

2015 Graduate Medical Education Exit Survey Report

INDIANA UNIVERSITY SCHOOL OF MEDICINE

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INDIANA UNIVERSITY

SCHOOL OF MEDICINE

Office of Educational Affairs

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DEAN'S OFFICE OF EDUCATIONAL AFFAIRS

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Produced for:

Office of Graduate Medical Education

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Lastly, we would like to extend our sincere thanks to all those who support Graduate Medical Education throughout our many affiliated institutions, whose dedication, quality and commitment contribute to the program successes presented in this report.

Office of Educational Research and Data Analysis

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EXECUTIVE SUMMARY

BACKGROUND

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 in order to plan effective healthcare workforce development initiatives. This study documented the proportion of residency and fellowship graduates that were planning to practice in areas of need in Indiana. The 2015 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 2015 calendar year. The study used a group-administered questionnaire, as well as an electronic questionnaire to obtain respondents' demographic characteristics, reactions to their residency training, and their plans after graduation, including where they intended to practice and why they chose that location. A total of 391 graduates were invited to participate on the survey, of which 352 responded, yielding a 90 percent response rate.

Of the 352 who responded to the survey, 88 were in a primary care specialty, 264 were in a non-primary care specialty, 221 were completing a residency training program, 131 were completing a fellowship training program, 146 were intending to stay within Indiana to practice, 184 were planning to go out-of-state to practice, 203 were male, and 149 were female. And, 173 respondents indicated they planned to go into "patient care or clinical practice" after graduation.

RESULTS

All Respondents

Over four-fifths of the respondents were between the ages of 30 and 39 years; over two-fifths were female; about three-fourths were white, and almost one-fifth indicated they were Asian. Six percent of the respondents were of Hispanic or Latino ethnicity. Over four-fifths of the respondents indicated they were from United States and nearly one-fifth were from another country. Almost two-fifths of the respondents had a hometown in Indiana. Over one-fourth of the respondents indicated that they graduated from a high school, college, or medical school in Indiana. Over one-fourth of the respondents had no educational debt and over three-fifths had an educational debt load of \$100,000 or more. And, over two-fifths of the respondents reported having an educational debt of \$200,000 or more.

A majority of the respondents indicated they "strongly agree" or "agree" that the residency or fellowship training program was helpful in preparing them for their board exam. Almost all respondents indicated feeling "fully" competent in patient care, medical knowledge, practiced-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice competency areas. About three-fifths of the respondents indicated they had received training to serve the rural populations and a majority had received training to serve the underserved populations. About three-fourths of the respondents felt "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 that they were part of a multidisciplinary inter-professional team and were able to utilize electronic health records to provide care to their patients. Over four-fifths of the respondents indicated they were able to participate in a quality improvement project to improve health outcome. Almost three-fourths of the respondents participated in patient safety projects and had the opportunity to serve on a committee or a council. A majority of the respondents indicated they were provided an opportunity to teach in a clinical environment and felt “very well prepared” or “well prepared” for it. Nearly two-thirds of the respondents indicated they were provided at least 20 or more opportunities per year to teach in a clinical environment. Over two-thirds of the respondents indicated their “ideal” frequency of teaching opportunities in a clinical environment would be between 0 and 31 times per year. A majority of the respondents indicated feeling “very competent” or “competent” communicating with team members during the hand-off process. Four-fifths of the respondents indicated they knew the policies and procedures for reporting mistreatment of residents as well as medical students. A majority of the respondents indicated the quality of their training program was “excellent” or “above average.” Over four-fifths of the respondents indicated they “strongly agree” or “agree” that faculty as well as other residents or fellows in their training program exceeded their expectations.

Nearly one-half of the respondents planned to be clinical practitioners, over one-third planned to continue their training, and over one-tenth planned to work in an academic setting (teaching and/or research). After completing their training, less than one-half of the respondents indicated they planned to practice within Indiana and over one-half intended to practice outside Indiana. Two-thirds of the respondents indicated they will be entering a group practice; while almost one-fourth intended to practice in a hospital setting (inpatient, ambulatory care, or emergency department). Almost all respondents indicated they will be working full-time in direct patient care activities and indicated they had no obligation or visa requirement. A majority of the respondents expect to see more than 10 percent of the patients from the underserved populations. Over two-thirds of the respondents indicated there were “many” or “some” job opportunities available within their specialties in Indiana. Almost four-fifths of the respondents expect to earn \$200,000 or more in their first year of practice. Nearly two-thirds of the respondents indicated receiving three or more offers all together. Of those intending to practice in Indiana, over two-fifths of the respondents indicated receiving three or more offers for employment in the state. The top three reasons given by respondents for choosing to:

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

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 were more likely to:***
 - Be 35 years of age or older.
 - Have an individual educational debt of \$250,000 or more.
 - Have a total household educational debt of \$250,000 or more.
 - Have received training to serve the rural populations.
 - Feel fully competent providing care to the rural populations.
 - Know the procedures for reporting the mistreatment of residents *and* medical students.
 - Enter patient care or accept an academic position.
 - Work in a group practice setting.
 - Report few to no jobs available within their specialty in Indiana.

- Expect to earn an income of \$300,000 or more during their first year of practice.
- Practice outside Indiana due to lack of job opportunities in the state.
- **Primary care respondents were more likely to:**
 - Be female.
 - Have no educational debt.
 - Have received training to serve the underserved populations.
 - Have opportunities to participate in a quality improvement project and patient safety project.
 - Rate the quality of their training as excellent.
 - Strongly agree that the other residents and fellows in the training program exceeded their expectations.
 - Enter additional training after completion of their current training program.
 - Work in a hospital setting.
 - Report that there were many jobs available within their specialty in Indiana.
 - Practice outside Indiana due to proximity to their family and the cost of practicing was too high in Indiana.

Resident versus Fellow Respondents

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

- **Fellow respondents were more likely to:**
 - Be 35 years of age or older.
 - Have received training to serve the rural population.
 - Feel fully competent in providing care to the rural population.
 - Enter patient care or accept an academic position after completing their current training.
 - Practice outside Indiana after completing their training.
 - Work in part-time patient-care activities.
 - Report few to no jobs available within their specialty in Indiana.
 - Practice at this location because of an opportunity for their spouse.
 - Practice in Indiana due to an opportunity for their spouse or significant other.
 - Practice outside Indiana due to lack of jobs or practice opportunities in Indiana.
- **Resident respondents were more likely to:**
 - Have participated in a patient safety project and serve on a committee or council.
 - Enter additional training after completion of their current training program.
 - Practice within Indiana after completing their training.
 - Work in full-time patient care activities.
 - Report there were many or some jobs available in their specialty in Indiana.
 - Practice at this location because they liked the people and due to the salary or compensation.
 - Practice in Indiana because the cost of practicing was reasonable in Indiana and there were more jobs or practice opportunities in Indiana.
 - Practice outside Indiana because of inadequate salary or compensation.

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

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

- **Respondents intending to practice in Indiana were more likely to:**
 - Have a hometown within Indiana.
 - Have an educational debt of \$200,000 or more.
 - Report there were many or some jobs available within their specialty in Indiana.

- Practice at this location because it met their personal need or preferences.
- **Respondents intending to practice out-of-state were more likely to:**
 - Have a hometown outside of Indiana.
 - Have no educational debt.
 - Report there were very few to no jobs available within their specialty in Indiana.
 - Practice at that location due to its climate, opportunity for their spouse or significant other, and proximity to recreation.

Male versus Female Respondents

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

- **Male respondents were more likely to:**
 - Have an individual educational debt of \$250,000 or more.
 - Have a total household debt of \$200,000 or more.
 - Receive training to serve the rural populations.
 - Feel fully competent in providing care to the rural populations.
 - Know the procedures for reporting mistreatment of residents as well as the policies and procedures for reporting mistreatment of medical students.
- **Female respondents were more likely to:**
 - Have no educational debt.
 - Have no household educational debt.
 - Practice in Indiana because of their relationship with the mentor.

Trends

Datasets were compared between 2008 and 2015 to determine any noticeable trends or shifts:

An increasing trend was noted for:

- Those having an individual educational debt of \$250,000 or more (5% in 2008 to 24% in 2015).
- Those who strongly agree their training program was helpful in preparation for their board exams (33% in 2011 to 42% in 2015).
- Those who feel fully competent in systems based practice (81% in 2009 to 91% in 2015), practice-based learning and improvement (85% in 2009 to 92% in 2015), and medical knowledge (84% in 2009 to 90% in 2015).
- Those who indicated they strongly agree that the performance of the faculty exceeded their expectations (36% in 2011 to 47% in 2015).
- Those who indicated they strongly agree that the performance of the peers exceeded their expectations (30% in 2011 to 43% in 2015).
- Those going into a fellowship (26% in 2008 to 35% in 2015) and accepting an academic position (5% in 2008 to 12% in 2015).
- Those going into a group practice setting (62% in 2008 to 71% in 2015).
- Those who expect to see 10-24 percent of their patients from underserved populations (30% in 2011 to 40% in 2015).
- Those who indicated there are few to very few jobs available in their specialty in Indiana (12% in 2008 to 30% in 2015).
- Those who expect to earn \$400,000 or more during their first year of practice (4% in 2010 to 18% in 2015).

A declining trend was noted for:

- Those who indicated having an individual educational debt of \$150,000 or less (40% in 2008 to 16% in 2015).

- Those who indicated they agree that the performance of the peers exceeded their expectations (56% in 2011 to 45% in 2015).
- Those going into patient care (65% in 2008 to 49% in 2015).
- Those going to the same city or county as current training (31% in 2008 to 26% in 2015).
- Those going into hospital setting (27% in 2008 to 22% in 2015).
- Those who expect to see over 50 percent of their patients from underserved populations (27% in 2011 to 17% in 2015).
- Those who indicated there are many jobs available in their specialty in Indiana (50% in 2008 to 23% in 2015).
- Those who expect to earn between \$100,000 and \$199,999 during their first year of practice (37% in 2010 to 22% in 2015).
- Those who indicated they had received 5 or more job offers in Indiana (13% in 2008 to 9% in 2015).

CHAPTER 1: INTRODUCTION

Indiana University School of Medicine (IUSM) regularly collects information regarding medical students' plans after graduation. Understanding where the IUSM residents and fellows go after completing their training, and understanding the factors that affect those decisions has become very important, especially due to the shortage and mal-distribution of physicians in Indiana. In my former role as Research Analyst as well as in my current role as Director of Educational Research and Data Analysis, I have been preparing reports for IUSM to help policymakers improve efforts to recruit and retain physicians in areas of need in Indiana.

The 2015 IUSM Graduate Medical Education Exit Survey[®] marks the 8th 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.

The next chapter describes the methodology used for this study. Chapters 3 to 7 summarize results of the 2015 IUSM Graduate Medical Education Exit Survey[®]. Chapter 8 describes trends over the past eight years when the survey was administered.

CHAPTER 2: METHODS

In 2008, my research team collaborated with IUSM Office of Graduate Medical Education (GME) to design a survey instrument and develop a protocol for this project. I have continued to work on this project in my current role as Director of Educational Research and Data Analysis. Over the years, a few updates have been made to the survey instrument to capture pertinent information. A copy of the 2015 IUSM Graduate Medical Education Exit Survey[®] is included in **Appendix 1**. 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 2014 and the survey was conducted between January 1 and December 31, 2015. Paper survey instruments were provided for each department within IUSM to be administered in group settings. An electronic survey tool, Survey Monkey[®], was also provided to collect responses from individuals who did not respond to the paper instrument.

Paper survey administration was facilitated by the staff at the GME office. The Office of Educational Research and Data Analysis collected the electronic survey data, performed data entry, data analysis, and the generation of this final report. All data files were kept in a secure and protected database.

Survey instruments were distributed to all accredited graduate medical education programs at IUSM. Surveys were administered to a total of 391 residents and fellows who were intending to graduate from IUSM in the 2015 *calendar* year (including off-cycle graduates). A total of 352 graduates completed the survey, thereby yielding a response rate of 90 percent.

Out of a total of 352 graduates who responded to the survey, 173 (49%) responded they plan to go into “patient care or clinical practice” after graduation. Further analysis was done by categorizing respondents into the following areas:

- a] Type of specialty - primary care (n=88) or non-primary care (n=264);
- b] Type of program - residency (n=221) or fellowship (n=131);
- c] Intended first practice location - within Indiana (n=146) or out-of-state (n=184); and,
- d] Gender - male (n=203) or female (n=149).

Chi-square tests were used to compare responses between groups. *P*-values less than 0.05 were considered statistically significant. SPSS Version 23 and SAS Version 9.4 were used to perform statistical analyses.

CHAPTER 3: ALL RESPONDENTS

The data shown in tables 3.1 to 3.21 and figures 3.1 to 3.2 are based on responses from all 352 graduates participating 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 (173); who intended to practice in Indiana (82); and those who intended to practice outside Indiana (86). Five respondents were undecided about their first practice location. For ease of interpretation, the percentages in the text have been rounded off to the nearest decimal point.

All Respondents (n=352)

Demographics

Age

Table 3.1		All Respondents (n=352)	
Age		Number	Percent
25-29		45	13.2
30-34		213	62.5
35-39		66	19.4
40-44		11	3.2
45-49		2	0.6
> 50		4	1.2
	Total	341	100.0
	Missing	11	

Table 3.1 shows the age distribution of all graduates who responded to the survey. Over four-fifths (82%) of the respondents were between the ages of 30 and 39 years.

Gender

Table 3.2		All Respondents (n=352)	
Gender		Number	Percent
Male		203	57.7
Female		149	42.3
	Total	352	100.0
	Missing	0	

Table 3.2 shows the gender distribution of all graduates who responded to the survey. Over two-fifths (42%) of the respondents were female.

Race

Table 3.3	All Respondents (n=352)	
Which of the following describes your race? Please mark ALL that apply.	Number	Percent
American Indiana / Native Alaskan	8	2.4
Asian	64	18.9
Black / African American	10	2.9
Native Hawaiian / Pacific Islander	1	0.3
White	248	73.2
Bi-Racial	6	1.8
Other	2	0.6
Total	339	100.0
Missing	13	

Table 3.3 shows the racial distribution of all graduates who responded to the survey. About three-fourths (73%) of the respondents were white, followed by almost one-fifth (19%) of the respondents who indicated they were Asian.

Ethnicity

Table 3.4	All Respondents (n=352)	
Do you consider yourself to be Hispanic or Latino?	Number	Percent
Yes, Hispanic / Latino	21	6.3
No, not Hispanic / Latino	312	93.7
Total	333	100.0
Missing	19	

Table 3.4 shows the ethnicity of all graduates who responded to the survey. Six percent (6%) of the respondents were of Hispanic or Latino ethnicity.

Hometown

Table 3.5	All Respondents (n=352)	
What do you consider your hometown?	Number	Percent
Outside USA	59	17.0
Within USA	288	83.0
<i>Outside Indiana</i>	<i>177</i>	<i>61.5</i>
<i>Within Indiana</i>	<i>111</i>	<i>38.5</i>
Total	347	100.0
Missing	5	

Table 3.5 shows what the graduates' considered their hometown. Five graduates did not respond to this question. Of the remaining 347 graduates who responded, nearly one-fifth (17%) of the respondents indicated they were from another country, and over four-fifths (83%) indicated they were from United States. Of the 288 respondents who indicated they were from United States, almost two-fifths (38%) had a hometown within Indiana.

Respondents from Indiana

Table 3.6		All Respondents (n=352)	
Respondents who have an Indiana...		Number	Percent
High School		102	29.0
College		93	26.4
Medical School		103	29.3

Table 3.6 shows the graduates' who graduated from a high school, college, or medical school in Indiana. Over one-fourth of the respondents indicated that they graduated from a high school (29%), college (26%), or medical school (29%) in Indiana.

Current Individual Educational Debt

Figure 3.1: Current Individual Educational Debt

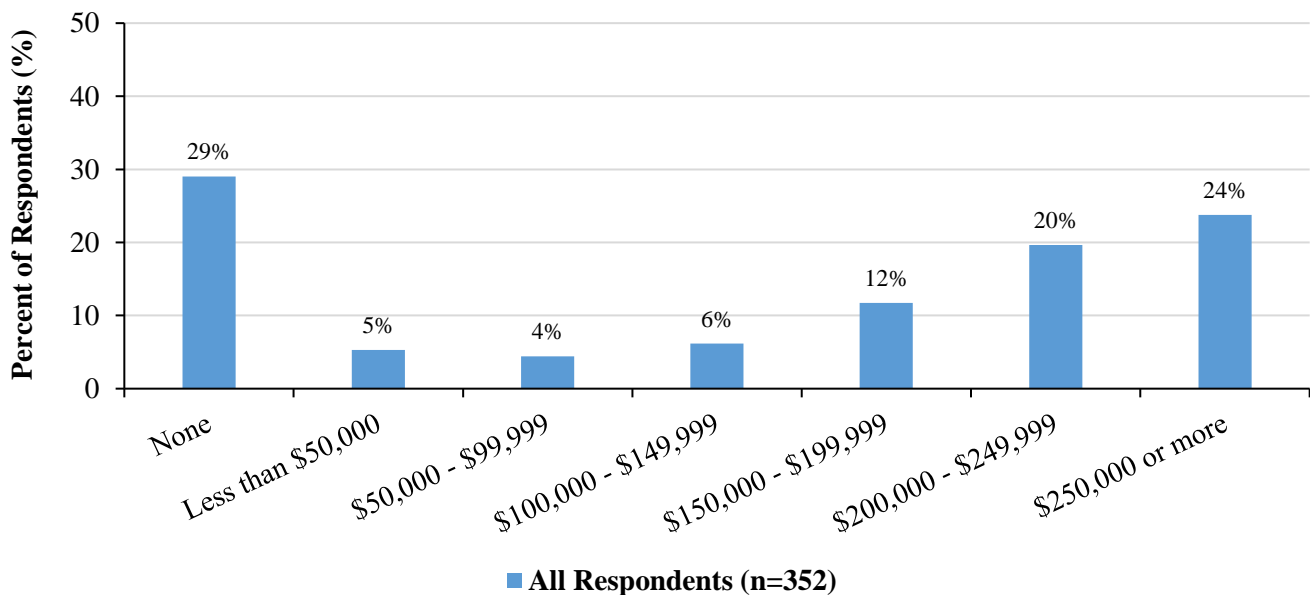


Figure 3.1 presents the current level of individual educational debt among the graduates who responded to the survey. Over one-fourth (29%) of the respondents indicated having no educational debt. Over three-fifths (62%) of the respondents indicated having an educational debt of \$100,000 or more. And, over two-fifths (44%) 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

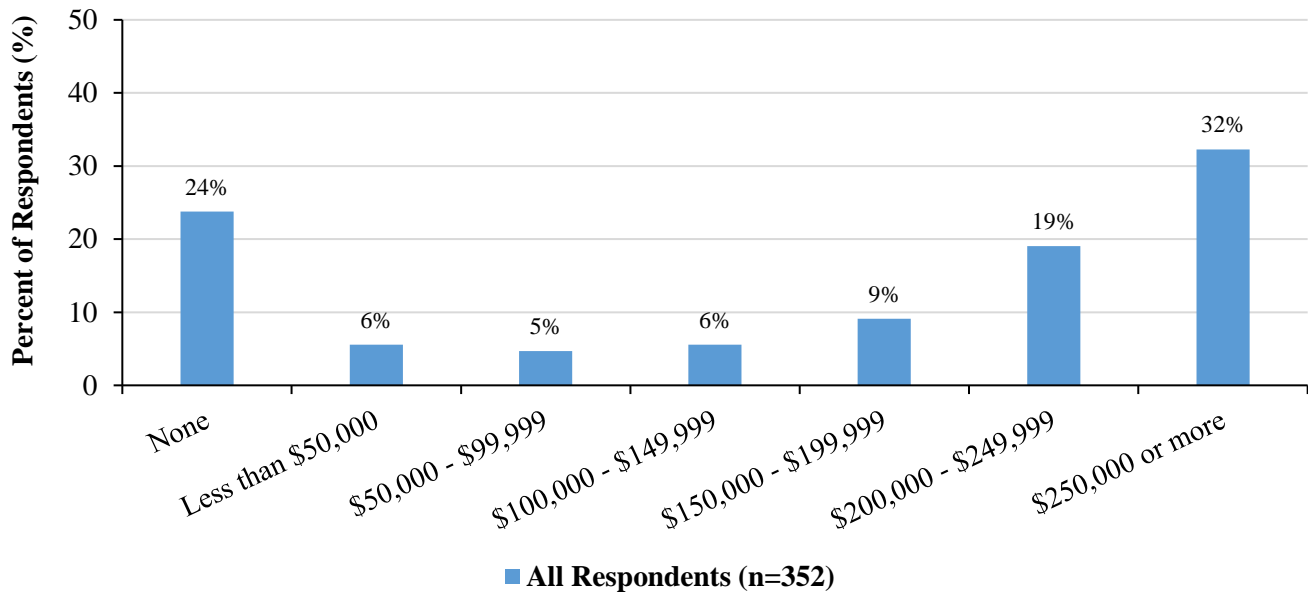


Figure 3.2 presents the current level of total household educational debt among the graduates who responded to the survey. About one-fourth (24%) of the respondents indicated having no household educational debt. Two-thirds (66%) of the respondents indicated having a total household educational debt of \$100,000 or more. And, over one-half (51%) 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=352)	
The residency or fellowship training program was helpful in the preparation for my specialty exams?	Number	Percent
Strongly Agree	143	42.4
Agree	162	48.1
Neutral	25	7.4
Disagree	3	0.9
Strongly Disagree	4	1.2
Total	337	100.0
Missing/ Board Exam in my field does not exist	15	

Table 3.7 shows the graduates' assessment of how helpful the residency or fellowship training program was in preparing them for the board exams. A majority (91%) of the respondents indicated they "strongly agree" or "agree" that the residency or fellowship training program was helpful in preparing them for the board exam.

ACGME Competency Areas

Table 3.8 How competent do you feel in the following ACGME competencies?	All Respondents (n=352)					
	Fully		Partially		Not at all	
	Number	Percent	Number	Percent	Number	Percent
Patient Care	335	96.8	10	2.9	1	0.3
Medical Knowledge	310	89.1	37	10.6	1	0.3
Practice-based learning & improvement	322	92.3	26	7.4	1	0.3
Interpersonal & Communication skills	340	97.4	8	2.3	1	0.3
Professionalism	342	98.6	4	1.2	1	0.3
Systems-based practice	316	90.8	31	8.9	1	0.3

Table 3.8 shows the graduates' self-rated competency level in the Accredited Council for Graduate Medical Education (ACGME) competency areas. A majority of the respondents indicated feeling “fully” competent in patient care (97%), medical knowledge (89%), practiced-based learning and improvement (92%), interpersonal and communication skills (97%), professionalism (99%), and systems-based practice (91%).

Rural and Underserved Training

Table 3.9 In your residency or fellowship program, did you receive training to serve the:	All Respondents (n=352)			
	Yes		No	
	Number	Percent	Number	Percent
Rural population	204	59.3	140	40.7
Underserved population	320	93.0	24	7.0

Table 3.9 shows whether the graduates' received training to serve the rural and underserved populations during their training program. About three-fifths (59%) of the respondents indicated they had received training to serve the rural populations. And, a majority of the respondents (93%) indicated they had received training to serve the underserved populations.

Competency in Providing Care to the Rural and Underserved Populations

Table 3.10 How competent do you feel providing care to the:	All Respondents (n=352)					
	Fully		Partially		Not at all	
	Number	Percent	Number	Percent	Number	Percent
Rural population	250	73.3	86	25.2	5	1.5
Underserved population	320	93.6	21	6.1	1	0.3

Table 3.10 shows the graduates' self-rated competency levels in providing care to the rural and underserved populations. About three-fourths (73%) of the respondents indicated feeling “fully” competent in providing care to rural populations. And, a majority (94%) of the respondents indicated feeling “fully” competent in providing care to the underserved populations.

Program Opportunities

Table 3.11	All Respondents (n=352)			
	Yes		No	
	Number	Percent	Number	Percent
In the current academic year, did you: Have an opportunity to be part of a multi-disciplinary inter-professional team to provide care?	342	98.3	6	1.7
Participate in a quality improvement project to improve health outcome?	289	83.5	57	16.5
Participate in patient safety project?	246	71.3	99	28.7
Utilize electronic health records, including order entry and progress notes, in the direct care of patients?	345	99.4	2	0.6
Have an opportunity to serve on a committee or council?	257	74.3	89	25.7

Table 3.11 shows if there were any program opportunities available for the graduates' to participate in the current academic year. Almost all respondents indicated that they were part of a multidisciplinary inter-professional team (98%) and were able to utilize electronic health records to provide care to their patients (99%). Over four-fifths (84%) of the respondents indicated they were able to participate in a quality improvement project to improve health outcome. Almost three-fourths of the respondents participated in patient safety projects (71%) and had the opportunity to serve on a committee or a council (74%).

Teaching Opportunities

Table 3.12	All Respondents (n=352)	
	Number	Percent
In the current academic year: Were you provided an opportunity to teach in a clinical environment?		
Yes	334	97.9
No	7	2.1
Total	341	100.0
Missing	11	

Table 3.12 shows whether the graduates' were provided an opportunity to teach in a clinical environment. A majority (98%) of the respondents indicated they were provided an opportunity to teach in a clinical environment.

Teaching Preparedness

Table 3.13	All Respondents (n=352)	
In the current academic year: How prepared did you feel to teach in a clinical environment?	Number	Percent
Very well prepared	155	44.8
Well prepared	167	48.3
Neutral	21	6.1
Poorly prepared	2	0.6
Very poorly prepared	1	0.3
Total	346	100.0
Missing	6	

Table 3.13 shows the graduates' readiness to teach in a clinical environment. A majority (93%) of the respondents indicated feeling "very well prepared" or "well prepared" to teach in a clinical environment.

Frequency of Teaching Opportunities

Table 3.14	All Respondents (n=352)	
In the current academic year: How many opportunities for teaching did you encounter per year in a clinical environment?	Number	Percent
0	2	0.6
1 - 4	21	6.2
5 - 9	48	14.2
10 - 19	53	15.6
20 or more	215	63.4
Total	339	100.0
Missing	13	

Table 3.14 shows the number of opportunities graduates' were provided to teach in a clinical environment per year. Nearly two-thirds (63%) of the respondents indicated they were provided at least 20 or more opportunities per year to teach in a clinical environment.

“Ideal” Frequency for Teaching Opportunities per Year

Table 3.15	All Respondents (n=352)	
In the current academic year: What would be your "ideal" frequency of opportunities to teach per year in a clinical environment?	Number	Percent
0-15	99	37.2
16-31	90	33.8
32-47	4	1.5
48-63	26	9.8
>64	47	17.7
Total	266	100.0
Missing	86	

Table 3.15 shows what the graduates’ perceive to be the “ideal” frequency of opportunities per year to teach in a clinical environment. Over two-thirds (71%) of the respondents indicated their “ideal” frequency of teaching opportunities in a clinical environment would be between 0 and 31 times per year.

Competency in Communication during the Hand-Off Process

Table 3.16	All Respondents (n=352)	
How competent do you feel in communicating with team members in the hand-off process?	Number	Percent
Very competent	260	75.8
Competent	73	21.3
Neutral	9	2.6
Incompetent	0	0.0
Very incompetent	1	0.3
Total	343	100.0
Missing	9	

Table 3.16 shows the graduates’ self-rated competency levels in communicating with team members during the hand-off process. A majority (97%) of the respondents indicated feeling “very competent” or “competent” communicating with team members during the hand-off process.

IUSM Policies and Procedures Regarding Mistreatment

Table 3.17	All Respondents (n=352)			
	Yes		No	
	Number	Percent	Number	Percent
Do you know about the following at IUSM:				
Policies regarding mistreatment of residents?	287	83.4	57	16.6
Procedures for reporting mistreatment of residents?	277	80.1	69	19.9
Policies regarding mistreatment of medical students?	280	80.9	66	19.1
Procedures for reporting mistreatment of medical students?	270	78.0	76	22.0

Table 3.17 shows the graduates' knowledge of the IUSM policies and procedures regarding mistreatment. Four-fifths of the respondents indicated they knew the policies (83%) and procedures (80%) for reporting mistreatment of residents; as well as policies (81%) and procedures (78%) regarding mistreatment of medical students.

Quality of Program

Table 3.18	All Respondents (n=352)	
I would rate the overall <u>quality</u> of my residency or fellowship program as:	Number	Percent
Excellent	188	54.0
Above Average	134	38.5
Average	21	6.0
Below Average	3	0.9
Extremely Poor	2	0.6
Total	348	100.0
Missing	4	

Table 3.18 shows the graduates' overall rating of the quality of their residency or fellowship training program. A majority (93%) of the respondents indicated the quality of their training program was "excellent" or "above average."

Faculty Assessment

Table 3.19	All Respondents (n=352)	
I would rate the overall performance of the <u>faculty</u> in my residency or fellowship program to have exceeded my expectations?	Number	Percent
Strongly Agree	164	47.1
Agree	145	41.7
Neutral	32	9.2
Disagree	4	1.1
Strongly Disagree	3	0.9
Total	348	100.0
Missing	4	

Table 3.19 shows the graduates' overall performance rating of faculty in their training program. Over four-fifths (89%) of the respondents indicated they "strongly agree" or "agree" that faculty in their training program exceeded their expectations.

Assessment of Peer Residents and Fellows

Table 3.20	All Respondents (n=352)	
I would rate the overall performance of the other residents/fellows in my residency or fellowship program to have exceeded my expectations.	Number	Percent
Strongly Agree	149	42.9
Agree	157	45.2
Neutral	31	8.9
Disagree	10	2.9
Strongly Disagree	0	0.0
Total	347	100.0
Missing	5	

Table 3.20 shows the graduates’ overall performance rating of other residents or fellows in their training program. Over four-fifths (88%) of the respondents indicated they “strongly agree” or “agree” that the other residents or fellows exceeded their expectations.

Plans after Graduation

Table 3.21	All Respondents (n=352)	
What do you expect to be doing after completion of your current residency or fellowship program?	Number	Percent
Patient Care or Clinical Practice (in Non-Training position)	173	49.4
Fellowship or Additional Subspecialty Training	121	34.6
Academic position (Teaching and/or Research)	43	12.3
Temporarily Out of Medicine	0	0.0
Military	2	0.6
Industry	0	0.0
Other	3	0.9
Undecided or Don't know yet	8	2.3
Total	350	100.0
Missing	2	

Table 3.21 shows what the graduates’ expect to do after completing their current training program. Nearly one-half (49%) of the respondents planned to be clinical practitioners, over one-third (35%) planned to continue their training, and over one-tenth (12%) planned to work in an academic setting (teaching and/or research).

NOTE - The following section is only for those who indicated they were going into “patient care or clinical practice” (n=173).

Plans after Graduation for Respondents going into Patient Care or Clinical Practice (n=173)

Practice Characteristics

Primary Practice Location

Table 3.22		Clinical Care Respondents (n=173)	
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	44	26.2	
Same region in Indiana, but different city or county	16	9.5	
Other area in Indiana	22	13.1	
Other U.S. state (not Indiana)	81	48.2	
Outside of U.S.	5	3.0	
Total	168	100.0	
Missing/Undecided	5		

Table 3.22 shows the location of the graduates' primary activity after completion of their current training program. About one-half of the respondents indicated they plan to practice within Indiana (49%) and outside Indiana (51%) after completing their training.

Type of Practice

Table 3.23		Clinical Care Respondents (n=173)	
Which best describes the principal type of Patient Care Practice you will be entering?	Number	Percent	
Solo practice	3	1.9	
Partnership (2 person)	9	5.6	
Group Practice	106	65.8	
Hospital - inpatient	20	12.4	
Hospital - ambulatory care	9	5.6	
Hospital - emergency department	5	3.1	
Hospital - inpatient/ambulatory care	2	1.2	
Free-standing health center or clinic	2	1.2	
Nursing Home	0	0	
Other	5	3.1	
Total	161	100.0	
Missing	12		

Table 3.23 shows the principal type of patient care practice setting that the graduates' will be entering after completing their training. Two-thirds (66%) of the respondents indicated they will be entering a group practice. Almost one-fourth (22%) of the respondents indicated they intended to practice in a hospital setting (inpatient, ambulatory care, emergency department, or inpatient/ambulatory).

Amount of Direct Patient-Care Activities

Table 3.24	Clinical Care Respondents (n=173)	
In your upcoming position, what amount of direct patient-care activities will you do?	Number	Percent
No patient-care activities	0	0.0
Part-time patient-care activities	10	5.8
Full-time patient-care activities	163	94.2
Total	173	100.0
Missing	0	

Table 3.24 shows the graduates' expected amount of time spent in direct patient-care activities in their upcoming position. Almost all (94%) respondents indicated they will be working full-time in direct patient-care activities.

In addition, almost all (93%) respondents indicated they had no obligation or visa requirement.

Percentage of Patients Expected to be seen from Underserved Populations

Table 3.25	Clinical Care Respondents (n=173)	
In your new practice, what percentage of the patients do you expect to see from underserved populations?	Number	Percent
Less than 10 percent	15	10.2
10-24 percent	59	40.1
25-49 percent	48	32.7
50-74 percent	18	12.2
More than 75 percent	7	4.8
Total	147	100.0
Missing/Don't Know	26	

Table 3.25 shows the percentage of patients the respondents expect to see from underserved populations. A majority (90%) of the respondents indicated they expect to see more than 10 percent of the patients from underserved populations (Medicaid or self-pay, educationally or economically disadvantaged).

