

# **2019 Indiana Family Medicine Residencies Exit Survey Report**

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**Indiana Medical Education Board**

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**Komal Kochhar, MBBS, MHA  
Monling Ho, BA, Laurie Fancher, BA, Atmana Joshi**

Office of Research in Medical Education  
Indiana University School of Medicine

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# Executive Summary

## Background

Having a better understanding of the factors that influence how residents choose a practice location will help improve efforts to recruit and retain family medicine physicians in areas of need within the state. It is important to understand the reasons why Indiana family medicine residents choose to practice in specific locations in order to plan effective healthcare workforce development initiatives.

Beginning in 2012, data were gathered from residents in the eleven Indiana family medicine residency programs to document their graduates' contribution in meeting the medical care needs of the residents of Indiana and the communities where they will practice. In 2018, a new program was added (Reid Health) and data were collected from a total of twelve programs statewide.

The *2019 Indiana Family Medicine Residencies Exit Survey*® marks the 8<sup>th</sup> consecutive year of determining what these physicians plan to do after graduation; and, for those planning to primarily provide clinical care, to determine where they plan to practice. In addition, the survey also obtained overall feedback on the residents' training and their program's curricula, as well as ideas and suggestions for improvement.

## Methods

A cross-sectional survey of all final-year Indiana family medicine residents was conducted in the spring of 2019. A group-administered survey was used to understand the respondents' plans after graduation, where they intend to practice, and why they chose that location. In 2019, a total of 98 final-year family medicine residents were graduating from the twelve Indiana Family Medicine residency programs. All 98 residents were invited to participate on the *2019 Indiana Family Medicine Residencies Exit Survey*®. Of those residents, all 98 responded to the survey, thereby yielding a 100 percent response rate. This rate has been consistent over the last 7 years.

Indiana Medical Education Board			
2012-2019 Indiana Family Medicine Residencies Exit Survey Response Rates			
Year	# of surveys distributed	# of surveys completed	Response Rate
2012	78	77	98.7%
2013	76	76	100.0%
2014	82	82	100.0%
2015	92	92	100.0%
2016	96	96	100.0%
2017	96	96	100.0%
2018	94	94	100.0%
2019	98	98	100.0%

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## Results

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*Demographics:* Over two-thirds of the respondents were between the ages of 30 and 34 years. Over two-fifths of the respondents were female. Over three-fourths of the respondents were white. Five percent of the respondents were of Hispanic or Latino ethnicity. Nine percent of the respondents were from another country. Of the majority that indicated they were from United States, over two-fifths were from Indiana. Over one-third graduated from a high school or college in Indiana and one-fourth reported graduating from the Indiana University School of Medicine. Over one-fifth reported having received a Doctor of Osteopathic Medicine (D.O.) degree. Almost one-fifth of the respondents indicated they were a first generation learner or came from an economically or educationally disadvantaged background. About one-third of the respondents came from a rural area.

*Debt load:* Three-fifths of the respondents reported having an individual *and* a total household educational debt of \$200,000 or more. Over one-tenth of the respondents reported having no educational debt (neither an individual nor a total household).

*Program Assessment:* Over four-fifths of the respondents “strongly agree” or “agree” that the family medicine residency program was helpful in preparing them for their boards. Almost all respondents felt “fully” competent in patient care, interpersonal and communication skills, and professionalism. Three-fourths of the respondents had received training to serve the rural populations and almost all had received training to serve the underserved populations. Three-fifths of the respondents felt “fully” competent in providing care to the rural populations and over four-fifths of the respondents felt “fully” competent in providing care to the underserved populations. All respondents were part of a multi-disciplinary inter-professional team. Almost all were able to participate in a quality improvement project, had the opportunity to serve on a committee or council, and had the opportunity to participate in a cultural competency or diversity training. About three-fourths of the respondents had participated in a patient safety project. All respondents felt “very competent” or “competent” communicating with team members during the hand-off process.

Over four-fifths of the respondents indicated the quality of their training program was “excellent” or “above average”. Three-fourths of the respondents “strongly agree” or “agree” the overall performance of faculty in their training program exceeded their expectations. Over four-fifths of the respondents “strongly agree” or “agree” the overall performance of their peers in their training program exceeded their expectations. Over three-fourths of the respondents “strongly agree” or “agree” they had a balanced personal and professional life; one-fourth felt physically burnt out from work; almost two-fifths felt emotionally burnt out from work; and almost three-fourths indicated they had readily available resources to maintain their wellness. Almost all respondents indicated the overall quality of their life was “very good” or “good”.

*Patient Care:* Over four-fifths of the respondents planned to go into “patient care or clinical practice” after completing their training, followed by over one-tenth who planned to enter a fellowship. Almost two-thirds of the respondents planned to practice within Indiana after completing their training. Two-thirds of the respondents reported entering a “hospital or health system owned” setting (i.e., inpatient only, outpatient only, and both inpatient *and* outpatient). Almost all respondents indicated they had no

obligation or visa requirement to work in a designated HPSA or MUA after completing their training. One-half of the respondents expect to see more than 25 percent of the patients from underserved populations in their new practice. Over four-fifths of the respondents expect to earn \$200,000 or more during their first year of practice. Over four-fifths of the respondents reported that “many jobs” were available within their specialty in Indiana. After completing their training, about two-thirds of the respondents planned to practice within Indiana and over one-third intend to practice outside Indiana.

*Main reasons for choosing a practice location:*

- The main reasons given to practice at this location were: met my personal needs or preferences, liked the people, and met my professional needs or preferences.
- The main reasons given to practice in Indiana were: cost of practicing is reasonable in Indiana, cost of malpractice, and proximity to my family.
- The main reasons given to practice outside Indiana were: proximity to my family, proximity to my spouse’s or significant other’s family, climate, and never intended to practice in Indiana.

### **Chi-square test of association for statistical significance**

*Male respondents appear more likely to:*

- “Strongly agree” that their training was helpful in the preparing them for their boards.
- Feel “fully” competent in the patient care, medical knowledge, practice-based learning and improvement, and interpersonal communication skills ACGME competency areas
- Feel “fully” competent providing care to the rural populations.
- Participate in a patient safety project.
- Report that “many jobs” were available within their specialty in Indiana.

*Female respondents appear more likely to:*

- Feel physically burnt out from work.
- Feel emotionally burnt out from work.
- Practice at this location due to proximity to their family.
- Practice in Indiana due to proximity to their spouse’s or significant other’s family.

### **Mapping information**

*For 2012-2019 respondents:*

- A majority of the respondents planned to choose Indiana as their primary practice location followed by Illinois and Ohio.
- Of those respondents who indicated Indiana as their primary practice location, a majority of the respondents planned to choose Marion County for their practice location, followed by St. Joseph and Allen counties.
- Over one-half of the respondents from Community Hospital East, Franciscan Health Indianapolis, IU Health Ball Memorial Hospital, IU Methodist Hospital, and St. Vincent Hospital indicated an Indiana hometown.
- Over two-thirds of the respondents from Community Hospital East, Franciscan Health Indianapolis, and St. Vincent Hospital reported an Indiana practice location.

- Over one-half of the respondents from IU Health Ball Memorial Hospital indicated a practice location in a rural ZIP code.
- Over three-fourths of the respondents from Memorial Hospital of South Bend and Union Hospital reported a practice location in an MUA and/or HPSA.

*For 2019 respondents:*

- A majority of the respondents planned to choose Indiana as their primary practice location followed by Kentucky and Illinois.
- Of those respondents who indicated Indiana as their primary practice location, a majority planned to practice in St. Joseph County, followed by Allen and Hendricks counties.
- Over one-half of the respondents from Franciscan Health Indianapolis, IU Health Ball Memorial Hospital, and St. Vincent Hospital indicated an Indiana hometown.
- One-half of the respondents from Union Hospital and Reid Health reported a practice location in a rural ZIP code.
- Over two-thirds of the respondents from Fort Wayne Medical Education Program, Franciscan Health Indianapolis, IU Methodist Hospital, and Union Hospital reported an Indiana practice location.
- Over four-fifths of the respondents from IU Ball Memorial Hospital, Memorial Hospital of South Bend, St. Joseph Regional Medical Center, and Union Hospital indicated a practice location in an MUA and/or HPSA.

## **Trends**

*Increasing trends were noted for respondents who:*

- Were coming from *outside* of Indiana (50% in 2012 to 55% in 2019).
- Had an individual educational debt load of “\$200,000 or more” (40% in 2012 to 60% in 2019).
- Rated the quality of their program as “excellent” (36% in 2012 to 54% in 2019).
- “Strongly agree” that the performance of faculty in their training program had exceeded their expectations (29% in 2012 to 38% in 2019).
- Were going into a “hospital or health system owned – outpatient only” facility (35% in 2014 to 44% in 2019).
- Indicated their primary practice location was Indiana (57% in 2012 to 64% in 2019).
- Chose to practice at this location because it “met their personal needs or preferences” (60% in 2012 to 68% in 2019).
- Chose to practice in Indiana because they “always intended to practice in Indiana” (31% in 2013 to 40% in 2019), “cost of practicing is reasonable in Indiana” (52% in 2013 to 60% in 2019), and “salary or compensation” (29% in 2013 to 48% in 2019).
- Chose to practice outside Indiana because “never intended to practice in Indiana” (10% in 2013 to 23% in 2019), and there was “no opportunity for my spouse or significant other” (10% in 2013 to 20% in 2019).

*Decreasing trends were noted for respondents who:*

- Were between 35 and 39 years of age (17% in 2012 to 9% in 2019).
- Were coming from *within* Indiana (50% in 2012 to 45% in 2019).

- Had an individual educational debt load “between \$100,000 and \$199,999” (31% in 2012 to 16% in 2019).
- Felt “fully” competent serving the rural populations (73% in 2012 to 59% in 2019).
- Felt “fully” competent serving the underserved populations (97% in 2012 to 87% in 2019).
- Rated the quality of the program as “above average” (45% in 2012 to 28% in 2019).
- “Agree” that the performance of faculty in their training program had exceeded their expectations (48% in 2012 to 38% in 2019).
- Indicated their primary practice location was another U.S. state (41% in 2012 to 31% in 2019).
- Chose to practice at this location because of “proximity to my family” (50% in 2012 to 40% in 2019).
- Chose to practice outside Indiana because of “proximity to my family” (57% in 2013 to 43% in 2019) and “proximity to my spouse’s or significant other’s family” (57% in 2013 to 40% in 2019).

# Chapter 1: Introduction

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Now more than ever, it has become increasingly important to understand how family medicine residents decide where to practice after they complete their training because of a decrease in the number of United States medical school graduates' entering primary care specialties.<sup>1</sup> The problem is not only a lack of physicians, but a disparity between rural and urban supplies of physician distribution throughout the state, creating a persistent barrier to health care access in some areas.<sup>2</sup> Also, graduating adequate numbers of primary care physicians who will practice in underserved areas has been an ongoing challenge for the last several decades.<sup>3</sup> Because of this shortage and mal-distribution of physicians in Indiana, understanding where the graduates' go after they complete their residency training, and getting a better understanding of factors that affect those decisions has become very important. This information may be valuable in improving efforts to recruit and retain physicians in areas of need within our state.

The *2019 Indiana Family Medicine Residencies Exit Survey*® marks the 8<sup>th</sup> consecutive year of determining what these physicians plan to do after graduation; and, for those planning to primarily provide clinical care, to determine where they plan to practice. An additional objective was to determine why they chose specific locations to work; and, for those leaving Indiana, why they decided not to stay in the state to practice. A final objective was to obtain overall feedback on their training and the residency programs' curricula, specifically their suggestions and ideas for improvement.

The next chapter describes the methodology used for this study. Chapter 3 shows responses for the *2019 Indiana Family Medicine Residencies Exit Survey*®. Chapter 4 summarizes responses showing gender comparisons. Chapter 5 shows maps that track where the residents are going after completing their training (both within U.S. as well as in Indiana). Chapter 6 shows trends over the past eight years when the survey was administered. And lastly, Chapter 7 shows the comments made by survey respondents to a couple open-ended questions regarding suggestions to improve the program and new ideas for the residency curriculum. Appendix A includes a copy of the *2019 Indiana Family Medicine Residencies Exit Survey*® and Appendix B shows a table with response tally for each family medicine residency program location from 2012 to 2019.

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<sup>1</sup> Ferguson, W., Cashman, S., Savageau, J., & Lasser, D. (2009). Family medicine residency characteristics associated with practice in a health professions shortage area. *Family Medicine*, 41(6), 405-410.

<sup>2</sup> Quinn, K. J., & Hosokawa, M. C. (2010). Factors contributing to the specialty selection, practice location, and retention of physicians in rural practice. *Ann Behav Sci Med Educ*. 16:21-27.

<sup>3</sup> Rabinowitz, H., Diamond, J., Markham, F., & Santana, A. (2013). Retention of rural family physicians after 20-25 years: outcomes of a comprehensive medical school rural program. *Journal of the American Board of Family Medicine*, 26(1), 24-27.



## Chapter 2: Methods

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The *2019 Indiana Family Medicine Residencies Exit Survey*<sup>©</sup> is a group-administered survey that measures the respondents' plans after graduation, where they intend to practice, and why they chose that location. In addition, the survey has questions on the number of employment offers received and an assessment of their training program. A copy of the *2019 Indiana Family Medicine Residencies Exit Survey*<sup>©</sup> is included in **Appendix A**.

Prior to data collection, the principal investigator (PI) obtained an exempt approval from the Indiana University Institutional Review Board in February 2019. The cross-sectional survey was administered to all final-year residents in the twelve family medicine residency programs within the state in April and May, 2019.

The PI contacted program directors at each of the twelve family medicine residency sites to schedule a visit to administer paper surveys in a group setting at each facility.<sup>4</sup> In a few cases, where the residents could not attend the group-administered session, blank copies of the survey and pre-addressed stamped envelopes were left with the program coordinator(s). Specific instructions were given to the coordinators to request the residents to complete the survey and have them mailed directly to the PI.

The survey was administered to a total of 98 residents graduating from the twelve family medicine programs across the state in the 2019 calendar year (including off-cycle graduates). Of those residents, all 98 responded to the surveys, thereby yielding a 100 percent response rate. A table with response tally for each family medicine residency program location from 2012 to 2019 has been shown in **Appendix B**.

Completed paper surveys were scanned into an electronic database. Data analysis was performed using statistical software, *IBM SPSS Statistics*, v25 and mapping software, *ArcGIS 10.5*. Chi-square tests were used to compare responses between groups. *P*-values less than 0.05 were considered statistically significant. At the end of the analysis, this main report was produced which will be distributed to the Indiana Medical Education Board members as well as to all twelve family medicine residency program directors. In addition, "location-specific" reports will also be distributed to all the Board members and program directors at the twelve family medicine residency programs.

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<sup>4</sup> 1) Community Hospital East Family Medicine Residency, Indianapolis; 2) Community South Osteopathic Family Medicine Residency, Speedway (formerly known as Westview Hospital); 3) Deaconess Family Medicine Residency, Evansville; 4) Fort Wayne Medical Education Program, Fort Wayne; 5) Franciscan Health Indianapolis Family Medicine Residency, Indianapolis (formerly known as Franciscan St. Francis Health/St. Francis Hospital); 6) Indiana University Health Ball Memorial Hospital, Muncie (formerly known as Ball Memorial Hospital); 7) Indiana University Health Methodist Family Medicine Residency, Indianapolis; 8) Memorial Hospital of South Bend; 9) Reid Health, Richmond 10) St. Joseph Regional Medical Center, South Bend; 11) St. Vincent Family Medicine Residency, Indianapolis; 12) Union Hospital Family Medicine Residency, Terre Haute

## Chapter 3: Responses to the 2019 Indiana Family Medicine Residencies Exit Survey<sup>©</sup>

This chapter shows responses to questions asked on the 2019 Indiana Family Medicine Residencies Exit Survey<sup>©</sup>. The chapter has been further sub-divided into four broad areas: demographic characteristics, educational debt load, program assessment, and practice characteristics. The data shown in tables 3.1 to 3.19 and figures 3.1 to 3.3 are based on responses from all 98 graduates participating in this survey. The remaining tables and figures show responses from only those survey respondents who:

- indicated they planned to work in “patient care or clinical practice” after graduation (n=80);
- intended to practice in Indiana (n=50); and,
- intended to practice outside Indiana (n=28).

For ease of interpretation, percentages in the text have been rounded off to the nearest decimal point.

### All Respondents [n=98]

#### I. Demographic Characteristics (n=98)

##### Age

Table 3.1	All FM Respondents	
	2019 (n=98)	
Age	#	%
25-29	15	15.5
30-34	67	69.1
35-39	9	9.3
40-44	5	5.2
45 and over	1	1.0
<b>Total</b>	<b>97</b>	<b>100.0</b>
Missing	1	

Table 3.1 shows the age distribution of all Indiana family medicine survey respondents. Over two-thirds (69%) of the respondents indicated they were between the ages of 30 and 34 years. The 8-year average was 64 percent.

## Gender

Table 3.2	All FM Respondents	
	2019 (n=98)	
Gender	#	%
Male	56	57.1
Female	42	42.9
Other*	0	0.0
<b>Total</b>	<b>98</b>	<b>100.0</b>
Missing	0	

*\*This response option was added to the 2018 Indiana family medicine residencies exit survey.*

Table 3.2 shows the gender distribution of all Indiana family medicine survey respondents. Over two-fifths (43%) of the respondents indicated they were female. The 8-year average was 43 percent.

## Race

Table 3.3	All FM Respondents	
	2019 (n=98)	
Which of the following describes your race? Please mark all that apply.	#	%
American Indian/Alaskan Native	0	0.0
Asian	13	13.3
Black/African American	6	6.1
Native Hawaiian/Pacific Islander	0	0.0
White	75	76.5
Other	3	3.1
Biracial*	1	1.0
<b>Total</b>	<b>98</b>	<b>100.0</b>
Missing	0	

*\*This response option was added to the 2018 Indiana family medicine residencies exit survey.*

Table 3.3 shows the racial distribution of all Indiana family medicine survey respondents. Over three-fourths (77%) of the respondents indicated they were white, followed by 13 percent of the respondents who indicated they were Asian. The 8-year average was 79 percent and 12 percent for white and Asian respondents, respectively.

## Ethnicity

Table 3.4	All FM Respondents	
	2019 (n=98)	
Do you consider yourself Hispanic or Latino?	#	%
Yes, Hispanic/Latino	5	5.1
No, not Hispanic/Latino	93	94.9
<b>Total</b>	<b>98</b>	<b>100.0</b>
Missing	0	

Table 3.4 shows the ethnicity of all Indiana family medicine survey respondents. Five percent of the respondents indicated a Hispanic or Latino ethnicity. The 8-year average was 6 percent.

## Respondents Coming From

Table 3.5	All FM Respondents	
	2019 (n=98)	
Where are the respondents coming from?	#	%
Outside USA	9	9.2
Within USA	89	90.8
<i>Outside Indiana</i>	49	55.1
<i>Within Indiana</i>	40	44.9
<b>Total</b>	<b>98</b>	<b>100.0</b>
Missing	0	

Table 3.5 shows where the Indiana family medicine survey respondents were coming from. Nine percent of the respondents indicated they were from another country. A majority (91%) of the respondents indicated they were from United States. Of those 89 respondents who indicated they were from United States, over two-fifths (45%) were from Indiana. The 8-year average was 47 percent.

## Respondents who have an Indiana Connection

Table 3.6	All FM Respondents	
	2019 (n=98)	
Respondents who have an Indiana connection...	#	%
High school	34	34.7
College	38	38.8
Medical School	25	25.5
<i>IUSM</i>	25	100.0
<i>MUCOM</i>	0	0.0

Table 3.6 shows the Indiana family medicine survey respondents' who graduated from a high school, college, or medical school in Indiana. Over one-third of the respondents indicated they had graduated from a high school (35%) or college (39%) in Indiana. The 8-year average was 37 percent. Over one-fourth (26%) of the respondents reported graduating from the Indiana University School of Medicine (IUSM). The 8-year average was 26 percent.

## Type of Medical Degree

Table 3.7	All FM Respondents	
	2019 (n=98)	
Do you have an M.D. or D.O. degree?*	#	%
Doctor of Medicine	76	77.6
Doctor of Osteopathic Medicine	22	22.4
<b>Total</b>	<b>98</b>	<b>100.0</b>
Missing	0	

\*This question was added to the 2018 Indiana family medicine residencies exit survey.

Table 3.7 shows the type of medical degree received by the Indiana family medicine survey respondents. Over one-fifth (22%) of the respondents reported having received a Doctor of Osteopathic Medicine (D.O.) degree.

## Learner Background

Table 3.8	All FM Respondents	
	2019 (n=98)	
Do you consider yourself? Please mark ALL that apply.	#	%
First generation learner	19	19.4
Learner from a rural area	29	29.6
Economically or educationally disadvantaged	17	17.3
None of the above	51	52.0

Table 3.8 shows the Indiana family medicine survey respondents' learner and socioeconomic background. Almost one-fifth of the respondents indicated they were a first generation learner (19%) or came from an economically or educationally disadvantaged background (17%). Nearly one-third (30%) of the respondents indicated they came from a rural area.

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## II. Educational Debt Load (n=98)

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### Current Individual Educational Debt

**Figure 3.1: Current Individual Educational Debt (n=98)**

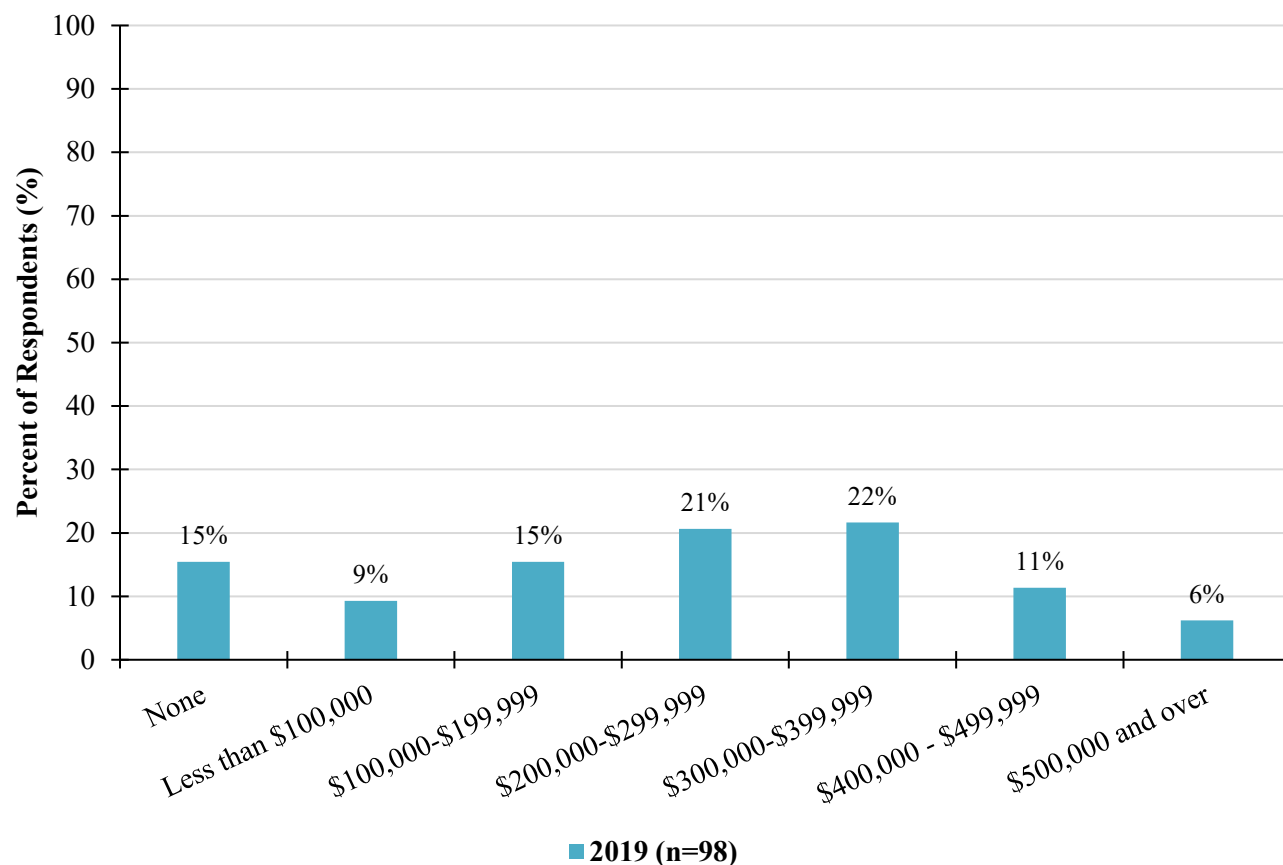


Figure 3.1 presents the current level of individual educational debt among the Indiana family medicine survey respondents. Over one-tenth (15%) of the respondents indicated they had no individual educational debt load. The 8-year average was 15 percent. Three-fifths (60%) of the respondents reported having an individual educational debt load of \$200,000 or more. The 8-year average was 54 percent.

**Current Total Household Educational Debt**

**Figure 3.2: Current Household Educational Debt (n=98)**

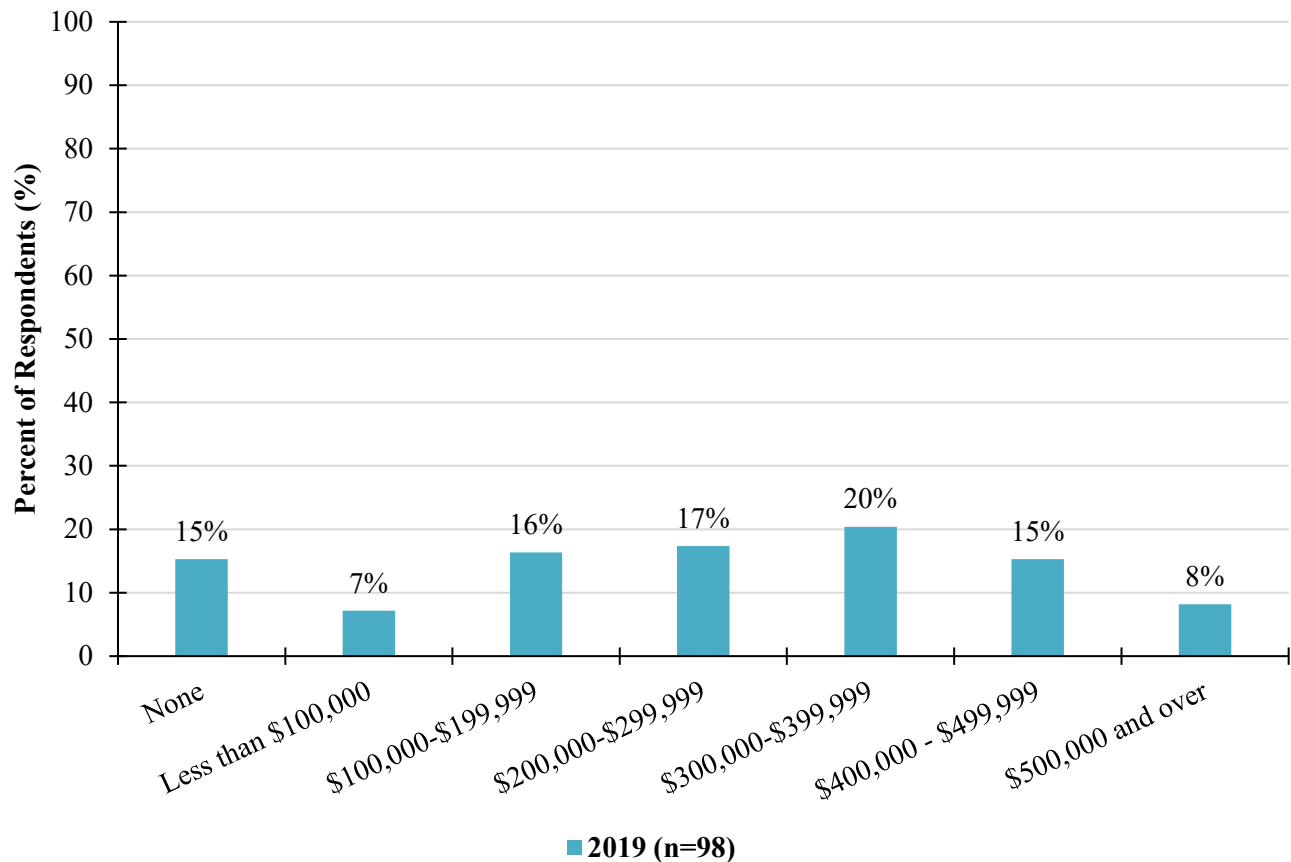


Figure 3.2 presents the current level of total household educational debt among the Indiana family medicine survey respondents. Over one-tenth (15%) of the respondents indicated they had no household educational debt load. The 8-year average was 14 percent. About three-fifths (61%) of the respondents reported having a total household educational debt load of \$200,000 or more. The 8-year average was 59 percent.

### III. Program Assessment (n=98)

#### Training Program

Table 3.9	All FM Respondents	
	2019 (n=98)	
The Family Medicine residency program was helpful in the preparation for my boards.	#	%
Strongly Agree	47	50.0
Agree	30	31.9
Neutral	12	12.8
Disagree	5	5.3
Strongly Disagree	0	0.0
<b>Total</b>	<b>94</b>	<b>100.0</b>
Missing/ Board Exam in my field does not exist	4	

Table 3.9 shows the Indiana family medicine survey respondents' assessment of how helpful their training program was in preparing them for their boards. Over four-fifths (82%) of the respondents indicated they “strongly agree” or “agree” that the family medicine residency program was helpful in preparing them for their boards either *generally* by the clinical and didactic curriculum or *specifically* through board question review. The 8-year average was 86 percent.

#### ACGME Competency Areas

Table 3.10	All FM Respondents					
	2019 (n=98)					
	Fully		Partially		Not at all	
How competent do you feel in the following ACGME competencies?	#	%	#	%	#	%
Patient Care	91	92.9	7	7.1	0	0.0
Medical Knowledge	86	87.8	12	12.2	0	0.0
Practice-based learning and improvement	84	85.7	14	14.3	0	0.0
Interpersonal and communication skills	92	93.9	6	6.1	0	0.0
Professionalism	95	96.9	3	3.1	0	0.0
Systems-based practice	83	85.6	14	14.4	0	0.0

Table 3.10 shows the Indiana family medicine survey respondents' self-rated competency level in the Accredited Council for Graduate Medical Education (ACGME) competency areas. A majority of the respondents indicated they felt “fully” competent in patient care (93%), medical knowledge (88%), practice-based learning and improvement (86%), interpersonal and communication skills (94%), professionalism (97%), and systems-based practice (86%).



