any time if you have any questions or experience any technical difficulties.

Screening

1. Did you graduate from your PA program **within the last three months**?

☐ Yes

☐ No

1a. Will you be graduating from 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.

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.

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

☐ Yes

☐ No

4a. Please provide the full name of the distant or satellite campus you are enrolled in.

Demographics

Demographics

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

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

☐ Yes

☐ No

5a. 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.

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

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

- ☐ Man
- ☐ Woman
- ☐ Non-binary
- ☐ Indigenous or other cultural gender minority (e.g., two-spirit)
- ☐ I prefer to self-describe, below:
- ☐ I prefer not to answer

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

- ☐ Male
- ☐ Female
- ☐ I don't know the answer
- ☐ I prefer not to answer

9. 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
- ☐ I prefer not to answer

9a. How would you describe your institution's inclusivity toward the LGBTQIA+ community?

- ☐ Not Inclusive
- ☐ Somewhat Inclusive
- ☐ Generally Inclusive
- ☐ Very Inclusive (e.g., the institution actively promotes and prioritizes inclusivity, with comprehensive resources and a highly welcoming environment for the LGBTQIA+ community.)
- ☐ I prefer not to answer

9b. What specific experiences, observations, or factors influenced your perception of your institution's inclusivity toward the LGBTQIA+ community?

10. Do you identify as a person with a disability? These may include visible, non-apparent, and/or learning disabilities.

- ☐ Yes
- ☐ No

10a. Did you seek reasonable accommodations under the Americans with Disabilities Act (ADA)?

- ☐ Yes
- ☐ No

10b. How would you rate your institution's effectiveness in providing accommodations for your needs under the ADA Act?

- ☐ Not Effective
- ☐ Somewhat Effective
- ☐ Generally Effective
- ☐ Very Effective
- ☐ I prefer not to answer

10c. What specific experiences, observations, or factors influenced your perception of your institution's effectiveness in providing accommodations for your needs under the ADA Act?

11. What is your race/ethnicity? Please check as many as apply.

- ☐ American Indian or Alaskan Native
- ☐ Asian
- ☐ Black or African American
- ☐ Hispanic or Latino
- ☐ Middle Eastern or North African
- ☐ Native Hawaiian or other Pacific Islander
- ☐ White

☐ Other, please specify:

☐ I prefer not to answer

11a. 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

11b. 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

11c. 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

11d. 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 or Latino, please specify:

- ☐ I prefer not to answer

11e. How do you self-identify? Please check as many as apply.

- ☐ Arab/Arabic
- ☐ Armenian/Assyrian/Chaldean/Syriac
- ☐ Egyptian
- ☐ Iranian
- ☐ Iraqi
- ☐ Israeli
- ☐ Jordanian
- ☐ Lebanese
- ☐ Moroccan
- ☐ Palestinian
- ☐ Syrian
- ☐ Turkish
- ☐ Other Middle Eastern or North African, please specify:

- ☐ I prefer not to answer

12. Please indicate the highest level of education that you completed prior to entering the [graduate, professional phase](#) of your PA program. If your exact degree is not listed, please select the degree that most closely match yours.

- ☐ Some college but no degree
- ☐ Associate degree
- ☐ Bachelor of Arts
- ☐ Bachelor of Science
- ☐ Other Bachelor's degree (e.g., business, BFA)
- ☐ Master's degree (health- or natural sciences-related; e.g., MPH)
- ☐ Master's degree (not health- or natural sciences-related, e.g., MBA)
- ☐ Academic doctorate (health- or natural sciences-related, e.g., Biology PhD)
- ☐ Academic doctorate (not health- or natural sciences-related; e.g., EdD)
- ☐ Professional doctorate (health-related; e.g., MD, PharmD, DPT)
- ☐ Professional doctorate (not health-related; e.g., JD)
- ☐ Foreign medical graduate
- ☐ Other, please specify
- ☐ I prefer not to answer

Your Family

Your Family

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

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

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

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

About Your Health and Well-Being

About Your Health and Well-Being

This section is based on the Association of American Medical Colleges

(AAMC) Matriculating Student Questionnaire (MSQ). 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?](#)

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

	As bad as it can be 0	1	2	3	4	5	6	7	8	9	As good as it can be 10
Overall quality of life (the standard of health, comfort, and happiness experienced by an individual or group)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Overall mental well- being	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Overall physical well-being	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Overall emotional well-being	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Level of social activity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Spiritual well-being (expanding a sense of purpose and meaning in life, including one's morals and ethics. It may or may not involve religious activities)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

16. Please select the number that best describes your level of fatigue, on average, **during the past 30 days**. "0" represents "no fatigue" and "10" represents "constant tiredness."