Opportunities in Indiana

Figure 3.3: Overall Assessment of Practice Opportunities in Indiana (n=173)

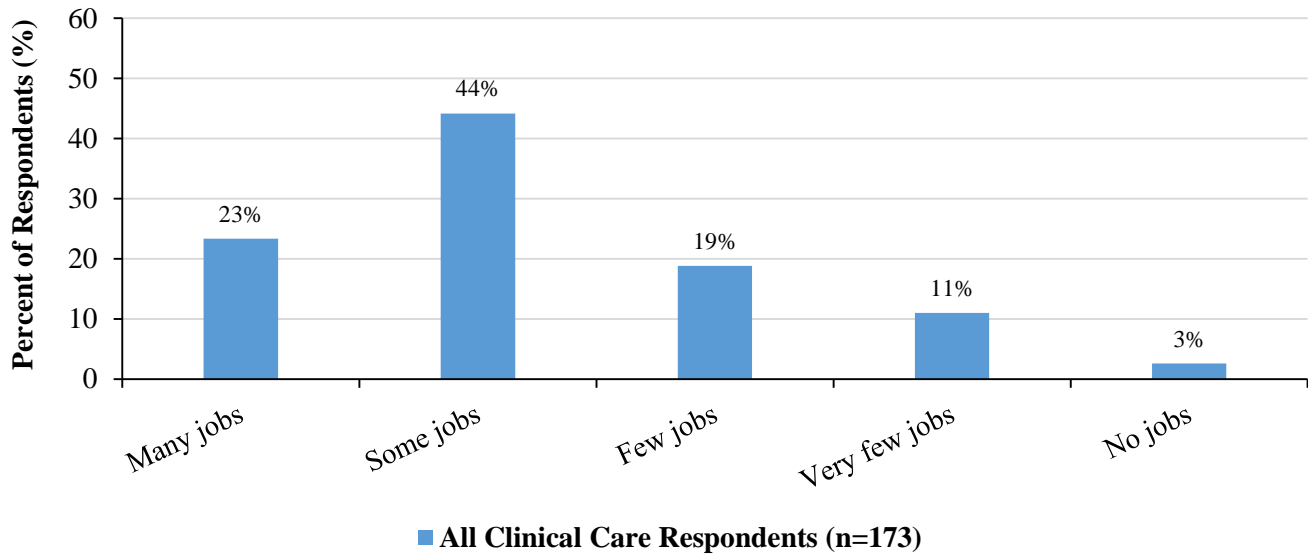


Figure 3.3 presents the overall assessment of practice opportunities for graduates within their specialty in Indiana. Over two-thirds (67%) of the respondents indicated there were “many” or “some” job opportunities available within their specialties in Indiana. Less than one-third (30%) of the respondents reported there were “few” or “very few” job opportunities available within their specialties in Indiana.

Expected Gross Income

Figure 3.4: Expected Gross Income (n=173)

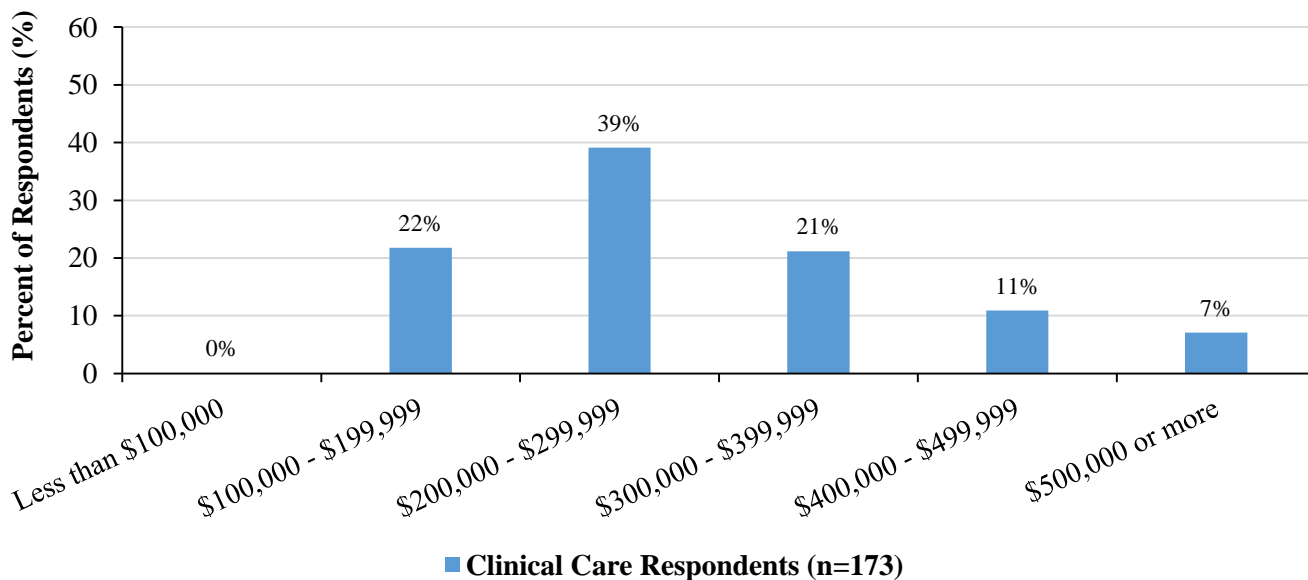


Figure 3.4 presents the gross income that graduates expect to earn during their first year of practice. Almost four-fifths (78%) of the respondents indicated they expect to earn \$200,000 or more in their first year of practice. Nearly two-fifths (18%) of the respondents indicated they expect to earn \$400,000 or more in their first year of practice.

Job Offers All Together

Table 3.26	Clinical Care Respondents (n=173)	
How many offers for employment/practice positions did you receive all together?	Number	Percent
0	1	0.6
1	24	15.4
2	35	22.4
3	36	23.1
4	23	14.7
5 or more	37	23.7
Total	156	100.0
Missing/ Did not seek an employment positions at the time	17	

Table 3.26 shows the total number of offers the graduates' received for employment or practice positions. Nearly two-thirds (62%) of the respondents indicated receiving three or more offers for employment all together.

Main Reasons to Practice at this Location

Figure 3.5: Main Reasons to Practice at this Location (n=173)

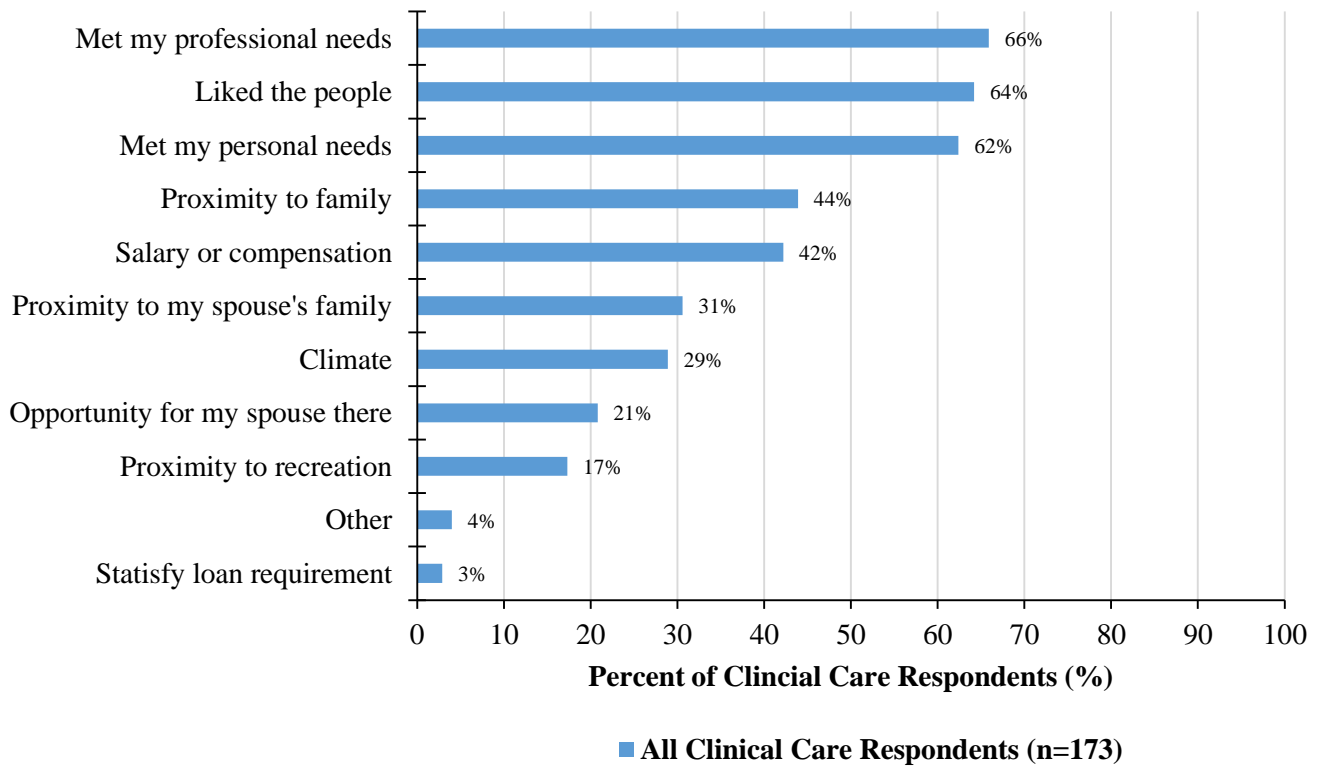


Figure 3.5 shows the main reasons influencing the graduates’ choice of practice location. The top three reasons given by respondents for choosing to practice at this location were: “met my professional needs or preferences” (66%), “liked the people” (64%), and “met my personal needs or preferences” (62%).

Job Offers in Indiana

Table 3.27		Clinical Care Respondents (n=82)*	
How many offers for employment/practice positions did you receive <u>in Indiana?</u>	Number	Percent	
0	0	0.0	
1	20	25.6	
2	23	29.5	
3	19	24.4	
4	9	11.5	
5 or more	7	9.0	
Total	78	100.0	
Missing/ Did not seek employment positions in Indiana	4		

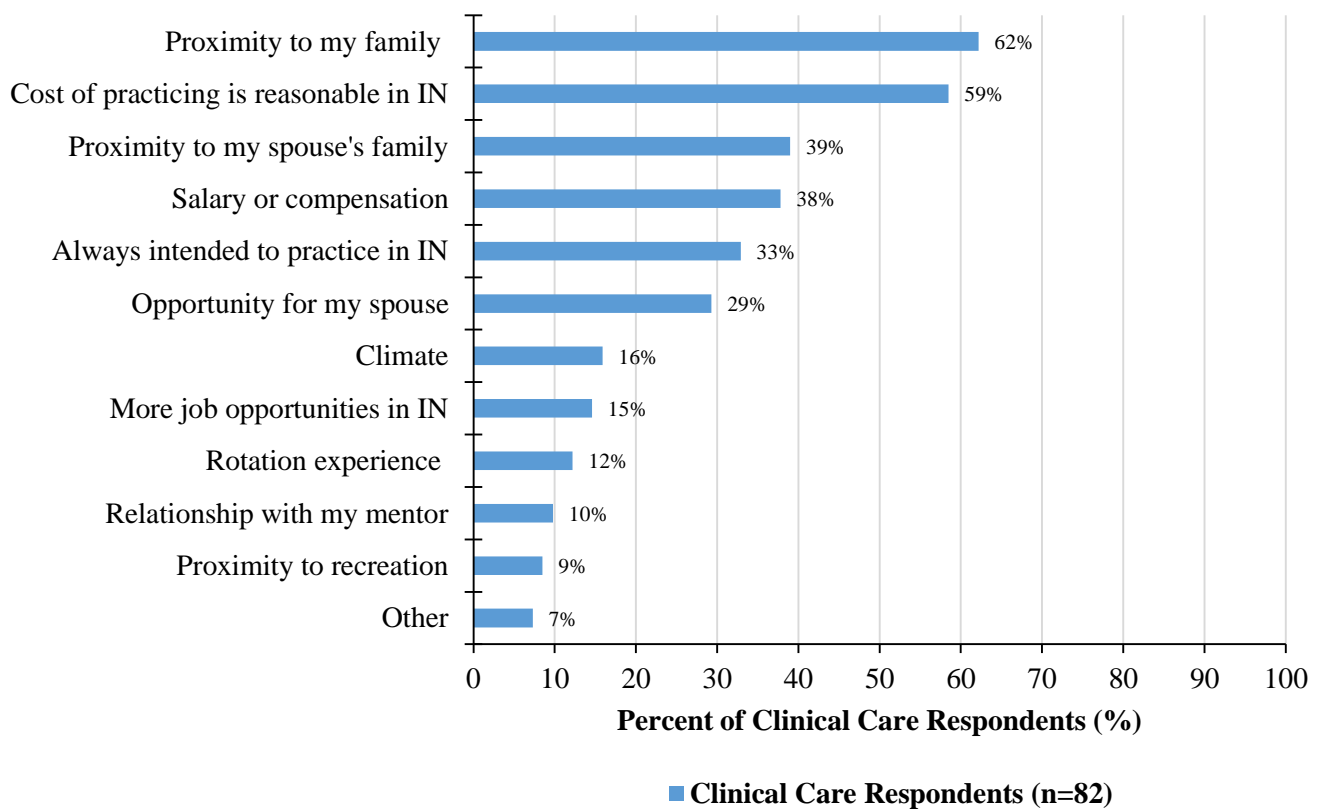
*Reflects responses from only those respondents who indicated their primary practice location was in Indiana.

Table 3.27 shows the number of offers the graduates’ received for employment or practice positions in Indiana. Only those respondents who indicated their primary practice location was in Indiana were included in the analysis.

Of those intending to practice in Indiana, over two-fifths (45%) of the respondents indicated receiving three or more offers for employment in the state.

Main Reasons to Practice in Indiana

Figure 3.6: Main Reasons to Practice in Indiana (n=82)*



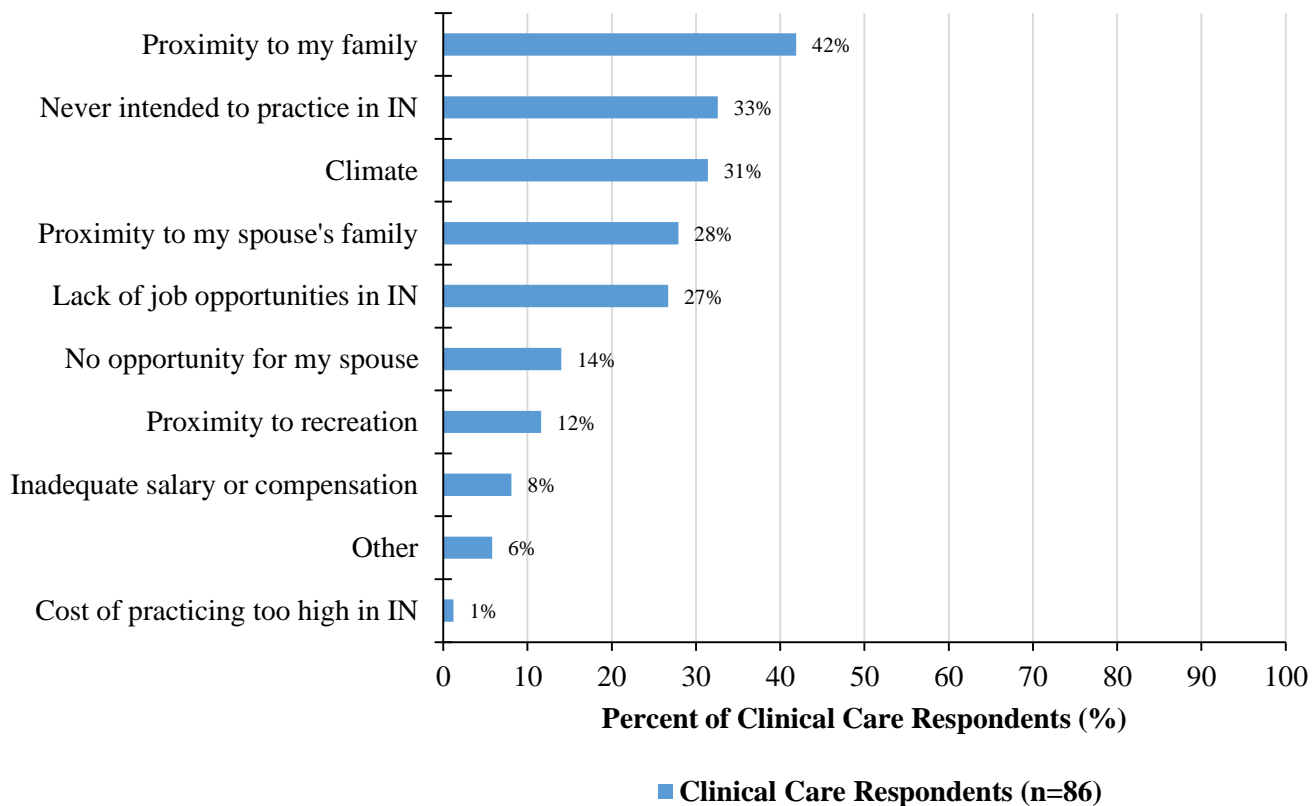
**Reflects responses from only those respondents who indicated their primary practice location was in Indiana.*

Figure 3.6 presents the main reasons influencing the graduates’ choice of practice location in Indiana. Only those respondents who indicated their primary practice location was in Indiana were included in this analysis.

Of those intending to practice in Indiana, the top three reasons given for choosing to practice in Indiana were: “proximity to my family” (62%), “cost of practicing is reasonable in Indiana” (59%), and “proximity to my spouse’s family” (39%).

Main Reasons not to Practice in Indiana

Figure 3.7: Main Reasons not to Practice in Indiana (n=86)*



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

Figure 3.7 presents the main reasons influencing graduates' choice of practice location outside Indiana. Only those respondents who indicated their primary practice location was outside Indiana were included in this analysis.

Of those intending to practice outside Indiana, the top three reasons given for choosing not to practice in Indiana were: “proximity to my family” (42%), “never intended to practice in Indiana” (33%), and “climate” (31%).

CHAPTER 4: PRIMARY CARE & NON-PRIMARY CARE RESPONDENTS

The survey respondents' names were matched with their specialty and then classified into two categories, primary care and non-primary. Primary care specialties included family medicine, general internal medicine, general pediatrics, and medicine/pediatrics. Non-primary care included all other specialties. Of the 352 graduates who completed the survey, 88 were in primary care and 264 were in a non-primary care specialty, as shown in tables 4.1 to 4.21 and figures 4.1 and 4.2. The remaining tables and figures show responses from only those graduates:

- who indicated that they planned to work in 'patient care or clinical practice' after graduation [primary care (31) and non-primary care (142)];
- who intended to practice in Indiana [primary care (14) and non-primary care (68)]; and,
- who intended to practice outside Indiana [primary care (17) and non-primary care (69)].

Five non-primary care respondents were 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=352)

Demographics

Age

Table 4.1 Age	Primary Care (n=88)		Non-Primary Care (n=264)	
	Number	Percent	Number	Percent
25-29	30	34.9	15	5.9
30-34	50	58.1	163	63.9
35-39	4	4.7	62	24.3
40-44	1	1.2	10	3.9
45-49	0	0.0	2	0.8
>50	1	1.2	3	1.2
Total	86	100.0	255	100.0
Missing	2		9	

Chi-square p-value = <0.000 ‡

Table 4.1 shows the age distribution of all primary and non-primary care respondents. Over three-fifths (63%) of primary care respondents were between the ages of 30 and 39 years, compared to 88 percent of the non-primary care respondents. The Chi-square test of association between the two groups was statistically significant. Non-primary care respondents were more likely to be 35 years of age or older.

Gender

Table 4.2		Primary care (n=88)		Non-Primary Care (n=264)	
Gender		Number	Percent	Number	Percent
Male		40	45.5	163	61.7
Female		48	54.5	101	38.3
	Total	88	100.0	264	100.0
	Missing	0		0	

Chi-square p-value = 0.007 †

Table 4.2 shows the gender distribution of all primary care and non-primary care respondents. Over one-half (55%) of the primary care respondents were female, compared to 38 percent of the non-primary care respondents. The Chi-square test of association between the two groups was statistically significant. Primary care respondents were more likely to be female.

Race

Table 4.3		Primary Care (n=88)		Non-Primary Care (n=264)	
Which of the following describes your race? Please mark ALL that apply.		Number	Percent	Number	Percent
American Indian/ Native Alaskan		3	3.6	5	2.0
Asian		14	16.7	50	19.6
Black/African American		2	2.4	8	3.1
Native Hawaiian/ Pacific Islander		1	1.2	0	0.0
White		62	73.8	186	72.9
Bi-Racial		1	1.2	5	2.0
Other		1	1.2	1	0.4
	Total	84	100.0	255	100.0
	Missing	4		9	

Chi-square p-value =0.603

Table 4.3 shows the racial distribution of all primary and non-primary care respondents. Nearly three-fourths of the primary care (74%) and non-primary care (73%) respondents were white. Less than one-fifth of the primary care (17%) and non-primary care (20%) respondents indicated they were Asian. There was no statistically significant difference between the two groups.

Ethnicity

Table 4.4		Primary Care (n=88)		Non-Primary Care (n=264)	
Do you consider yourself to be Hispanic or Latino?		Number	Percent	Number	Percent
Yes, Hispanic/Latino		6	7.1	15	6.0
No, not Hispanic/Latino		79	92.9	233	94.0
	Total	85	100.0	248	100.0
	Missing	3		16	

Chi-square p-value = 0.741

Table 4.4 shows the ethnicity of all primary and non-primary care respondents. Less than one-tenth of the primary care (7%) and non-primary care (6%) respondents indicated a Hispanic or Latino ethnicity. There was no statistically significant difference between the two groups.

Hometown

Table 4.5	Primary Care (n=88)		Non-Primary Care (n=264)	
What do you consider your hometown?	Number	Percent	Number	Percent
Outside USA	25	28.7	34	13.2
Within USA	62	71.3	223	86.8
<i>Outside Indiana</i>	44	71.0	130	58.3
<i>Within Indiana</i>	18	29.0	93	41.7
Total	87	100.0	257	100.0
Missing	1		7	

Chi-square p-value = 0.070

Table 4.5 shows what the primary care and non-primary care respondents' considered their hometown. Over one-fourth (29%) of the primary care respondents were from another country, compared to 13 percent of the non-primary care respondents. Of the 285 respondents who indicated they were from United States, over one-fourth (29%) of the primary care respondents indicated having a hometown within Indiana, compared to 42 percent of the non-primary care respondents. There was no statistically significant difference between the two groups.

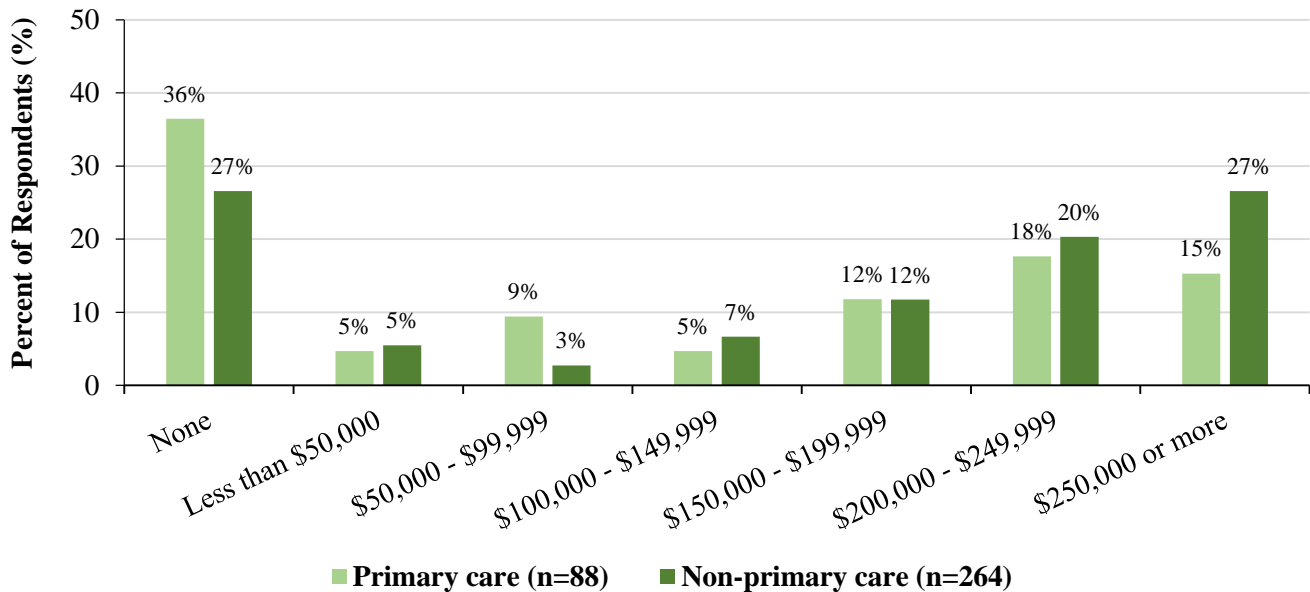
Respondents from Indiana

Table 4.6	Primary Care (n=88)		Non-Primary Care (n=264)	
Respondents who have an Indiana...	Number	Percent	Number	Percent
High School	17	19.3	85	32.2
College	15	17.0	78	29.5
Medical School	19	21.6	84	31.8

Table 4.6 shows the primary care and non-primary care respondents who graduated from a high school, college, or medical school in Indiana. About one-fifth of the primary care respondents indicated that they graduated from a high school (19%), college (17%), or medical school (22%) in Indiana. About one-third of the non-primary care respondents indicated that they graduated from a high school (32%), college (30%), or medical school (32%) in Indiana.

Current Individual Educational Debt

Figure 4.1: Current Individual Educational Debt (n=352)

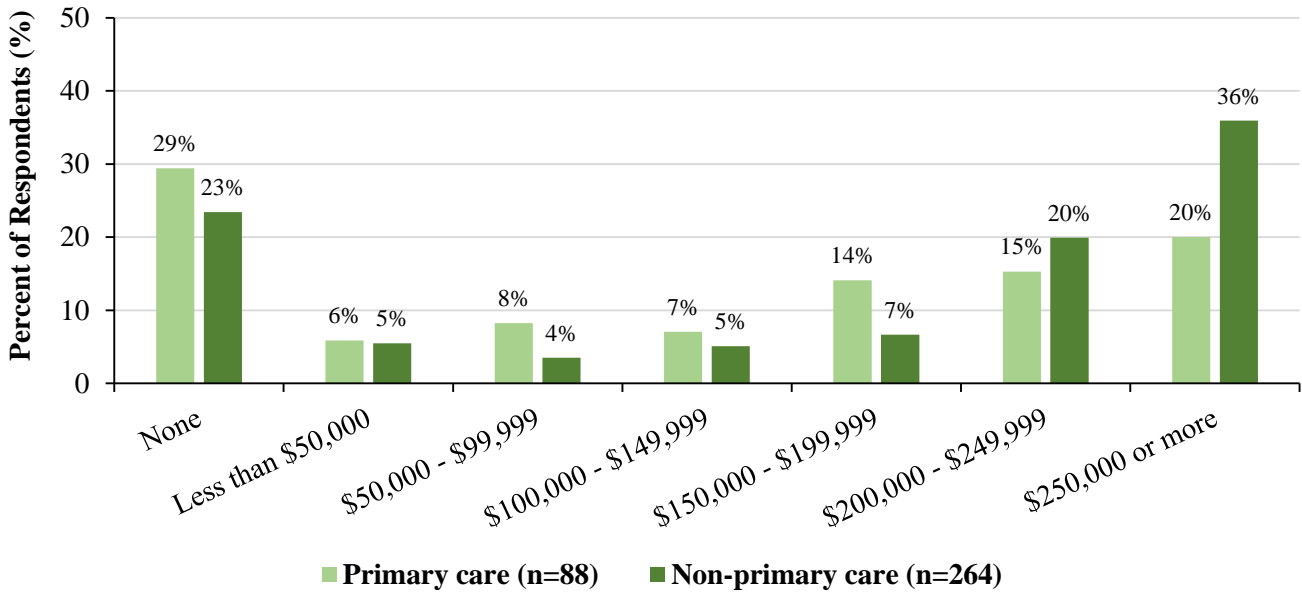


Chi-square p-value = 0.047†

Figure 4.1 presents the current level of individual educational debt among the primary care and non-primary care respondents. Over one-third (36%) of the primary care respondents indicated having no educational debt, compared to 27 percent of non-primary care respondents. One-half (50%) of the primary care respondents indicated having an educational debt of \$100,000 or more, compared to 66 percent of the non-primary care respondents. One-third (33%) of the primary care respondents reported having an educational debt of \$200,000 or more, compared to 47 percent of the non-primary care respondents. The Chi-square test of association between the two groups was statistically significant. Non-primary care respondents were more likely to have an educational debt of \$250,000 or more. Primary care respondents were more likely to have no educational debt.

Current Total Household Educational Debt

Figure 4.2: Current Total Household Educational Debt (n=352)



Chi-square p-value = 0.026 †

Figure 4.2 presents the current level of total household educational debt among the primary care and non-primary care respondents. About one-fourth of the primary care (29%) and non-primary care (23%) respondents indicated having no household educational debt. Over one-half (56%) of the primary care respondents indicated having a household educational debt of \$100,000 or more, compared to 68 percent of non-primary care respondents. Over one-third (35%) of primary care respondents reported having a household educational debt of \$200,000 or more, compared to 56 percent of non-primary care respondents. The Chi-square test of association between the two groups was statistically significant. Non-primary care respondents were more likely to have a total household educational debt of \$250,000 or more.

Program Assessment

Training Program

Table 4.7 The residency or fellowship training program was helpful in the preparation for my specialty exams?	Primary Care (n=88)		Non-Primary Care (n=264)	
	Number	Percent	Number	Percent
Strongly Agree	37	42.0	106	42.6
Agree	46	52.3	116	46.6
Neutral	5	5.7	20	8.0
Disagree	0	0.0	3	1.2
Strongly Disagree	0	0.0	4	1.6
Total	88	100.0	249	100.0
Missing/ Board Exam in my field does not exist	0		15	

Chi-square p-value = 0.0535

Table 4.7 shows the primary care and non-primary care respondents' assessment of how helpful their training was in preparing them for the board exams. Nearly all primary care (94%) and non-primary care (89%) respondents indicated they “strongly agree” or “agree” that their training was helpful in preparing them for their board exams. There was no statistically significant difference between the two groups.

ACGME Competency Areas

Table 4.8 How competent do you feel in the following competencies?	Primary Care (n=88)			Non-Primary Care (n=264)			p-value
	Fully %	Partially %	Not at all %	Fully %	Partially %	Not at all %	
Patient Care	96.6	2.3	1.1	96.9	3.1	0.0	0.886
Medical knowledge	88.6	10.2	1.1	89.2	10.8	0.0	0.877
Practice-based learning & improvement	90.9	8.0	1.1	92.7	7.3	0.0	0.582
Interpersonal & communication skills	97.7	1.1	1.1	97.3	2.7	0.0	0.834
Professionalism	98.9	0.0	1.1	98.5	1.5	0.0	0.781
Systems-based practice	88.5	10.3	1.1	91.6	8.4	0.0	0.391

Table 4.8 shows the primary care and non-primary care respondents' self-rated skill level in the six ACGME competency areas. Almost all ($\geq 88\%$) primary care and non-primary care respondents indicated feeling “fully” competent in the six ACGME competency areas. There was no statistically significant difference between the two groups.

Rural and Underserved Training

Table 4.9 In your residency or fellowship program, did you receive training to serve the:	Primary Care (n=88)				Non-Primary Care (n=264)				p-value
	Yes		No		Yes		No		
	#	%	#	%	#	%	#	%	
Rural population	42	47.7	46	52.3	162	63.3	94	36.7	0.010 †
Underserved population	86	97.7	2	2.3	234	91.4	22	8.6	0.044 †

Table 4.9 shows whether the primary care and non-primary care respondents' received training to serve the rural and underserved populations in their program. About one-half (48%) of the primary care respondents indicated they had received training to serve rural populations, compared to 63 percent of non-primary care respondents. The Chi-square test of association between the two groups was statistically significant. Non-primary care respondents were more likely to receive training to serve the rural populations.

Almost all primary-care (98%) and non-primary care (91%) respondents reported they had received training to serve the underserved populations. The Chi-square test of association between the two groups was statistically significant. Primary care respondents were more likely to receive training to serve the underserved populations.

Competency in Providing Care to the Rural and Underserved Populations

Table 4.10 How competent do you feel providing care to the:	Primary Care (n=88)			Non-Primary Care (n=264)			p-value
	Fully	Partially	Not at all	Fully	Partially	Not at all	
	%	%	%	%	%	%	
Rural population	48.9	47.7	3.4	81.8	17.4	0.8	<0.000 †
Underserved population	92.0	6.8	1.1	94.1	5.9	0.0	0.499

Table 4.10 shows the primary care and non-primary care respondents' self-rated competency levels in providing care to the rural and underserved populations. Almost one-half (48%) of the primary care respondents indicated feeling "fully" competent in providing care to the rural population, compared to 82 percent of the non-primary care respondents. The Chi-square test of association between the two groups was statistically significant. Non-primary care respondents were more likely to feel fully competent providing care to the rural populations.

Almost all of the primary care (92%) and non-primary care (94%) respondents indicated feeling fully competent in providing care to the underserved populations. There was no statistically significant difference between the two groups.

Program Opportunities

Table 4.11 In the current academic year, did you:	Primary Care (n=88)				Non-Primary Care (n=264)				p-value
	Yes		No		Yes		No		
	#	%	#	%	#	%	#	%	
Have an opportunity to be part of a multi-disciplinary inter-professional team to provide care?	87	98.9	1	1.1	255	98.1	5	1.9	0.624
Participate in a quality improvement project to improve health outcome?	83	94.3	5	5.7	206	79.8	52	20.2	0.001 †
Participate in patient safety project?	78	88.6	10	11.4	168	65.4	89	34.6	<0.000 †
Utilize electronic health records, including order entry and progress notes, in the direct care of patients?	88	100.0	0	0.0	257	99.2	2	0.8	0.408
Have an opportunity to serve on a committee or council?	66	75.0	22	25.0	191	74.0	67	26.0	0.857

Table 4.11 shows if there were any program opportunities available for the primary care and non-primary care respondents to participate in the current academic year. Almost all primary care and non-primary care respondents had an opportunity to be part of a multi-disciplinary team (99%, 98%) and utilize electronic health records (100%, 99%), respectively. In addition, almost all primary care respondents indicated they had an opportunity to participate in a quality improvement (94%) and patient safety project (89%), compared to non-primary care respondents (80% and 65%, respectively). Lastly, three-fourths of the primary care (75%) and non-primary care (74%) respondents indicated they had an opportunity to serve on a committee or council. The Chi-square test of association between the two groups was statistically significant. Primary care respondents were more likely to have opportunities to participate in a quality improvement project as well as a patient safety project.

