

2019 Graduate Medical Education Exit Survey Report

INDIANA UNIVERSITY SCHOOL OF MEDICINE

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INDIANA UNIVERSITY

SCHOOL OF MEDICINE

Office of Educational Affairs

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INDIANA UNIVERSITY SCHOOL OF MEDICINE

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Produced for:

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Executive Summary

Background

In order to plan effective healthcare workforce development initiatives, it is important to understand the reasons why the Indiana University School of Medicine (IUSM) residency and fellowship graduates' choose to practice in specific locations. This study documented the proportion of residency and fellowship graduates that were planning to practice in areas of need in Indiana. The *2019 IUSM Graduate Medical Education Exit Survey*[®] identified factors affecting graduates' choice of practice location and gathered feedback on their self-rated level of competency training to serve the rural and underserved populations; assessment of their training program and the six Accreditation Council for Graduate Medical Education (ACGME) competency areas.

Methods

A cross-sectional survey of individuals completing graduate medical education programs at IUSM was conducted in 2019 calendar year. The study used an electronic questionnaire to obtain respondents' demographic characteristics, reactions to their residency training, and their plans after graduation, including where they intended to practice and why they chose that location. An exempt approval was obtained from the Indiana University-Purdue University Indianapolis Institutional Review Board in December 2018 and the study was administered between January 1 and December 31, 2019. A total of 365 graduates were invited to participate on the survey, of which 188 responded, yielding a 52 percent response rate.

Of the 188 who responded to the survey, 32 were in a primary care specialty, 156 were in a non-primary care specialty, 114 were completing a residency training program, 74 were completing a fellowship training program, 59 were intending to stay within Indiana to practice, 59 were planning to go out-of-state to practice, 102 were male, and 86 were female. A total of 119 respondents indicated they planned to go into "patient care or clinical practice" after graduation.

Results

All Respondents

Over four-fifths of the respondents were between the ages of 30 and 39 years; over two-fifths were female; over two-thirds were white, and one-fifth indicated they were Asian. Five percent of the respondents were of Hispanic or Latino ethnicity. About one-fifth of the respondents indicated they were from another country and for those who indicated they were from the United States- about two-fifths were from Indiana. Almost one-fourth of the respondents indicated they graduated from a high school, college, or medical school in Indiana. About one-fifth of the respondents indicated they were a first-generation learner or came from a rural area, and about seven percent came from an economically or educationally disadvantaged background.

About one-third of the respondents indicated having no educational debt; about three-fifths had an educational debt of \$100,000 or more; and about one-half of the respondents reported having an educational debt of \$200,000 or more. One-fourth of the respondents indicated having no household educational debt; three-fifths had a total household educational debt of \$100,000 or more; and one-half of the respondents reported having a total household educational debt of \$200,000 or more.

Almost all respondents indicated they "strongly agree" or "agree" that their residency or fellowship training program provided them resources and training to prepare for the specialty exams. Almost all respondents indicated feeling "fully" competent in patient care, medical knowledge, practiced-based

learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice. About three-fourths of the respondents indicated they had received training to serve the rural populations, and almost all respondents had received training to serve the underserved populations. About four-fifths of the respondents indicated feeling “fully” competent in providing care to rural populations and almost all respondents felt “fully” competent in providing care to the underserved populations.

All respondents indicated they were part of a multidisciplinary inter-professional team. Almost all respondents indicated they were able to participate in a quality improvement project to improve health outcome. Four-fifths of the respondents indicated they had participated in patient safety projects; had the opportunity to serve on a committee or council; and had the opportunity to participate in a cultural competency or diversity training.

Almost all respondents indicated they were provided an opportunity to teach in a clinical environment and indicated feeling “very well prepared” or “well prepared” to teach in a clinical environment. Two-fifths of the respondents indicated they were provided four or more teaching opportunities per week to teach in a clinical learning environment.

Almost all respondents indicated feeling “very competent” or “competent” communicating with team members during the hand-off process. Almost all respondents indicated they knew the policies *and* procedures regarding mistreatment of residents as well as policies and procedures regarding mistreatment of medical students. A majority of the respondents indicated they knew whom to report mistreatment *and* were comfortable reporting mistreatment behaviors. About two-fifths of the respondents indicated having experienced any mistreatment behaviors and about three-fifths indicated not reporting the mistreatment behavior incident. Of those, almost one-fourth did not report because the incident did not seem important enough to report, did not think anything would be done about it, or fear of reprisal.

Almost all respondents indicated the quality of their training program was “excellent” or “above average.” A majority of the respondents indicated they “strongly agree” or “agree” that faculty *and* the other residents or fellows in their training program exceeded their expectations. A majority of the respondents indicated they “strongly agree” or “agree” they had a balanced personal and professional life. Almost one-third of the respondents indicated they “strongly agree” or “agree” they felt physically and emotionally burnt out from work. A majority of the respondents indicated they “strongly agree” or “agree” they had readily available resources to maintain their wellness. A majority of the respondents indicated the overall quality of their life was “very good” or “good”.

Almost two-thirds of the respondents planned to be clinical practitioners and about one-third planned to continue training. One-half of the respondents indicated they planned to practice within Indiana and one-half planned to practice outside Indiana after completing their training. Three-fifths of the respondents reported they intended to work in a group practice and about one-half intended to practice in a hospital setting (inpatient, ambulatory care, or emergency department). Almost all respondents indicated they had no obligation or visa requirement to work in a designated HPSA or MUA after completing their training and about three-fifths indicated they expect to see more than 25 percent of their patients from underserved populations (Medicaid or self-pay, educationally or economically disadvantaged).

A majority of the respondents indicated they expect to earn \$200,000 or more in their first year of practice and about one-fifth expect to earn \$400,000 or more in their first year of practice. Three-fifths of the respondents indicated receiving three or more offers for employment all together. One-third of the respondents indicated receiving offers from IU Health hospitals and other hospitals or health systems in Indiana. Of those intending to practice in Indiana, two-fifths indicated receiving three or more offers for employment in the state.

The top reasons given by respondents for choosing to:

- Practice at this location were: “liked the people”, “met my professional needs or preferences”, and “met my personal needs or preferences”.
- Practice in Indiana were: “cost of practicing is reasonable in Indiana”, “proximity to my family”, “cost of malpractice”, and “opportunity for my spouse or significant other”.

- Practice outside Indiana were: “proximity to my family”, “never intended to practice in Indiana”, and “proximity to my spouse’s or significant other’s family”.

Primary Care versus Non-Primary Care Respondents

The Chi-square test of association between the two groups was statistically significant for the following:

- ***Non-primary care respondents appear more likely to:***
 - Be male.
 - Be of non-Hispanic or Latino ethnicity.
 - Have higher total household educational debt.
 - Feel “fully” competent in practice-based learning and improvement.
 - Feel “fully” competent providing care to the rural populations.
 - Agree that the overall performance of other residents/fellows exceeded their expectations.
 - Strongly agree/agree that their personal and professional lives were well-balanced.
 - Practice outside Indiana.
 - Expect to earn a higher income during their first year of practice.
 - Practice in Indiana due to cost of malpractice.
- ***Primary care respondents appear more likely to:***
 - Strongly agree/agree that they felt physically *and* emotionally “burnt out” from their work.

Resident versus Fellow Respondents

The Chi-square test of association between the two groups was statistically significant for the following:

- ***Fellow respondents were more likely to:***
 - Be 30 years of age or older.
 - Have an obligation or visa requirement to work in a designated HPSA or MUA.
 - Practice outside Indiana due to inadequate salary or compensation.
- ***Resident respondents were more likely to:***
 - Have received training to serve the underserved populations.
 - Feel fully competent providing care to serve the underserved populations.
 - Practice in Indiana because of reasonable cost of practicing in Indiana, cost of malpractice, salary or compensation, and always intended to practice in Indiana.
 - Practice outside Indiana because of proximity to their family *and* proximity to my spouse’s or significant others family.

Respondents Staying Within Indiana versus Those Going Out-of-State

The Chi-square test of association between the two groups was statistically significant for the following:

- ***Respondents intending to practice in Indiana were more likely to:***
 - Be between 35 to 39 years of age.
 - Participate in a quality improvement project.
 - Know the policies regarding mistreatment of medical students.
 - “Strongly agree/agree” that their personal and professional lives were well-balanced.
 - Rate the overall quality of their life as “very good”.

Male versus Female Respondents

The Chi-square test of association between the two groups was statistically significant for the following:

- ***Male respondents appear more likely to:***
 - Feel “fully” competent in providing care to the rural populations.
 - Feel “fully” competent in providing care to the underserved populations.
 - Feel “very well prepared” to teach in a clinical environment.
 - “Strongly agree” the faculty in their training program exceeded their expectations.

- “Strongly agree/agree” that their personal and professional lives were well-balanced.
- “Strongly agree/agree” that they had the resources readily available to maintain their wellness.
- Rate their overall quality of life as “very good”.
- Expect a higher gross income than their female counterparts.
- Practice in Indiana because of more jobs or practice opportunities in the state.
- Practice outside Indiana because of proximity to my spouse’s or significant other’s family.
- **Female respondents appear more likely to:**
 - “Strongly agree/agree” that they felt physically *and* emotionally “burnt out” from work.
 - Practice in Indiana because of proximity to their family and opportunity for their spouse or significant other.

Trends

Datasets were compared between 2008 and 2019 to determine any noticeable trends or shifts:

An increasing trend was noted for:

- Those between 25 and 29 years of age (6% in 2008 to 15% in 2019).
- Female respondents (41% in 2009 to 46% in 2019).
- Those with an individual educational debt load of \$200,000 or more (12% in 2008 to 48% in 2019).
- Those having no total household educational debt (19% in 2012 to 26% in 2019).
- Those with a total household educational debt load of \$200,000 or more (45% in 2012 to 53% in 2019).
- Those who indicated they “strongly agree” their training program was helpful in preparation for their board exams (33% in 2011 to 51% in 2019).
- Those who assessed their self-rated competency level in medical knowledge (84% in 2009 to 95% in 2019)
- Those who assessed their self-rated competency level in practice-based learning and improvement (85% in 2009 to 93% in 2019).
- Those who assessed their self-rated competency level in systems-based practice (81% in 2009 to 93% in 2019).
- Those who rated the overall quality of their training program as “excellent” (53% in 2012 to 64% in 2019).
- Those who “strongly agree” that the performance of faculty in their training program had exceeded their expectations (36% in 2011 to 54% in 2019).
- Those who “strongly agree” that the performance of other residents or fellows in their training program had exceeded their expectations (30% in 2011 to 46% in 2019).
- Those going into a hospital setting after completion of training (27% in 2008 to 49% in 2019).
- Those who expect to earn \$200,000 or more (57% in 2010 to 86% in 2019) during their first year of practice.
- Those who indicated the main reasons they chose that practice location were because of salary or compensation (42% in 2009 to 48% to 2019).
- Those who indicated the main reasons they chose to practice in Indiana were because they “always intended to practice in this state” (20% in 2012 to 29% in 2019).
- Those who indicated the main reasons they chose to practice outside Indiana were because of “inadequate salary or compensation” (8% in 2009 and 22% 2019) and they “never intended to practice in Indiana” (21% in 2009 to 37% in 2019).

A declining trend was noted for:

- Those 35 years of age or older (25% in 2008 to 16% in 2019).
- Male respondents (59% in 2009 to 54% in 2019).

- Those with an individual educational debt load of less than \$200,000 (65% in 2008 to 21% in 2019).
- Those with a total household educational debt load of less than \$200,000 (36% in 2012 to 21% in 2019).
- Those who indicated they “agree” their training program was helpful in preparation for their board exams (52% in 2011 to 43% in 2019).
- Those who rated the overall quality of their training program as “above average” (35% in 2012 to 28% in 2019).
- Those who indicated they “agree” that the performance of faculty in their training program had exceeded their expectations (52% in 2011 to 32% in 2019).
- Those who “agree” that the performance of other residents or fellows in their training program had exceeded their expectations (56% in 2011 to 45% in 2019).
- Those who expect to earn \$200,000 or less (43% in 2010 to 14% in 2019) during their first year of practice.
- Those who received 5 or more employment offers (13% in 2008 to 4% in 2019) in Indiana.
- Those who indicated the main reasons they chose to practice in Indiana was because of “proximity to my family” (51% in 2012 to 44% in 2019) and “salary or compensation” (36% in 2012 to 29% to 2019).

Chapter 1: Introduction

Indiana University School of Medicine (IUSM) regularly collects information regarding medical students' plans after graduation. Understanding where the IUSM residents and fellows go after completing their training and understanding the factors that affect those decisions has become very important, especially due to the shortage and mal-distribution of physicians in Indiana. This report will help policymakers improve efforts to recruit and retain physicians in areas of need in Indiana.

The *2019 IUSM Graduate Medical Education Exit Survey*[®] marks the 12th consecutive year of determining what physicians are planning to do after graduation, and more specifically, for those who are planning to provide clinical care and where they are planning to practice. An additional objective was to assess their opinions of job availabilities in Indiana, why they chose specific locations to work; and for those leaving Indiana, why they decided not to practice in the state. A final objective was to obtain feedback on their training and curricula, specifically suggestions and ideas for improvement.

In addition, this report provides an assessment of performance based on the six competency areas (patient care, medical knowledge, practice based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice) in order to address the ACGME's Outcome Project that has been designed to support programs in the implementation of competencies in their curricula.

Chapter 2 describes the methodology used for the *2019 IUSM Graduate Medical Education Exit Survey*[®]. Chapters 3 to 7 summarize results of the survey. Chapter 8 describes trends over the past twelve years when the survey was administered.

Chapter 2: Methods

In 2008, the research team collaborated with IUSM's Office of Graduate Medical Education (GME) to design a survey instrument and develop a protocol for this project. Over the years, a few updates have been made to the survey instrument to capture pertinent information. A copy of the *2019 IUSM Graduate Medical Education Exit Survey*[©] is included in Appendix A. This survey instrument measures the respondents' demographic and practice characteristics, as well as an assessment of their training program.

An exempt approval was obtained from the Indiana University Purdue University Indianapolis (IUPUI) Institutional Review Board in December 2018 and the cross-sectional survey was conducted between January 1 and December 31, 2019. The online survey link was provided to each department within IUSM and the survey data were collected by the Office of Research in Medical Education (RIME). The team at the RIME office performed data entry, data analysis, and the generation of this final report. All data files were kept in a secure and protected database.

The online survey instrument was shared with all accredited graduate medical education programs at IUSM. Surveys were administered to a total of 365 residents and fellows who were intending to graduate from IUSM in the 2019 *calendar* year (including off-cycle graduates). A total of 188 graduates completed the survey, thereby yielding a response rate of 52 percent (Appendix B).

Out of a total of 188 graduates who responded to the survey, further analysis was done by categorizing respondents into the following areas:

- a) Type of specialty - primary care (n=32) or non-primary care (n=156);
- b) Type of program - residency (n=114) or fellowship (n=74);
- c) Intended first practice location: within Indiana (n=92) or out-of-state (n=88); and,
- d) Gender: male (n=102) or female (n=86).

Of the 188 respondents, 119 (63%) indicated they planned to go into "patient care or clinical practice" after graduation.

Chi-square tests were used to compare responses between groups. *P* values less than 0.05 were considered statistically significant. SPSS Version 26 was used to perform statistical analyses.

Chapter 3: All Respondents

The data shown in tables 3.1 to 3.24 and figures 3.1 to 3.2 are based on responses from all 188 graduates who participated in this survey. The remaining tables and figures show responses from only those graduates who:

- indicated they planned to work in “patient care or clinical practice” after graduation (119);
- intended to practice in Indiana (59); and,
- intended to practice outside Indiana (59).

One respondent was undecided about their first practice location. For ease of interpretation, the percentages in the text have been rounded off to the nearest decimal point.

All respondents (n=188)

Demographics

Age

Table 3.1	All Respondents (n=188)	
Age	Number	Percent
25-29	27	14.7
30-34	127	69.0
35-39	19	10.3
40-44	8	4.3
45-49	3	1.6
> 50	0	0.0
Total	184	100.0
Missing	4	

Table 3.1 shows the age distribution of all survey respondents. About four-fifths (79%) of the respondents were between the ages of 30 and 39 years.

Gender

Table 3.2	All Respondents (n=188)	
Gender	Number	Percent
Male	102	54.3
Female	86	45.7
Other	0	0.0
Total	188	100.0
Missing	0	

Table 3.2 shows the gender distribution of all survey respondents. Over two-fifths (46%) of the respondents were female.

Race

Table 3.3	All Respondents (n=188)	
Which of the following describes your race? Please mark ALL that apply.	Number	Percent
American Indian/ Alaskan Native	0	0.0
Asian	37	20.1
Black/ African American	6	3.3
Native Hawaiian/ Pacific Islander	0	0.0
White	129	70.1
Other	7	3.8
Biracial	5	2.7
Total	184	100.0
Missing	4	

Table 3.3 shows the racial distribution of all survey respondents. Over two-thirds (70%) of the respondents were white, followed by one-fifth (20%) of the respondents who indicated they were Asian.

Ethnicity

Table 3.4	All Respondents (n=188)	
Do you consider yourself to be Hispanic or Latino?	Number	Percent
Yes, Hispanic/Latino	9	4.9
No, not Hispanic/Latino	175	95.1
Total	184	100.0
Missing	4	

Table 3.4 shows the ethnicity of all survey respondents. Five percent of the respondents indicated a Hispanic or Latino ethnicity.

Respondents Coming From

Table 3.5	All Respondents (n=188)	
Where are the respondents coming from?	Number	Percent
Outside USA	29	15.8
Within USA	155	84.2
<i>Outside Indiana</i>	95	61.3
<i>Within Indiana</i>	60	38.7
Total	184	100.0
Missing	4	

Table 3.5 shows where the survey respondents were coming from. Of the 188 graduates who responded to the survey, about one-fifth (16%) indicated they were from another country. Of the 155 respondents who indicated they were from United States, about two-fifths (39%) were from Indiana.

Respondents who have an Indiana Connection

Table 3.6	All Respondents (n=188)	
Respondents who have an Indiana connection	Number	Percent
High School	45	23.9
College	42	22.3
Medical School	41	21.8

Table 3.6 shows the survey respondents' who graduated from a high school, college, or medical school in Indiana. Almost one-fourth of the respondents indicated they graduated from a high school (24%) and college (22%), or medical school (22%) in Indiana. All respondents who completed medical school in Indiana graduated from IUSM.

Learner Background

Table 3.7	All Respondents (n=188)	
Do you consider yourself? Please mark ALL that apply.	Number	Percent
First generation learner	39	20.7
Learner from a rural area	32	17.0
Economically or educationally disadvantaged	13	6.9
None of the above	116	61.7

Table 3.7 shows the survey respondents' learner and socioeconomic background. About one-fifth of the respondents indicated they were a first-generation learner (21%) or came from a rural area (17%). About seven percent of the respondents came from an economically or educationally disadvantaged background.

Current Individual Educational Debt

Figure 3.1: Current Individual Educational Debt (n=188)

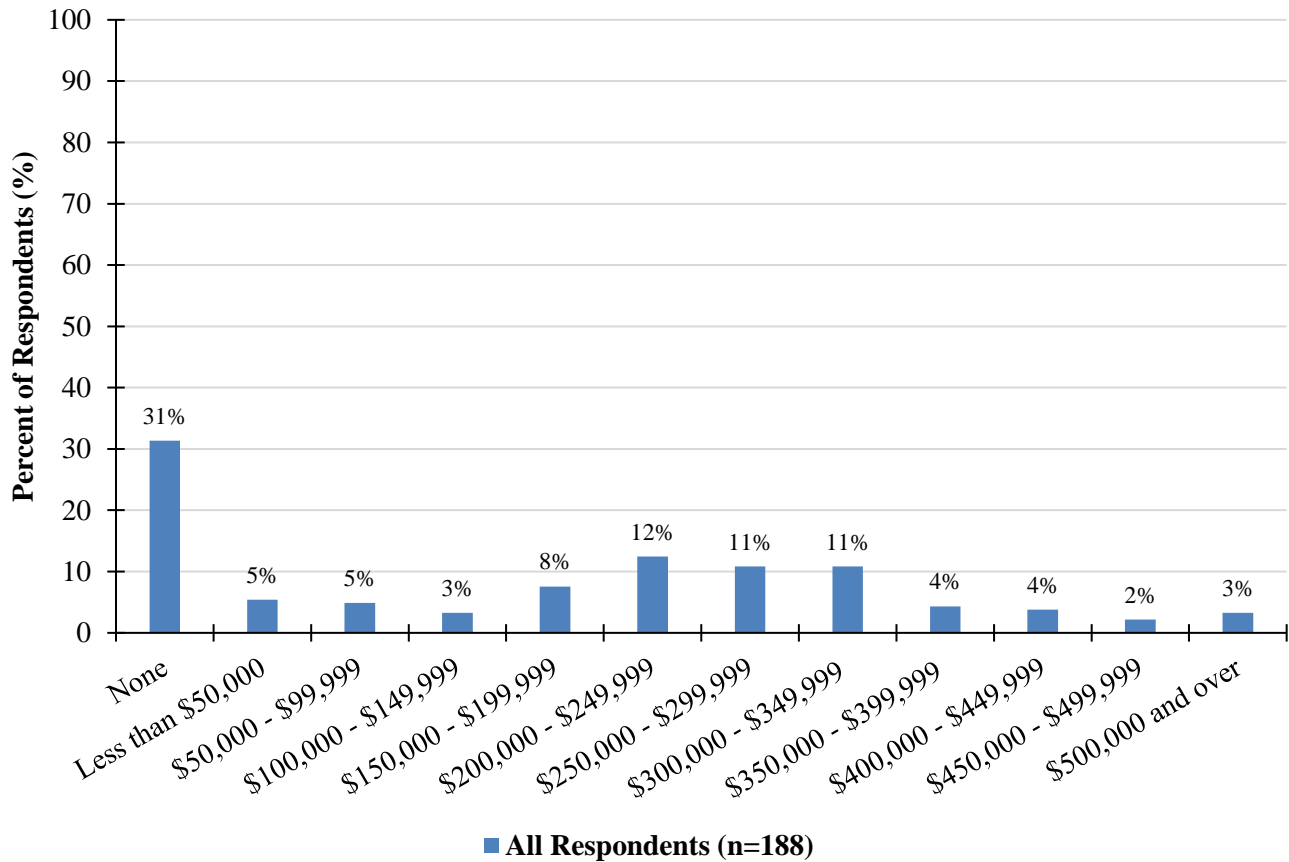


Figure 3.1 presents the current level of individual educational debt among the survey respondents. About one-third (31%) of the respondents indicated having no educational debt. About three-fifths (59%) of the respondents indicated having an educational debt of \$100,000 or more. About one-half (47%) of the respondents reported having an educational debt of \$200,000 or more.

Current Total Household Educational Debt

Figure 3.2: Current Total Household Educational Debt (n=188)

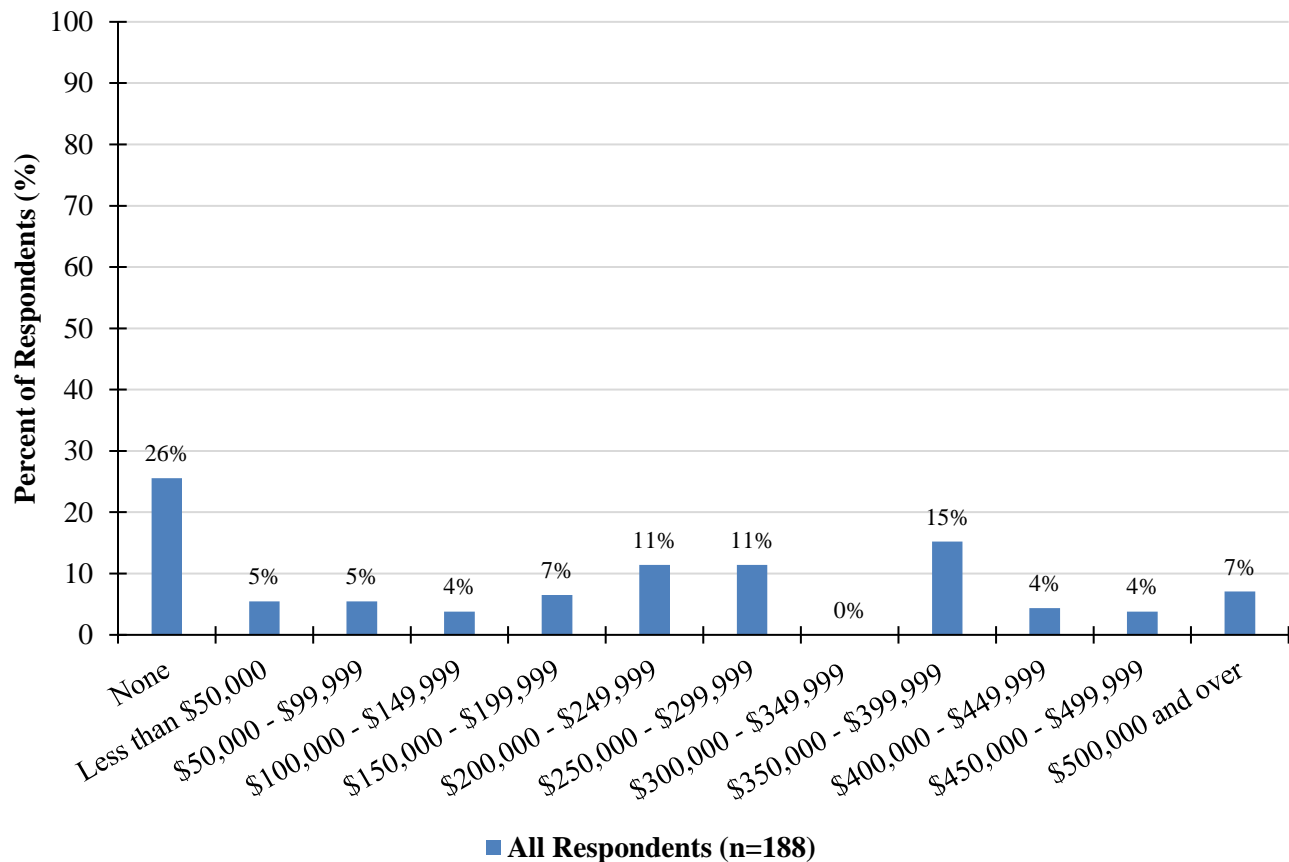


Figure 3.2 presents the current level of total household educational debt among the survey respondents. One-fourth (26%) of the respondents indicated having no household educational debt. Three-fifths (63%) of the respondents indicated having a total household educational debt of \$100,000 or more. One-half (52%) of the respondents reported having a total household educational debt of \$200,000 or more.

Program Assessment

Training Program

Table 3.8	All Respondents (n=188)	
The residency or fellowship program provided resources and training to prepare for my specialty exams.	Number	Percent
Strongly Agree	92	50.5
Agree	79	43.4
Neutral	7	3.8
Disagree	3	1.6
Strongly Disagree	1	0.5
Total	182	100.0
Missing/Board exam in my field does not exist	6	

Table 3.8 shows the survey respondents' assessment of the resources and training provided by the program to prepare them for the specialty exams. Almost all (94%) respondents indicated they “strongly agree” or “agree” that their training program provided them resources and training to prepare for the specialty exams.

ACGME Competency Areas

Table 3.9	All Respondents (n=188)					
How competent do you feel in the following ACGME competencies?	Fully		Partially		Not at all	
	#	%	#	%	#	%
Patient Care	180	98.4	3	1.6	0	0.0
Medical knowledge	173	94.5	10	5.5	0	0.0
Practice-based learning and improvement	170	92.9	13	7.1	0	0.0
Interpersonal and communication skills	180	98.4	3	1.6	0	0.0
Professionalism	179	98.4	3	1.6	0	0.0
Systems-based practice	170	92.9	13	7.1	0	0.0

Table 3.9 shows the survey respondents' self-rated competency level in the Accredited Council for Graduate Medical Education (ACGME) competency areas. Almost all respondents indicated feeling “fully” competent in patient care (98%), medical knowledge (95%), practiced-based learning and improvement (93%), interpersonal and communication skills (98%), professionalism (98%), and systems-based practice (93%).

Rural and Underserved Training

Table 3.10		All Respondents (n=188)			
In your residency or fellowship program, did you <u>receive training</u> to serve the:		Yes		No	
		Number	Percent	Number	Percent
Rural population		130	72.2	50	27.8
Underserved population		170	94.4	10	5.6

Table 3.10 shows whether the survey respondents’ received training to serve the rural and underserved populations during their training program. About three-fourths (72%) of the respondents indicated they had received training to serve the rural populations. Almost all (94%) respondents indicated they had received training to serve the underserved populations.

Competency in Providing Care to the Rural and Underserved Populations

Table 3.11		All Respondents (n=188)					
How <u>competent</u> do you feel providing care to the:		Fully		Partially		Not at all	
		#	%	#	%	#	%
Rural population		142	79.3	35	19.6	2	1.1
Underserved population		170	94.4	10	5.6	0	0.0

Table 3.11 shows the survey respondents’ self-rated competency levels in providing care to the rural and underserved populations. About four-fifths (79%) of the respondents indicated feeling “fully” competent in providing care to rural populations. Almost all (94%) respondents indicated feeling “fully” competent in providing care to the underserved populations.

Program Opportunities

Table 3.12		All Respondents (n=188)			
In your residency or fellowship program, did you:		Yes		No	
		Number	Percent	Number	Percent
Have an opportunity to be part of a multi-disciplinary inter-professional team to provide care?		183	100.0	0	0.0
Participate in a quality improvement project to improve health outcome?		173	94.5	10	5.5
Participate in patient safety project?		147	80.8	35	19.2
Have an opportunity to serve on a hospital-based committee or council?		144	79.6	37	20.4
Have an opportunity to participate in a cultural competency or diversity training?		152	84.0	29	16.0

Table 3.12 shows if there were any program opportunities available for the survey respondents’ in their training program. All (100%) respondents indicated they were part of a multi-disciplinary inter-professional team. Almost all (95%) respondents indicated they were able to participate in a quality improvement project to improve health outcome. Four-fifths of the respondents indicated they had participated in patient safety projects (81%), had the opportunity to serve on a committee or council (80%), and had the opportunity to participate in a cultural competency or diversity training (84%).

Teaching Opportunities

Table 3.13	All Respondents (n=188)	
Were you provided an opportunity to teach in a clinical environment?	Number	Percent
Yes	182	99.5
No	1	0.5
Total	183	100.0
Missing	5	

Table 3.13 shows whether the survey respondents had the opportunity to teach in a clinical environment. Almost all (99%) respondents indicated they were provided an opportunity to teach in a clinical environment.

Teaching Preparedness

Table 3.14	All Respondents (n=188)	
How prepared did you feel to teach in a clinical environment?	Number	Percent
Very well prepared	84	45.9
Well prepared	88	48.1
Neutral	10	5.5
Poorly prepared	1	0.5
Very poorly prepared	0	0.0
Total	183	100.0
Missing	5	

Table 3.14 shows the survey respondents' readiness to teach in a clinical environment. Almost all (94%) respondents indicated feeling "very well prepared" or "well prepared" to teach in a clinical environment.

Frequency of Teaching Opportunities

Table 3.15	All Respondents (n=188)	
In your residency or fellowship program, how many opportunities for teaching did you encounter per week in a clinical environment?	Number	Percent
None	2	1.1
Once per week	42	23.1
Twice per week	28	15.4
Three times per week	38	20.9
Four or more times per week	72	39.6
Total	182	100.0
Missing	6	

Table 3.15 shows the number of opportunities the survey respondents were provided to teach in a clinical environment per week. Two-fifths (40%) of the respondents indicated they were provided four or more teaching opportunities per week to teach in a clinical learning environment.

Competency in Communication during the Hand-Off Process

Table 3.16 How competent do you feel in communicating with team members in the hand-off process?	All Respondents (n=188)	
	Number	Percent
Very competent	151	83.4
Competent	29	16.0
Neutral	1	0.6
Incompetent	0	0.0
Very incompetent	0	0.0
Total	181	100.0
Missing	7	

Table 3.16 shows the survey respondents’ self-rated competency levels in communicating with team members during the hand-off process. Almost all (99%) respondents indicated feeling “very competent” or “competent” communicating with team members during the hand-off process.

IUSM Policies and Procedures Regarding Mistreatment

Table 3.17 Do you know about the following at IUSM:	All Respondents (n=188)			
	Yes		No	
	Number	Percent	Number	Percent
Policies regarding mistreatment of residents?	171	93.4	12	6.6
Procedures regarding mistreatment of residents?	164	89.6	19	10.4
Policies regarding mistreatment of medical students?	165	90.7	17	9.3
Procedures regarding mistreatment of medical students?	165	90.2	18	9.8

Table 3.17 shows the survey respondents’ knowledge of the IUSM policies and procedures regarding mistreatment. Almost all respondents indicated they knew the policies (93%) and procedures (90%) regarding mistreatment of residents as well as policies (91%) and procedures (90%) regarding mistreatment of medical students.

Reporting Mistreatment

Table 3.18 Do you know about the following at IUSM:	All Respondents (n=188)			
	Yes		No	
	Number	Percent	Number	Percent
Do you know whom to report mistreatment behaviors?	160	87.9	22	12.1
Are you comfortable reporting mistreatment behaviors?	167	91.8	15	8.2
Have you experienced any mistreatment behaviors?	73	40.1	109	59.9
Did you report the mistreatment behavior incident?	63	41.2	90	58.8

Table 3.18 shows the survey respondents’ knowledge of reporting mistreatment behaviors. A majority of the respondents indicated they knew whom to report mistreatment behaviors (88%) and were comfortable reporting mistreatment behaviors (92%). About two-fifths (40%) of the survey respondents indicated having experienced any mistreatment behaviors. About three-fifths (59%) of the respondents indicated *not* reporting the mistreatment behavior incident.

Unreported Mistreatment

Table 3.19	All Respondents (n=90)*	
If there were any incidents of mistreatment behaviors that you did <u>not</u> report, why did you not report them?	Number	Percent
Incident did not seem important enough to report	5	29.4
Resolved the issue myself	3	17.6
Did not think anything would be done about it	4	23.5
Fear of reprisal	5	29.4
Did not know what to do	0	0.0
Other	0	0.0
Total	17	100.0
Missing	73	

**Reflects responses from only those respondents who had not reported any mistreatment incidents.*

Table 3.19 shows the survey respondents' reasons for not reporting any incidents of mistreatment behaviors. Only those respondents who had not reported any mistreatment behavior incidents were included in the analysis. Almost one-fourth of the respondents gave the following reasons for not reporting mistreatment behavior incidents: incident did not seem important enough to report (29%), did not think anything would be done about it (24%), and fear of reprisal (29%).

Quality of Program

Table 3.20	All Respondents (n=188)	
I would rate the overall <u>quality</u> of my residency or fellowship program as:	Number	Percent
Excellent	117	64.3
Above Average	51	28.0
Average	12	6.6
Below Average	2	1.1
Extremely Poor	0	0.0
Total	182	100.0
Missing	6	

Table 3.20 shows the survey respondents' overall rating of the quality of their residency or fellowship training program. Almost all (92%) respondents indicated the quality of their training program was "excellent" or "above average."

Faculty Assessment

Table 3.21	All Respondents (n=188)	
I would you rate the overall performance of the <u>faculty</u> in my residency or fellowship program to have exceeded my expectations.	Number	Percent
Strongly Agree	98	53.8
Agree	59	32.4
Neutral	22	12.1
Disagree	3	1.6
Strongly Disagree	0	0.0
Total	182	100.0
Missing	6	

Table 3.21 shows the survey respondents' overall performance rating of faculty in their training program. A majority (86%) of the respondents indicated they “strongly agree” or “agree” that faculty in their training program exceeded their expectations.

Assessment of Peer Residents and Fellows

Table 3.22	All Respondents (n=188)	
I would you rate the overall performance of the <u>other residents/fellows</u> in my residency or fellowship program to have exceeded my expectations.	Number	Percent
Strongly Agree	83	45.9
Agree	82	45.3
Neutral	15	8.3
Disagree	1	0.6
Strongly Disagree	0	0.0
Total	181	100.0
Missing	7	

Table 3.22 shows the survey respondents' overall performance rating of other residents or fellows in their training program. Almost all (91%) respondents indicated they “strongly agree” or “agree” that the other residents or fellows in their training program exceeded their expectations.

Quality of Life

Table 3.23(a)	All Respondents (n=188)				
	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
In the past 3 months of my residency or fellowship training:	Percent	Percent	Percent	Percent	Percent
My personal and professional lives were well-balanced.	39.6	41.8	7.7	8.8	2.2
I have felt physically "burnt out" from my work.	5.5	20.9	19.8	33.0	20.9
I have felt emotionally "burnt out" from my work.	7.7	23.2	22.1	29.3	17.7
I have the resources readily available to maintain my wellness.	31.9	51.1	12.1	3.8	1.1

Table 3.23(a) shows the survey respondents' overall well-being. A majority (81%) of the respondents indicated they "strongly agree" or "agree" they had a balanced personal and professional life. Almost one-third of the respondents indicated they "strongly agree" or "agree" they felt physically (26%) or emotionally (31%) burnt out from work. A majority (83%) of the respondents indicated they "strongly agree" or "agree" they had readily available resources to maintain their wellness.

Table 3.23(b)	All Respondents (n=188)	
I would rate the overall quality of my life as:	Number	Percent
Very good	80	44.0
Good	75	41.2
Fair	25	13.7
Poor	1	0.5
Very poor	1	0.5
Total	182	100.0
Missing	6	

Table 3.23(b) shows the survey respondents' overall rating of their quality of life. A majority (85%) of the respondents indicated the overall quality of their life was "very good" or "good".

Plans after Graduation

Table 3.24	All Respondents (n=188)	
What do you expect to be doing after completion of your current residency or fellowship program?	Number	Percent
Patient Care or Clinical Practice (in Non-Training position)	119	64.7
Fellowship or Additional Subspecialty Training	63	34.2
Military	0	0.0
Non-Patient Care-based activities (e.g. research, administration)	1	0.5
Temporarily out of medicine	0	0.0
Other	1	0.5
Total	184	100.0
Missing/Undecided/Don't know yet	4	

Table 3.24 shows what the survey respondents’ expect to do after completing their current training program. Almost two-thirds (65%) of the respondents planned to be clinical practitioners, and one-third (34%) planned to continue training.

NOTE - The following section is only for those respondents who indicated they were primarily going into “patient care or clinical practice” (n=119).

Respondents going into patient care or clinical practice (n=119)

Practice Characteristics

Primary Practice Location

Table 3.25		Clinical Care Respondents (n=119)	
Where is the location of your primary activity <u>after</u> completing your current training program?	Number	Percent	
Same city or county as current training	39	33.1	
Same region in Indiana, but different city or county	9	7.6	
Other area in Indiana	11	9.3	
Other U.S. state (not Indiana)	55	46.6	
Outside of U.S.	4	3.4	
Total	118	100.0	
Missing / Undecided	1		

Table 3.25 shows the location of the survey respondents’ primary activity after completion of their current training program. One-half of the respondents indicated they planned to practice within Indiana (50%) and outside Indiana (50%) after completing their training. One respondent was undecided about their practice location.

Type of Practice

Table 3.26		Clinical Care Respondents (n=119)	
Which best describes the principal type of Patient Care Practice you will be entering? Please mark ALL that apply.	Number	Percent	
Solo practice	0	0.0	
Partnership (2 person)	6	5.0	
Group Practice	75	63.0	
Hospital-inpatient	33	27.7	
Hospital-ambulatory care	14	11.8	
Hospital-emergency department	11	9.2	
Free-standing health center or clinic	4	3.4	
Nursing Home	0	0.0	
Other (specify)	5	4.2	

Table 3.26 shows the principal type of patient care practice setting that the survey respondents’ will be entering after completing their training. Three-fifths (63%) of the respondents reported they intended to work in a “group practice” setting. About one-half (49%) of the respondents indicated they intended to practice in a hospital setting (inpatient, ambulatory care, or emergency department).

Obligation or Visa Requirement

Table 3.27		Clinical Care Respondents (n=119)	
Do you have an obligation or visa requirement to work in a designated HPSA or MUA when you complete your training?	Number	Percent	
Yes	5	4.3	
No	112	95.7	
Total	117	100.0	
Missing	2		

Table 3.27 shows the survey respondents’ obligation or visa requirement to work in a designated health professional shortage area (HPSA) or medically underserved area (MUA) after completing their training. Almost all (96%) respondents indicated they had no obligation or visa requirement to work in a designated HPSA or MUA after completing their training.

Percentage of Patients Expected to be seen from Underserved Populations

Table 3.28		Clinical Care Respondents (n=119)	
In your new practice, what percentage of the patients do you expect to see from underserved populations?	Number	Percent	
Less than 10 percent	4	3.7	
10-24 percent	40	37.0	
25-49 percent	41	38.0	
50-74 percent	16	14.8	
More than 75 percent	7	6.5	
Total	108	100.0	
Missing/Don't Know	11		

Table 3.28 shows the percentage of patient’s the survey respondents’ expect to see from underserved populations. About three-fifths (59%) of the respondents indicated they expect to see more than 25 percent of their patients from underserved populations (Medicaid or self-pay, educationally or economically disadvantaged).

Expected Gross Income

Figure 3.3: Expected Gross Income (n=119)

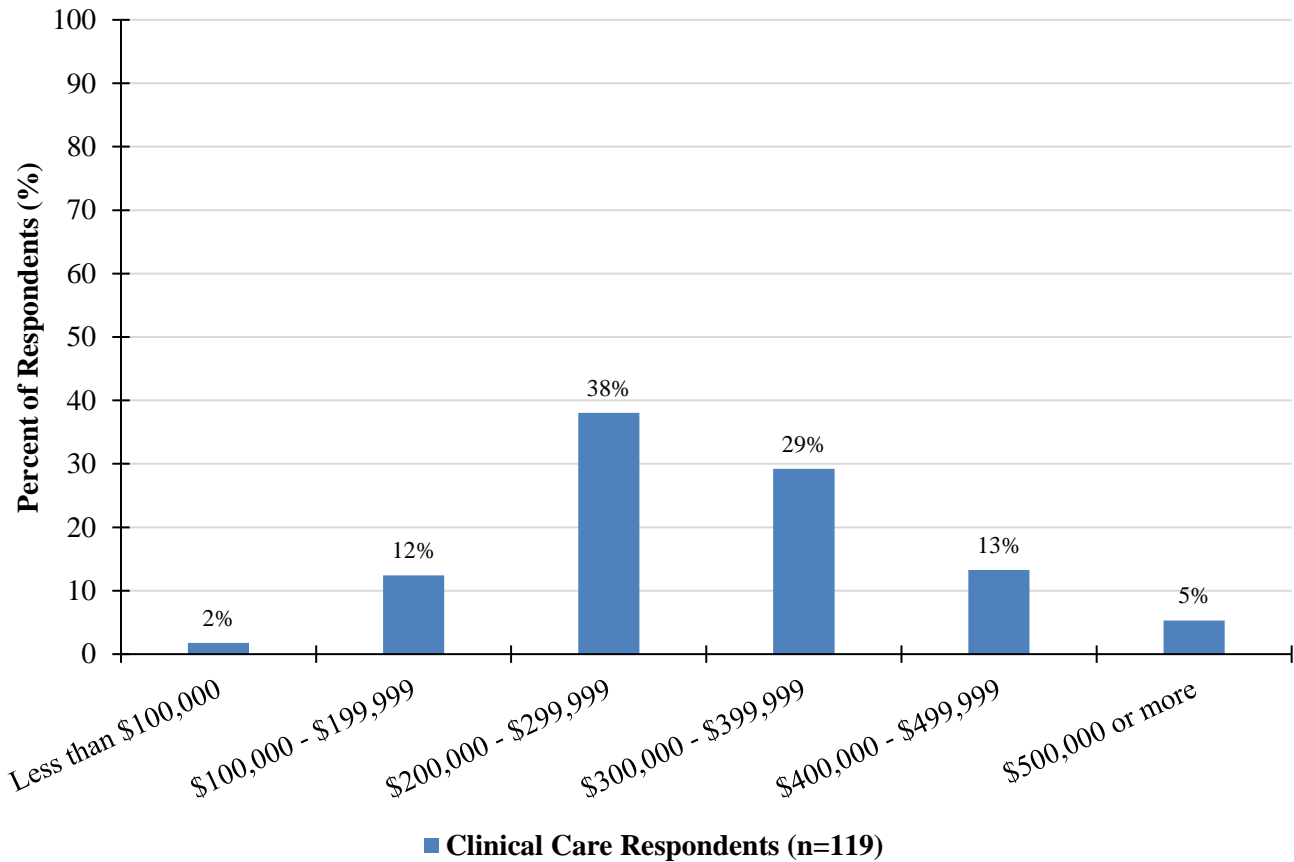


Figure 3.3 presents the gross income that survey respondents' expect to earn during their first year of practice. A majority (86%) of the respondents indicated they expect to earn \$200,000 or more in their first year of practice. About one-fifth (18%) of the respondents indicated they expect to earn \$400,000 or more in their first year of practice.

Job Offers All Together

Table 3.29	Clinical Care Respondents (n=119)	
How many offers for employment/practice positions did you receive all together?	Number	Percent
0	0	0.0
1	14	12.4
2	31	27.4
3	29	25.7
4	19	16.8
5 or more	20	17.7
Total	113	100.0
Missing / Did not seek an employment position at this time	6	

Table 3.29 shows the total number of offers the survey respondents' received for employment or practice positions. Three-fifths (60%) of the respondents indicated receiving three or more offers for employment all together.

