

2018 Graduate Medical Education Exit Survey Report

INDIANA UNIVERSITY SCHOOL OF MEDICINE

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INDIANA UNIVERSITY

SCHOOL OF MEDICINE

Office of Educational Affairs

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OFFICE OF RESEARCH IN MEDICAL EDUCATION

DEAN'S OFFICE OF EDUCATIONAL AFFAIRS

INDIANA UNIVERSITY SCHOOL OF MEDICINE

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Executive Summary

Background

In order to plan effective healthcare workforce development initiatives, it is important to understand the reasons why the Indiana University School of Medicine (IUSM) residency and fellowship graduates' choose to practice in specific locations. This study documented the proportion of residency and fellowship graduates that were planning to practice in areas of need in Indiana. The *2018 IUSM Graduate Medical Education Exit Survey*[®] identified factors affecting graduates' choice of practice location and gathered feedback on their self-rated level of competency training to serve the rural and underserved populations; assessment of their training program and the six Accreditation Council for Graduate Medical Education (ACGME) competency areas.

Methods

A cross-sectional survey of individuals completing graduate medical education programs at IUSM was conducted in 2018 calendar year. The study used a group-administered paper questionnaire, as well as an electronic questionnaire to obtain respondents' demographic characteristics, reactions to their residency training, and their plans after graduation, including where they intended to practice and why they chose that location. An exempt approval was obtained from the Indiana University-Purdue University Indianapolis Institutional Review Board in December 2017 and the study was administered between January 1 and December 31, 2018. A total of 385 graduates were invited to participate on the survey, of which 296 responded, yielding a 77 percent response rate.

Of the 296 who responded to the survey, 75 were in a primary care specialty, 221 were in a non-primary care specialty, 201 were completing a residency training program, 95 were completing a fellowship training program, 132 were intending to stay within Indiana to practice, 152 were planning to go out-of-state to practice, 167 were male, and 129 were female. A total of 192 respondents indicated they planned to go into "patient care or clinical practice" after graduation.

Results

All Respondents

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

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

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

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

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

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

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

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

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

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

The top reasons given by respondents for choosing to:

- Practice at this location were: “met my professional needs or preferences”, “met my personal needs or preferences”, and “liked the people”.
- Practice in Indiana were: “proximity to my family”, “always intended to practice in Indiana”, and “cost of practicing is reasonable in Indiana”.
- Practice outside Indiana were: “never intended to practice in Indiana” and “proximity to my family”.

Primary Care versus Non-Primary Care Respondents

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

- ***Non-primary care respondents appear more likely to:***
 - Be 30 years of age or older.
 - Feel “fully” competent providing care to the rural populations.
 - Enter patient care or clinical practice after completion of their training.
 - Expect to earn a higher income during their first year of practice.
 - Practice at this location because they liked the people, it met their personal needs or preferences, and due to salary or compensation.
 - Practice in Indiana due to salary or compensation.
 - Practice outside Indiana due to inadequate salary or compensation.
- ***Primary care respondents appear more likely to:***
 - Have had opportunities to participate in in a quality improvement project.
 - Have had two or more teaching opportunities per week.
 - Practice in Indiana due to their rotation experience.

Resident versus Fellow Respondents

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

- ***Fellow respondents were more likely to:***
 - Be 30 years of age or older.
 - Be of a Hispanic or Latino ethnicity.
 - Practice outside Indiana due to inadequate salary or compensation and no opportunity for my spouse or significant other.
- ***Resident respondents were more likely to:***
 - Have received training to serve the underserved populations.
 - Be comfortable reporting mistreatment behaviors.
 - Rate the overall quality of their training program as “above average”.
 - Agree that the faculty in their training program exceeded their expectations.
 - Agree that the other residents/fellows in their training program exceeded their expectations.
 - Agree that their personal and professional life was well-balanced.
 - Agree that their quality of life was good.
 - Enter additional training after completion of their current training program.
 - Practice outside Indiana because of proximity to their family.

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

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

- ***Respondents intending to practice in Indiana were more likely to:***
 - Be female.
 - Have an individual educational debt of \$200,000 or more.
 - Enter patient care or clinical practice after completion of their current training program.
 - Received between 1 and 3 offers for employment all together.

- Practice at this location because it met their personal needs or preferences and they liked the people.
- **Respondents intending to practice out-of-state were more likely to:**
 - Come from a different state or country.
 - Rate the overall quality of their residency or fellowship program as average.
 - Continue additional training after completion of their current training program.

Male versus Female Respondents

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

- **Male respondents appear more likely to:**
 - Feel “fully” competent in medical knowledge and practice-based learning & improvement
 - Feel “fully” competent in providing care to the rural populations.
 - Have had an opportunity to serve on a hospital-based committee or council.
 - Have had an opportunity to participate in a cultural competency or diversity training.
 - Know the procedures regarding mistreatment of residents.
 - Know the policies *and* procedures regarding mistreatment of medical students.
 - Know whom to report mistreatment behaviors.
 - Are comfortable reporting mistreatment behaviors.
 - Have experienced any mistreatment behaviors.
 - Report mistreatment behavior incidents.
 - Expect a higher gross income than their female counterparts.
 - Practice at this location because of proximity to their family and salary or compensation.
 - Practice in Indiana because of salary or compensation and more jobs or practice opportunities in the state.
- **Female respondents appear more likely to:**
 - Practice at this location because of opportunity for their spouse or significant other.
 - Practice in Indiana because of opportunity for their spouse or significant other.
 - Practice outside Indiana because of no opportunity for their spouse or significant other.

Trends

Datasets were compared between 2008 and 2016 to determine any noticeable trends or shifts:

An increasing trend was noted for:

- Those between 25 and 29 years of age (6% in 2008 to 25% in 2018).
- Those with an individual educational debt load of \$200,000 or more (12% in 2008 to 54% in 2018).
- Those with a total household educational debt load of \$200,000 or more (45% in 2012 to 59% in 2018).
- Those who indicated they “strongly agree” their training program was helpful in preparation for their board exams (33% in 2011 to 49% in 2018).
- Those who assessed their self-rated competency level in systems-based practice (81% in 2009 to 88% in 2018).
- Those who “strongly agree” that the performance of faculty in their training program had exceeded their expectations (36% in 2011 to 46% in 2018).
- Those who “disagree” that the performance of other residents or fellows in their training program had exceeded their expectations (2% in 2011 to 12% in 2018).
- Those who indicated their primary practice location after completing training was within Indiana (50% in 2008 to 55% in 2018).
- Those going into a hospital setting after completion of training (27% in 2008 to 72% in 2018).
- Those who expect to earn \$200,000 or more (57% in 2010 to 86% in 2018) during their first year of practice.

- Those who indicated the main reasons they chose that practice location were because it met their professional needs or preferences (60% in 2009 to 70% in 2018) and met my personal needs or preferences (60% in 2009 to 68% in 2018).
- Those who received 1 to 2 employment offers in Indiana (53% in 2008 to 57% in 2018).
- Those who indicated the main reasons they chose to practice in Indiana were because they always intended to practice in this state (20% in 2012 to 41% in 2018) and proximity to their family (51% in 2012 to 58% in 2018).
- Those who indicated the main reasons they chose to practice outside Indiana were because of inadequate salary or compensation (8% in 2009 and 25% 2018) and they never intended to practice in Indiana (21% in 2009 to 44% in 2018).

A declining trend was noted for:

- Those between 30 and 34 years of age (69% in 2008 to 25% in 2018) and 35 years of age or older (25% in 2008 to 18% in 2018).
- Those with an educational debt load less than \$200,000 (65% in 2008 to 20% in 2018).
- Those with a total household educational debt load less than \$200,000 (36% in 2012 to 19% in 2018).
- Those who “agree” their training program was helpful in preparing them for their specialty exams (52% in 2011 to 42% in 2018).
- Those who “agree” that the performance of faculty in their training program had exceeded their expectations (52% in 2011 to 45% in 2018).
- Those who “agree” that the performance of other residents or fellows in their training program had exceeded their expectations (56% in 2011 to 41% in 2018).
- Those whose primary practice location after completing their training was outside Indiana (50% in 2008 to 45% in 2018).
- Those going into a group practice setting after completion of training (62% in 2008 to 52% in 2018).
- Those who expect to earn between \$100,000 and \$199,999 (37% in 2010 to 12% in 2018) during their first year of practice.
- Those who received 3 to 4 employment offers in Indiana (35% in 2008 to 29% in 2018).
- Those who indicated the main reasons they chose to practice outside Indiana were because of proximity to their family (41% in 2009 to 31% in 2018).

Response Rates (Appendix A)

From 2008 to 2018 an *increasing trend* has been noted for:

- The total number of respondents (177 in 2008 to 296 in 2018).
- The number of respondents going into patient care or clinical practice (115 in 2008 to 192 in 2018).
- The number of respondents going to practice within Indiana (57 in 2008 to 103 in 2018).
- The number of respondents going to practice outside Indiana (61 in 2009 to 84 in 2018).

Chapter 1: Introduction

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

The *2018 IUSM Graduate Medical Education Exit Survey*[®] marks the 11th consecutive year of determining what physicians are planning to do after graduation, and more specifically, for those who are planning to provide clinical care and where they are planning to practice. An additional objective was to assess their opinions of job availabilities in Indiana, why they chose specific locations to work; and for those leaving Indiana, why they decided not to practice in the state. A final objective was to obtain feedback on their training and curricula, specifically suggestions and ideas for improvement.

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

Chapter 2 describes the methodology used for the *2018 IUSM Graduate Medical Education Exit Survey*[®]. Chapters 3 to 7 summarize results of the survey. Chapter 8 describes trends over the past eleven years when the survey was administered.

Chapter 2: Methods

In 2008, the research team collaborated with IUSM's Office of Graduate Medical Education (GME) to design a survey instrument and develop a protocol for this project. Over the years, a few updates have been made to the survey instrument to capture pertinent information. A copy of the *2018 IUSM Graduate Medical Education Exit Survey*[®] is included in Appendix A. This survey instrument measures the respondents' demographic and practice characteristics, as well as an assessment of their training program.

An exempt approval was obtained from the Indiana University Purdue University Indianapolis (IUPUI) Institutional Review Board in December 2017 and the cross-sectional survey was conducted between January 1 and December 31, 2018. Paper survey instruments as well as an electronic survey web-link was provided to each department within IUSM. The survey was administered in group settings. Paper survey administration was facilitated by the staff at the GME office and the electronic survey data were collected by the Office of Research in Medical Education (RIME). The team at the RIME office performed data entry, data analysis, and the generation of this final report. All data files were kept in a secure and protected database.

Survey instruments were distributed to all accredited graduate medical education programs at IUSM. Surveys were administered to a total of 385 residents and fellows who were intending to graduate from IUSM in the 2018 *calendar* year (including off-cycle graduates). A total of 296 graduates completed the survey, thereby yielding a response rate of 77 percent (Appendix B).

Out of a total of 296 graduates who responded to the survey, further analysis was done by categorizing respondents into the following areas:

- a) Type of specialty - primary care (n=75) or non-primary care (n=221);
- b) Type of program - residency (n=201) or fellowship (n=95);
- c) Intended first practice location - within Indiana (n=132) or out-of-state (n=152); and,
- d) Gender - male (n=167) or female (n=129).

Of the 296 respondents, 192 (65%) indicated they planned to go into "patient care or clinical practice" after graduation.

Chi-square tests and Fisher's exact tests were used to compare responses between groups. *P* values less than 0.05 were considered statistically significant. SPSS Version 25 was used to perform statistical analyses.

Chapter 3: All Respondents

The data shown in tables 3.1 to 3.24 and figures 3.1 to 3.2 are based on responses from all 296 graduates who participated in this survey. The remaining tables and figures show responses from only those graduates who:

- indicated they planned to work in “patient care or clinical practice” after graduation (192);
- intended to practice in Indiana (103); and,
- intended to practice outside Indiana (84).

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

All respondents (n=296)

Demographics

Age

Table 3.1	All Respondents (n=296)	
Age	Number	Percent
25-29	72	25.0
30-34	165	57.3
35-39	38	13.2
40-44	7	2.4
45-49	6	2.1
> 50	0	0.0
Total	288	100.0
Missing	8	

Table 3.1 shows the age distribution of all survey respondents. Over two-thirds (70%) of the respondents were between the ages of 30 and 39 years.

Gender

Table 3.2	All Respondents (n=296)	
Gender	Number	Percent
Male	167	56.4
Female	129	43.6
Other	0	0.0
Total	296	100.0
Missing	0	

Table 3.2 shows the gender distribution of all survey respondents. Over two-fifths (44%) of the respondents were female.

Race

Table 3.3	All Respondents (n=296)	
Which of the following describes your race? Please mark all that apply.	Number	Percent
American Indian/ Alaskan Native	0	0.0
Asian	42	14.5
Black/ African American	11	3.8
Native Hawaiian/ Pacific Islander	0	0.0
White	213	73.7
Other	13	4.5
Biracial	10	3.5
Total	289	100.0
Missing	7	

Table 3.3 shows the racial distribution of all survey respondents. About three-fourths (74%) of the respondents were white, followed by over one-tenth (15%) of the respondents who indicated they were Asian.

Ethnicity

Table 3.4	All Respondents (n=296)	
Do you consider yourself to be Hispanic or Latino?	Number	Percent
Yes, Hispanic/Latino	11	3.8
No, not Hispanic/Latino	280	96.2
Total	291	100.0
Missing	5	

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

Respondents Coming From

Table 3.5	All Respondents (n=296)	
Where are the respondents coming from?	Number	Percent
Outside USA	30	10.4
Within USA	258	89.6
<i>Outside Indiana</i>	<i>136</i>	<i>52.7</i>
<i>Within Indiana</i>	<i>122</i>	<i>47.3</i>
Total	288	100.0
Missing	8	

Table 3.5 shows where the survey respondents' were coming from. Of the 296 graduates who responded to the survey, one-tenth (10%) indicated they were from another country. Of the 258 respondents who indicated they were from United States, almost one-half (47%) were from Indiana.

Respondents who have an Indiana Connection

Table 3.6	All Respondents (n=296)	
Respondents who have an Indiana connection	Number	Percent
High School	98	33.1
College	88	29.7
Medical School	85	28.7

Table 3.6 shows the survey respondents' who graduated from a high school, college, or medical school in Indiana. One-third of the respondents indicated they graduated from a high school (33%) and college (30%), or medical school (29%) in Indiana. All respondents who completed medical school in Indiana graduated from IUSM

Learner Background

Table 3.7	All Respondents (n=296)	
Do you consider yourself? Please mark all that apply.	Number	Percent
First generation learner	55	18.6
Learner from a rural area	52	17.6
Economically or educationally disadvantaged	21	7.1
None of the above	186	62.8

Table 3.7 shows the survey respondents' learner and socioeconomic background. Almost one-fifth of the respondents indicated they were a first generation learner (19%) or came from a rural area (18%). About seven percent of the respondents came from an economically or educationally disadvantaged background.

Current Individual Educational Debt

Figure 3.1: Current Individual Educational Debt (n=296)

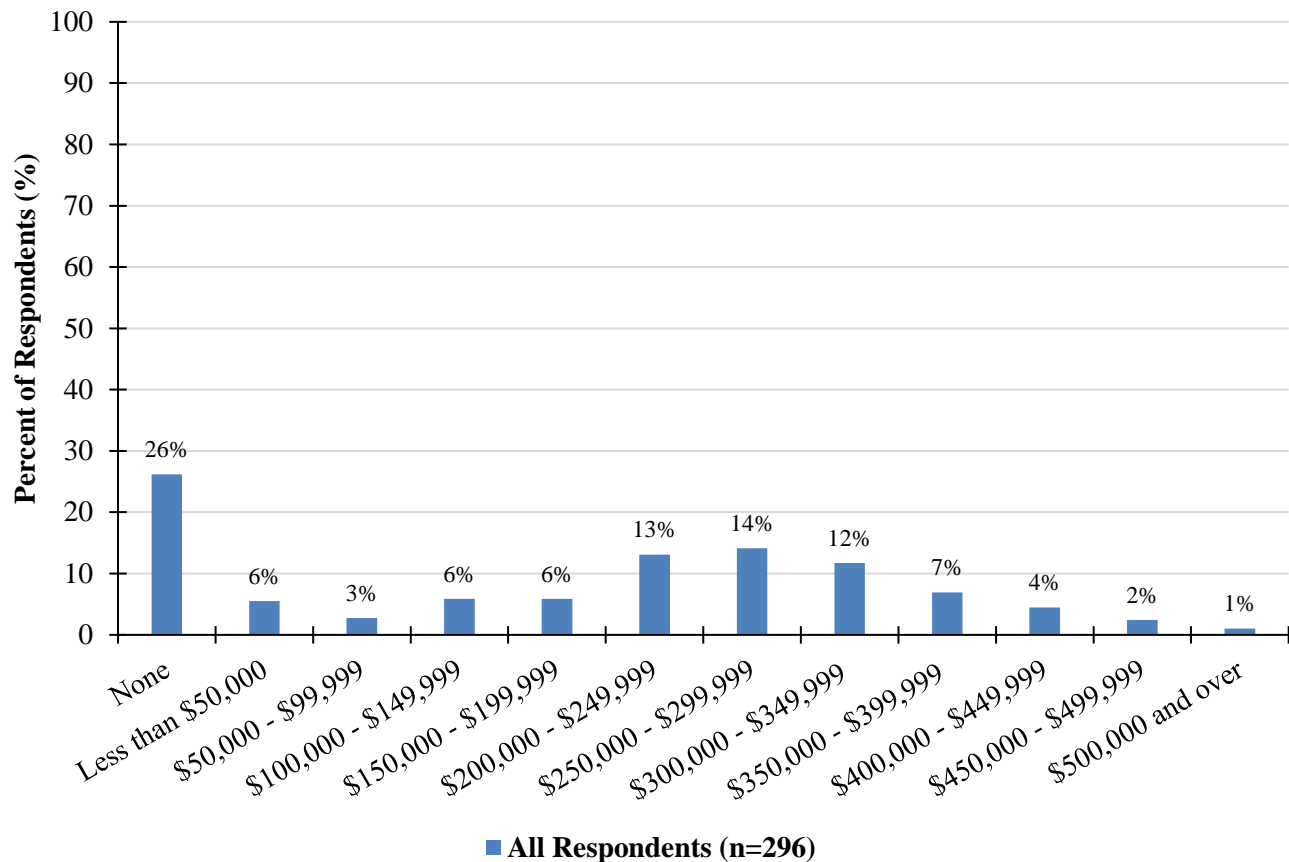


Figure 3.1 presents the current level of individual educational debt among the survey respondents. One-fourth (26%) of the respondents indicated having no educational debt. About two-thirds (66%) of the respondents indicated having an educational debt of \$100,000 or more. Over one-half (54%) of the respondents reported having an educational debt of \$200,000 or more.

Current Total Household Educational Debt

Figure 3.2: Current Total Household Educational Debt (n=296)

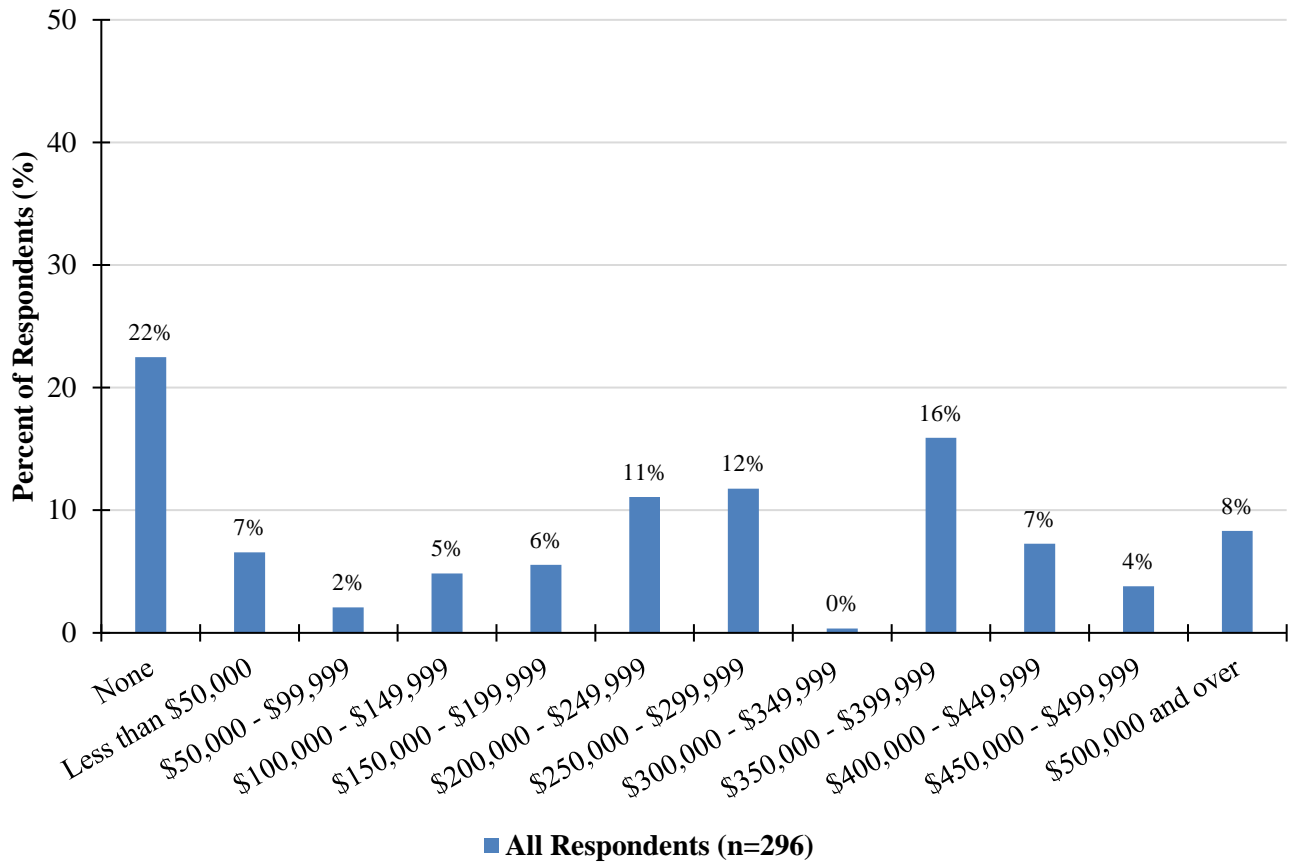


Figure 3.2 presents the current level of total household educational debt among the survey respondents. About one-fourth (22%) of the respondents indicated having no household educational debt. Over two-thirds (69%) of the respondents indicated having a total household educational debt of \$100,000 or more. Almost three-fifths (59%) of the respondents reported having a total household educational debt of \$200,000 or more.

Program Assessment

Training Program

Table 3.8	All Respondents (n=296)	
The residency or fellowship program provided resources and training to prepare for my specialty exams.	Number	Percent
Strongly Agree	142	49.3
Agree	121	42.0
Neutral	21	7.3
Disagree	3	1.0
Strongly Disagree	1	0.3
Total	288	100.0
Missing/Board exam in my field does not exist	8	

Table 3.8 shows the survey respondents' assessment of the resources and training provided by the program to prepare them for the specialty exams. Almost all (91%) respondents indicated they “strongly agree” or “agree” that their training program provided them resources and training to prepare for the specialty exams.

ACGME Competency Areas

Table 3.9	All Respondents (n=296)					
How competent do you feel in the following ACGME competencies?	Fully		Partially		Not at all	
	#	%	#	%	#	%
Patient Care	272	94.8	14	4.9	1	0.3
Medical knowledge	252	87.8	35	12.2	0	0.0
Practice-based learning and improvement	252	87.8	33	11.5	2	0.7
Interpersonal and communication skills	282	98.3	5	1.7	0	0.0
Professionalism	283	98.6	3	1.0	1	0.3
Systems-based practice	251	88.1	34	11.9	0	0.0

Table 3.9 shows the survey respondents' self-rated competency level in the Accredited Council for Graduate Medical Education (ACGME) competency areas. A majority of the respondents indicated feeling “fully” competent in patient care (95%), medical knowledge (88%), practiced-based learning and improvement (88%), interpersonal and communication skills (98%), professionalism (99%), and systems-based practice (88%).

Rural and Underserved Training

Table 3.10	All Respondents (n=296)			
In your residency or fellowship program, did you receive training to serve the:	Yes		No	
	Number	Percent	Number	Percent
Rural population	209	73.3	76	26.7
Underserved population	272	95.1	14	4.9

Table 3.10 shows whether the survey respondents' received training to serve the rural and underserved populations during their training program. About three-fourths (73%) of the respondents indicated they had received training to serve the rural populations. Almost all (95%) respondents indicated they had received training to serve the underserved populations.

Competency in Providing Care to the Rural and Underserved Populations

Table 3.11	All Respondents (n=296)					
How competent do you feel providing care to the:	Fully		Partially		Not at all	
	#	%	#	%	#	%
Rural population	209	73.9	69	24.4	5	1.8
Underserved population	269	94.7	14	4.9	1	0.4

Table 3.11 shows the survey respondents' self-rated competency levels in providing care to the rural and underserved populations. About three-fourths (74%) of the respondents indicated feeling "fully" competent in providing care to rural populations. Almost all (95%) respondents indicated feeling "fully" competent in providing care to the underserved populations.

Program Opportunities

Table 3.12	All Respondents (n=296)			
In your residency or fellowship program, did you:	Yes		No	
	Number	Percent	Number	Percent
Have an opportunity to be part of a multi-disciplinary inter-professional team to provide care?	286	100.0	0	0.0
Participate in a quality improvement project to improve health outcome?	268	93.7	18	6.3
Participate in patient safety project?	233	81.8	52	18.2
Have an opportunity to serve on a hospital-based committee or council?	229	80.6	55	19.4
Have an opportunity to participate in a cultural competency or diversity training?	246	86.3	39	13.7

Table 3.12 shows if there were any program opportunities available for the survey respondents' in their training program. All (100%) respondents indicated they were part of a multidisciplinary inter-professional team. Almost all (94%) respondents indicated they were able to participate in a quality improvement project to improve health outcome. A majority of the respondents indicated they had participated in patient safety projects (82%), had the opportunity to serve on a committee or council (81%), and had the opportunity to participate in a cultural competency or diversity training (86%).

Teaching Opportunities

Table 3.13	All Respondents (n=296)	
Were you provided an opportunity to teach in a clinical environment?	Number	Percent
Yes	282	98.9
No	3	1.1
Total	285	100.0
Missing	11	

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

Teaching Preparedness

Table 3.14	All Respondents (n=296)	
How prepared did you feel to teach in a clinical environment?	Number	Percent
Very well prepared	114	40.1
Well prepared	147	51.8
Neutral	22	7.7
Poorly prepared	1	0.4
Very poorly prepared	0	0.0
Total	284	100.0
Missing	12	

Table 3.14 shows the survey respondents' readiness to teach in a clinical environment. Almost all (92%) respondents indicated feeling "very well prepared" or "well prepared" to teach in a clinical environment.

Frequency of Teaching Opportunities

Table 3.15	All Respondents (n=296)	
In your residency or fellowship program, how many opportunities for teaching did you encounter per week in a clinical environment?	Number	Percent
None	3	1.1
Once per week	53	18.7
Twice per week	55	19.4
Three times per week	45	15.8
Four or more times per week	128	45.1
Total	284	100.0
Missing	12	

Table 3.15 shows the number of opportunities the survey respondents' were provided to teach in a clinical environment per week. Over two-fifths (45%) of the respondents indicated they were provided four or more teaching opportunities per week to teach in a clinical learning environment.

Competency in Communication during the Hand-Off Process

Table 3.16	All Respondents (n=296)	
How competent do you feel in communicating with team members in the hand-off process?	Number	Percent
Very competent	239	83.3
Competent	45	15.7
Neutral	3	1.0
Incompetent	0	0.0
Very incompetent	0	0.0
Total	287	100.0
Missing	9	

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

IUSM Policies and Procedures Regarding Mistreatment

Table 3.17	All Respondents (n=296)			
Do you know about the following at IUSM:	Yes		No	
	Number	Percent	Number	Percent
Policies regarding mistreatment of residents?	270	94.1	17	5.9
Procedures regarding mistreatment of residents?	260	90.6	27	9.4
Policies regarding mistreatment of medical students?	265	92.3	22	7.7
Procedures regarding mistreatment of medical students?	253	88.2	34	11.8

Table 3.17 shows the survey respondents’ knowledge of the IUSM policies and procedures regarding mistreatment. Almost all respondents indicated they knew the policies (94%) and procedures (91%) regarding mistreatment of residents as well as policies (92%) and procedures (88%) regarding mistreatment of medical students.

Reporting Mistreatment

Table 3.18	All Respondents (n=296)			
Do you know about the following at IUSM:	Yes		No	
	Number	Percent	Number	Percent
Do you know whom to report mistreatment behaviors?	239	83.3	48	16.7
Are you comfortable reporting mistreatment behaviors?	253	88.5	33	11.5
Have you experienced any mistreatment behaviors?	114	39.9	172	60.1
Did you report the mistreatment behavior incident?	93	37.1	158	62.9

Table 3.18 shows the survey respondents' knowledge of reporting mistreatment behaviors. A majority of the respondents indicated they knew whom to report mistreatment behaviors (83%) and were comfortable reporting mistreatment behaviors (89%). About two-fifths (40%) of the survey respondents indicated having experienced any mistreatment behaviors. Over three-fifths (63%) of the respondents indicated not reporting the mistreatment behavior incident.

Unreported Mistreatment

Table 3.19	All Respondents (n=158)*	
If there were any incidents of mistreatment behaviors that you did not report, why did you not report them?	Number	Percent
Incident did not seem important enough to report	9	17.3
Resolved the issue myself	10	19.2
Did not think anything would be done about it	8	15.4
Fear of reprisal	4	7.7
Did not know what to do	2	3.8
Other	19	36.5
Total	52	100.0
Missing	106	

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

Table 3.19 shows the survey respondents' reasons for not reporting any incidents of mistreatment behaviors. Only those respondents who had not reported any mistreatment behavior incidents were included in the analysis. About one-fifth of the respondents gave the following reasons for not reporting mistreatment behavior incidents: incident did not seem important enough to report (17%), resolved the issue myself (19%), or did not think anything would be done about it (15%).

Quality of Program

Table 3.20	All Respondents (n=296)	
I would rate the overall <u>quality</u> of my residency or fellowship program as:	Number	Percent
Excellent	159	55.8
Above Average	101	35.4
Average	24	8.4
Below Average	1	0.4
Extremely Poor	0	0.0
Total	285	100.0
Missing	11	

Table 3.20 shows the survey respondents' overall rating of the quality of their residency or fellowship training program. Almost all (91%) respondents indicated the quality of their training program was "excellent" or "above average."

Faculty Assessment

Table 3.21	All Respondents (n=296)	
I would you rate the overall performance of the faculty in my residency or fellowship program to have exceeded my expectations.	Number	Percent
Strongly Agree	135	47.2
Agree	118	41.3
Neutral	24	8.4
Disagree	7	2.4
Strongly Disagree	2	0.7
Total	286	100.0
Missing	10	

Table 3.21 shows the survey respondents' overall performance rating of faculty in their training program. A majority (89%) of the respondents indicated they "strongly agree" or "agree" that faculty in their training program exceeded their expectations.

Assessment of Peer Residents and Fellows

Table 3.22	All Respondents (n=296)	
I would you rate the overall performance of the <u>other residents/fellows</u> in my residency or fellowship program to have exceeded my expectations.	Number	Percent
Strongly Agree	130	45.6
Agree	128	44.9
Neutral	23	8.1
Disagree	3	1.1
Strongly Disagree	1	0.4
Total	285	100.0
Missing	11	

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

Quality of Life

Table 3.23(a)	All Respondents (n=296)				
	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
In the past 3 months of my residency or fellowship training:	Percent	Percent	Percent	Percent	Percent
My personal and professional lives were well-balanced.	29.8	41.1	16.1	11.6	1.4
I have felt physically "burnt out" from my work.	6.7	17.9	22.5	42.5	10.5
I have felt emotionally "burnt out" from my work.	7.4	20.7	26.0	35.8	10.2
I have the resources readily available to maintain my wellness.	28.4	53.0	14.0	4.2	0.4

Table 3.23(a) shows the survey respondents' overall wellbeing. This question was not asked on the survey in previous years. Over two-thirds (71%) of the respondents indicated they “strongly agree” or “agree” they had a balanced personal and professional life. One-fourth of the respondents indicated they “strongly agree” or “agree” they felt physically (25%) or emotionally (28%) burnt out from work. A majority (81%) of the respondents indicated they “strongly agree” or “agree” they had readily available resources to maintain their wellness.

Table 3.23(b)	All Respondents (n=296)	
I would rate the overall quality of my life as:	Number	Percent
Very good	104	36.5
Good	141	49.5
Fair	40	14.0
Poor	0	0.0
Very poor	0	0.0
Total	285	100.0
Missing	11	

Table 3.23(b) shows the survey respondents' overall rating of their quality of life. A majority (86%) of the respondents indicated the overall quality of their life was “very good” or “good”.

Plans after Graduation

Table 3.24	All Respondents (n=296)	
What do you expect to be doing after completion of your current residency or fellowship program?	Number	Percent
Patient Care or Clinical Practice (in Non-Training position)	192	65.8
Fellowship or Additional Subspecialty Training	92	31.5
Military	0	0.0
Non Patient Care-based activities (e.g. research, administration)	5	1.7
Temporarily out of medicine	0	0.0
Other	3	1.0
Total	292	100.0
Missing/Undecided/Don't know yet	4	

Table 3.24 shows what the survey respondents' expect to do after completing their current training program. Over three-fifths (66%) of the respondents planned to be clinical practitioners, and one-third (32%) planned to continue training.

NOTE - The following section is only for those respondents who indicated they were primarily going into “patient care or clinical practice” (n=192).

Respondents going into patient care or clinical practice (n=192)

Practice Characteristics

Primary Practice Location

Table 3.25	Clinical Care Respondents (n=192)	
Where is the location of your primary activity <u>after</u> completing your current training program?	Number	Percent
Same city or county as current training	60	32.1
Same region in Indiana, but different city or county	24	12.8
Other area in Indiana	19	10.2
Other U.S. state (not Indiana)	84	44.9
Outside of U.S.	0	0.0
Total	187	100.0
Missing / Undecided	5	

Table 3.25 shows the location of the survey respondents' primary activity after completion of their current training program. About three-fifths (55%) of the respondents indicated they planned to practice within Indiana and over two-fifths (45%) planned to practice outside Indiana after completing their training. Five respondents were undecided about their practice location.

Type of Practice

Table 3.26	Clinical Care Respondents (n=192)	
Which best describes the principal type of Patient Care Practice you will be entering? Please mark all that apply.	Number	Percent
Solo practice	3	1.6
Partnership (2 person)	6	3.1
Group Practice	94	49.0
Hospital-inpatient	71	37.0
Hospital-ambulatory care	46	24.0
Hospital-emergency department	22	11.5
Free-standing health center or clinic	12	6.3
Nursing Home	0	0.0
Other (specify)	8	4.2

Table 3.26 shows the principal type of patient care practice setting that the survey respondents' will be entering after completing their training. About one-half (49%) of the respondents reported they intended to work in a "group practice" setting. Almost three-fourths (73%) of the respondents indicated they intended to practice in a hospital setting (inpatient, ambulatory care, or emergency department).

Obligation or Visa Requirement

Table 3.27	Clinical Care Respondents (n=192)	
Do you have an obligation or visa requirement to work in a designated HPSA or MUA when you complete your training?	Number	Percent
Yes	12	6.3
No	179	93.7
Total	191	100.0
Missing	1	

Table 3.27 shows the survey respondents' obligation or visa requirement to work in a designated health professional shortage area (HPSA) or medically underserved area (MUA) after completing their training. Almost all (94%) respondents indicated they had no obligation or visa requirement to work in a designated HPSA or MUA after completing their training.

Percentage of Patients Expected to be seen from Underserved Populations

Table 3.28	Clinical Care Respondents (n=192)	
In your new practice, what percentage of the patients do you expect to see from underserved populations?	Number	Percent
Less than 10 percent	14	7.8
10-24 percent	57	31.8
25-49 percent	64	35.8
50-74 percent	30	16.8
More than 75 percent	14	7.8
Total	179	100.0
Missing/Don't Know	13	

Table 3.28 shows the percentage of patient's the survey respondents' expect to see from underserved populations. Three-fifths (60%) of the respondents indicated they expect to see more than 25 percent of their patients from underserved populations (Medicaid or self-pay, educationally or economically disadvantaged).

Expected Gross Income

Figure 3.3: Expected Gross Income (n=192)

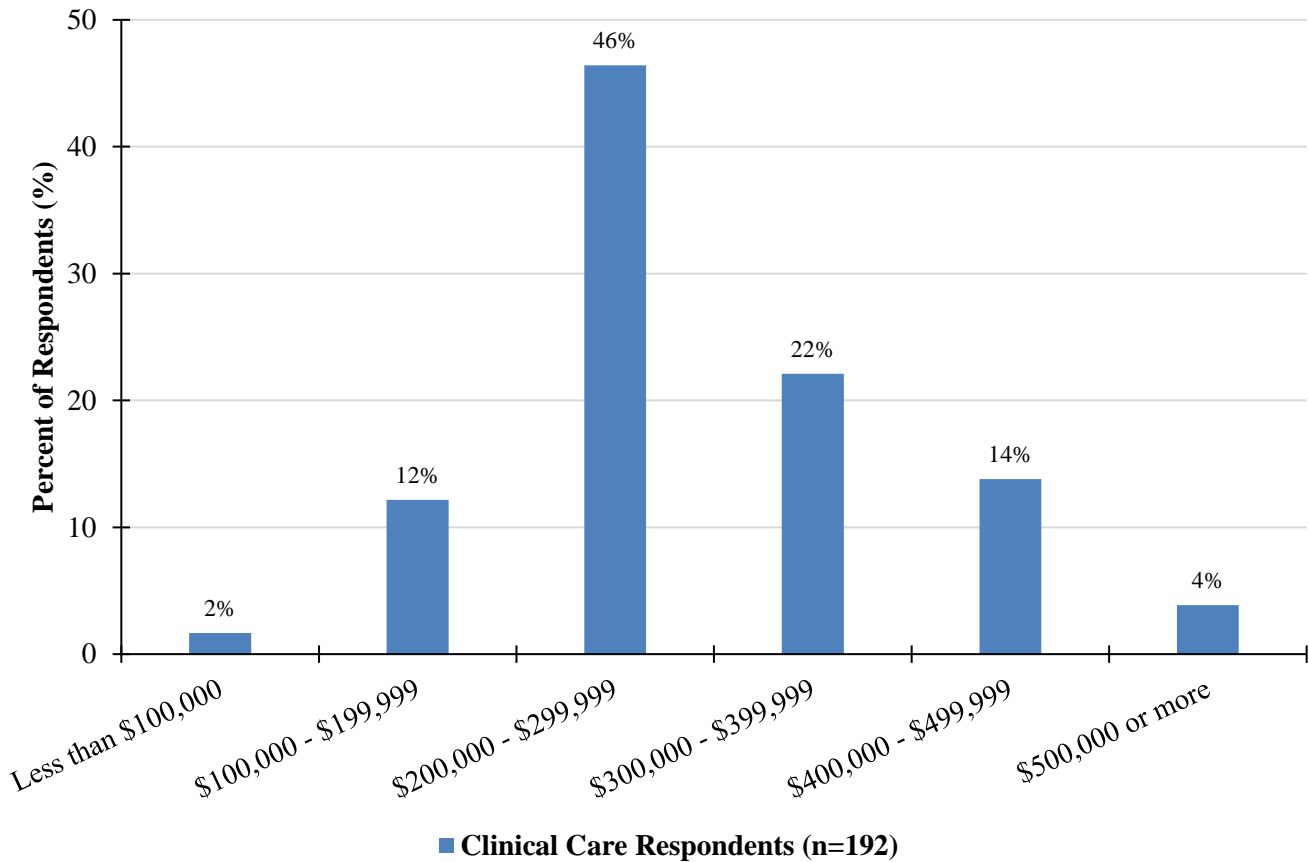


Figure 3.3 presents the gross income that survey respondents' expect to earn during their first year of practice. Over four-fifths (86%) of the respondents indicated they expect to earn \$200,000 or more in their first year of practice. Almost one-fifth (18%) of the respondents indicated they expect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

Job Offers All Together

Table 3.29	Clinical Care Respondents (n=192)	
How many offers for employment/practice positions did you receive all together?	Number	Percent
0	0	0.0
1	33	18.6
2	46	26.0
3	38	21.5
4	18	10.2
5 or more	42	23.7
Total	177	100.0
Missing / Did not seek an employment position at this time	15	

Table 3.29 shows the total number of offers the survey respondents' received for employment or practice positions. Over one-half (55%) of the respondents indicated receiving three or more offers for employment all together.

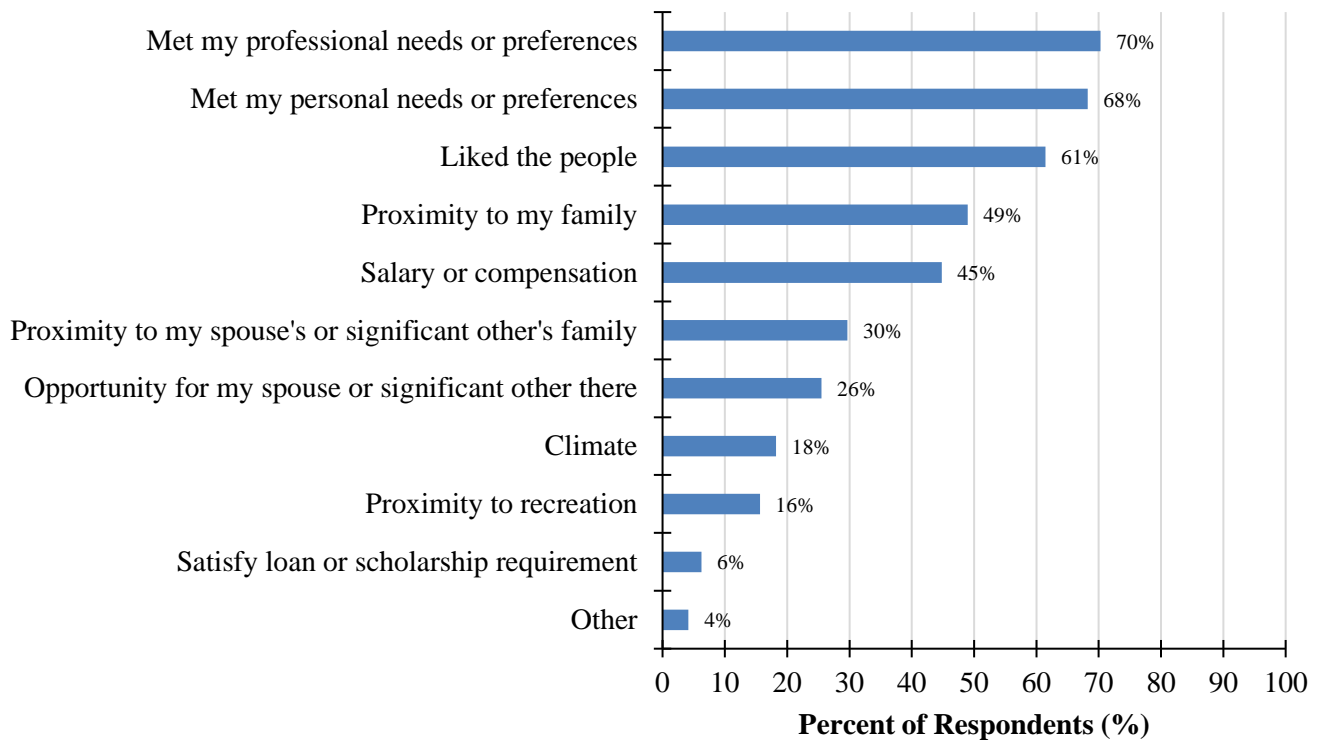
Job Offers from Indiana Hospitals

Table 3.30	Clinical Care Respondents (n=192)	
Did you receive any offer from: Please mark all that apply.	Number	Percent
IU Health	70	36.5
Eskenazi Hospital	18	9.4
Veterans Administration	16	8.3
Other hospital or health system in Indiana	68	35.4
Other	13	6.8

Table 3.30 shows the number of offers the survey respondents' received for employment from Indiana hospitals. Over one-third of the respondents indicated receiving offers from IU Health hospital system (37%) and other hospital or health system in Indiana (35%).