Teaching Opportunities

Table 4.12 In the current academic year: Were you provided an opportunity to teach in a clinical environment?	Primary Care (n=88)		Non-Primary Care (n=264)	
	Number	Percent	Number	Percent
Yes	88	100.0	246	97.2
No	0	0.0	7	2.8
Total	88	100.0	253	100.0
Missing	0		11	

Chi-square p-value = 0.115

Table 4.12 shows whether the primary care and non-primary care respondents were provided an opportunity to teach in a clinical environment. A majority of the primary care (100%) and non-primary care (97%) 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 4.13 In the current academic year: How prepared did you feel to teach in a clinical environment?	Primary Care (n=88)		Non-Primary Care (n=264)	
	Number	Percent	Number	Percent
Very well prepared	36	40.9	119	46.1
Well prepared	46	52.3	121	46.9
Neutral	5	5.7	16	6.2
Poorly prepared	1	1.1	1	0.4
Very poorly prepared	0	0.0	1	0.4
Total	88	100.0	258	100.0
Missing	0		6	

Chi-square p-value = 0.959

Table 4.13 shows the primary care and non-primary care respondents' readiness to teach in a clinical environment. Almost all primary care (93%) and non-primary care (93%) respondents indicated feeling "very well prepared" or "well prepared" to teach in a clinical environment. There was no statistically significant difference between the two groups.

Frequency of Teaching Opportunities

Table 4.14 In the current academic year: How many opportunities for teaching did you encounter per year in a clinical environment?	Primary Care (n=88)		Non-Primary Care (n=264)	
	Number	Percent	Number	Percent
0	0	0.0	2	0.8
1 to 4	5	5.7	16	6.3
5 to 9	8	9.2	40	15.9
10 to 19	20	23.0	33	13.1
20 or more	54	62.1	161	63.9
Total	87	100.0	252	100.0
Missing	1		12	

Chi-square p-value = 0.761

Table 4.14 shows the number of opportunities the primary care and non-primary care respondents were provided to teach per year in a clinical environment. Nearly two-thirds of the primary care (62%) and non-primary care (64%) respondents indicated they were provided at least 20 or more opportunities per year to teach in a clinical environment. There was no statistically significant difference between the two groups.

“Ideal” Frequency for Teaching Opportunities per Year

Table 4.15 In the current academic year: What would be your "ideal" frequency of opportunities to teach per year in a clinical environment?	Primary Care (n=88)		Non-Primary Care (n=264)	
	Number	Percent	Number	Percent
0-15	26	37.1	73	37.2
16-31	22	31.4	68	34.7
32-47	0	0.0	4	2.0
48-63	9	12.9	17	8.7
>64	13	18.6	34	17.3
Total	70	100.0	196	100.0
Missing	18		68	

Chi-square p-value = 0.610

Table 4.15 shows what the primary care and non-primary care respondents perceive to be the “ideal” frequency of opportunities to teach in a clinical environment per year. Over two-thirds of primary care (69%) and non-primary care (72%) respondents indicated their “ideal” frequency of teaching opportunities in a clinical environment would be between 0 and 31 times per year. There was no statistically significant difference between the two groups.

Competency in Communication during the Hand-Off Process

Table 4.16 How competent do you feel in communicating with team members in the hand-off process?	Primary Care (n=88)		Non-Primary Care (n=264)	
	Number	Percent	Number	Percent
Very competent	62	71.3	198	77.3
Competent	24	27.6	49	19.1
Neutral	1	1.1	8	3.1
Incompetent	0	0.0	0	0.0
Very incompetent	0	0.0	1	0.4
Total	87	100.0	256	100.0
Missing	1		8	

Chi-square p-value = 0.257

Table 4.16 shows the primary care and non-primary care respondents’ self-rated competency levels in communicating with team members during the hand-off process. Nearly all primary care (99%) and non-primary care (96%) respondents indicated feeling “very competent” or “competent” communicating with team members during the hand-off process. There was no statistically significant difference between the two groups.

IUSM Policies and Procedures Regarding Mistreatment

Table 4.17 Do you know about the following at IUSM:	Primary Care (n=88)				Non-Primary care (n=264)				p-value
	Yes		No		Yes		No		
	#	%	#	%	#	%	#	%	
Policies regarding mistreatment of residents	68	77.3	20	22.7	219	85.5	37	14.5	0.071
Procedures for reporting mistreatment of residents	64	72.7	24	27.3	213	82.6	45	17.4	0.046 †
Policies regarding mistreatment of medical students	67	76.1	21	23.9	213	82.6	45	17.4	0.185
Procedures for reporting mistreatment of medical students	62	70.5	26	29.5	208	80.6	50	19.4	0.046 †

Table 4.17 shows the primary care and non-primary care respondents' knowledge of the IUSM policies and procedures regarding mistreatment. About three-fourths of the primary care respondents indicated they knew the policies *and* procedures for reporting mistreatment of residents *and* medical students (77%, 73%, 76%, and 71%), respectively. Over four-fifths of the non-primary care respondents indicated they knew the policies *and* procedures for reporting mistreatment of residents and medical students (86%, 83%, 83%, and 81%), respectively. The Chi-square test of association between the two groups was statistically significant. Non-primary care respondents were more likely to know the procedures for reporting the mistreatment of residents *and* medical students.

Quality of Program

Table 4.18 I would rate the overall quality of my residency or fellowship program as:	Primary Care (n=88)		Non-Primary Care (n=264)	
	Number	Percent	Number	Percent
Excellent	53	60.2	135	51.9
Above Average	34	38.6	100	38.5
Average	1	1.1	20	7.7
Below Average	0	0.0	3	1.2
Extremely Poor	0	0.0	2	0.8
Total	88	100.0	260	100.0
Missing	0		4	

Chi-square p-value = 0.008 †

Table 4.18 shows the primary care and non-primary care respondents' overall rating of the quality of their training program. Nearly all primary care (99%) and non-primary care (90%) respondents indicated the quality of their training program was "excellent" or "above average." The Chi-square test of association between the two groups was statistically significant. Primary care respondents were more likely to rate the quality of their training as excellent, while the non-primary care respondents were likely to remain neutral or disagree.

Faculty Assessment

Table 4.19	Primary Care (n=88)		Non-Primary Care (n=264)	
I would rate the overall performance of the <u>faculty</u> in my residency or fellowship program to have exceeded my expectations?	Number	Percent	Number	Percent
Strongly Agree	44	50.0	120	46.2
Agree	38	43.2	107	41.2
Neutral	5	5.7	27	10.4
Disagree	1	1.1	3	1.2
Strongly Disagree	0	0.0	3	1.2
Total	88	100.0	260	100.0
Missing	0		4	

Chi-square p-value = 0.131

Table 4.19 shows the primary care and non-primary care respondents' overall performance rating of faculty in their training program. A majority of the primary care (93%) and non-primary care (87%) respondents indicated they “strongly agree” or “agree” that the faculty in their program have exceeded their expectations. There was no statistically significant difference between the two groups.

Assessment of Peer Residents and Fellows

Table 4.20	Primary Care (n=88)		Non-Primary Care (n=264)	
I would rate the overall performance of the <u>other residents/fellows</u> in my residency or fellowship program to have exceeded my expectations?	Number	Percent	Number	Percent
Strongly Agree	35	39.8	114	44.0
Agree	48	54.5	109	42.1
Neutral	3	3.4	28	10.8
Disagree	2	2.3	8	3.1
Strongly Disagree	0	0.0	0	0.0
Total	88	100.0	259	100.0
Missing	0		5	

Chi-square p-value = 0.039

Table 4.20 shows the primary care and non-primary care respondents' overall performance rating of other residents or fellows in their training program. Nearly all of the primary care (94%) and non-primary care (86%) respondents indicated they “strongly agree” or “agree” that other residents or fellows in their program had exceeded their expectations. The Chi-square test of association between the two groups was statistically significant. Primary care respondents were more likely to agree that the other residents and fellows in the training program exceeded their expectations.

Plans after Graduation

Table 4.21 What do you expect to be doing after completion of your current residency or fellowship program?	Primary Care (n=88)		Non-Primary Care (n=264)	
	Number	Percent	Number	Percent
Patient Care or Clinical Practice (in Non-Training position)	31	35.2	142	54.2
Fellowship or Additional Subspecialty Training	50	56.8	71	27.1
Academic position (Teaching and/or Research)	4	4.5	39	14.9
Temporarily Out of Medicine	0	0.0	0	0.0
Military	0	0.0	2	0.8
Industry	0	0.0	0	0.0
Other	2	2.3	1	0.4
Undecided or Don't know yet	1	1.1	7	2.7
Total	88	100.0	262	100.0
Missing	0		2	

Chi-square p-value = <0.000 ‡

Table 4.21 shows what the primary care and non-primary care respondents expect to do after completing their current training program. Nearly one-third (35%) of the primary care respondents planned to go into patient care after completing their training, compared to 54 percent of the non-primary care respondents. Over one-half (57%) of the primary care respondents planned to continue with additional training, compared to 27 percent of the non-primary care respondents. The Chi-square test of association between the two groups was statistically significant. Non-primary care respondents were more likely to enter patient care or accept an academic position. Primary care respondents were more likely to enter additional training after completion of their current training program.

NOTE- The following section is only for those who indicated they were going into “patient care or clinical practice” (n=173).

Plans after graduation for respondents going into Patient Care or Clinical Practice (n=173)

Practice Characteristics

Primary Practice Location

Table 4.22	Clinical Care Respondents (n=173)			
	Primary Care (n=31)		Non-Primary Care (n=142)	
Where is the location of your primary activity after completing your current training program?	Number	Percent	Number	Percent
Same city or county as current training	11	35.5	33	23.2
Same region in Indiana, but different city or county	2	6.5	14	9.9
Other area in Indiana	1	3.2	21	14.8
Other U.S. state (not Indiana)	14	45.2	67	47.2
Outside of U.S.	3	9.7	2	1.4
Undecided	0	0.0	5	3.5
Total	31	100.0	142	100.0
Missing	0		0	

Chi-square p-value = 0.514

Table 4.22 shows the location of the primary care and non-primary care respondents' primary activity after completion of their current training program. Almost one-half of the primary care (45%) and non-primary care (48%) respondents plan to practice in Indiana after completing their training. Five of the non-primary care respondents were undecided on their first practice location. There was no statistically significant difference between the two groups.

Type of Practice

Table 4.23	Clinical Care Respondents (n=173)			
	Primary Care (n=31)		Non-Primary Care (n=142)	
Which best describes the principal type of Patient Care Practice you will be entering?	Number	Percent	Number	Percent
Solo practice	0	0.0	3	2.3
Partnership (2 person)	3	10.7	6	4.5
Group Practice	13	46.4	93	69.9
Hospital-inpatient	8	28.6	12	9.0
Hospital-ambulatory care	2	7.1	7	5.3
Hospital-emergency department	0	0.0	5	3.8
Hospital-inpatient/ambulatory care	1	3.6	1	0.8
Free-standing health center or clinic	1	3.6	1	0.8
Nursing Home	0	0.0	0	0.0
Other (specify)	0	0.0	5	3.8
Total	28	100.0	133	100.0
Missing	3		9	

Chi-square p-value = 0.039 †

Table 4.23 shows the principal type of patient care practice setting the primary care and non-primary care respondents will be entering after completing their training. Nearly one-half of the primary care respondents (46%) reported they intend to work in a “group practice” setting, compared to 70 percent of non-primary care respondents. Over one-third (39%) of the primary care respondents intended to work in a hospital setting (inpatient, ambulatory care, emergency department, or inpatient/ambulatory), compared to 19 percent of the non-primary care respondents. The Chi-square test of association between the two groups was statistically significant. Non-primary care respondents were more likely to work in a group practice setting. Primary care respondents were more likely to work in a hospital setting.

Amount of Direct Patient-Care Activities

Table 4.24	Clinical Care Respondents (n=173)			
	Primary Care (n=31)		Non-Primary Care (n=142)	
In your upcoming position, what amount of direct patient-care activities will you do?	Number	Percent	Number	Percent
No patient-care activities	0	0.0	0	0.0
Part-time patient-care activities	0	0.0	10	7.0
Full-time patient-care activities	31	100.0	132	93.0
Total	31	100.0	142	100.0
Missing	0		0	

Chi-square p-value = 0.128

Table 4.24 shows the primary care and non-primary care respondents’ expected amount of time spent in direct patient-care activities in their upcoming position. A majority of the primary care (100%) and non-primary care (93%) respondents indicated they intend to work full-time in patient-care activities. There was no statistically significant difference between the two groups.

In addition, almost all primary care (87%) and non-primary care (94%) respondents indicated they had no obligation or visa requirement to work in a designated health professional shortage area (HPSA) or medically underserved area (MUA).

Percentage of Patients Expected to be seen from Underserved Populations

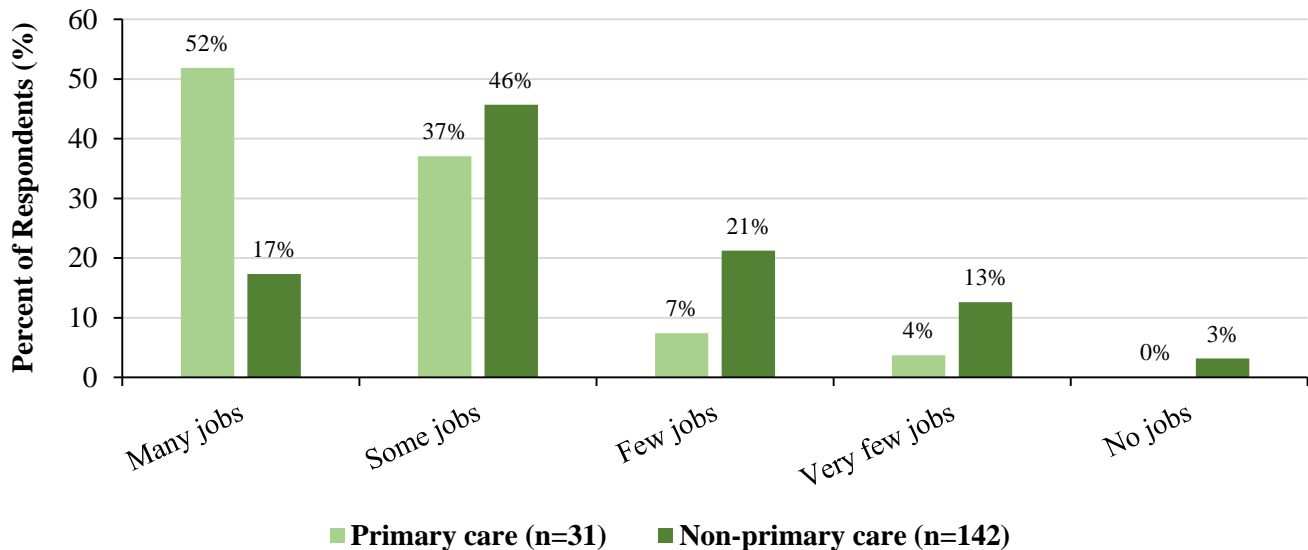
Table 4.25	Clinical Care Respondents (n=173)			
	Primary Care (n=31)		Non-Primary Care (n=142)	
In your new practice, what percentage of the patients do you expect to see from underserved populations?	Number	Percent	Number	Percent
Less than 10 percent	3	10.7	12	10.1
10-24 percent	10	35.7	49	41.2
25-49 percent	7	25.0	41	34.5
50-74 percent	5	17.9	13	10.9
More than 75 percent	3	10.7	4	3.4
Total	28	100.0	119	100.0
Missing/Don't Know	3		23	

Chi-square p-value = 0.921

Table 4.25 shows the percentage of patients the primary care and non-primary care respondents expect to see from underserved populations. Almost all primary care (89%) and non-primary care (90%) respondents indicated that they expect to see more than 10 percent of the patients from underserved populations (Medicaid or self-pay, educationally or economically disadvantaged). There was no statistically significant difference between the two groups.

Opportunities in Indiana

Figure 4.3: Overall Assessment of Practice Opportunities in Indiana (n=173)

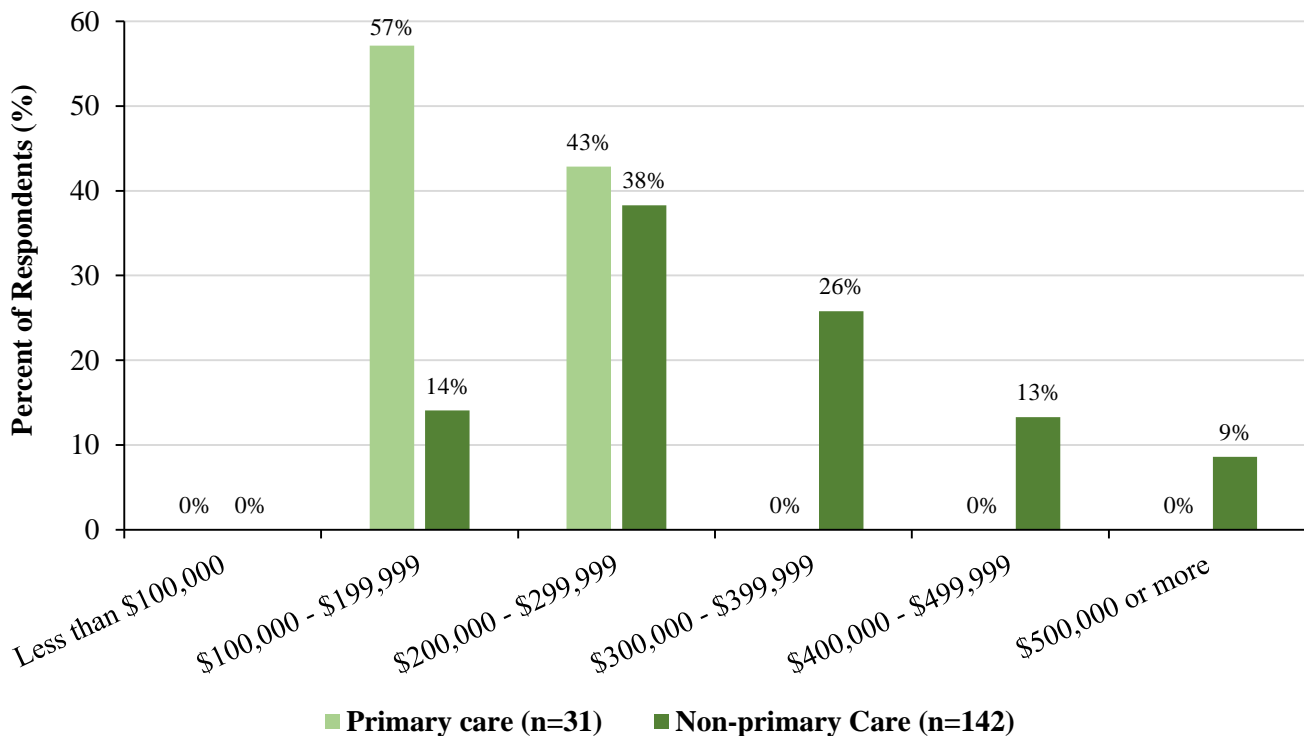


Chi-square p-value = 0.009 †

Figure 4.3 presents the overall assessment of practice opportunities for primary care and non-primary care respondents within their specialty in Indiana. Over one-half (52%) of primary care respondents reported that “many jobs” were available within their specialty in Indiana, compared to 17 percent of non-primary care respondents. Over one-tenth (11%) of the primary care respondents reported there were “few”, “very few” or “no jobs” available within their specialty in Indiana, compared to 37 percent of non-primary care respondents. The Chi-square test of association between the two groups was statistically significant. Primary care respondents were more likely to report that there were many jobs available within their specialty in Indiana. Non-primary care respondents were more likely to report very few to no jobs available within their specialty in Indiana.

Expected Gross Income

Figure 4.4: Expected Gross Income (n=173)



Chi-square p-value = <0.000 †

Figure 4.4 presents the gross income that primary care and non-primary care respondents’ expect to earn during their first year of practice. Over two-fifths (43%) of the primary care respondents indicated they expect to earn \$200,000 or more during their first year of practice, compared to 86 percent of the non-primary care respondents. The Chi-square test of association between the two groups was statistically significant. Non-primary care respondents were more likely to expect to earn an income of \$300,000 or more during their first year of practice.

Job Offers All Together

Table 4.26	Clinical Care Respondents (n=173)			
	Primary Care (n=31)		Non-Primary Care (n=142)	
How many offers for employment/practice positions did you receive <u>all together</u> ?	Number	Percent	Number	Percent
0	0	0.0	1	0.8
1	1	3.8	23	17.7
2	8	30.8	27	20.8
3	3	11.5	33	25.4
4	5	19.2	18	13.8
5 or more	9	34.6	28	21.5
Total	26	100.0	130	100.0
Missing/ Did not seek employment position at the time	5		12	

Chi-square p-value = 0.796

Table 4.26 shows the total number of offers the primary care and non-primary care respondents' received for employment or practice positions. About two-thirds of the primary care (65%) and non-primary care (61%) respondents reported receiving three or more employment positions all together. There was no statistically significant difference between the two groups.

Main Reasons to Practice at this Location

Figure 4.5: Main Reasons to Practice at this Location (n=173)

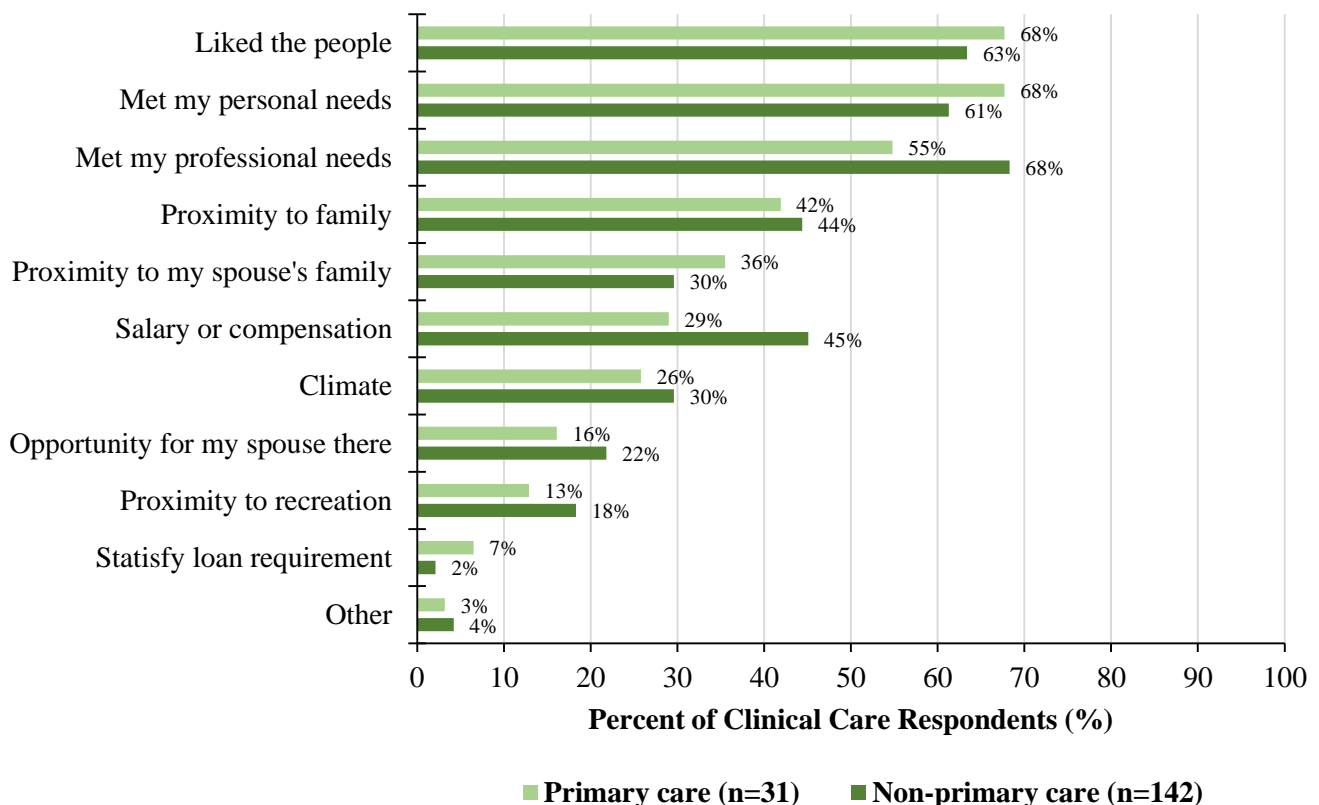


Figure 4.5 presents the main reasons influencing primary care and non-primary care respondents' choice of practice location. The top three reasons given by both primary care and non-primary care respondents for choosing to practice at this location were: "liked the people" (68%, 63%), "met my personal needs or preferences" (68%, 61%), and "met my professional needs or preferences" (55%, 68%), respectively. There was no statistically significant difference between the two groups.

Job Offers in Indiana

Table 4.27	Clinical Care Respondents (n=82)			
	Primary Care (n=14)		Non-Primary Care (n=68)	
How many offers for employment/practice positions did you receive in Indiana?	Number	Percent	Number	Percent
0	0	0.0	0	0.0
1	2	15.4	18	27.7
2	6	46.2	17	26.2
3	2	15.4	17	26.2
4	1	7.7	8	12.3
5 or more	2	15.4	5	7.7
Total	13	100.0	65	100.0
Missing/ Did not seek employment positions at this time	1		3	

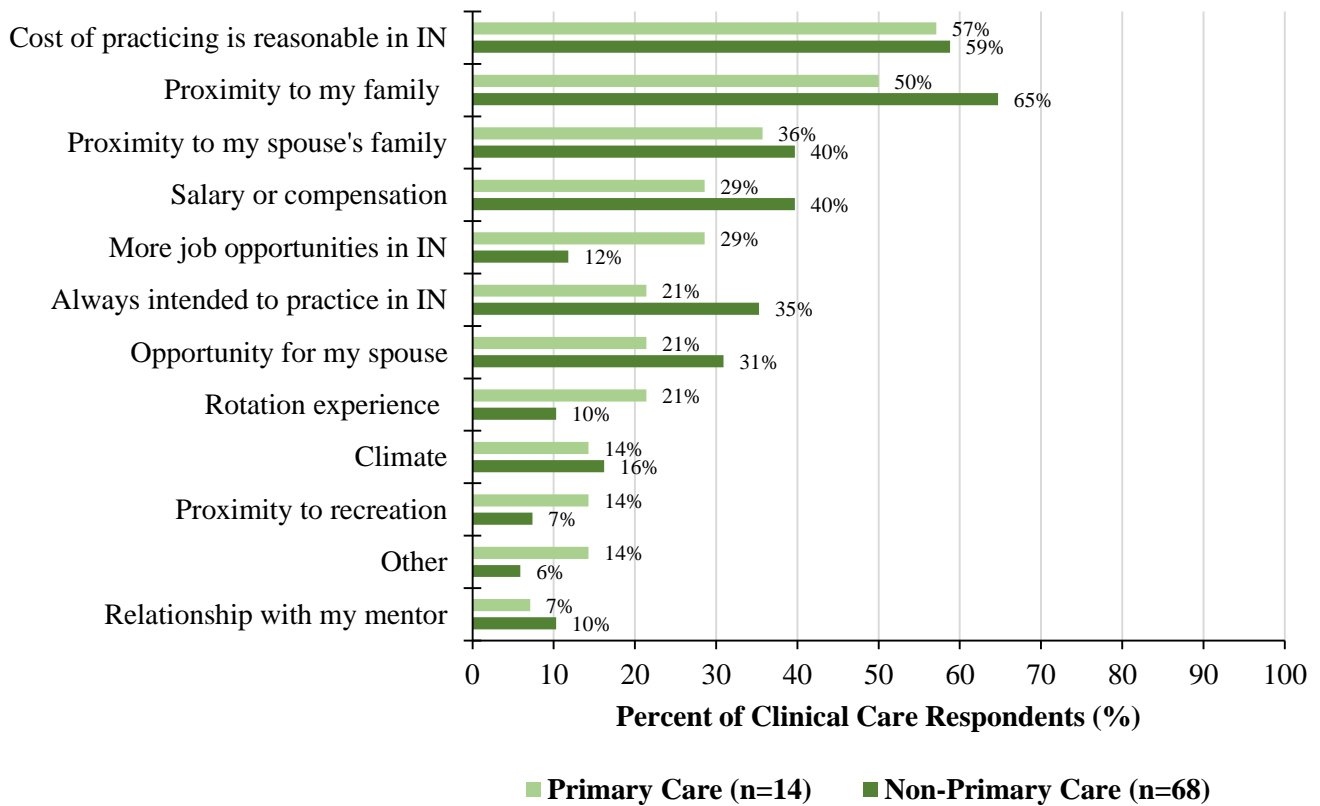
**Reflects responses from only those respondents who indicated their primary practice location was in Indiana.*
Chi-square p-value = 0.642

Table 4.27 shows the number of offers the primary care and non-primary care respondents received for employment or practice positions in Indiana. Only those respondents who indicated their primary practice location was in Indiana were included in the analysis.

Of those intending to practice in Indiana, about two-fifths of the primary care (39%) and non-primary care (46%) respondents indicated receiving three or more employment or practice positions in the state. There was no statistically significant difference between the two groups.

Main Reasons to Practice in Indiana

Figure 4.6: Main Reasons to Practice in Indiana (n=82)*



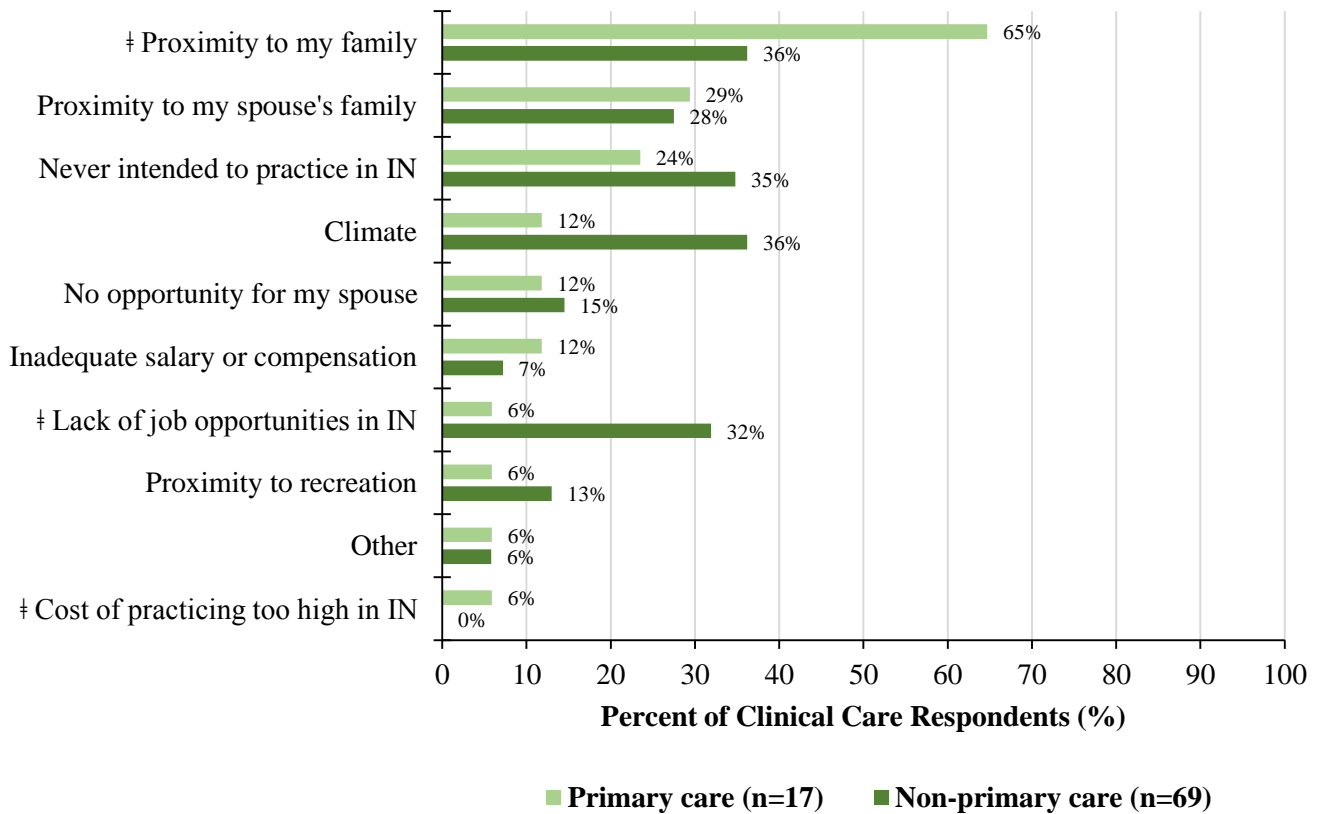
*Reflects responses from only those respondents who indicated their primary practice location was in Indiana.

Figure 4.6 presents the main reasons influencing primary care and non-primary care respondents' choice of practice location in Indiana. Only those respondents who indicated their primary practice location was in Indiana were included in this analysis.

Of those intending to practice in Indiana, the top reasons given by both primary care and non-primary care respondents were: “cost of practicing is reasonable in Indiana” (57%, 59%), and “proximity to my family” (50%, 65%). There was no statistically significant difference between the two groups.

Main Reasons not to Practice in Indiana

Figure 4.7: Main Reasons not to Practice in Indiana (n=86)*



*Reflects responses from only those respondents who indicated their primary practice location was outside Indiana.
 ‡ Denotes that the response option was statistically significant.

Figure 4.7 presents the main reasons influencing primary care and non-primary care respondents’ choice of practice location outside Indiana. Only those respondents who indicated their primary practice location was outside Indiana were included in this analysis.

Of those intending to practice outside Indiana, the top three reasons given by primary care respondents were: “proximity to my family” (65%), “proximity to my spouse’s or significant other’s family” (29%), and “never intended to practice in Indiana” (24%). The top three reasons given by non-primary care respondents were: “proximity to my family” (36%), “climate” (36%), and “never intended to practice” (35%). The Chi-square test of association between the two groups was statistically significant. Primary care respondents were more likely to practice outside Indiana due to proximity to their family and the cost of practicing was too high in Indiana. Non-primary care respondents were more likely to practice outside Indiana due to lack of job opportunities in the state.

CHAPTER 5: RESIDENT & FELLOW RESPONDENTS

The survey respondents' names were matched with their specialty and then classified into a residency or fellowship training program. Of the 352 graduates who completed the survey, 221 were in a residency program and 131 were in a fellowship program, as shown in tables 5.1 to 5.21 and figures 5.1 and 5.2. The remaining tables and figures show responses from only those graduates:

- who indicated that they planned to work in 'patient care or clinical practice' after graduation: [residents (97) and fellows (76)];
- who intended to practice in Indiana [residents (53) and fellows (29)]; and,
- who intended to practice outside Indiana [residents (42) and fellows (44)].