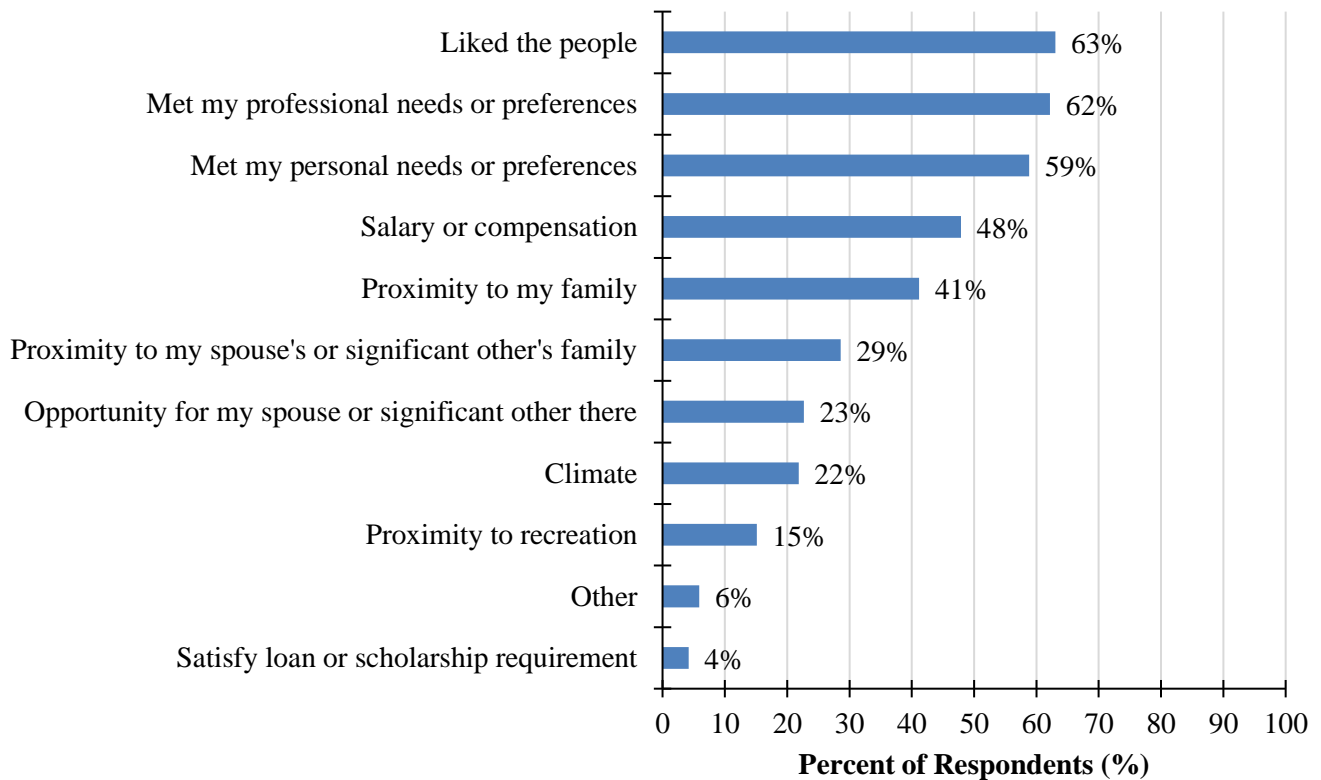
Job Offers from Indiana Hospitals

Table 3.30	Clinical Care Respondents (n=119)	
Did you receive any offer from? Please mark ALL that apply.	Number	Percent
IU Health	39	32.8
Eskenazi Hospital	13	10.9
Veterans Administration	7	5.9
Other hospital or health system in Indiana	38	31.9
Other	9	7.6

Table 3.30 shows the number of offers the survey respondents' received for employment from Indiana hospitals. One-third of the respondents indicated receiving offers from IU Health hospital system (33%) and other hospital or health system in Indiana (32%).

Main Reasons to Practice at this Location

Figure 3.4: Main Reasons to Practice at this Location (n=119)



■ Clinical Care Respondents (n=119)

Figure 3.4 presents the main reasons influencing the survey respondents' choice of practice location. The top three reasons given by respondents for choosing to practice at this location were: "liked the people" (63%), "met my professional needs or preferences" (62%), and "met my personal needs or preferences" (59%).

Respondents going into patient care or clinical practice within Indiana (n=59)

Job Offers in Indiana

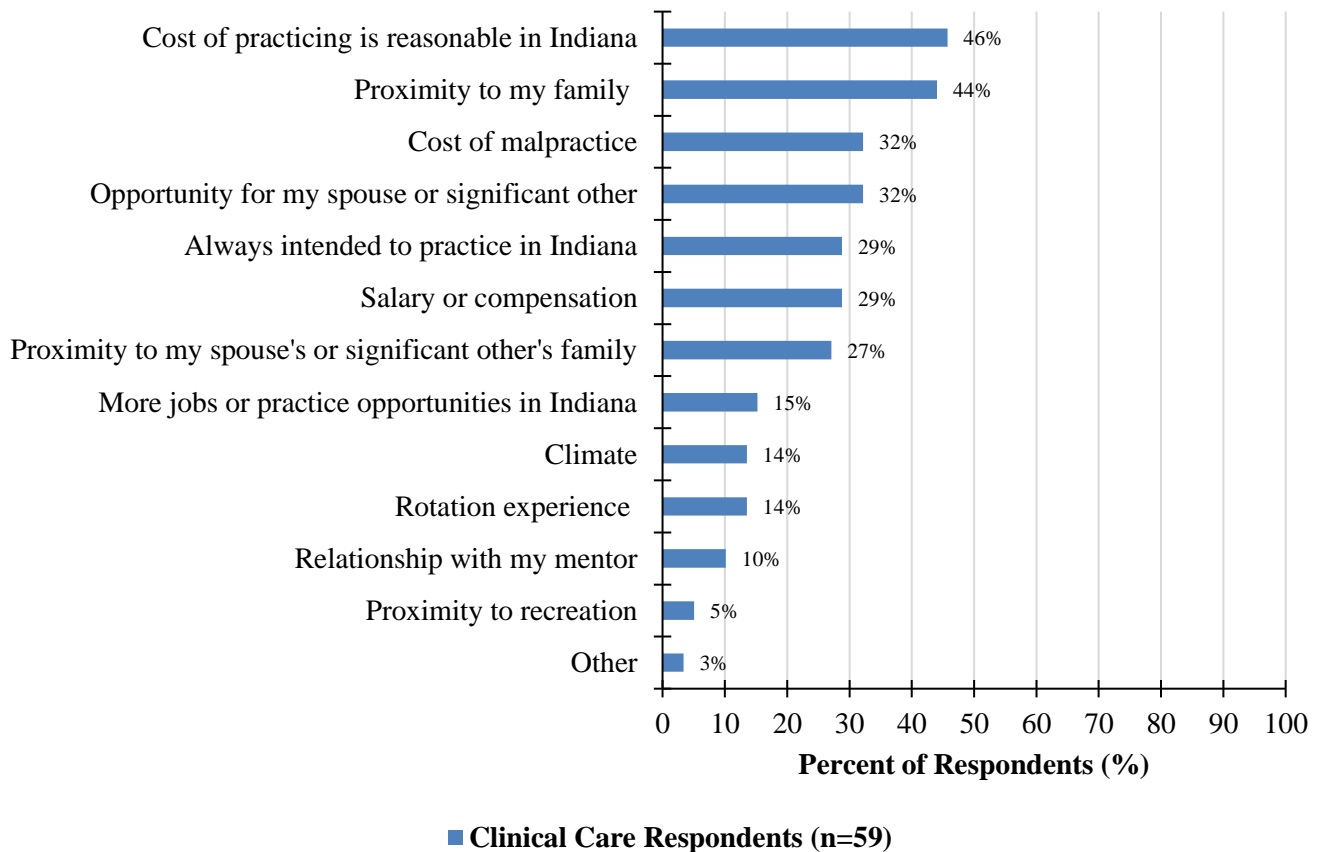
Table 3.31	Clinical Care Respondents (n=59)*	
How many offers for employment/practice positions did you receive in Indiana?	Number	Percent
0	0	0.0
1	15	26.3
2	18	31.6
3	16	28.1
4	6	10.5
5 or more	2	3.5
Total	57	100.0
Missing/ Did not seek employment positions in Indiana	2	

**Reflects responses from only those respondents who indicated their primary practice location was in Indiana.*

Table 3.31 shows the number of offers the survey respondents' received for employment or practice positions in Indiana. Only those respondents who indicated their primary practice location was in Indiana were included in the analysis. Of those 59 respondents, two-fifths (42%) indicated receiving three or more offers for employment in the state.

Main Reasons to Practice in Indiana

Figure 3.5: Main Reasons to Practice in Indiana (n=59)*

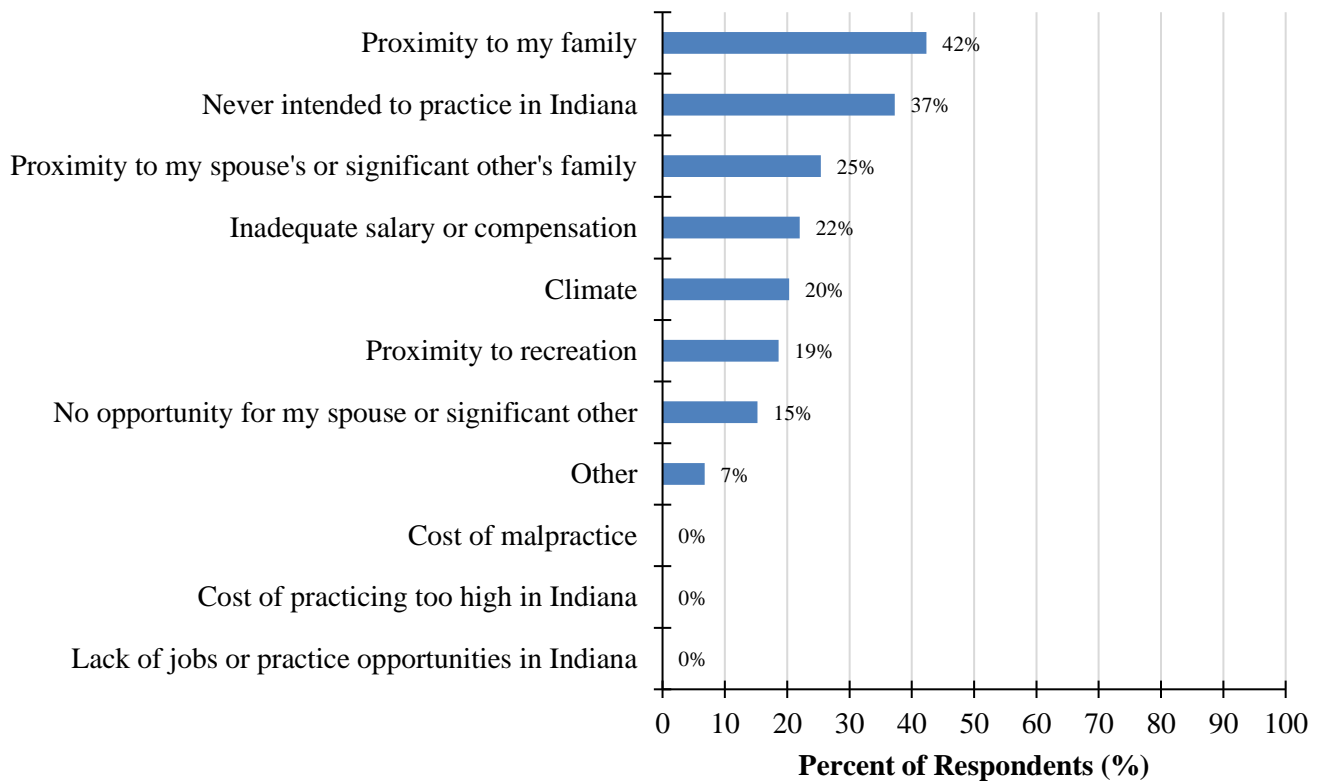


**Reflects responses from only those respondents who indicated their primary practice location was in Indiana.*

Figure 3.5 presents the main reasons influencing the survey respondents' choice of practice location in Indiana. Only those respondents who indicated their primary practice location was in Indiana were included in this analysis. Among those 59 respondents, the top reasons given for choosing to practice in Indiana were: “cost of practicing is reasonable in Indiana” (46%), “proximity to my family” (44%), “cost of malpractice” (32%), and “opportunity for my spouse or significant other” (32%).

Main Reasons not to Practice in Indiana

Figure 3.6: Main Reasons not to Practice in Indiana (n=59)*



■ **Clinical Care Respondents (n=59)**

**Reflects responses from only those respondents who indicated their primary practice location was outside Indiana.*

Figure 3.6 presents the main reasons influencing the survey respondents' choice of practice location outside Indiana. Only those respondents who indicated their primary practice location was outside Indiana were included in this analysis. Among those 59 respondents, the top three reasons given for choosing not to practice in Indiana were: "proximity to my family" (42%), "never intended to practice in Indiana" (37%), and "proximity to my spouse's or significant other's family" (25%).

Chapter 4: Primary Care and Non-Primary Care Respondents

The survey respondents' names were matched with their specialty and then classified into two categories, primary care and non-primary care. Primary care specialties included family medicine, general internal medicine, general pediatrics, and internal medicine-pediatrics. Non-primary care included all other specialties. Of the 188 graduates who completed the survey, 32 were in primary care and 156 were in a non-primary care specialty, as shown in tables 4.1 to 4.24 and figures 4.1 and 4.2. The remaining tables and figures show responses from only those graduates who:

- indicated they planned to work in 'patient care or clinical practice' after graduation, n=119 [primary care (16) and non-primary care (103)];
- intended to practice in Indiana, n=59 [primary care (8) and non-primary care (51)]; and,
- intended to practice outside Indiana, n=59 [primary care (8) and non-primary care (51)].

One respondent was undecided about their first practice location. Chi-square tests were used to compare responses between groups. *P*-values less than 0.05 were considered statistically significant and are denoted with a symbol (‡). For ease of interpretation, the percentages in the text have been rounded off to the nearest decimal point.

All respondents (n=188)

Demographics

Age

Table 4.1	All Respondents (n=188)			
	Primary Care (n=32)		Non-Primary Care (n=156)	
Age	Number	Percent	Number	Percent
25-29	14	45.2	13	8.5
30-34	14	45.2	113	73.9
35-39	1	3.2	18	11.8
40-44	2	6.5	6	3.9
45-49	0	0.0	3	2.0
> 50	0	0.0	0	0.0
Total	31	100.0	153	100.0
Missing	1		3	

Chi-square p-value = < 0.001 ‡

Table 4.1 shows the age distribution of all primary and non-primary care survey respondents. Almost one-half (48%) of the primary care respondents were between the ages of 30 and 39 years, compared to 86 percent of the non-primary care respondents. The Chi-square test of association between the two groups was statistically significant. Non-primary care respondents appear more likely to be 30 years of age or older.

Gender

Table 4.2	All Respondents (n=188)			
	Primary care (n=32)		Non-Primary Care (n=156)	
Gender	Number	Percent	Number	Percent
Male	12	37.5	90	57.7
Female	20	62.5	66	42.3
Other	0	0.0	0	0.0
Total	32	100.0	156	100.0
Missing	0		0	

Chi-square p-value = 0.037 †

Table 4.2 shows the gender distribution of all primary care and non-primary care survey respondents. Three-fifths (63%) of the primary care respondent respondents were female, compared to 42 percent of the non-primary care respondents. The Chi-square test of association between the two groups was statistically significant. Non-primary care respondents appear more likely to be male.

Race

Table 4.3	All Respondents (n=188)			
	Primary Care (n=32)		Non-Primary Care (n=156)	
Which of the following describes your race? Please mark ALL that apply.	Number	Percent	Number	Percent
American Indian/ Alaskan Native	0	0.0	0	0.0
Asian	5	15.6	32	21.1
Black/ African American	1	3.1	5	3.3
Native Hawaiian/ Pacific Islander	0	0.0	0	0.0
White	23	71.9	106	69.7
Other	3	9.4	4	2.6
Biracial	0	0.0	5	3.3
Total	32	100.0	152	100.0
Missing	0		4	

Table 4.3 shows the racial distribution of all primary care and non-primary care survey respondents. About three-fourths of the primary care (72%) and non-primary care (70%) respondents were white. Almost one-fifth of the primary care (16%) respondents and non-primary (21%) respondents indicated they were Asian.

Ethnicity

Table 4.4	All Respondents (n=188)			
	Primary Care (n=32)		Non-Primary Care (n=156)	
Do you consider yourself to be Hispanic or Latino?	Number	Percent	Number	Percent
Yes, Hispanic/Latino	4	12.5	5	3.3
No, not Hispanic/Latino	28	87.5	147	96.7
Total	32	100.0	152	100.0
Missing	0		4	

Chi-square p-value = 0.028 †

Table 4.4 shows the ethnicity of all primary care and non-primary care survey respondents. Over one-tenth (13%) of the primary care respondents indicated a Hispanic or Latino ethnicity compared to 3 percent of the non-primary care respondents. The Chi-square test of association between the two groups was statistically significant. Non-primary care respondents appear more likely to be of non-Hispanic or Latino ethnicity.

Respondents Coming From

Table 4.5	All Respondents (n=188)			
	Primary Care (n=32)		Non-Primary Care (n=156)	
Where are the respondents coming from?	Number	Percent	Number	Percent
Outside USA	7	21.9	22	14.5
Within USA	25	78.1	130	85.5
<i>Outside Indiana</i>	<i>16</i>	<i>64.0</i>	<i>79</i>	<i>60.8</i>
<i>Within Indiana</i>	<i>9</i>	<i>36.0</i>	<i>51</i>	<i>39.2</i>
Total	32	100.0	152	100.0
Missing	0		4	

Chi-square p-value = 0.296

Table 4.5 shows where the primary care and non-primary care survey respondents' were coming from. Of the 188 graduates who responded to the survey, over one-tenth of the primary care (22%) and non-primary care (15%) respondents were from another country. Of the 155 respondents who indicated they were from United States, almost two-fifths of the primary care (36%) and non-primary care (39%) respondents were from Indiana. There was no statistically significant difference between the two groups.

Respondents who have an Indiana Connection

Table 4.6	All Respondents (n=188)			
	Primary Care (n=32)		Non-Primary Care (n=156)	
Respondents who have an Indiana connection	Number	Percent	Number	Percent
High School	6	18.8	39	25.0
College	6	18.8	36	23.1
Medical School	7	21.9	34	21.8

Table 4.6 shows the primary care and non-primary care survey respondents' who graduated from a high school, college, or medical school in Indiana. About one-fifth of the primary care and non-primary care respondents indicated they graduated from a high school (19%, 25%), college (19%, 23%), or medical school (22%, 22%) in Indiana. All respondents who completed medical school in Indiana graduated from IUSM.

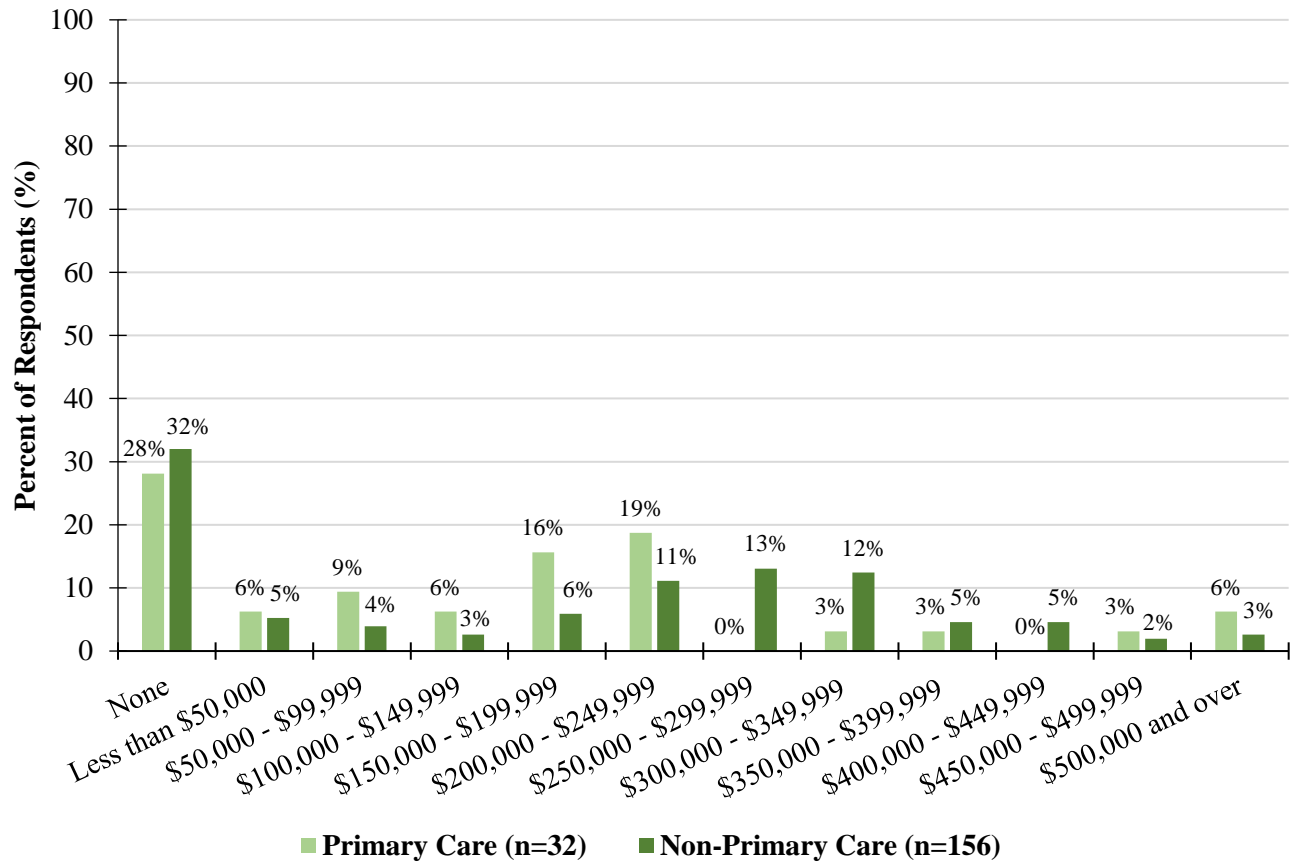
Learner Background

Table 4.7	All Respondents (n=188)			
	Primary Care (n=32)		Non-Primary Care (n=156)	
Do you consider yourself? Please mark ALL that apply.	Number	Percent	Number	Percent
First generation learner	6	18.8	33	21.2
Learner from a rural area	7	21.9	25	16.0
Economically or educationally disadvantaged	2	6.3	11	7.1
None of the above	19	59.4	97	62.2

Table 4.7 shows the primary care and non-primary care survey respondents' learner and socioeconomic background. About one-fifth of the primary care and non-primary care respondents indicated they were a first-generation learner (19%, 21%) or came from a rural area (22%, 16%), respectively. Less than 10 percent of the primary care (6%) and non-primary care (7%) respondents came from an economically or educationally disadvantaged background.

Current Individual Educational Debt

Figure 4.1: Current Individual Educational Debt (n=188)

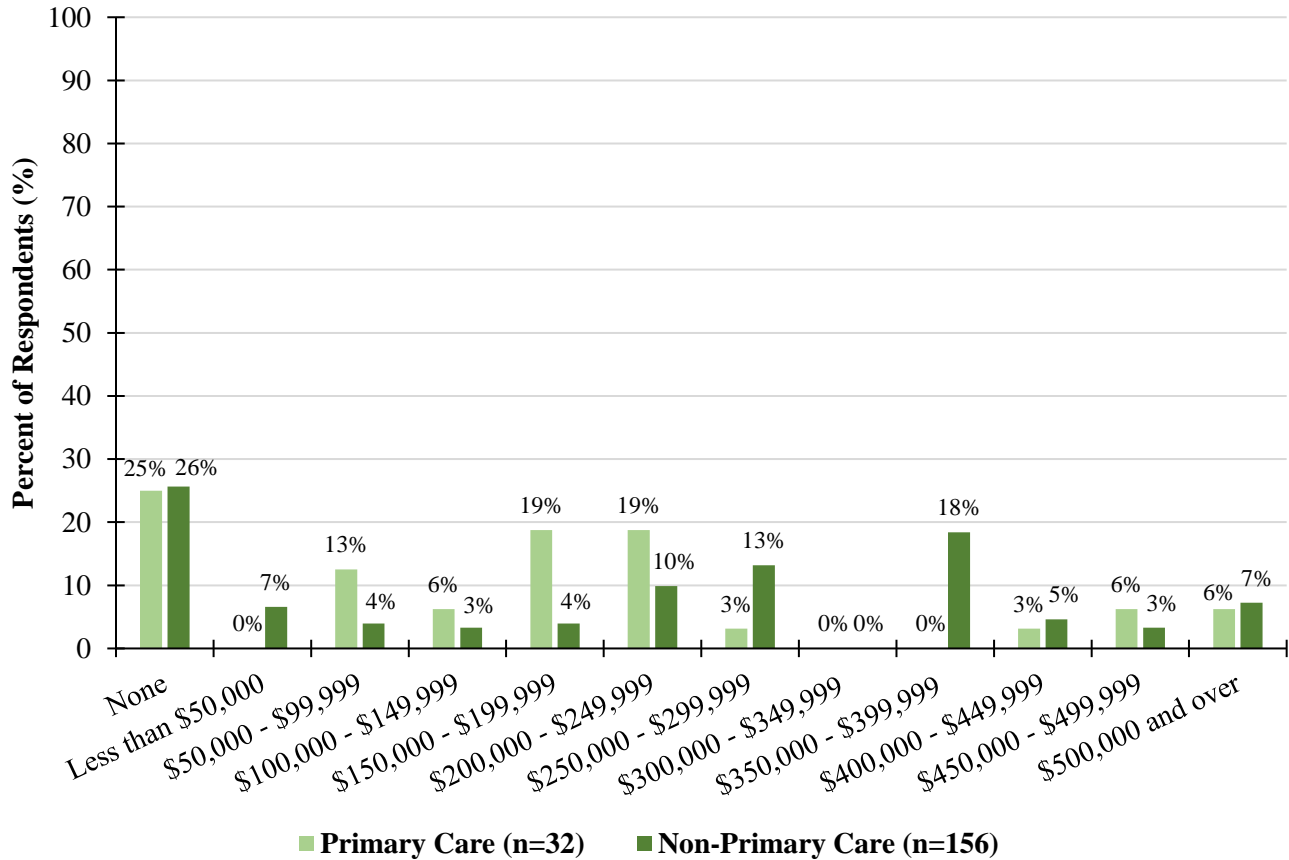


Chi-square p-value = 0.121

Figure 4.1 presents the current level of individual educational debt among the primary care and non-primary care survey respondents. About one-third of the primary care (28%) and non-primary care (32%) respondents indicated having no educational debt. About three-fifths of the primary care (56%) and non-primary care (60%) respondents indicated having an educational debt of \$100,000 or more. One-third (34%) of the primary care respondents reported having an educational debt of \$200,000 or more, compared to 51 percent of the non-primary care respondents. There was no statistically significant difference between the two groups.

Current Total Household Educational Debt

Figure 4.2: Current Total Household Educational Debt (n=188)



Chi-square p-value = 0.004 †

Figure 4.2 presents the current level of total household educational debt among the primary care and non-primary care survey respondents. One-fourth of the primary care (25%) and non-primary care (26%) respondents indicated having no household educational debt. Three-fifths of the primary care (62%) and non-primary care (63%) respondents indicated having a household educational debt of \$100,000 or more. About two-fifths (37%) of the primary care respondents reported having a household educational debt of \$200,000 or more, compared to 58 percent of the non-primary care respondents. The Chi-square test of association between the two groups was statistically significant. Non-primary care respondents appear more likely to have a higher total household educational debt.

Program Assessment

Training Program

Table 4.8	All Respondents (n=188)			
	Primary Care (n=32)		Non-Primary Care (n=156)	
The residency or fellowship program provided resources and training to prepare for my specialty exams.	Number	Percent	Number	Percent
Strongly Agree	15	46.9	77	51.3
Agree	14	43.8	65	43.3
Neutral	2	6.3	5	3.3
Disagree	1	3.1	2	1.3
Strongly Disagree	0	0.0	1	0.7
Total	32	100.0	150	100.0
Missing/Board exam in my field does not exist	0		6	

Chi-square p-value = 0.869

Table 4.8 shows the primary care and non-primary care survey respondents' assessment of the resources and training provided by the program to prepare them for the specialty exams. Almost all primary care (91%) and non-primary care (95%) respondents indicated they "strongly agree" or "agree" that their training program provided them resources and training to prepare for the specialty exams. There was no statistically significant difference between the two groups.

ACGME Competency Areas

Table 4.9	All Respondents (n=188)						Chi-square p-value
	Primary Care (n=32)			Non-Primary Care (n=156)			
	Fully	Partially	Not at all	Fully	Partially	Not at all	
How competent do you feel in the following ACGME competencies?	%	%	%	%	%	%	
Patient Care	100.0	0.0	0.0	98.0	2.0	0.0	0.421
Medical knowledge	90.6	9.4	0.0	95.4	4.6	0.0	0.284
Practice-based learning & improvement	84.4	15.6	0.0	94.7	5.3	0.0	0.039 †
Interpersonal & communication skills	100.0	0.0	0.0	98.0	2.0	0.0	0.421
Professionalism	96.9	3.1	0.0	98.7	1.3	0.0	0.470
Systems-based practice	87.5	12.5	0.0	94.0	6.0	0.0	0.191

Table 4.9 shows the primary care and non-primary care survey respondents' self-rated competency level in the six ACGME competency areas. A majority ($\geq 84\%$) of the primary care and non-primary care respondents indicated feeling "fully" competent in the six ACGME competency areas. The Chi-square test of association between the two groups was statistically significant. Non-primary care respondents appear more likely to be fully competent in practice-based learning & improvement.

Rural and Underserved Training

Table 4.10	All Respondents (n=188)								Chi-square p-value
	Primary Care (n=32)				Non-Primary Care (n=156)				
	Yes		No		Yes		No		
In your residency or fellowship program, did you receive training to serve the:	#	%	#	%	#	%	#	%	
Rural population	21	65.6	11	34.4	109	73.6	39	26.4	0.358
Underserved population	32	100.0	0	0.0	138	93.2	10	6.8	0.130

Table 4.10 shows whether the primary care and non-primary care survey respondents' received training to serve the rural and underserved populations during their training program. About two-thirds of the primary care (66%) respondents and non-primary care (74%) respondents indicated they had received training to serve the rural populations. There was no statistically significant difference between the two groups.

Almost all primary care (100%) and non-primary care (93%) respondents reported they had received training to serve the underserved populations. There was no statistically significant difference between the two groups.

Competency in Providing Care to the Rural and Underserved Populations

Table 4.11	All Respondents (n=188)						Chi-square p-value
	Primary Care (n=32)			Non-Primary Care (n=156)			
	Fully	Partially	Not at all	Fully	Partially	Not at all	
How competent do you feel providing care to the:	%	%	%	%	%	%	
Rural population	53.1	40.6	6.3	85.0	15.0	0.0	0.001 †
Underserved population	96.9	3.1	0.0	93.9	6.1	0.0	0.508

Table 4.11 shows the primary care and non-primary care survey respondents' self-rated competency levels in providing care to the rural and underserved populations. One-half (53%) of the primary care respondents indicated feeling "fully" competent in providing care to the rural populations, compared to 85 percent of the non-primary care respondents. The Chi-square test of association between the two groups was statistically significant. Non-primary care respondents appear more likely to feel fully competent providing care to the rural populations.

Almost all primary care (97%) and non-primary care (94%) respondents indicated feeling "fully" competent in providing care to the underserved populations. There was no statistically significant difference between the two groups.

Program Opportunities

Table 4.12	All Respondents (n=188)								
	Primary Care (n=32)				Non-Primary Care (n=156)				Chi-square p-value
	Yes		No		Yes		No		
In your residency or fellowship program, did you:	#	%	#	%	#	%	#	%	
Have an opportunity to be part of a multi-disciplinary inter-professional team to provide care?	32	100.0	0	0.0	151	100.0	0	0.0	1.000
Participate in a quality improvement project to improve health outcome?	30	93.8	2	6.3	143	94.7	8	5.3	0.830
Participate in patient safety project?	28	87.5	4	12.5	119	79.3	31	20.7	0.287
Have an opportunity to serve on a hospital-based committee or council?	24	77.4	7	22.6	120	80.0	30	20.0	0.746
Have an opportunity to participate in a cultural competency or diversity training?	27	87.1	4	12.9	125	83.3	25	16.7	0.603

Table 4.12 shows if there were any program opportunities available for the primary care and non-primary care survey respondents' in their training program. All (100%) primary care and non-primary care respondents had an opportunity to be part of a multi-disciplinary team. Almost all primary care (94%) and non-primary care (95%) respondents indicated they had an opportunity to participate in a quality improvement project. A majority of the primary care respondents and non-primary care respondents indicated they had an opportunity to participate in a patient safety project (88%, 79%), had an opportunity to serve on a committee or council (77%, 80%), and had an opportunity to participate in a cultural competency or diversity training (87%, 83%). There was no statistically significant difference between the two groups.

Teaching Opportunities

Table 4.13	All Respondents (n=188)			
	Primary Care (n=32)		Non-Primary Care (n=156)	
Were you provided an opportunity to teach in a clinical environment?	Number	Percent	Number	Percent
Yes	32	100.0	150	99.3
No	0	0.0	1	0.7
Total	32	100.0	151	100.0
Missing	0		5	

Chi-square p-value = 0.644

Table 4.13 shows whether the primary care and non-primary care survey respondents' had the opportunity to teach in a clinical environment. Almost all primary care (100%) and non-primary care (99%) respondents indicated they were provided an opportunity to teach in a clinical environment. There was no statistically significant difference between the two groups.

Teaching Preparedness

Table 4.14	All Respondents (n=188)			
	Primary Care (n=32)		Non-Primary Care (n=156)	
How prepared did you feel to teach in a clinical environment?	Number	Percent	Number	Percent
Very well prepared	14	43.8	70	46.4
Well prepared	16	50.0	72	47.7
Neutral	2	6.3	8	5.3
Poorly prepared	0	0.0	1	0.7
Very poorly prepared	0	0.0	0	0.0
Total	32	100.0	151	100.0
Missing	0		5	

Chi-square p-value = 0.955

Table 4.14 shows the primary care and non-primary care survey respondents' readiness to teach in a clinical environment. Almost all primary care (94%) and non-primary care (94%) respondents indicated feeling "very well prepared" or "well prepared" to teach in a clinical environment. There was no statistically significant difference between the two groups.

Frequency of Teaching Opportunities

Table 4.15	All Respondents (n=188)			
	Primary Care (n=32)		Non-Primary Care (n=156)	
In your residency or fellowship program, how many opportunities for teaching did you encounter per week in a clinical environment?	Number	Percent	Number	Percent
None	0	0.0	2	1.3
Once per week	3	9.4	39	26.0
Twice per week	3	9.4	25	16.7
Three times per week	11	34.4	27	18.0
Four or more times per week	15	46.9	57	38.0
Total	32	100.0	150	100.0
Missing	0		6	

Chi-square p-value = 0.078

Table 4.15 shows the number of opportunities the primary care and non-primary care survey respondents' were provided to teach in a clinical environment per week. Almost two-fifths of the primary care (47%) and non-primary care (38%) respondents indicated they were provided four or more teaching opportunities per week to teach in a clinical learning environment. There was no statistically significant difference between the two groups.

Competency in Communication during the Hand-Off Process

Table 4.16	All Respondents (n=188)			
	Primary Care (n=32)		Non-Primary Care (n=156)	
How competent do you feel in communicating with team members in the hand-off process?	Number	Percent	Number	Percent
Very competent	26	83.9	125	83.3
Competent	5	16.1	24	16.0
Neutral	0	0.0	1	0.7
Incompetent	0	0.0	0	0.0
Very incompetent	0	0.0	0	0.0
Total	31	100.0	150	100.0
Missing	1		6	

Chi-square p-value = 0.901

Table 4.16 shows the primary care and non-primary care survey respondents' self-rated competency levels in communicating with team members during the hand-off process. Almost all primary care (100%) and non-primary care (99%) respondents indicated feeling "very competent" or "competent" communicating with team members during the hand-off process. There was no statistically significant difference between the two groups.

IUSM Policies and Procedures Regarding Mistreatment

Table 4.17	All Respondents (n=188)								Chi-square p-value
	Primary Care (n=32)				Non-Primary care (n=156)				
	Yes		No		Yes		No		
Do you know about the following at IUSM:	#	%	#	%	#	%	#	%	
Policies regarding mistreatment of residents?	29	90.6	3	9.4	142	94.0	9	6.0	0.478
Procedures regarding mistreatment of residents?	26	81.3	6	18.8	138	91.4	13	8.6	0.088
Policies regarding mistreatment of medical students?	26	83.9	5	16.1	139	92.1	12	7.9	0.154
Procedures regarding mistreatment of medical students?	29	90.6	3	9.4	136	90.1	15	9.9	0.923

Table 4.17 shows the primary care and non-primary care survey respondents' knowledge of the IUSM policies and procedures regarding mistreatment. A majority ($\geq 81\%$) of the primary care and non-primary care respondents indicated they knew the policies *and* procedures regarding mistreatment of residents. A majority ($\geq 81\%$) of the primary care and non-primary care respondents indicated they knew the policies *and* procedures regarding mistreatment of medical students. There was no statistically significant difference between the two groups.

Reporting Mistreatment

Table 4.18	All Respondents (n=188)								Chi-square p-value
	Primary Care (n=32)				Non-Primary care (n=156)				
	Yes		No		Yes		No		
Do you know about the following at IUSM:	#	%	#	%	#	%	#	%	
Do you know whom to report mistreatment behaviors?	27	84.4	5	15.6	133	88.7	17	11.3	0.499
Are you comfortable reporting mistreatment behaviors?	31	96.9	1	3.1	136	90.7	14	9.3	0.246
Have you experienced any mistreatment behaviors?	11	34.4	21	65.6	62	41.3	88	58.7	0.466
Did you report the mistreatment behavior incident?	10	38.5	16	61.5	53	41.7	74	58.3	0.758

Table 4.18 shows the primary care and non-primary care survey respondents' knowledge of reporting mistreatment behaviors. A majority of the primary care and non-primary care respondents indicated they knew whom to report mistreatment behaviors (84%, 89%) *and* were comfortable reporting mistreatment behaviors (97%, 91%), respectively. Almost two-fifths of the primary care (34%) and non-primary care (41%) respondents indicated having experienced any mistreatment behaviors. About three-fifths of the primary care (62%) and non-primary care (58%) respondents indicated *not* reporting the mistreatment behavior incident. There was no statistically significant difference between the two groups.

Unreported Mistreatment

Table 4.19	All Respondents (n=90)*			
	Primary Care (n=16)		Non-Primary Care (n=74)	
If there were any incidents of mistreatment behaviors that you did <u>not</u> report, why did you not report them?	Number	Percent	Number	Percent
Incident did not seem important enough to report	1	33.3	4	28.6
Resolved the issue myself	1	33.3	2	14.3
Did not think anything would be done about it	0	0.0	4	28.6
Fear of reprisal	1	33.3	4	28.6
Did not know what to do	0	0.0	0	0.0
Other	0	0.0	0	0.0
Total	3	100.0	14	100.0
Missing	13		60	

*Reflects responses from only those respondents who had not reported any mistreatment incidents.

Chi-square p-value = 0.705

Table 4.19 shows the primary care and non-primary care survey respondents' reasons for not reporting any incidents of mistreatment behaviors. Only those respondents who had not reported any mistreatment behavior incidents were included in the analysis. About one-third of the primary care and non-primary respondents gave the following reasons for *not* reporting mistreatment behavior incidents: incident did not seem important enough to report (33%, 29%), did not think anything about it (0%, 29%), or fear of reprisal (33%, 29%), respectively. There was no statistically significant difference between the two groups.

Quality of Program

Table 4.20	All Respondents (n=188)			
	Primary Care (n=32)		Non-Primary Care (n=156)	
I would rate the overall <u>quality</u> of my residency or fellowship program as:	Number	Percent	Number	Percent
Excellent	19	59.4	98	65.3
Above Average	9	28.1	42	28.0
Average	4	12.5	8	5.3
Below Average	0	0.0	2	1.3
Extremely Poor	0	0.0	0	0.0
Total	32	100.0	150	100.0
Missing	0		6	

Chi-square p-value = 0.453

Table 4.20 shows the primary care and non-primary care survey respondents' overall rating of the quality of their training program. A majority of the primary care (88%) and non-primary care (93%) respondents indicated the quality of their training program was "excellent" or "above average." There was no statistically significant difference between the two groups.

Faculty Assessment

Table 4.21	All Respondents (n=188)			
	Primary Care (n=32)		Non-Primary Care (n=156)	
I would rate the overall performance of the <u>faculty</u> in my residency or fellowship program to have exceeded my expectations?	Number	Percent	Number	Percent
Strongly Agree	18	56.3	80	53.3
Agree	8	25.0	51	34.0
Neutral	5	15.6	17	11.3
Disagree	1	3.1	2	1.3
Strongly Disagree	0	0.0	0	0.0
Total	32	100.0	150	100.0
Missing	0		6	

Chi-square p-value = 0.656

Table 4.21 shows the primary care and non-primary care survey respondents' overall performance rating of faculty in their training program. A majority of the primary care (81%) and non-primary care (87%) respondents indicated they "strongly agree" or "agree" the faculty in their training program exceeded their expectations. There was no statistically significant difference between the two groups.

Assessment of Peer Residents and Fellows

Table 4.22	All Respondents (n=188)			
	Primary Care (n=32)		Non-Primary Care (n=156)	
I would rate the overall performance of the <u>other residents/fellows</u> in my residency or fellowship program to have exceeded my expectations?	Number	Percent	Number	Percent
Strongly Agree	18	56.3	65	43.6
Agree	8	25.0	74	49.7
Neutral	6	18.8	9	6.0
Disagree	0	0.0	1	0.7
Strongly Disagree	0	0.0	0	0.0
Total	32	100.0	149	100.0
Missing	0		7	

Chi-square p-value = 0.020 †

Table 4.22 shows the primary care and non-primary care survey respondents' overall performance rating of other residents or fellows in their training program. A majority of the primary care (81%) and non-primary care (93%) respondents indicated they "strongly agree" or "agree" that other residents or fellows in their training program exceeded their expectations. The Chi-square test of association between the two groups was statistically significant. Non-primary care respondents appear more likely to agree that the overall performance of the other residents/fellows exceeded their expectations.

Quality of Life

Table 4.23(a)	All Respondents (n=188)						
	Primary Care (n=32)			Non-Primary Care (n=156)			Chi-square p-value
	Strongly Agree / Agree	Neutral	Disagree / Strongly Disagree	Strong Agree / Agree	Neutral	Disagree / Strongly Disagree	
Percent	Percent	Percent	Percent	Percent	Percent		
At this time, I feel...							
My personal and professional lives were well-balanced.	59.4	18.8	21.9	86.0	5.3	8.7	0.001 †
I have felt physically "burnt out" from my work.	50.0	18.8	31.3	21.3	20.0	58.7	0.006 †
I have felt emotionally "burnt out" from my work.	62.5	12.5	25.0	24.2	24.2	51.7	0.001 †
I have the resources readily available to maintain my wellness.	71.9	18.8	9.4	85.3	10.7	4.0	0.073

Table 4.23(a) shows the primary care and non-primary care survey respondents' overall well-being. About three-fifths (59%) of the primary care respondents "strongly agree" or "agree" their personal and professional life was well-balanced, compared to 86 percent of the non-primary care respondents. Over one-half of the primary care respondents indicated they "strongly agree" or "agree" they felt physically (50%) or emotionally (63%) burnt out from work, compared to non-primary care respondents (21%, 24%), respectively. Over two-thirds of the primary care (72%) and non-primary care (85%) respondents indicated they "strongly agree" or "agree" they had readily available resources to maintain their wellness. The Chi-square test of association between the two groups was statistically significant for life balance and burnout. Non-primary care respondents appear more likely to strongly agree/agree that their personal and professional lives were well-balanced; and primary care respondents appear more likely to strongly agree/agree that they felt physically *and* emotionally "burnt out" from their work.

Table 4.23(b)	All Respondents (n=188)			
	Primary Care (n=32)		Non-Primary Care (n=156)	
I would rate the overall quality of my life as:	Number	Percent	Number	Percent
Very good	12	37.5	68	45.3
Good	11	34.4	64	42.7
Fair	8	25.0	17	11.3
Poor	0	0.0	1	0.7
Very poor	1	3.1	0	0.0
Total	32	100.0	150	100.0
Missing	0		6	

Chi-square p-value = 0.054

Table 4.23(b) shows the primary care and non-primary care survey respondents' overall rating of their quality of life. A majority of the primary care (72%) and non-primary care (88%) respondents indicated the overall quality of their life was "very good" or "good". There was no statistically significant difference between the two groups.

Plans after Graduation

Table 4.24	All Respondents (n=188)			
	Primary Care (n=32)		Non-Primary Care (n=156)	
What do you expect to be doing after completion of your current residency or fellowship program?	Number	Percent	Number	Percent
Patient Care or Clinical Practice (in Non-Training position)	16	50.0	103	67.3
Fellowship or Additional Subspecialty Training	15	46.9	48	31.4
Military	0	0.0	0	0.0
Non-Patient Care-based activities (e.g. research, administration)	0	0.0	1	0.7
Temporarily out of medicine	0	0.0	0	0.0
Other	1	3.1	0	0.0
Undecided/Don't know yet	0	0.0	1	0.7
Total	32	100.0	153	100.0
Missing	0		3	

Chi-square p-value = 0.081

Table 4.24 shows what the primary care and non-primary care survey respondents' expect to do after completing their current training program. One-half (50%) of the primary care respondents planned to go into patient care or clinical practice after completing their training, compared to 67 percent of non-primary care respondents. Nearly one-half (47%) of the primary care respondents planned to continue with additional training, compared to 31 percent of the non-primary care respondents. There was no statistically significant difference between the two groups.

