

The University of Texas
Health Science Center at Houston

Medical School Alumni Survey Report
2005

Classes of 1995 and 2000



THE UNIVERSITY *of* TEXAS

HEALTH SCIENCE CENTER AT HOUSTON

Office of Outcomes Assessment and Biostatistical Services

Executive Summary

Methodology and Sample

The survey instrument was mailed to graduates of the Medical School in the graduating classes of 1995 and 2000. There were two mailings; both containing a survey instrument accompanied by an explanatory cover letter. A total of 121 responses were received from a population of 307 valid alumni addresses for a response rate of 39.4%.

The following report follows the structure and question order of the survey instrument. In order to test for significant differences in satisfaction

	Mailed	Returned Undeliverable	Adjusted	Completed Returned	Rate
1995	158	13	145	51	35.2%
2000	169	7	162	70	43.2%
Total	327	20	307	121	39.4%

among demographic groups in the respondent sample, the responses were dichotomized by combining the top two responses (satisfied/very satisfied), combining the bottom two responses (unsatisfied/very unsatisfied) and omitting “not certain, and “not applicable” responses. This allowed for statistical testing employing a 2X2 Chi Square test. Where expected cell sizes were <5 an exact test (Fisher’s Exact) was employed. Demographic variables utilized in the analysis were: gender, ethnicity (Caucasian/all other ethnicities), age (dichotomized at the median age or 34 years of age), and year of graduation (1995 or 2000).

Where a statistically significant difference is identified with regard to one of these classification variables, the category is cited and the percentage satisfied/very satisfied is given in parenthesis followed by the significance level (e.g. “Respondents from the 1994 (96%) cohort tend to be more satisfied with this aspect of their education than respondents from the 1999 cohort (73.3%) ($p < 0.01$)”).

Findings

Rating the UT-MS

A substantial majority (94.9%) rate the University of Texas Medical School as their first or second choice in schools.

Quality of Education

The satisfaction with the quality of the education received at the Medical School is high, receiving a rating of satisfied/very satisfied from 97.5% of the overall sample.

Satisfaction with Aspects of the Educational Experience

Respondents were asked to rate their satisfaction with 14 areas characterizing their educational experience. Of these 14 areas, 12 receive ratings of satisfied/very satisfied from over 90% of respondents. Areas falling below the 90% satisfied/very satisfied level were “preparation for managed care practice” with 58.8% of respondents rating themselves as satisfied/very satisfied, and “policies regarding abuse/harassment between learner and teacher” which receives a rating of satisfied/very satisfied from 88.5% of respondents.

Satisfaction with Student Support Areas

Respondents were asked to rate their satisfaction with 15 specific student support/student life areas. Of these 15 areas, 9 receive ratings of satisfied/very satisfied from over 90% of respondents. Areas falling below the 90% satisfied/very satisfied level were “debt counseling”(76.3%), “availability of scholarships” (64.6%), “computer training” (78.2%), “career counseling” (75.3%), “personal counseling” (88.5%) and “research opportunities” (88.3%).

Satisfaction with Degree of Preparedness at Graduation

Respondents were asked to rate their satisfaction with their degree of preparedness at graduation with 30 subject-matter/discipline specific areas of their education. Of these 30 areas, 21 received ratings of satisfied/very satisfied from over 85% of respondents. Areas falling below the 85% satisfied/very satisfied level were radiology (83%), dermatology (76.5%), ophthalmology (69.3%), preventive medicine (74.7%), nutrition (41.1%), geriatrics (74.4%), violence and abuse (73.4%), cultural competence (72%) and end-of-life care (67.4%).

Licensure and Residency Preparation

Satisfaction with the preparation for the licensure examination and residency is high with over 90% of respondents rating themselves as satisfied/very satisfied with this aspect of their preparation.

Specialization and Board Examinations

A substantial majority of respondents (95.8%) report a combined 34 different specialties. Family medicine (17.2%) and internal medicine (11.2%) are the two most frequently reported specializations. A majority of respondents (61.9%) report having completed a specialty/subspecialty board examination. The most frequently mentioned Boards are Family Practice (21.3%), Internal Medicine (20%) and Pediatrics (10.7%).

Employment

A majority of respondents (77.3%) report themselves as employed full time. Another 13.4% of respondents, found entirely in the 2000 graduating year cohort, report continuing their education as their current employment.

Income

The median reported annual income is between \$100,000 and \$149,999 for the overall sample. Respondents in the 1995 graduating year cohort report higher incomes (median = \$150,000-199,000) compared to the 2000 graduates (median = \$100,000-\$149,000) ($p < 0.01$). There were no significant differences in reported income with regard to gender, ethnicity or ranking of UT-MS.

Practice Location

Overall, 39.5% of the sample report a practice location outside of Texas and 31.9% report a practice in the Houston Metropolitan area. States represented include Michigan, Massachusetts and New York. There are no significant differences in income by practice location ($p = 0.34$).

Professional Associations

A slight majority (53.8%) reports membership in the American Medical Association. However, membership in other professional organization is almost universal with 94.1% of respondents belonging to at least one professional association.

Practice Setting

The dominant practice setting is the single-specialty group practice with 28.6% of the overall sample reporting this work setting. This is followed by partnership (17.8%), full time academics (16.9%), individual private practice (11%) and the multi-specialty group practice (11%). No other work setting was reported by over 10% of the overall sample. Those selecting the category “other” ($n = 8$) and providing a written response report fellowships and residencies as their work setting.

Academic Medicine at UT-MS and Community Service

Involvement in academic medicine is reported by a minority of respondents. Voluntary appointments at the UT-MS are reported by 5.9%, with 6% reporting themselves involved in educating UT-MS medical students and 9.2% reporting themselves involved in educating UT-MS residents. Finally, 31% report some involvement in community service.

Continuing Medical Education

A majority (67.5%) of respondents report completing over 20 hours of continuing medical education in the past year, with another 14.5% completing between 10 to 20 hours. A minority of respondents (4.3%) report having taken continuing medical education through the UT-MS Office of Continuing Medical Education. A minority (35%) of respondents report taking CME online currently, while 60% report some interest in taking CME online.

Experiences at the University of Texas- Medical School (UT-MS)

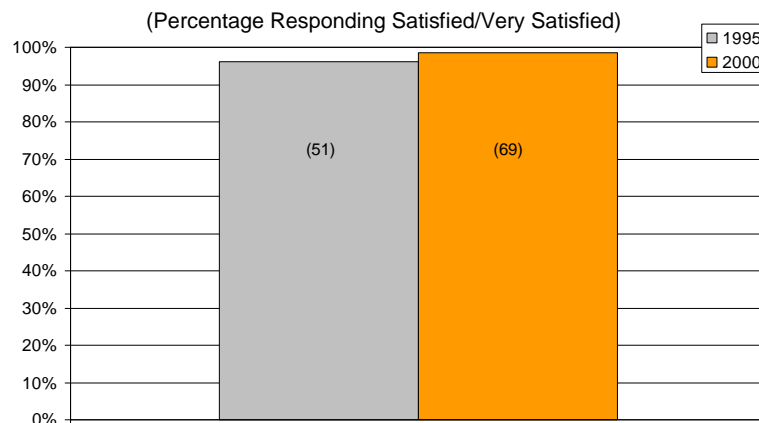
Rating The UT-MS

	1995		2000		Total	
	#	%	#	%	#	%
It was my first choice	24	47.1%	41	60.3%	65	54.6%
It was my second choice	25	49.0%	23	33.8%	48	40.3%
It was my third choice	2	3.9%	3	4.4%	5	4.2%
It was my fourth choice or lower	0	0.0%	1	1.5%	1	0.8%
	51		68		119	

A majority of respondents (54.6%) report that the UT-MS was their first choice in Medical Schools. Dichotomizing these response into two groups: first choice versus all others and testing for significant differences reveals that respondents of ethnic backgrounds (73.3%) tend to report that the UT-MS was their first choice more frequently than Caucasian respondents (48.2%) ($p = 0.02$).

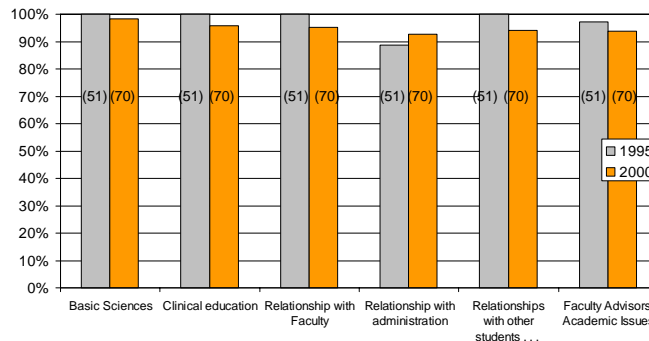
Satisfaction with the Quality of the Education received at the Medical School.