## Rural and Underserved Training

Table 3.11	All FM Respondents			
	2019 (n=98)			
	Yes		No	
In your Family Medicine residency program did you <u>receive training</u> to serve the:	#	%	#	%
Rural Population	73	74.5	25	25.5
Underserved Population	95	96.9	3	3.1

Table 3.11 shows whether the Indiana family medicine survey respondents' received training to serve the rural and underserved populations during their training program. Three-fourths (75%) of the respondents indicated they had received training to serve the rural populations. The 8-year average was 72 percent. Almost all (97%) respondents indicated they had received training to serve the underserved populations. The 8-year average was 99 percent.

## Competency in Providing Care to the Rural and Underserved Populations

Table 3.12	All FM Respondents					
	2019 (n=98)					
	Fully		Partially		Not at all	
How competent do you feel providing care to the:	#	%	#	%	#	%
Rural Population	58	59.2	36	36.7	4	4.1
Underserved Population	85	86.7	12	12.2	1	1.0

Table 3.12 shows the Indiana family medicine survey respondents' self-rated competency levels in providing care to the rural and underserved populations. About three-fifths (59%) of the respondents indicated feeling "fully" competent in providing care to the rural populations. The 8-year average was 62 percent. Over four-fifths (87%) of the respondents indicated feeling "fully" competent in providing care to the underserved populations. The 8-year average was 90 percent.

## Program Opportunities

Table 3.13	All FM Respondents			
	2019 (n=98)			
	Yes		No	
In your residency 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
Participate in a quality improvement project to improve health outcome?	97	99.0	1	1.0
Participate in a patient safety project?	71	72.4	27	27.6
Have an opportunity to serve on a committee or council?	95	97.9	2	2.1
Have an opportunity to participate in a cultural competency or diversity training?	86	89.6	10	10.4

Table 3.13 shows if there were any program opportunities available for the Indiana family medicine survey respondents' to participate in their training program. All (100%) respondents indicated they were part of a multi-disciplinary inter-professional team. Almost all respondents indicated they were able to participate in a quality improvement project (99%), had the opportunity to serve on a committee or council (98%), and had the opportunity to participate in a cultural competency or diversity training (90%). About three-fourths (72%) of the respondents indicated they had participated in a patient safety project.

### Competency in Communicating during the Hand-Off Process

Table 3.14	All FM Respondents	
	2019 (n=98)	
How competent do you feel in communicating with team members in the hand-off process?	#	%
Very competent	82	84.5
Competent	15	15.5
Neutral	0	0.0
Incompetent	0	0.0
Very incompetent	0	0.0
<b>Total</b>	<b>97</b>	<b>100.0</b>
Missing	1	

Table 3.14 shows the Indiana family medicine survey respondents' self-rated competency levels in communicating with team members during the hand-off process. All (100%) respondents indicated they felt "very competent" or "competent" communicating with team members during the hand-off process.

### Quality of Program

Table 3.15	All FM Respondents	
	2019 (n=98)	
I would rate the overall <u>quality</u> of my Family Medicine residency program as:	#	%
Excellent	53	54.1
Above Average	27	27.6
Average	18	18.4
Below Average	0	0.0
Extremely Poor	0	0.0
<b>Total</b>	<b>98</b>	<b>100.0</b>
Missing	0	

Table 3.15 shows the Indiana family medicine survey respondents' overall rating of the quality of their training program. Over four-fifths (82%) of the respondents indicated the quality of their training program was "excellent" or "above average". The 8-year average was 87 percent.

## Faculty Assessment

Table 3.16	All FM Respondents	
	2019 (n=98)	
I would rate the overall performance of the <u>faculty</u> in my Family Medicine residency program to have exceeded my expectations.	#	%
Strongly Agree	37	37.8
Agree	36	36.7
Neutral	19	19.4
Disagree	5	5.1
Strongly Disagree	1	1.0
<b>Total</b>	<b>98</b>	<b>100.0</b>
Missing	0	

Table 3.16 shows the Indiana family medicine survey respondents' overall performance rating of faculty in their training program. Three-fourths (75%) of the respondents indicated they “strongly agree” or “agree” that the overall performance of faculty in their training program exceeded their expectations. The 8-year average was 82 percent.

## Assessment of Peer Residents

Table 3.17	All FM Respondents	
	2019 (n=98)	
I would rate the overall performance of the <u>other residents</u> in my Family Medicine residency program to have exceeded my expectations.	#	%
Strongly Agree	36	36.7
Agree	48	49.0
Neutral	12	12.2
Disagree	2	2.0
Strongly Disagree	0	0.0
<b>Total</b>	<b>98</b>	<b>100.0</b>
Missing	0	

Table 3.17 shows the Indiana family medicine survey respondents' overall performance rating of other residents in their training program. Over four-fifths (86%) of the respondents indicated they “strongly agree” or “agree” that the overall performance of other residents or fellows in their training program exceeded their expectations. The 8-year average was 91 percent.

## Overall Well-being

**Figure 3.3: Overall Well-being (n=98)**

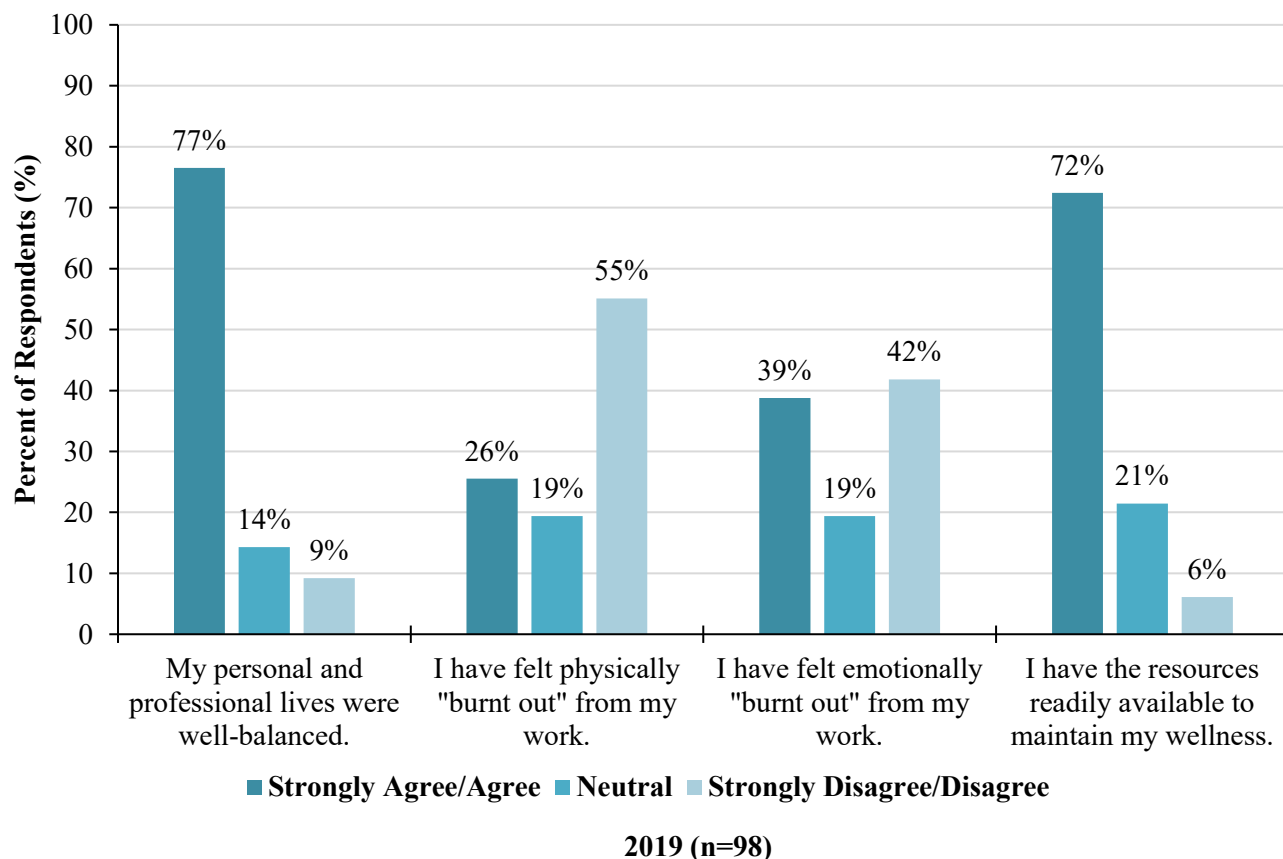


Figure 3.3 presents the Indiana family medicine survey respondents' overall wellbeing. Over three-fourths (77%) of the respondents indicated they "strongly agree" or "agree" they had a balanced personal and professional life. One-fourth (26%) of the respondents indicated they "strongly agree" or "agree" they felt physically burnt out from work. Almost two-fifths (39%) of the respondents indicated they "strongly agree" or "agree" they felt emotionally burnt out from work. And, almost three-fourths (72%) of the respondents indicated they "strongly agree" or "agree" they had readily available resources to maintain their wellness.

## Quality of Life

Table 3.18	All FM Respondents	
	2019 (n=98)	
I would rate the overall quality of my life as:	#	%
Very Good	47	48.0
Good	41	41.8
Fair	10	10.2
Poor	0	0.0
Very Poor	0	0.0
<b>Total</b>	<b>98</b>	<b>100.0</b>
Missing	0	

Table 3.18 shows the Indiana family medicine survey respondents' overall rating of their quality of life. Almost all (90%) respondents indicated that the overall quality of their life was “very good” or “good”.

## Plans after Graduation

Table 3.19	All FM Respondents	
	2019 (n=98)	
What do you expect to be doing after completion of your current Family Medicine residency program? Please mark only ONE option.	#	%
Patient Care or Clinical Practice (in Non-Training Position)	80	83.3
Fellowship or Additional Subspecialty Training	14	14.6
Military	1	1.0
Non Patient Care-based activities (e.g., research, administration)	0	0.0
Temporarily Out of Medicine	0	0.0
Other	1	1.0
<b>Total</b>	<b>96</b>	<b>100.0</b>
Undecided or Don't know yet/ Missing	2	

Table 3.19 shows what the Indiana family medicine survey respondents' expect to do after completing their current training program. Over four-fifths (83%) of the respondents indicated they planned to go into “patient care or clinical practice” after completing their training, followed by over one-tenth (15%) of the respondents who planned to enter a fellowship. The 8-year average for respondents going into patient care or clinical practice was 80 percent.

NOTE: The following section is only for those survey respondents who indicated they were primarily going into “patient care or clinical practice” after completing their training (n=80).

## IV. Practice Characteristics (n=80)

### Primary Practice Location

Table 3.20	Clinical Care Respondents	
	2019 (n=80)	
Where is the location of your primary activity <u>after</u> completing your current Family Medicine residency program?	#	%
Same city of country as current training	26	33.3
Same region in Indiana, but different city or county	18	23.1
Other area in Indiana	6	7.7
Other U.S. state (not Indiana)	24	30.8
Outside of U.S.	4	5.1
<b>Total</b>	<b>78</b>	<b>100.0</b>
Missing/Undecided	2	

Table 3.20 shows the location of the Indiana family medicine survey respondents' primary activity after completing their current training program. About two-thirds (64%) of the respondents indicated they planned to practice within Indiana after completing their training. Over one-third (36%) of the respondents indicated they planned to practice outside Indiana after completing their training. Two respondents were undecided at the time the survey was administered. The 8-year average for respondents planning to practice within Indiana and outside Indiana was 62 percent and 38 percent, respectively.

### Type of Practice

Table 3.21	Clinical Care Respondents	
	2019 (n=80)	
Which best describes the principal type of Patient Care Practice you will be entering? Please mark all that apply.	#	%
Independently-owned physician practice - Solo	0	0.0
Independently-owned physician practice - Group or Partnership (2 or more persons)	17	21.3
Hospital or health system owned - inpatient only	4	5.0
Hospital or health system owned - outpatient only	35	43.8
Hospital or health system owned - inpatient and outpatient	15	18.8
Urgent care facility	2	2.5
Managed care organization or insurance company	0	0.0
Free-standing health center or clinic (Federal, state, local government or community board led, etc.)	4	5.0
Nursing home or institutional residential facility	1	1.3
Other	2	2.5

Table 3.21 shows the principal type of patient care practice setting the Indiana family medicine survey respondents' will be entering after completing their training. Two-thirds (68%) of the respondents reported entering a "hospital or health system owned" setting: inpatient only (5%), outpatient only (44%), and both inpatient *and* outpatient (19%). The 6-year average was 74 percent.

## Obligation or Visa Requirement

Table 3.22	Clinical Care Respondents	
	2019 (n=80)	
Do you have an obligation or visa requirement to work in a designated HPSA or MUA when you complete your training in the Family Medicine residency program?	#	%
Yes	4	5.0
No	76	95.0
<b>Total</b>	<b>80</b>	<b>100.0</b>
Missing	0	

Table 3.22 shows the Indiana family medicine survey respondents' obligation or visa requirement to work in a designated HPSA or MUA after completing their training. Five percent of the respondents indicated they had an obligation or visa requirement to work in a designated HPSA or MUA after completing their training. The 8-year average was 14 percent.

## Percentage of Patients Expected to be seen from Underserved Populations

Table 3.23	Clinical Care Respondents	
	2019 (n=80)	
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	7	9.7
10-24 percent	28	38.9
25-49 percent	17	23.6
50-74 percent	15	20.8
More than 75 percent	5	6.9
<b>Total</b>	<b>72</b>	<b>100.0</b>
Missing	8	

Table 3.23 shows the percentage of patients that the Indiana family medicine survey respondents' expect to see from underserved populations (Medicaid or self-pay, educationally or economically disadvantaged) in their new practice. One-half (51%) of the respondents indicated they expect to see more than 25 percent of the patients from underserved populations in their new practice. The 8-year average was 54 percent.

## Opportunities in Indiana

**Figure 3.4: Overall Assessment of Practice Opportunities in Indiana  
(n=80)**

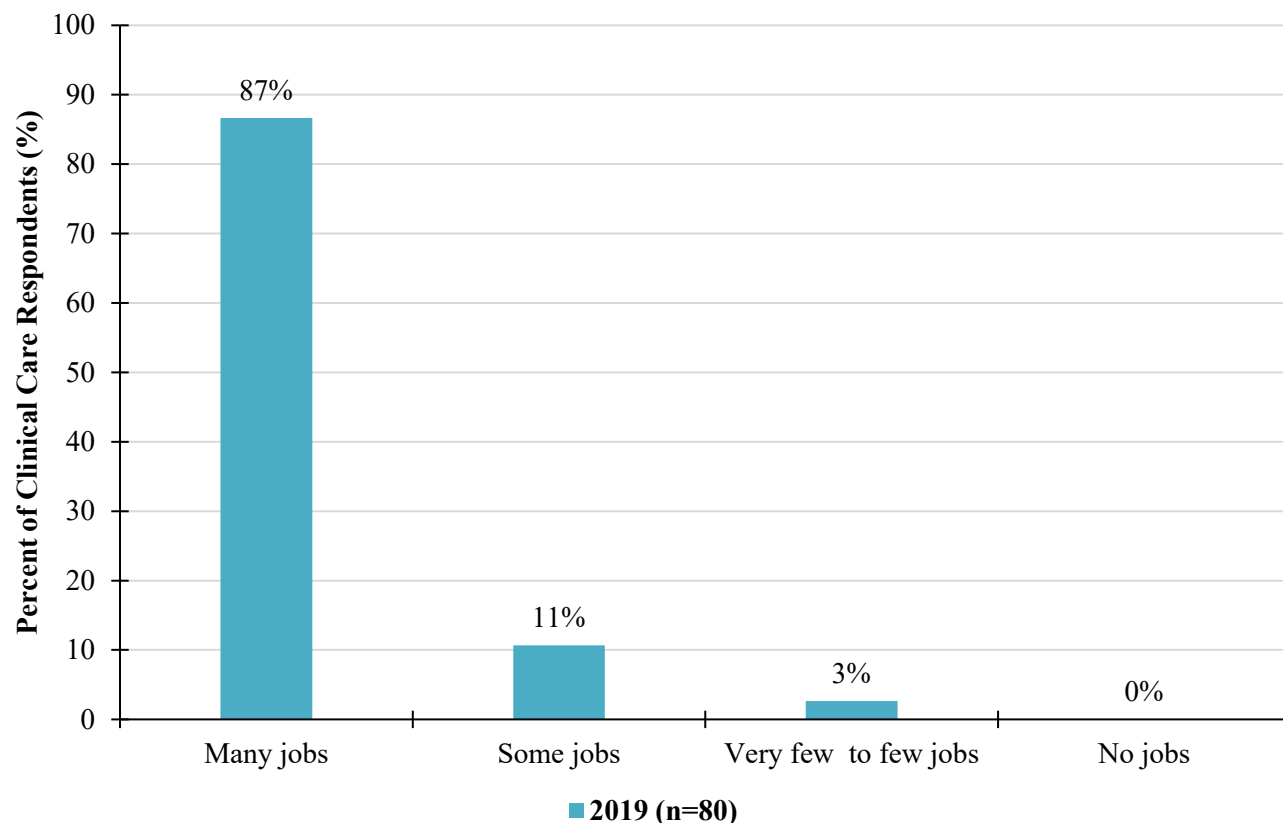


Figure 3.4 presents the overall assessment of practice opportunities for Indiana family medicine survey respondents' within their specialty in Indiana. Over four-fifths (87%) of the respondents reported that “many jobs” were available within their specialty in Indiana. The 8-year average was 85 percent.



**Expected Gross Income**

**Figure 3.5: Expected Gross Income (n=80)**

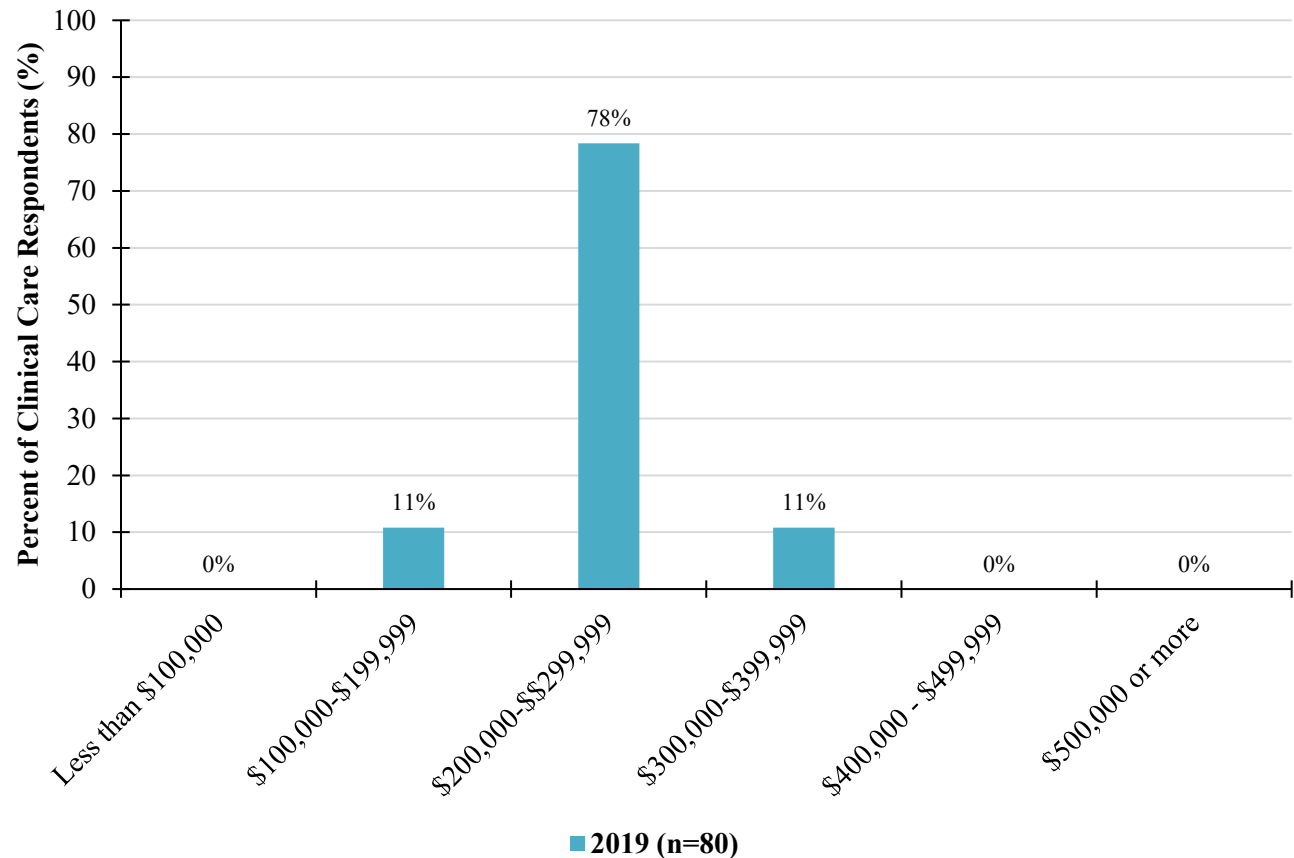


Figure 3.5 presents the gross income (salary plus incentives) that Indiana family medicine survey respondents' expect to earn during their first year of practice. Over four-fifths (89%) of the respondents indicated they expect to earn \$200,000 or more during their first year of practice. The 8-year average was 73 percent.

## Job Offers All Together

Table 3.24	Clinical Care Respondents	
	2019 (n=80)	
How many offers for employment/practice positions did you receive all together?	#	%
0	0	0.0
1	6	8.3
2	14	19.4
3	16	22.2
4	7	9.7
5 or more	29	40.3
<b>Total</b>	<b>72</b>	<b>100.0</b>
Missing/Did not seek employment position at the time	8	

Table 3.24 shows the total number of offers the Indiana family medicine survey respondents' received for employment or practice positions. Almost three-fourths (72%) of the respondents' indicated they had received three or more offers for employment all together. The 8-year average was 72 percent.

## Main Reasons to Practice at this Location

**Figure 3.6: Main Reasons to Practice at this Location (n=80)**

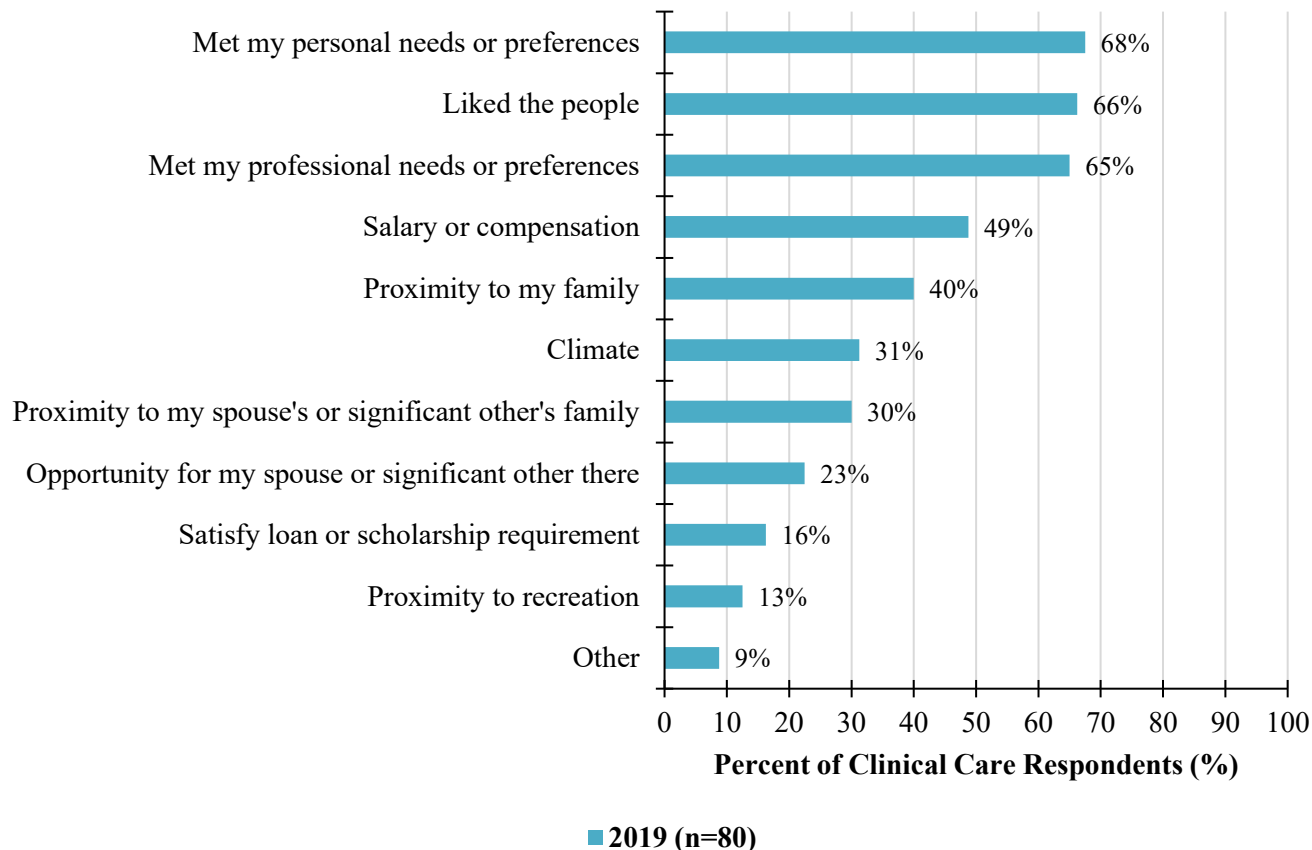


Figure 3.6 presents the main reasons influencing the Indiana family medicine survey respondents' choice of practice location. The main reasons given by respondents to practice at this location were: “met my personal needs or preferences” (68%), “liked the people” (66%), and “met my professional needs or preferences” (65%).

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## Respondents going into patient care or clinical practice within Indiana (n=50)

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### Job Offers in Indiana

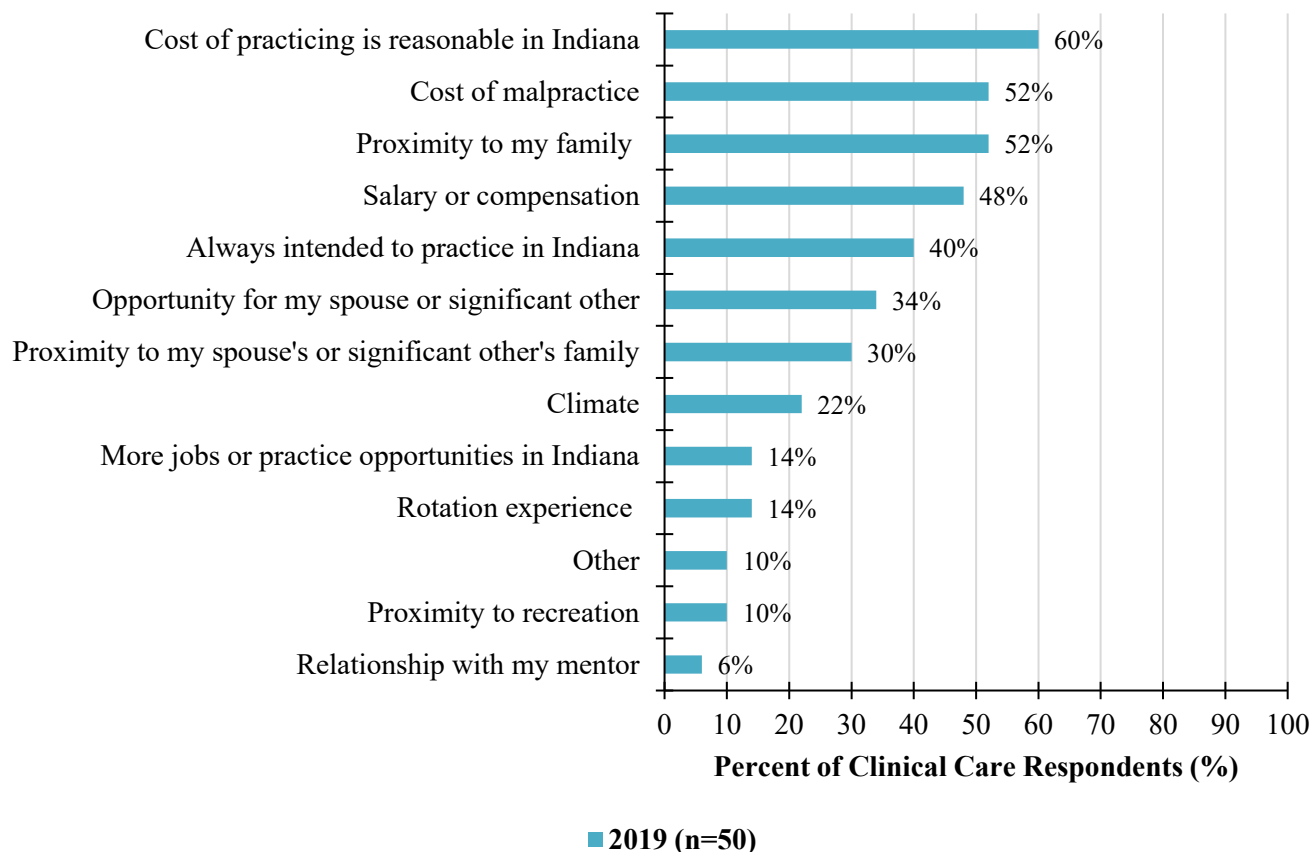
Table 3.25	Clinical Care Respondents	
	2019 (n=50)*	
How many offers for employment/practice positions did you receive <u>in Indiana</u> ?	#	%
0	0	0.0
1	8	16.7
2	16	33.3
3	9	18.8
4	4	8.3
5 or more	11	22.9
<b>Total</b>	<b>48</b>	<b>100.0</b>
Missing/Did not seek employment position at the time	2	

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

Table 3.25 shows the number of offers the Indiana family medicine 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 for this table. Two respondents were not seeking an employment position at the time the survey was administered. Of the remaining 48 respondents, one-half (50%) indicated they had received three or more offers for employment in the state. The 8-year average was 60 percent.

## Main Reasons to Practice in Indiana

**Figure 3.7: Main Reasons to Practice in Indiana (n=50)\***



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

Figure 3.7 presents the main reasons influencing the Indiana family medicine survey respondents' choice of practice location in Indiana. Only those 50 respondents who indicated their primary practice location was in Indiana were included in the analysis for this graph. The main reasons given by respondents to practice in Indiana were: “cost of practicing is reasonable in Indiana” (60%), “cost of malpractice” (52%), and “proximity to my family” (52%).

