

2021 Graduate Medical Education Exit Survey Report

INDIANA UNIVERSITY SCHOOL OF MEDICINE

DECEMBER 2021



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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Produced for:

Office of Graduate Medical Education

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Dean's Office of Educational Affairs

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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 *2021 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 2021 calendar year. The study used an electronic questionnaire to obtain respondents' demographic characteristics, reactions to their residency training, and their plans after graduation, including where they intended to practice and why they chose that location. An exempt approval was obtained from the Indiana University-Purdue University Indianapolis Institutional Review Board in December 2020 and the survey was administered between January 1 and September 30, 2021. A total of 483 graduates were invited to participate on the survey, of which 398 responded, yielding an 82 percent response rate.

Of the 398 who responded to the survey, 107 were in a primary care specialty, 291 were in a non-primary care specialty, 255 were completing a residency training program, 143 were completing a fellowship training program, 191 were intending to stay within Indiana to practice, 193 were planning to go out-of-state to practice, 234 were male, and 164 were female. A total of 220 respondents indicated they planned to go into "patient care or clinical practice" after graduation.

Results

All Respondents

About three-fourths of the respondents were between the ages of 30 and 39 years; about two-fifths were female; two-thirds were white, and one-fifth indicated they were Asian. Five percent of the respondents were of Hispanic or Latino ethnicity. Almost one-third of the respondents indicated they graduated from a medical school in Indiana. Of those, over one-fourth of the respondents graduated from IUSM. Almost one-fifth of the respondents indicated they were first-generation learners or they came from a rural area. About one-tenth of the respondents came from an economically or educationally disadvantaged background.

Over one-fourth of the respondents indicated having no educational debt; over three-fifths 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. One-fifth of the respondents indicated having no household educational debt; 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. 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. Over two-thirds of the

respondents indicated feeling “fully” competent in providing care to rural populations and a majority felt “fully” competent in providing care to the underserved populations.

Almost all respondents indicated they were part of a multi-disciplinary inter-professional team and 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 participate in a cultural competency or diversity training, and had the opportunity to participate in a health care disparities initiative. About three-fourths of the respondents had the opportunity to serve on a hospital-based committee or council.

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.

Almost all respondents indicated they knew the policies and procedures regarding mistreatment of residents as well as policies and procedures regarding mistreatment of medical students. A majority of the respondents indicated they knew about the school’s annual report on mistreatment. A majority of the respondents indicated they knew whom to report mistreatment behaviors within their program, within their school, and felt safe reporting mistreatment behaviors. Over one-third of the respondents indicated having experienced any mistreatment behaviors. Two-thirds of the respondents indicated *not* reporting the mistreatment behavior incident. Over three-fifths of the respondents indicated feeling “very satisfied” or “satisfied” with the way their reported mistreatment was handled. Over one-fifth of the respondents gave the following reasons for *not* reporting mistreatment behavior incidents: incident did not seem important enough to report and other. Five percent of the respondents indicated they “strongly agree” or “agree” their success as a trainee was impacted by discrimination and bias.

Almost all respondents indicated the quality of their training program was “excellent” or “above average.” Almost all respondents indicated they “strongly agree” or “agree” that the overall performance of faculty in their training program exceeded their expectations. Three-fourths of the respondents indicated they “strongly agree” or “agree” their personal and professional lives were well-balanced. Nearly two-fifths of the respondents indicated they “strongly agree” or “agree” they felt burned out from work. Almost all respondents indicated they “strongly agree” or “agree” they felt their work to be meaningful. A majority of the respondents indicated they “strongly agree” or “agree” they had readily available resources to maintain their wellness. A majority of the respondents indicated the overall wellness was “very good” or “good”.

Over one-half of the respondents planned to be clinical practitioners and over one-third planned to continue training. Over one-half of the respondents indicated they planned to practice within Indiana and over two-fifths planned to practice outside Indiana after completing their training. Almost all respondents indicated they had no obligation or visa requirement to work in a designated HPSA or MUA after completing their training.

Almost two-fifths of the respondents indicated receiving offers from IU Health hospital system and another hospital or health system in Indiana. Over two-fifths of the respondents indicated accepting a full-time employment position less than 6 months ago.

The top reasons given by respondents for choosing to:

- Practice in Indiana were: “proximity to my family”, “salary or compensation”, “cost of practicing is reasonable in Indiana”, and “opportunity for my spouse’s or significant other”.
- Practice outside Indiana were: “proximity to my family”, “proximity to my spouse’s or significant other’s family”, and “never intended to practice in Indiana”.
 - If offered a position in Indiana, one-fifth of the respondents would have stayed in Indiana.

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.
 - Have graduated from IUSM.
 - Feel “fully” competent providing care to the rural populations.
 - “Strongly agree” that the overall performance of the faculty exceeded their expectations.
 - Go into patient care or clinical practice after completing their current training program.
- ***Primary care respondents appear more likely to:***
 - Have had the opportunity to serve on a hospital-based committee or council.

Resident versus Fellow Respondents

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

- ***Fellow respondents appear more likely to:***
 - Be 30 years of age or older.
 - Have no individual educational debt.
 - Be “fully” competent in providing care for the rural population.
 - Stay in Indiana if offered a position.
- ***Resident respondents appear more likely to:***
 - “Strongly agree or agree” their training program provided them resources and training to prepare for the specialty exams.
 - Participate on a quality improvement project to improve health outcome, participate on a patient safety project, and serve on a hospital-based committee or council.
 - Know procedures regarding mistreatment of medical students.
 - “Strongly agree or agree” that the overall performance of faculty in the training program exceeded their expectations.
 - “Agree” their personal and professional lives were well-balanced.
 - Enter additional training after completion of their current training program.
 - Practice in Indiana after completing their current training program.
 - Practice in Indiana because cost of practicing is easier in Indiana, cost of malpractice, and they always intended to practice in Indiana.
 - Practice outside Indiana because of proximity to their family, proximity to my spouse’s or significant other’s family, and they never intended to practice in Indiana.

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 within Indiana appear more likely to:***
 - Accepting a full-time position for employment 6 months to one year ago.

Male versus Female Respondents

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

- ***Male respondents appear more likely to:***
 - Feel “fully” competent in providing care to the rural populations.
 - Have participated in a cultural competency or diversity training.
 - Be “very satisfied or satisfied” with the way their mistreatment report was handled.
 - “Strongly agree or agree” that their success as a trainee was impacted by discrimination and bias.
 - “Strongly disagree or disagree” they felt burned out from work.
- ***Female respondents appear more likely to:***
 - Practice outside Indiana because of a lack of an inclusive and diverse work environment.

Trends

Datasets were compared between 2008 and 2021 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 23% in 2021).
- Those with an individual educational debt load of \$200,000 or more (12% in 2008 to 52% in 2021).
- Those having a total household educational debt load of \$200,000 or more (45% in 2012 to 59% in 2021).
- Those who indicated they “strongly agree” their training program was helpful in preparation for their board exams (33% in 2011 to 58% in 2021).
- Those who rated the overall quality of their training program as “excellent” (53% in 2012 to 61% in 2021).
- Those who “strongly agree” that the overall performance of faculty in their training program had exceeded their expectations (36% in 2011 to 63% in 2021).
- Those who indicated the main reasons they chose to practice in Indiana were because of “opportunity for my spouse or significant other” (33% in 2012 to 45% in 2021), “salary or compensation” (36% in 2012 to 48% in 2021), and “cost of malpractice” (0% in 2019 to 38% in 2021).
- Those who indicated the main reasons they chose to practice outside Indiana were because “never intended to practice in Indiana” (21% in 2009 to 30% in 2021), “proximity to my family” (41% in 2009 to 55% in 2021), “proximity to my spouse’s or significant other’s family” (20% in 2012 to 36% in 2021), and “proximity to recreation” (10% in 2009 to 18% in 2021).

A declining trend was noted for:

- Those between 30 and 34 years of age (69% in 2008 and 60% in 2021)
- Those over 40 years of age (11% in 2008 to 4% in 2021).
- Those with an individual educational debt load between \$100,000 and \$200,000 (46% in 2008 to 10% in 2021).
- Those with a total household educational debt load between \$100,000 and \$200,000 (19% in 2012 to 8% in 2021).
- Those who indicated they “agree” their training program was helpful in preparation for their board exams (52% in 2011 to 36% in 2021).
- Those who indicated they “agree” that the overall performance of faculty in their training program had exceeded their expectations (52% in 2011 to 30% in 2021).

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 maldistribution of physicians in Indiana. This report will help policymakers improve efforts to recruit and retain physicians in areas of need in Indiana.

The *2021 IUSM Graduate Medical Education Exit Survey*® (Appendix A) marks the 14th 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 *2021 IUSM Graduate Medical Education Exit Survey*®. Chapters 3 to 7 summarize results of the survey. Chapter 8 describes trends over the past fourteen years when the survey was administered. Appendix A shows the *2021 IUSM Graduate Medical Education Exit Survey*®. And Appendix B shows the response rates from 2008 to 2021.

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 *2021 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 2020 and the cross-sectional survey was conducted between January 1 and September 30, 2021. The electronic survey link was provided to each department within IUSM and the survey data were collected by the Office of Research in Medical Education (RIME). The team at the RIME office performed data entry, data analysis, and the generation of this final report. All data files were kept in a secure and protected database.

The electronic survey instrument was shared with all accredited graduate medical education programs at IUSM. Surveys were administered to a total of 483 residents and fellows who were intending to graduate from IUSM in the 2021 *calendar* year (including off-cycle graduates). A total of 398 graduates completed the survey, thereby yielding a response rate of 82 percent (Appendix B).

Out of a total of 398 graduates who responded to the survey, further analysis was done by categorizing respondents into the following areas:

- a) Type of specialty - primary care (n=107) or non-primary care (n=291);
- b) Type of program - residency (n=255) or fellowship (n=143);
- c) Intended first practice location: within Indiana (n=191) or out-of-state (n=193); and,
- d) Gender: male (n=234) or female (n=164).

Of the 398 respondents, 220 (55%) indicated they planned to go into "patient care or clinical practice" after graduation.

Chi-square tests were used to compare responses between groups. *P* values less than 0.05 were considered statistically significant. SPSS Version 28 was used to perform statistical analyses.

Chapter 3: All Respondents

The data shown in tables 3.1 to 3.26 and figures 3.1 to 3.2 are based on responses from all 398 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 (220);
- intended to practice in Indiana (119); and,
- intended to practice outside Indiana (101).

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

All respondents (n=398)

Demographics

Age

Table 3.1	All Respondents (n=398)	
Age	Number	Percent
25-29	91	23.3
30-34	234	59.8
35-39	52	13.3
40-44	11	2.8
45-49	1	0.3
≥ 50	2	0.5
Total	391	100.0
Missing	7	

Table 3.1 shows the age distribution of all survey respondents. About three-fourths (73%) of the respondents were between the ages of 30 and 39 years.

Gender

Table 3.2	All Respondents (n=398)	
Gender	Number	Percent
Male	234	58.8
Female	164	41.2
Other	0	0.0
Total	398	100.0
Missing	0	

Table 3.2 shows the gender distribution of all survey respondents. About two-fifths (41%) of the respondents were female.

Race

Table 3.3	All Respondents (n=398)	
Which of the following describes your race? Please mark ALL that apply.	Number	Percent
American Indian/ Alaskan Native	0	0.0
Asian	79	20.1
Black/ African American	17	4.3
Native Hawaiian/ Pacific Islander	0	0.0
White	259	65.9
Other	27	6.9
Biracial	11	2.8
Total	393	100.0
Missing	5	

Table 3.3 shows the racial distribution of all survey respondents. Two-thirds (66%) of the respondents indicated they were white, followed by one-fifth (20%) of the respondents who indicated they were Asian.

Ethnicity

Table 3.4	All Respondents (n=398)	
Do you consider yourself to be Hispanic or Latino?	Number	Percent
Yes, Hispanic/Latino	18	4.6
No, not Hispanic/Latino	373	95.4
Total	391	100.0
Missing	7	

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

Medical School

Table 3.5	All Respondents (n=398)	
Where was the medical school located from which you graduated?	Number	Percent
Within Indiana	114	29.7
<i>Indiana University School of Medicine</i>	100	26.0
<i>Marian University College of Osteopathic Medicine</i>	14	3.6
Outside Indiana	270	70.3
<i>Other U.S. State</i>	198	51.6
<i>Outside of U.S.</i>	72	18.8
Total	384	100.0
Missing	14	

Table 3.5 shows the medical school where the survey respondents graduated from. Almost one-third (30%) of the respondents indicated they graduated from a medical school in Indiana. Of those, over one-fourth (26%) of the respondents graduated from IUSM.

Learner Background

Table 3.6	All Respondents (n=398)	
What do you consider yourself? Please mark ALL that apply.	Number	Percent
First generation learner	68	17.1
Learner from a rural area	75	18.8
Economically or educationally disadvantaged	43	10.8
None of the above	258	64.8

Table 3.6 shows the survey respondents' learner and socioeconomic background. Almost one-fifth of the respondents indicated they were a first-generation learner (17%) or they came from a rural area (19%). About one-tenth (11%) of the respondents indicated they came from an economically or educationally disadvantaged background.

Current Individual Educational Debt

Figure 3.1: Current Individual Educational Debt (n=398)

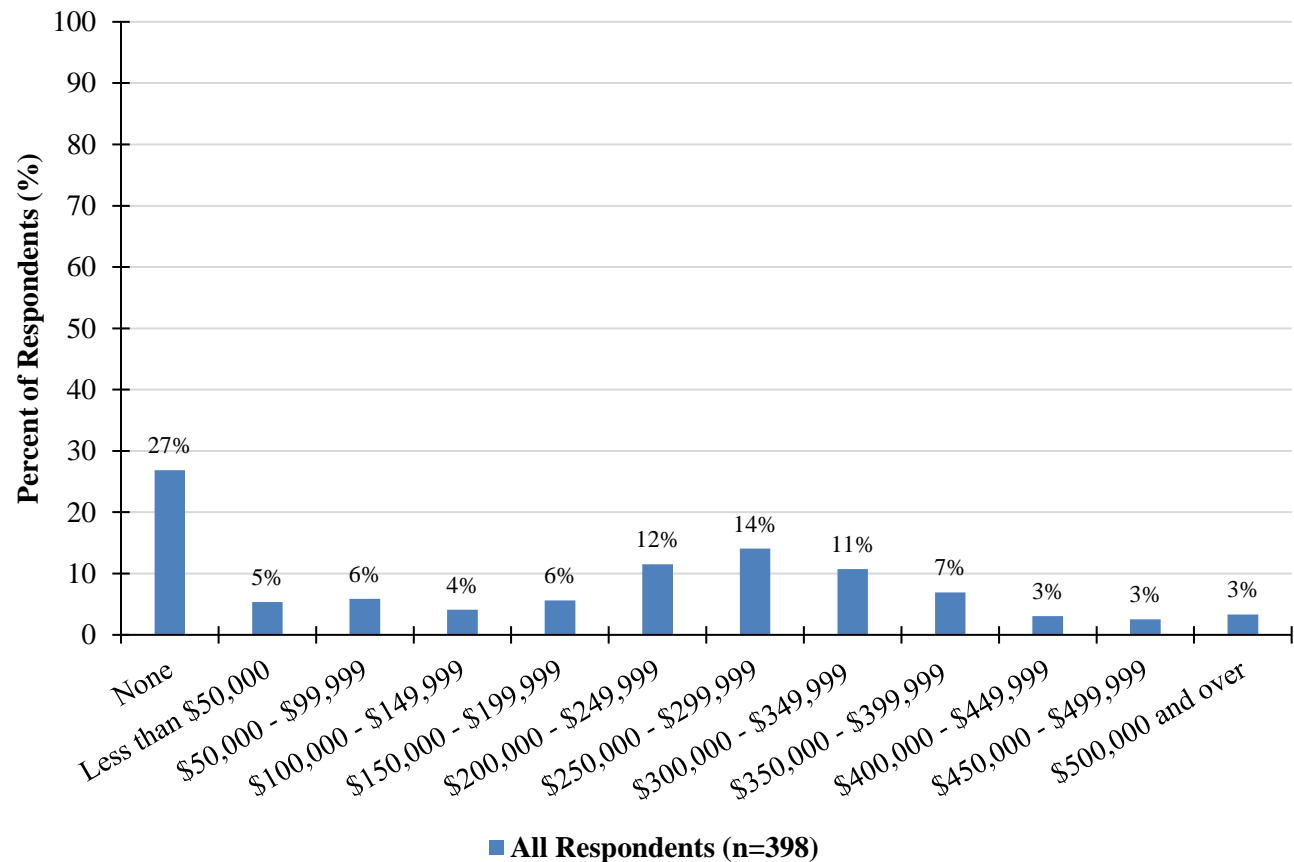


Figure 3.1 presents the current level of individual educational debt among the survey respondents. Over one-fourth (27%) of the respondents indicated having no educational debt. Over three-fifths (62%) of the respondents indicated having an educational debt of \$100,000 or more. Over one-half (52%) of 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=398)

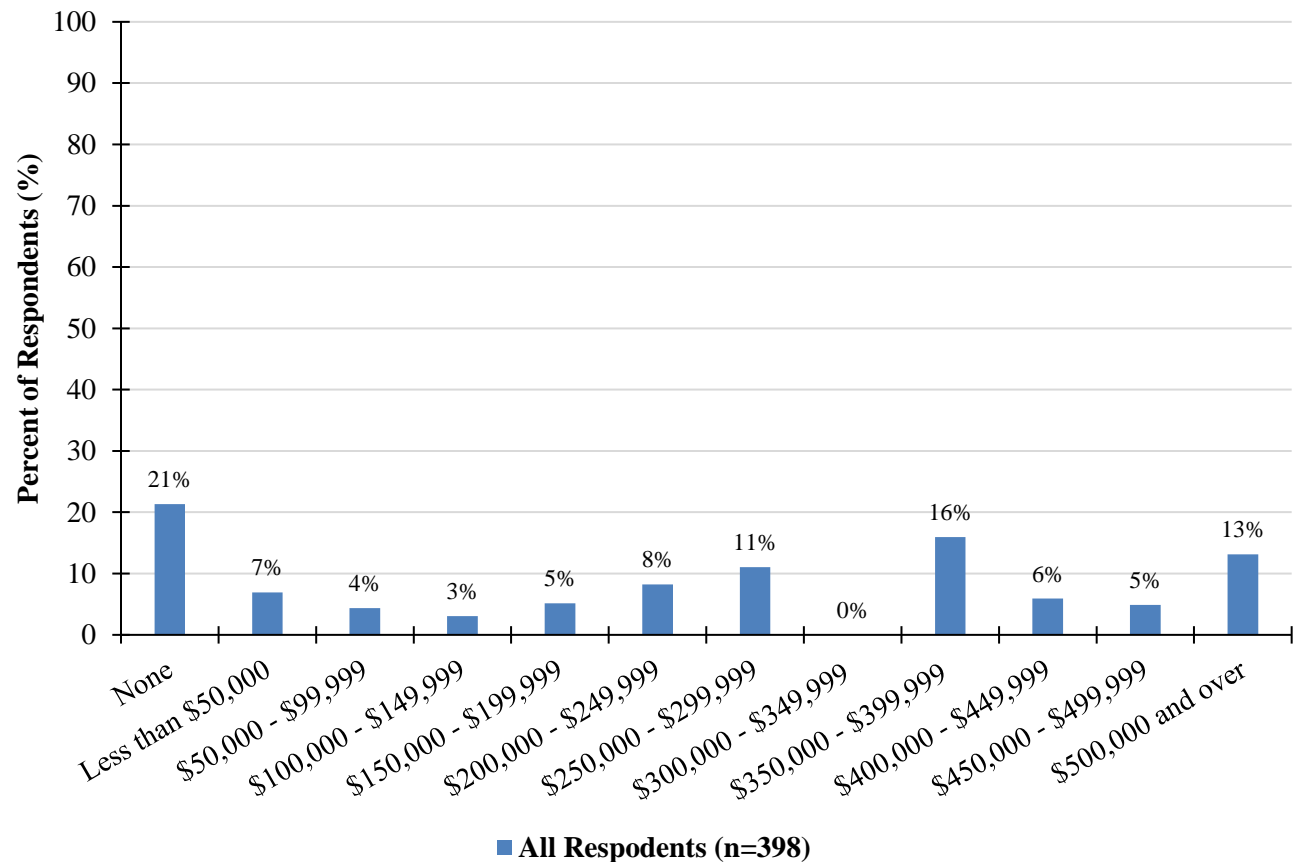


Figure 3.2 presents the current level of total household educational debt among the survey respondents. One-fifth (21%) of the respondents indicated having no household educational debt. Two-thirds (67%) of the respondents indicated having a total household educational debt of \$100,000 or more. Almost three-fifths (59%) of the respondents reported having a total household educational debt of \$200,000 or more.

Program Assessment

Training Program

Table 3.7	All Respondents (n=398)	
The residency or fellowship program provided resources and training to prepare for my specialty exams.	Number	Percent
Strongly Agree	225	57.7
Agree	140	35.9
Neutral	22	5.6
Disagree	1	0.3
Strongly Disagree	2	0.5
Total	390	100.0
Missing/Board exam in my field does not exist	8	

Table 3.7 shows the survey respondents' assessment of the resources and training provided by the program to prepare them for the specialty exams. Almost all (94%) respondents indicated they “strongly agree” or “agree” that their training program provided them resources and training to prepare for the specialty exams.

Rural and Underserved Training

Table 3.8	All Respondents (n=398)			
In your residency or fellowship program, did you <u>receive training</u> to serve the:	Yes		No	
	Number	Percent	Number	Percent
Rural population	294	75.4	96	24.6
Underserved population	374	95.7	17	4.3

Table 3.8 shows whether the survey respondents' received training to serve the rural and underserved populations during their training program. Three-fourths (75%) of the respondents indicated they had received training to serve the rural populations. Almost all (96%) respondents indicated they had received training to serve the underserved populations.

Competency in Providing Care to the Rural and Underserved Populations

Table 3.9	All Respondents (n=398)					
How <u>competent</u> do you feel providing care to the:	Fully		Partially		Not at all	
	#	%	#	%	#	%
Rural population	274	69.7	111	28.2	8	2.0
Underserved population	338	86.2	54	13.8	0	0.0

Table 3.9 shows the survey respondents' self-rated competency levels in providing care to the rural and underserved populations. Over two-thirds (70%) of the respondents indicated feeling “fully” competent in providing care to rural populations. A majority (86%) of the respondents indicated feeling “fully” competent in providing care to the underserved populations.

Program Opportunities

Table 3.10	All Respondents (n=398)			
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?	390	99.5	2	0.5
Participate in a quality improvement project to improve health outcome?	368	93.9	24	6.1
Participate in patient safety project?	348	88.8	44	11.2
Have an opportunity to serve on a hospital-based committee or council?	288	73.5	104	26.5
Have an opportunity to participate in a cultural competency or diversity training?	346	88.3	46	11.7
Participate in a health care disparities initiative?	309	78.8	83	21.2

Table 3.10 shows if there were any program opportunities available for the survey respondents' in their training program. Almost all respondents indicated they were part of a multi-disciplinary inter-professional team (99.5%) and were able to participate in a quality improvement project to improve health outcome (94%). A majority of the respondents indicated they had participated in patient safety projects (89%), had the opportunity to participate in a cultural competency or diversity training (88%), and had the opportunity to participate in a health care disparities initiative (79%). About three-fourths (74%) of the respondents had the opportunity to serve on a hospital-based committee or council.

Teaching Opportunities

Table 3.11	All Respondents (n=398)	
In your training program, were you provided an opportunity to teach in a clinical environment?	Number	Percent
Yes	388	99.5
No	2	0.5
Total	390	100.0
Missing	8	

Table 3.11 shows whether the survey respondents had the opportunity to teach in a clinical environment. Almost all (99.5%) respondents indicated they were provided an opportunity to teach in a clinical environment.

Teaching Preparedness

Table 3.12	All Respondents (n=398)	
In your training program, how prepared did you feel to teach in a clinical environment?	Number	Percent
Very well prepared	218	55.3
Well prepared	152	38.6
Neutral	24	6.1
Poorly prepared	0	0.0
Very poorly prepared	0	0.0
Total	394	100.0
Missing	4	

Table 3.12 shows the survey respondents' readiness to teach in a clinical environment. Almost all (94%) respondents indicated feeling "very well prepared" or "well prepared" to teach in a clinical environment.

IUSM Policies and Procedures Regarding Mistreatment

Table 3.13	All Respondents (n=398)			
Do you know about the following at IUSM:	Yes		No	
	Number	Percent	Number	Percent
Policies regarding mistreatment of residents?	369	93.9	24	6.1
Procedures regarding mistreatment of residents?	365	92.9	28	7.1
Policies regarding mistreatment of medical students?	361	91.9	32	8.1
Procedures regarding mistreatment of medical students?	354	90.1	39	9.9
The school's annual report on mistreatment?	323	82.4	69	17.6

Table 3.13 shows the survey respondents' knowledge of the IUSM policies and procedures regarding mistreatment. Almost all respondents indicated they knew the policies (94%) and procedures (93%) regarding mistreatment of residents *as well as* policies (92%) and procedures (90%) regarding mistreatment of medical students. A majority (82%) of the respondents indicated they knew about the school's annual report on mistreatment.

Reporting Mistreatment

Table 3.14	All Respondents (n=398)			
Do you know about the following at IUSM:	Yes		No	
	Number	Percent	Number	Percent
Did you know whom to report mistreatment behaviors within your program?	372	94.9	20	5.1
Did you know whom to report mistreatment behaviors within the school?	335	85.5	57	14.5
Did you feel safe reporting mistreatment behaviors?	370	94.4	22	5.6
Have you experienced any mistreatment behaviors?	142	36.1	251	63.9
Did you report the mistreatment behavior incident?	116	33.5	230	66.5

Table 3.14 shows the survey respondents' knowledge of reporting mistreatment behaviors. A majority of the respondents indicated they knew whom to report mistreatment behaviors within their

program (95%), within their *school* (86%), and felt safe reporting mistreatment behaviors (94%). Over one-third (36%) of the respondents indicated having experienced any mistreatment behaviors. Two-thirds (67%) of the respondents indicated *not* reporting the mistreatment behavior incident.

Handling of Reported Mistreatment

Table 3.15	All Respondents (n=116)*	
If you did report mistreatment, how satisfied were you with the way it was handled?	Number	Percent
Very satisfied	23	27.7
Satisfied	30	36.1
Neutral	22	26.5
Dissatisfied	4	4.8
Very dissatisfied	4	4.8
Total	83	100.0
Missing	33	

**Reflects responses from only those respondents who had reported any mistreatment incident.*

Table 3.15 shows the survey respondents' satisfaction on the handling of reported mistreatment. Only those respondents who had reported any mistreatment behavior incidents were included in the analysis. Over three-fifths (64%) of the respondents indicated feeling "very satisfied" or "satisfied" with the way their reported mistreatment was handled.

Table 3.16	All Respondents (n=116)*
How can the handling of mistreatment reports be improved?	Number
Confidentiality	12
Creating a trusting environment	12
Awareness and consequences	16
Other	11

**Reflects responses from only those respondents who had reported any mistreatment incident.*

Table 3.16 shows the survey respondents' suggestions on how handling of mistreatment reports can be improved. This was an open-ended question and responses from the survey respondents were placed into broad theme areas as shown in the table.

Unreported Mistreatment

Table 3.17	All Respondents (n=230)*	
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	16	22.5
Resolved the issue myself	6	8.5
Did not think anything would be done about it	10	14.1
Fear of reprisal	11	15.5
Did not know what to do	4	5.6
Other	24	33.8
Total	71	100.0
Missing	159	

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

Table 3.17 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. Over one-fifth of the respondents gave the following reasons for *not* reporting mistreatment behavior incidents: incident did not seem important enough to report (23%) and other (34%).

Discrimination and Bias

Table 3.18	All Respondents (n=398)	
I feel my success as a trainee was impacted by discrimination and bias.	Number	Percent
Strongly Agree	6	1.6
Agree	14	3.7
Neutral	55	14.6
Disagree	143	38.0
Strongly Disagree	158	42.0
Total	376	100.0
Missing	22	

Table 3.18 shows if the survey respondents' success as a trainee was impacted by discrimination and bias. Five percent of the respondents indicated they "strongly agree" or "agree" their success as a trainee was impacted by discrimination and bias.

Quality of Program

Table 3.19	All Respondents (n=398)	
I would rate the overall <u>quality</u> of my residency or fellowship program as:	Number	Percent
Excellent	237	60.5
Above Average	120	30.6
Average	32	8.2
Below Average	3	0.8
Extremely Poor	0	0.0
Total	392	100.0
Missing	6	

Table 3.19 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 3.20	All Respondents (n=398)	
Overall, I would rate the faculty of my residency or fellowship program as:	Number	Percent
Excellent	245	62.5
Above Average	119	30.4
Average	27	6.9
Below Average	1	0.3
Extremely Poor	0	0.0
Total	392	100.0
Missing	6	

Table 3.20 shows the survey respondents' overall performance rating of faculty in their training program. Almost all (93%) respondents indicated they “excellent” or “above average” that the overall performance of faculty in their training program exceeded their expectations.

Personal and Professional Balance

Table 3.21	All Respondents (n=398)	
In the past 3 months of my residency or fellowship training: My personal and professional lives were well-balanced	Number	Percent
Strongly Agree	137	34.9
Agree	158	40.3
Neutral	49	12.5
Disagree	40	10.2
Strongly Disagree	8	2.0
Total	392	100.0
Missing	6	

Table 3.21 shows the survey respondents' overall balance between their personal and professional life. Three-fourths (75%) of the respondents indicated they “strongly agree” or “agree” their personal and professional lives were well-balanced.

Burnout from Work

Table 3.22	All Respondents (n=398)	
In the past 3 months of my residency or fellowship training: I have felt burned out from my work	Number	Percent
Strongly Agree	34	8.7
Agree	120	30.6
Neutral	75	19.1
Disagree	116	29.6
Strongly Disagree	47	12.0
Total	392	100.0
Missing	6	

Table 3.22 shows the survey respondents' respondents' overall feeling of burnout from their work. Nearly two-fifths (39%) of the respondents indicated they “strongly agree” or “agree” they felt burned out from work.

Meaningful Work

Table 3.23	All Respondents (n=398)	
In the past 3 months of my residency or fellowship training: I have found my work to be meaningful	Number	Percent
Strongly Agree	153	39.1
Agree	197	50.4
Neutral	33	8.4
Disagree	7	1.8
Strongly Disagree	1	0.3
Total	391	100.0
Missing	7	

Table 3.23 shows the survey respondents' overall feeling of work to be meaningful. Almost all (90%) respondents indicated they “strongly agree” or “agree” they felt their work to be meaningful.

Resources Available

Table 3.24	All Respondents (n=398)	
During my training, I have had resources readily available to assist with my wellness:	Number	Percent
Strongly Agree	162	41.5
Agree	168	43.1
Neutral	53	13.6
Disagree	4	1.0
Strongly Disagree	3	0.8
Total	390	100.0
Missing	8	

Table 3.24 shows the survey respondents' overall ability to use the readily available resources to maintain their wellness. A majority (85%) of the respondents indicated they “strongly agree” or “agree” they had readily available resources to maintain their wellness.

Wellness

Table 3.25	All Respondents (n=398)	
I would rate my overall wellness as:	Number	Percent
Very good	126	32.1
Good	186	47.4
Fair	71	18.1
Poor	8	2.0
Very poor	1	0.3
Total	392	100.0
Missing	6	

Table 3.25 shows the survey respondents' overall rating of their wellness. A majority (80%) of the respondents indicated their overall wellness was “very good” or “good”.

Plans after Graduation

Table 3.26	All Respondents (n=398)	
What do you expect to be doing <u>after</u> completion of your current residency or fellowship program?	Number	Percent
Patient Care or Clinical Practice (in Non-Training position)	220	55.8
Fellowship or Additional Subspecialty Training	153	38.8
Military	4	1.0
Non Patient Care-based activities (e.g. research, administration)	2	0.5
Temporarily out of medicine	2	0.5
Other	13	3.3
Total	394	100.0
Missing/Undecided/Don't know yet	4	

Table 3.26 shows what the survey respondents' expect to do after completing their current training program. Over one-half (56%) of the respondents planned to be clinical practitioners, and over one-third (39%) 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=220).