Satisfaction with the Quality of Education received at the UT Medical School



The satisfaction with the quality of the education received at the Medical School is high, receiving a rating of satisfied/very satisfied from 97.5% of the overall sample, and is stable across graduating year cohorts. There are no statistically significant differences with regard to gender, ethnicity, age or by whether UT was the respondent's first choice in medical schools.

Satisfaction with Education at UT-MS
(Percentage Responding Satisfied/Very Satisfied)



Basic Science Education

This item receives a rating of satisfied/very satisfied from 99.1% of the overall sample. There are no statistically significant differences in satisfaction with this item with regard to gender, ethnicity, age or year of graduation.

Clinical Education

This item receives a rating of satisfied/very satisfied from 97.5% of the overall sample. There are no statistically significant differences in satisfaction with this item with regard to gender, ethnicity, age or year of graduation.

Relationships with Faculty

This item receives a rating of satisfied/very satisfied from 97.2% of the overall sample. There are no statistically significant differences in satisfaction with this item with regard to gender, ethnicity, age or year of graduation.

Relationships with Administration

This item receives a rating of satisfied/very satisfied from 91.1% of the overall sample. There are no statistically significant differences in satisfaction with this item with regard to gender, ethnicity, age or year of graduation.

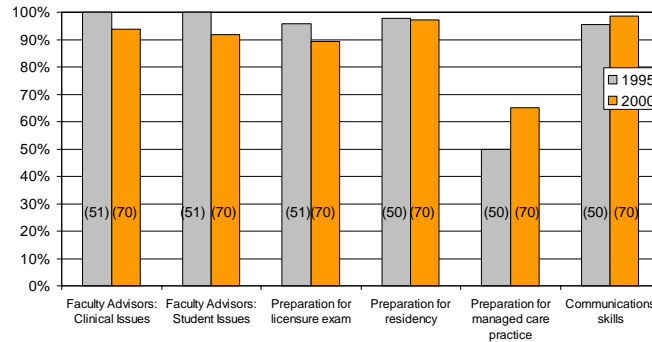
Relationships with other students, groups and activities

This item receives a rating of satisfied/very satisfied from 96.6% of the overall sample. There are no statistically significant differences in satisfaction with this item with regard to gender, ethnicity, age or year of graduation.

Helpfulness of Faculty Advisors Relative to: Academic Issues

This item receives a rating of satisfied/very satisfied from 95% of the overall sample. There are no statistically significant differences in satisfaction with this item with regard to gender, ethnicity, age or year of graduation.

Satisfaction with Education at UT-MS
(Percentage Responding Satisfied/Very Satisfied)



Helpfulness of Faculty Advisors Relative to: Clinical Issues

This item receives a rating of satisfied/very satisfied from 96% of the overall sample. Older students (100%) tend to be more satisfied with this aspect of their education than their younger counterparts ($p = 0.05$). There are no statistically significant differences in satisfaction with this item with regard to gender, ethnicity, or year of graduation.

Helpfulness of Faculty Advisors Relative to: Student Issues

This item receives a rating of satisfied/very satisfied from 94.6% of the overall sample. There are no statistically significant differences in satisfaction with this item with regard to gender, ethnicity, age or year of graduation.

Preparation for Licensure Examinations

This item receives a rating of satisfied/very satisfied from 92.1% of the overall sample. There are no statistically significant differences in satisfaction with this item with regard to gender, ethnicity, age or year of graduation.

Preparation for Residency Training

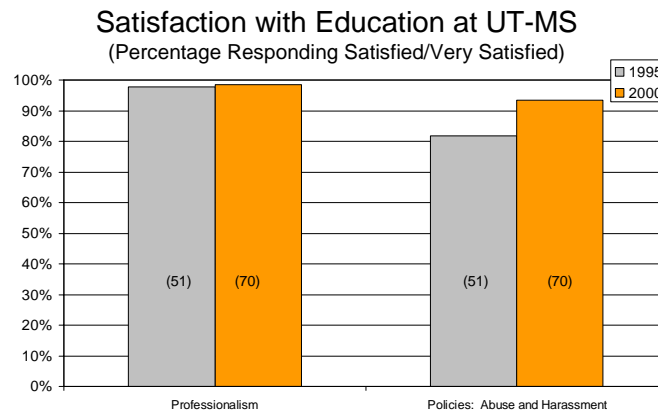
This item receives a rating of satisfied/very satisfied from 97.4% of the overall sample. There are no statistically significant differences in satisfaction with this item with regard to gender, ethnicity, age or year of graduation.

Preparation for Managed Care Practice

This item receives a rating of satisfied/very satisfied from 58.8% of the overall sample. There are no statistically significant differences in satisfaction with this item with regard to gender, ethnicity, age or year of graduation.

Communication Skills

This item receives a rating of satisfied/very satisfied from 97.3% of the overall sample. There are no statistically significant differences in satisfaction with this item with regard to gender, ethnicity, age or year of graduation.



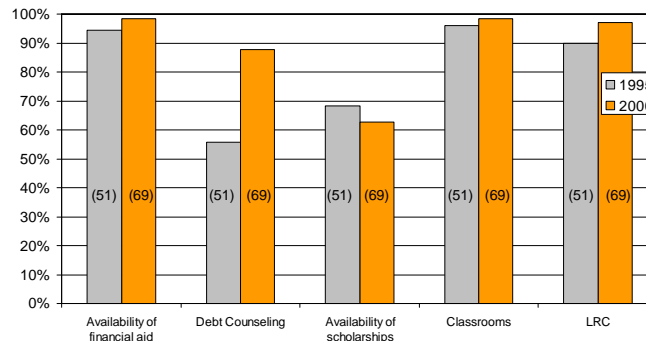
Professionalism

This item receives a rating of satisfied/very satisfied from 98.2% of the overall sample. There are no statistically significant differences in satisfaction with this item with regard to gender, ethnicity, age or year of graduation.

Policies Regarding Abuse/Harassment Between Learner and Teacher

This item receives a rating of satisfied/very satisfied from 88.5% of the overall sample. There are no statistically significant differences in satisfaction with this item with regard to gender, ethnicity, age or year of graduation.

Satisfaction with specific areas at UT-MS
(Percentage Responding Satisfied/Very Satisfied)



Availability of Financial Aid

This item receives a rating of satisfied/very satisfied from 96.8% of the overall sample. There are no statistically significant differences in satisfaction with this item with regard to gender, ethnicity, age or year of graduation.

Debt Counseling

This item receives a rating of satisfied/very satisfied from 76.3% of the overall sample. Respondents in the 2000 graduating year cohort (87.7%) tend to be more satisfied with this aspect of the Medical School than their counterparts in the 1995 cohort (55.5%) ($p = <0.01$). There are no statistically significant differences in satisfaction with this item with regard to gender, ethnicity or age.

Availability of Scholarships

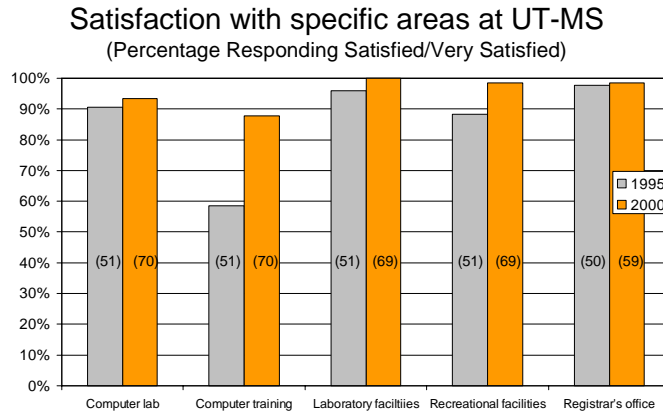
This item receives a rating of satisfied/very satisfied from 64.6% of the overall sample. There are no statistically significant differences in satisfaction with this item with regard to gender, ethnicity, age or year of graduation.

Classrooms

This item receives a rating of satisfied/very satisfied from 97.5% of the overall sample. There are no statistically significant differences in satisfaction with this item with regard to gender, ethnicity, age or year of graduation.