Five respondents (i.e., two residents and three fellows) were 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=352)

Demographics

Age

Table 5.1	Residents (n=221)		Fellows (n=131)	
Age	Number	Percent	Number	Percent
25-29	45	21.0	0	0.0
30-34	139	65.0	74	58.3
35-39	22	10.3	44	34.6
40-44	7	3.3	4	3.1
45-49	0	0.0	2	1.6
>50	1	0.5	3	2.4
Total	214	100.0	127	100.0
Missing	7		4	

Chi-square p-value = <0.000 ‡

Table 5.1 shows the age distribution of all residency and fellowship program respondents. Three-fourths (75%) of the residents were between the ages of 30 and 39 years, compared to 93 percent of the fellow respondents. The Chi-square test of association between the two groups was statistically significant. Fellow respondents were more likely to be 35 years of age or older.

Gender

Table 5.2		Residents (n=221)		Fellows (n=131)	
Gender		Number	Percent	Number	Percent
Male		121	54.8	82	62.6
Female		100	45.2	49	37.4
	Total	221	100.0	131	100.0
	Missing	0		0	

Chi-square p-value = 0.149

Table 5.2 shows the gender distribution of all residency and fellowship program respondents. About two-fifths of the resident (45%) and fellow (37%) respondents were female. There was no statistically significant difference between the two groups.

Race

Table 5.3		Residents (n=221)		Fellows (n=131)	
Which of the following describes your race? Please mark ALL that apply.		Number	Percent	Number	Percent
American Indian/ Native Alaskan		3	1.4	5	4.0
Asian		36	16.8	28	22.4
Black/African American		9	4.2	1	0.8
Native Hawaiian/ Pacific Islander		1	0.5	0	0.0
White		159	74.3	89	71.2
Bi-Racial		4	1.9	2	1.6
Other		2	0.9	0	0.0
	Total	214	100.0	125	100.0
	Missing	7		6	

Chi-square p-value = 0.246

Table 5.3 shows the racial distribution of all residency and fellowship program respondents. Almost three-fourths of the resident (74%) and fellow (71%) respondents were white. Over one-tenth of the residents (17%) indicated they were Asian, compared to 22 percent of the fellow respondents. There was no statistically significant difference between the two groups.

Ethnicity

Table 5.4		Residents (n=221)		Fellows (n=131)	
Do you consider yourself to be Hispanic or Latino?		Number	Percent	Number	Percent
Yes, Hispanic/Latino		17	8.0	4	3.3
No, not Hispanic/Latino		196	92.0	116	96.7
	Total	213	100.0	120	100.0
	Missing	8		11	

Chi-square p-value = 0.093

Table 5.4 shows the ethnicity of all residency and fellowship program respondents. Less than one-tenth of the resident (8%) and fellow (3%) respondents reported a Hispanic or Latino ethnicity. There was no statistically significant difference between the two groups.

Hometown

Table 5.5	Residents (n=221)		Fellows (n=131)	
What do you consider your hometown?	Number	Percent	Number	Percent
Outside USA	33	15.2	26	20.5
Within USA	184	84.8	101	79.5
<i>Outside Indiana</i>	<i>110</i>	<i>59.8</i>	<i>64</i>	<i>63.4</i>
<i>Within Indiana</i>	<i>74</i>	<i>40.2</i>	<i>37</i>	<i>36.6</i>
Total	217	100.0	127	100.0
Missing	4		4	

Chi-square p-value = 0.552

Table 5.5 shows what the residency and fellowship program respondents' considered their hometown. About one-fifth of the resident (15%) and fellow (21%) respondents were from another country. Of the 285 respondents who indicated they were from United States, about two-fifths of the residents (40%) and fellows (37%) were from Indiana. There was no statistically significant difference between the two groups.

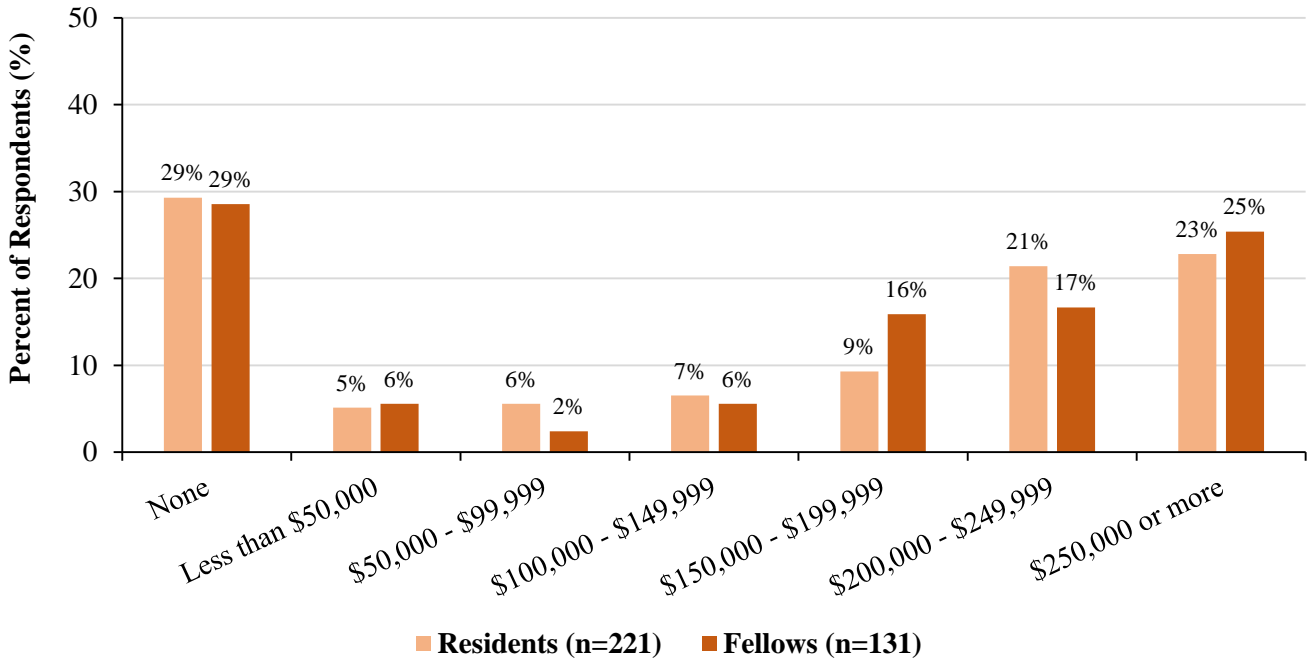
Respondents from Indiana

Table 5.6	Residents (n=221)		Fellows (n=131)	
Respondents who have an Indiana...	Number	Percent	Number	Percent
High School	72	32.6	30	22.9
College	62	28.1	31	23.7
Medical School	76	34.4	27	20.6

Table 5.6 shows the residency and fellowship program respondents who graduated from a high school, college, or medical school in Indiana. About one-third of the residents indicated that they graduated from a high school (33%), college (28%), or medical school (34%) in Indiana. And, about one-fourth of the fellow respondents indicated that they graduated from a high school (23%), college (24%), or medical school (21%) in Indiana.

Current Individual Educational Debt

Figure 5.1: Current Individual Educational Debt (n=352)

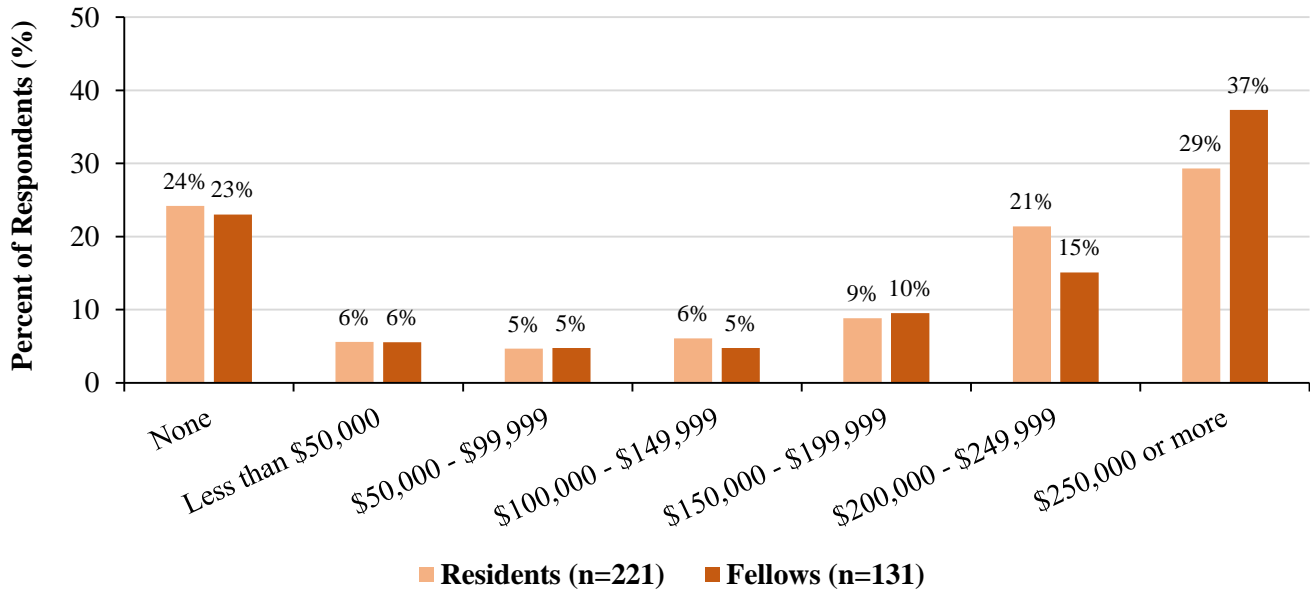


Chi-square p-value = 0.522

Figure 5.1 presents the current level of individual educational debt among the residency and fellowship program respondents. Over one-fourth of the resident (29%) and fellow (29%) respondents indicated having no educational debt. Three-fifths of the resident (60%) and fellow (64%) respondents reported having an educational debt of \$100,000 or more. And, over two-fifths of the resident (44%) and fellow (42%) 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 5.2: Current Total Household Educational Debt (n=352)



Chi-square p-value = 0.838

Figure 5.2 presents the current level of total household educational debt among the residency and fellowship program respondents. Nearly one-fourth of the resident (24%) and fellow (23%) respondents indicated having no household educational debt. About two-thirds of the resident (65%) and fellow (67%) respondents indicated having a household educational debt of \$100,000 or more. And, about one-half of the resident (50%) and fellow (52%) respondents indicated having a household educational debt of \$200,000 or more. There was no statistically significant difference between the two groups.

Program Assessment

Training Program

Table 5.7		Residents (n=221)		Fellows (n=131)	
The residency or fellowship training program was helpful in the preparation for my specialty exams?		Number	Percent	Number	Percent
Strongly Agree		91	41.6	52	44.1
Agree		108	49.3	55	46.6
Neutral		16	7.3	8	6.8
Disagree		1	0.5	2	1.7
Strongly Disagree		3	1.4	1	0.8
Total		219	100.0	118	100.0
Missing/ Board Exam in my field does not exist		2		13	

Chi-square p-value = 0.063

Table 5.7 shows the residency and fellowship program respondents’ assessment of how helpful their training program was in preparing them for the board exams. A majority of the resident (91%) and fellow (91%) respondents indicated they “strongly agree” or “agree” that their training was helpful in preparing them for the board exams. There was no statistically significant difference between the two groups.

ACGME Competency Areas

Table 5.8 How competent do you feel in the following competencies?	Residents (n=221)			Fellows (n=131)			p-value
	Fully	Partially	Not at all	Fully	Partially	Not at all	
	%	%	%	%	%	%	
Patient Care	97.3	2.3	0.5	96.1	3.9	0.0	0.540
Medical knowledge	88.6	11.0	0.5	89.9	10.1	0.0	0.699
Practice-based learning & improvement	90.9	8.6	0.5	94.6	5.4	0.0	0.216
Interpersonal & communication skills	96.8	2.7	0.5	98.4	1.6	0.0	0.353
Professionalism	98.6	0.9	0.5	98.4	1.6	0.0	0.873
Systems-based practice	90.0	9.6	0.5	92.2	7.8	0.0	0.474

Table 5.8 shows the residency and fellowship program respondents’ self-rated skill level in the six ACGME competency areas. Almost all ($\geq 88\%$) resident and fellow respondents indicated feeling “fully” competent in the six ACGME competency areas. There was no statistically significant difference between the two groups.

Rural and Underserved Training

Table 5.9 In your residency or fellowship program, did you receive training to serve the:	Residents (n=221)				Fellows (n=131)				p-value
	Yes		No		Yes		No		
	#	%	#	%	#	%	#	%	
Rural population	119	54.6	99	45.4	85	67.5	41	32.5	0.019 †
Underserved population	207	95.0	11	5.0	113	89.7	13	10.3	0.064

Table 5.9 shows whether the residency and fellowship program respondents’ received training to serve the rural and underserved populations in their program. Over one-half of the residents (55%) indicated they had received training to serve the rural populations, compared to 68 percent of the fellow respondents. The Chi-square test of association between the two groups was statistically significant. Fellow respondents were more likely to have received training to serve the rural population.

A majority of the resident (95%) and fellow (90%) 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 5.10	Residents (n=221)			Fellows (n=131)			p-value
How competent do you feel providing care to the:	Fully	Partially	Not at all	Fully	Partially	Not at all	
	%	%	%	%	%	%	
Rural population	68.2	29.5	2.3	82.3	17.7	0.0	0.004 †
Underserved population	94.0	5.5	0.5	92.8	7.2	0.0	0.660

Table 5.10 shows the residency and fellowship program respondents' self-rated competency levels in providing care to rural and underserved populations. Over two-thirds of the residents (68%) indicated feeling “fully” competent in providing care to rural populations, compared to 82 percent of the fellow respondents. The Chi-square test of association between the two groups was statistically significant. Fellow respondents were more likely to feel fully competent in providing care to the rural population.

Almost all resident (94%) and fellow (93%) respondents indicated feeling “fully” competent in providing care to underserved populations. There was no statistically significant difference between the two groups.

Program Opportunities

Table 5.11	Residents (n=221)				Fellows (n=131)				p-value
In the current academic year, did you:	Yes		No		Yes		No		
	#	%	#	%	#	%	#	%	
Have an opportunity to be part of a multi-disciplinary inter-professional team to provide care?	214	97.7	5	2.3	128	99.2	1	0.8	0.296
Participate in a quality improvement project to improve health outcome?	184	84.0	35	16.0	105	82.7	22	17.3	0.745
Participate in patient safety project?	165	75.3	54	24.7	81	64.3	45	35.7	0.028 †
Utilize electronic health records, including order entry and progress notes, in the direct care of patients?	218	99.5	1	0.5	127	99.2	1	0.8	0.699
Have an opportunity to serve on a committee or council?	173	79.0	46	21.0	84	66.1	43	33.9	0.008 †

Table 5.11 shows if there were any opportunities available for the resident and fellowship program respondents to participate in the current academic year. Almost all resident and fellow respondents indicated they had the opportunity to be part of a multi-disciplinary inter-professional team (98%, 99%) and utilize electronic health records (100%, 99%), respectively. Over four-fifths of the resident and fellow respondents indicated they had participated in a quality improvement project (84%, 83%, respectively). Over three-fourths of the residents indicated participating in a patient safety project (75%) and had the opportunity to serve on a committee or council (79%), compared to the fellow respondents (64% and 66%, respectively). The Chi-square test of association between the two groups was statistically significant. Resident respondents were more likely to have participated in a patient safety project and served on a committee or council.

Teaching Opportunities

Table 5.12		Residents (n=221)		Fellows (n=131)	
In the current academic year: Were you provided an opportunity to teach in a clinical environment?	Number	Percent	Number	Percent	Percent
Yes	213	98.2	121	97.6	
No	4	1.8	3	2.4	
Total	217	100.0	124	100.0	
Missing	4		7		

Chi-square p-value = 0.718

Table 5.12 shows whether the resident and fellowship program respondents were provided an opportunity to teach in a clinical environment. Almost all resident (98%) and fellow (98%) 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 5.13		Residents (n=221)		Fellows (n=131)	
In the current academic year: How prepared did you feel to teach in a clinical environment?	Number	Percent	Number	Percent	Percent
Very well prepared	90	41.3	65	50.8	
Well prepared	112	51.4	55	43.0	
Neutral	13	6.0	8	6.3	
Poorly prepared	2	0.9	0	0.0	
Very poorly prepared	1	0.5	0	0.0	
Total	218	100.0	128	100.0	
Missing	3		3		

Chi-square p-value = 0.700

Table 5.13 shows the resident and fellowship program respondents' readiness to teach in a clinical environment. Almost all resident (93%) and fellow (94%) respondents indicated feeling "very well prepared" or "well prepared" to teach in a clinical environment. There was no statistically significant difference between the two groups.

Frequency of Teaching Opportunities

Table 5.14		Residents (n=221)		Fellows (n=131)	
In the current academic year: How many opportunities for teaching did you encounter per year in a clinical environment?					
	Number	Percent	Number	Percent	
0	1	0.5	1	0.8	
1 to 4	9	4.2	12	9.6	
5 to 9	27	12.6	21	16.8	
10 to 19	46	21.5	7	5.6	
20 or more	131	61.2	84	67.2	
Total	214	100.0	125	100.0	
Missing	7		6		

Chi-square p-value = 0.269

Table 5.14 shows the number of opportunities the resident and fellowship program respondents were provided to teach per year in a clinical environment. About two-thirds of the resident (61%) and fellow (67%) respondents indicated they were provided at least 20 or more opportunities per year to teach in a clinical environment. There was no statistically significant difference between the two groups.

"Ideal" Frequency for Teaching Opportunities per Year

Table 5.15		Residents (n=221)		Fellows (n=131)	
In the current academic year: What would be your "ideal" frequency of opportunities to teach per year in a clinical environment?					
	Number	Percent	Number	Percent	
0-15	70	40.7	29	30.9	
16-31	56	32.6	34	36.2	
32-47	4	2.3	0	0.0	
48-63	15	8.7	11	11.7	
>64	27	15.7	20	21.3	
Total	172	100.0	94	100.0	
Missing	49		37		

Chi-square p-value = 0.297

Table 5.15 shows what the resident and fellowship program respondents perceive to be the "ideal" frequency of opportunities to teach in a clinical environment per year. Over two-thirds of the resident (73%) and fellow (67%) respondents indicated their "ideal" frequency of teaching opportunities in a clinical environment would be between 0 and 31 times per year. There was no statistically significant difference between the two groups.

Competency in Communication during the Hand-Off Process

Table 5.16	Residents (n=221)		Fellows (n=131)	
How competent do you feel in communicating with team members in the hand-off process?	Residents (n=221)		Fellows (n=131)	
	Number	Percent	Number	Percent
Very competent	156	71.9	104	82.5
Competent	53	24.4	20	15.9
Neutral	7	3.2	2	1.6
Incompetent	0	0.0	0	0.0
Very incompetent	1	0.5	0	0.0
Total	217	100.0	126	100.0
Missing	4		5	

Chi-square p-value = 0.265

Table 5.16 shows the resident and fellowship program respondents' self-rated competency levels in communicating with team members during the hand-off process. A majority of the resident (96%) and fellow (98%) respondents reported feeling “very competent” or “competent” communicating with team members during the hand-off process. There was no statistically significant difference between the two groups.

IUSM Policies and Procedures Regarding Mistreatment

Table 5.17	Residents (n=221)				Fellows (n=131)				p-value
	Yes		No		Yes		No		
	#	%	#	%	#	%	#	%	
Policies regarding mistreatment of residents	178	81.7	40	18.3	109	86.5	17	13.5	0.243
Procedures for reporting mistreatment of residents	171	78.4	47	21.6	106	82.8	22	17.2	0.325
Policies regarding mistreatment of medical students	174	79.8	44	20.2	106	82.8	22	17.2	0.493
Procedures for reporting mistreatment of medical students	168	77.1	50	22.9	102	79.7	26	20.3	0.569

Table 5.17 shows the resident and fellowship program respondents' knowledge of the IUSM policies and procedures regarding mistreatment of residents and medical students. Almost four-fifths of the resident respondents indicated they knew the policies *and* procedures regarding mistreatment of residents and medical students (82%, 78%, 80%, and 77%), respectively. Over four-fifths of the fellow respondents indicated they knew policies *and* procedures for reporting mistreatment of residents and medical students (87%, 83%, 83%, and 80%), respectively. There was no statistically significant difference between the two groups.

Quality of Program

Table 5.18	Residents (n=221)		Fellows (n=131)	
I would rate the overall quality of my residency or fellowship program as:	Number	Percent	Number	Percent
Excellent	117	53.4	71	55.0
Above Average	83	37.9	51	39.5
Average	15	6.8	6	4.7
Below Average	2	0.9	1	0.8
Extremely Poor	2	0.9	0	0.0
Total	219	100.0	129	100.0
Missing	2		2	

Chi-square p-value = 0.265

Table 5.18 shows the residency and fellowship program respondents' overall rating of the quality of their training program. A majority of the resident (91%) and fellow (95%) 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	Residents (n=221)		Fellows (n=131)	
I would rate the overall performance of the <u>faculty</u> in my residency or fellowship program to have exceeded my expectations?	Number	Percent	Number	Percent
Strongly Agree	89	40.6	75	58.1
Agree	102	46.6	43	33.3
Neutral	23	10.5	9	7.0
Disagree	2	0.9	2	1.6
Strongly Disagree	3	1.4	0	0.0
Total	219	100.0	129	100.0
Missing	2		2	

Chi-square p-value = 0.223

Table 5.19 shows the residency and fellowship program respondents' overall performance rating of faculty in their training program. A majority of the resident (87%) and fellow (91%) respondents indicated they "strongly agree" or "agree" that the faculty in their program exceeded their expectations. There was no statistically significant difference between the two groups.

Assessment of peer residents and fellows

Table 5.20 I would rate the overall performance of the other residents/fellows in my residency or fellowship program to have exceeded my expectations?	Residents (n=221)		Fellows (n=131)	
	Number	Percent	Number	Percent
Strongly Agree	86	39.3	63	49.2
Agree	106	48.4	51	39.8
Neutral	21	9.6	10	7.8
Disagree	6	2.7	4	3.1
Strongly Disagree	0	0.0	0	0.0
Total	219	100.0	128	100.0
Missing	2		3	

Chi-square p-value = 0.698

Table 5.20 shows the residency and fellowship program respondents' overall performance rating of other peers in their training program. A majority of the resident (88%) and fellow (89%) respondents indicated they "strongly agree" or "agree" that the peers in their program exceeded their expectations. There was no statistically significant difference between the two groups.

Plans after Graduation

Table 5.21 What do you expect to be doing after completion of your current residency or fellowship program?	Plans After Graduation			
	Residents (n=221)		Fellows (n=131)	
	Number	Percent	Number	Percent
Patient Care or Clinical Practice (in Non-Training position)	97	44.1	76	58.5
Fellowship or Additional Subspecialty Training	106	48.2	15	11.5
Academic position (Teaching and/or Research)	11	5.0	32	24.6
Temporarily Out of Medicine	0	0.0	0	0.0
Military	1	0.5	1	0.8
Industry	0	0.0	0	0.0
Other	2	0.9	1	0.8
Undecided or Don't know yet	3	1.4	5	3.8
Total	220	100.0	130	100.0
Missing	1		1	

Chi-square p-value = 0.000 †

Table 5.21 shows what the resident and fellowship program respondents expect to do after completing their current training program. Over two-fifths (44%) of the residents planned to go into patient care after completing their training, compared to 59 percent of the fellow respondents. Nearly one-half (48%) of residents planned to continue with additional training, compared to 12 percent of the fellow respondents. Five percent of the residents indicated accepting an academic position, compared to one-fourth (25%) of the fellow respondents. The Chi-square test of association between the two groups

was statistically significant. Resident respondents were more likely to continue additional training. Fellow respondents were more likely to enter patient care or accept an academic position after completing their current training.

NOTE - The following section is only for those who indicated they were going into “patient care or clinical practice” (n=173).

Plans after graduation for respondents going into Patient Care or Clinical Practice (n=173)

Practice Characteristics

Primary Practice Location

Table 5.22	Clinical Care Respondents (n=173)			
	Residents (n=97)		Fellows (n=76)	
Where is the location of your primary activity after completing your current training program?	Number	Percent	Number	Percent
Same city or county as current training	28	28.9	16	21.1
Same region in Indiana, but different city or county	11	11.3	5	6.6
Other area in Indiana	14	14.4	8	10.5
Other U.S. state (not Indiana)	39	40.2	42	55.3
Outside of U.S.	3	3.1	2	2.6
Undecided	2	2.1	3	3.9
Total	97	100.0	76	100.0
Missing	0		0	

Chi-square p-value = 0.031 †

Table 5.22 shows the location of the residency and fellowship program respondents’ primary activity after completion of their current training program. Over one-half (55%) of the residents plan to practice within Indiana, compared to 38 percent of the fellow respondents. Two-fifths (43%) of the residents plan to practice outside Indiana, compared to 58 percent of the fellow respondents. Five respondents (i.e., two residents and three fellows) were undecided on their first practice location. The Chi-square test of association between the two groups was statistically significant. Resident respondents were more likely to practice within Indiana after completing their training. Fellow respondents were more likely to practice outside Indiana after completing their training.

Type of Practice

Table 5.23	Clinical Care Respondents (n=173)			
	Residents (n=97)		Fellows (n=76)	
Which best describes the principal type of Patient Care Practice you will be entering?	Number	Percent	Number	Percent
Solo practice	3	3.3	0	0.0
Partnership (2 person)	7	7.7	2	2.9
Group Practice	54	59.3	52	74.3
Hospital-inpatient	13	14.3	7	10.0
Hospital-ambulatory care	4	4.4	5	7.1
Hospital-emergency department	5	5.5	0	0.0
Hospital-inpatient/ambulatory care	1	1.1	1	1.4
Free-standing health center or clinic	2	2.2	0	0.0
Nursing Home	0	0.0	0	0.0
Other (specify)	2	2.2	3	4.3
Total	91	100.0	70	100.0
Missing	6		6	

Chi-square p-value = 0.178

Table 5.23 shows the principal type of patient care practice setting the resident and fellowship program respondents' will be entering after completing their training. About three-fifths (59%) of the residents indicated they intend to work in a "group practice" setting, compared to 74 percent of the fellow respondents. Over one-fourth (25%) of the residents intend to work in a hospital setting (inpatient, ambulatory care, emergency department, or inpatient/ambulatory), compared to 19 percent of the fellow respondents. There was no statistically significant difference between the two groups.

Amount of Direct Patient-Care Activities

Table 5.24	Clinical Care Respondents (n=173)			
	Residents (n=97)		Fellows (n=76)	
In your upcoming position, what amount of direct patient-care activities will you do?	Number	Percent	Number	Percent
No patient-care activities	0	0.0	0	0.0
Part-time patient-care activities	1	1.0	9	11.8
Full-time patient-care activities	96	99.0	67	88.2
Total	97	100.0	76	100.0
Missing	0		0	

Chi-square p-value = 0.002 †

Table 5.24 shows the residency and fellowship program respondents' expected amount of time spent in direct patient-care activities in their upcoming position. Almost all residents (99%) intend to work full-time in patient-care activities, compared to 88 percent of the fellow respondents. The Chi-square test of association between the two groups was statistically significant. Resident respondents were more likely to work full-time in patient care activities. Fellow respondents were more likely to work part-time in patient-care activities.

In addition, almost all resident (95%) and fellow (90%) respondents indicated they had no obligation or visa requirement to work in a designated health professional shortage area (HPSA) or medically underserved area (MUA).

Percentage of Patients Expected to be seen from Underserved Populations

Table 5.25	Clinical Care Respondents (n=173)			
	Residents (n=97)		Fellows (n=76)	
In your new practice, what percentage of the patients do you expect to see from underserved populations?	Number	Percent	Number	Percent
Less than 10 percent	8	9.1	7	11.9
10-24 percent	32	36.4	27	45.8
25-49 percent	33	37.5	15	25.4
50-74 percent	10	11.4	8	13.6
More than 75 percent	5	5.7	2	3.4
Total	88	100.0	59	100.0
Missing/Don't Know	9		17	

Chi-square p-value = 0.586

Table 5.25 shows the percentage of patients the resident and fellowship program respondents expect to see from underserved populations. A majority of the resident (91%) and fellow (88%) respondents indicated that they expect to see more than 10 percent of the patients from underserved populations (Medicaid or self-pay, educationally or economically disadvantaged). There was no statistically significant difference between the two groups.

Opportunities in Indiana

Figure 5.3: Overall Assessment of Practice Opportunities in Indiana (n=173)

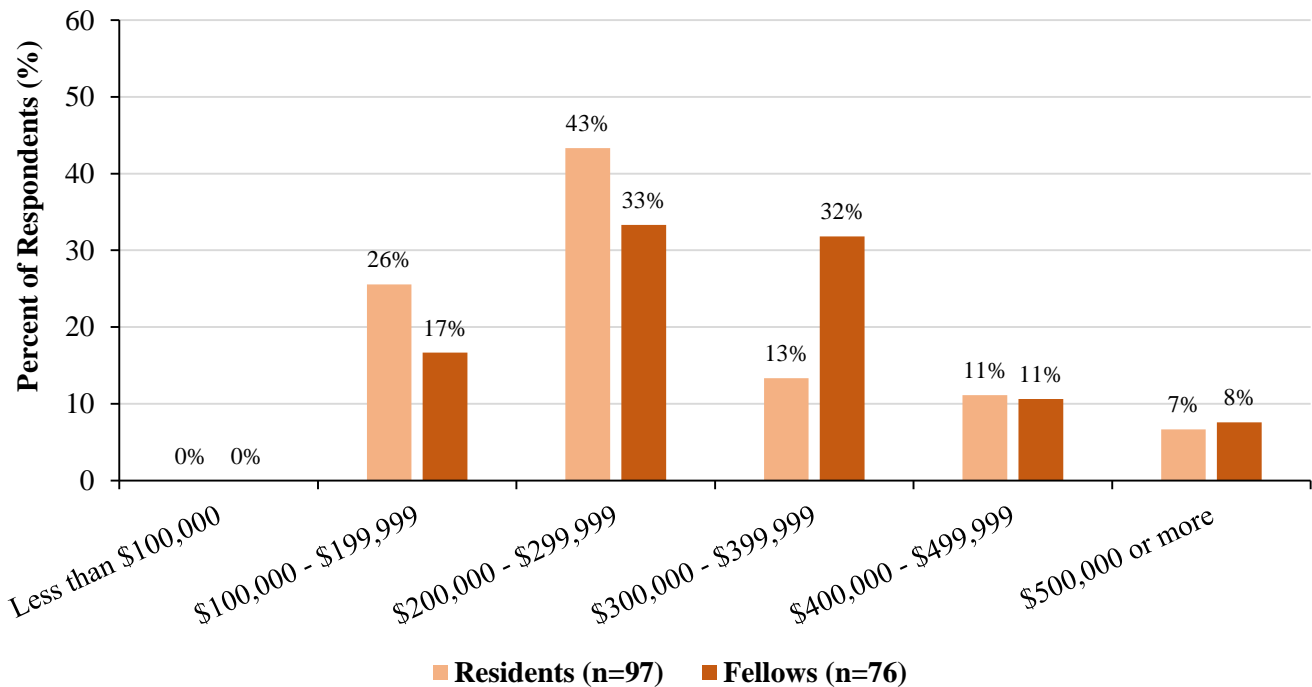


Chi-square p-value = <0.000 †

Figure 5.3 presents the overall assessment of practice opportunities for residency and fellowship program respondents within their specialty in Indiana. Over four-fifths (87%) of the residents reported that “many jobs” or “some jobs” were available within their specialty in Indiana, compared to 42 percent of the fellow respondents. About one-tenth (12%) of the residents reported that “few jobs”, “very jobs,” or “no jobs” were available within their specialty in Indiana, compared to 58 percent of the fellow respondents. The Chi-square test of association between the two groups was statistically significant. Resident respondents were more likely to report there were many jobs available in their specialty in Indiana. Fellow respondents were more likely to report few to no jobs available within their specialty in Indiana.

Expected Gross Income

Figure 5.4: Expected Gross Income (n=173)



Chi-square p-value = 0.184

Figure 5.4 presents the gross income that residency and fellowship program respondents’ expect to earn during their first year of practice. Three-fourths (74%) of the residents indicated they expect to earn \$200,000 or more during their first year of practice, compared to 83 percent of the fellow respondents. There was no statistically significant difference between the two groups.