NOTE- The following section is only for those respondents who indicated they were primarily going into "patient care or clinical practice" (n=119).

Respondents going into patient care or clinical practice (n=119)

Practice Characteristics

Primary Practice Location

Table 4.25	Clinical Care Respondents (n=119)			
	Primary Care (n=16)		Non-Primary Care (n=103)	
Where is the location of your primary activity <u>after</u> completing your current training program?	Number	Percent	Number	Percent
Same city or county as current training	4	25.0	35	34.3
Same region in Indiana, but different city or county	4	25.0	5	4.9
Other area in Indiana	0	0.0	11	10.8
Other U.S. state (not Indiana)	4	25.0	51	50.0
Outside of U.S.	4	25.0	0	0.0
Total	16	100.0	102	100.0
Missing / Undecided	0		1	

Chi-square p-value = 0.001 †

Table 4.25 shows the location of the primary care and non-primary care survey respondents' primary activity after completion of their current training program. One-half (50%) of the primary care and non-primary care respondents planned to practice within Indiana after completing their training. The Chi-square test of association between the two groups was statistically significant. Non-primary care respondents appear more likely to practice outside Indiana.

Type of Practice

Table 4.26	Clinical Care Respondents (n=119)			
	Primary Care (n=16)		Non-Primary Care (n=103)	
Which best describes the principal type of Patient Care Practice you will be entering? Please mark ALL that apply.	Number	Percent	Number	Percent
Solo practice	0	0.0	0	0.0
Partnership (2 person)	4	25.0	2	1.9
Group Practice	4	25.0	71	68.9
Hospital-inpatient	5	31.3	28	27.2
Hospital-ambulatory care	1	6.3	13	12.6
Hospital-emergency department	0	0.0	11	10.7
Free-standing health center or clinic	1	6.3	3	2.9
Nursing Home	0	0.0	0	0.0
Other (specify)	0	0.0	5	4.9

Table 4.26 shows the principal type of patient care practice setting the primary care and non-primary care survey respondents' will be entering after completing their training. One-fourth (25%) of the primary care respondents reported they intend to work in a "group practice" setting, compared to 69 percent of the non-primary care respondents. Almost two-fifths (38%) of the primary care respondents indicated they intended to work in a hospital setting (inpatient, ambulatory care, or emergency department), compared to 51 percent of the non-primary care respondents.

Obligation or Visa Requirement

Table 4.27	Clinical Care Respondents (n=119)			
	Primary Care (n=16)		Non-Primary Care (n=103)	
Do you have an obligation or visa requirement to work in a designated HPSA or MUA when you complete your training?	Number	Percent	Number	Percent
Yes	0	0.0	5	5.0
No	16	100.0	96	95.0
Total	16	100.0	101	100.0
Missing	0		2	

Chi-square p-value = 0.363

Table 4.27 shows the primary care and non-primary care survey respondents' obligation or visa requirement to work in a designated HPSA or MUA after completing their training. Almost all primary care (100%) and non-primary care (95%) respondents indicated they had no obligation or visa requirement to work in a designated HPSA or MUA after completing their training. There was no statistically significant difference between the two groups.

Percentage of Patients Expected to be seen from Underserved Populations

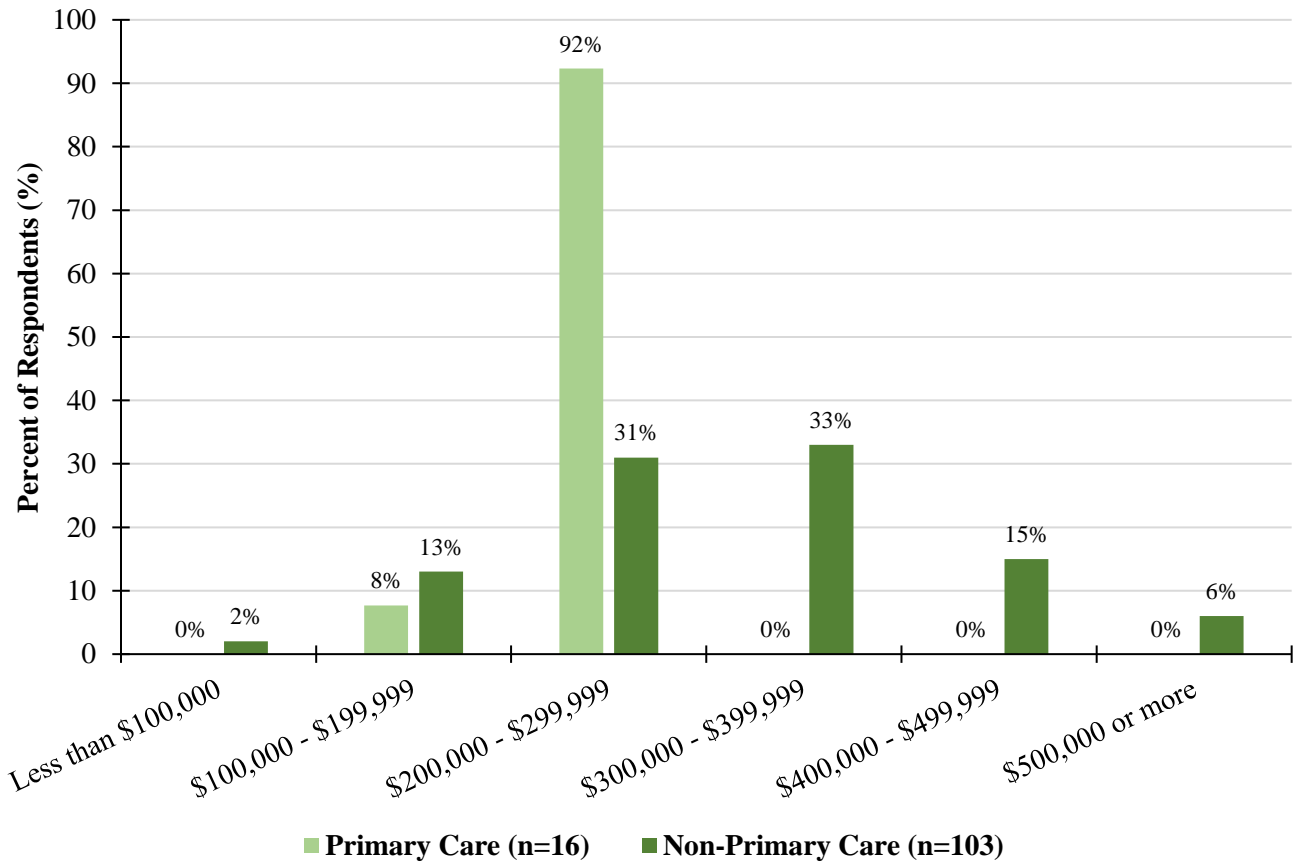
Table 4.28	Clinical Care Respondents (n=119)			
	Primary Care (n=16)		Non-Primary Care (n=103)	
In your new practice, what percentage of the patients do you expect to see from underserved populations?	Number	Percent	Number	Percent
Less than 10 percent	0	0.0	4	4.2
10-24 percent	7	53.8	33	34.7
25-49 percent	3	23.1	38	40.0
50-74 percent	1	7.7	15	15.8
More than 75 percent	2	15.4	5	5.3
Total	13	100.0	95	100.0
Missing/Don't Know	3		8	

Chi-square p-value = 0.303

Table 4.28 shows the percentage of patient's the primary care and non-primary care survey respondents' expect to see from underserved populations. Almost one-half (46%) of the primary care respondents indicated they expect to see more than 25 percent of their patients from underserved populations, compared to 61 percent of the non-primary care respondents. There was no statistically significant difference between the two groups.

Expected Gross Income

Figure 4.3: Expected Gross Income (n=119)



Chi-square p-value = < 0.001 †

Figure 4.3 presents the gross income that primary care and non-primary care survey respondents' expect to earn during their first year of practice. A majority of the primary care (92%) and non-primary care (85%) respondents indicated they expect to earn \$200,000 or more during their first year of practice. The Chi-square test of association between the two groups was statistically significant. Non-primary care respondents appear more likely to expect to earn a higher income during their first year of practice.

Job Offers All Together

Table 4.29	Clinical Care Respondents (n=119)			
	Primary Care (n=16)		Non-Primary Care (n=103)	
How many offers for employment/practice positions did you receive <u>all together</u> ?	Number	Percent	Number	Percent
0	0	0.0	0	0.0
1	0	0.0	14	14.0
2	4	30.8	27	27.0
3	1	7.7	28	28.0
4	2	15.4	17	17.0
5 or more	6	46.2	14	14.0
Total	13	100.0	100	100.0
Missing / Did not seek an employment position at this time	3		3	

Chi-square p-value = 0.717

Table 4.29 shows the total number of offers the primary care and non-primary care survey respondents' received for employment or practice positions. About three-fifths of the primary care (69%) and non-primary care (59%) respondents indicated receiving three or more offers for employment all together. There was no statistically significant difference between the two groups.

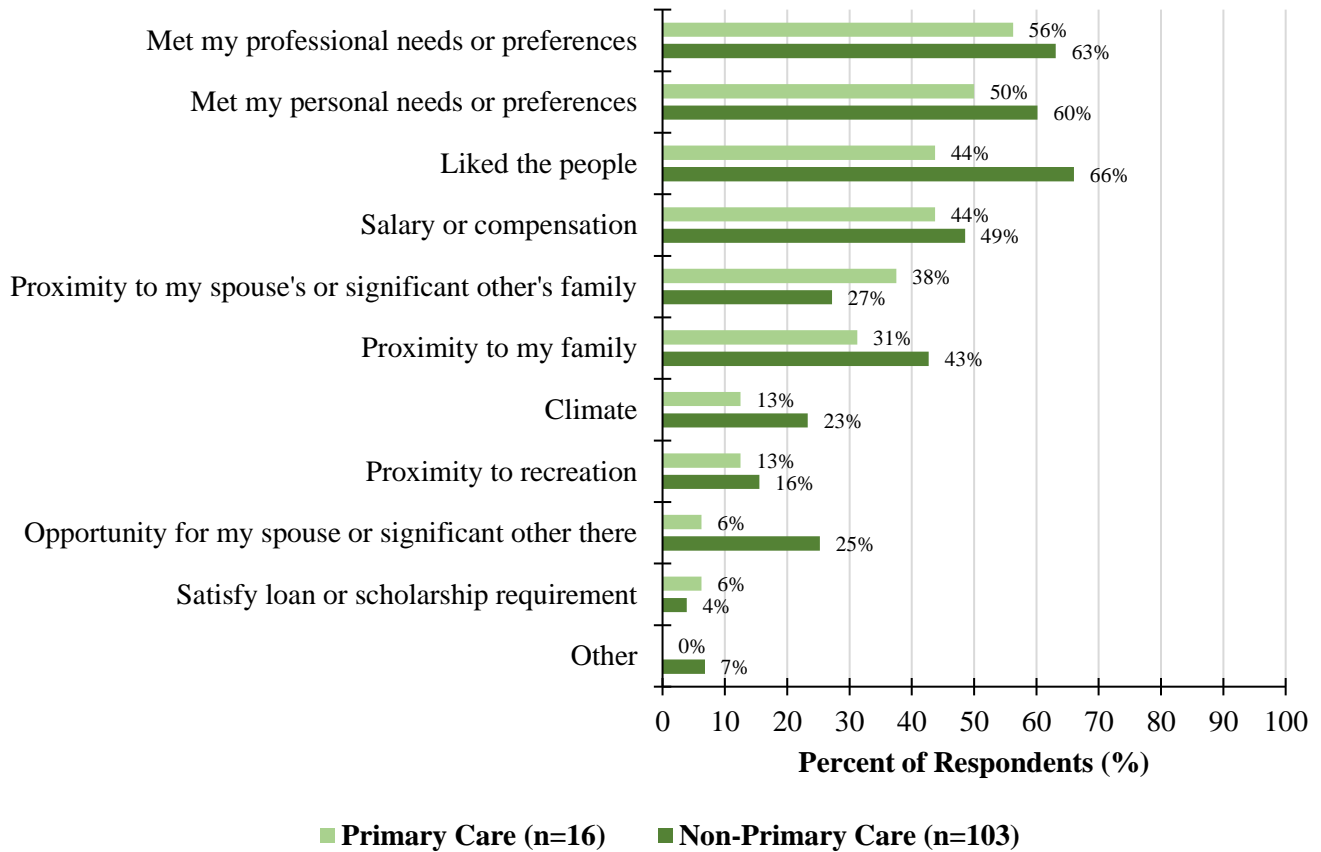
Job Offers from Indiana Hospitals

Table 4.30	Clinical Care Respondents (n=119)			
	Primary Care (n=16)		Non-Primary Care (n=103)	
Did you receive any offer from? Please mark ALL that apply.	Number	Percent	Number	Percent
IU Health	9	56.3	30	29.1
Eskenazi Hospital	4	25.0	9	8.7
Veterans Administration	2	12.5	5	4.9
Other hospital or health system in Indiana	5	31.3	33	32.0
Other	1	6.3	8	7.8

Table 4.30 shows the number of offers the primary care and non-primary care survey respondents' received for employment from Indiana hospitals. One-half (56%) of the primary care respondents indicated receiving offers from IU Health, compared to 29 percent of the non-primary care respondents. About one-third of the primary care (31%) and non-primary care (32%) respondents indicated receiving offers from other hospital or health system in Indiana.

Main Reasons to Practice at this Location

Figure 4.4: Main Reasons to Practice at this Location (n=119)



‡ Denotes that a statistically significant difference was found.

Figure 4.4 presents the main reasons influencing primary care and non-primary care survey respondents' choice of practice location. The top reasons given by primary care respondents for choosing to practice at this location were: “met my professional needs or preferences” (56%), “met my personal needs or preferences” (50%), “liked the people” (44%), and “salary or compensation” (44%). The top three reasons given by the non-primary care respondents were: “liked the people” (66%), “met my professional needs or preferences” (63%), and “met my personal needs or preferences” (60%). There was no statistically significant difference between the two groups.

Respondents going into patient care or clinical practice within Indiana (n=59)

Job Offers in Indiana

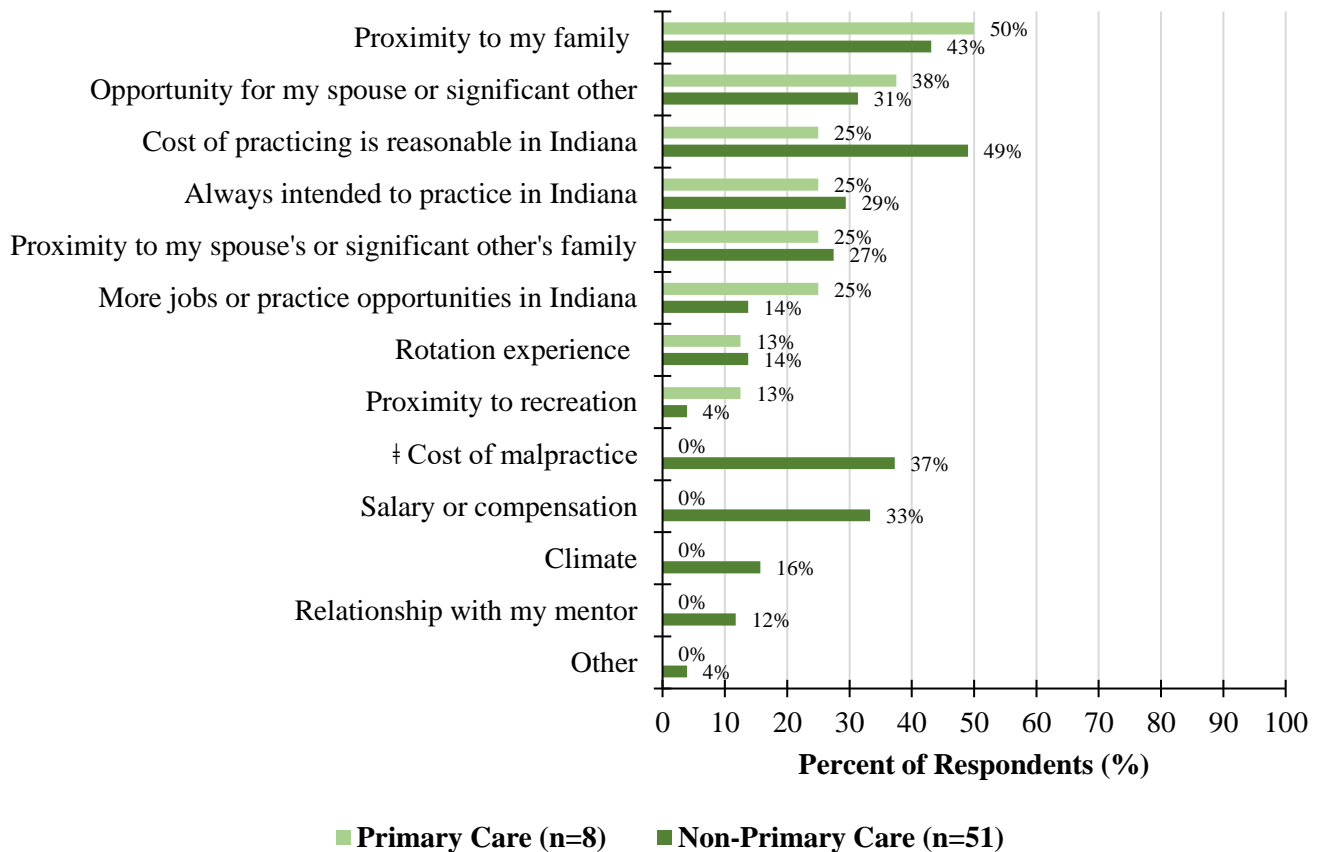
Table 4.31	Clinical Care Respondents (n=59)*			
	Primary Care (n=8)		Non-Primary Care (n=51)	
How many offers for employment/practice positions did you receive in Indiana?	Number	Percent	Number	Percent
0	0	0.0	0	0.0
1	0	0.0	15	30.6
2	5	62.5	13	26.5
3	1	12.5	15	30.6
4	1	12.5	5	10.2
5 or more	1	12.5	1	2.0
Total	8	100.0	49	100.0
Missing/ Did not seek employment positions at this time	0		2	

**Reflects responses from only those respondents who indicated their primary practice location was in Indiana.*
 Chi-square p-value = 0.083

Table 4.31 shows the number of offers the primary care and non-primary care survey respondents’ received for employment or practice positions in Indiana. Only those respondents who indicated their primary practice location was in Indiana were included in the analysis. Of those 59 respondents, about two-fifths of the primary care (38%) and non-primary care (43%) respondents indicated receiving three or more offers for employment in the state. There was no statistically significant difference between the two groups.

Main Reasons to Practice in Indiana

Figure 4.5: Main Reasons to Practice in Indiana (n=59)*



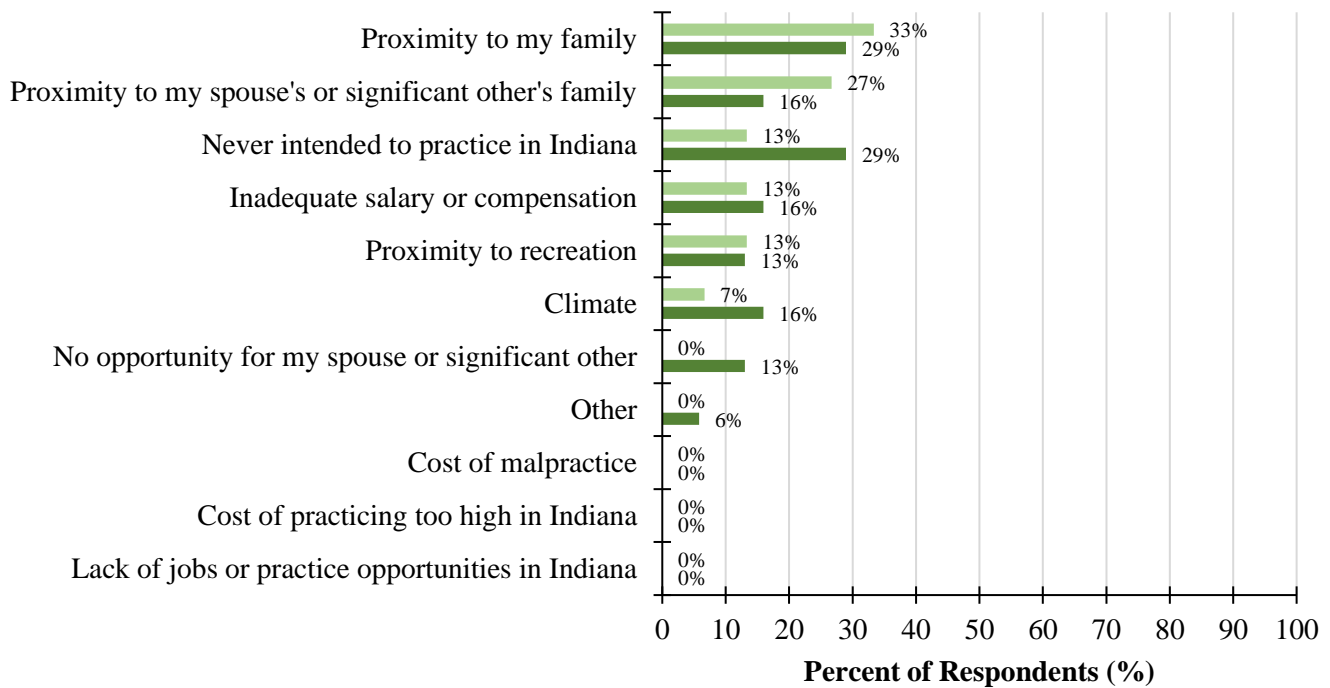
*Reflects responses from only those respondents who indicated their primary practice location was in Indiana.

‡ Denotes that a statistically significant difference was found.

Figure 4.5 presents the main reasons influencing primary care and non-primary care survey respondents' choice of practice location in Indiana. Only those respondents who indicated their primary practice location was in Indiana were included in this analysis. Among those 59 respondents, the top two reasons given by the primary care respondents were: "proximity to my family" (50%) and "opportunity for my spouse's or significant other's family" (38%). The top three reasons given by the non-primary care respondents were: "cost of practicing is reasonable in Indiana" (49%), "proximity to my family" (43%), and "cost of malpractice" (37%). The Chi-square test of association between the two groups was statistically significant. Non-primary care respondents appear more likely to practice in Indiana due to cost of malpractice.

Main Reasons not to Practice in Indiana

Figure 4.6: Main Reasons not to Practice in Indiana (n=59)*



■ Primary Care (n=8) ■ Non-Primary Care (n=51)

*Reflects responses from only those respondents who indicated their primary practice location was outside Indiana.

‡ Denotes that a statistically significant difference was found.

Figure 4.6 presents the main reasons influencing primary care and non-primary care survey respondents’ choice of practice location outside Indiana. Only those respondents who indicated their primary practice location was outside Indiana were included in this analysis. Among those 59 respondents, the top two reasons given by the primary care respondents were: “proximity to my family” (33%) and “proximity to my spouse’s or significant other’s family” (27%). The top reasons given by the non-primary care respondents were: “never intended to practice in Indiana” (29%) and “proximity to my family” (29%). There was no statistically significant difference between the two groups.

Chapter 5: Resident and Fellow Respondents

The survey respondents' names were matched with their specialty and then classified into a residency or fellowship training program. Of the 188 graduates who completed the survey, 114 were in a residency program and 74 were in a fellowship program, as shown in tables 5.1 to 5.24 and figures 5.1 and 5.2. The remaining tables and figures show responses from only those graduates who:

- indicated they planned to work in 'patient care or clinical practice' after graduation, n=119: [residents (59) and fellows (60)];
- intended to practice in Indiana, n=59 [residents (33) and fellows (26)]; and,
- intended to practice outside Indiana, n=59 [residents (26) and fellows (33)].

One respondent was undecided about his/her first practice location. Chi-square tests were used to compare responses between groups. *P*-values less than 0.05 were considered statistically significant and are denoted with a symbol (‡). For ease of interpretation, the percentages in the text have been rounded off to the nearest decimal point.

All respondents (n=188)

Demographics

Age

Table 5.1	All Respondents (n=188)			
	Residents (n=114)		Fellows (n=74)	
Age	Number	Percent	Number	Percent
25-29	26	23.2	1	1.4
30-34	75	67.0	52	72.2
35-39	6	5.4	13	18.1
40-44	5	4.5	3	4.2
45-49	0	0.0	3	4.2
> 50	0	0.0	0	0.0
Total	112	100.0	72	100.0
Missing	2		2	

Chi-square p-value = 0.002 ‡

Table 5.1 shows the age distribution of all residency and fellowship program survey respondents. About two-thirds (72%) of the resident respondents were between the ages of 30 and 39 years, compared to 90 percent of the fellow respondents. The Chi-square test of association between the two groups was statistically significant. Fellow respondents appear more likely to be 30 years of age or older.

Gender

Table 5.2	All Respondents (n=188)			
	Residents (n=114)		Fellows (n=74)	
Gender	Number	Percent	Number	Percent
Male	65	57.0	37	50.0
Female	49	43.0	37	50.0
Other	0	0.0	0	0.0
Total	114	100.0	74	100.0
Missing	0		0	

Chi-square p-value = 0.345

Table 5.2 shows the gender distribution of all residency and fellowship program survey respondents. About one-half of the resident (43%) and fellow (50%) respondents were female. There was no statistically significant difference between the two groups.

Race

Table 5.3	All Respondents (n=188)			
	Residents (n=114)		Fellows (n=74)	
Which of the following describes your race? Please mark ALL that apply.	Number	Percent	Number	Percent
American Indian/ Alaskan Native	0	0.0	0	0.0
Asian	18	15.9	19	26.8
Black/ African American	5	4.4	1	1.4
Native Hawaiian/ Pacific Islander	0	0.0	0	0.0
White	83	73.5	46	64.8
Other	4	3.5	3	4.2
Biracial	3	2.7	2	2.8
Total	113	100.0	71	100.0
Missing	1		3	

Table 5.3 shows the racial distribution of all residency and fellowship program survey respondents. About two-thirds of the resident (74%) and fellow (65%) respondents were white. About one-fifth of the resident (16%) and fellow (27%) respondents indicated they were Asian.

Ethnicity

Table 5.4	All Respondents (n=188)			
	Residents (n=114)		Fellows (n=74)	
Do you consider yourself to be Hispanic or Latino?	Number	Percent	Number	Percent
Yes, Hispanic/Latino	5	4.5	4	5.6
No, not Hispanic/Latino	107	95.5	68	94.4
Total	112	100.0	72	100.0
Missing	2		2	

Chi-square p-value = 0.738

Table 5.4 shows the ethnicity of all residency and fellowship program survey respondents. Less than one-tenth of the resident (5%) and fellow (6%) respondents indicated a Hispanic or Latino ethnicity. There was no statistically significant difference between the two groups.

Respondents Coming From

Table 5.5	All Respondents (n=188)			
	Residents (n=114)		Fellows (n=74)	
Where are the respondents coming from?	Number	Percent	Number	Percent
Outside USA	14	12.6	15	20.5
Within USA	97	87.4	58	79.5
<i>Outside Indiana</i>	<i>60</i>	<i>61.9</i>	<i>35</i>	<i>60.3</i>
<i>Within Indiana</i>	<i>37</i>	<i>38.1</i>	<i>23</i>	<i>39.7</i>
Total	111	100.0	73	100.0
Missing	3		1	

Chi-square p-value = 0.148

Table 5.5 shows where the residency and fellowship program survey respondents' were coming from. Of the 188 graduates who responded to the survey, about one-fifth of the resident (13%) and fellow (21%) respondents were from another country. Of the 155 respondents who indicated they were from United States, about two-fifths of the resident (38%) and fellow (40%) respondents were from Indiana. There was no statistically significant difference between the two groups.

Respondents who have an Indiana connection

Table 5.6	All Respondents (n=188)			
	Residents (n=114)		Fellows (n=74)	
Respondents who have an Indiana connection	Number	Percent	Number	Percent
High School	29	25.4	16	21.6
College	29	25.4	13	17.6
Medical School	35	30.7	6	8.1

Table 5.6 shows the residency and fellowship program survey respondents' who graduated from a high school, college, or medical school in Indiana. About one-fourth of the resident respondents indicated they graduated from a high school (25%), college (25%), or medical school (31%) in Indiana. About one-fifth of the fellow respondents indicated they graduated from a high school (22%) or college (18%) in Indiana. Eight percent of the fellow respondents indicated they graduated from a medical school in Indiana. All respondents who completed medical school in Indiana graduated from IUSM.

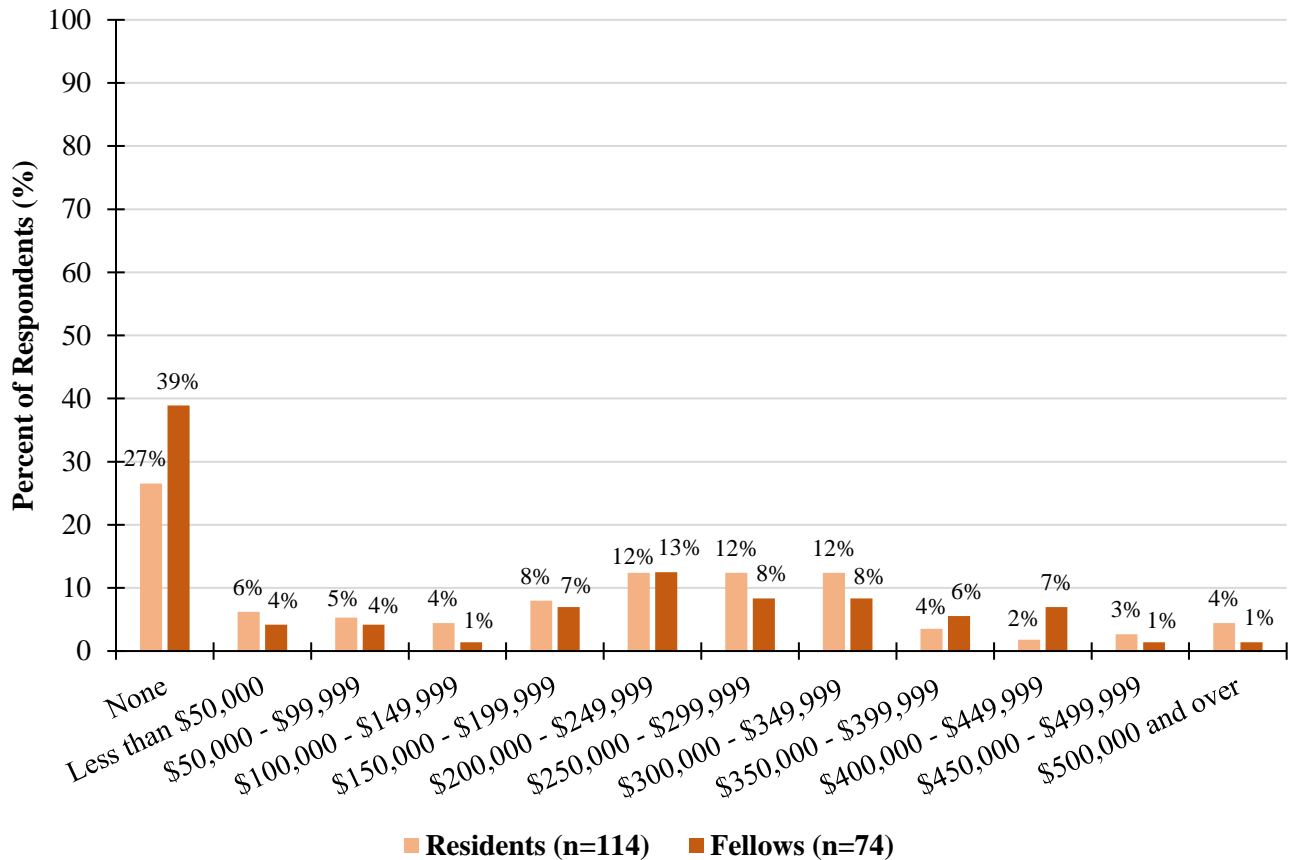
Learner Background

Table 5.7	All Respondents (n=188)			
	Residents (n=114)		Fellows (n=74)	
Do you consider yourself? Please mark ALL that apply.	Number	Percent	Number	Percent
First generation learner	22	19.3	17	23.0
Learner from a rural area	21	18.4	11	14.9
Economically or educationally disadvantaged	8	7.0	5	6.8
None of the above	72	63.2	44	59.5

Table 5.7 shows the residency and fellowship program survey respondents' learner and socioeconomic background. About one-fifth of the resident (19%) and fellow (23%) respondents indicated they were a first-generation learner. About one-fifth of the resident (18%) and fellow (15%) respondents indicated they came from a rural area. Less than one-tenth of the resident (7%) and fellow (7%) respondents indicated they came from an economically or educationally disadvantaged background.

Current Individual Educational Debt

Figure 5.1: Current Individual Educational Debt (n=188)

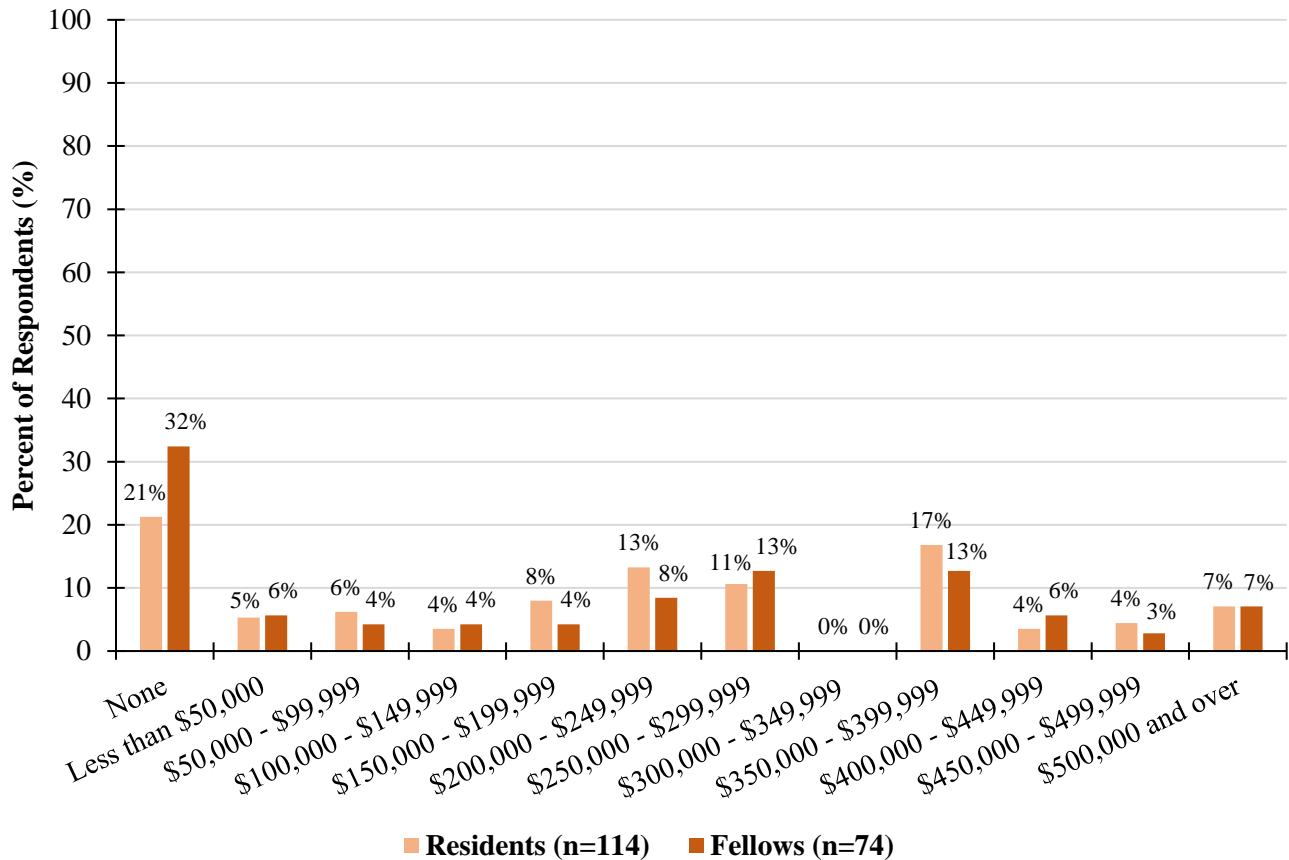


Chi-square p-value = 0.500

Figure 5.1 presents the current level of individual educational debt among the residency and fellowship program survey respondents. About one-third of the resident (27%) and fellow (39%) respondents indicated having no educational debt. Over one-half of the resident (61%) and fellow (52%) respondents indicated having an educational debt of \$100,000 or more. Almost one-half of the resident (49%) and fellow (44%) respondents indicated having an educational debt of \$200,000 or more. There was no statistically significant difference between the two groups.

Current Total Household Educational Debt

Figure 5.2: Current Total Household Educational Debt (n=188)



Chi-square p-value = 0.839

Figure 5.2 presents the current level of total household educational debt among the residency and fellowship program survey respondents. About one-fourth of the resident (21%) and fellow (32%) respondents indicated having no household educational debt. Two-thirds (67%) of the resident respondents indicated having a household educational debt of \$100,000 or more, compared to 58 percent of the fellow respondents. About one-half of the resident (56%) and fellow (49%) respondents indicated having a household educational debt of \$200,000 or more. There was no statistically significant difference between the two groups.

Program Assessment

Training Program

Table 5.8	All Respondents (n=188)			
	Residents (n=114)		Fellows (n=74)	
The residency or fellowship program provided resources and training to prepare for my specialty exams.	Number	Percent	Number	Percent
Strongly Agree	57	50.9	35	50.0
Agree	49	43.8	30	42.9
Neutral	4	3.6	3	4.3
Disagree	2	1.8	1	1.4
Strongly Disagree	0	0.0	1	1.4
Total	112	100.0	70	100.0
Missing/Board exam in my field does not exist	2		4	

Chi-square p-value = 0.436

Table 5.8 shows the residency and fellowship program survey respondents' assessment of the resources and training provided by the program to prepare them for the specialty exams. Almost all resident (95%) and fellow (93%) respondents indicated they “strongly agree” or “agree” that their training program provided them resources and training to prepare for the specialty exams. There was no statistically significant difference between the two groups.

ACGME Competency Areas

Table 5.9	All Respondents (n=188)						Chi-square p-value
	Residents (n=114)			Fellows (n=74)			
	Fully	Partially	Not at all	Fully	Partially	Not at all	
How competent do you feel in the following ACGME competencies?	%	%	%	%	%	%	
Patient Care	99.1	0.9	0.0	97.1	2.9	0.0	0.307
Medical knowledge	95.6	4.4	0.0	92.9	7.1	0.0	0.432
Practice-based learning & improvement	92.9	7.1	0.0	92.9	7.1	0.0	0.987
Interpersonal & communication skills	99.1	0.9	0.0	97.1	2.9	0.0	0.307
Professionalism	98.2	1.8	0.0	98.6	1.4	0.0	0.869
Systems-based practice	92.0	8.0	0.0	94.3	5.7	0.0	0.565

Table 5.9 shows the residency and fellowship program survey respondents' self-rated competency level in the six ACGME competency areas. Almost all ($\geq 92\%$) residents and fellow respondents indicated feeling “fully” competent in the six ACGME competency areas. There was no statistically significant difference between the two groups.

Rural and Underserved Training

Table 5.10	All Respondents (n=188)								Chi-square p-value
	Residents (n=114)				Fellows (n=74)				
	Yes		No		Yes		No		
In your residency or fellowship program, did you receive training to serve the:	#	%	#	%	#	%	#	%	
Rural population	83	74.1	29	25.9	47	69.1	21	30.9	0.469
Underserved population	110	98.2	2	1.8	60	88.2	8	11.8	0.005 †

Table 5.10 shows whether the residency and fellowship program survey respondents' received training to serve the rural and underserved populations during their training program. Over two-thirds of the resident (74%) and fellow (69%) respondents indicated they had received training to serve the rural populations. There was no statistically significant difference between the two groups.

Almost all resident (98%) and fellow (88%) respondents reported they had received training to serve the underserved populations. The Chi-square test of association between the two groups was statistically significant. Resident respondents appear more likely to have received training to serve the underserved populations.

Competency in Providing Care to the Rural and Underserved Populations

Table 5.11	All Respondents (n=188)						Chi-square p-value
	Residents (n=114)			Fellows (n=74)			
	Fully	Partially	Not at all	Fully	Partially	Not at all	
How competent do you feel providing care to the:	%	%	%	%	%	%	
Rural population	78.2	20.0	1.8	81.2	18.8	0.0	0.514
Underserved population	97.3	2.7	0.0	89.9	10.1	0.0	0.034 †

Table 5.11 shows the residency and fellowship program survey respondents' self-rated competency levels in providing care to the rural and underserved populations. About four-fifths of the resident (78%) and fellow (81%) respondents indicated feeling "fully" competent in providing care to the rural populations. There was no statistically significant difference between the two groups.

Almost all resident (97%) and fellow (90%) respondents indicated feeling "fully" competent in providing care to the underserved populations. The Chi-square test of association between the two groups was statistically significant. Resident respondents appear more likely to feel fully competent providing care to the underserved populations.

Program Opportunities

Table 5.12	All Respondents (n=188)								Chi-square p-value
	Residents (n=114)				Fellows (n=74)				
	Yes		No		Yes		No		
In your residency or fellowship program, did you:	#	%	#	%	#	%	#	%	
Have an opportunity to be part of a multi-disciplinary inter-professional team to provide care?	112	100.0	0	0.0	71	100.0	0	0.0	1.000
Participate in a quality improvement project to improve health outcome?	108	96.4	4	3.6	65	91.5	6	8.5	0.157
Participate in patient safety project?	95	84.8	17	15.2	52	74.3	18	25.7	0.079
Have an opportunity to serve on a hospital-based committee or council?	89	80.2	22	19.8	55	78.6	15	21.4	0.794
Have an opportunity to participate in a cultural competency or diversity training?	97	87.4	14	12.6	55	78.6	15	21.4	0.115

Table 5.12 shows if there were any program opportunities available for the residency and fellowship program survey respondents' in their training program. All (100%) resident and fellow respondents indicated they had the opportunity to be part of a multi-disciplinary inter-professional team. Almost all resident (96%) and fellow (92%) respondents indicated they had participated in a quality improvement project. A majority of the resident and fellow respondents indicated: participating in a patient safety project (85%, 74%), had the opportunity to serve on a committee or council (80%, 79%), and had an opportunity to participate in a cultural competency or diversity training (87%, 79%). There was no statistically significant difference between the two groups.

Teaching Opportunities

Table 5.13	All Respondents (n=188)			
	Residents (n=114)		Fellows (n=74)	
Were you provided an opportunity to teach in a clinical environment?	Number	Percent	Number	Percent
Yes	111	99.1	71	100.0
No	1	0.9	0	0.0
Total	112	100.0	71	100.0
Missing	2		3	

Chi-square p-value = 0.425

Table 5.13 shows whether the residency and fellowship program survey respondents had the opportunity to teach in a clinical environment. Almost all resident (99%) and fellow (100%) respondents indicated they were provided an opportunity to teach in a clinical environment. There was no statistically significant difference between the two groups.

Teaching Preparedness

Table 5.14	All Respondents (n=188)			
	Residents (n=114)		Fellows (n=74)	
How prepared did you feel to teach in a clinical environment?	Number	Percent	Number	Percent
Very well prepared	51	45.5	33	46.5
Well prepared	56	50.0	32	45.1
Neutral	4	3.6	6	8.5
Poorly prepared	1	0.9	0	0.0
Very poorly prepared	0	0.0	0	0.0
Total	112	100.0	71	100.0
Missing	2		3	

Chi-square p-value = 0.431

Table 5.14 shows the residency and fellowship program survey respondents' readiness to teach in a clinical environment. Almost all resident (96%) and fellow (92%) respondents indicated feeling "very well prepared" or "well prepared" to teach in a clinical environment. There was no statistically significant difference between the two groups.

Frequency of Teaching Opportunities

Table 5.15	All Respondents (n=188)			
	Residents (n=114)		Fellows (n=74)	
In your residency or fellowship program, how many opportunities for teaching did you encounter per week in a clinical environment?	Number	Percent	Number	Percent
None	2	1.8	0	0.0
Once per week	22	19.6	20	28.6
Twice per week	13	11.6	15	21.4
Three times per week	25	22.3	13	18.6
Four or more times per week	50	44.6	22	31.4
Total	112	100.0	70	100.0
Missing	2		4	

Chi-square p-value = 0.106

Table 5.15 shows the number of opportunities the residency and fellowship program survey respondents were provided to teach in a clinical environment per week. Two-fifths (45%) of the resident respondents indicated they were provided four or more opportunities per week to teach in a clinical environment, compared to 31 percent of the fellow respondents. There was no statistically significant difference between the two groups.

Competency in Communication during the Hand-Off Process

Table 5.16	All Respondents (n=188)			
	Residents (n=114)		Fellows (n=74)	
How competent do you feel in communicating with team members in the hand-off process?	Number	Percent	Number	Percent
Very competent	91	82.7	60	84.5
Competent	18	16.4	11	15.5
Neutral	1	0.9	0	0.0
Incompetent	0	0.0	0	0.0
Very incompetent	0	0.0	0	0.0
Total	110	100.0	71	100.0
Missing	4		3	

Chi-square p-value = 0.711

Table 5.16 shows the residency and fellowship program survey respondents' self-rated competency levels in communicating with team members during the hand-off process. Almost all resident (99%) and fellow (100%) respondents indicated feeling "very competent" or "competent" communicating with team members during the hand-off process. There was no statistically significant difference between the two groups.