Learning Resource Center (LRC)

This item receives a rating of satisfied/very satisfied from 94.1% of the overall sample. There are no statistically significant differences in satisfaction with this item with regard to gender, ethnicity, age or year of graduation.



Computer Lab

This item receives a rating of satisfied/very satisfied from 92.2% of the overall sample. There are no statistically significant differences in satisfaction with this item with regard to gender, ethnicity, age or year of graduation.

Computer Training

This item receives a rating of satisfied/very satisfied from 78.2% of the overall sample. Respondents in the 2000 graduating year cohort (87.9%) tend to be more satisfied with this aspect of the Medical School than their counterparts in the 1995 cohort (58.6%) ($p = <0.01$). There are no statistically significant differences in satisfaction with this item with regard to gender, ethnicity or age.

Laboratory Facilities

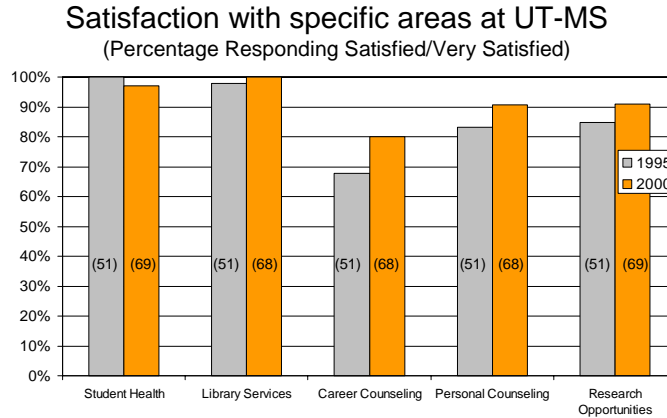
This item receives a rating of satisfied/very satisfied from 98.2% of the overall sample. There are no statistically significant differences in satisfaction with this item with regard to gender, ethnicity, age or year of graduation.

Recreational Facilities

This item receives a rating of satisfied/very satisfied from 94.4% of the overall sample. Respondents in the 2000 graduating year cohort (98.4%) tend to be more satisfied with this aspect of the Medical School than their counterparts in the 1995 cohort (88.4%) ($p = 0.04$). There are no statistically significant differences in satisfaction with this item with regard to gender, ethnicity or age.

Registrars Office

This item receives a rating of satisfied/very satisfied from 98.1% of the overall sample. There are no statistically significant differences in satisfaction with this item with regard to gender, ethnicity, age or year of graduation.



Student Health

This item receives a rating of satisfied/very satisfied from 98.2% of the overall sample. There are no statistically significant differences in satisfaction with this item with regard to gender, ethnicity, age or year of graduation.

Library Services

This item receives a rating of satisfied/very satisfied from 99.1% of the overall sample. There are no statistically significant differences in satisfaction with this item with regard to gender, ethnicity, age or year of graduation.

Career Counseling

This item receives a rating of satisfied/very satisfied from 75.3% of the overall sample. There are no statistically significant differences in satisfaction with this item with regard to gender, ethnicity, age or year of graduation.

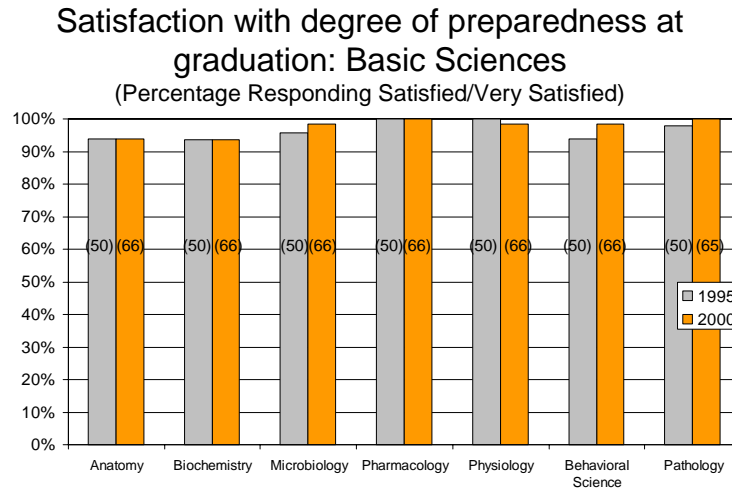
Personal Counseling

This item receives a rating of satisfied/very satisfied from 88.5% of the overall sample. There are no statistically significant differences in satisfaction with this item with regard to gender, ethnicity, age or year of graduation.

Research Opportunities

This item receives a rating of satisfied/very satisfied from 88.3% of the overall sample. There are no statistically significant differences in satisfaction with this item with regard to gender, ethnicity, age or year of graduation.

Satisfaction With Preparedness At Graduation: Basic Sciences



Anatomy

This item receives a rating of satisfied/very satisfied from 93.8% of the overall sample. There are no statistically significant differences in satisfaction with this item with regard to gender, ethnicity, age, year of graduation, or ranking of UT-MS.

Biochemistry

This item receives a rating of satisfied/very satisfied from 93.6% of the overall sample. Respondents who ranked the UT-MS as their first choice of medical school (98.3%) tend to be more satisfied with this item than respondents who rated the school as their second or lower choice (87.5%) ($p = 0.02$). There are no statistically significant differences in satisfaction with this item with regard to gender, ethnicity, age, year of graduation.

Microbiology

This item receives a rating of satisfied/very satisfied from 97.2% of the overall sample. There are no statistically significant differences in satisfaction with this item with regard to gender, ethnicity, age, year of graduation, or ranking of UT-MS.

Pharmacology

This item receives a rating of satisfied/very satisfied from 100% of the overall sample. There are no statistically significant differences in satisfaction with this item with regard to gender, ethnicity, age, year of graduation, or ranking of UT-MS.

Physiology

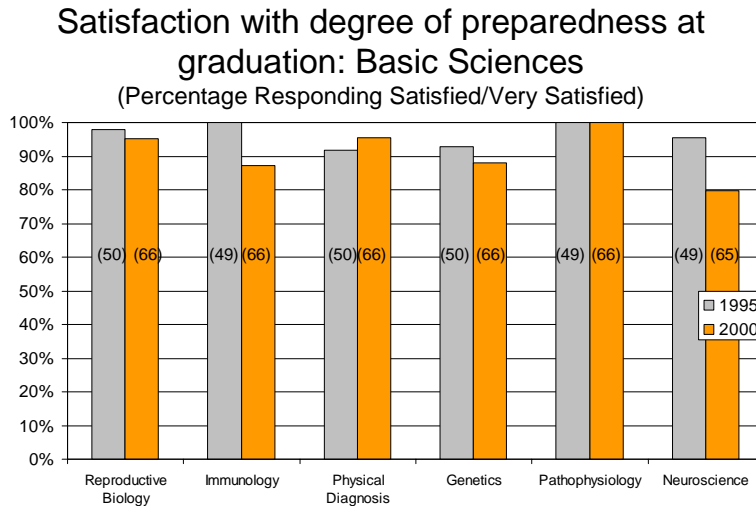
This item receives a rating of satisfied/very satisfied from 99.1% of the overall sample. There are no statistically significant differences in satisfaction with this item with regard to gender, ethnicity, age, year of graduation, or ranking of UT-MS.

Behavioral Science

This item receives a rating of satisfied/very satisfied from 96.5% of the overall sample. There are no statistically significant differences in satisfaction with this item with regard to gender, ethnicity, age, year of graduation, or ranking of UT-MS.

Pathology

This item receives a rating of satisfied/very satisfied from 99.1% of the overall sample. There are no statistically significant differences in satisfaction with this item with regard to gender, ethnicity, age, year of graduation, or ranking of UT-MS.



Reproductive Biology

This item receives a rating of satisfied/very satisfied from 96.3% of the overall sample. There are no statistically significant differences in satisfaction with this item with regard to gender, ethnicity, age, year of graduation, or ranking of UT-MS.

Immunology

This item receives a rating of satisfied/very satisfied from 92.5% of the overall sample. Respondents in the 1995 graduating year cohort (100%) tend to be more satisfied with this aspect of the Medical School than their counterparts in the 2000 cohort (87.1%) ($p = 0.02$). Also, male respondents (100%) tend to be more satisfied with this item than their female counterparts (86.4%) ($p = <0.01$). There are no statistically significant differences in satisfaction with this item with regard to ethnicity, age, or ranking of UT-MS.

Physical Diagnosis

This item receives a rating of satisfied/very satisfied from 93.8% of the overall sample. There are no statistically significant differences in satisfaction with this item with regard to gender, ethnicity, age, year of graduation, or ranking of UT-MS.