Job Offers All Together

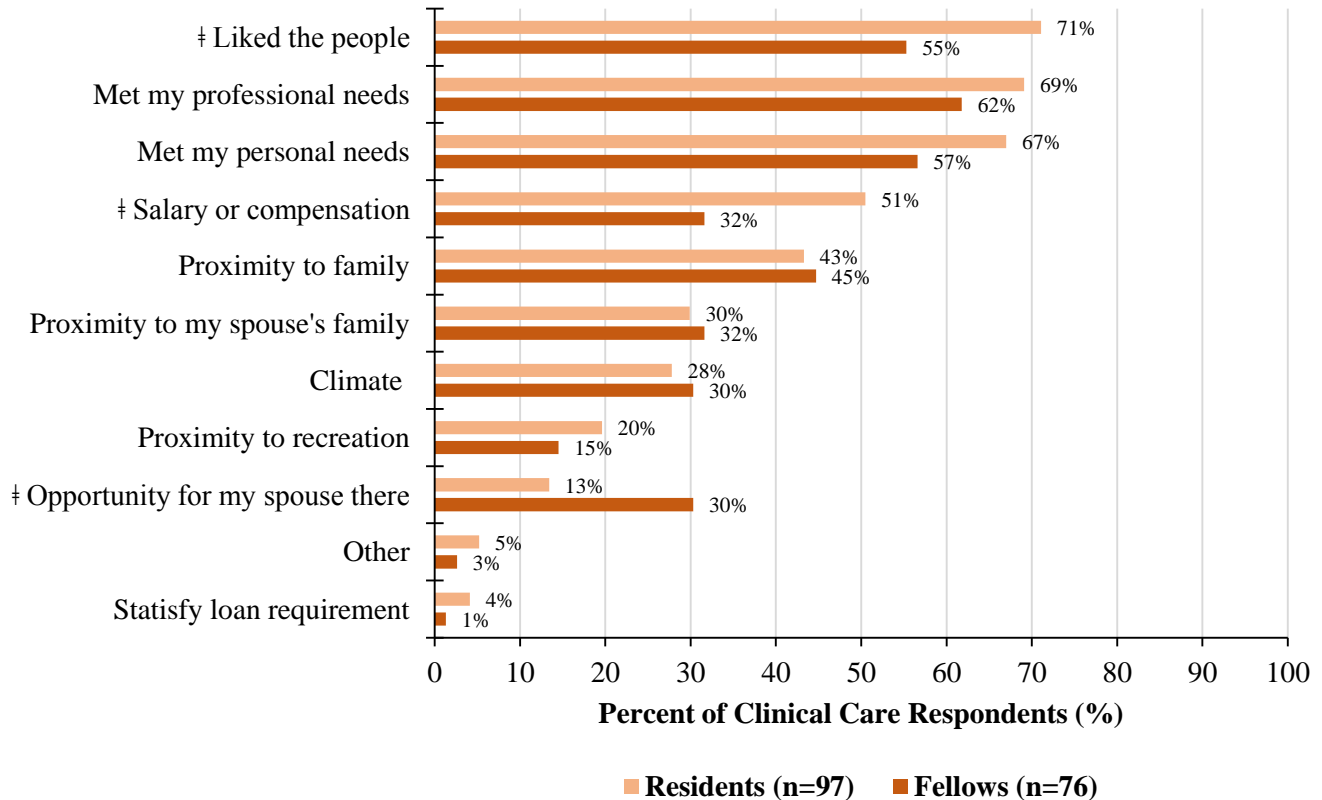
Table 5.26	Clinical Care Respondents (n=173)			
	Residents (n=97)		Fellows (n=76)	
How many offers for employment/practice positions did you receive all together?	Number	Percent	Number	Percent
0	1	1.1	0	0.0
1	13	14.8	11	16.2
2	19	21.6	16	23.5
3	20	22.7	16	23.5
4	16	18.2	7	10.3
5 or more	19	21.6	18	26.5
Total	88	100.0	68	100.0
Missing/ Did not seek employment position at the time	9		8	

Chi-square p-value = 0.917

Table 5.26 shows the total number of offers the residency and fellowship program respondents received for employment or practice positions. Three-fifths of the resident (63%) and fellow (60%) respondents reported receiving three or more employment positions all together. There was no statistically significant difference between the two groups.

Main Reasons to Practice at this Location

Figure 5.5: Main Reasons to Practice at this Location (n=173)



† Denotes that a statistically significant difference was found.

Figure 5.5 presents the main reasons influencing the residency and fellowship program respondents' choice of practice location. The top three reasons given by both resident *and* fellow respondents for choosing to practice at this location were: “liked the people” (71%, 55%), “met my professional needs or preferences” (69%, 62%), and “met my personal needs or preferences” (67%, 57%), respectively. The Chi-square test of association between the two groups was statistically significant. Resident respondents were more likely to practice at this location because they liked the people and due to the salary or compensation. Fellow respondents were more likely to practice at this location because of an opportunity for their spouse.

Job Offers in Indiana

Table 5.27 How many offers for employment/practice positions did you receive in Indiana?	Clinical Care Respondents (n=82)			
	Residents (n=53)		Fellows (n=29)	
	Number	Percent	Number	Percent
0	0	0.0	0	0.0
1	11	21.6	9	33.3
2	17	33.3	6	22.2
3	12	23.5	7	25.9
4	7	13.7	2	7.4
5 or more	4	7.8	3	11.1
Total	51	100.0	27	100.0
Missing/ Did not seek employment positions at this time	2		2	

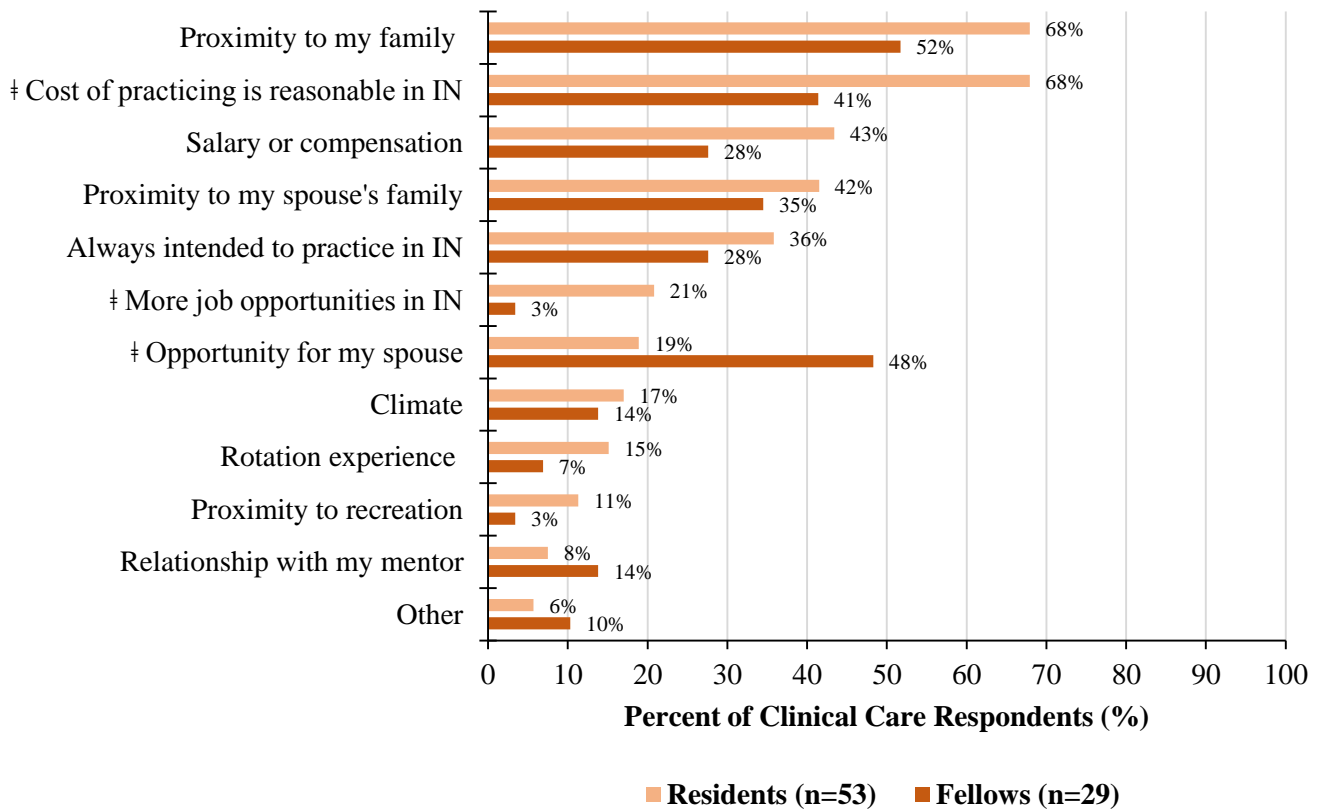
**Reflects responses from only those respondents who indicated their primary practice location was in Indiana.*
Chi-square p-value = 0.985

Table 5.27 shows the number of offers the residency and fellowship program respondents received for employment or practice positions in Indiana. Only those respondents who indicated their primary practice location was in Indiana were included in the analysis.

Of those intending to practice in Indiana, almost one-half of the residents (45%) and fellow (44%) respondents indicated receiving three or more employment or practice positions. There was no statistically significant difference between the two groups.

Main Reasons to Practice in Indiana

Figure 5.6: Main Reasons to Practice in Indiana (n=82)*



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

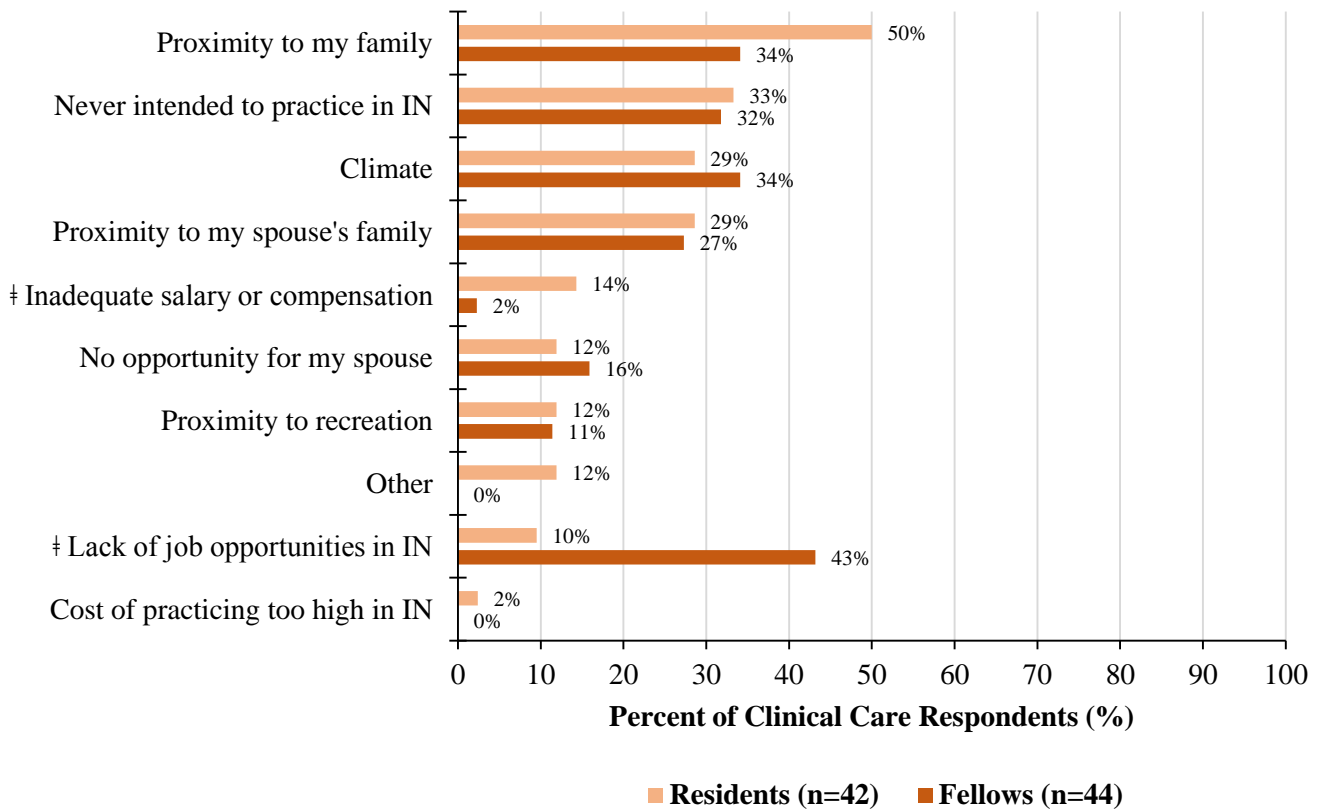
‡ Denotes that a statistically significant difference was found.

Figure 5.6 presents the main reasons influencing residency and fellowship program respondents' choice of practice location in Indiana. Only those respondents who indicated their primary practice location was in Indiana were included in this analysis.

Of those intending to practice in Indiana, the top reasons given by both resident and fellow respondents were: "proximity to my family" (68%, 52%) and "cost of practicing is reasonable in Indiana" (68%, 41%), respectively. The fellow respondents also gave "opportunity for my spouse" (48%) as a top reason. The Chi-square test of association between the two groups was statistically significant. Resident respondents were more likely to practice in Indiana because the cost of practicing was reasonable in Indiana and there were more jobs or practice opportunities in Indiana. Fellow respondents were more likely to practice in Indiana due to an opportunity for their spouse or significant other.

Main Reasons not to practice in Indiana

Figure 5.7: Main Reasons not to Practice in Indiana (n=86)*



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

‡ Denotes that a statistically significant difference was found.

Figure 5.7 presents the main reasons influencing residency and fellowship program 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.

Of those intending to practice outside Indiana, the top reasons given by both resident and fellow respondents were: “proximity to my family” (50%, 34%) and “never intended to practice in Indiana” (33%, 32%), and “climate” (29%, 34%) respectively. The fellow respondents also gave “lack of job opportunities” (43%) as a top reason. The Chi-square test of association between the two groups was statistically significant. Resident respondents were more likely to practice outside Indiana because of inadequate salary or compensation. Fellow respondents were more likely to practice outside Indiana due to lack of jobs or practice opportunities in the state.

CHAPTER 6: THOSE STAYING WITHIN INDIANA & 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 352 graduates who completed the survey, 22 did not indicate their first practice location and were excluded from analysis in this chapter. Of the remaining 330 respondents, 146 indicated they planned to practice in Indiana (in-state) and 184 intended to practice outside Indiana (out-state), as shown in tables 6.1 to 6.21 and figures 6.1 and 6.2. The remaining tables and figures show responses from only those graduates:

- who indicated that they planned to work in ‘patient care or clinical practice’ after graduation: [in-state (82) and out-state (86)];
- who intended to practice in Indiana [82]; and,
- who intended to practice outside Indiana [86].

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=330)

Demographics

Age

Table 6.1	In-state (n=146)		Out-state (n=184)	
Age	Number	Percent	Number	Percent
25-29	18	12.4	26	14.7
30-34	94	64.8	105	59.3
35-39	23	15.9	42	23.7
40-44	8	5.5	2	1.1
45-49	0	0.0	1	0.6
>50	2	1.4	1	0.6
Total	145	100.0	177	100.0
Missing	1		7	

Chi-square p-value = 0.583

Table 6.1 shows the age distribution of respondents intending to practice within Indiana and those going out-of-state. Over four-fifths of the respondents intending to practice within Indiana (81%) and those going out-of-state (83%) were between the ages of 30 and 39 years. There was no statistically significant difference between the two groups.

Gender

Table 6.2		In-state (n=146)		Out-state (n=184)	
Gender		Number	Percent	Number	Percent
Male		86	58.9	105	57.1
Female		60	41.1	79	42.9
	Total	146	100.0	184	100.0
	Missing	0		0	

Chi-square p-value = 0.736

Table 6.2 shows the gender distribution of respondents intending to practice within Indiana and those going out-of-state. Over two-fifths of the respondents intending to practice within Indiana (41%) and those going out-of-state (43%) identified as female. There was no statistically significant difference between the two groups.

Race

Table 6.3		In-state (n=146)		Out-state (n=184)	
Which of the following describes your race? Please mark ALL that apply.		Number	Percent	Number	Percent
American Indiana/ Native Alaskan		2	1.4	6	3.4
Asian		20	13.9	34	19.2
Black/African American		4	2.8	6	3.4
Native Hawaiian/ Pacific Islander		1	0.7	0	0.0
White		114	79.2	126	71.2
Bi-Racial		3	2.1	3	1.7
Other		0	0.0	2	1.1
	Total	144	100.0	177	100.0
	Missing	2		7	

Chi-square p-value = 0.163

Table 6.3 shows the racial distribution of respondents intending to practice within Indiana and those going out-of-state. Over seventy percent of the respondents intending to practice within Indiana (79%) and those going out-of-state (71%) were white. Over one-tenth of the respondents intending to practice within Indiana (14%) and those going out-of-state (19%) indicated they were Asian. There was no statistically significant difference between the two groups.

Ethnicity

Table 6.4		In-state (n=146)		Out-state (n=184)	
Do you consider yourself to be Hispanic or Latino?		Number	Percent	Number	Percent
Yes, Hispanic/Latino		6	4.2	15	8.7
No, not Hispanic/Latino		136	95.8	157	91.3
	Total	142	100.0	172	100.0
	Missing	4		12	

Chi-square p-value = 0.112

Table 6.4 shows the ethnicity of respondents intending to practice within Indiana and those going out-of-state. Less than one-tenth of the respondents intending to practice within Indiana (4%) and those going out-of-state (9%) indicated having a Hispanic ethnicity. There was no statistically significant difference between the two groups.

Hometown

Table 6.5	In-state (n=146)		Out-state (n=184)	
What do you consider your hometown?	Number	Percent	Number	Percent
Outside USA	23	15.8	29	16.1
Within USA	123	84.2	151	83.9
<i>Outside Indiana</i>	<i>46</i>	<i>37.4</i>	<i>124</i>	<i>82.1</i>
<i>Within Indiana</i>	<i>77</i>	<i>62.6</i>	<i>27</i>	<i>17.9</i>
Total	146	100.0	180	100.0
Missing	0		4	

Chi-square p-value = <0.000 †

Table 6.5 shows the distribution of what the respondents considered their hometown. Over one-tenth of the respondents intending to practice within Indiana (16%) and those going out-of-state (16%) were from another country. Of the 274 respondents who indicated they were from United States, over three-fifths (63%) of those intending to practice in-state considered Indiana as their hometown, compared to 18 percent of the out-of-state respondents. The Chi-square test of association between the two groups was statistically significant. Respondents intending to practice within Indiana were more likely to indicate having a hometown with Indiana, and those intending to practice out-of-state were more likely to indicate having a hometown outside of Indiana.

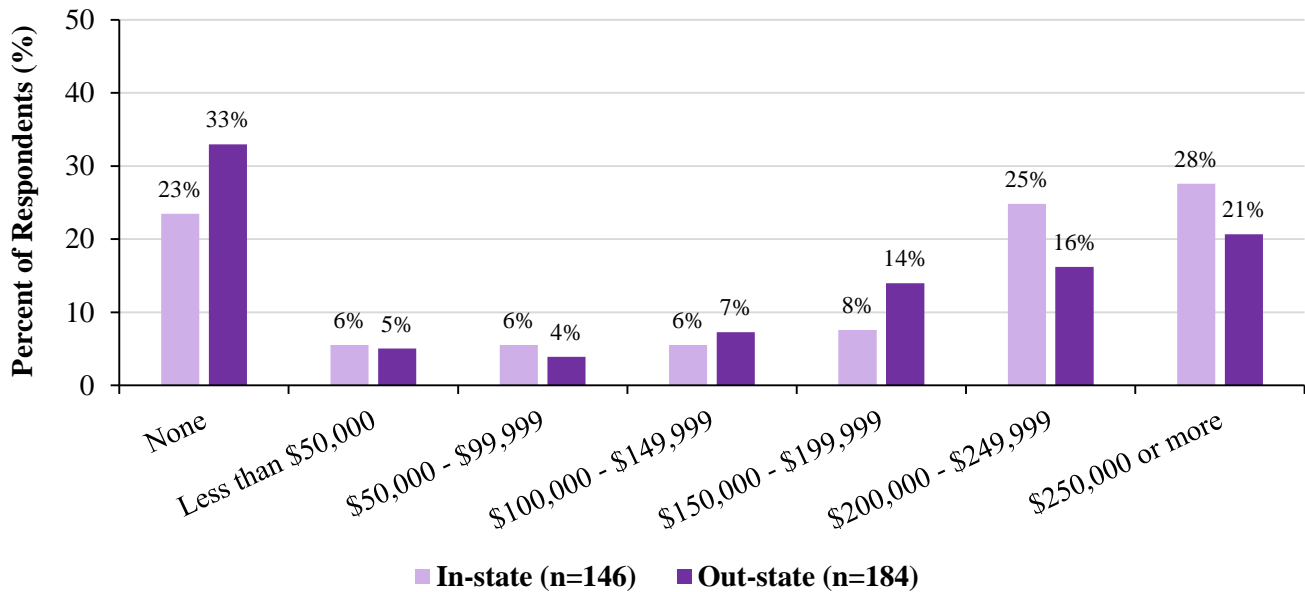
Respondents from Indiana

Table 6.6	In-state (n=146)		Out-state (n=184)	
Respondents who have an Indiana...	Number	Percent	Number	Percent
High School	72	49.3	23	12.5
College	65	44.5	23	12.5
Medical School	69	47.3	30	16.3

Table 6.6 shows the respondents who graduated from a high school, college, or medical school in Indiana. About one-half of the respondents intending to practice within Indiana indicated they graduated from a high school (49%), college (45%), or medical school (47%) in Indiana. Over one-tenth of the respondents intending to practice out-of-state indicated they graduated from a high school (13%), college (13%), or medical school (16%) in Indiana.

Current Individual Educational Debt

Figure 6.1: Current Individual Educational Debt (n=330)

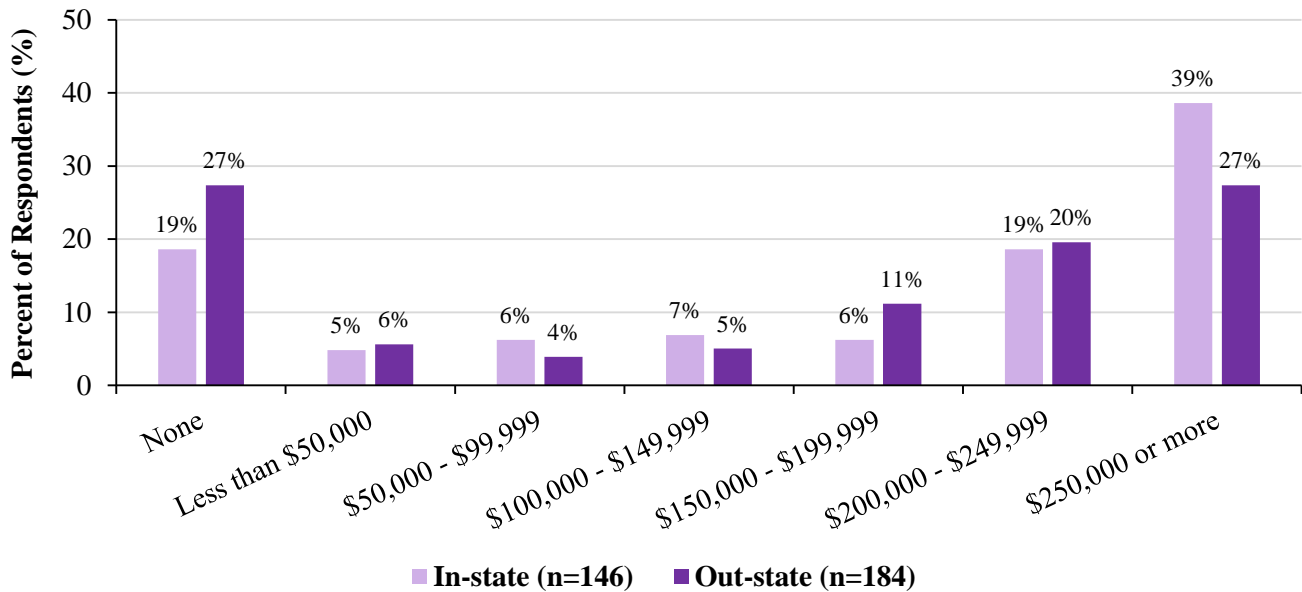


Chi-square p-value = 0.005 †

Figure 6.1 presents the current level of individual educational debt among the respondents. About one-fourth (23%) of the respondents intending to practice in Indiana indicated having no educational debt, compared to 33 percent of the respondents going out-of-state. About three-fifths of the respondents intending to practice in Indiana (67%) and those going out-of-state (58%) reported having an educational debt of \$100,000 or more. Over one-half of the respondents intending to practice in Indiana (53%) reported having an educational debt of \$200,000 or more, compared to 37 percent of those going out-of-state. The Chi-square test of association between the two groups was statistically significant. Respondents intending to practice in Indiana were more likely to indicate having educational debt of \$200,000 or more. The respondents going out-of-sate were more likely to report having no educational debt.

Current Total Household Educational Debt

Figure 6.2: Current Total Household Educational Debt (n=330)



Chi-square p-value = 0.171

Figure 6.2 presents the current level of total household educational debt among the respondents. Nearly one-fifth (19%) of the respondents intending to practice within Indiana indicated having no household educational debt, compared to 27 percent of those going out-of-state. Over three-fifths 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 one-half of the respondents intending to practice within Indiana (58%) and those going out-of-state (47%) reported having a household educational debt of \$200,000 or more. There was no statistically significant difference between the two groups.

Training Program

Table 6.7		In-state (n=146)		Out-state (n=184)	
The residency or fellowship training program was helpful in the preparation for my specialty exams?		Number	Percent	Number	Percent
Strongly Agree		68	47.2	68	39.1
Agree		69	47.9	82	47.1
Neutral		6	4.2	18	10.3
Disagree		1	0.7	2	1.1
Strongly Disagree		0	0.0	4	2.3
Total		144	100.0	174	100.0
Missing/ Board Exam in my field does not exist		2		10	

Chi-square p-value = 0.003 †

Table 6.7 shows the assessment of how helpful the programs were in preparation for board exams. A majority of the respondents intending to practice within Indiana (95%) and those going out-of-state (86%) indicated they “strongly agree” or “agree” that their training was helpful in preparing them for the board exams. The Chi-square test of association between the two groups was statistically significant. Respondents going out of state were more likely to stay neutral or disagree in their response.

ACGME Competency Areas

Table 6.8	In-state (n=146)			Out-state (n=184)			p-value
	Fully	Partially	Not at all	Fully	Partially	Not at all	
	%	%	%	%	%	%	
Patient Care	95.2	4.8	0.0	97.8	1.6	0.5	0.190
Medical knowledge	88.4	11.6	0.0	89.0	10.4	0.5	0.852
Practice-based learning & improvement	91.1	8.9	0.0	92.3	7.1	0.5	0.680
Interpersonal & communication skills	96.6	3.4	0.0	97.8	1.6	0.5	0.493
Professionalism	97.9	2.1	0.0	98.9	0.6	0.6	0.486
Systems-based practice	91.1	8.9	0.0	89.6	9.9	0.5	0.641

Table 6.8 shows the respondents’ self-rated skill level in the six ACGME competency areas. Almost all ($\geq 88\%$) respondents intending to practice within Indiana and those going out-of-state indicated feeling “fully” competent in the six ACGME competency areas. There was no statistically significant difference between the two groups.

Rural and Underserved Training

Table 6.9 In your residency or fellowship program, did you receive training to serve the:	In-state (n=146)				Out-state (n=184)				p-value
	Yes		No		Yes		No		
	#	%	#	%	#	%	#	%	
Rural population	87	60.4	57	39.6	105	58.0	76	42.0	0.661
Underserved population	136	94.4	8	5.6	167	92.3	14	7.7	0.437

Table 6.9 shows whether the respondents' received training to serve the rural and underserved populations in their program. Three-fifths of the respondents intending to practice within Indiana (60%) and those going out-of-state (58%) indicated they had received training to serve rural populations. A majority of the respondents intending to practice within Indiana (94%) and those going out-of-state (92%) indicated they had received training to serve underserved populations. There was no statistically significant difference between the two groups.

Competency in Providing Care to the Rural and Underserved Populations

Table 6.10 How competent do you feel providing care to the:	In-state (n=146)			Out-state (n=184)			p-value
	Fully	Partially	Not at all	Fully	Partially	Not at all	
	%	%	%	%	%	%	
Rural population	73.9	24.6	1.4	72.8	25.6	1.7	0.814
Underserved population	93.8	6.3	0.0	93.9	5.6	0.6	0.969

Table 6.10 shows the respondents' self-rated competency levels in providing care to rural and underserved populations. Nearly three-fourths of the respondents intending to practice within Indiana (74%) and those going out-of-state (73%) indicated feeling "fully" competent in providing care to the rural populations. A majority of the respondents intending to practice within Indiana (94%) and those going out-of-state (94%) indicated feeling "fully" competent in providing care to the underserved population. There was no statistically significant difference between the two groups.

Program Opportunities

Table 6.11	In-state (n=146)				Out-state (n=184)				p-value
	Yes		No		Yes		No		
	#	%	#	%	#	%	#	%	
In the current academic year, did you: Have an opportunity to be part of a multi-disciplinary inter-professional team to provide care?	144	98.6	2	1.4	179	97.8	4	2.2	0.582
Participate in a quality improvement project to improve health outcome?	127	87.6	18	12.4	145	79.7	37	20.3	0.057
Participate in patient safety project?	108	74.5	37	25.5	124	68.5	57	31.5	0.236
Utilize electronic health records, including order entry and progress notes, in the direct care of patients?	145	99.3	1	0.7	181	99.5	1	0.5	0.875
Have an opportunity to serve on a committee or council?	115	79.3	30	20.7	128	70.3	54	29.7	0.064

Table 6.11 shows if there were any opportunities available for the respondents' to participate in the current academic year. 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 (99%, 98%) and use electronic health records (99%, 100%), respectively. Four-fifths of the respondents intending to practice in Indiana (88%) and those going out-of-state (80%) indicated they were able to participate in a quality improvement project. About seventy percent of the respondents intending to practice in Indiana and those going out-of-state indicated participating in a patient safety project (75%, 69%) *and* had the opportunity to serve on a committee or council (80%, 70%), respectively. There was no statistically significant difference between the two groups.

Teaching Opportunities

Table 6.12	In-state (n=146)		Out-state (n=184)	
	Number	Percent	Number	Percent
In the current academic year: Were you provided an opportunity to teach in a clinical environment?				
Yes	140	98.6	176	97.2
No	2	1.4	5	2.8
Total	142	100.0	181	100.0
Missing	4		3	

Chi-square p-value = 0.406

Table 6.12 shows whether the respondents were provided an opportunity to teach in a clinical environment. Almost all respondents intending to practice in Indiana (99%) and those going out-of-state (97%) 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 6.13		In-state (n=146)		Out-state (n=184)	
In the current academic year: How prepared did you feel to teach in a clinical environment?		Number	Percent	Number	Percent
Very well prepared		61	41.8	88	48.6
Well prepared		74	50.7	80	44.2
Neutral		11	7.5	10	5.5
Poorly prepared		0	0.0	2	1.1
Very poorly prepared		0	0.0	1	0.6
Total		146	100.0	181	100.0
Missing		0		3	

Chi-square p-value = 0.903

Table 6.13 shows the respondents' readiness to teach in a clinical environment. Almost all respondents intending to practice in Indiana (93%) 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.

Frequency of Teaching Opportunities

Table 6.14		In-state (n=146)		Out-state (n=184)	
In the current academic year: How many opportunities for teaching did you encounter per year in a clinical environment?		Number	Percent	Number	Percent
0		0	0.0	2	1.1
1 to 4		5	3.5	15	8.5
5 to 9		23	16.0	22	12.5
10 to 19		24	16.7	25	14.2
20 or more		92	63.9	112	63.6
Total		144	100.0	176	100.0
Missing		2		8	

Chi-square p-value = 0.962

Table 6.14 shows the number of opportunities the respondents' were provided to teach per year in a clinical environment. Nearly two-thirds of the respondents intending to practice in Indiana (64%) and those going out-of-state (64%) indicated they had at least 20 or more opportunities per year to teach in a clinical environment. There was no statistically significant difference between the two groups.

“Ideal” Frequency for Teaching Opportunities per Year

Table 6.15		In-state (n=146)		Out-state (n=184)	
In the current academic year: What would be your "ideal" frequency of opportunities to teach per year in a clinical environment?		Number	Percent	Number	Percent
	0-15		44	38.6	48
16-31		38	33.3	49	35.8
32-47		1	0.9	2	1.5
48-63		9	7.9	14	10.2
>64		22	19.3	24	17.5
	Total	114	100.0	137	100.0
	Missing	32		47	

Chi-square p-value = 0.878

Table 6.15 shows what the respondents perceive to be the “ideal” frequency of opportunities to teach in a clinical environment per year. Over two-thirds of the respondents intending to practice in Indiana (72%) and those going out-of-state (71%) indicated the “ideal” frequency of teaching opportunities in a clinical environment would be 0 and 31 times per year. There was no statistically significant difference between the two groups.

Competency in Communication during the Hand-Off Process

Table 6.16		In-state (n=146)		Out-state (n=184)	
How competent do you feel in communicating with team members in the hand-off process?		Number	Percent	Number	Percent
	Very competent		108	75.5	136
Competent		31	21.7	38	21.1
Neutral		4	2.8	5	2.8
Incompetent		0	0.0	0	0.0
Very incompetent		0	0.0	1	0.6
	Total	143	100.0	180	100.0
	Missing	3		4	

Chi-square p-value = 0.782

Table 6.16 shows the respondents’ self-rated competency levels in communicating with team members during the hand-off process. A majority of the respondents intending to practice in Indiana (97%) and those going out-of-state (97%) reported feeling “very competent” or “competent” communicating with team members during the hand-off process. There was no statistically significant difference between the two groups.

IUSM Policies and Procedures Regarding Mistreatment

Table 6.17 Do you know about the following at IUSM:	In-state (n=146)				Out-state (n=184)				p-value
	Yes		No		Yes		No		
	#	%	#	%	#	%	#	%	
Policies regarding mistreatment of residents	124	85.5	21	14.5	145	81.0	34	19.0	0.282
Procedures for reporting mistreatment of residents	122	83.6	24	16.4	138	76.7	42	23.3	0.123
Policies regarding mistreatment of medical students	118	80.8	28	19.2	146	81.1	34	18.9	0.947
Procedures for reporting mistreatment of medical students	113	77.4	33	22.6	141	78.3	39	21.7	0.839

Table 6.17 shows the respondents' knowledge of the IUSM policies and procedures regarding mistreatment of residents and medical students. Four-fifths of the respondents intending to practice in Indiana (86%, 84%) and those going out-of-state (81%, 77%) indicated they knew the policies *and* procedures regarding mistreatment of residents, respectively. Also, four-fifths of the respondents intending to practice in Indiana (81%, 77%) and those going out-of-state (81%, 78%) indicated they knew the policies *and* procedures regarding mistreatment of medical students, respectively. There was no statistically significant difference between the two groups.

Quality of Program

Table 6.18 I would rate the overall quality of my residency or fellowship program as:	In-state (n=146)		Out-state (n=184)	
	Number	Percent	Number	Percent
Excellent	80	54.8	99	54.4
Above Average	54	37.0	71	39.0
Average	10	6.8	9	4.9
Below Average	2	1.4	1	0.5
Extremely Poor	0	0.0	2	1.1
Total	146	100.0	182	100.0
Missing	0		2	

Chi-square p-value = 0.574

Table 6.18 shows the respondents' overall rating of the quality of their residency or fellowship training program. A majority of the respondents intending to practice in Indiana (92%) and those going out-of-state (93%) 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		In-state (n=146)		Out-state (n=184)	
I would rate the overall performance of the faculty in my residency or fellowship program to have exceeded my expectations?					
	Number	Percent	Number	Percent	
Strongly Agree	68	46.6	86	47.3	
Agree	61	41.8	77	42.3	
Neutral	15	10.3	14	7.7	
Disagree	2	1.4	2	1.1	
Strongly Disagree	0	0.0	3	1.6	
Total	146	100.0	182	100.0	
Missing	0		2		

Chi-square p-value = 0.728

Table 6.19 shows the respondents' intending to practice in Indiana and those going out-of-state and their overall performance rating of faculty in their training program. A majority of the respondents intending to practice in Indiana (88%) and those going out-of-state (90%) indicated they "strongly agree" or "agree" that the faculty in their program exceeded their expectations. There was no statistically significant difference between the two groups.