IUSM Policies and Procedures Regarding Mistreatment

Table 5.17	All Respondents (n=188)								Chi-square p-value
	Residents (n=114)				Fellows (n=74)				
	Yes		No		Yes		No		
Do you know about the following at IUSM:	#	%	#	%	#	%	#	%	
Policies regarding mistreatment of residents?	103	92.0	9	8.0	68	95.8	3	4.2	0.310
Procedures regarding mistreatment of residents?	98	87.5	14	12.5	66	93.0	5	7.0	0.238
Policies regarding mistreatment of medical students?	100	90.1	11	9.9	65	91.5	6	8.5	0.741
Procedures regarding mistreatment of medical students?	102	91.1	10	8.9	63	88.7	8	11.3	0.605

Table 5.17 shows the residency and fellowship program survey respondents' knowledge of the IUSM policies and procedures regarding mistreatment. A majority ($\geq 87\%$) of the resident and fellow respondents indicated they knew the policies *and* procedures regarding mistreatment of residents. A majority ($\geq 88\%$) of the resident and fellow respondents indicated they knew policies *and* procedures regarding mistreatment of medical students. There was no statistically significant difference between the two groups.

Reporting Mistreatment

Table 5.18	All Respondents (n=188)								Chi-square p-value
	Residents (n=114)				Fellows (n=74)				
	Yes		No		Yes		No		
Do you know about the following at IUSM:	#	%	#	%	#	%	#	%	
Do you know whom to report mistreatment behaviors?	97	87.4	14	12.6	63	88.7	8	11.3	0.786
Are you comfortable reporting mistreatment behaviors?	101	91.0	10	9.0	66	93.0	5	7.0	0.638
Have you experienced any mistreatment behaviors?	44	39.6	67	60.4	29	40.8	42	59.2	0.871
Did you report the mistreatment behavior incident?	36	38.7	57	61.3	27	45.0	33	55.0	0.440

Table 5.18 shows the residency and fellowship program survey respondents' knowledge of reporting mistreatment behaviors. A majority of the resident and fellow respondents indicated they knew whom to report mistreatment behaviors (87%, 89%) *and* were comfortable reporting mistreatment behaviors (91%, 93%), respectively. Two-fifths of the resident (40%) and fellow (41%) respondents indicated they experienced any mistreatment behaviors. About three-fifths of the resident (61%) and fellow (55%) respondents indicated *not* reporting the mistreatment behavior incident. There was no statistically significant difference between the two groups.

Unreported Mistreatment

Table 5.19	All Respondents (n=90)*			
	Residents (n=57)		Fellows (n=33)	
If there were any incidents of mistreatment behaviors that you did <u>not</u> report, why did you not report them?	Number	Percent	Number	Percent
Incident did not seem important enough to report	4	28.6	1	33.3
Resolved the issue myself	3	21.4	0	0.0
Did not think anything would be done about it	3	21.4	1	33.3
Fear of reprisal	4	28.6	1	33.3
Did not know what to do	0	0.0	0	0.0
Other	0	0.0	0	0.0
Total	14	100.0	3	100.0
Missing	43		30	

*Reflects responses from only those respondents who had not reported any mistreatment incident.

Chi-square p-value = 0.842

Table 5.19 shows the residency and fellowship program survey respondents' reasons for not reporting any incidents of mistreatment behaviors. Only those respondents who had not reported any mistreatment behavior incidents were included in this analysis. About one-fourth of the resident and fellow respondents gave the following reasons for *not* reporting mistreatment behavior incidents: incident did not seem important enough to report (29%, 33%), resolved the issue myself (21%, 0%), did not think anything would be done about it (21%, 33%), or fear of reprisal (29%, 33%), respectively. There was no statistically significant difference between the two groups.

Quality of Program

Table 5.20	All Respondents (n=188)			
	Residents (n=114)		Fellows (n=74)	
I would rate the overall <u>quality</u> of my residency or fellowship program as:	Number	Percent	Number	Percent
Excellent	74	66.7	43	60.6
Above Average	31	27.9	20	28.2
Average	6	5.4	6	8.5
Below Average	0	0.0	2	2.8
Extremely Poor	0	0.0	0	0.0
Total	111	100.0	71	100.0
Missing	3		3	

Chi-square p-value = 0.263

Table 5.20 shows the residency and fellowship program survey respondents' overall rating of the quality of their training program. Almost all resident (95%) and fellow (89%) respondents indicated the quality of their training program was "excellent" or "above average." There was no statistically significant difference between the two groups.

Faculty Assessment

Table 5.21	All Respondents (n=188)			
	Residents (n=114)		Fellows (n=74)	
I would rate the overall performance of the <u>faculty</u> in my residency or fellowship program to have exceeded my expectations?	Number	Percent	Number	Percent
Strongly Agree	63	56.8	35	49.3
Agree	36	32.4	23	32.4
Neutral	10	9.0	12	16.9
Disagree	2	1.8	1	1.4
Strongly Disagree	0	0.0	0	0.0
Total	111	100.0	71	100.0
Missing	3		3	

Chi-square p-value = 0.437

Table 5.21 shows the residency and fellowship program survey respondents' overall performance rating of faculty in their training program. A majority of the resident (89%) and fellow (82%) respondents indicated they “strongly agree” or “agree” that the faculty in their program exceeded their expectations. There was no statistically significant difference between the two groups.

Assessment of peer residents and fellows

Table 5.22	All Respondents (n=188)			
	Residents (n=114)		Fellows (n=74)	
I would rate the overall performance of the <u>other residents/fellows</u> in my residency or fellowship program to have exceeded my expectations?	Number	Percent	Number	Percent
Strongly Agree	52	46.8	31	44.3
Agree	50	45.0	32	45.7
Neutral	9	8.1	6	8.6
Disagree	0	0.0	1	1.4
Strongly Disagree	0	0.0	0	0.0
Total	111	100.0	70	100.0
Missing	3		4	

Chi-square p-value = 0.645

Table 5.22 shows the residency and fellowship program survey respondents' overall performance rating of other residents or fellows in their training program. Almost all resident (92%) and fellow (90%) respondents indicated they “strongly agree” or “agree” that other residents or fellows in their training program exceeded their expectations. There was no statistically significant difference between the two groups.

Quality of Life

Table 5.23(a)	All Respondents (n=188)						
	Residents (n=114)			Fellows (n=74)			Chi-square p-value
	Strongly Agree / Agree	Neutral	Disagree / Strongly Disagree	Strong Agree / Agree	Neutral	Disagree / Strongly Disagree	
Percent	Percent	Percent	Percent	Percent	Percent		
At this time, I feel...							
My personal and professional lives were well-balanced.	79.3	8.1	12.6	84.5	7.0	8.5	0.532
I have felt physically "burnt out" from my work.	30.6	19.8	49.5	19.7	19.7	60.6	0.424
I have felt emotionally "burnt out" from my work.	35.5	20.9	43.6	23.9	23.9	52.1	0.207
I have the resources readily available to maintain my wellness.	83.8	10.8	5.4	81.7	14.1	4.2	0.926

Table 5.23(a) shows the residency and fellowship program care survey respondents' overall well-being. A majority of the resident (79%) and fellow (85%) respondents "strongly agree" or "agree" their personal and professional life was well-balanced. About one-third of the resident respondents indicated they "strongly agree" or "agree" they felt physically (31%) or emotionally (36%) burnt out from work, compared to fellow respondents (20%, 24%), respectively. Four-fifths of the resident (84%) and fellow (82%) respondents indicated they "strongly agree" or "agree" they had readily available resources to maintain their wellness. There was no statistically significant difference between the two groups.

Table 5.23(b)	All Respondents (n=188)			
	Residents (n=114)		Fellows (n=74)	
	Number	Percent	Number	Percent
I would rate the overall quality of my life as:				
Very good	50	45.0	30	42.3
Good	43	38.7	32	45.1
Fair	17	15.3	8	11.3
Poor	0	0.0	1	1.4
Very poor	1	0.9	0	0.0
Total	111	100.0	71	100.0
Missing	3		3	

Chi-square p-value = 0.522

Table 5.23(b) shows the residency and fellowship program survey respondents' overall rating of their quality of life. A majority of the resident (84%) and fellow (87%) respondents indicated the overall quality of their life was "very good" or "good". There was no statistically significant difference between the two groups.

Plans after Graduation

Table 5.24	All Respondents (n=188)			
	Residents (n=114)		Fellows (n=74)	
What do you expect to be doing <u>after</u> completion of your current residency or fellowship program?	Number	Percent	Number	Percent
Patient Care or Clinical Practice (in Non-Training position)	59	52.2	60	84.5
Fellowship or Additional Subspecialty Training	53	46.9	10	14.1
Military	0	0.0	0	0.0
Non-Patient Care-based activities (e.g. research, administration)	0	0.0	1	1.4
Temporarily out of medicine	0	0.0	0	0.0
Other	1	0.9	0	0.0
Undecided/Don't know yet	0	0.0	0	0.0
Total	113	100.0	71	100.0
Missing	1		3	

Chi-square p-value = 0.001 †

Table 5.24 shows what the residency and fellowship program survey respondents' expect to do after completing their current training program. One-half (52%) of the resident respondents planned to go into patient care or clinical practice after completing their training, compared to 85 percent of the fellow respondents. Almost one-half (47%) of the resident respondents planned to continue with additional training, compared to 14 percent of the fellow respondents. The Chi-square test of association between the two groups was statistically significant. Resident respondents appear more likely to enter additional training after completion of their current training program.

NOTE - The following section is only for those respondents who indicated they were primarily going into "patient care or clinical practice" (n=119).

Respondents going into patient care or clinical practice (n=119)

Practice Characteristics

Primary Practice Location

Table 5.25	Clinical Care Respondents (n=119)			
	Residents (n=59)		Fellows (n=60)	
Where is the location of your primary activity <u>after</u> completing your current training program?	Number	Percent	Number	Percent
Same city or county as current training	20	33.9	19	32.2
Same region in Indiana, but different city or county	6	10.2	3	5.1
Other area in Indiana	7	11.9	4	6.8
Other U.S. state (not Indiana)	22	37.3	33	55.9
Outside of U.S.	4	6.8	0	0.0
Total	59	100.0	59	100.0
Missing / Undecided	0		1	

Chi-square p-value = 0.108

Table 5.25 shows the location of the residency and fellowship program survey respondents' primary activity after completion of their current training program. One-half (56%) of the resident respondents planned to practice within Indiana, compared to 44 percent of the fellow respondents. There was no statistically significant difference between the two groups.

Type of Practice

Table 5.26	Clinical Care Respondents (n=119)			
	Residents (n=59)		Fellows (n=60)	
Which best describes the principal type of Patient Care Practice you will be entering? Please mark ALL that apply.	Number	Percent	Number	Percent
Solo practice	0	0.0	0	0.0
Partnership (2 person)	6	10.2	0	0.0
Group Practice	35	59.3	40	66.7
Hospital-inpatient	16	27.1	17	28.3
Hospital-ambulatory care	6	10.2	8	13.3
Hospital-emergency department	8	13.6	3	5.0
Free-standing health center or clinic	3	5.1	1	1.7
Nursing Home	0	0.0	0	0.0
Other (specify)	0	0.0	5	8.3

Table 5.26 shows the principal type of patient care practice setting the residency and fellowship program survey respondents' will be entering after completing their training. About three-fifths of the resident (59%) and fellow (67%) respondents reported they intend to work in a "group practice" setting. Almost one-half of the resident (51%) and fellow (47%) respondents indicated they intended to work in a hospital setting (inpatient, ambulatory care, or emergency department).

Obligation or Visa Requirement

Table 5.27	Clinical Care Respondents (n=119)			
	Residents (n=59)		Fellows (n=60)	
Do you have an obligation or visa requirement to work in a designated HPSA or MUA when you complete your training?	Number	Percent	Number	Percent
Yes	0	0.0	5	8.6
No	59	100.0	53	91.4
Total	59	100.0	58	100.0
Missing	0		2	

Chi-square p-value = 0.021 †

Table 5.27 shows the residency and fellowship program survey respondents' obligation or visa requirement to work in a designated HPSA or MUA after completing their training. Almost all resident (100%) and fellow (91%) respondents indicated they had no obligation or visa requirement to work in a designated HPSA or MUA after completing their training. The Chi-square test of association between the two groups was statistically significant. Fellow respondents appear more likely to have an obligation or visa requirement to work in a designated HPSA or MUA.

Percentage of Patients Expected to be seen from Underserved Populations

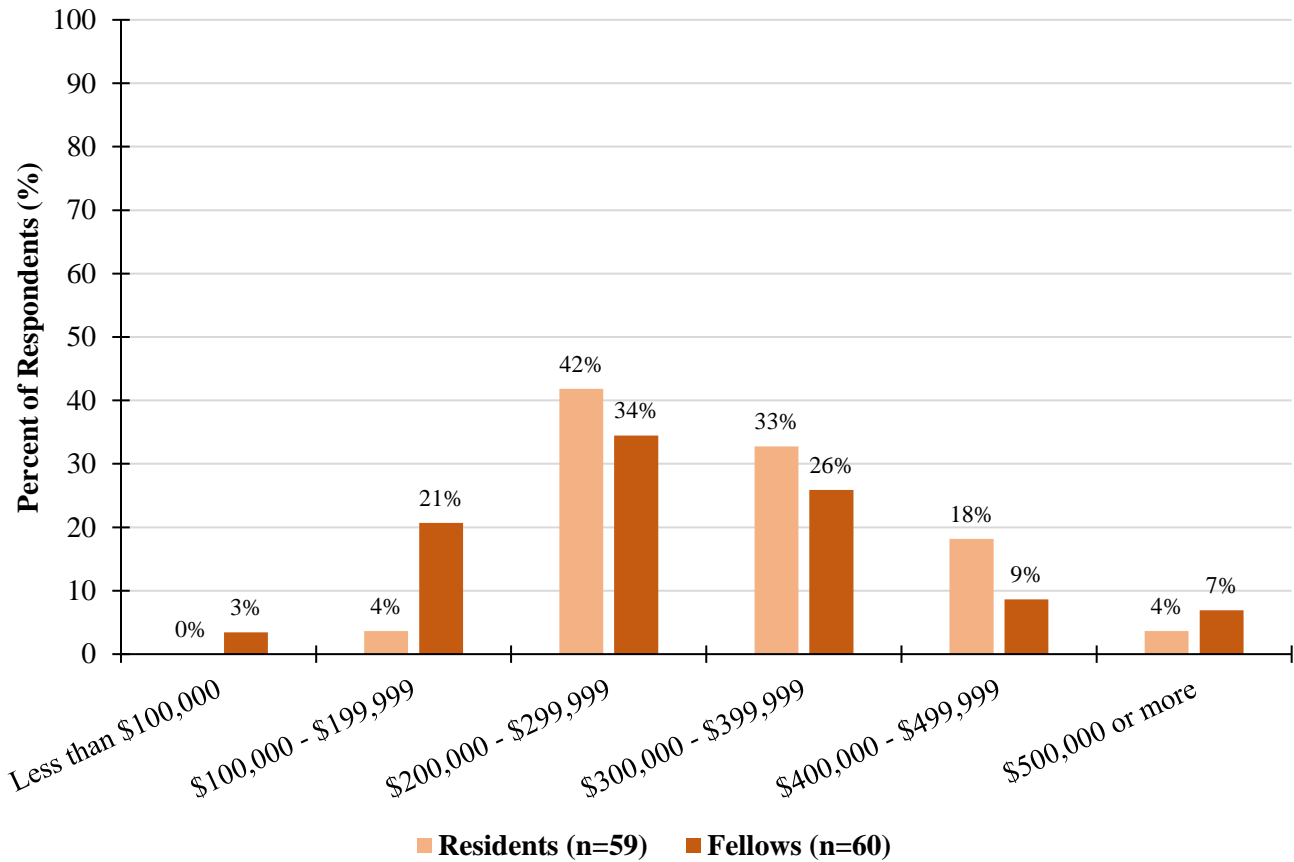
Table 5.28	Clinical Care Respondents (n=119)			
	Residents (n=59)		Fellows (n=60)	
In your new practice, what percentage of the patients do you expect to see from underserved populations?	Number	Percent	Number	Percent
Less than 10 percent	1	1.9	3	5.6
10-24 percent	20	37.0	20	37.0
25-49 percent	25	46.3	16	29.6
50-74 percent	6	11.1	10	18.5
More than 75 percent	2	3.7	5	9.3
Total	54	100.0	54	100.0
Missing/Don't Know	5		6	

Chi-square p-value = 0.262

Table 5.28 shows the percentage of patient's the residency and fellowship program survey respondents' expect to see from underserved populations. Almost three-fifths of the resident (61%) and fellow (57%) respondents indicated they expect to see more than 25 percent of the patients from underserved populations. There was no statistically significant difference between the two groups.

Expected Gross Income

Figure 5.3: Expected Gross Income (n=119)



Chi-square p-value = 0.150

Figure 5.3 presents the gross income that residency and fellowship program survey respondents' expect to earn during their first year of practice. A majority (97%) of the resident respondents indicated they expect to earn \$200,000 or more during their first year of practice, compared to 76 percent of the fellow respondents. About one-half of the resident (55%) and fellow (42%) respondents indicated they expect to earn \$300,000 or more during their first year of practice. There was no statistically significant difference between the two groups.

Job Offers All Together

Table 5.29	Clinical Care Respondents (n=119)			
	Residents (n=59)		Fellows (n=60)	
How many offers for employment/practice positions did you receive all together?	Number	Percent	Number	Percent
0	0	0.0	0	0.0
1	5	9.1	9	15.5
2	18	32.7	13	22.4
3	16	29.1	13	22.4
4	6	10.9	13	22.4
5 or more	10	18.2	10	17.2
Total	55	100.0	58	100.0
Missing / Did not seek an employment position at this time	4		2	

Chi-square p-value = 0.326

Table 5.29 shows the total number of offers the residency and fellowship program survey respondents' received for employment or practice positions. Almost three-fifths of the resident (58%) and fellow (62%) respondents indicated receiving three or more offers for employment all together. There was no statistically significant difference between the two groups.

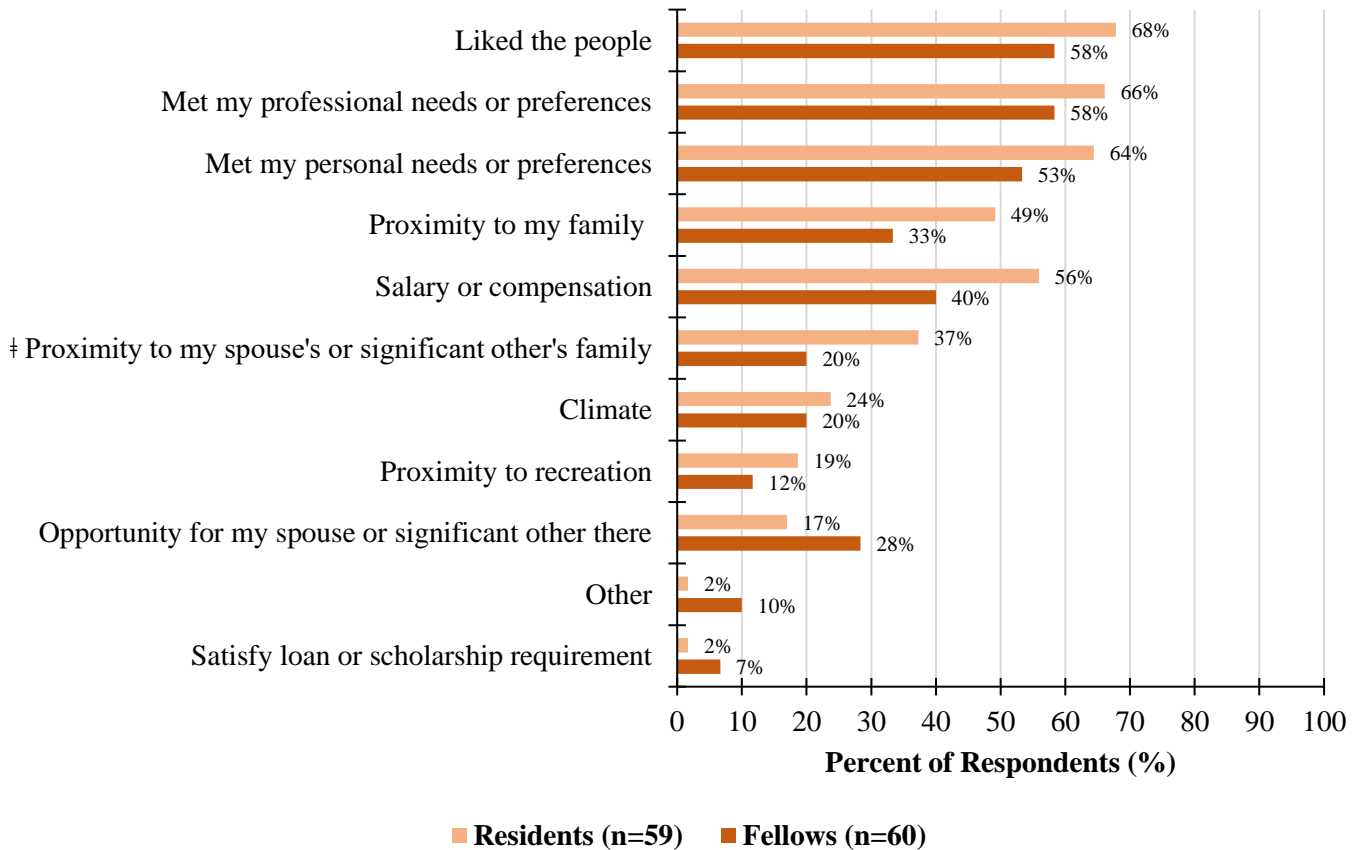
Job Offers from Indiana Hospitals

Table 5.30	Clinical Care Respondents (n=119)			
	Residents (n=59)		Fellows (n=60)	
Did you receive any offer from? Please mark ALL that apply.	Number	Percent	Number	Percent
IU Health	19	32.2	20	33.3
Eskenazi Hospital	12	20.3	1	1.7
Veterans Administration	4	6.8	3	5.0
Other hospital or health system in Indiana	22	37.3	16	26.7
Other	5	8.5	4	6.7

Table 5.30 shows the number of offers the residency and fellowship survey respondents' received for employment from Indiana hospitals. About one-third of the resident (32%) and fellow (33%) respondents indicated receiving offers from IU Health. Over one-third (37%) of the resident respondents indicated receiving offers from other hospital or health system in Indiana, compared to 27 percent of their fellow counterparts.

Main Reasons to Practice at this Location

Figure 5.4: Main Reasons to Practice at this Location (n=119)



‡ Denotes that a statistically significant difference was found.

Figure 5.4 presents the main reasons influencing the residency and fellowship program survey respondents' choice of practice location. The top three reasons given by both resident *and* fellow respondents for choosing to practice at this location were: "liked the people" (68%, 58%), "met my professional needs or preferences" (66%, 58%), and "met my personal needs or preferences" (64%, 53%), respectively. The Chi-square test of association between the two groups was statistically significant. Resident respondents appear more likely to practice at this location because of proximity to my spouse's or significant other's family.

Respondents going into patient care or clinical practice within Indiana (n=59)

Job Offers in Indiana

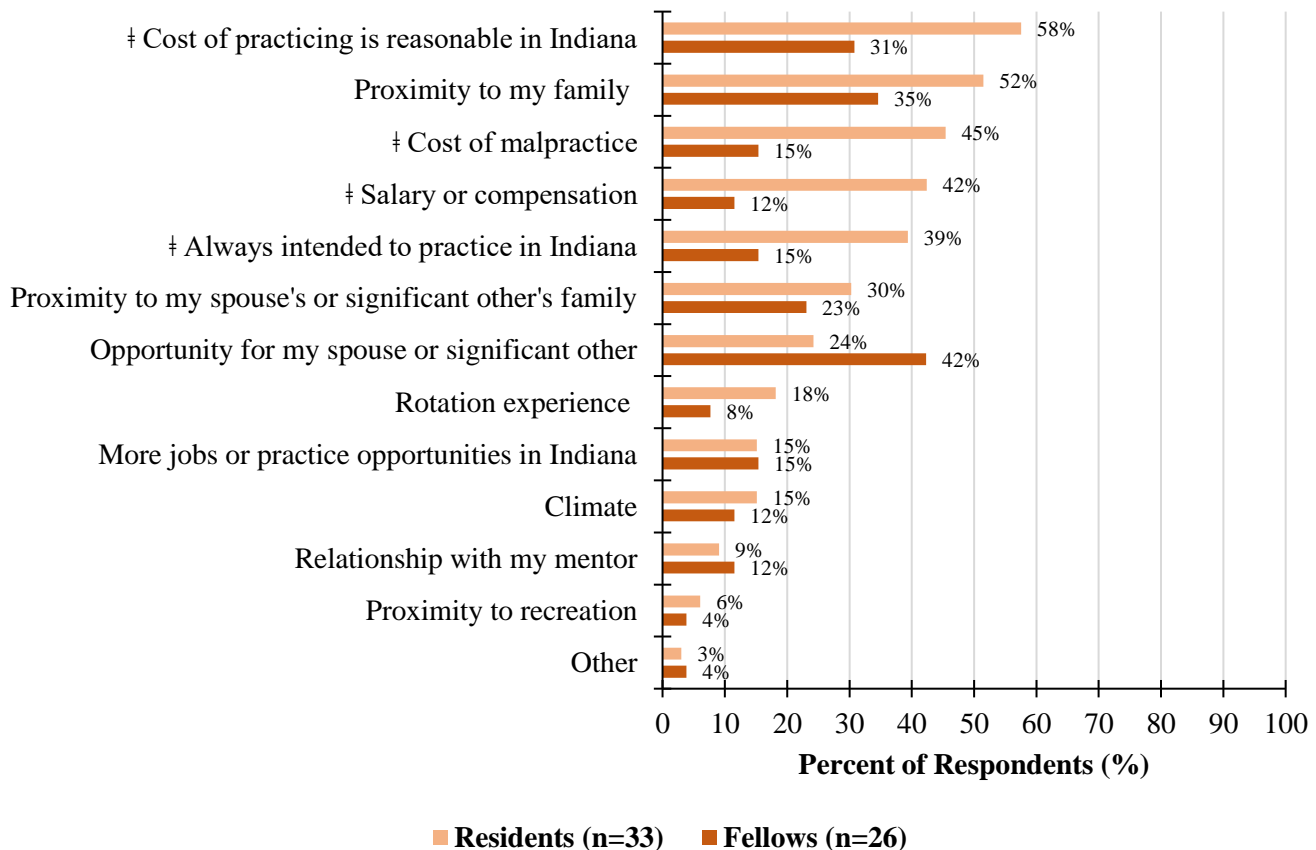
Table 5.31	Clinical Care Respondents (n=59)*			
	Residents (n=33)		Fellows (n=26)	
How many offers for employment/practice positions did you receive <u>in Indiana</u> ?	Number	Percent	Number	Percent
0	0	0.0	0	0.0
1	7	21.2	8	33.3
2	12	36.4	6	25.0
3	11	33.3	5	20.8
4	2	6.1	4	16.7
5 or more	1	3.0	1	4.2
Total	33	100.0	24	100.0
Missing/ Did not seek employment positions at this time	0		2	

Chi-square p-value = 0.455

Table 5.31 shows the number of offers the residency and fellowship program survey respondents’ received for employment or practice positions in Indiana. Only those respondents who indicated their primary practice location was in Indiana were included in the analysis. Of those 59 respondents, about two-fifths of the resident (42%) and fellow (42%) respondents indicated receiving three or more offers for employment in the state. There was no statistically significant difference between the two groups.

Main Reasons to Practice in Indiana

Figure 5.5: Main Reasons to Practice in Indiana (n=59)*



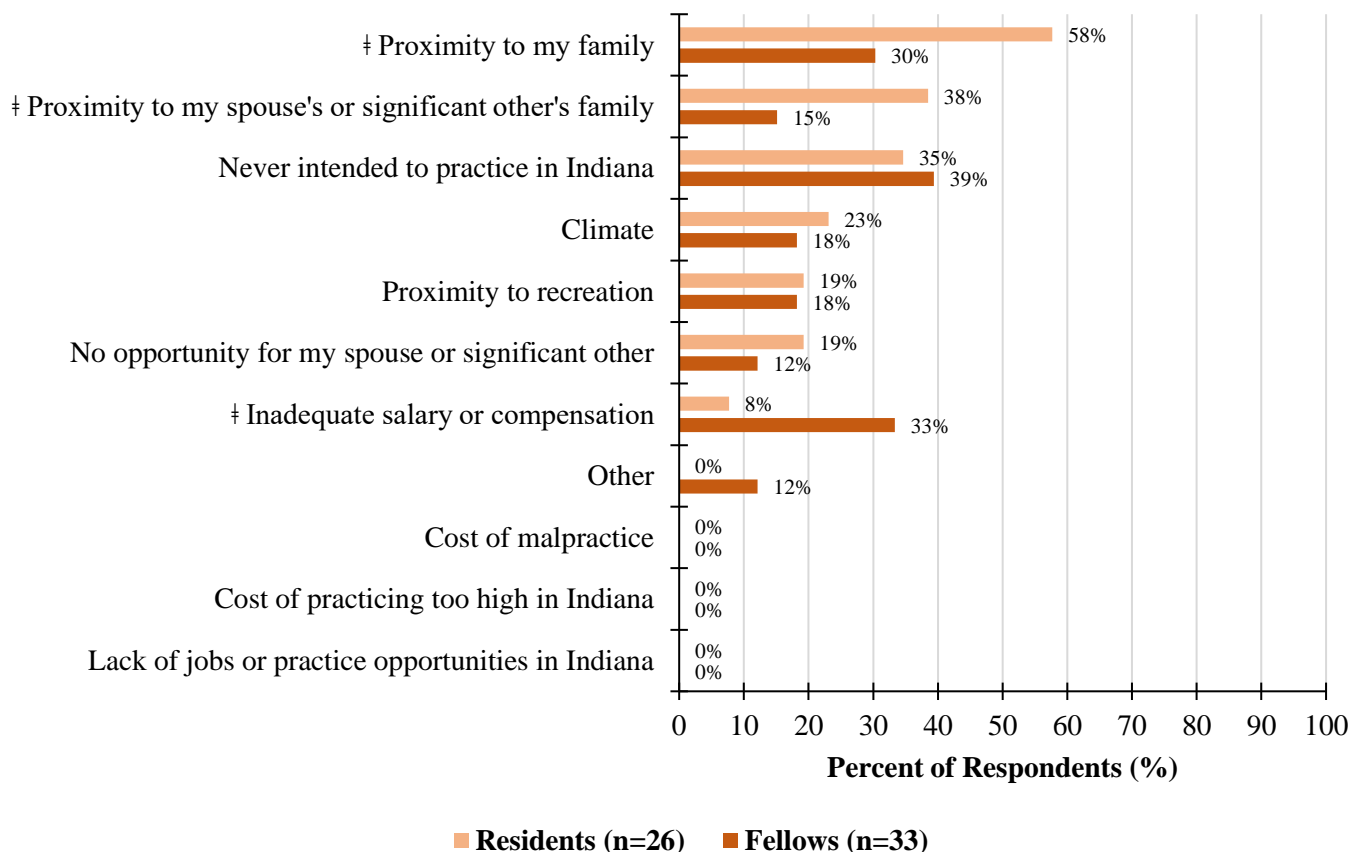
*Reflects responses from only those respondents who indicated their primary practice location was in Indiana.

‡ Denotes that a statistically significant difference was found.

Figure 5.5 presents the main reasons influencing residency and fellowship program survey respondents' choice of practice location in Indiana. Only those respondents who indicated their primary practice location was in Indiana were included in this analysis. Among those 59 respondents, the top reasons given by the resident respondents were: “cost of practicing is reasonable in Indiana” (58%), “proximity to my family” (52%), and “cost of malpractice” (45%). The top reasons given by the fellow respondents were: “opportunity for my spouse or significant other” (42%), “proximity to my family” (35%), and “cost of practicing is reasonable in Indiana” (31%). The Chi-square test of association between the two groups was statistically significant. Resident respondents appear more likely to practice in Indiana because of reasonable cost of practicing in Indiana, cost of malpractice, salary or compensation, and always intended to practice in Indiana.

Main Reasons not to practice in Indiana

Figure 5.6: Main Reasons not to Practice in Indiana (n=59)*



*Reflects responses from only those respondents who indicated their primary practice location was outside Indiana.

‡ Denotes that a statistically significant difference was found.

Figure 5.6 presents the main reasons influencing residency and fellowship program survey respondents’ choice of practice location outside Indiana. Only those respondents who indicated their primary practice location was outside Indiana were included in this analysis. Among those 59 respondents, the top three reasons given by the resident respondents were: “proximity to my family” (58%), “proximity to spouse’s or significant other’s family” (38%), and “never intended to practice in Indiana” (35%). The top three reasons given by the fellow respondents were: “never intended to practice in Indiana” (39%), “inadequate salary or compensation” (33%), “proximity to my family” (30%). The Chi-square test of association between the two groups was statistically significant. Resident respondents appear more likely to practice outside Indiana because of proximity to their family and proximity to their spouse’s or significant other’s family. Fellow respondents appear more likely to practice outside Indiana due to inadequate salary or compensation.

Chapter 6: Those Staying Within Indiana and Those Going Out-Of-State To Practice

The survey respondents' names were asked a question about their first practice location after completing their training. Based on their response, they were classified into two categories, those planning to practice in Indiana (in-state) and those intending to practice outside Indiana (out-state). Of the 188 graduates who completed the survey, 8 did not indicate their first practice location and were excluded from analysis in this chapter. Of the remaining 180 respondents, 92 indicated they planned to practice in-state and 88 intended to practice out-of-state, as shown in tables 6.1 to 6.24 and figures 6.1 and 6.2. The remaining tables and figures show responses from only those graduates who:

- indicated they planned to work in 'patient care or clinical practice' after graduation, n=118: [in-state (59) and out-state (59)];
- intended to practice in Indiana [59]; and,
- intended to practice outside Indiana [59].

Chi-square tests were used to compare responses between groups. *P*-values less than 0.05 were considered statistically significant and are denoted with a symbol (‡). \For ease of interpretation, the percentages in the text have been rounded off to the nearest decimal point.

All respondents (n=180)

Demographics

Age

Table 6.1	All Respondents (n=180)			
	In-state (n=92)		Out-state (n=88)	
Age	Number	Percent	Number	Percent
25-29	12	13.3	13	14.9
30-34	62	68.9	62	71.3
35-39	12	13.3	6	6.9
40-44	4	4.4	4	4.6
45-49	0	0.0	2	2.3
>50	0	0.0	0	0.0
Total	90	100.0	87	100.0
Missing	2		1	

Chi-square p-value = 0.001 ‡

Table 6.1 shows the age distribution of all survey respondents intending to practice within Indiana and those going out-of-state. A majority of the respondents intending to practice within Indiana (82%) and those going out-of-state (78%) were between the ages of 30 and 39 years. The Chi-square test of

association between the two groups was statistically significant. Respondents intending to stay within Indiana to practice were more likely to be between 35 to 39 years of age.

Gender

Table 6.2	All Respondents (n=180)			
	In-state (n=92)		Out-state (n=88)	
Gender	Number	Percent	Number	Percent
Male	46	50.0	52	59.1
Female	46	50.0	36	40.9
Other	0	0.0	0	0.0
Total	92	100.0	88	100.0
Missing	0		0	

Chi-square p-value = 0.281

Table 6.2 shows the gender distribution of all survey respondents intending to practice within Indiana and those going out-of-state. One-half (50%) of the respondents intending to practice within Indiana identified as female, compared to 41 percent of those going out-of-state. There was no statistically significant difference between the two groups.

Race

Table 6.3	All Respondents (n=180)			
	In-state (n=92)		Out-state (n=88)	
Which of the following describes your race? Please mark ALL that apply.	Number	Percent	Number	Percent
American Indian/ Alaskan Native	0	0.0	0	0.0
Asian	15	16.5	19	21.6
Black/ African American	4	4.4	1	1.1
Native Hawaiian/ Pacific Islander	0	0.0	0	0.0
White	66	72.5	62	70.5
Other	2	2.2	5	5.7
Biracial	4	4.4	1	1.1
Total	91	100.0	88	100.0
Missing	1		0	

Table 6.3 shows the racial distribution of all survey respondents intending to practice within Indiana and those going out-of-state. Over two-thirds of the respondents intending to practice within Indiana (73%) and those going out-of-state (71%) were white. About one-fifth of the respondents intending to practice within Indiana (17%) and those going out-of-state (22%) indicated they were Asian.

Ethnicity

Table 6.4	All Respondents (n=180)			
	In-state (n=92)		Out-state (n=88)	
Do you consider yourself to be Hispanic or Latino?	Number	Percent	Number	Percent
Yes, Hispanic/Latino	4	4.4	5	5.7
No, not Hispanic/Latino	86	95.6	83	94.3
Total	90	100.0	88	100.0
Missing	2		0	

Chi-square p-value = 0.706

Table 6.4 shows the ethnicity of all survey respondents intending to practice within Indiana and those going out-of-state. Less than one-tenth of the respondents intending to practice within Indiana (4%) and those going out-of-state (6%) indicated a Hispanic or Latino ethnicity. There was no statistically significant difference between the two groups.

Respondents Coming From

Table 6.5	All Respondents (n=180)			
	In-state (n=92)		Out-state (n=88)	
Where are the respondents coming from?	Number	Percent	Number	Percent
Outside USA	12	13.3	14	16.1
Within USA	78	86.7	73	83.9
<i>Outside Indiana</i>	<i>34</i>	<i>43.6</i>	<i>59</i>	<i>80.8</i>
<i>Within Indiana</i>	<i>44</i>	<i>56.4</i>	<i>14</i>	<i>19.2</i>
Total	90	100.0	87	100.0
Missing	2		1	

Chi-square p-value = 0.058

Table 6.5 shows where the in-state and out-of-state survey respondents' were coming from. Of the 180 graduates, three did not respond to this particular question on the survey. Of the 180 respondents, almost one-fifth of those intending to practice within Indiana (13%) and of those going out-of-state (16%) were from another country. Of the remaining 151 respondents who indicated they were from United States, about one-half (56%) of those intending to practice within the state were from Indiana, compared to 19 percent of those who were going out-of-state. There was no statistically significant difference between the two groups.

Respondents who have an Indiana Connection

Table 6.6	All Respondents (n=180)			
	In-state (n=92)		Out-state (n=88)	
Respondents who have an Indiana connection	Number	Percent	Number	Percent
High School	36	39.1	7	8.0
College	35	38.0	6	6.8
Medical School	32	34.8	8	9.1

Table 6.6 shows the in-state and out-of-state survey respondents' who graduated from a high school, college, or medical school in Indiana. Almost two-fifths of the respondents intending to practice within Indiana indicated they graduated from a high school (39%), college (38%), or medical school (35%) in Indiana. About one-tenth of the respondents intending to practice out-of-state indicated they graduated from a high school (8%), college (7%), or medical school (9%) in Indiana. All respondents who completed medical school in Indiana graduated from IUSM.

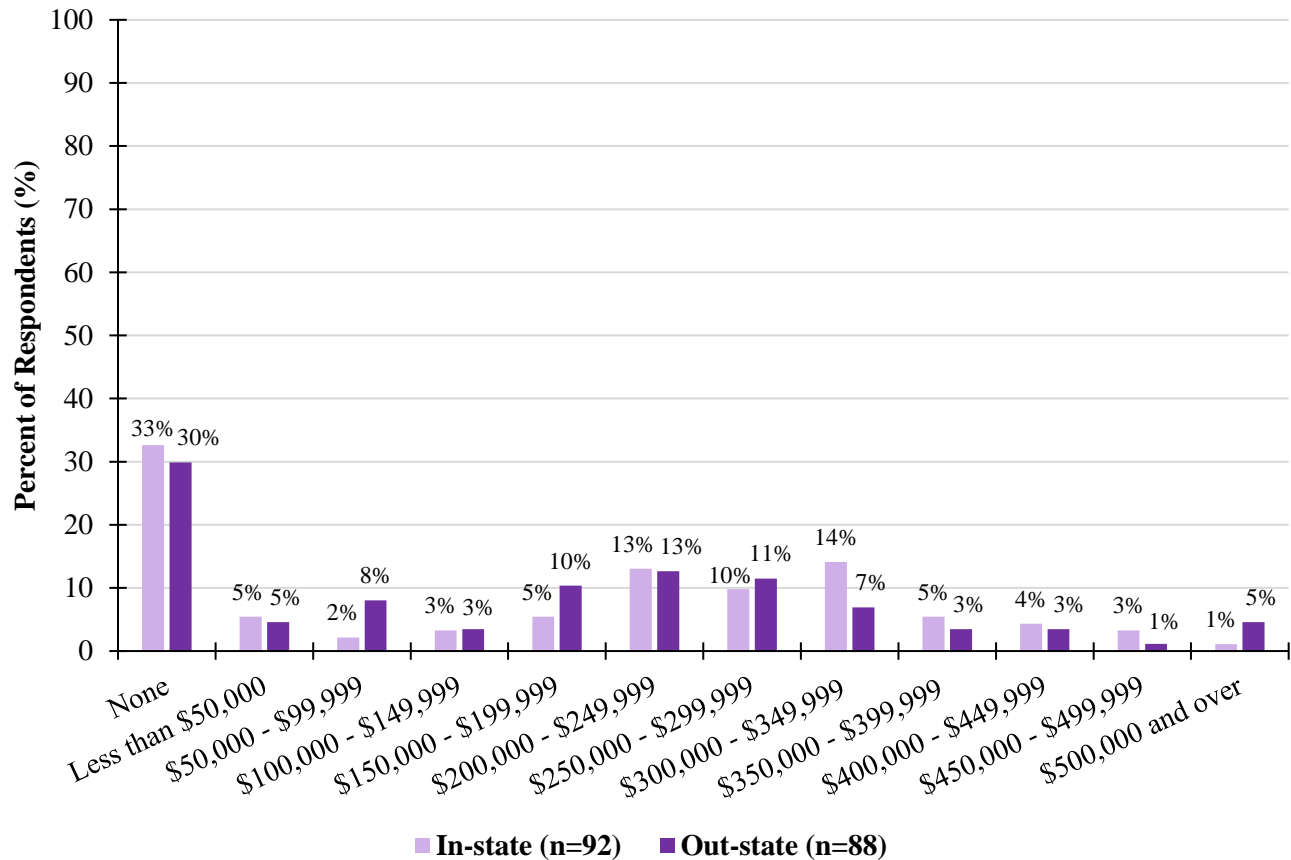
Learner Background

Table 6.7	All Respondents (n=180)			
	In-state (n=92)		Out-state (n=88)	
Do you consider yourself? Please mark ALL that apply.	Number	Percent	Number	Percent
First generation learner	20	21.7	16	18.2
Learner from a rural area	17	18.5	15	17.0
Economically or educationally disadvantaged	7	7.6	5	5.7
None of the above	58	63.0	55	62.5

Table 6.7 shows the in-state and out-of-state survey respondents' learner and socioeconomic background. About one-fifth of the respondents intending to practice within Indiana (22%) and those going out-of-state (18%) indicated they were a first-generation learner. About one-fifth of the respondents intending to practice within Indiana (19%) and those going out-of-state (17%) indicated they came from a rural area. Less than one-tenth of the respondents intending to practice within Indiana (8%) and those going out-of-state (6%) indicated they came from an economically or educationally disadvantaged background.

Current Individual Educational Debt

Figure 6.1: Current Individual Educational Debt (n=180)

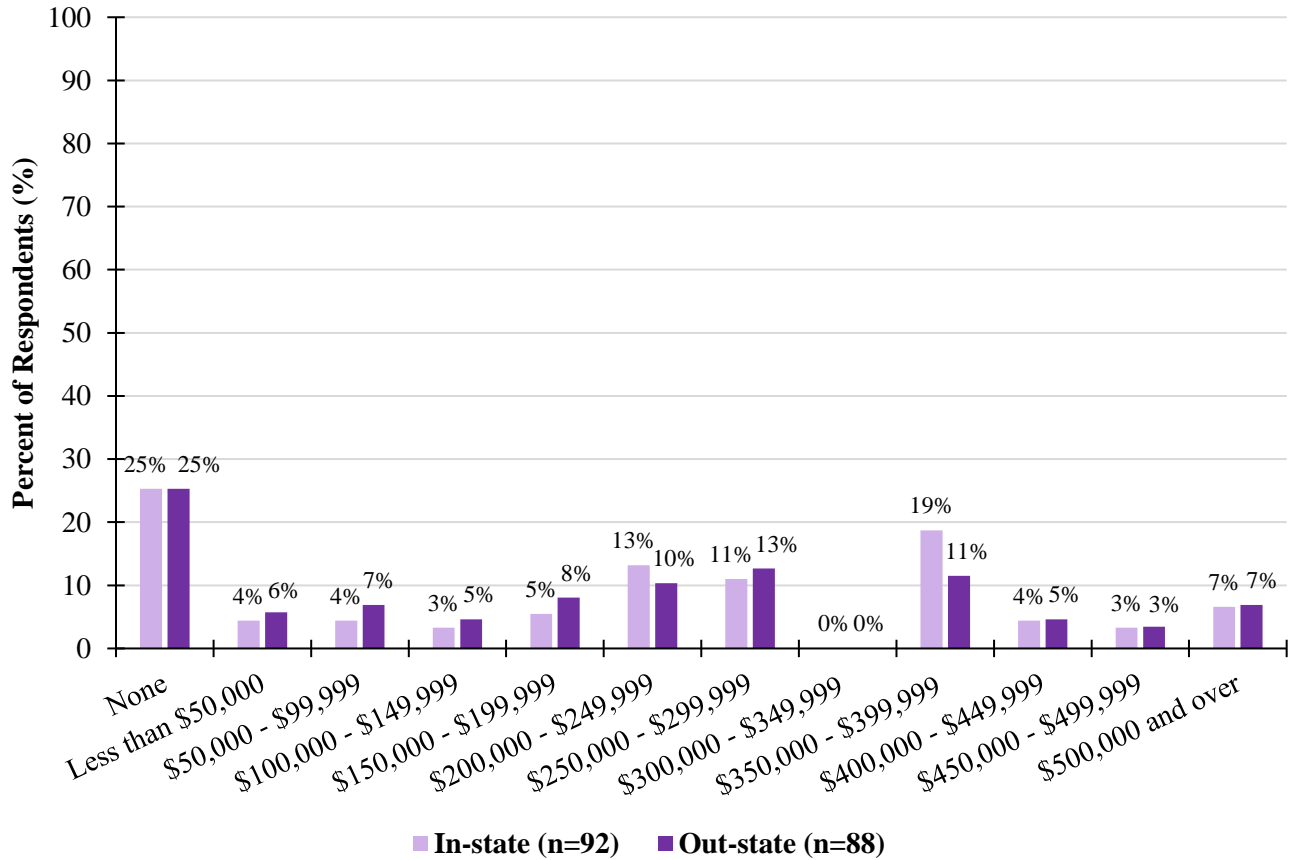


Chi-square p-value = 0.714

Figure 6.1 presents the current level of individual educational debt among the survey respondents intending to practice within Indiana and those going out-of-state. About one-third of the respondents intending to practice in Indiana (33%) and those going out-of-state (30%) indicated having no educational debt. Almost three-fifths of the respondents intending to practice in Indiana (58%) and those going out-of-state (56%) reported having an educational debt of \$100,000 or more. Over two-fifths of the respondents intending to practice in Indiana (50%) and those going out-of-state (43%) reported having an educational debt of \$200,000 or more. There was no statistically significant difference between the two groups.