Genetics

This item receives a rating of satisfied/very satisfied from 89.9% of the overall sample. There are no statistically significant differences in satisfaction with this item with regard to gender, ethnicity, age, year of graduation, or ranking of UT-MS.

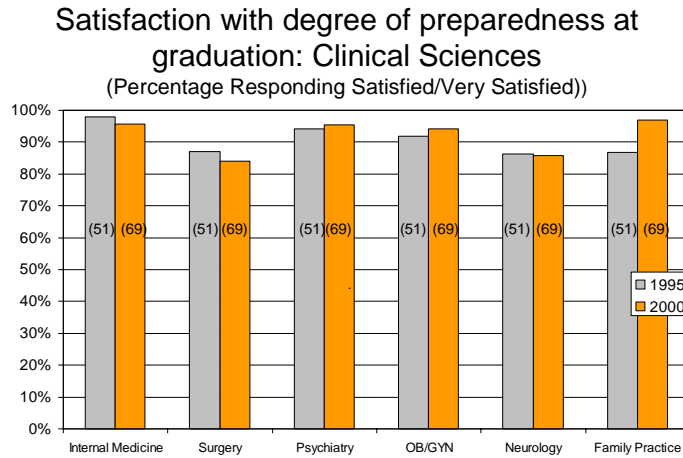
Pathophysiology

This item receives a rating of satisfied/very satisfied from 100% of the overall sample. There are no statistically significant differences in satisfaction with this item with regard to gender, ethnicity, age, year of graduation, or ranking of UT-MS.

Neuroscience

This item receives a rating of satisfied/very satisfied from 86.4% of the overall sample. Respondents in the 1995 graduating year cohort (95.4%) tend to be more satisfied with this aspect of the Medical School than their counterparts in the 2000 cohort (79.6%) ($p = 0.02$). Also, older respondents (94.6%) tend to be more satisfied with this item than their younger counterparts (75.5%) ($p = <0.01$). There are no statistically significant differences in satisfaction with this item with regard to gender, ethnicity, or ranking of UT-MS.

Satisfaction With Preparedness At Graduation: Clinical Sciences



Internal Medicine

This item receives a rating of satisfied/very satisfied from 96.6% of the overall sample. There are no statistically significant differences in satisfaction with this item with regard to gender, ethnicity, age, year of graduation, or ranking of UT-MS.

Surgery

This item receives a rating of satisfied/very satisfied from 85.3% of the overall sample. There are no statistically significant differences in satisfaction with this item with regard to gender, ethnicity, age, year of graduation, or ranking of UT-MS.

Psychiatry

This item receives a rating of satisfied/very satisfied from 94.8% of the overall sample. There are no statistically significant differences in satisfaction with this item with regard to gender, ethnicity, age, year of graduation, or ranking of UT-MS.

Obstetrics and Gynecology

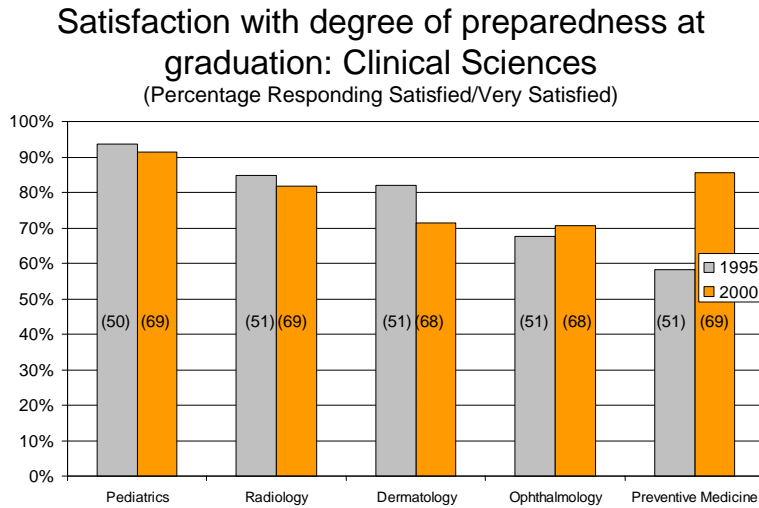
This item receives a rating of satisfied/very satisfied from 93.2% of the overall sample. There are no statistically significant differences in satisfaction with this item with regard to gender, ethnicity, age, year of graduation, or ranking of UT-MS.

Neurology

This item receives a rating of satisfied/very satisfied from 86% of the overall sample. There are no statistically significant differences in satisfaction with this item with regard to gender, ethnicity, age, year of graduation, or ranking of UT-MS.

Family Practice

This item receives a rating of satisfied/very satisfied from 92.9% of the overall sample. There are no statistically significant differences in satisfaction with this item with regard to gender, ethnicity, age, year of graduation, or ranking of UT-MS.



Pediatrics

This item receives a rating of satisfied/very satisfied from 92.2% of the overall sample. There are no statistically significant differences in satisfaction with this item with regard to gender, ethnicity, age, year of graduation, or ranking of UT-MS.

Radiology

This item receives a rating of satisfied/very satisfied from 83% of the overall sample. There are no statistically significant differences in satisfaction with this item with regard to gender, ethnicity, age, year of graduation, or ranking of UT-MS.

Dermatology

This item receives a rating of satisfied/very satisfied from 76.5% of the overall sample. Older respondents (84.7%) tend to be more satisfied with this item than their younger counterparts (61.3%) ($p = 0.02$). There are no statistically significant differences in satisfaction with this item with regard to gender, ethnicity, year of graduation, or ranking of UT-MS.

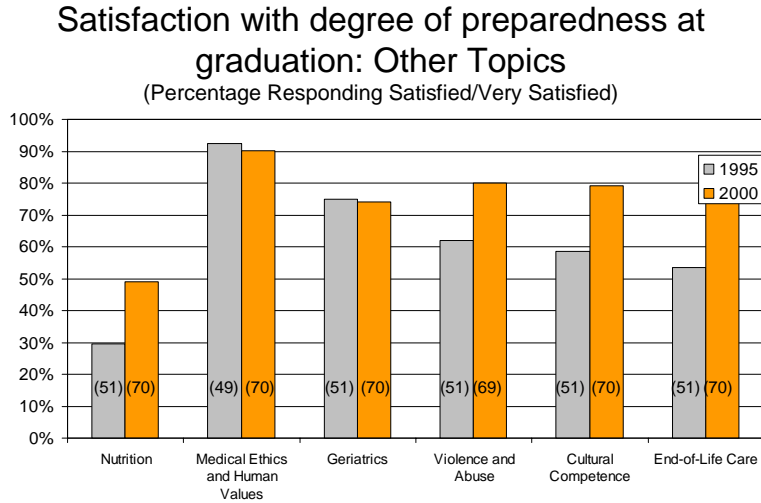
Ophthalmology

This item receives a rating of satisfied/very satisfied from 69.3% of the overall sample. There are no statistically significant differences in satisfaction with this item with regard to gender, ethnicity, age, year of graduation, or ranking of UT-MS.

Preventive Medicine

This item receives a rating of satisfied/very satisfied from 74.7% of the overall sample. Respondents in the 2000 graduating year cohort (85.4%) tend to be more satisfied with this aspect of the Medical School than their counterparts in the 1995 cohort (58.3%) ($p < 0.01$). There are no statistically significant differences in satisfaction with this item with regard to gender, ethnicity, age, or ranking of UT-MS.

Satisfaction With Preparedness At Graduation: Other Topics



Nutrition

This item receives a rating of satisfied/very satisfied from 41.1% of the overall sample. There are no statistically significant differences in satisfaction with this item with regard to gender, ethnicity, age, year of graduation, or ranking of UT-MS.

Medical Ethics and Human Values

This item receives a rating of satisfied/very satisfied from 91% of the overall sample. There are no statistically significant differences in satisfaction with this item with regard to gender, ethnicity, age, year of graduation, or ranking of UT-MS.

Geriatrics

This item receives a rating of satisfied/very satisfied from 74.4% of the overall sample. There are no statistically significant differences in satisfaction with this item with regard to gender, ethnicity, age, year of graduation, or ranking of UT-MS.