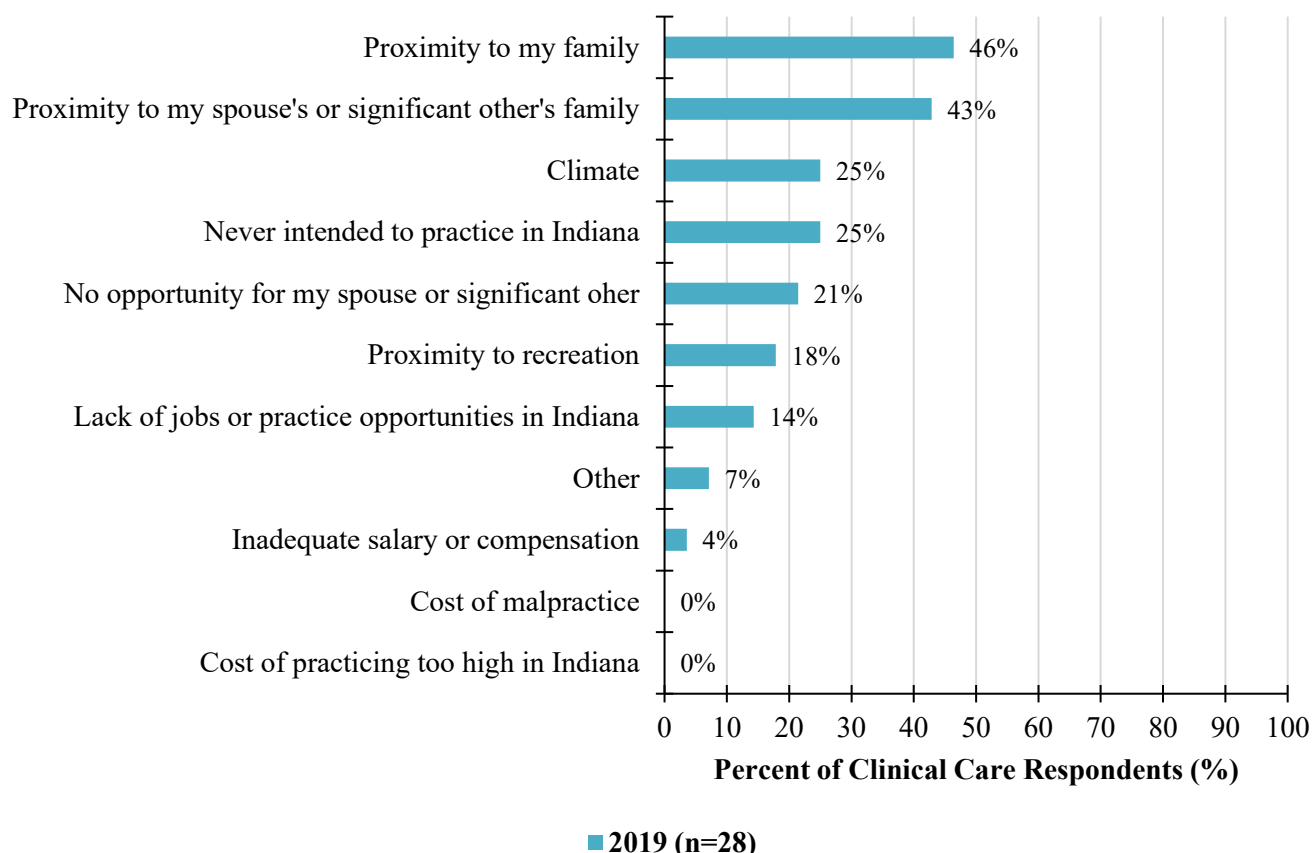
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## Respondents going into patient care or clinical practice outside Indiana (n=28)

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### Main Reasons Not to Practice in Indiana

**Figure 3.8: Main Reasons Not to Practice in Indiana (n=28)\***



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

Figure 3.8 presents the main reasons influencing Indiana family medicine survey respondents' choice of practice location outside Indiana. Only those 28 respondents who indicated their primary practice location was outside Indiana were included in the analysis for this graph. The main reasons given by respondents for not practicing in Indiana were: “proximity to my family” (46%), “proximity to my spouse’s or significant other’s family” (43%), “climate” (25%), and “never intended to practice in Indiana” (25%).

## Chapter 4: Comparison of Responses by Gender, 2019

Based on how the survey respondents answered the *2019 Indiana Family Medicine Residency Exit Survey*® question on gender (Q2), they were stratified into 3 categories: male, female, and other. Of the 98 respondents, 56 reported their gender as male and 42 as female. Responses from the 98 respondents have been shown in tables 4.1 to 4.22 and figures 4.1 to 4.2. The remaining tables and figures show responses from only those survey respondents who:

- indicated that they planned to work in “patient care or clinical practice” after graduation [n=80]: males (n=43) and females (n=37);
- intended to practice in Indiana [n=50]: males (n=25) and females (n=25); and,
- intended to practice outside Indiana [n=28]: males (n=16) and females (n=12).

Data analysis was performed using statistical software, *IBM SPSS Statistics, v25*. Chi-square tests were used to compare responses between groups. *P*-values less than 0.05 were considered statistically significant and denoted with a symbol (¥). For ease of interpretation, percentage values have been rounded off to the nearest decimal in the text.

### All Respondents [n=98]

#### I. Demographic Characteristics (n=98)

##### Age

Table 4.1	All FM Respondents (n=98)			
	Male (n=56)		Female (n=42)	
Age	#	%	#	%
25-29	5	9.1	10	23.8
30-34	42	76.4	25	59.5
35-39	7	12.7	2	4.8
40-44	1	1.8	4	9.5
45 and over	0	0.0	1	2.4
Total	55	100.0	42	100.0
Missing	1		0	

Chi-square *p*-value = 0.146

Table 4.1 shows the age distribution of the male and female survey respondents. Over three-fourths (76%) of the male respondents indicated they were between the ages of 30 and 34 years, compared to 60 percent of the female respondents. There was no statistically significant difference between the two groups.

## Race

Table 4.2	All FM Respondents (n=98)			
	Male (n=56)		Female (n=42)	
Which of the following describes your race? Please mark all that apply.	#	%	#	%
American Indian/Alaskan Native	0	0.0	0	0.0
Asian	8	14.3	5	11.9
Black/African American	2	3.6	4	9.5
Native Hawaiian/Pacific Islander	0	0.0	0	0.0
White	44	78.6	31	73.8
Other	1	1.8	2	4.8
Biracial*	1	1.8	0	0.0
<b>Total</b>	<b>56</b>	<b>100.0</b>	<b>42</b>	<b>100.0</b>
Missing	0		0	

\*This response option was added to the 2018 Indiana family medicine residencies exit survey.

Table 4.2 shows the racial distribution of the male and female survey respondents. Over three-fourths of the male (79%) and female (74%) respondents indicated they were white. Over one-tenth of the male (14%) and female (12%) respondents indicated they were Asian.

## Ethnicity

Table 4.3	All FM Respondents (n=98)			
	Male (n=56)		Female (n=42)	
Do you consider yourself Hispanic or Latino?	#	%	#	%
Yes, Hispanic/Latino	2	3.6	3	7.1
No, not Hispanic/Latino	54	96.4	39	92.9
<b>Total</b>	<b>56</b>	<b>100.0</b>	<b>42</b>	<b>100.0</b>
Missing	0		0	

Chi-square  $p$ -value = 0.427

Table 4.3 shows the ethnicity of the male and female survey respondents. Less than one-tenth of the male (4%) and female (7%) respondents indicated a Hispanic or Latino ethnicity. There was no statistically significant difference between the two groups.



## Respondents Coming From

Table 4.4	All FM Respondents (n=98)			
	Male (n=56)		Female (n=42)	
Where are the respondents coming from?	#	%	#	%
Outside USA	6	10.7	3	7.1
Within USA	50	89.3	39	92.9
Outside Indiana	31	62.0	18	46.2
Within Indiana	19	38.0	21	53.8
<b>Total</b>	<b>56</b>	<b>100.0</b>	<b>42</b>	<b>100.0</b>
Missing	0		0	

Chi-square  $p$ -value = 0.545

Table 4.4 shows where the male and female survey respondents' were coming from. About one-tenth of the male (11%) and female (7%) respondents indicated they were from another country. Of the 50 male respondents who indicated they were from the United States, 38 percent reported they were from Indiana. Of the 39 female respondents who indicated they were from the United States, 54 percent reported they were from Indiana. There was no statistically significant difference between the two groups.

## Respondents who have an Indiana Connection

Table 4.5	All FM Respondents (n=98)			
	Male (n=56)		Female (n=42)	
Respondents who have an Indiana connection...	#	%	#	%
High school	14	25.0	20	47.6
College	15	26.8	23	54.8
Medical School	10	17.9	15	35.7
IUSM	10	100.0	15	100.0
MUCOM	0	0.0	0	0.0

Table 4.5 shows the male and female survey respondents' who graduated from a high school, college, or medical school in Indiana. One-fourth of the male respondents indicated they had graduated from a high school (25%) or college (27%) in Indiana. About one-half of the female respondents indicated they had graduated from a high school (48%) or college (55%) in Indiana. About one-fifth of the male (18%) respondents indicated they had graduated from the Indiana University School of Medicine (IUSM), compared to 36 percent of the female respondents. There was no statistically significant difference between the two groups.

## Type of Medical Degree

Table 4.6	All FM Respondents (n=98)			
	Male (n=56)		Female (n=42)	
Do you have an M.D. or D.O. degree?*	#	%	#	%
Doctor of Medicine	46	82.1	30	71.4
Doctor of Osteopathic Medicine	10	17.9	12	28.6
<b>Total</b>	<b>56</b>	<b>100.0</b>	<b>42</b>	<b>100.0</b>
Missing	0		0	

\*This question was added to the 2018 Indiana family medicine residencies exit survey.

Chi-square  $p$ -value = 0.208

Table 4.6 shows the type of medical degree received by the Indiana family medicine survey respondents. This question was not asked on the survey in previous years. Four-fifths (82%) of the male respondents indicated they had received a Doctor of Medicine (M.D.) degree, compared to 71 percent of the female respondents. There was no statistically significant difference between the two groups.

## Learner Background

Table 4.7	All FM Respondents (n=98)			
	Male (n=56)		Female (n=42)	
Do you consider yourself? Please mark ALL that apply.	#	%	#	%
First generation learner	9	16.1	10	23.8
Learner from a rural area	17	30.4	12	28.6
Economically or educationally disadvantaged	9	16.1	8	19.0
None of the above	27	48.2	24	57.1

Table 4.7 shows the male and female survey respondents' learner and socioeconomic background. Over one-tenth of the male respondents indicated they were a first generation learner (16%) or indicated they came from an economically or educationally disadvantaged background (16%), compared to the female respondents (24%, 19%, respectively). Over one-fourth of the male (30%) and female (29%) respondents indicated they came from a rural area.

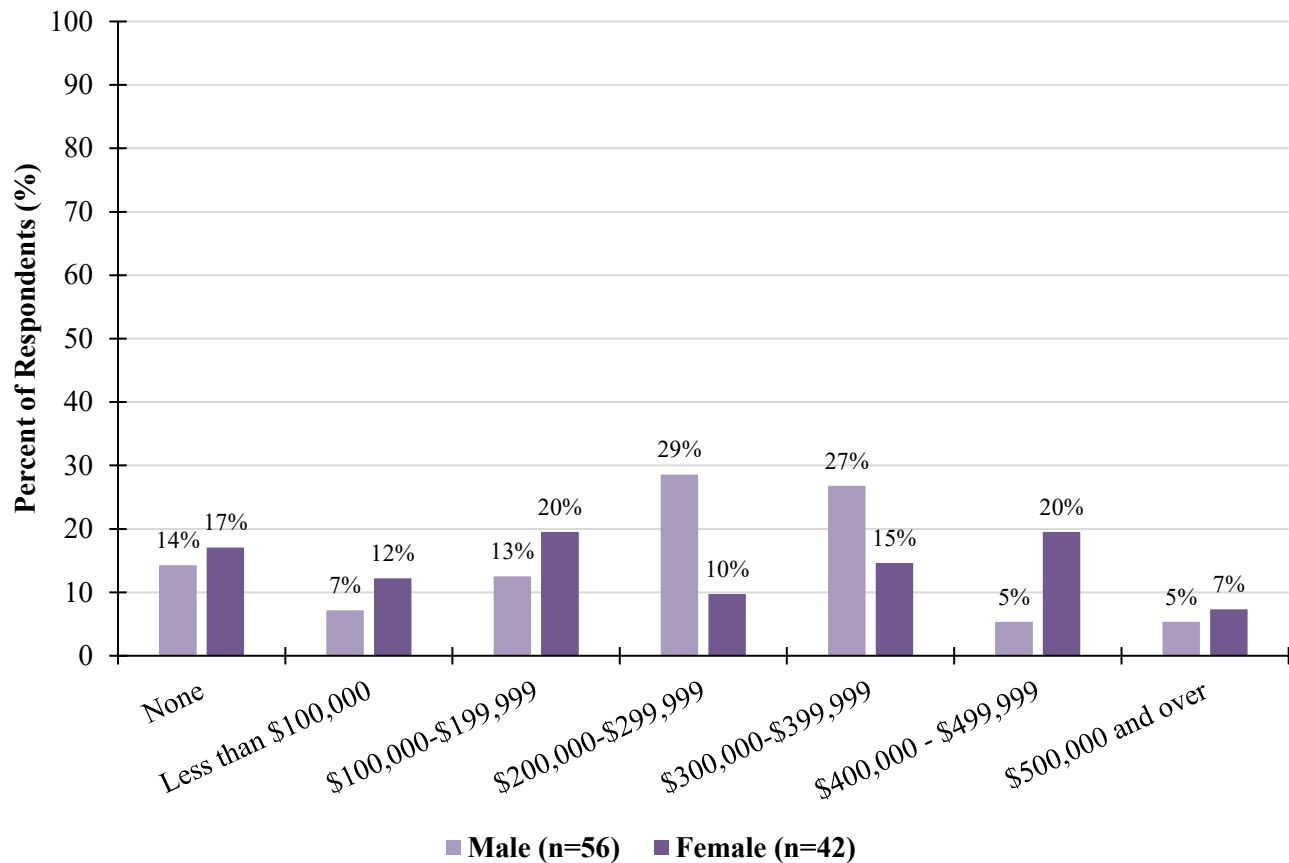
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## II. Educational Debt Load (n=98)

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### Current Individual Educational Debt

**Figure 4.1: Current Individual Educational Debt (n=98)**

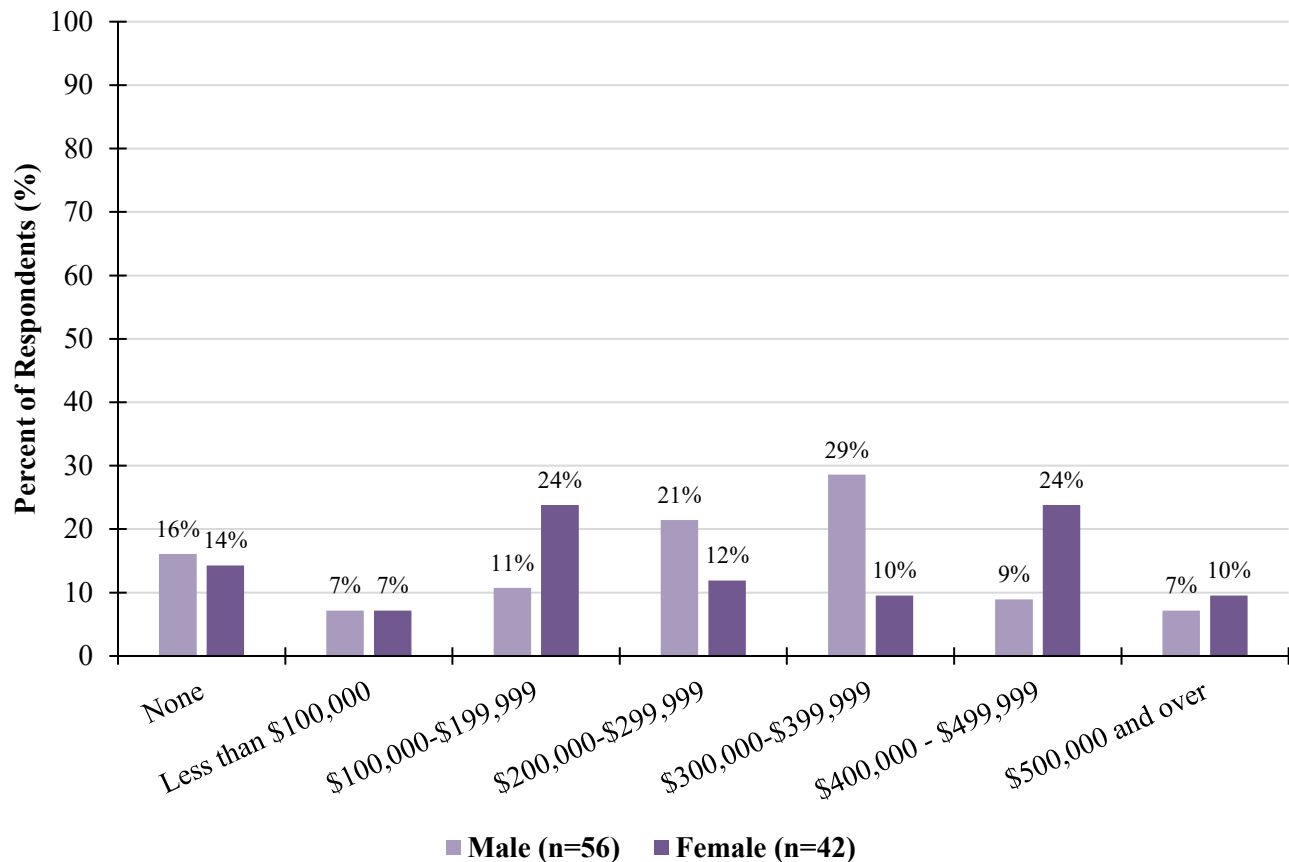


Chi-square  $p$ -value = 0.209

Figure 4.1 presents the current level of individual educational debt among the male and female survey respondents. Over one-tenth of the male (14%) and female (17%) respondents indicated having no individual educational debt load. Over one-half of the male (66%) and female (51%) respondents indicated they had an individual educational debt load of \$200,000 or more. There was no statistically significant difference between the two groups.

## Current Total Household Educational Debt

**Figure 4.2: Current Household Educational Debt (n=98)**



Chi-square  $p$ -value = 0.174

Figure 4.2 presents the current level of total household educational debt among the male and female survey respondents. Over one-tenth of the male (16%) and female (14%) respondents indicated having no household educational debt load. Over one-half of the male (66%) and female (56%) respondents reported having a total household educational debt load of \$200,000 or more. There was no statistically significant difference between the two groups.

### III. Program Assessment (n=98)

#### Training Program

Table 4.8	All FM Respondents (n=98)			
	Male (n=56)		Female (n=42)	
The Family Medicine residency program was helpful in the preparation for my boards.	#	%	#	%
Strongly Agree	36	65.5	11	28.2
Agree	13	23.6	17	43.6
Neutral	4	7.3	8	20.5
Disagree	2	3.6	3	7.7
Strongly Disagree	0	0.0	0	0.0
<b>Total</b>	<b>55</b>	<b>100.0</b>	<b>39</b>	<b>100.0</b>
Missing/ Board Exam in my field does not exist	1		3	

Chi-square  $p$ -value = 0.005 ¥

¥ Denotes that a statistically significant difference was found.

Table 4.8 shows the male and female survey respondents' assessment of how helpful the training program was in preparing them for their boards. A majority of the male (89%) and female (72%) respondents indicated they “strongly agree” or “agree” that their training was helpful in preparing them for their boards either *generally* by the clinical and didactic curriculum or *specifically* through board question review. The chi-square test of association between the two groups was statistically significant. Male respondents appear more likely to “strongly agree” that their residency program was helpful in preparing them for their boards, compared to their female counterparts.

#### ACGME Competency Areas

Table 4.9	All FM Respondents (n=98)								
	Male (n=56)				Female (n=42)				<i>p</i> -value
	Fully		Partially		Fully		Partially		
	#	%	#	%	#	%	#		
How competent do you feel in the following ACGME competencies?									
Patient Care	55	98.2	1	1.8	36	85.7	6	14.3	0.017 ¥
Medical Knowledge	55	98.2	1	1.8	31	73.8	11	26.2	<0.001 ¥
Practice-based learning and improvement	53	94.6	3	5.4	31	73.8	11	26.2	0.004 ¥
Interpersonal and communication skills	55	98.2	1	1.8	37	88.1	5	11.9	0.039 ¥
Professionalism	55	98.2	1	1.8	40	95.2	2	4.8	0.397
Systems-based practice	51	91.1	5	8.9	32	78.0	9	22.0	0.071

¥ Denotes that a statistically significant difference was found.

Table 4.9 shows the male and female survey respondents' self-rated competency level in the six Accredited Council for Graduate Medical Education (ACGME) competency areas. Three options were provided in this question: fully, partially or not at all. To maintain clarity and ease of interpretation, the response option "Not at all" has been removed from this table.

Almost all male and female respondents indicated they felt "fully" competent in professionalism (98%, 95%). A majority of the male and female respondents indicated they felt "fully" competent in patient care (98%, 86%) and in interpersonal and communication skill (98%, 88%) competency areas, respectively. Almost all male respondents indicated they felt "fully" competent in medical knowledge (98%), practice-based learning and improvement (95%), and systems-based practice (91%) competency areas, compared to the female respondents (74%, 74%, and 78%, respectively). The chi-square test of association between the two groups was statistically significant. Male respondents appear more likely to feel "fully" competent in the patient care, medical knowledge, practice-based learning and improvement, and interpersonal communication skills ACGME competency areas, compared to their female counterparts.

### Rural and Underserved Training

Table 4.10 In your Family Medicine residency program did you <u>receive training</u> to serve the:	All FM Respondents (n=98)								
	Male (n=56)				Female (n=42)				<i>p</i> -value
	Yes		No		Yes		No		
	#	%	#	%	#	%	#	%	
Rural Population	45	80.4	11	19.6	28	66.7	14	33.3	0.124
Underserved Population	55	98.2	1	1.8	40	95.2	2	4.8	0.397

Table 4.10 shows whether the male and female survey respondents' received training to serve the rural and underserved populations during their training program. Four-fifths of the male (80%) respondents indicated they had received training to serve the rural populations, compared to 67 percent of the female respondents. Almost all male (98%) and female (95%) 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 4.11	All FM Respondents (n=98)								
	Male (n=53)				Female (n=39)				
	Fully		Partially		Fully		Partially		
	#	%	#	%	#	%	#	%	
How competent do you feel providing care to the:	#	%	#	%	#	%	#	%	p-value
Rural Population	39	69.6	16	28.6	19	45.2	20	47.6	0.039 ¥
Underserved Population	51	91.1	4	7.1	34	81.0	8	19.0	0.149

¥ Denotes that a statistically significant difference was found.

Table 4.11 shows the male and female survey respondents' self-rated competency levels in providing care to the rural and underserved populations. Three options were provided in this question: fully, partially or not at all. To maintain clarity and ease of interpretation, the response option "Not at all" has been removed from this table.

Over two-thirds (70%) of the male respondents indicated they felt "fully" competent providing care to the rural populations, compared to 45 percent of the female respondents. The chi-square test of association between the two groups was statistically significant. Male respondents appear more likely to indicate they felt "fully" competent providing care to the rural populations, compared to their female counterparts. A majority of the male (91%) and female (81%) respondents indicated they felt "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 FM Respondents (n=98)								
	Males (n=56)				Female (n=42)				p-value
	Yes		No		Yes		No		
	#	%	#	%	#	%	#	%	
In your residency program, did you:									
Have an opportunity to be part of a multi-disciplinary inter-professional team to provide care?	56	100.0	0	0.0	42	100.0	0	0.0	1.000
Participate in a quality improvement project to improve health outcome?	56	100.0	0	0.0	41	97.6	1	2.4	0.246
Participate in a patient safety project?	47	83.9	9	16.1	24	57.1	18	42.9	0.003 ¥
Have an opportunity to serve on a committee or council?	53	96.4	2	3.6	42	100.0	0	0.0	0.212
Have an opportunity to participate in a cultural competency or diversity training?	49	89.1	6	10.9	37	90.2	4	9.8	0.855

¥ Denotes that a statistically significant difference was found.

Table 4.12 shows if there were any program opportunities available for the male and female survey respondents' to participate in their training program. All (100%) male and female respondents indicated they had the opportunity to be part of a multi-disciplinary inter-professional team. Almost all male and female respondents indicated they had the opportunity to participate in a quality improvement project (100%, 98%), had the opportunity to serve on a committee or council (96%, 100%), and had the opportunity to participate in a cultural competency or diversity training (89%, 90%), respectively. A majority of the male (84%) respondents indicated they had participated in a patient safety project, compared to 57 percent of the female respondents. The chi-square test of association between the two groups was statistically significant. Male respondents appear more likely to indicate they participated in a patient safety project, compared to their female counterparts.

### Competency in Communicating during the Hand-Off Process

Table 4.13	All FM Respondents (n=98)			
	Males (n=56)		Female (n=42)	
How competent do you feel in communicating with team members in the hand-off process?	#	%	#	%
Very competent	47	85.5	35	83.3
Competent	8	14.5	7	16.7
Neutral	0	0.0	0	0.0
Incompetent	0	0.0	0	0.0
Very incompetent	0	0.0	0	0.0
<b>Total</b>	<b>55</b>	<b>100.0</b>	<b>42</b>	<b>100.0</b>
Missing	1		0	

Chi-square  $p$ -value = 0.775

Table 4.13 shows the survey respondents' self-rated competency levels in communicating with team members during the hand-off process. All (100%) male and female respondents indicated they felt "very competent" or "competent" communicating with team members during the hand-off process. There was no statistically significant difference between the two groups.



## Quality of Program

Table 4.14	All FM Respondents (n=98)			
	Male (n=56)		Female (n=42)	
I would rate the overall <u>quality</u> of my Family Medicine residency program as:	#	%	#	%
Excellent	34	60.7	19	45.2
Above Average	15	26.8	12	28.6
Average	7	12.5	11	26.2
Below Average	0	0.0	0	0.0
Extremely Poor	0	0.0	0	0.0
<b>Total</b>	<b>56</b>	<b>100.0</b>	<b>42</b>	<b>100.0</b>
Missing	0		0	

Chi-square  $p$ -value = 0.170

Table 4.14 shows the male and female survey respondents' overall rating of the quality of their training program. About four-fifths of the male (88%) and female (74%) 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 4.15	All FM Respondents (n=98)			
	Male (n=56)		Female (n=42)	
I would rate the overall performance of the <u>faculty</u> in my Family Medicine residency program to have exceeded my expectations.	#	%	#	%
Strongly Agree	24	42.9	13	31.0
Agree	21	37.5	15	35.7
Neutral	8	14.3	11	26.2
Disagree	3	5.4	2	4.8
Strongly Disagree	0	0.0	1	2.4
<b>Total</b>	<b>56</b>	<b>100.0</b>	<b>42</b>	<b>100.0</b>
Missing	0		0	

Chi-square  $p$ -value = 0.402

Table 4.15 shows the male and female survey respondents' overall performance rating of faculty in their training program. Four-fifths of the male (80%) respondents indicated they "strongly agree" or "agree" that the overall performance of faculty in their training program exceeded their expectations, compared to 67 percent of the female respondents. There was no statistically significant difference between the two groups.

## Assessment of Peer Residents

Table 4.16	All FM Respondents (n=98)			
	Male (n=56)		Female (n=42)	
I would rate the overall performance of the <u>other residents</u> in my Family Medicine residency program to have exceeded my expectations.	#	%	#	%
Strongly Agree	25	44.6	11	26.2
Agree	25	44.6	23	54.8
Neutral	5	8.9	7	16.7
Disagree	1	1.8	1	2.4
Strongly Disagree	0	0.0	0	0.0
<b>Total</b>	<b>56</b>	<b>100.0</b>	<b>42</b>	<b>100.0</b>
Missing	0		0	

Chi-square  $p$ -value = 0.268

Table 4.16 shows the male and female respondents' overall performance rating of other residents in their training program. Over four-fifths of the male (89%) and female (81%) respondents indicated they "strongly agree" or "agree" that the overall performance of other residents in their training program had exceeded their expectations. There was no statistically significant difference between the two groups.

## Personal-Professional Balance

Table 4.17	All FM Respondents (n=98)			
	Male (n=56)		Female (n=42)	
In the past 3 months of my residency/fellowship training: My personal and professional lives were well-balanced.	#	%	#	%
Strongly Agree	20	35.7	12	28.6
Agree	27	48.2	16	38.1
Neutral	5	8.9	9	21.4
Disagree	1	1.8	3	7.1
Strongly Disagree	3	5.4	2	4.8
<b>Total</b>	<b>56</b>	<b>100.0</b>	<b>42</b>	<b>100.0</b>
Missing	0		0	

Chi-square  $p$ -value = 0.261

Table 4.17 shows the male and female survey respondents' overall rating of balance between their personal and professional life. Over four-fifths (84%) of the male respondents indicated that they "strongly agree" or "agree" they had a balanced personal and professional life, compared to 67 percent of the female respondents. There was no statistically significant difference between the two groups.

## Physical Burnout

Table 4.18	All FM Respondents (n=98)			
	Male (n=56)		Female (n=42)	
In the past 3 months of my residency/fellowship training: I have felt physically "burnt out" from my work.	#	%	#	%
Strongly Agree	3	5.4	5	11.9
Agree	5	8.9	12	28.6
Neutral	11	19.6	8	19.0
Disagree	24	42.9	16	38.1
Strongly Disagree	13	23.2	1	2.4
<b>Total</b>	<b>56</b>	<b>100.0</b>	<b>42</b>	<b>100.0</b>
Missing	0		0	

Chi-square  $p$ -value = 0.007 ‡

‡ Denotes that a statistically significant difference was found.

Table 4.18 shows the male and female respondents' overall feeling of physical burnout. Over one-tenth (14%) of the male respondents indicated they "strongly agree" or "agree" they felt physically burnt out from work, compared to 41 percent of the female respondents. The chi-square test of association between the two groups was statistically significant. Female respondents appear more likely to agree they felt physically burnt out from work, compared to their male counterparts.

## Emotional Burnout

Table 4.19	All FM Respondents (n=98)			
	Male (n=56)		Female (n=42)	
In the past 3 months of my residency/fellowship training: I have felt emotionally "burnt out" from my work.	#	%	#	%
Strongly Agree	5	8.9	4	9.5
Agree	11	19.6	18	42.9
Neutral	7	12.5	12	28.6
Disagree	23	41.1	8	19.0
Strongly Disagree	10	17.9	0	0.0
<b>Total</b>	<b>56</b>	<b>100.0</b>	<b>42</b>	<b>100.0</b>
Missing	0		0	

Chi-square  $p$ -value = 0.001 ‡

‡ Denotes that a statistically significant difference was found.

Table 4.19 shows the male and female respondents' overall feeling of emotional burnout. Almost one-third (29%) of the male respondents indicated they "strongly agree" or "agree" they felt emotionally burnt out from work, compared to 52 percent of the female respondents. The chi-square test of association between the two groups was statistically significant. Female respondents appear more likely to agree they felt emotionally burnt out from work, compared to their male counterparts.