Respondents going into patient care or clinical practice (n=220)

Practice Characteristics

Primary Practice Location

Table 3.27	Clinical Care Respondents (n=220)	
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	84	38.2
Same region in Indiana, but different city or county	17	7.7
Other area in Indiana	18	8.2
Other U.S. state (not Indiana)	96	43.6
Outside of U.S.	5	2.3
Total	220	100.0
Missing / Undecided	0	

Table 3.27 shows the location of the survey respondents’ primary activity after completion of their current training program. Over one-half (54%) of the respondents indicated they planned to practice within Indiana. Over two-fifths (46%) of the respondents indicated they planned to practice outside Indiana after completing their training.

Obligation or Visa Requirement

Table 3.28	Clinical Care Respondents (n=220)	
Do you have an obligation or visa requirement to work in a designated HPSA or MUA when you complete your training?	Number	Percent
Yes	13	5.9
No	206	94.1
Total	219	100.0
Missing	1	

Table 3.28 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.

Job Offers from Indiana Hospitals

Table 3.29	Clinical Care Respondents (n=220)	
Did you receive any offer from? Please mark ALL that apply.	Number	Percent
IU Health	84	38.2
Eskenazi Hospital	17	7.7
Veterans Administration	18	8.2
Other hospital or health system in Indiana	96	43.6
Other	5	2.3

Table 3.29 shows the number of offers the survey respondents' received for employment from Indiana hospitals. Almost two-fifths of the respondents indicated receiving offers from IU Health hospital system (35%) and another hospital or health system in Indiana (44%).

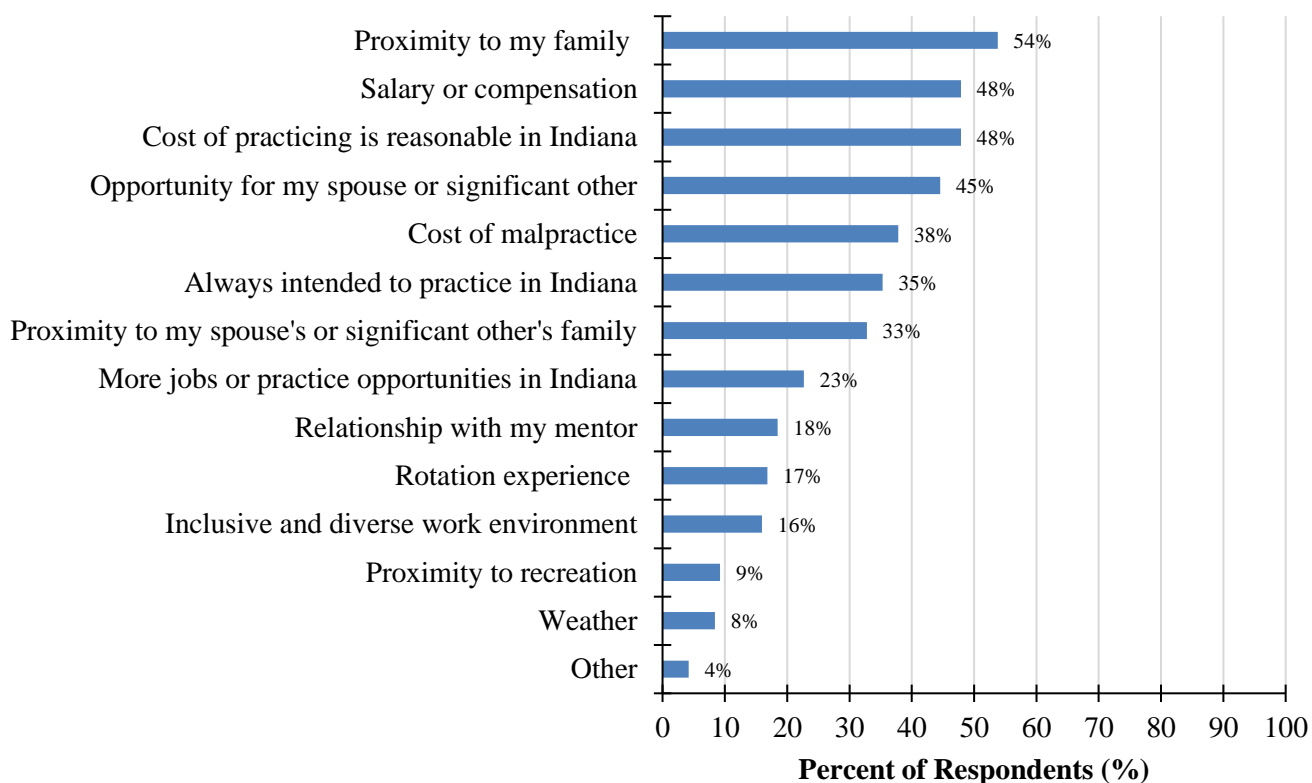
Accepted Position for Employment

Table 3.30	Clinical Care Respondents (n=220)	
When did you accept a position?	Number	Percent
Less than 6 months ago	95	46.8
6 months to 1 year ago	75	36.9
1 to 2 years ago	27	13.3
Have not accepted a position yet	6	3.0
Total	203	100.0
Missing	17	

Table 3.30 shows when the survey respondents' accepted a full-time position for employment. Over two-fifths (47%) of the respondents indicated accepting a full-time position for employment less than 6 months ago.

Main Reasons to Practice in Indiana

Figure 3.3: Main Reasons to Practice in Indiana (n=119)*



■ Clinical Care Respondents (n=119)

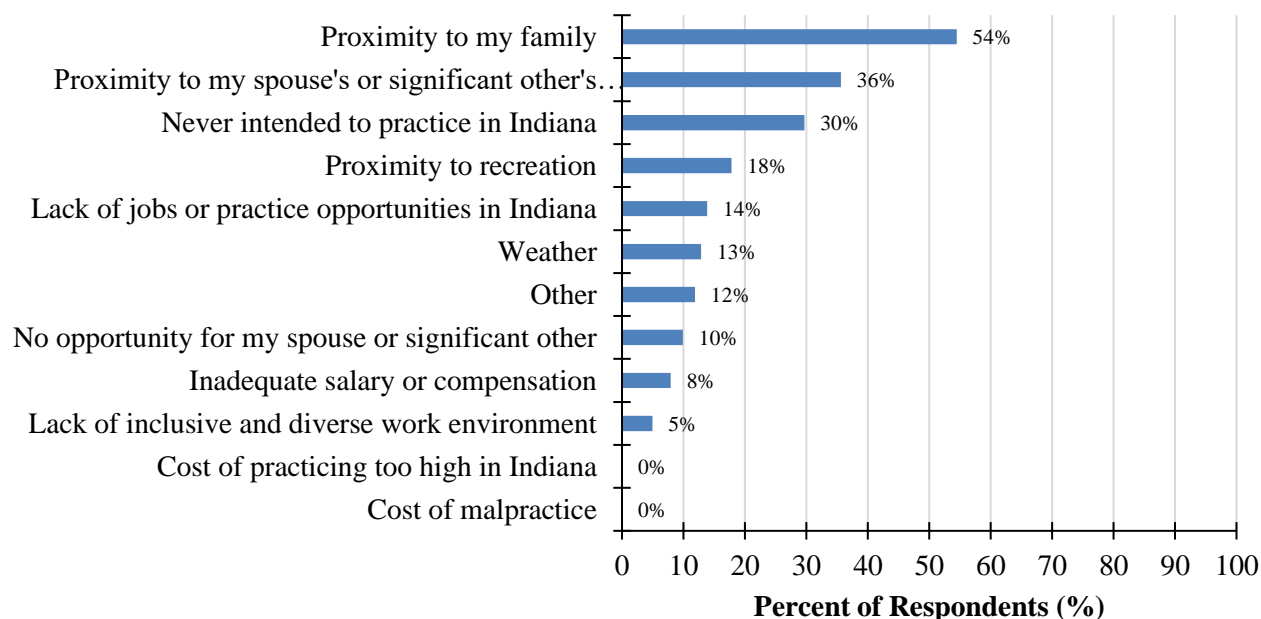
**Reflects responses from only those respondents who indicated their primary practice location was in Indiana.*

Figure 3.3 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 119 respondents, the top reasons given for choosing to practice in Indiana were: "proximity to my family" (54%), "salary or compensation" (48%), "cost of practicing is reasonable in Indiana" (48%), and "opportunity for my spouse's or significant other" (45%).

Respondents going into patient care or clinical practice outside Indiana (n=101)

Main Reasons not to Practice in Indiana

Figure 3.4: Main Reasons not to Practice in Indiana (n=101)*



■ Clinical Care Respondents (n=101)

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

Figure 3.4 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 101 respondents, the top reasons given for choosing not to practice in Indiana were: "proximity to my family" (54%), "proximity to my spouse's or significant other's family" (36%), and "never intended to practice in Indiana" (30%).

Stayed in Indiana

Table 3.31		Clinical Care Respondents (n=101)	
If you had been offered a position in Indiana, would you have stayed in Indiana?		Number	Percent
Yes		18	19.4
No		75	80.6
Total		93	100.0
Missing		8	

Table 3.31 shows whether the survey respondents' would have stayed in Indiana if offered a position. If offered a position in Indiana, one-fifth (19%) of the respondents would have stayed in Indiana.

Chapter 4: Primary Care and Non-Primary Care Respondents

The survey respondents' names were matched with their specialty and then classified into two categories, primary care and non-primary care. Primary care specialties included family medicine, general internal medicine, general pediatrics, and internal medicine-pediatrics. Non-primary care included all other specialties. Of the 398 graduates who completed the survey, 107 were in primary care and 291 were in a non-primary care specialty, as shown in tables 4.1 to 4.25 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=220 [primary care (38) and non-primary care (182)];
- intended to practice in Indiana, n=119 [primary care (21) and non-primary care (98)]; and,
- intended to practice outside Indiana, n=101 [primary care (17) and non-primary care (84)].

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

All respondents (n=398)

Demographics

Age

Table 4.1	All Respondents (n=398)			
	Primary Care (n=107)		Non-Primary Care (n=291)	
Age	Number	Percent	Number	Percent
25-29	54	51.4	37	12.9
30-34	46	43.8	188	65.7
35-39	4	3.8	48	16.8
40-44	1	1.0	10	3.5
45-49	0	0.0	1	0.3
≥ 50	0	0.0	2	0.7
Total	105	100.0	286	100.0
Missing	2		5	

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 83 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=398)			
	Primary Care (n=107)		Non-Primary Care (n=291)	
Gender	Number	Percent	Number	Percent
Male	64	59.8	172	59.1
Female	43	40.2	119	40.9
Other	0	0.0	0	0.0
Total	107	100.0	291	100.0
Missing	0		0	

Chi-square p-value = 0.899

Table 4.2 shows the gender distribution of all primary care and non-primary care survey respondents. Two-fifths of the primary care (40%) and non-primary care (41%) respondent respondents were female. There was no statistically significant difference between the two groups.

Race

Table 4.3	All Respondents (n=398)			
	Primary Care (n=107)		Non-Primary Care (n=291)	
Which of the following describes your race? Please mark ALL that apply.	Number	Percent	Number	Percent
American Indian/ Alaskan Native	0	0.0	0	0.0
Asian	18	17.1	61	21.3
Black/ African American	4	3.8	13	4.5
Native Hawaiian/ Pacific Islander	0	0.0	0	0.0
White	68	64.8	191	66.6
Other	13	12.4	13	4.5
Biracial	2	1.9	9	3.1
Total	105	100.0	287	100.0
Missing	2		4	

Table 4.3 shows the racial distribution of all primary care and non-primary care survey respondents. About two-thirds of the primary care (65%) and non-primary care (67%) respondents indicated they were white. About one-fifth of the primary care (17%) respondents and non-primary (21%) respondents indicated they were Asian.

Ethnicity

Table 4.4	All Respondents (n=398)			
	Primary Care (n=107)		Non-Primary Care (n=291)	
Do you consider yourself to be Hispanic or Latino?	Number	Percent	Number	Percent
Yes, Hispanic/Latino	8	7.7	10	3.5
No, not Hispanic/Latino	96	92.3	277	96.5
Total	104	100.0	287	100.0
Missing	3		4	

Chi-square p-value = 0.079

Table 4.4 shows the ethnicity of all primary care and non-primary care survey respondents. Less than one-tenth of the primary care respondents (8%) and non-primary care respondents (4%) indicated a Hispanic or Latino ethnicity. There was no statistically significant difference between the two groups.

Medical School

Table 4.5	All Respondents (n=398)			
	Primary Care (n=107)		Non-Primary Care (n=291)	
Where was the medical school located from which you graduated?	Number	Percent	Number	Percent
Within Indiana	23	22.5	91	32.3
<i>Indiana University School of Medicine</i>	15	14.7	85	30.1
<i>Marian University College of Osteopathic Medicine</i>	8	7.8	6	2.1
Outside Indiana	79	77.5	191	67.7
<i>Other U.S. State</i>	56	54.9	142	50.4
<i>Outside of U.S.</i>	23	22.5	49	17.4
Total	102	100.0	282	100.0
Missing	5		9	

Chi-square p-value = 0.002†

Table 4.5 shows the medical school where the primary care and non-primary care respondents graduated from. About one-fifth (23%) of the primary care respondents indicated they graduated from a medical school in Indiana, compared to 32 percent of the non-primary care respondents. Of those, 15 percent of the primary care and 30 percent of the non-primary care respondents graduated from IUSM. The Chi-square test of association between the two groups was statistically significant. Non-primary care respondents appear more likely to have graduated from IUSM.

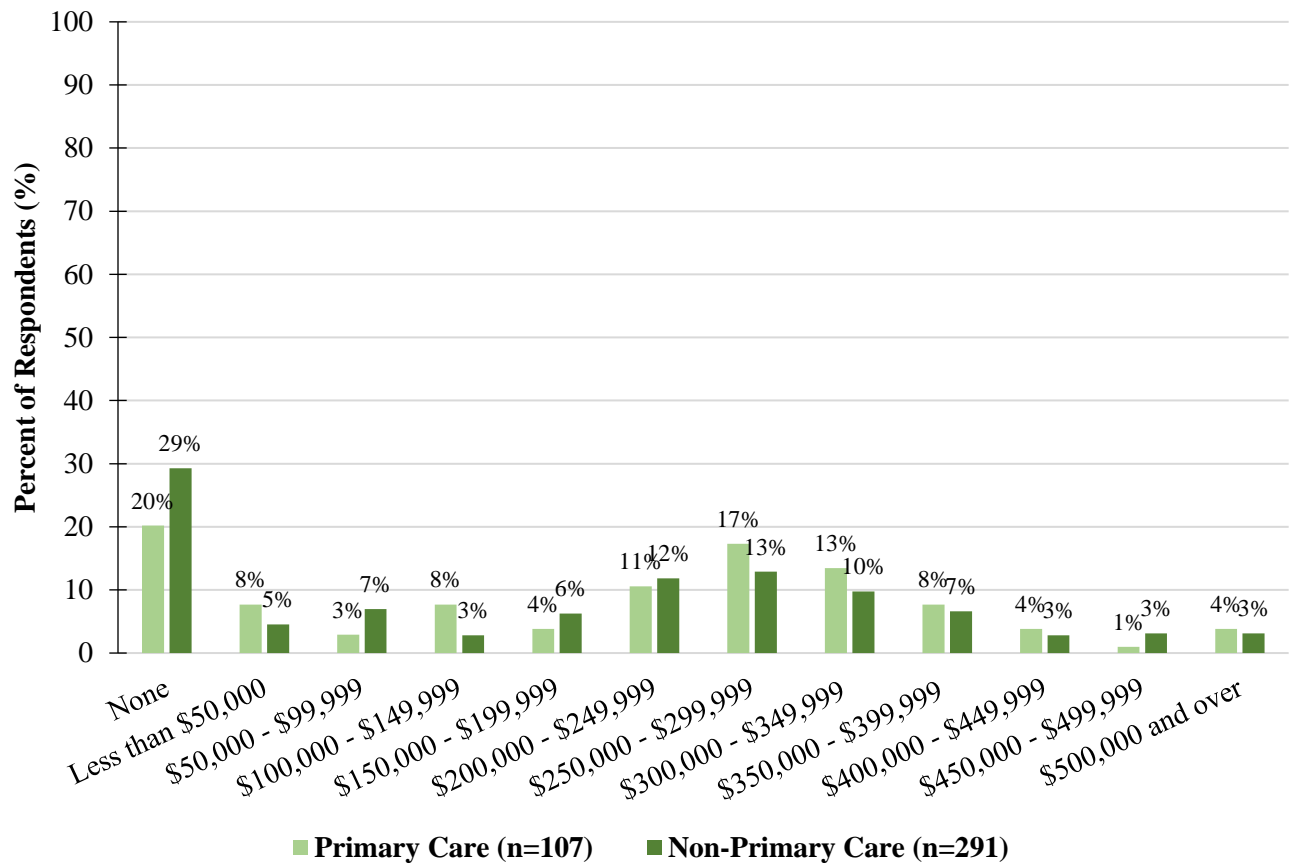
Learner Background

Table 4.6	All Respondents (n=398)			
	Primary Care (n=107)		Non-Primary Care (n=291)	
What do you consider yourself? Please mark ALL that apply.	Number	Percent	Number	Percent
First generation learner	18	16.8	50	17.2
Learner from a rural area	20	18.7	55	18.9
Economically or educationally disadvantaged	12	11.2	31	10.7
None of the above	66	61.7	192	66.0

Table 4.6 shows the primary care and non-primary care survey respondents' learner and socioeconomic background. Nearly one-fifth of the primary care and non-primary care respondents indicated they were a first-generation learner (17%, 17%) or came from a rural area (19%, 19%), respectively. About one-tenth of the primary care (11%) and non-primary care (11%) respondents came from an economically or educationally disadvantaged background.

Current Individual Educational Debt

Figure 4.1: Current Individual Educational Debt (n=398)

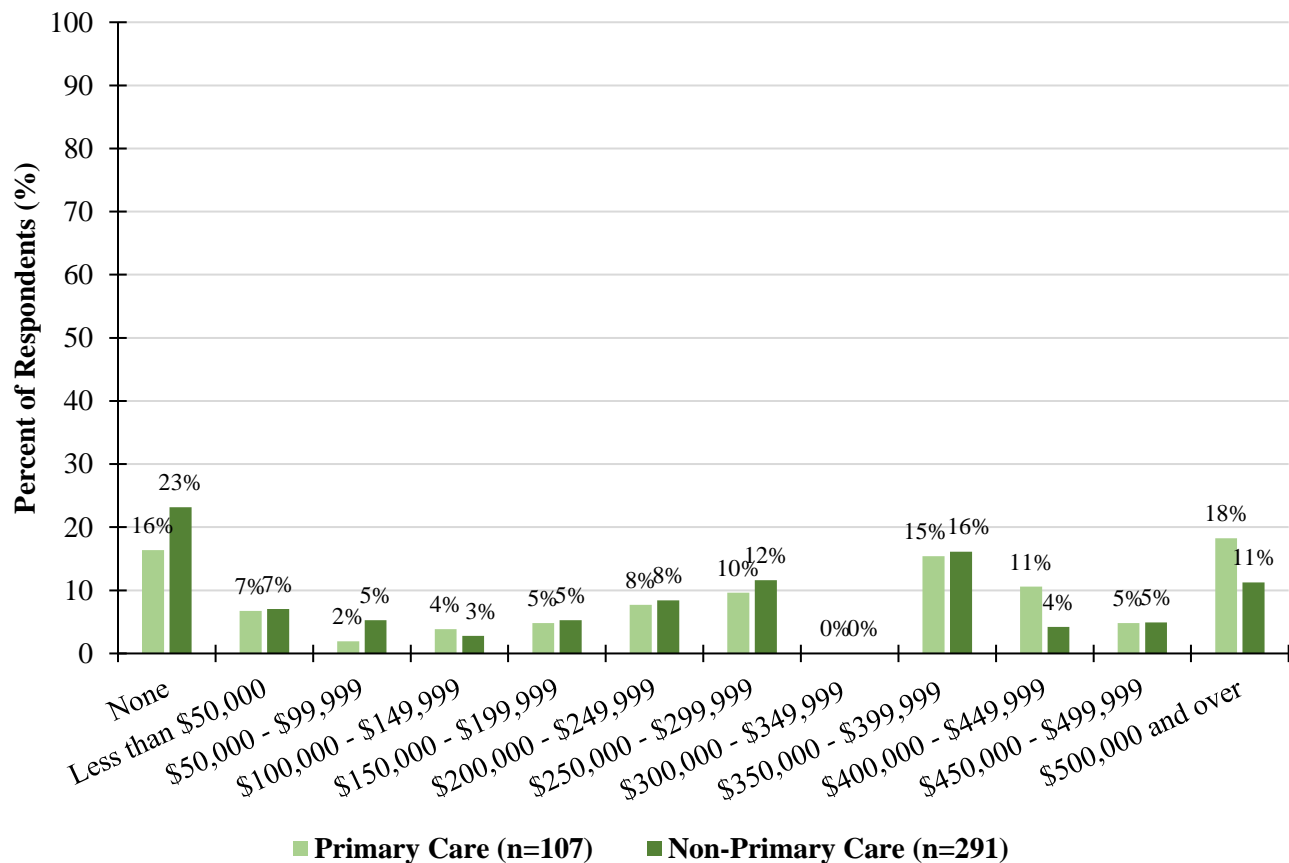


Chi-square p-value = 0.170

Figure 4.1 presents the current level of individual educational debt among the primary care and non-primary care survey respondents. Over one-fifth of the primary care (20%) and non-primary care (29%) respondents indicated having no educational debt. About three-fifths of the primary care (69%) and non-primary care (59%) respondents indicated having an educational debt of \$100,000 or more. Over one-half of the primary care (58%) and non-primary care (50%) 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=398)



Chi-square p-value = 0.262

Figure 4.2 presents the current level of total household educational debt among the primary care and non-primary care survey respondents. Almost one-fifth of the primary care (16%) and non-primary care (23%) respondents indicated having no household educational debt. Three-fourths (76%) of the primary care (76%) respondents indicated having a household educational debt of \$100,000 or more, compared to 65 percent of the non-primary care respondents. About three-fifths of the primary care (66%) and non-primary care (56%) 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 4.7	All Respondents (n=398)			
	Primary Care (n=107)		Non-Primary Care (n=291)	
The residency or fellowship program provided resources and training to prepare for my specialty exams.	Number	Percent	Number	Percent
Strongly Agree	59	55.7	166	58.5
Agree	40	37.7	100	35.2
Neutral	7	6.6	15	5.3
Disagree	0	0.0	1	0.4
Strongly Disagree	0	0.0	2	0.7
Total	106	100.0	284	100.0
Missing/Board exam in my field does not exist	1		7	

Chi-square p-value = 0.628

Table 4.7 shows the primary care and non-primary care survey respondents' assessment of the resources and training provided by the program to prepare them for the specialty exams. Almost all primary care (93%) and non-primary care (94%) 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.

Rural and Underserved Training

Table 4.8	All Respondents (n=398)							
	Primary Care (n=107)				Non-Primary Care (n=291)			
In your residency or fellowship program, did you receive training to serve the:	Yes		No		Yes		No	
	#	%	#	%	#	%	#	%
Rural population	77	72.6	29	27.4	217	76.4	67	23.6
Underserved population	102	96.2	4	3.8	272	95.4	13	4.6

Table 4.8 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 (73%) and non-primary care (76%) 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 (96%) and non-primary care (95%) 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 4.9	All Respondents (n=398)						
	Primary Care (n=107)			Non-Primary Care (n=291)			Chi-square p-value
	How <u>competent</u> do you feel providing care to the:	Fully	Partially	Not at all	Fully	Partially	
	%	%	%	%	%	%	
Rural population	55.7	41.5	2.8	74.9	23.3	1.7	0.001†
Underserved population	84.0	16.0	0.0	87.1	12.9	0.0	0.429

Table 4.9 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 (56%) of the primary care respondents indicated feeling “fully” competent in providing care to the rural populations, compared to 75 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.

A majority of the primary care (84%) and non-primary care (87%) respondents indicated feeling “fully” competent in providing care to the underserved populations. There was no statistically significant difference between the two groups.

Program Opportunities

Program Opportunities									
Table 4.10	All Respondents (n=398)								
	Primary Care (n=107)				Non-Primary Care (n=291)				Chi-square p-value
	Yes		No		Yes		No		
In your residency or fellowship program, did you:	#	%	#	%	#	%	#	%	
Have an opportunity to be part of a multi-disciplinary inter-professional team to provide care?	105	99.1	1	0.9	285	99.7	1	0.3	0.464
Participate in a quality improvement project to improve health outcome?	100	94.3	6	5.7	268	93.7	18	6.3	0.816
Participate in patient safety project?	97	91.5	9	8.5	251	87.8	35	12.2	0.297
Have an opportunity to serve on a hospital-based committee or council?	86	81.1	20	18.9	202	70.6	84	29.4	0.036†
Have an opportunity to participate in a cultural competency or diversity training?	97	91.5	9	8.5	249	87.1	37	12.9	0.224
Participate in a health care disparities initiative?	87	82.1	19	17.9	222	77.6	64	22.4	0.338

Table 4.10 shows if there were any program opportunities available for the primary care and non-primary care survey respondents' in their training program. Almost all primary care and non-primary care respondents had an opportunity to be part of a multi-disciplinary team (99%, 99.7%) and had an

opportunity to participate in a quality improvement project (94% 94%). A majority of the primary care respondents and non-primary care respondents indicated they had an opportunity to participate in a patient safety project (92%, 88%), had an opportunity to participate in a cultural competency or diversity training (92%, 87%), and had an opportunity to participate in a health care disparities initiative (82%, 78%). About three-fourths of the primary care (81%) and non-primary care (71%) respondents had an opportunity to serve on a hospital-based committee or council. The Chi-square test of association between the two groups was statistically significant. Primary care respondents appear more likely to have had the opportunity to serve on a hospital-based committee or council.

Teaching Opportunities

Table 4.11	All Respondents (n=398)			
	Primary Care (n=107)		Non-Primary Care (n=291)	
In your training program, were you provided an opportunity to teach in a clinical environment?	Number	Percent	Number	Percent
Yes	105	100.0	283	99.3
No	0	0.0	2	0.7
Total	105	100.0	285	100.0
Missing	2		6	

Chi-square p-value = 0.389

Table 4.11 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 4.12	All Respondents (n=398)			
	Primary Care (n=107)		Non-Primary Care (n=291)	
In your training program, how prepared did you feel to teach in a clinical environment?	Number	Percent	Number	Percent
Very well prepared	57	53.8	161	55.9
Well prepared	40	37.7	112	38.9
Neutral	9	8.5	15	5.2
Poorly prepared	0	0.0	0	0.0
Very poorly prepared	0	0.0	0	0.0
Total	106	100.0	288	100.0
Missing	1		3	

Chi-square p-value = 0.482

Table 4.12 shows the primary care and non-primary care survey respondents' readiness to teach in a clinical environment. Almost all primary care (92%) and non-primary care (95%) 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.

IUSM Policies and Procedures Regarding Mistreatment

Table 4.13	All Respondents (n=398)								
	Primary Care (n=107)				Non-Primary care (n=291)				Chi-square p-value
	Yes		No		Yes		No		
Do you know about the following at IUSM:	#	%	#	%	#	%	#	%	
Policies regarding mistreatment of residents?	97	91.5	9	8.5	272	94.8	15	5.2	0.230
Procedures regarding mistreatment of residents?	99	93.4	7	6.6	266	92.7	21	7.3	0.807
Policies regarding mistreatment of medical students?	98	92.5	8	7.5	263	91.6	24	8.4	0.793
Procedures regarding mistreatment of medical students?	97	91.5	9	8.5	257	89.5	30	10.5	0.564
The school's annual report on mistreatment?	83	79.0	22	21.0	240	83.6	47	16.4	0.292

Table 4.13 shows the primary care and non-primary care survey respondents' knowledge of the IUSM policies and procedures regarding mistreatment. Almost all ($\geq 91\%$) of the primary care and non-primary care respondents indicated they knew the policies *and* procedures regarding mistreatment of residents. A majority ($\geq 89\%$) of the primary care and non-primary care respondents indicated they knew the policies *and* procedures regarding mistreatment of medical students. A majority of the primary care (79%) and non-primary care (84%) respondents indicated they knew about the school's annual report on mistreatment. There was no statistically significant difference between the two groups.

Reporting Mistreatment

Table 4.14	All Respondents (n=398)								
	Primary Care (n=107)				Non-Primary care (n=291)				Chi-square p-value
	Yes		No		Yes		No		
Do you know about the following at IUSM:	#	%	#	%	#	%	#	%	
Did you know whom to report mistreatment behaviors within your <i>program</i> ?	97	92.4	8	7.6	275	95.8	12	4.2	0.171
Did you know whom to report mistreatment behaviors within the <i>school</i> ?	88	83.0	18	17.0	247	86.4	39	13.6	0.404
Did you feel safe reporting mistreatment behaviors?	98	92.5	8	7.5	272	95.1	14	4.9	0.311
Have you experienced any mistreatment behaviors?	43	40.6	63	59.4	99	34.5	188	65.5	0.266
Did you report the mistreatment behavior incident?	33	34.4	63	65.6	83	33.2	167	66.8	0.836

Table 4.14 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 within their *program* (92%, 96%), indicated

they knew whom to report mistreatment behaviors within their *school* (83%, 86%), and felt safe reporting mistreatment behaviors (93%, 95%), respectively. Over one-third of the primary care (41%) and non-primary care (35%) respondents indicated experiencing any mistreatment behaviors. Two-thirds of the primary care (66%) and non-primary care (67%) respondents indicated *not* reporting the mistreatment behavior incident. There was no statistically significant difference between the two groups.

Handling of Reported Mistreatment

Table 4.15	All Respondents (n=116)*			
	Primary Care (n=33)		Non-Primary Care (n=83)	
If you did report mistreatment, how satisfied were you with the way it was handled?	Number	Percent	Number	Percent
Very satisfied	6	22.2	17	30.4
Satisfied	13	48.1	17	30.4
Neutral	5	18.5	17	30.4
Dissatisfied	3	11.1	1	1.8
Very dissatisfied	0	0.0	4	7.1
Total	27	100.0	56	100.0
Missing	6		27	

*Reflects responses from only those respondents who had reported any mistreatment incident.

Chi-square p-value = 0.124

Table 4.15 shows the primary care and non-primary care survey respondents' satisfaction on the handling of reported mistreatment. Only those respondents who had reported any mistreatment behavior incidents were included in the analysis. Over three-fifths of the primary care (70%) and non-primary care (61%) respondents indicated feeling "very satisfied" or "satisfied" with the way their reported mistreatment was handled. There was no statistically significant difference between the two groups.

Unreported Mistreatment

Table 4.16	All Respondents (n=230)*			
	Primary Care (n=63)		Non-Primary Care (n=167)	
If there were any incidents of mistreatment behaviors that you did <u>not</u> report, why did you not report them?	Number	Percent	Number	Percent
Incident did not seem important enough to report	2	11.8	9	18.8
Resolved the issue myself	2	11.8	7	14.6
Did not think anything would be done about it	2	11.8	2	4.2
Fear of reprisal	3	17.6	7	14.6
Did not know what to do	0	0.0	2	4.2
Other	8	47.1	21	43.8
Total	17	100.0	48	100.0
Missing	46		119	

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

Chi-square p-value = 0.787

Table 4.16 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. Over 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 (12%, 19%), resolved the issue myself (12%, 15%), or fear of reprisal (18%, 15%), respectively. There was no statistically significant difference between the two groups.

Discrimination and Bias

Table 4.17	All Respondents (n=398)			
	Primary Care (n=107)		Non-Primary Care (n=291)	
I feel my success as a trainee was impacted by discrimination and bias.	Number	Percent	Number	Percent
Strongly Agree	1	1.0	5	1.8
Agree	7	6.9	7	2.6
Neutral	19	18.6	36	13.1
Disagree	37	36.3	106	38.7
Strongly Disagree	38	37.3	120	43.8
Total	102	100.0	274	100.0
Missing	5		17	

Chi-square p-value = 0.318

Table 4.17 shows the primary care and non-primary care survey respondents' success as a trainee was impacted by discrimination and bias. Less than one-tenth of the primary care (8%) and non-primary (4%) care respondents indicated they "strongly agree" or "agree" their success as a trainee was impacted by discrimination and bias. There was no statistically significant difference between the two groups.