	No fatigue 0	1	2	3	4	5	6	7	8	9	Constant tiredness 10
Level of fatigue	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

	Not at all satisfied 0	1	2	3	4	5	6	7	8	9	Highly satisfied 10
Level of satisfaction with social support from friends and family	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

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

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

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

19a. Can you describe the specific situations or factors that have contributed to your feelings of control over important aspects of your life?

19b. Can you describe the specific situations or factors that have contributed to your inability to handle your personal problems?

19c. Can you describe the specific situations or factors that have contributed to your feelings that things were not going your way?

19d. Can you describe the specific situations or factors that have contributed to the feeling that difficulties were piling up so high that you could not overcome them?

Stress and Mental Health

Stress and Mental Health

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

If you or someone you know needs help, please contact the National Alliance on Mental Health Crisis line at 1-800-950-NAMI (6264), available Monday-Friday 10 am-10pm (EST), or call the National Suicide Prevention Lifeline, available 24/7 at 988.

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

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

20. Please rank the **five** aspects of PA training that were the **most stressful**, with the item causing the greatest amount of stress first.

Note: You may drag and reorder your desired selections further up in the list prior to placing them in the box on the right.

Items

Interpersonal
dynamics between
faculty/preceptors

Financial concerns

Frequency of tests
and other
assessments

Transition from
didactic to clinical
phase of training

Interpersonal
dynamics between
peers

Lack of control over
schedule

Didactic phase
coursework

Personal or family
issues

Physical health
issues

Top five most stressful aspects
of PA training

Other, please specify

Relocating to a new
area

Volume of learning

Clinical phase
coursework

Mental health issues

21. Have you ever received a diagnosis of a mental health condition or **mental disorder/illness** from a healthcare professional?

- ☐ Yes, diagnosed prior to attending PA school
- ☐ Yes, diagnosed during PA school
- ☐ No, I have never been diagnosed
- ☐ I prefer not to answer

22. Have you utilized or do you currently utilize professional counseling services?

- ☐ Yes
- ☐ No

22a. When did you start utilizing professional counseling services?

- ☐ Prior to attending PA school
- ☐ During PA school

22a. For what reason(s) have you not utilized professional counseling services? Please select all that apply.

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

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

- ☐ Yes
- ☐ No

23a. During what part of PA training did you have thoughts of dropping out?
Please select all that apply.

- ☐ During the didactic phase
- ☐ During the clinical phase

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

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

24a. Looking back on your time in PA school, how did you cope with stress? Please describe any strategies, resources, or approaches that were most effective for you.

Your PA Program Experiences

Your PA Program Experiences

This section collects information about your experiences in and satisfaction with your PA program curricula, as well as your perceived preparedness for clinical work.

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

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

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

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

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

	Very dissatisfied	Dissatisfied	Neither satisfied nor dissatisfied	Satisfied	Very satisfied	N/A
Accessibility/ Responsiveness of faculty	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Program reputation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
PANCE pass rates	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Program mission consistent with personal values	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Quality of program facilities (e.g., labs and equipment)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Rigor of clinical curriculum (e.g., SCPEs)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Very dissatisfied	Dissatisfied	Neither satisfied nor dissatisfied	Satisfied	Very satisfied	N/A
Faculty reputation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tuition	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Scholarships and financial aid	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Class size/						

student-faculty ratio	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Opportunities to participate in community service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Opportunities to gain clinical experience (e.g., rotations)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
			Neither satisfied nor			
	Very dissatisfied	Dissatisfied	dissatisfied	Satisfied	Very satisfied	N/A
Preparedness for clinical practice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Affiliation with a hospital or clinic system	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Diversity of student body	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Diversity of faculty	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

27a. Please describe the specific reasons or experiences that led to your dissatisfaction with the program.