## Resources Available

Table 4.20	All FM Respondents (n=98)			
	Male (n=56)		Female (n=42)	
In the past 3 months of my residency/fellowship training: I have had resources readily available to maintain my wellness.	#	%	#	%
Strongly Agree	18	32.1	12	28.6
Agree	26	46.4	15	35.7
Neutral	10	17.9	11	26.2
Disagree	2	3.6	3	7.1
Strongly Disagree	0	0.0	1	2.4
<b>Total</b>	<b>56</b>	<b>100.0</b>	<b>42</b>	<b>100.0</b>
Missing	0		0	

Chi-square  $p$ -value = 0.483

Table 4.20 shows the male and female respondents' overall ability to use readily available resources to maintain their wellness. Over three-fourths of the male (79%) respondents indicated they "strongly agree" or "agree" they had readily available resources to maintain their wellness, compared to 64 percent of the female respondents. There was no statistically significant difference between the two groups.

## Quality of Life

Table 4.21	All FM Respondents (n=98)			
	Male (n=56)		Female (n=42)	
I would rate my overall quality of my life as:	#	%	#	%
Very Good	25	44.6	22	52.4
Good	25	44.6	16	38.1
Fair	6	10.7	4	9.5
Poor	0	0.0	0	0.0
Very Poor	0	0.0	0	0.0
<b>Total</b>	<b>56</b>	<b>100.0</b>	<b>42</b>	<b>100.0</b>
Missing	0		0	

Chi-square  $p$ -value = 0.749

Table 4.21 shows the male and female survey respondents' overall rating of their quality of life. A majority of the male (89%) and female (91%) 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 4.22	All FM Respondents (n=98)			
	Male (n=56)		Female (n=42)	
What do you expect to be doing after completion of your current Family Medicine residency program? Please mark only ONE option.	#	%	#	%
Patient Care or Clinical Practice (in Non-Training Position)	43	78.2	37	90.2
Fellowship or Additional Subspecialty Training	11	20.0	3	7.3
Military	1	1.8	0	0.0
Non Patient Care-based activities (e.g., research, administration)	0	0.0	0	0.0
Temporarily Out of Medicine	0	0.0	0	0.0
Other	0	0.0	1	2.4
<b>Total</b>	<b>55</b>	<b>100.0</b>	<b>41</b>	<b>100.0</b>
Undecided or Don't know yet/ Missing	1		1	

Chi-square  $p$ -value = 0.275

Table 4.22 shows what the male and female survey respondents' expect to do after completing their current training program. Over three-fourths (78%) of the male respondents indicated they planned to go into patient care or clinical practice after completing their current training, compared to 90 percent of the female 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" after completing their training (n=80).

## IV. Practice Characteristics (n=80)

### Primary Practice Location

Table 4.23	Clinical Care Respondents (n=80)			
	Male (n=43)		Female (n=37)	
Where is the location of your primary activity <u>after</u> completing your current Family Medicine residency program?	#	%	#	%
Same city of country as current training	13	31.7	13	35.1
Same region in Indiana, but different city or county	11	26.8	7	18.9
Other area in Indiana	1	2.4	5	13.5
Other U.S. state (not Indiana)	13	31.7	11	29.7
Outside of U.S.	3	7.3	1	2.7
<b>Total</b>	<b>41</b>	<b>100.0</b>	<b>37</b>	<b>100.0</b>
Missing/Undecided	2		0	

Chi-square  $p$ -value = 0.277

Table 4.23 shows the location of the male and female survey respondents' primary activity after completing their current training program. Over three-fifths of the male (61%) and female (68%) respondents indicated they planned to practice within Indiana. There was no statistically significant difference between the two groups.

### Type of Practice

Table 4.24	Clinical Care Respondents (n=80)			
	Male (n=43)		Female (n=37)	
Which best describes the principal type of Patient Care Practice you will be entering? Please mark ALL that apply.	#	%	#	%
Independently-owned physician practice - Solo	0	0.0	0	0.0
Independently-owned physician practice - Group or Partnership (2 or more persons)	9	20.9	8	21.6
Hospital or health system owned - inpatient only	3	7.0	1	2.7
Hospital or health system owned - outpatient only	16	37.2	19	51.4
Hospital or health system owned - inpatient and outpatient	9	20.9	6	16.2
Urgent care facility	0	0.0	2	5.4
Managed care organization or insurance company	0	0.0	0	0.0
Free-standing health center or clinic (Federal, state, local government or community board led, etc.)	4	9.3	0	0.0
Nursing home or institutional residential facility	1	2.3	0	0.0
Other	0	0.0	2	5.4

Table 4.24 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 of the male (65%) and female (70%) respondents indicated they intended to work in a "hospital or health system owned" [inpatient, outpatient, or both inpatient and outpatient] setting.

## Obligation or Visa Requirement

Table 4.25	Clinical Care Respondents (n=80)			
	Male (n=43)		Female (n=37)	
Do you have an obligation or visa requirement to work in a designated HPSA or MUA when you complete your training in the Family Medicine residency program?	#	%	#	%
Yes	2	4.7	2	5.4
No	41	95.3	35	94.6
<b>Total</b>	<b>43</b>	<b>100.0</b>	<b>37</b>	<b>100.0</b>
Missing	0		0	

Chi-square  $p$ -value = 0.877

Table 4.25 shows the male and female survey respondents' obligation or visa requirement to work in a designated HPSA or MUA after completing their training. Almost all male (95%) and female (95%) respondents indicated they had no obligation or visa requirement to work in a designated HPSA or MUA. There was no statistically significant difference between the two groups.

## Percentage of Patients Expected to be seen from Underserved Populations

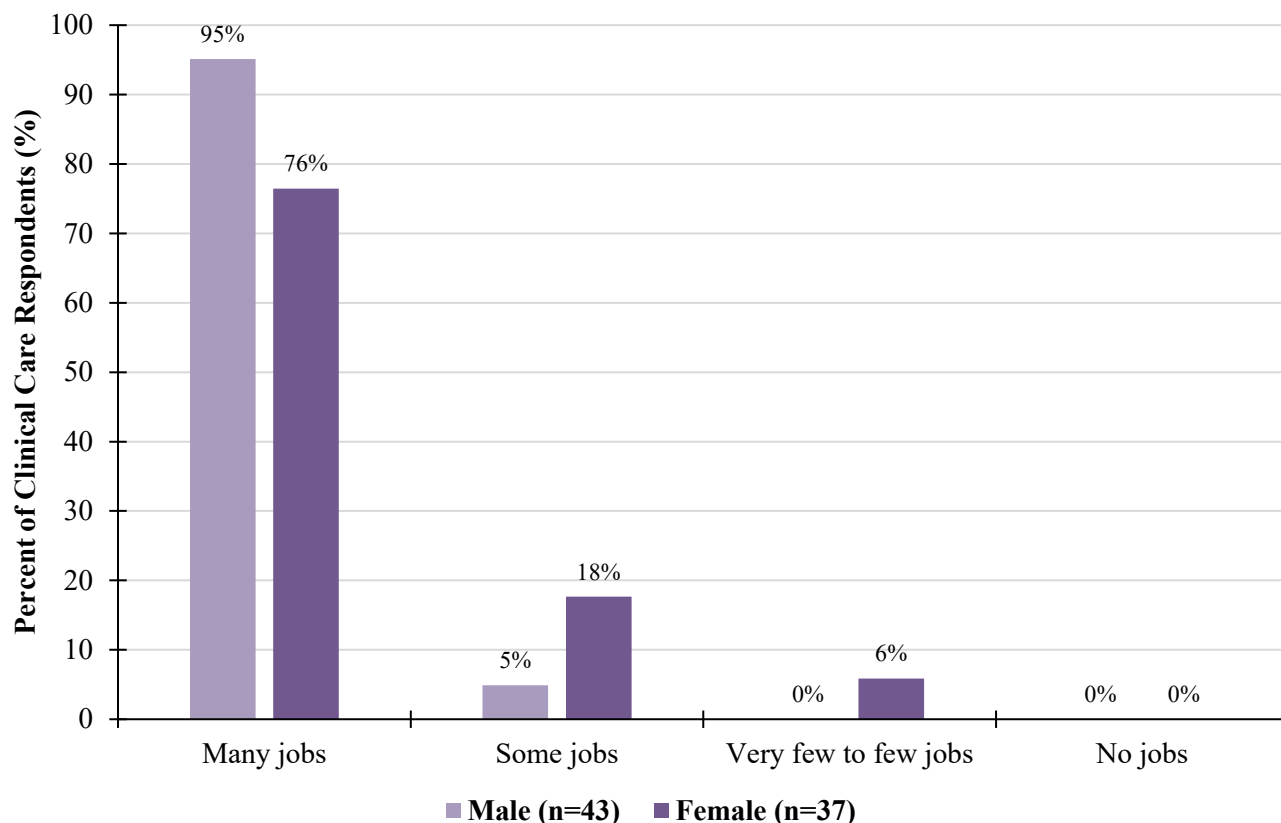
Table 4.26	Clinical Care Respondents (n=80)			
	Male (n=43)		Female (n=37)	
In your new practice, what percentage of the patients do you expect to see from underserved populations? (Medicaid or self-pay, educationally or economically disadvantaged)	#	%	#	%
Less than 10 percent	4	10.0	3	9.4
10-24 percent	15	37.5	13	40.6
25-49 percent	8	20.0	9	28.1
50-74 percent	9	22.5	6	18.8
More than 75 percent	4	10.0	1	3.1
<b>Total</b>	<b>40</b>	<b>100.0</b>	<b>32</b>	<b>100.0</b>
Missing	3		5	

Chi-square  $p$ -value = 0.758

Table 4.26 shows the percentage of patients the male and female survey respondents' expect to see from underserved populations (Medicaid or self-pay, educationally or economically disadvantaged) in their new practice. Over one-half of the male (53%) and female (50%) respondents indicated they expect to see 25 percent or more of the underserved populations in their new practice. There was no statistically significant difference between the two groups.

## Opportunities in Indiana

**Figure 4.3: Overall Assessment of Practice Opportunities in Indiana (n=80)**



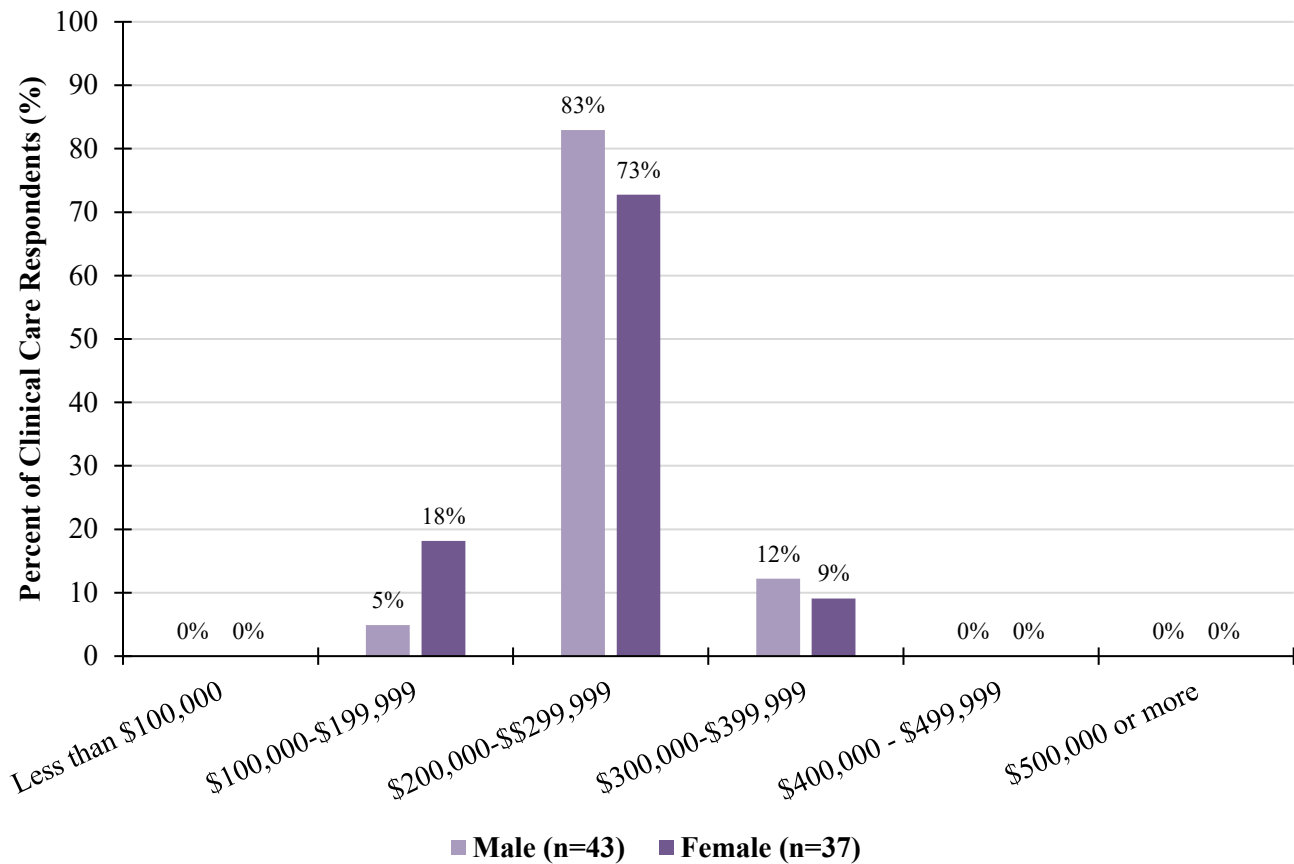
Chi-square  $p$ -value = 0.050

Figure 4.3 presents the overall assessment of practice opportunities for the male and female survey respondents' within their specialty in Indiana. Almost all male (95%) respondents reported that “many jobs” were available within their specialty in Indiana, compared to 76 percent of the female respondents. The chi-square test of association between the two groups was statistically significant. Male respondents appear more likely to report that “many jobs” were available within their specialty in Indiana, compared to their female counterparts.



## Expected Gross Income

**Figure 4.4: Expected Gross Income (n=80)**



Chi-square  $p$ -value 0.563

Figure 4.4 presents the gross income (salary plus incentives) that the male and female survey respondents' expect to earn during their first year of practice. A majority of the male (95%) and female (82%) respondents indicated they expect to earn \$200,000 or more during their first year of practice. There was no statistically significant difference between the two groups.

## Job Offers All Together

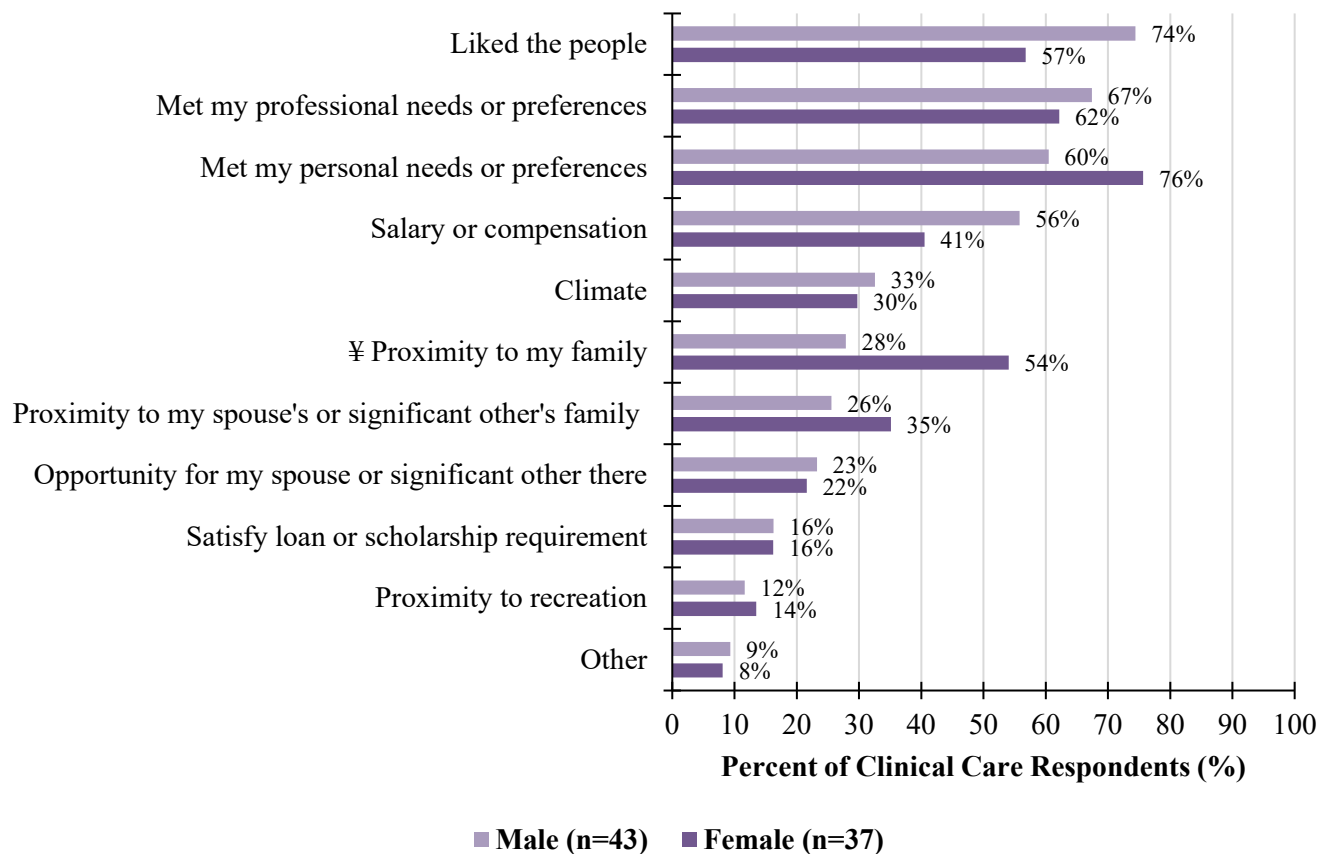
Table 4.27	Clinical Care Respondents (n=80)			
	Male (n=43)		Female (n=37)	
How many offers for employment/practice positions did you receive all together?	#	%	#	%
0	0	0.0	0	0.0
1	3	7.3	3	9.7
2	6	14.6	8	25.8
3	6	14.6	10	32.3
4	5	12.2	2	6.5
5 or more	21	51.2	8	25.8
<b>Total</b>	<b>41</b>	<b>100.0</b>	<b>31</b>	<b>100.0</b>
Missing/Did not seek employment position at the time	2		6	

Chi-square  $p$ -value = 0.086

Table 4.27 shows the total number of offers the male and female survey respondents' received for employment or practice positions. Over three-fifths of the male (78%) and female (65%) respondents reported being offered three or more employment or practice positions all together. There was no statistically significant difference between the two groups.

## Main Reasons to Practice at this Location

**Figure 4.5: Main Reasons to Practice at this Location (n=80)**



‡ Denotes that a statistically significant difference was found.

Figure 4.5 presents the main reasons influencing the male and female survey respondents' choice of practice location. The main reasons given by the male respondents to practice at this location were: "liked the people" (74%), "met my professional needs or preferences" (67%), and "met my personal needs or preferences" (60%). The main reasons given by the female respondents to practice at this location were: "met my personal needs or preferences" (76%), "met my professional needs or preferences" (62%), and "liked the people" (57%). The chi-square test of association between the two groups was statistically significant. Female respondents were more likely to practice at this location due to proximity to their family.

## Respondents going into patient care or clinical practice within Indiana (n=50)

### Job Offers in Indiana

Table 4.28	Clinical Care Respondents (n=50)*			
	Male (n=25)		Female (n=25)	
How many offers for employment/practice positions did you receive <u>in Indiana</u> ?	#	%	#	%
0	0	0.0	0	0.0
1	4	16.0	4	17.4
2	7	28.0	9	39.1
3	4	16.0	5	21.7
4	4	16.0	0	0.0
5 or more	6	24.0	5	21.7
<b>Total</b>	<b>25</b>	<b>100.0</b>	<b>23</b>	<b>100.0</b>
Missing/Did not seek employment position at the time	0		2	

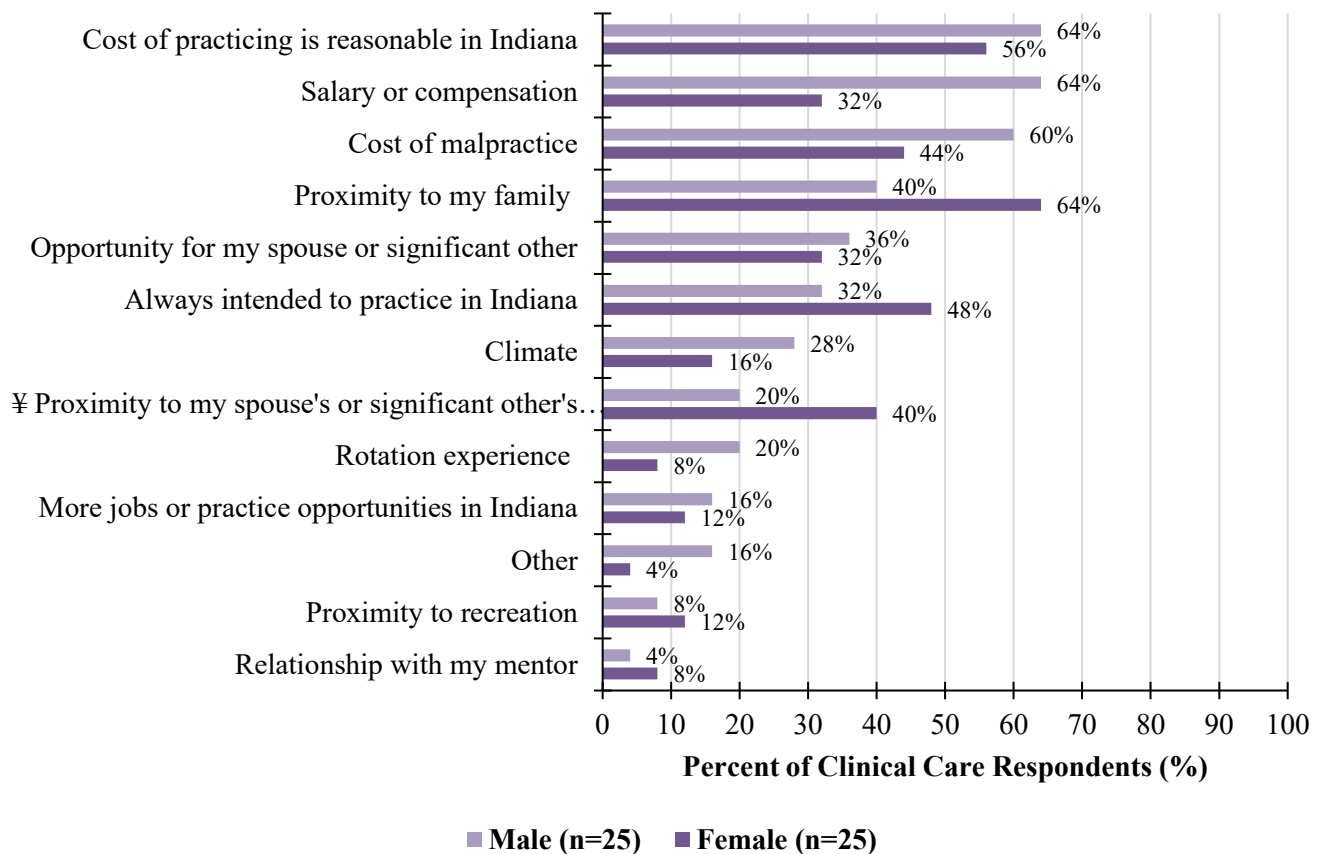
*\*Reflects responses from only those respondents who indicated their primary practice location was in Indiana.*

Chi-square  $p$ -value = 0.365

Table 4.28 shows the number of offers the male and female 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 for this table. Of those 50 respondents, over one-half (56%) of the male respondents indicated they had received three or more offers for employment or practice positions in Indiana, compared to 43 percent of the female respondents. There was no statistically significant difference between the two groups.

## Main Reasons to Practice in Indiana

**Figure 4.6: Main Reasons to Practice in Indiana (n=50)\***



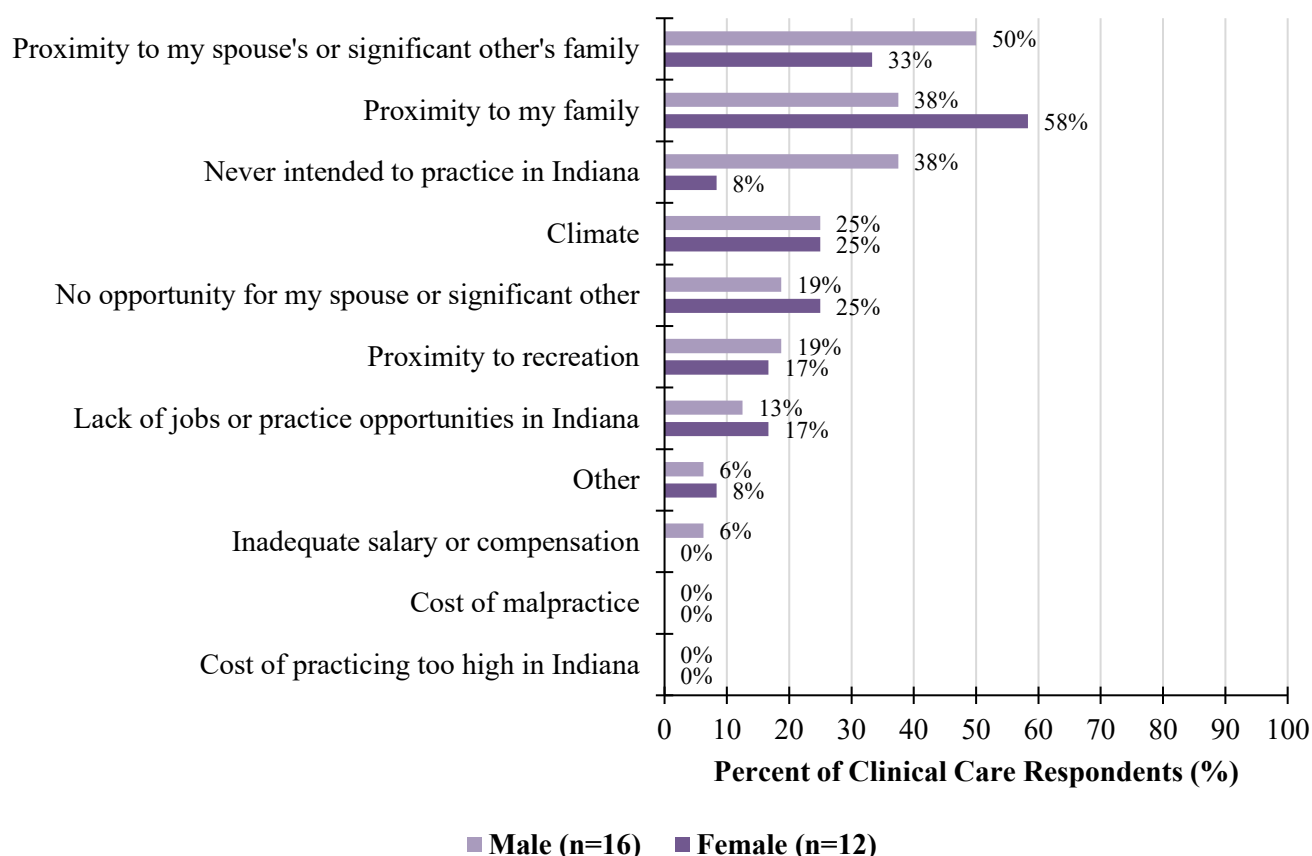
\*Reflects responses from only those respondents who indicated their primary practice location was in Indiana.

‡ Denotes that a statistically significant difference was found.

Figure 4.6 presents the main reasons influencing the male and female survey respondents' choice of practice location in Indiana. Only those 50 respondents who indicated their primary practice location was in Indiana were included in the analysis for this graph. The main reasons given by the male respondents to practice in Indiana were: "cost of practicing is reasonable in Indiana" (64%), "salary or compensation" (64%), and "cost of malpractice" (60%). The main reasons given by the female respondents to practice in Indiana were: "proximity to my family" (64%), "cost of practicing is reasonable in Indiana" (56%), and "always intended to practice in Indiana" (48%). The chi-square test of association between the two groups was statistically significant. Female respondents were more likely to practice in Indiana due to proximity to their spouse or significant other's family.

**Main Reasons not to Practice in Indiana**

**Figure 4.7: Main Reasons Not to Practice in Indiana (n=28)\***



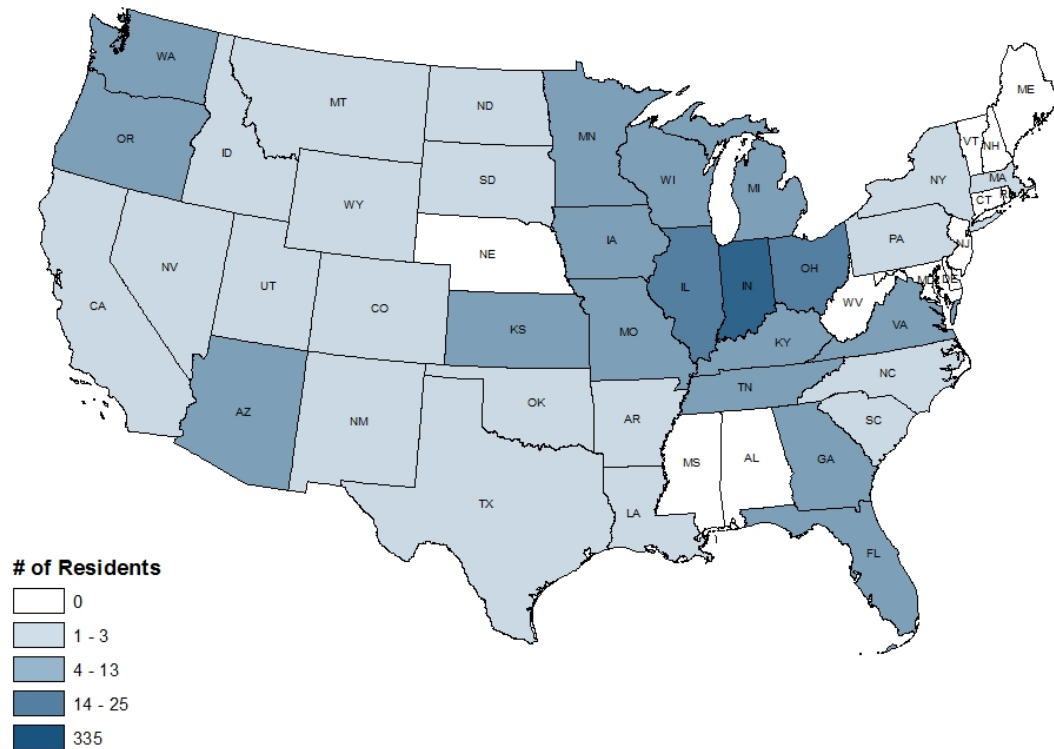
\*Reflects responses from only those respondents who indicated their primary practice location was outside Indiana.  
 ‡ Denotes that a statistically significant difference was found.