Quality of Program

Table 4.18	All Respondents (n=398)			
	Primary Care (n=107)		Non-Primary Care (n=305)	
I would rate the overall <u>quality</u> of my residency or fellowship program as:	Number	Percent	Number	Percent
Excellent	61	58.1	176	61.3
Above Average	36	34.3	84	29.3
Average	7	6.7	25	8.7
Below Average	1	1.0	2	0.7
Extremely Poor	0	0.0	0	0.0
Total	105	100.0	287	100.0
Missing	2		8	

Chi-square p-value = 0.747

Table 4.18 shows the primary care and non-primary care survey respondents' overall rating of the quality of their training program. Almost all primary care (92%) 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 4.19	All Respondents (n=398)			
	Primary Care (n=107)		Non-Primary Care (n=291)	
Overall, I would rate the faculty of my residency or fellowship program as:	Number	Percent	Number	Percent
Excellent	51	48.6	194	67.6
Above Average	42	40.0	77	26.8
Average	11	10.5	16	5.6
Below Average	1	1.0	0	0.0
Extremely Poor	0	0.0	0	0.0
Total	105	100.0	287	100.0
Missing	2		4	

Chi-square p-value = 0.003†

Table 4.19 shows the primary care and non-primary care survey respondents’ overall performance rating of faculty in their training program. Almost all primary care (89%) and non-primary care (94%) respondents indicated they “excellent” or “above average” the overall performance of faculty in their training program exceeded their expectations. The Chi-square test of association between the two groups was statistically significant. Non-primary care respondents appear more likely to “strongly agree” that the overall performance of the faculty exceeded their expectations.

Personal and Professional Balance

Table 4.20	All Respondents (n=398)			
	Primary Care (n=107)		Non-Primary Care (n=291)	
In the past 3 months of my training: My personal and professional lives were well-balanced.	Number	Percent	Number	Percent
Strongly Agree	27	25.7	110	38.3
Agree	53	50.5	105	36.6
Neutral	15	14.3	34	11.8
Disagree	9	8.6	31	10.8
Strongly Disagree	1	1.0	7	2.4
Total	105	100.0	287	100.0
Missing	2		4	

Chi-square p-value = 0.068

Table 4.20 shows the primary care and non-primary care survey respondents’ overall balance between their personal and professional life. Three-fourths of the primary care (76%) and non-primary care (75%) respondents indicated they “strongly agree” or “agree” their personal and professional lives were well balanced. There was no statistically significant difference between the two groups.

Burnout from Work

Table 4.21	All Respondents (n=398)			
	Primary Care (n=107)		Non-Primary Care (n=291)	
In the past 3 months of my training: I have felt burned out from my work.	Number	Percent	Number	Percent
Strongly Agree	12	11.4	22	7.7
Agree	37	35.2	83	28.9
Neutral	18	17.1	57	19.9
Disagree	31	29.5	85	29.6
Strongly Disagree	7	6.7	40	13.9
Total	105	100.0	287	100.0
Missing	2		4	

Chi-square p-value = 0.203

Table 4.21 shows the primary care and non-primary survey respondents' respondents' overall feeling of burnout from their work. Nearly one-half (47%) of the primary care respondents indicated they "strongly agree" or "agree" they "strongly agree" or "agree" they felt burned out from work, compared to 37 percent of the non-primary care respondents. There was no statistically significant difference between the two groups.

Meaningful Work

Table 4.22	All Respondents (n=398)			
	Primary Care (n=107)		Non-Primary Care (n=291)	
In the past 3 months of my training: I have found my work to be meaningful.	Number	Percent	Number	Percent
Strongly Agree	34	32.7	119	41.5
Agree	60	57.7	137	47.7
Neutral	8	7.7	25	8.7
Disagree	2	1.9	5	1.7
Strongly Disagree	0	0.0	1	0.3
Total	104	100.0	287	100.0
Missing	3		4	

Chi-square p-value = 0.482

Table 4.22 shows the primary care and non-primary survey respondents' overall feeling of work to be meaningful. Almost all primary care (90%) and non-primary (89%) respondents indicated they "strongly agree" or "agree" they felt their work to be meaningful. There was no statistically significant difference between the two groups.

Resources Available

Table 4.23	All Respondents (n=398)			
	Primary Care (n=107)		Non-Primary Care (n=291)	
During my training, I have the resources readily available to assist with my wellness.	Number	Percent	Number	Percent
Strongly Agree	46	44.2	116	40.6
Agree	42	40.4	126	44.1
Neutral	14	13.5	39	13.6
Disagree	1	1.0	3	1.0
Strongly Disagree	1	1.0	2	0.7
Total	104	100.0	286	100.0
Missing	3		5	

Chi-square p-value = 0.651

Table 4.23 shows the primary care and non-primary survey respondents' overall ability to use the readily available resources to maintain their wellness. A majority of the primary care (85%) and non-primary survey (85%) 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.

Wellness

Table 4.24	All Respondents (n=398)			
	Primary Care (n=107)		Non-Primary Care (n=291)	
I would rate my overall wellness as:	Number	Percent	Number	Percent
Very good	31	29.5	95	33.1
Good	49	46.7	137	47.7
Fair	22	21.0	49	17.1
Poor	2	1.9	6	2.1
Very poor	1	1.0	0	0.0
Total	105	100.0	287	100.0
Missing	2		4	

Chi-square p-value = 0.447

Table 4.24 shows the primary care and non-primary survey respondents' overall rating of wellness. A majority of the primary care (76%) and non-primary (81%) respondents indicated their overall wellness was "very good" or "good". There was no statistically significant difference between the two groups.

Plans after Graduation

Table 4.25	All Respondents (n=398)			
	Primary Care (n=107)		Non-Primary Care (n=291)	
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	36.2	182	62.8
Fellowship or Additional Subspecialty Training	57	54.3	96	33.1
Military	2	1.9	2	0.7
Non-Patient Care-based activities (e.g., research, administration)	2	1.9	0	0.0
Temporarily out of medicine	1	1.0	1	0.3
Other	5	4.8	8	2.8
Undecided/Don't know yet	0	0.0	1	0.3
Total	105	100.0	290	100.0
Missing	2		1	

Chi-square p-value = 0.001†

Table 4.25 shows what the primary care and non-primary care survey respondents' expect to do after completing their current training program. About one-third (36%) of the primary care respondents planned to go into patient care or clinical practice after completing their training, compared to 63 percent of the non-primary care respondents. Over one-half (54%) of the primary care respondents planned to continue with additional training, compared to 33 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 go into patient care or clinical practice after completing 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=220).

Respondents going into patient care or clinical practice (n=220)

Practice Characteristics

Primary Practice Location

Table 4.26	Clinical Care Respondents (n=220)			
	Primary Care (n=38)		Non-Primary Care (n=182)	
Where is the location of your primary activity <u>after</u> completing your current training program?	Number	Percent	Number	Percent
Same city or county as current training	17	44.7	67	36.8
Same region in Indiana, but different city or county	1	2.6	16	8.8
Other area in Indiana	3	7.9	15	8.2
Other U.S. state (not Indiana)	15	39.5	81	44.5
Outside of U.S.	2	5.3	3	1.6
Total	38	100.0	182	100.0
Missing / Undecided	0		0	

Chi-square p-value = 0.339

Table 4.26 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 (55%) 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.

Obligation or Visa Requirement

Table 4.27	Clinical Care Respondents (n=220)			
	Primary Care (n=38)		Non-Primary Care (n=182)	
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	8	4.4
No	33	86.8	173	95.6
Total	38	100.0	181	100.0
Missing	0		1	

Chi-square p-value = 0.786

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. A majority of the primary care (87%) and non-primary care (96%) 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.

Job Offers from Indiana Hospitals

Table 4.28	Clinical Care Respondents (n=220)			
	Primary Care (n=38)		Non-Primary Care (n=182)	
Did you receive any offer from? Please mark ALL that apply.	Number	Percent	Number	Percent
IU Health	15	39.5	69	37.9
Eskenazi Hospital	6	15.8	18	9.9
Veterans Administration	3	7.9	6	3.3
Other hospital or health system in Indiana	9	23.7	40	22.0
Other	2	5.3	9	4.9

Table 4.28 shows the number of offers the primary care and non-primary care survey respondents' received for employment from Indiana hospitals. About two-fifths of the primary care (40%) and non-primary care (38%) respondents indicated receiving offers from IU Health. Almost one-fourth of the primary care (24%) and non-primary care (22%) respondents indicated receiving offers from another hospital or health system in Indiana.

Accepted Position for Employment

Table 4.29	Clinical Care Respondents (n=220)			
	Primary Care (n=38)		Non-Primary Care (n=182)	
When did you accept a position?	Number	Percent	Number	Percent
Less than 6 months ago	18	52.9	77	45.6
6 months to 1 year ago	10	29.4	65	38.5
1 to 2 years ago	4	11.8	23	13.6
Have not accepted a position yet	2	5.9	4	2.4
Total	34	100.0	169	100.0
Missing	4		13	

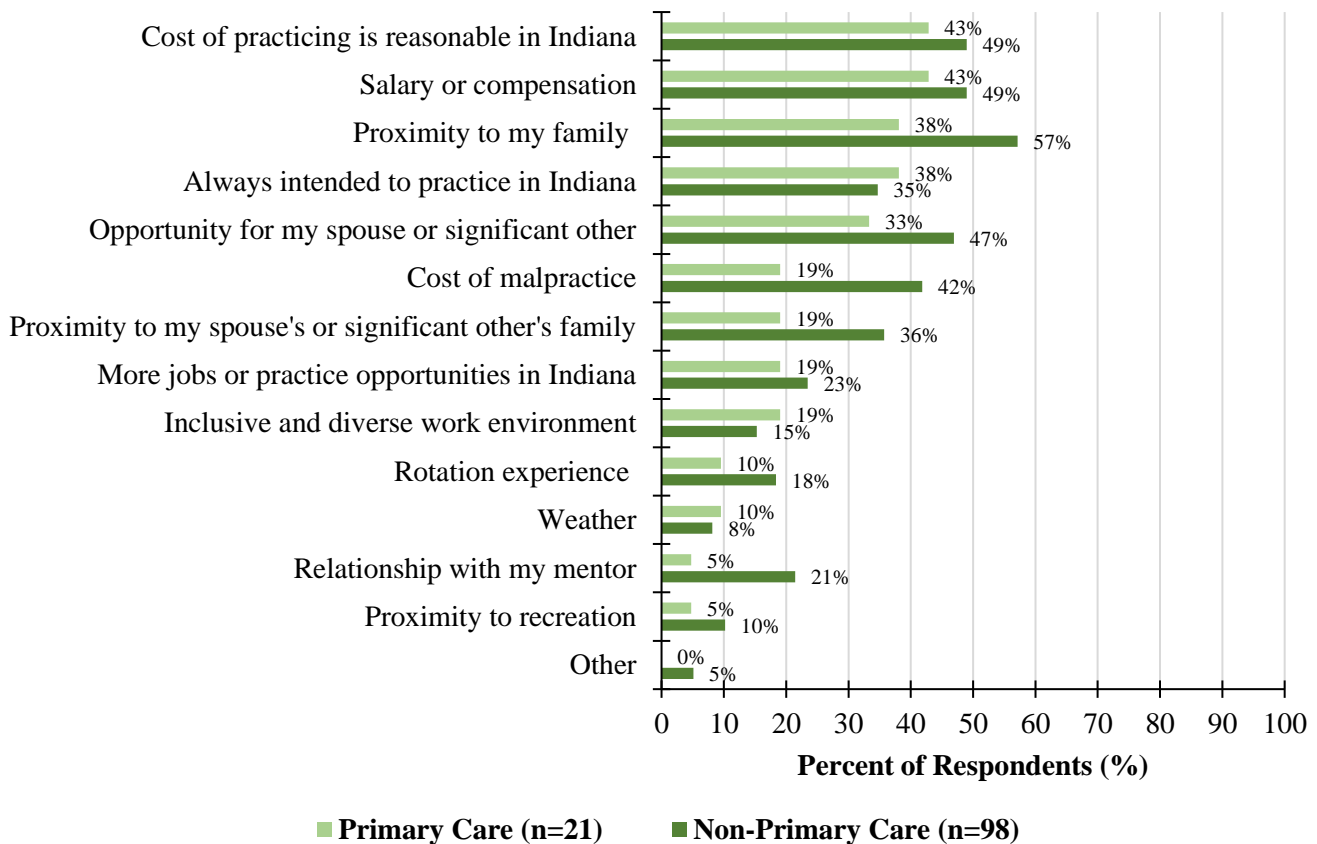
Chi-square p-value = 0.529

Table 4.29 shows the when the primary care and non-primary care survey respondents' accepted a full-time position for employment. About one-half of the primary care (53%) and non-primary (46%) respondents indicated accepting a full-time position for employment less than 6 months ago. There was no statistically significant difference between the two groups.

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

Main Reasons to Practice in Indiana

Figure 4.3: Main Reasons to Practice in Indiana (n=119)*



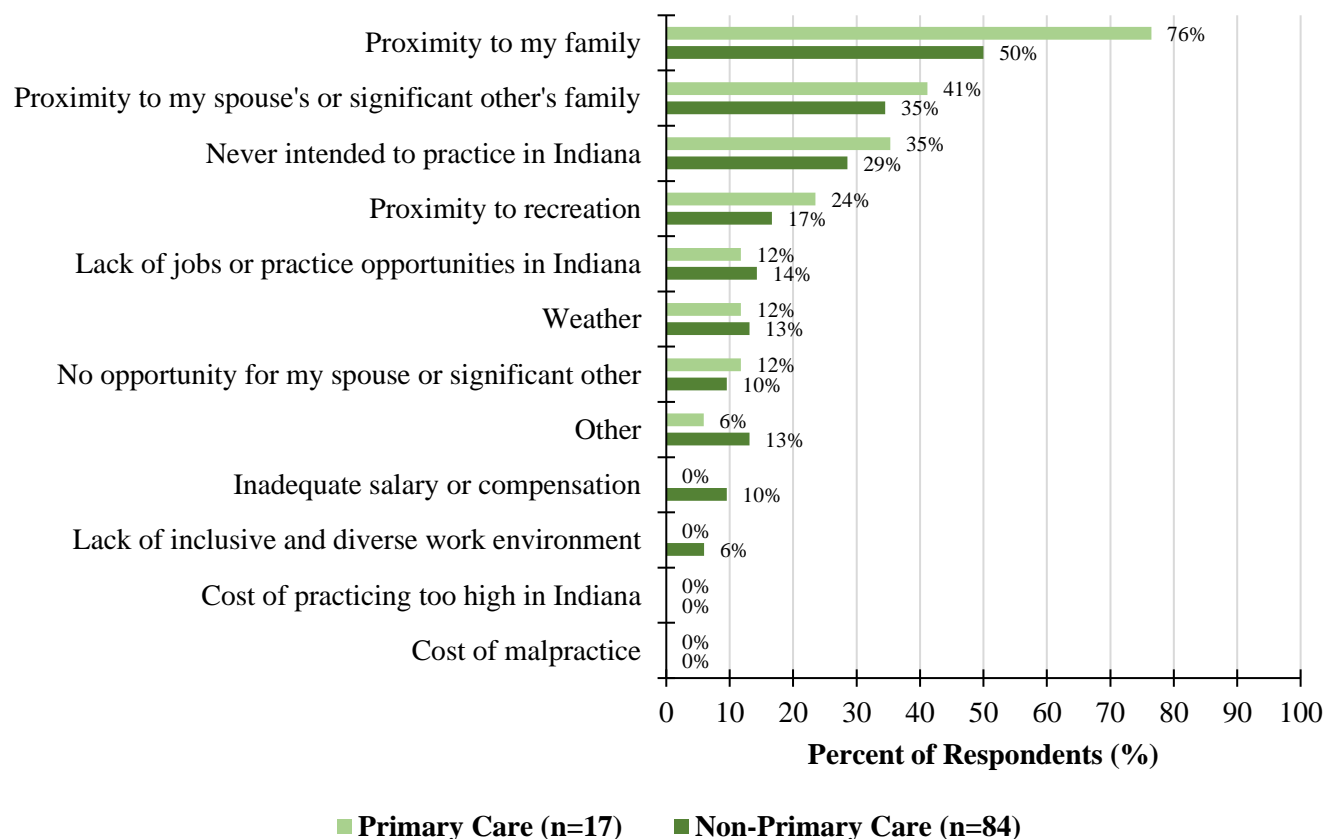
*Reflects responses from only those respondents who indicated their primary practice location was in Indiana.

† Denotes that a statistically significant difference was found.

Figure 4.3 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 119 respondents, the top reasons given by the primary care respondents were: "cost of practicing is reasonable in Indiana" (43%), "salary or compensation" (43%), "proximity to my family" (38%), and "always intended to practice in Indiana" (38%). The top reasons given by the non-primary care respondents were: "proximity to my family" (57%), "cost of practicing is reasonable in Indiana" (49%), and "salary or compensation" (49%). There was no statistically significant difference between the two groups.

Main Reasons not to Practice in Indiana

Figure 4.4: Main Reasons not to Practice in Indiana (n=101)*



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

† Denotes that a statistically significant difference was found.

Figure 4.4 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 101 respondents, the top reasons given by the primary care respondents were: "proximity to my family" (76%), "proximity to my spouse's or significant other's family" (41%), and "never intended to practice in Indiana" (35%). The top reasons given by the non-primary care respondents were: "proximity to my family" (50%), "proximity to my spouse's or significant other's family" (35%), and "never intended to practice in Indiana" (29%). There was no statistically significant difference between the two groups.

Stayed in Indiana

Table 4.30	Clinical Care Respondents (n=101)*			
	Primary Care (n=17)		Non-Primary Care (n=84)	
If you had been offered a position in Indiana would you have stayed in Indiana?	Number	Percent	Number	Percent
Yes	3	17.6	15	19.7
No	14	82.4	61	80.3
Total	17	100.0	76	100.0
Missing	0		8	

*Reflects responses from only those respondents who indicated their primary practice location was outside Indiana.
Chi-square p-value = 0.254

Table 4.30 shows whether the primary care and non-primary care survey respondents' would have stayed in Indiana if offered a position. If offered a position in Indiana, about one-fifth of the primary care (18%) and non-primary care (20%) respondents would have stayed in Indiana. There was no statistically significant difference between the two groups.

Chapter 5: Resident and Fellow Respondents

The survey respondents' names were matched with their specialty and then classified into a residency or fellowship training program. Of the 398 graduates who completed the survey, 255 were in a residency program and 143 were in a fellowship program, as shown in tables 5.1 to 5.25 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=220: [residents (110) and fellows (110)];
- intended to practice in Indiana, n=119 [residents (69) and fellows (50)]; and,
- intended to practice outside Indiana, n=101 [residents (41) and fellows (60)].

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

All respondents (n=398)

Demographics

Age

Table 5.1	All Respondents (n=398)			
	Residents (n=255)		Fellows (n=143)	
Age	Number	Percent	Number	Percent
25-29	89	35.6	2	1.4
30-34	134	53.6	100	70.9
35-39	20	8.0	32	22.7
40-44	5	2.0	6	4.3
45-49	1	0.4	0	0.0
≥ 50	1	0.4	1	0.7
Total	250	100.0	141	100.0
Missing	5		2	

Chi-square p-value = 0.001 †

Table 5.1 shows the age distribution of all residency and fellowship program survey respondents. Over three-fifths (62%) of the resident respondents were between the ages of 30 and 39 years, compared to 94 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=398)			
	Residents (n=255)		Fellows (n=143)	
Gender	Number	Percent	Number	Percent
Male	150	58.8	86	60.1
Female	105	41.2	57	39.9
Other	0	0.0	0	0.0
Total	255	100.0	143	100.0
Missing	0		0	

Chi-square p-value = 0.798

Table 5.2 shows the gender distribution of all residency and fellowship program survey respondents. Two-fifths of the resident (41%) and fellow (40%) respondents were female. There was no statistically significant difference between the two groups.

Race

Table 5.3	All Respondents (n=398)			
	Residents (n=255)		Fellows (n=143)	
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	45	18.0	34	23.9
Black/ African American	12	4.8	5	3.5
Native Hawaiian/ Pacific Islander	0	0.0	0	0.0
White	169	67.6	90	63.4
Other	15	6.0	11	7.7
Biracial	9	3.6	2	1.4
Total	250	100.0	142	100.0
Missing	5		1	

Table 5.3 shows the racial distribution of all residency and fellowship program survey respondents. About two-thirds of the resident (68%) and fellow (63%) respondents indicated they were white. Almost one-fifth of the resident (18%) and fellow (24%) respondents indicated they were Asian.

Ethnicity

Table 5.4	All Respondents (n=398)			
	Residents (n=255)		Fellows (n=143)	
Do you consider yourself to be Hispanic or Latino?	Number	Percent	Number	Percent
Yes, Hispanic/Latino	15	6.0	3	2.1
No, not Hispanic/Latino	234	94.0	139	97.9
Total	249	100.0	142	100.0
Missing	6		1	

Chi-square p-value = 0.076

Table 5.4 shows the ethnicity of all residency and fellowship program survey respondents. Less than one-tenth of the resident (6%) and fellow (2%) respondents indicated a Hispanic or Latino ethnicity. There was no statistically significant difference between the two groups.

Medical School

Table 5.5	All Respondents (n=398)			
	Residents (n=255)		Fellows (n=143)	
Where was the medical school located from which you graduated?	Number	Percent	Number	Percent
Within Indiana	83	33.9	31	22.3
<i>Indiana University School of Medicine</i>	70	28.6	30	21.6
<i>Marian University College of Osteopathic Medicine</i>	13	5.3	1	0.7
Outside Indiana	162	66.1	108	77.7
<i>Other U.S. State</i>	128	52.2	70	50.4
<i>Outside of U.S.</i>	34	13.9	38	27.3
Total	245	100.0	139	100.0
Missing	10		4	

Chi-square p-value = 0.076

Table 5.5 shows the medical school where the residency and fellowship program survey respondents graduated from. One-third (34%) of the resident respondents indicated they graduated from a medical school in Indiana, compared to 22 percent of the fellow respondents. Of those, about one-fourth of the resident (29%) and fellow (22%) respondents graduated from IUSM. There was no statistically significant difference between the two groups.

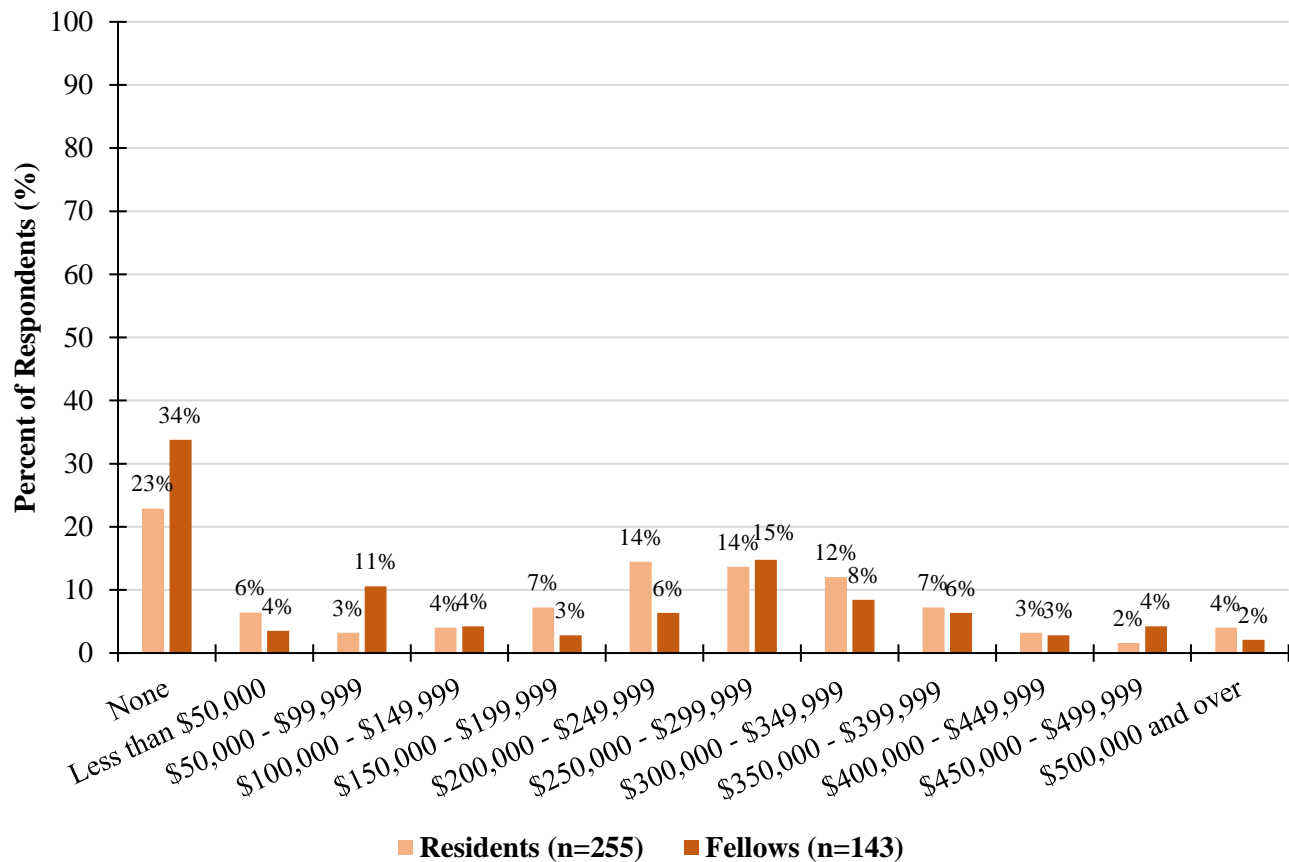
Learner Background

Table 5.6	All Respondents (n=398)			
	Residents (n=255)		Fellows (n=143)	
What do you consider yourself? Please mark ALL that apply.	Number	Percent	Number	Percent
First generation learner	49	19.2	19	13.3
Learner from a rural area	53	20.8	22	15.4
Economically or educationally disadvantaged	34	13.3	9	6.3
None of the above	155	60.8	103	72.0

Table 5.6 shows the residency and fellowship program survey respondents' learner and socioeconomic background. Almost one-fifth of the resident respondents indicated they were a first-generation learner (19%) or came from a rural area (21%), compared to the fellow respondents (13%, 15%), respectively. Over one-tenth (13%) of the resident respondents indicated they came from an economically or educationally disadvantaged background, compared to 6 percent of the fellow respondents.

Current Individual Educational Debt

Figure 5.1: Current Individual Educational Debt (n=398)

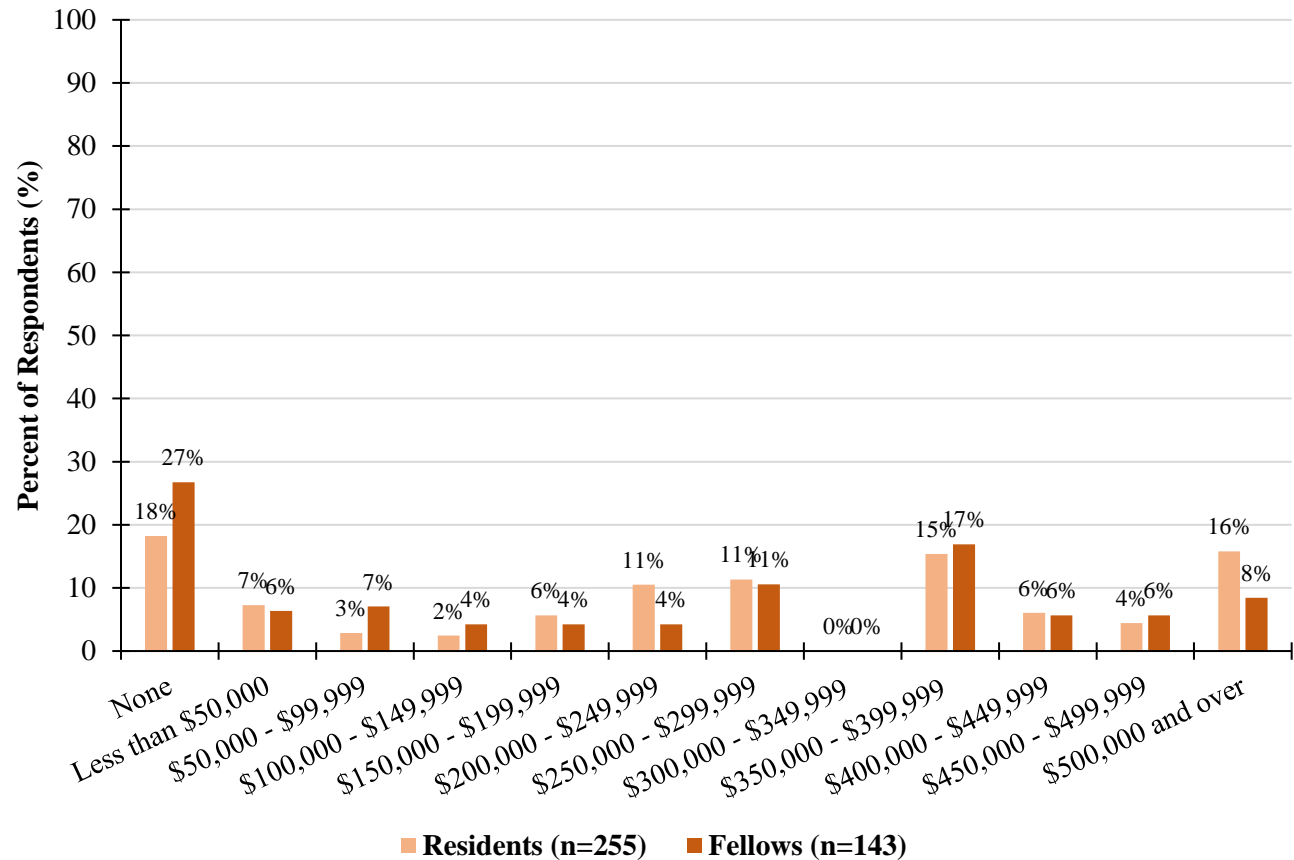


Chi-square p-value = 0.005 ‡

Figure 5.1 presents the current level of individual educational debt among the residency and fellowship program survey respondents. One-fifth of the resident (23%) respondents indicated having no educational debt, compared to 34 percent of the fellow respondents. Two-thirds (67%) of the resident respondents indicated having an educational debt of \$100,000 or more, compared to 52 percent of the fellow respondents. About one-half of the resident (56%) and fellow (46%) respondents indicated having an educational debt of \$200,000 or more. The Chi-square test of association between the two groups was statistically significant. Fellow respondents appear more likely to have no individual educational debt.

Current Total Household Educational Debt

Figure 5.2: Current Total Household Educational Debt (n=398)



Chi-square p-value = 0.082

Figure 5.2 presents the current level of total household educational debt among the residency and fellowship program survey respondents. One-tenth (18%) of the resident respondents indicated having no household educational debt, compared to 27 percent of the fellow respondents. Almost three-fourths (72%) of the resident respondents indicated having a household educational debt of \$100,000 or more, compared to 60 percent of the fellow respondents. Nearly two-thirds (64%) of the resident respondents indicated having a household educational debt of \$200,000 or more, compared to 51 percent of the fellow respondents. There was no statistically significant difference between the two groups.

Program Assessment

Training Program

Table 5.7	All Respondents (n=398)			
	Residents (n=255)		Fellows (n=143)	
The residency or fellowship program provided resources and training to prepare for my specialty exams.	Number	Percent	Number	Percent
Strongly Agree	147	58.3	78	56.5
Agree	92	36.5	48	34.8
Neutral	12	4.8	10	7.2
Disagree	0	0.0	1	0.7
Strongly Disagree	1	0.4	1	0.7
Total	252	100.0	138	100.0
Missing/Board exam in my field does not exist	3		5	

Chi-square p-value = 0.035 †

Table 5.7 shows the residency and fellowship program survey respondents' assessment of the resources and training provided by the program to prepare them for the specialty exams. Almost all resident (95%) and fellow (91%) respondents indicated they “strongly agree” or “agree” that their training program provided them resources and training to prepare for the specialty exams. The Chi-square test of association between the two groups was statistically significant. Resident respondents appear more likely “Strongly agree or agree” that their training program provided them resources and training to prepare for the specialty exams.