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

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

29. To your knowledge, does your program have established goals related to inclusive practices?

- ☐ Yes
- ☐ No

Didactic Curriculum

Didactic Curriculum

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

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

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

N/A: Did
not take
during PA
school

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

N/A: Did
not take
during PA
school

	Not at all well	Somewhat well	Very well	Extremely well	N/A: Did not take during PA school
Ethics/Bioethics	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Genetics	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Interpretation of literature/Evidence-based medicine/Research	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lab interpretation/Diagnosis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Microbiology	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Neuroscience	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
					N/A: Did not take during PA school
	Not at all well	Somewhat well	Very well	Extremely well	
Patient communication skills/History-taking/Physical examinations/Patient assessment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pathology/Pathophysiology	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pharmacology	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Physiology	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

Received no instruction in area	Insufficient	Appropriate	Excessive
---------------------------------	--------------	-------------	-----------

PA professional
practice (billing/
coding, patient
safety)

☐☐☐☐

Public health

☐☐☐☐

Disease prevention/
Health maintenance

☐☐☐☐

Substance use
disorders/Addiction
medicine

☐☐☐☐

Social justice/Anti-
racism training and
curriculum

☐☐☐☐

☐ Much less challenging than I expected

☐ Less challenging than I expected

☐ As challenging as I expected

☐ More challenging than I expected

☐ Culturally
appropriate care for
diverse populations
Much more challenging than I expected

☐☐☐☐

Oral health

☐☐☐☐

Telemedicine

Clinical Curriculum

☐☐☐☐

Palliative/End of life
care

☐☐☐☐

Clinical Curriculum

Role of community

☐☐☐☐

health and social
service agencies

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

Implicit bias training

☐☐☐☐

Health equity/Social
determinants of
health

☐☐☐☐

Burnout prevention/
Provider wellbeing

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

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

33a. Please respond to the questions below regarding your supervised clinical rotations.

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

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

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

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

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

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

35a. Do you plan on completing MAT training after graduation?

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

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

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

Your Experiences with Interprofessional Education

Your Experiences with Interprofessional Education

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

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

37a. Please assess the amount of interprofessional experiences and interactions you had during your PA program.

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

PA Competencies

New Graduate Competencies

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

38. How confident are you in your current ability to demonstrate the following competencies in your practice?

Not at all
confident

Not very
confident

Neutral

Confident

Very
confident

**Patient-centered
practice
knowledge:**

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

☐☐☐☐☐

**Society and
population health:**

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

☐☐☐☐☐

**Health literacy and
communication:**

Includes ability to
effectively and
sensitively
communicate with
patients as partners

☐☐☐☐☐

**Interprofessional
collaborative
practice and**

Leadership:

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

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

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

☐☐☐☐☐**Health care finance and systems:**

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

☐☐☐☐☐**Cultural humility:**

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

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

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



Specialty and Career Plans

Specialty and Career Plans

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

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

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

physician
relationship

☐☐☐☐

Work/life balance

☐☐☐☐

40. What is your PA employment status?

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

40a. How many job applications had you submitted before you accepted an offer?

Specialty and Career Plans A

40b. What is the specialty(ies) of Job \$ {Im://CurrentLoopNumber}? Not all possible specialties are listed. Please select the closest match.

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

40c. What is the annual salary of Job \$ {Im://Field/1} ?

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

40d. How does your salary for Job \$ {Im://Field/1} compare to your expectations?

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

40e. What state is Job \$ {Im://Field/1} located in?

40f. Is Job \$ {Im://Field/1} full-time or part-time?

- ☐ Full-time
- ☐ Part-time

40g. Did you accept this job offer for Job \$ {Im://Field/1} from a site where you completed a clinical rotation?

- ☐ Yes
- ☐ No

Specialty and Career Plans B

40h. Were any of the jobs you accepted your **first choice** specialty?

- ☐ Yes
- ☐ No

40i. Why did you accept a job in a specialty that was not your first choice?
Please select all that apply.

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

40a. How many job applications have you submitted?

40a. In which specialties did you apply for postgraduate PA training opportunities? Please select all that apply. Not all possible specialties are listed.

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

40b. What was your primary motivation for choosing to pursue postgraduate training? Please select all that apply.