Violence and Abuse

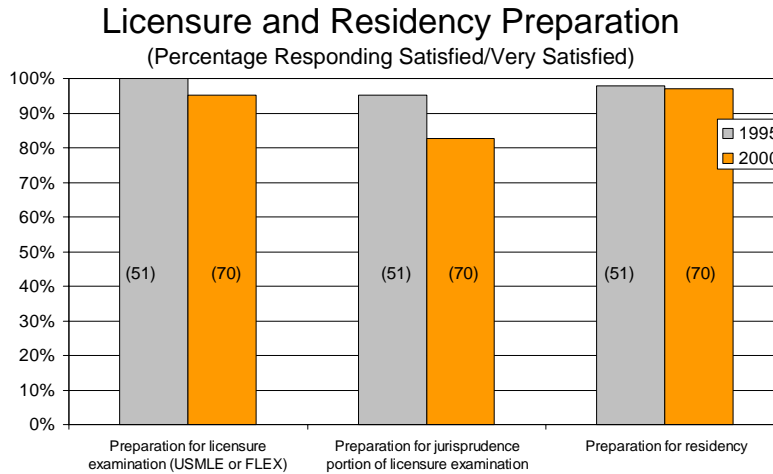
This item receives a rating of satisfied/very satisfied from 73.4% of the overall sample. There are no statistically significant differences in satisfaction with this item with regard to gender, ethnicity, age, year of graduation, or ranking of UT-MS.

Cultural Competence

This item receives a rating of satisfied/very satisfied from 72% of the overall sample. Respondents in the 2000 graduating year cohort (79.2 %) tend to be more satisfied with this aspect of the Medical School than their counterparts in the 1995 cohort (58.6%) ($p = 0.04$). There are no statistically significant differences in satisfaction with this item with regard to gender, ethnicity, age, or ranking of UT-MS.

End of Life Care

This item receives a rating of satisfied/very satisfied from 67.4% of the overall sample. There are no statistically significant differences in satisfaction with this item with regard to gender, ethnicity, age, year of graduation, or ranking of UT-MS.



Curriculum Adequately Prepared for the Licensure Examination

This item receives a rating of satisfied/very satisfied from 97.3% of the overall sample. There are no statistically significant differences in satisfaction with this item with regard to gender, ethnicity, age, year of graduation, or ranking of UT-MS.

Curriculum Adequately Prepared for the Jurisprudence Portion of Licensure Examination

This item receives a rating of satisfied/very satisfied from 88.4% of the overall sample. Older respondents (96%) tend to be more satisfied with this item than their younger counterparts (78%) ($p = 0.01$). There are no statistically significant differences in satisfaction with this item with regard to gender, ethnicity, year of graduation, or ranking of UT-MS.

Curriculum Adequately Prepared for Residency Training

This item receives a rating of satisfied/very satisfied from 97.5% of the overall sample. There are no statistically significant differences in satisfaction with this item with regard to gender, ethnicity, age, year of graduation, or ranking of UT-MS.

Education and Experiences Following Medical School: Specializations and Board Examinations

Primary Specialty

The following two tables indicate the primary and secondary specializations reported by graduating year cohort. A total of 116 respondents (95.8%) report some primary specialty. Family medicine (17.2%) and internal medicine (11.2%) are the two most frequently reported specializations.

	Primary Specialty					
	1995		2000		Total	
	#	%	#	%	#	%
Family Practice	10	21.3%	10	14.5%	20	17.2%
Internal Medicine	6	12.8%	7	10.1%	13	11.2%
Pediatrics	3	6.4%	7	10.1%	10	8.6%
Dermatology	3	6.4%	4	5.8%	7	6.0%
Obstetrics and Gynecology	2	4.3%	5	7.2%	7	6.0%
Anesthesiology	2	4.3%	4	5.8%	6	5.2%
General Surgery	2	4.3%	4	5.8%	6	5.2%
Emergency Medicine	2	4.3%	3	4.3%	5	4.3%
Otolaryngology	2	4.3%	2	2.9%	4	3.4%
Pediatric Endocrinology	3	6.4%	1	1.4%	4	3.4%
Ophthalmology	0	0.0%	3	4.3%	3	2.6%
Physical Medicine and Rehab.	1	2.1%	2	2.9%	3	2.6%
Anatomic Pathology	2	4.3%	0	0.0%	2	1.7%
Pediatric Gastroenterology	0	0.0%	2	2.9%	2	1.7%
Plastic Surgery	0	0.0%	2	2.9%	2	1.7%
Radiology Diagnostic	0	0.0%	2	2.9%	2	1.7%
Urology	1	2.1%	1	1.4%	2	1.7%
Allergy	0	0.0%	1	1.4%	1	0.9%
Cardiovascular Diseases	1	2.1%	0	0.0%	1	0.9%
Clinical Pathology	1	2.1%	0	0.0%	1	0.9%
Critical Care	0	0.0%	1	1.4%	1	0.9%
Endocrinology	1	2.1%	0	0.0%	1	0.9%
Geriatric Medicine	1	2.1%	0	0.0%	1	0.9%
Legal Medicine	0	0.0%	1	1.4%	1	0.9%
Neurology	0	0.0%	1	1.4%	1	0.9%
Oncology	0	0.0%	1	1.4%	1	0.9%
Pain Management	0	0.0%	1	1.4%	1	0.9%
Pediatric Pulmonology	0	0.0%	1	1.4%	1	0.9%
Pediatric Urology	1	2.1%	0	0.0%	1	0.9%
Psychiatry	0	0.0%	1	1.4%	1	0.9%
Pulmonary Critical Care	0	0.0%	1	1.4%	1	0.9%
Pulmonary Diseases	1	2.1%	0	0.0%	1	0.9%
Radiology	1	2.1%	0	0.0%	1	0.9%
Sleep Medicine	0	0.0%	1	1.4%	1	0.9%
Undersea Medicine	1	2.1%	0	0.0%	1	0.9%
	47		69		116	

Secondary Specializations

A smaller number of respondents, 28 (23.1%) report secondary specializations. The most frequently mentioned are Internal Medicine (14.3%) and Geriatric Medicine, Family Practice (10.7%).

	Secondary Specialty					
	1995		2000		Total	
	#	%	#	%	#	%
Internal Medicine	2	33.3%	2	9.1%	4	14.3%
Geriatric Medicine, Family Practice	0	0.0%	3	13.6%	3	10.7%
Occupational Medicine	1	16.7%	1	4.5%	2	7.1%
Emergency Medicine	1	16.7%	1	4.5%	2	7.1%
Geriatric Medicine, Int. Medicine	0	0.0%	2	9.1%	2	7.1%
Pediatric Pulmonology	1	16.7%	0	0.0%	1	3.6%
Cytopathology	1	16.7%	0	0.0%	1	3.6%
Vascular Surgery	0	0.0%	1	4.5%	1	3.6%
Sports Medicine Orthopedics	0	0.0%	1	4.5%	1	3.6%
Pulmonary Diseases	0	0.0%	1	4.5%	1	3.6%
Pulmonary Critical Care Medicine	0	0.0%	1	4.5%	1	3.6%
Pediatrics	0	0.0%	1	4.5%	1	3.6%
Pediatric Ophthalmology	0	0.0%	1	4.5%	1	3.6%
Pediatric Endocrinology	0	0.0%	1	4.5%	1	3.6%
Nuclear Radiology	0	0.0%	1	4.5%	1	3.6%
Neuropathology	0	0.0%	1	4.5%	1	3.6%
Neonatology	0	0.0%	1	4.5%	1	3.6%
Musculoskeletal Oncology	0	0.0%	1	4.5%	1	3.6%
Hospitalist	0	0.0%	1	4.5%	1	3.6%
Hand Surgery	0	0.0%	1	4.5%	1	3.6%
Child and Adolescent Psychiatry	0	0.0%	1	4.5%	1	3.6%
Aerospace Medicine	0	0.0%	1	4.5%	1	3.6%
	6		22		28	

Board Examinations

A majority of respondents (61.9%) report having completed a specialty/subspecialty board examination. The most frequently mentioned Boards are Family Practice (21.3%), Internal Medicine (20%) and Pediatrics (10.7%).