Figure 4.7 presents the main reasons influencing the male and female survey respondents' choice of practice location outside Indiana. Only those 28 respondents who indicated their primary practice location was outside Indiana were included in the analysis for this graph. The main reasons given by the male respondents for not practicing in Indiana were: "proximity to my spouse's or significant other's family" (50%), "proximity to my family" (38%) and "never intended to practice in Indiana" (38%). The main reasons given by the female respondents for not practicing in Indiana were: "proximity to my family" (58%), "proximity to my spouse's or significant other's family" (33%), "climate" (25%), and "no opportunity for my spouse or significant other" (25%). There was no statistically significant difference between the two groups.

## Chapter 5: Maps Linking Residency Site to Primary Location after Training, 2012-2019

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Map 5.1: Practice Locations of Indiana Family Medicine Residents after Completing Training, 2012-2019



Created by RIME, 2019

Map 5.1 shows the Indiana family medicine survey respondents' primary practice locations after completing training within the United States. This map includes all respondents who indicated they would enter practice after completing their training and provided their primary practice location. Data have been shown **from 2012 to 2019**. A majority of the respondents planned to choose Indiana (n=335) as their primary location after training, followed by Illinois (n=25) and Ohio (n=21). In this chapter, map analysis was performed using geographic information mapping software, *ArcGIS 10.5*.

**Table 5.1: Primary Location in the U.S. after Completing Training**

County	Family Medicine Residency Program	Location after Training	2012-2017	2018	2019	Total
Allen	Fort Wayne Medical Education Program, Fort Wayne	Florida	2	0	0	2
		Georgia	1	0	0	1
		Iowa	2	0	0	2
		Indiana	32	5	6	43
		Kansas	2	0	0	2
		Minnesota	2	0	0	2
		Nevada	1	0	0	1
		North Carolina	1	0	0	1
		Ohio	4	0	0	4
		Oklahoma	2	0	0	2
		Oregon	0	1	0	1
		Washington	0	2	0	2
		Wisconsin	0	1	0	1
		Wyoming	1	0	0	1

County	Family Medicine Residency Program	Location after Training	2012-2017	2018	2019	Total
Delaware	IU Health Ball Memorial Hospital, Muncie	Arizona	2	0	0	2
		Arkansas	1	0	0	1
		Idaho	1	0	0	1
		Illinois	1	0	0	1
		Indiana	19	3	4	26
		Iowa	0	2	0	2
		Kansas	0	4	0	4
		Kentucky	2	0	0	2
		Michigan	2	0	0	2
		Minnesota	1	0	0	1
		Missouri	2	0	0	2
		New Mexico	1	0	0	1
		Oregon	0	0	1	1
		South Carolina	0	0	1	1
		Tennessee	0	0	1	1
		Utah	2	1	0	3
		Virginia	1	0	0	1



County	Family Medicine Residency Program	Location after Training	2012-2017	2018	2019	Total
Marion	Community Hospital East FM Residency at CHN, Indianapolis	Arizona	0	1	0	1
		Illinois	0	0	1	1
		Indiana	29	3	2	34
		Minnesota	1	0	0	1
		Missouri	1	0	0	1
		Oregon	1	0	0	1
		Texas	0	0	1	1
		Virginia	1	0	0	1
	Franciscan Health Indianapolis Family Medicine Residency, Indianapolis	Arizona	1	0	0	1
		Colorado	0	1	0	1
		Indiana	27	6	5	38
		Minnesota	1	0	0	1
		Ohio	3	0	0	3
	IU Methodist Family Medicine Residency, Indianapolis	Colorado	1	0	0	1
		Georgia	1	0	0	1
		Indiana	29	6	5	40
		Kansas	1	0	0	1
		Kentucky	1	0	0	1
		Nevada	1	0	0	1
		New York	1	0	0	1
		Ohio	0	1	0	1
		Oregon	1	0	0	1
		Tennessee	1	0	0	1
		Washington	1	0	0	1
		Wisconsin	0	0	1	1
		Canada	7	0	0	7
	St. Vincent Family Medicine Residency, Indianapolis	Arizona	0	0	1	1
		Georgia	2	0	0	2
		Illinois	1	0	0	1
		Indiana	29	4	6	39
		Iowa	1	1	0	2
		Kentucky	1	0	0	1
		Michigan	0	1	1	2
		Ohio	3	0	0	3
		Texas	0	0	1	1
	Community South Osteopathic FM Residency at CHN, Speedway	Indiana	10	1	2	13
		Kentucky	2	0	0	2
		Michigan	1	0	0	1
		North Carolina	1	0	0	1
		Ohio	0	2	0	2
		Wisconsin	0	0	1	1

County	Family Medicine Residency Program	Location after Training	2012-2017	2018	2019	Total
Saint Joseph	Memorial Hospital of South Bend	Florida	2	0	0	2
		Georgia	0	0	1	1
		Idaho	1	0	0	1
		Illinois	4	0	1	5
		Indiana	14	2	5	21
		Iowa	2	0	0	2
		Michigan	2	0	0	2
		Missouri	1	0	0	1
		Montana	1	0	0	1
		Ohio	1	0	0	1
		Tennessee	0	1	0	1
		Virginia	0	0	1	1
		Washington	1	0	0	1
	St. Joseph Regional Medical Center, South Bend	Arizona	1	0	0	1
		California	1	0	0	1
		Illinois	1	1	0	2
		Indiana	21	4	5	30
		Kentucky	0	0	1	1
		Massachusetts	1	0	0	1
		Michigan	1	0	1	2
		New Mexico	1	0	0	1
		North Dakota	2	0	0	2
		Ohio	4	0	0	4
		Oregon	1	0	0	1
		South Dakota	0	1	0	1
		Virginia	1	0	0	1

County	Family Medicine Residency Program	Location after Training	2012-2017	2018	2019	Total
Vanderburgh	Deaconess Family Medicine Residency, Evansville	Florida	0	1	0	1
		Illinois	5	1	1	7
		Indiana	17	5	3	25
		Kentucky	3	0	2	5
		Louisiana	1	0	0	1
		Missouri	1	0	0	1
		North Carolina	1	0	0	1
		Oklahoma	1	0	0	1
		Oregon	1	0	0	1
		Wisconsin	2	0	0	2

County	Family Medicine Residency Program	Location after Training	2012-2017	2018	2019	Total
Vigo	Union Hospital Family Medicine Residency, Terre Haute	California	1	1	0	2
		Florida	1	0	0	1
		Illinois	8	0	0	8
		Indiana	16	2	6	24
		Iowa	0	1	0	1
		Kentucky	1	0	0	1
		Missouri	1	0	0	1
		North Dakota	1	0	0	1
		Ohio	1	1	0	2
		Pennsylvania	1	0	0	1
		Tennessee	0	1	0	1
		Wisconsin	1	0	0	1

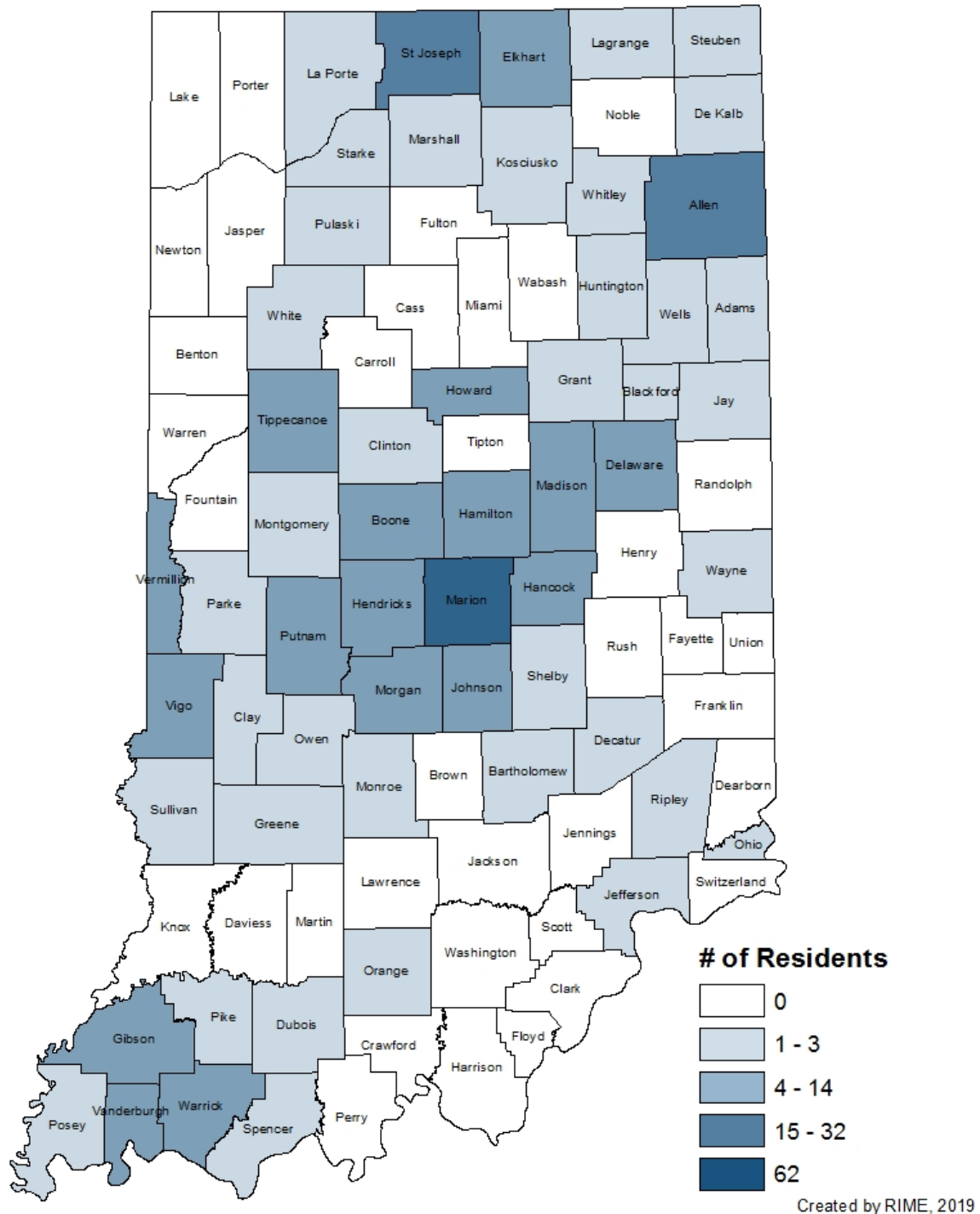
County	Family Medicine Residency Program	Location after Training	2018	2019	Total
Wayne	Reid Health, Richmond	Indiana	1	1	2
		Ohio	0	1	1

*\*In 2018, Reid Health was included on the Indiana family medicine residencies exit survey.*

Table 5.1 shows the Indiana family medicine survey respondents' residency sites and their primary practice locations after completing training. The table shows a breakdown by state of where the respondents plan to go for practice. Data have been shown from 2012 to 2019.

**In 2019**, sixty-nine respondents listed the state of their primary practice location after training. Of those, a majority (n=50) of the respondents planned to choose Indiana as their primary practice location, followed by Kentucky (n=3) and Illinois (n=3).

Map 5.2: Practice Locations of Indiana Family Medicine Residents after Completing Training, 2012-2019



Map 5.2 shows the Indiana family medicine survey respondents' primary practice locations after completing training within Indiana. This map includes all respondents who indicated they would enter practice after completing their training and provided a specific practice location in Indiana. Data have been shown **from 2012 to 2019**. A majority of the respondents planned to choose Marion County (n=62) for their practice location, followed by St. Joseph (n=32) and Allen (n=25) counties.

**Table 5.2: Primary Location in Indiana after Completing Training**

County	Family Medicine Residency Program	Location after Training	2012-2017	2018	2019	Total
Allen	Fort Wayne Medical Education Program, Fort Wayne	Adams	1	0	0	1
		Allen	14	2	5	21
		DeKalb	1	0	0	1
		Elkhart	2	0	0	2
		Gibson	0	1	0	1
		Huntington	2	0	0	2
		Kosciusko	0	1	0	1
		Marion	0	1	0	1
		Putnam	1	0	0	1
		Shelby	1	0	0	1
		Steuben	0	0	1	1
		Vanderburgh	1	0	0	1
		Wells	3	0	0	3
		Whitley	2	0	0	2

County	Family Medicine Residency Program	Location after Training	2012-2017	2018	2019	Total
Delaware	IU Health Ball Memorial Hospital, Muncie	Allen	1	0	0	1
		Bartholomew	0	1	0	1
		Blackford	1	0	0	1
		Boone	1	0	0	1
		Delaware	4	1	1	6
		Elkhart	0	0	1	1
		Grant	1	0	0	1
		Hamilton	1	0	0	1
		Hancock	1	0	0	1
		Hendricks	1	0	0	1
		Howard	1	0	0	1
		Jay	2	0	0	2
		Madison	1	0	0	1
		Marion	0	0	1	1
		Pulaski	0	0	1	1
		Putnam	1	0	0	1
		Spencer	1	0	0	1
		Tippecanoe	1	1	0	2

County	Family Medicine Residency Program	Location after Training	2012-2017	2018	2019	Total
Marion	Community Hospital East FM Residency at CHN, Indianapolis	Hamilton	3	0	0	3
		Johnson	3	0	1	4
		Madison	3	0	0	3
		Marion	10	2	0	12
		Ohio	1	0	0	1
		Owen	1	0	0	1
		Saint Joseph	2	0	0	2
		White	1	0	0	1
	Franciscan Health Indianapolis Family Medicine Residency, Indianapolis	Allen	1	0	0	1
		Bartholomew	1	0	0	1
		Boone	1	0	0	1
		Hamilton	1	0	0	1
		Hendricks	2	0	2	4
		Johnson	5	2	1	8
		Marion	7	2	1	10
		Monroe	1	0	0	1
		Morgan	4	1	0	5
		Ripley	2	0	0	2
		Shelby	0	0	1	1
		White	1	1	0	2
	IU Methodist Family Medicine Residency, Indianapolis	Bartholomew	1	0	0	1
		Delaware	1	0	1	2
		Hamilton	1	0	0	1
		Hancock	0	1	0	1
		Hendricks	0	0	3	3
		Howard	1	0	0	1
		Marion	12	4	1	17
		Montgomery	2	0	0	2
		Putnam	0	1	0	1
		Starke	1	0	0	1
		Tippecanoe	2	0	0	2

County	Family Medicine Residency Program	Location after Training	2012-2017	2018	2019	Total
Marion	St. Vincent Family Medicine Residency, Indianapolis	Allen	0	0	1	1
		Boone	2	0	0	2
		Clinton	0	1	0	1
		Hamilton	4	0	3	7
		Hendricks	2	0	0	2
		Howard	0	0	1	1
		Jefferson	1	0	0	1
		Kosciusko	1	0	0	1
		LaPorte	0	1	0	1
		Madison	2	0	0	2
		Marion	13	1	0	14
		Tippecanoe	1	0	0	1
	Community South Osteopathic FM Residency at CHN, Speedway	Decatur	1	0	0	1
		Gibson	1	0	0	1
		Hamilton	1	0	0	1
		Hancock	0	0	1	1
		Hendricks	0	1	0	1
		Jefferson	1	0	0	1
		Madison	1	0	0	1
		Marion	3	0	1	4

County	Family Medicine Residency Program	Location after Training	2012-2017	2018	2019	Total
Saint Joseph	Memorial Hospital of South Bend	Allen	1	0	0	1
		Elkhart	3	0	2	5
		LaGrange	1	0	0	1
		Orange	0	1	0	1
		Saint Joseph	8	1	3	12
		Sullivan	1	0	0	1
	St. Joseph Regional Medical Center, South Bend	Boone	1	0	0	1
		Elkhart	2	1	0	3
		LaPorte	1	0	0	1
		Marion	1	1	0	2
		Marshall	1	0	1	2
		Monroe	1	0	0	1
		Saint Joseph	12	2	4	18
		Tippecanoe	1	0	0	1

County	Family Medicine Residency Program	Location after Training	2012-2017	2018	2019	Total
Vanderburgh	Deaconess Family Medicine Residency, Evansville	Dubois	1	0	0	1
		Gibson	2	0	0	2
		Hancock	2	0	0	2
		Marion	1	0	0	1
		Pike	1	0	0	1
		Posey	2	0	0	2
		Vanderburgh	3	2	1	6
		Vigo	1	0	0	1
		Warrick	4	0	0	4

County	Family Medicine Residency Program	Location after Training	2012-2017	2018	2019	Total
Vigo	Union Hospital Family Medicine Residency, Terre Haute	Clay	1	0	0	1
		Decatur	0	0	1	1
		Greene	1	0	0	1
		Howard	1	0	1	2
		Montgomery	1	0	0	1
		Parke	0	0	1	1
		Putnam	1	0	0	1
		Sullivan	0	0	1	1
		Tippecanoe	0	0	1	1
		Vermillion	2	1	1	4
		Vigo	6	1	0	7

County	Family Medicine Residency Program	Location after Training	2018	2019	Total
Wayne	Reid Health, Richmond	Wayne	1	1	2

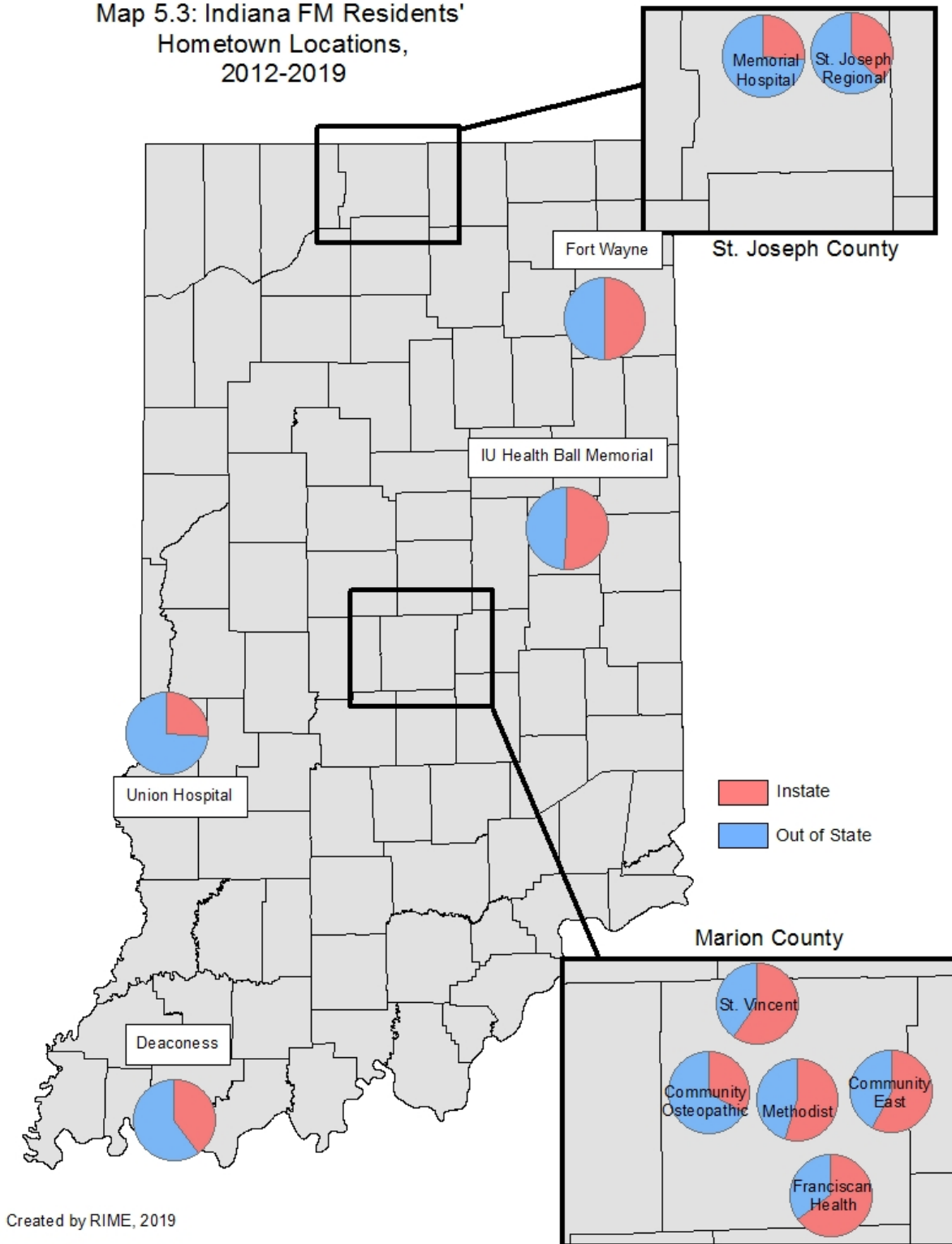
*\*In 2018, Reid Health was included on the 2018 Indiana family medicine residencies exit survey.*

Table 5.2 shows the Indiana family medicine survey respondents' residency sites and their primary practice locations after completing training within Indiana. The table shows a breakdown by county of where the respondents plan to practice after completing their training. Data have been shown from 2012 to 2019.

In 2019, forty-six respondents provided a specific practice location in Indiana. Of those respondents, 7 respondents planned to practice in St. Joseph County, followed by Allen (n=6) and Hendricks (n=5) counties.



Map 5.3: Indiana FM Residents'  
Hometown Locations,  
2012-2019



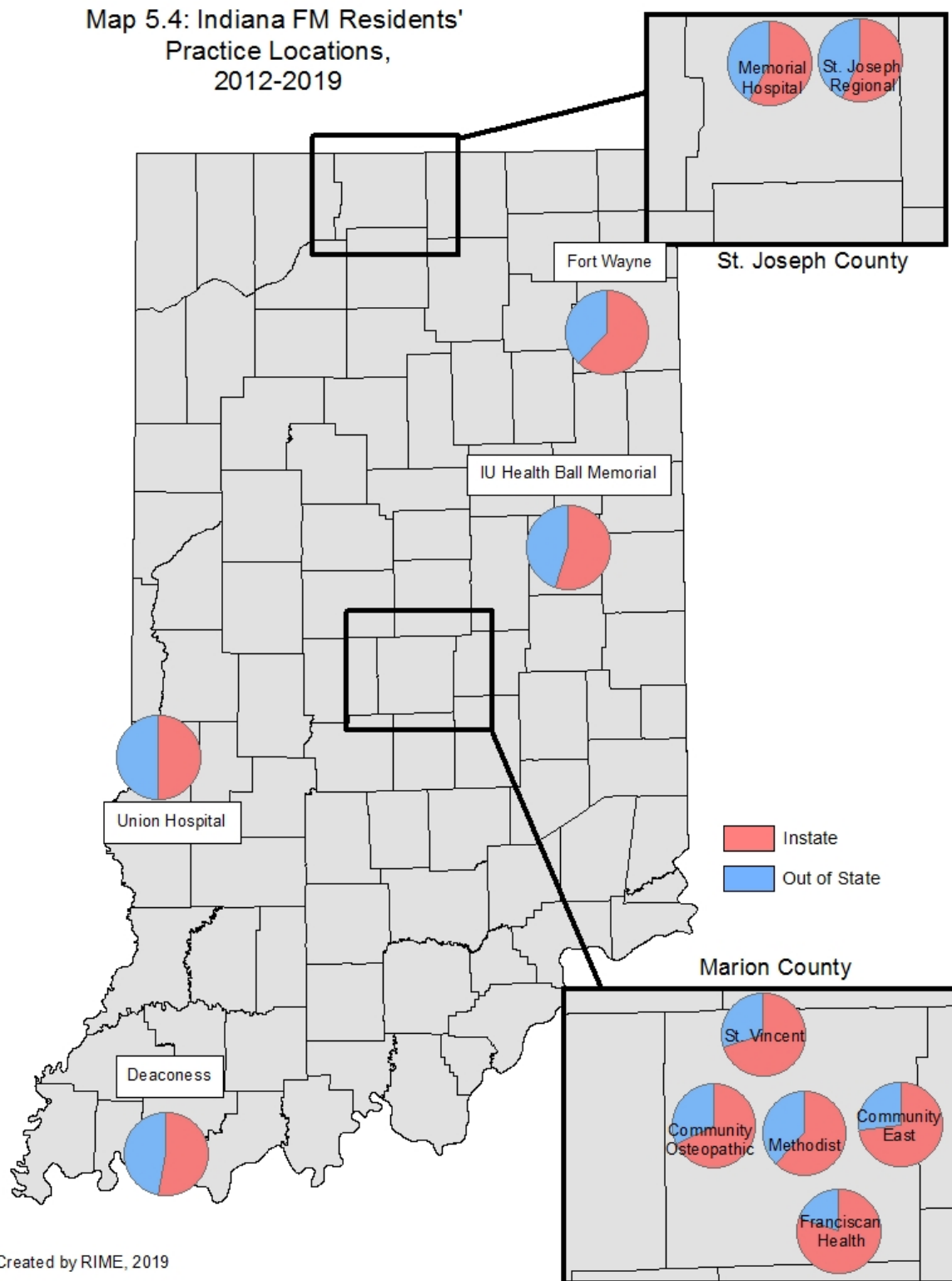
Map 5.3 shows the reported hometown locations of Indiana family medicine survey respondents. Data have been shown **from 2012 to 2019**. Over one-half of the respondents from Community Hospital East (58%), Franciscan Health Indianapolis (65%), IU Health Ball Memorial Hospital (51%), IU Methodist Hospital (55%), and St. Vincent Hospital (60%) indicated an Indiana hometown.

<b>Table 5.3: Residents with an Indiana Hometown [Shown as Percentage (%)]</b>									
<b>Residency Program</b>	<b>2012</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>	<b>Avg.</b>
Community Hospital East FM Residency	57	100	71	50	60	33	67	44	<b>58</b>
Community South Osteopathic FM Residency	0	100	75	0	25	25	25	25	<b>33</b>
Deaconess Family Medicine Residency	50	17	50	50	67	50	20	14	<b>40</b>
Fort Wayne Medical Education Program	50	43	56	44	50	50	56	50	<b>50</b>
Franciscan Health Indianapolis FM Residency	50	83	100	67	57	13	88	67	<b>65</b>
IU Health Ball Memorial Hospital	13	57	43	71	50	78	40	56	<b>51</b>
IU Methodist Family Medicine Residency	100	80	67	43	43	40	50	50	<b>55</b>
Memorial Hospital of South Bend	38	25	0	22	11	43	14	44	<b>26</b>
St Joseph Regional Medical Center	43	75	38	22	33	44	13	33	<b>37</b>
St Vincent Family Medicine Residency	70	63	67	67	70	33	50	60	<b>60</b>
Union Hospital Family Medicine Residency	33	50	0	17	33	33	14	43	<b>26</b>
Reid Health	NA	NA	NA	NA	NA	NA	0	33	<b>14</b>
<i>Average</i>	50	60	51	43	47	42	40	45	<b>47</b>

Table 5.3 shows Indiana family medicine survey respondents with a hometown in Indiana. This includes all respondents who indicated a hometown location. Data have been shown from 2012 to 2019.

**In 2019**, over one-half of the respondents from Franciscan Health Indianapolis (67%), IU Health Ball Memorial (56%), and St. Vincent Hospital (60%) indicated an Indiana hometown.

Map 5.4: Indiana FM Residents'  
Practice Locations,  
2012-2019



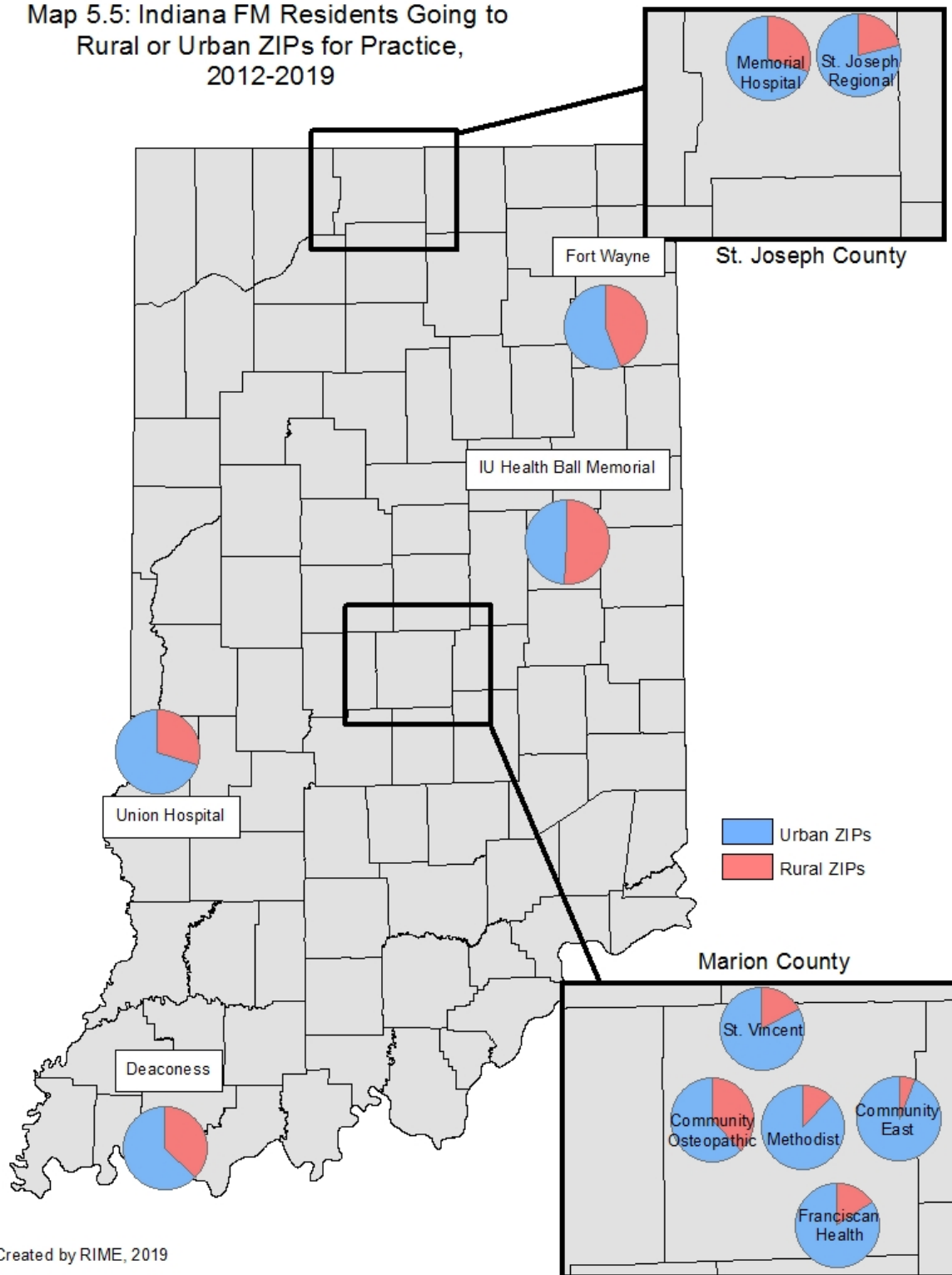
Map 5.4 shows Indiana family medicine survey respondents plans for practice location after completing their training. Data have been shown **from 2012 to 2019**. Over two-thirds of the respondents from Community Hospital East (73%), Franciscan Health Indianapolis (80%), and St. Vincent Hospital (70%) reported an Indiana practice location.