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

40c. Why did you choose to apply for a doctoral program? Please select all that apply.

- ☐ To make me more competitive in the marketplace
- ☐ To increase my clinical salary
- ☐ To open up leadership opportunities in my clinical role
- ☐ To prepare me for a PA faculty role
- ☐ To strengthen my research skills
- ☐ I believe the profession is moving toward a doctoral degree and I want to get ahead of the curve
- ☐ Other, please specify:

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

42. Please estimate the salary you expect at graduation for a full-time position as a PA.

- ☐ \$49,999 or less
- ☐ \$50,000 to \$59,999
- ☐ \$60,000 to \$69,999
- ☐ \$70,000 to \$79,999
- ☐ \$80,000 to \$89,999
- ☐ \$90,000 to \$99,999
- ☐ \$100,000 to 109,999
- ☐ \$110,000 to \$119,999
- ☐ \$120,000 to \$129,999
- ☐ \$130,000 to \$139,999
- ☐ \$140,000 to \$149,999
- ☐ \$150,000 to \$159,999
- ☐ \$160,000 or more
- ☐ I do not know

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

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

☐☐☐☐

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

☐☐☐☐

PA Education (e.g.,
engaging in the
academic side of
the profession by
teaching and
mentoring future
PAs. This may involve
classroom
instruction, clinical
teaching, and
curriculum
development)

☐☐☐☐

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

	Very undesirable	Undesirable	Neither desirable nor 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"/>

suburban

45. 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.

Urban

Native American/American Indian

Reservation

Very undesirable

Undesirable

(VA) facility

Neither desirable nor undesirable

Desirable

Substance Use Disorder (SUD)

Very desirable

Military base(s)

Practice outside the US

Financing Your Education

Federal/state prison system

Financing Your Education

Please have your student loan info available for this portion of the survey. All of the information you share in this survey, including financial data, is confidential. The information you provide will help the PA community and PAEA better understand the costs of education, and inform advocacy efforts to make PA education more affordable. If you cannot remember the actual figures for some of the questions, please enter your best estimates. You may also check your federal loans, grants, and aid overpayments at the [National Student Loan Data System](#).

46. Have you received any scholarships, stipends, or grants **(not loans)** to help finance the **graduate, professional phase** of your PA education? This includes VA education benefits such as the Post-9/11 GI Bill.

- ☐ Yes
- ☐ No
- ☐ I prefer not to answer

46a. Please select the category that best represents the amount of scholarships, stipends, or grants **(not loans)** that have been offered to you, and you have accepted in total, for the **graduate, professional phase** of your PA education:

- ☐ \$1 to \$4,999
- ☐ \$5,000 to \$9,999
- ☐ \$10,000 to \$14,999
- ☐ \$15,000 to \$19,999
- ☐ \$20,000 to \$24,999
- ☐ \$25,000 to \$29,999
- ☐ \$30,000 to \$49,999
- ☐ \$50,000 to \$74,999
- ☐ \$75,000 to \$99,999
- ☐ \$100,000 or more
- ☐ I don't know
- ☐ I prefer not to answer

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

- ☐ Yes
- ☐ No
- ☐ Not applicable, I am in a direct entry program
- ☐ I prefer not to answer

47a. Please select the category that best represents the amount you owe on your **outstanding pre-PA (undergraduate or non-PA graduate)** educational loans.

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

- ☐ \$1 to \$24,999
- ☐ \$25,000 to \$49,999
- ☐ \$50,000 to \$74,999
- ☐ \$75,000 to \$99,999
- ☐ \$100,000 to \$124,999
- ☐ \$125,000 to \$149,999
- ☐ \$150,000 to \$174,999
- ☐ \$175,000 to \$199,999
- ☐ \$200,000 to \$224,999
- ☐ \$225,000 or more
- ☐ I don't know
- ☐ I prefer not to answer

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

- ☐ Yes
- ☐ No
- ☐ I prefer not to answer

48a. What type of loans have you taken out to pay for the [graduate, professional phase](#)?

- ☐ Federal Direct/Stafford loans
- ☐ Federal Grad PLUS loans
- ☐ Private loans
- ☐ Other, please specify:

48b. Please select the category that best represents the amount of outstanding educational loans you took out to pay for the **graduate, professional phase** of your PA education, excluding interest.