Specialty Board	1995		2000		Total	
	#	%	#	%	#	%
American Board of Family Practice	8	22.9%	8	20.0%	16	21.3%
American Board of Internal Medicine	6	17.1%	9	22.5%	15	20.0%
American Board of Pediatrics	2	5.7%	6	15.0%	8	10.7%
American Board of Dermatology	2	5.7%	4	10.0%	6	8.0%
American Board of Surgery	2	5.7%	2	5.0%	4	5.3%
American Board of Urology	2	5.7%	2	5.0%	4	5.3%
American Board of Anesthesiology	3	8.6%	1	2.5%	4	5.3%
American Board of Emergency Medicine	1	2.9%	1	2.5%	2	2.7%
American Board of Physical Med & Rehab.	1	2.9%	1	2.5%	2	2.7%
American Board of Radiology	1	2.9%	1	2.5%	2	2.7%
American Board of Obstetrics and Gynecology	2	5.7%	0	0.0%	2	2.7%
American Board of Preventive Medicine	2	5.7%	0	0.0%	2	2.7%
American Board of Allergy and Immunology	0	0.0%	1	2.5%	1	1.3%
American Board of Ophthalmology	0	0.0%	1	2.5%	1	1.3%
American Board of Otolaryngology	0	0.0%	1	2.5%	1	1.3%
American Board of Plastic Surgery	0	0.0%	1	2.5%	1	1.3%
American Board of Psychiatry and Neurology	0	0.0%	1	2.5%	1	1.3%
American Board of Orthopedic Surgery	1	2.9%	0	0.0%	1	1.3%
American Board of Pathology	1	2.9%	0	0.0%	1	1.3%
American Board of Thoracic Surgery	1	2.9%	0	0.0%	1	1.3%
American Board of Colon and Rectal Surgery	0	0.0%	0	0.0%	0	0.0%
American Board of Genetics	0	0.0%	0	0.0%	0	0.0%
American Board of Neurological Surgery	0	0.0%	0	0.0%	0	0.0%
American Board of Nuclear Medicine	0	0.0%	0	0.0%	0	0.0%
	35		40		75	

Current Employment Status

	1995		2000		Total	
	#	%	#	%	#	%
Employed Full Time	44	89.8%	48	68.6%	92	77.3%
Employed Part Time	3	6.1%	3	4.3%	6	5.0%
Continuing My Education	0	0.0%	16	22.9%	16	13.4%
Unemployed	1	2.0%	0	0.0%	1	0.8%
Other: (Complete)	1	2.0%	3	4.3%	4	3.4%
Total	49		70		119	

Graduates in the 1995 cohort (89.8%) tend to report themselves as employed full time more frequently than their counterparts in the 2000 graduating year cohort (68.6%) ($p < 0.01$). This is primarily attributable to the large component of the 2000 year cohort (22.9%) still engaged in completing their training.

Current Salary/Income

	1995		2000		Total	
	#	%	#	%	#	%
Less Than 50,000	1	2.0%	12	17.1%	13	10.8%
50,000 To 99,999	2	4.0%	16	22.9%	18	15.0%
100,000 To 149,999	15	30.0%	18	25.7%	33	27.5%
150000 To 199,000	8	16.0%	12	17.1%	20	16.7%
200,000 And over	21	42.0%	12	17.1%	33	27.5%
Not Applicable	3	6.0%	0	0.0%	3	2.5%
Total	50		70		120	

The median reported annual income is between \$100,000 and \$149,999 for the overall sample. Respondents in the 1995 graduating year cohort report higher incomes (median = \$150,000-199,000) compared to the 2000 graduates (median = \$100,000-\$149,000) ($p < 0.01$). There were no significant differences in reported income with regard to gender, ethnicity or ranking of UT-MS.

Patient Population

	1995		2000		Total	
	#	%	#	%	#	%
Inner-city/historically underserved	6	12.2%	22	31.4%	28	23.5%
Indigent/uninsured	8	16.3%	10	14.3%	18	15.1%
Insured/managed care	16	32.7%	27	38.6%	43	36.1%
Urban	8	16.3%	3	4.3%	11	9.2%
Suburban	7	14.3%	7	10.0%	14	11.8%
Rural/historically underserved	4	8.2%	1	1.4%	5	4.2%
Rural	0	0.0%	0	0.0%	0	0.0%
Total	49		70		119	

A plurality of respondents reports practicing with insured/managed care population.

Practice Location

	1995		2000		Total	
	#	%	#	%	#	%
Houston Metropolitan Area	21	42.9%	17	24.3%	38	31.9%
Elsewhere in State of Texas	11	22.4%	18	25.7%	29	24.4%
Elsewhere in the USA	26	53.1%	21	30.0%	47	39.5%
Total	58		56		114	

Overall, 39.5% of the sample reports a practice location outside of Texas with 31.9% reporting a practice in the Houston Metropolitan area. States represented include Michigan, Massachusetts and New York. There are no significant differences in income by practice location ($p = 0.34$).

Size of Population in Practice Area

	1995		2000		Total	
	#	%	#	%	#	%
<20,000	4	8.3%	1	1.4%	5	4.3%
20,000 – 49,999	4	8.3%	3	4.3%	7	6.0%
50,000 – 99,999	8	16.7%	3	4.3%	11	9.4%
100,000 – 249,999	1	2.1%	10	14.5%	11	9.4%
250,000 – 499,999	4	8.3%	8	11.6%	12	10.3%
500,000 – 999,999	7	14.6%	8	11.6%	15	12.8%
>1,000,000	20	41.7%	36	52.2%	56	47.9%
	48		69		117	

In order to study the effects of population on income, the sample was divided into those practicing in areas with greater than 500,000 people and those practicing in areas with smaller populations. Those practicing in areas with less than 500,000 people tend to report higher incomes (median = 150,000-199,999) than those practicing in areas with larger populations (median = 100,000-149,999) ($p = 0.02$).

Professional Associations

American Medical Association

	1995		2000		Total	
	#	%	#	%	#	%
Yes	17	34.0%	47	68.1%	64	53.8%
No	33	66.0%	22	31.9%	55	46.2%
Total	50		69		119	

A slight majority (53.8%) reports membership in the American Medical Association. However, membership in other professional organization is almost universal with 94.1% of respondents belonging to at least one professional association.

Other Professional Associations

	1995		2000		Total	
	#	%	#	%	#	%
Yes	46	92.0%	66	95.7%	112	94.1%
No	4	8.0%	3	4.3%	7	5.9%
Total	50		69		119	

	1995		2000		Total	
	#	%	#	%	#	%
County Medical Society	30	65.2%	38	56.7%	68	60.2%
State Medical Society	4	8.7%	9	13.4%	13	11.5%
Other	12	26.1%	20	29.9%	32	28.3%
Total Respondents	46		67		113	

Among the most frequently mentioned professional associations are the American Academy of Pediatrics, the American Academy of Family Practice, and the American College of Physicians. (Please refer to page 30 for a full list).

Present Practice Setting

	1995		2000		Total	
	#	%	#	%	#	%
Single-specialty group practice	16	32.7%	18	26.1%	34	28.8%
Partnership	12	24.5%	9	13.0%	21	17.8%
Full-Time Academics	6	12.2%	14	20.3%	20	16.9%
Individual Private Practice	7	14.3%	6	8.7%	13	11.0%
Multi-specialty group practice	5	10.2%	8	11.6%	13	11.0%
Other: (Specify)	1	2.0%	7	10.1%	8	6.8%
Military	1	2.0%	4	5.8%	5	4.2%
Academic Affiliation	0	0.0%	3	4.3%	3	2.5%
Hospital	1	2.0%	0	0.0%	1	0.8%
Public Health	0	0.0%	0	0.0%	0	0.0%
Unemployed	0	0.0%	0	0.0%	0	0.0%
Total	49		69		118	

The dominant practice setting is the single-specialty group practice with 28.6% of the overall sample reporting this work setting. This is followed by partnership (17.8%), full time academics (16.9%), individual private practice (11%) and the multi-specialty group practice (11%). No other work setting was reported by over 10% of the overall sample. Those selecting the category “other” (n = 8) and providing a written response report fellowships and residencies as their work setting.

	N	Median Income Category
Partnership	21	> \$200,000
Multi-specialty group practice	13	\$150,000 - \$199,999
Single-specialty group practice	34	\$150,000 - \$199,999
Individual Private Practice	13	\$100,000 - \$149,999
Full-Time Academics	20	\$50,000 - \$99,999
All Other Work Settings	17	\$50,000 - \$99,999
	118	p < 0.01

The table above shows the median income bracket associated with the practice settings reported. Categories with no responses (public health and unemployed) were removed and categories with less than 10 respondents were combined (other, military, academic affiliation, hospital).