Main Reasons to Practice at this Location

**Figure 3.4: Main Reasons to Practice at this Location
(n=192)**



■ Clinical Care Respondents (n=192)

Figure 3.4 presents the main reasons influencing the survey respondents' choice of practice location. The top three reasons given by respondents for choosing to practice at this location were: "met my professional needs or preferences" (70%), "met my personal needs or preferences" (68%), and "liked the people" (61%).

Respondents going into patient care or clinical practice within Indiana (n=103)

Job Offers in Indiana

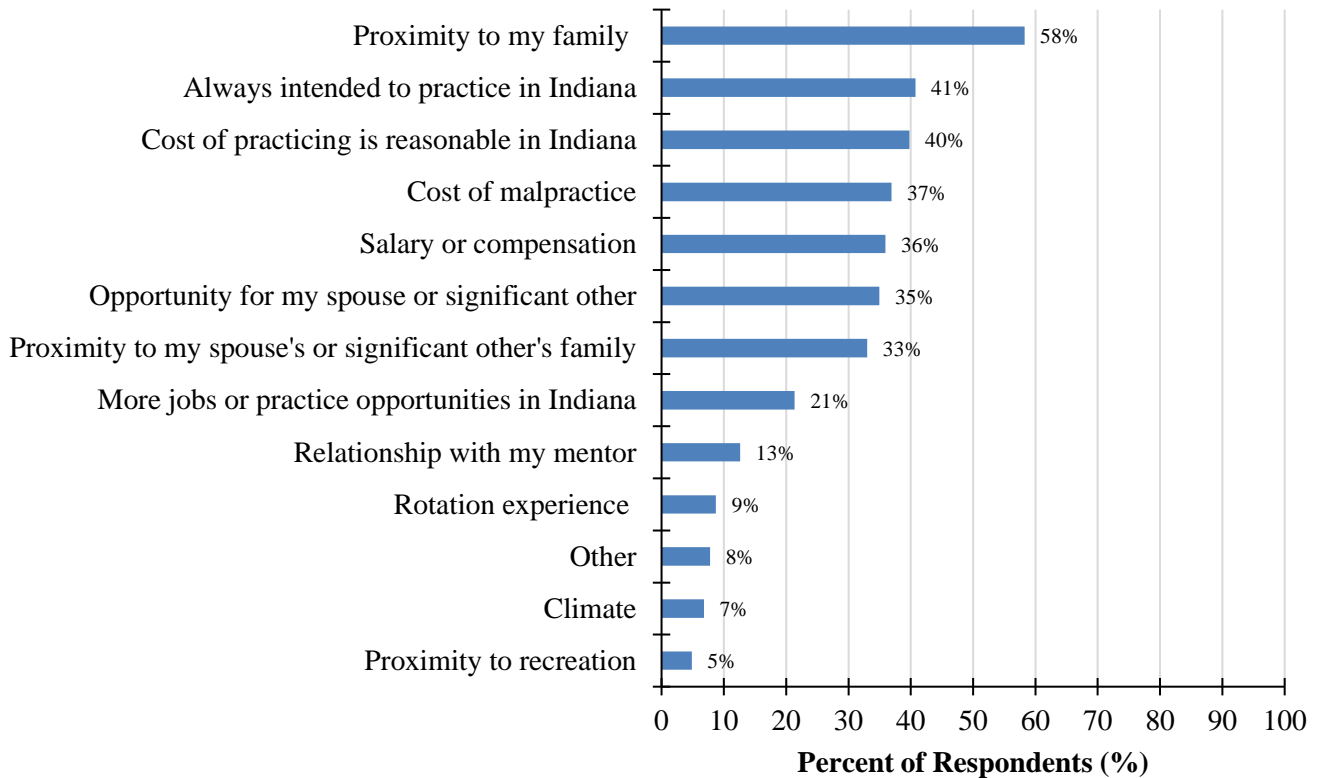
Table 3.31	Clinical Care Respondents (n=103)*	
How many offers for employment/practice positions did you receive in Indiana?	Number	Percent
0	0	0.0
1	32	31.4
2	26	25.5
3	21	20.6
4	9	8.8
5 or more	14	13.7
Total	102	100.0
Missing/ Did not seek employment positions in Indiana	1	

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

Table 3.31 shows the number of offers the survey respondents' received for employment or practice positions in Indiana. Only those respondents who indicated their primary practice location was in Indiana were included in the analysis. Of those 103 respondents, over two-fifths (43%) indicated receiving three or more offers for employment in the state.

Main Reasons to Practice in Indiana

Figure 3.5: Main Reasons to Practice in Indiana (n=103)*



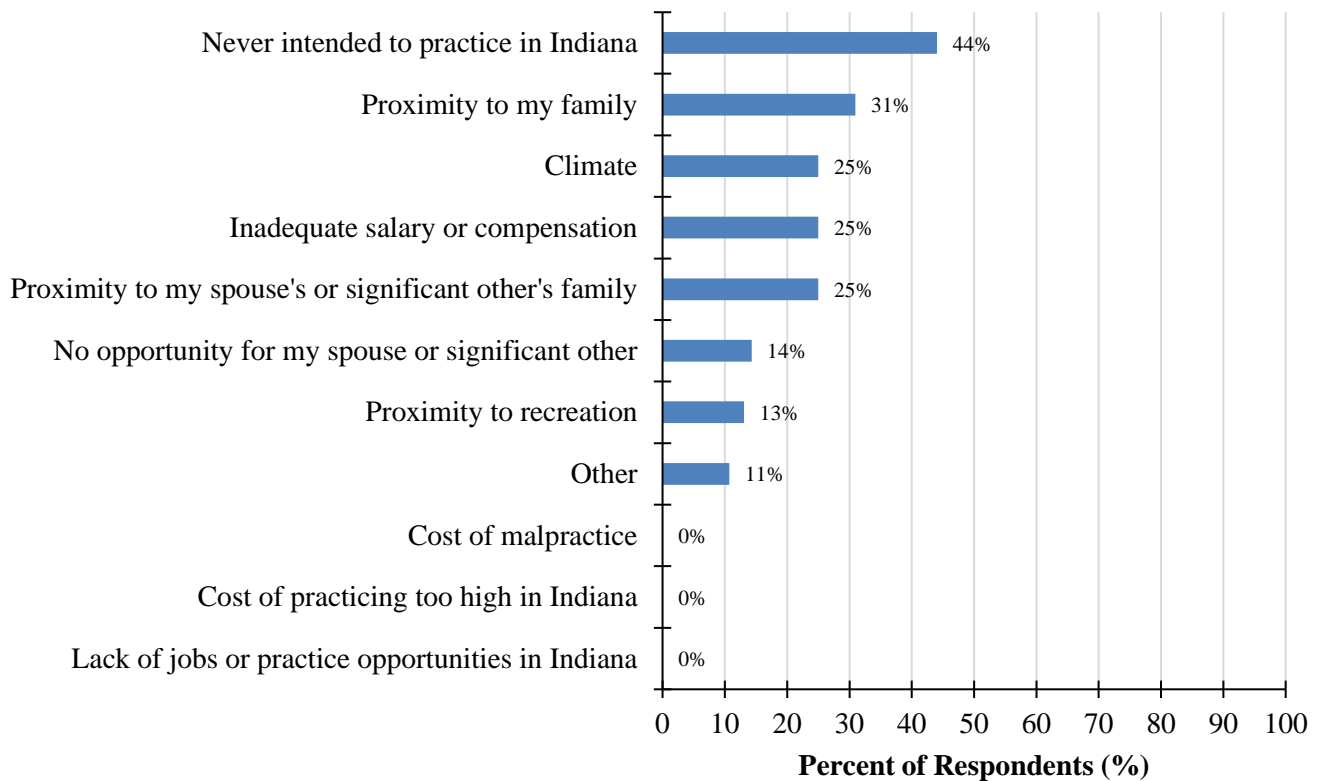
■ Clinical Care Respondents (n=103)

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

Figure 3.5 presents the main reasons influencing the survey respondents' choice of practice location in Indiana. Only those respondents who indicated their primary practice location was in Indiana were included in this analysis. Among those 103 respondents, the top reasons given for choosing to practice in Indiana were: "proximity to my family" (58%), "always intended to practice in Indiana" (41%), and "cost of practicing is reasonable in Indiana" (40%).

Main Reasons not to Practice in Indiana

Figure 3.6: Main Reasons not to Practice in Indiana (n=84)*



■ **Clinical Care Respondents (n=84)**

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

Figure 3.6 presents the main reasons influencing the survey respondents' choice of practice location outside Indiana. Only those respondents who indicated their primary practice location was outside Indiana were included in this analysis. Among those 84 respondents, the top three reasons given for choosing not to practice in Indiana were: “never intended to practice in Indiana” (44%) and “proximity to my family” (31%).

Chapter 4: Primary Care and Non-Primary Care Respondents

The survey respondents' names were matched with their specialty and then classified into two categories, primary care and non-primary care. Primary care specialties included family medicine, general internal medicine, general pediatrics, and medicine-pediatrics. Non-primary care included all other specialties. Of the 296 graduates who completed the survey, 75 were in primary care and 221 were in a non-primary care specialty, as shown in tables 4.1 to 4.24 and figures 4.1 and 4.2. The remaining tables and figures show responses from only those graduates who:

- indicated they planned to work in 'patient care or clinical practice' after graduation, n=192 [primary care (38) and non-primary care (154)];
- intended to practice in Indiana, n=103 [primary care (21) and non-primary care (82)]; and,
- intended to practice outside Indiana, n=84 [primary care (15) and non-primary care (69)].

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

All respondents (n=296)

Demographics

Age

Table 4.1	All Respondents (n=296)			
	Primary Care (n=75)		Non-Primary Care (n=221)	
Age	Number	Percent	Number	Percent
25-29	39	52.0	33	15.5
30-34	33	44.0	132	62.0
35-39	3	4.0	35	16.4
40-44	0	0.0	7	3.3
45-49	0	0.0	6	2.8
> 50	0	0.0	0	0.0
Total	75	100.0	213	100.0
Missing	0		8	

Chi-square p-value = < 0.001 ‡

Table 4.1 shows the age distribution of all primary and non-primary care survey respondents. Almost one-half (48%) of the primary care respondents were between the ages of 30 and 39 years, compared to 78 percent of the non-primary care respondents. The Chi-square test of association between the two groups was statistically significant. Non-primary care respondents appear more likely to be 30 years of age or older.

Gender

Table 4.2	All Respondents (n=296)			
	Primary care (n=75)		Non-Primary Care (n=221)	
Gender	Number	Percent	Number	Percent
Male	44	58.7	123	55.7
Female	31	41.3	98	44.3
Other	0	0.0	0	0.0
Total	75	100.0	221	100.0
Missing	0		0	

Chi-square p-value = 0.650

Table 4.2 shows the gender distribution of all primary care and non-primary care survey respondents. Over two-fifths of the primary care (41%) respondent and non-primary care (44%) respondents were female. There was no statistically significant difference between the two groups.

Race

Table 4.3	All Respondents (n=296)			
	Primary Care (n=75)		Non-Primary Care (n=221)	
Which of the following describes your race? Please mark all that apply.	Number	Percent	Number	Percent
American Indian/ Alaskan Native	0	0.0	0	0.0
Asian	13	17.3	29	13.6
Black/ African American	2	2.7	9	4.2
Native Hawaiian/ Pacific Islander	0	0.0	0	0.0
White	52	69.3	161	75.2
Other	4	5.3	9	4.2
Biracial	4	5.3	6	2.8
Total	75	100.0	214	100.0
Missing	0		7	

Table 4.3 shows the racial distribution of all primary care and non-primary care survey respondents. Over two-thirds of the primary care (69%) and non-primary care (75%) respondents were white. Over one-tenth of the primary care (17%) respondents and non-primary (14%) respondents indicated they were Asian.

Ethnicity

Table 4.4	All Respondents (n=296)			
	Primary Care (n=75)		Non-Primary Care (n=221)	
Do you consider yourself to be Hispanic or Latino?	Number	Percent	Number	Percent
Yes, Hispanic/Latino	1	1.3	10	4.6
No, not Hispanic/Latino	74	98.7	206	95.4
Total	75	100.0	216	100.0
Missing	0		5	

Chi-square p-value = 0.197

Table 4.4 shows the ethnicity of all primary care and non-primary care survey respondents. Less than five percent of the primary care (1%) and non-primary care (5%) respondents indicated a Hispanic or Latino ethnicity. There was no statistically significant difference between the two groups.

Respondents Coming From

Table 4.5	All Respondents (n=296)			
	Primary Care (n=75)		Non-Primary Care (n=221)	
Where are the respondents coming from?	Number	Percent	Number	Percent
Outside USA	7	9.3	23	10.8
Within USA	68	90.7	190	89.2
<i>Outside Indiana</i>	44	64.7	92	48.4
<i>Within Indiana</i>	24	35.3	98	51.6
Total	75	100.0	213	100.0
Missing	0		8	

Chi-square p-value = 0.721

Table 4.5 shows where the primary care and non-primary care survey respondents' were coming from. Of the 296 graduates who responded to the survey, one-tenth of the primary care (9%) and non-primary care (11%) respondents were from another country. Of the 258 respondents who indicated they were from United States, over one-third (35%) of the primary care respondents were from Indiana, compared to 52 percent of non-primary care respondents. There was no statistically significant difference between the two groups.

Respondents who have an Indiana Connection

Table 4.6	All Respondents (n=296)			
	Primary Care (n=75)		Non-Primary Care (n=221)	
Respondents who have an Indiana connection	Number	Percent	Number	Percent
High School	22	29.3	76	34.4
College	20	26.7	68	30.8
Medical School	21	28.0	64	29.0

Table 4.6 shows the primary care and non-primary care survey respondents' who graduated from a high school, college, or medical school in Indiana. Almost one-third of the primary care and non-primary care respondents indicated they graduated from a high school (29%, 34%), college (27%, 31%), or medical school (28%, 29%) in Indiana. All respondents who completed medical school in Indiana graduated from IUSM.

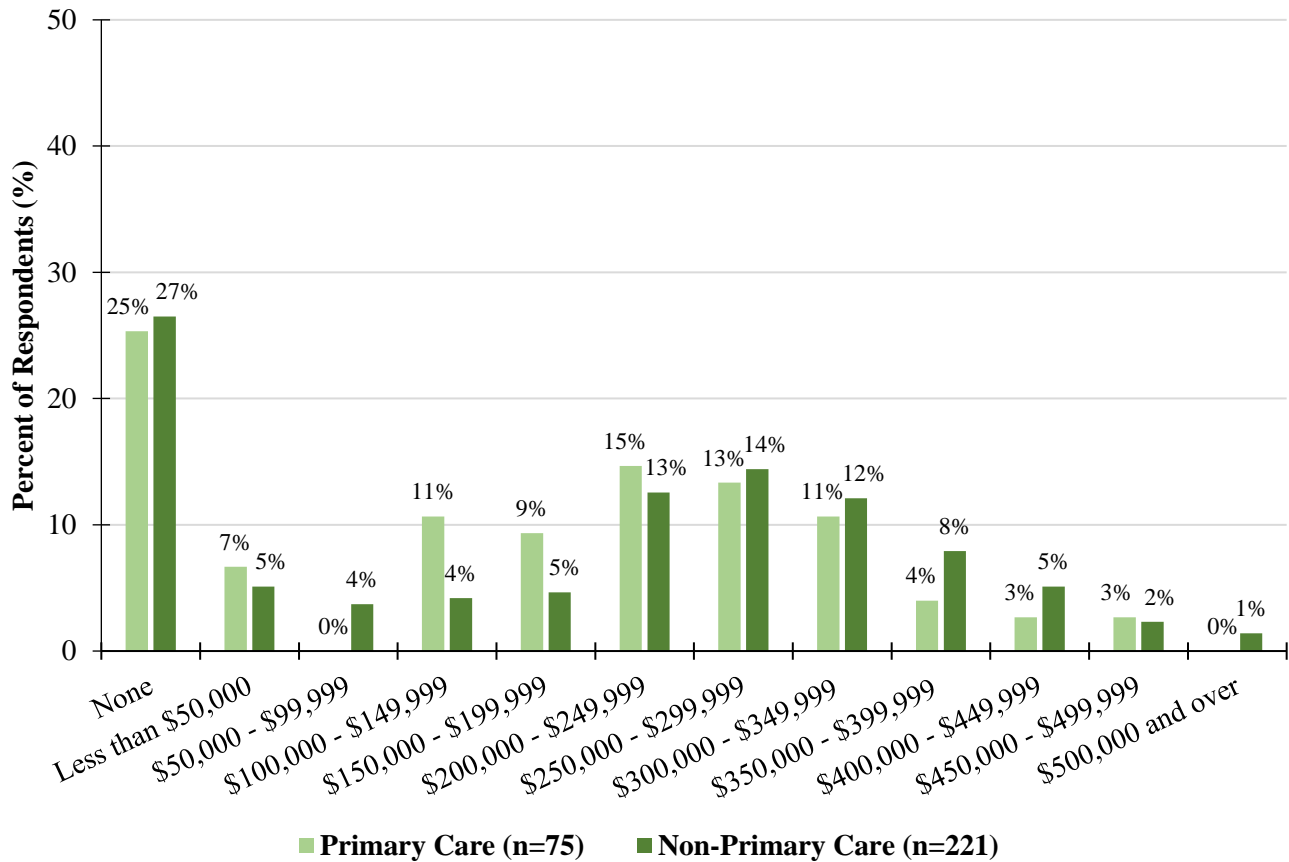
Learner Background

Table 4.7	All Respondents (n=296)			
	Primary Care (n=75)		Non-Primary Care (n=221)	
Do you consider yourself? Please mark all that apply.	Number	Percent	Number	Percent
First generation learner	11	14.7	44	19.9
Learner from a rural area	12	16.0	40	18.1
Economically or educationally disadvantaged	5	6.7	16	7.2
None of the above	54	72.0	132	59.7

Table 4.7 shows the primary care and non-primary care survey respondents' learner and socioeconomic background. About one-fifth of the primary care and non-primary care respondents indicated they were a first generation learner (15%, 20%) or came from a rural area (16%, 18%), respectively. Seven percent of the primary care (7%) and non-primary care (7%) respondents came from an economically or educationally disadvantaged background.

Current Individual Educational Debt

Figure 4.1: Current Individual Educational Debt (n=296)

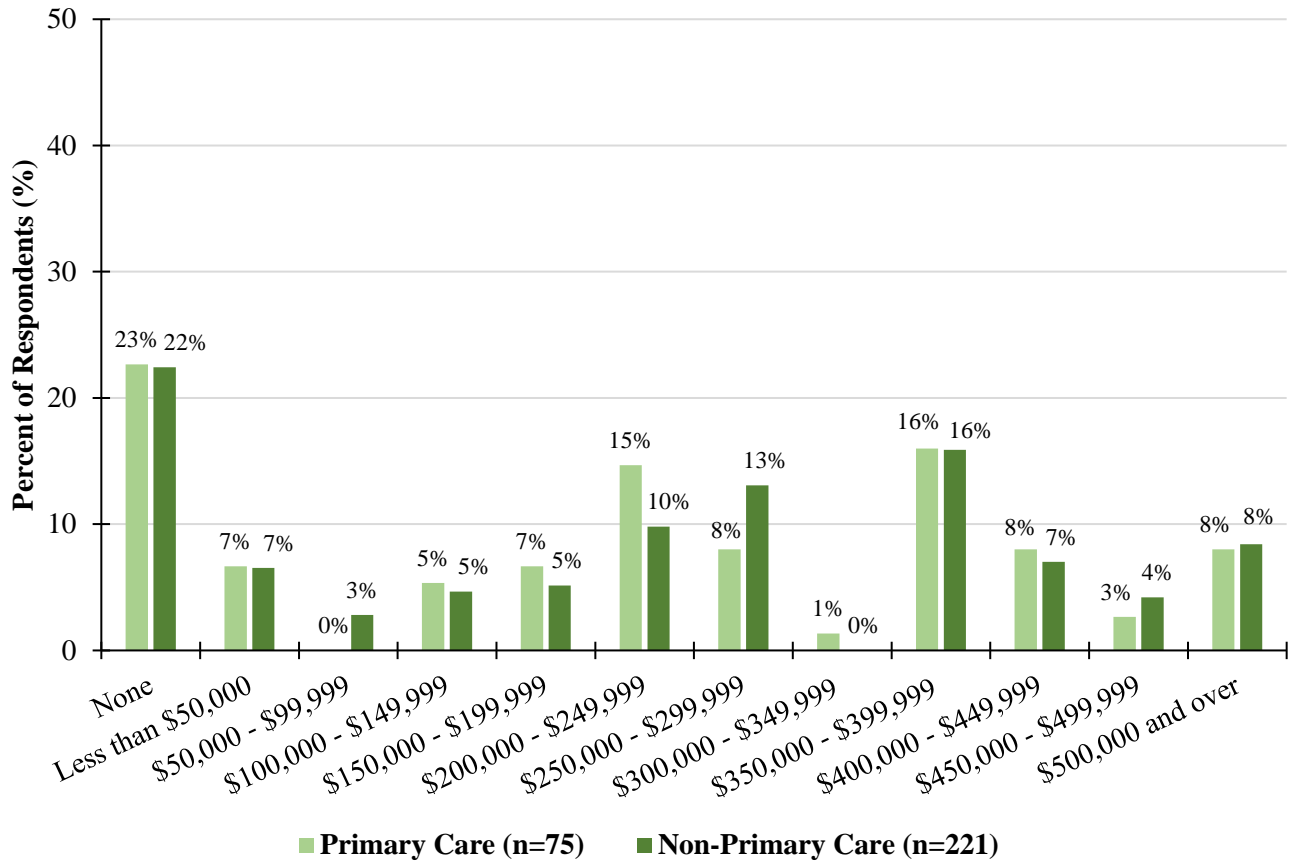


Chi-square p-value = 0.327

Figure 4.1 presents the current level of individual educational debt among the primary care and non-primary care survey respondents. One-fourth of the primary care (25%) and non-primary care (27%) respondents indicated having no educational debt. About two-thirds of the primary care (68%) and non-primary care (65%) respondents indicated having an educational debt of \$100,000 or more. About one-half of the primary care (48%) and non-primary care (56%) respondents reported having an educational debt of \$200,000 or more. There was no statistically significant difference between the two groups.

Current Total Household Educational Debt

Figure 4.2: Current Total Household Educational Debt (n=296)



Chi-square p-value = 0.706

Figure 4.2 presents the current level of total household educational debt among the primary care and non-primary care survey respondents. Over one-fifth of the primary care (23%) and non-primary care (22%) respondents indicated having no household educational debt. Over two-thirds of the primary care (71%) and non-primary care (68%) respondents indicated having a household educational debt of \$100,000 or more. About three-fifths of the primary care (59%) respondents and non-primary care (58%) respondents reported having a household educational debt of \$200,000 or more. There was no statistically significant difference between the two groups.

Program Assessment

Training Program

Table 4.8	All Respondents (n=296)			
	Primary Care (n=75)		Non-Primary Care (n=221)	
The residency or fellowship program provided resources and training to prepare for my specialty exams.	Number	Percent	Number	Percent
Strongly Agree	35	47.9	107	49.8
Agree	28	38.4	93	43.3
Neutral	9	12.3	12	5.6
Disagree	1	1.4	2	0.9
Strongly Disagree	0	0.0	1	0.5
Total	73	100.0	215	100.0
Missing/Board exam in my field does not exist	2		6	

Chi-square p-value = 0.475

Table 4.8 shows the primary care and non-primary care survey respondents' assessment of the resources and training provided by the program to prepare them for the specialty exams. A majority of the primary care (86%) and non-primary care (93%) respondents indicated they "strongly agree" or "agree" that their training program provided them resources and training to prepare for the specialty exams. There was no statistically significant difference between the two groups.

ACGME Competency Areas

Table 4.9	All Respondents (n=296)						
	Primary Care (n=75)			Non-Primary Care (n=221)			p-value
	Fully	Partially	Not at all	Fully	Partially	Not at all	
%	%	%	%	%	%		
How competent do you feel in the following ACGME competencies?							
Patient Care	94.5	5.5	0.0	94.9	4.7	0.5	0.813
Medical knowledge	89.0	11.0	0.0	87.4	12.6	0.0	0.709
Practice-based learning & improvement	84.9	13.7	1.4	88.8	10.7	0.5	0.565
Interpersonal & communication skills	100.0	0.0	0.0	97.7	2.3	0.0	0.188
Professionalism	100.0	0.0	0.0	98.1	1.4	0.5	0.501
Systems-based practice	91.7	8.3	0.0	86.9	13.1	0.0	0.276

Table 4.9 shows the primary care and non-primary care survey respondents' self-rated competency level in the six ACGME competency areas. A majority ($\geq 84\%$) of the primary care and non-primary care respondents indicated feeling "fully" competent in the six ACGME competency areas. There was no statistically significant difference between the two groups.

Rural and Underserved Training

Table 4.10 In your residency or fellowship program, did you receive training to serve the:	All Respondents (n=296)								p-value
	Primary Care (n=75)				Non-Primary Care (n=221)				
	Yes		No		Yes		No		
	#	%	#	%	#	%	#	%	
Rural population	50	68.5	23	31.5	159	75.0	53	25.0	0.278
Underserved population	72	98.6	1	1.4	200	93.9	13	6.1	0.106

Table 4.10 shows whether the primary care and non-primary care survey respondents' received training to serve the rural and underserved populations during their training program. Over two-thirds of the primary care (69%) respondents and non-primary care (75%) respondents indicated they had received training to serve the rural populations. There was no statistically significant difference between the two groups.

Almost all primary care (99%) and non-primary care (94%) respondents reported they had received training to serve the underserved populations. There was no statistically significant difference between the two groups.

Competency in Providing Care to the Rural and Underserved Populations

Table 4.11 How competent do you feel providing care to the:	All Respondents (n=296)						p-value
	Primary Care (n=75)			Non-Primary Care (n=221)			
	Fully	Partially	Not at all	Fully	Partially	Not at all	
	%	%	%	%	%	%	
Rural population	53.4	43.8	2.7	81.0	17.6	1.4	<0.001 †
Underserved population	95.9	4.1	0.0	94.3	5.2	0.5	0.781

Table 4.11 shows the primary care and non-primary care survey respondents' self-rated competency levels in providing care to the rural and underserved populations. Over one-half (53%) of the primary care respondents indicated feeling "fully" competent in providing care to the rural populations, compared to 81 percent of the non-primary care respondents. The Chi-square test of association between the two groups was statistically significant. Non-primary care respondents appear more likely to feel fully competent providing care to the rural populations.

Almost all primary care (96%) and non-primary care (94%) respondents indicated feeling "fully" competent in providing care to the underserved populations. There was no statistically significant difference between the two groups.

Program Opportunities

Table 4.12	All Respondents (n=296)								
	Primary Care (n=75)				Non-Primary Care (n=221)				p-value
	Yes		No		Yes		No		
#	%	#	%	#	%	#	%		
In your residency or fellowship program, did you: Have an opportunity to be part of a multi-disciplinary inter-professional team to provide care?	72	100.0	0	0.0	214	100.0	0	0.0	1.000
Participate in a quality improvement project to improve health outcome?	71	98.6	1	1.4	197	92.1	17	7.9	0.048 ‡
Participate in patient safety project?	62	86.1	10	13.9	171	80.3	42	19.7	0.268
Have an opportunity to serve on a hospital-based committee or council?	60	83.3	12	16.7	169	79.7	43	20.3	0.502
Have an opportunity to participate in a cultural competency or diversity training?	64	88.9	8	11.1	182	85.4	31	14.6	0.462

Table 4.12 shows if there were any program opportunities available for the primary care and non-primary care survey respondents' in their training program. All (100%) primary care and non-primary care respondents had an opportunity to be part of a multi-disciplinary team. Almost all primary care (99%) and non-primary care (92%) respondents indicated they had an opportunity to participate in a quality improvement project. The Chi-square test of association between the two groups was statistically significant. Primary care respondents appear more likely to have had an opportunity to participate in a quality improvement project. A majority of the primary care respondents and non-primary care respondents indicated they had an opportunity to participate in a patient safety project (86%, 80%), had an opportunity to serve on a committee or council (83%, 80%), and had an opportunity to participate in a cultural competency or diversity training (89%, 85%).

Teaching Opportunities

Table 4.13	All Respondents (n=296)			
	Primary Care (n=75)		Non-Primary Care (n=221)	
Were you provided an opportunity to teach in a clinical environment?	Number	Percent	Number	Percent
Yes	73	100.0	209	98.6
No	0	0.0	3	1.4
Total	73	100.0	212	100.0
Missing	2		9	

Chi-square p-value = 0.307

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

Teaching Preparedness

Table 4.14	All Respondents (n=296)			
	Primary Care (n=75)		Non-Primary Care (n=221)	
How prepared did you feel to teach in a clinical environment?	Number	Percent	Number	Percent
Very well prepared	24	33.3	90	42.5
Well prepared	38	52.8	109	51.4
Neutral	9	12.5	13	6.1
Poorly prepared	1	1.4	0	0.0
Very poorly prepared	0	0.0	0	0.0
Total	72	100.0	212	100.0
Missing	3		9	

Chi-square p-value = 0.075

Table 4.14 shows the primary care and non-primary care survey respondents' readiness to teach in a clinical environment. A majority of the primary care (86%) and non-primary care (94%) respondents indicated feeling "very well prepared" or "well prepared" to teach in a clinical environment. There was no statistically significant difference between the two groups.

Frequency of Teaching Opportunities

Table 4.15	All Respondents (n=296)			
	Primary Care (n=75)		Non-Primary Care (n=221)	
In your residency or fellowship program, how many opportunities for teaching did you encounter per week in a clinical environment?	Number	Percent	Number	Percent
None	0	0.0	3	1.4
Once per week	3	4.1	50	23.7
Twice per week	17	23.3	38	18.0
Three times per week	17	23.3	28	13.3
Four or more times per week	36	49.3	92	43.6
Total	73	100.0	211	100.0
Missing	2		10	

Chi-square p-value = 0.002 †

Table 4.15 shows the number of opportunities the primary care and non-primary care survey respondents' were provided to teach in a clinical environment per week. Almost one-half of the primary care (49%) and non-primary care (44%) respondents indicated they were provided four or more teaching opportunities per week to teach in a clinical learning environment. The Chi-square test of association between the two groups was statistically significant. Primary care respondents appear more likely to have two or more teaching opportunities per week.

Competency in Communication during the Hand-Off Process

Table 4.16	All Respondents (n=296)			
	Primary Care (n=75)		Non-Primary Care (n=221)	
How competent do you feel in communicating with team members in the hand-off process?	Number	Percent	Number	Percent
Very competent	67	91.8	172	80.4
Competent	6	8.2	39	18.2
Neutral	0	0.0	3	1.4
Incompetent	0	0.0	0	0.0
Very incompetent	0	0.0	0	0.0
Total	73	100.0	214	100.0
Missing	2		7	

Chi-square p-value = 0.069

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

IUSM Policies and Procedures Regarding Mistreatment

Table 4.17	All Respondents (n=296)								
	Primary Care (n=75)				Non-Primary care (n=221)				p-value
	Yes		No		Yes		No		
#	%	#	%	#	%	#	%		
Policies regarding mistreatment of residents?	71	97.3	2	2.7	199	93.0	15	7.0	0.182
Procedures regarding mistreatment of residents?	69	94.5	4	5.5	191	89.3	23	10.7	0.183
Policies regarding mistreatment of medical students?	69	94.5	4	5.5	196	91.6	18	8.4	0.416
Procedures regarding mistreatment of medical students?	65	89.0	8	11.0	188	87.9	26	12.1	0.786

Table 4.17 shows the primary care and non-primary care survey respondents' knowledge of the IUSM policies and procedures regarding mistreatment. A majority ($\geq 89\%$) of the primary care and non-primary care respondents indicated they knew the policies *and* procedures regarding mistreatment of residents. A majority ($\geq 87\%$) of the primary care and non-primary care respondents indicated they knew the policies *and* procedures regarding mistreatment of medical students. There was no statistically significant difference between the two groups.

Reporting Mistreatment

Table 4.18	All Respondents (n=296)								
	Primary Care (n=75)				Non-Primary care (n=221)				p-value
	Yes		No		Yes		No		
#	%	#	%	#	%	#	%		
Do you know whom to report mistreatment behaviors?	65	89.0	8	11.0	174	81.3	40	18.7	0.126
Are you comfortable reporting mistreatment behaviors?	68	93.2	5	6.8	185	86.9	28	13.1	0.146
Have you experienced any mistreatment behaviors?	31	42.5	42	57.5	83	39.0	130	61.0	0.598
Did you report the mistreatment behavior incident?	28	41.8	39	58.2	65	35.3	119	64.7	0.348

Table 4.18 shows the primary care and non-primary care survey respondents' knowledge of reporting mistreatment behaviors. A majority of the primary care and non-primary care respondents indicated they knew whom to report mistreatment behaviors (89%, 81%) and were comfortable reporting mistreatment behaviors (93%, 87%), respectively. About two-fifths of the primary care (43%) and non-primary care (39%) respondents indicated having experienced any mistreatment behaviors. About three-fifths of the primary care (58%) and non-primary care (65%) respondents indicated not reporting the mistreatment behavior incident. There was no statistically significant difference between the two groups.

Unreported Mistreatment

Table 4.19	All Respondents (n=158)*			
	Primary Care (n=39)		Non-Primary Care (n=119)	
If there were any incidents of mistreatment behaviors that you did not report, why did you not report them?	Number	Percent	Number	Percent
Incident did not seem important enough to report	1	11.1	8	18.6
Resolved the issue myself	1	11.1	9	20.9
Did not think anything would be done about it	1	11.1	7	16.3
Fear of reprisal	1	11.1	3	7.0
Did not know what to do	0	0.0	2	4.7
Other	5	55.6	14	32.6
Total	9	100.0	43	100.0
Missing	30		76	

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

Chi-square p-value = 0.791

Table 4.19 shows the primary care and non-primary care survey respondents' reasons for not reporting any incidents of mistreatment behaviors. Only those respondents who had not reported any mistreatment behavior incidents were included in the analysis. One-tenth of the primary care and non-primary respondents gave the following reasons for not reporting mistreatment behavior incidents: incident did not seem important enough to report (11%, 19%), resolved the issue myself (11%, 21%), or did not think anything would be done about it (11%, 16%), or fear of reprisal (11%, 7%), respectively. There was no statistically significant difference between the two groups.

Quality of Program

Table 4.20	All Respondents (n=296)			
	Primary Care (n=75)		Non-Primary Care (n=221)	
I would rate the overall <u>quality</u> of my residency or fellowship program as:	Number	Percent	Number	Percent
Excellent	37	50.7	122	57.5
Above Average	31	42.5	70	33.0
Average	5	6.8	19	9.0
Below Average	0	0.0	1	0.5
Extremely Poor	0	0.0	0	0.0
Total	73	100.0	212	100.0
Missing	2		9	

Chi-square p-value = 0.483

Table 4.20 shows the primary care and non-primary care survey respondents' overall rating of the quality of their training program. Almost all primary care (93%) and non-primary care (91%) respondents indicated the quality of their training program was "excellent" or "above average." There was no statistically significant difference between the two groups.

Faculty Assessment

Table 4.21	All Respondents (n=296)			
	Primary Care (n=75)		Non-Primary Care (n=221)	
I would rate the overall performance of the <u>faculty</u> in my residency or fellowship program to have exceeded my expectations?	Number	Percent	Number	Percent
Strongly Agree	32	43.8	103	48.4
Agree	36	49.3	82	38.5
Neutral	3	4.1	21	9.9
Disagree	1	1.4	6	2.8
Strongly Disagree	1	1.4	1	0.5
Total	73	100.0	213	100.0
Missing	2		8	

Chi-square p-value = 0.286

Table 4.21 shows the primary care and non-primary care survey respondents' overall performance rating of faculty in their training program. Almost all primary care (93%) and non-primary care (87%) respondents indicated they “strongly agree” or “agree” the faculty in their training program exceeded their expectations. There was no statistically significant difference between the two groups.

Assessment of Peer Residents and Fellows

Table 4.22	All Respondents (n=296)			
	Primary Care (n=75)		Non-Primary Care (n=221)	
I would rate the overall performance of the <u>other residents/fellows</u> in my residency or fellowship program to have exceeded my expectations?	Number	Percent	Number	Percent
Strongly Agree	32	43.8	98	46.2
Agree	34	46.6	94	44.3
Neutral	7	9.6	16	7.5
Disagree	0	0.0	3	1.4
Strongly Disagree	0	0.0	1	0.5
Total	73	100.0	212	100.0
Missing	2		9	

Chi-square p-value = 0.775

Table 4.22 shows the primary care and non-primary care survey respondents' overall performance rating of other residents or fellows in their training program. Almost all primary care (90%) and non-primary care (91%) respondents indicated they “strongly agree” or “agree” that other residents or fellows in their training program exceeded their expectations. There was no statistically significant difference between the two groups.

Quality of Life

Table 4.23(a)	All Respondents (n=296)						
	Primary Care (n=75)			Non-Primary Care (n=221)			p-value
	Strongly Agree / Agree	Neutral	Disagree / Strongly Disagree	Strong Agree / Agree	Neutral	Disagree / Strongly Disagree	
Percent	Percent	Percent	Percent	Percent	Percent		
At this time, I feel...							
My personal and professional lives were well-balanced.	71.2	20.5	8.2	70.8	14.6	14.6	0.073
I have felt physically "burnt out" from my work.	37.0	21.9	41.1	20.3	22.6	57.1	0.060
I have felt emotionally "burnt out" from my work.	37.0	31.5	31.5	25.0	24.1	50.9	0.070
I have the resources readily available to maintain my wellness.	87.7	9.6	2.7	79.2	15.6	5.2	0.431

Table 4.23(a) shows the primary care and non-primary care survey respondents' overall wellbeing. This question was not asked on the survey in previous years. Over two-thirds of the primary care (71%) and non-primary care (71%) respondents "strongly agree" or "agree" their personal and professional life was well-balanced. There was no statistically significant difference between the two groups.

Over one-third of the primary care respondents indicated they "strongly agree" or "agree" they felt physically (37%) or emotionally (37%) burnt out from work, compared to non-primary care respondents (20%, 25%), respectively. There was no statistically significant difference between the two groups.

About four-fifths of the primary care (88%) and non-primary care (79%) respondents indicated they "strongly agree" or "agree" they had readily available resources to maintain their wellness. There was no statistically significant difference between the two groups.

Table 4.23(b)	All Respondents (n=296)			
	Primary Care (n=75)		Non-Primary Care (n=221)	
	Number	Percent	Number	Percent
I would rate the overall quality of my life as:				
Very good	22	30.1	82	38.7
Good	41	56.2	100	47.2
Fair	10	13.7	30	14.2
Poor	0	0.0	0	0.0
Very poor	0	0.0	0	0.0
Total	73	100.0	212	100.0
Missing	2		9	

Chi-square p-value = 0.371

Table 4.23(b) shows the primary care and non-primary care survey respondents' overall rating of their quality of life. A majority of the primary care (86%) and non-primary care (86%) respondents indicated the overall quality of their life was "very good" or "good". There was no statistically significant difference between the two groups.

Plans after Graduation

Table 4.24	All Respondents (n=296)			
	Primary Care (n=75)		Non-Primary Care (n=221)	
What do you expect to be doing after completion of your current residency or fellowship program?	Number	Percent	Number	Percent
Patient Care or Clinical Practice (in Non-Training position)	38	50.7	154	71.0
Fellowship or Additional Subspecialty Training	35	46.7	57	26.3
Military	0	0.0	0	0.0
Non Patient Care-based activities (e.g. research, administration)	1	1.3	4	1.8
Temporarily out of medicine	0	0.0	0	0.0
Other	1	1.3	2	0.9
Undecided/Don't know yet	0	0.0	0	0.0
Total	75	100.0	217	100.0
Missing	0		4	

Chi-square p-value = < 0.012 †

Table 4.24 shows what the primary care and non-primary care survey respondents' expect to do after completing their current training program. One-half (51%) of the primary care respondents planned to go into patient care or clinical practice after completing their training, compared to 71 percent of non-primary care respondents. Over two-fifths (47%) of the primary care respondents planned to continue with additional training, compared to 26 percent of the non-primary care respondents. The Chi-square test of association between the two groups was statistically significant. Non-primary care respondents appear more likely to enter patient care or clinical practice after completion of their current training program.

NOTE- The following section is only for those respondents who indicated they were primarily going into "patient care or clinical practice" (n=192).

Respondents going into patient care or clinical practice (n=192)

Practice Characteristics

Primary Practice Location

Table 4.25	Clinical Care Respondents (n=192)			
	Primary Care (n=38)		Non-Primary Care (n=154)	
Where is the location of your primary activity after completing your current training program?	Number	Percent	Number	Percent
Same city or county as current training	12	33.3	48	31.8
Same region in Indiana, but different city or county	4	11.1	20	13.2
Other area in Indiana	5	13.9	14	9.3
Other U.S. state (not Indiana)	15	41.7	69	45.7
Outside of U.S.	0	0.0	0	0.0
Total	36	100.0	151	100.0
Missing / Undecided	2		3	

Chi-square p-value = 0.709

Table 4.25 shows the location of the primary care and non-primary care survey respondents' primary activity after completion of their current training program. Over one-half of the primary care (58%) and non-primary care (54%) respondents planned to practice within Indiana after completing their training. There was no statistically significant difference between the two groups.

Type of Practice

Table 4.26	Clinical Care Respondents (n=192)			
	Primary Care (n=38)		Non-Primary Care (n=154)	
Which best describes the principal type of Patient Care Practice you will be entering? Please mark all that apply.	Number	Percent	Number	Percent
Solo practice	0	0.0	3	1.9
Partnership (2 person)	1	2.6	5	3.2
Group Practice	8	21.1	86	55.8
Hospital-inpatient	20	52.6	51	33.1
Hospital-ambulatory care	13	34.2	33	21.4
Hospital-emergency department	1	2.6	21	13.6
Free-standing health center or clinic	2	5.3	10	6.5
Nursing Home	0	0.0	0	0.0
Other (specify)	3	7.9	5	3.2

Table 4.26 shows the principal type of patient care practice setting the primary care and non-primary care survey respondents' will be entering after completing their training. One-fifth (21%) of the primary care respondents reported they intend to work in a "group practice" setting, compared to 56 percent of the non-primary care respondents. Almost all (89%) primary care respondents indicated they intended to work in a hospital setting (inpatient, ambulatory care, or emergency department), compared to 68 percent of the non-primary care respondents.