Rural and Underserved Training

Table 5.8	All Respondents (n=398)							
	Residents (n=255)				Fellows (n=143)			
In your residency or fellowship program, did you receive training to serve the:	Yes		No		Yes		No	
	#	%	#	%	#	%	#	%
Rural population	190	75.7	61	24.3	104	74.8	35	25.2
Underserved population	242	96.8	8	3.2	132	93.6	9	6.4

Table 5.8 shows whether the residency and fellowship program survey respondents' received training to serve the rural and underserved populations during their training program. Over three-fourths of the resident (76%) and fellow (75%) respondents indicated they had received training to serve the rural populations. There was no statistically significant difference between the two groups.

Almost all resident (97%) and fellow (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 5.9	All Respondents (n=398)						
	Residents (n=255)			Fellows (n=143)			Chi-square p-value
	How <u>competent</u> do you feel providing care to the:	Fully	Partially	Not at all	Fully	Partially	
	%	%	%	%	%	%	
Rural population	64.3	32.9	2.8	79.4	19.9	0.7	0.006‡
Underserved population	86.1	13.9	0.0	86.4	13.6	0.0	0.930

Table 5.9 shows the residency and fellowship program survey respondents' self-rated competency levels in providing care to the rural and underserved populations. Three-fifths (64%) of the resident respondents indicated feeling “fully” competent in providing care to the rural populations, compared to 79 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 “fully” competent in providing care to the rural population.

A majority of the resident (86%) and fellow (86%) 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 5.10	All Respondents (n=398)								
	Residents (n=255)				Fellows (n=143)				Chi-square p-value
	Yes		No		Yes		No		
In your residency or fellowship program, did you:	#	%	#	%	#	%	#	%	
Have an opportunity to be part of a multi-disciplinary inter-professional team to provide care?	250	99.6	1	0.4	140	99.3	1	0.7	0.678
Participate in a quality improvement project to improve health outcome?	242	96.4	9	3.6	126	89.4	15	10.6	0.005†
Participate in patient safety project?	231	92.0	20	8.0	117	83.0	24	17.0	0.006†
Have an opportunity to serve on a hospital-based committee or council?	202	80.5	49	19.5	86	61.0	55	39.0	0.001†
Have an opportunity to participate in a cultural competency or diversity training?	225	89.6	26	10.4	121	85.8	20	14.2	0.259
Participate in a health care disparities initiative?	205	81.7	46	18.3	104	73.8	37	26.2	0.066

Table 5.10 shows if there were any program opportunities available for the residency and fellowship program survey respondents' in their training program. Almost all resident (99.6%) and fellow (99%) respondents indicated they had the opportunity to be part of a multi-disciplinary inter-professional team. A majority of the resident and fellow respondents indicated they: had participated in a quality improvement project to improve health outcome (96%, 89%), had participated in a patient safety project (92%, 83%), had an opportunity to participate in a cultural competency or diversity training (90%, 86%), and had participated in a health care disparities initiative (82%, 74%). Over four-fifths (81%) of the resident respondents had the opportunity to serve on a hospital-based committee or council, compared to 61 percent of the fellow respondents. The Chi-square test of association between the two groups was statistically significant for the following: Resident respondents appear more likely to participate on a quality improvement project to improve health outcome, to participate on a patient safety project, and serve on a hospital-based committee or council.

Teaching Opportunities

Table 5.11	All Respondents (n=398)			
	Residents (n=255)		Fellows (n=143)	
In your training program, were you provided an opportunity to teach in a clinical environment?	Number	Percent	Number	Percent
Yes	249	99.6	139	99.3
No	1	0.4	1	0.7
Total	250	100.0	140	100.0
Missing	5		3	

Chi-square p-value = 0.677

Table 5.11 shows whether the residency and fellowship program survey respondents had the opportunity to teach in a clinical environment. Almost all resident (99.6%) 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 5.12	All Respondents (n=398)			
	Residents (n=255)		Fellows (n=143)	
In your training program, how prepared did you feel to teach in a clinical environment?	Number	Percent	Number	Percent
Very well prepared	133	52.8	85	59.9
Well prepared	100	39.7	52	36.6
Neutral	19	7.5	5	3.5
Poorly prepared	0	0.0	0	0.0
Very poorly prepared	0	0.0	0	0.0
Total	252	100.0	142	100.0
Missing	3		3	

Chi-square p-value = 0.178

Table 5.12 shows the residency and fellowship program survey respondents' readiness to teach in a clinical environment. Almost all resident (93%) and fellow (97%) 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.

IUSM Policies and Procedures Regarding Mistreatment

Table 5.13	All Respondents (n=398)								
	Residents (n=255)				Fellows (n=143)				Chi-square p-value
	Yes		No		Yes		No		
	#	%	#	%	#	%	#	%	
Policies regarding mistreatment of residents?	239	94.8	13	5.2	130	92.2	11	7.8	0.294
Procedures regarding mistreatment of residents?	237	94.0	15	6.0	128	90.8	13	9.2	0.227
Policies regarding mistreatment of medical students?	236	93.7	16	6.3	125	88.7	16	11.3	0.082
Procedures regarding mistreatment of medical students?	234	92.9	18	7.1	120	85.1	21	14.9	0.014†
The school's annual report on mistreatment?	213	84.9	38	15.1	110	78.0	31	22.0	0.088

Table 5.13 shows the residency and fellowship program survey respondents' knowledge of the IUSM policies and procedures regarding mistreatment. A majority ($\geq 90\%$) of the resident and fellow respondents indicated they knew the policies *and* procedures regarding mistreatment of residents. A majority ($\geq 85\%$) of the resident and fellow respondents indicated they knew policies *and* procedures regarding mistreatment of medical students. A majority of the resident (85%) and fellow (78%) respondents indicated they knew the school's annual report on mistreatment. The Chi-square test of association between the two groups was statistically significant. Resident respondents appear more likely to know procedures regarding mistreatment of medical students.

Reporting Mistreatment

Table 5.14	All Respondents (n=398)								
	Residents (n=255)				Fellows (n=143)				Chi-square p-value
	Yes		No		Yes		No		
Do you know about the following at IUSM:	#	%	#	%	#	%	#	%	
Did you know whom to report mistreatment behaviors within your <i>program</i> ?	236	94.0	15	6.0	136	96.5	5	3.5	0.294
Did you know whom to report mistreatment behaviors within the <i>school</i> ?	215	85.3	37	14.7	120	85.7	20	14.3	0.915
Did you feel safe reporting mistreatment behaviors?	236	93.7	16	6.3	134	95.7	6	4.3	0.395
Have you experienced any mistreatment behaviors?	97	38.5	155	61.5	45	31.9	96	68.1	0.193
Did you report the mistreatment behavior incident?	77	34.2	148	65.8	39	32.2	82	67.8	0.708

Table 5.14 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 in the *program* (94%, 97%), whom to report mistreatment behaviors within the *school* (85%, 86%), and felt safe reporting mistreatment behaviors (94%, 96%), respectively. About one-third of the resident (39%) and fellow (32%) respondents indicated they experienced any mistreatment behaviors. About two-thirds of the resident (66%) and fellow (68%) respondents indicated *not* reporting the mistreatment behavior incident. There was no statistically significant difference between the two groups.

Handling of Reported Mistreatment

Table 5.15	All Respondents (n=116)*			
	Residents (n=77)		Fellows (n=39)	
If you did report mistreatment, how satisfied were you with the way it was handled?	Number	Percent	Number	Percent
Very satisfied	13	23.6	10	35.7
Satisfied	19	34.5	11	39.3
Neutral	17	30.9	5	17.9
Dissatisfied	3	5.5	1	3.6
Very dissatisfied	3	5.5	1	3.6
Total	55	100.0	28	100.0
Missing	22		11	

*Reflects responses from only those respondents who had reported any mistreatment incident.

Chi-square p-value = 0.634

Table 5.15 shows the residency and fellowship survey respondents' satisfaction on the handling of reported mistreatment. Only those respondents who had reported any mistreatment behavior incidents were included in the analysis. Almost three-fifths (58%) of the resident respondents indicated feeling "very satisfied" or "satisfied" with the way their reported mistreatment was handled, compared to 75

percent of the fellow respondents. There was no statistically significant difference between the two groups.

Unreported Mistreatment

Table 5.16	All Respondents (n=230)*			
	Residents (n=148)		Fellows (n=82)	
If there were any incidents of mistreatment behaviors that you did <u>not</u> report, why did you not report them?	Number	Percent	Number	Percent
Incident did not seem important enough to report	14	28.0	2	9.5
Resolved the issue myself	5	10.0	1	4.8
Did not think anything would be done about it	7	14.0	3	14.3
Fear of reprisal	8	16.0	3	14.3
Did not know what to do	3	6.0	1	4.8
Other	13	26.0	11	52.4
Total	50	100.0	21	100.0
Missing	98		61	

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

Chi-square p-value = 0.323

Table 5.16 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: did not think anything would be done about it (14%, 14%), fear of reprisal (16%, 14%), and other (26%, 52%) respectively. There was no statistically significant difference between the two groups.

Discrimination and Bias

Table 5.17	All Respondents (n=398)			
	Residents (n=255)		Fellows (n=143)	
I feel my success as a trainee was impacted by discrimination and bias.	Number	Percent	Number	Percent
Strongly Agree	4	1.7	2	1.5
Agree	12	5.0	2	1.5
Neutral	43	17.8	12	8.9
Disagree	85	35.3	58	43.0
Strongly Disagree	97	40.2	61	45.2
Total	241	100.0	135	100.0
Missing	14		8	

Chi-square p-value = 0.051

Table 5.17 shows the shows if the residency and fellowship survey respondents' success as a trainee was impacted by discrimination and bias. Less than one-tenth of the resident (7%) and fellow (3%) respondents indicated they "strongly agree" or "agree" their success as a trainee was impacted by discrimination and bias. There was no statistically significant difference between the two groups.

Quality of Program

Table 5.18	All Respondents (n=398)			
	Residents (n=255)		Fellows (n=143)	
I would rate the overall <u>quality</u> of my residency or fellowship program as:	Number	Percent	Number	Percent
Excellent	148	59.2	89	62.7
Above Average	82	32.8	38	26.8
Average	19	7.6	13	9.2
Below Average	1	0.4	2	1.4
Extremely Poor	0	0.0	0	0.0
Total	250	100.0	142	100.0
Missing	5		1	

Chi-square p-value = 0.648

Table 5.18 shows the residency and fellowship program survey respondents' overall rating of the quality of their training program. A majority of the resident (92%) and fellow (89%) respondents indicated the quality of their training program was “excellent” or “above average.” There was no statistically significant difference between the two groups.

Faculty Assessment

Table 5.19	All Respondents (n=398)			
	Residents (n=255)		Fellows (n=143)	
Overall, I would rate the faculty of my residency or fellowship program as:	Number	Percent	Number	Percent
Excellent	143	57.2	102	71.8
Above Average	87	34.8	32	22.5
Average	19	7.6	8	5.6
Below Average	1	0.4	0	0.0
Extremely Poor	0	0.0	0	0.0
Total	250	100.0	142	100.0
Missing	5		1	

Chi-square p-value = 0.034†

Table 5.19 shows the residency and fellowship program survey respondents' overall performance rating of faculty in their training program. Almost all resident (92%) and fellow (94%) respondents indicated they “excellent” or “above average” that the overall performance of 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 “strongly agree or agree” that the overall performance of faculty in the training program exceeded their expectations.

Personal and Professional Balance

Table 5.20	All Respondents (n=398)			
	Residents (n=255)		Fellows (n=143)	
In the past 3 months of my training: My personal and professional lives were well-balanced.	Number	Percent	Number	Percent
Strongly Agree	72	28.9	65	45.5
Agree	110	44.2	48	33.6
Neutral	38	15.3	11	7.7
Disagree	27	10.8	13	9.1
Strongly Disagree	2	0.8	6	4.2
Total	249	100.0	143	100.0
Missing	6		0	

Chi-square p-value = 0.001†

Table 5.20 shows the residency and fellowship program survey respondents' overall balance between their personal and professional life. Almost three-fourths of the resident (73%) and fellow (79%) respondents indicated they “strongly agree” or “agree” their personal and professional lives were well-balanced. The Chi-square test of association between the two groups was statistically significant. Resident respondents appear more likely to “agree” their personal and professional lives were well-balanced.

Burnout from Work

Table 5.21	All Respondents (n=398)			
	Residents (n=255)		Fellows (n=143)	
In the past 3 months of my training: I have felt burned out from my work.	Number	Percent	Number	Percent
Strongly Agree	21	8.4	13	9.1
Agree	85	34.1	35	24.5
Neutral	52	20.9	23	16.1
Disagree	68	27.3	48	33.6
Strongly Disagree	23	9.2	24	16.8
Total	249	100.0	143	100.0
Missing	6		0	

Chi-square p-value = 0.051

Table 5.21 shows the residency and fellowship program survey respondents' respondents' overall feeling of burnout from their work. Over two-fifths (43%) of the resident (43%) respondents indicated they “strongly agree” or “agree” they “strongly agree” or “agree” they felt burned out from work, compared to 34 percent of the fellow respondents. There was no statistically significant difference between the two groups.

Meaningful Work

Table 5.22	All Respondents (n=398)			
	Residents (n=255)		Fellows (n=143)	
In the past 3 months of my training: I have found my work to be meaningful.	Number	Percent	Number	Percent
Strongly Agree	87	35.1	66	46.2
Agree	132	53.2	65	45.5
Neutral	23	9.3	10	7.0
Disagree	5	2.0	2	1.4
Strongly Disagree	1	0.4	0	0.0
Total	248	100.0	143	100.0
Missing	7		0	

Chi-square p-value = 0.262

Table 5.22 shows the residency and fellowship program survey respondents' overall feeling of work to be meaningful. A majority of the resident (88%) and fellow (92%) respondents indicated they "strongly agree" or "agree" they felt their work to be meaningful. There was no statistically significant difference between the two groups.

Resources Available

Table 5.23	All Respondents (n=398)			
	Residents (n=255)		Fellows (n=143)	
During my training, I have had resources readily available to assist with my wellness.	Number	Percent	Number	Percent
Strongly Agree	99	39.9	63	44.4
Agree	111	44.8	57	40.1
Neutral	33	13.3	20	14.1
Disagree	2	0.8	2	1.4
Strongly Disagree	3	1.2	0	0.0
Total	248	100.0	142	100.0
Missing	7		1	

Chi-square p-value = 0.566

Table 5.23 shows the residency and fellowship program survey respondents' overall ability to use the readily available resources to maintain their wellness. A majority of the resident (85%) and fellow (85%) 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.

Wellness

Table 5.24	All Respondents (n=398)			
	Residents (n=255)		Fellows (n=143)	
I would rate my overall wellness as:	Number	Percent	Number	Percent
Very good	70	28.1	56	39.2
Good	122	49.0	64	44.8
Fair	52	20.9	19	13.3
Poor	4	1.6	4	2.8
Very poor	1	0.4	0	0.0
Total	249	100.0	143	100.0
Missing	6		0	

Chi-square p-value = 0.096

Table 5.24 shows the residency and fellowship program survey respondents' overall wellness. A majority of the resident (77%) and fellow (84%) respondents indicated the overall wellness was "very good" or "good". There was no statistically significant difference between the two groups.

Plans after Graduation

Table 5.25	All Respondents (n=398)			
	Residents (n=255)		Fellows (n=143)	
What do you expect to be doing <u>after</u> completion of your current residency or fellowship program?	Number	Percent	Number	Percent
Patient Care or Clinical Practice (in Non-Training position)	110	43.7	110	77.5
Fellowship or Additional Subspecialty Training	128	50.8	25	17.6
Military	2	0.8	2	1.4
Non Patient Care-based activities (e.g. research, administration)	2	0.8	0	0.0
Temporarily out of medicine	2	0.8	0	0.0
Other	8	3.2	5	3.5
Undecided/Don't know yet	0	0.0	0	0.0
Total	252	100.0	142	100.0
Missing	3		1	

Chi-square p-value = 0.001 ‡

Table 5.25 shows what the residency and fellowship program survey respondents' expect to do after completing their current training program. Over two-fifths (44%) of the resident respondents planned to go into patient care or clinical practice after completing their training, compared to 78 percent of the fellow respondents. Over one-half (51%) of the resident respondents planned to continue with additional training, compared to 18 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=220).

Respondents going into patient care or clinical practice (n=220)

Practice Characteristics

Primary Practice Location

Table 5.26	Clinical Care Respondents (n=220)			
	Residents (n=110)		Fellows (n=110)	
Where is the location of your primary activity <u>after</u> completing your current training program?	Number	Percent	Number	Percent
Same city or county as current training	47	42.7	37	33.6
Same region in Indiana, but different city or county	8	7.3	9	8.2
Other area in Indiana	14	12.7	4	3.6
Other U.S. state (not Indiana)	39	35.5	57	51.8
Outside of U.S.	2	1.8	3	2.7
Total	110	100.0	110	100.0
Missing / Undecided	0		0	

Chi-square p-value = 0.034 †

Table 5.26 shows the location of the residency and fellowship program survey respondents' primary activity after completion of their current training program. Three-fifths (63%) of the resident respondents planned to practice within Indiana, compared to 46 percent of the fellow respondents. The Chi-square test of association between the two groups was statistically significant. Resident respondents appear more likely to practice in Indiana after completing their current training program.

Obligation or Visa Requirement

Table 5.27	Clinical Care Respondents (n=220)			
	Residents (n=110)		Fellows (n=110)	
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	5.5	7	6.4
No	103	94.5	103	93.6
Total	109	100.0	110	100.0
Missing	1		0	

Chi-square p-value = 0.788

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 (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.

Job Offers from Indiana Hospitals

Table 5.28	Clinical Care Respondents (n=220)			
	Residents (n=110)		Fellows (n=110)	
Did you receive any offer from? Please mark ALL that apply.	Number	Percent	Number	Percent
IU Health	65	54.6	19	18.8
Eskenazi Hospital	20	16.8	4	4.0
Veterans Administration	6	5.0	3	3.0
Other hospital or health system in Indiana	40	33.6	9	8.9
Other	8	6.7	3	3.0

Table 5.28 shows the number of offers the residency and fellowship program survey respondents' received for employment from Indiana hospitals. Over one-half of the resident (55%) respondents indicated receiving offers from IU Health, compared to 19 percent of the fellow respondents. One-third of the resident (34%) respondents indicated receiving offers from another hospital or health system in Indiana, compared to 9 percent of the fellow respondents.

Accepted Position for Employment

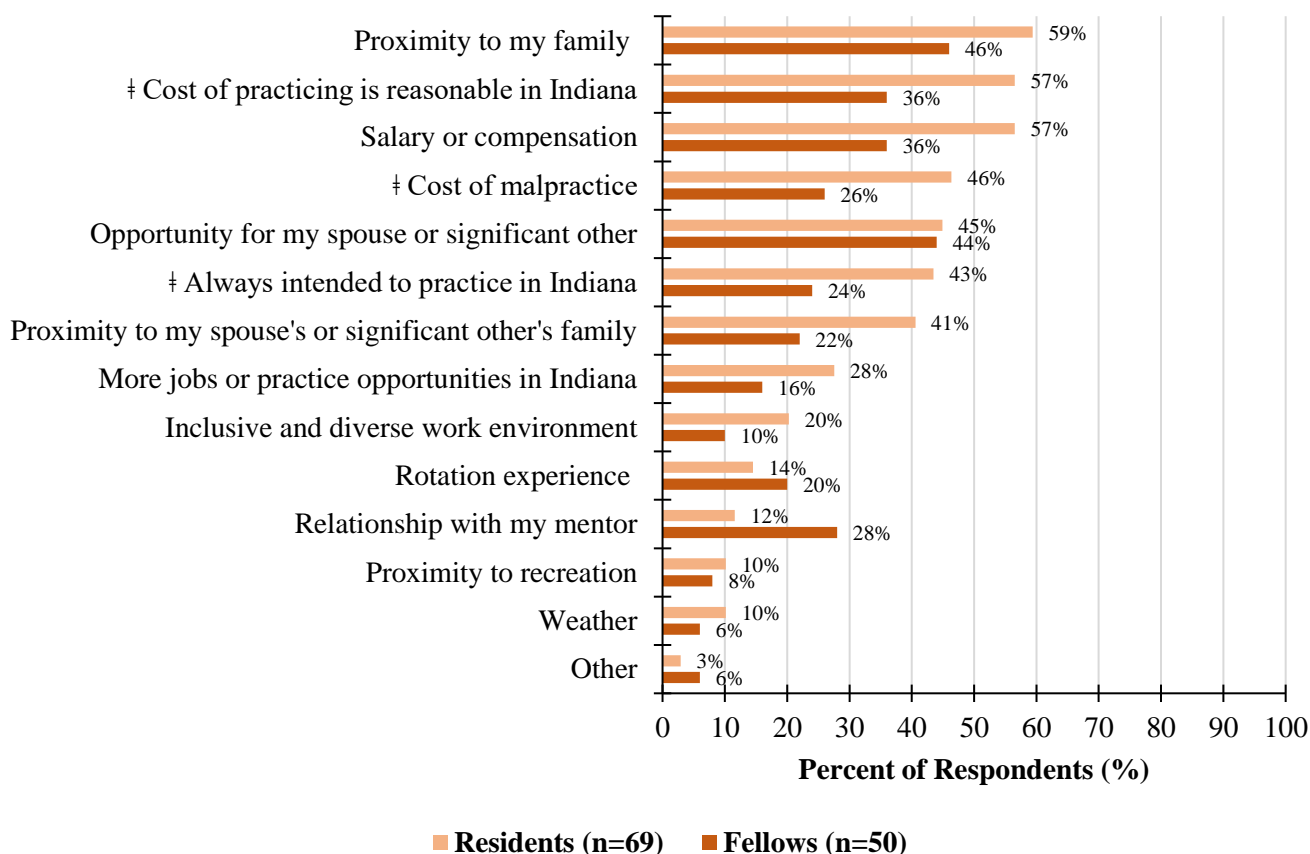
Table 5.29	Clinical Care Respondents (n=220)			
	Residents (n=110)		Fellows (n=110)	
When did you accept a position?	Number	Percent	Number	Percent
Less than 6 months ago	43	42.6	52	51.0
6 months to 1 year ago	42	41.6	33	32.4
1 to 2 years ago	13	12.9	14	13.7
Have not accepted a position yet	3	3.0	3	2.9
Total	101	100.0	102	100.0
Missing	9		8	

Chi-square p-value = 0.580

Table 5.29 shows when the residency and fellowship program survey respondents' accepted a full-time position for employment. Over two-fifths of the resident (43%) and fellow (51%) respondents indicated accepting a full-time position for employment less than 6 months ago. There was no statistically significant difference between the two groups.

Main Reasons to Practice in Indiana

Figure 5.3: Main Reasons to Practice in Indiana (n=119)*



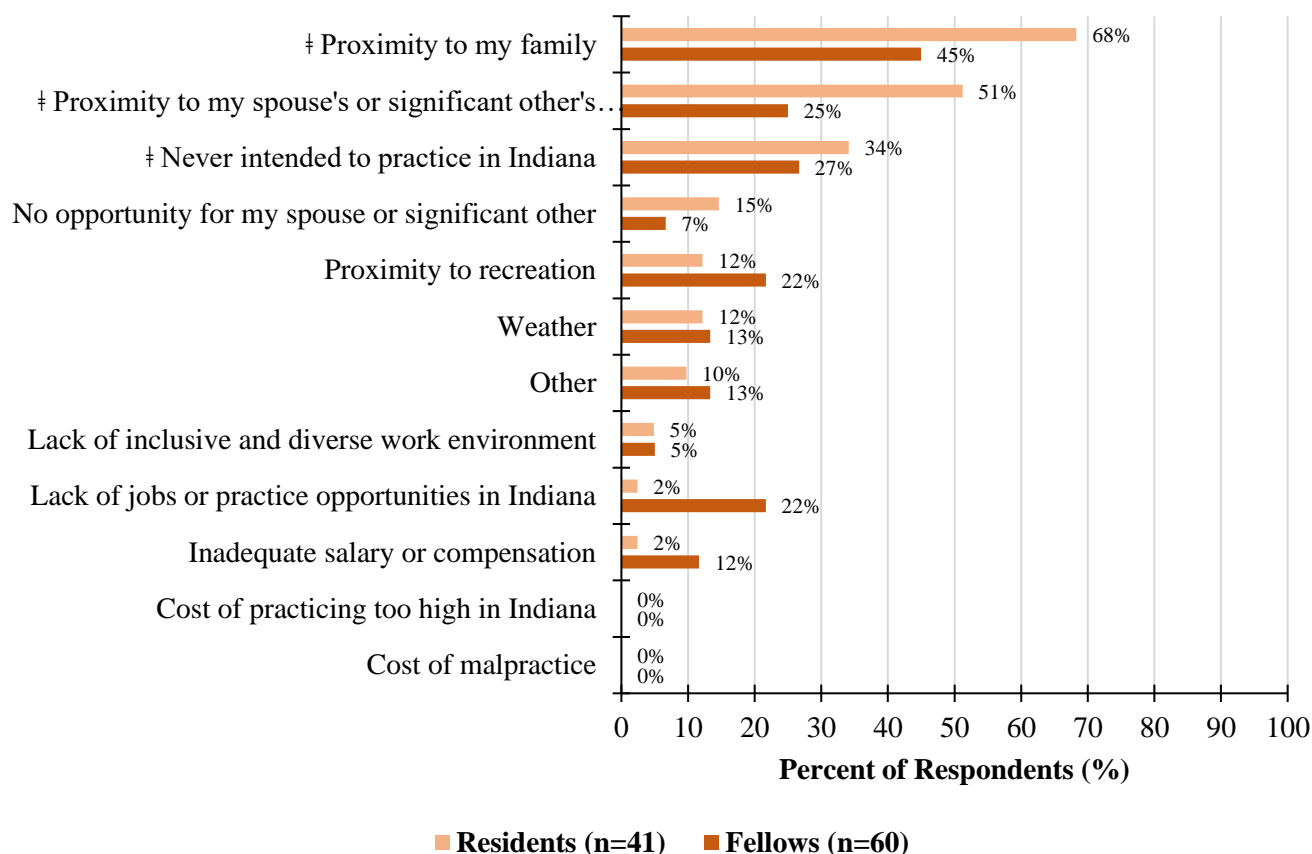
*Reflects responses from only those respondents who indicated their primary practice location was in Indiana.

‡ Denotes that a statistically significant difference was found.

Figure 5.3 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 119 respondents, the top reasons given by the resident respondents were: "proximity to my family" (59%), "cost of practicing is reasonable in Indiana" (57%), and "salary or compensation" (57%). The top reasons given by the fellow respondents were: "proximity to my family" (46%), "opportunity for my spouse or significant other" (44%), "cost of practicing is reasonable in Indiana" (36%), and "salary or compensation" (36%). The Chi-square test of association between the two groups was statistically significant for the following: Resident respondents appear more likely to practice in Indiana because cost of practicing was reasonable in Indiana, cost of malpractice, and they always intended to practice in Indiana.

Main Reasons not to practice in Indiana

Figure 5.4: Main Reasons not to Practice in Indiana (n=101)*



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

‡ Denotes that a statistically significant difference was found.

Figure 5.4 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 101 respondents, the top reasons given by the resident respondents were: "proximity to my family" (68%), "proximity to my spouse's or significant other's" (51%), and "never intended to practice in Indiana" (34%). The top reasons given by the fellow respondents were: "proximity to my family" (45%), "never intended to practice in Indiana" (27%), and "proximity to my spouse's or significant other's" (25%). The Chi-square test of association between the two groups was statistically significant for the following: Resident respondents appear more likely to practice outside Indiana because of proximity to their family, proximity to their spouse or significant other's family, and they never intended to practice in Indiana.

Stayed in Indiana

Table 4.30	Clinical Care Respondents (n=101)*			
	Residents (n=41)		Fellows (n=60)	
If you had been offered a position in Indiana would you have stayed in Indiana?	Number	Percent	Number	Percent
Yes	2	5.0	16	30.2
No	38	95.0	37	69.8
Total	40	100.0	53	100.0
Missing	1		7	

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

Chi-square p-value = 0.002 ‡

Table 4.30 shows whether the residency and fellowship program survey respondents' would have stayed in Indiana if offered a position. If offered a position, 5 percent of the resident respondents would have stayed in Indiana, compared to 30 percent of the fellow respondents. The Chi-square test of association between the two groups was statistically significant. Fellow respondents appear more likely to stay in Indiana if offered a position.

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 398 graduates who completed the survey, 14 did not indicate their first practice location and were excluded from analysis in this chapter. Of the remaining 384 respondents, 191 indicated they planned to practice in-state and 193 intended to practice out-of-state, as shown in tables 6.1 to 6.25 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=220: [in-state (119) and out-state (101)];
- intended to practice in Indiana [119]; and,
- intended to practice outside Indiana [101].

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

All respondents (n=384)

Demographics

Age

Table 6.1	All Respondents (n=384)			
	In-state (n=191)		Out-state (n=193)	
Age	Number	Percent	Number	Percent
25-29	45	23.7	43	22.5
30-34	120	63.2	110	57.6
35-39	23	12.1	27	14.1
40-44	2	1.1	8	4.2
45-49	0	0.0	1	0.5
≥ 50	0	0.0	2	1.0
Total	190	100.0	191	100.0
Missing	1		2	

Chi-square p-value = 1.000

Table 6.1 shows the age distribution of all survey respondents intending to practice within Indiana and those going out-of-state. Three-fourths of the respondents intending to practice within Indiana (75%) 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=384)			
	In-state (n=191)		Out-state (n=193)	
Gender	Number	Percent	Number	Percent
Male	103	53.9	121	62.7
Female	88	46.1	72	37.3
Other	0	0.0	0	0.0
Total	191	100.0	193	100.0
Missing	0		0	

Chi-square p-value = 0.107

Table 6.2 shows the gender distribution of all survey respondents intending to practice within Indiana and those going out-of-state. About two-fifths of the respondents intending to practice within Indiana (46%) and those going out-of-state (37%) identified as female. There was no statistically significant difference between the two groups.

Race

Table 6.3	All Respondents (n=384)			
	In-state (n=191)		Out-state (n=193)	
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	32	16.9	46	24.0
Black/ African American	8	4.2	8	4.2
Native Hawaiian/ Pacific Islander	0	0.0	0	0.0
White	133	70.4	118	61.5
Other	7	3.7	18	9.4
Biracial	9	4.8	2	1.0
Total	189	100.0	192	100.0
Missing	2		1	

Table 6.3 shows the racial distribution of all survey respondents intending to practice within Indiana and those going out-of-state. Almost two-thirds of the respondents intending to practice within Indiana (70%) and those going out-of-state (62%) indicated they were white. About one-fifth of the respondents intending to practice within Indiana (17%) and those going out-of-state (24%) indicated they were Asian.

Ethnicity

Table 6.4	All Respondents (n=384)			
	In-state (n=191)		Out-state (n=193)	
Do you consider yourself to be Hispanic or Latino?	Number	Percent	Number	Percent
Yes, Hispanic/Latino	5	2.6	13	6.8
No, not Hispanic/Latino	184	97.4	179	93.2
Total	189	100.0	192	100.0
Missing	2		1	

Chi-square p-value = 0.156

Table 6.4 shows the ethnicity of all survey respondents intending to practice within Indiana and those going out-of-state. Less than one-tenth of the respondents intending to practice within Indiana (3%) and those going out-of-state (7%) indicated a Hispanic or Latino ethnicity. There was no statistically significant difference between the two groups.

Medical School

Table 6.5	All Respondents (n=384)			
	In-state (n=191)		Out-state (n=193)	
Where was the medical school located from which you graduated?	Number	Percent	Number	Percent
Within Indiana	81	43.8	29	15.4
<i>Indiana University School of Medicine</i>	69	37.3	27	14.4
<i>Marian University College of Osteopathic Medicine</i>	12	6.5	2	1.1
Outside Indiana	104	56.2	159	84.6
<i>Other U.S. State</i>	71	38.4	122	64.9
<i>Outside of U.S.</i>	33	17.8	37	19.7
Total	185	100.0	188	100.0
Missing	6		5	

Chi-square p-value = 0.156

Table 6.5 shows the medical school where all the survey respondents intending to practice within Indiana and those going out-of-state graduated from. Over two-fifths (44%) of the respondents intending to practice within Indiana indicated they graduated from a medical school in Indiana, compared to 15 percent to those going out-of-state. Of those, over one-third (37%) of the respondents intending to practice within Indiana graduated from IUSM, compared to 14 percent of respondents going out-of-state. There was no statistically significant difference between the two groups.