Current Total Household Educational Debt

Figure 6.2: Current Total Household Educational Debt (n=180)



Chi-square p-value = 0.946

Figure 6.2 presents the current level of total household educational debt among the survey respondents intending to practice within Indiana and those going out-of-state. One-fourth of the respondents intending to practice within Indiana (25%) and those going out-of-state (25%) indicated having no household educational debt. Over three-fifths of the respondents intending to practice within Indiana (65%) and those going out-of-state (62%) indicated having a household educational debt of \$100,000 or more. About one-half of the respondents intending to practice within Indiana (57%) and those going out-of-state (49%) reported having a household educational debt of \$200,000 or more. There was no statistically significant difference between the two groups.

Program Assessment

Training Program

Table 6.8	All Respondents (n=180)			
	In-state (n=92)		Out-state (n=88)	
The residency or fellowship program provided resources and training to prepare for my specialty exams.	Number	Percent	Number	Percent
Strongly Agree	46	51.7	44	51.2
Agree	36	40.4	38	44.2
Neutral	5	5.6	2	2.3
Disagree	2	2.2	1	1.2
Strongly Disagree	0	0.0	1	1.2
Total	89	100.0	86	100.0
Missing/Board exam in my field does not exist	3		2	

Chi-square p-value = 0.771

Table 6.8 shows the in-state and out-of-state survey respondents' assessment of the resources and training provided by the program to prepare them for the specialty exams. Almost all respondents intending to practice within Indiana (92%) and those going out-of-state (95%) indicated they “strongly agree” or “agree” that their training program provided them resources and training to prepare for the specialty exams. There was no statistically significant difference between the two groups.

ACGME Competency Areas

Table 6.9	All Respondents (n=180)						Chi-square p-value
	In-state (n=92)			Out-state (n=88)			
How competent do you feel in the following ACGME competencies?	Fully	Partially	Not at all	Fully	Partially	Not at all	
	%	%	%	%	%	%	
Patient Care	98.9	1.1	0.0	97.7	2.3	0.0	0.777
Medical knowledge	96.7	3.3	0.0	91.9	8.1	0.0	0.314
Practice-based learning & improvement	93.3	6.7	0.0	91.9	8.1	0.0	0.733
Interpersonal & communication skills	98.9	1.1	0.0	97.7	2.3	0.0	0.777
Professionalism	100.0	0.0	0.0	96.5	3.5	0.0	0.185
Systems-based practice	92.2	7.8	0.0	93.0	7.0	0.0	0.771

Table 6.9 shows the in-state and out-of-state survey respondents' self-rated competency level in the six ACGME competency areas. Almost all ($\geq 91\%$) respondents intending to practice within Indiana and those going out-of-state indicated feeling “fully” competent in the six ACGME competency areas. There was no statistically significant difference between the two groups.

Rural and Underserved Training

Table 6.10	All Respondents (n=180)								Chi-square p-value
	In-state (n=92)				Out-state (n=88)				
	Yes		No		Yes		No		
In your residency or fellowship program, did you receive training to serve the:	#	%	#	%	#	%	#	%	
Rural population	67	74.4	23	25.6	61	72.6	23	27.4	0.093
Underserved population	83	92.2	7	7.8	82	97.6	2	2.4	0.144

Table 6.10 shows whether the in-state and out-of-state survey respondents' received training to serve the rural and underserved populations during their training program. About three-fourths of the respondents intending to practice within Indiana (74%) and those going out-of-state (73%) indicated they had received training to serve rural populations. There was no statistically significant difference between the two groups.

Almost all respondents intending to practice within Indiana (92%) and those going out-of-state (98%) indicated they had received training to serve the underserved populations. There was no statistically significant difference between the two groups.

Competency in Providing Care to the Rural and Underserved Populations

Table 6.11	All Respondents (n=180)						Chi-square p-value
	In-state (n=92)			Out-state (n=88)			
	Fully	Partially	Not at all	Fully	Partially	Not at all	
How competent do you feel providing care to the:	%	%	%	%	%	%	
Rural population	84.1	15.9	0.0	75.3	22.4	2.4	0.369
Underserved population	95.5	4.5	0.0	94.1	5.9	0.0	0.445

Table 6.11 shows the in-state and out-of-state survey respondents' self-rated competency levels in providing care to the rural and underserved populations. A majority of the respondents intending to practice within Indiana (84%) and those going out-of-state (75%) indicated feeling "fully" competent in providing care to the rural populations. There was no statistically significant difference between the two groups.

Almost all respondents intending to practice within Indiana (96%) and those going out-of-state (94%) indicated feeling "fully" competent in providing care to the underserved population. There was no statistically significant difference between the two groups.

Program Opportunities

Table 6.12	All Respondents (n=180)								Chi-square p-value
	In-state (n=92)				Out-state (n=88)				
	Yes		No		Yes		No		
In your residency or fellowship program, did you:	#	%	#	%	#	%	#	%	
Have an opportunity to be part of a multi-disciplinary inter-professional team to provide care?	90	100.0	0	0.0	87	100.0	0	0.0	1.000
Participate in a quality improvement project to improve health outcome?	88	97.8	2	2.2	81	93.1	6	6.9	0.004 †
Participate in patient safety project?	72	80.9	17	19.1	72	82.8	15	17.2	0.144
Have an opportunity to serve on a hospital-based committee or council?	71	79.8	18	20.2	70	81.4	16	18.6	0.182
Have an opportunity to participate in a cultural competency or diversity training?	77	86.5	12	13.5	72	83.7	14	16.3	0.061

Table 6.12 shows if there were any program opportunities available for the in-state and out-of-state survey respondents' in their training program. All (100%) respondents intending to practice in Indiana and those going out-of-state indicated they had the opportunity to be part of a multidisciplinary inter-professional team. Almost all respondents intending to practice in Indiana (98%) and those going out-of-state (93%) indicated they were able to participate in a quality improvement project. A majority of the respondents had the opportunity to participate in a patient safety project (81%, 83%); had the opportunity to serve on a committee or council (80%, 81%); and had the opportunity to participate in a cultural competency or diversity training (87%, 84%), respectively. The Chi-square test of association between the two groups was statistically significant. Respondents intending to practice within Indiana appear more likely to participate in a quality improvement project.

Teaching Opportunities

Table 6.13	All Respondents (n=180)			
	In-state (n=92)		Out-state (n=88)	
Were you provided an opportunity to teach in a clinical environment?	Number	Percent	Number	Percent
Yes	89	98.9	87	100.0
No	1	1.1	0	0.0
Total	90	100.0	87	100.0
Missing	2		1	

Chi-square p-value = 0.595

Table 6.13 shows whether the in-state and out-of-state survey respondents' had the opportunity to teach in a clinical environment. Almost all respondents intending to practice in Indiana (99%) and those going out-of-state (100%) indicated they were provided an opportunity to teach in a clinical environment. There was no statistically significant difference between the two groups.

Teaching Preparedness

Table 6.14	All Respondents (n=180)			
	In-state (n=92)		Out-state (n=88)	
How prepared did you feel to teach in a clinical environment?	Number	Percent	Number	Percent
Very well prepared	42	46.7	41	47.1
Well prepared	41	45.6	42	48.3
Neutral	6	6.7	4	4.6
Poorly prepared	1	1.1	0	0.0
Very poorly prepared	0	0.0	0	0.0
Total	90	100.0	87	100.0
Missing	2		1	

Chi-square p-value = 0.603

Table 6.14 shows the in-state and out-of-state survey respondents' readiness to teach in a clinical environment. Almost all respondents intending to practice in Indiana (92%) and those going out-of-state (95%) indicated feeling "very well prepared" or "well prepared" to teach in a clinical environment. There was no statistically significant difference between the two groups.

Frequency of Teaching Opportunities

Table 6.15	All Respondents (n=180)			
	In-state (n=92)		Out-state (n=88)	
In your residency or fellowship program, how many opportunities for teaching did you encounter per week in a clinical environment?	Number	Percent	Number	Percent
None	1	1.1	1	1.2
Once per week	23	25.6	17	19.8
Twice per week	13	14.4	15	17.4
Three times per week	19	21.1	17	19.8
Four or more times per week	34	37.8	36	41.9
Total	90	100.0	86	100.0
Missing	2		2	

Chi-square p-value = 0.938

Table 6.15 shows the number of opportunities the in-state and out-of-state survey respondents' were provided to teach in a clinical environment per week. About two-fifths of the respondents intending to practice within Indiana (38%) and those going out-of-state (42%) indicated they were provided four or more opportunities per week to teach in a clinical environment. There was no statistically significant difference between the two groups.

Competency in Communication during the Hand-Off Process

Table 6.16	All Respondents (n=180)			
	In-state (n=92)		Out-state (n=88)	
How competent do you feel in communicating with team members in the hand-off process?	Number	Percent	Number	Percent
Very competent	74	83.1	73	84.9
Competent	14	15.7	13	15.1
Neutral	1	1.1	0	0.0
Incompetent	0	0.0	0	0.0
Very incompetent	0	0.0	0	0.0
Total	89	100.0	86	100.0
Missing	3		2	

Chi-square p-value = 0.657

Table 6.16 shows the in-state and out-of-state survey respondents' self-rated competency levels in communicating with team members during the hand-off process. Almost all respondents intending to practice in Indiana (99%) and those going out-of-state (100%) indicated feeling "very competent" or "competent" communicating with team members during the hand-off process. There was no statistically significant difference between the two groups.

IUSM Policies and Procedures Regarding Mistreatment

Table 6.17	All Respondents (n=180)								
	In-state (n=92)				Out-state (n=88)				Chi-square p-value
	Yes		No		Yes		No		
Do you know about the following at IUSM:	#	%	#	%	#	%	#	%	
Policies regarding mistreatment of residents?	85	94.4	5	5.6	81	93.1	6	6.9	0.559
Procedures regarding mistreatment of residents?	82	91.1	8	8.9	78	89.7	9	10.3	0.164
Policies regarding mistreatment of medical students?	85	94.4	5	5.6	76	88.4	10	11.6	0.047 †
Procedures regarding mistreatment of medical students?	83	92.2	7	7.8	77	88.5	10	11.5	0.602

Table 6.17 shows the in-state and out-of-state survey respondents' knowledge of the IUSM policies and procedures regarding mistreatment. Almost all ($\geq 89\%$) respondents intending to practice in Indiana and those going out-of-state indicated they knew the policies *and* procedures regarding mistreatment of residents. A majority ($\geq 88\%$) of the respondents intending to practice in Indiana and those going out-of-state indicated they knew the policies *and* procedures regarding mistreatment of medical students. The Chi-square test of association between the two groups was statistically significant. Respondents intending to practice within Indiana appear more likely to know the policies regarding mistreatment of medical students.

Reporting Mistreatment

Table 6.18	All Respondents (n=180)								Chi-square p-value
	In-state (n=92)				Out-state (n=88)				
	Yes		No		Yes		No		
Do you know about the following at IUSM:	#	%	#	%	#	%	#	%	
Do you know whom to report mistreatment behaviors?	79	88.8	10	11.2	76	87.4	11	12.6	0.903
Are you comfortable reporting mistreatment behaviors?	83	93.3	6	6.7	79	90.8	8	9.2	0.627
Have you experienced any mistreatment behaviors?	34	38.2	55	61.8	36	41.4	51	58.6	0.804
Did you report the mistreatment behavior incident?	30	42.9	40	57.1	30	38.5	48	61.5	0.591

Table 6.18 shows the in-state and out-of-state survey respondents' knowledge of reporting mistreatment behaviors. A majority of the in-state and out-of-state respondents indicated they knew whom to report mistreatment behaviors (89%, 87%) and were comfortable reporting mistreatment behaviors (93%, 91%), respectively. About two-fifths (38%) of the in-state and out-of-state (41%) respondents indicated they experienced any mistreatment behaviors. About three-fifths of the in-state (57%) and those going out-of-state (62%) indicated *not* reporting the mistreatment behavior incident. There was no statistically significant difference between the two groups.

Unreported Mistreatment

Table 6.19	All Respondents (n=88)*			
	In-state (n=40)		Out-state (n=48)	
If there were any incidents of mistreatment behaviors that you did not report, why did you not report them?	Number	Percent	Number	Percent
Incident did not seem important enough to report	1	16.7	4	40.0
Resolved the issue myself	2	33.3	1	10.0
Did not think anything would be done about it	1	16.7	2	20.0
Fear of reprisal	2	33.3	3	30.0
Did not know what to do	0	0.0	0	0.0
Other	0	0.0	0	0.0
Total	6	100.0	10	100.0
Missing	34		38	

*Reflects responses from only those respondents who had not reported any mistreatment incidents.

Chi-square p-value = 0.501

Table 6.19 shows the in-state and out-of-state survey respondents' reasons for not reporting any incidents of mistreatment behaviors. Only those respondents who had not reported any mistreatment behavior incidents were included in this analysis. One-third of the in-state and out-of-state respondents gave the following reasons for *not* reporting mistreatment behavior incidents: incident did not seem important enough (17%, 40%), resolved the issue myself (33%, 10%), did not think anything would be done about it (17%, 20%), or fear of reprisal (33%, 30%), , respectively. There was no statistically significant difference between the two groups.

Quality of Program

Table 6.20	All Respondents (n=180)			
	In-state (n=92)		Out-state (n=88)	
I would rate the overall <u>quality</u> of my residency or fellowship program as:	Number	Percent	Number	Percent
Excellent	60	67.4	55	63.2
Above Average	25	28.1	22	25.3
Average	4	4.5	8	9.2
Below Average	0	0.0	2	2.3
Extremely Poor	0	0.0	0	0.0
Total	89	100.0	87	100.0
Missing	3		1	

Chi-square p-value = 0.201

Table 6.20 shows the in-state and out-of-state survey respondents' overall rating of the quality of their training program. Almost all respondents intending to practice in Indiana (96%) and those going out-of-state (89%) indicated the quality of their training program was “excellent” or “above average.” There was no statistically significant difference between the two groups.

Faculty Assessment

Table 6.21	All Respondents (n=180)			
	In-state (n=92)		Out-state (n=88)	
I would rate the overall performance of the <u>faculty</u> in my residency or fellowship program to have exceeded my expectations?	Number	Percent	Number	Percent
Strongly Agree	51	57.3	45	51.7
Agree	28	31.5	27	31.0
Neutral	9	10.1	13	14.9
Disagree	1	1.1	2	2.3
Strongly Disagree	0	0.0	0	0.0
Total	89	100.0	87	100.0
Missing	3		1	

Chi-square p-value = 0.537

Table 6.21 shows the in-state and out-of-state survey respondents' overall performance rating of faculty in their training program. A majority of the respondents intending to practice in Indiana (89%) and those going out-of-state (83%) indicated they “strongly agree” or “agree” that the faculty in their program exceeded their expectations. There was no statistically significant difference between the two groups.

Assessment of Peer Residents and Fellows

Table 6.22	All Respondents (n=180)			
	In-state (n=92)		Out-state (n=88)	
I would rate the overall performance of the <u>other residents/fellows</u> in my residency or fellowship program to have exceeded my expectations?	Number	Percent	Number	Percent
Strongly Agree	41	46.6	40	46.0
Agree	39	44.3	40	46.0
Neutral	7	8.0	7	8.0
Disagree	1	1.1	0	0.0
Strongly Disagree	0	0.0	0	0.0
Total	88	100.0	87	100.0
Missing	4		1	

Chi-square p-value = 0.932

Table 6.22 shows the in-state and out-of-state survey respondents' overall performance rating of other residents or fellows in their training program. Almost all respondents intending to practice in Indiana (91%) and those going out-of-state (92%) indicated they "strongly agree" or "agree" that other residents or fellows in their training program exceeded their expectations. There was no statistically significant difference between the two groups.

Quality of Life

Table 6.23(a)	All Respondents (n=180)						Chi-square p-value
	In-state (n=92)			Out-state (n=88)			
At this time, I feel...	Strongly Agree / Agree	Neutral	Disagree / Strongly Disagree	Strong Agree / Agree	Neutral	Disagree / Strongly Disagree	
	Percent	Percent	Percent	Percent	Percent	Percent	
My personal and professional lives were well-balanced.	87.6	3.4	9.0	77.0	11.5	11.5	0.030 †
I have felt physically "burnt out" from my work.	23.6	18.0	58.4	27.6	21.8	50.6	0.568
I have felt emotionally "burnt out" from my work.	23.6	23.6	52.8	36.0	22.1	41.9	0.106
I have the resources readily available to maintain my wellness.	86.5	11.2	2.2	80.5	11.5	8.0	0.275

Table 6.23(a) shows the in-state and out-of-state program care survey respondents' overall well-being. A majority of the respondents intending to practice in Indiana (88%) and those going out-of-state (77%) "strongly agree" or "agree" their personal and professional life was well-balanced. The Chi-square test of association between the two groups was statistically significant. Respondents intending to practice in Indiana appear more likely to "strongly agree/agree" that their personal and professional lives were well-balanced.

Almost one-fourth of the respondents intending to practice in Indiana and those going out-of-state indicated they “strongly agree” or “agree” they felt physically (24%, 28%) or emotionally (24, 36%) burnt out from work, respectively. A majority of the respondents intending to practice in Indiana (87%) and those going out-of-state (81%) indicated they “strongly agree” or “agree” they had readily available resources to maintain their wellness. There was no statistically significant difference between the two groups.

Table 6.23(b)	All Respondents (n=180)			
	In-state (n=92)		Out-state (n=88)	
I would rate the overall quality of my life as:	Number	Percent	Number	Percent
Very good	46	51.7	33	37.9
Good	35	39.3	39	44.8
Fair	8	9.0	13	14.9
Poor	0	0.0	1	1.1
Very poor	0	0.0	1	1.1
Total	89	100.0	87	100.0
Missing	3		1	

Chi-square p-value = 0.010 †

Table 6.23(b) shows the in-state and out-of-state program survey respondents’ overall rating of their quality of life. A majority of the respondents intending to practice in Indiana (91%) and those going out-of-state (83%) indicated the overall quality of their life was “very good” or “good”. The Chi-square test of association between the two groups was statistically significant. Respondents intending to practice within Indiana appear more likely to rate the overall quality of their lives as very good.

Plans after Graduation

Table 6.24	All Respondents (n=180)			
	In-state (n=92)		Out-state (n=88)	
What do you expect to be doing <u>after</u> completion of your current residency or fellowship program?	Number	Percent	Number	Percent
Patient Care or Clinical Practice (in Non-Training position)	59	64.8	59	67.8
Fellowship or Additional Subspecialty Training	31	34.1	27	31.0
Military	0	0.0	0	0.0
Non-Patient Care-based activities (e.g. research, administration)	1	1.1	0	0.0
Temporarily out of medicine	0	0.0	0	0.0
Other	0	0.0	1	1.1
Total	91	100.0	87	100.0
Missing/Undecided/Don’t know yet	1		1	

Chi-square p-value = 0.269

Table 6.24 shows what the in-state and out-of-state survey respondents' expect to do after completing their current training program. About two-thirds (65%) of the respondents intending to practice in Indiana and those going out-of-state (68%) planned to go into patient care or clinical practice after completing their training. About one-third of the respondents intending to practice in Indiana (34%) and those going out-of-state (31%) planned to continue with additional training. There was no statistically significant difference between the two groups.

NOTE - The following section is only for those respondents who indicated they were primarily going into "patient care or clinical practice" (n=118).

Respondents going into patient care or clinical practice (n=118)

Practice Characteristics

Primary Practice Location

Table 6.25	Clinical Care Respondents (n=118)			
	In-state (n=59)		Out-state (n=59)	
Where is the location of your primary activity <u>after</u> completing your current training program?	Number	Percent	Number	Percent
Same city or county as current training	39	66.1	0	0.0
Same region in Indiana, but different city or county	9	15.3	0	0.0
Other area in Indiana	11	18.6	0	0.0
Other U.S. state (not Indiana)	0	0.0	55	93.2
Outside of U.S.	0	0.0	4	6.8
Total	59	100.0	59	100.0
Missing / Undecided	0		0	

Table 6.25 shows the location of the in-state and out-of-state survey respondents' primary activity after completion of their current training program. This table shows the distribution of respondents intending to practice within Indiana (100%) and those going out-of-state (100%) after completing their training.

Type of Practice

Table 6.26	Clinical Care Respondents (n=118)			
	In-state (n=59)		Out-state (n=59)	
Which best describes the principal type of Patient Care Practice you will be entering? Please mark ALL that apply.	Number	Percent	Number	Percent
Solo practice	0	0.0	0	0.0
Partnership (2 person)	1	1.7	5	8.5
Group Practice	39	66.1	36	61.0
Hospital-inpatient	18	30.5	15	25.4
Hospital-ambulatory care	9	15.3	5	8.5
Hospital-emergency department	5	8.5	6	10.2
Free-standing health center or clinic	1	1.7	3	5.1
Nursing Home	0	0.0	0	0.0
Other (specify)	2	3.4	2	3.4

Table 6.26 shows the principal type of patient care practice setting the in-state and out-of-state survey respondents' will be entering after completing their training. Three-fifths of the respondents intending to practice in Indiana (66%) and those going out-of-state (61%) reported they intended to work in a "group practice" setting. Almost one-half of the respondents intending to practice in Indiana (54%) and those going out-of-state (44%) indicated they plan to practice in a "hospital" setting (inpatient, ambulatory care, or emergency department).

Obligation or Visa Requirement

Table 6.27	Clinical Care Respondents (n=118)			
	In-state (n=59)		Out-state (n=59)	
Do you have an obligation or visa requirement to work in a designated HPSA or MUA when you complete your training?	Number	Percent	Number	Percent
Yes	3	5.1	2	3.5
No	56	94.9	55	96.5
Total	59	100.0	57	100.0
Missing	0		2	

Chi-square p-value = 0.895

Table 6.27 shows the in-state and out-of-state survey respondents' obligation or visa requirement to work in a designated HPSA or MUA after completing their training. Almost all respondents intending to practice in Indiana (95%) and those going out-of-state (97%) indicated they had no obligation or visa requirement to work in a designated HPSA or MUA after completing their training. There was no statistically significant difference between the two groups.

Percentage of Patients Expected to be seen from Underserved Populations

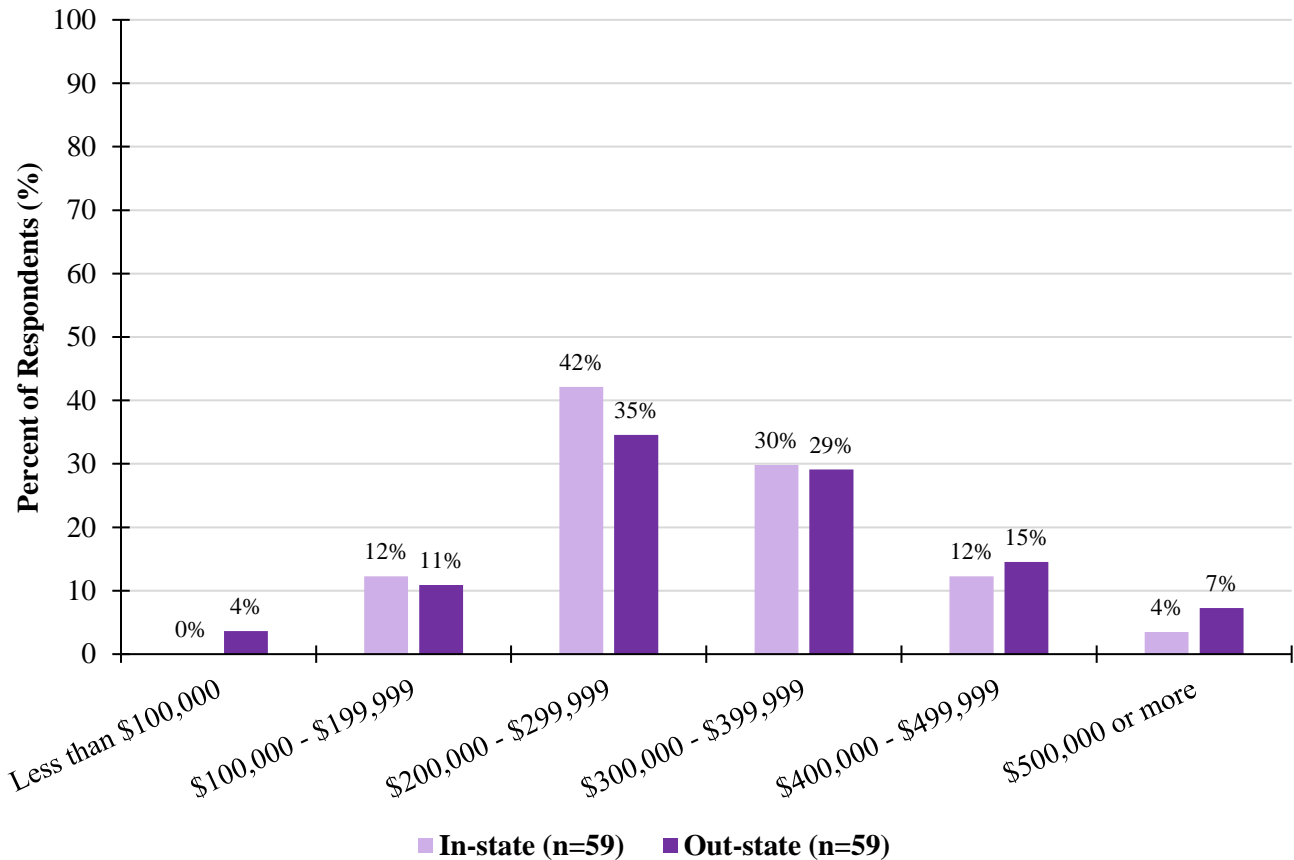
Table 6.28	Clinical Care Respondents (n=118)			
	In-state (n=59)		Out-state (n=59)	
In your new practice, what percentage of the patients do you expect to see from underserved populations?	Number	Percent	Number	Percent
Less than 10 percent	1	1.8	3	5.9
10-24 percent	22	38.6	18	35.3
25-49 percent	22	38.6	19	37.3
50-74 percent	8	14.0	8	15.7
More than 75 percent	4	7.0	3	5.9
Total	57	100.0	51	100.0
Missing/Don't Know	2		8	

Chi-square p-value = 0.838

Table 6.28 shows the percentage of patient's the in-state and out-of-state survey respondents' expect to see from underserved populations. About three-fifths of the respondents intending to practice in Indiana (60%) and those going out-of-state (59%) indicated they expect to see more than 25 percent of the patients from underserved populations. There was no statistically significant difference between the two groups.

Expected Gross Income

Figure 6.3: Expected Gross Income (n=118)



Chi-square p-value = 0.583

Figure 6.3 presents the gross income that the in-state and out-of-state survey respondents' expect to earn during their first year of practice. A majority of the respondents intending to practice in Indiana (88%) and those going out-of-state (86%) indicated they expect to earn \$200,000 or more during their first year of practice. Almost one-half of the respondents intending to practice in Indiana (46%) and those going out-of-state (51%) indicated they expect to earn \$300,000 or more during their first year of practice. There was no statistically significant difference between the two groups.

Job Offers All Together

Table 6.29	Clinical Care Respondents (n=118)			
	In-state (n=59)		Out-state (n=59)	
How many offers for employment/practice positions did you receive all together?	Number	Percent	Number	Percent
0	0	0.0	0	0.0
1	7	12.1	7	13.0
2	15	25.9	16	29.6
3	18	31.0	11	20.4
4	9	15.5	10	18.5
5 or more	9	15.5	10	18.5
Total	58	100.0	54	100.0
Missing / Did not seek an employment position at this time	1		5	

Chi-square p-value = 0.677

Table 6.29 shows the total number of offers the in-state and out-of-state survey respondents' received for employment or practice positions. About three-fifths of the respondents intending to practice in Indiana (62%) and those going out-of-state (57%) indicated receiving three or more offers for employment all together. There was no statistically significant difference between the two groups.

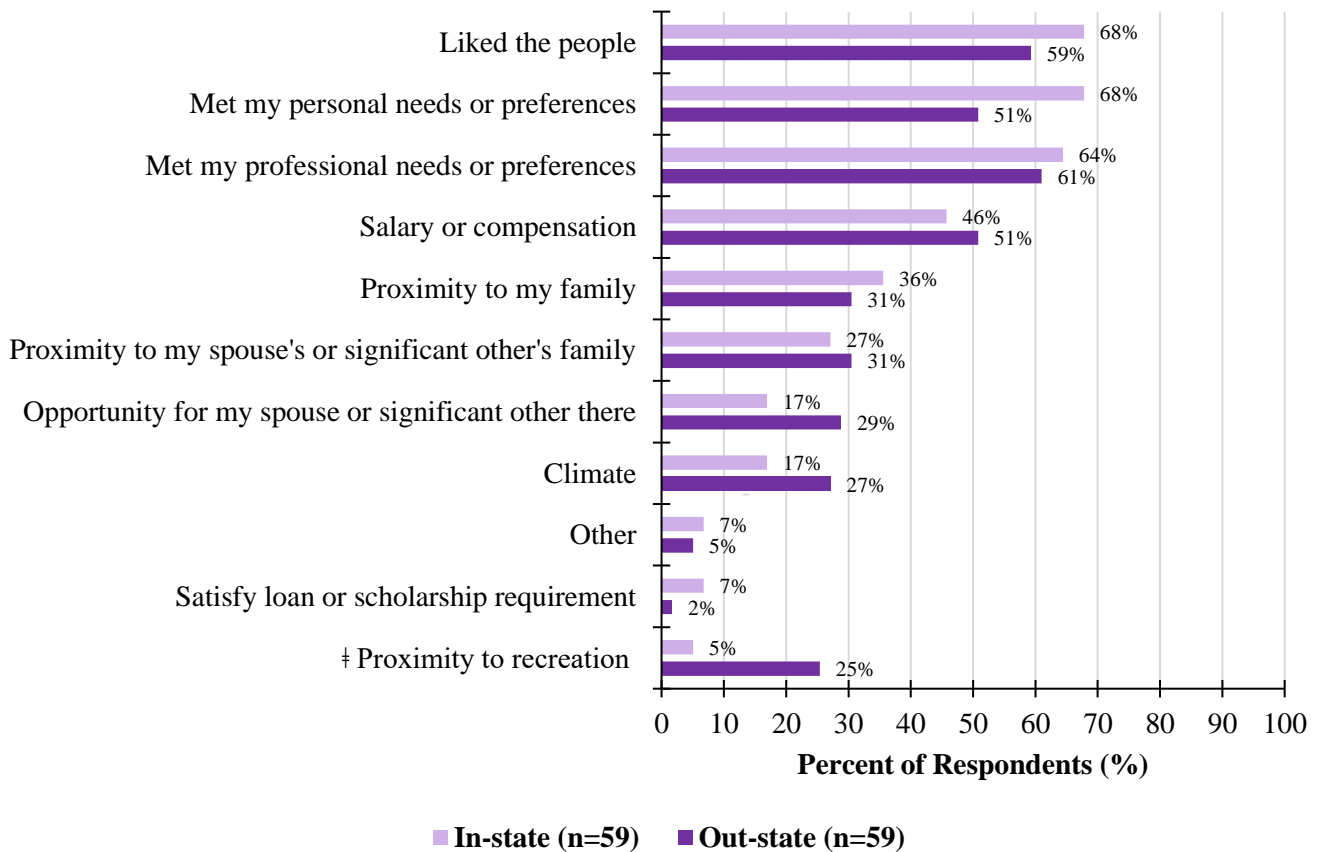
Job Offers from Indiana Hospitals

Table 6.30	Clinical Care Respondents (n=118)			
	In-state (n=59)		Out-state (n=59)	
Did you receive any offer from? Please mark ALL that apply.	Number	Percent	Number	Percent
IU Health	31	52.5	8	13.6
Eskenazi Hospital	9	15.3	4	6.8
Veterans Administration	5	8.5	2	3.4
Other hospital or health system in Indiana	30	50.8	8	13.6
Other	5	8.5	4	6.8

Table 6.30 shows the number of offers the in-state and out-of-state survey respondents' received for employment from Indiana hospitals. One-half of the in-state respondents indicated receiving offers from IU Health (53%) and from other hospital or health system in Indiana (51%), compared to those going out-of-state (14%, 14% respectively).

Main Reasons to Practice at this Location

Main Reasons to Practice at this Location (n=118)



‡ Denotes that a statistically significant difference was found.

Figure 6.4 presents the main reasons influencing the in-state and out-of-state survey respondents' choice of practice location. The top three reasons for choosing to practice at this location by those intending to stay in Indiana were: “liked the people” (68%), “met my personal needs or preferences” (68%), and “met my professional needs or preferences” (64%). The top reasons for choosing to practice at this location by those going out-of-state were: “met my professional needs or preferences” (61%), “liked the people” (59%), “met my personal needs or preferences” (51%), and “salary or compensation” (51%). The Chi-square test of association between the two groups was statistically significant. Respondents intending to practice outside Indiana appear more likely to practice out-of-state because of proximity to recreation.

Respondents going into patient care or clinical practice within Indiana (n=59)

Job Offers in Indiana

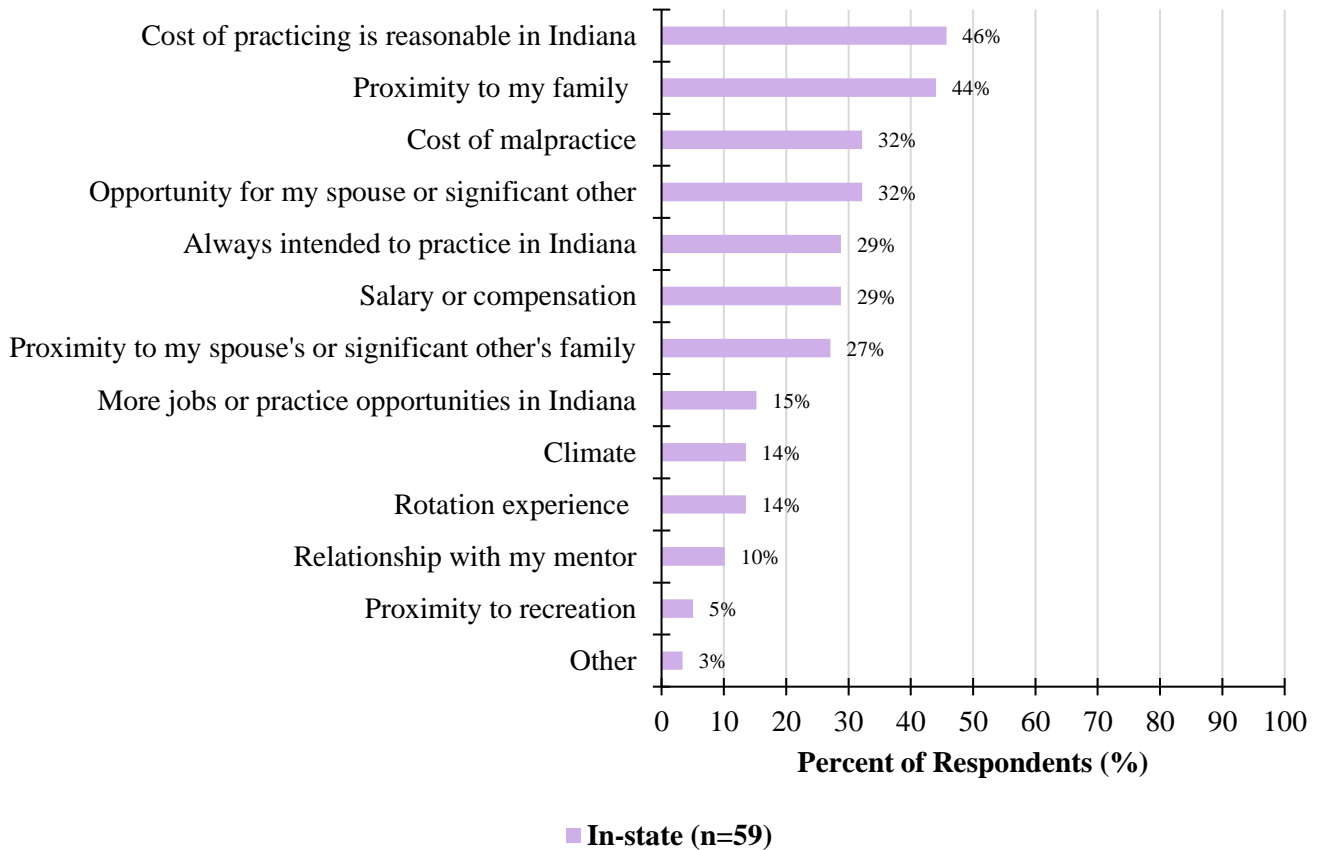
Table 6.31		Clinical Care Respondents (n=59)*	
		In-state (n=59)	
How many offers for employment/practice positions did you receive in Indiana?		Number	Percent
0		0	0.0
1		15	26.3
2		18	31.6
3		16	28.1
4		6	10.5
5 or more		2	3.5
Total		57	100.0
Missing/ Did not seek employment positions at this time		2	

*Reflects responses from only those respondents who indicated their primary practice location was in Indiana.

Table 6.31 shows the number of offers the in-state survey respondents' received for employment or practice positions in Indiana. Only those respondents who indicated their primary practice location was in Indiana were included in the analysis. Of those 59 respondents, two-fifths (42%) of the respondents indicated receiving three or more offers for employment within the state.

Main Reasons to Practice in Indiana

Main Reasons to Practice in Indiana (n=59)*

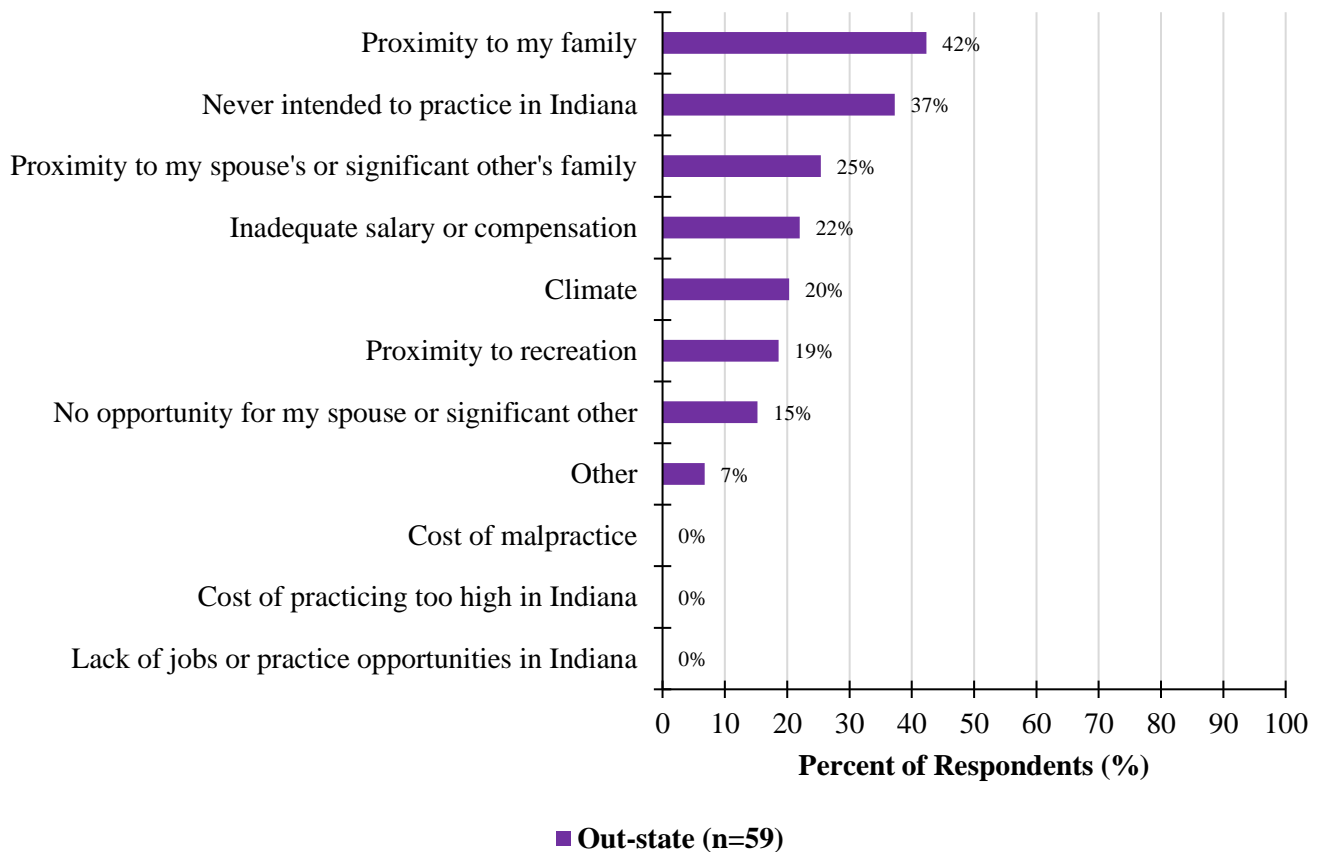


*Reflects responses from only those respondents who indicated their primary practice location was in Indiana.

Figure 6.5 presents the main reasons influencing the in-state survey respondent's choice of practice location in Indiana. Only those respondents who indicated their primary practice location was in Indiana were included in this analysis. Among those 59 respondents, the top reasons given for choosing to practice in Indiana were: "cost of practicing is reasonable in Indiana" (46%), "proximity to my family" (44%), "cost of malpractice" (32%), and "opportunity for my spouse or significant other" (32%).

Main Reasons not to Practice in Indiana

Figure 6.6: Main Reasons not to Practice in Indiana (n=59)*



*Reflects responses from only those respondents who indicated their primary practice location was outside Indiana.

Figure 6.6 presents the main reasons influencing the out-of-state survey respondent’s choice of practice location outside Indiana. Only those respondents who indicated their primary practice location was outside Indiana were included in this analysis. Among those 59 respondents, the top reasons given for choosing not to practice in Indiana were: “proximity to my family” (42%), “never intended to practice in Indiana” (37%), and “proximity to my spouse’s or significant other’s family” (25%).

Chapter 7: Male and Female Respondents

The survey respondents were asked a question on gender. Based on their response they were stratified into a male and female category. Of the 188 graduates who completed the survey, 102 reported their gender as male and 86 as female, as shown in tables 7.1 to 7.23 and figures 7.1 and 7.2. The remaining tables and figures show responses from only those graduates who:

- indicated they planned to work in ‘patient care or clinical practice’ after graduation, n=119 [males (61) and females (58)];
- intended to practice in Indiana, n=59 [males (28) and females (31)]; and,
- intended to practice outside Indiana, n=59 [males (32) and females (27)].

One respondent was undecided about his/her first practice location. Chi-square tests and Fisher’s exact tests were used to compare responses between groups. *P*-values less than 0.05 were considered statistically significant and are denoted with a symbol (+). For ease of interpretation, the percentages in the text have been rounded off to the nearest decimal point.

All respondents (n=188)

Demographics

Age

Table 7.1	All Respondents (n=188)			
	Males (n=102)		Females (n=86)	
Age	Number	Percent	Number	Percent
25-29	9	9.1	18	21.2
30-34	73	73.7	54	63.5
35-39	10	10.1	9	10.6
40-44	5	5.1	3	3.5
45-49	2	2.0	1	1.2
> 50	0	0.0	0	0.0
Total	99	100.0	85	100.0
Missing	3		1	

Chi-square p-value = 0.479

Table 7.1 shows the age distribution of the male and female survey respondents. A majority of the male (84%) and female (74%) respondents were between the ages of 30 and 39 years. There was no statistically significant difference between the two groups.

Race

Table 7.2	All Respondents (n=188)			
	Males (n=102)		Females (n=86)	
Which of the following describes your race? Please mark ALL that apply.	Number	Percent	Number	Percent
American Indian/ Alaskan Native	0	0.0	0	0.0
Asian	18	18.2	19	22.4
Black/ African American	1	1.0	5	5.9
Native Hawaiian/ Pacific Islander	0	0.0	0	0.0
White	76	76.8	53	62.4
Other	3	3.0	4	4.7
Biracial	1	1.0	4	4.7
Total	99	100.0	85	100.0
Missing	3		1	

Table 7.2 shows the racial distribution of the male and female survey respondents. Three-fourths of the male (77%) respondents were white., compared to 62 percent of female respondents. About one-fifth of the male (18%) and female (22%) respondents indicated they were Asian.