<b>Table 5.4: Residents with a Practice Location in Indiana [Shown as Percentage (%)]</b>									
<b>Residency Program</b>	<b>2012</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>	<b>Avg.</b>
Community Hospital East FM Residency	100	100	80	100	89	60	75	40	<b>73</b>
Community South Osteopathic FM Residency	100	100	100	100	75	0	33	67	<b>68</b>
Deaconess Family Medicine Residency	20	40	50	67	67	71	71	20	<b>53</b>
Fort Wayne Medical Education Program	44	33	100	89	75	56	56	75	<b>62</b>
Franciscan Health Indianapolis FM Residency	100	100	100	80	83	50	86	100	<b>80</b>
IU Health Ball Memorial Hospital	17	67	33	75	86	50	30	60	<b>55</b>
IU Methodist Family Medicine Residency	60	100	71	50	67	33	86	78	<b>62</b>
Memorial Hospital of South Bend	83	0	100	50	50	33	67	56	<b>58</b>
St Joseph Regional Medical Center	60	75	50	50	50	75	67	63	<b>57</b>
St Vincent Family Medicine Residency	100	100	80	75	63	60	67	63	<b>70</b>
Union Hospital Family Medicine Residency	60	75	29	25	40	71	33	100	<b>50</b>
Reid Health	NA	NA	NA	NA	NA	NA	100	50	<b>40</b>
<i>Average</i>	68	72	72	69	68	51	64	66	<b>62</b>

Table 5.4 shows Indiana family medicine survey respondents indicating that their primary practice location after training is within Indiana. This includes all respondents who indicated that they would be going into practice after completing training and provided a specific practice location. Data have been shown from 2012 to 2019.

**In 2019**, over two-thirds of the respondents from Fort Wayne Medical Education Program (75%), Franciscan Health Indianapolis (100%), IU Methodist Hospital (78%), and Union Hospital (100%) indicated an Indiana practice location.

Map 5.5: Indiana FM Residents Going to Rural or Urban ZIPs for Practice, 2012-2019



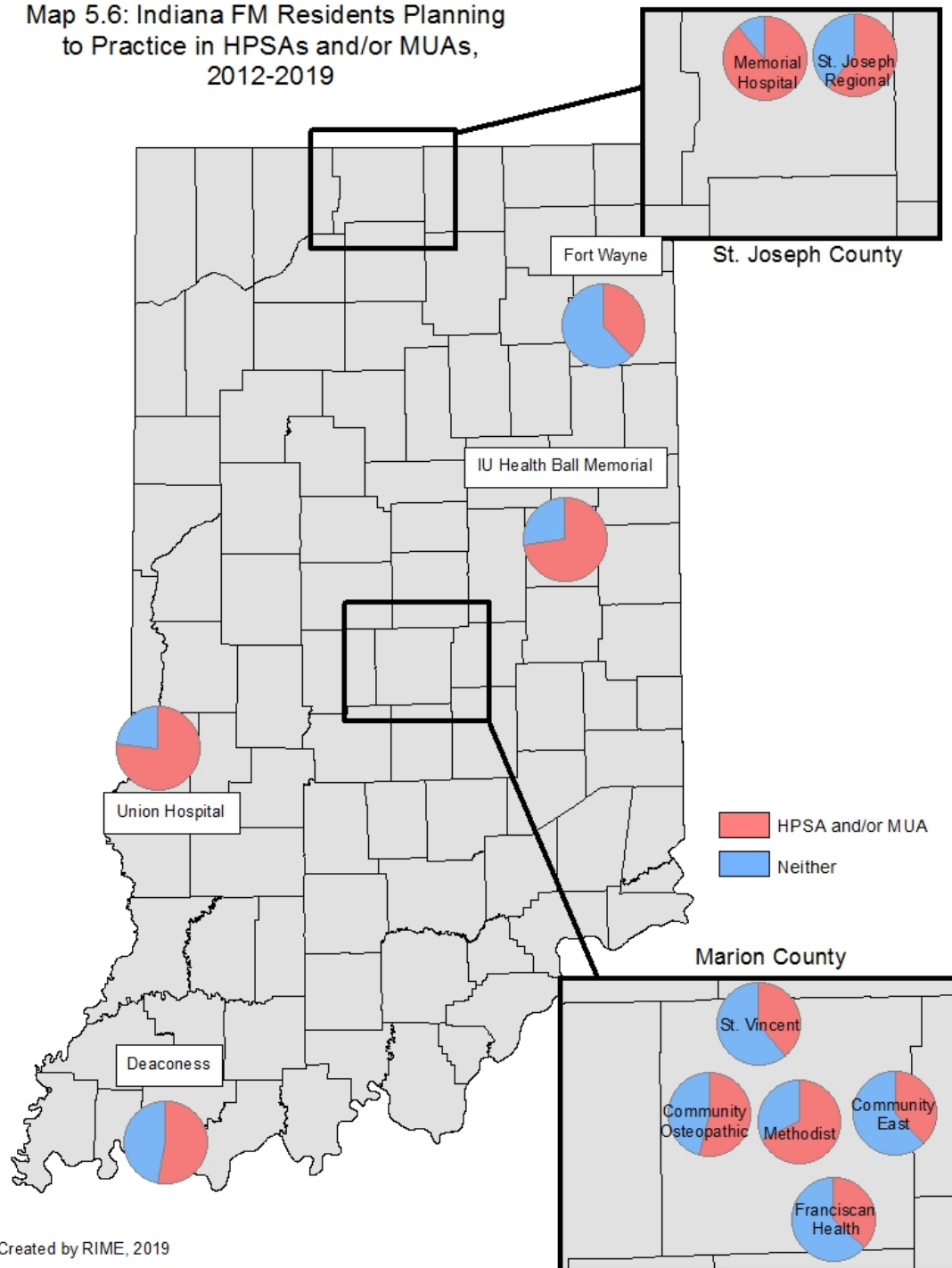
Map 5.5 shows Indiana family medicine survey respondents planning to practice in rural ZIP codes after completing their training. Data have been shown **from 2012 to 2019**. Over one-half of the respondents from IU Health Ball Memorial Hospital (51%) indicated a practice location in a rural ZIP code.

<b>Table 5.5: Residents with Practice Locations in Rural ZIPs [Shown as Percentage (%)]</b>									
<b>Residency Program</b>	<b>2012</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>	<b>Avg.</b>
Community Hospital East FM Residency	0	20	0	0	0	25	0	0	<b>6</b>
Community South Osteopathic FM Residency	100	0	50	100	0	50	0	0	<b>38</b>
Deaconess Family Medicine Residency	40	60	50	33	33	29	25	25	<b>37</b>
Fort Wayne Medical Education Program	56	44	50	22	50	67	44	17	<b>44</b>
Franciscan Health Indianapolis FM Residency	33	0	17	20	0	20	14	20	<b>16</b>
IU Health Ball Memorial Hospital	50	67	80	50	43	33	70	17	<b>51</b>
IU Methodist Family Medicine Residency	0	0	33	20	17	25	0	0	<b>12</b>
Memorial Hospital of South Bend	17	50	0	25	50	67	33	0	<b>30</b>
St Joseph Regional Medical Center	40	25	17	0	20	0	33	29	<b>21</b>
St Vincent Family Medicine Residency	0	0	20	29	13	50	20	0	<b>17</b>
Union Hospital Family Medicine Residency	50	0	43	33	20	29	17	50	<b>30</b>
Reid Health	NA	NA	NA	NA	NA	NA	100	50	<b>75</b>
<i>Average</i>	35	24	33	30	22	36	30	17	<b>31</b>

Table 5.5 shows Indiana family medicine survey respondents indicating that their practice location after training is within a rural ZIP code. This includes all respondents who indicated that they would be going into practice after completing training and provided a specific practice location. Data have been shown from 2012 to 2019.

**In 2019**, one-half (50%) of the respondents from Union Hospital and Reid Health reported a practice location in a rural ZIP code.

Map 5.6: Indiana FM Residents Planning to Practice in HPSAs and/or MUAs, 2012-2019



Map 5.6 shows Indiana family medicine survey respondents planning to go into Health Professional Shortage Areas (HPSAs) and/or Medically Underserved Areas (MUAs) after completing their training. Data have been shown **from 2012 to 2019**. Over three-fourths of the respondents from Memorial Hospital of South Bend (89%) and Union Hospital (77%) reported a practice location in an MUA and/or HPSA.

<b>Table 5.6: Residents going to HPSAs and/or MUAs for Practice [Shown as Percentage (%)]</b>									
<b>Residency Program</b>	<b>2012</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>	<b>Avg.</b>
Community Hospital East FM Residency	0	60	60	25	17	75	67	0	<b>38</b>
Community South Osteopathic FM Residency	100	100	50	100	33	50	0	0	<b>54</b>
Deaconess Family Medicine Residency	80	80	67	17	33	43	50	50	<b>53</b>
Fort Wayne Medical Education Program	33	71	0	11	63	56	33	33	<b>38</b>
Franciscan Health Indianapolis FM Residency	33	33	33	60	17	60	43	20	<b>37</b>
IU Health Ball Memorial Hospital	67	83	80	100	71	50	50	83	<b>73</b>
IU Methodist Family Medicine Residency	100	71	83	60	83	25	86	33	<b>68</b>
Memorial Hospital of South Bend	100	50	100	88	100	83	100	88	<b>89</b>
St Joseph Regional Medical Center	80	100	75	50	40	100	67	100	<b>61</b>
St Vincent Family Medicine Residency	40	20	0	57	38	50	80	29	<b>39</b>
Union Hospital Family Medicine Residency	75	33	100	67	60	100	83	100	<b>77</b>
Reid Health	NA	NA	NA	NA	NA	NA	100	50	<b>75</b>
<i>Average</i>	61	63	61	52	51	66	58	57	<b>59</b>

Table 5.6 shows Indiana family medicine survey respondents going to HPSAs and/or MUAs after completing their training. This includes all respondents who indicated that they would be going into practice after completing training and provided a specific practice location. Data have been shown from 2012 to 2019.

In **2019**, over three-fourths of the respondents from IU Health Ball Memorial Hospital (83%), Memorial Hospital of South Bend (88%), St. Joseph Regional Medical Center (100%), and Union Hospital (100%) reported a practice location in an MUA and/or HPSA.



## Chapter 6: Graphs showing Trend Patterns, 2012-2019

This chapter shows a comparison of *Indiana Family Medicine Residencies Exit Survey*® responses from the time of its inception in 2012 through 2019. Trends for all respondents have been shown in figures 6.1 to 6.9. 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.

### All Respondents

#### Demographics

**Figure 6.1: Trends showing Age, 2012-2019**

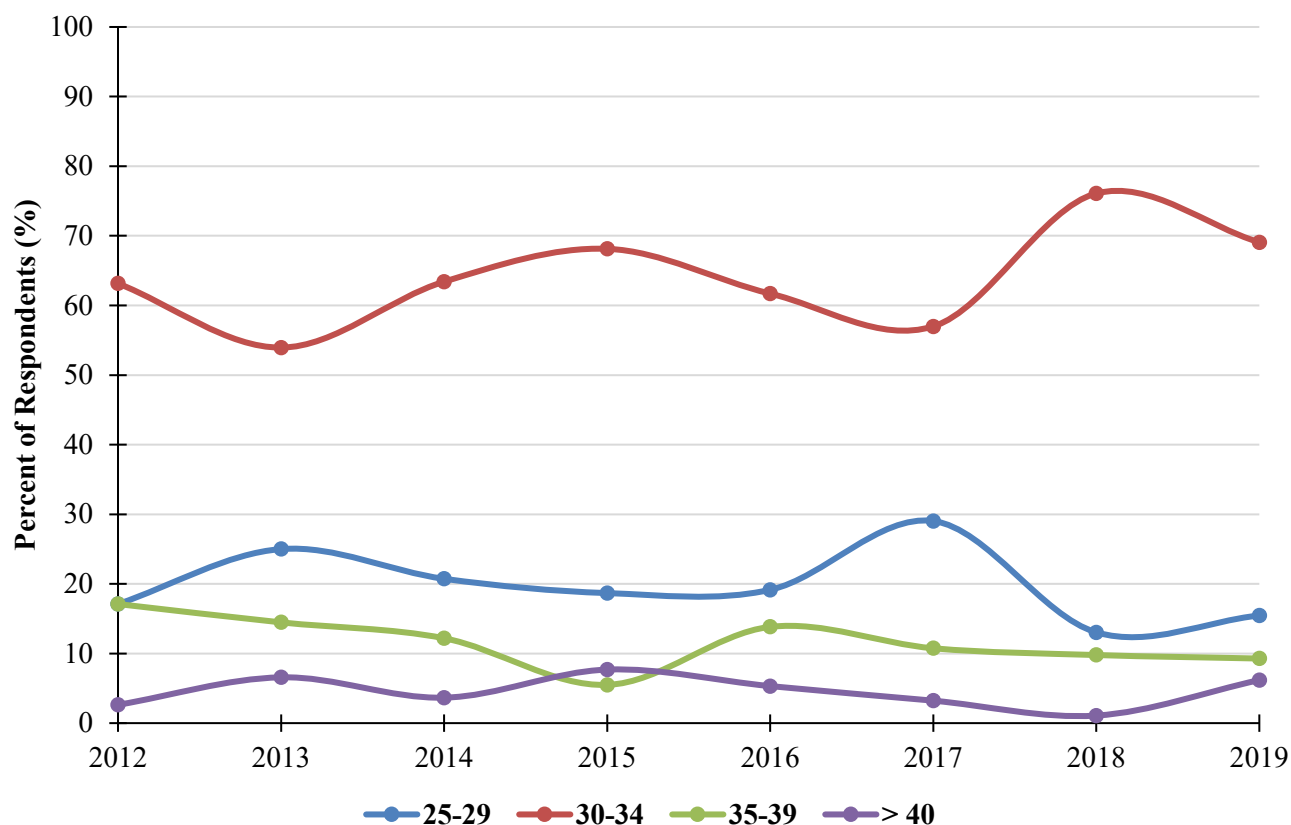


Figure 6.1 shows trends among the Indiana family medicine survey respondents' and their age distributions from 2012 to 2019. A decreasing trend has been noted for those between 35 and 39 years of age (17% in 2012 to 9% in 2019). Trends have remained fairly constant for the remaining categories.

**Figure 6.2: Trends showing Gender, 2012-2019**

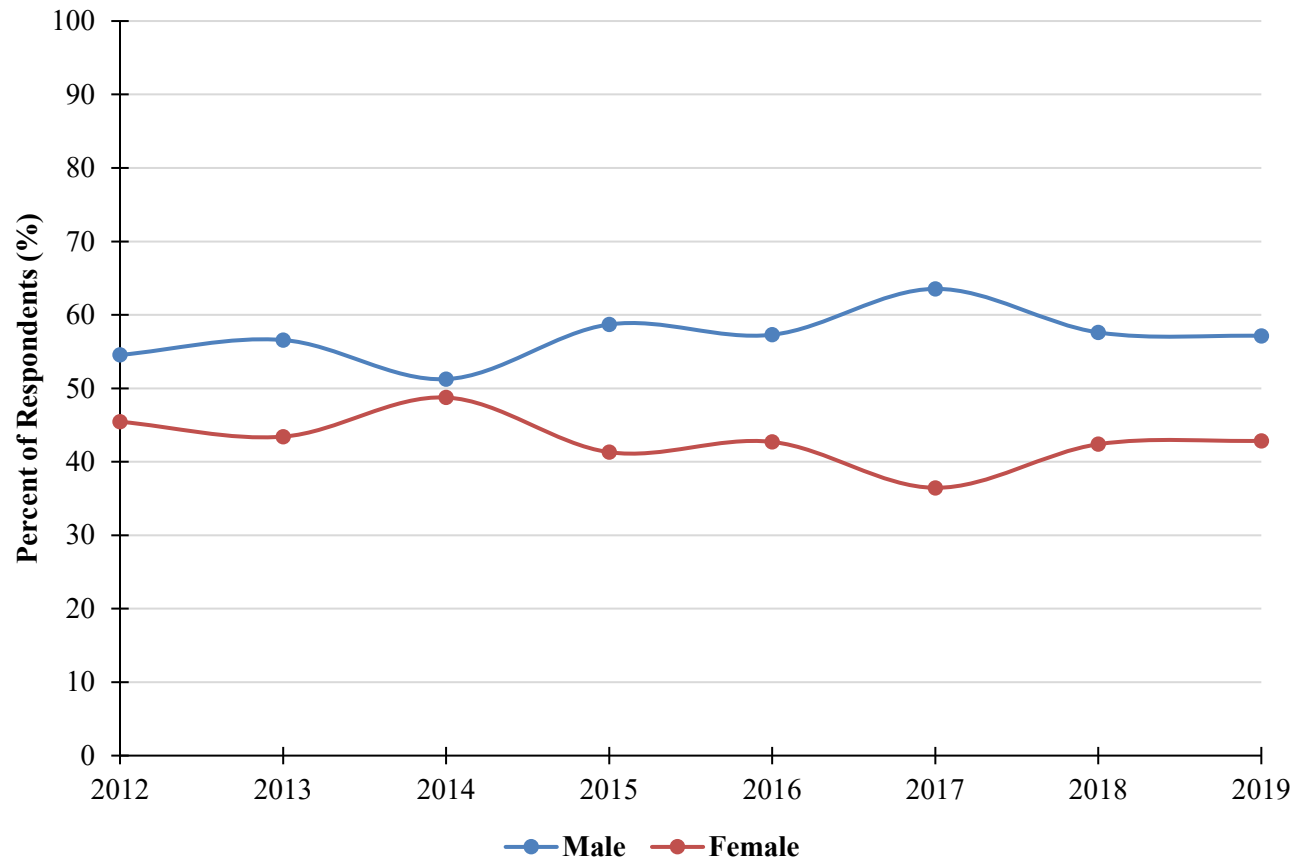


Figure 6.2 shows trends among the Indiana family medicine survey respondents' and their gender distribution from 2012 to 2019. A fairly consistent trend was noted among the male and female respondents.

**Figure 6.3: Trends showing Race/Ethnicity, 2012-2019**

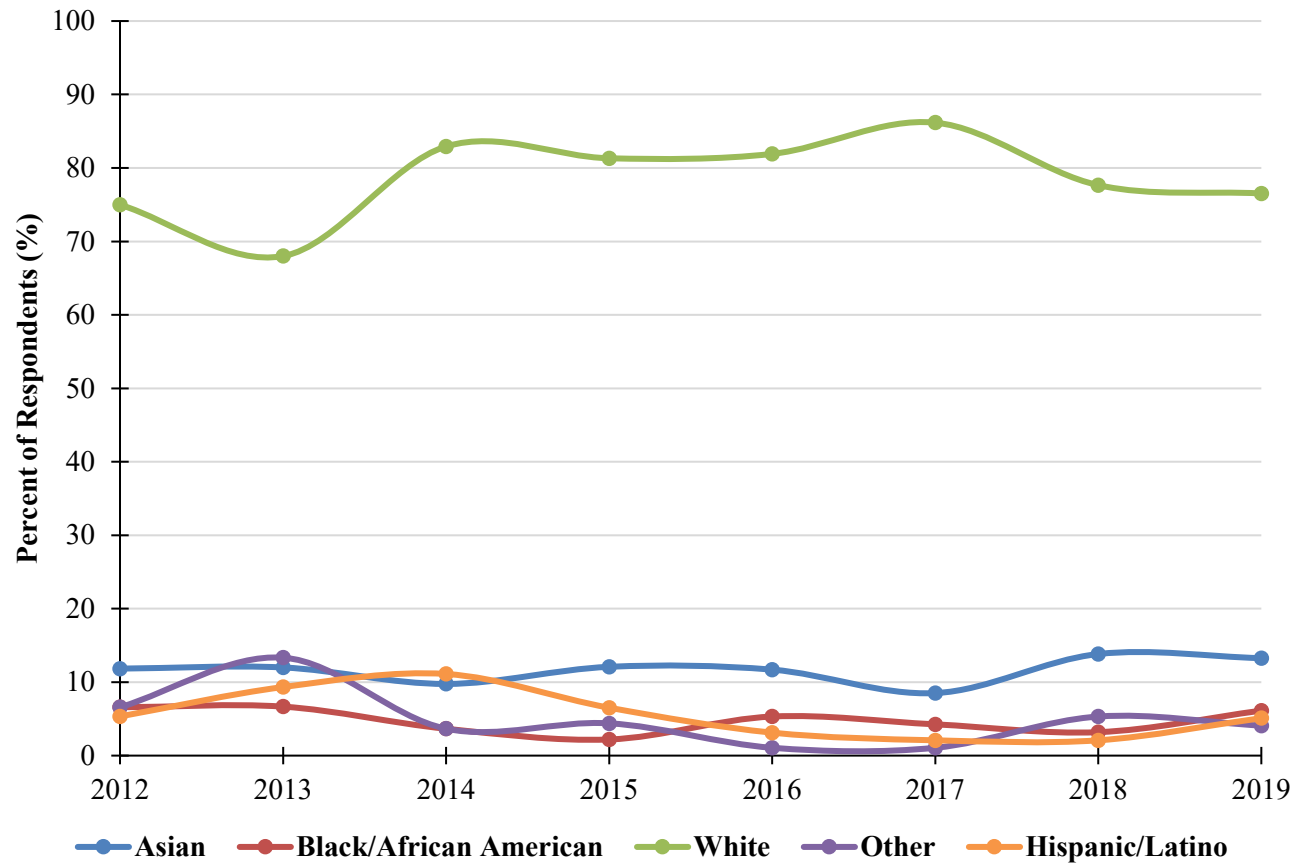


Figure 6.3 shows trends among the Indiana family medicine survey respondents' and their racial and ethnic distributions from 2012 to 2019. A fairly consistent trend was noted among all respondents for the racial and ethnic groups.

**Figure 6.4: Trends showing Where the Respondents were Coming From, 2012-2019**

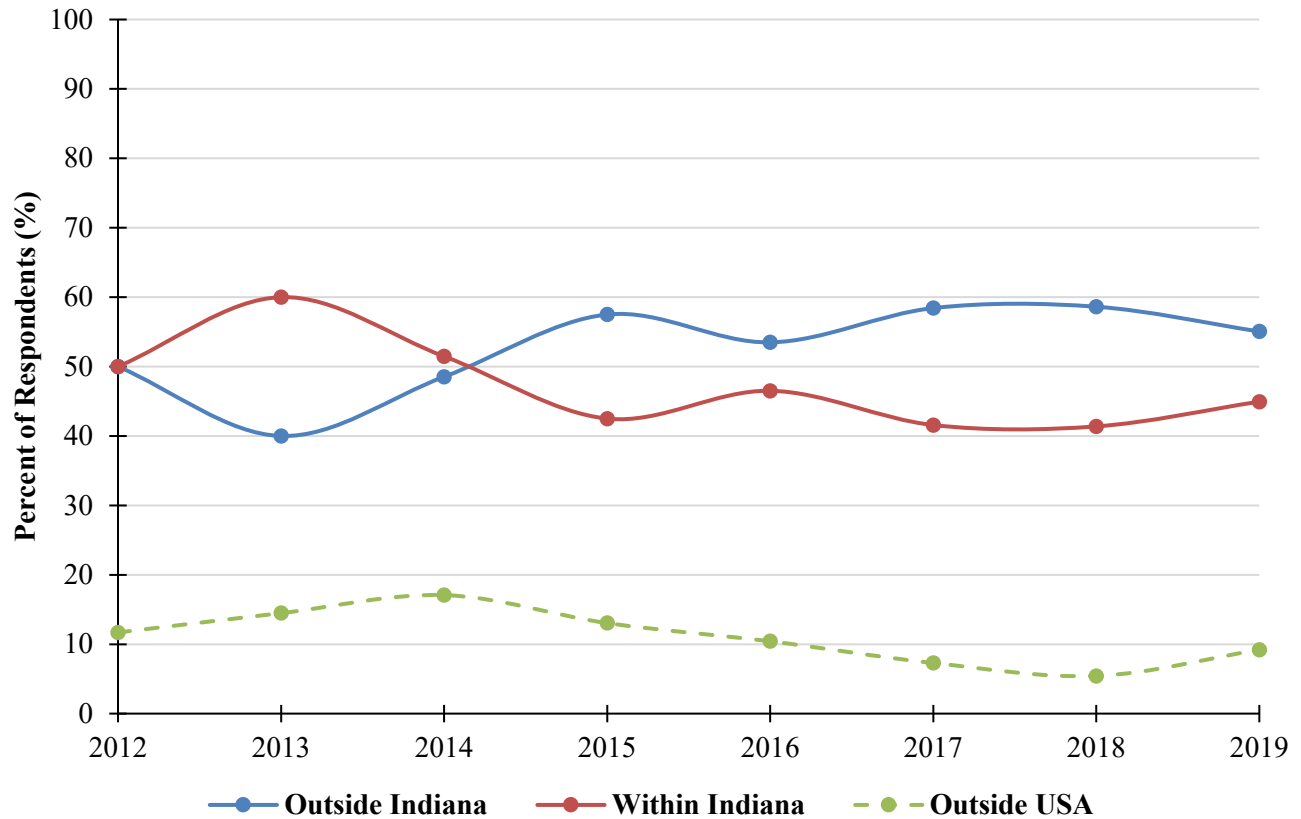


Figure 6.4 shows trends among the Indiana family medicine survey respondents' and where they came from between 2012 and 2019.

Of the respondents who indicated they were from within the United States, a slight increasing trend was noted among those coming from *outside* of Indiana (50% in 2012 to 55% in 2019). And, a slight decreasing trend was noted among those coming from *within* Indiana (50% in 2012 to 45% in 2019).

**Figure 6.5: Trends showing Individual Educational Debt, 2012-2019**

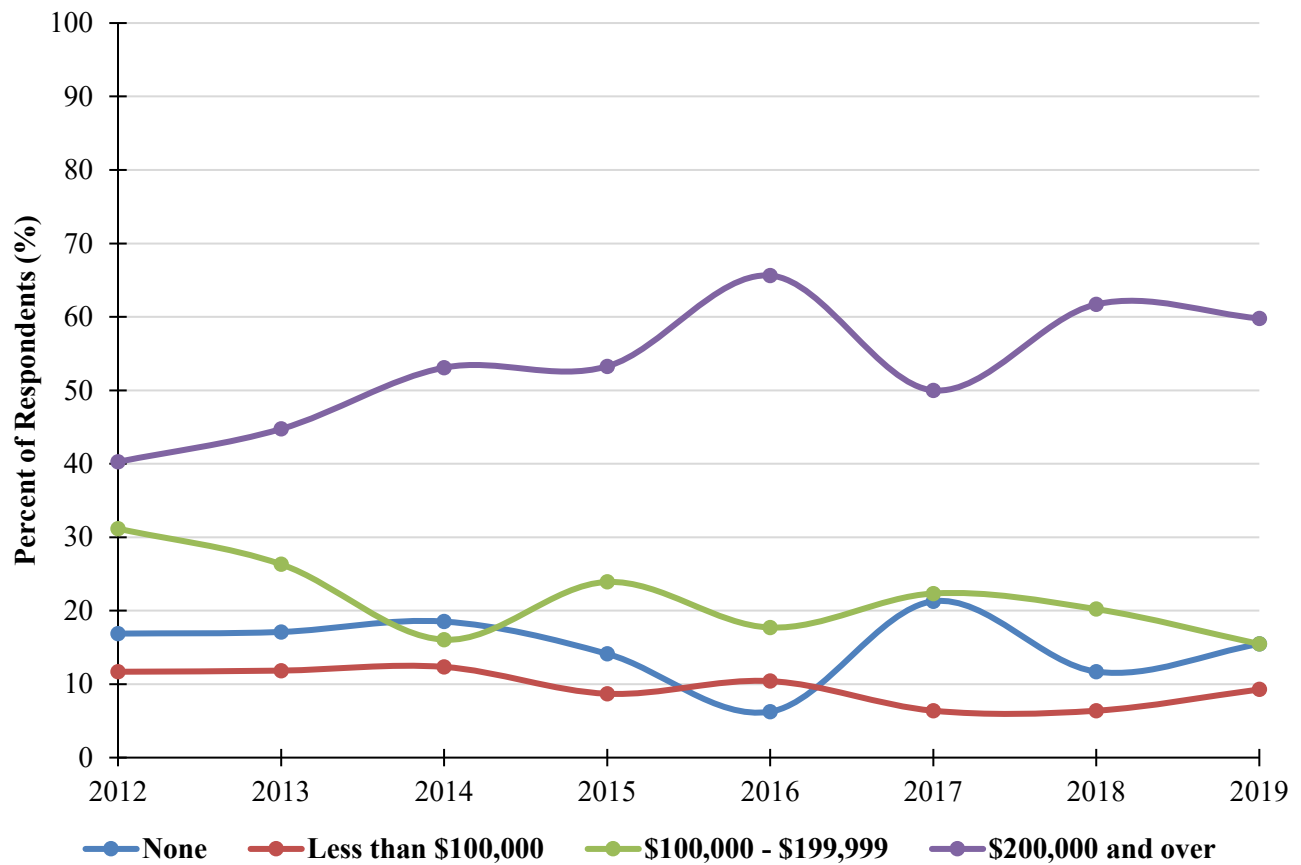


Figure 6.5 shows trends among the Indiana family medicine survey respondents' and their current level of educational debt from 2012 to 2019.

An increasing trend was noted among respondents with an individual educational debt load of “\$200,000 or more” (40% in 2012 to 60% in 2019). And, a noticeable drop was noted among respondents with an individual educational debt load “between \$100,000 and \$199,999” (31% in 2012 to 16% in 2019). Trends have remained fairly constant for the remaining categories.