Assessment of Peer Residents and Fellows

Table 6.20		In-state (n=146)		Out-state (n=184)	
I would rate the overall performance of the other residents/fellows in my residency or fellowship program to have exceeded my expectations?					
	Number	Percent	Number	Percent	
Strongly Agree	57	39.0	84	46.4	
Agree	70	47.9	77	42.5	
Neutral	15	10.3	14	7.7	
Disagree	4	2.7	6	3.3	
Strongly Disagree	0	0.0	0	0.0	
Total	146	100.0	181	100.0	
Missing	0		3		

Chi-square p-value = 0.585

Table 6.20 shows the respondents' overall performance rating of other residents or fellows in their training program. Over four-fifths of the respondents intending to practice in Indiana (87%) and those going out-of-state (89%) indicated they "strongly agree" or "agree" that other residents or fellows exceeded their expectations. There was no statistically significant difference between the two groups.

Plans after Graduation

Table 6.21	Plans After Graduation			
	In-state (n=146)		Out-state (n=184)	
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)	82	56.2	86	46.7
Fellowship or Additional Subspecialty Training	42	28.8	71	38.6
Academic position (Teaching and/or Research)	20	13.7	23	12.5
Temporarily Out of Medicine	0	0.0	0	0.0
Military	0	0.0	2	1.1
Industry	0	0.0	0	0.0
Other	2	1.4	1	0.5
Undecided or Don't know yet	0	0.0	1	0.5
Total	146	100.0	184	100.0
Missing	0		0	

Chi-square p-value = 0.251

Table 6.21 shows what the respondents' expect to do after completing their current training program. Over one-half of the respondents intending to practice in Indiana (56%) planned to go into patient care or clinical practice after completing their training, compared to 47 percent of those going out-of-state. Over one-fourth (29%) of the respondents intending to practice in Indiana planned to continue with additional training, compared to 39 percent of those going to practice out-of-state. Over one-tenth of the respondents intending to practice in Indiana (14%) and those going out-of-state (13%) planned to accept an academic position. There was no statistically significant difference between the two groups.

NOTE - The following section is only for those who indicated they were going into "patient care or clinical practice" (n=173).

Plans after graduation for respondents going into Patient Care or Clinical Practice (n=168)

Practice Characteristics

Primary Practice Location

Table 6.22	Clinical Care Respondents (n=168)			
	In-state (n=82)		Out-state (n=86)	
Where is the location of your primary activity after completing your current training program?	Number	Percent	Number	Percent
Same city or county as current training	44	53.7	0	0.0
Same region in Indiana, but different city or county	16	19.5	0	0.0
Other area in Indiana	22	26.8	0	0.0
Other U.S. state (not Indiana)	0	0.0	81	94.2
Outside of U.S.	0	0.0	5	5.8
Undecided	0	0.0	0	0.0
Total	82	100.0	86	100.0
Missing	0		0	

Table 6.22 shows the location of the respondents' primary activity after completion of their current training program. This table shows the breakdown for all respondents intending to practice in Indiana (100%) and those going out-of-state (100%) after completing their training.

Type of Practice

Table 6.23	Clinical Care Respondents (n=168)			
	In-state (n=82)		Out-state (n=86)	
Which best describes the principal type of Patient Care Practice you will be entering?	Number	Percent	Number	Percent
Solo practice	1	1.2	2	2.5
Partnership (2 person)	2	2.5	7	8.8
Group Practice	51	63.0	55	68.8
Hospital-inpatient	13	16.0	7	8.8
Hospital-ambulatory care	6	7.4	3	3.8
Hospital-emergency department	4	4.9	1	1.3
Hospital-inpatient/ambulatory care	0	0.0	2	2.5
Free-standing health center or clinic	1	1.2	1	1.3
Nursing Home	0	0.0	0	0.0
Other (specify)	3	3.7	2	2.5
Total	81	100.0	80	100.0
Missing	1		6	

Chi-square p-value = 0.101

Table 6.23 shows the principal type of patient care practice setting the respondents' will be entering after completing their training. About two-thirds of the respondents intending to practice in Indiana (63%) and those going out-of-state (69%) reported that they plan to work in a "group practice" setting. Over one-fourth (28%) of the respondents intending to practice in Indiana indicated they plan to practice in a "hospital" setting (inpatient, ambulatory care, emergency department, or inpatient/ambulatory), compared to 16 percent of those going out-of-state. There was no statistically significant difference between the two groups.

Amount of Direct Patient-Care Activities

Table 6.24	Clinical Care Respondents (n=168)			
	In-state (n=82)		Out-state (n=86)	
In your upcoming position, what amount of direct patient-care activities will you do?	Number	Percent	Number	Percent
No patient-care activities	0	0.0	0	0.0
Part-time patient-care activities	4	4.9	6	7.0
Full-time patient-care activities	78	95.1	80	93.0
Total	82	100.0	86	100.0
Missing	0		0	

Chi-square p-value = 0.565

Table 6.24 shows the respondents' expected amount of time spent in direct patient-care activities in their upcoming position. Almost all respondents intending to practice in Indiana (95%) and those going out-of-state (93%) indicated they plan to work full-time in patient-care activities. There was no statistically significant difference between the two groups.

In addition, almost all respondents intending to stay in-state (90%) and those going out-of-state (95%) indicated they had no obligation or visa requirement to work in a designated health professional shortage area (HPSA) or medically underserved area (MUA).

Percentage of Patients Expected to be seen from Underserved Populations

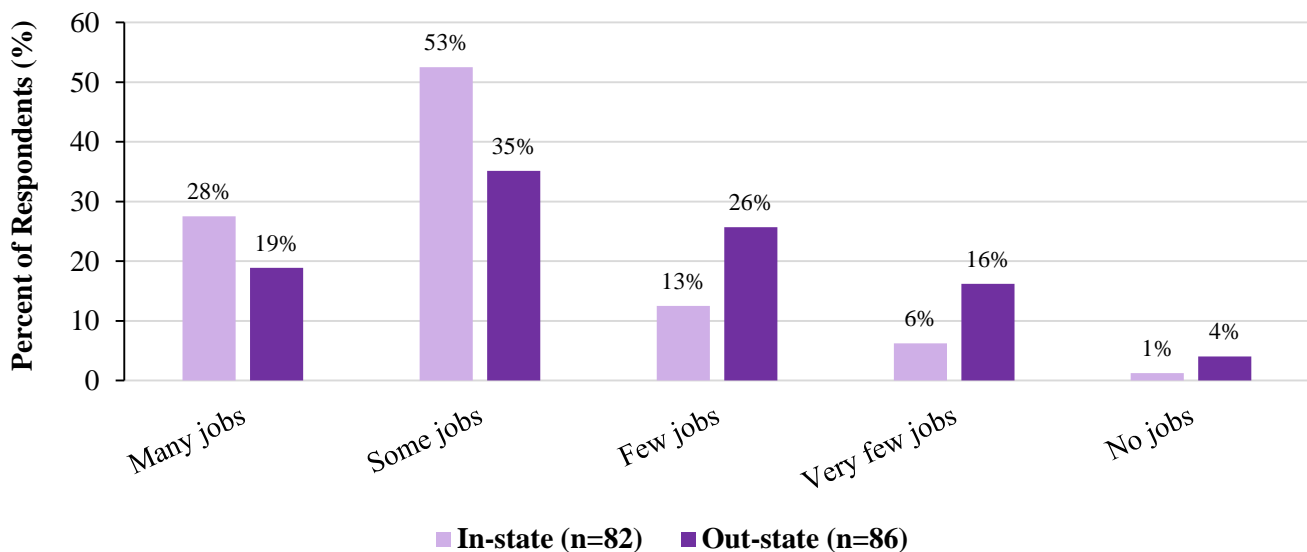
Table 6.25	Clinical Care Respondents (n=168)			
	In-state (n=82)		Out-state (n=86)	
In your new practice, what percentage of the patients do you expect to see from underserved populations?	Number	Percent	Number	Percent
Less than 10 percent	7	9.0	8	11.6
10-24 percent	27	34.6	32	46.4
25-49 percent	30	38.5	18	26.1
50-74 percent	9	11.5	9	13.0
More than 75 percent	5	6.4	2	2.9
Total	78	100.0	69	100.0
Missing/Don't Know	4		17	

Chi-square p-value = 0.600

Table 6.25 shows the percentage of patients the respondents expect to see from underserved populations. A majority of the respondents intending to practice in Indiana (91%) and those going out-of-state (88%) indicated they expect to see more than 10 percent of the patients from underserved populations (Medicaid or self-pay, educationally or economically disadvantaged). There was no statistically significant difference between the two groups.

Opportunities in Indiana

Figure 6.3: Overall Assessment of Practice Opportunities in Indiana (n=168)

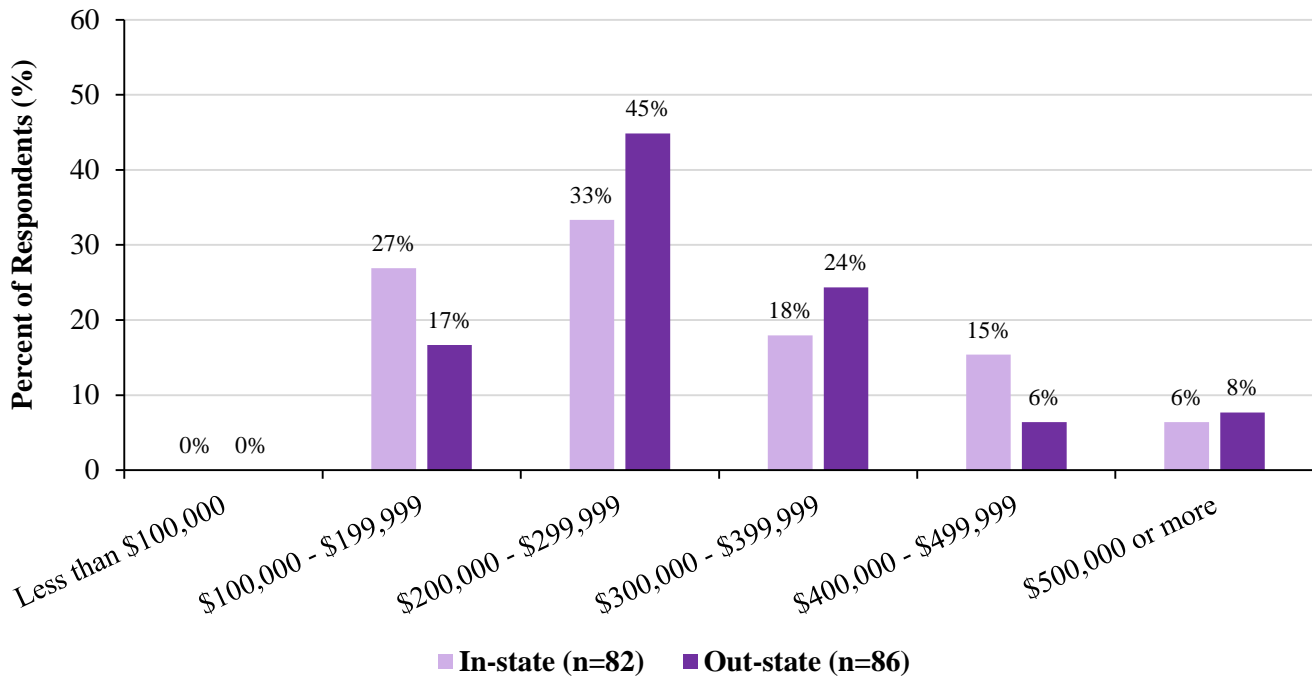


Chi-square p-value = 0.000 ‡

Figure 6.3 presents the overall assessment of practice opportunities for respondents' within their specialty in Indiana. Four-fifths (81%) of the respondents intending to practice in Indiana reported there were "many" or "some" jobs available within their specialty, compared to 54 percent of those going out-of-state. One-fifth (20%) of the respondents intending to practice in Indiana reported there were "few", "very few" or "no jobs" available within their specialty in Indiana, compared to 46 percent of those going out-of-state. The Chi-square test of association between the two groups was statistically significant. Respondents intending to practice in Indiana were more likely to indicate there were many or some jobs available within their specialty in Indiana. Respondents intending to practice out-of-state were more likely to report there were very few to no jobs available within their specialty in Indiana.

Expected Gross Income

Figure 6.4: Expected Gross Income (n=168)



Chi-square p-value = 0.120

Figure 6.4 presents the gross income that respondent’s expect to earn during their first year of practice. Nearly three-fourths (73%) of the respondents intending to practice in Indiana indicated they expect to earn \$200,000 or more, compared to 83 percent of those going out-of-state. There was no statistically significant difference between the two groups.

Job Offers All Together

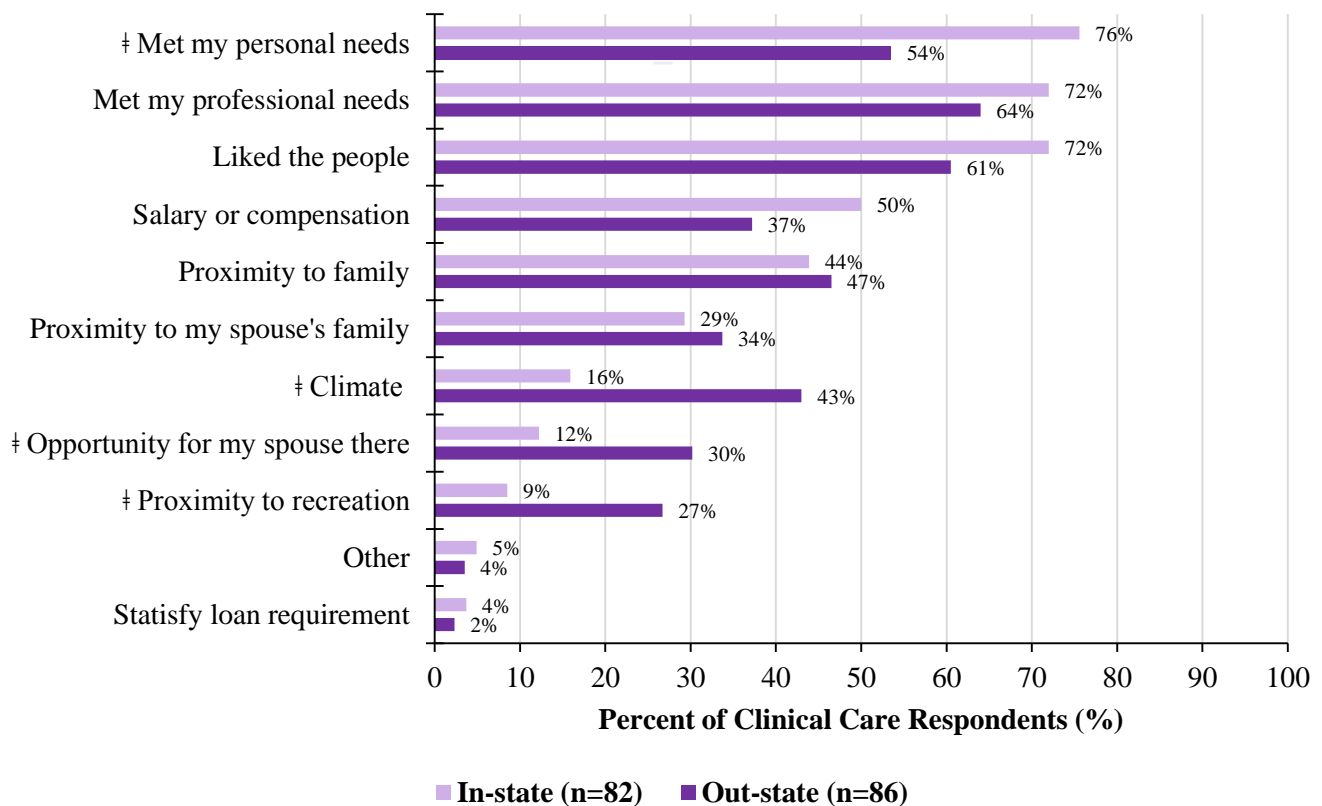
Table 6.26 How many offers for employment/practice positions did you receive all together?	Clinical Care Respondents (n=168)			
	In-state (n=82)		Out-state (n=86)	
	Number	Percent	Number	Percent
0	0	0.0	1	1.3
1	10	12.7	14	18.2
2	24	30.4	11	14.3
3	20	25.3	16	20.8
4	7	8.9	16	20.8
5 or more	18	22.8	19	24.7
Total	79	100.0	77	100.0
Missing/ Did not seek employment position at the time	3		9	

Chi-square p-value = 0.239

Table 6.26 shows the total number of offers the respondent’s received for employment or practice positions. About three-fifths of the respondents intending to practice in Indiana (57%) and those going out-of-state (66%) indicated receiving three or more offers for employment all together. There was no statistically significant difference between the two groups.

Main Reasons to Practice at this Location

Figure 6.5: Main Reasons to Practice at this Location (n=168)



‡ Denotes that a statistically significant difference was found.

Figure 6.5 shows the main reasons influencing the respondents’ choice of practice location. The top reasons for choosing to practice at this location by those intending to practice in Indiana and for those going out-of-state were: “met my personal needs or preferences” (76%, 54%), “met my professional needs or preferences” (72%, 64%), and “liked the people” (72%, 61%), respectively. The Chi-square test of association between the two groups was statistically significant. Respondents intending to practice in Indiana were more likely to practice at this location because it met their personal need or preferences. Respondents going out-of-state were more likely to practice at that location due to its climate, opportunity for their spouse or significant other, and proximity to recreation.

Job Offers in Indiana

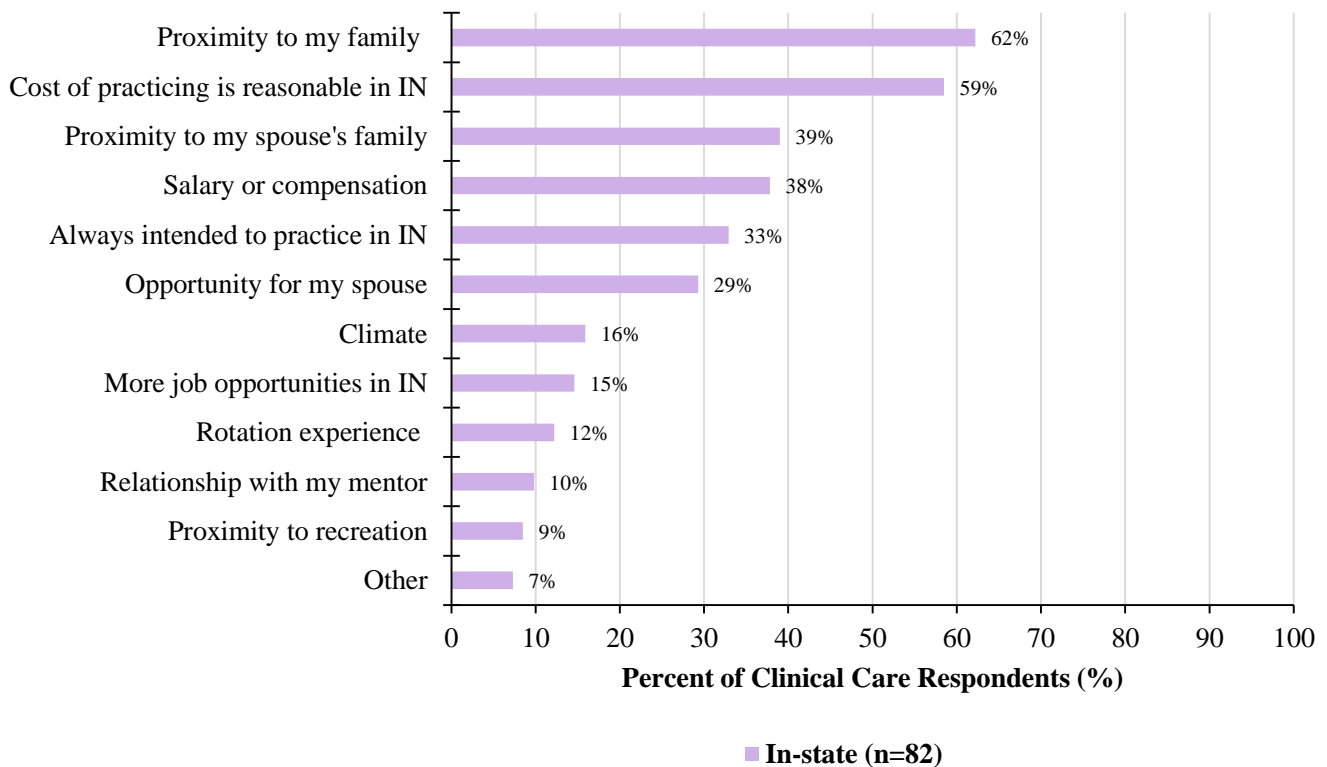
Table 6.27	Clinical Care Respondents	
	In-state (n=82)	
How many offers for employment/practice positions did you receive in Indiana?	Number	Percent
0	0	0.0
1	20	25.6
2	23	29.5
3	19	24.4
4	9	11.5
5 or more	7	9.0
Total	78	100.0
Missing/ Did not seek employment positions at this time	4	

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

Table 6.27 shows the number of offers the respondents' received for employment or practice positions in Indiana. Only those respondents who indicated their primary practice location was in Indiana were included in the analysis. Of the respondents intending to practice in Indiana, over two-fifths (45%) indicated receiving three or more offers for employment in the state.

Main Reasons to Practice in Indiana

Figure 6.6: Main Reasons to Practice in Indiana (n=82)*



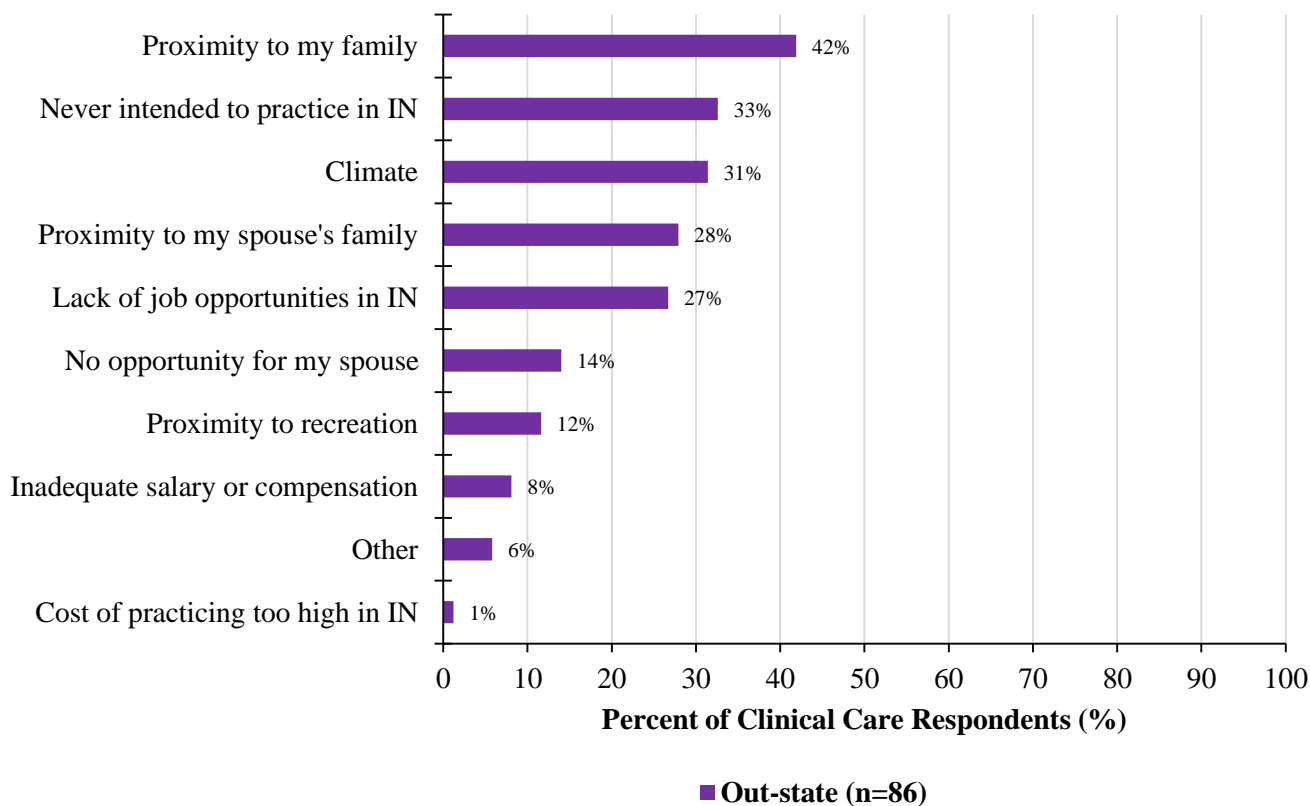
*Reflects responses from only those respondents who indicated their primary practice location was in Indiana.

Figure 6.6 presents the main reasons influencing 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.

For those respondents intending to practice in Indiana, the top three reasons given were: “proximity to my family” (62%), “cost of practicing in reasonable in Indiana” (59%), and “proximity to my spouse’s or significant other’s family” (39%).

Main Reasons not to Practice in Indiana

Figure 6.7: Main reasons not to practice in Indiana (n=86)*



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

Figure 6.7 presents the main reasons influencing 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.

Of those intending to practice outside Indiana, the top three reasons given were: “proximity to my family” (42%), “never intended to practice in Indiana” (33%), and “climate” (31%).

CHAPTER 7: MALE & FEMALE RESPONDENTS

The survey respondents were asked a question about gender. Based on their response they were stratified into a male and female category. Of the 352 respondents, 203 reported their gender as male and 149 as female, as shown in tables 7.1 to 7.20 and figures 7.1 and 7.2. The remaining tables and figures show responses from only those graduates:

- who indicated that they planned to work in ‘patient care or clinical practice’ after graduation [males (105) and females (68)];
- who intended to practice in Indiana [males (51) and females (31)]; and,
- who intended to practice outside Indiana [males (51) and females (35)].

Five respondents (i.e., three male and two female) were 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=352)

Demographics

Age

Table 7.1	Males (n=203)		Females (n=149)	
Age	Number	Percent	Number	Percent
25-29	21	10.7	24	16.6
30-34	122	62.2	91	62.8
35-39	41	20.9	25	17.2
40-44	8	4.1	3	2.1
45-49	1	0.5	1	0.7
>50	3	1.5	1	0.7
Total	196	100.0	145	100.0
Missing	7		4	

Chi-square p-value = 0.454

Table 7.1 shows the age distribution of the male and female respondents. Four-fifths of the male (83%) and female (80%) respondents were between the ages of 30 and 39 years. There was no statistically significant difference between the two groups.

Race

Table 7.2		Males (n=203)		Females (n=149)	
Which of the following describes your race? Please mark ALL that apply.		Number	Percent	Number	Percent
American Indian/ Native Alaskan		6	3.0	2	1.4
Asian		34	17.3	30	21.1
Black/African American		3	1.5	7	4.9
Native Hawaiian/ Pacific Islander		1	0.5	0	0.0
White		149	75.6	99	69.7
Bi-Racial		3	1.5	3	2.1
Other		1	0.5	1	0.7
Total		197	100.0	142	100.0
Missing		6		7	

Chi-square p-value = 0.313

Table 7.2 shows the racial distribution of the male and female respondents. Seventy percent of the male (76%) and female (70%) respondents were white. About one-fifth of the male (17%) and female (21%) respondents indicated they were Asian. There was no statistically significant difference between the two groups.

Ethnicity

Table 7.3		Males (n=203)		Females (n=149)	
Do you consider yourself to be Hispanic or Latino?		Number	Percent	Number	Percent
Yes, Hispanic/Latino		16	8.3	5	3.5
No, not Hispanic/Latino		176	91.7	136	96.5
Total		192	100.0	141	100.0
Missing		11		8	

Chi-square p-value = 0.075

Table 7.3 shows the ethnicity of the male and female respondents. Less than one-tenth of the male (8%) and female (4%) respondents indicated having a Hispanic or Latino ethnicity. There was no statistically significant difference between the two groups.

Hometown

Table 7.4		Males (n=203)		Females (n=149)	
What do you consider your hometown?		Number	Percent	Number	Percent
Outside USA		37	18.8	22	15.0
Within USA		160	81.2	125	85.0
<i>Outside Indiana</i>		95	59.4	79	63.2
<i>Within Indiana</i>		65	40.6	46	36.8
Total		197	100.0	147	100.0
Missing		6		2	

Chi-square p-value = 0.511

Table 7.4 shows what the male and female respondents considered their hometown. About one-fifth of the male (19%) and female (15%) respondents were from another country. Over four-fifths of the male (81%) and female (85%) respondents were from the United States. Of the 285 respondents who indicated they were from United States, about two-fifths of the male (41%) and female (37%) respondents indicated having a hometown within Indiana. There was no statistically significant difference between the two groups.

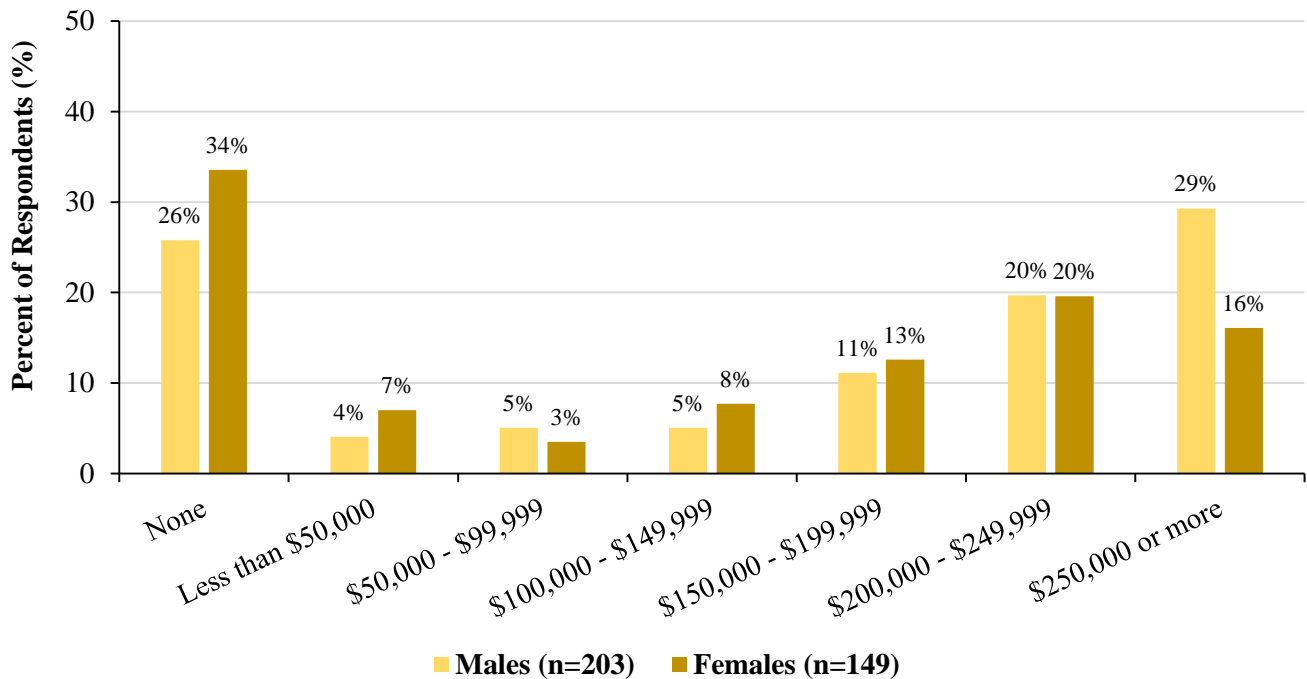
Respondents from Indiana

Table 7.5		Males (n=203)		Females (n=149)	
Respondents who have an Indiana...	Number	Percent	Number	Percent	
High School	58	28.6	44	29.5	
College	57	28.1	36	24.2	
Medical School	58	28.6	45	30.2	

Table 7.5 shows the male and female respondents who graduated from high school, college, or medical school in Indiana. Over one-fourth of the male and female respondents indicated that they graduated from a high school (29%, 30%), college (28%, 24%), or medical school (29%, 30%) in Indiana, respectively.

Current Individual Educational Debt

Figure 7.1: Current Individual Educational Debt (n=352)

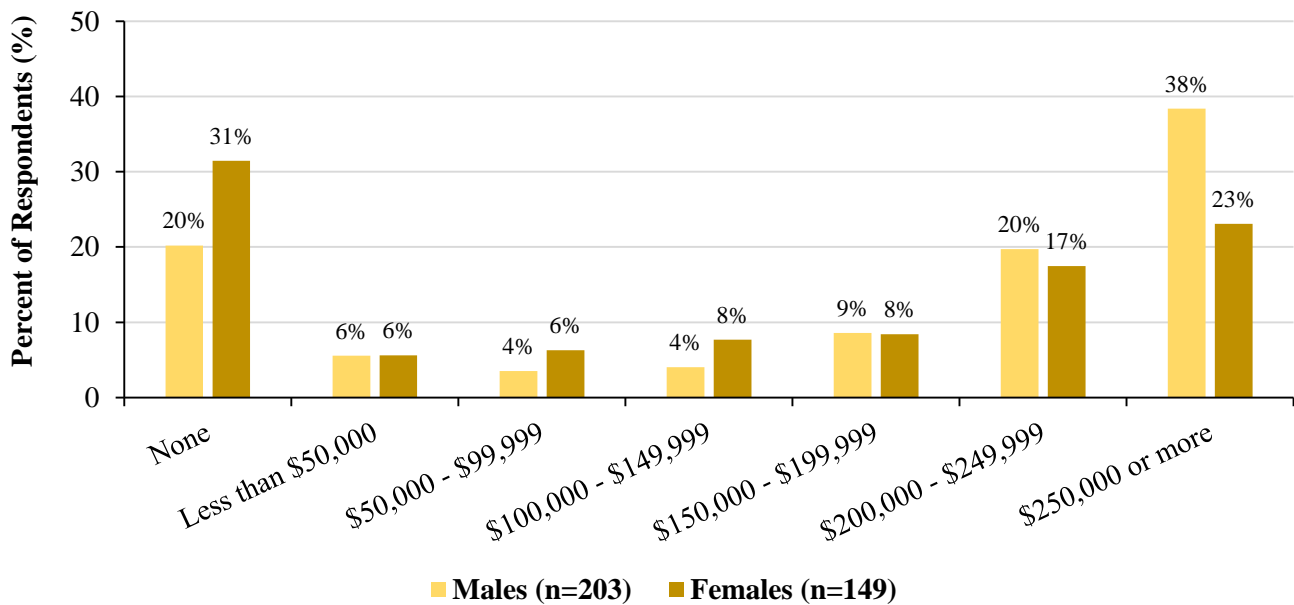


Chi-square p-value = 0.014 †

Figure 7.1 presents the current level of individual educational debt among the male and female respondents. Over one-fourth (26%) of the male respondents indicated having no educational debt, compared to 34 percent of the female respondents. About three-fifths of the male (65%) and female (57%) respondents indicated having an educational debt of \$100,000 or more. Nearly one-half of the male (49%) respondents reported having an educational debt of \$200,000 or more, compared to 36 percent of the female respondents. The Chi-square test of association between the two groups was statistically significant. Male respondents were more likely to have an individual educational debt of \$250,000 or more. Female respondents were more likely to have no educational debt.