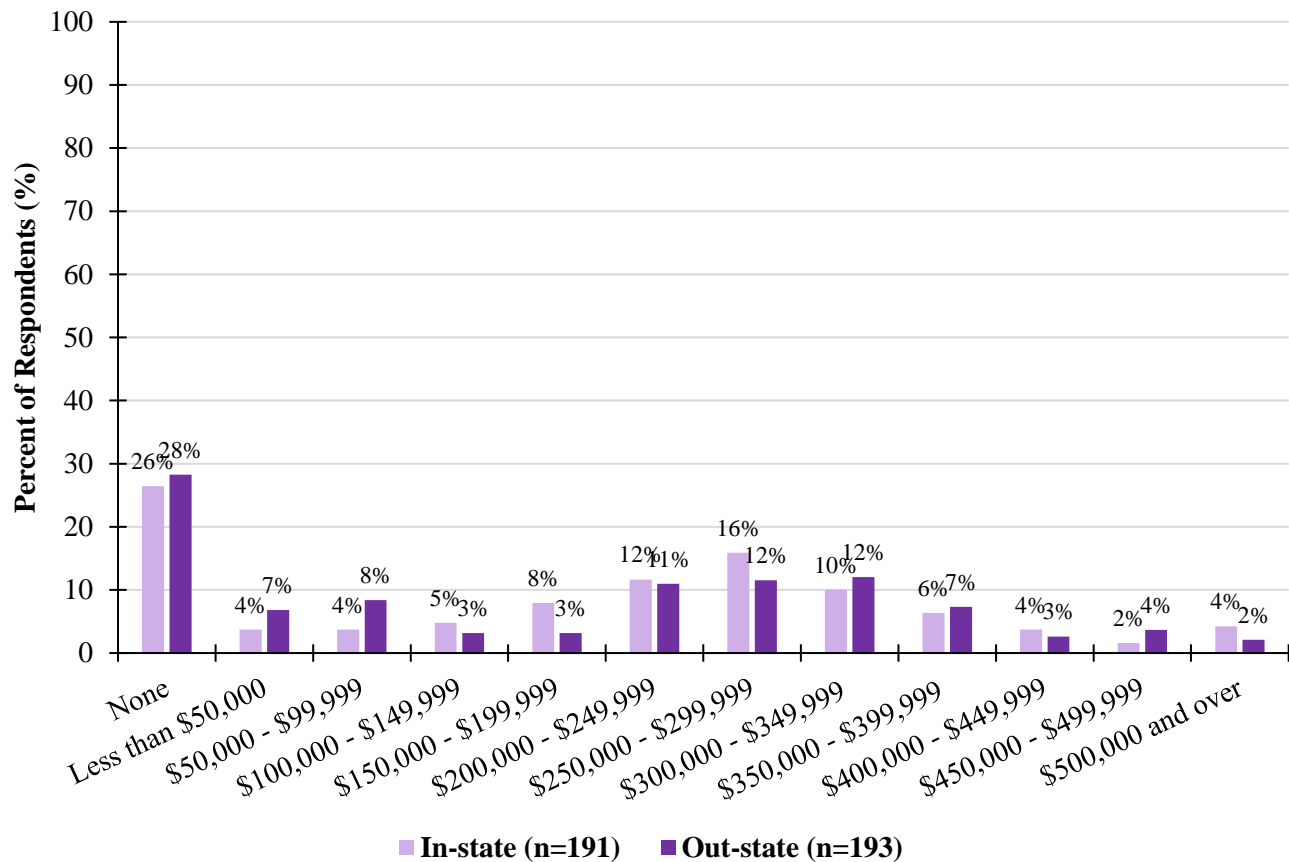
Learner Background

Table 6.6	All Respondents (n=384)			
	In-state (n=191)		Out-state (n=193)	
Do you consider yourself? Please mark ALL that apply.	Number	Percent	Number	Percent
First generation learner	33	17.3	32	16.6
Learner from a rural area	43	22.5	31	16.1
Economically or educationally disadvantaged	20	10.5	22	11.4
None of the above	121	63.4	130	67.4

Table 6.6 shows the in-state and out-of-state survey respondents' learner and socioeconomic background. Over one-tenth of the respondents intending to practice within Indiana (17%) and those going out-of-state (17%) indicated they were a first-generation learner. About one-fifth of the respondents intending to practice within Indiana (23%) and those going out-of-state (16%) indicated they came from a rural area. Over one-tenth of the respondents intending to practice within Indiana (11%) and those going out-of-state (11%) indicated they came from an economically or educationally disadvantaged background.

Current Individual Educational Debt

Figure 6.1: Current Individual Educational Debt (n=384)

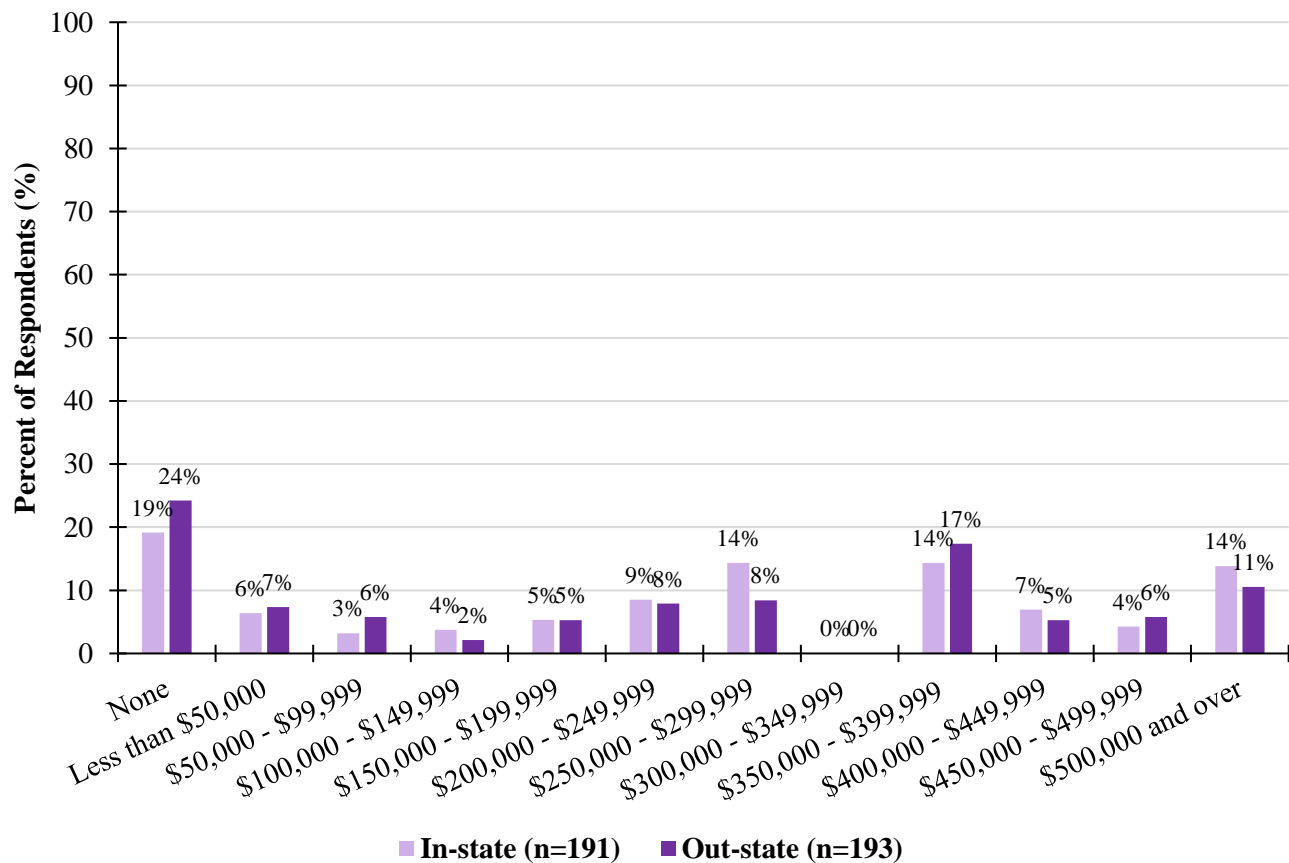


Chi-square p-value = 0.232

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 (26%) and those going out-of-state (28%) indicated having no educational debt. About three-fifths of the respondents intending to practice in Indiana (66%) and those going out-of-state (57%) reported having an educational debt of \$100,000 or more. One-half of the respondents intending to practice in Indiana (53%) and those going out-of-state (50%) reported having an educational debt of \$200,000 or more. There was no statistically significant difference between the two groups.

Current Total Household Educational Debt

Figure 6.2: Current Total Household Educational Debt (n=384)



Chi-square p-value = 0.469

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 (19%) and those going out-of-state (24%) indicated having no household educational debt. About two-thirds of the respondents intending to practice within Indiana (71%) and those going out-of-state (63%) indicated having a household educational debt of \$100,000 or more. About three-fifths of the respondents intending to practice within Indiana (62%) and those going out-of-state (55%) reported having a household educational debt of \$200,000 or more. There was no statistically significant difference between the two groups.

Program Assessment

Training Program

Table 6.7	All Respondents (n=384)			
	In-state (n=191)		Out-state (n=193)	
The residency or fellowship program provided resources and training to prepare for my specialty exams.	Number	Percent	Number	Percent
Strongly Agree	104	54.7	114	60.6
Agree	77	40.5	59	31.4
Neutral	9	4.7	12	6.4
Disagree	0	0.0	1	0.5
Strongly Disagree	0	0.0	2	1.1
Total	190	100.0	188	100.0
Missing/Board exam in my field does not exist	1		5	

Chi-square p-value = 0.234

Table 6.7 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 (95%) and those going out-of-state (92%) 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.

Rural and Underserved Training

Table 6.8	All Respondents (n=384)							
	In-state (n=191)				Out-state (n=193)			
In your residency or fellowship program, did you receive training to serve the:	Yes		No		Yes		No	
	#	%	#	%	#	%	#	%
Rural population	137	73.3	50	26.7	148	77.5	43	22.5
Underserved population	180	95.7	8	4.3	182	95.3	9	4.7

Table 6.8 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 (73%) and those going out-of-state (78%) 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 (96%) and those going out-of-state (95%) 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 6.9	All Respondents (n=384)						
	In-state (n=191)			Out-state (n=193)			Chi-square p-value
	Fully	Partially	Not at all	Fully	Partially	Not at all	
How competent do you feel providing care to the:	%	%	%	%	%	%	
Rural population	69.8	28.0	2.1	69.8	28.1	2.1	0.930
Underserved population	87.8	12.2	0.0	85.4	14.6	0.0	0.683

Table 6.9 shows the in-state and out-of-state survey respondents' self-rated competency levels in providing care to the rural and underserved populations. Over two-thirds of the respondents intending to practice within Indiana (70%) and those going out-of-state (70%) indicated feeling “fully” competent in providing care to the rural populations. There was no statistically significant difference between the two groups.

A majority of the respondents intending to practice within Indiana (88%) and those going out-of-state (85%) indicated feeling “fully” competent in providing care to the underserved population. There was no statistically significant difference between the two groups.

Program Opportunities

Table 6.10	All Respondents (n=384)							
	In-state (n=191)				Out-state (n=193)			
	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?	188	100.0	0	0.0	190	99.0	2	1.0
Participate in a quality improvement project to improve health outcome?	179	94.7	10	5.3	177	92.7	14	7.3
Participate in patient safety project?	168	88.9	21	11.1	168	88.0	23	12.0
Have an opportunity to serve on a hospital-based committee or council?	139	73.5	50	26.5	139	72.8	52	27.2
Have an opportunity to participate in a cultural competency or diversity training?	165	87.3	24	12.7	170	89.0	21	11.0
Participate in a health care disparities initiative?	144	76.2	45	23.8	154	80.6	37	19.4

Table 6.10 shows if there were any program opportunities available for the in-state and out-of-state survey respondents' in their training program. Almost all 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 (100%, 99%) and were able to participate in a quality improvement project (95%, 93%).

A majority of the respondents had the opportunity to participate in a patient safety project (89%, 88%); had the opportunity to serve on a hospital-based committee or council (74%, 73%); had the opportunity to participate in a cultural competency or diversity training (87%, 89%); and had the opportunity to participate in a health care disparities initiative (76%, 81%) respectively. There was no statistically significant difference between the two groups.

Teaching Opportunities

Table 6.11	All Respondents (n=384)			
	In-state (n=191)		Out-state (n=193)	
In your training program, were you provided an opportunity to teach in a clinical environment?	Number	Percent	Number	Percent
Yes	186	100.0	190	99.0
No	0	0.0	2	1.0
Total	186	100.0	192	100.0
Missing	5		1	

Chi-square p-value = 0.374

Table 6.11 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 (100%) 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 6.12	All Respondents (n=384)			
	In-state (n=191)		Out-state (n=193)	
In your training program, how prepared did you feel to teach in a clinical environment?	Number	Percent	Number	Percent
Very well prepared	94	49.7	115	59.6
Well prepared	85	45.0	64	33.2
Neutral	10	5.3	14	7.3
Poorly prepared	0	0.0	0	0.0
Very poorly prepared	0	0.0	0	0.0
Total	189	100.0	193	100.0
Missing	2		0	

Chi-square p-value = 0.118

Table 6.12 shows the in-state and out-of-state survey respondents' readiness to teach in a clinical environment. Almost all respondents intending to practice in Indiana (95%) and those going out-of-state (93%) indicated feeling "very well prepared" or "well prepared" to teach in a clinical environment. There was no statistically significant difference between the two groups.

IUSM Policies and Procedures Regarding Mistreatment

Table 6.13	All Respondents (n=384)								
	In-state (n=191)				Out-state (n=193)				Chi-square p-value
	Yes		No		Yes		No		
Do you know about the following at IUSM:	#	%	#	%	#	%	#	%	
Policies regarding mistreatment of residents?	176	93.6	12	6.4	182	94.3	11	5.7	0.902
Procedures regarding mistreatment of residents?	171	91.0	17	9.0	182	94.3	11	5.7	0.421
Policies regarding mistreatment of medical students?	170	90.4	18	9.6	179	92.7	14	7.3	0.653
Procedures regarding mistreatment of medical students?	165	87.8	23	12.2	178	92.2	15	7.8	0.310
The school's annual report on mistreatment?	147	78.6	40	21.4	165	85.5	28	14.5	0.173

Table 6.13 shows the in-state and out-of-state survey respondents' knowledge of the IUSM policies and procedures regarding mistreatment. Almost all ($\geq 91\%$) 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 ($\geq 87\%$) 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. A majority of the respondents intending to practice in Indiana (79%) and those going out-of-state (86%) indicated they knew the school's annual report on mistreatment. There was no statistically significant difference between the two groups.

Reporting Mistreatment

Table 6.14	All Respondents (n=384)								
	In-state (n=191)				Out-state (n=193)				Chi-square p-value
	Yes		No		Yes		No		
	#	%	#	%	#	%	#	%	
Do you know about the following at IUSM:									
Did you know whom to report mistreatment behaviors within your <i>program</i> ?	177	94.1	11	5.9	183	95.3	9	4.7	0.831
Did you know whom to report mistreatment behaviors within the <i>school</i> ?	159	84.6	29	15.4	167	87.0	25	13.0	0.676
Did you feel safe reporting mistreatment behaviors?	177	94.1	11	5.9	182	94.8	10	5.2	0.908
Have you experienced any mistreatment behaviors?	60	31.9	128	68.1	81	42.0	112	58.0	0.070
Did you report the mistreatment behavior incident?	47	29.7	111	70.3	67	37.9	110	62.1	0.176

Table 6.14 shows the in-state and out-of-state survey respondents' knowledge of reporting mistreatment behaviors. Almost all in-state and out-of-state respondents indicated they knew whom to

report mistreatment behaviors within the *program* (94%, 95%) and whom to report mistreatment behaviors within the *school* (85%, 87%), respectively. Almost all in-state (92%) and out-of-state (94%) respondents indicated they felt safe reporting any mistreatment behavior. About one-third of the in-state (32%) and those going out-of-state (42%) respondents indicated experiencing any mistreatment behaviors. About two-thirds of the in-state (70%) and those going out-of-state (62%) indicated *not* reporting the mistreatment behavior incident. There was no statistically significant difference between the two groups.

Handling of Reported Mistreatment

Table 6.15	All Respondents (n=114)*			
	In-state (n=47)		Out-state (n=67)	
If you did report mistreatment, how satisfied were you with the way it was handled?	Number	Percent	Number	Percent
Very satisfied	11	34.4	12	24.5
Satisfied	7	21.9	21	42.9
Neutral	10	31.3	12	24.5
Dissatisfied	1	3.1	3	6.1
Very dissatisfied	3	9.4	1	2.0
Total	32	100.0	49	100.0
Missing	15		18	

*Reflects responses from only those respondents who had reported any mistreatment incident.

Chi-square p-value = 0.205

Table 6.15 shows the in-state and out-of-state survey respondents' satisfaction on the handling of reported mistreatment. Only those respondents who had reported any mistreatment behavior incidents were included in the analysis. About three-fifths of the in-state (56%) and out-of-state (67%) respondents indicated feeling "very satisfied" or "satisfied" with the handling of reported mistreatment. There was no statistically significant difference between the two groups.

Unreported Mistreatment

Table 6.16	All Respondents (n=221)*			
	In-state (n=111)		Out-state (n=110)	
If there were any incidents of mistreatment behaviors that you did <u>not</u> report, why did you not report them?	Number	Percent	Number	Percent
Incident did not seem important enough to report	9	24.3	7	21.9
Resolved the issue myself	3	8.1	3	9.4
Did not think anything would be done about it	6	16.2	3	9.4
Fear of reprisal	6	16.2	5	15.6
Did not know what to do	2	5.4	2	6.3
Other	11	29.7	12	37.5
Total	37	100.0	32	100.0
Missing	74		78	

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

Chi-square p-value = 0.982

Table 6.16 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-fifth 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 (24%, 22%) or other (30%, 38%) respectively. There was no statistically significant difference between the two groups.

Discrimination and Bias

Table 6.17	All Respondents (n=384)			
	In-state (n=191)		Out-state (n=193)	
I feel my success as a trainee was impacted by discrimination and bias.	Number	Percent	Number	Percent
Strongly Agree	3	1.6	3	1.6
Agree	6	3.3	8	4.3
Neutral	23	12.6	30	16.2
Disagree	72	39.6	68	36.8
Strongly Disagree	78	42.9	76	41.1
Total	182	100.0	185	100.0
Missing	9		8	

Chi-square p-value = 0.951

Table 6.17 shows the shows if the in-state and out-of-state survey respondents' success as a trainee was impacted by discrimination and bias. Less than one-tenth of the in-state (5%) and out-of-state (6%) respondents indicated they "strongly agree" or "agree" their success as a trainee was impacted by discrimination and bias. There was no statistically significant difference between the two groups.

Quality of Program

Table 6.18	All Respondents (n=384)			
	In-state (n=191)		Out-state (n=193)	
I would rate the overall <u>quality</u> of my residency or fellowship program as:	Number	Percent	Number	Percent
Excellent	107	56.6	122	63.9
Above Average	67	35.4	49	25.7
Average	13	6.9	19	9.9
Below Average	2	1.1	1	0.5
Extremely Poor	0	0.0	0	0.0
Total	189	100.0	191	100.0
Missing	2		2	

Chi-square p-value = 0.364

Table 6.18 shows the in-state and out-of-state survey respondents' overall rating of the quality of their training program. Almost all respondents intending to practice in Indiana (92%) and those going out-of-state (90%) indicated the quality of their training program was "excellent" or "above average." There was no statistically significant difference between the two groups.

Faculty Assessment

Table 6.19	All Respondents (n=384)			
	In-state (n=191)		Out-state (n=193)	
Overall, I would rate the faculty of my residency or fellowship program as:	Number	Percent	Number	Percent
Excellent	117	61.9	122	63.9
Above Average	57	30.2	56	29.3
Average	14	7.4	13	6.8
Below Average	1	0.5	0	0.0
Extremely Poor	0	0.0	0	0.0
Total	189	100.0	191	100.0
Missing	2		2	

Chi-square p-value = 0.888

Table 6.19 shows the in-state and out-of-state survey respondents' overall performance rating of faculty in their training program. Almost all respondents intending to practice in Indiana (92%) and those going out-of-state (93%) indicated they "excellent" or "above average" that the overall performance of faculty in their program exceeded their expectations. There was no statistically significant difference between the two groups.

Personal and Professional Balance

Table 6.20	All Respondents (n=384)			
	In-state (n=191)		Out-state (n=193)	
In the past 3 months of my training: My personal and professional lives were well-balanced.	Number	Percent	Number	Percent
Strongly Agree	58	30.9	76	39.6
Agree	81	43.1	71	37.0
Neutral	23	12.2	24	12.5
Disagree	20	10.6	19	9.9
Strongly Disagree	6	3.2	2	1.0
Total	188	100.0	192	100.0
Missing	3		1	

Chi-square p-value = 0.675

Table 6.20 shows the in-state and out-of-state survey respondents' overall balance between their personal and professional life. Three-fourths of the respondents intending to practice in Indiana (74%) and those going out-of-state (77%) indicated they "strongly agree" or "agree" their personal and professional lives were well-balanced. There was no statistically significant difference between the two groups.

Burnout from Work

Table 6.21	All Respondents (n=384)			
	In-state (n=191)		Out-state (n=193)	
In the past 3 months of my training: I have felt burned out from my work.	Number	Percent	Number	Percent
Strongly Agree	23	12.2	10	5.2
Agree	57	30.3	61	31.8
Neutral	35	18.6	36	18.8
Disagree	52	27.7	60	31.3
Strongly Disagree	21	11.2	25	13.0
Total	188	100.0	192	100.0
Missing	3		1	

Chi-square p-value = 0.206

Table 6.21 shows the in-state and out-of-state survey respondents' respondents' overall feeling of burnout from their work. About two-fifths of the respondents intending to practice in Indiana (43%) and those going out-of-state (37%) indicated they "strongly agree" or "agree" they felt burned out from work. There was no statistically significant difference between the two groups.

Meaningful Work

Table 6.22	All Respondents (n=384)			
	In-state (n=191)		Out-state (n=193)	
In the past 3 months of my training: I have found my work to be meaningful.	Number	Percent	Number	Percent
Strongly Agree	69	36.7	79	41.4
Agree	103	54.8	88	46.1
Neutral	13	6.9	19	9.9
Disagree	2	1.1	5	2.6
Strongly Disagree	1	0.5	0	0.0
Total	188	100.0	191	100.0
Missing	3		2	

Chi-square p-value = 0.700

Table 6.22 shows the in-state and out-of-state survey respondents' overall feeling of work to be meaningful. Almost all respondents intending to practice in Indiana (92%) and those going out-of-state (87%) indicated they "strongly agree" or "agree" they felt their work to be meaningful. There was no statistically significant difference between the two groups.

Resources Available

Table 6.23	All Respondents (n=384)			
	In-state (n=191)		Out-state (n=193)	
During my training, I have had resources readily available to assist with my wellness.	Number	Percent	Number	Percent
Strongly Agree	75	40.3	83	43.2
Agree	80	43.0	81	42.2
Neutral	28	15.1	24	12.5
Disagree	1	0.5	3	1.6
Strongly Disagree	2	1.1	1	0.5
Total	186	100.0	192	100.0
Missing	5		1	

Chi-square p-value = 0.969

Table 6.23 shows the in-state and out-of-state survey respondents' overall ability to use the readily available resources to maintain their wellness. A majority of the respondents intending to practice in Indiana (83%) and those going out-of-state (85%) indicated they "excellent" or "above average" they had readily available resources to maintain their wellness. There was no statistically significant difference between the two groups.

Wellness

Table 6.24	All Respondents (n=384)			
	In-state (n=191)		Out-state (n=193)	
I would rate my overall wellness as:	Number	Percent	Number	Percent
Very good	58	30.9	65	33.9
Good	87	46.3	92	47.9
Fair	38	20.2	32	16.7
Poor	4	2.1	3	1.6
Very poor	1	0.5	0	0.0
Total	188	100.0	192	100.0
Missing	3		1	

Chi-square p-value = 0.948

Table 6.24 shows the in-state and out-of-state survey respondents' overall wellness. A majority of the respondents intending to practice in Indiana (77%) and those going out-of-state (82%) indicated their overall wellness was "very good" or "good". There was no statistically significant difference between the two groups.

Plans after Graduation

Table 6.25	All Respondents (n=384)			
	In-state (n=191)		Out-state (n=193)	
What do you expect to be doing <u>after</u> completion of your current residency or fellowship program?	Number	Percent	Number	Percent
Patient Care or Clinical Practice (in Non-Training position)	119	62.6	101	52.3
Fellowship or Additional Subspecialty Training	59	31.1	83	43.0
Military	0	0.0	4	2.1
Non Patient Care-based activities (e.g. research, administration)	2	1.1	0	0.0
Temporarily out of medicine	1	0.5	1	0.5
Other	9	4.7	4	2.1
Total	190	100.0	193	100.0
Missing/Undecided/Don't know yet	1		0	

Chi-square p-value = 0.121

Table 6.25 shows what the in-state and out-of-state survey respondents' expect to do after completing their current training program. Over three-fifths (63%) of the respondents intending to practice in Indiana planned to go into patient care or clinical practice after completing their training, compared to 52 percent of those going out-of-state. About one-third (31%) of the respondents intending to practice in Indiana planned to continue with additional training, compared to 43 percent of those going out-of-state. 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=220).

Respondents going into patient care or clinical practice (n=220)

Practice Characteristics

Primary Practice Location

Table 6.26	Clinical Care Respondents (n=220)			
	In-state (n=119)		Out-state (n=101)	
Where is the location of your primary activity <u>after</u> completing your current training program?	Number	Percent	Number	Percent
Same city or county as current training	84	70.6	0	0.0
Same region in Indiana, but different city or county	17	14.3	0	0.0
Other area in Indiana	18	15.1	0	0.0
Other U.S. state (not Indiana)	0	0.0	96	95.0
Outside of U.S.	0	0.0	5	5.0
Total	119	100.0	101	100.0
Missing / Undecided	0		0	

Table 6.26 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.

Obligation or Visa Requirement

Table 6.27	Clinical Care Respondents (n=220)			
	In-state (n=119)		Out-state (n=101)	
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	7	5.9	6	5.9
No	111	94.1	95	94.1
Total	118	100.0	101	100.0
Missing	1		0	

Chi-square p-value = 0.998

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 (94%) and those going out-of-state (94%) 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.

Job Offers from Indiana Hospitals

Table 6.28	Clinical Care Respondents (n=220)			
	In-state (n=119)		Out-state (n=101)	
Did you receive any offer from? Please mark ALL that apply.	Number	Percent	Number	Percent
IU Health	67	56.3	18	17.8
Eskenazi Hospital	27	22.7	6	5.9
Veterans Administration	11	9.2	3	3.0
Other hospital or health system in Indiana	41	34.5	12	11.9
Other	6	5.0	5	5.0

Table 6.28 shows the number of offers the in-state and out-of-state survey respondents' received for employment from Indiana hospitals. Over one-half (56%) of the in-state respondents indicated receiving offers from IU Health, compared to 18 percent of those going out-of-state. One-third (35%) of the in-state respondents indicated receiving offers from another hospital or health system in Indiana, compared to 12 percent of those going out-of-state.

Accepted Position for Employment

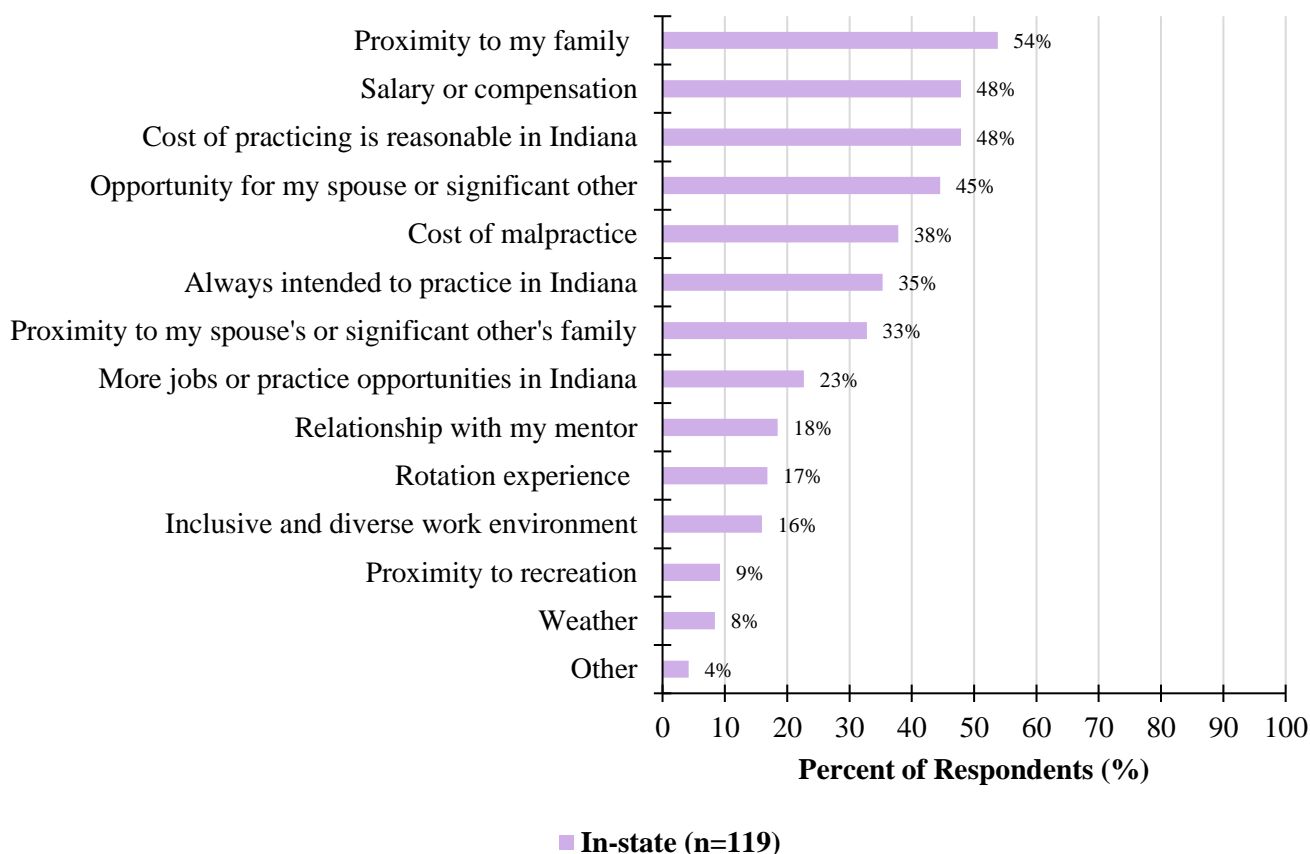
Table 6.29	Clinical Care Respondents (n=220)			
	In-state (n=119)		Out-state (n=101)	
When did you accept a position?	Number	Percent	Number	Percent
Less than 6 months ago	46	39.0	49	57.6
6 months to 1 year ago	53	44.9	22	25.9
1 to 2 years ago	17	14.4	10	11.8
Have not accepted a position yet	2	1.7	4	4.7
Total	118	100.0	85	100.0
Missing	1		16	

Chi-square p-value = 0.016†

Table 6.29 shows when the residency and fellowship program survey respondents' accepted a full-time position for employment. About two-fifths (39%) of the respondents intending to practice in Indiana indicated accepting a full-time position for employment less than 6 months ago, compared to 58 percent of those going out-of-state. The Chi-square test of association between the two groups was statistically significant. Respondents staying in-state appear more likely to indicate accepting a full-time position for employment 6 months to one year ago.