**Figure 6.6: Trends showing Training Received and Level of Competency in Providing Care, 2012-2019**

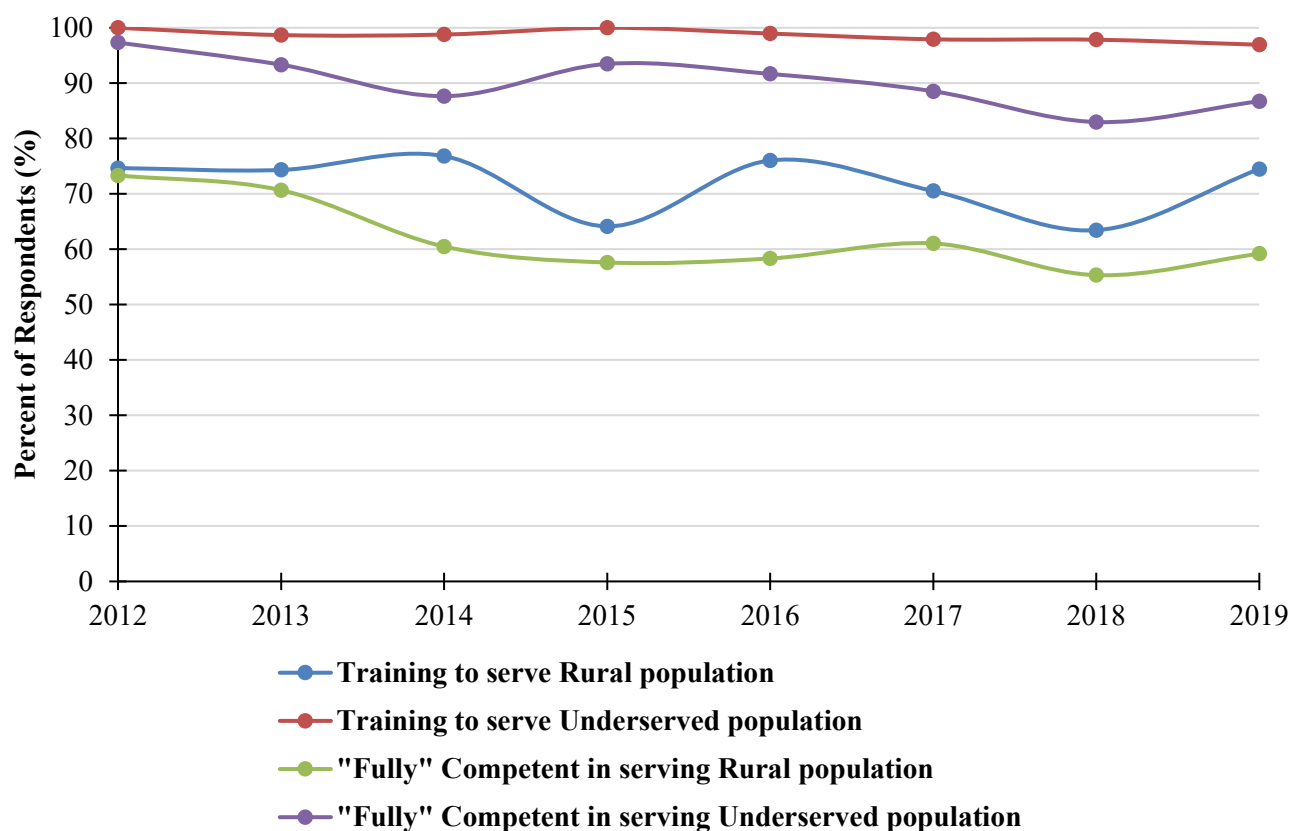


Figure 6.6 shows trends among the Indiana family medicine survey respondents' training received to serve the rural and underserved populations *and* their self-rated level of competency in providing care to those rural and underserved populations from 2012 to 2019.

A declining trend was noted for respondents who indicated they felt “fully” competent serving the rural populations (73% in 2012 to 59% in 2019); and among those who felt “fully” competent serving the underserved populations (97% in 2012 to 87% in 2019). Trends have remained fairly constant for the remaining categories.

**Figure 6.7: Trends showing Quality of the Program, 2012-2019**

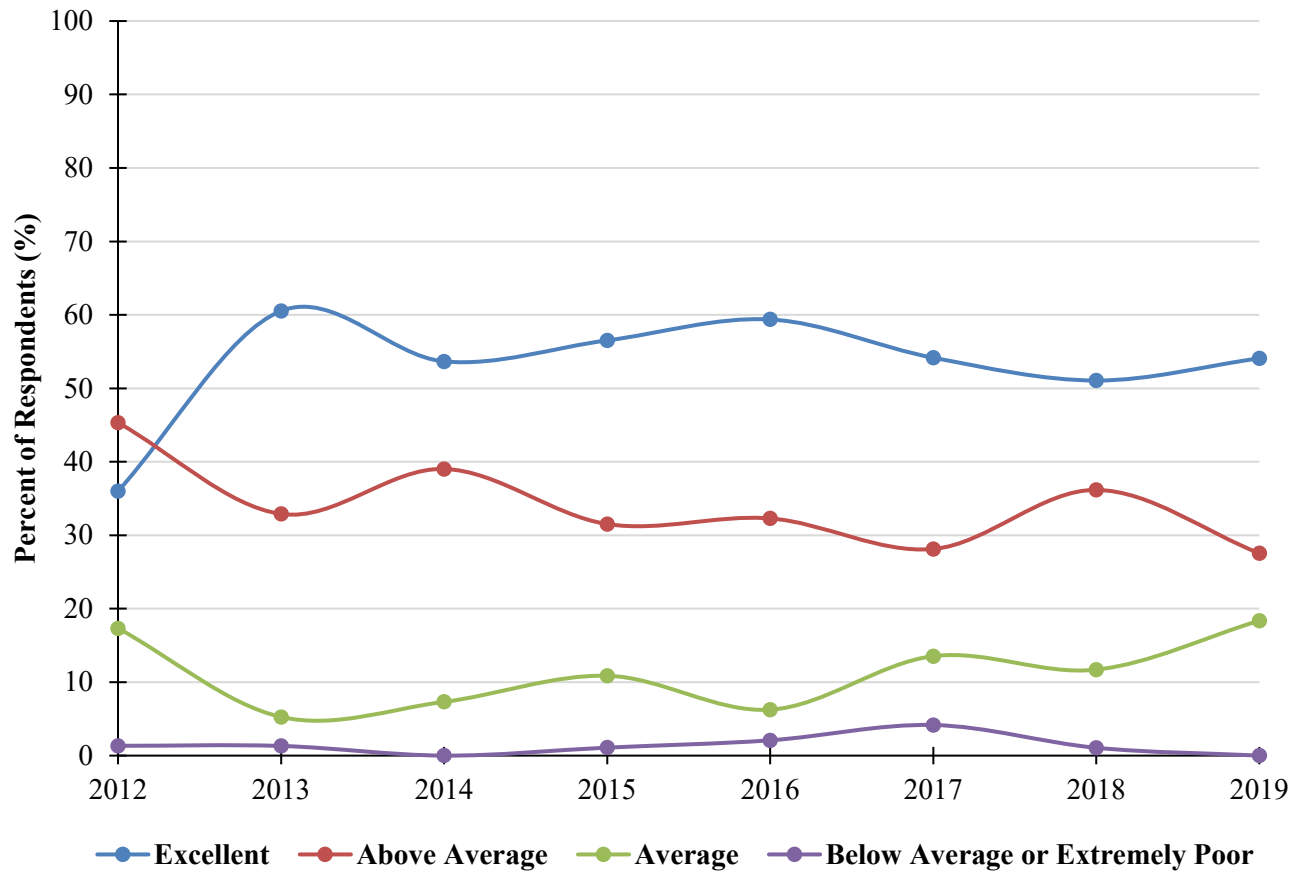


Figure 6.7 shows trends among the Indiana family medicine survey respondents' overall rating of the quality of their training program from 2012 to 2019.

An increasing trend was noted among respondents who rated the quality of their program as “excellent” (36% in 2012 to 54% in 2019). And, a declining trend was noted among respondents who rated the quality of the program as “above average” (45% in 2012 to 28% in 2019). Trends have remained fairly constant for the remaining categories.

**Figure 6.8: Trends showing Overall Performance of Faculty, 2012-2019**

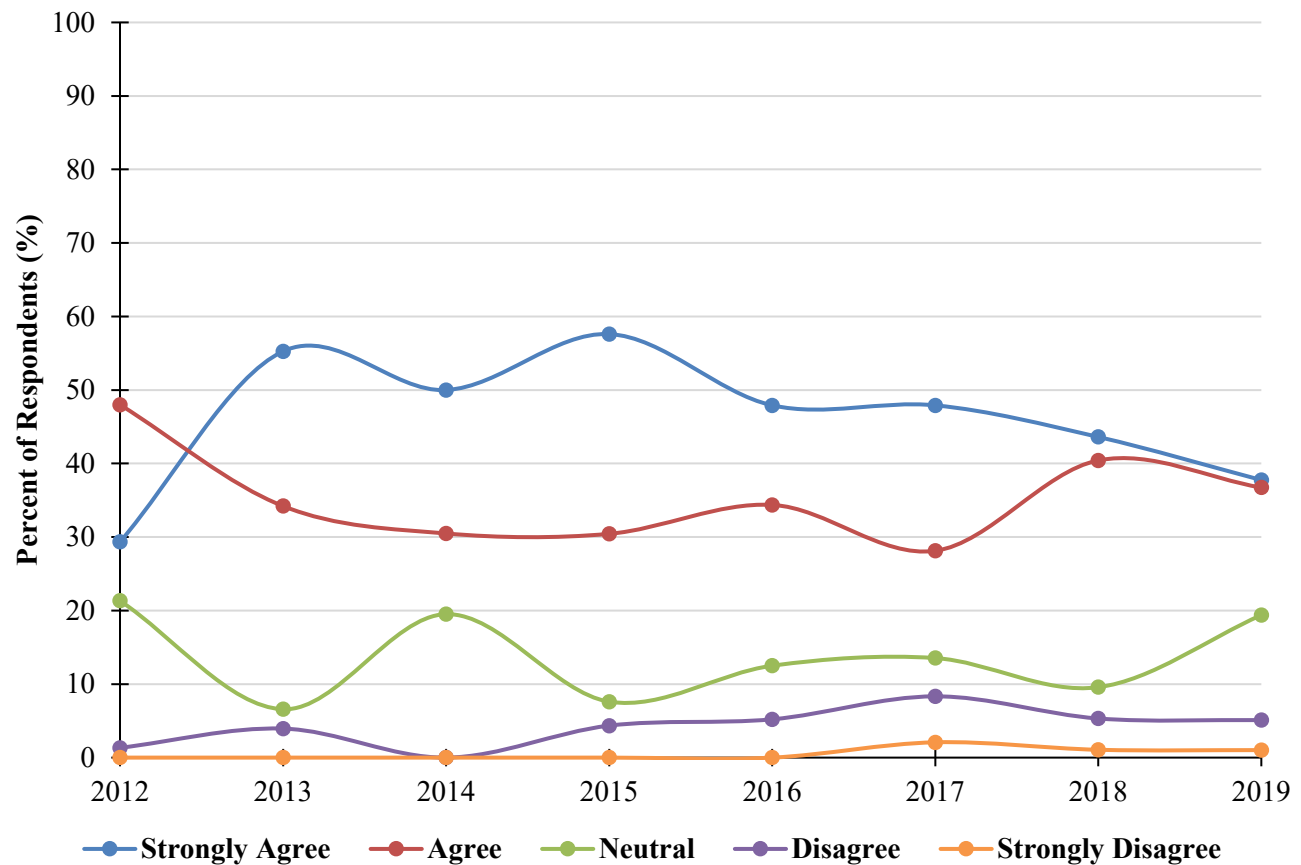


Figure 6.8 shows trends among the Indiana family medicine survey respondents' overall assessment of performance of faculty in their training program from 2012 to 2019.

An increasing trend was noted among respondents who indicated they “strongly agree” that the overall performance of faculty in their training program had exceeded their expectations (29% in 2012 to 38% in 2019). And, a declining trend was noted among respondents who indicated they “agree” that the overall performance of faculty in their training program had exceeded their expectations (48% in 2012 to 37% in 2019). Trends have remained fairly constant for the remaining categories.



**Figure 6.9: Trends showing Overall Performance of Peers, 2012-2019**

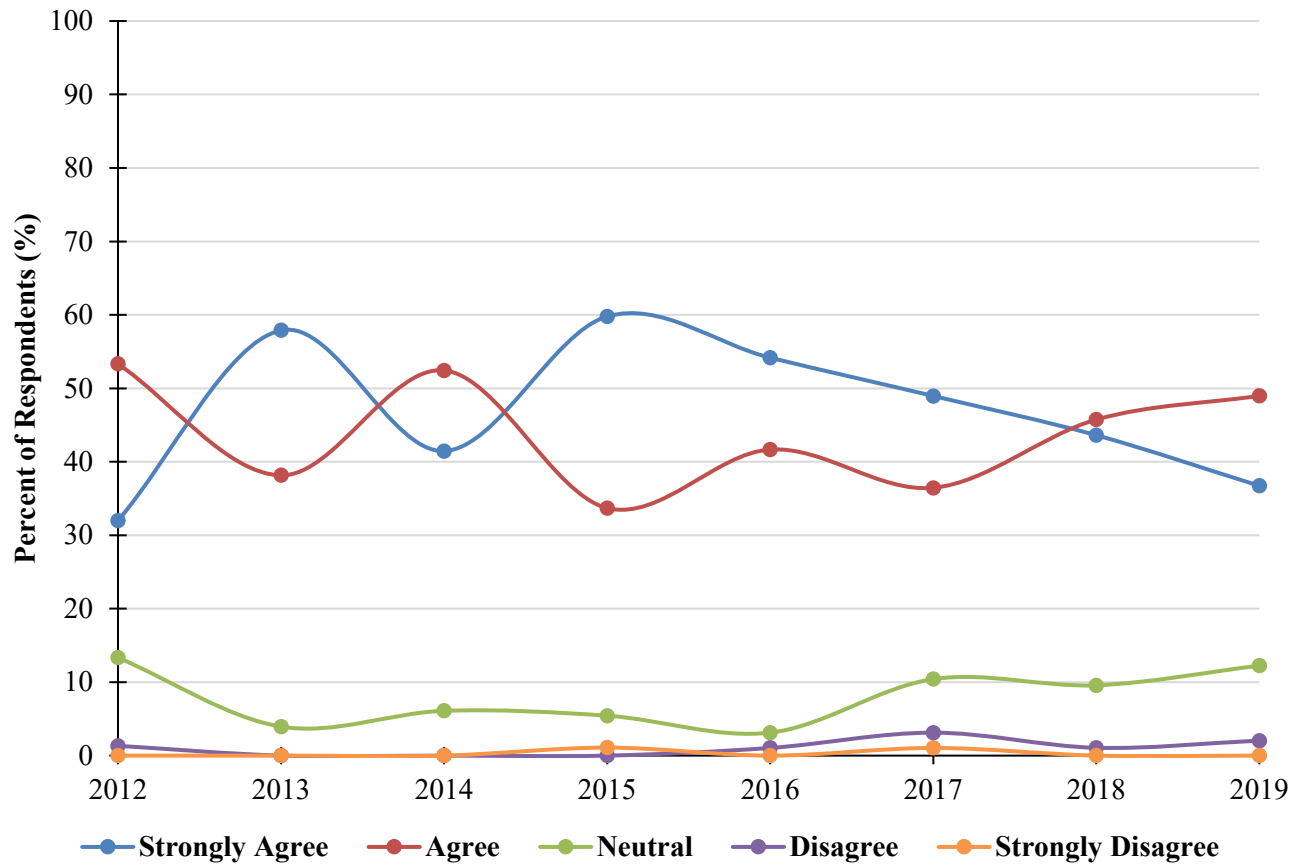


Figure 6.9 shows trends among the Indiana family medicine survey respondents' overall assessment of performance of other residents or fellows in their training program from 2012 to 2019.

A fairly consistent trend was noted among all respondents for their overall assessment of performance of other residents or fellows in their training program.

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

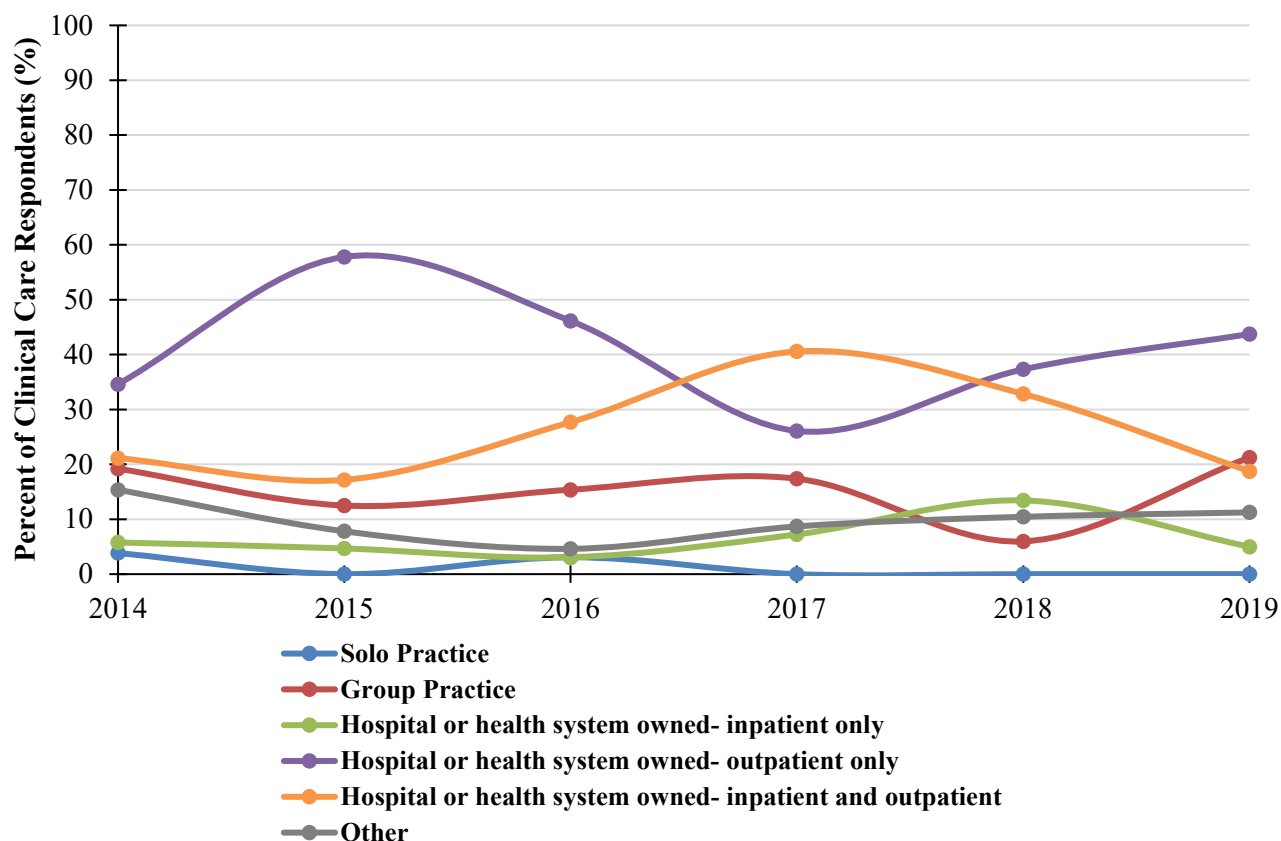
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## Respondents going into patient care or clinical practice

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### Practice Characteristics

**Figure 6.10: Trends showing Principal Type of Patient Care Practice Setting, 2014-2019\***



*\*Response categories differed in the 2012 and 2013 Indiana family medicine residencies exit survey and were thus excluded from analysis.*

Figure 6.10 shows trends among the Indiana family medicine survey respondents' and the principal type of patient care practice setting they will be entering after completing their training program from 2014 to 2019.

An increasing trend was noted among respondents going into a “hospital or health system owned – outpatient only” facility (35% in 2014 to 44% in 2019). Trends have remained fairly constant for the remaining categories.

**Figure 6.11: Trends showing Expected Gross Income  
in 1st Year of Practice, 2012-2019**

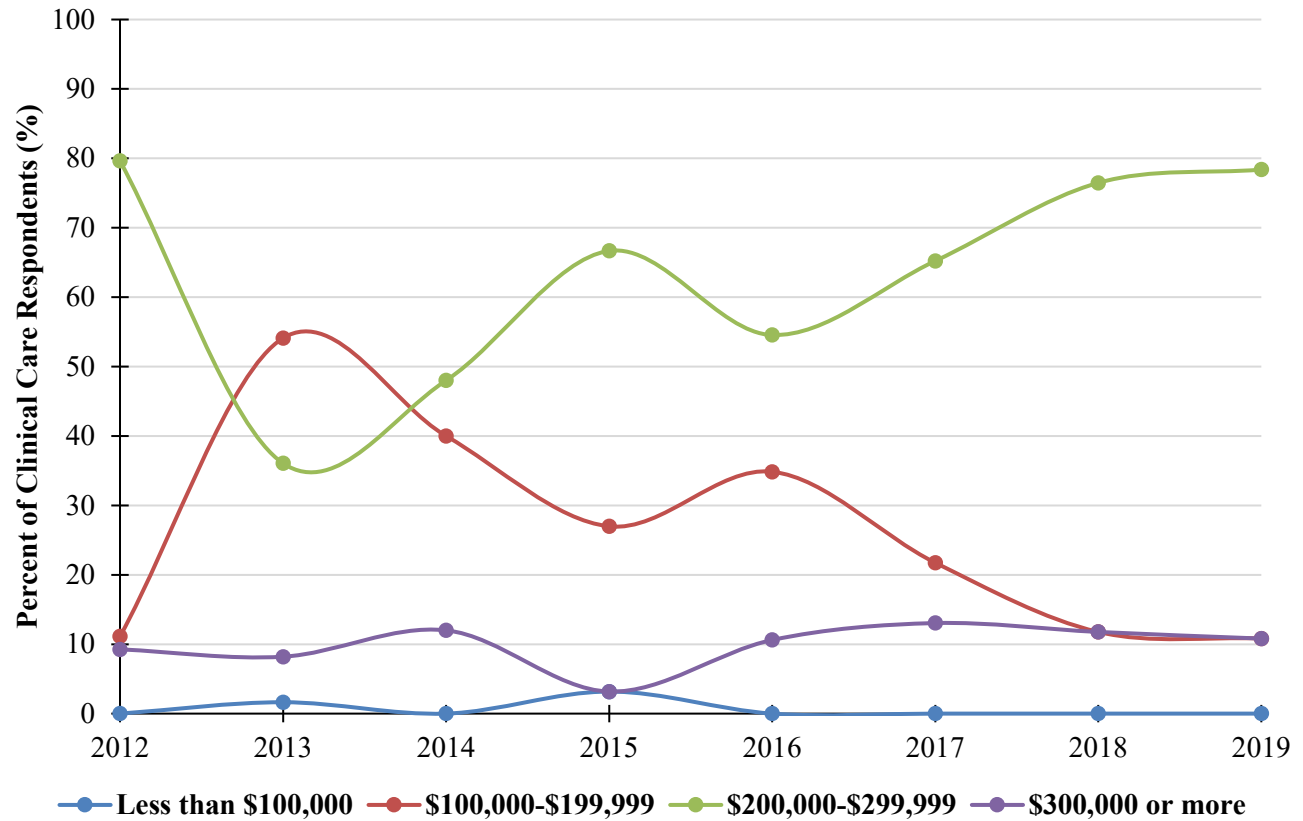


Figure 6.11 shows trends among the Indiana family medicine survey respondents' expected gross income during their first year of practice from 2012 to 2019. A fairly consistent trend was noted among respondents for expected gross income during their first year of practice.

**Figure 6.12: Trends showing Primary Location after Training, 2012-2019**

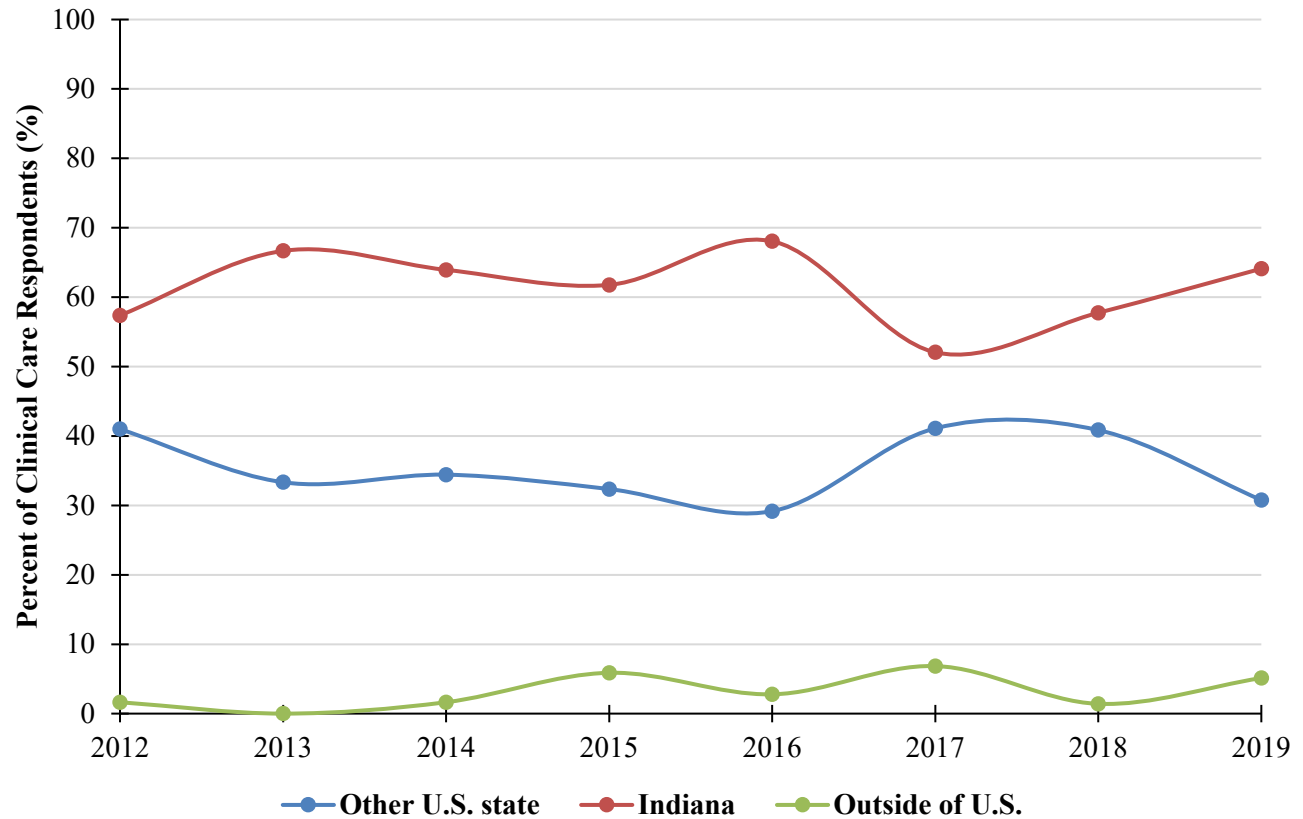


Figure 6.12 shows trends among the Indiana family medicine survey respondents' primary location after completing their current training program from 2012 to 2019.

A slight increasing trend was noted among respondents who indicated their primary practice location was Indiana (57% in 2012 to 64% in 2019). A declining trend was noted among respondents who indicated their primary practice location was another U.S. state (41% in 2012 to 31% in 2019).

**Figure 6.13: Trends showing Main Reasons to Practice at this Location, 2012-2019\***

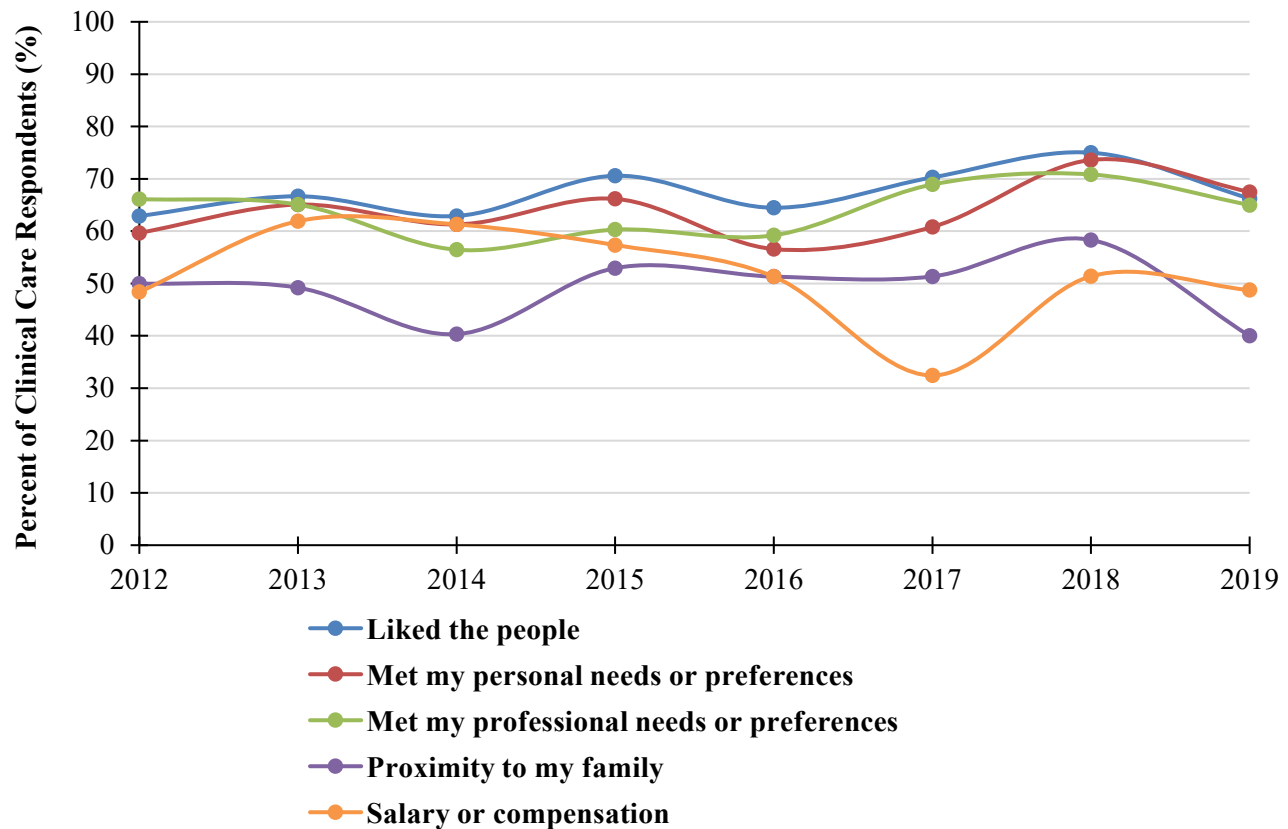
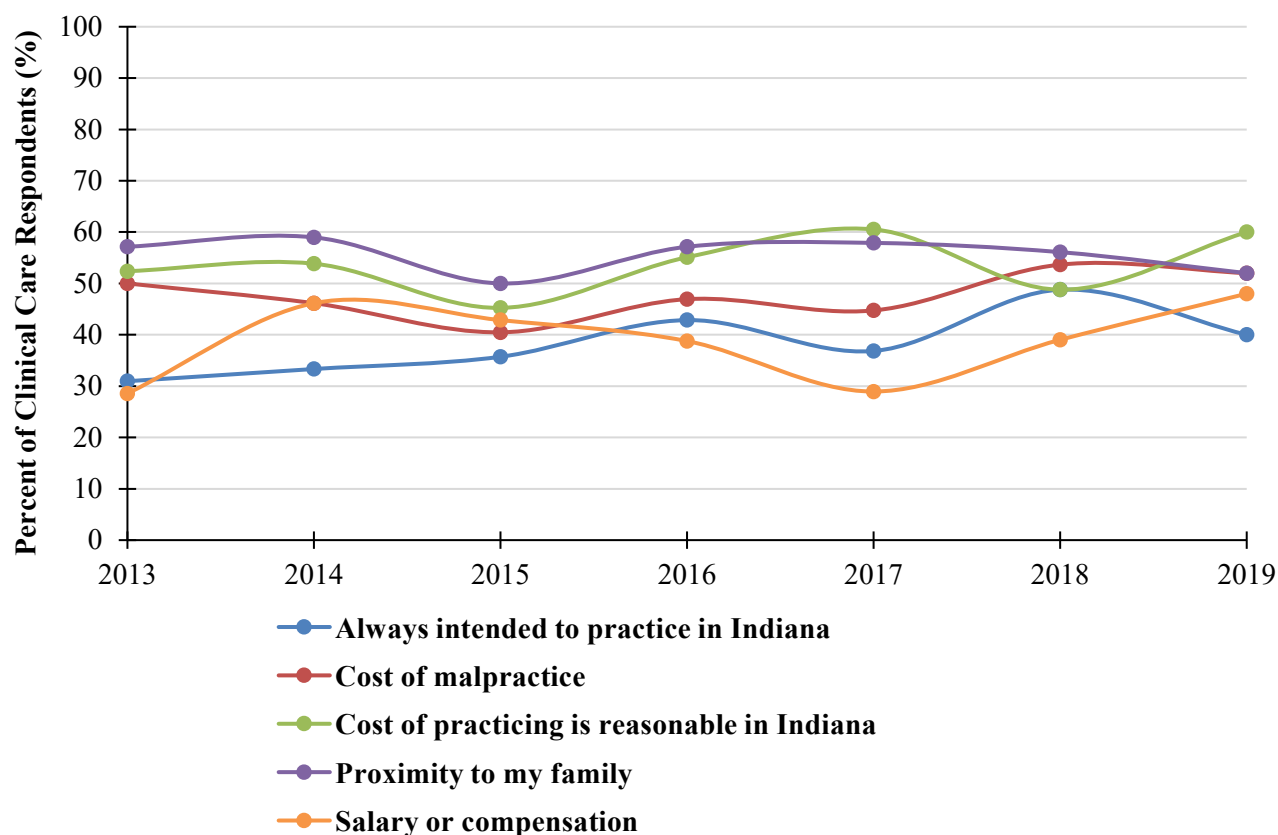


Figure 6.13 shows trends among the Indiana family medicine survey respondents' and the top reasons they chose to practice at this location from 2012 to 2019.