Current Total Household Educational Debt

Figure 7.2: Current Total Household Educational Debt (n=352)



Chi-square p-value = 0.030 ‡

Figure 7.2 presents the current level of total household educational debt among male and female respondents. Over one-fifth (20%) of the male respondents indicated having no household educational debt, compared to 32 percent of the female respondents. Almost three-fourths (71%) of the male respondents reported having a household educational debt of \$100,000 or more, compared to 56 percent of the female respondents. Almost three-fifths (58%) of the male respondents indicated having a household educational debt of \$200,000 or more, compared to 40 percent of the female respondents. The Chi-square test of association between the two groups was statistically significant. Male respondents were more likely to have a total household debt of \$200,000 or more. Female respondents were more likely to have no household educational debt.

Program Assessment

Training Program

Table 7.6		Males (n=203)		Females (n=149)	
The residency or fellowship training program was helpful in the preparation for my specialty exams?		Number	Percent	Number	Percent
Strongly Agree		90	46.9	53	36.6
Agree		84	43.8	78	53.8
Neutral		11	5.7	14	9.7
Disagree		3	1.6	0	0.0
Strongly Disagree		4	2.1	0	0.0
Total		192	100.0	145	100.0
Missing/ Board Exam in my field does not exist		11		4	

Chi-square p-value = 0.970

Table 7.6 shows the male and female respondents' assessment of how helpful their training program was in preparing them for the board exams. A majority of the male (91%) and female (90%) respondents indicated they “strongly agree” or “agree” that their training was helpful in preparing them for their board exams. There was no statistically significant difference between the two groups.

ACGME Competency Areas

Table 7.7	Males (n=203)			Females (n=149)			p-value
	Fully %	Partially %	Not at all %	Fully %	Partially %	Not at all %	
Patient Care	97.5	2.0	0.5	95.9	4.1	0.0	0.399
Medical knowledge	88.6	10.9	0.5	89.8	10.2	0.0	0.714
Practice-based learning & improvement	93.0	6.5	0.5	91.2	8.8	0.0	0.529
Interpersonal & communication skills	97.0	2.5	0.5	98.0	2.0	0.0	0.576
Professionalism	98.5	1.0	0.5	98.6	1.4	0.0	0.914
Systems-based practice	92.0	7.5	0.5	89.1	10.9	0.0	0.351

Table 7.7 shows the male and female respondents' self-rated skill level in the six ACGME competency areas. Almost all ($\geq 88\%$) male and female respondents indicated feeling “fully” competent in the six ACGME competency areas. There was no statistically significant difference between the two groups.

Rural and Underserved Training

Table 7.8	Males (n=203)				Females (n=149)				p-value
In your residency or fellowship program, did you receive training to serve the:	Yes		No		Yes		No		
	#	%	#	%	#	%	#	%	
Rural population	128	64.3	71	35.7	76	52.4	69	47.6	0.026†
Underserved population	185	93.0	14	7.0	135	93.1	10	6.9	0.960

Table 7.8 shows whether the male and female respondents' received training to serve the rural and underserved populations in their program. Nearly two-thirds of the male (64%) respondents indicated they had received training to serve rural populations, compared to 52 percent of the female respondents. The Chi-square test of association between the two groups was statistically significant. Male respondents were more likely to have received training to serve the rural populations.

A majority of the male (93%) and female (93%) respondents indicated they had received training to serve the underserved population. There was no statistically significant difference between the two groups.

Competency in Providing Care to the Rural and Underserved Populations

Table 7.9	Males (n=203)			Females (n=149)			p-value
How competent do you feel providing care to the:	Fully	Partially	Not at all	Fully	Partially	Not at all	
	%	%	%	%	%	%	
Rural population	78.8	20.2	1.0	65.7	32.2	2.1	0.007†
Underserved population	94.4	5.1	0.5	92.4	7.6	0.0	0.438

Table 7.9 shows the male and female respondents' self-rated competency levels in providing care to the rural and underserved populations. Over three-fourths (79%) of the male respondents indicated feeling "fully" competent in providing care to the rural populations, compared to 66 percent of the female respondents. The Chi-square test of association between the two groups was statistically significant. Male respondents were more likely to feel fully competent in providing care to the rural populations.

A majority of the male (94%) and female (92%) respondents indicated feeling "fully" competent in providing care to the underserved populations. There was no statistically significant difference between the two groups.

Program Opportunities

Table 7.10 In the current academic year, did you:	Males (n=203)				Females (n=149)				p-value
	Yes		No		Yes		No		
	#	%	#	%	#	%	#	%	
Have an opportunity to be part of a multi-disciplinary inter-professional team to provide care?	195	97.5	5	2.5	147	99.3	1	0.7	0.196
Participate in a quality improvement project to improve health outcome?	163	81.5	37	18.5	126	86.3	20	13.7	0.234
Participate in patient safety project?	143	71.5	57	28.5	103	71.0	42	29.0	0.924
Utilize electronic health records, including order entry and progress notes, in the direct care of patients?	199	100.0	0	0.0	146	98.6	2	1.4	0.100
Have an opportunity to serve on a committee or council?	147	73.9	52	26.1	110	74.8	37	25.2	0.839

Table 7.10 shows if there were any opportunities available for the male and female respondents to participate in the current academic year. Almost all male and female respondents indicated they had the opportunity to be part of a multidisciplinary inter-professional team (98%, 99%) and use electronic health records (100%, 99%), respectively. Over four-fifths of the male (82%) and female (86%) respondents reported participating in a quality improvement project. In addition, over seventy percent of the male and female respondents indicated participating in a patient safety project (72%, 71%) and indicated having an opportunity to serve on a committee or council (74%, 75%), respectively. There was no statistically significant difference between the two groups.

Teaching Opportunities

Table 7.11 In the current academic year: Were you provided an opportunity to teach in a clinical environment?	Males (n=203)		Females (n=149)	
	Number	Percent	Number	Percent
Yes	194	98.0	140	97.9
No	4	2.0	3	2.1
Total	198	100.0	143	100.0
Missing	5		6	

Chi-square p-value = 0.960

Table 7.11 shows whether the male and female respondents were provided an opportunity to teach in a clinical environment. Almost all (98%) and female (98%) 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 7.12		Males (n=203)		Females (n=149)	
In the current academic year: How prepared did you feel to teach in a clinical environment?		Number	Percent	Number	Percent
Very well prepared		100	50.5	55	37.2
Well prepared		86	43.4	81	54.7
Neutral		9	4.5	12	8.1
Poorly prepared		2	1.0	0	0.0
Very poorly prepared		1	0.5	0	0.0
Total		198	100.0	148	100.0
Missing		5		1	

Chi-square p-value = 0.458

Table 7.12 shows the male and female respondents' readiness to teach in a clinical environment. Almost all male (94%) and female (92%) respondents indicated feeling "very well prepared" or "well prepared" to teach in a clinical environment. There was no statistically significant difference between the two groups.

Frequency of Teaching Opportunities

Table 7.13		Males (n=203)		Females (n=149)	
In the current academic year: How many opportunities for teaching did you encounter per year in a clinical environment?		Number	Percent	Number	Percent
0		1	0.5	1	0.7
1 to 4		12	6.1	9	6.3
5 to 9		29	14.8	19	13.3
10 to 19		27	13.8	26	18.2
20 or more		127	64.8	88	61.5
Total		196	100.0	143	100.0
Missing		7		6	

Chi-square p-value = 0.538

Table 7.13 shows the number of opportunities the male and female respondents' were provided to teach per year in a clinical environment. Over three-fifths of the male (65%) and female (62%) respondents indicated they were provided at least 20 or more opportunities per year to teach in a clinical environment. There was no statistically significant difference between the two groups.

“Ideal” Frequency for Teaching Opportunities per Year

Table 7.14		Males (n=203)		Females (n=149)	
In the current academic year: What would be your "ideal" frequency of opportunities to teach per year in a clinical environment?		Number	Percent	Number	Percent
	0-15		59	39.1	40
16-31		44	29.1	46	40.0
32-47		3	2.0	1	0.9
48-63		17	11.3	9	7.8
>64		28	18.5	19	16.5
	Total	151	100.0	115	100.0
	Missing	52		34	

Chi-square p-value = 0.228

Table 7.14 shows what the male and female respondents’ perceive to be the “ideal” frequency of opportunities to teach in a clinical environment per year. Over two-thirds (68%) of the male respondents indicated their “ideal” frequency of teaching opportunities in a clinical environment would be between 0 and 31 times per year, compared to 75 percent of the female respondents. There was no statistically significant difference between the two groups.

Competency in Communication during the Hand-Off Process

Table 7.15		Males (n=203)		Females (n=149)	
How competent do you feel in communicating with team members in the hand-off process?		Number	Percent	Number	Percent
	Very competent		154	78.2	106
Competent		36	18.3	37	25.3
Neutral		7	3.6	2	1.4
Incompetent		0	0.0	0	0.0
Very incompetent		0	0.0	1	0.7
	Total	197	100.0	146	100.0
	Missing	6		3	

Chi-square p-value = 0.414

Table 7.15 shows the male and female respondents’ self-rated competency levels in communicating with team members during the hand-off process. Nearly all male (97%) and female (98%) respondents reported feeling “very competent” or “competent” communicating with team members during the hand-off process. There was no statistically significant difference between the two groups.

IUSM Policies and Procedures Regarding Mistreatment

Table 7.16 Do you know about the following at IUSM:	Males (n=203)				Females (n=149)				p-value
	Yes		No		Yes		No		
	#	%	#	%	#	%	#	%	
Policies regarding mistreatment of residents	169	86.2	27	13.8	118	79.7	30	20.3	0.108
Procedures for reporting mistreatment of residents	167	84.3	31	15.7	110	74.3	38	25.7	0.021 †
Policies regarding mistreatment of medical students	168	84.8	30	15.2	112	75.7	36	24.3	0.031 †
Procedures for reporting mistreatment of medical students	163	82.3	35	17.7	107	72.3	41	27.7	0.025 †

Table 7.16 shows the male and female respondents' knowledge of the IUSM policies and procedures regarding mistreatment. Over four-fifths of the male respondents knew the policies *and* procedures regarding mistreatment of residents and medical students (86%, 84%, 85%, 82%), respectively. About three-fourths of the female respondents knew the policies *and* procedures regarding mistreatment of residents and medical students (80%, 74%, 76%, 72%), respectively. The Chi-square test of association between the two groups was statistically significant. Male respondents were more likely to know the procedures for reporting mistreatment of residents as well as the policies *and* procedures for reporting mistreatment of medical students.

Quality of Program

Table 7.17 I would rate the overall quality of my residency or fellowship program as:	Males (n=203)		Females (n=149)	
	Number	Percent	Number	Percent
Excellent	117	58.5	71	48.0
Above Average	70	35.0	64	43.2
Average	9	4.5	12	8.1
Below Average	2	1.0	1	0.7
Extremely Poor	2	1.0	0	0.0
Total	200	100.0	148	100.0
Missing	3		1	

Chi-square p-value = 0.423

Table 7.17 shows the male and female respondents' overall rating of the quality of their residency or fellowship training program. Almost all male (94%) and female (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 7.18		Males (n=203)		Females (n=149)	
I would rate the overall performance of the <u>faculty</u> in my residency or fellowship program to have exceeded my expectations?					
	Number	Percent	Number	Percent	
Strongly Agree	108	54.0	56	37.8	
Agree	74	37.0	71	48.0	
Neutral	12	6.0	20	13.5	
Disagree	3	1.5	1	0.7	
Strongly Disagree	3	1.5	0	0.0	
Total	200	100.0	148	100.0	
Missing	3		1		

Chi-square p-value = 0.129

Table 7.18 shows the male and female respondents' overall performance rating of faculty in their training program. A majority of the male (91%) and female (86%) respondents indicated they “strongly agree” or “agree” that the faculty in the program exceeded their expectations. There was no statistically significant difference between the two groups.

Assessment of Peer Residents and Fellows

Table 7.19		Males (n=203)		Females (n=149)	
I would rate the overall performance of the <u>other residents/fellows</u> in my residency or fellowship program to have exceeded my expectations?					
	Number	Percent	Number	Percent	
Strongly Agree	93	46.5	56	38.1	
Agree	84	42.0	73	49.7	
Neutral	17	8.5	14	9.5	
Disagree	6	3.0	4	2.7	
Strongly Disagree	0	0.0	0	0.0	
Total	200	100.0	147	100.0	
Missing	3		2		

Chi-square p-value = 0.831

Table 7.19 shows the male and female respondents' overall performance rating of other residents or fellows in their training program. A majority of the male (89%) and female (88%) respondents indicated they “strongly agree” or “agree” that the other residents or fellows in their program exceeded their expectations. There was no statistically significant difference between the two groups.

Plans after Graduation

Table 7.20	Plans After Graduation			
	Males (n=203)		Females (n=149)	
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)	105	52.0	68	45.9
Fellowship or Additional Subspecialty Training	69	34.2	52	35.1
Academic position (Teaching and/or Research)	21	10.4	22	14.9
Temporarily Out of Medicine	0	0.0	0	0.0
Military	0	0.0	2	1.4
Industry	0	0.0	0	0.0
Other	2	1.0	1	0.7
Undecided or Don't know yet	5	2.5	3	2.0
Total	202	100.0	148	100.0
Missing	1		1	

Chi-square p-value = 0.547

Table 7.20 shows what the male and female respondents' expect to do after completing their current training program. About one-half of the male (52%) and female (46%) respondents planned to go into patient care or clinical practice after completing their training. Over one-third of the male (34%) and female (35%) respondents planned to continue with additional training. Over one-tenth of the male (10%) and female (15%) respondents accepted an academic position. There was no statistically significant difference between the two groups.

NOTE - The following section is only for those who indicated they were going into "patient care or clinical practice" (n=173).

Plans after graduation for respondents going into Patient Care or Clinical Practice (n=173)

Practice Characteristics

Primary Practice Location

Table 7.21	Clinical Care Respondents (n=173)			
	Males (n=105)		Females (n=68)	
Where is the location of your primary activity after completing your current training program?	Number	Percent	Number	Percent
Same city or county as current training	26	24.8	18	26.5
Same region in Indiana, but different city or county	12	11.4	4	5.9
Other area in Indiana	13	12.4	9	13.2
Other U.S. state (not Indiana)	48	45.7	33	48.5
Outside of U.S.	3	2.9	2	2.9
Undecided	3	2.9	2	2.9
Total	105	100.0	68	100.0
Missing	0		0	

Chi-square p-value = 0.701

Table 7.21 shows the location of the male and female respondents' primary activity after completion of their current training program. Almost one-half of the male (49%) and female (46%) respondents indicated they plan to practice in Indiana after completing their training. Five respondents (i.e., three males and two females) were undecided on their first practice location. There was no statistically significant difference between the two groups.

Type of Practice

Table 7.22	Clinical Care Respondents (n=173)			
	Males (n=105)		Females (n=68)	
Which best describes the principal type of Patient Care Practice you will be entering?	Number	Percent	Number	Percent
Solo practice	1	1.0	2	3.2
Partnership (2 person)	6	6.1	3	4.8
Group Practice	69	70.4	37	58.7
Hospital-inpatient	11	11.2	9	14.3
Hospital-ambulatory care	6	6.1	3	4.8
Hospital-emergency department	2	2.0	3	4.8
Hospital-inpatient/ambulatory care	2	2.0	0	0.0
Free-standing health center or clinic	0	0.0	2	3.2
Nursing Home	0	0.0	0	0.0
Other (specify)	1	1.0	4	6.3
Total	98	100.0	63	100.0
Missing	7		5	

Chi-square p-value = 0.466

Table 7.22 shows the principal type of patient care practice setting the male and female respondents will be entering after completing their training. Over two-thirds (70%) of the male respondents reported they intend to work in a “group practice” setting, compared to 59 percent of the female respondents. Over one-fifth of the male (21%) and female (24%) respondents planned to practice in a “hospital” setting (inpatient, ambulatory care, emergency department, or inpatient/ambulatory). There was no statistically significant difference between the two groups.

Amount of Direct Patient-Care Activities

Table 7.23	Clinical Care Respondents (n=173)			
	Males (n=105)		Females (n=68)	
In your upcoming position, what amount of direct patient-care activities will you do?	Number	Percent	Number	Percent
No patient-care activities	0	0.0	0	0.0
Part-time patient-care activities	5	4.8	5	7.4
Full-time patient-care activities	100	95.2	63	92.6
Total	105	100.0	68	100.0
Missing	0		0	

Chi-square p-value = 0.475

Table 7.23 shows the male and female respondents’ expected amount of time spent in direct patient-care activities in their upcoming position. Almost all male (95%) and female (93%) respondents indicated they intend to work full-time in patient-care activities. There was no statistically significant difference between the two groups.

In addition, almost all male (93%) and female (91%) respondents indicated they had no obligation or visa requirement to work in a designated health professional shortage area (HPSA) or medically underserved area (MUA).

Percentage of Patients Expected to be seen from Underserved Populations

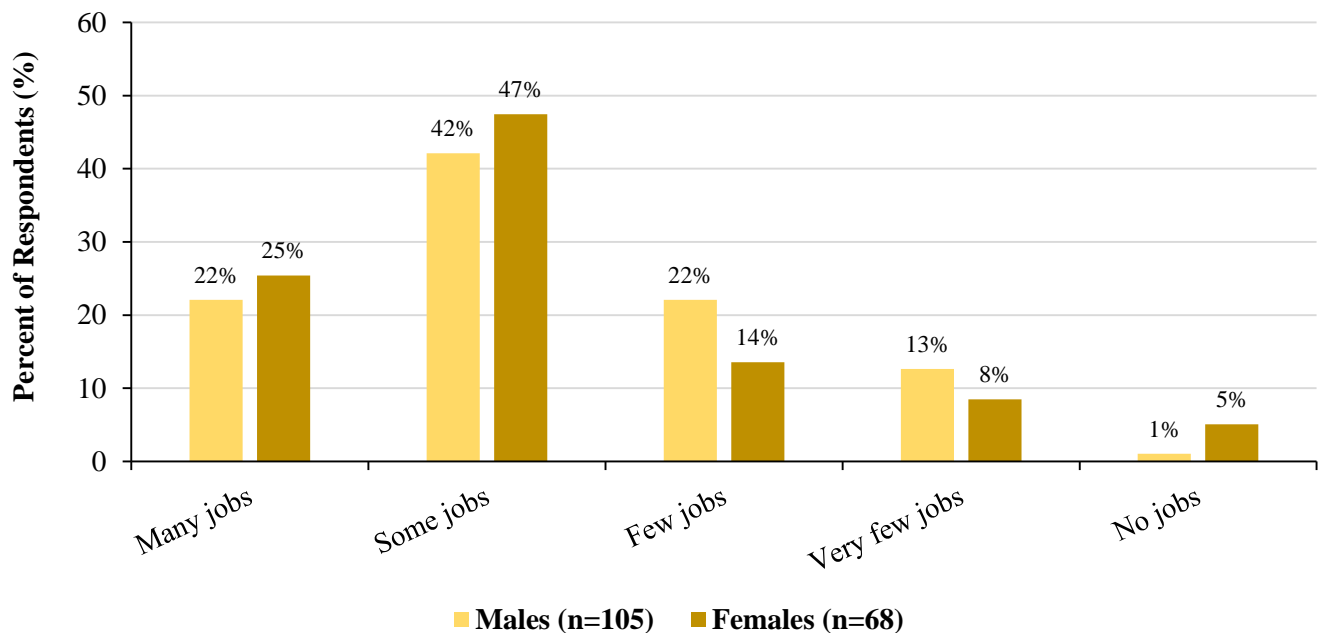
Table 7.24	Clinical Care Respondents (n=173)			
	Males (n=105)		Females (n=68)	
In your new practice, what percentage of the patients do you expect to see from underserved populations?	Number	Percent	Number	Percent
Less than 10 percent	8	9.0	7	12.1
10-24 percent	40	44.9	19	32.8
25-49 percent	29	32.6	19	32.8
50-74 percent	10	11.2	8	13.8
More than 75 percent	2	2.2	5	8.6
Total	89	100.0	58	100.0
Missing/Don't Know	16		10	

Chi-square p-value = 0.546

Table 7.24 shows the percentage of patient’s the male and female respondents expect they will see from underserved populations. A majority of the male (91%) and female (88%) respondents indicated that they expect to see more than 10 percent of the patients from underserved populations (Medicaid or self-pay, educationally or economically disadvantaged). There was no statistically significant difference between the two groups.

Opportunities in Indiana

Figure 7.3: Overall Assessment of Practice Opportunities in Indiana (n=173)

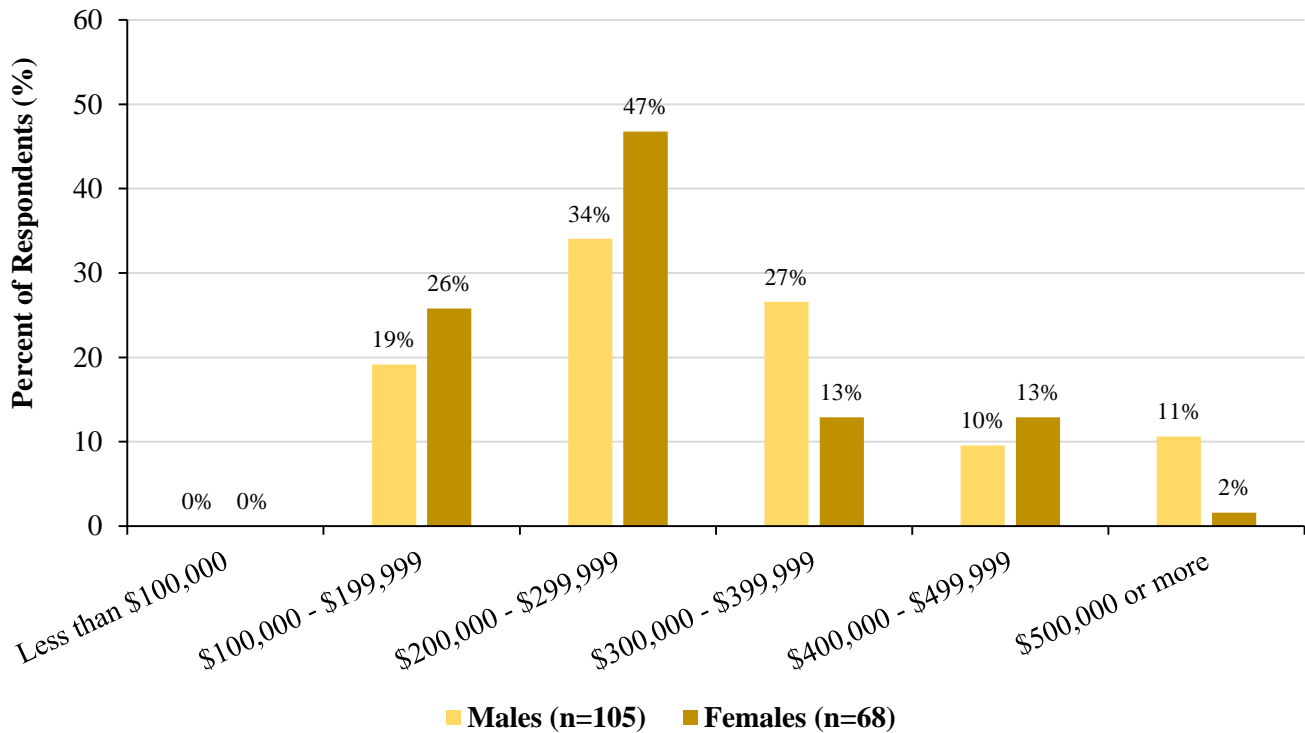


Chi-square p-value = 0.263

Figure 7.3 presents the overall assessment of practice opportunities for male and female respondents’ within their specialty in Indiana. Nearly two-thirds (64%) of the male respondents reported there were “many” or “some” job opportunities available within their specialty in Indiana, compared to 72 percent of the female respondents. Over one-third (36%) of the male respondents reported there were “few,” “very few,” or “no jobs” available within their specialty in Indiana, compared to 27 percent of the female respondents. There was no statistically significant difference between the two groups.

Expected Gross Income

Figure 7.4: Expected Gross Income (n=173)



Chi-square p-value = 0.324

Figure 7.4 presents the gross income that male and female respondents’ expect to earn during their first year of practice. Over four-fifths (82%) of the male respondents indicated they expect to earn \$200,000 or more during their first year of practice, compared to 75 percent of the female respondents. There was no statistically significant difference between the two groups.

Job Offers All Together

Table 7.25	Clinical Care Respondents (n=173)			
	Males (n=105)		Females (n=68)	
How many offers for employment/practice positions did you receive <u>all together</u> ?	Number	Percent	Number	Percent
0	0	0.0	1	1.6
1	16	17.0	8	12.9
2	21	22.3	14	22.6
3	20	21.3	16	25.8
4	9	9.6	14	22.6
5 or more	28	29.8	9	14.5
Total	94	100.0	62	100.0
Missing/ Did not seek employment position at the time	11		6	

Chi-square p-value = 0.810

Table 7.25 shows the total number of offers the male and female respondents' received for employment or practice positions. Over three-fifths of the male (61%) and female (63%) respondents indicated receiving three or more offers for employment all together. There was no statistically significant difference between the two groups.

Main Reasons to Practice at this Location

Figure 7.5: Main Reasons to Practice at this Location (n=173)

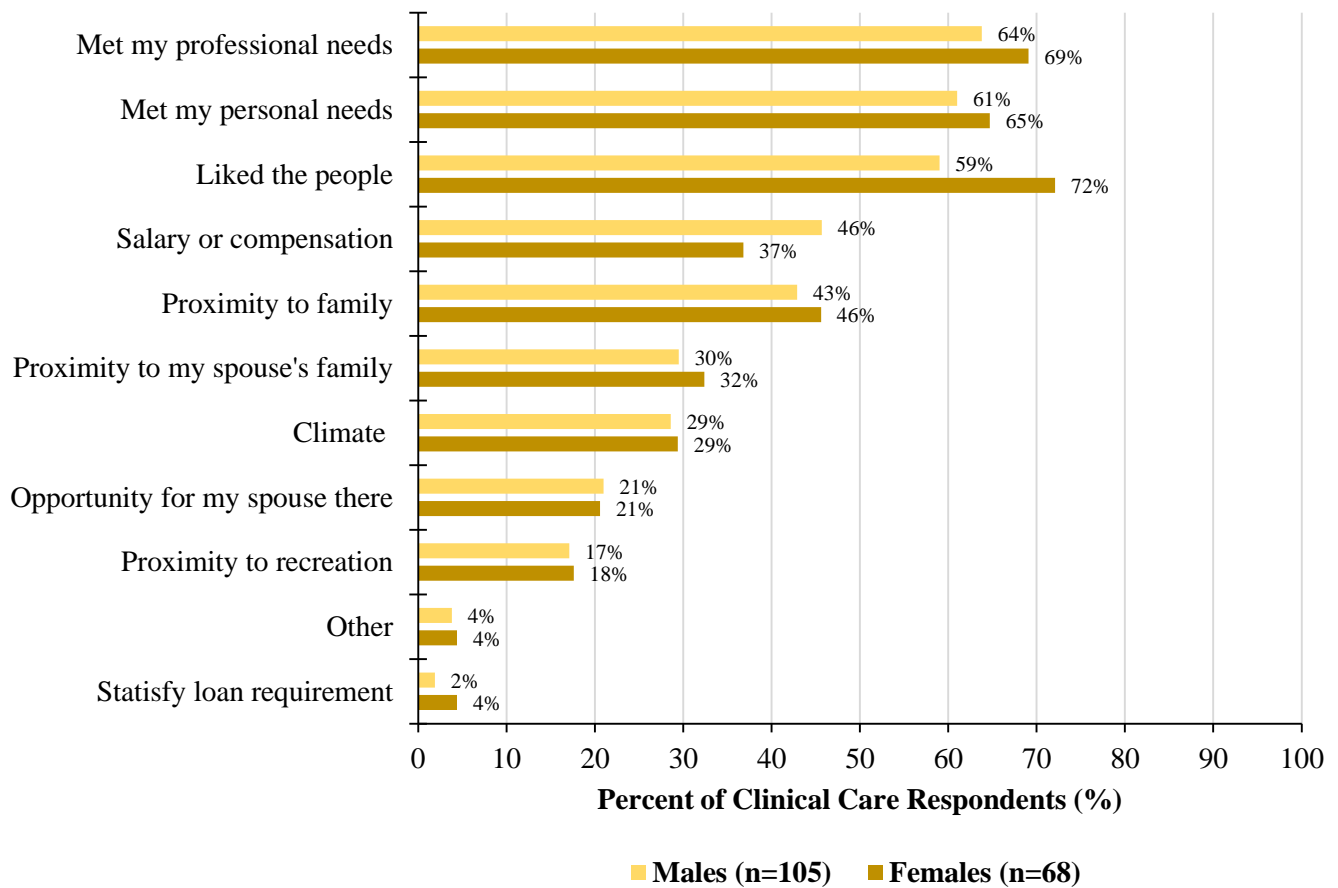


Figure 7.5 shows the main reasons influencing male and female respondent's choice of practice location. The top three reasons for choosing to practice at this location for the male *and* female respondents were: "met my professional needs or preferences" (64%, 69%), "met my personal needs or preferences" (61%, 65%), and "liked the people" (59%, 72%). There was no statistically significant difference between the two groups.

Job Offers in Indiana

Table 7.26	Clinical Care Respondents (n=82)			
	Males (n=51)		Females (n=31)	
How many offers for employment/practice positions did you receive <u>in Indiana?</u>	Number	Percent	Number	Percent
0	0	0.0	0	0.0
1	14	29.2	6	20.0
2	13	27.1	10	33.3
3	11	22.9	8	26.7
4	5	10.4	4	13.3
5 or more	5	10.4	2	6.7
Total	48	100.0	30	100.0
Missing/ Did not seek employment positions at this time	3		1	

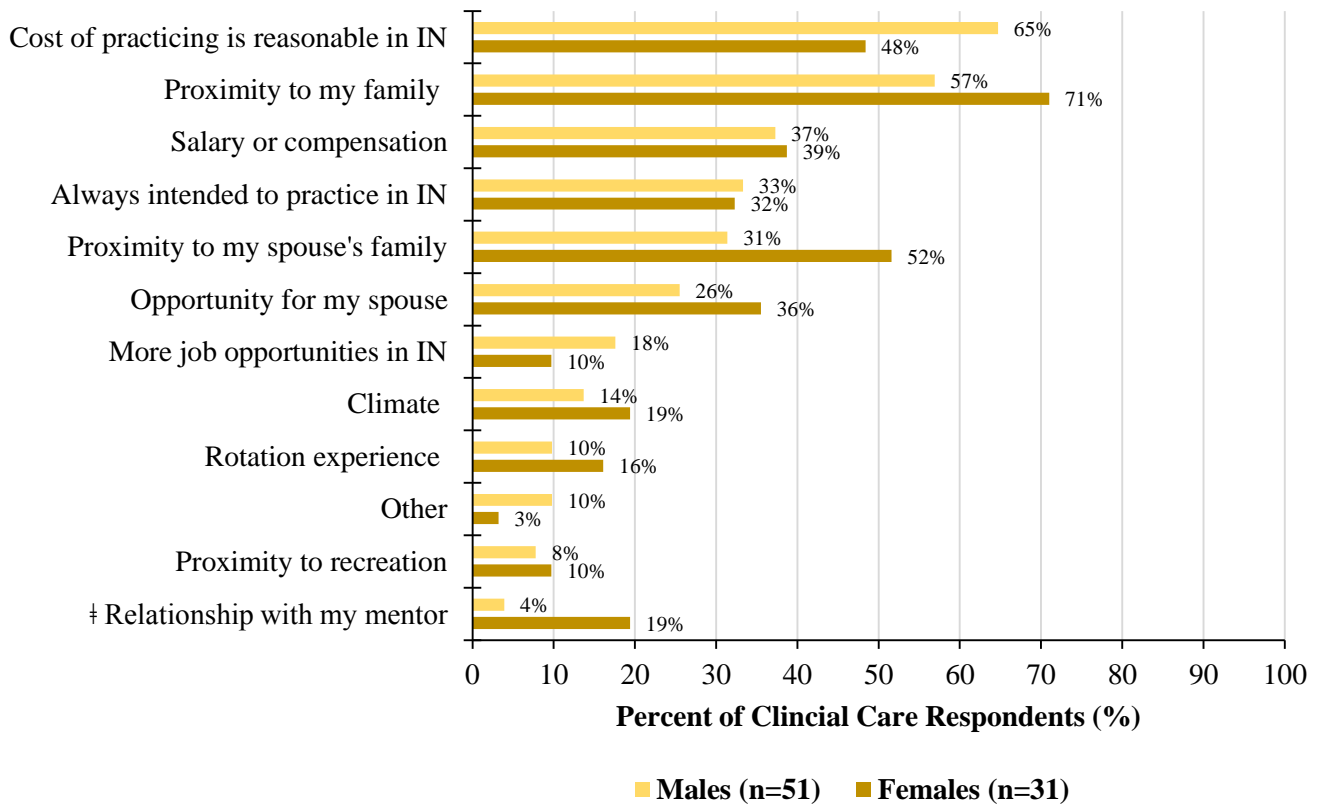
**Reflects responses from only those respondents who indicated their primary practice location was in Indiana.*
Chi-square p-value = 0.740

Table 7.26 shows the number of offers the male and female respondents received for employment or practice positions in Indiana. Only those respondents who indicated their primary practice location was in Indiana were included in the analysis.