Main Reasons to Practice in Indiana

Figure 6.3: Main Reasons to Practice in Indiana (n=119)*



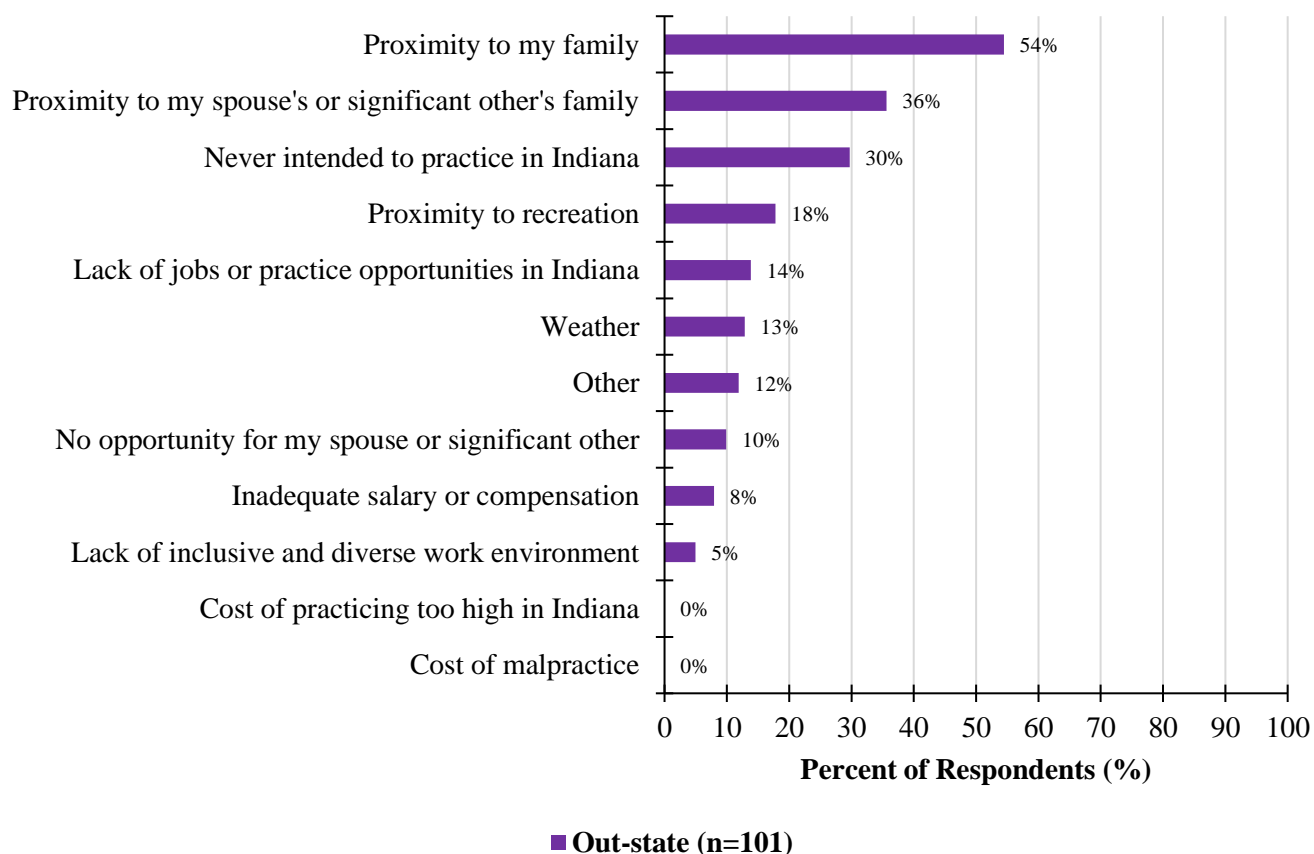
**Reflects responses from only those respondents who indicated their primary practice location was in Indiana.*

Figure 6.3 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 respondents, the top reasons given for choosing to practice in Indiana were: "proximity to my family" (54%), "salary or compensation" (48%), and "cost of practicing is reasonable in Indiana" (48%).

Respondents going into patient care or clinical practice outside Indiana (n=101)

Main Reasons not to Practice in Indiana

Figure 6.4: Main Reasons not to Practice in Indiana (n=101)*



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

Figure 6.4 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 101 respondents, the top reasons given for choosing not to practice in Indiana were: "proximity to my family" (54%), "proximity to my spouse's or significant other's family" (36%), and "never intended to practice in Indiana" (30%).

Stayed in Indiana

Table 4.30	Clinical Care Respondents (n=101)			
	In-state (n=0)		Out-state (n=101)	
If you had been offered a position in Indiana would you have stayed in Indiana?	Number	Percent	Number	Percent
Yes	0	0.0	18	19.4
No	0	0.0	75	80.6
Total	0	0.0	93	100.0
Missing	0		8	

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

Table 4.30 shows whether the residency and fellowship program survey respondents' would have stayed in Indiana if offered a position. If offered a position in Indiana, about one-fifth (19%) of the respondents going out-of-state would have stayed in Indiana.

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 398 graduates who completed the survey, 234 reported their gender as male and 164 as female, as shown in tables 7.1 to 7.24 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=220 [males (133) and females (87)];
- intended to practice in Indiana, n=119 [males (66) and females (53)]; and,
- intended to practice outside Indiana, n=101 [males (67) and females (34)].

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=398)

Demographics

Age

Table 7.1	All Respondents (n=398)			
	Males (n=234)		Females (n=164)	
Age	Number	Percent	Number	Percent
25-29	47	20.5	44	27.2
30-34	142	62.0	92	56.8
35-39	30	13.1	22	13.6
40-44	8	3.5	3	1.9
45-49	1	0.4	0	0.0
≥ 50	1	0.4	1	0.6
Total	229	100.0	162	100.0
Missing	5		2	

Chi-square p-value = 0.426

Table 7.1 shows the age distribution of the male and female survey respondents. Over two-thirds of the male (75%) and female (70%) 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=398)			
	Males (n=234)		Females (n=164)	
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	47	20.3	32	19.9
Black/ African American	13	5.6	4	2.5
Native Hawaiian/ Pacific Islander	0	0.0	0	0.0
White	143	61.9	116	72.0
Other	20	8.7	6	3.7
Biracial	8	3.5	3	1.9
Total	231	100.0	161	100.0
Missing	3		3	

Table 7.2 shows the racial distribution of the male and female survey respondents. Three-fifths (62%) of the male respondents indicated they were white, compared to 72 percent of the female respondents. One-fifth (20%) of the male and female respondents indicated they were Asian.

Ethnicity

Table 7.3	All Respondents (n=398)			
	Males (n=234)		Females (n=164)	
Do you consider yourself to be Hispanic or Latino?	Number	Percent	Number	Percent
Yes, Hispanic/Latino	8	3.5	10	6.2
No, not Hispanic/Latino	221	96.5	152	93.8
Total	229	100.0	162	100.0
Missing	5		2	

Chi-square p-value = 0.213

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

Medical School

Table 7.4	All Respondents (n=398)			
	Males (n=234)		Females (n=164)	
Where was the medical school located from which you graduated?	Number	Percent	Number	Percent
Within Indiana	63	27.8	51	32.5
<i>Indiana University School of Medicine</i>	53	23.3	47	29.9
<i>Marian University College of Osteopathic Medicine</i>	10	4.4	4	2.5
Outside Indiana	164	72.2	106	67.5
<i>Other U.S. State</i>	117	51.5	81	51.6
<i>Outside of U.S.</i>	47	20.7	25	15.9
Total	227	100.0	157	100.0
Missing	7		7	

Chi-square p-value = 0.313

Table 7.4 shows the medical school where all the male and female survey respondents graduated from. Over one-fourth of the male (28%) and female (33%) respondents graduated from a medical school in Indiana. Of those, almost one-fourth of the male (23%) and female (30%) respondents graduated from IUSM. There was no statistically significant difference between the two groups.

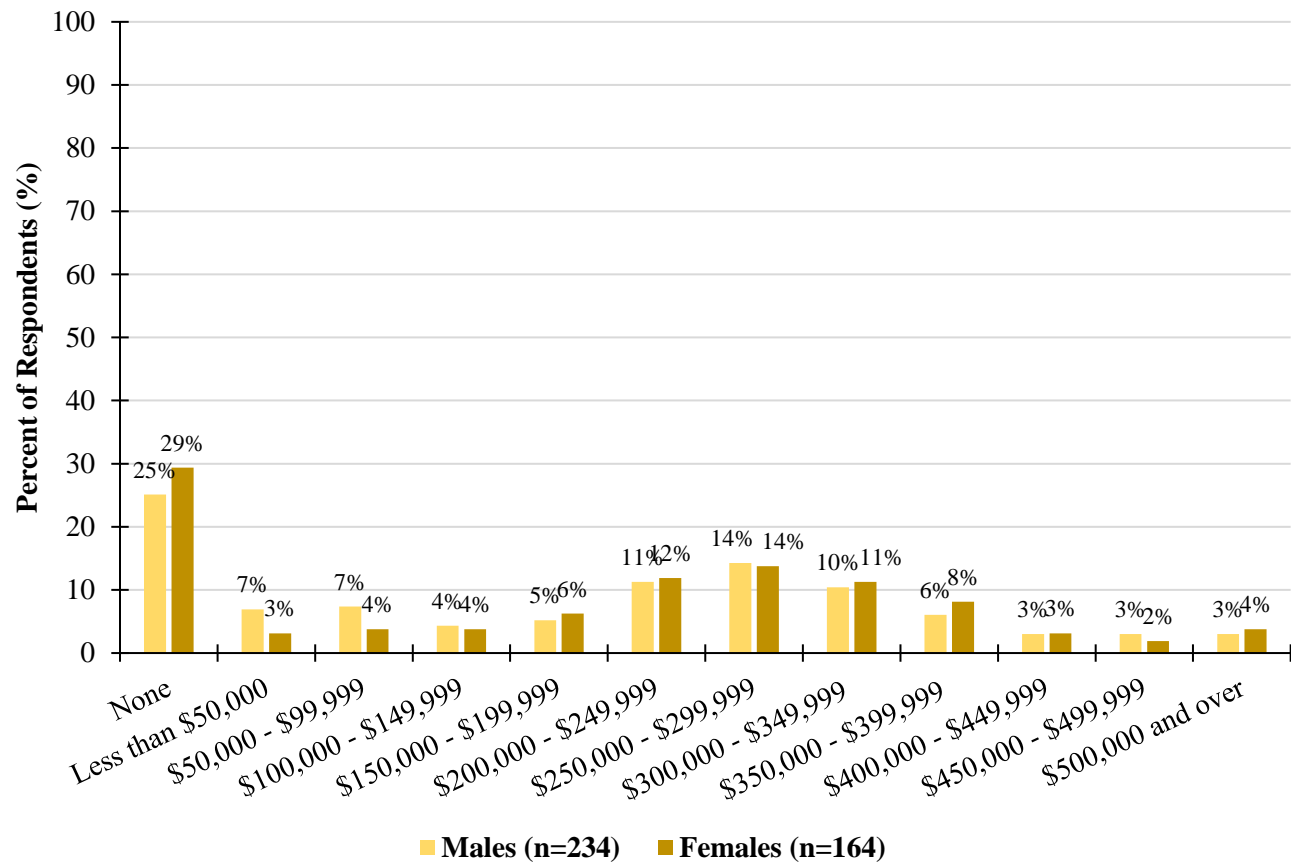
Learner Background

Table 7.5	All Respondents (n=398)			
	Males (n=234)		Females (n=164)	
What do you consider yourself? Please mark ALL that apply.	Number	Percent	Number	Percent
First generation learner	39	16.7	29	17.7
Learner from a rural area	47	20.1	28	17.1
Economically or educationally disadvantaged	30	12.8	13	7.9
None of the above	150	64.1	108	65.9

Table 7.5 shows the male and female survey respondents' learner and socioeconomic background. Almost one-fifth of the male and female respondents indicated they were a first-generation learner (17%, 18%) or came from a rural area (20%, 17%), respectively. About one-tenth of the male (13%) 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=398)

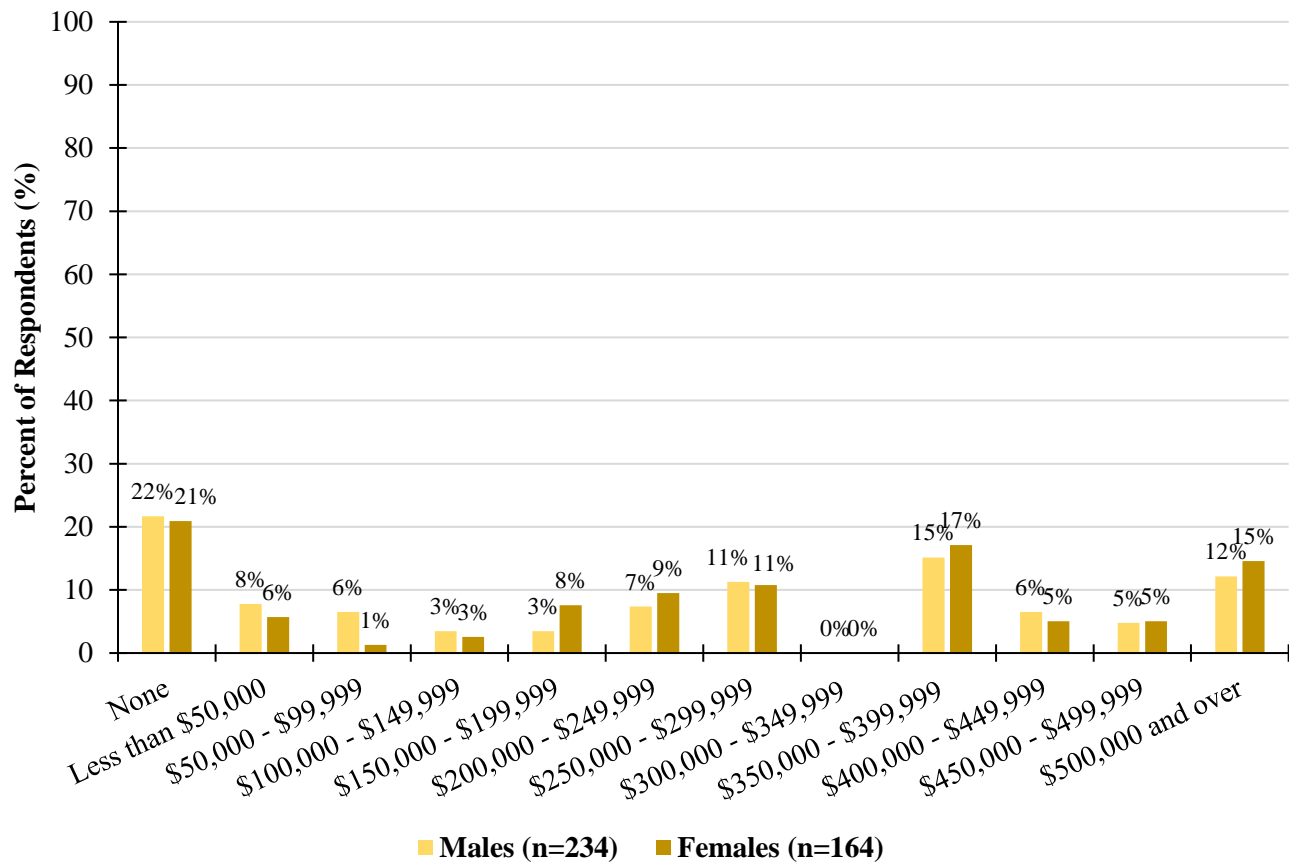


Chi-square p-value = 0.808

Figure 7.1 presents the current level of individual educational debt among the male and female survey respondents. Over one-fourth of the male (25%) and female (29%) respondents indicated having no educational debt. Over three-fifths of the male (62%) and female (64%) respondents indicated having an educational debt of \$100,000 or more. Over one-half of the male (51%) and female (54%) 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=398)



Chi-square p-value = 0.252

Figure 7.2 presents the current level of total household educational debt among male and female survey respondents. About one-fifth of the male (22%) and female (21%) respondents indicated having no household educational debt. Almost two-thirds of the male (64%) and female (72%) respondents reported having a household educational debt of \$100,000 or more. About three-fifths of the male (57%) and female (62%) 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 7.6	All Respondents (n=398)			
	Males (n=234)		Females (n=164)	
The residency or fellowship program provided resources and training to prepare for my specialty exams.	Number	Percent	Number	Percent
Strongly Agree	143	62.2	82	51.3
Agree	71	30.9	69	43.1
Neutral	13	5.7	9	5.6
Disagree	1	0.4	0	0.0
Strongly Disagree	2	0.9	0	0.0
Total	230	100.0	160	100.0
Missing/Board exam in my field does not exist	4		4	

Chi-square p-value = 0.157

Table 7.6 shows the male and female survey respondents' assessment of the resources and training provided by the program to prepare them for the specialty exams. Almost all male (93%) and female (94%) 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.

Rural and Underserved Training

Table 7.7	All Respondents (n=398)								
	Males (n=234)				Females (n=164)				Chi-square p-value
	Yes		No		Yes		No		
	#	%	#	%	#	%	#	%	
In your residency or fellowship program, did you <u>receive training</u> to serve the:									
Rural population	173	75.5	56	24.5	121	75.2	40	24.8	0.930
Underserved population	222	96.1	9	3.9	152	95.0	8	5.0	0.599

Table 7.7 shows whether the male and female survey respondents' received training to serve the rural and underserved populations during their training program. Three-fourths of the male (76%) and female (75%) respondents indicated they had received training to serve the rural populations. There was no statistically significant difference between the two groups.

Almost all male (96%) and female (95%) respondents indicated they had received training to serve the underserved populations. There was no statistically significant difference between the two groups.

Competency in Providing Care to the Rural and Underserved Populations

Table 7.8	All Respondents (n=398)						Chi-square p-value
	Males (n=234)			Females (n=164)			
	Fully	Partially	Not at all	Fully	Partially	Not at all	
How <u>competent</u> do you feel providing care to the:	%	%	%	%	%	%	
Rural population	72.7	25.1	2.2	65.4	32.7	1.9	0.005‡
Underserved population	87.0	13.0	0.0	85.1	14.9	0.0	0.084

Table 7.8 shows the male and female survey respondents' self-rated competency levels in providing care to the rural and underserved populations. A majority (73%) of the male respondents indicated feeling “fully” competent in providing care to the rural populations, compared to 65 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.

A majority of the male (87%) and female (85%) respondents indicated feeling “fully” competent in providing care to the underserved populations. There was no statistically significant difference between the two groups.

Program Opportunities

All Respondents (n=398)									
Table 7.9	Males (n=234)				Females (n=164)				Chi-square p-value
	Yes		No		Yes		No		
	#	%	#	%	#	%	#	%	
In your residency or fellowship program, did you:									
Have an opportunity to be part of a multi-disciplinary inter-professional team to provide care?	230	99.6	1	0.4	160	99.4	1	0.6	0.797
Participate in a quality improvement project to improve health outcome?	216	93.9	14	6.1	152	93.8	10	6.2	0.972
Participate in patient safety project?	209	90.9	21	9.1	139	85.8	23	14.2	0.118
Have an opportunity to serve on a hospital-based committee or council?	163	70.9	67	29.1	125	77.2	37	22.8	0.165
Have an opportunity to participate in a cultural competency or diversity training?	196	85.2	34	14.8	150	92.6	12	7.4	0.025†
Participate in a health care disparities initiative?	177	77.0	53	23.0	132	81.5	30	18.5	0.280

Table 7.9 shows if there were any program opportunities available for the male and female survey respondents' in their training program. Almost all male and female respondents indicated they had the opportunity to be part of a multidisciplinary inter-professional team (99.6%, 99%); had the opportunity to participate in a quality improvement project (94%, 94%); had the opportunity to participate in a patient safety project (91%, 86%); and had the opportunity to participate in a cultural competency or diversity training (85%, 93%), respectively. A majority of the male and female respondents had the opportunity to serve on a hospital-based committee or council (71%, 77%) *and* to participate in a health care disparities initiative (77%, 82%), respectively. The Chi-square test of association between the two groups was statistically significant. Male respondents appear more likely to have participated in a cultural competency or diversity training.

Teaching Opportunities

Table 7.10	All Respondents (n=398)			
	Males (n=234)		Females (n=164)	
In your training program, were you provided an opportunity to teach in a clinical environment?	Number	Percent	Number	Percent
Yes	228	99.1	160	100.0
No	2	0.9	0	0.0
Total	230	100.0	160	100.0
Missing	4		4	

Chi-square p-value = 0.237

Table 7.10 shows whether the male and female survey respondents' had the opportunity to teach in a clinical environment. Almost all male (99%) and female (100%) respondents indicated they were provided an opportunity to teach in clinical environment. There was no statistically significant difference between the two groups.

Teaching Preparedness

Table 7.11	All Respondents (n=398)			
	Males (n=234)		Females (n=164)	
In your training program, how prepared did you feel to teach in a clinical environment?	Number	Percent	Number	Percent
Very well prepared	133	57.1	85	52.8
Well prepared	82	35.2	70	43.5
Neutral	18	7.7	6	3.7
Poorly prepared	0	0.0	0	0.0
Very poorly prepared	0	0.0	0	0.0
Total	233	100.0	161	100.0
Missing	1		3	

Chi-square p-value = 0.105

Table 7.11 shows the male and female survey respondents' readiness to teach in a clinical environment. Almost all male (92%) and female (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.

IUSM Policies and Procedures Regarding Mistreatment

Table 7.12	All Respondents (n=398)								Chi-square p-value
	Males (n=234)				Females (n=164)				
	Yes		No		Yes		No		
Do you know about the following at IUSM:	#	%	#	%	#	%	#	%	
Policies regarding mistreatment of residents?	217	93.5	15	6.5	152	94.4	9	5.6	0.722
Procedures regarding mistreatment of residents?	214	92.2	18	7.8	151	93.8	10	6.2	0.558
Policies regarding mistreatment of medical students?	212	91.4	20	8.6	149	92.5	12	7.5	0.677
Procedures regarding mistreatment of medical students?	207	89.2	25	10.8	147	91.3	14	8.7	0.498
The school's annual report on mistreatment?	195	84.1	37	15.9	128	80.0	32	20.0	0.301

Table 7.12 shows the male and female survey respondents' knowledge of the IUSM policies and procedures regarding mistreatment. Almost all ($\geq 92\%$) of the male and female respondents knew the policies *and* procedures regarding mistreatment of residents. A majority ($\geq 89\%$) of the male and female respondents knew the policies *and* procedures regarding mistreatment of medical students. There was no statistically significant difference between the two groups.

Reporting Mistreatment

Table 7.13	All Respondents (n=398)								Chi-square p-value
	Males (n=234)				Females (n=164)				
	Yes		No		Yes		No		
Do you know about the following at IUSM:	#	%	#	%	#	%	#	%	
Did you know whom to report mistreatment behaviors within your <i>program</i> ?	216	93.1	16	6.9	156	97.5	4	2.5	0.052
Did you know whom to report mistreatment behaviors within the <i>school</i> ?	203	87.9	28	12.1	132	82.0	29	18.0	0.104
Did you feel safe reporting mistreatment behaviors?	216	93.5	15	6.5	154	95.7	7	4.3	0.364
Have you experienced any mistreatment behaviors?	90	38.8	142	61.2	52	32.3	109	67.7	0.187
Did you report the mistreatment behavior incident?	76	35.2	140	64.8	40	30.8	90	69.2	0.399

Table 7.13 shows the male and female survey respondents' knowledge of reporting mistreatment behaviors. Almost all male and female respondents indicated they knew whom to report mistreatment behaviors within the *program* (93%, 98%) and they knew whom to report mistreatment behaviors within the *school* (88%, 82%). Almost all the male (94%) and female (96%) respondents indicated they felt safe reporting mistreatment behaviors. Over one-third of the male (39%) and female (32%) respondents experienced any mistreatment behaviors. Three-fifths of the male (65%) and female (69%) respondents indicated *not* reporting the mistreatment behavior incident. There was no statistically significant difference between the two groups.

Handling of Reported Mistreatment

Table 7.14	All Respondents (n=116)			
	Males (n=76)		Females (n=40)	
If you did report mistreatment, how satisfied were you with the way it was handled?	Number	Percent	Number	Percent
Very satisfied	15	28.3	8	26.7
Satisfied	21	39.6	9	30.0
Neutral	13	24.5	9	30.0
Dissatisfied	0	0.0	4	13.3
Very dissatisfied	4	7.5	0	0.0
Total	53	100.0	30	100.0
Missing	23		10	

**Reflects responses from only those respondents who had reported any mistreatment incident.*

Chi-square p-value = 0.039 ‡

Table 7.14 shows the male and female survey respondents' satisfaction on the handling of reported mistreatment. Only those respondents who had reported any mistreatment behavior incidents were included in the analysis. About three-fifths of the male (68%) and female (57%) respondents indicated feeling "very satisfied" or "satisfied" with the way their reported mistreatment was handled. The Chi-square test of association between the two groups was statistically significant. Male respondents appear more likely to be "very satisfied or satisfied" with the way their mistreatment report was handled.

Unreported Mistreatment

Table 7.15	All Respondents (n=230)			
	Males (n=140)		Females (n=90)	
If there were any incidents of mistreatment behaviors that you did <u>not</u> report, why did you not report them?	Number	Percent	Number	Percent
Incident did not seem important enough to report	4	10.3	12	37.5
Resolved the issue myself	4	10.3	2	6.3
Did not think anything would be done about it	6	15.4	4	12.5
Fear of reprisal	7	17.9	4	12.5
Did not know what to do	4	10.3	0	0.0
Other	14	35.9	10	31.3
Total	39	100.0	32	100.0
Missing	101		58	

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

Chi-square p-value = 0.076

Table 7.15 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 (10%, 38%), did not think anything would be done about it (15%, 13%), fear of reprisal (18%, 13%), or other (36%, 31%), respectively. There was no statistically significant difference between the two groups.

Discrimination and Bias

Table 7.16	All Respondents (n=398)			
	Males (n=234)		Females (n=164)	
I feel my success as a trainee was impacted by discrimination and bias.	Number	Percent	Number	Percent
Strongly Agree	5	2.3	1	0.6
Agree	8	3.6	6	3.9
Neutral	34	15.4	21	13.5
Disagree	65	29.4	78	50.3
Strongly Disagree	109	49.3	49	31.6
Total	221	100.0	155	100.0
Missing	13		9	

Chi-square p-value = 0.001 ‡

Table 7.16 shows if the male and female survey respondents' success as a trainee was impacted by discrimination and bias. Less than one-tenth of the male (6%) and female (5%) respondents indicated they "strongly agree" or "agree" their success as a trainee was impacted by discrimination and bias. The Chi-square test of association between the two groups was statistically significant. Male respondents appear more likely to "Strongly agree or agree" that their success as a trainee was impacted by discrimination and bias.

Quality of Program

Table 7.17	All Respondents (n=398)			
	Males (n=234)		Females (n=164)	
I would rate the overall <u>quality</u> of my residency or fellowship program as:	Number	Percent	Number	Percent
Excellent	142	61.5	95	59.0
Above Average	70	30.3	50	31.1
Average	16	6.9	16	9.9
Below Average	3	1.3	0	0.0
Extremely Poor	0	0.0	0	0.0
Total	231	100.0	161	100.0
Missing	3		3	

Chi-square p-value = 0.354

Table 7.17 shows the male and female survey respondents' overall rating of the quality of their training program. Almost all male (92%) and female (90%) 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 7.18	All Respondents (n=398)			
	Males (n=234)		Females (n=164)	
Overall, I would rate the faculty of my residency or fellowship program as:	Number	Percent	Number	Percent
Excellent	153	66.2	92	57.1
Above Average	61	26.4	58	36.0
Average	16	6.9	11	6.8
Below Average	1	0.4	0	0.0
Extremely Poor	0	0.0	0	0.0
Total	231	100.0	161	100.0
Missing	3		3	

Chi-square p-value = 0.184

Table 7.18 shows the male and female survey respondents' overall performance rating of faculty in their training program. Almost all male (93%) and female (93%) respondents indicated they “excellent” or “above average” that the overall performance of faculty in their training program exceeded their expectations. There was no statistically significant difference between the two groups.

Personal and Professional Balance

Table 7.19	All Respondents (n=398)			
	Males (n=234)		Females (n=164)	
In the past 3 months of my training: My personal and professional lives were well-balanced.	Number	Percent	Number	Percent
Strongly Agree	88	37.8	49	30.8
Agree	95	40.8	63	39.6
Neutral	23	9.9	26	16.4
Disagree	20	8.6	20	12.6
Strongly Disagree	7	3.0	1	0.6
Total	233	100.0	159	100.0
Missing	1		5	

Chi-square p-value = 0.072

Table 7.19 shows the male and female survey respondents' overall balance between their personal and professional life. Over two-thirds of the male (79%) and female (70%) respondents indicated they "strongly agree" or "agree" their personal and professional lives were well-balanced. There was no statistically significant difference between the two groups.

Burnout from Work

Table 7.20	All Respondents (n=398)			
	Males (n=234)		Females (n=164)	
In the past 3 months of my training: I have felt burned out from my work.	Number	Percent	Number	Percent
Strongly Agree	23	9.9	11	6.9
Agree	56	24.0	64	40.3
Neutral	47	20.2	28	17.6
Disagree	75	32.2	41	25.8
Strongly Disagree	32	13.7	15	9.4
Total	233	100.0	159	100.0
Missing	1		5	

Chi-square p-value = 0.016 †

Table 7.20 shows the male and female survey respondents' respondents' overall feeling of burnout from their work. One-third (34%) of the male respondents indicated they "strongly agree" or "agree" they felt burned out from work, compared to 47 percent of female respondents. The Chi-square test of association between the two groups was statistically significant. Male respondents appear more likely to "disagree or strongly disagree" they felt burned out from work.

Meaningful Work

Table 7.21	All Respondents (n=398)			
	Males (n=234)		Females (n=164)	
In the past 3 months of my training: I have found my work to be meaningful.	Number	Percent	Number	Percent
Strongly Agree	101	43.3	52	32.9
Agree	111	47.6	86	54.4
Neutral	17	7.3	16	10.1
Disagree	3	1.3	4	2.5
Strongly Disagree	1	0.4	0	0.0
Total	233	100.0	158	100.0
Missing	1		6	

Chi-square p-value = 0.209

Table 7.21 shows the male and female survey respondents' overall feeling of work to be meaningful. Almost all the male (91%) and female (87%) respondents indicated they "strongly agree" or "agree" they felt their work to be meaningful. There was no statistically significant difference between the two groups.

Resources Available

Table 7.22	All Respondents (n=398)			
	Males (n=234)		Females (n=164)	
During my training, I have had resources readily available to assist with my wellness.	Number	Percent	Number	Percent
Strongly Agree	98	42.2	64	40.5
Agree	102	44.0	66	41.8
Neutral	26	11.2	27	17.1
Disagree	3	1.3	1	0.6
Strongly Disagree	3	1.3	0	0.0
Total	232	100.0	158	100.0
Missing	2		6	

Chi-square p-value = 0.286

Table 7.22 shows the male and female survey respondents' overall ability to use the readily available resources to maintain their wellness. A majority of the male (86%) and female (82%) respondents indicated they "strongly agree" or "agree" they had readily available resources to maintain their wellness. There was no statistically significant difference between the two groups.

Wellness

Table 7.23	All Respondents (n=398)			
	Males (n=234)		Females (n=164)	
I would rate my overall wellness as:	Number	Percent	Number	Percent
Very good	81	34.8	45	28.3
Good	107	45.9	79	49.7
Fair	39	16.7	32	20.1
Poor	5	2.1	3	1.9
Very poor	1	0.4	0	0.0
Total	233	100.0	159	100.0
Missing	1		5	

Chi-square p-value = 0.588

Table 7.23 shows the male and female survey respondents' overall wellness. A majority of the male (81%) and female (78%) respondents indicated the overall wellness was "very good" or "good". There was no statistically significant difference between the two groups.

Plans after Graduation

Table 7.24	All Respondents (n=398)			
	Males (n=234)		Females (n=164)	
What do you expect to be doing <u>after</u> completion of your current residency or fellowship program?	Number	Percent	Number	Percent
Patient Care or Clinical Practice (in Non-Training position)	133	57.3	87	53.7
Fellowship or Additional Subspecialty Training	85	36.6	68	42.0
Military	3	1.3	1	0.6
Non Patient Care-based activities (e.g. research, administration)	2	0.9	0	0.0
Temporarily out of medicine	2	0.9	0	0.0
Other	7	3.0	6	3.7
Total	232	100.0	162	100.0
Missing/Undecided/Don't know yet	2		2	

Chi-square p-value = 0.546

Table 7.24 shows what the male and female survey respondents' expect to do after completing their current training program. Over one-half of the male (57%) and female (54%) respondents planned to go into patient care or clinical practice after completing their training. Over one-third of the male (37%) and female (42%) 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=220).