Academic Involvement and Community Service

Voluntary Appointment at UT-MS

	Yes		No		Total
	#	%	#	%	
1995	2	4.0%	48	96.0%	50
2000	5	7.2%	64	92.8%	69
Total	7	5.9%	112	94.1%	119

Involved in Educating UT Medical Students

	Yes		No		Total
	#	%	#	%	
1995	1	2.0%	48	98.0%	49
2000	6	9.0%	61	91.0%	67
Total	7	6.0%	109	94.0%	116

Involved in Educating UT Medical Residents

	Yes		No		Total
	#	%	#	%	
1995	3	6.0%	47	94.0%	50
2000	8	11.6%	61	88.4%	69
Total	11	9.2%	108	90.8%	119

Involvement in academic medicine at the UT-MS is reported by a minority of respondents. Respondents with a continuing academic relationship with the UT-MS tend to be concentrated in the 2000 graduating year cohort.

Community Service

	Yes		No		Total
	#	%	#	%	
1995	15	31.3%	33	68.8%	48
2000	21	30.9%	47	69.1%	68
Total	36	31.0%	80	69.0%	116

Involvement in community service is reported by just under a third of respondents (31%). Those reporting involvement in community service and submitting a written description of their work include church-based activities, community outreach efforts, preceptorships and volunteer work.

Continuing Medical Education (CME)

Hours of Continuing Medical Education this Calendar Year

	1995		2000		Total	
	#	%	#	%	#	%
Over 20 hours	41	82.0%	38	56.7%	79	67.5%
10 to 20 hours	7	14.0%	10	14.9%	17	14.5%
Have not taken CME this year	1	2.0%	9	13.4%	10	8.5%
Don't know	0	0.0%	7	10.4%	7	6.0%
Less than 10 hours	1	2.0%	3	4.5%	4	3.4%
	50		67		117	

A majority (67.5%) of respondents report completing over 20 hours of continuing medical education in the past year, with another 14.5% completing between 10 to 20 hours.

Continuing Education through UT-MS Office of Continuing Education

	Yes		No		Total
	#	%	#	%	
1995	2	4.0%	48	96.0%	50
2000	3	4.5%	63	95.5%	66
Total	5	4.3%	111	95.7%	116

A minority of respondents (4.3%) report having taken continuing medical education through the UT-MS Office of Continuing Medical Education. Those who did not and provided a written response (n = 30) report distance (50%) lack of awareness/knowledge of course offerings (40%), other reasons are reported by 10%.

Currently taking CME Online

	Yes		No		Total
	#	%	#	%	
1995	28	56.0%	22	44.0%	50
2000	13	19.4%	54	80.6%	67
Total	41	35.0%	76	65.0%	117

A minority (35%) of respondents report taking CME online currently. In the table below, 60% report some interest in taking CME online.

Interested in taking CME Online

	Yes		No		Total
	#	%	#	%	
1995	17	58.6%	12	41.4%	29
2000	31	60.8%	20	39.2%	51
Total	48	60.0%	32	40.0%	80

Demographics

Gender

	1995		2000		Total	
	#	%	#	%	#	%
Male	23	46.0%	28	40.0%	51	42.5%
Female	27	54.0%	42	60.0%	69	57.5%
	50		70		120	

Ethnicity

	1995		2000		Total	
	#	%	#	%	#	%
African-American	0	0.0%	2	2.9%	2	1.7%
American Indian	0	0.0%	0	0.0%	0	0.0%
Asian/Pacific Islander	6	12.2%	9	13.2%	15	12.8%
Hispanic	1	2.0%	8	11.8%	9	7.7%
White	41	83.7%	46	67.6%	87	74.4%
Other	1	2.0%	3	4.4%	4	3.4%
	49		68		117	

Marital Status

	1995		2000		Total	
	#	%	#	%	#	%
Single, never married	6	12.0%	19	27.9%	25	21.2%
Separated	0	0.0%	0	0.0%	0	0.0%
Divorced	2	4.0%	2	2.9%	4	3.4%
Widowed	0	0.0%	0	0.0%	0	0.0%
Married	42	84.0%	43	63.2%	85	72.0%
Significant other relationship	0	0.0%	4	5.9%	4	3.4%
	50		68		118	

Age

	Mean	Median	Min	Max	N
1995	37.3	37	35	50	48
2000	32.8	32	30	45	69
Overall	34.6	34	30	50	117

p < 0.01

Comments MS Alumni Survey 2005

#7 Question #7 (Explain) My experience in pediatrics was basically nil at UTHSC. I had Dr. XXXXX as an attending in the LBJ Pedi ER who taught me nothing, and who panicked in any slightly stressful situation. She truly should not be allowed to teach med students. My experience in Peds at HH was better, but there was not much diversity. I learned all of Pedi in medical school at TCH (Baylor) during my sub-internship there.

Attending UTHSC was truly one of the worst experiences of my life. Your professors were uninterested in teaching basic science beyond the classroom. Your clinical professors (the majority) were rude and made ridiculous demands on the students (i.e. stay up all night and do the residents work for them at LBJ on internal medicine and ob/gyn), and truly, worst of all, your student center/admissions staff was nothing short of appalling. They were unhelpful and unkind to me on many occasions, and I even heard of them demanding to see an obituary as evidence that one student went to a family member's funeral. Tacky and low-class on your part. If you cannot trust your students to govern themselves correctly in their personal lives and during exams (I recall your institution was obsessed with the possibility that someone might cheat). You should not have admitted them in the first place because they should not be doctors. Now that I am almost attending myself, I am even more appalled that your attendings treated paying students the way they did. I really doubt that your institution has any impetus or motivation for change, but please realize that when you treat people poorly they pass it on to others, and they do not make donations, nor hold you in high regard.

#9 Question #7(Explain) Neuro science curriculum was geared toward PhD style/level class. Very little clinical information taught. To this day, neurology is one of my worse topics.

#12 Consider shortening survey, believe will improve participation.

#19 The things that I remember most about the first two years were some classes lacked organization.

#27 Question #7(Explain) I think maybe time needs to be devoted to the areas listed on dissatisfied. The quality of teaching was fine, just not enough time given.

#40 Question #24 I live in Tampa, FL. I have received my CME credits by paying my boards, attending annual AAD Meetings & local dermatology meetings.

#41 Question #7(Explain) The prep I did for the USMLE tests, I did on my own. I felt very unprepared for Step I, especially from my class work alone. I felt very behind in my internship once I started & had to work very hard to catch up to

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- some of my residency. Med. School didn't make me feel very prepared for actually caring for patients.
- #67 Career counseling needed. Time management /informatics use should be integrated more from the 1991-1995 time I attended UTHSC. Stress Management could have been well appreciated during residency years.
- #69 UT-Houston is a wonderful medical school and gave me the opportunities to get into my #1 Residency choice and into a competitive fellowship.
- #82 Make neuroscience better.
- #83 As I grow in this career, I am continually impressed by the outstanding education I received at UT-Houston. The class of 2000 was a special class. If not one of the best and my classmates are doing famously. The Lions share of us are proud of our professionalism, skills and values are took from four wonderful years in Houston. Thank you.
- #84 I think we should have 5 year reunions. I keep in touch with quite a few classmates who agree that they would pay for the opportunity.
- #85 My biggest complaint of medical school was feeling no support by educational staff when I was in trouble academically. I think there should be some sort of support group for those students who are not only overwhelmed by academic load but by cultural shock (new large city, no family around, meeting new friends). Another idea is possibly a volunteer course on successful time management skills.
- #88 I do not maintain contact with the medical school or contribute funds because of poor experience with the office of student affairs-both personally as well as those of classmates & friends. I would be willing to interact with students directly, without the involvement of the Office of Student Affairs. For example, I have been giving board review sessions to senior residents over the past four years.
- #93 UT Houston provided me with an excellent basic science & clinical education. I was very pleased with the training I received during my third & fourth year clerkship. I completed my general surgery training at Texas A&M. Scott & White and I can truly say that the clinical experience and work ethic instilled at UT-Houston was markedly superior compared to the A&M medical students experience. Thank you.
- #96 The only complaint I have of the entire medical school experience is that I did a 1 month family practice rotation with a solo-practitioner who was grossly abusing/over prescribing pain medications. It is a long story but I am definitely not the only student who saw this or complained about it. In retrospect it was actually worse than I ever realized at the time. But when I and another student complained to the coordinator of the FP dept at the time we were completely