Obligation or Visa Requirement

Table 4.27	Clinical Care Respondents (n=192)			
	Primary Care (n=38)		Non-Primary Care (n=154)	
Do you have an obligation or visa requirement to work in a designated HPSA or MUA when you complete your training?	Number	Percent	Number	Percent
Yes	5	13.2	7	4.6
No	33	86.8	146	95.4
Total	38	100.0	153	100.0
Missing	0		1	

Chi-square p-value = 0.051

Table 4.27 shows the primary care and non-primary care survey respondents' obligation or visa requirement to work in a designated HPSA or MUA after completing their training. Almost all primary care (87%) and non-primary care (95%) respondents indicated they had no obligation or visa requirement to work in a designated HPSA or MUA after completing their training. There was no statistically significant difference between the two groups.

Percentage of Patients Expected to be seen from Underserved Populations

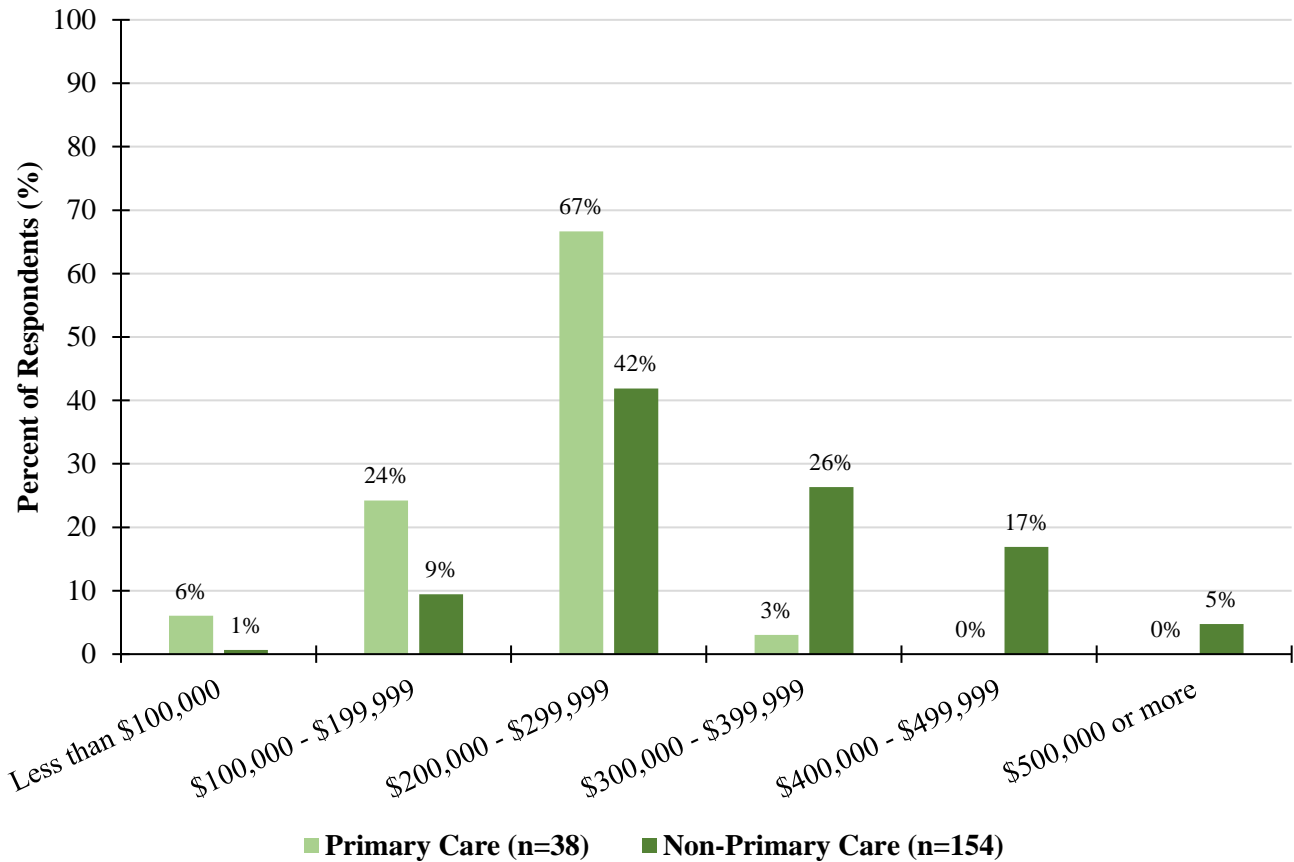
Table 4.28	Clinical Care Respondents (n=192)			
	Primary Care (n=38)		Non-Primary Care (n=154)	
In your new practice, what percentage of the patients do you expect to see from underserved populations?	Number	Percent	Number	Percent
Less than 10 percent	2	5.9	12	8.3
10-24 percent	5	14.7	52	35.9
25-49 percent	15	44.1	49	33.8
50-74 percent	7	20.6	23	15.9
More than 75 percent	5	14.7	9	6.2
Total	34	100.0	145	100.0
Missing/Don't Know	4		9	

Chi-square p-value = 0.099

Table 4.28 shows the percentage of patient's the primary care and non-primary care survey respondents' expect to see from underserved populations. Over three-fourths (79%) of the primary care respondents indicated they expect to see more than 25 percent of their patients from underserved populations, compared to 56 percent of the non-primary care respondents. There was no statistically significant difference between the two groups.

Expected Gross Income

Figure 4.3: Expected Gross Income (n=192)



Chi-square p-value = < 0.001 †

Figure 4.3 presents the gross income that primary care and non-primary care survey respondents expect to earn during their first year of practice. Two-thirds (70%) of the primary care respondents indicated they expect to earn \$200,000 or more during their first year of practice, compared to 90 percent of non-primary care respondents. The Chi-square test of association between the two groups was statistically significant. Non-primary care respondents appear more likely to expect to earn a higher income during their first year of practice.

Job Offers All Together

Table 4.29	Clinical Care Respondents (n=192)			
	Primary Care (n=38)		Non-Primary Care (n=154)	
How many offers for employment/practice positions did you receive <u>all together</u> ?	Number	Percent	Number	Percent
0	0	0.0	0	0.0
1	8	25.0	25	17.2
2	6	18.8	40	27.6
3	5	15.6	33	22.8
4	4	12.5	14	9.7
5 or more	9	28.1	33	22.8
Total	32	100.0	145	100.0
Missing / Did not seek an employment position at this time	6		9	

Chi-square p-value = 0.717

Table 4.29 shows the total number of offers the primary care and non-primary care survey respondents' received for employment or practice positions. Over one-half of the primary care (56%) and non-primary care (55%) respondents indicated receiving three or more offers for employment all together. There was no statistically significant difference between the two groups.

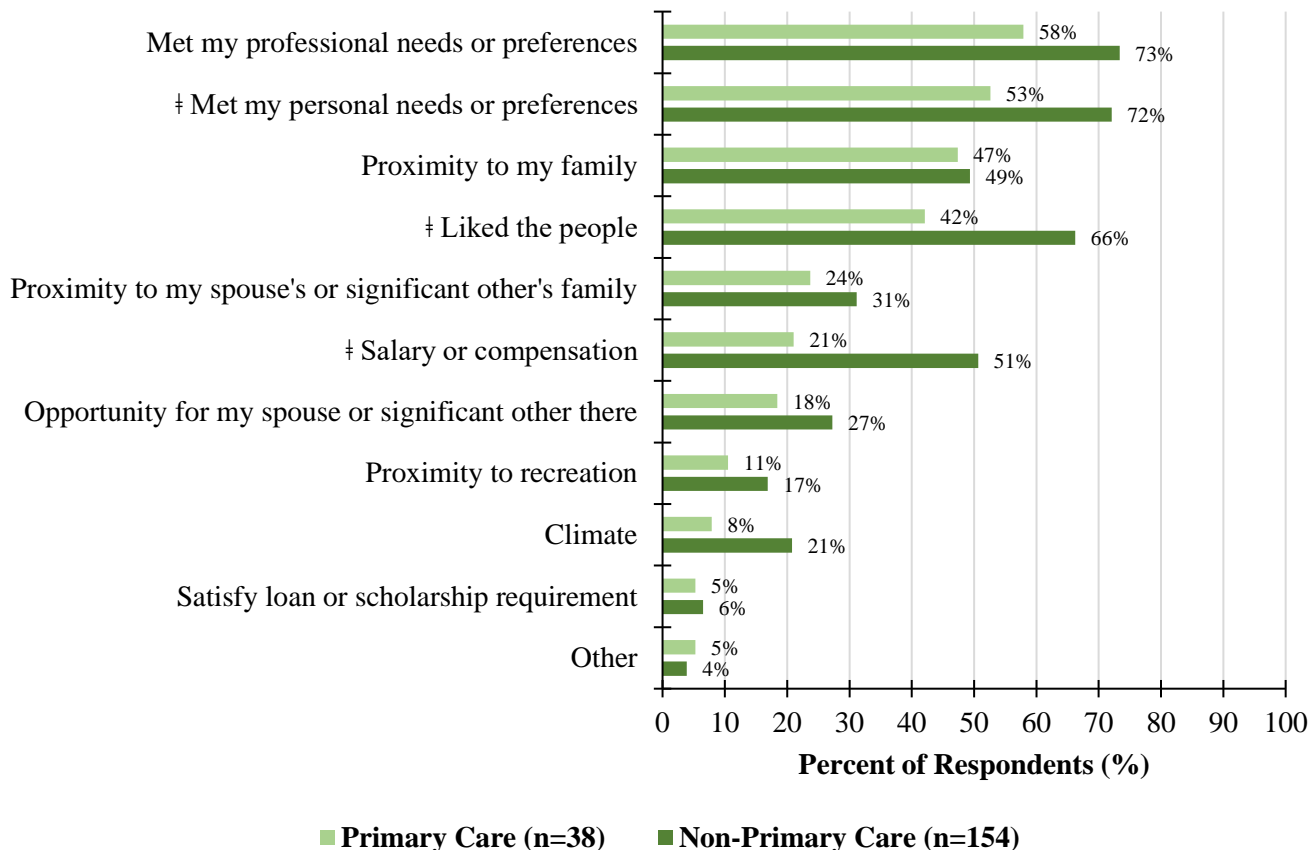
Job Offers from Indiana Hospitals

Table 4.30	Clinical Care Respondents (n=192)			
	Primary Care (n=38)		Non-Primary Care (n=154)	
Did you receive any offer from? Please mark all that apply.	Number	Percent	Number	Percent
IU Health	18	47.4	52	33.8
Eskenazi Hospital	9	23.7	9	5.8
Veterans Administration	4	10.5	12	7.8
Other hospital or health system in Indiana	11	28.9	57	37.0
Other	2	5.3	11	7.1

Table 4.30 shows the number of offers the primary care and non-primary care survey respondents' received for employment from Indiana hospitals. Over two-fifths (47%) of the primary care respondents indicated receiving offers from IU Health, compared to 34 percent of the non-primary care respondents. About one-third of the primary care (29%) and non-primary care (37%) respondents indicated receiving offers from other hospital or health system in Indiana.

Main Reasons to Practice at this Location

Figure 4.4: Main Reasons to Practice at this Location (n=192)



‡ Denotes that a statistically significant difference was found.

Figure 4.4 presents the main reasons influencing primary care and non-primary care survey respondents' choice of practice location. The top three reasons given by primary care respondents for choosing to practice at this location were: “met my professional needs or preferences” (58%), “met my personal needs or preferences” (53%), and “proximity to my family” (47%). The top three reasons given by the non-primary care respondents were: “met my professional needs or preferences” (73%), “met my personal needs or preferences” (72%), and “liked the people” (66%). The Chi-square test of association between the two groups was statistically significant. Non-primary care respondents appear more likely to practice at this location because it met their personal needs or preferences, they liked the people, and due to salary or compensation.

Respondents going into patient care or clinical practice within Indiana (n=103)

Job Offers in Indiana

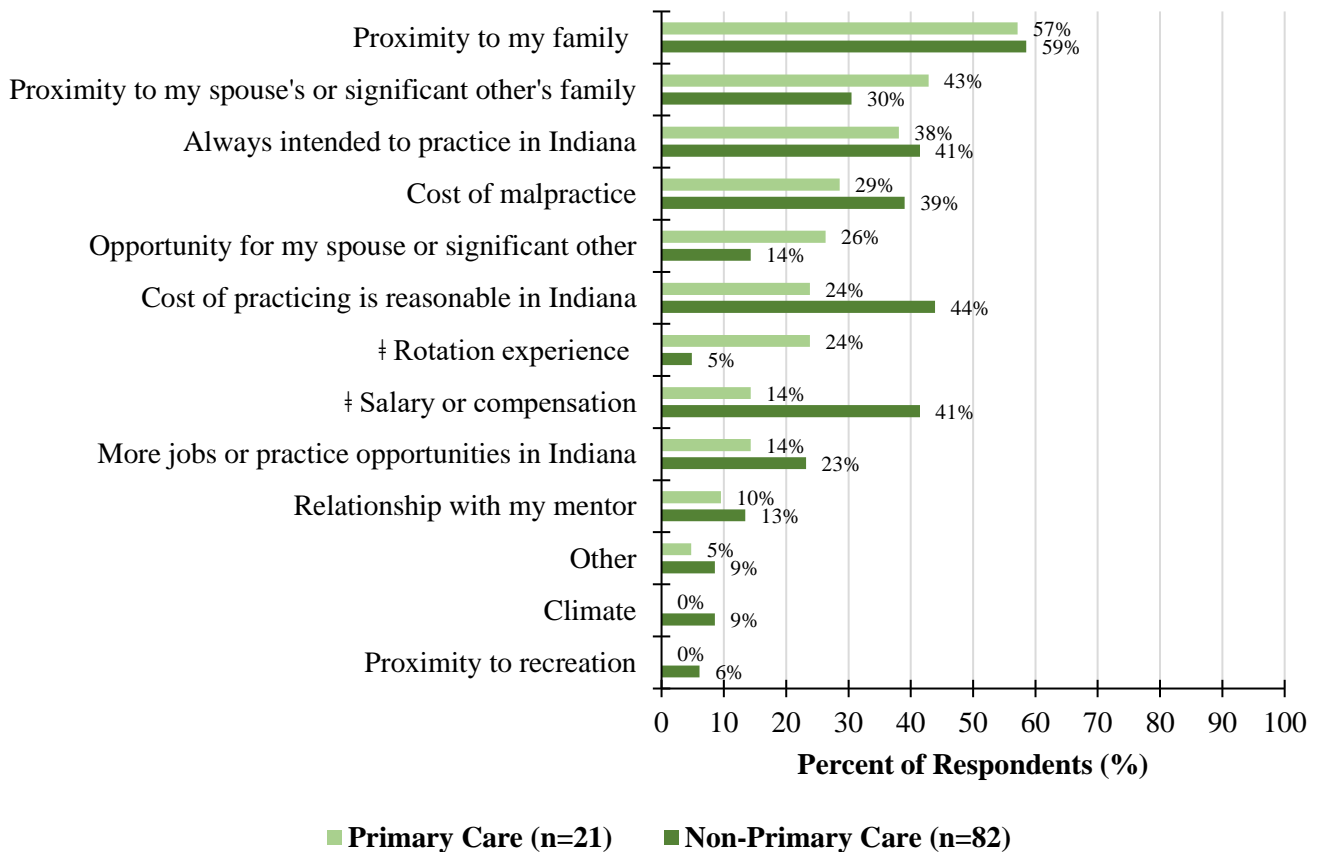
Table 4.31	Clinical Care Respondents (n=103)*			
	Primary Care (n=21)		Non-Primary Care (n=82)	
How many offers for employment/practice positions did you receive in Indiana?	Number	Percent	Number	Percent
0	0	0.0	0	0.0
1	7	35.0	25	30.5
2	3	15.0	23	28.0
3	4	20.0	17	20.7
4	3	15.0	6	7.3
5 or more	3	15.0	11	13.4
Total	20	100.0	82	100.0
Missing/ Did not seek employment positions at this time	1		0	

*Reflects responses from only those respondents who indicated their primary practice location was in Indiana.
Chi-square p-value = 0.291

Table 4.31 shows the number of offers the primary care and non-primary care survey respondents' received for employment or practice positions in Indiana. Only those respondents who indicated their primary practice location was in Indiana were included in the analysis. Of those 103 respondents, one-half (50%) of the primary care respondents indicated receiving three or more offers for employment in the state, compared to 42 percent of non-primary care respondents. There was no statistically significant difference between the two groups.

Main Reasons to Practice in Indiana

Figure 4.5: Main Reasons to Practice in Indiana (n=103)*

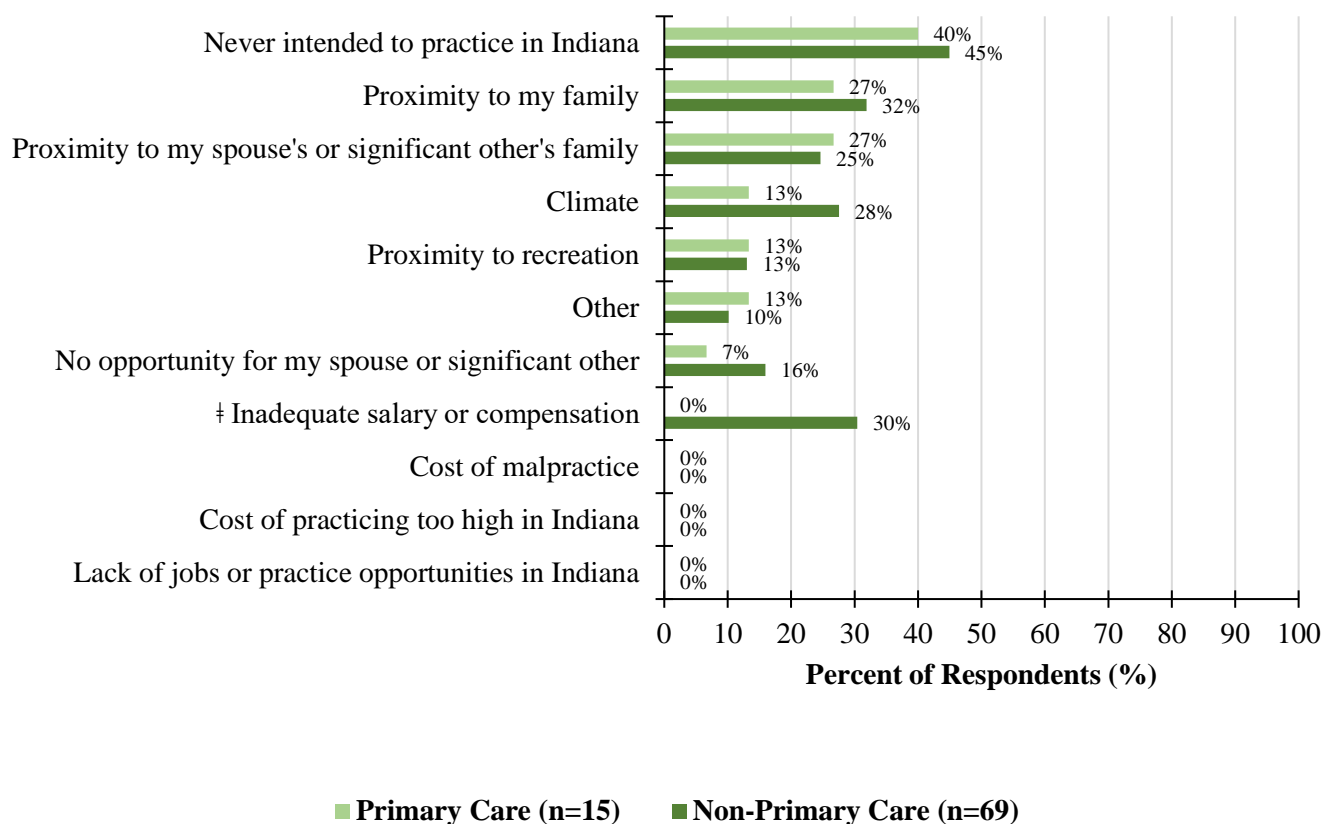


*Reflects responses from only those respondents who indicated their primary practice location was in Indiana.
 † Denotes that a statistically significant difference was found.

Figure 4.5 presents the main reasons influencing primary care and non-primary care survey respondents' choice of practice location in Indiana. Only those respondents who indicated their primary practice location was in Indiana were included in this analysis. Among those 103 respondents, the top reasons given by the primary care respondents were: "proximity to my family" (57%), "proximity to my spouse's or significant other's family" (43%), and "always intended to practice in Indiana" (38%). The top reasons given by the non-primary care respondents were: "proximity to my family" (59%), "cost of practicing is reasonable in Indiana" (44%), "always intended to practice in Indiana" (41%), and "salary or compensation" (41%). The Chi-square test of association between the two groups was statistically significant. Primary care respondents appear more likely to practice in Indiana due to their rotation experience. Non-primary care respondents appear more likely to practice in Indiana due to salary or compensation.

Main Reasons not to Practice in Indiana

Figure 4.6: Main Reasons not to Practice in Indiana (n=84)*



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

‡ Denotes that a statistically significant difference was found.

Figure 4.6 presents the main reasons influencing primary care and non-primary care survey respondents' choice of practice location outside Indiana. Only those respondents who indicated their primary practice location was outside Indiana were included in this analysis. Among those 84 respondents, the top reasons given by the primary care respondents were: “never intended to practice in Indiana” (40%), “proximity to my family” (27%), and “proximity to my spouse’s or significant other’s family” (27%). The top reasons given by the non-primary care respondents were: “never intended to practice in Indiana” (45%), “proximity to my family” (32%), and “inadequate salary or compensation” (30%). The Chi-square test of association between the two groups was statistically significant. Non-primary care respondents appear more likely to practice outside Indiana due to inadequate salary or compensation.

Chapter 5: Resident and Fellow Respondents

The survey respondents' names were matched with their specialty and then classified into a residency or fellowship training program. Of the 296 graduates who completed the survey, 201 were in a residency program and 95 were in a fellowship program, as shown in tables 5.1 to 5.24 and figures 5.1 and 5.2. The remaining tables and figures show responses from only those graduates who:

- indicated they planned to work in 'patient care or clinical practice' after graduation, n=192: [residents (117) and fellows (75)];
- intended to practice in Indiana, n=103 [residents (71) and fellows (32)]; and,
- intended to practice outside Indiana, n=84 [residents (43) and fellows (41)].

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

All respondents (n=296)

Demographics

Age

Table 5.1	All Respondents (n=296)			
	Residents (n=201)		Fellows (n=95)	
Age	Number	Percent	Number	Percent
25-29	69	35.0	3	3.3
30-34	103	52.3	62	68.1
35-39	18	9.1	20	22.0
40-44	4	2.0	3	3.3
45-49	3	1.5	3	3.3
> 50	0	0.0	0	0.0
Total	197	100.0	91	100.0
Missing	4		4	

Chi-square p-value = < 0.001 ‡

Table 5.1 shows the age distribution of all residency and fellowship program survey respondents. Three-fifths (61%) of the resident respondents were between the ages of 30 and 39 years, compared to 90 percent of the fellow respondents. The Chi-square test of association between the two groups was statistically significant. Fellow respondents appear more likely to be 30 years of age or older.

Gender

Table 5.2	All Respondents (n=296)			
	Residents (n=201)		Fellows (n=95)	
Gender	Number	Percent	Number	Percent
Male	114	56.7	53	55.8
Female	87	43.3	42	44.2
Other	0	0.0	0	0.0
Total	201	100.0	95	100.0
Missing	0		0	

Chi-square p-value = 0.881

Table 5.2 shows the gender distribution of all residency and fellowship program survey respondents. Over two-fifths of the resident (43%) and fellow (44%) respondents were female. There was no statistically significant difference between the two groups.

Race

Table 5.3	All Respondents (n=296)			
	Residents (n=201)		Fellows (n=95)	
Which of the following describes your race? Please mark all that apply.	Number	Percent	Number	Percent
American Indian/ Alaskan Native	0	0.0	0	0.0
Asian	28	14.1	14	15.4
Black/ African American	4	2.0	7	7.7
Native Hawaiian/ Pacific Islander	0	0.0	0	0.0
White	153	77.3	60	65.9
Other	6	3.0	7	7.7
Biracial	7	3.5	3	3.3
Total	198	100.0	91	100.0
Missing	3		4	

Table 5.3 shows the racial distribution of all residency and fellowship program survey respondents. Almost two-thirds of the resident (77%) and fellow (66%) respondents were white. Over one-tenth of the resident (14%) and fellow (15%) respondents indicated they were Asian.

Ethnicity

Table 5.4	All Respondents (n=296)			
	Residents (n=201)		Fellows (n=95)	
Do you consider yourself to be Hispanic or Latino?	Number	Percent	Number	Percent
Yes, Hispanic/Latino	4	2.0	7	7.6
No, not Hispanic/Latino	195	98.0	85	92.4
Total	199	100.0	92	100.0
Missing	2		3	

Chi-square p-value = 0.020 †

Table 5.4 shows the ethnicity of all residency and fellowship program survey respondents. Less than seven percent of the resident (3%) and fellow (7%) respondents indicated a Hispanic or Latino ethnicity. The Chi-square test of association between the two groups was statistically significant. Fellow respondents appear more likely to be of a Hispanic or Latino ethnicity.

Respondents Coming From

Table 5.5	All Respondents (n=296)			
	Residents (n=201)		Fellows (n=95)	
Where are the respondents coming from?	Number	Percent	Number	Percent
Outside USA	16	8.1	14	15.4
Within USA	181	91.9	77	84.6
<i>Outside Indiana</i>	97	53.6	39	50.6
<i>Within Indiana</i>	84	46.4	38	49.4
Total	197	100.0	91	100.0
Missing	4		4	

Chi-square p-value = 0.061

Table 5.5 shows where the residency and fellowship program survey respondents' were coming from. Of the 296 graduates who responded to the survey, about one-tenth of the resident (8%) and fellow (15%) respondents were from another country. Of the 258 respondents who indicated they were from United States, almost one-half of the resident (46%) and fellow (49%) respondents were from Indiana. There was no statistically significant difference between the two groups.

Respondents who have an Indiana connection

Table 5.6	All Respondents (n=296)			
	Residents (n=201)		Fellows (n=95)	
Respondents who have an Indiana connection	Number	Percent	Number	Percent
High School	75	37.3	23	24.2
College	68	33.8	20	21.1
Medical School	70	34.8	15	15.8

Table 5.6 shows the residency and fellowship program survey respondents' who graduated from a high school, college, or medical school in Indiana. Over one-third of the resident respondents indicated they graduated from a high school (37%), college (34%), or medical school (35%) in Indiana. About one-fifth of the fellow respondents indicated they graduated from a high school (24%), college (21%), or medical school (16%) in Indiana. All respondents who completed medical school in Indiana graduated from IUSM.

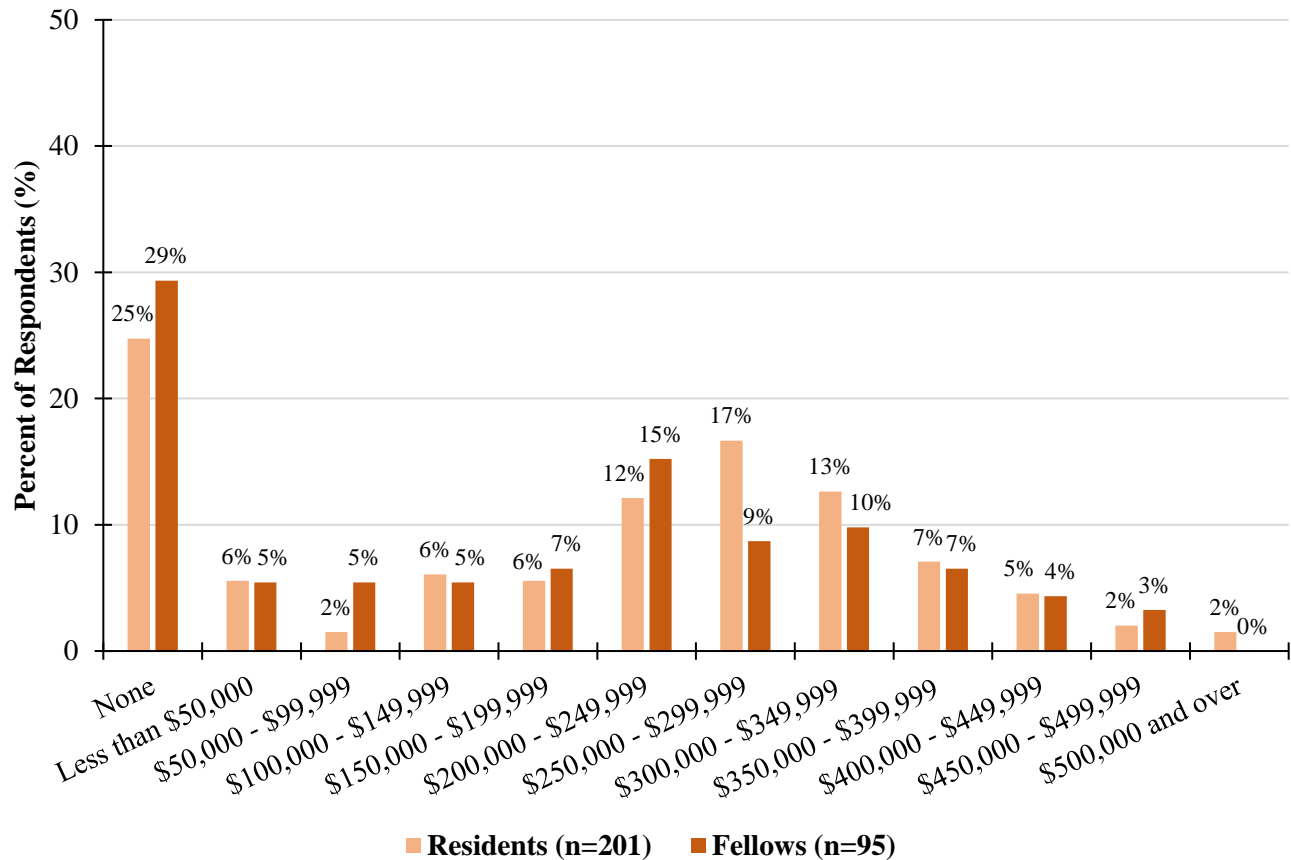
Learner Background

Table 5.7	All Respondents (n=296)			
	Residents (n=201)		Fellows (n=95)	
Do you consider yourself? Please mark all that apply.	Number	Percent	Number	Percent
First generation learner	38	18.9	17	17.9
Learner from a rural area	40	19.9	12	12.6
Economically or educationally disadvantaged	15	7.5	6	6.3
None of the above	126	62.7	60	63.2

Table 5.7 shows the residency and fellowship program survey respondents' learner and socioeconomic background. Almost one-fifth of the resident (19%) and fellow (18%) respondents indicated they were a first generation learner. Over one-tenth of the resident (20%) and fellow (13%) respondents indicated they came from a rural area. Less than eight percent of the resident (8%) and fellow (6%) respondents indicated they came from an economically or educationally disadvantaged background.

Current Individual Educational Debt

Figure 5.1: Current Individual Educational Debt (n=296)

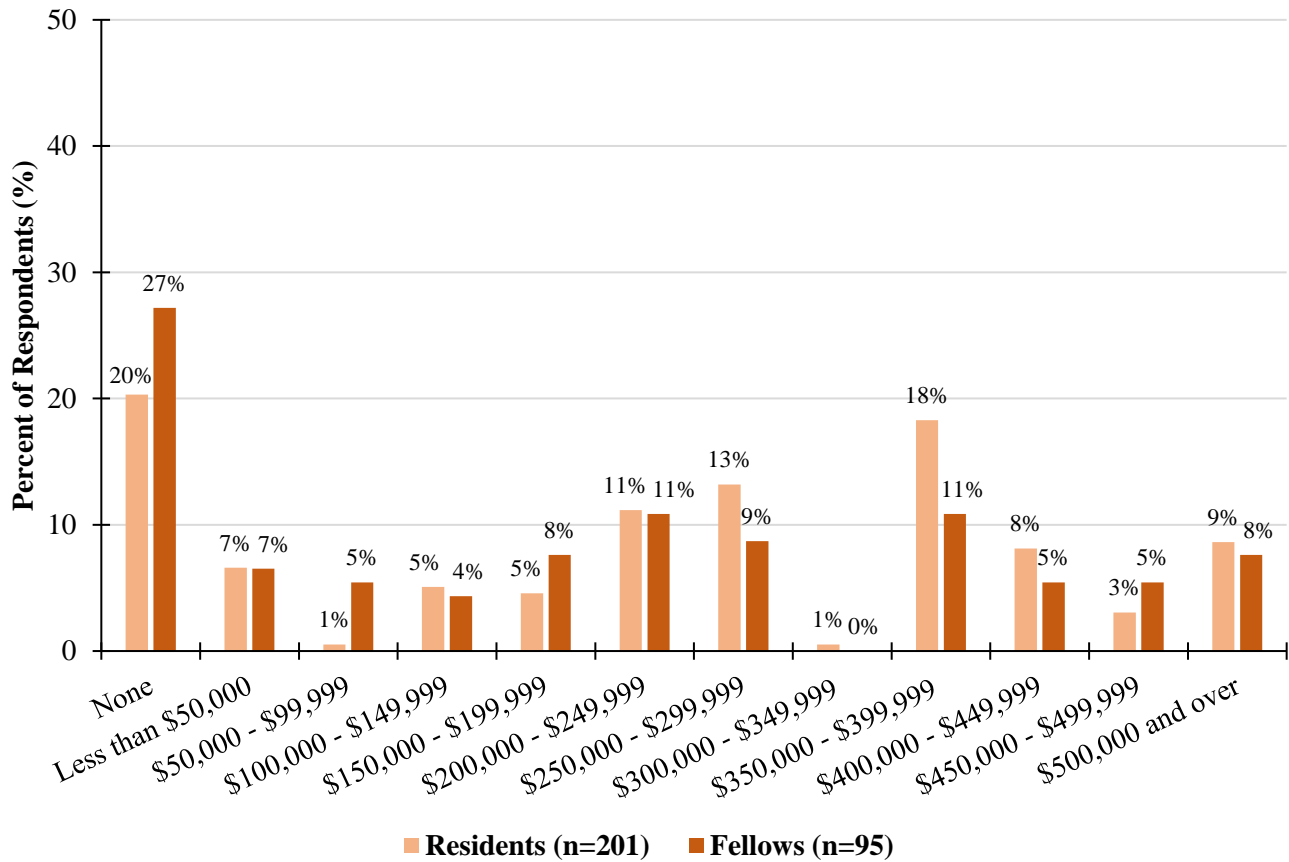


Chi-square p-value = 0.558

Figure 5.1 presents the current level of individual educational debt among the residency and fellowship program survey respondents. Over one-fourth of the resident (25%) and fellow (29%) respondents indicated having no educational debt. Over three-fifths of the resident (68%) and fellow (60%) respondents indicated having an educational debt of \$100,000 or more. One-half of the resident (55%) and fellow (48%) respondents indicated having an educational debt of \$200,000 or more. There was no statistically significant difference between the two groups.

Current Total Household Educational Debt

Figure 5.2: Current Total Household Educational Debt (n=296)



Chi-square p-value = 0.177

Figure 5.2 presents the current level of total household educational debt among the residency and fellowship program survey respondents. Over one-fifth of the resident (20%) and fellow (27%) respondents indicated having no household educational debt. Almost three-fourths (73%) of the resident respondents indicated having a household educational debt of \$100,000 or more, compared to 61 percent of the fellow respondents. Over three-fifths (63%) of the resident respondents indicated having a household educational debt of \$200,000 or more, compared to 49 percent of fellow respondents. There was no statistically significant difference between the two groups.

Program Assessment

Training Program

Table 5.8	All Respondents (n=296)			
	Residents (n=201)		Fellows (n=95)	
The residency or fellowship program provided resources and training to prepare for my specialty exams.	Number	Percent	Number	Percent
Strongly Agree	94	48.0	48	52.2
Agree	85	43.4	36	39.1
Neutral	13	6.6	8	8.7
Disagree	3	1.5	0	0.0
Strongly Disagree	1	0.5	0	0.0
Total	196	100.0	92	100.0
Missing/Board exam in my field does not exist	5		3	

Chi-square p-value = 0.436

Table 5.8 shows the residency and fellowship program survey respondents' assessment of the resources and training provided by the program to prepare them for the specialty exams. Almost all resident (91%) and fellow (91%) respondents indicated they “strongly agree” or “agree” that their training program provided them resources and training to prepare for the specialty exams. There was no statistically significant difference between the two groups.

ACGME Competency Areas

Table 5.9	All Respondents (n=296)						
	Residents (n=201)			Fellows (n=95)			p-value
	Fully	Partially	Not at all	Fully	Partially	Not at all	
%	%	%	%	%	%		
Patient Care	95.4	4.1	0.5	93.5	6.5	0.0	0.536
Medical knowledge	87.7	12.3	0.0	88.0	12.0	0.0	0.932
Practice-based learning & improvement	85.6	13.8	0.5	92.4	6.5	1.1	0.171
Interpersonal & communication skills	99.0	1.0	0.0	96.7	3.3	0.0	0.177
Professionalism	99.5	0.5	0.0	96.7	2.2	1.1	0.148
Systems-based practice	86.5	13.5	0.0	91.3	8.7	0.0	0.245

Table 5.9 shows the residency and fellowship program survey respondents' self-rated competency level in the six ACGME competency areas. A majority ($\geq 85\%$) of the resident and fellow respondents indicated feeling “fully” competent in the six ACGME competency areas. There was no statistically significant difference between the two groups.

Rural and Underserved Training

Table 5.10 In your residency or fellowship program, did you receive training to serve the:	All Respondents (n=296)								
	Residents (n=201)				Fellows (n=95)				p-value
	Yes		No		Yes		No		
	#	%	#	%	#	%	#	%	
Rural population	143	73.7	51	26.3	66	72.5	25	27.5	0.833
Underserved population	189	97.4	5	2.6	83	90.2	9	9.8	0.008 ‡

Table 5.10 shows whether the residency and fellowship program survey respondents' received training to serve the rural and underserved populations during their training program. About three-fourths of the resident (74%) and fellow (73%) respondents indicated they had received training to serve the rural populations. There was no statistically significant difference between the two groups.

Almost all (97%) and fellow (90%) respondents reported they had received training to serve the underserved populations. The Chi-square test of association between the two groups was statistically significant. Resident respondents appear more likely to have received training to serve the underserved populations.

Competency in Providing Care to the Rural and Underserved Populations

Table 5.11 How competent do you feel providing care to the:	All Respondents (n=296)						
	Residents (n=201)			Fellows (n=95)			p-value
	Fully	Partially	Not at all	Fully	Partially	Not at all	
	%	%	%	%	%	%	
Rural population	71.4	26.6	2.1	79.1	19.8	1.1	0.366
Underserved population	96.4	3.6	0.0	91.3	7.6	1.1	0.120

Table 5.11 shows the residency and fellowship program survey respondents' self-rated competency levels in providing care to the rural and underserved populations. About three-fourths of the resident (71%) and fellow (79%) respondents indicated feeling "fully" competent in providing care to the rural populations. There was no statistically significant difference between the two groups.

Almost all resident (96%) and fellow (91%) respondents indicated feeling "fully" competent in providing care to the underserved populations. There was no statistically significant difference between the two groups.

Program Opportunities

Table 5.12	All Respondents (n=296)								
	Residents (n=201)				Fellows (n=95)				p-value
	Yes		No		Yes		No		
#	%	#	%	#	%	#	%		
In your residency or fellowship program, did you: Have an opportunity to be part of a multi-disciplinary inter-professional team to provide care?	194	100.0	0	0.0	92	100.0	0	0.0	1.000
Participate in a quality improvement project to improve health outcome?	181	93.3	13	6.7	87	94.6	5	5.4	0.680
Participate in patient safety project?	164	84.5	30	15.5	69	75.8	22	24.2	0.076
Have an opportunity to serve on a hospital-based committee or council?	160	82.9	33	17.1	69	75.8	22	24.2	0.159
Have an opportunity to participate in a cultural competency or diversity training?	171	88.6	22	11.4	75	81.5	17	18.5	0.104

Table 5.12 shows if there were any program opportunities available for the residency and fellowship program survey respondents' in their training program. All (100%) resident and fellow respondents indicated they had the opportunity to be part of a multi-disciplinary inter-professional team. Almost all resident (93%) and fellow (95%) respondents indicated they had participated in a quality improvement project. A majority of the resident and fellow respondents indicated participating in a patient safety project (85%, 76%), had the opportunity to serve on a committee or council (83%, 76%), and had an opportunity to participate in a cultural competency or diversity training (89%, 82%). There was no statistically significant difference between the two groups.

Teaching Opportunities

Table 5.13	All Respondents (n=296)			
	Residents (n=201)		Fellows (n=95)	
Were you provided an opportunity to teach in a clinical environment?	Number	Percent	Number	Percent
Yes	192	99.0	90	98.9
No	2	1.0	1	1.1
Total	194	100.0	91	100.0
Missing	7		4	

Chi-square p-value = 0.958

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

Teaching Preparedness

Table 5.14	All Respondents (n=296)			
	Residents (n=201)		Fellows (n=95)	
How prepared did you feel to teach in a clinical environment?	Number	Percent	Number	Percent
Very well prepared	72	37.1	42	46.7
Well prepared	103	53.1	44	48.9
Neutral	18	9.3	4	4.4
Poorly prepared	1	0.5	0	0.0
Very poorly prepared	0	0.0	0	0.0
Total	194	100.0	90	100.0
Missing	7		5	

Chi-square p-value = 0.270

Table 5.14 shows the residency and fellowship program survey respondents' readiness to teach in a clinical environment. Almost all resident (90%) and fellow (96%) respondents indicated feeling "very well prepared" or "well prepared" to teach in a clinical environment. There was no statistically significant difference between the two groups.

Frequency of Teaching Opportunities

Table 5.15	All Respondents (n=296)			
	Residents (n=201)		Fellows (n=95)	
In your residency or fellowship program, how many opportunities for teaching did you encounter per week in a clinical environment?	Number	Percent	Number	Percent
None	2	1.0	1	1.1
Once per week	35	17.9	18	20.2
Twice per week	42	21.5	13	14.6
Three times per week	29	14.9	16	18.0
Four or more times per week	87	44.6	41	46.1
Total	195	100.0	89	100.0
Missing	6		6	

Chi-square p-value = 0.719

Table 5.15 shows the number of opportunities the residency and fellowship program survey respondents were provided to teach in a clinical environment per week. Almost one-half of the resident (45%) and fellow (46%) respondents indicated they were provided four or more opportunities per week to teach in a clinical environment. There was no statistically significant difference between the two groups.

Competency in Communication during the Hand-Off Process

Table 5.16	All Respondents (n=296)			
	Residents (n=201)		Fellows (n=95)	
How competent do you feel in communicating with team members in the hand-off process?	Number	Percent	Number	Percent
Very competent	165	84.6	74	80.4
Competent	27	13.8	18	19.6
Neutral	3	1.5	0	0.0
Incompetent	0	0.0	0	0.0
Very incompetent	0	0.0	0	0.0
Total	195	100.0	92	100.0
Missing	6		3	

Chi-square p-value = 0.240

Table 5.16 shows the residency and fellowship program survey respondents' self-rated competency levels in communicating with team members during the hand-off process. Almost all resident (98%) and fellow (100%) respondents indicated feeling "very competent" or "competent" communicating with team members during the hand-off process. There was no statistically significant difference between the two groups.