Respondents going into patient care or clinical practice (n=248)

Practice Characteristics

Primary Practice Location

Table 7.25	Clinical Care Respondents (n=220)			
	Males (n=133)		Females (n=87)	
Where is the location of your primary activity <u>after</u> completing your current training program?	Number	Percent	Number	Percent
Same city or county as current training	45	33.8	39	44.8
Same region in Indiana, but different city or county	9	6.8	8	9.2
Other area in Indiana	12	9.0	6	6.9
Other U.S. state (not Indiana)	63	47.4	33	37.9
Outside of U.S.	4	3.0	1	1.1
Total	133	100.0	87	100.0
Missing / Undecided	0		0	

Chi-square p-value = 0.376

Table 7.25 shows the location of the male and female survey respondents' primary activity after completion of their current training program. One-half of the male (50%) respondents planned to practice within Indiana after completing their training, compared to 61 percent of the female respondents. There was no statistically significant difference between the two groups.

Obligation or Visa Requirement

Table 7.26	Clinical Care Respondents (n=220)			
	Males (n=133)		Females (n=87)	
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	6.1	5	5.7
No	124	93.9	82	94.3
Total	132	100.0	87	100.0
Missing	1		0	

Chi-square p-value = 0.923

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.

Job Offers from Indiana Hospitals

Table 7.27	Clinical Care Respondents (n=220)			
	Males (n=133)		Females (n=87)	
Did you receive any offer from? Please mark ALL that apply.	Number	Percent	Number	Percent
IU Health	48	36.1	36	41.4
Eskenazi Hospital	14	10.5	10	11.5
Veterans Administration	6	4.5	3	3.4
Other hospital or health system in Indiana	31	23.3	18	20.7
Other	6	4.5	5	5.7

Table 7.27 shows the number of offers the male and female survey respondents' received offers for employment from Indiana hospitals. Almost two-fifths of the male (36%) and female (41%) respondents indicated receiving offers from IU Health. One-fifth of the male (23%) and female (21%) respondents indicated receiving offers from another hospital or health system in Indiana.

Accepted Position for Employment

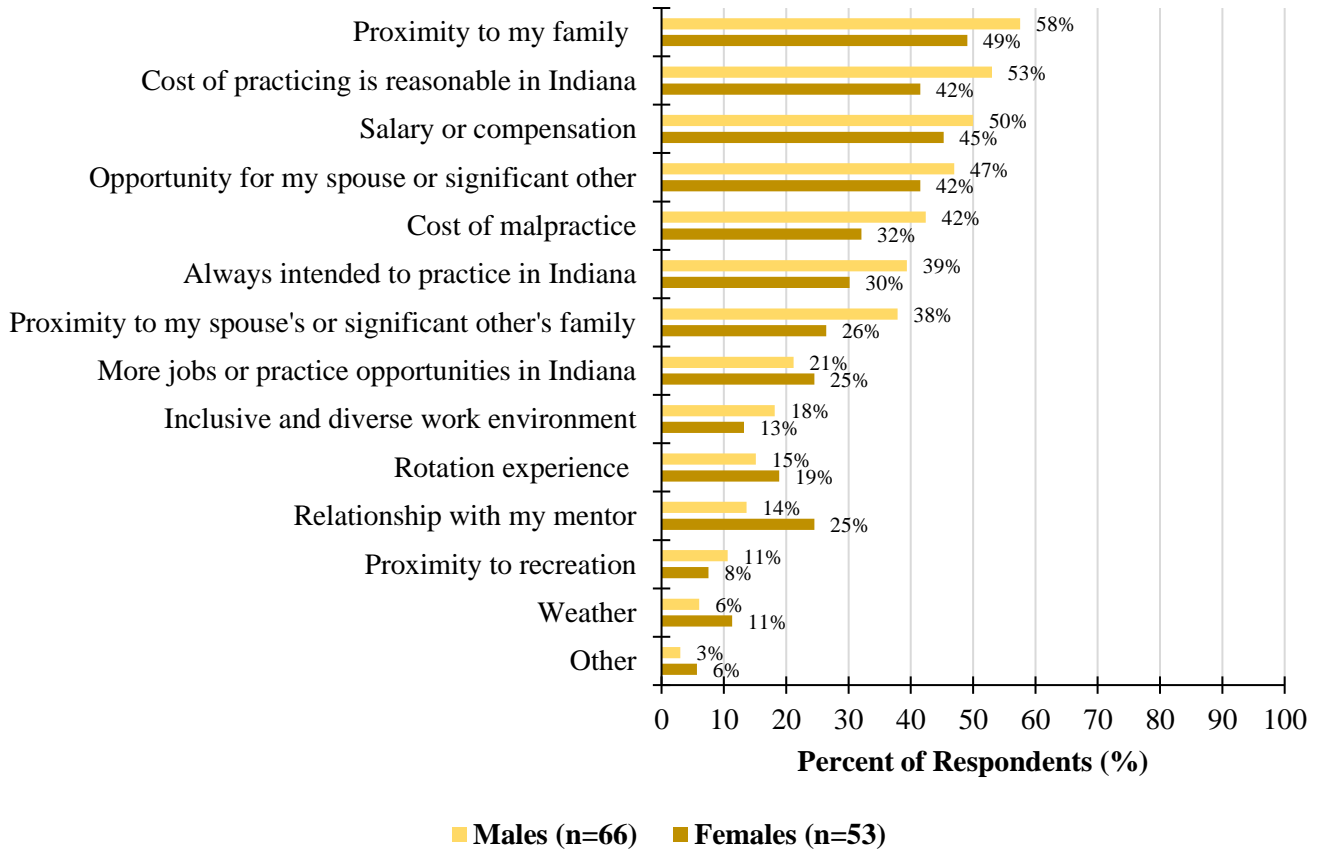
Table 7.28	Clinical Care Respondents (n=220)			
	Males (n=133)		Females (n=87)	
When did you accept a position?	Number	Percent	Number	Percent
Less than 6 months ago	57	46.3	38	47.5
6 months to 1 year ago	48	39.0	27	33.8
1 to 2 years ago	14	11.4	13	16.3
Have not accepted a position yet	4	3.3	2	2.5
Total	123	100.0	80	100.0
Missing	10		7	

Chi-square p-value = 0.721

Table 7.28 shows when the residency and fellowship program survey respondents' accepted a full-time position for employment. Almost one-half of the male (46%) and female (48%) respondents indicated accepting a full-time position for employment less than 6 months ago. There was no statistically significant difference between the two groups.

Main Reasons to Practice in Indiana

Figure 7.3: Main Reasons to Practice in Indiana (n=119)*



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

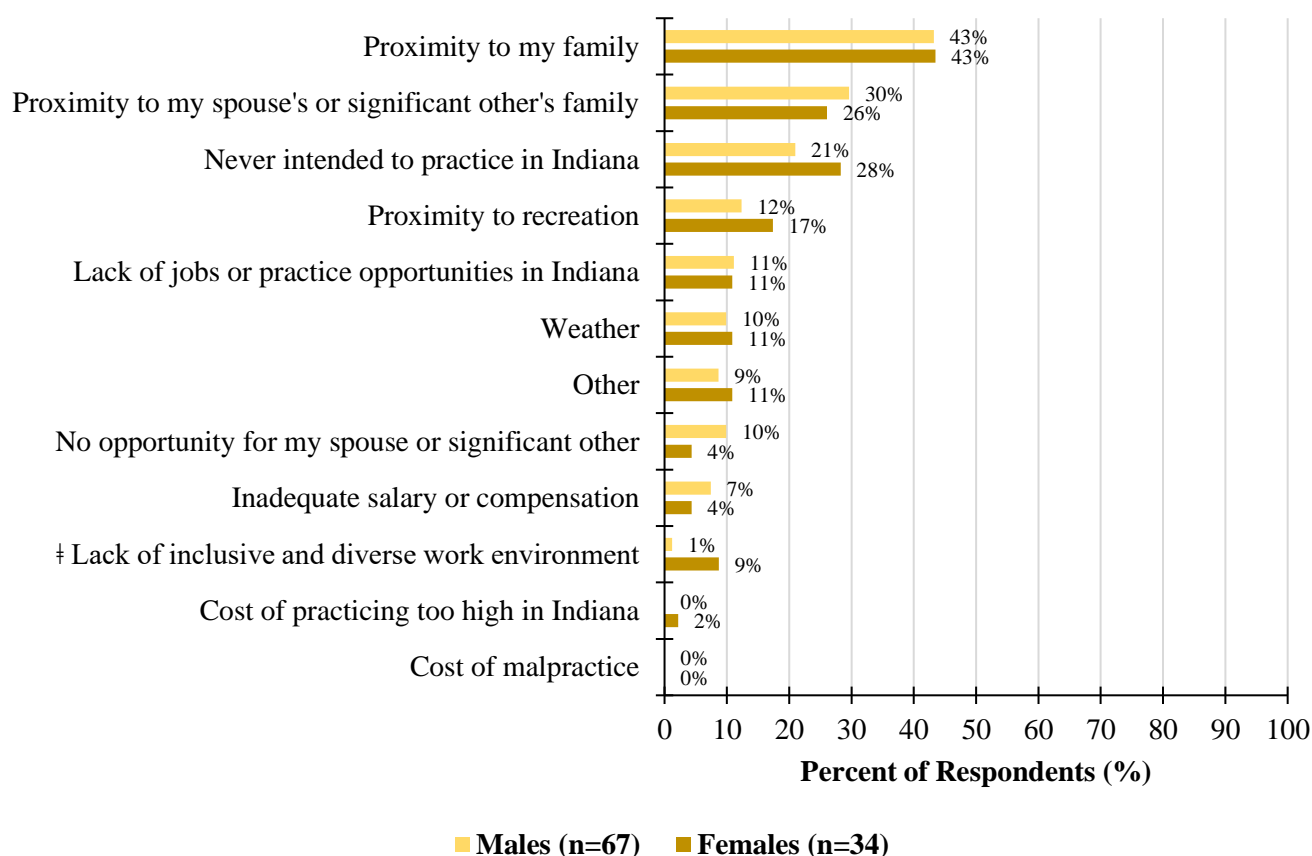
† Denotes that a statistically significant difference was found.

Figure 7.3 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 119 respondents, the top reasons given by the male respondents were: "proximity to my family" (58%), "cost of practicing is reasonable in Indiana" (53%), and "salary or compensation" (50%). The top reasons given by the female respondents were: "proximity to my family" (49%), "salary or compensation" (45%), "cost of practicing is reasonable in Indiana" (42%), and "opportunity for my spouse or significant other" (42%). There was no statistically significant difference between the two groups.

Respondents going into patient care or clinical practice outside Indiana (n=101)

Main reasons not to Practice in Indiana

Figure 7.4: Main Reasons not to Practice in Indiana (n=101)*



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

‡ Denotes that a statistically significant difference was found.

Figure 7.4 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 101 respondents, the top reasons given by the male respondents were: "proximity to my family" (43%), "proximity to my spouse's or significant other's family" (30%), and "never intended to practice in Indiana" (21%). The top reasons given by the female respondents were: "proximity to my family" (43%), "never intended to practice in Indiana" (28%), and "proximity to my spouse's or significant other's family" (26%). The Chi-square test of association between the two groups was statistically significant. Female respondents appear more likely to practice outside Indiana because of a lack of an inclusive and diverse work environment.

Stayed in Indiana

Table 7.29	Clinical Care Respondents (n=101)			
	Males (n=67)		Females (n=34)	
If you had been offered a position in Indiana would you have stayed in Indiana?	Number	Percent	Number	Percent
Yes	13	21.0	5	16.1
No	49	79.0	26	83.9
Total	62	100.0	31	100.0
Missing	5		3	

**Reflects responses from only those respondents who indicated their primary practice location was outside Indiana.*
 Chi-square p-value = 0.578

Table 7.29 shows whether the residency and fellowship program survey respondents' would have stayed in Indiana if offered a position. If offered a position in Indiana, about one-fifth of the male (21%) and female (16%) respondents would have stayed in Indiana. There was no statistically significant difference between the two groups.

Chapter 8: Trending Patterns: 2008-2021

This chapter shows a comparison of responses to the *IUSM Graduate Medical Education Exit Survey*® from the time of its inception in 2008 through 2021. Trends for all respondents have been shown in figures 8.1 to 8.8. 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, 2008-2021

Demographics

Figure 8.1: Trends showing Age, 2008-2021

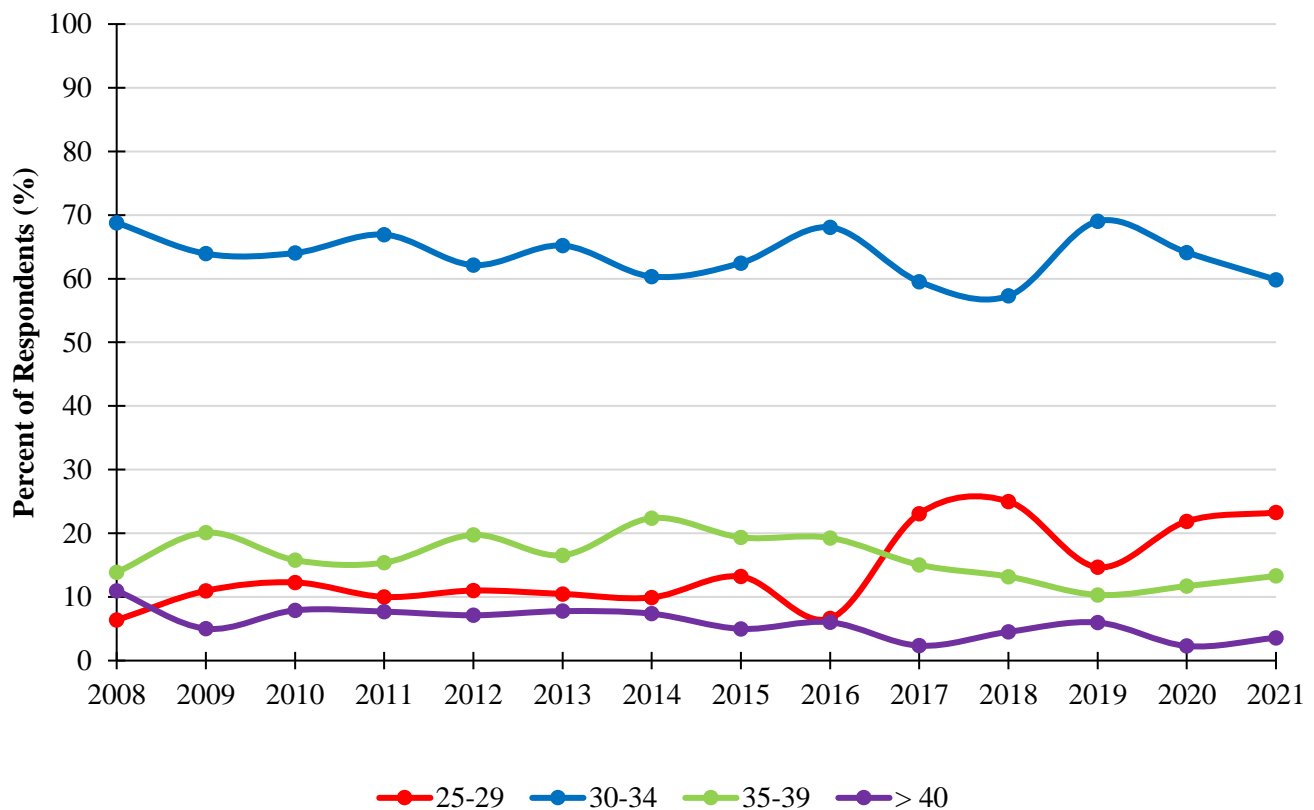
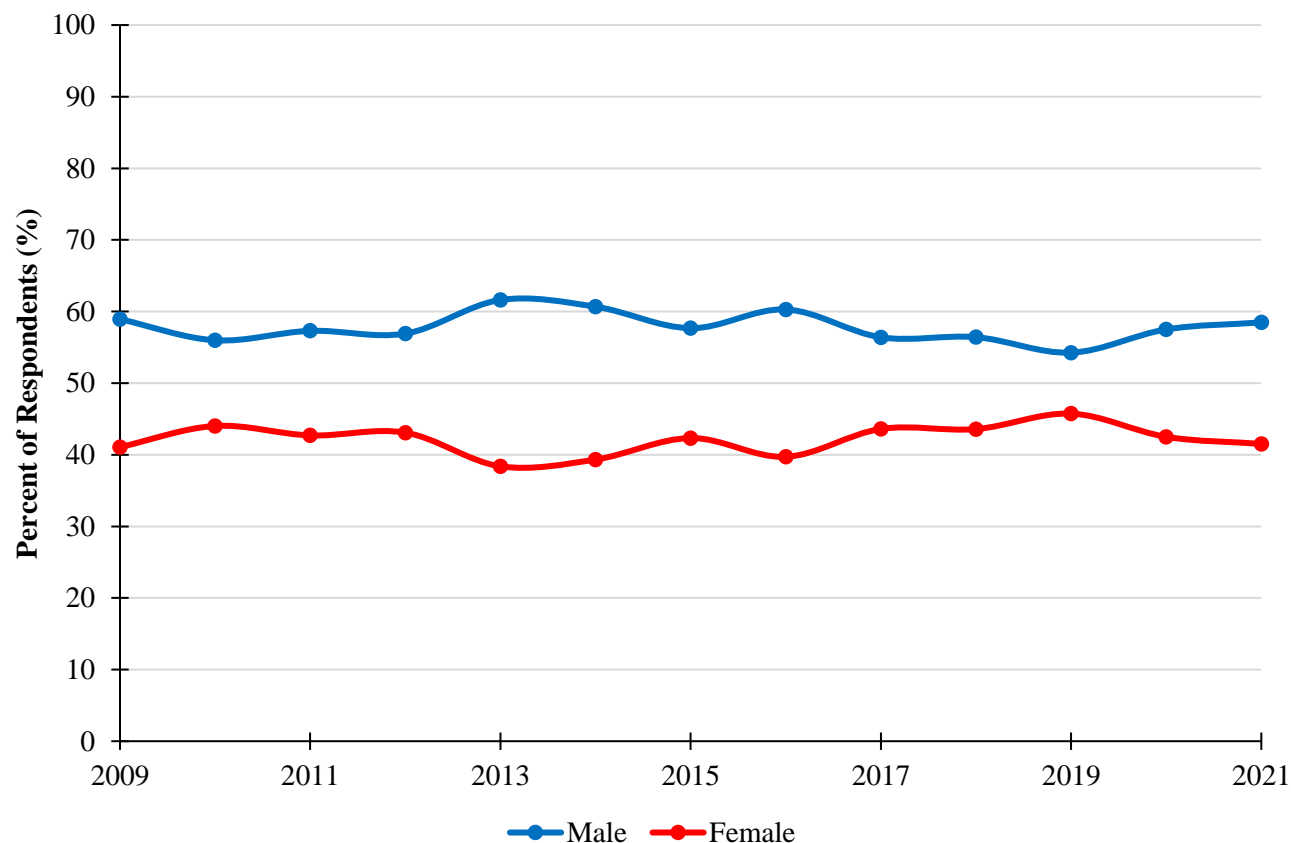


Figure 8.1 shows trends among respondents and their age distribution from 2008 to 2021. An increasing trend has been noted for those between 25 and 29 years of age (6% in 2008 to 23% in 2021). A slight drop has been noted among those between 30 and 34 years of age (69% in 2008 to 60% in 2021) and those over 40 years of age (11% in 2008 and 4% in 2021).

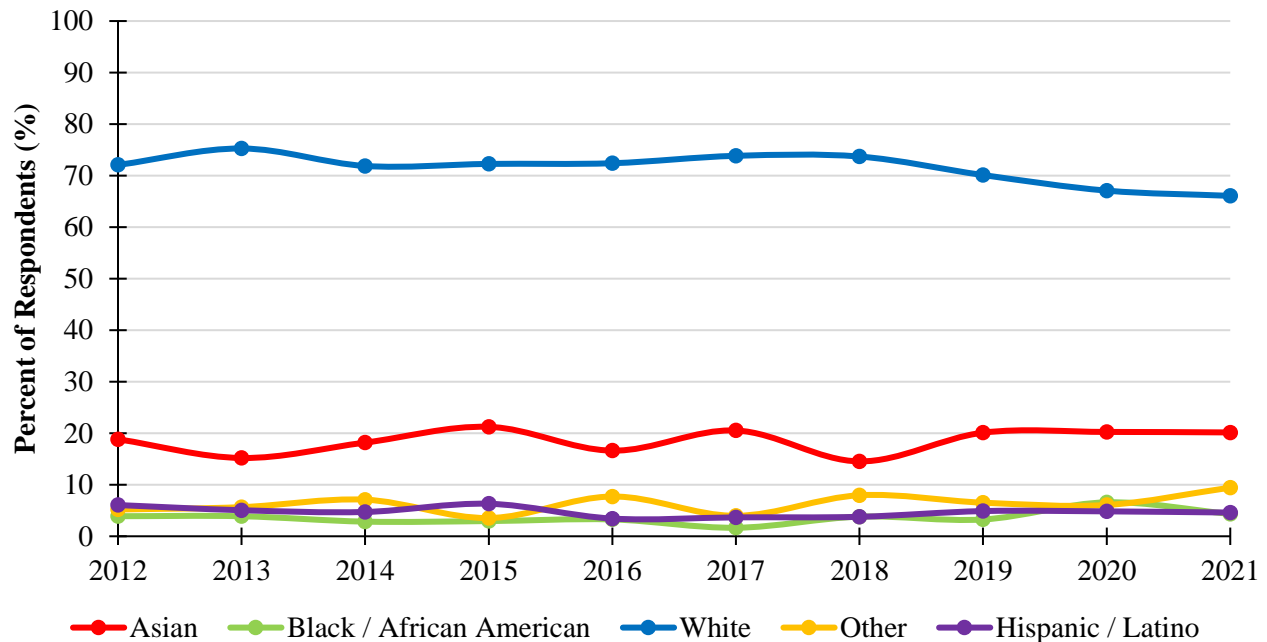
Figure 8.2: Trends showing Gender, 2009-2021*



**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 2021. This question was not asked on the 2008 exit survey. Trends have remained fairly constant for the male (59% in 2009 to 59% in 2021) and female respondents (41% in 2009 to 42% in 2021).

Figure 8.3: Trends showing Race and Ethnicity, 2012-2021*



**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 2021. This question was not asked on the 2008 to 2011 exit surveys.

Trends have remained fairly constant for respondents who identified themselves as Asian (19% in 2012 to 20% in 2021), Black/African American (4% in 2012 to 4% in 2021), white (72% in 2012 to 66% in 2021), Hispanic/Latino ethnicity (6% in 2012 to 5% in 2021), and Other (5% in 2012 to 9% in 2021).

Figure 8.4: Trends showing Individual Educational Debt, 2008-2021

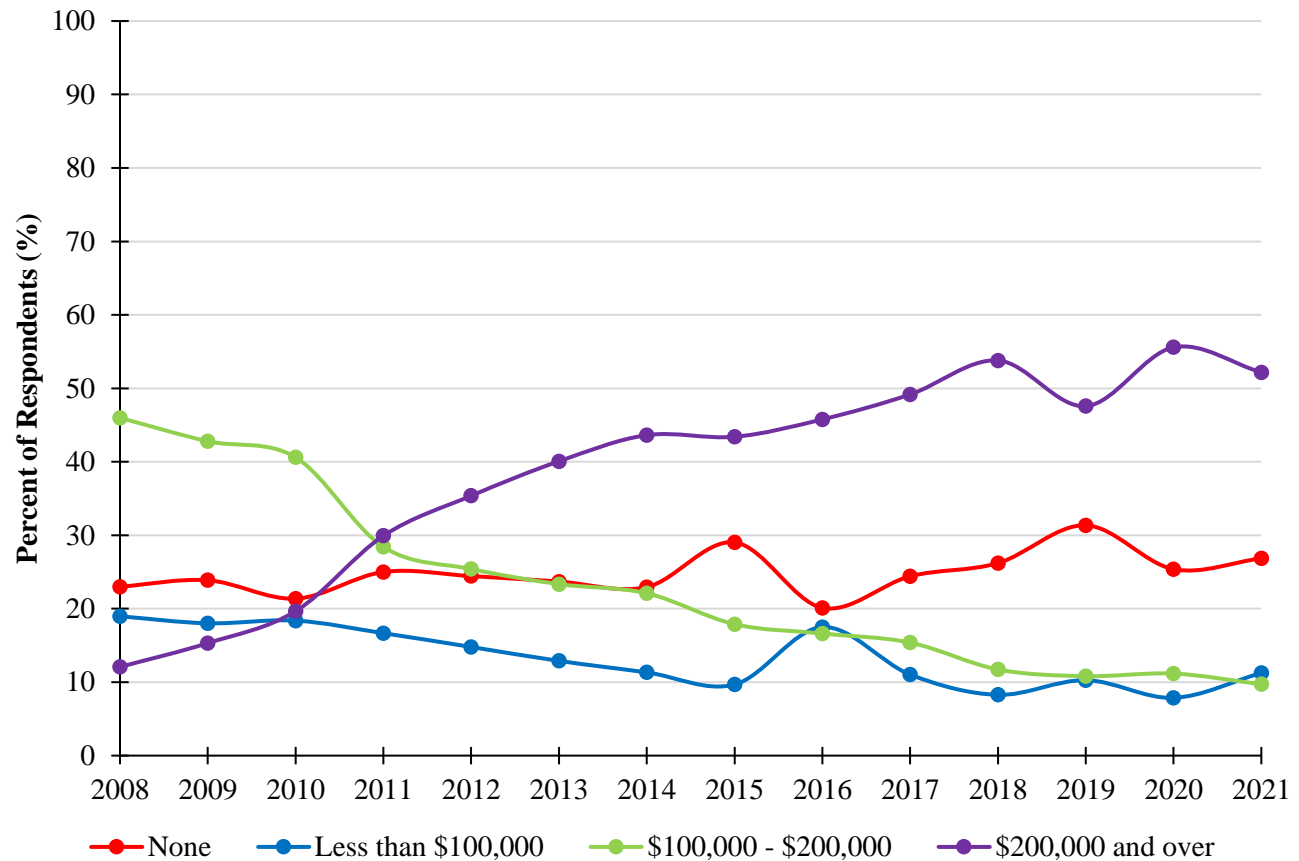
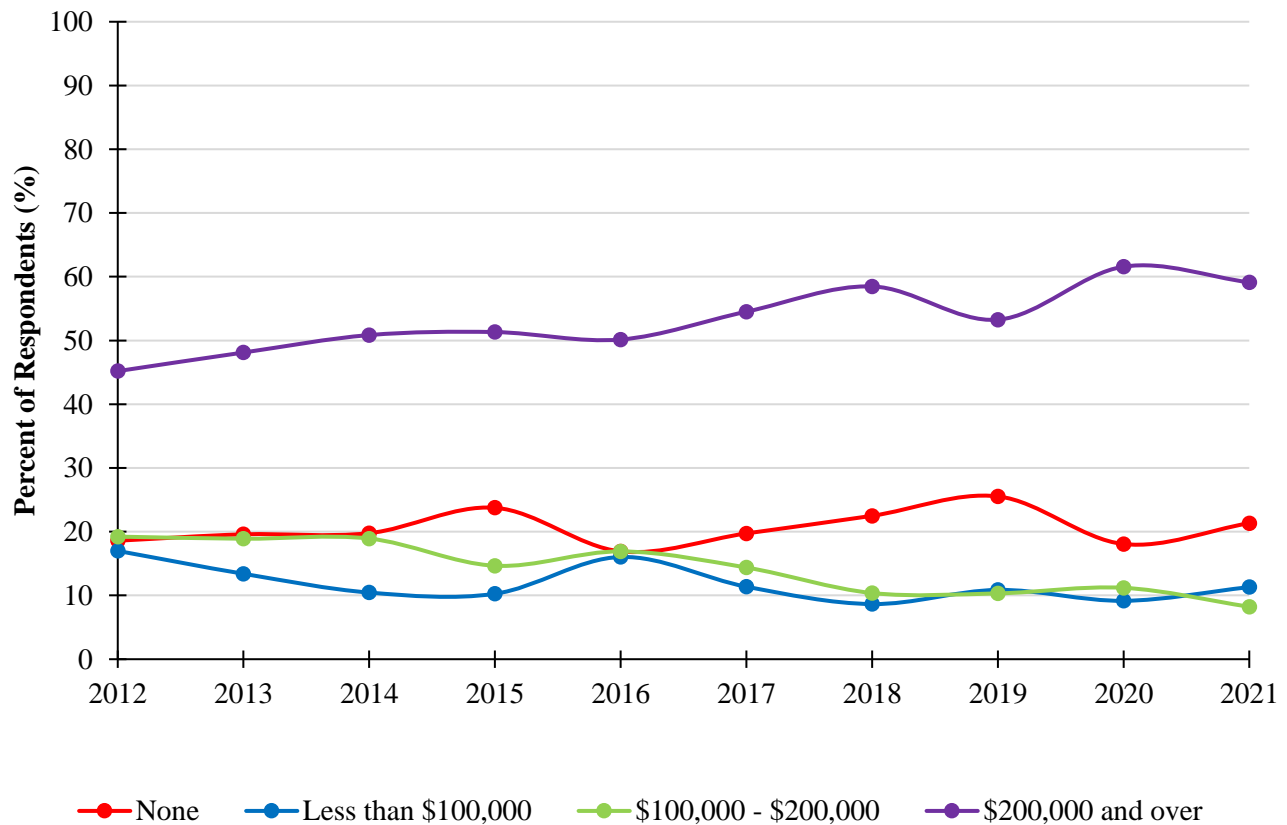


Figure 8.4 shows trends among respondents and their current level of individual educational debt from 2008 to 2021.

An increasing trend was noted among respondents who indicated having an individual educational debt load of \$200,000 or more (12% in 2008 to 52% in 2021). A declining trend has been noted among respondents with an individual educational debt load between \$100,000 and \$200,000 (46% in 2008 to 10% in 2021).

Figure 8.5: Trends showing Household Educational Debt, 2012-2021*



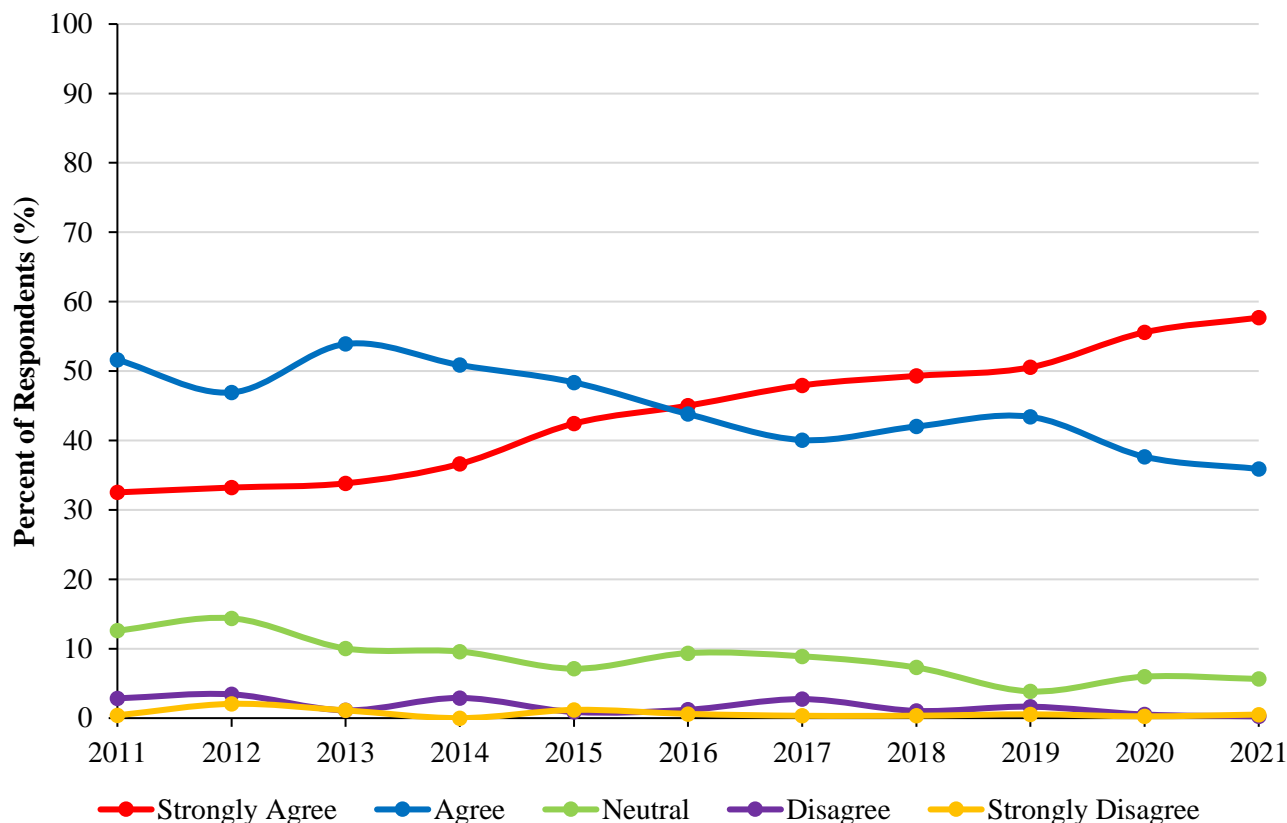
* This question was not asked on the 2008 to 2011 IUSM GME exit survey.