Ethnicity

Table 7.3	All Respondents (n=188)			
	Males (n=102)		Females (n=86)	
Do you consider yourself to be Hispanic or Latino?	Number	Percent	Number	Percent
Yes, Hispanic/Latino	4	4.0	5	5.9
No, not Hispanic/Latino	95	96.0	80	94.1
Total	99	100.0	85	100.0
Missing	3		1	

Chi-square p-value = 0.564

Table 7.3 shows the ethnicity of the male and female survey respondents. Less than one-tenth of the male (4%) and female (6%) respondents indicated a Hispanic or Latino ethnicity. There was no statistically significant difference between the two groups.

Respondents Coming From

Table 7.4	All Respondents (n=188)			
	Males (n=102)		Females (n=86)	
Where are the respondents coming from?	Number	Percent	Number	Percent
Outside USA	18	18.0	11	13.1
Within USA	82	82.0	73	86.9
<i>Outside Indiana</i>	<i>47</i>	<i>57.3</i>	<i>48</i>	<i>65.8</i>
<i>Within Indiana</i>	<i>35</i>	<i>42.7</i>	<i>25</i>	<i>34.2</i>
Total	100	100.0	84	100.0
Missing	2		2	

Chi-square p-value = 0.363

Table 7.4 shows where the male and female survey respondents' were coming from. Of the 188 graduates who responded to the survey, about one-fifth of the male (18%) and female (13%) respondents were from another country. Of the 155 respondents who indicated they were from United States, almost two-fifths of the male (43%) and female (34%) respondents were from Indiana. There was no statistically significant difference between the two groups.

Respondents who have an Indiana Connection

Table 7.5	All Respondents (n=188)			
	Males (n=102)		Females (n=86)	
Respondents who have an Indiana connection	Number	Percent	Number	Percent
High School	23	22.5	22	25.6
College	21	20.6	21	24.4
Medical School	22	21.6	19	22.1

Table 7.5 shows the male and female survey respondents' who graduated from a high school, college, or medical school in Indiana. About one-fifth of the male and female respondents indicated they graduated from a high school in Indiana (23%, 26%), college (21%, 24%), or medical school (22%, 22%) in Indiana, respectively. All respondents who completed medical school in Indiana graduated from IUSM.

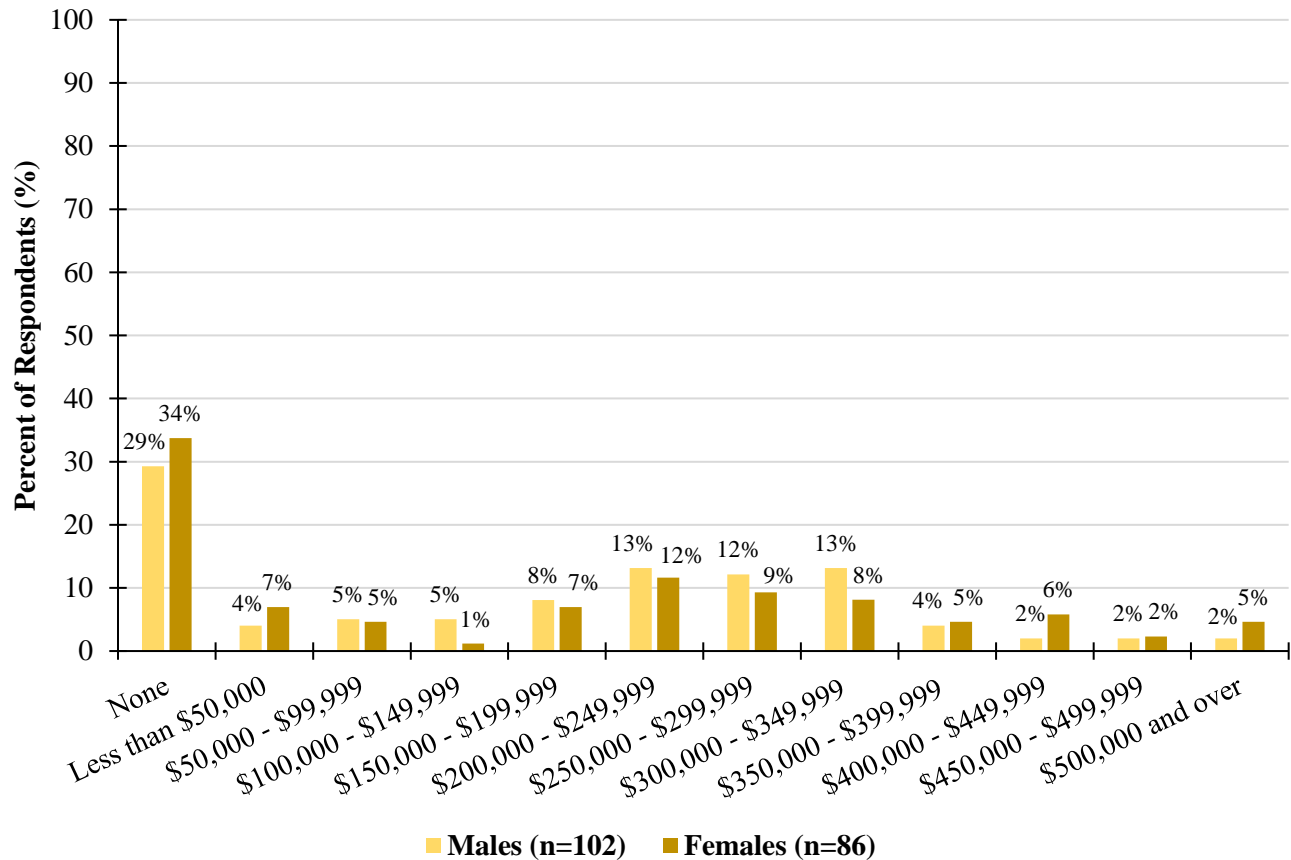
Learner Background

Table 7.6	All Respondents (n=188)			
	Males (n=102)		Females (n=86)	
Do you consider yourself? Please mark ALL that apply.	Number	Percent	Number	Percent
First generation learner	20	19.6	19	22.1
Learner from a rural area	20	19.6	12	14.0
Economically or educationally disadvantaged	5	4.9	8	9.3
None of the above	59	57.8	57	66.3

Table 7.6 shows the male and female survey respondents' learner and socioeconomic background. About one-fifth of the male (20%) and female (22%) respondents indicated they were a first-generation learner. Over one-tenth of the male (20%) and female (14%) respondents indicated they came from a rural area. Less than one-tenth of the male (5%) and female (9%) respondents indicated they came from an economically or educationally disadvantaged background.

Current Individual Educational Debt

Figure 7.1: Current Individual Educational Debt (n=188)

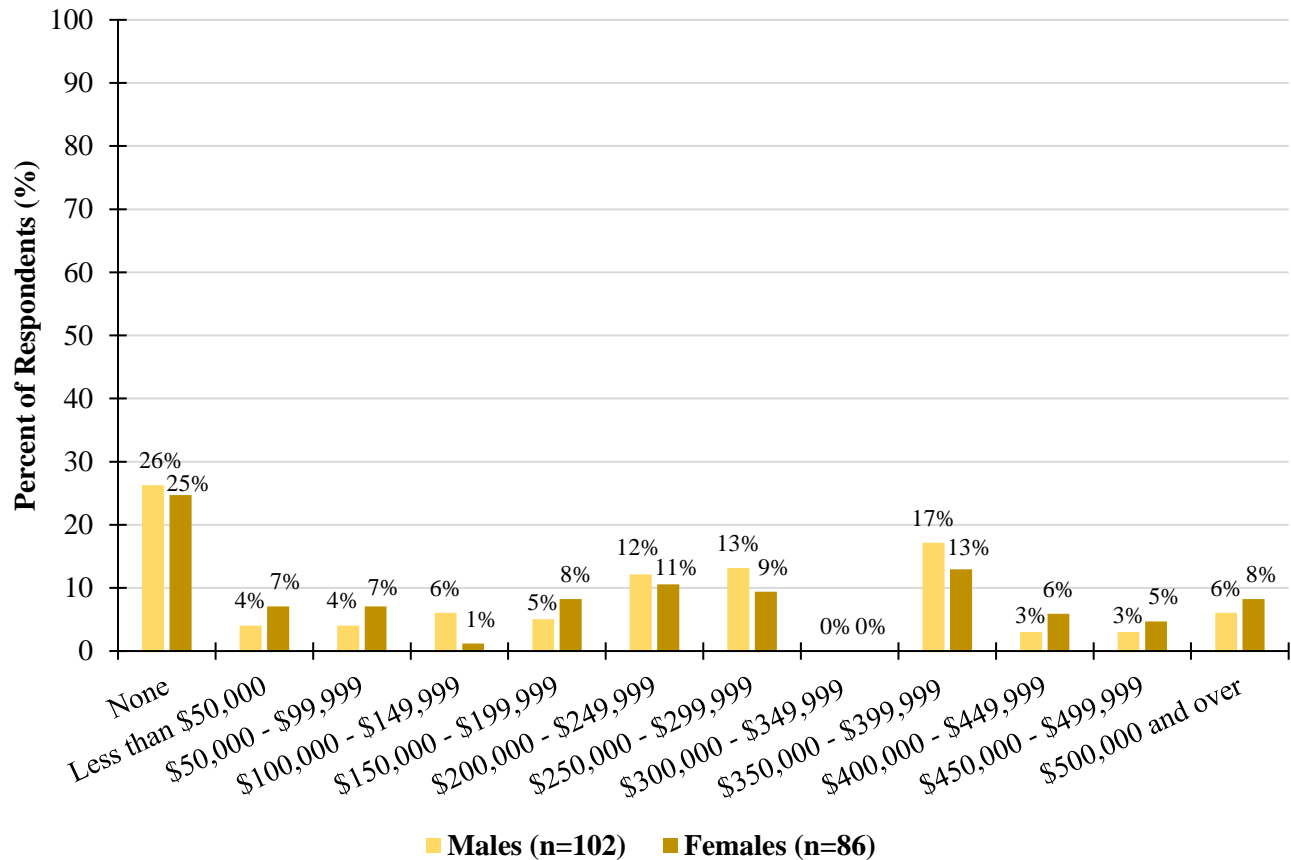


Chi-square p-value = 0.755

Figure 7.1 presents the current level of individual educational debt among the male and female survey respondents. About one-third of the male (29%) and female (34%) respondents indicated having no educational debt. Almost three-fifths of the male (61%) and female (55%) respondents indicated having an educational debt of \$100,000 or more. Almost one-half of the male (48%) and female (47%) respondents indicated having an educational debt of \$200,000 or more. There was no statistically significant difference between the two groups.

Current Total Household Educational Debt

Figure 7.2: Current Total Household Educational Debt (n=188)



Chi-square p-value = 0.644

Figure 7.2 presents the current level of total household educational debt among male and female survey respondents. About one-fourth of the male (26%) and female (25%) respondents indicated having no household educational debt. Three-fifths of the male (65%) and female (61%) respondents reported having a household educational debt of \$100,000 or more. About one-half of the male (55%) and female (52%) respondents indicated having a household educational debt of \$200,000 or more. There was no statistically significant difference between the two groups.

Program Assessment

Training Program

Table 7.7	All Respondents (n=188)			
	Males (n=102)		Females (n=86)	
The residency or fellowship program provided resources and training to prepare for my specialty exams.	Number	Percent	Number	Percent
Strongly Agree	60	60.6	32	38.6
Agree	34	34.3	45	54.2
Neutral	3	3.0	4	4.8
Disagree	2	2.0	1	1.2
Strongly Disagree	0	0.0	1	1.2
Total	99	100.0	83	100.0
Missing/Board exam in my field does not exist	3		3	

Chi-square p-value = 0.069

Table 7.7 shows the male and female survey respondents' assessment of the resources and training provided by the program to prepare them for the specialty exams. Almost all male (95%) and female (93%) respondents indicated they “strongly agree” or “agree” that their training program provided them resources and training to prepare for the specialty exams. There was no statistically significant difference between the two groups.

ACGME Competency Areas

Table 7.8	All Respondents (n=188)						Chi-square p-value
	Males (n=102)			Females (n=86)			
How competent do you feel in the following ACGME competencies?	Fully %	Partially %	Not at all %	Fully %	Partially %	Not at all %	
Patient Care	100.0	0.0	0.0	96.4	3.6	0.0	0.058
Medical knowledge	96.0	4.0	0.0	92.9	7.1	0.0	0.357
Practice-based learning & improvement	94.9	5.1	0.0	90.5	9.5	0.0	0.240
Interpersonal & communication skills	100.0	0.0	0.0	96.4	3.6	0.0	0.058
Professionalism	100.0	0.0	0.0	96.4	3.6	0.0	0.059
Systems-based practice	96.0	4.0	0.0	89.3	10.7	0.0	0.080

Table 7.8 shows the male and female survey respondents' self-rated competency level in the six ACGME competency areas. A majority ($\geq 89\%$) male and female respondents indicated feeling “fully” competent in the six ACGME competency areas. There was no statistically significant difference between the two groups.

Rural and Underserved Training

Table 7.9	All Respondents (n=188)								Chi-square p-value
	Males (n=102)				Females (n=86)				
	Yes		No		Yes		No		
In your residency or fellowship program, did you receive training to serve the:	#	%	#	%	#	%	#	%	
Rural population	73	74.5	25	25.5	57	69.5	25	30.5	0.458
Underserved population	94	95.9	4	4.1	76	92.7	6	7.3	0.345

Table 7.9 shows whether the male and female survey respondents’ received training to serve the rural and underserved populations during their training program. Over two-thirds of the male (75%) and female (70%) respondents indicated they had received training to serve the rural populations. There was no statistically significant difference between the two groups.

Almost all male (96%) and female (93%) respondents indicated they had received training to serve the underserved populations. There was no statistically significant difference between the two groups.

Competency in Providing Care to the Rural and Underserved Populations

Table 7.10	All Respondents (n=188)						Chi-square p-value
	Males (n=102)			Females (n=86)			
	Fully	Partially	Not at all	Fully	Partially	Not at all	
How competent do you feel providing care to the:	%	%	%	%	%	%	
Rural population	87.8	10.2	2.0	69.1	30.9	0.0	0.001 †
Underserved population	99.0	1.0	0.0	89.0	11.0	0.0	0.004 †

Table 7.10 shows the male and female survey respondents’ self-rated competency levels in providing care to the rural and underserved populations. A majority (88%) of the male respondents indicated feeling “fully” competent in providing care to the rural populations, compared to 69 percent of the female respondents. The Chi-square test of association between the two groups was statistically significant. Male respondents appear more likely to feel “fully” competent in providing care to the rural populations.

Almost all male (99%) and female (89%) respondents indicated feeling “fully” competent in providing care to the underserved populations. The Chi-square test of association between the two groups was statistically significant. Male respondents appear more likely to feel “fully” competent in providing care to the underserved populations.

Program Opportunities

Table 7.11	All Respondents (n=188)								Chi-square p-value
	Males (n=102)				Females (n=86)				
	Yes		No		Yes		No		
In your residency or fellowship program, did you:	#	%	#	%	#	%	#	%	
Have an opportunity to be part of a multi-disciplinary inter-professional team to provide care?	98	100.0	0	0.0	85	100.0	0	0.0	1.000
Participate in a quality improvement project to improve health outcome?	94	95.9	4	4.1	79	92.9	6	7.1	0.377
Participate in patient safety project?	82	83.7	16	16.3	65	77.4	19	22.6	0.283
Have an opportunity to serve on a hospital-based committee or council?	79	81.4	18	18.6	65	77.4	19	22.6	0.499
Have an opportunity to participate in a cultural competency or diversity training?	86	88.7	11	11.3	66	78.6	18	21.4	0.065

Table 7.11 shows if there were any program opportunities available for the male and female survey respondents' in their training program. All (100%) male and female respondents indicated they had the opportunity to be part of a multidisciplinary inter-professional team. Almost all male and female respondents reported participating in a quality improvement project (96%, 93%). A majority of the male and female respondents indicated they had an opportunity to participate in a patient safety project (84%, 77%); had an opportunity to serve on a committee or council (81%, 77%); and had the opportunity to participate in a cultural competency or diversity training (89%, 79%), respectively. There was no statistically significant difference between the two groups.

Teaching Opportunities

Table 7.12	All Respondents (n=188)			
	Males (n=102)		Females (n=86)	
Were you provided an opportunity to teach in a clinical environment?	Number	Percent	Number	Percent
Yes	97	99.0	85	100.0
No	1	1.0	0	0.0
Total	98	100.0	85	100.0
Missing	4		1	

Chi-square p-value = 0.350

Table 7.12 shows whether the male and female survey respondents' had the opportunity to teach in a clinical environment. Almost all male (99%) and female (100%) respondents indicated they were provided an opportunity to teach in clinical environment. There was no statistically significant difference between the two groups.

Teaching Preparedness

Table 7.13	All Respondents (n=188)			
	Males (n=102)		Females (n=86)	
How prepared did you feel to teach in a clinical environment?	Number	Percent	Number	Percent
Very well prepared	55	56.1	29	34.1
Well prepared	40	40.8	48	56.5
Neutral	2	2.0	8	9.4
Poorly prepared	1	1.0	0	0.0
Very poorly prepared	0	0.0	0	0.0
Total	98	100.0	85	100.0
Missing	4		1	

Chi-square p-value = 0.006 ‡

Table 7.13 shows the male and female survey respondents' readiness to teach in a clinical environment. Almost all male (97%) and female (91%) respondents indicated feeling "very well prepared" or "well prepared" to teach in a clinical environment. The Chi-square test of association between the two groups was statistically significant. Male respondents appear more likely to feel "very well prepared" to teach in a clinical environment.

Frequency of Teaching Opportunities

Table 7.14	All Respondents (n=188)			
	Males (n=102)		Females (n=86)	
In your residency or fellowship program, how many opportunities for teaching did you encounter per week in a clinical environment?	Number	Percent	Number	Percent
None	2	2.0	0	0.0
Once per week	27	27.6	15	17.9
Twice per week	14	14.3	14	16.7
Three times per week	18	18.4	20	23.8
Four or more times per week	37	37.8	35	41.7
Total	98	100.0	84	100.0
Missing	4		2	

Chi-square p-value = 0.338

Table 7.14 shows the number of opportunities the male and female survey respondents' were provided to teach in a clinical environment per week. About two-fifths of the male (38%) and female (42%) respondents indicated they were provided four or more opportunities per week to teach in a clinical environment. There was no statistically significant difference between the two groups.

Competency in Communication during the Hand-Off Process

Table 7.15	All Respondents (n=188)			
	Males (n=102)		Females (n=86)	
How competent do you feel in communicating with team members in the hand-off process?	Number	Percent	Number	Percent
Very competent	85	88.5	66	77.6
Competent	11	11.5	18	21.2
Neutral	0	0.0	1	1.2
Incompetent	0	0.0	0	0.0
Very incompetent	0	0.0	0	0.0
Total	96	100.0	85	100.0
Missing	6		1	

Chi-square p-value = 0.109

Table 7.15 shows the male and female survey respondents' self-rated competency levels in communicating with team members during the hand-off process. Almost all male (100%) and female (99%) respondents indicated feeling "very competent" or "competent" communicating with team members during the hand-off process. There was no statistically significant difference between the two groups.

IUSM Policies and Procedures Regarding Mistreatment

Table 7.16	All Respondents (n=188)								
	Males (n=102)				Females (n=86)				Chi-square p-value
	Yes		No		Yes		No		
Do you know about the following at IUSM:	#	%	#	%	#	%	#	%	
Policies regarding mistreatment of residents?	93	94.9	5	5.1	78	91.8	7	8.2	0.393
Procedures regarding mistreatment of residents?	91	92.9	7	7.1	73	85.9	12	14.1	0.123
Policies regarding mistreatment of medical students?	89	90.8	9	9.2	76	90.5	8	9.5	0.937
Procedures regarding mistreatment of medical students?	90	91.8	8	8.2	75	88.2	10	11.8	0.415

Table 7.16 shows the male and female survey respondents' knowledge of the IUSM policies and procedures regarding mistreatment. A majority ($\geq 85\%$) of the male and female respondents knew the policies *and* procedures regarding mistreatment of residents. A majority ($\geq 88\%$) of the male and female respondents knew the policies *and* procedures regarding mistreatment of medical students. There was no statistically significant difference between the two groups.

Reporting Mistreatment

Table 7.17	All Respondents (n=188)								Chi-square p-value
	Males (n=102)				Females (n=86)				
	Yes		No		Yes		No		
Do you know about the following at IUSM:	#	%	#	%	#	%	#	%	
Do you know whom to report mistreatment behaviors?	90	91.8	8	8.2	70	83.3	14	16.7	0.079
Are you comfortable reporting mistreatment behaviors?	81	92.0	7	8.0	76	90.5	8	9.5	0.560
Have you experienced any mistreatment behaviors?	44	44.9	54	55.1	29	34.5	55	65.5	0.155
Did you report the mistreatment behavior incident?	38	45.8	45	54.2	25	35.7	45	64.3	0.207

Table 7.17 shows the male and female survey respondents' knowledge of reporting mistreatment behaviors. A majority of the male and female respondents indicated they knew whom to report mistreatment behaviors (92%, 83%) and were comfortable reporting mistreatment behaviors (92%, 91%), respectively. Almost two-fifths (45%) of the male and female (35%) respondents experienced any mistreatment behaviors. About three-fifths of the male (54%) and female (64%) respondents indicated not reporting the mistreatment behavior incident. There was no statistically significant difference between the two groups.

Unreported Mistreatment

Table 7.18	All Respondents (n=90)			
	Males (n=45)		Females (n=45)	
If there were any incidents of mistreatment behaviors that you did not report, why did you not report them?	Number	Percent	Number	Percent
Incident did not seem important enough to report	2	22.2	3	37.5
Resolved the issue myself	3	33.3	0	0.0
Did not think anything would be done about it	1	11.1	3	37.5
Fear of reprisal	3	33.3	2	25.0
Did not know what to do	0	0.0	0	0.0
Other	0	0.0	0	0.0
Total	9	100.0	8	100.0
Missing	36		37	

*Reflects responses from only those respondents who had not reported any mistreatment incident.

Chi-square p-value = 0.225

Table 7.18 shows the male and female survey respondents' reasons for not reporting any incidents of mistreatment behaviors. Only those respondents who had not reported any mistreatment behavior incidents, were included in the analysis. One-fourth of the male and female respondents gave the following reasons for not reporting mistreatment behavior incidents: incident did not seem important enough to report (22%, 38%), resolved the issue myself (33%, 0%), did not think anything would be done about it (11%, 38%), or fear of reprisal (33%, 25%), respectively. There was no statistically significant difference between the two groups.

Quality of Program

Table 7.19	All Respondents (n=188)			
	Males (n=102)		Females (n=86)	
I would rate the overall <u>quality</u> of my residency or fellowship program as:	Number	Percent	Number	Percent
Excellent	67	68.4	50	59.5
Above Average	26	26.5	25	29.8
Average	4	4.1	8	9.5
Below Average	1	1.0	1	1.2
Extremely Poor	0	0.0	0	0.0
Total	98	100.0	84	100.0
Missing	4		2	

Chi-square p-value = 0.127

Table 7.19 shows the male and female survey respondents' overall rating of the quality of their training program. Almost all male (95%) and female (89%) respondents indicated the quality of their training program was “excellent” or “above average.” There was no statistically significant difference between the two groups.

Faculty Assessment

Table 7.20	All Respondents (n=188)			
	Males (n=102)		Females (n=86)	
I would rate the overall performance of the <u>faculty</u> in my residency or fellowship program to have exceeded my expectations?	Number	Percent	Number	Percent
Strongly Agree	60	61.2	38	45.2
Agree	28	28.6	31	36.9
Neutral	7	7.1	15	17.9
Disagree	3	3.1	0	0.0
Strongly Disagree	0	0.0	0	0.0
Total	98	100.0	84	100.0
Missing	4		2	

Chi-square p-value = 0.019 †

Table 7.20 shows the male and female survey respondents' overall performance rating of faculty in their training program. A majority of the male (90%) and female (82%) respondents indicated they “strongly agree” or “agree” that the faculty in their training program exceeded their expectations. The Chi-square test of association between the two groups was statistically significant. Male respondents appear more likely to “strongly agree” the faculty in their training program exceeded their expectations.

Assessment of Peer Residents and Fellows

Table 7.21	All Respondents (n=188)			
	Males (n=102)		Females (n=86)	
I would rate the overall performance of the <u>other residents/fellows</u> in my residency or fellowship program to have exceeded my expectations?	Number	Percent	Number	Percent
Strongly Agree	44	44.9	39	47.0
Agree	49	50.0	33	39.8
Neutral	5	5.1	10	12.0
Disagree	0	0.0	1	1.2
Strongly Disagree	0	0.0	0	0.0
Total	98	100.0	83	100.0
Missing	4		3	

Chi-square p-value = 0.181

Table 7.21 shows the male and female survey respondents' overall performance rating of other residents or fellows in their training program. A majority of the male (95%) and female (87%) respondents indicated they "strongly agree" or "agree" that the other residents or fellows in their program exceeded their expectations. There was no statistically significant difference between the two groups.

Quality of Life

Table 7.22(a)	All Respondents (n=188)						
	Male (n=102)			Female (n=86)			Chi-square p-value
At this time, I feel...	Strongly Agree / Agree Percent	Neutral Percent	Disagree / Strongly Disagree Percent	Strong Agree / Agree Percent	Neutral Percent	Disagree / Strongly Disagree Percent	
My personal and professional lives were well-balanced.	87.8	4.1	8.2	73.8	11.9	14.3	0.001†
I have felt physically "burnt out" from my work.	24.5	11.2	64.3	28.6	29.8	41.7	0.002‡
I have felt emotionally "burnt out" from my work.	25.8	16.5	57.7	36.9	28.6	34.5	0.001†
I have the resources readily available to maintain my wellness.	86.7	6.1	7.1	78.6	19.0	2.4	0.004‡

Table 7.22(a) shows the male and female survey respondents' overall wellbeing. A majority of the male (88%) and female (74%) respondents "strongly agree" or "agree" their personal and professional life was well-balanced. The Chi-square test of association between the two groups was statistically significant. Male respondents appear more likely to "strongly agree/agree" that their personal and professional lives were well-balanced.

One-fourth of the male (25%, 26%) and female (29%, 37%) respondents indicated they "strongly agree" or "agree" they felt physically or emotionally burnt out from work, respectively. The Chi-square

test of association between the two groups was statistically significant. Female respondents appear more likely to “strongly agree/agree” that they felt physically and emotionally “burnt out” from work.

A majority of the male (87%) and female (79%) respondents indicated they “strongly agree” or “agree” they had readily available resources to maintain their wellness. The Chi-square test of association between the two groups was statistically significant. Male respondents appear more likely to “strongly agree/agree” that they had the resources readily available to maintain their wellness.

Table 7.22(b)	All Respondents (n=188)			
	Males (n=102)		Females (n=86)	
I would rate the overall quality of my life as:	Number	Percent	Number	Percent
Very good	52	53.1	28	33.3
Good	35	35.7	40	47.6
Fair	10	10.2	15	17.9
Poor	0	0.0	1	1.2
Very poor	1	1.0	0	0.0
Total	98	100.0	84	100.0
Missing	4		2	

Chi-square p-value = 0.049 †

Table 7.22(b) shows the male and female program survey respondents’ overall rating of their quality of life. A majority of the male (89%) and female (81%) respondents indicated the overall quality of their life was “very good” or “good”. The Chi-square test of association between the two groups was statistically significant. Male respondents appear more likely to rate their overall quality of life as “very good”.

Plans after Graduation

Table 7.23	All Respondents (n=188)			
	Males (n=102)		Females (n=86)	
What do you expect to be doing after completion of your current residency or fellowship program?	Number	Percent	Number	Percent
Patient Care or Clinical Practice (in Non-Training position)	61	61.0	58	69.0
Fellowship or Additional Subspecialty Training	38	38.0	25	29.8
Military	0	0.0	0	0.0
Non-Patient Care-based activities (e.g. research, administration)	0	0.0	1	1.2
Temporarily out of medicine	0	0.0	0	0.0
Other	1	1.0	0	0.0
Total	100	100.0	84	100.0
Missing/Undecided/Don’t know yet	2		2	

Chi-square p-value = 0.334

Table 7.23 shows what the male and female survey respondents’ expect to do after completing their current training program. Almost two-thirds of the male (61%) and female (69%) respondents

planned to go into patient care or clinical practice after completing their training. About one-third of the male (38%) and female (30%) respondents planned to continue with additional training. There was no statistically significant difference between the two groups.

NOTE - The following section is only for those respondents who indicated they were primarily going into “patient care or clinical practice” (n=119).

Respondents going into patient care or clinical practice (n=119)

Practice Characteristics

Primary Practice Location

Table 7.24	Clinical Care Respondents (n=119)			
	Males (n=61)		Females (n=58)	
Where is the location of your primary activity <u>after</u> completing your current training program?	Number	Percent	Number	Percent
Same city or county as current training	17	28.3	22	37.9
Same region in Indiana, but different city or county	3	5.0	6	10.3
Other area in Indiana	8	13.3	3	5.2
Other U.S. state (not Indiana)	29	48.3	26	44.8
Outside of U.S.	3	5.0	1	1.7
Total	60	100.0	58	100.0
Missing / Undecided	1		0	

Chi-square p-value = 0.306

Table 7.24 shows the location of the male and female survey respondents' primary activity after completion of their current training program. About one-half of the male (47%) and female (53%) respondents planned to practice within Indiana after completing their training. There was no statistically significant difference between the two groups.

Type of Practice

Table 7.25	Clinical Care Respondents (n=119)			
	Males (n=61)		Females (n=58)	
Which best describes the principal type of Patient Care Practice you will be entering? Please mark ALL that apply.	Number	Percent	Number	Percent
Solo practice	0	0.0	0	0.0
Partnership (2 person)	4	6.6	2	3.4
Group Practice	40	65.6	35	60.3
Hospital-inpatient	15	24.6	18	31.0
Hospital-ambulatory care	5	8.2	9	15.5
Hospital-emergency department	5	8.2	6	10.3
Free-standing health center or clinic	1	1.6	3	5.2
Nursing Home	0	0.0	0	0.0
Other (specify)	2	3.3	3	5.2

Table 7.25 shows the principal type of patient care practice setting the male and female survey respondents' will be entering after completing their training. Almost two-thirds (66%) of the male and female (60%) respondents reported they intend to work in a "group practice" setting. Two-fifths (41%) of the male respondents indicated they intended to practice in a "hospital" setting (inpatient, ambulatory care, emergency department, or inpatient/ambulatory), compared to 57 percent of the female respondents.

Obligation or Visa Requirement

Table 7.26	Clinical Care Respondents (n=119)			
	Males (n=61)		Females (n=58)	
Do you have an obligation or visa requirement to work in a designated HPSA or MUA when you complete your training?	Number	Percent	Number	Percent
Yes	2	3.3	3	5.3
No	58	96.7	54	94.7
Total	60	100.0	57	100.0
Missing	1		1	

Chi-square p-value = 0.606

Table 7.26 shows the male and female survey respondents' obligation or visa requirements to work in a designated HPSA or MUA after completing their training. Almost all male (97%) and female (95%) respondents indicated they had no obligation or visa requirement to work in a designated HPSA or MUA after completing their training. There was no statistically significant difference between the two groups.

Percentage of Patients Expected to be seen from Underserved Populations

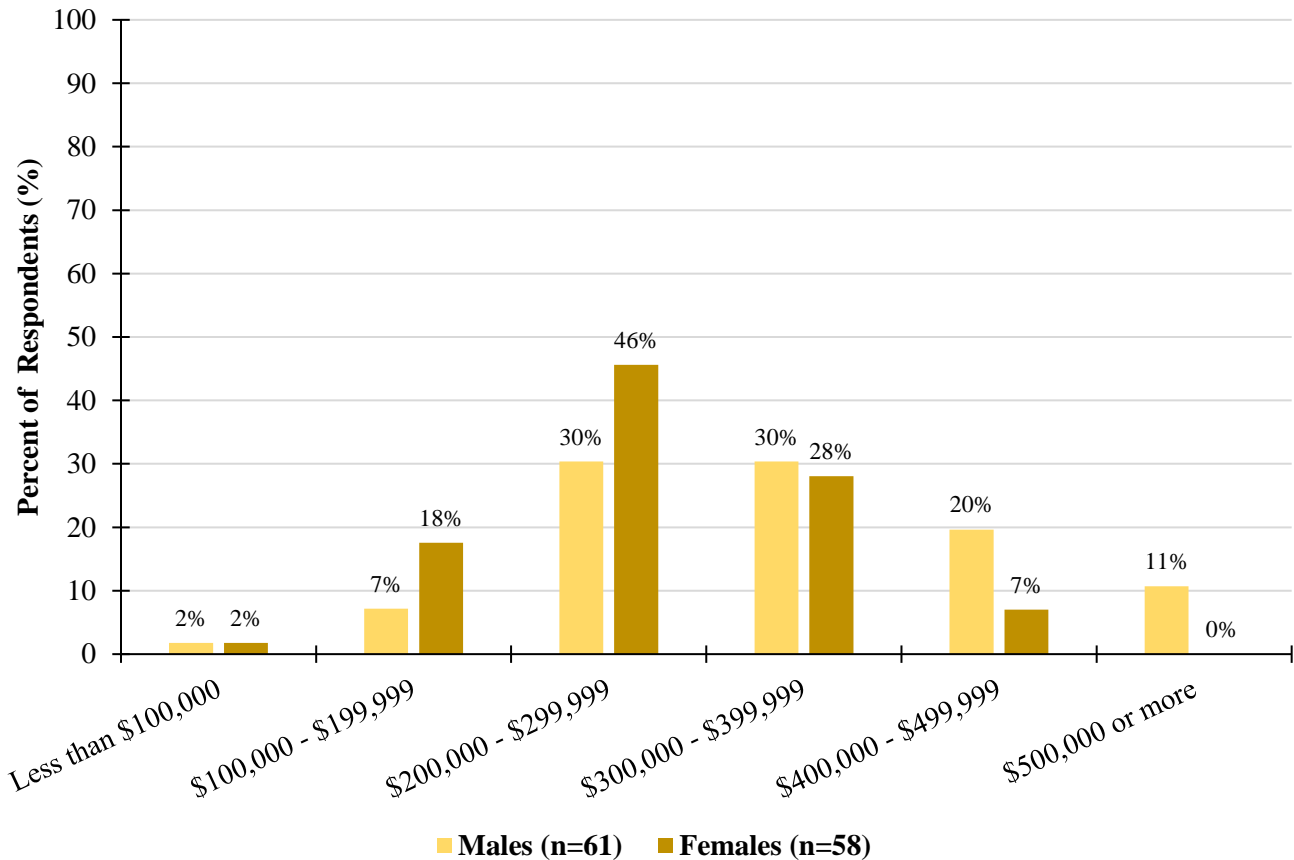
Table 7.27	Clinical Care Respondents (n=119)			
	Males (n=61)		Females (n=58)	
In your new practice, what percentage of the patients do you expect to see from underserved populations?	Number	Percent	Number	Percent
Less than 10 percent	2	3.7	2	3.7
10-24 percent	24	44.4	16	29.6
25-49 percent	20	37.0	21	38.9
50-74 percent	6	11.1	10	18.5
More than 75 percent	2	3.7	5	9.3
Total	54	100.0	54	100.0
Missing/Don't Know	7		4	

Chi-square p-value = 0.418

Table 7.27 shows the percentage of patient's the male and female survey respondents' expect to see from underserved populations. One-half (52%) of the male respondents indicated they expect to see more than 25 percent of the patients from underserved populations, compared to 67 percent of the female respondents. There was no statistically significant difference between the two groups.

Expected Gross Income

Figure 7.3: Expected Gross Income (n=119)



Chi-square p-value = < 0.030 †

Figure 7.3 presents the gross income that male and female survey respondents' expect to earn during their first year of practice. A majority of the male (91%) and female (81%) respondents indicated they expect to earn \$200,000 or more during their first year of practice. Three-fifths (61%) of the male respondents indicated they expect to earn \$300,000 or more during their first year of practice, compared to 35 percent of the female respondents. The Chi-square test of association between the two groups was statistically significant. Male respondents appear more likely to expect a higher gross income during their first year of practice compared to their female counterparts.

Job Offers All Together

Table 7.28	Clinical Care Respondents (n=119)			
	Males (n=61)		Females (n=58)	
How many offers for employment/practice positions did you receive all together?	Number	Percent	Number	Percent
0	0	0.0	0	0.0
1	9	15.5	5	9.1
2	14	24.1	17	30.9
3	14	24.1	15	27.3
4	8	13.8	11	20.0
5 or more	13	22.4	7	12.7
Total	58	100.0	55	100.0
Missing / Did not seek an employment position at this time	3		3	

Chi-square p-value = 0.453

Table 7.28 shows the total number of offers the male and female survey respondents' received for employment or practice positions. Three-fifths (60%) of the male and female respondents indicated receiving three or more offers for employment all together. There was no statistically significant difference between the two groups.

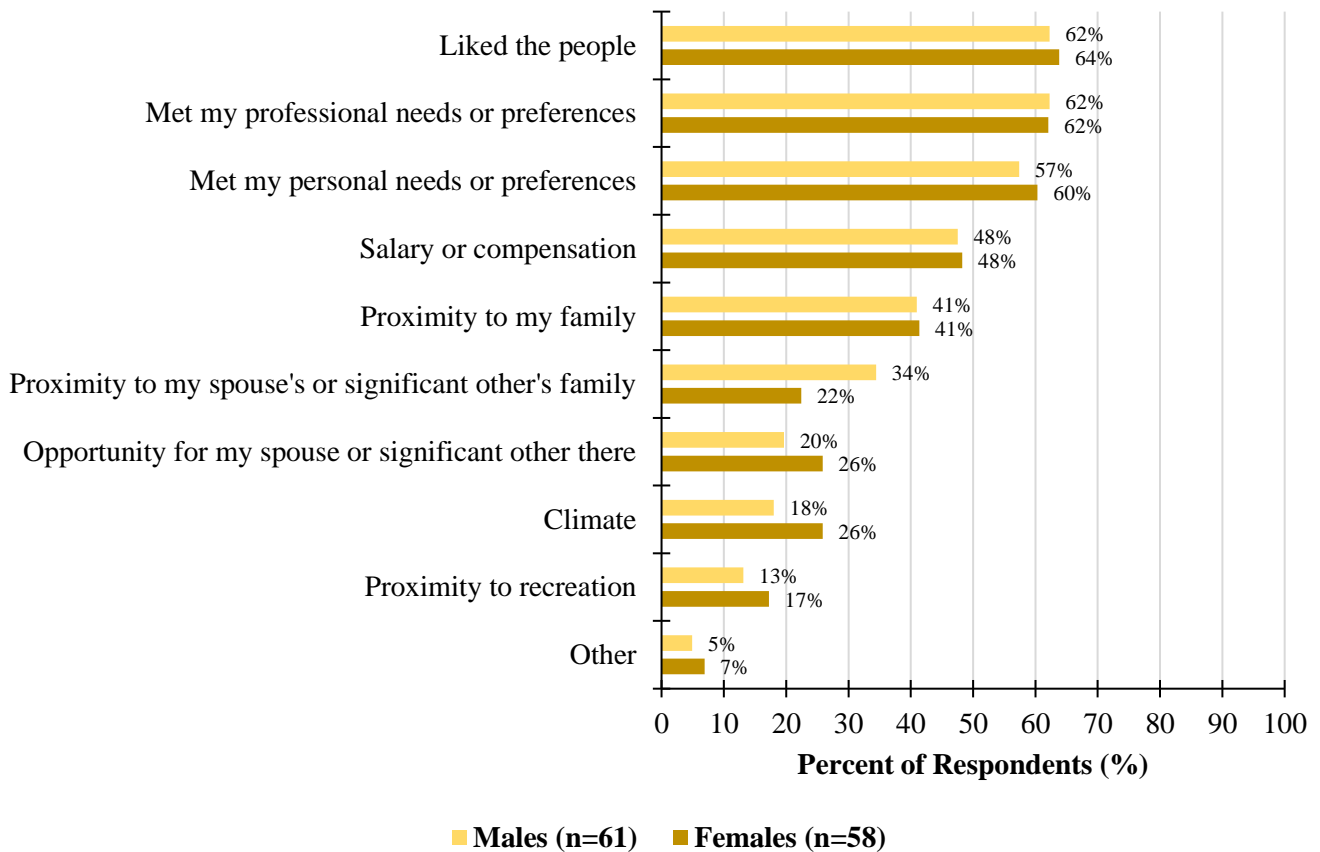
Job Offers from Indiana Hospitals

Table 7.29	Clinical Care Respondents (n=119)			
	Males (n=61)		Females (n=58)	
Did you receive any offer from? Please mark ALL that apply.	Number	Percent	Number	Percent
IU Health	22	36.1	17	29.3
Eskenazi Hospital	8	13.1	5	8.6
Veterans Administration	5	8.2	2	3.4
Other hospital or health system in Indiana	22	36.1	16	27.6
Other	4	6.6	5	8.6

Table 7.29 shows the number of offers the male and female survey respondents' received offers for employment from Indiana hospitals. About one-third of the male (36%) and female (29%) respondents indicated receiving offers from IU Health. About one-third of the male (36%) and female (28%) respondents indicated receiving offers from other hospital or health system in Indiana.

Main Reasons to Practice at this Location

Figure 7.4: Main Reasons to Practice at this Location (n=119)



‡ Denotes that a statistically significant difference was found.

Figure 7.4 presents the main reasons influencing male and female survey respondents' choice of practice location. The top three reasons given or choosing to practice at this location for the male and female respondents were: "liked the people" (62%, 64%), "met my professional needs or preferences" (62%, 62%), and "met my personal needs or preferences" (57%, 60%), respectively. There was no statistically significant difference between the two groups.

Respondents going into patient care or clinical practice within Indiana (n=59)

Job Offers in Indiana

Table 7.30	Clinical Care Respondents (n=59)*			
	Males (n=28)		Females (n=31)	
How many offers for employment/practice positions did you receive <u>in Indiana</u> ?	Number	Percent	Number	Percent
0	0	0.0	0	0.0
1	9	32.1	6	20.7
2	9	32.1	9	31.0
3	6	21.4	10	34.5
4	2	7.1	4	13.8
5 or more	2	7.1	0	0.0
Total	28	100.0	29	100.0
Missing/ Did not seek employment positions at this time	0		2	

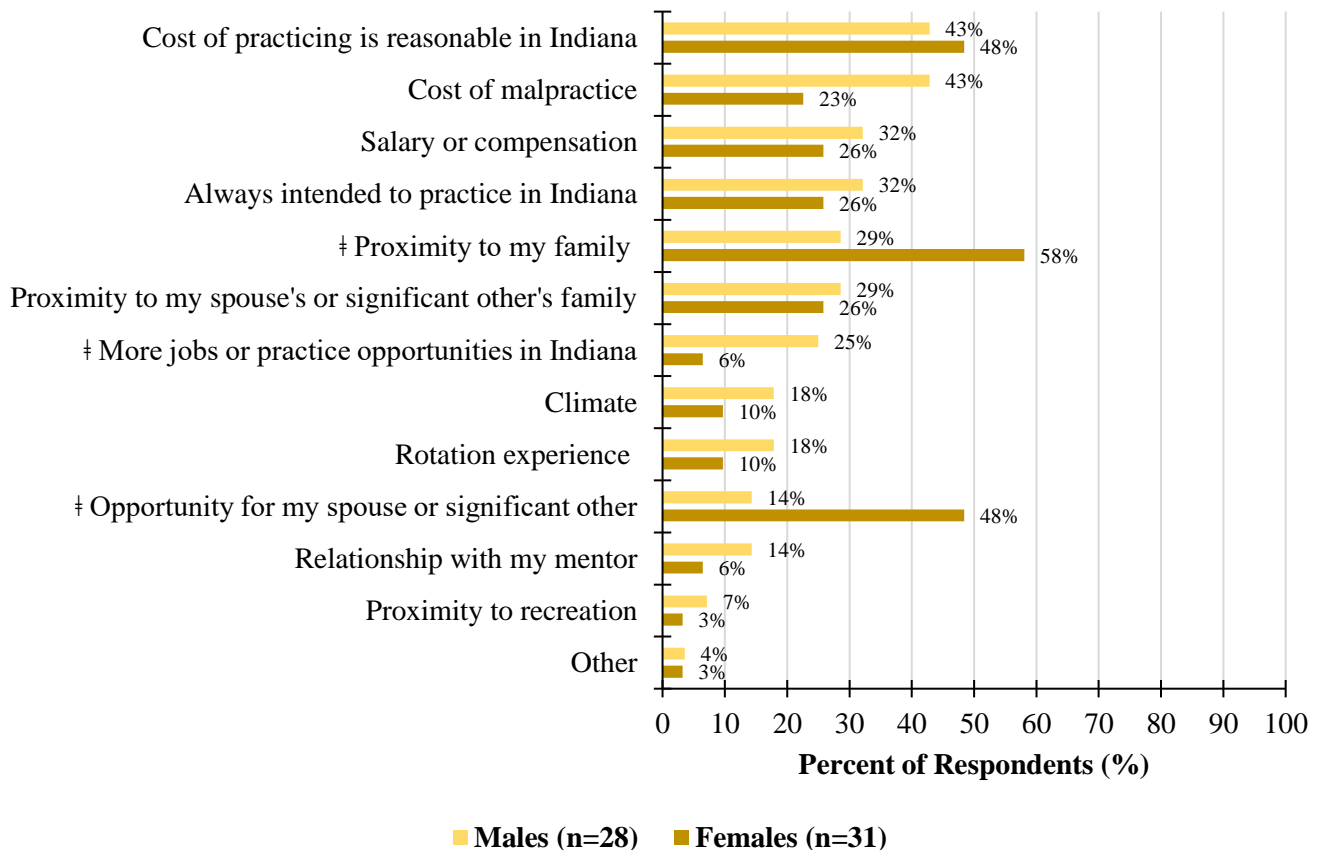
*Reflects responses from only those respondents who indicated their primary practice location was in Indiana.