- ☐ \$1 to \$24,999
- ☐ \$25,000 to \$49,999
- ☐ \$50,000 to \$74,999
- ☐ \$75,000 to \$99,999
- ☐ \$100,000 to \$124,999
- ☐ \$125,000 to \$149,999
- ☐ \$150,000 to \$174,999
- ☐ \$175,000 to \$199,999
- ☐ \$200,000 to \$224,999
- ☐ \$225,000 or more
- ☐ I don't know
- ☐ I prefer not to answer

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

- ☐ \$0
- ☐ \$1 to \$24,999
- ☐ \$25,000 to \$49,999
- ☐ \$50,000 to \$74,999
- ☐ \$75,000 to \$99,999
- ☐ \$100,000 to \$124,999
- ☐ \$125,000 to \$149,999
- ☐ \$150,000 to \$174,999
- ☐ \$175,000 to \$199,999
- ☐ \$200,000 to \$224,999
- ☐ \$225,000 or more
- ☐ I don't know
- ☐ I prefer not to answer

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

	Have already enrolled	Plan to participate/ apply	N/A: Do not plan to participate
Armed Services (e.g., military service)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Department of Education's Public- Service Loan Forgiveness (PSLF)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employer-based program (e.g., hospital-based loan repayment)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Indian Health Service Corps (IHSC)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
National Health Service Corps (NHSC)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Non-NHSC state loan forgiveness program	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Veterans Affairs Education Debt Reduction Program (EDRP)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other Uniformed Service (e.g., Center of Disease Control [CDC], Department of Health and Human Services [HHS], Public Health Service [PHS] commissioned officer corp)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other, please specify: <div></div>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Behaviors Witnessed or Experienced During PA School

Behaviors Witnessed or Experienced During PA School

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

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

If the survey indicates that student mistreatment or harassment are being experienced at the national level, we will use this information to plan workshops and other educational content to help faculty address any problems. Unfortunately, PAEA does not have a mechanism to follow up on any individual issues of mistreatment or harassment that have not already been reported. If you have personally experienced or have observed mistreatment or harassment, you are encouraged to report the incident(s) to the proper authorities, whether that is within your school or to appropriate outside parties. If you or someone you know needs help, please contact the National Alliance on Mental Health Crisis line at 1-800-950-NAMI (6264) available Monday-Friday 10 am-10pm (EST) or call the National Suicide Prevention Lifeline available 24/7 at 988.

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

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

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

- ☐ Yes
- ☐ No
- ☐ Unsure

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

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

performance

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

☐☐☐☐

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

☐☐☐☐

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

☐☐☐☐

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

☐☐☐☐

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

☐☐☐☐

Never

Once

Occasionally

Frequently

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

☐☐☐☐

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

☐ ☐ ☐ ☐

Been subjected to
offensive remarks/
names based on

☐ ☐ ☐ ☐

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

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

☐ ☐ ☐ ☐ ☐

rather than performance

Been publicly

embarrassed

☐
☐
☐
☐
☐
☐
☐

or humiliated

opportunities for

training or rewards

☐ ☐ ☐ ☐

Experienced

or been

threatened

☐
☐
☐
☐
☐
☐
☐

with physical

been subjected to

offensive remarks/
names regarding

☐ ☐ ☐ ☐

been **my religion**

required to

perform

personal

☐

Never

☐

Once

☐
☐

Occasionally

☐

Frequently

☐
☐

received lower

(evaluations or

grades solely

because of **my**

religion rather than

performance

subjected to

been denied

☐
☐
☐
☐
☐
☐
☐

opportunities for

training or rewards

☐ ☐ ☐ ☐

based on my **sexual**

been denied

orientation

opportunities

for training or
rewards based on my

disability status

age**orientation**

Been

subjected to

offensive remarks or

grades solely

because of my

sexual orientation

rather than

performance

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

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

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

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

my
**disability
status** rather
than
performance

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

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

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

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

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

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

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

Received
lower
evaluations
or grades

solely
because of
**my gender/
gender
identity**
rather than
performance

☐☐☐☐☐☐☐

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

☐☐☐☐☐☐☐

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

☐☐☐☐☐☐☐

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

☐☐☐☐☐☐☐

Been denied
opportunities
for training or
rewards
based on
my religion

☐☐☐☐☐☐☐

Been

subjected to
offensive
remarks/
names
regarding
my religion

☐☐☐☐☐☐☐

Patients

Preceptors

Program
facultyProgram
staffOther health
professionalsOther
PA
studentsOther
health
professionals
students