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- ignored and I assume the problem may still exist today (unless she got arrested for fraud which she was also involved in). I even liked the Dr personally, this was not in any way a vendetta and I got a good grade for the course, but there should be some safety/backup plan for this kind of complaint. Especially when additional students are going to be having the same rotation. (I think most people didn't complain because the hours were very good, lunch was free and the Dr. gave a lot of tips for things that were great for "supplementing income" even if they had no medical basis). Otherwise, there is no medical school in the country that I would have rather gone to both for education & personal experience.
- #96 Question #7c I felt that my general medical knowledge and experience was superior to the vast majority of the surgical interns from other medical schools. I also did not have to do any additional preparation for USMLE step 3 and still scored very high. I attribute a lot of this to the great diversity of medical cases I saw during my 1st year.
- #97 Generally I feel that my education at UTHMS was good. However, students have been complaining for years that the Neuroanatomy class needs to be completely revamped. We had more Neuroanatomy than regular gross anatomy. This class was a waste time and an unnecessary source of stress. Basic Neuroanatomy would suffice-Not Ph.D. level Neuroanatomy. Students felt that they made this very clear but administration did not care/chose to ignore this problem. Just because the Neuroanatomy department is the breadwinner at UTHMS does not mean faculty should have the freedom to torture students with needless information. Get over it! Fire the whole department & start over.
- #99 I am honored to be a graduate of UT-Houston Medical School. The professors and faculty are outstanding. I could have not have made a better choice than UT-Houston.
- #110 Physiology Course: Very difficult course, often poorly taught. Could never get well explained answers to problems. Also Neuroscience course. Ridiculous detail about things I never used again. First year Medical School is hard. A true adjustment period. I felt unprepared. Found the LRTC difficult to use/noisy, too small and very little support resources for the problem I had. Dr. McNeese is wonderful, I owe my fabulous heartfelt career to her. Overall I loved UT. Got a great education.
- #111 Department of surgery is malignant and demeaning. Nothing is learned except survival and pecking order. How long can you go without sleeping, etc. Dept of medicine was ego issues. I have never seen any one be more insulting than the internal medicine department professors. If my husband had ever heard how XXXXX talked to me he probably would have punched him and considering things that were said he could have legally gotten away with knocking his block off. XXXXXX is not the only one. He's just the worst. But he sets the tone for all. An atmosphere of fear. That's not professional by any means, or let's address
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his polar opposite XXXXX, I learned how to round an 35 patients in 22 minutes. No leaving there. I did not have one good professor for any rotations & all in im.

- #119 I don't speak only for myself, but I had the best medical background needed for my current neurosurgical training. I Would not be where I am had it not been for the academic pace of UT, Houston, I am honestly indebted to UT Houston. I am it's faculty/staff. I'm serious, though, about the peds program. They really have to knock that chip off their shoulders. Maybe I just have to get over that rotation. I'm currently 17 months from graduation from the neurosurgery program @ University of Pittsburgh.

List of Professional Association Reported

American Academy of Pediatrics	12
American College of Physicians	11
American Academy of Family Physicians	9
American College of Obstetricians and Gynecologists	4
American Society of Anesthesiology	3
American Urological Association	3
American Academy of Family Practice	2
American Academy of Otolaryngology	2
American Geriatric Society	2
American Society of Dermatologic Surgeons	2
American Thoracic Society	2
N. American Society for Pediatric Gastroenterology, Hepatology and Nutrition	2
Texas Medical Association	2
American Academy of Child and Adolescent Psychiatry	1
American Academy of Dermatology	1
American Academy of Emergency Medicine	1
American Academy of Emergency Physicians	1
American Academy of Ophthalmology	1
American Academy of Otolaryngic	1
American Academy of Pediatrics Texas Chapter	1
American Academy of Physical Medicine & Rehab	1
American Academy of Physical Medicine and Rehabilitation	1
American Academy of Physicians	1
American Association of Clinical Endocrinologists	1
American Association of Engineering Societies	1
American Association of Neuromuscular & Electrodiagnostic	1
American Board of Internal Medicine/The American College of Physicians	1
American College of Cardiology	1
American College of Emergency Physicians	1
American College of Micrographic Surgery	1
American College of Physician /Executives	1
American College of Radiology	1
American College of Surgeons	1
American Council on Exercise	1
American Diabetes Association	1
American Gastroenterological Association	1
American Medical Assoc.	1
American Medical Writers Association	1
American of Otolaryngology-Head and Neck Surgery	1
American Psychological Association	1
American Society for Bariatric Surgery	1
American Society for Surgery of the Hand	1
American Society of Anesthesiologists	1
American Society of Clinical Oncology	1
American Society of Consultant Pharmacists	1
American Society of Plastic Surgeons	1
American Society of Regional Anesthesia	1
Association for Academic Surgery	1

Association of Alternative Newsweeklies	1
Association of Women Surgeons	1
Bexar County Medical Society	1
Central Association of Obstetricians and Gynecologists	1
Charleston Ophthalmology Society	1
Cincinnati Medical Society	1
Dallas County	1
Dallas Dermatologic Society	1
Geologic Society	1
Harris County	1
Harris County Medical Society	1
Houston Erotology Society	1
Houston Pediatric Society	1
International Association of Endocrine Surgeons	1
International Species Information System	1
Minneapolis Medical Society	1
Minnesota Association of Family Practice	1
National Association for Neighborhood Schools	1
New England Dermatological Society	1
New Hampshire Medical Society	1
Ohio American College of OB/GYN	1
Pediatric Critical Care Medicine	1
Plastic Surgery Research Council	1
Society for Cardiac	1
Society of Academic Emergency Medicine	1
Society of American Gastrointestinal Endoscopic Surgeons	1
Society of Clinical Care Medicine	1
Society of Female Urology	1
Society of Hospital Medicine	1
Society of North America	1
Society of Women in Urology	1
South Carolina Ophthalmology Society	1
Southwestern surgical	1
Texas Academy of Family Physicians	1
Texas Erotology Society	1
Texas Medical Assoc	1
Texas Pediatric Society	1
Texas Pediatrics Society	1
Texas Society of Pathologists	1
Undersea Medicine Society	1
United States and Canadian Academy of Pathology	1
Williamson County Medical Society	1
Women's Dermatology Society	1
Grand Total	134

Alumni Association Involvement

Current Active Membership in the UT-MS Alumni Association

	1995		2000		Total	
	#	%	#	%	#	%
Yes	16	33.3%	15	22.7%	31	27.2%
No	32	66.7%	51	77.3%	83	72.8%
Total	48		66	57.9%	114	

Slightly over ¼ of respondents (27.2%) report being currently active in the Alumni Association. Of those responding negatively and providing a written reason (n = 41), the most frequently mentioned reason for non-involvement is lack of time (21.9%), location (17%), no perceived benefit (14.6%) and cost (12%).

Receive Electronic Updates from the UT-MS

	Yes		No		Total
	#	%	#	%	
1995	14	31.1%	31	68.9%	45
2000	38	56.7%	29	43.3%	67
Total	52	46.4%	60	53.6%	112

A slight minority (46.4%) report a desire to receive electronic updates from the UT-MS. Of the 52 respondents answering positively, 50 submitted their e-mail addresses for contact. (See appendix)

Receiving UT-Houston Medicine magazine

	Yes		No		Total
	#	%	#	%	
1995	40	88.9%	5	11.1%	45
2000	52	82.5%	11	17.5%	63
Total	92	85.2%	16	14.8%	108

A substantial majority of respondents (85.2%) report receiving the alumni publication “UT-Houston Medicine”.

Add to Mailing List for Upcoming Conferences

	Yes		No		Total
	#	%	#	%	
1995	16	36.4%	28	63.6%	44
2000	21	21.0%	35	35.0%	56
Total	37	37.0%	63	63.0%	100

Alumni Involvement Comments and Address Information

Reasons for Non involvement in Alumni Association

1. why would I want to be?
2. unsure how ton be
3. too many
4. too busy
5. still resident/military
6. rarely receive info
7. poor experience with office of student affairs during attendance
8. out of state
9. out of state
10. out of state
11. not sure
12. not really interested
13. not aware of actually
14. no time
15. no time
16. no time
17. no time
18. no interest
19. never had much of a relationship w/the school to begin with
20. never get around to sending in fee
21. need to fill out application 2
22. location
23. lifetime member
24. I think so
25. I think
26. I just finished residency 1/1/2 years ago. dues are expensive
27. I have no spare time to give to such things at this time
28. I can't see what active role/activity would interest me & lack free time
29. I am a member, not much activity
30. haven't lived in Houston since medical school
31. financial reasons
32. don't see any benefit to being a member don't want to pay for membership
33. don't have the time
34. do not see a personal benefit in it
35. do not really see a benefit
36. distance from activities & now involved in a separate academic inst.
37. didn't know it existed until recently
38. conserving finances
39. busy
40. benefit to me
41. don't want to pay for membership