IUSM Policies and Procedures Regarding Mistreatment

Table	All Respondents (n=296)								p-value
	Residents (n=201)				Fellows (n=95)				
	Yes		No		Yes		No		
Do you know about the following at IUSM:	#	%	#	%	#	%	#	%	
Policies regarding mistreatment of residents?	186	95.4	9	4.6	84	91.3	8	8.7	0.172
Procedures regarding mistreatment of residents?	179	91.8	16	8.2	81	88.0	11	12.0	0.310
Policies regarding mistreatment of medical students?	182	93.3	13	6.7	83	90.2	9	9.8	0.354
Procedures regarding mistreatment of medical students?	172	88.2	23	11.8	81	88.0	11	12.0	0.968

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

Reporting Mistreatment

Table 5.18	All Respondents (n=296)								p-value
	Residents (n=201)				Fellows (n=95)				
	Yes		No		Yes		No		
Do you know about the following at IUSM:	#	%	#	%	#	%	#	%	
Do you know whom to report mistreatment behaviors?	164	84.1	31	15.9	75	81.5	17	18.5	0.585
Are you comfortable reporting mistreatment behaviors?	178	91.3	17	8.7	75	82.4	16	17.6	0.029 †
Have you experienced any mistreatment behaviors?	73	37.4	122	62.6	41	45.1	50	54.9	0.220
Did you report the mistreatment behavior incident?	59	34.9	110	65.1	34	41.5	48	58.5	0.313

Table 5.18 shows the residency and fellowship program survey respondents' knowledge of reporting mistreatment behaviors. A majority of the resident and fellow respondents indicated they knew whom to report mistreatment behaviors (84%, 82%) and were comfortable reporting mistreatment behaviors (91%, 82%), respectively. About two-fifths of the resident (37%) and fellow (45%) respondents experienced any mistreatment behaviors. About three-fifths of the resident (65%) and fellow (59%) respondents indicated reporting the mistreatment behavior incident. The Chi-square test of association between the two groups was statistically significant. Resident respondents appear more likely to be comfortable reporting mistreatment behaviors.

Unreported Mistreatment

Table 5.19	All Respondents (n=158)			
	Residents (n=111)		Fellows (n=47)	
If there were any incidents of mistreatment behaviors that you did not report, why did you not report them?	Number	Percent	Number	Percent
Incident did not seem important enough to report	7	21.2	2	10.5
Resolved the issue myself	7	21.2	3	15.8
Did not think anything would be done about it	6	18.2	2	10.5
Fear of reprisal	2	6.1	2	10.5
Did not know what to do	0	0.0	2	10.5
Other	11	33.3	8	42.1
Total	33	100.0	19	100.0
Missing	78		28	

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

Chi-square p-value = 0.360

Table 5.19 shows the residency and fellowship program survey respondents' reasons for not reporting any incidents of mistreatment behaviors. Only those respondents who had not reported any mistreatment behavior incidents were included in this analysis. Over one-tenth of the resident and fellow respondents gave the following reasons for not reporting mistreatment behavior incidents: incident did not seem important enough to report (21%, 11%), resolved the issue myself (21%, 16%), or did not think anything would be done about it (18%, 11%), respectively. There was no statistically significant difference between the two groups.

Quality of Program

Table 5.20	All Respondents (n=296)			
	Residents (n=201)		Fellows (n=95)	
I would rate the overall <u>quality</u> of my residency or fellowship program as:	Number	Percent	Number	Percent
Excellent	100	51.3	59	65.6
Above Average	78	40.0	23	25.6
Average	17	8.7	7	7.8
Below Average	0	0.0	1	1.1
Extremely Poor	0	0.0	0	0.0
Total	195	100.0	90	100.0
Missing	6		5	

Chi-square p-value = 0.044 ‡

Table 5.20 shows the residency and fellowship program survey respondents' overall rating of the quality of their training program. Almost all resident (91%) and fellow (91%) respondents indicated the quality of their training program was "excellent" or "above average." The Chi-square test of association between the two groups was statistically significant. Resident respondents appear more likely to rate the overall quality of their training program as above average.

Faculty Assessment

Table 5.21	All Respondents (n=296)			
	Residents (n=201)		Fellows (n=95)	
I would rate the overall performance of the <u>faculty</u> in my residency or fellowship program to have exceeded my expectations?	Number	Percent	Number	Percent
Strongly Agree	84	43.1	51	56.0
Agree	92	47.2	26	28.6
Neutral	13	6.7	11	12.1
Disagree	5	2.6	2	2.2
Strongly Disagree	1	0.5	1	1.1
Total	195	100.0	91	100.0
Missing	6		4	

Chi-square p-value = 0.042 †

Table 5.21 shows the residency and fellowship program survey respondents' overall performance rating of faculty in their training program. A majority of the resident (90%) and fellow (85%) respondents indicated they “strongly agree” or “agree” that the faculty in their program exceeded their expectations. The Chi-square test of association between the two groups was statistically significant. Resident respondents appear more likely to agree that the faculty in their training program exceeded their expectations.

Assessment of peer residents and fellows

Table 5.22	All Respondents (n=296)			
	Residents (n=201)		Fellows (n=95)	
I would rate the overall performance of the <u>other residents/fellows</u> in my residency or fellowship program to have exceeded my expectations?	Number	Percent	Number	Percent
Strongly Agree	83	42.6	47	52.2
Agree	94	48.2	34	37.8
Neutral	18	9.2	5	5.6
Disagree	0	0.0	3	3.3
Strongly Disagree	0	0.0	1	1.1
Total	195	100.0	90	100.0
Missing	6		5	

Chi-square p-value = 0.014 †

Table 5.22 shows the residency and fellowship program survey respondents' overall performance rating of other residents or fellows in their training program. A majority of the resident (91%) and fellow (90%) respondents indicated they “strongly agree” or “agree” that other residents or fellows in their training program exceeded their expectations. The Chi-square test of association between the two groups was statistically significant. Resident respondents appear more likely to agree that the other residents/fellows in their training program exceeded their expectations.

Quality of Life

Table 5.23(a)	All Respondents (n=296)						
	Residents (n=201)			Fellows (n=95)			p-value
	Strongly Agree / Agree	Neutral	Disagree / Strongly Disagree	Strong Agree / Agree	Neutral	Disagree / Strongly Disagree	
Percent	Percent	Percent	Percent	Percent	Percent		
At this time, I feel...							
My personal and professional lives were well-balanced.	71.8	14.4	13.8	68.9	20.0	11.1	0.003 †
I have felt physically "burnt out" from my work.	28.7	21.0	50.3	15.6	25.6	58.9	0.073
I have felt emotionally "burnt out" from my work.	31.3	26.7	42.1	21.1	24.4	54.4	0.313
I have the resources readily available to maintain my wellness.	81.5	13.3	5.1	81.1	15.6	3.3	0.179

Table 5.23(a) shows the residency and fellowship program care survey respondents' overall wellbeing. This question was not asked on the survey in previous years. Over two-thirds of the resident (72%) and fellow (69%) respondents "strongly agree" or "agree" their personal and professional life was well-balanced. The Chi-square test of association between the two groups was statistically significant. Resident respondents appear more likely to agree that their personal and professional life was well-balanced.

About one-third of the resident respondents indicated they "strongly agree" or "agree" they felt physically (29%) or emotionally (31%) burnt out from work, compared to fellow respondents (16%, 21%), respectively. There was no statistically significant difference between the two groups.

Over four-fifths of the resident (82%) and fellow (81%) respondents indicated they "strongly agree" or "agree" they had readily available resources to maintain their wellness. There was no statistically significant difference between the two groups.

Table 5.23(b)	All Respondents (n=296)			
	Residents (n=201)		Fellows (n=95)	
	Number	Percent	Number	Percent
I would rate the overall quality of my life as:				
Very good	64	32.8	40	44.4
Good	109	55.9	32	35.6
Fair	22	11.3	18	20.0
Poor	0	0.0	0	0.0
Very poor	0	0.0	0	0.0
Total	195	100.0	90	100.0
Missing	6		5	

Chi-square p-value = 0.005 †

Table 5.23(b) shows the residency and fellowship program survey respondents' overall rating of their quality of life. A majority of the resident (89%) and fellow (80%) respondents indicated the overall quality of their life was "very good" or "good". The Chi-square test of association between the two groups was statistically significant. Resident respondents appear more likely to agree that their quality of life was good.

Plans after Graduation

Table 5.24	All Respondents (n=296)			
	Residents (n=201)		Fellows (n=95)	
What do you expect to be doing after completion of your current residency or fellowship program?	Number	Percent	Number	Percent
Patient Care or Clinical Practice (in Non-Training position)	117	59.1	75	79.8
Fellowship or Additional Subspecialty Training	76	38.4	16	17.0
Military	0	0.0	0	0.0
Non Patient Care-based activities (e.g. research, administration)	3	1.5	2	2.1
Temporarily out of medicine	0	0.0	0	0.0
Other	2	1.0	1	1.1
Undecided/Don't know yet	0	0.0	0	0.0
Total	198	100.0	94	100.0
Missing	3		1	

Chi-square p-value = 0.004 ‡

Table 5.24 shows what the residency and fellowship program survey respondents' expect to do after completing their current training program. Three-fifths (59%) of the resident respondents planned to go into patient care or clinical practice after completing their training, compared to 80 percent of the fellow respondents. Over one-third (38%) of the resident respondents planned to continue with additional training, compared to 17 percent of the fellow respondents. The Chi-square test of association between the two groups was statistically significant. Resident respondents appear more likely to enter additional training after completion of their current training program.

NOTE - The following section is only for those respondents who indicated they were primarily going into "patient care or clinical practice" (n=192).

Respondents going into patient care or clinical practice (n=192)

Practice Characteristics

Primary Practice Location

Table 5.25	Clinical Care Respondents (n=192)			
	Residents (n=117)		Fellows (n=75)	
Where is the location of your primary activity after completing your current training program?	Number	Percent	Number	Percent
Same city or county as current training	40	35.1	20	27.4
Same region in Indiana, but different city or county	16	14.0	8	11.0
Other area in Indiana	15	13.2	4	5.5
Other U.S. state (not Indiana)	43	37.7	41	56.2
Outside of U.S.	0	0.0	0	0.0
Total	114	100.0	73	100.0
Missing / Undecided	3		2	

Chi-square p-value = 0.131

Table 5.25 shows the location of the residency and fellowship program survey respondents' primary activity after completion of their current training program. Three-fifths (62%) of the resident respondents planned to practice within Indiana, compared to 44 percent of the fellow respondents. There was no statistically significant difference between the two groups.

Type of Practice

Table 5.26	Clinical Care Respondents (n=192)			
	Residents (n=117)		Fellows (n=75)	
Which best describes the principal type of Patient Care Practice you will be entering? Please mark all that apply.	Number	Percent	Number	Percent
Solo practice	2	1.7	1	1.3
Partnership (2 person)	6	5.1	0	0.0
Group Practice	58	49.6	36	48.0
Hospital-inpatient	38	32.5	33	44.0
Hospital-ambulatory care	32	27.4	14	18.7
Hospital-emergency department	16	13.7	6	8.0
Free-standing health center or clinic	8	6.8	4	5.3
Nursing Home	0	0.0	0	0.0
Other (specify)	5	4.3	3	4.0

Table 5.26 shows the principal type of patient care practice setting the residency and fellowship program survey respondents' will be entering after completing their training. About one-half of the resident (50%) and fellow (48%) respondents reported they intend to work in a "group practice" setting. Over two-thirds of the resident (74%) and fellow (71%) respondents indicated they intended to work in a hospital setting (inpatient, ambulatory care, or emergency department).

Obligation or Visa Requirement

Table 5.27	Clinical Care Respondents (n=192)			
	Residents (n=117)		Fellows (n=75)	
Do you have an obligation or visa requirement to work in a designated HPSA or MUA when you complete your training?	Number	Percent	Number	Percent
Yes	6	5.1	6	8.1
No	111	94.9	68	91.9
Total	117	100.0	74	100.0
Missing	0		1	

Chi-square p-value = 0.108

Table 5.27 shows the residency and fellowship program survey respondents' obligation or visa requirement to work in a designated HPSA or MUA after completing their training. Almost all resident (95%) and fellow (92%) respondents indicated they had no obligation or visa requirement to work in a designated HPSA or MUA after completing their training. There was no statistically significant difference between the two groups.

Percentage of Patients Expected to be seen from Underserved Populations

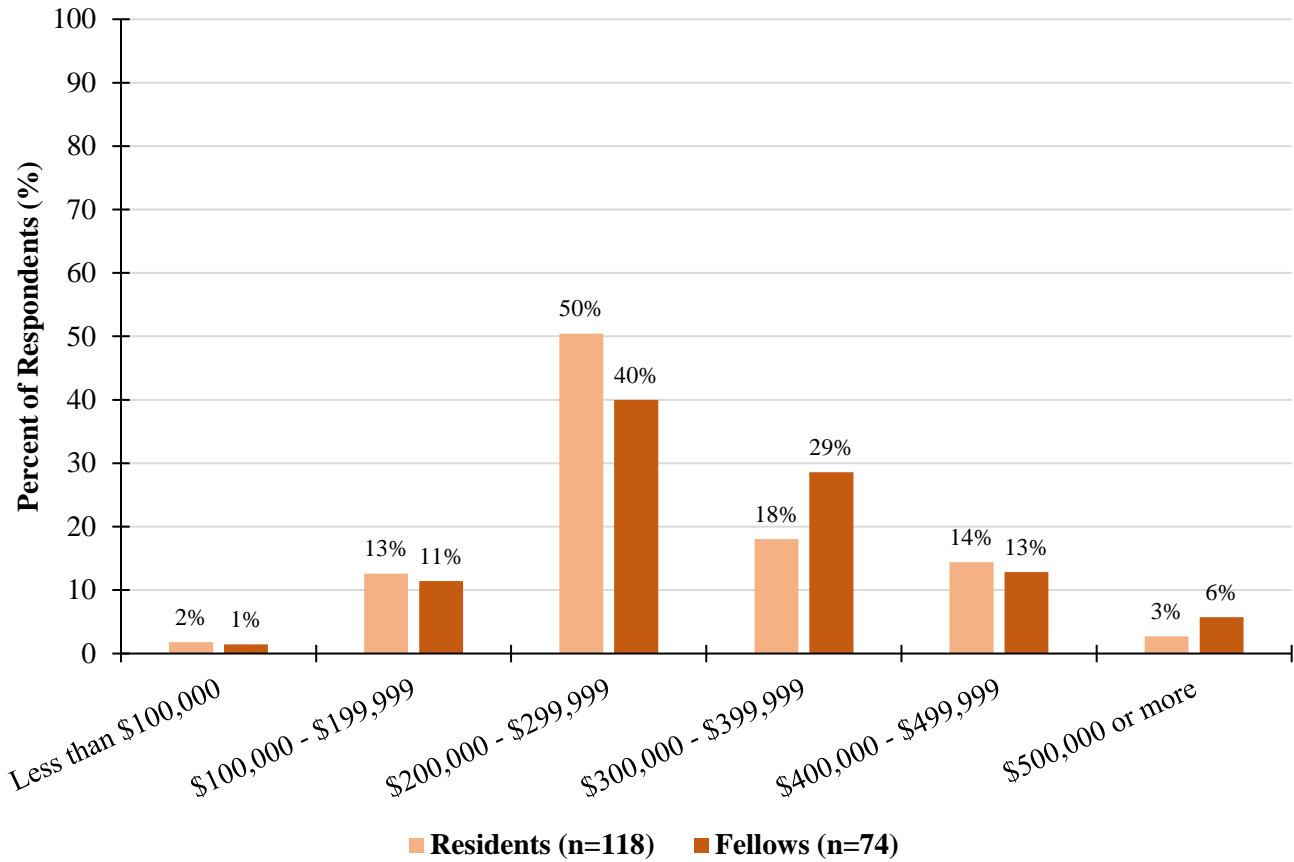
Table 5.28	Clinical Care Respondents (n=192)			
	Residents (n=117)		Fellows (n=75)	
In your new practice, what percentage of the patients do you expect to see from underserved populations?	Number	Percent	Number	Percent
Less than 10 percent	9	8.1	5	7.4
10-24 percent	35	31.5	22	32.4
25-49 percent	42	37.8	22	32.4
50-74 percent	16	14.4	14	20.6
More than 75 percent	9	8.1	5	7.4
Total	111	100.0	68	100.0
Missing/Don't Know	6		7	

Chi-square p-value = 0.847

Table 5.28 shows the percentage of patient's the residency and fellowship program survey respondents' expect to see from underserved populations. Three-fifths of the resident (60%) and fellow (60%) respondents indicated they expect to see more than 25 percent of the patients from underserved populations. There was no statistically significant difference between the two groups.

Expected Gross Income

Figure 5.3: Expected Gross Income (n=192)



Chi-square p-value = 0.844

Figure 5.3 presents the gross income that residency and fellowship program survey respondents' expect to earn during their first year of practice. A majority of the resident (86%) and fellow (87%) respondents indicated they expect to earn \$200,000 or more during their first year of practice. About one-third (35%) of the resident respondents indicated they expect to earn \$300,000 or more during their first year of practice, compared to 47 percent of the fellow respondents. There was no statistically significant difference between the two groups.

Job Offers All Together

Table 5.29	Clinical Care Respondents (n=192)			
	Residents (n=117)		Fellows (n=75)	
How many offers for employment/practice positions did you receive all together?	Number	Percent	Number	Percent
0	0	0.0	0	0.0
1	24	22.4	9	12.9
2	25	23.4	21	30.0
3	22	20.6	16	22.9
4	10	9.3	8	11.4
5 or more	26	24.3	16	22.9
Total	107	100.0	70	100.0
Missing / Did not seek an employment position at this time	10		5	

Chi-square p-value = 0.627

Table 5.29 shows the total number of offers the residency and fellowship program survey respondents' received for employment or practice positions. Over one-half of the resident (54%) and fellow (57%) respondents indicated receiving three or more offers for employment all together. There was no statistically significant difference between the two groups.

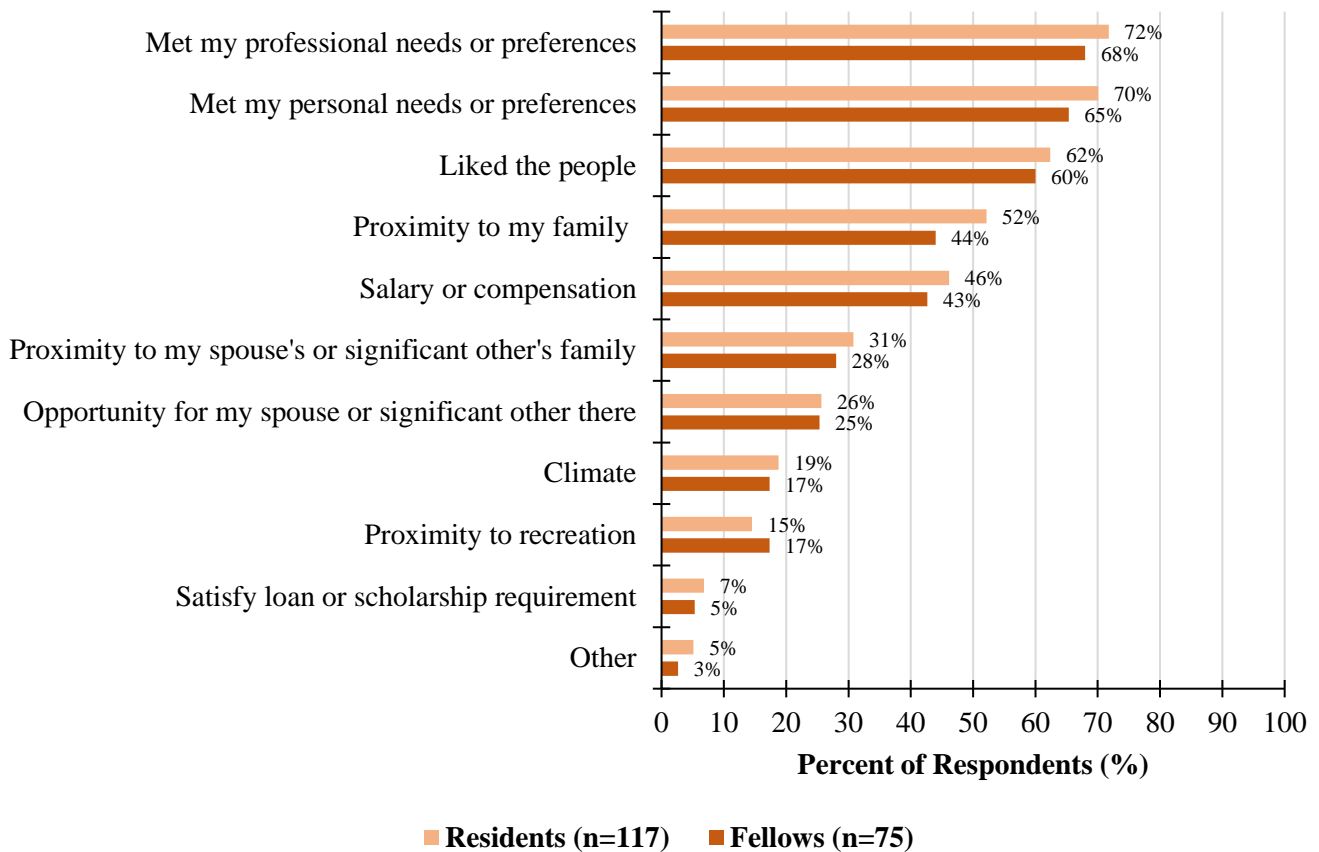
Job Offers from Indiana Hospitals

Table 5.30	Clinical Care Respondents (n=192)			
	Residents (n=117)		Fellows (n=75)	
Did you receive any offer from? Please mark all that apply.	Number	Percent	Number	Percent
IU Health	43	36.4	27	36.5
Eskenazi Hospital	15	12.7	3	4.1
Veterans Administration	11	9.3	5	6.8
Other hospital or health system in Indiana	46	39.0	22	29.7
Other	6	5.1	7	9.5

Table 5.30 shows the number of offers the residency and fellowship survey respondents' received for employment from Indiana hospitals. Over one-third of the resident (36%) and fellow (37%) respondents indicated receiving offers from IU Health. About two-fifths (39%) of the resident respondents indicated receiving offers from other hospital or health system in Indiana, compared to 30 percent of their fellow counterparts.

Main Reasons to Practice at this Location

Figure 5.4 Main Reasons to Practice at this Location (n=192)



‡ Denotes that a statistically significant difference was found.

Figure 5.4 presents the main reasons influencing the residency and fellowship program survey respondents' choice of practice location. The top three reasons given by both resident *and* fellow respondents for choosing to practice at this location were: “met my professional needs or preferences” (72%, 68%), “met my personal needs or preferences” (70%, 65%), and “liked the people” (62%, 60%), respectively. There was no statistically significant difference between the two groups.

Respondents going into patient care or clinical practice within Indiana (n=103)

Job Offers in Indiana

Table 5.31 How many offers for employment/practice positions did you receive in Indiana?	Clinical Care Respondents (n=103)*			
	Residents (n=71)		Fellows (n=32)	
	Number	Percent	Number	Percent
0	0	0.0	0	0.0
1	18	25.7	14	43.8
2	18	25.7	8	25.0
3	15	21.4	6	18.8
4	9	12.9	0	0.0
5 or more	10	14.3	4	12.5
Total	70	100.0	32	100.0
Missing/ Did not seek employment positions at this time	1		0	

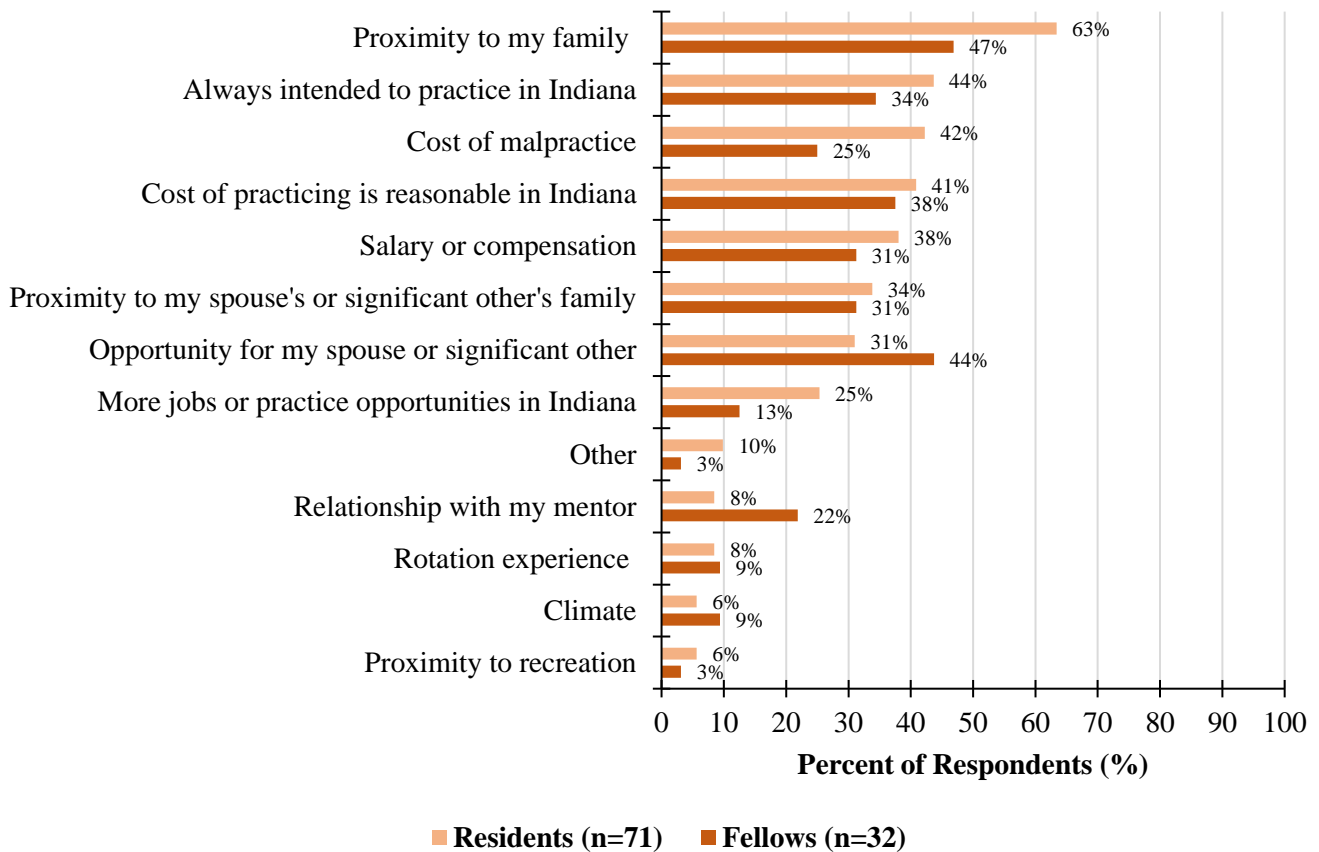
*Reflects responses from only those respondents who indicated their primary practice location was in Indiana.

Chi-square p-value = 0.220

Table 5.31 shows the number of offers the residency and fellowship program survey respondents' received for employment or practice positions in Indiana. Only those respondents who indicated their primary practice location was in Indiana were included in the analysis. Of those 103 respondents, almost one-half (49%) of the resident respondents indicated receiving three or more offers for employment in the state, compared to 31 percent of the fellow respondents. There was no statistically significant difference between the two groups.

Main Reasons to Practice in Indiana

Figure 5.5: Main Reasons to Practice in Indiana (n=103)*



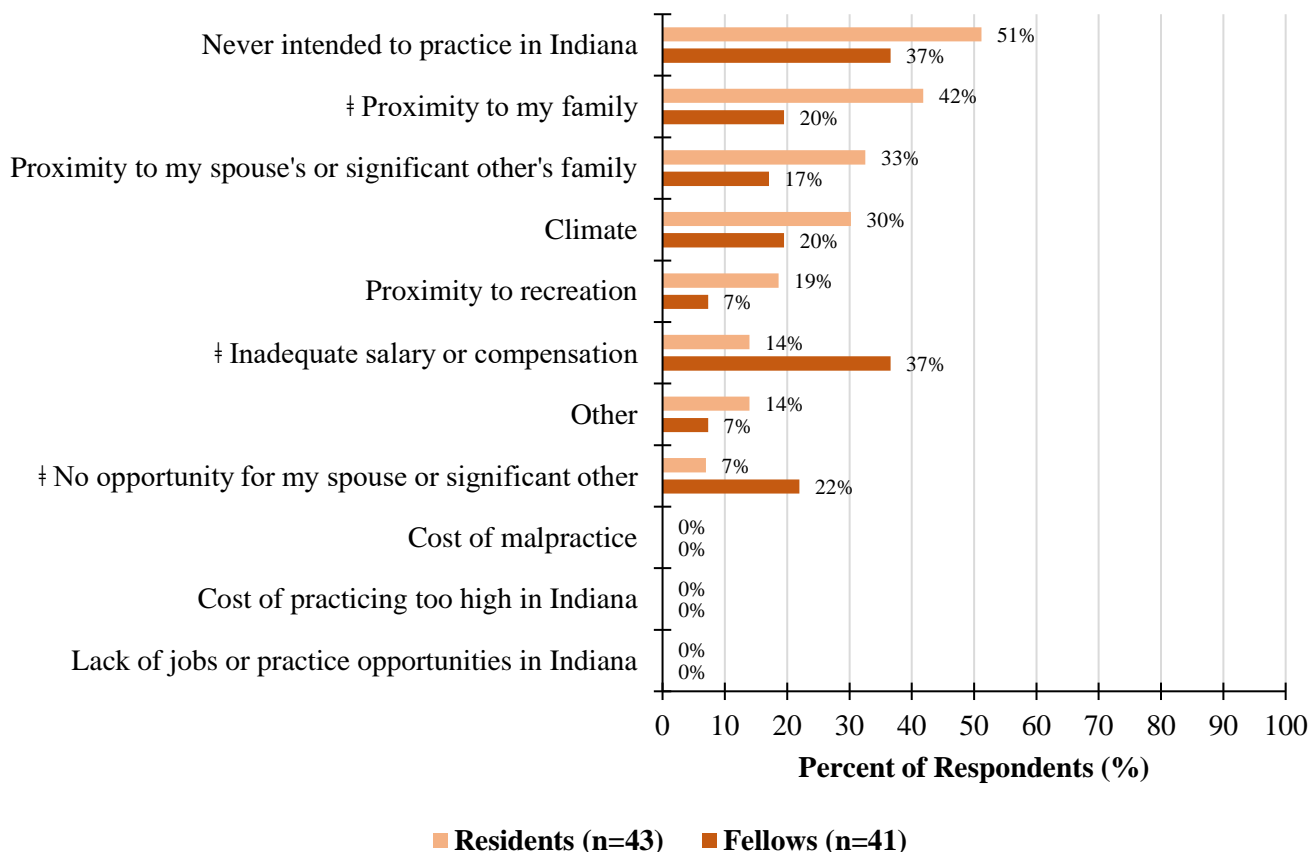
*Reflects responses from only those respondents who indicated their primary practice location was in Indiana.

‡ Denotes that a statistically significant difference was found.

Figure 5.5 presents the main reasons influencing residency and fellowship program survey respondents' choice of practice location in Indiana. Only those respondents who indicated their primary practice location was in Indiana were included in this analysis. Among those 103 respondents, the top reasons given by the resident respondents were: "proximity to my family" (63%), "always intended to practice in Indiana" (44%), and "cost of malpractice" (42%). The top reasons given by the fellow respondents were: "proximity to my family" (47%), "opportunity for my spouse or significant other" (44%), and "cost of practicing is reasonable in Indiana" (38%). There was no statistically significant difference between the two groups.

Main Reasons not to practice in Indiana

Figure 5.6: Main Reasons not to Practice in Indiana (n=84)*



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

‡ Denotes that a statistically significant difference was found.

Figure 5.6 presents the main reasons influencing residency and fellowship program survey respondents' choice of practice location outside Indiana. Only those respondents who indicated their primary practice location was outside Indiana were included in this analysis. Among those 84 respondents, the top reasons given by the resident respondents were: “never intended to practice in Indiana” (51%), “proximity to my family” (42%), and “proximity to spouse’s or significant other’s family” (33%). The top reasons given by the fellow respondents were: “never intended to practice in Indiana” (37%) and “inadequate salary or compensation” (37%). The Chi-square test of association between the two groups was statistically significant. Resident respondents appear more likely to practice outside Indiana because of proximity to their family. Fellow respondents appear more likely to practice outside Indiana due to inadequate salary or compensation and no opportunity for their spouse or significant other.

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

The survey respondents' names were asked a question about their first practice location after completing their training. Based on their response, they were classified into two categories, those planning to practice in Indiana (in-state) and those intending to practice outside Indiana (out-state). Of the 296 graduates who completed the survey, 12 did not indicate their first practice location and were excluded from analysis in this chapter. Of the remaining 284 respondents, 132 indicated they planned to practice in-state and 152 intended to practice out-of-state, as shown in tables 6.1 to 6.24 and figures 6.1 and 6.2. The remaining tables and figures show responses from only those graduates who:

- indicated they planned to work in 'patient care or clinical practice' after graduation, n=187: [in-state (103) and out-state (82)];
- intended to practice in Indiana [103]; and,
- intended to practice outside Indiana [84].

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

All respondents (n=284)

Demographics

Age

Table 6.1	All Respondents (n=284)			
	In-state (n=132)		Out-state (n=152)	
Age	Number	Percent	Number	Percent
25-29	35	27.3	35	23.2
30-34	74	57.8	85	56.3
35-39	13	10.2	24	15.9
40-44	4	3.1	3	2.0
45-49	2	1.6	4	2.6
>50	0	0.0	0	0.0
Total	128	100.0	151	100.0
Missing	4		1	

Chi-square p-value = 0.320

Table 6.1 shows the age distribution of all survey respondents intending to practice within Indiana and those going out-of-state. Over two-thirds of the respondents intending to practice within Indiana (68%) and those going out-of-state (72%) were between the ages of 30 and 39 years. There was no statistically significant difference between the two groups.

Gender

Table 6.2	All Respondents (n=284)			
	In-state (n=132)		Out-state (n=152)	
Gender	Number	Percent	Number	Percent
Male	63	47.7	96	63.2
Female	69	52.3	56	36.8
Other	0	0.0	0	0.0
Total	132	100.0	152	100.0
Missing	0		0	

Chi-square p-value = 0.031 †

Table 6.2 shows the gender distribution of all survey respondents intending to practice within Indiana and those going out-of-state. Over one-half (52%) of the respondents intending to practice within Indiana identified as female, compared to 37 percent of those going out-of-state. The Chi-square test of association between the two groups was statistically significant. Respondents intending to stay within Indiana to practice were more likely to be female.

Race

Table 6.3	All Respondents (n=284)			
	In-state (n=132)		Out-state (n=152)	
Which of the following describes your race? Please mark all that apply.	Number	Percent	Number	Percent
American Indian/ Alaskan Native	0	0.0	0	0.0
Asian	16	12.2	25	16.8
Black/ African American	2	1.5	8	5.4
Native Hawaiian/ Pacific Islander	0	0.0	0	0.0
White	104	79.4	103	69.1
Other	5	3.8	7	4.7
Biracial	4	3.1	6	4.0
Total	131	100.0	149	100.0
Missing	1		3	

Table 6.3 shows the racial distribution of all survey respondents intending to practice within Indiana and those going out-of-state. Over two-thirds of the respondents intending to practice within Indiana (79%) and those going out-of-state (69%) were white. Over one-tenth of the respondents intending to practice within Indiana (12%) and those going out-of-state (17%) indicated they were Asian.

Ethnicity

Table 6.4	All Respondents (n=284)			
	In-state (n=132)		Out-state (n=152)	
Do you consider yourself to be Hispanic or Latino?	Number	Percent	Number	Percent
Yes, Hispanic/Latino	3	2.3	8	5.3
No, not Hispanic/Latino	129	97.7	142	94.7
Total	132	100.0	150	100.0
Missing	0		2	

Chi-square p-value = 0.345

Table 6.4 shows the ethnicity of all survey respondents intending to practice within Indiana and those going out-of-state. Less than five percent of the respondents intending to practice within Indiana (2%) and those going out-of-state (5%) indicated a Hispanic or Latino ethnicity. There was no statistically significant difference between the two groups.

Respondents Coming From

Table 6.5	All Respondents (n=284)			
	In-state (n=132)		Out-state (n=152)	
Where are the respondents coming from?	Number	Percent	Number	Percent
Outside USA	7	5.4	22	14.8
Within USA	123	94.6	127	85.2
<i>Outside Indiana</i>	<i>33</i>	<i>26.8</i>	<i>98</i>	<i>77.2</i>
<i>Within Indiana</i>	<i>90</i>	<i>73.2</i>	<i>29</i>	<i>22.8</i>
Total	130	100.0	149	100.0
Missing	2		3	

Chi-square p-value = 0.038 †

Table 6.5 shows where the in-state and out-of-state survey respondents' were coming from. Of the 284 graduates, five did not respond to this particular question on the survey. Of the 279 respondents, five percent of those intending to practice within Indiana were from another country, compared to 15 percent of those going out-of-state. Of the remaining 250 respondents who indicated they were from United States, about three-fourths (73%) of those intending to practice within the state were from Indiana, compared to 23 percent of those who were going out-of-state. The Chi-square test of association between the two groups was statistically significant. Respondents going out-of-state appear more likely to come from a different state or country.

Respondents who have an Indiana Connection

Table 6.6	All Respondents (n=284)			
	In-state (n=132)		Out-state (n=152)	
Respondents who have an Indiana connection	Number	Percent	Number	Percent
High School	75	56.8	21	13.8
College	71	53.8	15	9.9
Medical School	65	49.2	18	11.8

Table 6.6 shows the in-state and out-of-state survey respondents' who graduated from a high school, college, or medical school in Indiana. About one-half of the respondents intending to practice within Indiana indicated they graduated from a high school (57%), college (54%), or medical school (49%) in Indiana. One-tenth of the respondents intending to practice out-of-state indicated they graduated from a high school (14%), college (10%), or medical school (12%) in Indiana. All respondents who completed medical school in Indiana graduated from IUSM.

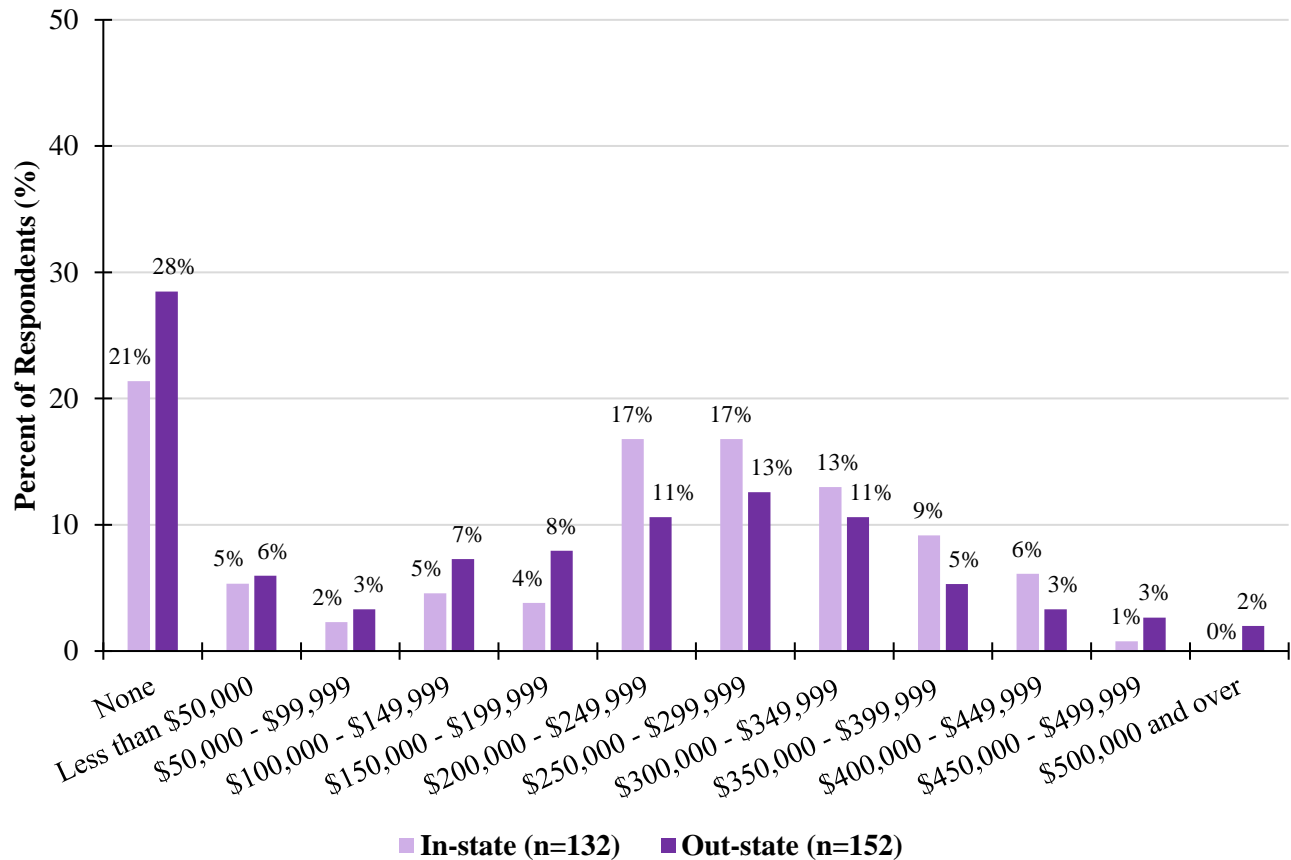
Learner Background

Table 6.7	All Respondents (n=284)			
	In-state (n=132)		Out-state (n=152)	
Do you consider yourself? Please mark all that apply.	Number	Percent	Number	Percent
First generation learner	22	16.7	31	20.4
Learner from a rural area	31	23.5	20	13.2
Economically or educationally disadvantaged	7	5.3	13	8.6
None of the above	84	63.6	97	63.8

Table 6.7 shows the in-state and out-of-state survey respondents' learner and socioeconomic background. About one-fifth of the respondents intending to practice within Indiana (17%) and those going out-of-state (20%) indicated they were a first generation learner. Over one-tenth of the respondents intending to practice within Indiana (24%) and those going out-of-state (13%) indicated they came from a rural area. Less than one-tenth of the respondents intending to practice within Indiana (5%) and those going out-of-state (9%) indicated they came from an economically or educationally disadvantaged background.