Chi-square p-value = 0.373

Table 7.30 shows the number of offers the male and female survey respondents received for employment or practice positions in Indiana. Only those respondents who indicated their primary practice location was in Indiana were included in the analysis. Of those 59 respondents, almost two-fifths of the male (36%) and female (48%) respondents indicated receiving three or more offers for employment in the state. There was no statistically significant difference between the two groups.

Main Reasons to Practice in Indiana

Figure 7.5: Main Reasons to Practice in Indiana (n=59)*



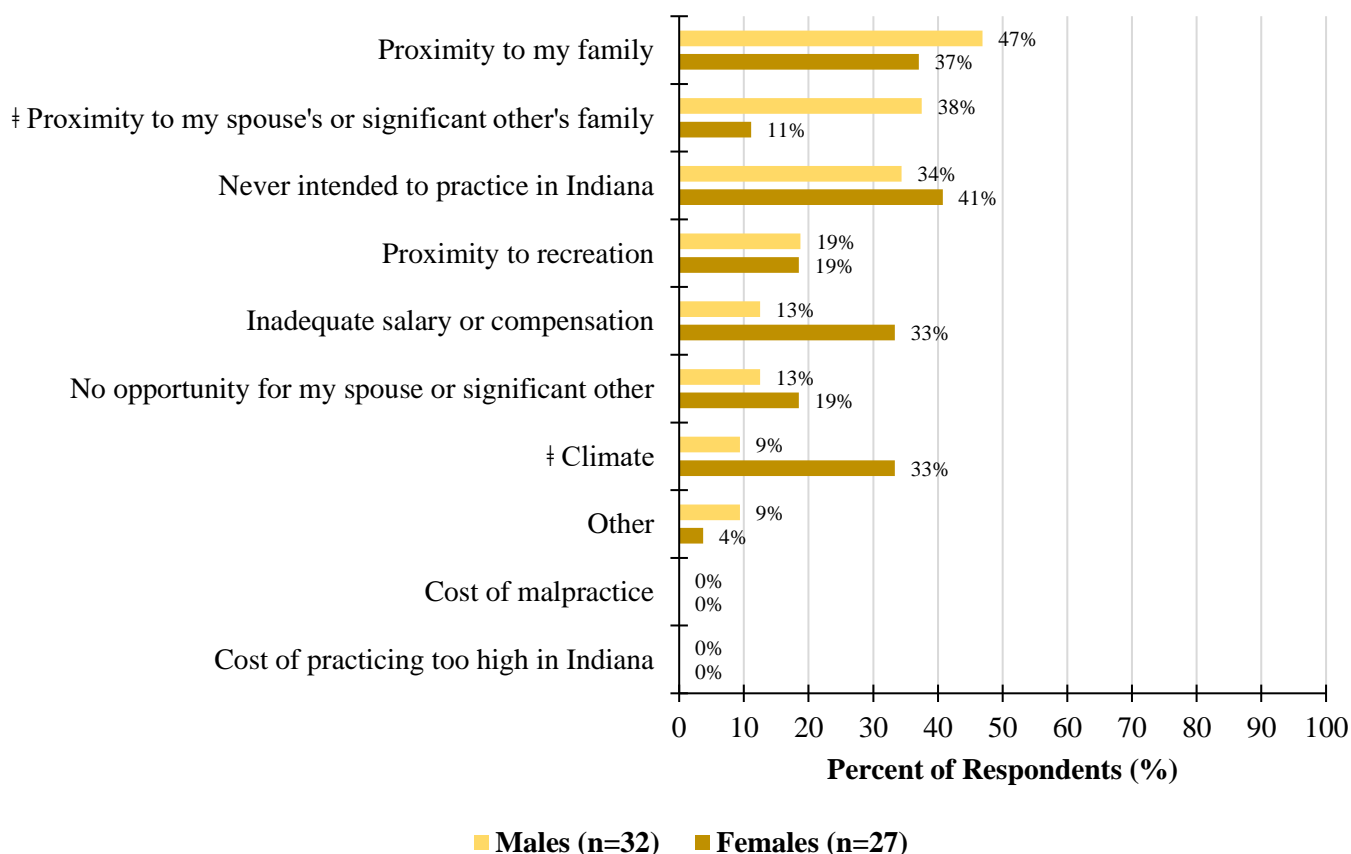
*Reflects responses from only those respondents who indicated their primary practice location was in Indiana.

‡ Denotes that a statistically significant difference was found.

Figure 7.5 presents the main reasons influencing male and female survey respondent's choice of practice location in Indiana. Only those respondents who indicated their primary practice location was in Indiana were included in this analysis. Among those 59 respondents, the top reasons given by the male respondents were: "cost of practicing is reasonable in Indiana" (43%), "cost of malpractice" (43%), "salary or compensation" (32%), and "always intended to practice in Indiana" (32%). The top reasons given by the female respondents were: "proximity to my family" (58%), "cost of practicing is reasonable in Indiana" (48%), and "opportunity for my spouse or significant other" (48%). The Chi-square test of association between the two groups was statistically significant. Male respondents appear more likely to practice in Indiana because there are more jobs or practice opportunities in the state. Female respondents appear more likely to practice in Indiana because of proximity to their family and opportunity for their spouse or significant other.

Main reasons not to Practice in Indiana

Figure 7.6: Main Reasons not to Practice in Indiana (n=59)*



*Reflects responses from only those respondents who indicated their primary practice location was outside Indiana.

‡ Denotes that a statistically significant difference was found.

Figure 7.6 presents the main reasons influencing male and female survey respondents’ choice of practice location outside Indiana. Only those respondents who indicated their primary practice location was outside Indiana were included in this analysis. Among those 59 respondents, the top reasons given by the male respondents were: “proximity to my family” (47%), “proximity to my spouse’s or significant other’s family” (38%), and “never intended to practice in Indiana” (34%). The top reasons given by the female respondents were: “never intended to practice in Indiana” (41%), “proximity to my family” (37%), “climate” (33%), and “inadequate salary or compensation” (33%). The Chi-square test of association between the two groups was statistically significant. Male respondents appear more likely to practice outside Indiana because of proximity to my spouse’s or significant other’s family. Female respondents appear more likely to practice outside Indiana because of climate.

Chapter 8: Trending Patterns: 2008-2019

This chapter shows a comparison of responses to the *IUSM Graduate Medical Education Exit Survey*® from the time of its inception in 2008 through 2019. Trends for all respondents have been shown in figures 8.1 to 8.10. The remaining figures show responses from only those graduates who:

- indicated they planned to work in ‘patient care or clinical practice’ after graduation;
- intended to practice in Indiana; and,
- intended to practice outside Indiana.

For ease of interpretation, the percentages in the text have been rounded off to the nearest decimal point and a few graphs have been zoomed in to improve visualization.

All Respondents, 2008-2019

Demographics

Figure 8.1: Trends showing Age, 2008-2019

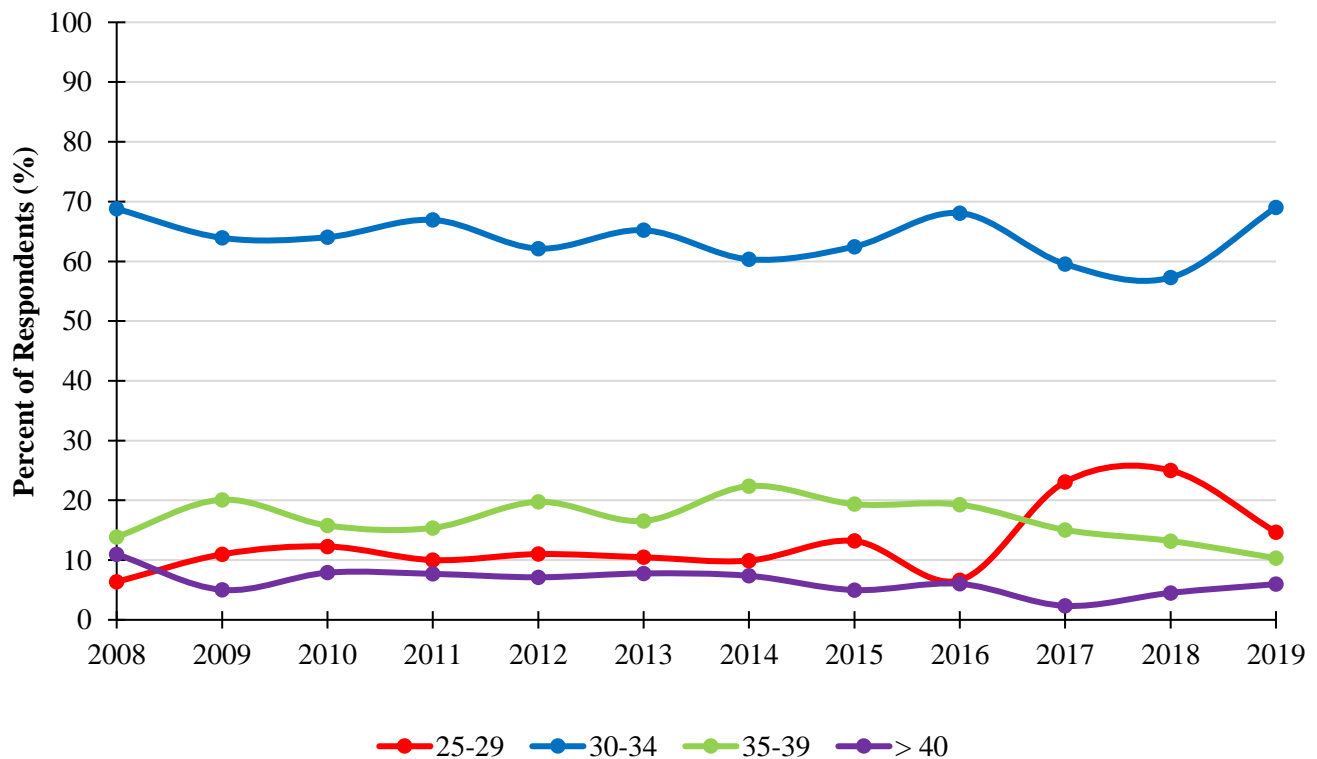
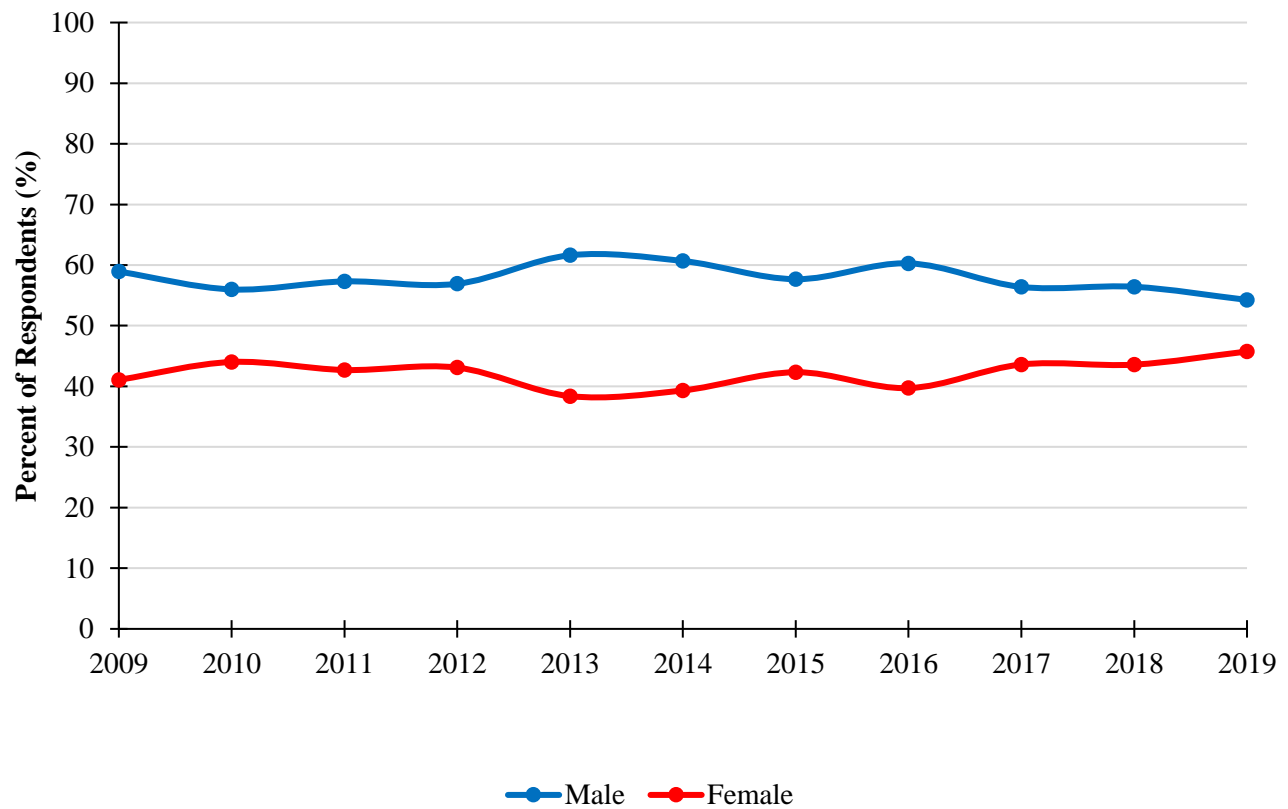


Figure 8.1 shows trends among respondents and their age distribution from 2008 to 2019. An increasing trend has been noted for those between 25 and 29 years of age (6% in 2008 to 15% in 2019). A slight drop has been noted among those 35 years of age or older (25% in 2008 to 16% in 2019).

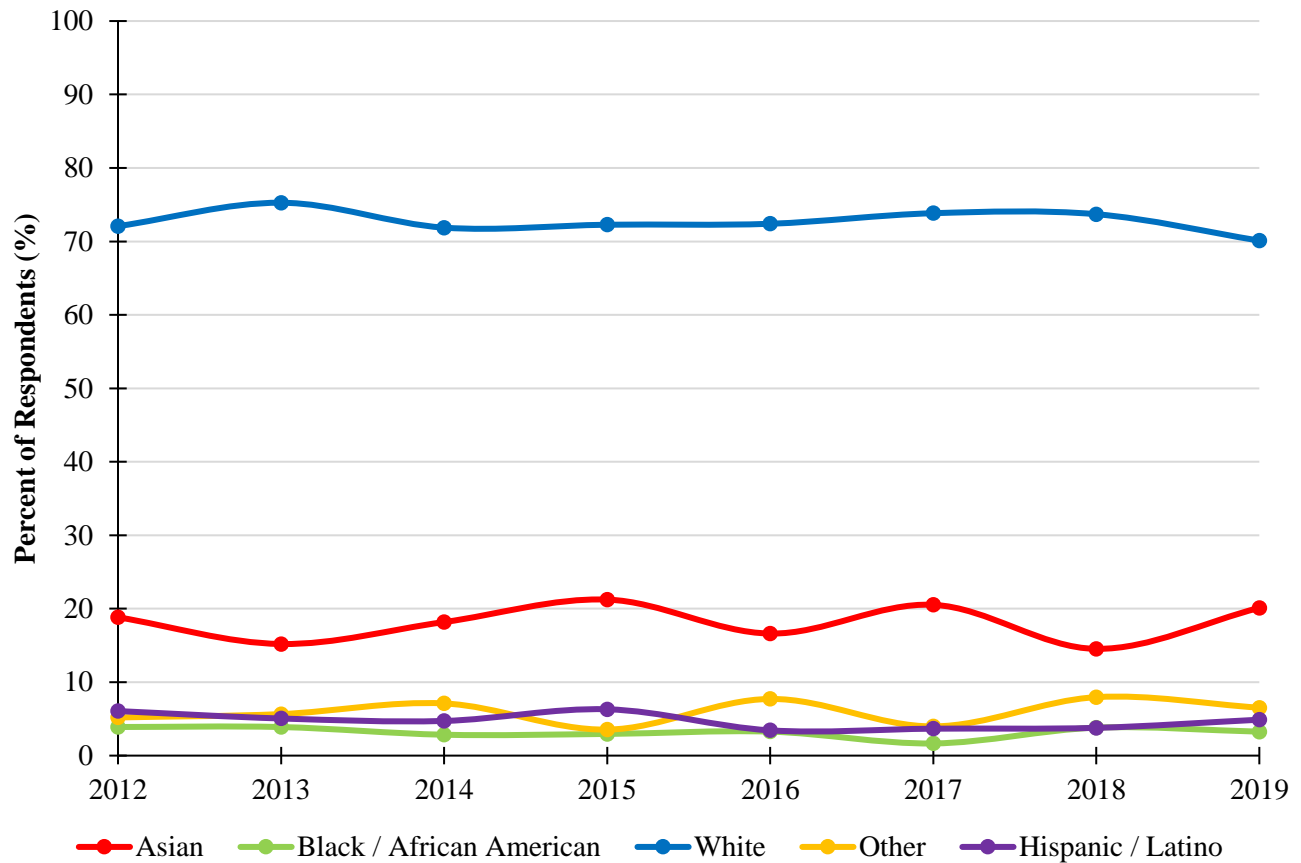
Trends showing Gender, 2009-2019*



*This question was not asked on the 2008 IUSM GME exit survey.

Figure 8.2 shows trends among respondents and their gender distribution from 2009 to 2019. This question was not asked on the 2008 exit survey. A slight increasing trend has been noted for female respondents (41% in 2009 to 46% in 2019). A slight drop has been noted for male respondents (59% in 2009 to 54% in 2019).

Figure 8.3: Trends showing Race and Ethnicity, 2012-2019*



**This question was not asked on the 2008 to 2011 IUSM GME exit survey.*

Figure 8.3 shows trends among respondents and their racial and ethnic distribution from 2012 to 2019. This question was not asked on the 2008 to 2011 exit surveys.

Trends have remained fairly constant for respondents who identified themselves as Asian (19% in 2012 to 20% in 2019), Black/African American (4% in 2012 to 3% in 2019), white (72% in 2012 to 70% in 2019), Hispanic/Latino ethnicity (6% in 2012 to 5% in 2019), and Other (5% in 2012 to 7% in 2019).

Figure 8.4: Trends showing Individual Educational Debt, 2008-2019

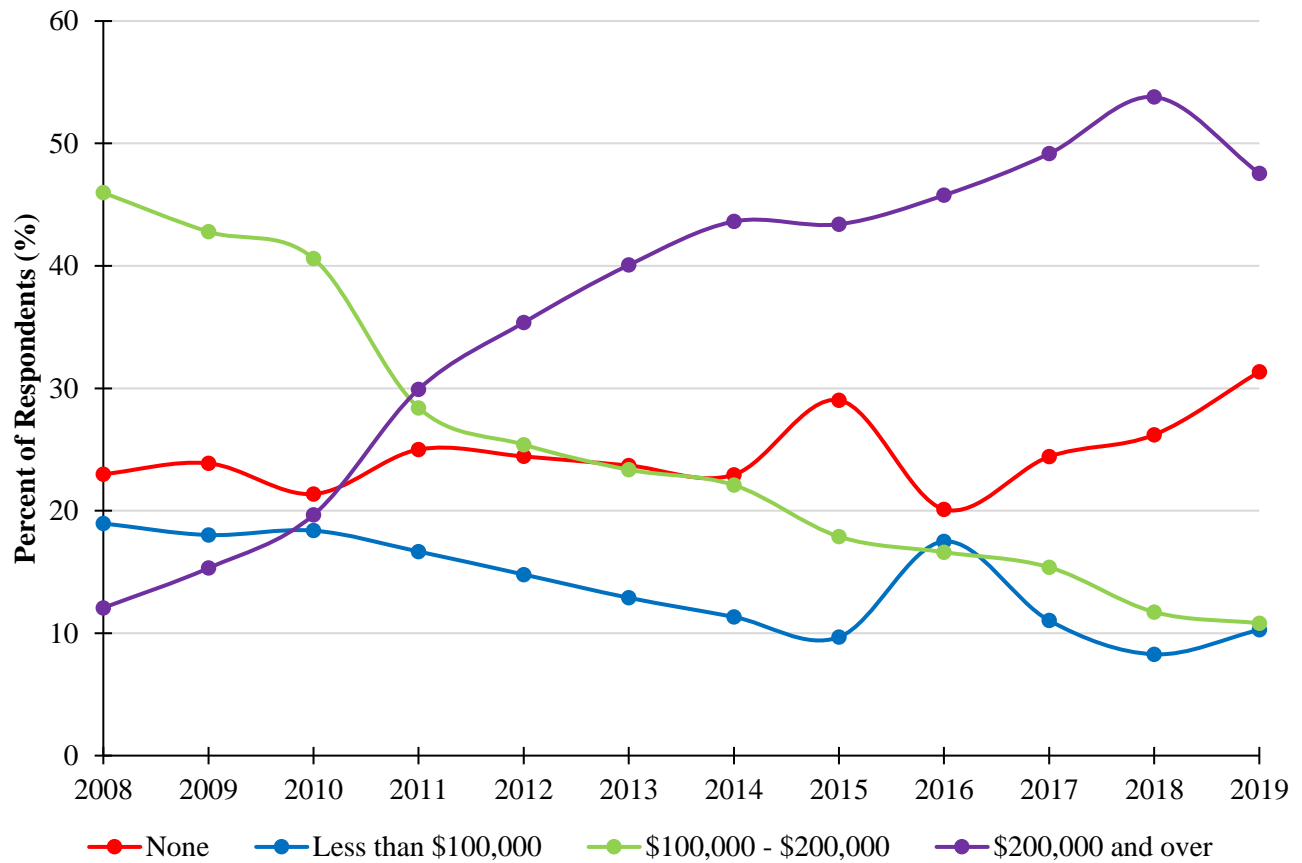
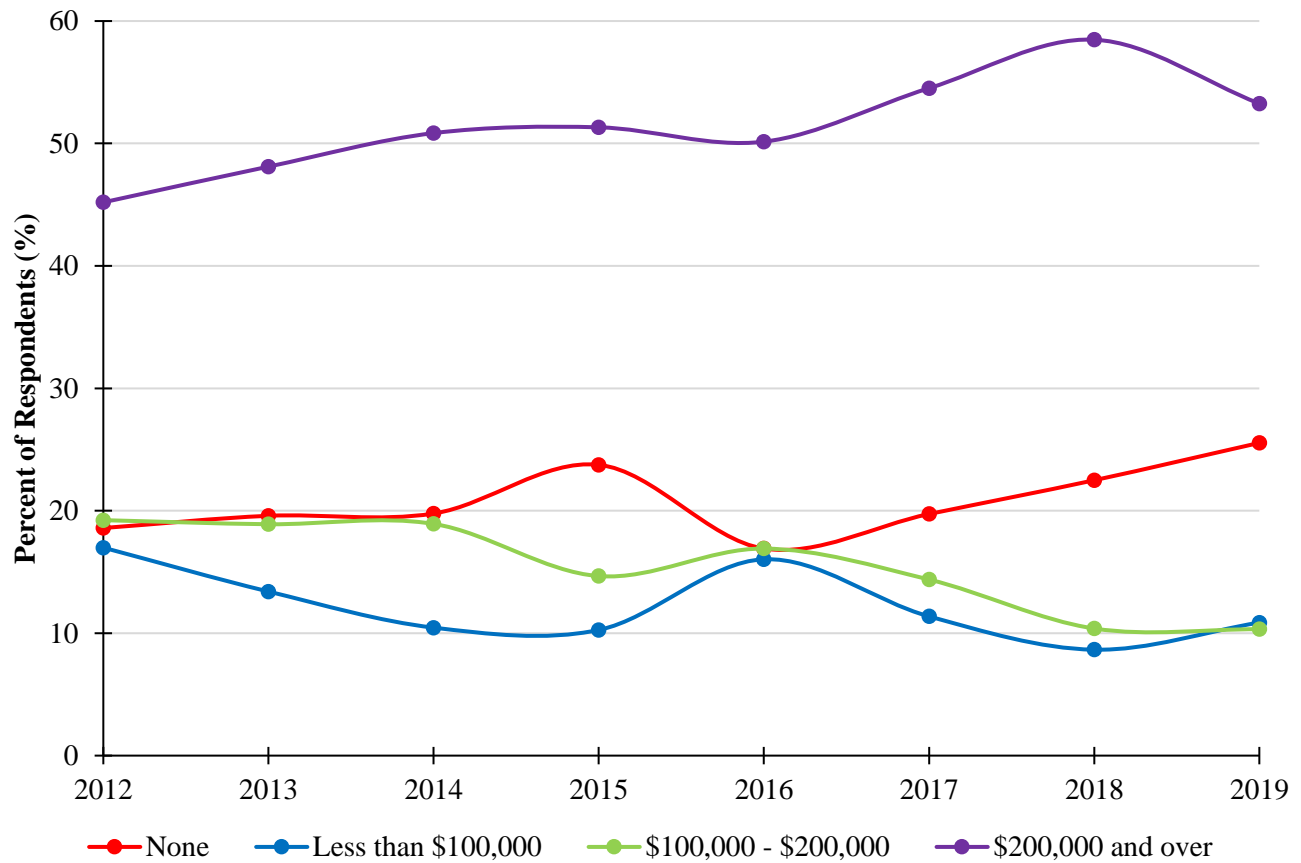


Figure 8.4 shows trends among respondents and their current level of individual educational debt from 2008 to 2019. The graph has been zoomed in to improve visualization.

An increasing trend was noted among respondents who indicated having an individual educational debt load of \$200,000 or more (12% in 2008 to 48% in 2019). A declining trend has been noted among respondents with an individual educational debt load of less than \$200,000 (65% in 2008 to 21% in 2019).

Figure 8.5: Trends showing Household Educational Debt, 2012-2019*



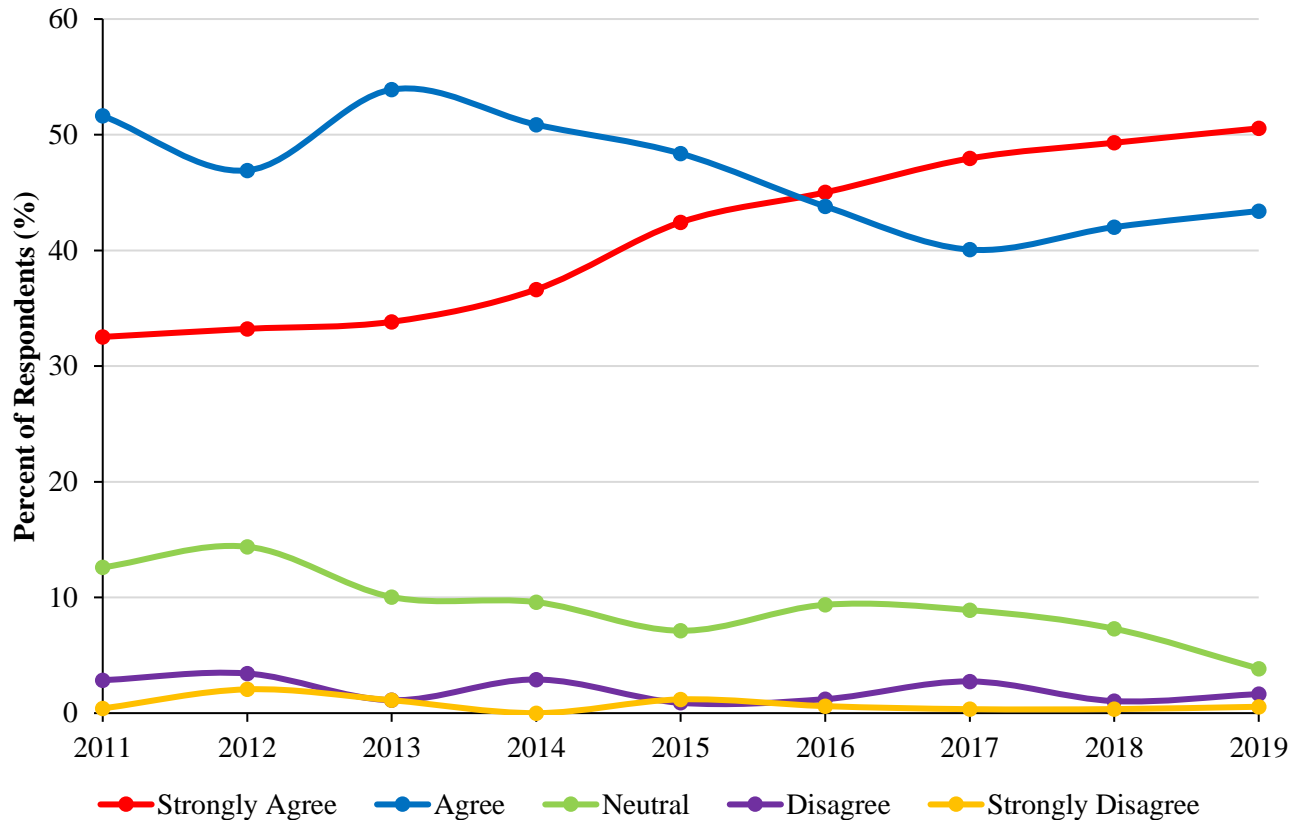
* This question was not asked on the 2008 to 2011 IUSM GME exit survey.

Figure 8.5 shows trends among respondents and their current level of household educational debt from 2012 to 2019. This question was not asked on the 2008 to 2011 exit surveys. The graph has been zoomed in to improve visualization.

An increasing trend was noted among respondents who indicated having no total household educational debt (19% in 2012 to 26% in 2019) and with a total household educational debt load of \$200,000 or more (45% in 2012 to 53% in 2019). A declining trend was noted among respondents with an educational debt load of less than \$200,000 (36% in 2012 to 21% in 2019).

Program Assessment

Figure 8.6: Trends showing the Training Program was Helpful in Board Exam Preparation, 2011-2019*

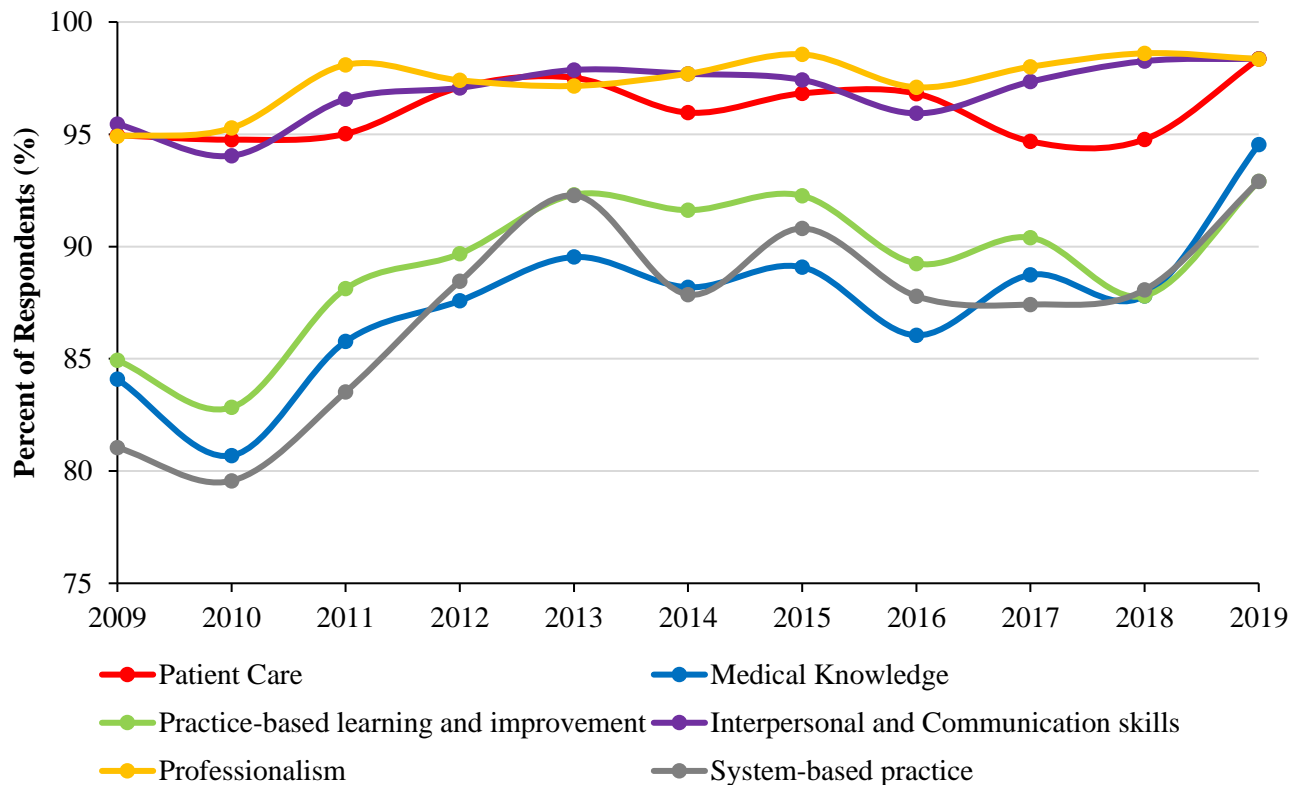


**This question was not asked on the 2008 IUSM GME exit survey. Response categories differed in the 2009 and 2010 IUSM exit survey and were excluded from this analysis.*

Figure 8.6 shows trends among respondents and how helpful the residency or fellowship training program was in preparing them for their board exams. This question was not asked on the 2008 exit survey and the response categories differed in 2009 and 2010 exit survey, thus were excluded from this analysis. The graph has been zoomed in to improve visualization.

An increasing trend was noted among respondents who indicated they “strongly agree” their training program was helpful in preparation for their board exams (33% in 2011 to 51% in 2019). A slight drop has been noted among respondents who indicated they “agree” their training program was helpful in preparation for their board exams (52% in 2011 to 43% in 2019) and for those who remained neutral in their response (13% in 2011 to 4% in 2019).

Figure 8.7: Trends showing "Fully" Competent in ACGME Competency Areas, 2009-2019*

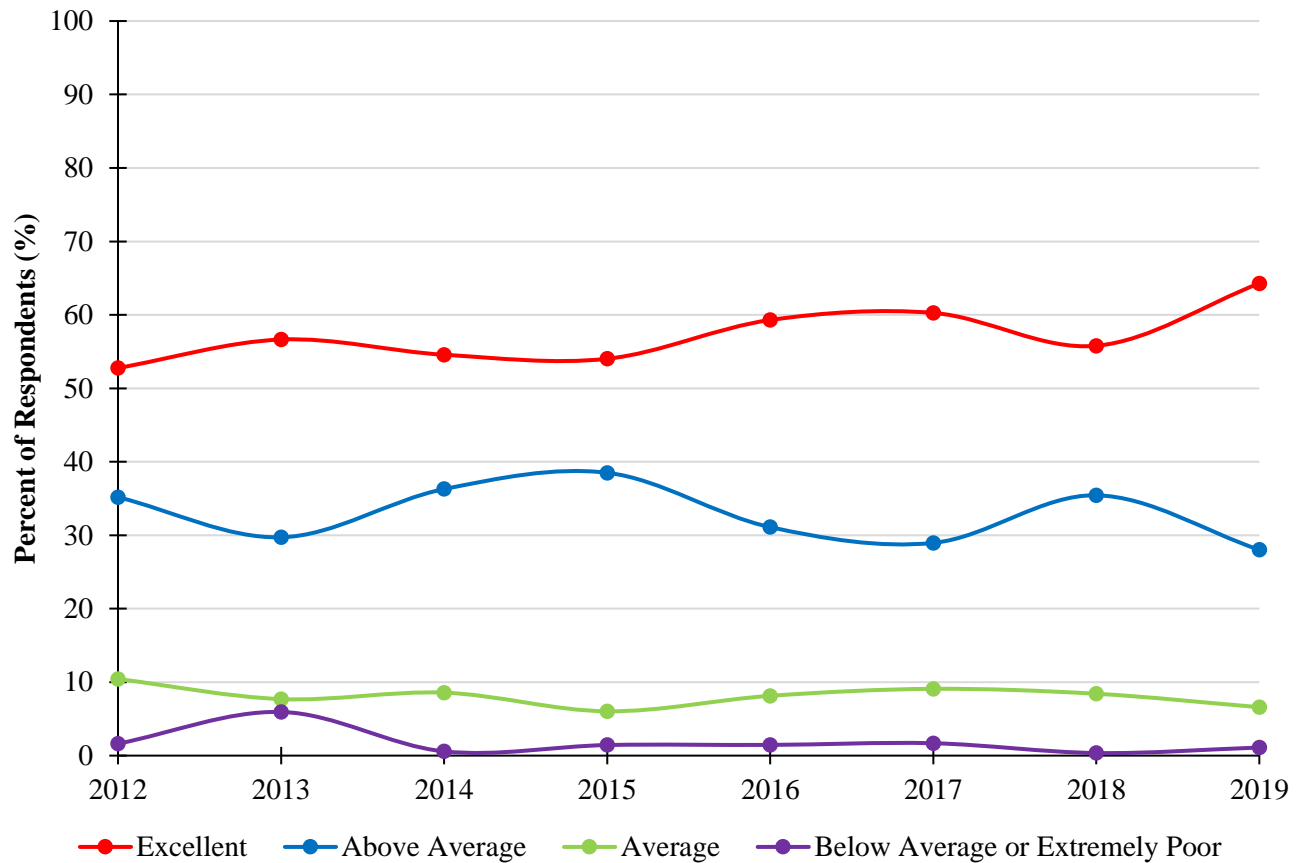


*This question was not asked on the 2008 IUSM GME exit survey.

Figure 8.7 shows trends among respondents' self-rated competency level in the six ACGME competency areas from 2009 to 2019. This question was not asked on the 2008 exit survey. This graph has been zoomed in to improve visualization.

An increasing trend has been noted among respondents' self-rated competency level in medical knowledge (84% in 2009 to 95% in 2019), practice-based learning and improvement (85% in 2009 to 93% in 2019), and systems-based practice (81% in 2009 to 93% in 2019).

Figure 8.8: Trends showing Quality of Program, 2012-2019*

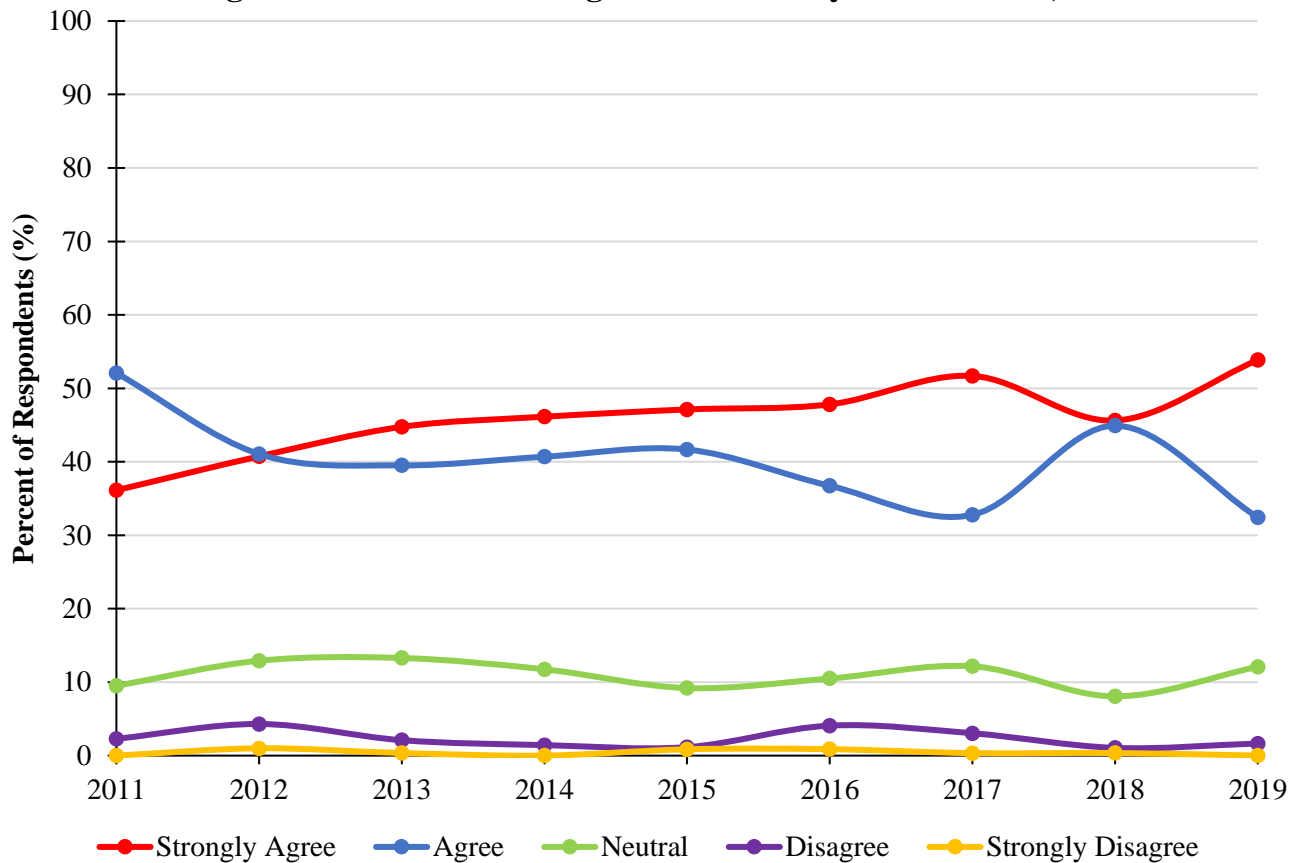


**This question was not asked on the 2008 to 2011 IUSM GME exit survey.*

Figure 8.8 shows trends among the respondents' overall rating of the quality of their training program from 2012 to 2019. This question was not asked on the 2008 to 2011 exit surveys.

An increasing trend has been noted for respondents who rated the overall quality of their training program as “excellent” (53% in 2012 to 64% in 2019). A slight drop has been noted for respondents who rated the overall quality of their training program as “above average” (35% in 2012 to 28% in 2019).

Figure 8.9: Trends showing Overall Faculty Performance, 2011-2019*

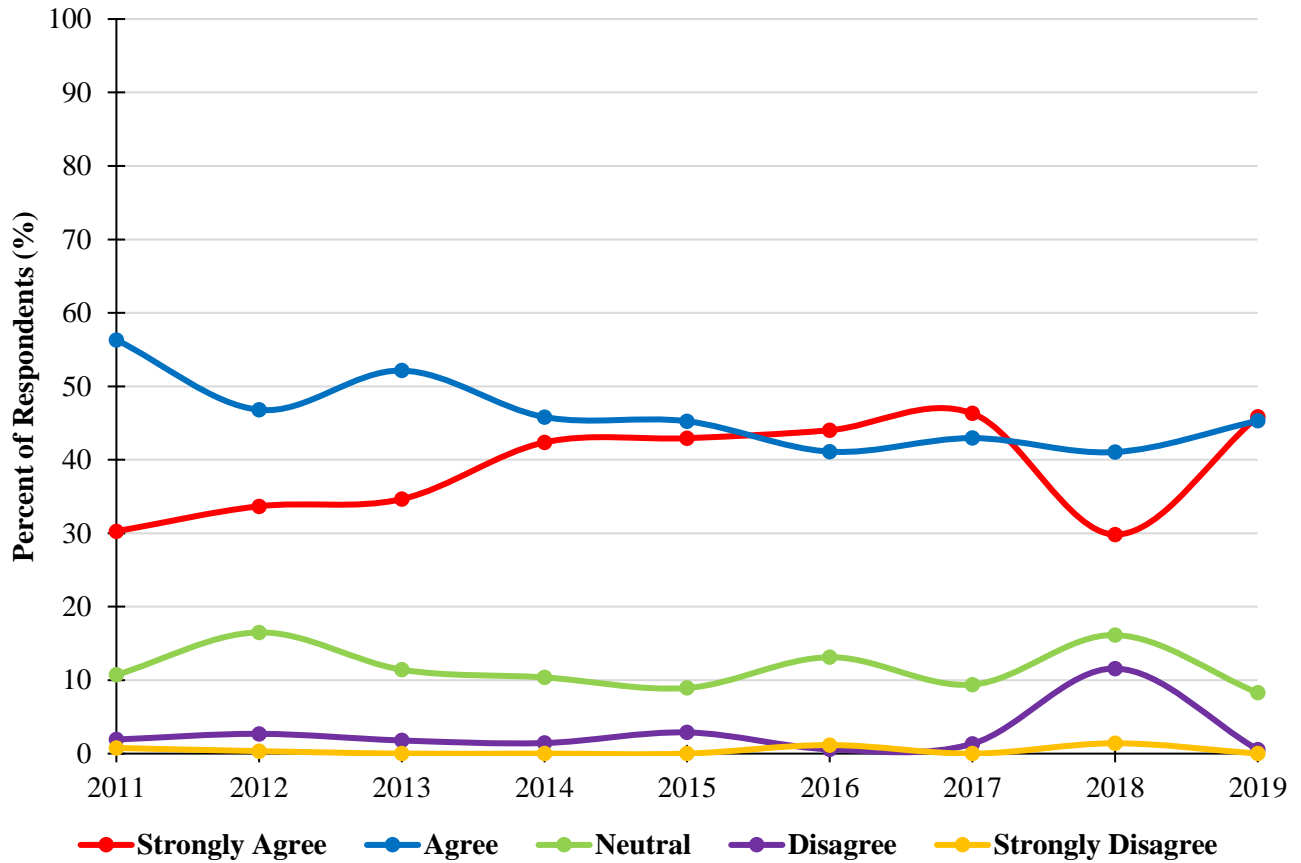


*Response categories differed in the 2008 to 2010 IUSM exit survey and were excluded from this analysis.