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

☐☐☐☐☐☐☐

Been denied
opportunities
for training or
rewards
based on my
**sexual
orientation**

☐☐☐☐☐☐☐

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

☐☐☐☐☐☐☐

Received
lower
evaluations
or grades
solely

☐☐☐☐☐☐☐

because of
mistreatment, including how it impacted you?

53. ~~By sexual~~ you describe the specific way(s) in which **you** have experienced

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

☐ Yes

☐ No

54a. How satisfied were you with how the incident(s) were handled?

☐ Very dissatisfied

☐ Dissatisfied

☐ Neither satisfied or dissatisfied

☐ Satisfied

☐ Very satisfied

54a. Please select all the reasons that made you choose not to report the incident(s).

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

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

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

performance

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

☐☐☐☐

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

☐☐☐☐

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

☐☐☐☐

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

☐☐☐☐

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

☐☐☐☐

Never

Once

Occasionally

Frequently

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

☐☐☐☐

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

☐☐☐☐

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

☐☐☐☐

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

☐☐☐☐

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

☐☐☐☐

Been subjected to
offensive remarks/
names regarding
their religion

☐☐☐☐

Never

Once

Occasionally

Frequently

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

☐☐☐☐

Been denied
opportunities for
training or rewards

☐☐☐☐

based on **their
sexual orientation**

Been subjected to
offensive remarks/
names regarding

**their sexual
orientation**

☐ ☐ ☐ ☐

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

☐ ☐ ☐ ☐

55a. Please indicate the individual(s) who performed the described behavior(s). Please select all that apply.

	Patients	Preceptors	Program faculty	Program staff	Other health professionals	Other PA students	Oth her profes stud
Been publicly embarrassed or humiliated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Experienced or been threatened with physical harm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Been required to perform personal services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(e.g.,
shopping,
babysitting)

Been
subjected to
unwanted
sexual
advances

☐☐☐☐☐☐☐

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

☐☐☐☐☐☐☐

Been
subjected to
offensive
remarks/
names
based on
their age

☐☐☐☐☐☐☐

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

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

☐☐☐☐☐☐☐

Been denied
opportunities
for training or
rewards

☐☐☐☐☐☐☐

based on
their
disability
status

☐☐☐☐☐☐☐

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

☐☐☐☐☐☐☐

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

☐☐☐☐☐☐☐

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

☐☐☐☐☐☐☐

Been
subjected to
offensive
remarks/
names
based on
their

☐☐☐☐☐☐☐

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

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

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

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

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

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

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

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

Received lower evaluations or grades solely

...society
because of
**their race or
ethnicity**
rather than
performance

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

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

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

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

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

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

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

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

Been denied
opportunities
for training or
rewards
based on

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

based on

**their sexual
orientation**

Been

subjected to

offensive

remarks/

names

regarding

55b. Can you describe the specific way(s) in which you have **witnessed**
another student being mistreated, including the impact you observed?

**their sexual
orientation**

evaluations

or grades

solely

because of

**their sexual
orientation**

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

☐ Yes

☐ No

56a. How satisfied were you with how the incident(s) were handled?

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

56a. Please select all the reasons that made you choose not to report the incident(s).

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

Institutional Support Services

Institutional Support Services

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

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

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

General Comments on PA Curriculum

Program Feedback

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

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

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

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

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

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

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

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

63. Based on your experiences, please comment on the **weaknesses** of

teaching methodologies (e.g., simulation labs, OSCEs, standardized patients) used in your program's didactic and clinical curricula.

Thank you and prize drawing

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

If you are interested in being entered into a drawing for a \$75 Amazon gift card, please provide your email address below. This email address is not stored with your responses and will be permanently deleted as soon as the drawing is complete. Please note that the prize drawing may occur after you graduate, so you may choose to provide a personal email if you will lose access to your school's email address upon graduation.

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



Powered by Qualtrics