Current Individual Educational Debt

Figure 6.1: Current Individual Educational Debt (n=284)

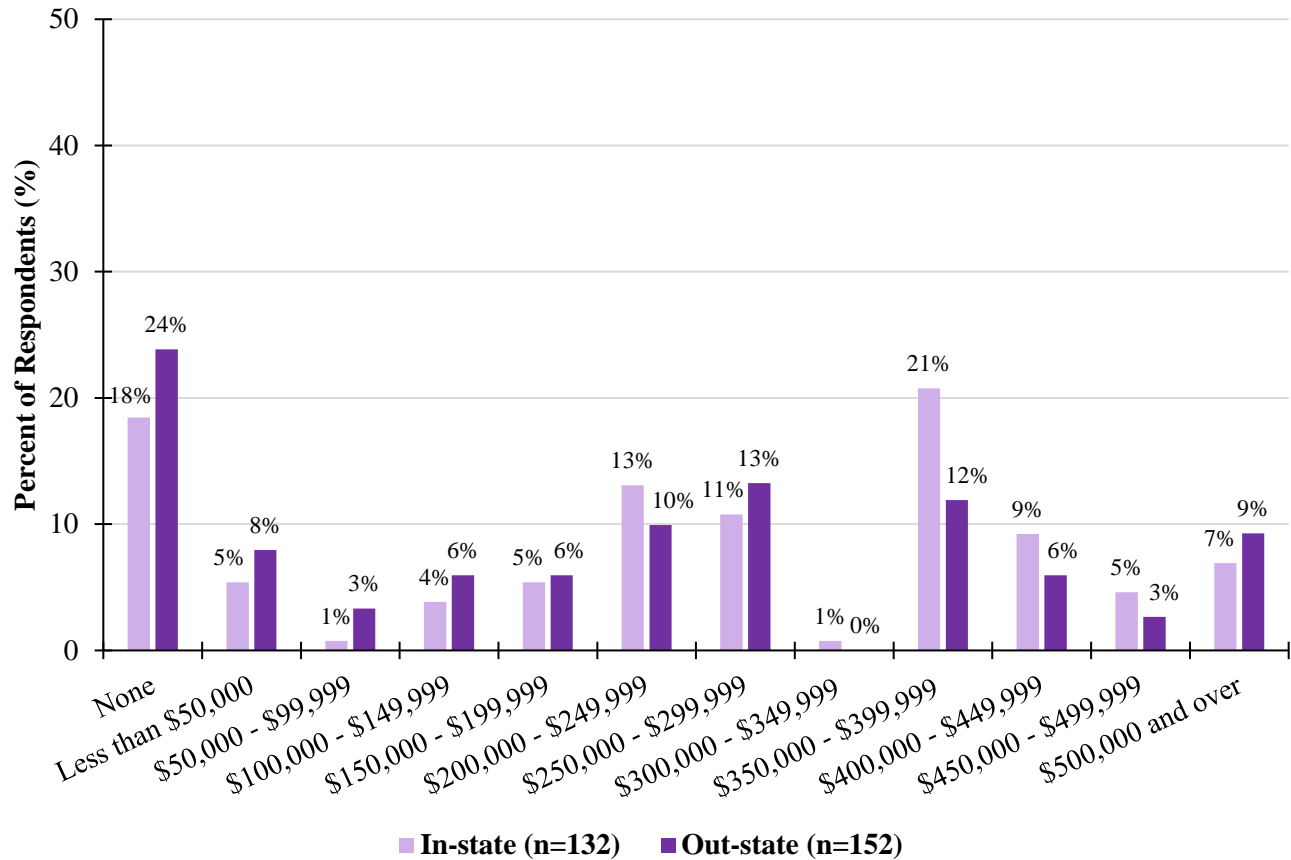


Chi-square p-value = 0.009 ‡

Figure 6.1 presents the current level of individual educational debt among the survey respondents intending to practice within Indiana and those going out-of-state. Over one-fifth of the respondents intending to practice in Indiana (21%) and those going out-of-state (28%) indicated having no educational debt. Over three-fifths of the respondents intending to practice in Indiana (71%) and those going out-of-state (62%) reported having an educational debt of \$100,000 or more. Over three-fifths (63%) of the respondents intending to practice in Indiana reported having an educational debt of \$200,000 or more, compared to 47 percent of those going out-of-state. The Chi-square test of association between the two groups was statistically significant. Respondents intending to practice within Indiana appear more likely to have an educational debt of \$200,000 or more.

Current Total Household Educational Debt

Figure 6.2: Current Total Household Educational Debt (n=284)



Chi-square p-value = 0.343

Figure 6.2 presents the current level of total household educational debt among the survey respondents intending to practice within Indiana and those going out-of-state. About one-fifth of the respondents intending to practice within Indiana (18%) and those going out-of-state (24%) indicated having no household educational debt. Over three-fifths of the respondents intending to practice within Indiana (75%) and those going out-of-state (65%) indicated having a household educational debt of \$100,000 or more. Over three-fifths of the respondents intending to practice within Indiana (66%) reported having a household educational debt of \$200,000 or more, compared to 53 percent of those going out-of-state. There was no statistically significant difference between the two groups.

Program Assessment

Training Program

Table 6.8	All Respondents (n=284)			
	In-state (n=132)		Out-state (n=152)	
The residency or fellowship program provided resources and training to prepare for my specialty exams.	Number	Percent	Number	Percent
Strongly Agree	70	53.8	68	45.9
Agree	52	40.0	65	43.9
Neutral	7	5.4	12	8.1
Disagree	1	0.8	2	1.4
Strongly Disagree	0	0.0	1	0.7
Total	130	100.0	148	100.0
Missing/Board exam in my field does not exist	2		4	

Chi-square p-value = 0.624

Table 6.8 shows the in-state and out-of-state survey respondents' assessment of the resources and training provided by the program to prepare them for the specialty exams. Almost all respondents intending to practice within Indiana (94%) and those going out-of-state (90%) indicated they "strongly agree" or "agree" that their training program provided them resources and training to prepare for the specialty exams. There was no statistically significant difference between the two groups.

ACGME Competency Areas

Table 6.9	All Respondents (n=284)						
	In-state (n=132)			Out-state (n=152)			p-value
	Fully	Partially	Not at all	Fully	Partially	Not at all	
%	%	%	%	%	%		
Patient Care	97.7	2.3	0.0	92.6	6.8	0.7	0.293
Medical knowledge	91.5	8.5	0.0	85.1	14.9	0.0	0.143
Practice-based learning & improvement	88.5	11.5	0.0	87.2	11.5	1.4	0.757
Interpersonal & communication skills	99.2	0.8	0.0	97.3	2.7	0.0	0.438
Professionalism	99.2	0.8	0.0	98.0	1.4	0.7	0.869
Systems-based practice	90.0	10.0	0.0	86.3	13.7	0.0	0.639

Table 6.9 shows the in-state and out-of-state survey respondents' self-rated competency level in the six ACGME competency areas. A majority ($\geq 85\%$) of the respondents intending to practice within Indiana and those going out-of-state indicated feeling "fully" competent in the six ACGME competency areas. There was no statistically significant difference between the two groups.

Rural and Underserved Training

Table 6.10 In your residency or fellowship program, did you receive training to serve the:	All Respondents (n=284)								p-value
	In-state (n=132)				Out-state (n=152)				
	Yes		No		Yes		No		
	#	%	#	%	#	%	#	%	
Rural population	96	73.8	34	26.2	107	73.3	39	26.7	0.781
Underserved population	126	96.9	4	3.1	137	93.2	10	6.8	0.290

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

Almost all respondents intending to practice within Indiana (97%) and those going out-of-state (93%) indicated they had received training to serve the underserved populations. There was no statistically significant difference between the two groups.

Competency in Providing Care to the Rural and Underserved Populations

Table 6.11 How competent do you feel providing care to the:	All Respondents (n=284)						p-value
	In-state (n=132)			Out-state (n=152)			
	Fully	Partially	Not at all	Fully	Partially	Not at all	
	%	%	%	%	%	%	
Rural population	73.4	26.6	0.0	74.0	23.3	2.7	0.061
Underserved population	95.3	4.7	0.0	94.6	4.8	0.7	0.750

Table 6.11 shows the in-state and out-of-state survey respondents' self-rated competency levels in providing care to the rural and underserved populations. Almost three-fourths of the respondents intending to practice within Indiana (73%) and those going out-of-state (74%) indicated feeling "fully" competent in providing care to the rural populations. There was no statistically significant difference between the two groups.

Almost all respondents intending to practice within Indiana (95%) and those going out-of-state (95%) indicated feeling "fully" competent in providing care to the underserved population. There was no statistically significant difference between the two groups.

Program Opportunities

Table 6.12	All Respondents (n=284)								
	In-state (n=132)				Out-state (n=152)				p-value
	Yes		No		Yes		No		
#	%	#	%	#	%	#	%		
Have an opportunity to be part of a multi-disciplinary inter-professional team to provide care?	130	100.0	0	0.0	147	100.0	0	0.0	1.000
Participate in a quality improvement project to improve health outcome?	122	93.8	8	6.2	137	93.2	10	6.8	0.739
Participate in patient safety project?	103	79.8	26	20.2	122	83.0	25	17.0	0.322
Have an opportunity to serve on a hospital-based committee or council?	106	82.2	23	17.8	116	79.5	30	20.5	0.756
Have an opportunity to participate in a cultural competency or diversity training?	117	90.0	13	10.0	121	82.9	25	17.1	0.118

Table 6.12 shows if there were any program opportunities available for the in-state and out-of-state survey respondents' in their training program. All (100%) respondents intending to practice in Indiana and those going out-of-state indicated they had the opportunity to be part of a multidisciplinary inter-professional team. Almost all respondents intending to practice in Indiana (94%) and those going out-of-state (93%) indicated they were able to participate in a quality improvement project. A majority of the respondents had the opportunity to participate in a patient safety project (80%, 83%); had the opportunity to serve on a committee or council (82%, 80%); and had the opportunity to participate in a cultural competency or diversity training (90%, 83%), respectively. There was no statistically significant difference between the two groups.

Teaching Opportunities

Table 6.13	All Respondents (n=284)			
	In-state (n=132)		Out-state (n=152)	
Were you provided an opportunity to teach in a clinical environment?	Number	Percent	Number	Percent
Yes	128	99.2	145	98.6
No	1	0.8	2	1.4
Total	129	100.0	147	100.0
Missing	3		5	

Chi-square p-value = 0.855

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

Teaching Preparedness

Table 6.14	All Respondents (n=284)			
	In-state (n=132)		Out-state (n=152)	
How prepared did you feel to teach in a clinical environment?	Number	Percent	Number	Percent
Very well prepared	55	43.3	57	38.5
Well prepared	66	52.0	76	51.4
Neutral	6	4.7	14	9.5
Poorly prepared	0	0.0	1	0.7
Very poorly prepared	0	0.0	0	0.0
Total	127	100.0	148	100.0
Missing	5		4	

Chi-square p-value = 0.330

Table 6.14 shows the in-state and out-of-state survey respondents' readiness to teach in a clinical environment. A majority of the respondents intending to practice in Indiana (95%) and those going out-of-state (90%) indicated feeling "very well prepared" or "well prepared" to teach in a clinical environment. There was no statistically significant difference between the two groups.

Frequency of Teaching Opportunities

Table 6.15	All Respondents (n=284)			
	In-state (n=132)		Out-state (n=152)	
In your residency or fellowship program, how many opportunities for teaching did you encounter per week in a clinical environment?	Number	Percent	Number	Percent
None	1	0.8	2	1.4
Once per week	26	20.2	25	17.1
Twice per week	30	23.3	23	15.8
Three times per week	20	15.5	22	15.1
Four or more times per week	52	40.3	74	50.7
Total	129	100.0	146	100.0
Missing	3		6	

Chi-square p-value = 0.461

Table 6.15 shows the number of opportunities the in-state and out-of-state survey respondents' were provided to teach in a clinical environment per week. Over two-fifths of the respondents intending to practice within Indiana (40%) and those going out-of-state (51%) indicated they were provided four or more opportunities per week to teach in a clinical environment. There was no statistically significant difference between the two groups.

Competency in Communication during the Hand-Off Process

Table 6.16	All Respondents (n=284)			
	In-state (n=132)		Out-state (n=152)	
How competent do you feel in communicating with team members in the hand-off process?	Number	Percent	Number	Percent
Very competent	106	81.5	127	85.8
Competent	22	16.9	20	13.5
Neutral	2	1.5	1	0.7
Incompetent	0	0.0	0	0.0
Very incompetent	0	0.0	0	0.0
Total	130	100.0	148	100.0
Missing	2		4	

Chi-square p-value = 0.769

Table 6.16 shows the in-state and out-of-state survey respondents' self-rated competency levels in communicating with team members during the hand-off process. Almost all respondents intending to practice in Indiana (98%) and those going out-of-state (99%) indicated feeling "very competent" or "competent" communicating with team members during the hand-off process. There was no statistically significant difference between the two groups.

IUSM Policies and Procedures Regarding Mistreatment

Table 6.17	All Respondents (n=284)								
	In-state (n=132)				Out-state (n=152)				p-value
	Yes		No		Yes		No		
#	%	#	%	#	%	#	%		
Policies regarding mistreatment of residents?	125	96.2	5	3.8	137	92.6	11	7.4	0.329
Procedures regarding mistreatment of residents?	121	93.1	9	6.9	131	88.5	17	11.5	0.411
Policies regarding mistreatment of medical students?	121	93.1	9	6.9	136	91.9	12	8.1	0.817
Procedures regarding mistreatment of medical students?	118	90.8	12	9.2	127	85.8	21	14.2	0.443

Table 6.17 shows the in-state and out-of-state survey respondents' knowledge of the IUSM policies and procedures regarding mistreatment. A majority ($\geq 88\%$) of the respondents intending to practice in Indiana and those going out-of-state indicated they knew the policies *and* procedures regarding mistreatment of residents. A majority ($\geq 85\%$) of the respondents intending to practice in Indiana and those going out-of-state indicated they knew the policies *and* procedures regarding mistreatment of medical students. There was no statistically significant difference between the two groups.

Reporting Mistreatment

Table 6.18	All Respondents (n=284)								
	In-state (n=132)				Out-state (n=152)				p-value
	Yes		No		Yes		No		
#	%	#	%	#	%	#	%		
Do you know whom to report mistreatment behaviors?	110	84.6	20	15.4	122	82.4	26	17.6	0.728
Are you comfortable reporting mistreatment behaviors?	117	90.7	12	9.3	129	87.2	19	12.8	0.318
Have you experienced any mistreatment behaviors?	43	33.3	86	66.7	67	45.3	81	54.7	0.127
Did you report the mistreatment behavior incident?	37	32.5	77	67.5	53	41.1	76	58.9	0.363

Table 6.18 shows the in-state and out-of-state survey respondents' knowledge of reporting mistreatment behaviors. A majority of the in-state and out-of-state respondents indicated they knew whom to report mistreatment behaviors (85%, 82%) and were comfortable reporting mistreatment behaviors (91%, 87%), respectively. One-third (33%) of the in-state respondents indicated they experienced any mistreatment behaviors, compared to 45 percent of those going out-of-state. About three-fifths of the in-state (68%) and those going out-of-state (59%) indicated not reporting the mistreatment behavior incident. There was no statistically significant difference between the two groups.

Unreported Mistreatment

Table 6.19	All Respondents (n=153)*			
	In-state (n=77)		Out-state (n=76)	
If there were any incidents of mistreatment behaviors that you did not report, why did you not report them?	Number	Percent	Number	Percent
Incident did not seem important enough to report	3	17.6	6	18.8
Resolved the issue myself	3	17.6	5	15.6
Did not think anything would be done about it	3	17.6	5	15.6
Fear of reprisal	1	5.9	3	9.4
Did not know what to do	0	0.0	1	3.1
Other	7	41.2	12	37.5
Total	17	100.0	32	100.0
Missing	60		44	

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

Chi-square p-value = 0.144

Table 6.19 shows the in-state and out-of-state survey respondents' reasons for not reporting any incidents of mistreatment behaviors. Only those respondents who had not reported any mistreatment behavior incidents were included in this analysis. Over one-tenth of the in-state and out-of-state respondents gave the following reasons for not reporting mistreatment behavior incidents: incident did not seem important enough to report (18%, 19%), resolved the issue myself (18%, 16%), or did not think anything would be done about it (18%, 16%), respectively. There was no statistically significant difference between the two groups.

Quality of Program

Table 6.20	All Respondents (n=284)			
	In-state (n=132)		Out-state (n=152)	
I would rate the overall <u>quality</u> of my residency or fellowship program as:	Number	Percent	Number	Percent
Excellent	78	60.9	77	52.0
Above Average	46	35.9	53	35.8
Average	3	2.3	18	12.2
Below Average	1	0.8	0	0.0
Extremely Poor	0	0.0	0	0.0
Total	128	100.0	148	100.0
Missing	4		4	

Chi-square p-value = 0.035 †

Table 6.20 shows the in-state and out-of-state survey respondents' overall rating of the quality of their training program. A majority of the respondents intending to practice in Indiana (97%) and those going out-of-state (88%) indicated the quality of their training program was “excellent” or “above average.” The Chi-square test of association between the two groups was statistically significant. Respondents intending to move out of state appear more likely to rate the overall quality of their residency or fellowship program as average.

Faculty Assessment

Table 6.21	All Respondents (n=284)			
	In-state (n=132)		Out-state (n=152)	
I would rate the overall performance of the <u>faculty</u> in my residency or fellowship program to have exceeded my expectations?	Number	Percent	Number	Percent
Strongly Agree	69	53.5	64	43.2
Agree	51	39.5	63	42.6
Neutral	4	3.1	17	11.5
Disagree	4	3.1	3	2.0
Strongly Disagree	1	0.8	1	0.7
Total	129	100.0	148	100.0
Missing	3		4	

Chi-square p-value = 0.142

Table 6.21 shows the in-state and out-of-state survey respondents' overall performance rating of faculty in their training program. A majority of the respondents intending to practice in Indiana (93%) and those going out-of-state (86%) indicated they “strongly agree” or “agree” that the faculty in their program exceeded their expectations. There was no statistically significant difference between the two groups.

Assessment of Peer Residents and Fellows

Table 6.22	All Respondents (n=284)			
	In-state (n=132)		Out-state (n=152)	
I would rate the overall performance of the <u>other residents/fellows</u> in my residency or fellowship program to have exceeded my expectations?	Number	Percent	Number	Percent
Strongly Agree	73	56.6	55	37.4
Agree	46	35.7	76	51.7
Neutral	8	6.2	14	9.5
Disagree	2	1.6	1	0.7
Strongly Disagree	0	0.0	1	0.7
Total	129	100.0	147	100.0
Missing	3		5	

Chi-square p-value = 0.097

Table 6.22 shows the in-state and out-of-state survey respondents' overall performance rating of other residents or fellows in their training program. A majority of the respondents intending to practice in Indiana (92%) and those going out-of-state (89%) indicated they "strongly agree" or "agree" that other residents or fellows in their training program exceeded their expectations. There was no statistically significant difference between the two groups.

Quality of Life

Table 6.23(a)	All Respondents (n=284)						
	In-state (n=132)			Out-state (n=152)			p-value
At this time, I feel...	Strongly Agree / Agree	Neutral	Disagree / Strongly Disagree	Strong Agree / Agree	Neutral	Disagree / Strongly Disagree	
	Percent	Percent	Percent	Percent	Percent	Percent	
My personal and professional lives were well-balanced.	78.9	13.3	7.8	64.2	17.6	18.2	0.241
I have felt physically "burnt out" from my work.	21.9	20.3	57.8	27.7	23.6	48.6	0.234
I have felt emotionally "burnt out" from my work.	25.8	26.6	47.7	31.1	24.3	44.6	0.538
I have the resources readily available to maintain my wellness.	85.2	10.9	3.9	79.7	14.9	5.4	0.132

Table 6.23(a) shows the in-state and out-of-state program care survey respondents' overall wellbeing. This question was not asked on the survey in previous years. Over three-fourths of the respondents intending to practice in Indiana (79%) "strongly agree" or "agree" their personal and professional life was well-balanced, compared to 64 percent of those going out-of-state. There was no statistically significant difference between the two groups.

About one-fifth of the respondents intending to practice in Indiana and those going out-of-state indicated they "strongly agree" or "agree" they felt physically (22%, 28%) or emotionally (26, 31%) burnt out from work, respectively. There was no statistically significant difference between the two groups.

About four-fifths of the respondents intending to practice in Indiana (85%) and those going out-of-state (80%) indicated they "strongly agree" or "agree" they had readily available resources to maintain their wellness. There was no statistically significant difference between the two groups.

Table 6.23(b)	All Respondents (n=284)			
	In-state (n=132)		Out-state (n=152)	
I would rate the overall quality of my life as:	Number	Percent	Number	Percent
Very good	54	42.2	48	32.4
Good	63	49.2	74	50.0
Fair	11	8.6	26	17.6
Poor	0	0.0	0	0.0
Very poor	0	0.0	0	0.0
Total	128	100.0	148	100.0
Missing	4		4	

Chi-square p-value = 0.051

Table 6.23(b) shows the in-state and out-of-state program survey respondents' overall rating of their quality of life. A majority of the respondents intending to practice in Indiana (91%) and those going out-of-state (82%) 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 6.24	All Respondents (n=284)			
	In-state (n=132)		Out-state (n=152)	
What do you expect to be doing after completion of your current residency or fellowship program?	Number	Percent	Number	Percent
Patient Care or Clinical Practice (in Non-Training position)	103	78.0	84	55.3
Fellowship or Additional Subspecialty Training	22	16.7	67	44.1
Military	0	0.0	0	0.0
Non Patient Care-based activities (e.g. research, administration)	4	3.0	1	0.7
Temporarily out of medicine	0	0.0	0	0.0
Other	3	2.3	0	0.0
Total	132	100.0	152	100.0
Missing/Undecided/Don't know yet	0		0	

Chi-square p-value = < 0.001 †

Table 6.24 shows what the in-state and out-of-state survey respondents' expect to do after completing their current training program. Three-fourths (78%) of the respondents intending to practice in Indiana planned to go into patient care or clinical practice after completing their training, compared to 55 percent of those going out-of-state. Almost one-fifth (17%) of the respondents intending to practice in Indiana planned to continue with additional training, compared to 44 percent of those going out-of-state. The Chi-square test of association between the two groups was statistically significant. Respondents intending to stay in Indiana appear more likely to enter patient care or clinical practice. Respondents going out-of-state appear more likely to do additional training after completion of their current training program.

NOTE - The following section is only for those respondents who indicated they were primarily going into "patient care or clinical practice" (n=187).

Respondents going into patient care or clinical practice (n=187)

Practice Characteristics

Primary Practice Location

Table 6.25	Clinical Care Respondents (n=187)			
	In-state (n=103)		Out-state (n=84)	
Where is the location of your primary activity after completing your current training program?	Number	Percent	Number	Percent
Same city or county as current training	60	58.3	0	0.0
Same region in Indiana, but different city or county	24	23.3	0	0.0
Other area in Indiana	19	18.4	0	0.0
Other U.S. state (not Indiana)	0	0.0	84	100.0
Outside of U.S.	0	0.0	0	0.0
Total	103	100.0	84	100.0
Missing / Undecided	0		0	

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

Type of Practice

Table 6.26	Clinical Care Respondents (n=187)			
	In-state (n=103)		Out-state (n=84)	
Which best describes the principal type of Patient Care Practice you will be entering? Please mark all that apply.	Number	Percent	Number	Percent
Solo practice	3	2.9	0	0.0
Partnership (2 person)	3	2.9	2	2.4
Group Practice	50	48.5	42	50.0
Hospital-inpatient	42	40.8	28	33.3
Hospital-ambulatory care	33	32.0	12	14.3
Hospital-emergency department	11	10.7	11	13.1
Free-standing health center or clinic	7	6.8	4	4.8
Nursing Home	0	0.0	0	0.0
Other (specify)	3	2.9	4	4.8

Table 6.26 shows the principal type of patient care practice setting the in-state and out-of-state survey respondents' will be entering after completing their training. One-half of the respondents intending to practice in Indiana (49%) and those going out-of-state (50%) reported they intended to work in a "group practice" setting. Over four-fifths of the respondents intending to practice in Indiana (84%) indicated they plan to practice in a "hospital" setting (inpatient, ambulatory care, or emergency department), compared to 61 percent of those going out-of-state.

Obligation or Visa Requirement

Table 6.27	Clinical Care Respondents (n=187)			
	In-state (n=103)		Out-state (n=84)	
Do you have an obligation or visa requirement to work in a designated HPSA or MUA when you complete your training?	Number	Percent	Number	Percent
Yes	8	7.8	4	4.8
No	95	92.2	79	95.2
Total	103	100.0	83	100.0
Missing	0		1	

Chi-square p-value = 0.600

Table 6.27 shows the in-state and out-of-state survey respondents' obligation or visa requirement to work in a designated HPSA or MUA after completing their training. Almost all respondents intending to practice in Indiana (92%) and those going out-of-state (95%) indicated they had no obligation or visa requirement to work in a designated HPSA or MUA after completing their training. There was no statistically significant difference between the two groups.

Percentage of Patients Expected to be seen from Underserved Populations

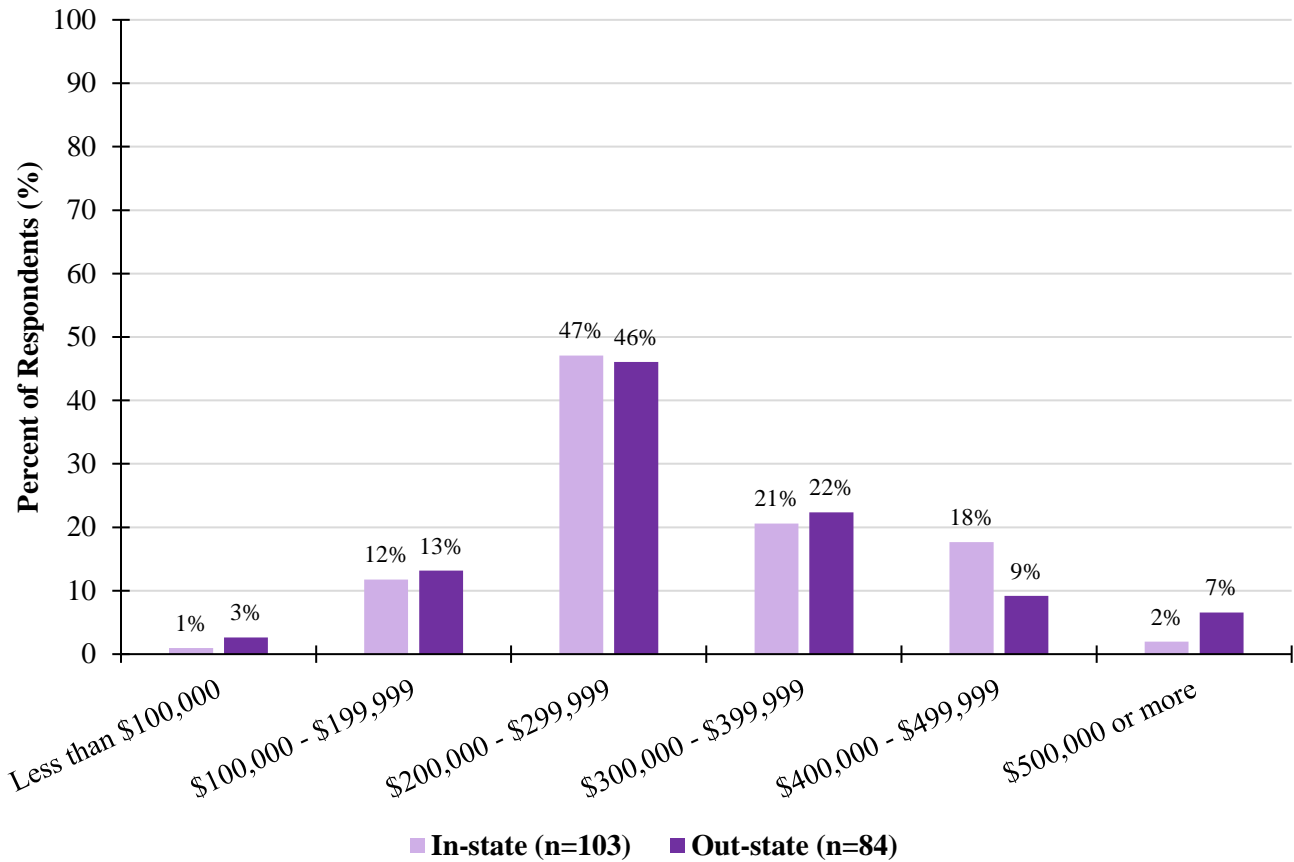
Table 6.28	Clinical Care Respondents (n=187)			
	In-state (n=103)		Out-state (n=84)	
In your new practice, what percentage of the patients do you expect to see from underserved populations?	Number	Percent	Number	Percent
Less than 10 percent	6	5.9	8	10.7
10-24 percent	34	33.3	23	30.7
25-49 percent	37	36.3	25	33.3
50-74 percent	19	18.6	11	14.7
More than 75 percent	6	5.9	8	10.7
Total	102	100.0	75	100.0
Missing/Don't Know	1		9	

Chi-square p-value = 0.562

Table 6.28 shows the percentage of patient's the in-state and out-of-state survey respondents' expect to see from underserved populations. Three-fifths of the respondents intending to practice in Indiana (61%) and those going out-of-state (59%) indicated they expect to see more than 25 percent of the patients from underserved populations. There was no statistically significant difference between the two groups.

Expected Gross Income

Figure 6.3: Expected Gross Income (n=187)



Chi-square p-value = 0.200

Figure 6.3 presents the gross income that the in-state and out-of-state survey respondents' expect to earn during their first year of practice. Over four-fifths of the respondents intending to practice in Indiana (88%) and those going out-of-state (84%) indicated they expect to earn \$200,000 or more during their first year of practice. Two-fifths of the respondents intending to practice in Indiana (41%) and those going out-of-state (38%) indicated they expect to earn \$300,000 or more during their first year of practice. There was no statistically significant difference between the two groups.

Job Offers All Together

Table 6.29	Clinical Care Respondents (n=187)			
	In-state (n=103)		Out-state (n=84)	
How many offers for employment/practice positions did you receive all together?	Number	Percent	Number	Percent
0	0	0.0	0	0.0
1	21	20.8	12	16.2
2	27	26.7	19	25.7
3	21	20.8	16	21.6
4	11	10.9	6	8.1
5 or more	21	20.8	21	28.4
Total	101	100.0	74	100.0
Missing / Did not seek an employment position at this time	2		10	

Chi-square p-value = <0.037 †

Table 6.29 shows the total number of offers the in-state and out-of-state survey respondents' received for employment or practice positions. Over one-half of the respondents intending to practice in Indiana (53%) and those going out-of-state (58%) indicated receiving three or more offers for employment all together. The Chi-square test of association between the two groups was statistically significant. Respondents intending to practice within Indiana appear more likely to report that they received between 1 and 3 offers for employment all together.

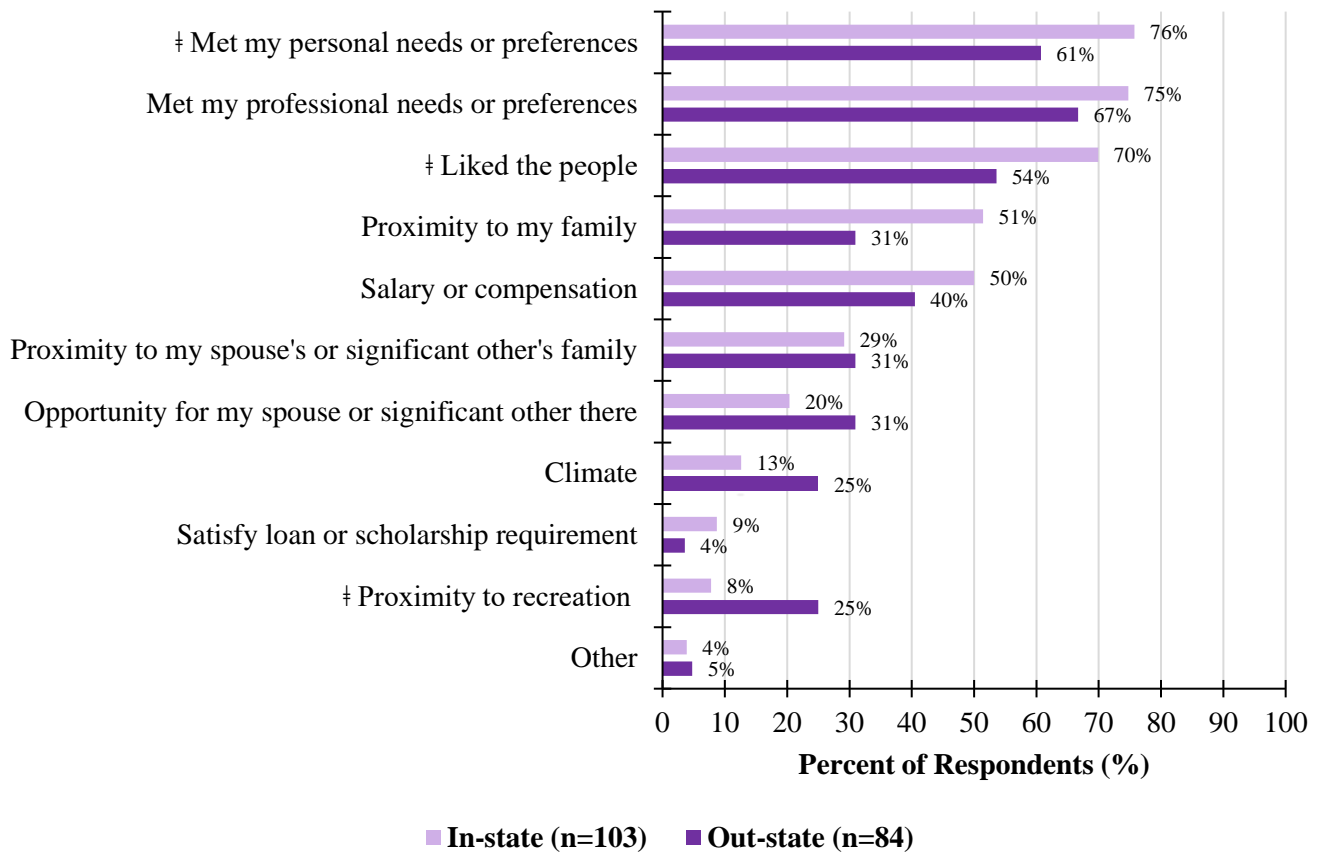
Job Offers from Indiana Hospitals

Table 6.30	Clinical Care Respondents (n=187)			
	In-state (n=103)		Out-state (n=84)	
Did you receive any offer from? Please mark all that apply.	Number	Percent	Number	Percent
IU Health	56	54.4	13	15.5
Eskenazi Hospital	15	14.6	3	3.6
Veterans Administration	13	12.6	2	2.4
Other hospital or health system in Indiana	58	56.3	9	10.7
Other	6	5.8	7	8.3

Table 6.30 shows the number of offers the in-state and out-of-state survey respondents' received for employment from Indiana hospitals. Over one-half (54%) of the in-state respondents indicated receiving offers from IU Health, compared to 16 percent of those going out-of-state. Over one-half (56%) of the in-state respondents indicated receiving offers from other hospital or health system in Indiana, compared to 11 percent of those going out-of-state.

Main Reasons to Practice at this Location

Figure 6.4: Main Reasons to Practice at this Location (n=187)



‡ Denotes that a statistically significant difference was found.

Figure 6.4 presents the main reasons influencing the in-state and out-of-state survey respondents' choice of practice location. The top three reasons for choosing to practice at this location by those intending to stay in Indiana and for those going out-of-state were: “met my personal needs or preferences” (76%, 61%), “met my professional needs or preferences” (75%, 67%), and “liked the people” (70%, 54%), respectively. The Chi-square test of association between the two groups was statistically significant. Respondents intending to practice within Indiana appear more likely to practice at this location because it met their personal needs or preferences and they liked the people. Respondents intending to practice outside Indiana appear more likely to practice at this location because of proximity to recreation.

Respondents going into patient care or clinical practice within Indiana (n=103)

Job Offers in Indiana

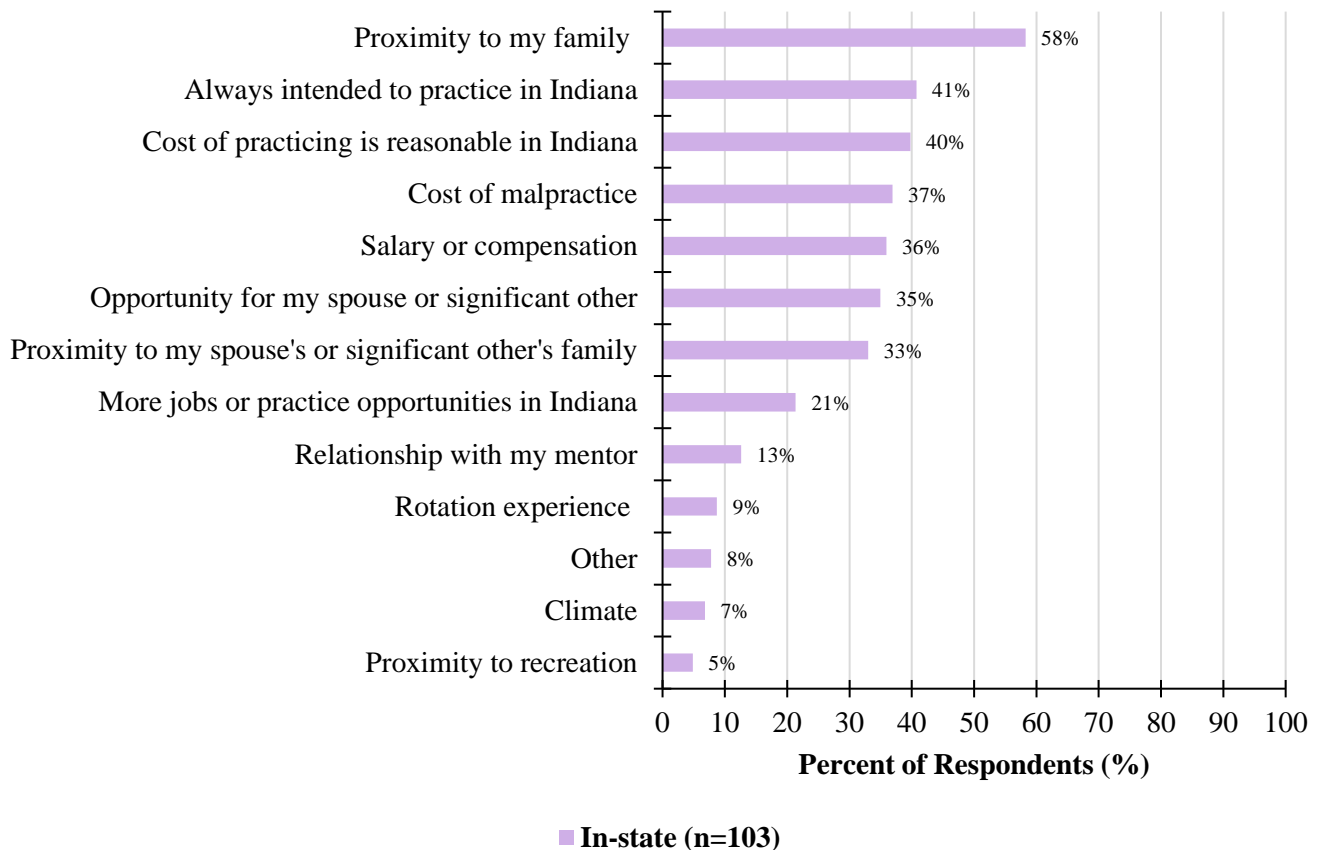
Table 6.31	Clinical Care Respondents (n=103)*	
	In-state (n=103)	
How many offers for employment/practice positions did you receive in Indiana?	Number	Percent
0	0	0.0
1	32	31.4
2	26	25.5
3	21	20.6
4	9	8.8
5 or more	14	13.7
Total	102	100.0
Missing/ Did not seek employment positions at this time	1	

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

Table 6.31 shows the number of offers the in-state survey respondents' received for employment or practice positions in Indiana. Only those respondents who indicated their primary practice location was in Indiana were included in the analysis. Of those 103 respondents, over two-fifths (43%) of the respondents indicated receiving three or more offers for employment within the state.

Main Reasons to Practice in Indiana

Figure 6.5: Main Reasons to Practice in Indiana (n=103)*

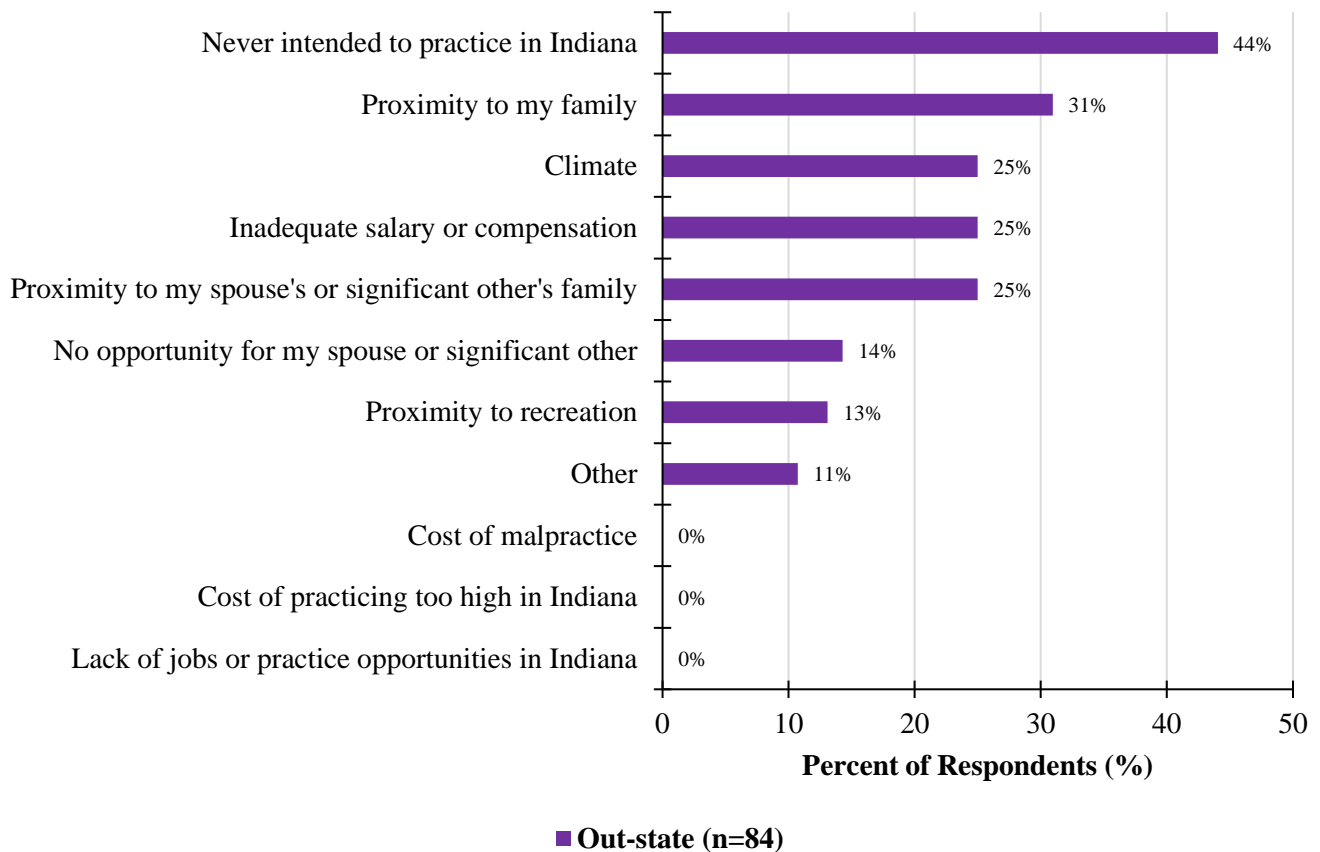


**Reflects responses from only those respondents who indicated their primary practice location was in Indiana.*

Figure 6.5 presents the main reasons influencing the in-state survey respondent's choice of practice location in Indiana. Only those respondents who indicated their primary practice location was in Indiana were included in this analysis. Among those 103 respondents, the top reasons given for choosing to practice in Indiana were: "proximity to my family" (58%), "always intended to practice in Indiana" (41%), and "cost of practicing is reasonable in Indiana" (40%). There was no statistically significant difference between the two groups.