Figure 8.9 shows trends among the respondents’ overall assessment of performance of faculty in their training program having exceeded their expectations from 2011 to 2019. Response categories differed in the 2008, 2009, and 2010 exit survey, thus were excluded from in this analysis.

An increasing trend was noted among respondents who indicated they “strongly agree” that the performance of faculty in their training program had exceeded their expectations (36% in 2011 to 54% in 2019). A declining trend has been noted among respondents who indicated they “agree” that the performance of faculty in their training program had exceeded their expectations (52% in 2011 to 32% in 2019).

Figure 8.10: Trends showing Overall Peer Performance, 2011-2019*



*Response categories differed in the 2008 to 2010 IUSM exit survey and were excluded from this analysis.

Figure 8.10 shows trends among the respondents’ overall assessment of performance of other residents or fellows in their training program having exceeded their expectations from 2011 to 2018. Response categories differed in the 2008, 2009, and 2010 exit survey, thus were excluded from this analysis.

An increasing trend was noted among respondents who indicated they “strongly agree” that the performance of other residents or fellows in their training program had exceeded their expectations (30% in 2011 to 46% in 2019). A slight drop has been noted among respondents who “agree” that the performance of other residents or fellows in their training program had exceeded their expectations (56% in 2011 to 45% in 2019).

NOTE- The following section is only for those respondents who indicated they were primarily going into “patient care or clinical practice.

Practice Characteristics

Figure 8.11: Trends showing Primary Practice Location after Training, 2008-2019

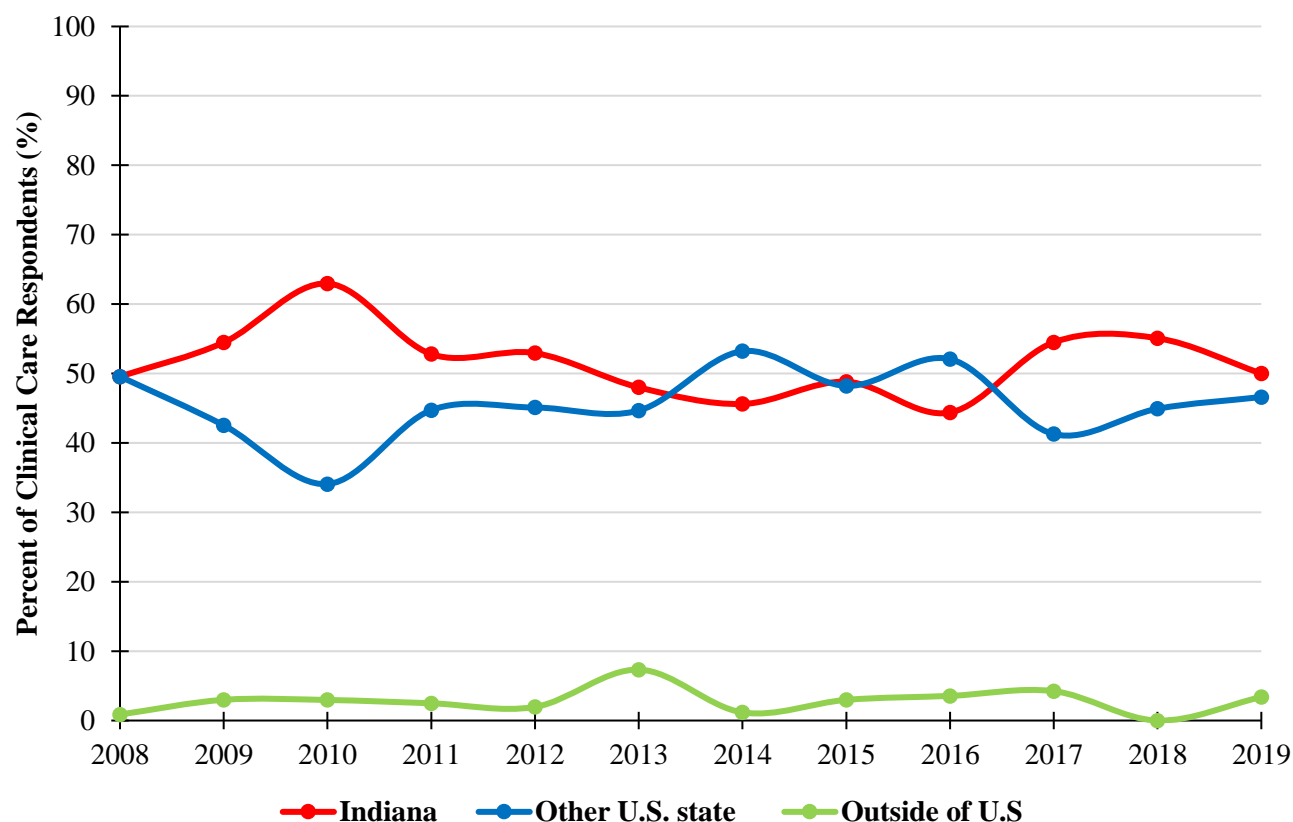
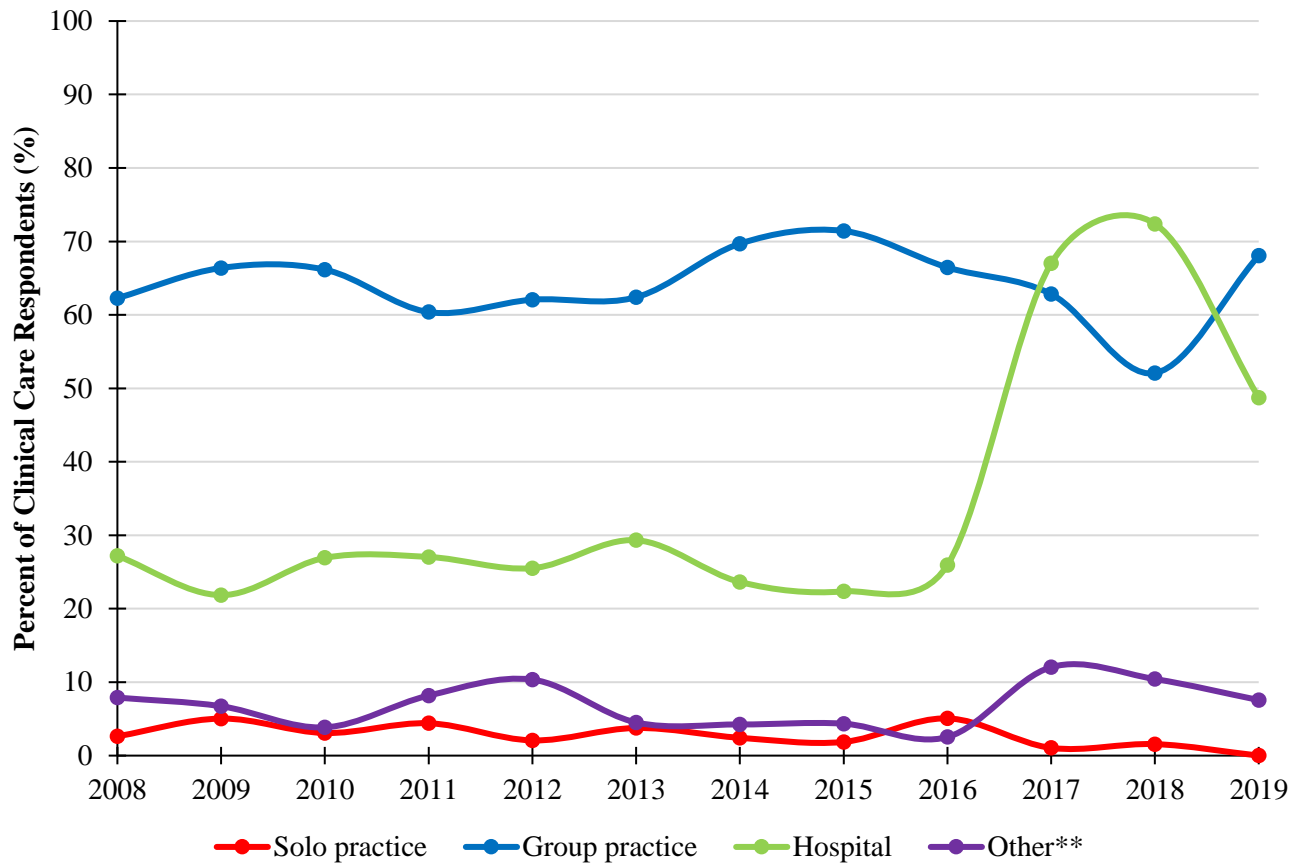


Figure 8.11 shows trends among respondents and the location in which they intend to practice after completing their training program from 2008 to 2019.

Trends have been fairly constant among respondents whose primary practice location after completing training was within Indiana (50% in 2008 to 50% in 2019) and outside Indiana (50% in 2008 to 50% in 2019).

Figure 8.12: Trends showing Principal Type of Practice, 2008-2019*



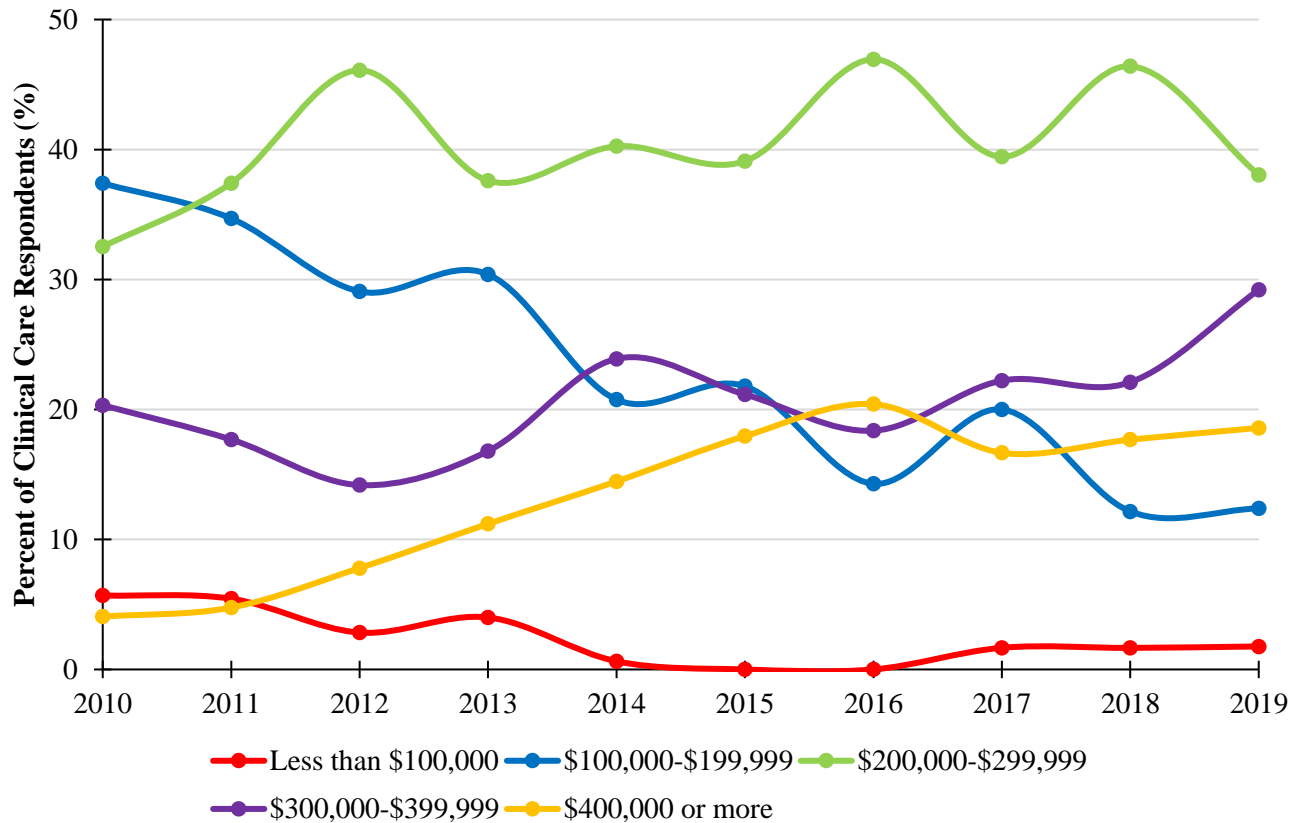
*In 2017, respondents were given the option to “mark all that apply”

**Other includes free-standing health center or clinic, nursing home, and other

Figure 8.12 shows trends among respondents and the principal type of patient care practice setting they intended to enter after completing their training program from 2008 to 2019. In 2017, respondents were given the option to “mark all that apply”.

An increasing trend was noted among respondents going into a hospital setting (27% in 2008 to 49% in 2019). A hospital setting includes inpatient, ambulatory care, or emergency department.

Figure 8.13: Trends showing Expected Gross Income in 1st Year of Practice, 2010-2019*

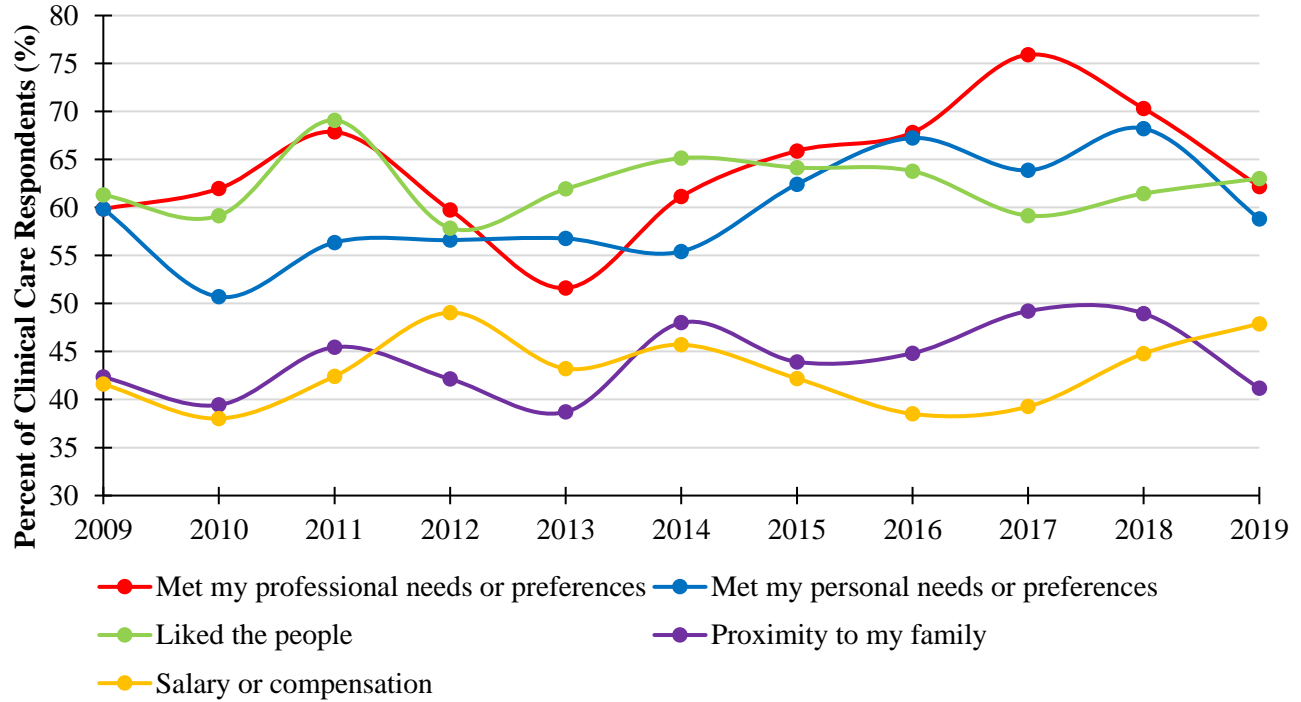


*Response categories differed in the 2008 and 2009 IUSM exit survey and were excluded from this analysis.

Figure 8.13 shows trends among respondents and their expected gross income (salary plus incentives) during their first year of practice from 2010 to 2019. Response options differed in the 2008 and 2009 exit survey, thus were excluded from this analysis. This graph has been zoomed in to improve visualization.

An increasing trend was noted among respondents who expect to earn \$200,000 or more (57% in 2010 to 86% in 2019) during their first year of practice. Trends have remained fairly constant among respondents who expect to earn less than \$100,000 (6% in 2010 to 2% in 2019) during their first year of practice. A declining trend has been noted among respondents who expect to earn \$200,000 or less (43% in 2010 to 14% in 2019) during their first year of practice.

Figure 8.14: Trends showing Top 5 Reasons to Practice at this Location, 2008-2019*

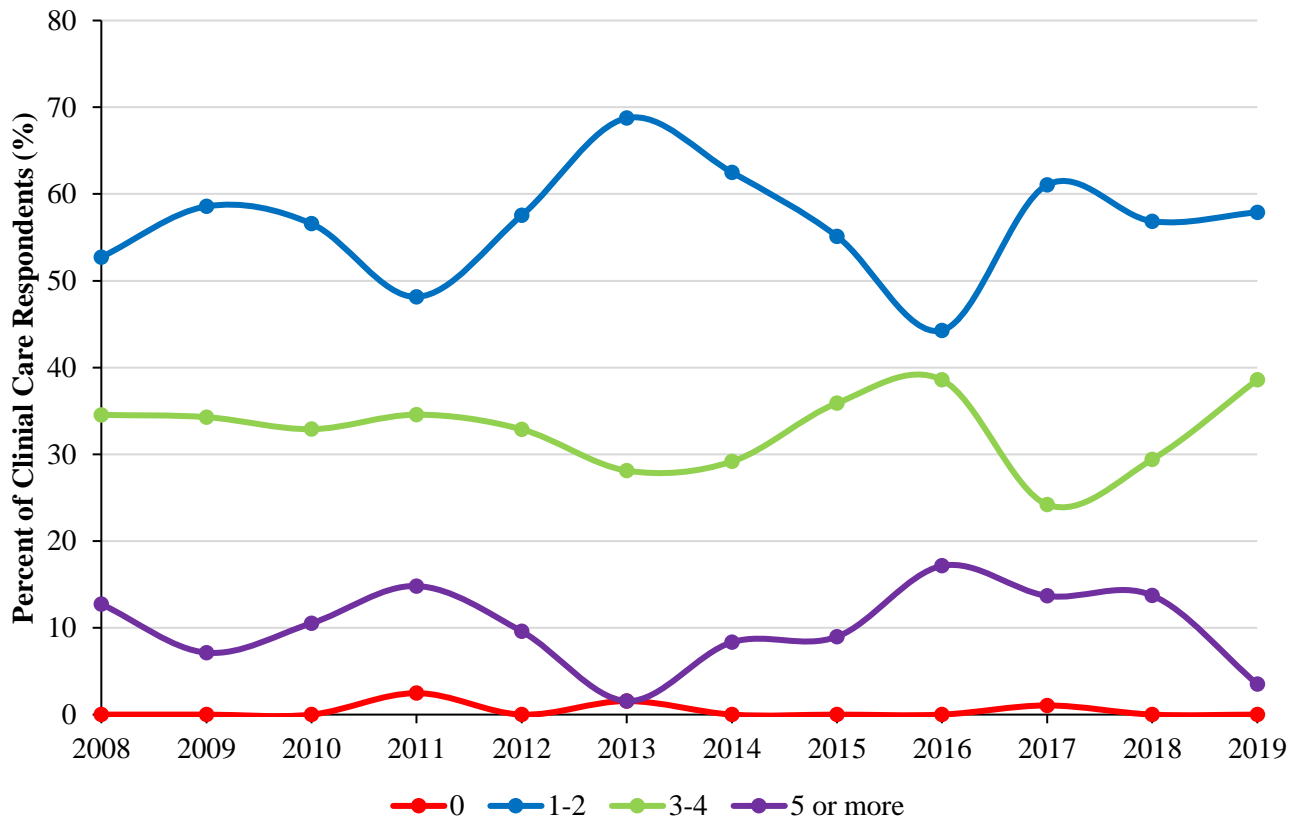


*Response categories differed in the 2008 IUSM exit survey and were excluded from this analysis.

Figure 8.14 shows trends among respondents and the top 5 reasons they decided to practice at this location from 2009 to 2019. Response options differed in the 2008 and were excluded from this analysis. This graph has been zoomed in to improve visualization.

A slight increasing trend was noted among respondents who indicated the main reason they chose to practice at this location was because of “salary or compensation” (42% in 2009 to 48% to 2019).

Figure 8.15: Trends showing Employment Offers in Indiana, 2008-2019*

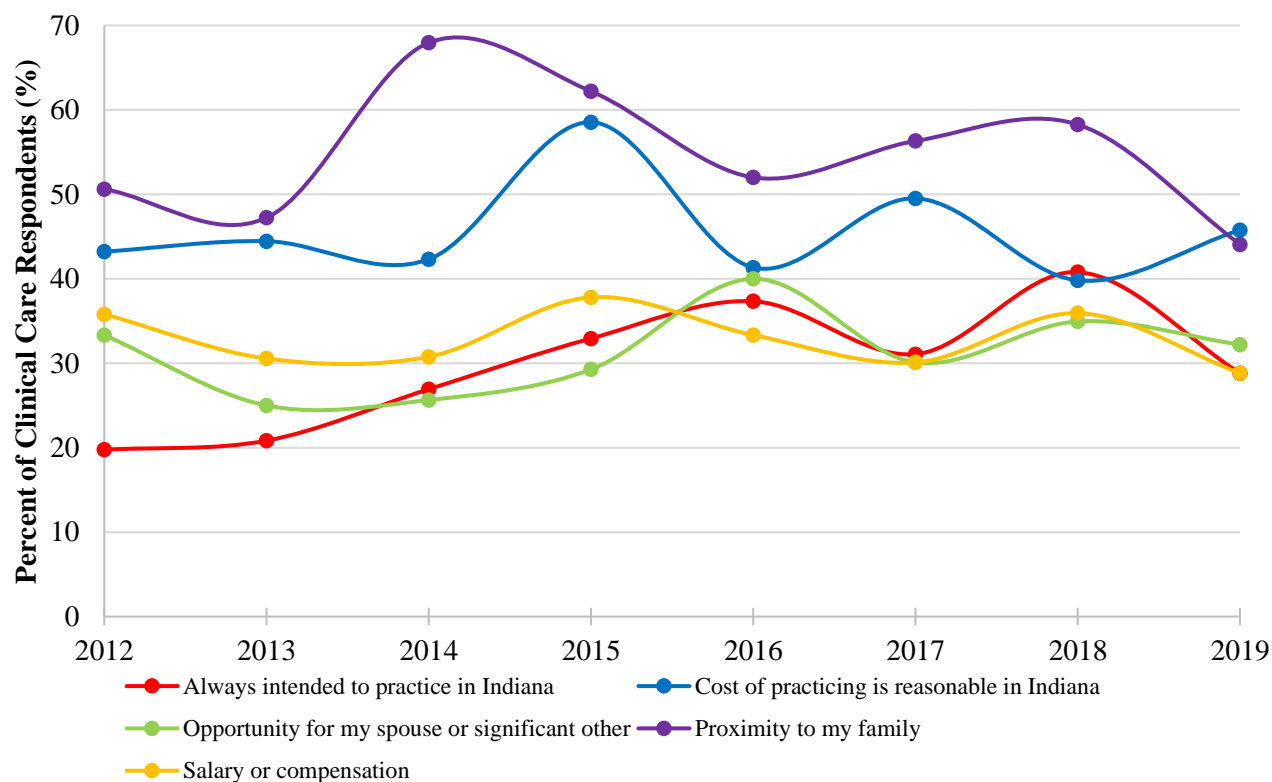


**Only respondents who indicated they were intending to practice in Indiana after completing their training were included in this analysis.*

Figure 8.15 shows trends among respondents and how many offers they received in Indiana for employment or practice positions from 2008 to 2019. Only respondents who indicated they were intending to practice in Indiana after completing their training were included in this analysis. This graph has been zoomed in to improve visualization.

A slight drop was noted among respondents who received 5 or more employment offers (13% in 2008 to 4% in 2019) in Indiana.

Figure 8.16: Trends showing Top 5 Reasons to Practice in Indiana, 2012-2019*

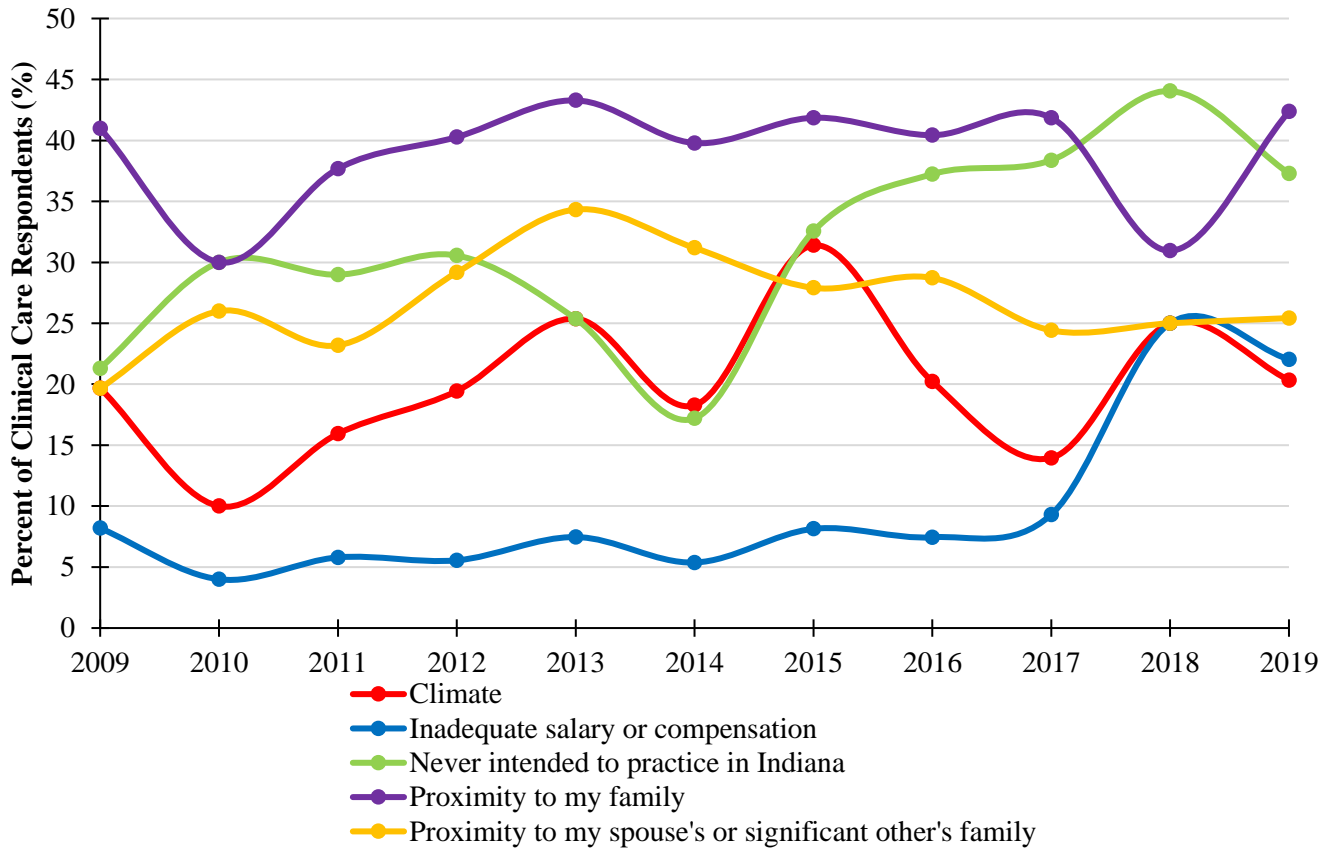


**This question was not asked on the 2008 to 2011 IUSM GME exit survey. Only respondents who intended to practice in Indiana after completing their training were included in this analysis.*

Figure 8.16 shows trends among respondents and the top 5 reasons they decided to practice in Indiana from 2012 to 2019. This question was not asked on the 2008 to 2011 exit surveys. Only respondents who intended to practice in Indiana after completing their training were included in this analysis. This graph has been zoomed in to improve visualization.

A slight increasing trend was noted among respondents who indicated the main reasons they chose to practice in Indiana was because they “always intended to practice in Indiana” (20% in 2012 to 29% in 2019). A declining trend was noted among respondents who indicated the main reasons they chose to practice in Indiana was because of “proximity to my family” (51% in 2012 to 44% in 2019) and “salary or compensation” (36% in 2012 to 29% to 2019).

Figure 8.17: Trends showing Top 5 Reasons Not to Practice in Indiana, 2009-2019*



*Response categories differed in the 2008 IUSM exit survey and were excluded from this analysis. Only respondents who intended to practice outside Indiana after completing their training were included in this analysis.

Figure 8.17 shows trends among respondents and the top 5 reasons they decided not to practice in Indiana from 2009 to 2019. Response options differed in the 2008 and were excluded from the analysis. Only respondents who intended to practice outside Indiana were included in this analysis. This graph has been zoomed in to improve visualization.

An increasing trend was noted among respondents who indicated the main reasons they chose to practice outside Indiana was because of “inadequate salary or compensation” (8% in 2009 to 22% in 2019) and they “never intended to practice in Indiana” (21% in 2009 to 37% in 2019).

**Indiana University School of Medicine
2019 Graduate Medical Education Exit Survey**

In an effort to improve our program and document where our graduates go after their residency or fellowship program, we would like you to please respond to the following questions. **Your responses to these questions will be kept strictly confidential.** A summary report will be created and only aggregated results will be shared with the program director. Your responses are very important to us, but if you do not want to answer a question, you may leave it blank. Your decision to participate in this survey will not affect your graduation from the program.

DEMOGRAPHICS:

1. First name: _____ Middle initial: _____ Last name: _____

2. Birth date: (mm/dd/yyyy) __ __ / __ __ / __ __ __ __

3. Gender:

- Male
- Female
- Other (please specify): _____

4. Which of the following describes your race? **Please mark ALL that apply.**

- American Indian / Alaskan Native
- Asian
- Black / African American
- Native Hawaiian / Pacific Islander
- White
- Other (please specify): _____

5. Do you consider yourself to be Hispanic or Latino?

- Yes, Hispanic / Latino
- No, not Hispanic / Latino

6. What do you consider your hometown? (e.g., Indianapolis, IN 46202)

- City _____ State _____ Zip code _____
- Outside of U.S.

7a. Where was the high school located from which you graduated? (e.g., Indianapolis, IN)

- City _____ State _____
- Outside of U.S.

7b. Where was the college located from which you graduated? (e.g., Indianapolis, IN)

- City _____ State _____
- Outside of U.S.

7c. Where was the medical school located from which you graduated?

- Within Indiana
 - Indiana University School of Medicine
 - Marian University College of Osteopathic Medicine
- Outside Indiana
 - State _____
- Outside of U.S.
- Country _____

8a. What is your current level of educational debt?

- | | |
|---|---|
| <input type="radio"/> None | <input type="radio"/> \$250,000 - \$299,999 |
| <input type="radio"/> Less than \$50,000 | <input type="radio"/> \$300,000 - \$349,999 |
| <input type="radio"/> \$50,000 - \$99,999 | <input type="radio"/> \$350,000 - \$399,999 |
| <input type="radio"/> \$100,000 - \$149,999 | <input type="radio"/> \$400,000 - \$449,999 |
| <input type="radio"/> \$150,000 - \$199,999 | <input type="radio"/> \$450,000 - \$499,999 |
| <input type="radio"/> \$200,000 - \$249,999 | <input type="radio"/> \$500,000 and over |

8b. Considering others in your household, what is the current total level of educational debt?

- | | |
|---|---|
| <input type="radio"/> None | <input type="radio"/> \$250,000 - \$299,999 |
| <input type="radio"/> Less than \$50,000 | <input type="radio"/> \$300,000 - \$349,999 |
| <input type="radio"/> \$50,000 - \$99,999 | <input type="radio"/> \$350,000 - \$399,999 |
| <input type="radio"/> \$100,000 - \$149,999 | <input type="radio"/> \$400,000 - \$449,999 |
| <input type="radio"/> \$150,000 - \$199,999 | <input type="radio"/> \$450,000 - \$499,999 |
| <input type="radio"/> \$200,000 - \$249,999 | <input type="radio"/> \$500,000 and over |

9. What do you consider yourself? **Please mark ALL that apply.**

- First generation learner (e.g., first to go to college and first to go to medical school)
- Learner from a rural area (e.g., area located outside a Metropolitan Statistical Area)
- Economically or educationally disadvantaged (e.g., someone who is placed at special risk by socioeconomic and educational background)
- None of the above

10. What do you expect to be doing after completion of your current residency or fellowship program?

Please mark only ONE option.

- Patient Care or Clinical Practice (in Non-Training position)
- Fellowship or Additional Subspecialty Training (please specify) _____
- Military
- Non Patient Care-based activities (e.g. research, administration)
- Temporarily out of medicine
- Other (please specify): _____
- Undecided or Don't know yet

11. Do you have an obligation or visa requirement to work in a designated health professional shortage area (HPSA) or medically underserved area (MUA) when you complete your training?

- Yes
- No

12a. Where is the location of your primary activity after completing your current residency or fellowship program?

- Same city or county as current training
- Same region in Indiana, but different city or county
- Other area in Indiana
- Other U.S. state (not Indiana)
- Outside of U.S.
- Undecided

12b. What is the name and address of your principal work location after completing your current residency or fellowship program?

Name of facility: _____

Street address: _____

City: _____ State: _____ Zip code: _____

If you have NOT accepted a position in “Patient Care or Clinical Practice”, please SKIP to Question 21.

PRACTICE CHARACTERISTICS:

13. Which best describes the principal type of Patient Care Practice you will be entering? **Please mark ALL that apply.**

- Solo practice
- Partnership (2 person)
- Group practice
- Hospital - inpatient
- Hospital - ambulatory care
- Hospital - emergency department
- Free-standing health center or clinic
- Nursing home
- Other (please specify): _____

14. In your new practice, what percentage of the patients do you expect to see from underserved populations? (Medicaid or self-pay, educationally or economically disadvantaged)

- Less than 10 percent
- 10 - 24 percent
- 25 - 49 percent
- 50 - 74 percent
- More than 75 percent

15. What are the main reasons you decided to practice at this location? **Please mark ALL that apply.**

- Climate
- Liked the people
- Met my personal needs or preferences
- Met my professional needs or preferences
- Opportunity for my spouse or significant other there
- Proximity to my family
- Proximity to my spouse's or significant other's family
- Proximity to recreation
- Salary or compensation
- Satisfy loan or scholarship requirement
- Other (please specify): _____

16. If you plan to practice in Indiana, please indicate the main reasons why? **Please mark ALL that apply.**

- Always intended to practice in Indiana
- Climate
- Cost of malpractice
- Cost of practicing is reasonable in Indiana
- More jobs or practice opportunities in Indiana
- Opportunity for my spouse or significant other
- Proximity to my family
- Proximity to my spouse's or significant other's family
- Proximity to recreation
- Relationship with my mentor
- Rotation experience
- Salary or compensation
- Other (please specify): _____

17. If you are not planning to practice in Indiana, please indicate the main reasons why. **Please mark ALL that apply.**

- Climate
- Cost of malpractice
- Cost of practicing too high in Indiana
- Inadequate salary or compensation
- Lack of jobs or practice opportunities in Indiana
- Never intended to practice in Indiana
- No opportunity for my spouse or significant other
- Proximity to my family
- Proximity to my spouse's or significant other's family
- Proximity to recreation
- Other (please specify): _____

18. Expected gross income (salary + incentives) during your first year of practice:

- | | |
|---|---|
| <input type="radio"/> Less than \$100,000 | <input type="radio"/> \$300,000 - \$349,999 |
| <input type="radio"/> \$100,000 - \$149,999 | <input type="radio"/> \$350,000 - \$399,999 |
| <input type="radio"/> \$150,000 - \$199,999 | <input type="radio"/> \$400,000 - \$449,999 |
| <input type="radio"/> \$200,000 - \$249,999 | <input type="radio"/> \$450,000 - \$499,999 |
| <input type="radio"/> \$250,000 - \$299,999 | <input type="radio"/> \$500,000 or more |

19a. How many offers for employment/practice positions did you receive all together?

- Did not seek an employment position at the time
- 0
- 1
- 2
- 3
- 4
- 5 or more

19b. How many offers for employment/practice positions did you receive in Indiana?

- Did not seek employment positions in Indiana
- 0
- 1
- 2
- 3
- 4
- 5 or more

20. Did you receive any offers from: **Please mark ALL that apply.**

- IU Health
- Eskenazi Hospital
- Veterans Administration
- Other hospital or health system in Indiana
- Other (please specify): _____

PROGRAM ASSESSMENT:

21. The residency or fellowship program provided resources and training to prepare for my specialty exams.

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree
- Board exam in my field does not exist

22. How competent do you feel in the following ACGME competencies?	<u>Fully</u>	<u>Partially</u>	<u>Not at all</u>
a. Patient Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Medical Knowledge	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Practice-based learning and improvement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Interpersonal and Communication skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Professionalism	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Systems-based practice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

23a. In your residency or fellowship program, did you <u>receive training</u> to serve the:	<u>Yes</u>	<u>No</u>
i. Rural population	<input type="radio"/>	<input type="radio"/>
ii. Underserved population	<input type="radio"/>	<input type="radio"/>

23b. How <u>competent</u> do you feel providing care to the:	<u>Fully</u>	<u>Partially</u>	<u>Not at all</u>
i. Rural population	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ii. Underserved population	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

CLINICAL LEARNING ENVIRONMENT:

24. In your residency or fellowship program, did you:	<u>Yes</u>	<u>No</u>
a. Have an opportunity to be part of a multi-disciplinary inter-professional team to provide care?	<input type="radio"/>	<input type="radio"/>
b. Participate in a quality improvement project to improve health outcome?	<input type="radio"/>	<input type="radio"/>
c. Participate in a patient safety project?	<input type="radio"/>	<input type="radio"/>
d. Have an opportunity to serve on a hospital-based committee or council?	<input type="radio"/>	<input type="radio"/>
e. Have an opportunity to participate in a cultural competency or diversity training?	<input type="radio"/>	<input type="radio"/>

25. How competent do you feel in communicating with team members in the hand-off process?

- Very competent
- Competent
- Neutral
- Incompetent
- Very incompetent

26a. Do you know about the following at IUSM:	<u>Yes</u>	<u>No</u>
i. Policies regarding mistreatment of residents?	<input type="radio"/>	<input type="radio"/>
ii. Procedures for reporting mistreatment of residents?	<input type="radio"/>	<input type="radio"/>
iii. Policies regarding mistreatment of medical students?	<input type="radio"/>	<input type="radio"/>
iv. Procedures for reporting mistreatment of medical students?	<input type="radio"/>	<input type="radio"/>

Examples of mistreatment include, but are not limited to: public embarrassment or humiliation, subjected to offensive remarks or names, or denied training opportunities based on gender, ethnicity, or sexual orientation.

26b.	<u>Yes</u>	<u>No</u>
i. Do you know whom to report mistreatment behaviors?	<input type="radio"/>	<input type="radio"/>
ii. Are you comfortable reporting mistreatment behaviors?	<input type="radio"/>	<input type="radio"/>
iii. Have you experienced any mistreatment behaviors?	<input type="radio"/>	<input type="radio"/>
iv. Did you report the mistreatment behavior incident?	<input type="radio"/>	<input type="radio"/>

26c. If there were any incidents of mistreatment behaviors that you did not report, why did you not report them?

- Incident did not seem important enough to report
- Resolved the issue myself
- Did not think anything would be done about it
- Fear of reprisal
- Did not know what to do
- Other (please specify): _____

27. In your residency or fellowship program:

- a. Were you provided an opportunity to teach in a clinical environment?
 - Yes
 - No
- b. How many opportunities for teaching did you encounter per year in a clinical environment?
 - None
 - Once per week
 - Twice per week
 - Three times per week
 - Four or more times per week
- c. How prepared did you feel to teach in a clinical environment?
 - Very well prepared
 - Well prepared
 - Neutral
 - Poorly prepared
 - Very poorly prepared

PROGRAM QUALITY:

28. I would rate the overall quality of my residency or fellowship program as:

- Excellent
- Above average
- Average
- Below average
- Extremely poor

29a. I would rate the overall performance of the faculty in my residency or fellowship program to have exceeded my expectations?

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

29b. I would rate the overall performance of the other residents/fellows in my residency or fellowship program to have exceeded my expectations?

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

QUALITY OF LIFE:

30. In the past 3 months of my residency or fellowship training:	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
a. My personal and professional lives were well-balanced	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. I have felt physically “burnt out” from my work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. I have felt emotionally “burnt out” from my work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. I have had resources readily available to maintain my wellness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

31. I would rate my overall quality of life as:

- Very good
- Good
- Fair
- Poor
- Very poor

32. Please add your **suggestions for improving** the residency or fellowship program.

33. Please **list your ideas** for new areas for the residency or fellowship curriculum.

Q33 is the last question. Thank you for completing the 2019 Graduate Medical Education Exit Survey!

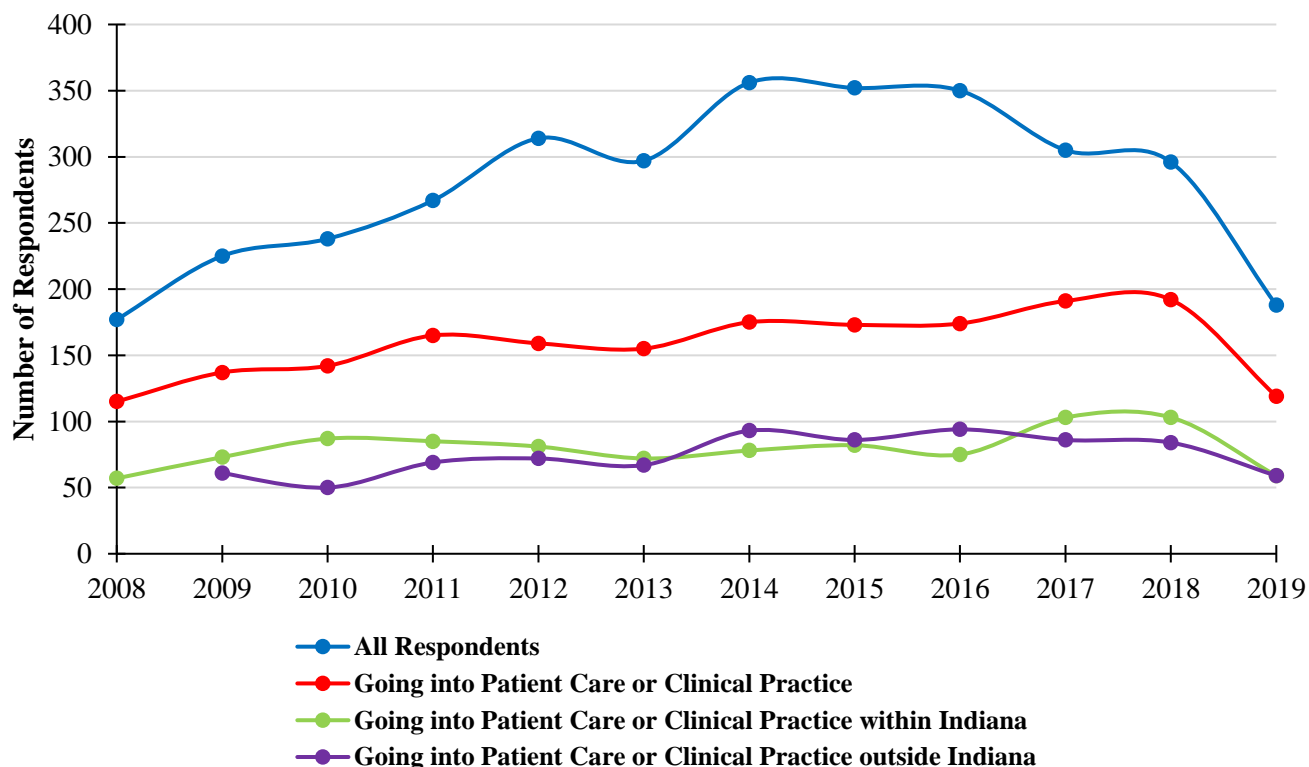
Appendix B: Response Rates: 2008 to 2019

IUSM Graduate Medical Education Exit Survey	Surveys Distributed and Completed: 2008 to 2018											
	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
Response Rate	60.4%	62.0%	61.2%	67.6%	73.2%	68.9%	88.3%	90.0%	88.8%	84.0%	76.9%	51.5%

UPDATE FOR 2019 MISSING APPENDIX B TITLE

The table above shows the overall response rate for all *IUSM Graduate Medical Education Exit Survey*® respondents from 2008 to 2019. Of the 4, graduates completing their residency or fellowship training at IUSM between 2008 and 2019, a total of 3,365 graduates have responded to the exit survey. The overall response rate has decreased from 60 percent in 2008 to 52 percent in 2019.

Total Number of Respondents, 2008 to 2019



*The question about respondents going out-of-state was not asked on the 2008 IUSM GME exit survey.

The figure above shows trends for the total number of survey respondents from 2008 to 2018. The question about respondents going out-of-state to practice was not asked on the 2008 exit survey.

A consistent trend has been noted for:

- The total number of respondents (177 in 2008 to 188 in 2019).
- The number of respondents going into patient care or clinical practice (115 in 2008 to 119 in 2019).
- The number of respondents going to practice within Indiana (57 in 2008 to 59 in 2019).
- The number of respondents going to practice outside Indiana (61 in 2009 to 59 in 2019).