A slight increasing trend was noted among respondents who indicated the main reason they chose to practice at this location was because it “met their personal needs or preferences” (60% in 2012 to 68% in 2019). A declining trend was noted among respondents who indicated the main reason they chose to practice at this location was because of “proximity to my family” (50% in 2012 to 40% in 2019). Trends have remained fairly constant for the remaining categories.

**Figure 6.14: Trends showing Main Reasons to Practice in Indiana, 2013-2019\***

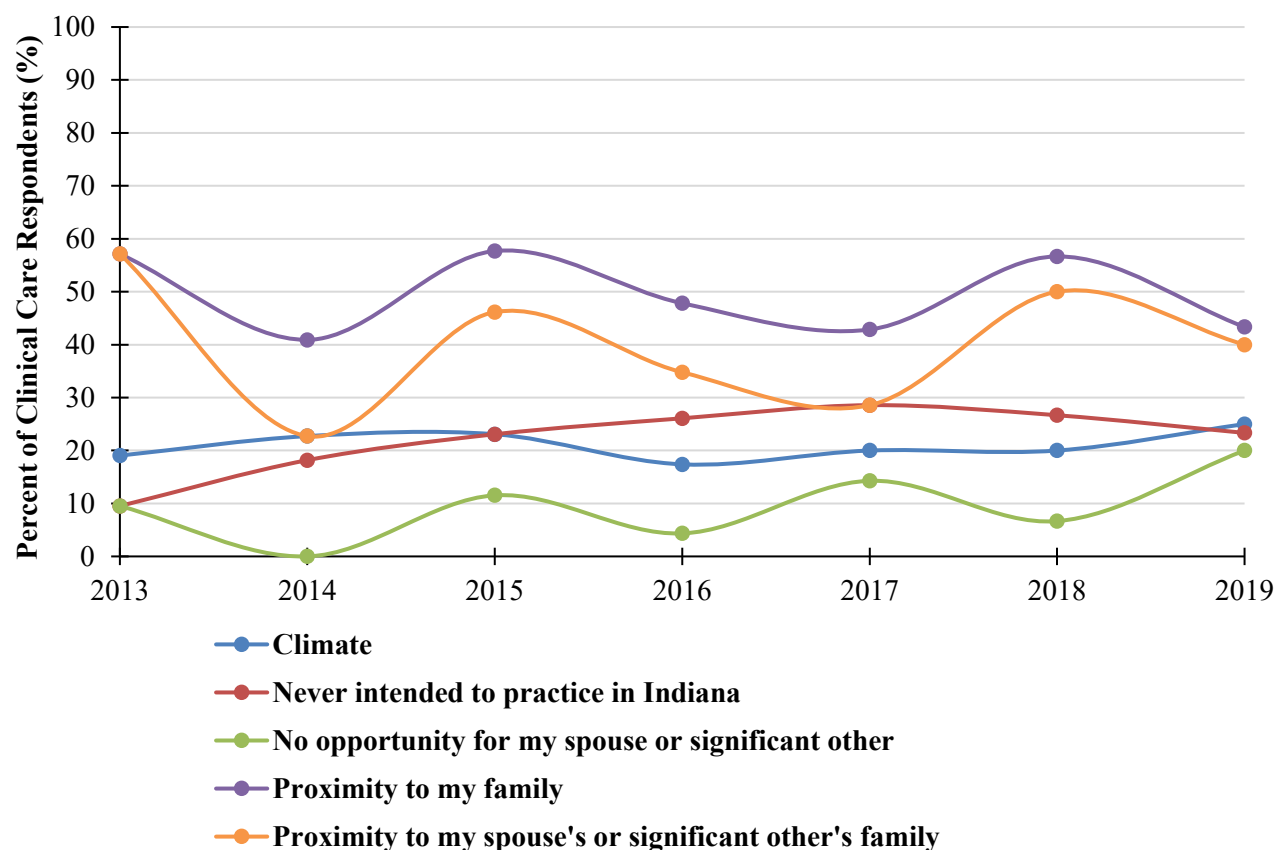


*\*Response categories differed in the 2012 Indiana family medicine residencies exit survey and were thus excluded from analysis.*

Figure 6.14 shows trends among respondents and the top reasons they chose to practice in Indiana from 2013 to 2019. Only those respondents who indicated they were intending to practice in Indiana after completing their training were included in this analysis.

An increasing trend was noted among respondents who indicated the main reason they chose to practice in Indiana was because they “always intended to practice in Indiana” (31% in 2013 to 40% in 2019), “cost of practicing is reasonable in Indiana” (52% in 2013 to 60% in 2019), and “salary or compensation” (29% in 2013 to 48% in 2019). Trends have remained fairly constant for the remaining categories.

**Figure 6.15: Trends showing Main Reasons Not to Practice in Indiana, 2013-2019\***



*\*Response categories differed in the 2012 Indiana family medicine residencies exit survey and were thus excluded from analysis.*

Figure 6.15 shows trends among the Indiana family medicine survey respondents' and the top reasons they chose not to practice in Indiana from 2013 to 2019. Only those respondents who intended to practice outside Indiana were included in the analysis.

An increasing trend was noted among respondents who indicated the main reason they chose to practice outside the state was because they “never intended to practice in Indiana” (10% in 2013 to 23% in 2019) and there was “no opportunity for my spouse or significant other” (10% in 2013 to 20% in 2019). A declining trend was noted among respondents who indicated the main reason they chose to practice outside the state was because of “proximity to my family” (57% in 2013 to 43% in 2019) and “proximity to my spouse’s or significant other’s family” (57% in 2013 to 40% in 2019). Trends have remained fairly constant for the remaining categories.

## Chapter 7: Open-ended Comments from Survey Respondents, 2019

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Two-open ended questions have been asked on the *2019 Indiana Family Medicine Residencies Exit Survey*®. These questions asked for suggestions to improve the program and new ideas for the residency curriculum. Responses to the two questions have been summarized into broad categories as shown below.

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### Respondents' suggestions for improving the program

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#### Didactics

- Being open to considering our opinions when residents' are asked, rather than just asking the resident's opinions for show. Improvement in didactic education material and having less periods of time wasted on useless topics not pertinent.
- Consider providing more flexibility within the curriculum (e.g. related to following outpatient clinic patients as inpatient, OB continuity deliveries beyond the required).
- Consider reducing OB curriculum.
- Decreased emphasis on inpatient medicine unless we are given subspecialty opportunities. Better oversights for electives and help coordinating electives. Better oversight between inpatient and outpatient by residency leadership.
- Didactics - Feels like a resident led didactics. Rarely is faculty ever present. How are residents supposed to educate on topics they haven't mastered yet. I acknowledge we have worked on making it better and to certain extent gotten better. The biggest problem is that program director is not present during didactics and not leading by example. So the faculty members are not motivated to come. Faculty should be leading formal didactic session. It's an opportunity for residents to learn from faculty not the other way around. Too many changes have happened and so fast. At times residents input is not accounted for. Things that I like: 1) Working on increasing resident wellness/inclusiveness 2) Always respectful 3) Didactics have improved to a certain extent.
- Get rid of useless rotations. Instead of advanced HF service, place us with normal cardiology at our main hospital. Inpatient didactics need massive overhaul. Didactics are not really protected during inpatient medicine due to constant patient care needs / concerns.



- Hospitalist track. Option for less inpatient and more outpatient rotations. Cardiology rotation. Rheumatology rotation. Improved didactics. Improved faculty/leadership presence.
- I would try to incorporate more audience involvement and output based learning in didactic sessions.
- Improve rotations with subspecialists. Consider developing a basic curriculum with subspecialists that provides the skeleton of knowledge that a family doctor should know about in that specialty.
- Increase focus on hospital medicine guidelines.

## Training

- Not having an OB service and just rotating with OB/GYNs in the area.
- Opportunities to do less OB for those not planning on doing OB after residency.
- Take some of the focus off of obstetrics and provide better opportunities for pediatric care (inpatient and outpatient).
- Full day clinic only on non-call rotations with more independence in scheduling learning activities.
- Decrease focus on inpatient medicine, possibly make 2 career tracts for "inpatient vs outpatient" and rotate accordingly. Improve inpatient week schedule (6 days on 1 off) same for nights. Allow for more autonomy. I don't need to learn how a preceptor would do it, I need to learn how I should do it. I'll be completely responsible for my decisions in a few months and feel like I've never had an opportunity to develop a sense of autonomy as a physician.
- Extremely difficult to do research. Lots of hardships and unprofessional, unacceptable behavior from select higher-ups associated with research. It has been a nightmare and lots of waste of time in that regard. New hospital was built without any thought of resident workspace. Gives a strong message that residents in the hospital network's eyes don't matter, despite the fact that we run L&D day and night and also inpatient FM and are among the only non-ED doctors on overnight. Have more substance to the "tracks" like OB track.
- Keep working on peds experience and training, keep maintaining open lines of communication.
- Maybe provide more clinic training opportunity with less focus on productivity and more on specific details of the business and each patient.
- More procedural training (ultrasounds). More diversity.
- More procedure experience needed. More formal curricular elements with grades + checks on competency.

- More training in addiction medicine given mounting drug abuse problems in US.
- Need to train for C-section.
- POCUS training. More psychiatry.
- Strengthen training, make ABFM more difficult. Require more specialty training and increase need to see critically ill patients. Remove OB from FM.
- Increase opportunities for moon-lighting in the hospital.
- Moving our inpatient pediatric rotation to a new site/preceptor.

## Faculty involvement

- Expand the program to 8-8-8 to decrease patient burden/load. Have more direct OB faculty rather than all adjunct OB faculty.
- Actually having faculty listen to feedback or criticism.
- Better communication between faculty and residents. Established rules and schedules at our continuity clinic. Better front staff at the continuity clinic.
- Have ALL faculty engaged to gain different perspectives. Faculty accountability for resident learning.
- Have full time faculty members. Program director should be more involved with the program and residents and should NOT be allowed to moonlight or work jobs that take attention away from their position as program director. Faculty need to be teaching the residents. Faculty should provide lectures at didactics. The majority of our faculty do not seem invested in teaching the residents. Their time is spent managing patient care and administrative tasks. There is also a need for more guidance from our faculty. The majority of didactics is resident-led or spent doing non-educational lectures. Our director of medical education seems to not understand what it means to help lead a family resident residency. She is a behaviorist (non-physician) who tends to run education as a school for social work. When our director of medical education is alone with residents, she makes comments such as, "I don't understand why you guys think you're all special little snowflakes" or "Stop fantasizing these things" when we speak up about issues.
- Hiring new faculty - to replace those moving on (which they are working on). Continue to improve certain rotations to make them stronger.
- Important decisions can't just be rolled out like they have been. We make a big deal about "fair process" but then don't follow it. It's also frustrating how many times faculty will say one thing about a subject or resident and then do a 180° in a very short time period. The faculty are often

more concerned about how something looks rather than what could or should need to change to truly improve the process for residents.

- In need of more diversity in terms of recruitment and staff. FM in clinic and in director positions.
- Increase efforts to increase diversity. More staff training in wellness. More faculty lectures during didactics.
- More faculty involvement in didactics and clinical education. Behavioral health to be focused on patient care. Less OSCEs - second year's OSCEs were not helpful. Program director to be less involved in activities outside of the residency program. Increased transparency for decisions that affect the residents, including recruitment. OMT clinic - more teaching than just normal precepting done for other appointments. OMT didactics - more structured. Overall more teaching by faculty members and use of didactics to teach medicine. System based lectures. List of lectures done in the past year as not to repeat a topic too frequently. Combined didactics to be used for teaching and learning medicine related topics instead of general GME use.
- More faculty members doing broad spectrum medicine. Less influence by ascension leadership in FM program.
- More faculty support. Fair and equal opportunities, less favoritism and special treatment. More listening and respecting resident desires for change and improvement.
- More openness between faculty and residents. Better screening of applicants.
- More outpatient faculty. Less inpatient blocks.
- Need to hire faculty from outside the 3rd year class, the 5 newest faculty appointments have been residents hired for faculty during their 3rd year and have not practiced outside a residency environment (with the exception of one who practiced independently for 1 year). Greater faculty involvement in didactics/teaching. Needs more support for procedure learning (colposcopy, colonoscopy, IUD, vasectomy, etc.) I have not done any colposcopy since starting residency.
- Program faculty involvement in early intervention to residents who appear to need more help refining his/her clinical judgement/skills. This would be completed by increasing exposure and communication.
- Resident feedback from faculty often comes with a mandatory meeting with a behavioral health specialist.
- The faculty should listen to suggestions made by residents rather than implementing policies or procedures without relaying it to residents. Give residents more autonomy to manage patients how they want - not how the attending would handle something. We need a lounge for residents. Currently there is no designated area for residents without faculty.

- We have amazing faculty who works very hard to make sure we have what we need -both for education and for wellness.
- Would benefit from more core faculty led teaching/direct teaching in both outpatient clinic and hospital settings, and lectures in didactic. Could benefit from more full time care faculty.
- I enjoyed my time at this residency. There were hard times and easier times. I think faculty had a hard time recognizing when others were struggling; then I did not see how they intervened or if they intervened at those times.
- More diverse faculty + co-workers. More wellness options for residents. Interview more diverse candidates from different schools rather than just Indiana.

### **Resident input/feedback/wellness**

- Actually listen to the residents if you ask for their input... and ask for resident input! Having one representative does not make their response the norm.
- Ask opinion of residents before making large curriculum changes.
- Be more inclusive when it comes to residents with different lifestyles. Residency seems to value traditional families.
- Consistent feedback when residents have problems, at least monthly.
- Continue to use resident input to drive changes made to the program.
- Don't change anything! Keep listening to the residents.
- During many instances, it seemed that residency-wide decisions were decided upon prior to any resident-wide discussions. Some of these decisions are/were not appropriate for resident-wide feedback/ideas/concerns etc. However, it would be helpful to have leadership come to the table with an open-mind rather than the decision seemingly already made.
- Good residency. Keep the autonomy and flexibility. Increase autonomy, but keep us accountable.
- I sometimes fear that co-residents are coddled. There is a great atmosphere of support and care. There have been times however that intern were allowed to be late or miss days with seemingly no repercussions.
- I understand things are constantly changing but sometimes I get frustrated when other residents try to get out of work and lowering the expectations then. Not sure if this is something the program can control.
- More autonomy - feel that we get more than most programs though. Has been a great experience overall.

- Increase board specific questions (weekly or monthly at minimum). Changing check-in process as it causes great deal of stress. Checking on residents more frequently about emotional wellness.
- Individual wellness time (It's been great this year). Check in on interns individually (personally + professionally).
- Making clinic a place where residents want to be by increasing a sense of control and ownership of their clinic. Maybe better staffing between triage and residents where patients are not suddenly dumped on resident schedules without warning, leading to feeling more like a "victim" of the schedules.
- I would recommend figuring out how to better do call schedule and not make it so that you are working 5 weekends in a row.

## General

- Better clinic scheduling + clinical staff to schedule patients appropriately. Address some ideas from residents and make appropriate changes.
- Your residents are spending more time on administrative/clinic operations than necessary - too detriment to their learning. The outpatient clinic needs better, consistent MA/RN staffing.
- Change the check-in process in our clinic. Decrease inpatient census so there is more time to teach and learn.
- Improved communication. Better consistency with full track on performance.
- Improvement on facilitating partnership between the Jane Pauley site and the FMC.
- Medicine is vast and ever changing. We need less emphasis on all the other competencies and more emphasis on medical knowledge. During residency is the only opportunity for "hands on".
- More down time. Less inpatient. More clinic early.
- More emphasis on real life medicine rather than residency medicine. Improvements in clinic to make better learning environment as this is why most of us went to FM.
- More inpatient wards.
- More methods of correcting shortcomings, for example: low patient numbers, didactics attendance.
- More quality patients on the inpatient service (not so many social disasters). Electronic billing for inpatient.
- Most of my issues stem from the directives from the national health organization that owns our hospital. Their directives seem disconnected from our needs in the local area. This includes pressure to see patients, cost-cutting.
- Not putting certain residents in the spotlight for their entire tenure.

- Organization and planning could be improved. Improved transparency and communication.
- Patient numbers. It's always a struggle every year about residents not seeing enough patients. Basic problem is we do some rotations and patients are not accounted for.
- The Jane Pauley location has had a lot of challenges with support staff. It seems to be on the mend however if it does not improve I do feel this can be a hindrance to the teaching of the residents.
- Very satisfied already.

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## Residents' areas for the new curriculum

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### Didactics

- Better procedure clinics + more billing didactics.
- Billing and coding for procedures -by a physician/clinician. Procedure month rotation.
- Continue increasing behavioral health curriculum.
- Core outpatient curriculum during didactics. More rotation customization. More inpatient specialties if people are pursuing inpatient hospital.
- Curriculum would benefit from lecture pertaining to common family medicine topics and clinical correlation to treatment and management.
- Didactics time including more lectures on topics in medicine by our faculty.
- Faculty accountability for showing up to didactics and faculty doing more formal presentation. Behavioral didactic: Less emphasis on burn out/resilience and more emphasis on how to fix/implement solutions. Make PTO scheduling easier.
- Faculty lectures, improved practice management rotation, bariatric medicine, rural medicine, research (guided).
- Follow topic guidelines/percentages of ABFM. Cards, pulm, renal need more emphasis. Women's health needs de-emphasis. Wellness lectures each month is excessive and partially leads to burn out.
- More emphasis on board prep and practice management. Focus on clinic flow, necessary equipment for a traditional office setting.
- More help with board review.
- More options for electives and away rotations. Means for voicing grievances. Better psych support - a resource that we can talk to.
- More up-to-date staffing in terms of FP recommendations/screening guidelines with outpatient visits. Improved board review to better discuss/study board review topics.
- Needs stronger inpatient education.

- Outpatient block in PGY3 to mimic real outpatient job. i.e., clinic 4-5 days/wk but no other modules/lectures.
- Rotations with Cardiology and Gastroenterology. Bigger focus on board examination preparation.
- Would add more gynecology clinics as the curriculum does not tailor our needs to be competent enough prior to graduation in gynecology topics.

## Training

- Addiction treatment.
- Additional behavioral health especially office based. Training on addiction medication.
- Care for HIV patients and Hepatitis C.
- Eliminate OB. Increase critical care and hospital time. Allow more flexibility in training by reducing strict continuity needs.
- Fracture care.
- Increasing moonlighting opportunities. M&M curriculum.
- More availability for research projects on clinical trials, maybe a rotation at a research facility or involvement in a clinical trial during residency. Less OB, just need to know about delivery and how to do a delivery, anything more complicated should be left to OB physicians.
- Global health and rural health additional learning opportunities.
- HIV + HCV care.
- Honestly, less OB and more clinic/peds/adult.
- I think it would be best to include more info on diet/nutritional wellness which plays a vital role in health.
- Implicit bias training. Transgender care. Abortion care.
- Incorporate more ACCS/PACS training in curriculum.
- Increase geriatrics training. It would be ideal to reduce "burn out" by 99% if we could get training on how to become efficient at documenting. It was routine for some classmates completing notes Sunday nights from 6 pm to 12 am. Otherwise, residency was great! I am thankful for this.
- LGBTQ training. Rotation in direct primary care as community medicine rotation.
- More billing and administrative training, not fun but becoming necessary.
- More community rotation opportunities to see and learn from doctors out in practice.
- More OMT. Include "tracks" for people interested in specific parts of practice (e.g. Hospitalist, outpatient, OB/GYN).
- More women's health and procedures. Ultrasound training program OB + non-OB.

- Need better training and guidance with mental/behavioral health.
- Need to have procedure training at the beginning of residency.
- Training/preparation for job search (ex: contract negotiation, maintaining license, pitfalls).
- Ultrasound based office procedures.
- POCUS.
- Mechanism for residents to perform PICC lines.
- Monthly morning grand rounds with case based discussion on real patients.

## General

- Enjoyed pharmacology talks.
- Figure out how to provide timely, appropriate, and actionable feedback without making the recipient have some sort of psychiatric disorder.
- Help with contracts/practice characteristics to be on the lookout for during the job search process.
- Change journal club to review AFP articles, to stay up to date.
- Journal club - dedicated only to landmark articles. Board review question bank changed to New England Journal of Medicine Board Review for family medicine. Sports medicine rotation to be switched to 2 week. Community medicine to not be in Greenville.
- Increase number of questions per month/week for board review questions.
- Meals to residents.
- More wellness options.



## Appendix A: 2019 Indiana Family Medicine Residencies Exit Survey<sup>©</sup>

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In an effort to improve our program and document where our graduates go after completing their residency 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 wish to answer a question, you may leave it blank. Your decision to participate in this survey will not affect your graduation from the program.

### DEMOGRAPHIC CHARACTERISTICS:

1. Birth year: \_\_\_\_ \_
2. Gender:
  - ☐ Male
  - ☐ Female
  - ☐ Other (please specify): \_\_\_\_\_
3. 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): \_\_\_\_\_
4. Do you consider yourself to be Hispanic or Latino?
  - ☐ Yes, Hispanic / Latino
  - ☐ No, not Hispanic / Latino
5. What do you consider your hometown? (e.g., Indianapolis, IN 46202)
  - ☐ City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_
  - ☐ Outside of US
- 6a. Where was the high school located from which you graduated? (e.g., Indianapolis, IN)
  - ☐ City \_\_\_\_\_ State \_\_\_\_\_
  - ☐ Outside of U.S.
- 6b. Where was the college located from which you graduated? (e.g., Indianapolis, IN)
  - ☐ City \_\_\_\_\_ State \_\_\_\_\_
  - ☐ Outside of U.S.
- 6c. Where was the medical school located from which you graduated?
  - ☐ In Indiana                      ☐ IUSM                      ☐ MUCOM
  - ☐ Outside Indiana
  - ☐ Outside U.S.
- 6d. Do you have an M.D. or D.O. degree?
  - ☐ Doctor of Medicine
  - ☐ Doctor of Osteopathic Medicine

7a. What is your current level of educational debt?

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

7b. Considering others in your household, what is the current total level of educational debt?

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

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

- ☐ First generation learner (e.g., first to go to college)
- ☐ 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

9. 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

10. 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 in the Family Medicine residency program?

- ☐ Yes
- ☐ No

11a. Where is the location of your primary activity after completing your current Family Medicine residency 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

11b. What is the name and address of your principal work location after completing your current Family Medicine residency program?

Name of facility: \_\_\_\_\_

Street address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

**If you have NOT accepted a position in patient care practice, please SKIP to Question 21.**

**PRACTICE CHARACTERISTICS:**

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

- ☐ Independently-owned physician practice - Solo
- ☐ Independently-owned physician practice - Group or Partnership (2 or more persons)
- ☐ Hospital or health system owned - inpatient only
- ☐ Hospital or health system owned - outpatient only
- ☐ Hospital or health system owned - inpatient and outpatient
- ☐ Urgent care facility
- ☐ Managed care organization or insurance company
- ☐ Free-standing health center or clinic (Federal, state, local government or community board led, etc.)
- ☐ Nursing home or institutional residential facility
- ☐ Other (please specify): \_\_\_\_\_

13. 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

14. 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): \_\_\_\_\_

15. 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): \_\_\_\_\_

16. 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): \_\_\_\_\_

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

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

18a. 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

18b. 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

19. What is your overall assessment of practice opportunities in Family Medicine in Indiana?

- ☐ Many jobs
- ☐ Some jobs
- ☐ Few jobs
- ☐ Very few jobs
- ☐ No jobs

## PROGRAM ASSESMENT:

20. The Family Medicine residency program was helpful in the preparation for my boards either generally by the clinical and didactic curriculum or specifically through board question review.

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

21. 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="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Medical knowledge                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Practice-based learning and improvement | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Interpersonal and communication skills  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Professionalism                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Systems-based practice                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
- 22a. In your residency or fellowship program, did you receive training to serve the:
- |                            | <u>Yes</u>               | <u>No</u>                |
|----------------------------|--------------------------|--------------------------|
| i. Rural population        | <input type="checkbox"/> | <input type="checkbox"/> |
| ii. Underserved population | <input type="checkbox"/> | <input type="checkbox"/> |
- 22b. How competent do you feel providing care to the:
- |                            | <u>Fully</u>             | <u>Partially</u>         | <u>Not at all</u>        |
|----------------------------|--------------------------|--------------------------|--------------------------|
| i. Rural population        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ii. Underserved population | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

## CLINICAL LEARNING ENVIRONMENT:

23. In your residency program, did you:
- |   | <u>Yes</u>               | <u>No</u>                |
|---|--------------------------|--------------------------|
| a. Provide care as part of a multi-disciplinary inter-professional team?              | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Participate in a quality improvement project to improve health outcome?            | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Participate in a patient safety project?   | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Have an opportunity to serve on a hospital-based committee or council?             | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Have an opportunity to participate in a cultural competency or diversity training? | <input type="checkbox"/> | <input type="checkbox"/> |
24. How competent do you feel in communicating with team members in the hand-off process?
- ☐ Very competent
  - ☐ Competent
  - ☐ Neutral
  - ☐ Incompetent
  - ☐ Very incompetent

PROGRAM QUALITY:

25. I would rate the overall quality of my Family Medicine residency program as:

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

26a. I would rate the overall performance of the faculty in my Family Medicine residency program to have exceeded my expectations.

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

26b. I would rate the overall performance of the other residents in my Family Medicine residency program to have exceeded my expectations.

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

QUALITY OF LIFE:

27. 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"/>

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

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

29. Please add your **suggestions for improving** the Family Medicine residency program.

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30. Please **list your ideas** for new areas for the Family Medicine residency curriculum.

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***Q30 is the last question! Thank you for completing the 2019 Indiana Family Medicine Residencies Exit Survey!***

## Appendix B: Survey Response Rates, 2012-2019

Residency Program	Distribution and Completion of <i>Indiana Family Medicine Residencies Exit Survey</i> ®															
	2012		2013		2014		2015		2016		2017		2018		2019	
	Distr.	Comp	Distr.	Comp	Distr.	Comp	Distr.	Comp	Distr.	Comp	Distr.	Comp	Distr.	Comp	Distr.	Comp
Comm. East	7	7	6	6	8	8	8	8	10	10	9	9	9	9	9	9
Comm. South	1	1	2	2	4	4	4	4	4	4	4	4	4	4	4	4
Deaconess	5	5	6	6	6	6	6	6	6	6	8	8	7	7	7	7
Fort Wayne	10	9	10	10	10	10	10	10	10	10	10	10	10	10	10	10
Franciscan	6	6	6	6	7	7	7	7	7	7	8	8	8	8	7	7
Ball Mem.	8	8	7	7	8	8	8	8	14	14	13	13	10	10	10	10
Methodist	10	10	10	10	11	11	14	14	10	10	10	10	13	13	13	13
Memorial South Bend	8	8	8	8	6	6	10	10	9	9	9	9	8	8	9	9
Reid Health	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	4	4	3	3
St. Joseph Regional	7	7	8	8	8	8	9	9	9	9	9	9	8	8	9	9
St. Vincent	10	10	8	8	7	7	9	9	10	10	9	9	6	6	10	10
Union	6	6	5	5	7	7	7	7	7	7	7	7	7	7	7	7
<b>Total</b>	<b>78</b>	<b>77</b>	<b>76</b>	<b>76</b>	<b>82</b>	<b>82</b>	<b>92</b>	<b>92</b>	<b>96</b>	<b>96</b>	<b>96</b>	<b>96</b>	<b>94</b>	<b>94</b>	<b>98</b>	<b>98</b>
<b>Response Rate</b>	<b>98.7%</b>		<b>100.0%</b>		<b>100.0%</b>		<b>100.0%</b>		<b>100.0%</b>		<b>100.0%</b>		<b>100.0%</b>		<b>100.0%</b>	