Main Reasons not to Practice in Indiana

Figure 6.6: Main Reasons not to Practice in Indiana (n=84)*



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

Figure 6.6 presents the main reasons influencing the out-of-state survey respondent's choice of practice location outside Indiana. Only those respondents who indicated their primary practice location was outside Indiana were included in this analysis. Among those 84 respondents, the top reasons given for choosing not to practice in Indiana were: "never intended to practice in Indiana" (44%) and "proximity to my family" (31%). There was no statistically significant difference between the two groups.

Chapter 7: Male and Female Respondents

The survey respondents were asked a question on gender. Based on their response they were stratified into a male and female category. Of the 296 graduates who completed the survey, 167 reported their gender as male and 129 as female, as shown in tables 7.1 to 7.23 and figures 7.1 and 7.2. The remaining tables and figures show responses from only those graduates who:

- indicated they planned to work in ‘patient care or clinical practice’ after graduation, n=192 [males (100) and females (92)];
- intended to practice in Indiana, n=103 [males (45) and females (58)]; and,
- intended to practice outside Indiana, n=84 [males (52) and females (32)].

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

All respondents (n=296)

Demographics

Age

Table 7.1	All Respondents (n=296)			
	Males (n=167)		Females (n=129)	
Age	Number	Percent	Number	Percent
25-29	34	20.9	38	30.4
30-34	98	60.1	67	53.6
35-39	22	13.5	16	12.8
40-44	6	3.7	1	0.8
45-49	3	1.8	3	2.4
> 50	0	0.0	0	0.0
Total	163	100.0	125	100.0
Missing	4		4	

Chi-square p-value = 0.268

Table 7.1 shows the age distribution of the male and female survey respondents. Over three-fifths of the male (74%) and female (66%) respondents were between the ages of 30 and 39 years. There was no statistically significant difference between the two groups.

Race

Table 7.2	All Respondents (n=296)			
	Males (n=167)		Females (n=129)	
Which of the following describes your race? Please mark ALL that apply.	Number	Percent	Number	Percent
American Indian/ Alaskan Native	0	0.0	0	0.0
Asian	19	11.7	23	18.1
Black/ African American	6	3.7	5	3.9
Native Hawaiian/ Pacific Islander	0	0.0	0	0.0
White	124	76.5	89	70.1
Other	7	4.3	6	4.7
Biracial	6	3.7	4	3.1
Total	162	100.0	127	100.0
Missing	5		2	

Table 7.2 shows the racial distribution of the male and female survey respondents. About three-fourths of the male (77%) and female (70%) respondents were white. Over one-tenth of the male (12%) and female (18%) respondents indicated they were Asian.

Ethnicity

Table 7.3	All Respondents (n=296)			
	Males (n=167)		Females (n=129)	
Do you consider yourself to be Hispanic or Latino?	Number	Percent	Number	Percent
Yes, Hispanic/Latino	5	3.1	6	4.7
No, not Hispanic/Latino	158	96.9	122	95.3
Total	163	100.0	128	100.0
Missing	4		1	

Chi-square p-value = 0.472

Table 7.3 shows the ethnicity of the male and female survey respondents. Less than five percent of the male (3%) and female (5%) respondents indicated a Hispanic or Latino ethnicity. There was no statistically significant difference between the two groups.

Respondents Coming From

Table 7.4	All Respondents (n=296)			
	Males (n=167)		Females (n=129)	
Where are the respondents coming from?	Number	Percent	Number	Percent
Outside USA	19	11.7	11	8.8
Within USA	144	88.3	114	91.2
<i>Outside Indiana</i>	78	54.2	58	50.9
<i>Within Indiana</i>	66	45.8	56	49.1
Total	163	100.0	125	100.0
Missing	4		4	

Chi-square p-value = 0.432

Table 7.4 shows where the male and female survey respondents' were coming from. Of the 296 graduates who responded to the survey, about one-tenth of the male (12%) and female (9%) respondents were from another country. Of the 258 respondents who indicated they were from United States, about one-half of the male (46%) and female (49%) respondents were from Indiana. There was no statistically significant difference between the two groups.

Respondents who have an Indiana Connection

Table 7.5	All Respondents (n=296)			
	Males (n=167)		Females (n=129)	
Respondents who have an Indiana connection	Number	Percent	Number	Percent
High School	53	31.7	45	34.9
College	45	26.9	43	33.3
Medical School	43	25.7	42	32.6

Table 7.5 shows the male and female survey respondents' who graduated from a high school, college, or medical school in Indiana. About one-third of the male (32%) and female (35%) respondents indicated they graduated from a high school in Indiana. Over one-fourth of the male and female respondents indicated they graduated from college (27%, 33%), or medical school (26%, 33%) in Indiana, respectively. All respondents who completed medical school in Indiana graduated from IUSM.

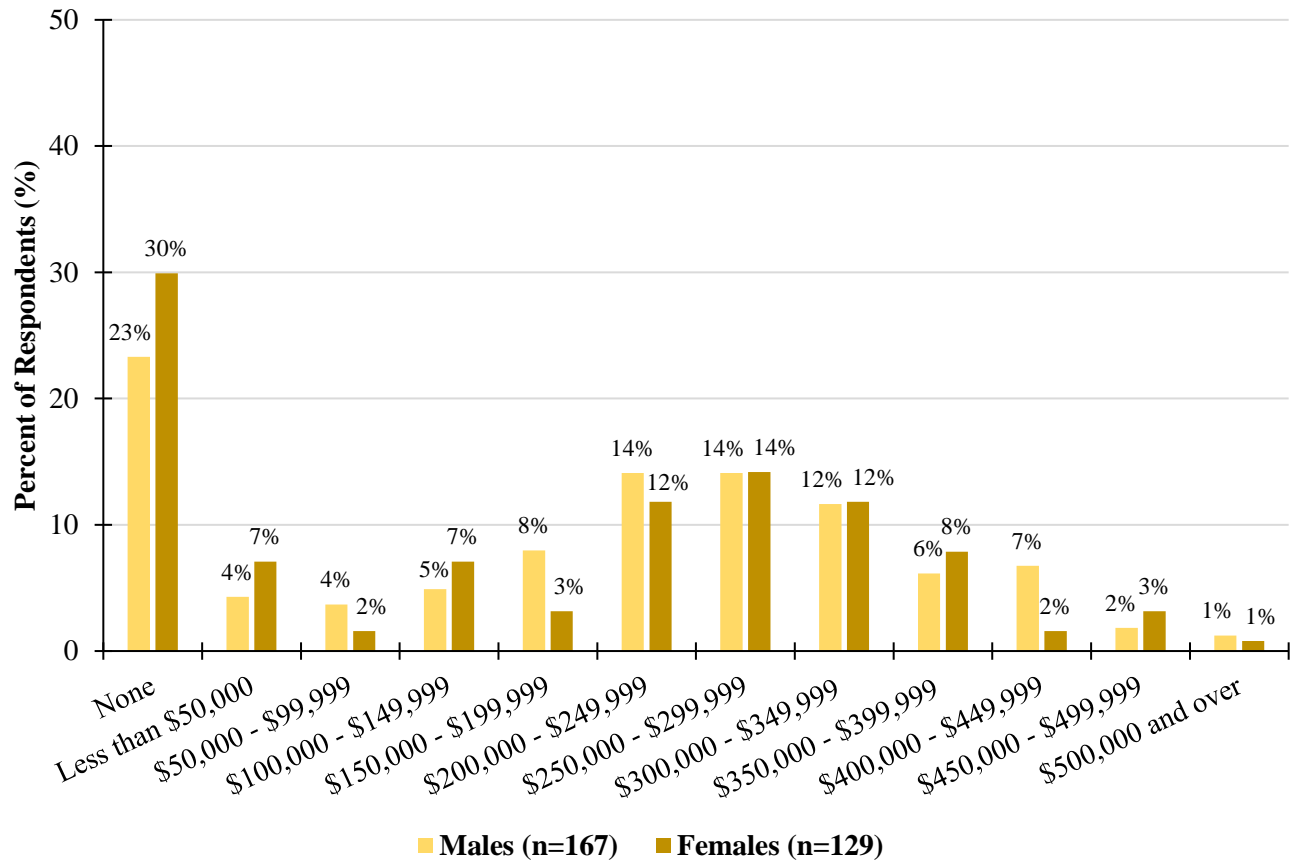
Learner Background

Table 7.6	All Respondents (n=296)			
	Males (n=167)		Females (n=129)	
Do you consider yourself? Please mark all that apply.	Number	Percent	Number	Percent
First generation learner	36	21.6	19	14.7
Learner from a rural area	41	24.6	11	8.5
Economically or educationally disadvantaged	11	6.6	10	7.8
None of the above	92	55.1	94	72.9

Table 7.6 shows the male and female survey respondents' learner and socioeconomic background. About one-fifth of the male (22%) and female (15%) respondents indicated they were a first generation learner. One-fourth of the male (25%) respondents indicated they came from a rural area, compared to 9 percent of the female respondents. Less than eight percent of the male (7%) and female (8%) respondents indicated they came from an economically or educationally disadvantaged background.

Current Individual Educational Debt

Figure 7.1: Current Individual Educational Debt (n=296)

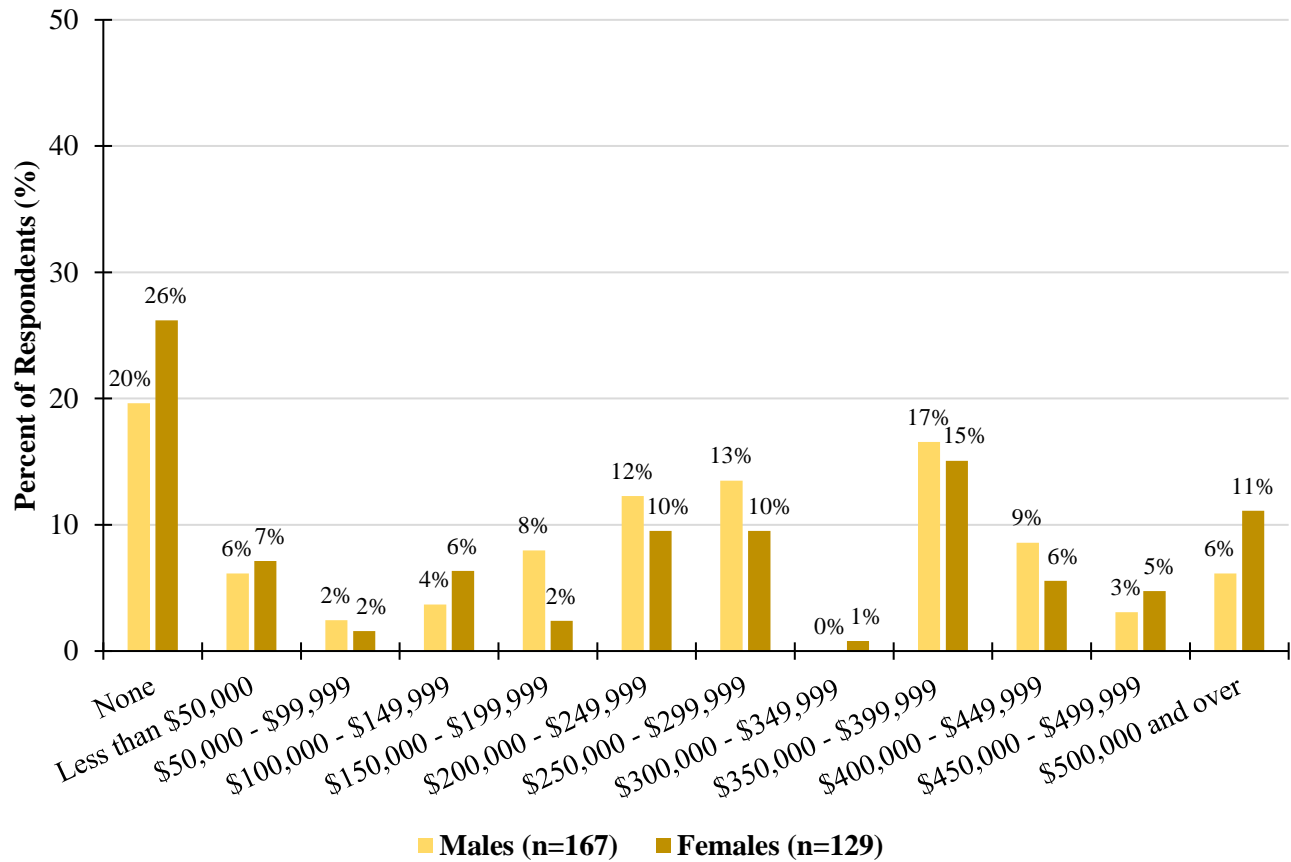


Chi-square p-value = 0.344

Figure 7.1 presents the current level of individual educational debt among the male and female survey respondents. Almost one-fourth of the male (23%) and female (30%) respondents indicated having no educational debt. Over three-fifths of the male (69%) and female (62%) respondents indicated having an educational debt of \$100,000 or more. Over one-half of the male (56%) and female (52%) respondents indicated having an educational debt of \$200,000 or more. There was no statistically significant difference between the two groups.

Current Total Household Educational Debt

Figure 7.2: Current Total Household Educational Debt (n=296)



Chi-square p-value = 0.282

Figure 7.2 presents the current level of total household educational debt among male and female survey respondents. Over one-fifth of the male (20%) and female (26%) respondents indicated having no household educational debt. About two-thirds of the male (72%) and female (65%) respondents reported having a household educational debt of \$100,000 or more. Over one-half of the male (60%) and female (56%) respondents indicated having a household educational debt of \$200,000 or more. There was no statistically significant difference between the two groups.

Program Assessment

Training Program

Table 7.7	All Respondents (n=296)			
	Males (n=167)		Females (n=129)	
The residency or fellowship program provided resources and training to prepare for my specialty exams.	Number	Percent	Number	Percent
Strongly Agree	82	50.9	60	47.2
Agree	69	42.9	52	40.9
Neutral	9	5.6	12	9.4
Disagree	0	0.0	3	2.4
Strongly Disagree	1	0.6	0	0.0
Total	161	100.0	127	100.0
Missing/Board exam in my field does not exist	6		2	

Chi-square p-value = 0.214

Table 7.7 shows the male and female survey respondents' assessment of the resources and training provided by the program to prepare them for the specialty exams. A majority of the male (94%) and female (88%) respondents indicated they "strongly agree" or "agree" that their training program provided them resources and training to prepare for the specialty exams. There was no statistically significant difference between the two groups.

ACGME Competency Areas

Table 7.8	All Respondents (n=296)						
	Males (n=167)			Females (n=129)			p-value
	Fully	Partially	Not at all	Fully	Partially	Not at all	
How competent do you feel in the following ACGME competencies?	%	%	%	%	%	%	
Patient Care	95.0	4.4	0.6	94.5	5.5	0.0	0.612
Medical knowledge	91.3	8.8	0.0	83.5	16.5	0.0	0.045 †
Practice-based learning & improvement	91.9	6.9	1.3	82.7	17.3	0.0	0.011 †
Interpersonal & communication skills	97.5	2.5	0.0	99.2	0.8	0.0	0.271
Professionalism	98.1	1.3	0.6	99.2	0.8	0.0	0.623
Systems-based practice	88.8	11.3	0.0	87.2	12.8	0.0	0.689

Table 7.8 shows the male and female survey respondents' self-rated competency level in the six ACGME competency areas. A majority ($\geq 82\%$) male and female respondents indicated feeling "fully" competent in the six ACGME competency areas. The Chi-square test of association between the two groups was statistically significant. Male respondents appear more likely to feel fully competent in medical knowledge and practice-based learning & improvement.

Rural and Underserved Training

Table 7.9 In your residency or fellowship program, did you receive training to serve the:	All Respondents (n=296)								
	Males (n=167)				Females (n=129)				p-value
	Yes		No		Yes		No		
	#	%	#	%	#	%	#	%	
Rural population	120	75.5	39	24.5	89	70.6	37	29.4	0.359
Underserved population	150	94.3	9	5.7	122	96.1	5	3.9	0.502

Table 7.9 shows whether the male and female survey respondents' received training to serve the rural and underserved populations during their training program. Over two-thirds of the male (76%) and female (71%) respondents indicated they had received training to serve the rural populations. There was no statistically significant difference between the two groups.

Almost all male (94%) and female (96%) respondents indicated they had received training to serve the underserved populations. There was no statistically significant difference between the two groups.

Competency in Providing Care to the Rural and Underserved Populations

Table 7.10 How competent do you feel providing care to the:	All Respondents (n=296)						
	Males (n=167)			Females (n=129)			p-value
	Fully	Partially	Not at all	Fully	Partially	Not at all	
	%	%	%	%	%	%	
Rural population	81.5	17.2	1.3	64.3	33.3	2.4	0.005 †
Underserved population	96.2	3.2	0.6	92.9	7.1	0.0	0.217

Table 7.10 shows the male and female survey respondents' self-rated competency levels in providing care to the rural and underserved populations. Over four-fifths (82%) of the male respondents indicated feeling "fully" competent in providing care to the rural populations, compared to 64 percent of the female respondents. The Chi-square test of association between the two groups was statistically significant. Male respondents appear more likely to feel "fully" competent in providing care to the rural populations.

Almost all male (96%) and female (93%) respondents indicated feeling "fully" competent in providing care to the underserved populations. There was no statistically significant difference between the two groups.

Program Opportunities

Table 7.11	All Respondents (n=296)								
	Males (n=167)				Females (n=129)				p-value
	Yes		No		Yes		No		
#	%	#	%	#	%	#	%		
Have an opportunity to be part of a multi-disciplinary inter-professional team to provide care?	159	100.0	0	0.0	127	100.0	0	0.0	1.000
Participate in a quality improvement project to improve health outcome?	149	93.7	10	6.3	119	93.7	8	6.3	0.997
Participate in patient safety project?	136	85.5	23	14.5	97	77.0	29	23.0	0.063
Have an opportunity to serve on a hospital-based committee or council?	134	84.8	24	15.2	95	75.4	31	24.6	0.046 †
Have an opportunity to participate in a cultural competency or diversity training?	144	91.1	14	8.9	102	80.3	25	19.7	0.008 †

Table 7.11 shows if there were any program opportunities available for the male and female survey respondents' in their training program. All (100%) male and female respondents indicated they had the opportunity to be part of a multidisciplinary inter-professional team. Almost all male and female respondents reported participating in a quality improvement project (94%, 94%). Over three-fourths of the male and female respondents indicated they had an opportunity to participate in a patient safety project (86%, 77%). A majority of the male and female respondents had an opportunity to serve on a committee or council (85%, 75%); and had the opportunity to participate in a cultural competency or diversity training (91%, 80%), respectively. The Chi-square test of association between the two groups was statistically significant. Male respondents appear more likely to have had an opportunity to serve on a hospital-based committee or council and to have had the opportunity to participate in a cultural competency or diversity training.

Teaching Opportunities

Table 7.12	All Respondents (n=296)			
	Males (n=167)		Females (n=129)	
Were you provided an opportunity to teach in a clinical environment?	Number	Percent	Number	Percent
Yes	156	98.7	126	99.2
No	2	1.3	1	0.8
Total	158	100.0	127	100.0
Missing	9		2	

Chi-square p-value = 0.694

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

Teaching Preparedness

Table 7.13	All Respondents (n=296)			
	Males (n=167)		Females (n=129)	
How prepared did you feel to teach in a clinical environment?	Number	Percent	Number	Percent
Very well prepared	69	43.7	45	35.7
Well prepared	76	48.1	71	56.3
Neutral	12	7.6	10	7.9
Poorly prepared	1	0.6	0	0.0
Very poorly prepared	0	0.0	0	0.0
Total	158	100.0	126	100.0
Missing	9		3	

Chi-square p-value = 0.418

Table 7.13 shows the male and female survey respondents' readiness to teach in a clinical environment. Almost all male (92%) and female (92%) respondents indicated feeling "very well prepared" or "well prepared" to teach in a clinical environment. There was no statistically significant difference between the two groups.

Frequency of Teaching Opportunities

Table 7.14	All Respondents (n=296)			
	Males (n=167)		Females (n=129)	
In your residency or fellowship program, how many opportunities for teaching did you encounter per week in a clinical environment?	Number	Percent	Number	Percent
None	2	1.3	1	0.8
Once per week	27	17.2	26	20.5
Twice per week	36	22.9	19	15.0
Three times per week	25	15.9	20	15.7
Four or more times per week	67	42.7	61	48.0
Total	157	100.0	127	100.0
Missing	10		2	

Chi-square p-value = 0.507

Table 7.14 shows the number of opportunities the male and female survey respondents' were provided to teach in a clinical environment per week. Almost one-half of the male (43%) and female (48%) respondents indicated they were provided four or more opportunities per week to teach in a clinical environment. There was no statistically significant difference between the two groups.

Competency in Communication during the Hand-Off Process

Table 7.15	All Respondents (n=296)			
	Males (n=167)		Females (n=129)	
How competent do you feel in communicating with team members in the hand-off process?	Number	Percent	Number	Percent
Very competent	132	82.5	107	84.3
Competent	27	16.9	18	14.2
Neutral	1	0.6	2	1.6
Incompetent	0	0.0	0	0.0
Very incompetent	0	0.0	0	0.0
Total	160	100.0	127	100.0
Missing	7		2	

Chi-square p-value = 0.617

Table 7.15 shows the male and female survey respondents' self-rated competency levels in communicating with team members during the hand-off process. Almost all male (99%) and female (98%) respondents indicated feeling "very competent" or "competent" communicating with team members during the hand-off process. There was no statistically significant difference between the two groups.

IUSM Policies and Procedures Regarding Mistreatment

Table 7.16	All Respondents (n=296)								
	Males (n=167)				Females (n=129)				p-value
	Yes		No		Yes		No		
#	%	#	%	#	%	#	%		
Policies regarding mistreatment of residents?	154	96.3	6	3.8	116	91.3	11	8.7	0.080
Procedures regarding mistreatment of residents?	151	94.4	9	5.6	109	85.8	18	14.2	0.014 †
Policies regarding mistreatment of medical students?	153	95.6	7	4.4	112	88.2	15	11.8	0.019 †
Procedures regarding mistreatment of medical students?	148	92.5	12	7.5	105	82.7	22	17.3	0.011 †

Table 7.16 shows the male and female survey respondents' knowledge of the IUSM policies and procedures regarding mistreatment. A majority (>85%) of the male and female respondents knew the policies *and* procedures regarding mistreatment of residents. A majority (>82%) of the male and female respondents knew the policies *and* procedures regarding mistreatment of medical students. The Chi-square test of association between the two groups was statistically significant. Male respondents appear more likely to know the procedures regarding mistreatment of residents, as well as the policies *and* procedures regarding mistreatment of medical students.

Reporting Mistreatment

Table 7.17	All Respondents (n=296)								
	Males (n=167)				Females (n=129)				p-value
	Yes		No		Yes		No		
#	%	#	%	#	%	#	%		
Do you know whom to report mistreatment behaviors?	140	87.5	20	12.5	99	78.0	28	22.0	0.031 †
Are you comfortable reporting mistreatment behaviors?	149	93.1	11	6.9	104	82.5	22	17.5	0.005 †
Have you experienced any mistreatment behaviors?	72	45.0	88	55.0	42	33.3	84	66.7	0.045 †
Did you report the mistreatment behavior incident?	63	44.4	79	55.6	30	27.5	79	72.5	0.006 †

Table 7.17 shows the male and female survey respondents' knowledge of reporting mistreatment behaviors. A majority of the male and female respondents indicated they knew whom to report mistreatment behaviors (88%, 78%) and were comfortable reporting mistreatment behaviors (93%, 83%), respectively. Over two-fifths (45%) of the male respondents experienced any mistreatment behaviors, compared to 33 percent of the female respondents. One-half (56%) of the male respondents indicated not reporting the mistreatment behavior incident, compared to 73 percent of the female respondents. The Chi-square test of association between the two groups was statistically significant. Male respondents appear more likely to know whom to report mistreatment behaviors, be comfortable reporting mistreatment behaviors, have experienced any mistreatment behaviors, and have reported the mistreatment behavior incident.

Unreported Mistreatment

Table 7.18	All Respondents (n=158)*			
	Males (n=79)		Females (n=79)	
If there were any incidents of mistreatment behaviors that you did not report, why did you not report them?	Number	Percent	Number	Percent
Incident did not seem important enough to report	6	22.2	3	12.0
Resolved the issue myself	6	22.2	4	16.0
Did not think anything would be done about it	4	14.8	4	16.0
Fear of reprisal	2	7.4	2	8.0
Did not know what to do	1	3.7	1	4.0
Other	8	29.6	11	44.0
Total	27	100.0	25	100.0
Missing	52		54	

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

Chi-square p-value = 0.876

Table 7.18 shows the male and female survey respondents' reasons for not reporting any incidents of mistreatment behaviors. Only those respondents who had not reported any mistreatment behavior incidents, were included in the analysis. Over one-tenth of the male and female respondents gave the following reasons for not reporting mistreatment behavior incidents: incident did not seem important enough to report (22%, 12%), resolved the issue myself (22%, 16%), or did not think anything would be done about it (15%, 16%), respectively. There was no statistically significant difference between the two groups.

Quality of Program

Table 7.19	All Respondents (n=296)			
	Males (n=167)		Females (n=129)	
I would rate the overall <u>quality</u> of my residency or fellowship program as:	Number	Percent	Number	Percent
Excellent	90	56.6	69	54.8
Above Average	59	37.1	42	33.3
Average	9	5.7	15	11.9
Below Average	1	0.6	0	0.0
Extremely Poor	0	0.0	0	0.0
Total	159	100.0	126	100.0
Missing	8		3	

Chi-square p-value = 0.127

Table 7.19 shows the male and female survey respondents' overall rating of the quality of their training program. A majority of male (94%) and female (88%) respondents indicated the quality of their training program was "excellent" or "above average." There was no statistically significant difference between the two groups.

Faculty Assessment

Table 7.20	All Respondents (n=296)			
	Males (n=167)		Females (n=129)	
I would rate the overall performance of the <u>faculty</u> in my residency or fellowship program to have exceeded my expectations?	Number	Percent	Number	Percent
Strongly Agree	77	48.4	58	45.7
Agree	66	41.5	52	40.9
Neutral	13	8.2	11	8.7
Disagree	1	0.6	6	4.7
Strongly Disagree	2	1.3	0	0.0
Total	159	100.0	127	100.0
Missing	8		2	

Chi-square p-value = 0.160

Table 7.20 shows the male and female survey respondents' overall performance rating of faculty in their training program. A majority of the male (90%) and female (87%) respondents indicated they "strongly agree" or "agree" that the faculty in their training program exceeded their expectations. There was no statistically significant difference between the two groups.

Assessment of Peer Residents and Fellows

Table 7.21	All Respondents (n=296)			
	Males (n=167)		Females (n=129)	
I would rate the overall performance of the <u>other residents/fellows</u> in my residency or fellowship program to have exceeded my expectations?	Number	Percent	Number	Percent
Strongly Agree	73	45.9	57	45.2
Agree	73	45.9	55	43.7
Neutral	11	6.9	12	9.5
Disagree	2	1.3	1	0.8
Strongly Disagree	0	0.0	1	0.8
Total	159	100.0	126	100.0
Missing	8		3	

Chi-square p-value = 0.720

Table 7.21 shows the male and female survey respondents' overall performance rating of other residents or fellows in their training program. A majority of the male (92%) and female (89%) respondents indicated they "strongly agree" or "agree" that the other residents or fellows in their program exceeded their expectations. There was no statistically significant difference between the two groups.

Quality of Life

Table 7.22(a)	All Respondents (n=296)						
	Males (n=167)			Females (n=129)			p-value
At this time, I feel...	Strongly Agree / Agree Percent	Neutral Percent	Disagree / Strongly Disagree Percent	Strong Agree / Agree Percent	Neutral Percent	Disagree / Strongly Disagree Percent	
My personal and professional lives were well-balanced.	75.5	13.8	10.7	65.1	19.0	15.9	0.186
I have felt physically "burnt out" from my work.	20.1	23.3	56.6	30.2	21.4	48.4	0.318
I have felt emotionally "burnt out" from my work.	24.5	23.9	51.6	32.5	28.6	38.9	0.269
I have the resources readily available to maintain my wellness.	82.4	13.2	4.4	80.2	15.1	4.8	0.339

Table 7.22(a) shows the male and female survey respondents' overall wellbeing. This question was not asked on the survey in previous years. About two-thirds of the male (76%) and female (65%) respondents "strongly agree" or "agree" their personal and professional life was well-balanced. There was no statistically significant difference between the two groups.

About one-fourth of the male respondents indicated they "strongly agree" or "agree" they felt physically (20%) or emotionally (25%) burnt out from work, compared to female respondents (30%, 33%), respectively. There was no statistically significant difference between the two groups.

Over four-fifths of the male (82%) and female (80%) respondents indicated they "strongly agree" or "agree" they had readily available resources to maintain their wellness. There was no statistically significant difference between the two groups.

Table 7.22(b)	All Respondents (n=296)			
	Males (n=167)		Females (n=129)	
I would rate the overall quality of my life as:	Number	Percent	Number	Percent
Very good	63	39.6	41	32.5
Good	73	45.9	68	54.0
Fair	23	14.5	17	13.5
Poor	0	0.0	0	0.0
Very poor	0	0.0	0	0.0
Total	159	100.0	126	100.0
Missing	8		3	

Chi-square p-value = 0.380

Table 7.22(b) shows the male and female program survey respondents' overall rating of their quality of life. A majority of the male (86%) and female (87%) respondents indicated the overall quality of their life was "very good" or "good". There was no statistically significant difference between the two groups.

Plans after Graduation

Table 7.23	All Respondents (n=296)			
	Males (n=167)		Females (n=129)	
What do you expect to be doing after completion of your current residency or fellowship program?	Number	Percent	Number	Percent
Patient Care or Clinical Practice (in Non-Training position)	100	61.0	92	71.9
Fellowship or Additional Subspecialty Training	60	36.6	32	25.0
Military	0	0.0	0	0.0
Non Patient Care-based activities (e.g. research, administration)	2	1.2	3	2.3
Temporarily out of medicine	0	0.0	0	0.0
Other	2	1.2	1	0.8
Total	164	100.0	128	100.0
Missing/Undecided/Don't know yet	3		1	

Chi-square p-value = 0.170

Table 7.23 shows what the male and female survey respondents' expect to do after completing their current training program. Over three-fifths of the male (61%) and female (72%) respondents planned to go into patient care or clinical practice after completing their training. Over one-fourth of the male (37%) and female (25%) respondents planned to continue with additional training. There was no statistically significant difference between the two groups.

NOTE - The following section is only for those respondents who indicated they were primarily going into "patient care or clinical practice" (n=192).

Respondents going into patient care or clinical practice (n=192)

Practice Characteristics

Primary Practice Location

Table 7.24	Clinical Care Respondents (n=192)			
	Males (n=100)		Females (n=92)	
Where is the location of your primary activity after completing your current training program?	Number	Percent	Number	Percent
Same city or county as current training	24	24.7	36	40.0
Same region in Indiana, but different city or county	13	13.4	11	12.2
Other area in Indiana	8	8.2	11	12.2
Other U.S. state (not Indiana)	52	53.6	32	35.6
Outside of U.S.	0	0.0	0	0.0
Total	97	100.0	90	100.0
Missing / Undecided	3		2	

Chi-square p-value = 0.104

Table 7.24 shows the location of the male and female survey respondents' primary activity after completion of their current training program. Over two-fifths of the male (46%) respondents planned to practice within Indiana after completing their training, compared to 64 percent of female respondents. There was no statistically significant difference between the two groups.

Type of Practice

Table 7.25	Clinical Care Respondents (n=192)			
	Males (n=100)		Females (n=92)	
Which best describes the principal type of Patient Care Practice you will be entering? Please mark all that apply.	Number	Percent	Number	Percent
Solo practice	2	2.0	1	1.1
Partnership (2 person)	2	2.0	4	4.3
Group Practice	55	55.0	39	42.4
Hospital-inpatient	34	34.0	37	40.2
Hospital-ambulatory care	15	15.0	31	33.7
Hospital-emergency department	9	9.0	13	14.1
Free-standing health center or clinic	5	5.0	7	7.6
Nursing Home	0	0.0	0	0.0
Other (specify)	5	5.0	3	3.3

Table 7.25 shows the principal type of patient care practice setting the male and female survey respondents' will be entering after completing their training. Over one-half (55%) of the male respondents reported they intend to work in a "group practice" setting, compared to 42 percent of the female respondents. About three-fifths (58%) of the male respondents indicated they intended to practice in a "hospital" setting (inpatient, ambulatory care, emergency department, or inpatient/ambulatory), compared to 88 percent of the female respondents.

Obligation or Visa Requirement

Table 7.26	Clinical Care Respondents (n=192)			
	Males (n=100)		Females (n=92)	
Do you have an obligation or visa requirement to work in a designated HPSA or MUA when you complete your training?	Number	Percent	Number	Percent
Yes	6	6.1	6	6.5
No	93	93.9	86	93.5
Total	99	100.0	92	100.0
Missing	1		0	

Chi-square p-value = 0.896

Table 7.26 shows the male and female survey respondents' obligation or visa requirements to work in a designated HPSA or MUA after completing their training. Almost all male (94%) and female (94%) respondents indicated they had no obligation or visa requirement to work in a designated HPSA or MUA after completing their training. There was no statistically significant difference between the two groups.

Percentage of Patients Expected to be seen from Underserved Populations

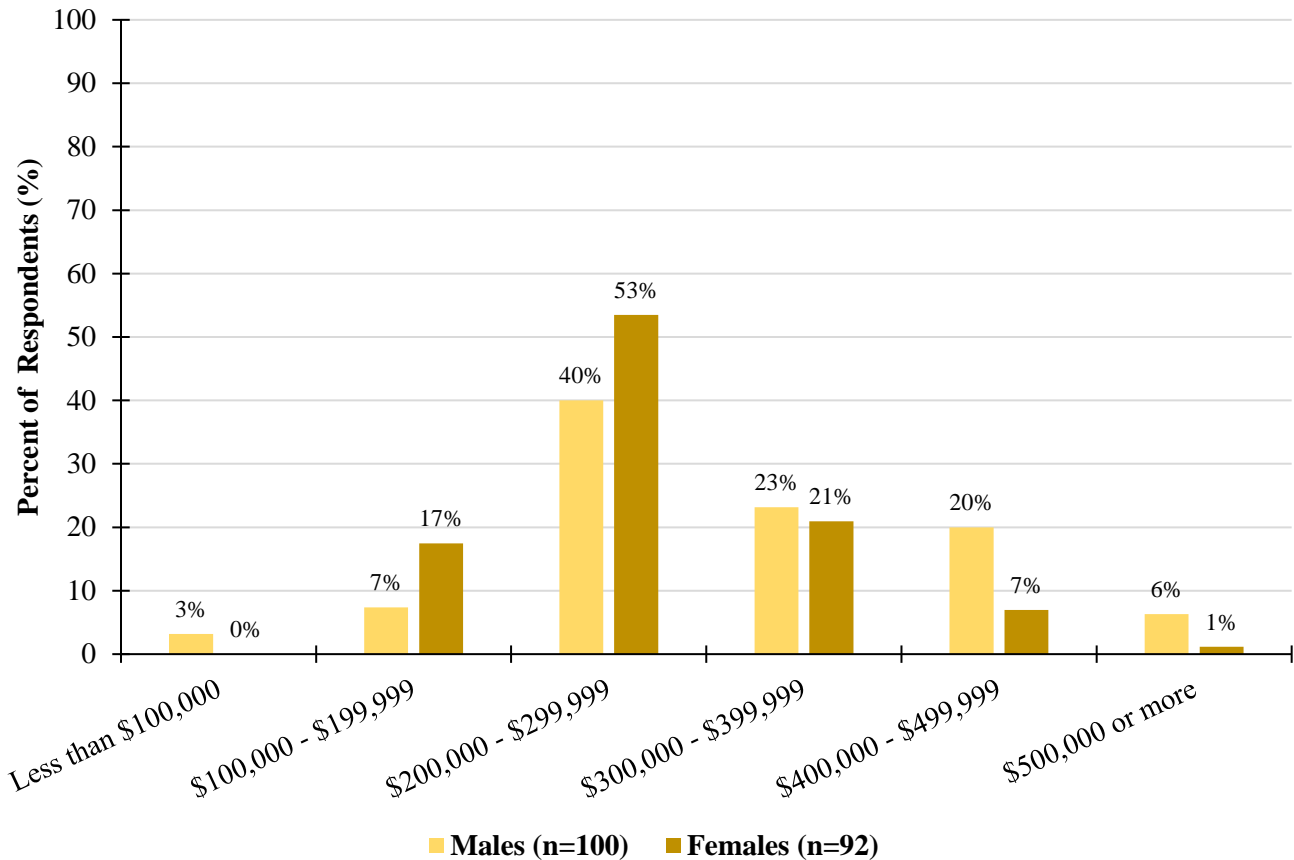
Table 7.27	Clinical Care Respondents (n=192)			
	Males (n=100)		Females (n=92)	
In your new practice, what percentage of the patients do you expect to see from underserved populations?	Number	Percent	Number	Percent
Less than 10 percent	8	8.5	6	7.1
10-24 percent	31	33.0	26	30.6
25-49 percent	35	37.2	29	34.1
50-74 percent	13	13.8	17	20.0
More than 75 percent	7	7.4	7	8.2
Total	94	100.0	85	100.0
Missing/Don't Know	6		7	

Chi-square p-value = 0.849

Table 7.27 shows the percentage of patient's the male and female survey respondents' expect to see from underserved populations. About three-fifths of the male (58%) and female (62%) respondents indicated they expect to see more than 25 percent of the patients from underserved populations. There was no statistically significant difference between the two groups.

Expected Gross Income

Figure 7.3: Expected Gross Income (n=192)



Chi-square p-value = < 0.045 †

Figure 7.3 presents the gross income that male and female survey respondents' expect to earn during their first year of practice. A majority of the male (90%) and female (83%) respondents indicated they expect to earn \$200,000 or more during their first year of practice. One-half (50%) of the male respondents indicated they expect to earn \$300,000 or more during their first year of practice, compared to 29 percent of the female respondents. The Chi-square test of association between the two groups was statistically significant. Male respondents appear more likely to expect a higher gross income during their first year of practice compared to their female counterparts.

Job Offers All Together

Table 7.28	Clinical Care Respondents (n=192)			
	Males (n=100)		Females (n=92)	
How many offers for employment/practice positions did you receive all together?	Number	Percent	Number	Percent
0	0	0.0	0	0.0
1	18	19.8	15	17.4
2	20	22.0	26	30.2
3	20	22.0	18	20.9
4	10	11.0	8	9.3
5 or more	23	25.3	19	22.1
Total	91	100.0	86	100.0
Missing / Did not seek an employment position at this time	9		6	

Chi-square p-value = 0.777

Table 7.28 shows the total number of offers the male and female survey respondents' received for employment or practice positions. Over one-half of the male (58%) and female (52%) respondents indicated receiving three or more offers for employment all together. There was no statistically significant difference between the two groups.

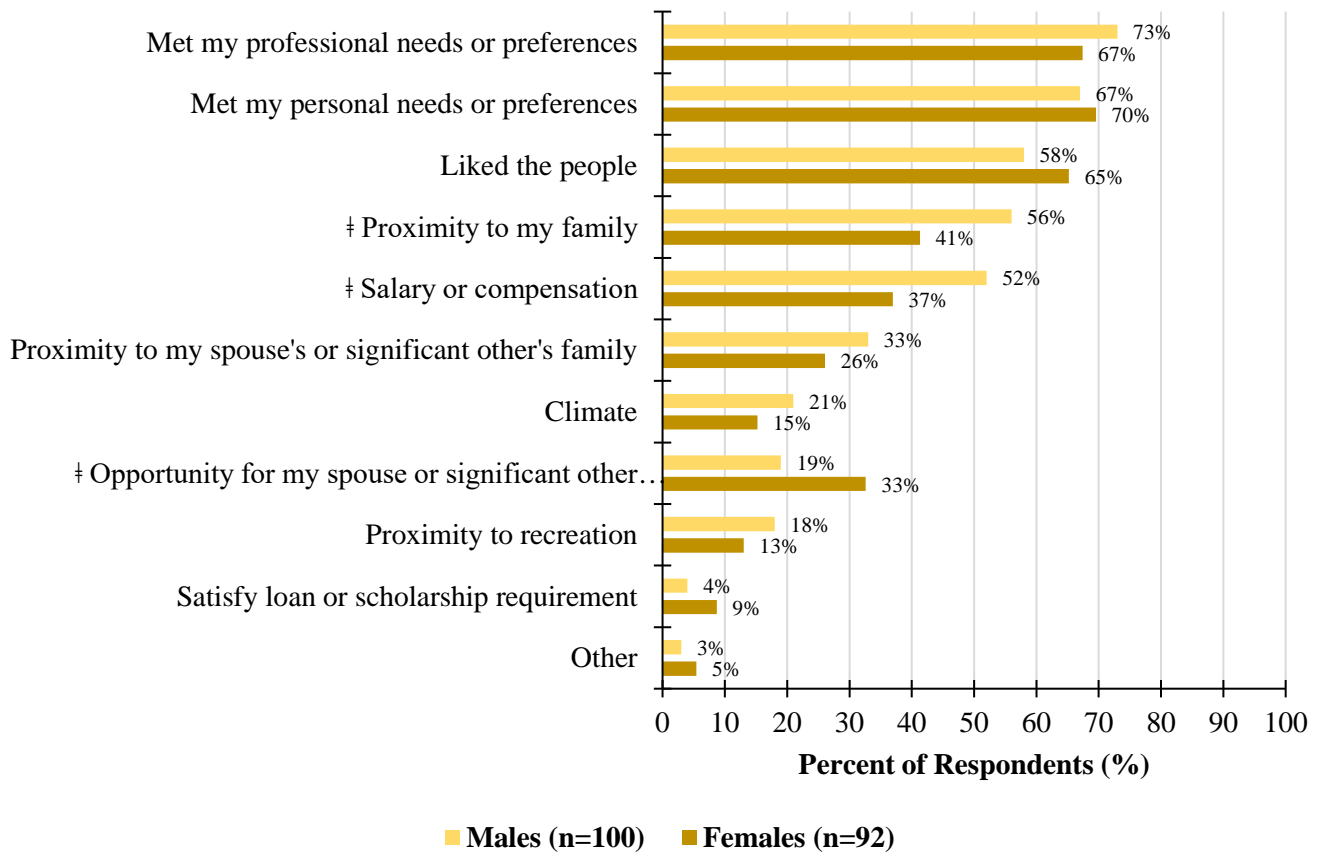
Job Offers from Indiana Hospitals

Table 7.29	Clinical Care Respondents (n=192)*			
	Males (n=100)		Females (n=92)	
Did you receive any offer from? Please mark all that apply.	Number	Percent	Number	Percent
IU Health	31	31.0	39	42.4
Eskenazi Hospital	7	7.0	11	12.0
Veterans Administration	6	6.0	10	10.9
Other hospital or health system in Indiana	35	35.0	33	35.9
Other	7	7.0	6	6.5

Table 7.29 shows the number of offers the male and female survey respondents' received offers for employment from Indiana hospitals. About one-third (31%) of the male respondents indicated receiving offers from IU Health, compared to 42 percent of the female respondents. Over one-third of the male (35%) and female (36%) respondents indicated receiving offers from other hospital or health system in Indiana.