Figure 8.5 shows trends among respondents and their current level of household educational debt from 2012 to 2020. This question was not asked on the 2008 to 2011 exit surveys.

An increasing trend was noted among respondents who indicated having a total household educational debt load of \$200,000 or more (45% in 2012 to 59% in 2021). A declining trend was noted among respondents with an educational debt load between \$100,000 and \$200,000 (19% in 2012 to 8% in 2021).

Program Assessment

Figure 8.6: Trends showing the Training Program was Helpful in Board Exam Preparation, 2011-2021*

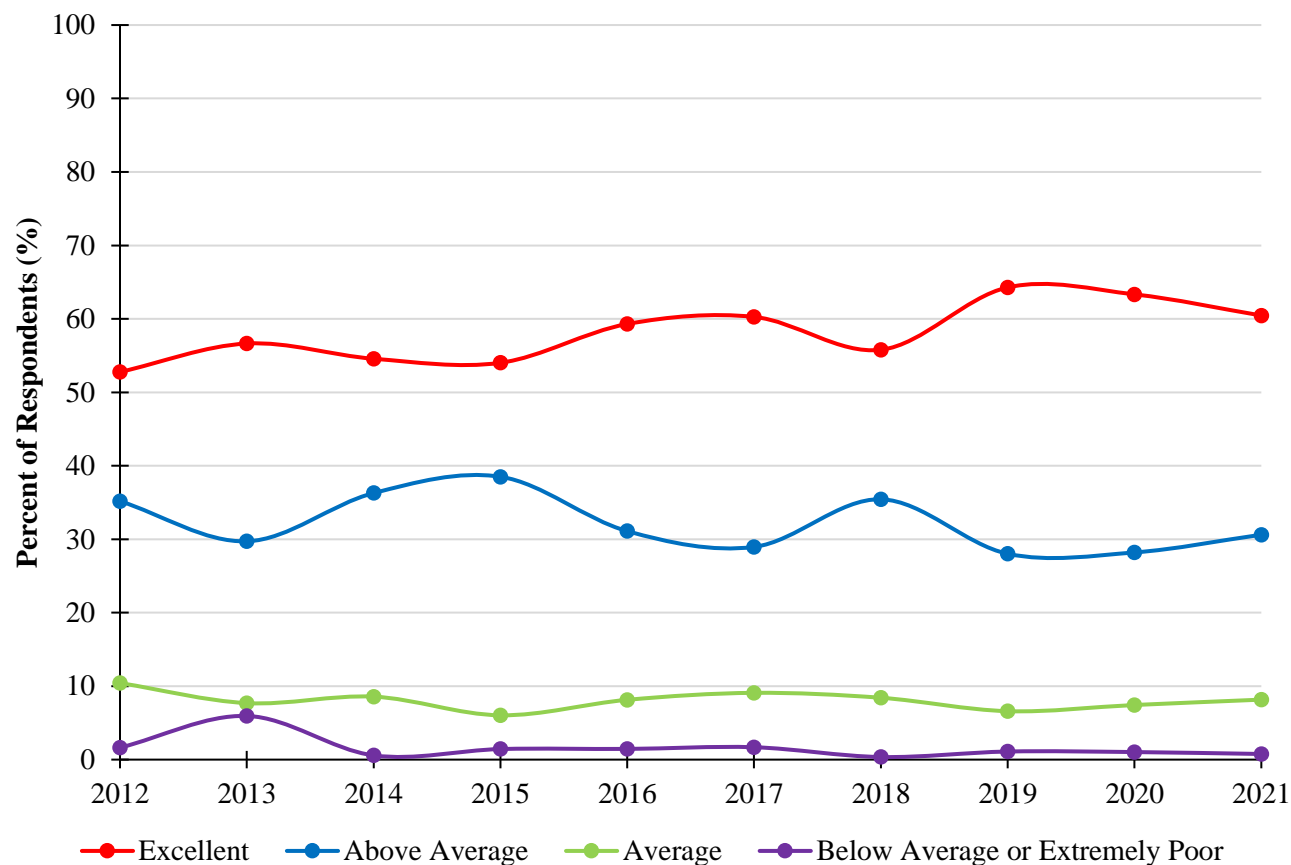


**This question was not asked on the 2008 IUSM GME exit survey. Response categories differed in the 2009 and 2010 IUSM exit survey and were excluded from this analysis.*

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

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 58% in 2021). A decreasing trend has been noted among respondents who indicated they “agree” their training program was helpful in preparation for their board exams (52% in 2011 to 36% in 2021) and for those who remained neutral in their response (13% in 2011 to 6% in 2021).

Figure 8.7: Trends showing Quality of Program, 2012-2021*

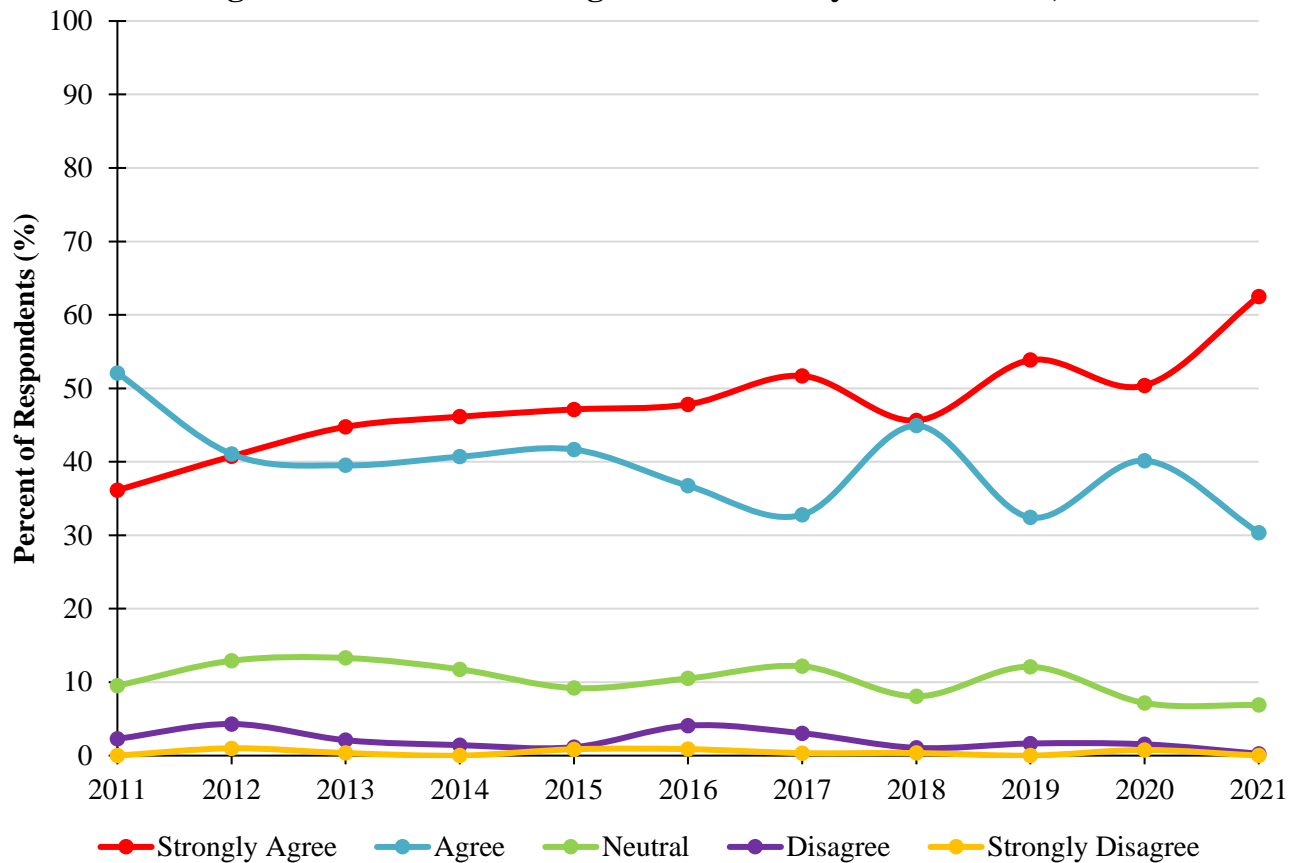


**This question was not asked on the 2008 to 2011 IUSM GME exit survey.*

Figure 8.7 shows trends among the respondents' overall rating of the quality of their training program from 2012 to 2021. This question was not asked on the 2008 to 2011 exit surveys.

An increasing trend has been noted for respondents who rated the overall quality of their training program as “excellent” (53% in 2012 to 61% in 2021). A slight drop was noted for respondents who rated the overall quality of the program as “above average” (35% in 2012 to 31% in 2021).

Figure 8.8: Trends showing Overall Faculty Performance, 2011-2021*



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

Figure 8.8 shows trends among the respondents' assessment of the overall performance of faculty in their training program to have exceeded their expectations from 2011 to 2021. 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 overall performance of faculty in their training program had exceeded their expectations (36% in 2011 to 63% in 2021). A declining trend has been noted among respondents who indicated they “agree” that the overall performance of faculty in their training program had exceeded their expectations (52% in 2011 to 30% in 2021).

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

Practice Characteristics

Figure 8.9: Trends showing Primary Practice Location after Training, 2008-2021

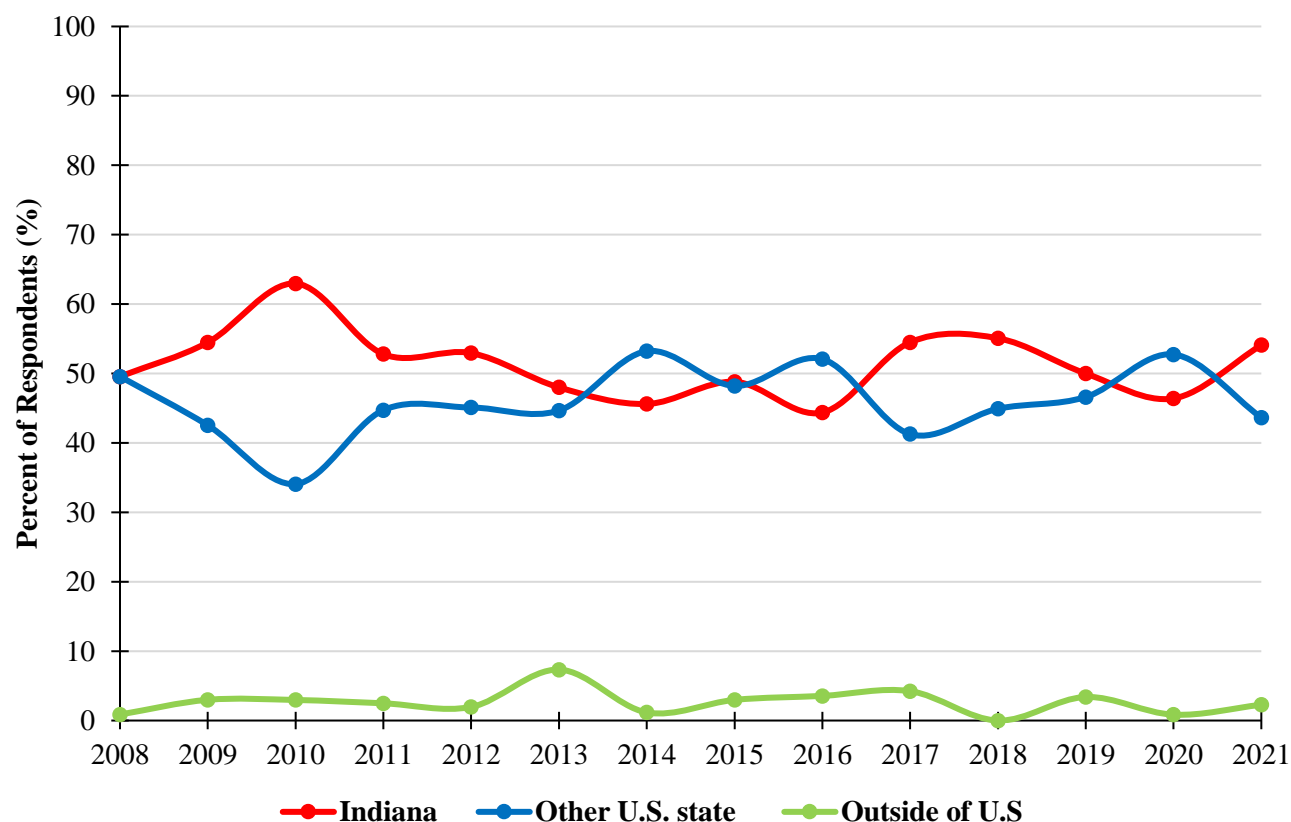
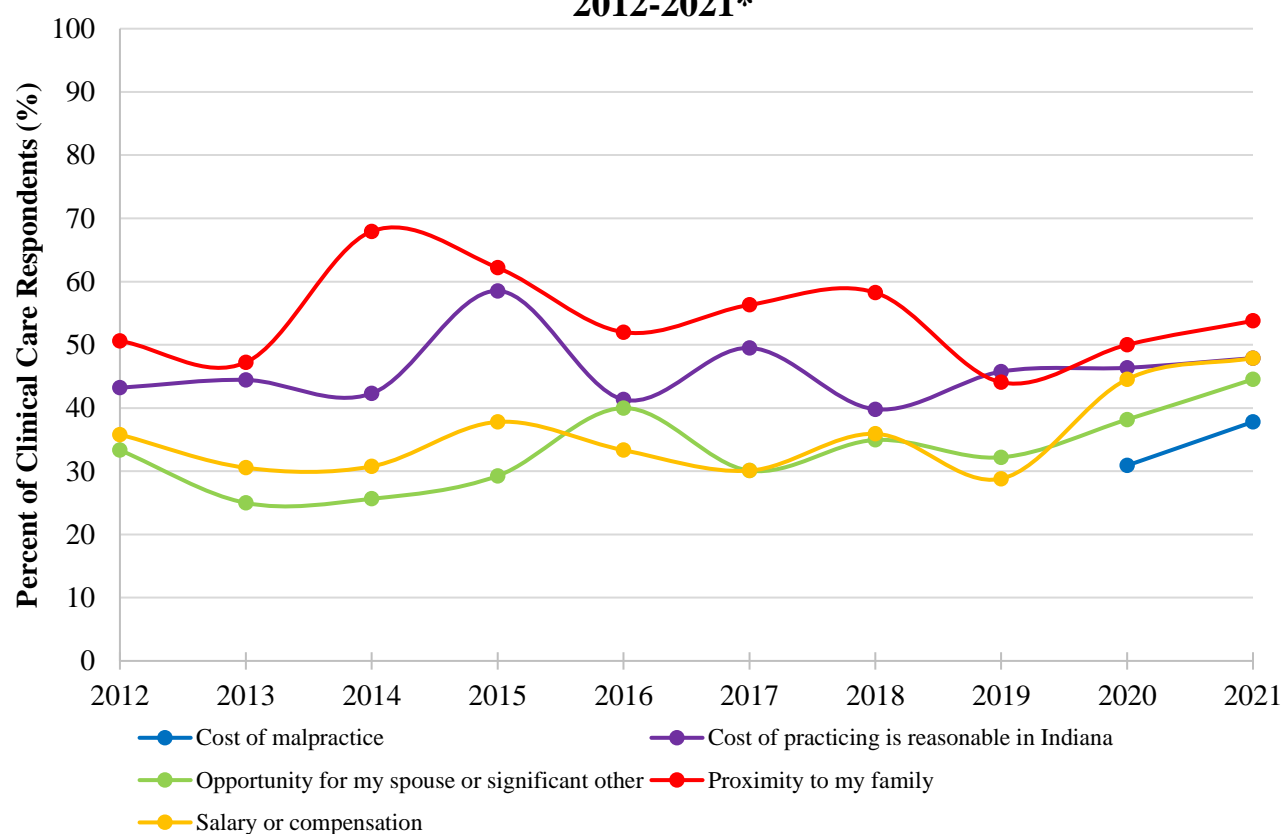


Figure 8.9 shows trends among respondents and the location in which they intend to practice after completing their training program from 2008 to 2021.

Trends have been fairly constant among respondents whose primary practice location after completing training was within Indiana (50% in 2008 to 54% in 2021) and outside Indiana (50% in 2008 to 44% in 2021).

Figure 8.10: Trends showing Top 5 Reasons to Practice in Indiana, 2012-2021*

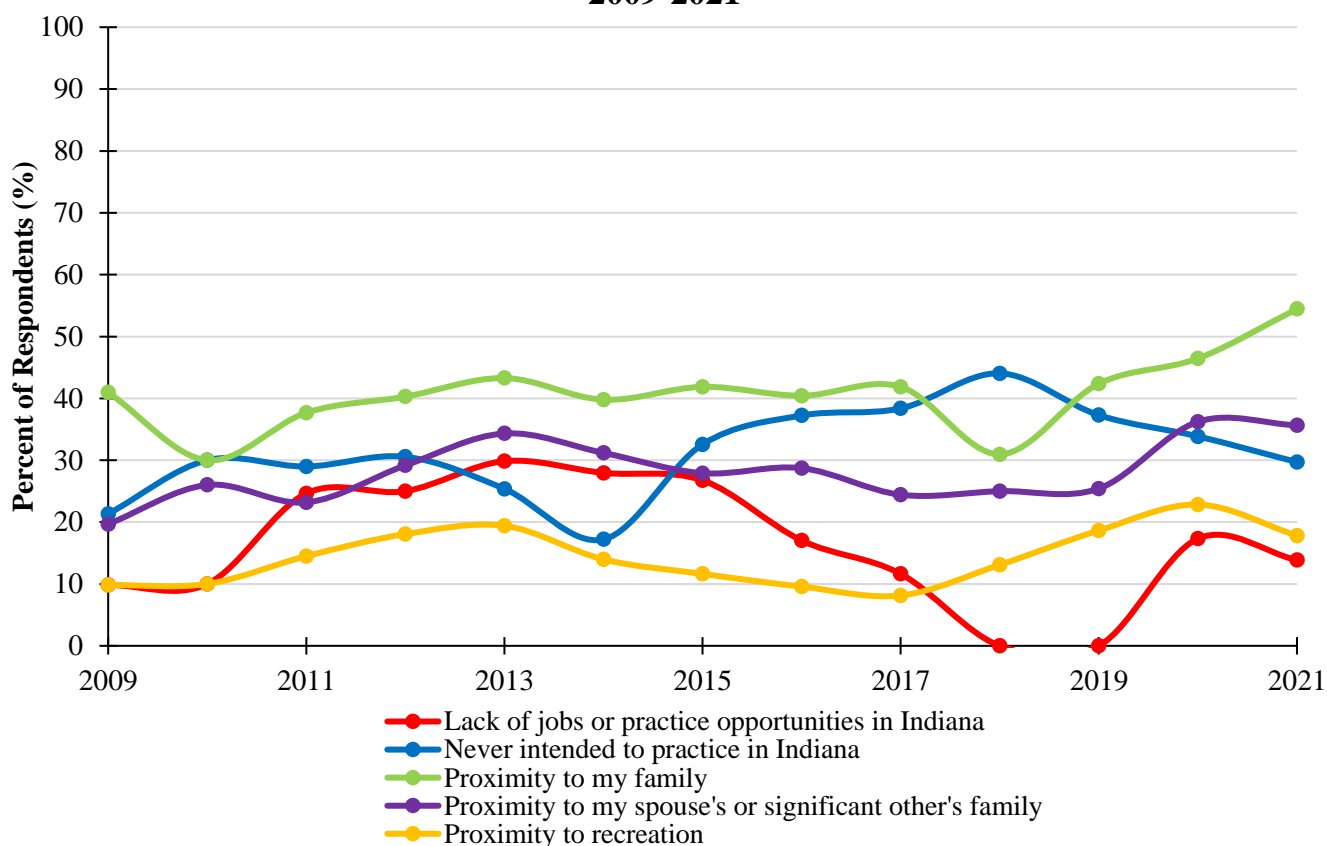


**This question was not asked on the 2008 to 2011 IUSM GME exit survey. Only respondents who intended to practice in Indiana after completing their training were included in this analysis.*

Figure 8.10 shows trends among respondents and the top 5 reasons they decided to practice in Indiana from 2012 to 2021. This question was not asked on the 2008 to 2011 exit surveys. “Cost of malpractice” option was added in 2020. Only respondents who intended to practice in Indiana after completing their training were included in this analysis.

An increasing trend was noted among respondents who indicated the main reasons they chose to practice in Indiana was because of “opportunity for my spouse or significant other” (33% in 2012 to 45% in 2021), “salary or compensation” (36% in 2012 to 48% in 2021), “proximity to my family” (51% in 2012 to 54% in 2021), and “cost of practicing was reasonable in Indiana” (43% in 2012 to 48% in 2021). Another response option - “cost of malpractice” - added in 2020 has showed an increasing trend (0% in 2019 to 38% in 2021).

Figure 8.11: Trends showing Top 5 Reasons Not to Practice in Indiana, 2009-2021*



*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 8.11 shows trends among respondents and the top 5 reasons they decided not to practice in Indiana from 2009 to 2021. 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.

An increasing trend was noted among respondents who indicated the main reasons they chose to practice outside Indiana was because of “lack of jobs in Indiana” (10% in 2009 to 14% in 2021), “never intended to practice in Indiana” (21% in 2009 to 30% in 2021), “proximity to my family” (41% in 2009 to 55% in 2021), “proximity to my spouse’s or significant other’s family” (20% in 2012 to 36% in 2021), and “proximity to recreation” (10% in 2009 to 18% in 2021).

**Indiana University School of Medicine
2021 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
- ☐ Transgender male
- ☐ Transgender female
- ☐ Non-Binary
- ☐ My identity is not listed above (please specify): _____
- ☐ Prefer not to disclose

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 Latinx?

- ☐ Yes
- ☐ No

6. 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 _____

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

- ☐ None
- ☐ Less than \$50,000
- ☐ \$50,000 - \$99,999
- ☐ \$100,000 - \$149,999
- ☐ \$150,000 - \$199,999
- ☐ \$200,000 - \$249,999
- ☐ \$250,000 - \$299,999
- ☐ \$300,000 - \$349,999
- ☐ \$350,000 - \$399,999
- ☐ \$400,000 - \$449,999
- ☐ \$450,000 - \$499,999
- ☐ \$500,000 and over

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

- ☐ None
- ☐ Less than \$50,000
- ☐ \$50,000 - \$99,999
- ☐ \$100,000 - \$149,999
- ☐ \$150,000 - \$199,999
- ☐ \$200,000 - \$249,999
- ☐ \$250,000 - \$299,999
- ☐ \$300,000 - \$349,999
- ☐ \$350,000 - \$399,999
- ☐ \$400,000 - \$449,999
- ☐ \$450,000 - \$499,999
- ☐ \$500,000 and over

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

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

9. What do you expect to be doing after completion of your current residency or fellowship program? **Please mark only ONE option.**

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

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

- ☐ Yes
- ☐ No

11a. 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

11b. 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 practice, please SKIP to Question 17.

PRACTICE CHARACTERISTICS:

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

- ☐ Always intended to practice in Indiana
- ☐ Cost of malpractice
- ☐ Cost of practicing is reasonable in Indiana
- ☐ Inclusive and diverse work environment
- ☐ 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
- ☐ Weather
- ☐ Other (please specify): _____

13. Did you receive any offers from the following hospitals in Indiana? **Please mark ALL that apply.**

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

14. When did you accept a position?

- ☐ Less than 6 months ago
- ☐ 6 months to 1 year ago
- ☐ 1 to 2 years ago
- ☐ Have not accepted a position yet

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

- ☐ Cost of malpractice
- ☐ Cost of practicing too high in Indiana
- ☐ Inadequate salary or compensation
- ☐ Lack of inclusive and diverse work environment
- ☐ 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
- ☐ Weather
- ☐ Other (please specify): _____

16. If you had been offered a position in Indiana would you have stayed in Indiana?

- ☐ Yes
- ☐ No

PROGRAM ASSESSMENT:

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

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

18a. In your residency or fellowship program, did you <u>receive training</u> to serve:	<u>Yes</u>	<u>No</u>
i. Rural populations	<input type="radio"/>	<input type="radio"/>
ii. Underserved populations	<input type="radio"/>	<input type="radio"/>

18b. How <u>competent</u> do you feel providing care to:	<u>Fully</u>	<u>Partially</u>	<u>Not at all</u>
i. Rural populations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ii. Underserved populations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

CLINICAL LEARNING ENVIRONMENT:

19. In your residency or fellowship program, did you have an opportunity to:	<u>Yes</u>	<u>No</u>
a. 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. Serve on a hospital-based committee or council?	<input type="radio"/>	<input type="radio"/>
e. Participate in a cultural competency or diversity training?	<input type="radio"/>	<input type="radio"/>
f. Participate in a health care disparities initiative?	<input type="radio"/>	<input type="radio"/>

RESIDENT AS TEACHER:

20. In your residency or fellowship program:

- a. Were you provided an opportunity to teach in a clinical environment?
 - ☐ Yes
 - ☐ No
- b. How prepared did you feel to teach in a clinical environment?
 - ☐ Very well prepared
 - ☐ Well prepared
 - ☐ Neutral
 - ☐ Poorly prepared
 - ☐ Very poorly prepared

PROGRAM DIVERSITY, EQUITY AND INCLUSION:

21a. 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"/>
v. The school's annual report on mistreatment?	<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.

21b.	<u>Yes</u>	<u>No</u>
i. Did you know whom to report mistreatment behaviors within your <i>program</i> ?	<input type="radio"/>	<input type="radio"/>
ii. Did you know whom to report mistreatment behaviors within the <i>school</i> ?	<input type="radio"/>	<input type="radio"/>
iii. Did you feel safe reporting mistreatment behaviors?	<input type="radio"/>	<input type="radio"/>
iv. Have you experienced any mistreatment behaviors?	<input type="radio"/>	<input type="radio"/>
v. Did you report the mistreatment behavior incident?	<input type="radio"/>	<input type="radio"/>

21c. If you did report mistreatment, how satisfied were you with the way it was handled?

- ☐ Very satisfied
- ☐ Satisfied
- ☐ Neutral
- ☐ Dissatisfied
- ☐ Very dissatisfied

21d. How can the handling of mistreatment reports be improved? _____

21e. 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): _____

22. I feel my success as a trainee was impacted by discrimination and bias.

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

PROGRAM QUALITY:

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

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

24. Overall, I would rate the faculty of my residency or fellowship program as:

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

WELLNESS:

25. 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 burned out from my work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. I have found my work to be meaningful	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

26. During my training, I have had resources readily available to assist with my wellness:

- ☐ Strongly Agree
- ☐ Agree
- ☐ Neutral
- ☐ Disagree
- ☐ Strongly Disagree

27. I would rate my overall wellness as:

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

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

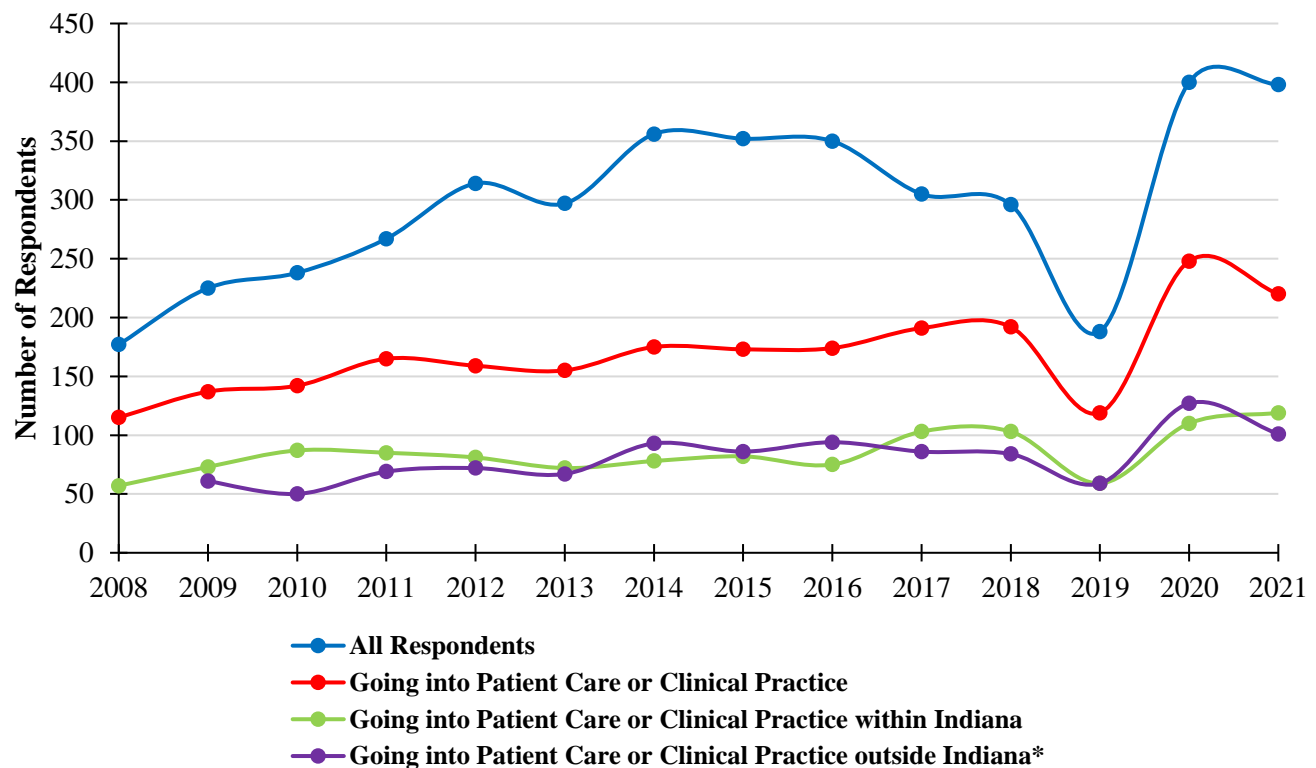
Q28 is the last question. Thank you for completing the 2021 Graduate Medical Education Exit Survey!

Appendix B: Response Rates: 2008 to 2021

IUSM Graduate Medical Education Exit Survey	Surveys Distributed and Completed: 2008 to 2021													
	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
Response Rate	60.4%	62.0%	61.2%	67.6%	73.2%	68.9%	88.3%	90.0%	88.8%	84.0%	76.9%	51.5%	90.7%	82.4%

The table above shows the overall response rate for all *IUSM Graduate Medical Education Exit Survey*® respondents from 2008 to 2021. Of the 5042, graduates completing their residency or fellowship training at IUSM between 2008 and 2021, a total of 4,163 graduates have responded to the exit survey. The overall response rate has increased from 60 percent in 2008 to 82 percent in 2021.

Total Number of Respondents, 2008 to 2021



*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 2021. 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 398 in 2020).
- The number of respondents going into patient care or clinical practice (115 in 2008 to 220 in 2021).
- The number of respondents going to practice within Indiana (57 in 2008 to 119 in 2021).
- The number of respondents going to practice outside Indiana (61 in 2009 to 101 in 2021).