Main Reasons to Practice at this Location

Figure 7.4: Main Reasons to Practice at this Location (n=192)



‡ Denotes that a statistically significant difference was found.

Figure 7.4 presents the main reasons influencing male and female survey respondents' choice of practice location. The top three reasons given or choosing to practice at this location for the male and female respondents were: “met my professional needs or preferences” (73%, 67%), “met my personal needs or preferences” (67%, 70%), and “liked the people” (58%, 65%), respectively. The Chi-square test of association between the two groups was statistically significant. Male respondents appear more likely to practice at this location because of proximity to their family and salary or compensation and. Female respondents appear more likely to practice at this location because of opportunity for their spouse or significant other.

Respondents going into patient care or clinical practice within Indiana (n=103)

Job Offers in Indiana

Table 7.30	Clinical Care Respondents (n=103)*			
	Males (n=45)		Females (n=58)	
How many offers for employment/practice positions did you receive <u>in Indiana</u> ?	Number	Percent	Number	Percent
0	0	0.0	0	0.0
1	15	34.1	17	29.3
2	9	20.5	17	29.3
3	11	25.0	10	17.2
4	2	4.5	7	12.1
5 or more	7	15.9	7	12.1
Total	44	100.0	58	100.0
Missing/ Did not seek employment positions at this time	1		0	

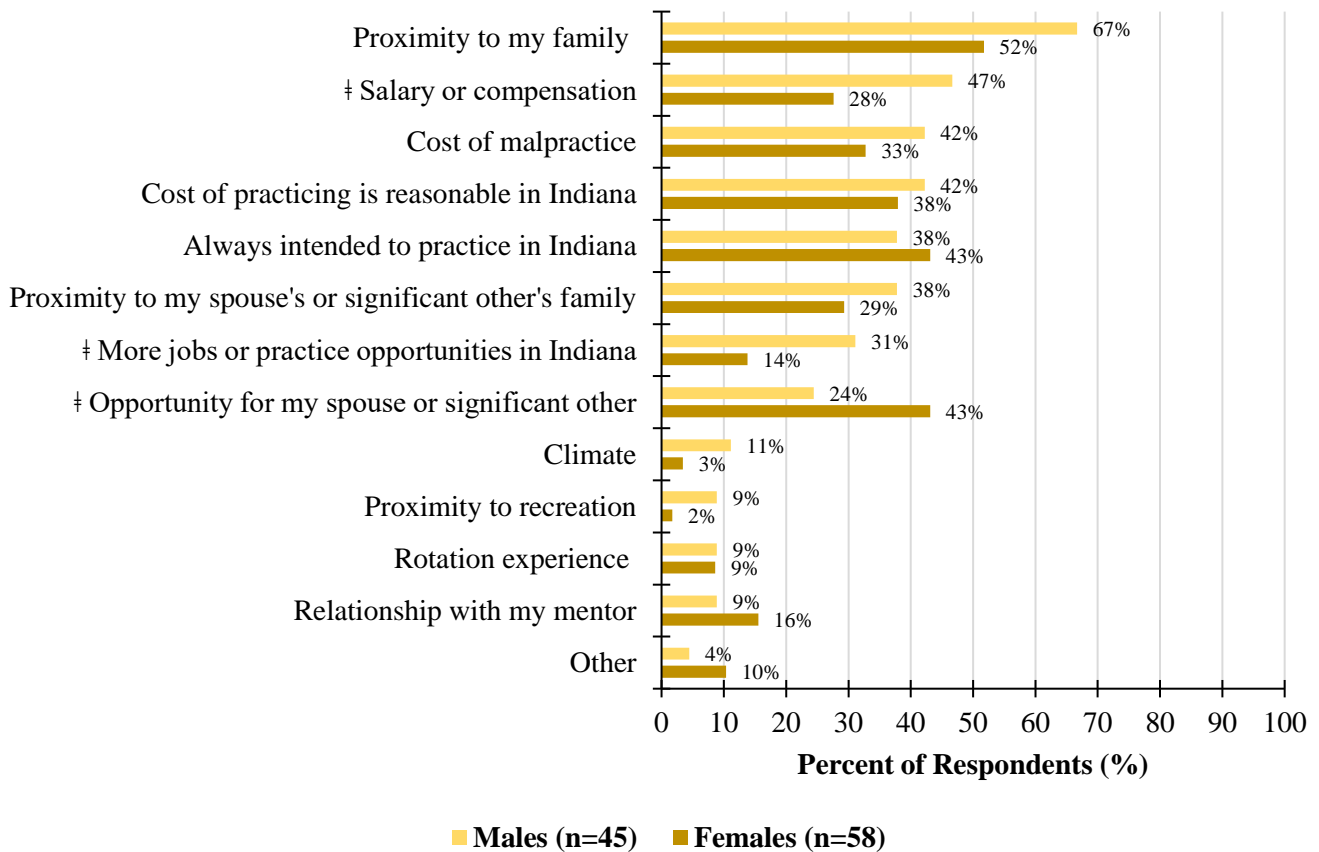
*Reflects responses from only those respondents who indicated their primary practice location was in Indiana.

Chi-square p-value = 0.435

Table 7.30 shows the number of offers the male and female survey respondents received for employment or practice positions in Indiana. Only those respondents who indicated their primary practice location was in Indiana were included in the analysis. Of those 103 respondents, over two-fifths of the male (45%) and female (41%) respondents indicated receiving three or more offers for employment in the state. There was no statistically significant difference between the two groups.

Main Reasons to Practice in Indiana

Figure 7.5: Main Reasons to Practice in Indiana (n=103)*

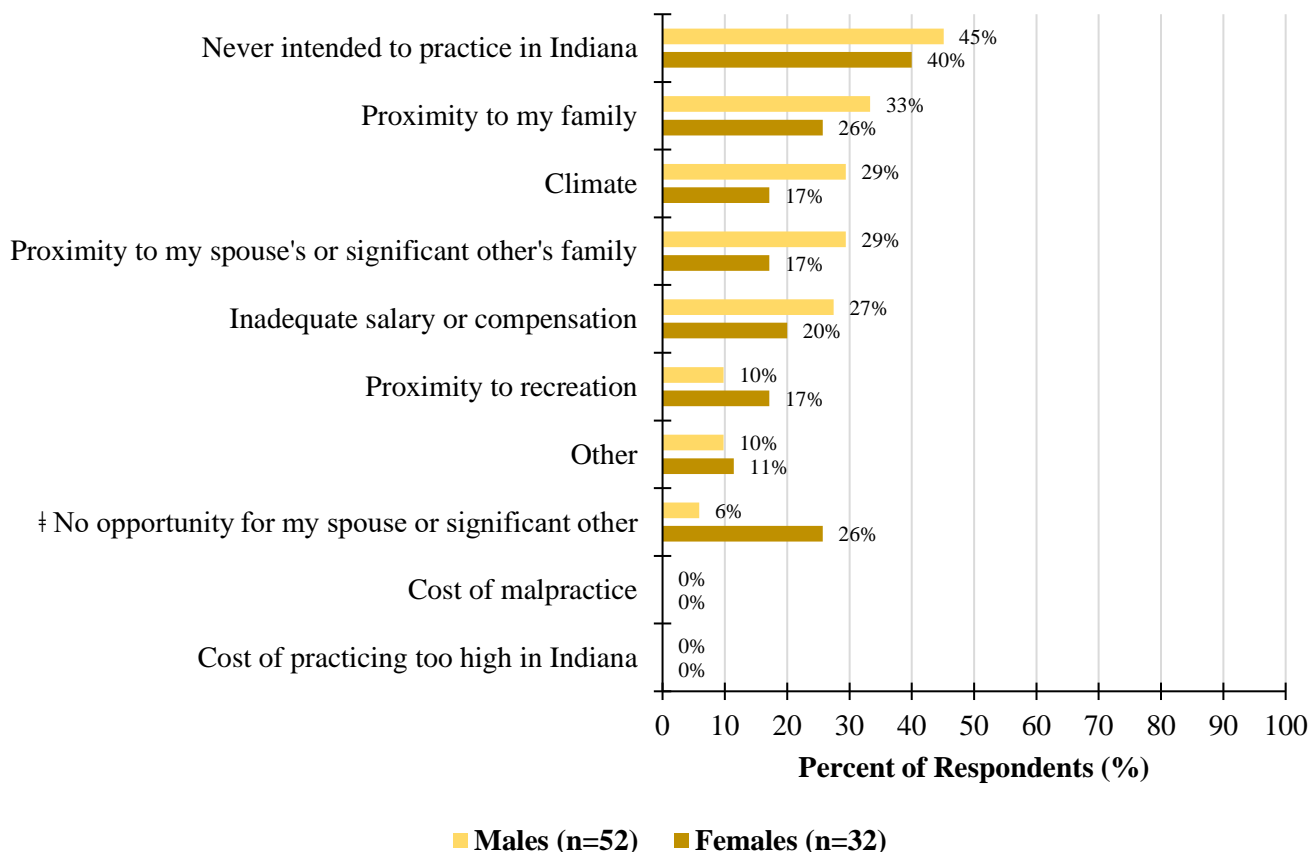


*Reflects responses from only those respondents who indicated their primary practice location was outside Indiana.
 ‡ Denotes that a statistically significant difference was found.

Figure 7.5 presents the main reasons influencing male and female survey respondent’s choice of practice location in Indiana. Only those respondents who indicated their primary practice location was in Indiana were included in this analysis. Among those 103 respondents, the top reasons given by the male respondents were: “proximity to my family” (67%), “salary or compensation” (47%), cost of malpractice (42%), and cost of practice is reasonable in Indiana (42%). The top reasons given by the female respondents were: “proximity to my family” (52%), “always intended to practice in Indiana” (43%), and “opportunity for my spouse or significant other” (43%). The Chi-square test of association between the two groups was statistically significant. Male respondents appear more likely to practice in Indiana because of salary or compensation and because there are more jobs or practice opportunities in the state. Female respondents appear more likely to practice in Indiana because of opportunity for their spouse or significant other.

Main reasons not to Practice in Indiana

Figure 7.6: Main Reasons not to Practice in Indiana (n=84)*



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

‡ Denotes that a statistically significant difference was found.

Figure 7.6 presents the main reasons influencing male and female survey respondents’ choice of practice location outside Indiana. Only those respondents who indicated their primary practice location was outside Indiana were included in this analysis. Among those 84 respondents, the top reasons given by the male and female respondents were: “never intended to practice in Indiana” (45%, 40%) and “proximity to my family” (33%, 26%), respectively. The Chi-square test of association between the two groups was statistically significant. Female respondents appear more likely to practice outside Indiana because there was no opportunity for their spouse or significant other.

Chapter 8: Trending Patterns: 2008-2018

This chapter shows a comparison of responses to the *IUSM Graduate Medical Education Exit Survey*® from the time of its inception in 2008 through 2018. Trends for all respondents have been shown in figures 8.1 to 8.10. The remaining figures show responses from only those graduates who:

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

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

All Respondents, 2008-2018

Demographics

Trends showing Age, 2008-2018

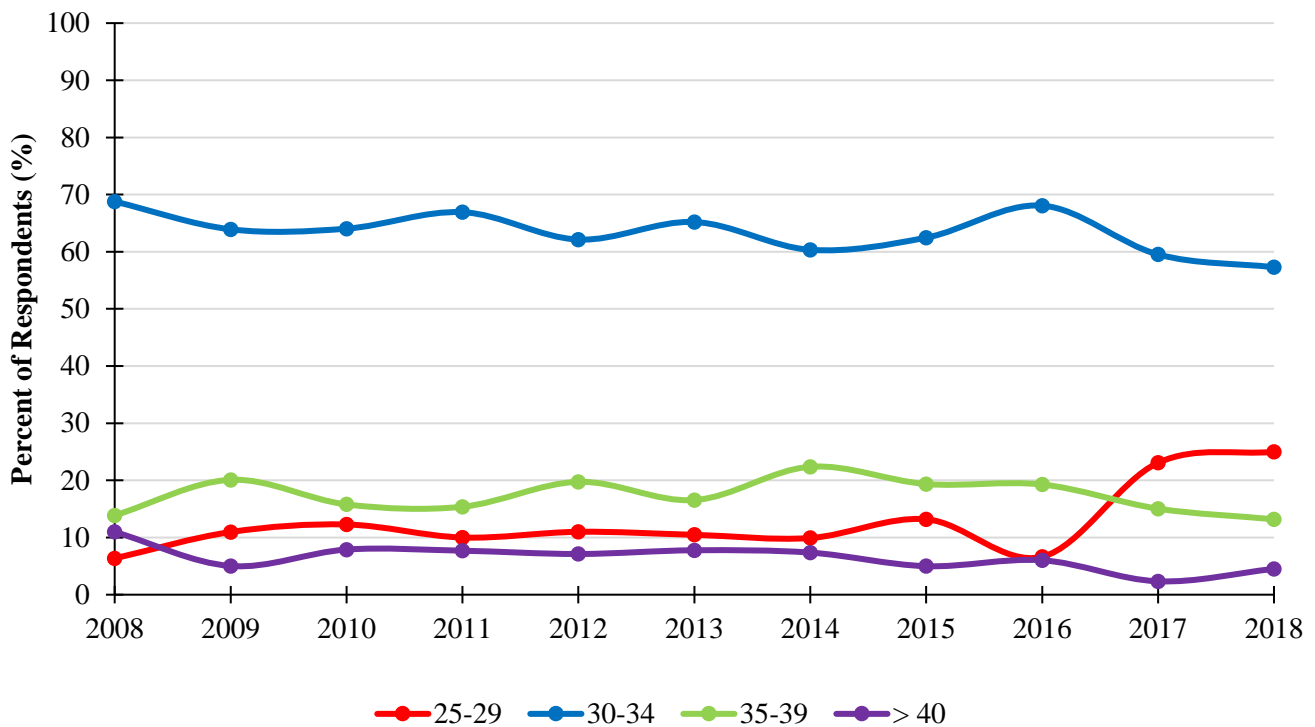
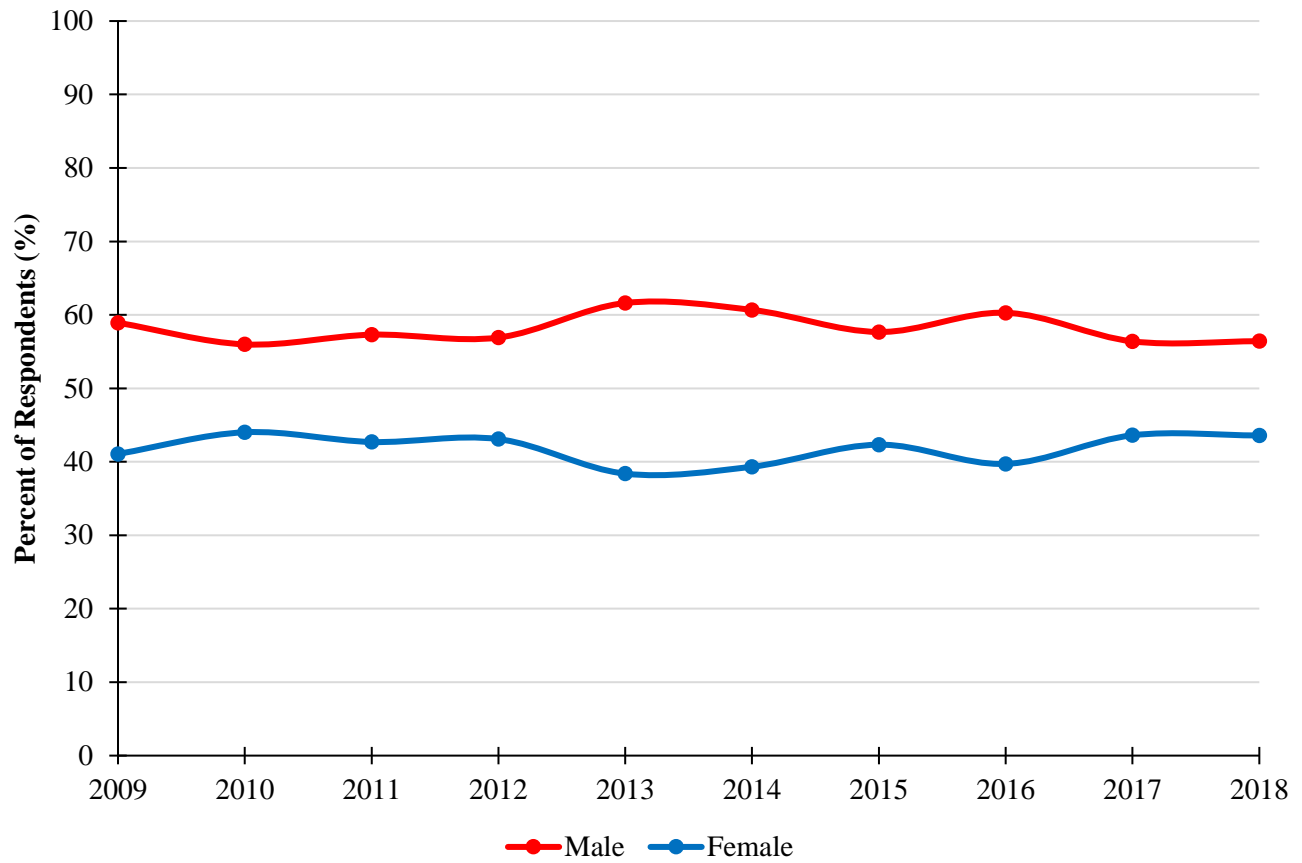


Figure 8.1 shows trends among respondents and their age distribution from 2008 to 2018. An increasing trend has been noted for those between 25 and 29 years of age (6% in 2008 to 25% in 2018). A slight drop has been noted among those between 30 and 34 years of age (69% in 2008 to 57% in 2018) and those 35 years of age or older (25% in 2008 to 18% in 2018).

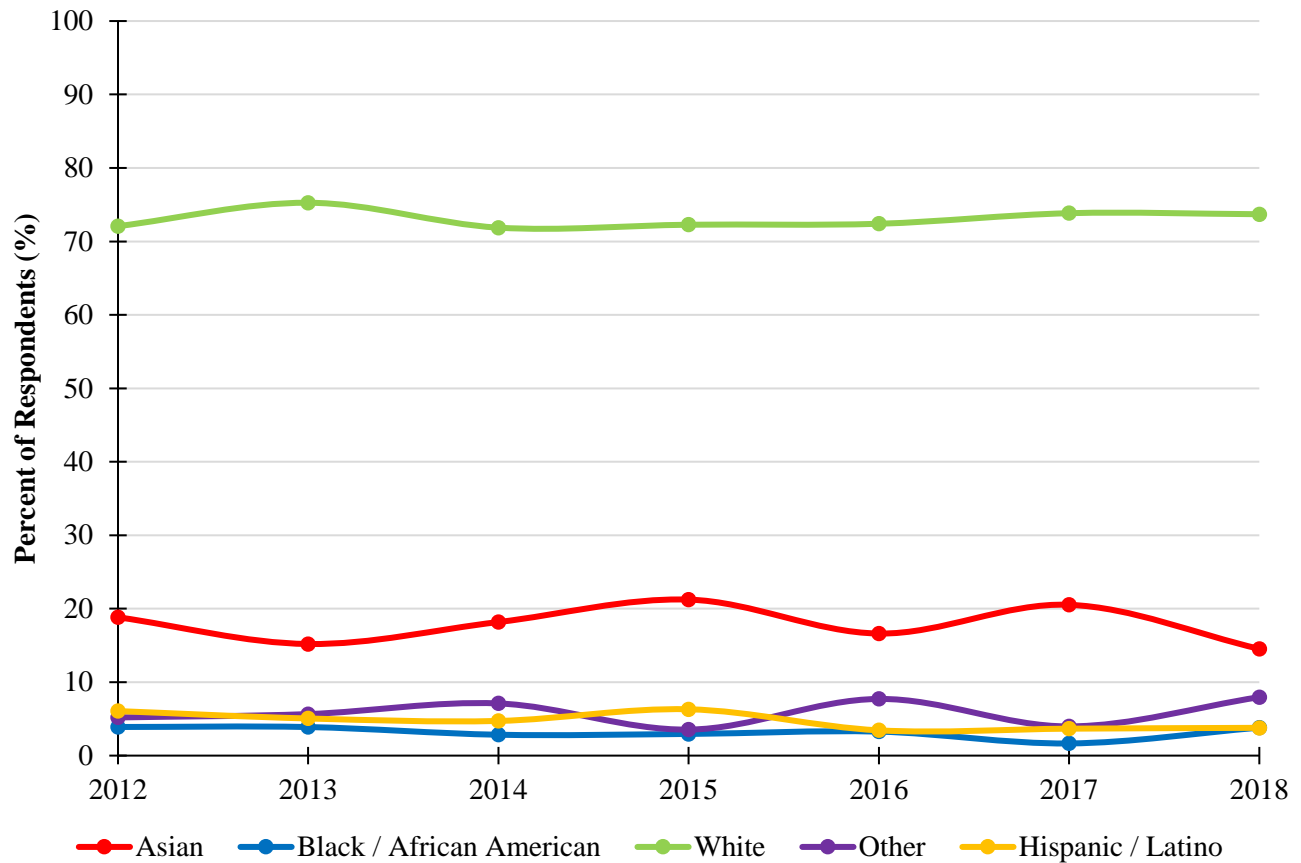
Figure 8.2: Trends showing Gender, 2009-2018*



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

Figure 8.2 shows trends among respondents and their gender distribution from 2009 to 2018. This question was not asked on the 2008 exit survey. Trends have remained fairly constant for both male (59% in 2009 to 56% in 2018) and female (41% in 2009 to 44% in 2018) respondents.

Figure 8.3: Trends showing Race and Ethnicity, 2012-2018*



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

Figure 8.3 shows trends among respondents and their racial and ethnic distribution from 2012 to 2018. This question was not asked on the 2008 to 2011 exit surveys.

Trends have remained fairly constant for respondents who identified themselves as Asian (19% in 2012 to 15% in 2018), Black/African American (4% in 2012 to 4% in 2018), white (72% in 2012 to 74% in 2018), Hispanic/Latino ethnicity (6% in 2012 to 4% in 2018), and Other (5% in 2012 to 8% in 2018).

Figure 8.4: Trends showing Individual Educational Debt, 2008-2018

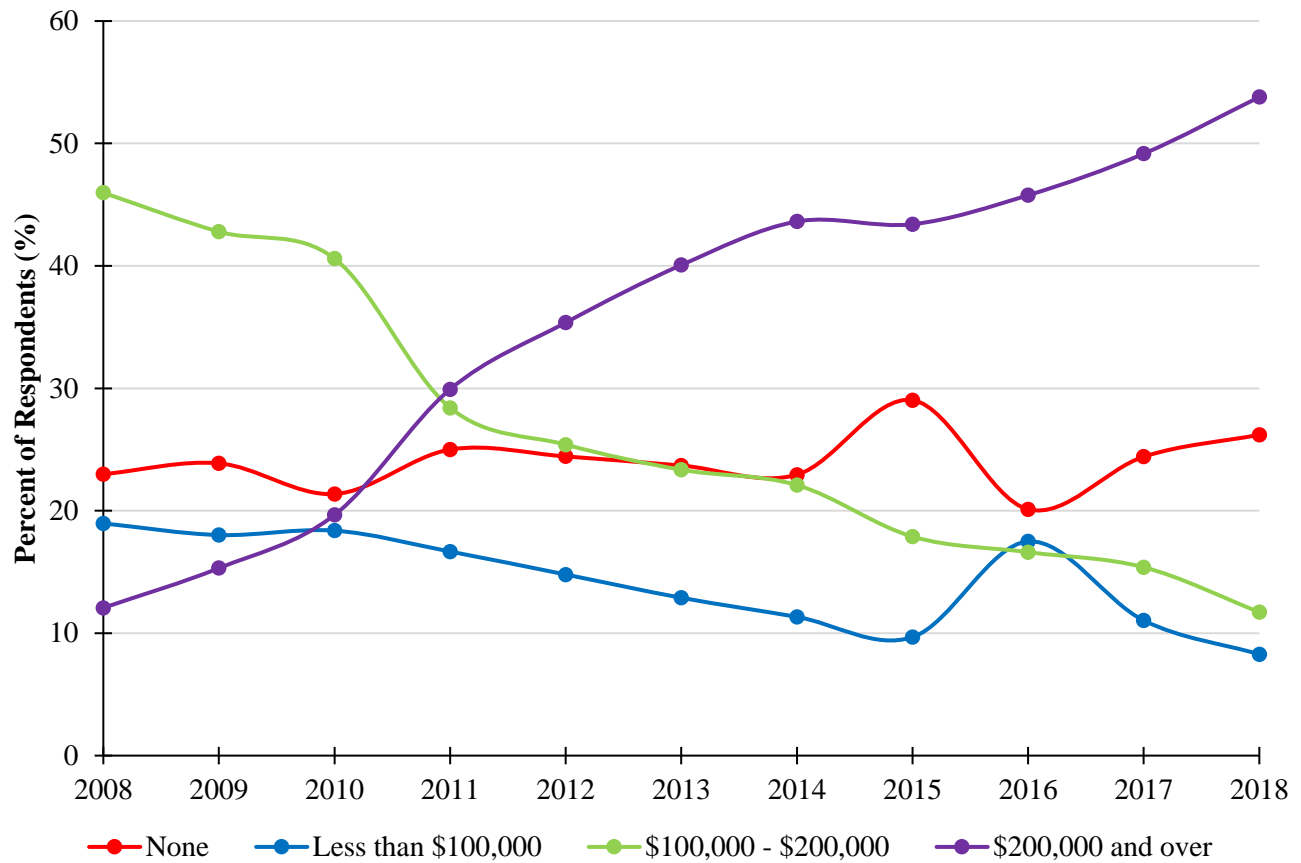
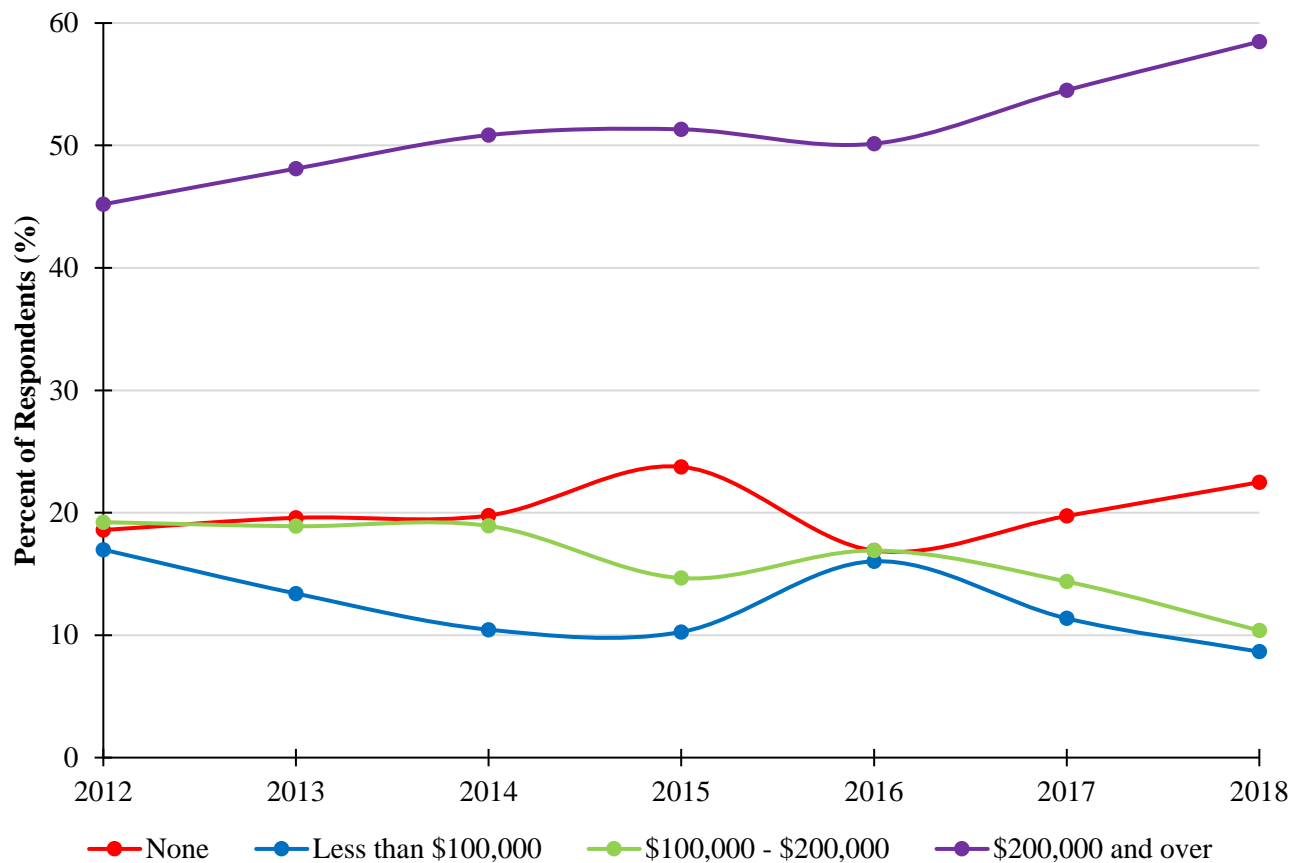


Figure 8.4 shows trends among respondents and their current level of individual educational debt from 2008 to 2018. The graph has been zoomed in to improve visualization.

An increasing trend was noted among respondents with an individual educational debt load of \$200,000 or more (12% in 2008 to 54% in 2018). Trends have remained fairly constant among respondents who indicated having no educational debt (23% in 2008 to 26% in 2018). A declining trend has been noted among respondents with an individual educational debt load of less than \$200,000 (65% in 2008 to 20% in 2018).

Figure 8.5: Trends showing Household Educational Debt, 2012-2018*



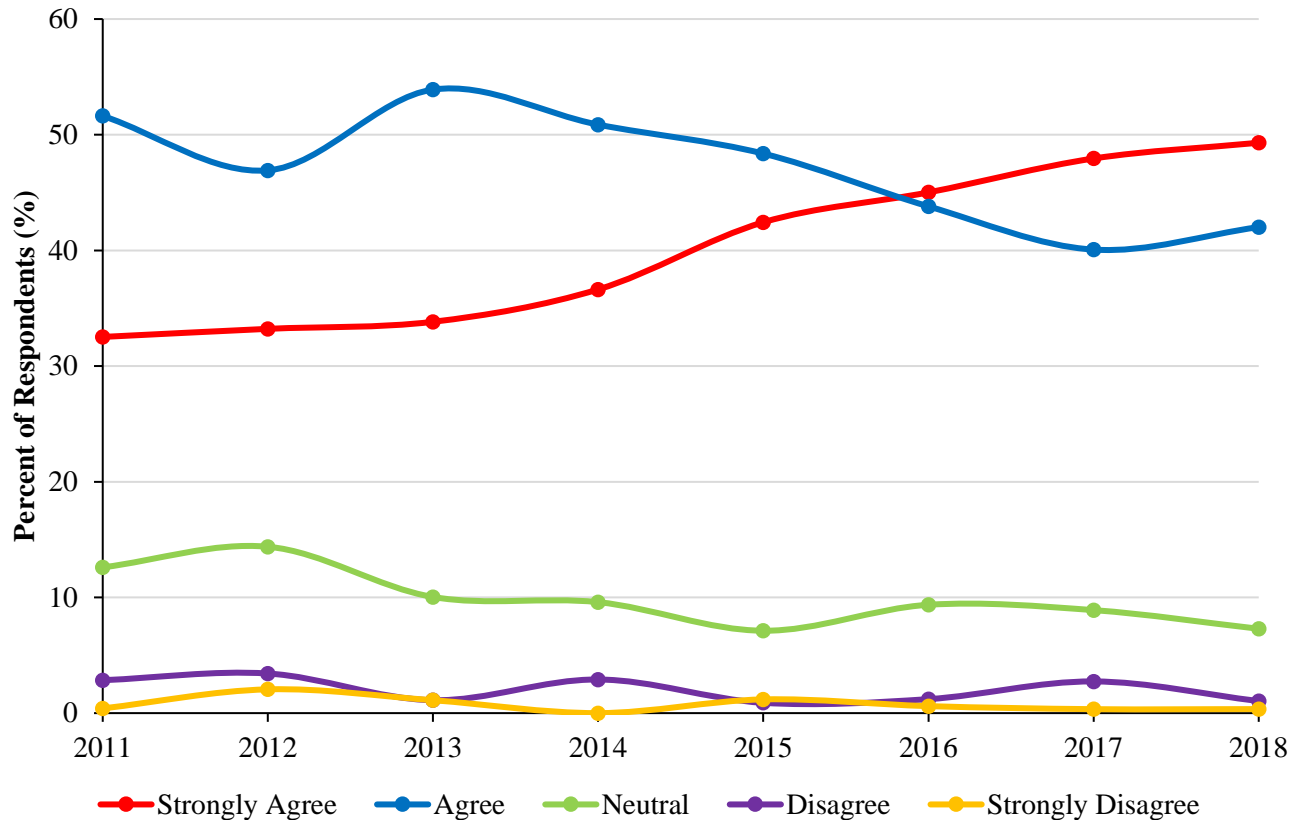
* This question was not asked on the 2008 to 2011 IUSM GME exit survey.

Figure 8.5 shows trends among respondents and their current level of household educational debt from 2012 to 2018. This question was not asked on the 2008 to 2011 exit surveys. The graph has been zoomed in to improve visualization.

An increasing trend was noted among respondents with a total household educational debt load of \$200,000 or more (45% in 2012 to 59% in 2018). Trends have remained fairly constant among respondents who indicated having no total household educational debt (19% in 2012 to 23% in 2018). A slight drop was noted among respondents with an educational debt load of less than \$200,000 (36% in 2012 to 19% in 2018).

Program Assessment

Figure 8.6: Trends showing the Training Program was Helpful in Board Exam Preparation, 2011-2018*

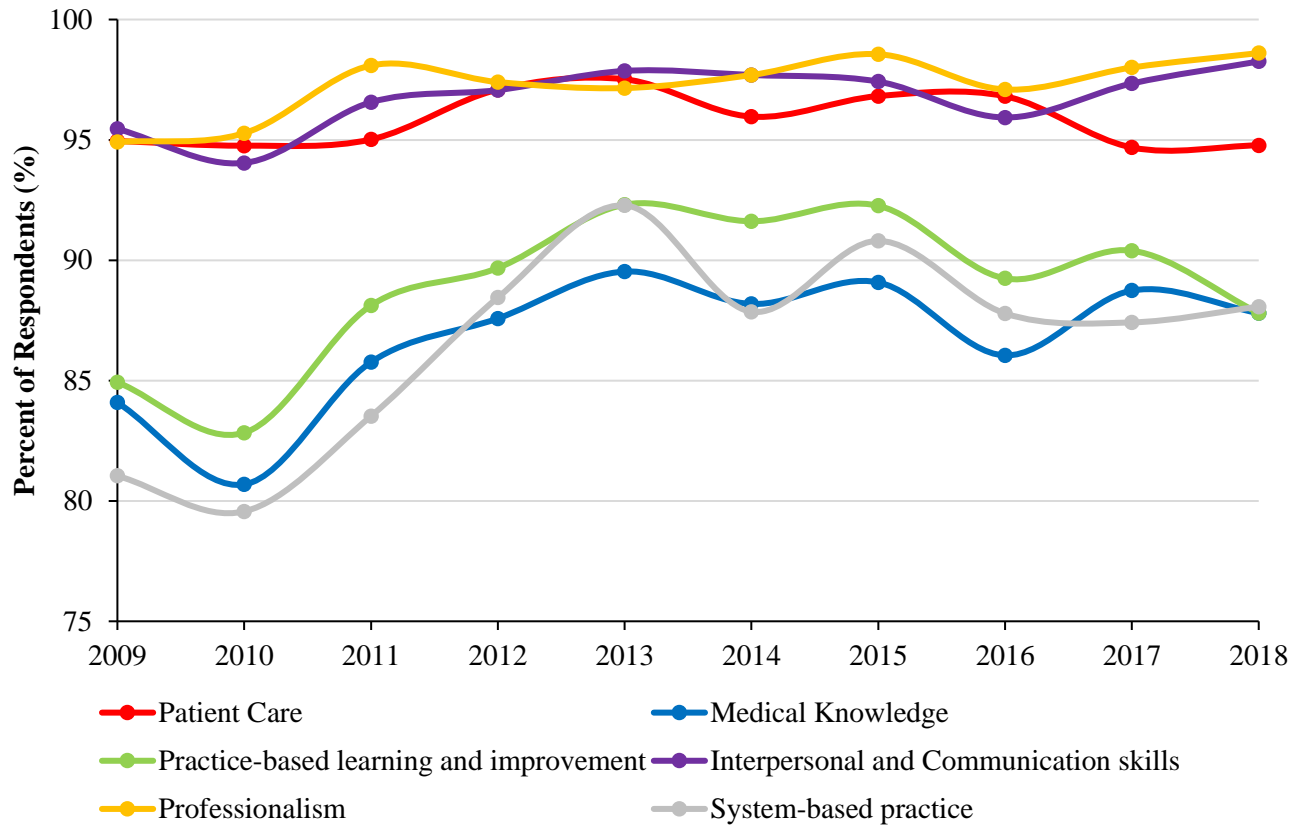


**This question was not asked on the 2008 IUSM GME exit survey. Response categories differed in the 2009 to 2010 IUSM exit survey and were excluded from this analysis.*

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

An increasing trend was noted among respondents who indicated they “strongly agree” their training program was helpful in preparation for their board exams (33% in 2011 to 49% in 2018). Trends have remained fairly constant for those who indicated they “disagree” (3% in 2011 to 1% in 2018) or “strongly disagree” (<1% in 2011 to 2018). A slight drop has been noted among respondents who indicated they “agree” their training program was helpful in preparation for their board exams (52% in 2011 to 42% in 2018) and for those who remained neutral in their response (13% in 2011 to 7% in 2018).

Figure 8.7: Trends showing "Fully" Competent in ACGME Competency Areas, 2009-2018*

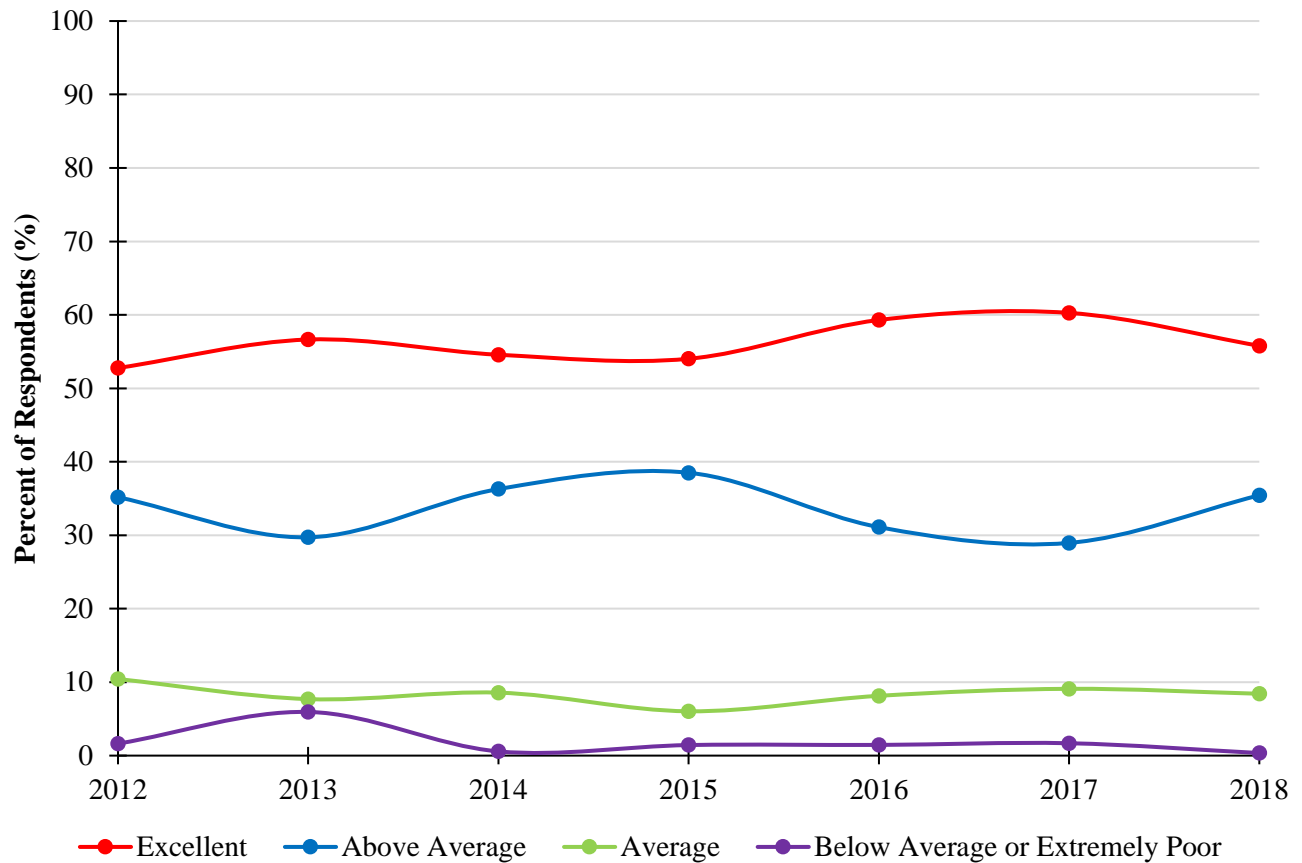


*This question was not asked on the 2008 IUSM GME exit survey.

Figure 8.7 shows trends among respondents' self-rated competency level in the six ACGME competency areas from 2009 to 2018. This question was not asked on the 2008 exit survey. This graph has been zoomed in to improve visualization.

A slight increase has been noted among respondents' self-rated competency level in systems-based practice (81% in 2009 to 88% in 2018). Trends have remained fairly constant among respondents' self-rated competency level in patient care (95% in 2009 to 95% in 2018), medical knowledge (84% in 2009 to 88% in 2018), practice-based learning and improvement (85% in 2009 to 88% in 2018), interpersonal and communication skills (96% in 2009 to 98% in 2018), and professionalism (95% in 2009 to 99% in 2018).

Figure 8.8: Trends showing Quality of Program, 2012-2018*

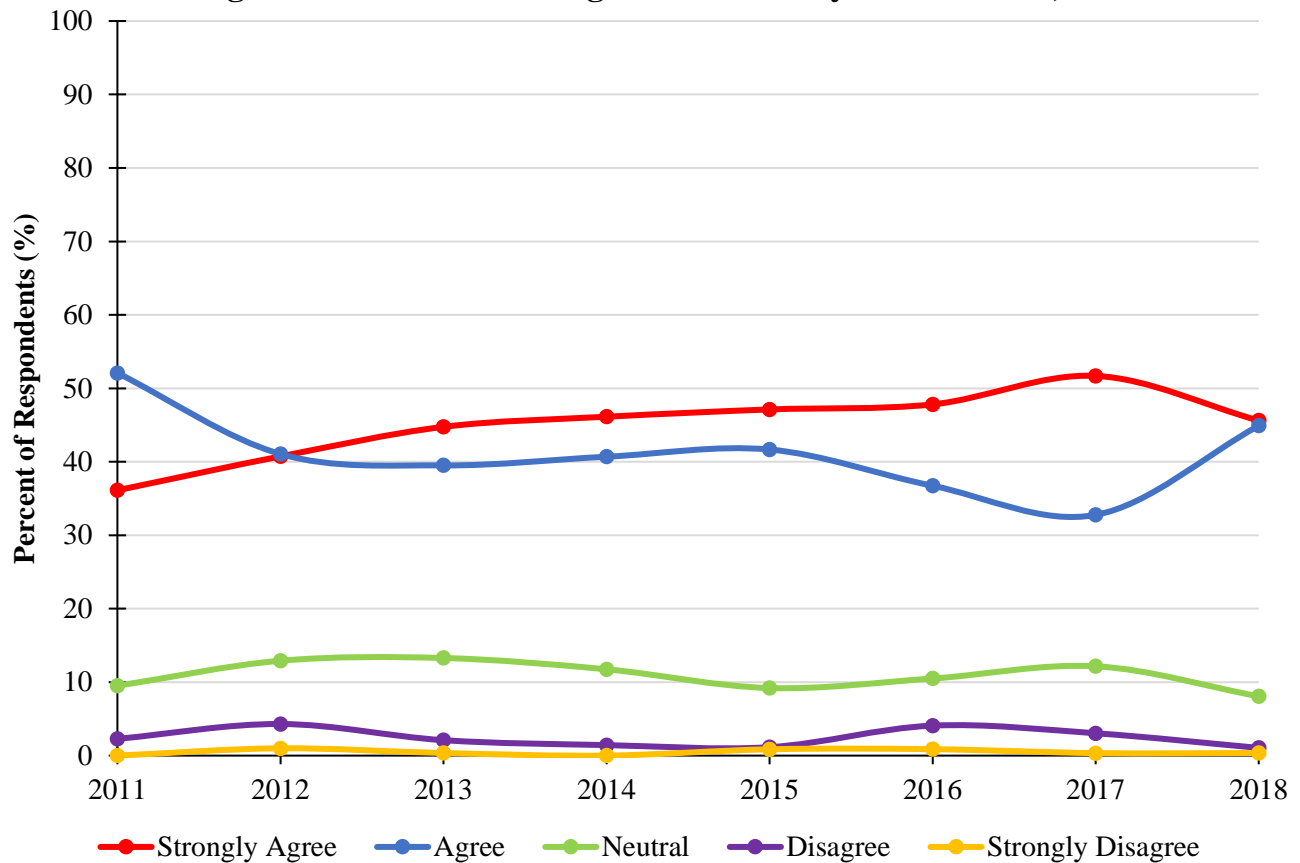


**This question was not asked on the 2008 to 2011 IUSM GME exit survey.*

Figure 8.8 shows trends among the respondents' overall rating of the quality of their training program from 2012 to 2018. This question was not asked on the 2008 to 2011 exit surveys.

Trends have remained fairly constant for respondents who rated the overall quality of their training program as “excellent” (53% in 2012 to 56% in 2017), “above average” (35% in 2012 to 35% in 2018), “average” (10% in 2012 to 8% in 2018) and “below average” or “extremely poor” (2% in 2012 to <1% in 2018).

Figure 8.9: Trends showing Overall Faculty Performance, 2011-2018*

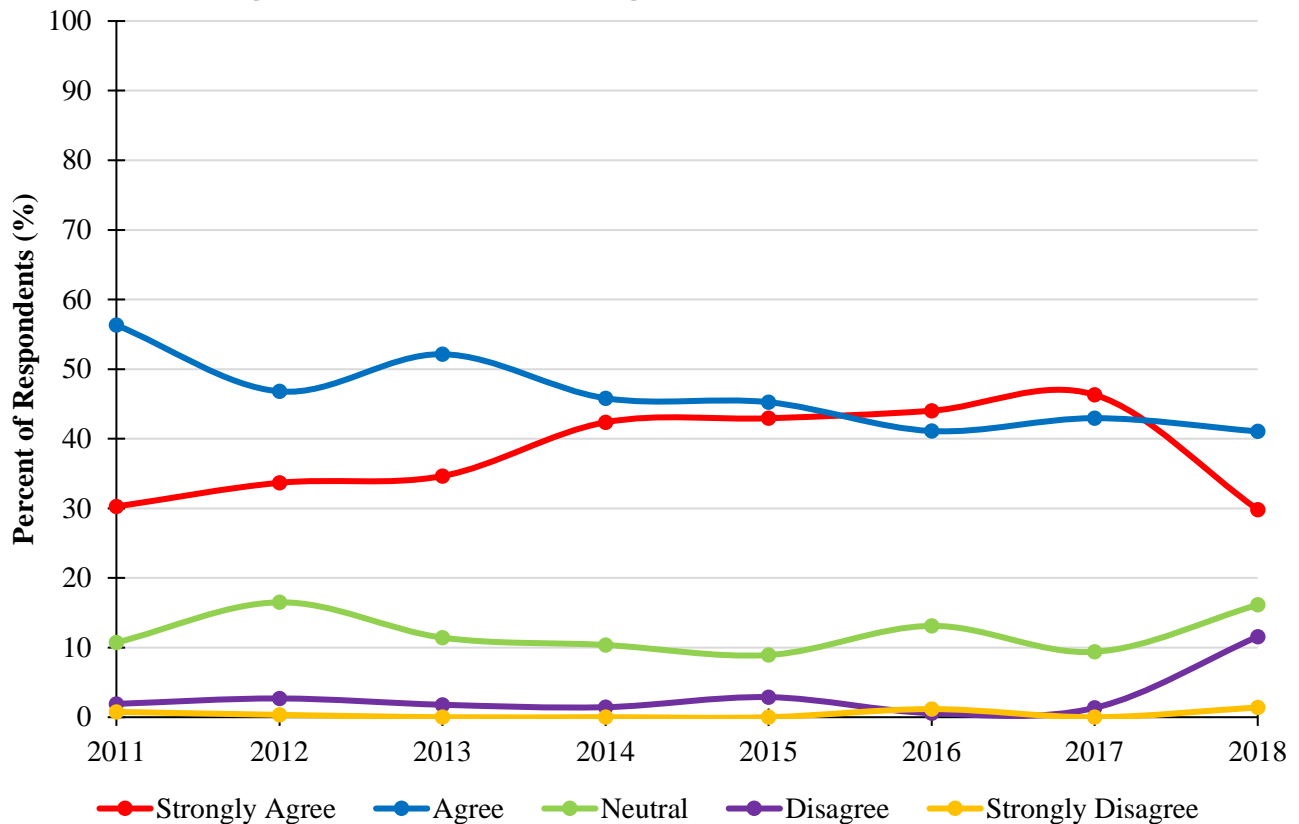


*Response categories differed in the 2008 to 2010 IUSM exit survey and were excluded from this analysis.

Figure 8.9 shows trends among the respondents’ overall assessment of performance of faculty in their training program having exceeded their expectations from 2011 to 2018. Response categories differed in the 2008, 2009, and 2010 exit survey, thus were excluded from in this analysis.

An increasing trend was noted among respondents who indicated they “strongly agree” that the performance of faculty in their training program had exceeded their expectations (36% in 2011 to 46% in 2018). Trends have been fairly constant among respondents’ who remained “neutral” (10% in 2011 to 8% in 2018), or those who indicated they “disagree” (2% in 2011 to 1% in 2018) or “strongly disagree” (<1% in 2011 to 2018) that the performance of faculty in their training program had exceeded their expectations. A slight drop has been noted among respondents who indicated they “agree” that the performance of faculty in their training program had exceeded their expectations (52% in 2011 to 45% in 2018).

Figure 8.10: Trends showing Overall Peer Performance, 2011-2018*



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

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

An increasing trend was noted among respondents who indicated they “disagree” that the performance of other residents or fellows in their training program had exceeded their expectations (2% in 2011 to 12% in 2018) and to those who remained “neutral” (11% in 2011 to 16% in 2018). Trends have been fairly constant among respondents' who indicated they “strongly agree” (30% in 2011 to 30% in 2018) and “strongly disagree” (1% in 2011 to 1% in 2018) that the performance of other residents or fellows in their training program had exceeded their expectations. A declining trend has been noted among respondents who “agree” that the performance of other residents or fellows in their training program had exceeded their expectations (56% in 2011 to 41% in 2018).

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

Practice Characteristics

Figure 8.11: Trends showing Primary Practice Location after Training, 2008-2018

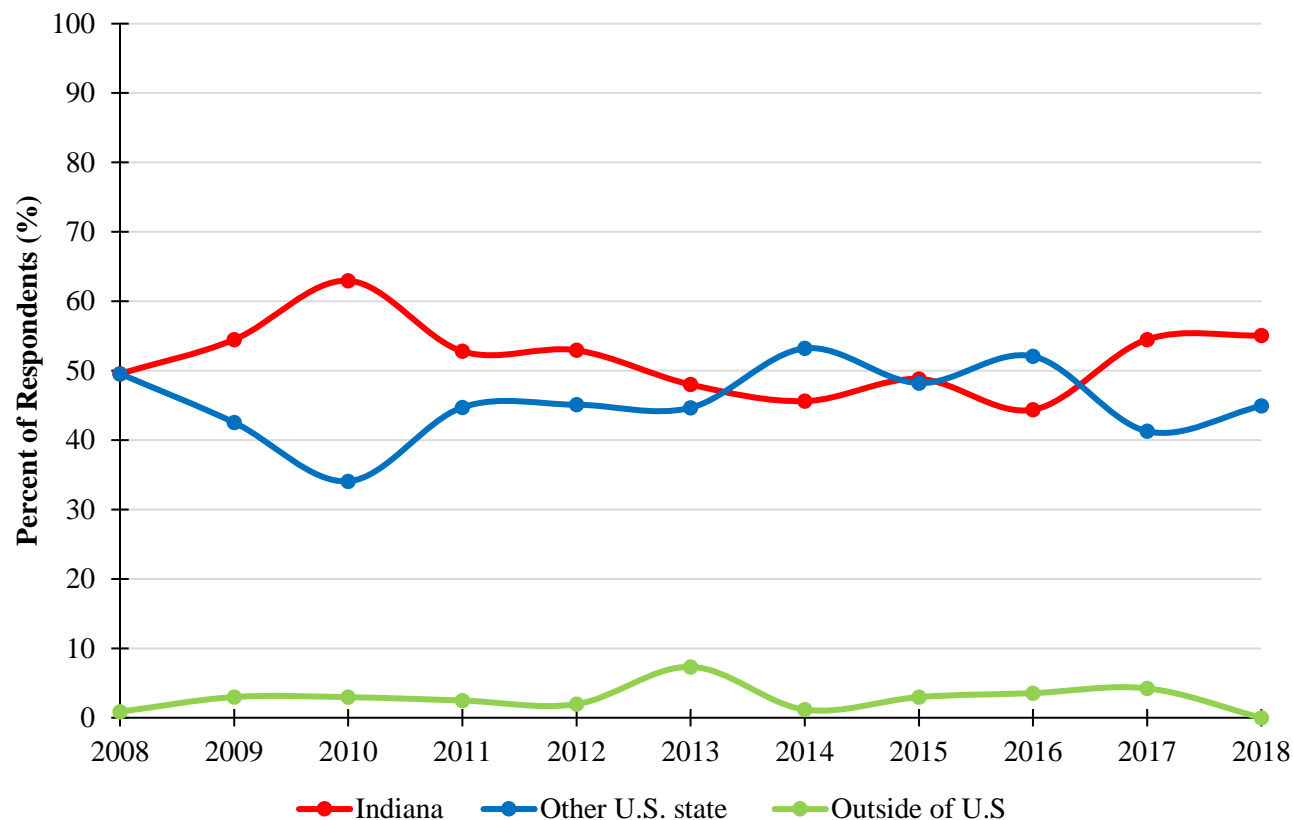
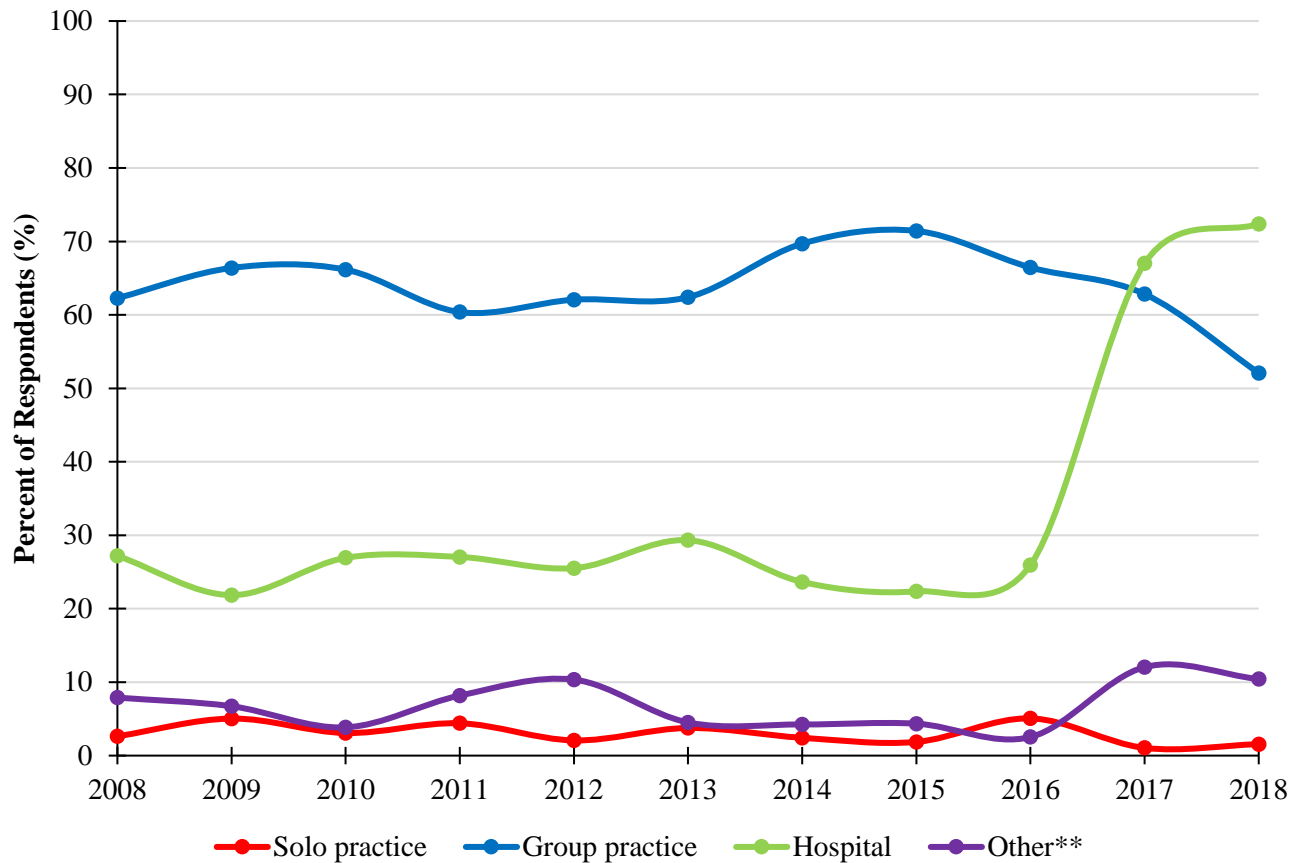


Figure 8.11 shows trends among respondents and the location in which they intend to practice after completing their training program from 2008 to 2018.

A slight increase was noted among respondents whose primary practice location after completing training was within Indiana (50% in 2008 to 55% in 2018). A slight drop was noted among respondents' whose primary practice location after completing their training was outside Indiana (50% in 2008 to 45% in 2018).

Figure 8.12: Trends showing Principal Type of Practice, 2008-2018*



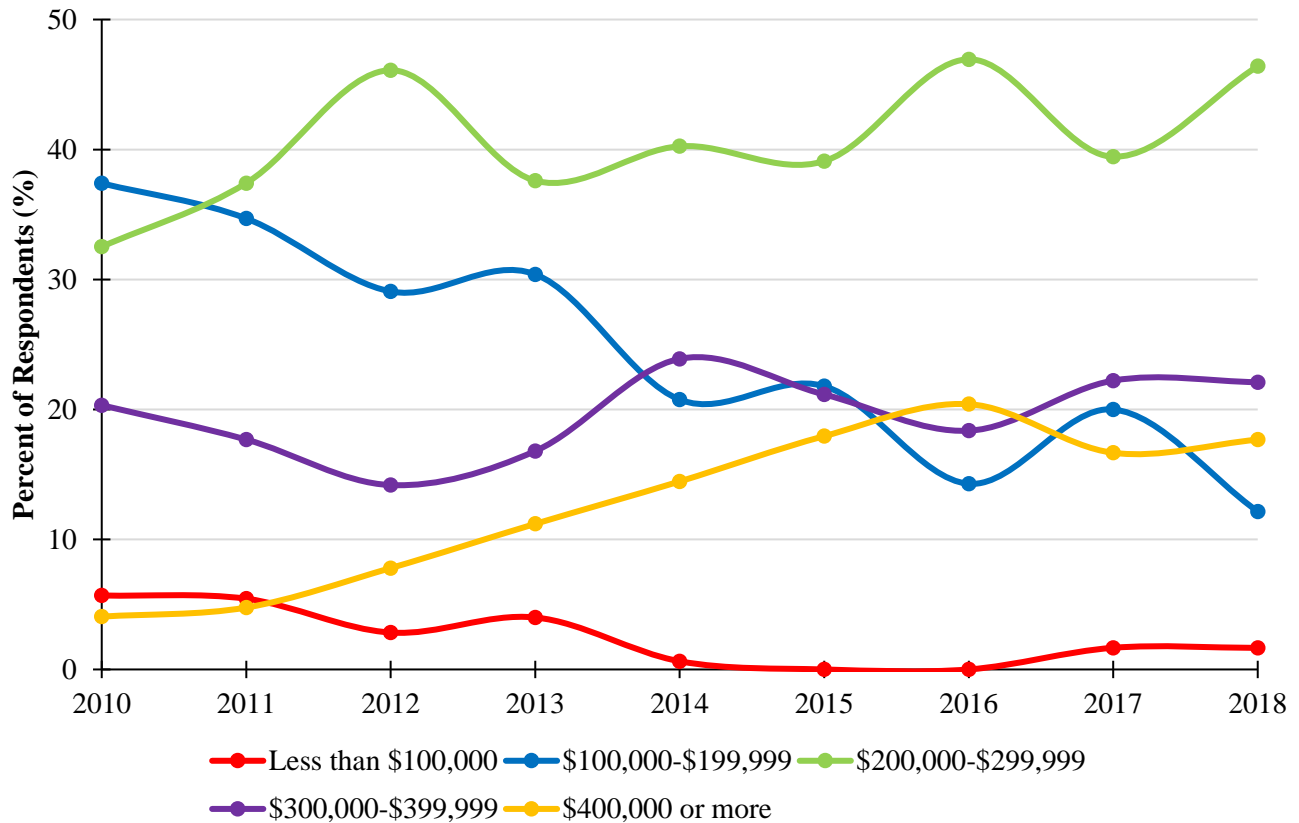
*In 2017, respondents were given the option to “mark all that apply”

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

Figure 8.12 shows trends among respondents and the principal type of patient care practice setting they intended to enter after completing their training program from 2008 to 2018. In 2017, respondents were given the option to “mark all that apply”.

An increasing trend was noted among respondents going into a hospital setting including inpatient, ambulatory care, or emergency department (27% in 2008 to 72% in 2018). Trends have remained fairly constant among those going into a solo practice (3% in 2008 to 2% in 2018) and other (8% in 2008 to 10% in 2018), other includes: free-standing health center or clinic, nursing home, and other. A slight drop was noted among respondents going into a group practice setting (62% in 2008 to 52% in 2018).

Figure 8.13: Trends showing Expected Gross Income in 1st Year of Practice, 2010-2018*

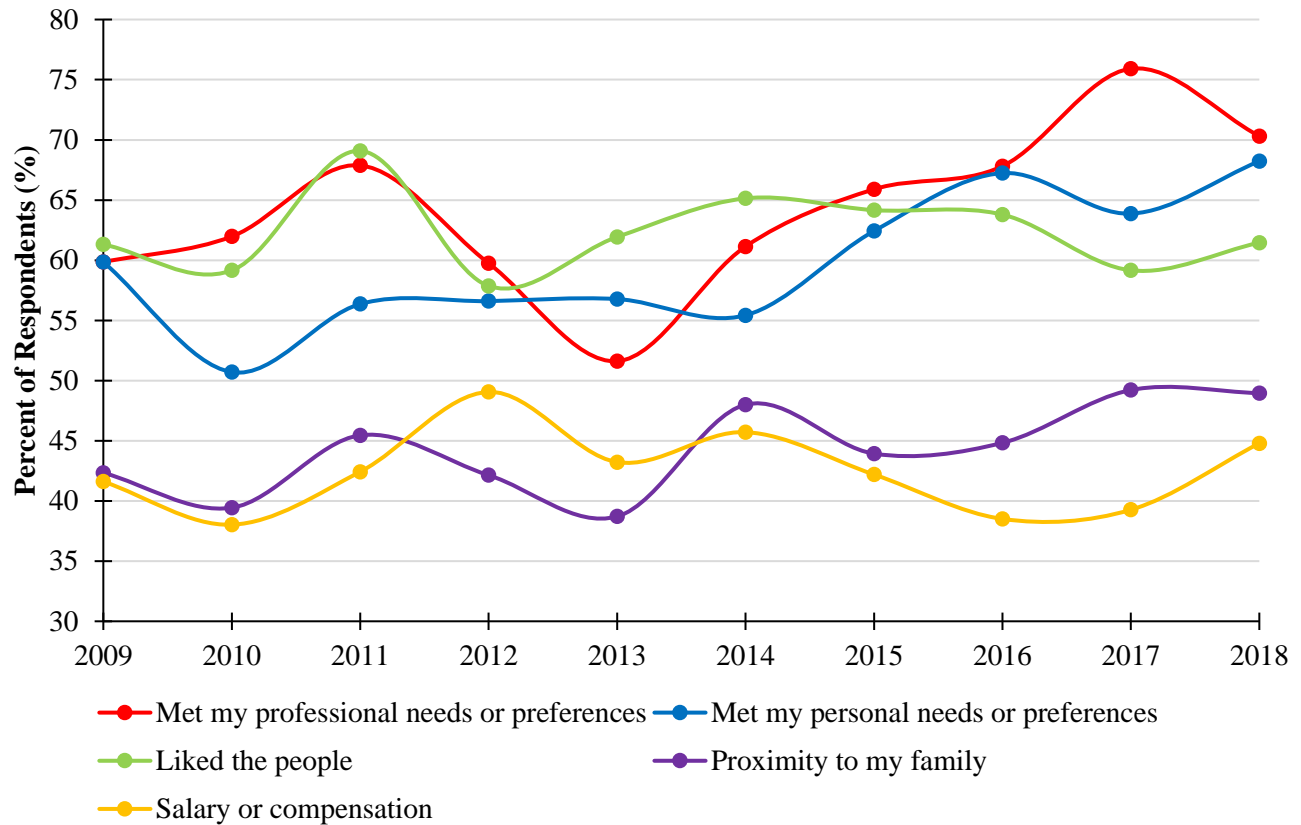


*Response categories differed in the 2008 to 2009 IUSM exit survey and were excluded from this analysis.

Figure 8.13 shows trends among respondents and their expected gross income (salary plus incentives) during their first year of practice from 2010 to 2018. Response options differed in the 2008 and 2009 exit survey, thus were excluded from this analysis. This graph has been zoomed in to improve visualization.

An increasing trend was noted among respondents who expect to earn \$200,000 or more (57% in 2010 to 86% in 2018) during their first year of practice. Trends have remained fairly constant among respondents who expect to earn less than \$100,000 (6% in 2010 to 2% in 2018) during their first year of practice. A declining trend has been noted among respondents who expect to earn or between \$100,000 and \$199,999 (37% in 2010 to 12% in 2018) during their first year of practice.

Figure 8.14: Trends showing Top 5 Reasons to Practice at this Location, 2009-2018*

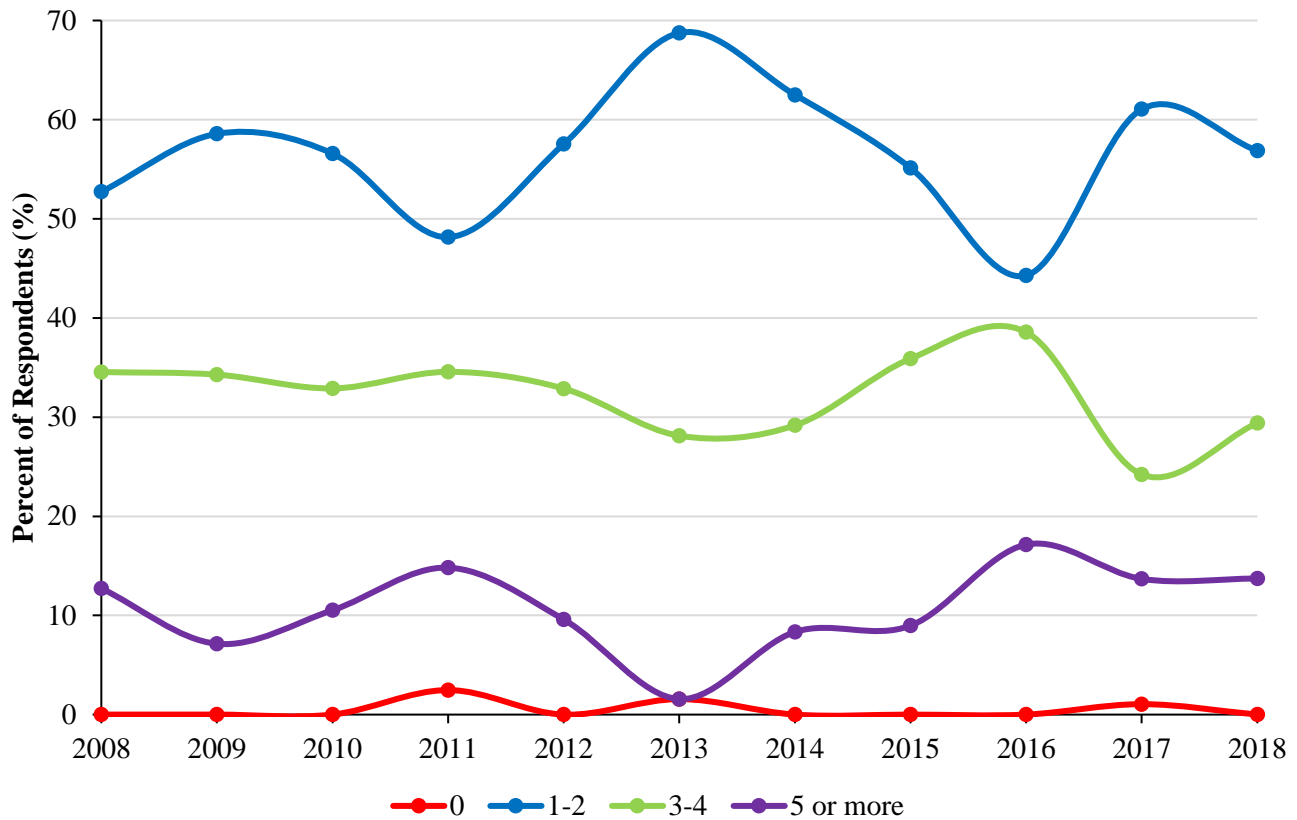


*Response categories differed in the 2008 IUSM exit survey and were excluded from this analysis.

Figure 8.14 shows trends among respondents and the top 5 reasons they decided to practice at this location from 2009 to 2018. Response options differed in the 2008 and were excluded from this analysis. This graph has been zoomed in to improve visualization.

An increasing trend was noted among respondents who indicated the main reason they chose to practice at this location was because it “met their professional needs or preferences” (60% in 2009 to 70% in 2018), “met their personal needs or preferences” (60% in 2009 to 68% in 2018), “proximity to my family” (42% in 2009 to 49% in 2018), and “salary or compensation” (42% in 2009 to 45% to 2018). Trends have remained fairly constant among respondents who indicated the main reasons they chose to practice at this location was because they “liked the people” (61% in 2009 to 62% in 2018).

Figure 8.15: Trends showing Employment Offers in Indiana, 2008-2018*

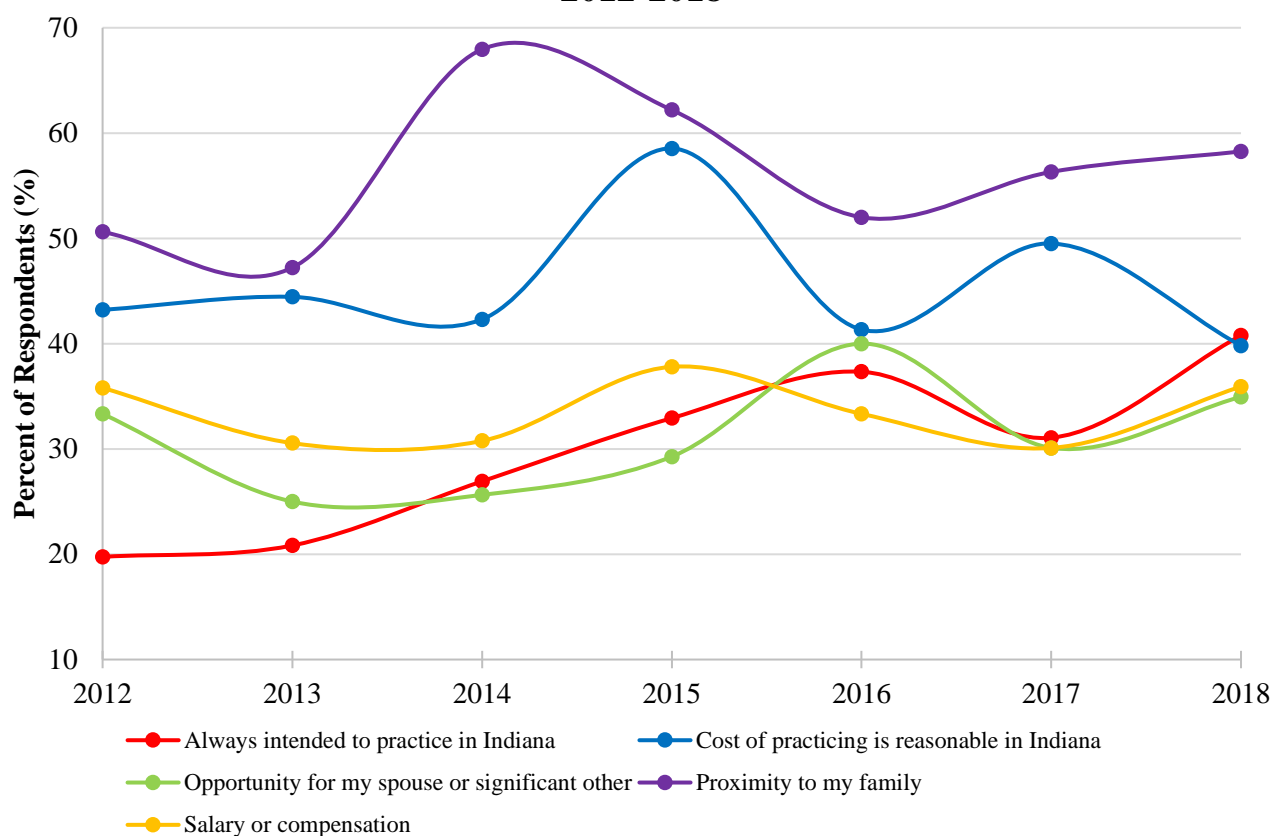


*Only respondents who indicated they were intending to practice in Indiana after completing their training were included in this analysis.

Figure 8.15 shows trends among respondents and how many offers they received in Indiana for employment or practice positions from 2008 to 2018. Only respondents who indicated they were intending to practice in Indiana after completing their training were included in this analysis. This graph has been zoomed in to improve visualization.

A slight increase was noted among respondents who received 1 to 2 employment offers in Indiana (53% in 2008 to 57% in 2018). Trends have remained fairly constant among respondents who received no employment offers (0% in 2008 to 0% in 2018) and those who received 5 or more employment offers (13% in 2008 to 14% in 2018) in Indiana. A slight drop was noted among respondents who received 3 to 4 employment offers in Indiana (35% in 2008 to 29% in 2018).

Figure 8.16: Trends showing Top 5 Reasons to Practice in Indiana, 2012-2018*

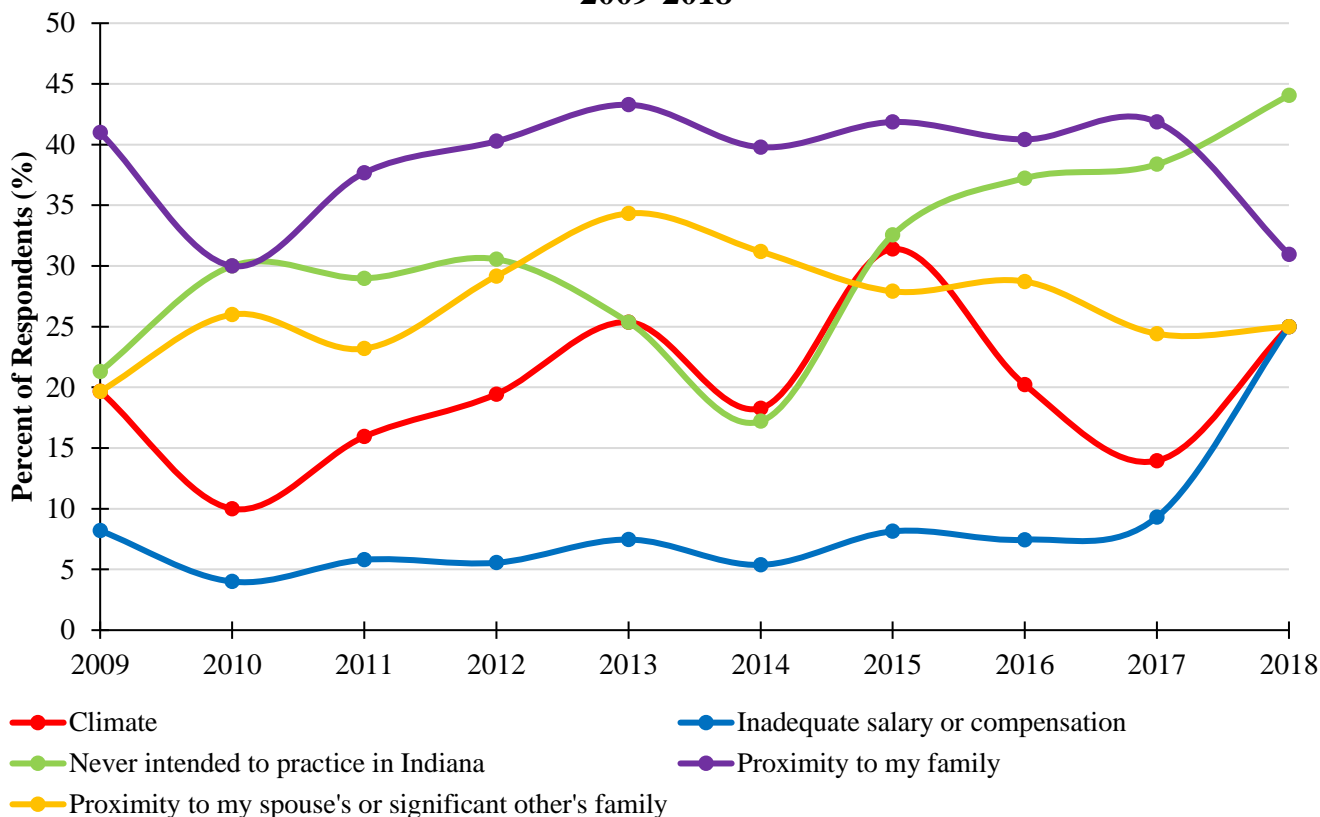


**This question was not asked on the 2008 to 2011 IUSM GME exit survey. Only respondents who intended to practice in Indiana after completing their training were included in this analysis.*

Figure 8.16 shows trends among respondents and the top 5 reasons they decided to practice in Indiana from 2012 to 2018. This question was not asked on the 2008 to 2011 exit surveys. Only respondents who intended to practice in Indiana after completing their training were included in this analysis. This graph has been zoomed in to improve visualization.

An increasing trend was noted among respondents who indicated the main reasons they chose to practice in Indiana was because they “always intended to practice in Indiana” (20% in 2012 to 41% in 2018) and proximity to my family (51% in 2012 to 58% in 2018). Trends have remained fairly constant among respondents who indicated the main reasons they chose to practice in Indiana was because “cost of practicing was reasonable in Indiana” (43% in 2012 to 40% in 2018), “opportunity for my spouse or significant other” (33% in 2009 to 35% in 2018), and “salary or compensation” (36% in 2012 to 36% to 2018).

Figure 8.17: Trends showing Top 5 Reasons Not to Practice in Indiana, 2009-2018*



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

Figure 8.17 shows trends among respondents and the top 5 reasons they decided not to practice in Indiana from 2009 to 2018. Response options differed in the 2008 and were excluded from the analysis. Only respondents who intended to practice outside Indiana were included in this analysis. This graph has been zoomed in to improve visualization.

An increasing trend was noted among respondents who indicated the main reasons they chose to practice outside Indiana was because of “inadequate salary or compensation” (8% in 2009 to 25% in 2018) and they “never intended to practice in Indiana” (21% in 2009 to 44% in 2018). Trends have remained fairly constant among respondents who indicated the main reason they chose to practice outside Indiana was because of “climate” (20% in 2009 to 25% in 2018) and “proximity to my spouses or significant other’s family” (20% in 2009 to 25% in 2018). A declining trend was noted among respondents who indicated the main reason they chose to practice outside Indiana was because of “proximity to my family” (41% in 2009 to 31% in 2018).

Indiana University School of Medicine 2018 Graduate Medical Education Exit Survey

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

DEMOGRAPHICS:

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

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

3. Gender:

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

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

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

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

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

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

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

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

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

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

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

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

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

Country _____

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

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

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

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

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

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

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

Please mark only ONE option.

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

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

- Yes
- No

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

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

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

Name of facility: _____

Street address: _____

City: _____ State: _____ Zip code: _____

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

PRACTICE CHARACTERISTICS:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

PROGRAM ASSESSMENT:

21. The residency or fellowship training program was helpful in the preparation for my specialty exams?

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

22. How competent do you feel in the following ACGME competencies?

	<u>Fully</u>	<u>Partially</u>	<u>Not at all</u>
a. Patient care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Medical knowledge	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Practice-based learning and improvement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Interpersonal and communication skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Professionalism	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Systems-based practice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

- 23a. In your residency or fellowship program, did you receive training to serve the:
- | | <u>Yes</u> | <u>No</u> |
|----------------------------|-----------------------|------------------------------------|
| i. Rural population | <input type="radio"/> | <input type="radio"/> |
| ii. Underserved population | <input type="radio"/> | <input type="radio"/> |
| | <u>Fully</u> | <u>Partially</u> <u>Not at all</u> |

23b. How competent do you feel providing care to the:

- | | | | |
|----------------------------|-----------------------|-----------------------|-----------------------|
| i. Rural population | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| ii. Underserved population | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

CLINICAL LEARNING ENVIRONMENT:

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

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

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

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

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

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

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

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

27. In your residency or fellowship program:

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

PROGRAM QUALITY:

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

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

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

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

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

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

QUALITY OF LIFE:

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

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

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

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

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

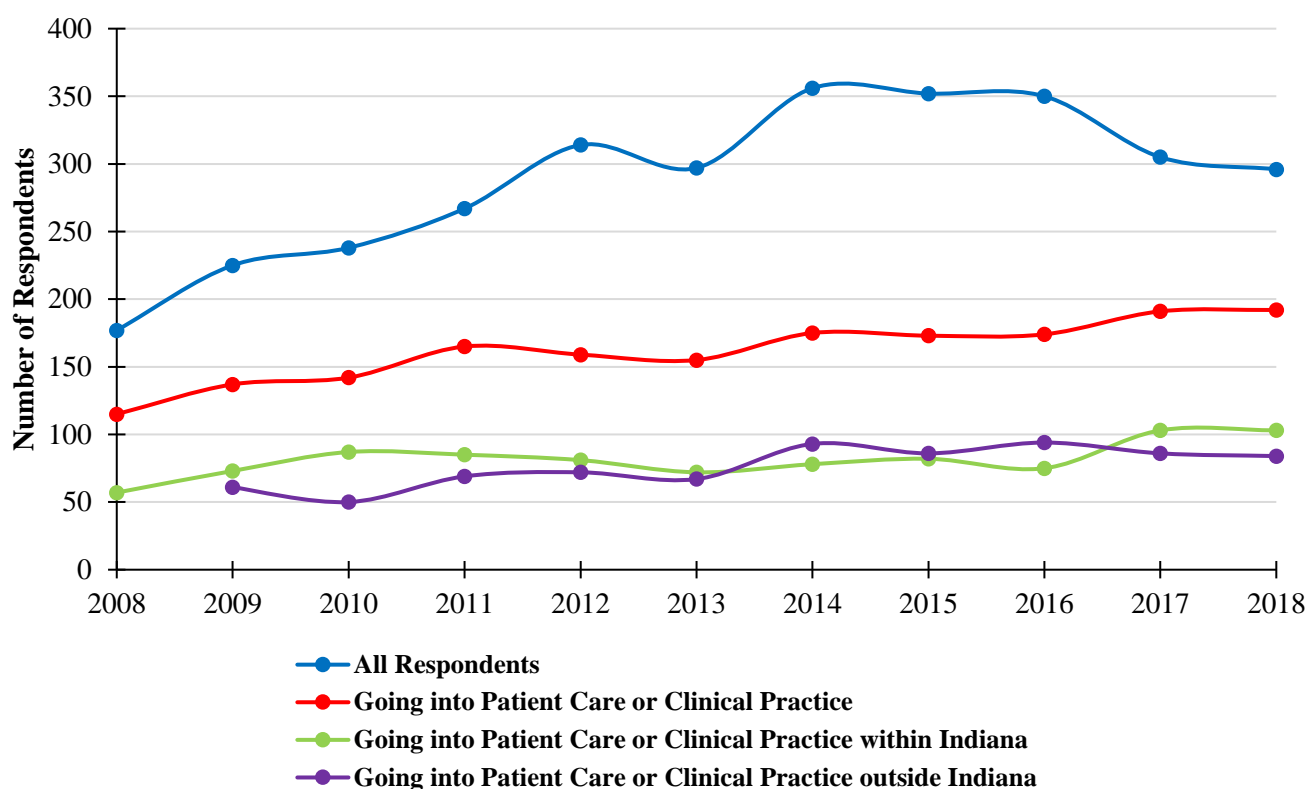
Q33 is the last question. Thank you for completing the 2018 Graduate Medical Education Exit Survey!

Appendix B: Response Rates: 2008 to 2018

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

The table above shows the overall response rate for all *IUSM Graduate Medical Education Exit Survey*[®] respondents from 2008 to 2018. Of the 4,234 graduates completing their residency or fellowship training at IUSM between 2008 and 2018, a total of 3,177 graduates have responded to the exit survey. The overall response rate has increased from 60 percent in 2008 to 77 percent in 2018.

Total Number of Respondents, 2008 to 2018*



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

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

An increasing trend has been noted for:

- The total number of respondents (177 in 2008 to 296 in 2018).
- The number of respondents going into patient care or clinical practice (115 in 2008 to 192 in 2018).
- The number of respondents going to practice within Indiana (57 in 2008 to 103 in 2018).
- The number of respondents going to practice outside Indiana (61 in 2009 to 84 in 2018).