Of those intending to practice in Indiana, over two-fifths of the male (44%) and female (47%) respondents indicated receiving three or more offers for employment in the state. There was no statistically significant difference between the two groups.

Main Reasons to Practice in Indiana

Figure 7.6: Main Reasons to Practice in Indiana (n=82)*



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

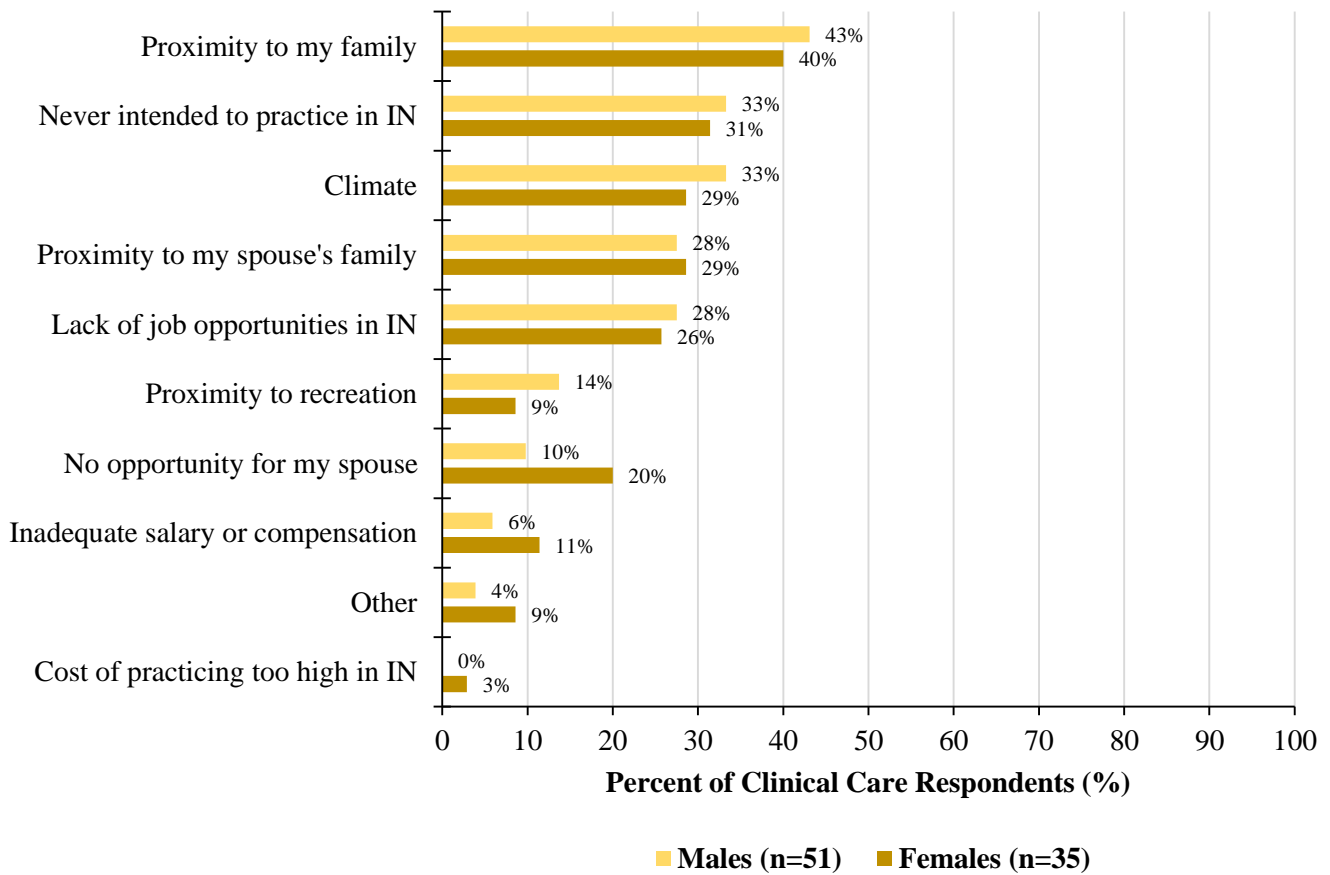
‡ Denotes that a statistically significant difference was found.

Figure 7.6 presents the main reasons influencing male and female 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.

Of those intending to practice in Indiana, the top reasons given by the male and female respondents were: “cost of practicing is reasonable in Indiana” (65%, 48%) and “proximity to my family” (57%, 71%), respectively. In addition, the female respondents gave “proximity to my spouse’s or significant other’s family” (52%) as a main reason. The Chi-square test of association between the two groups was statistically significant. Female respondents were more likely practice in Indiana because of the relationship with their mentor.

Main reasons not to Practice in Indiana

Figure 7.7: Main Reasons not to Practice in Indiana (n=86)*



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

Figure 7.7 shows the main reasons influencing male and female respondents’ choice of practice location outside Indiana. Only those respondents who indicated their primary practice location was outside Indiana were included in this analysis.

Of those intending to practice outside Indiana, the top reasons given by the male *and* female respondents were: “proximity to my family” (43%, 40%), “never intended to practice in Indiana” (33%, 31%), “climate” (33%, 29%), respectively. There was no statistically significant difference between the two groups.

CHAPTER 8: TRENDING PATTERNS: 2008-2015

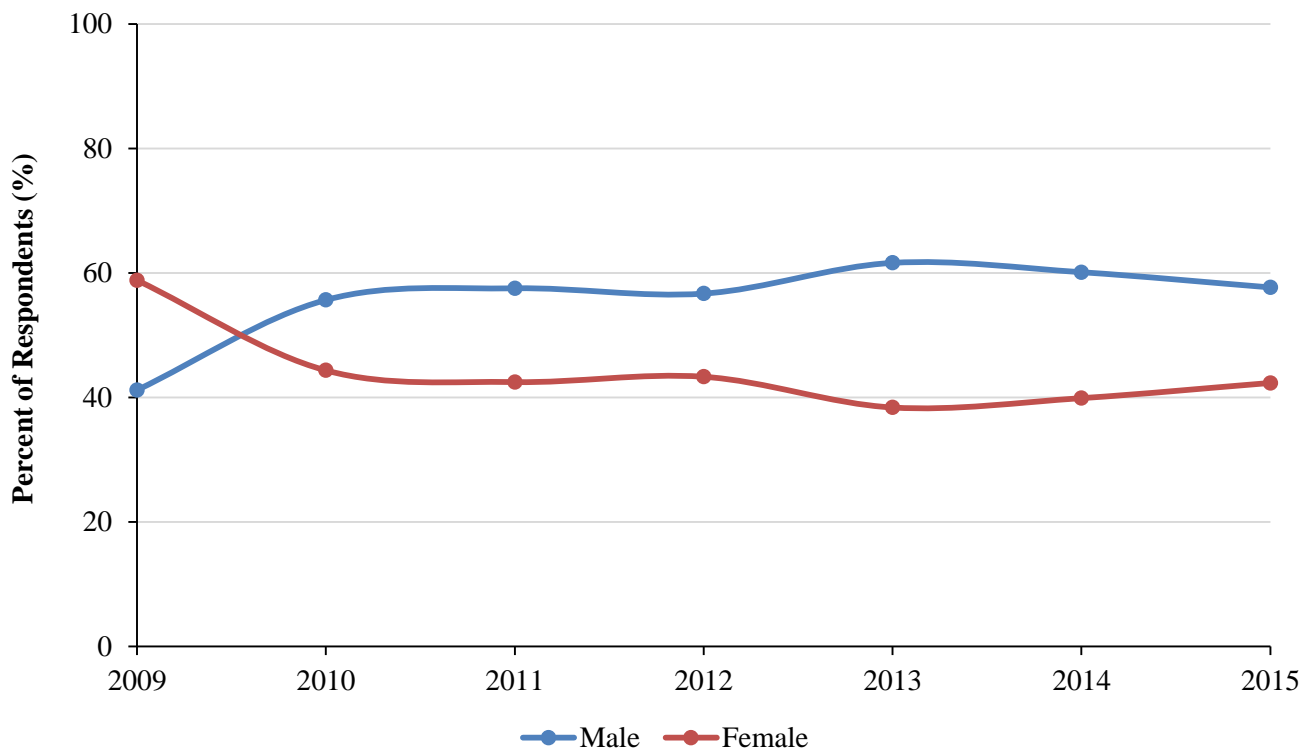
This chapter shows a comparison of responses to the IUSM Graduate Medical Education Exit Survey[®] from the time of its inception in 2008 through 2015. Trends for all respondents have been shown in figures 8.1 to 8.7. The remaining figures show responses from only those graduates who indicated that they planned to work in ‘patient care or clinical practice’ after graduation; who intended to practice in Indiana; and those who intended to practice outside Indiana. For ease of interpretation, the percentages in the text have been rounded off to the nearest decimal point.

All Respondents, 2008-2015

Demographics

Gender

Figure 8.1: Trends showing Gender, 2009-2015*



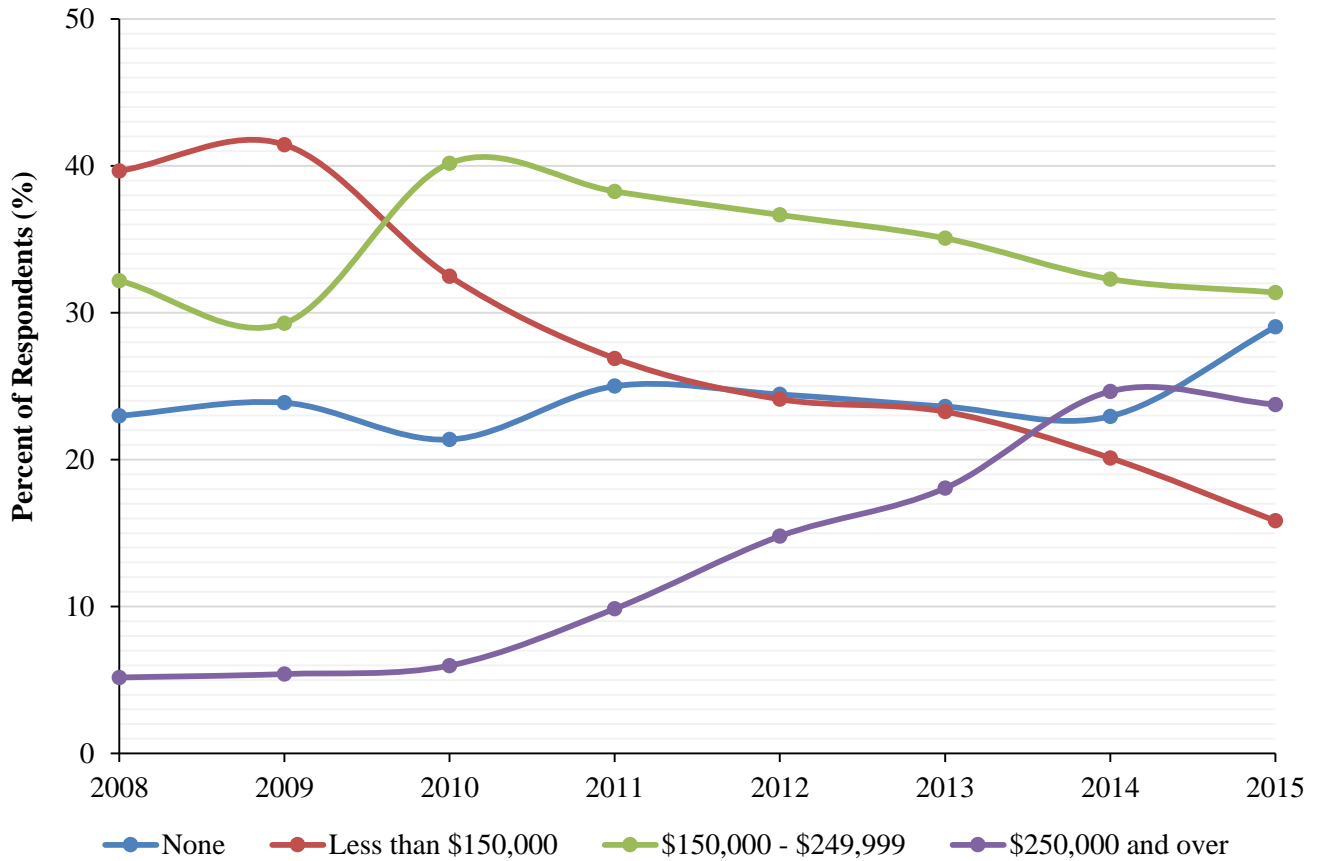
**This question was not asked on the 2008 IUSM GME exit survey.*

Figure 8.1 shows trends in gender among all respondents to the survey. This question was not asked on the 2008 exit survey.

The trends have remained fairly constant for both male (56% in 2010 to 58% in 2015) and female (44% in 2010 to 42% in 2015) respondents.

Current Individual Educational Debt

Figure 8.2: Trends showing Individual Educational Debt, 2008-2015*



**This graph has been zoomed in to improve visualization.*

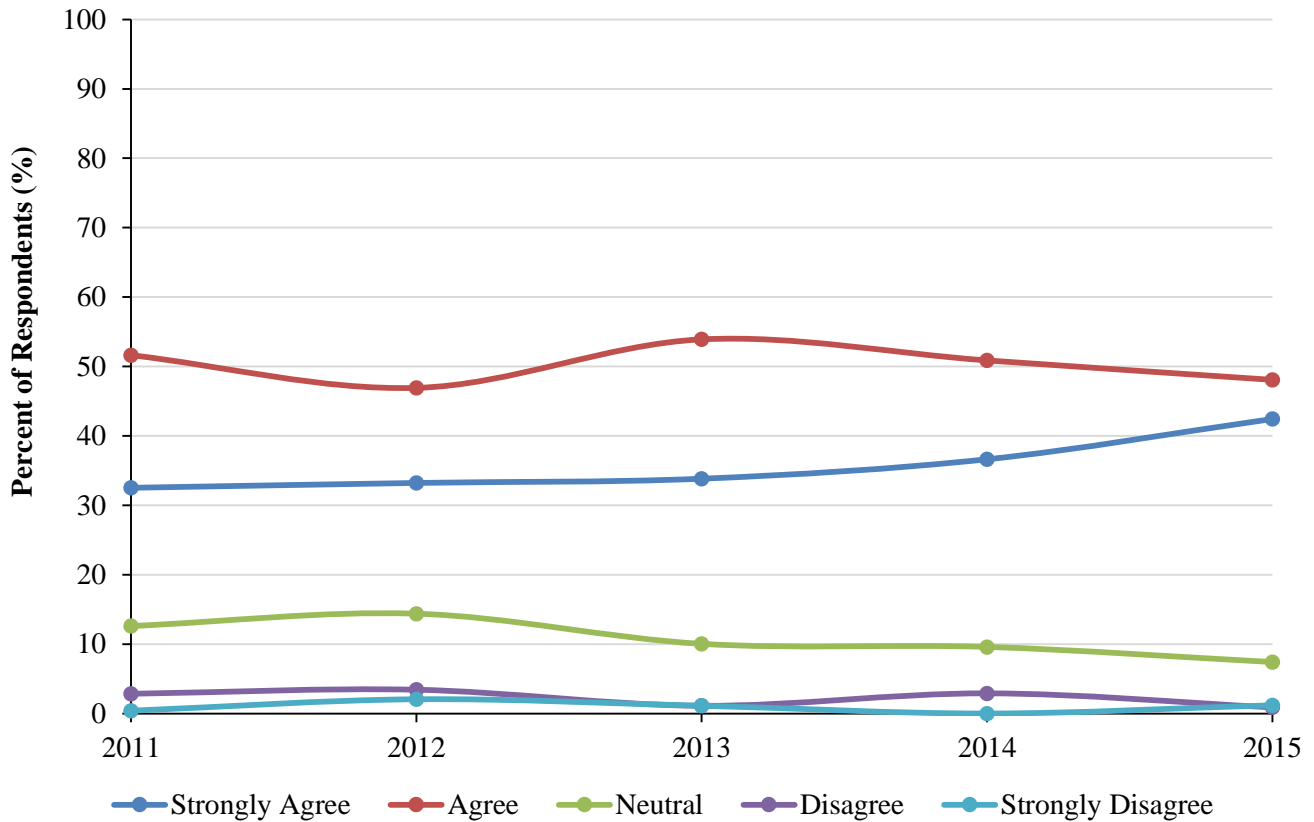
Figure 8.2 shows trends for the respondents' current level of individual educational debt. The graph has been zoomed in to improve visualization.

An increasing trend has been noted among respondents who indicated having an individual educational debt of \$250,000 or more (5% in 2008 to 24% in 2015). A declining trend has been noted among respondents who indicated having an individual educational debt of \$150,000 or less (40% in 2008 to 16% in 2015).

Program Assessment

Training Program

Figure 8.3: Trends showing the Training Program was Helpful in Board Exam Preparation, 2011-2015*



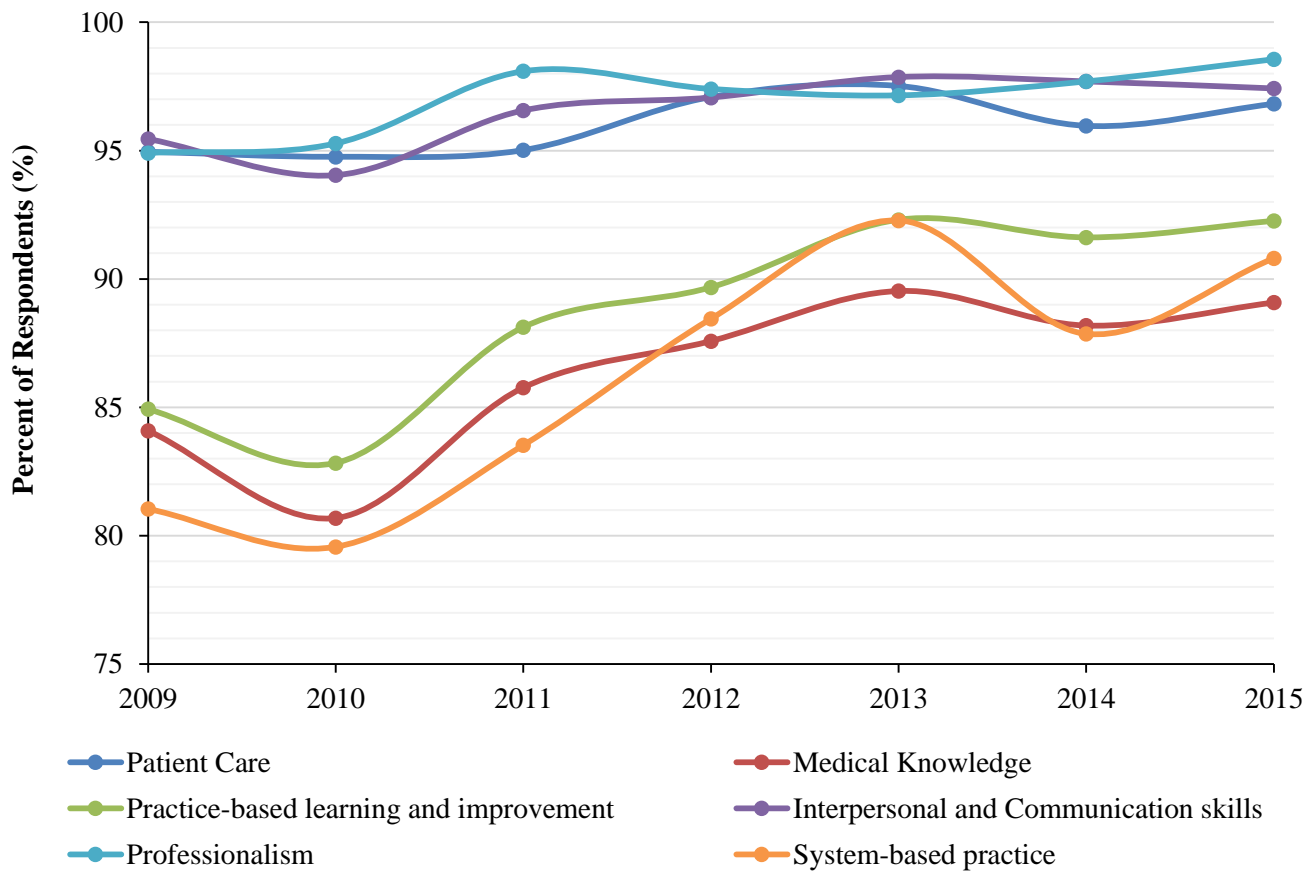
**This question was not asked on the 2008 IUSM GME exit survey. Response categories differed in the 2009 & 2010 IUSM GME exit survey and were excluded from analysis.*

Figure 8.3 shows the trends for how helpful the residency or fellowship training program was in preparing the respondents for the 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 the analysis.

An increasing trend has been noted among respondents who indicated that they “strongly agree” their training program was helpful in preparation for their board exams (33% in 2011 to 42% in 2015).

ACGME Competency Areas

Figure 8.4: Trends showing ACGME Competencies, 2009-2015*



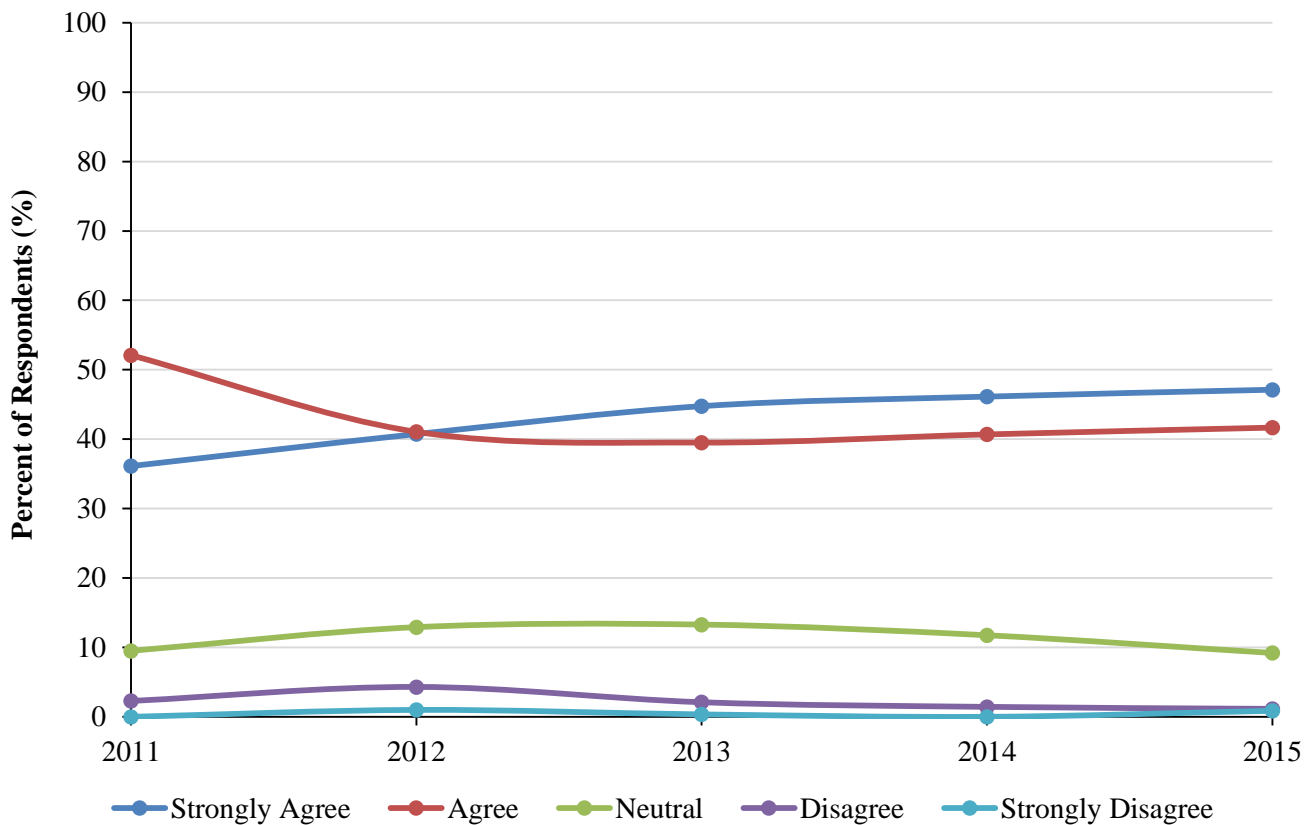
**This question was not asked on the 2008 IUSM GME exit survey. This graph has been zoomed in to improve visualization.*

Figure 8.4 shows the trends among respondents’ self-rated skill level in the six ACGME competency areas. This question was not asked on the 2008 exit survey. This graph has been zoomed in to improve visualization.

An increasing trend has been noted for all six ACGME competency areas from 2009 to 2015. In particular, for those who indicated feeling “fully” competent in systems based practice (81% in 2009 to 91% in 2015), practice-based learning and improvement (85% in 2009 to 92% in 2015), and medical knowledge (84% in 2009 to 90% in 2015).

Faculty Assessment

Figure 8.5: Trends showing Overall Faculty Performance, 2011-2015*



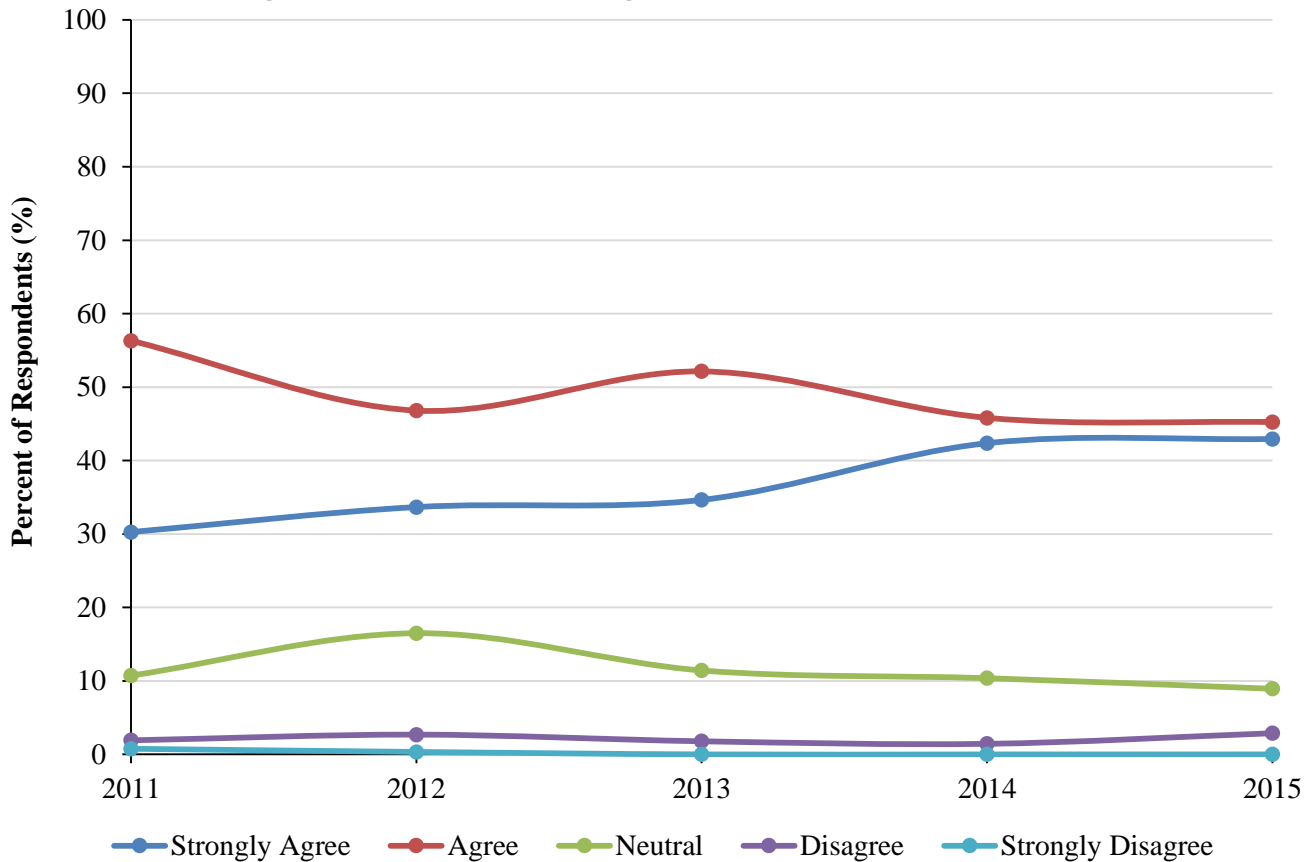
**Response categories differed in the 2008, 2009, and 2010 IUSM exit survey and were excluded from analysis.*

Figure 8.5 shows the trends among respondents' overall assessment of faculty performance exceeding their expectations. Response categories differed in the 2008, 2009, and 2010 exit survey, thus were not included in the analysis.

An increasing trend was noted among respondents who indicated they “strongly agree” that the performance of the faculty exceeded their expectations (36% in 2011 to 47% in 2015).

Assessment of Peer Residents and Fellows

Figure 8.6: Trends showing Overall Peer Performance, 2011-2015*



*Response categories differed in the 2008, 2009, and 2010 IUSM exit survey and were excluded from analysis.

Figure 8.6 shows the trends among respondents' overall assessment of peer performance exceeding their expectations. Response categories differed in the 2008, 2009, and 2010 exit survey, thus were not included in the analysis.

An increasing trend was noted among respondents who indicated they “strongly agree” that the performance of their peers exceeded their expectations (30% in 2011 to 43% in 2015). A drop was noted among respondents who indicated they “agree” that the performance of the peers exceeded their expectations (56% in 2011 to 45% in 2015).

Plans after Graduation

Figure 8.7: Trends showing Plans after Graduation, 2008-2015

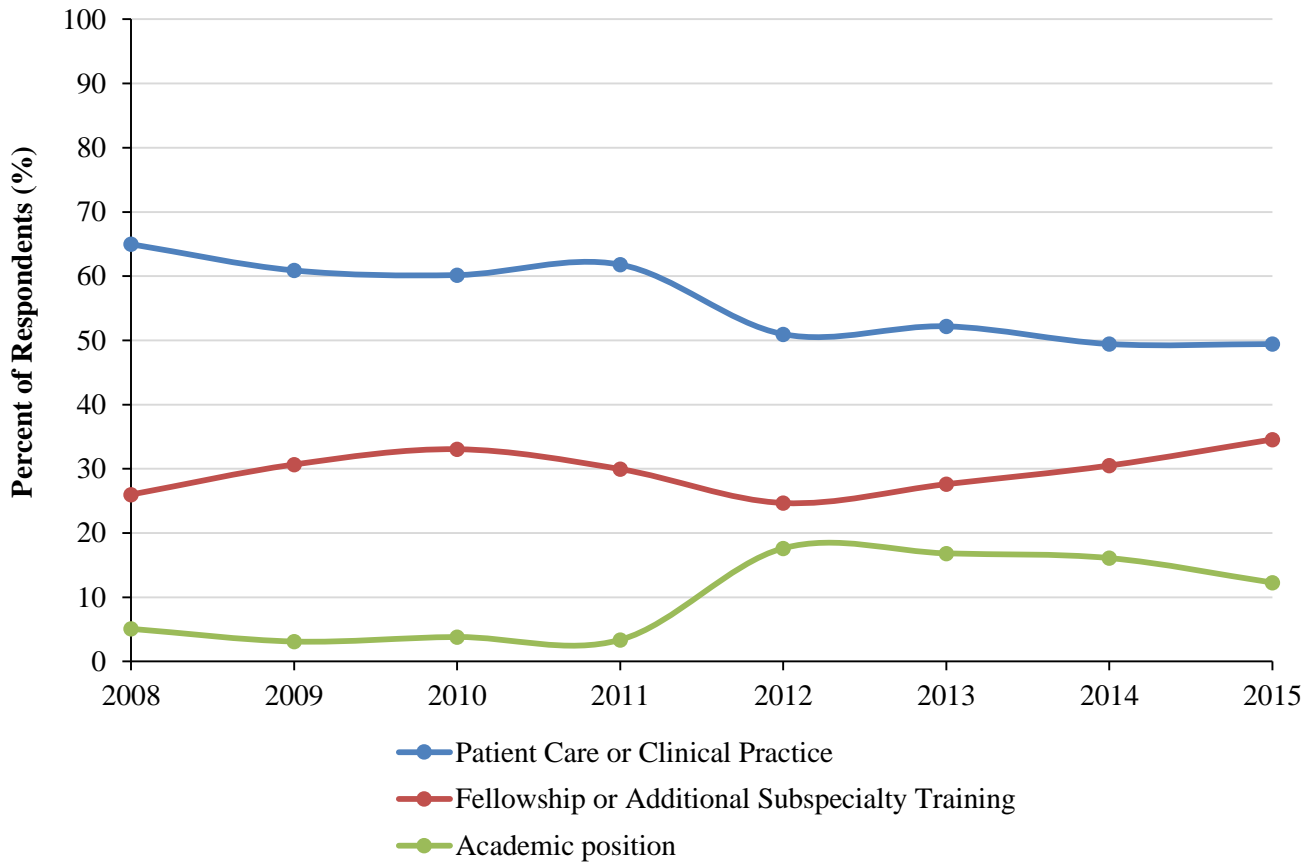


Figure 8.7 shows the trends for what the respondents' expect to do after completing their current training program. Between 2008 and 2015, less than five percent of the respondents indicated that they were “temporarily out of medicine,” or going into the “military,” “industry,” “other.” Thus, they have not been shown on the graph.

An increasing trend was noted among respondents accepting an academic position (5% in 2008 to 12% in 2015) or going into a fellowship (26% in 2008 to 35% in 2015). A declining trend has been noted among those going into patient care (65% in 2008 to 49% in 2015).

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

Plans after graduation for respondents going into Patient Care or Clinical Practice

Practice Characteristics

Primary Practice Location

Figure 8.8: Trends showing Primary Practice Location after Training, 2008-2015

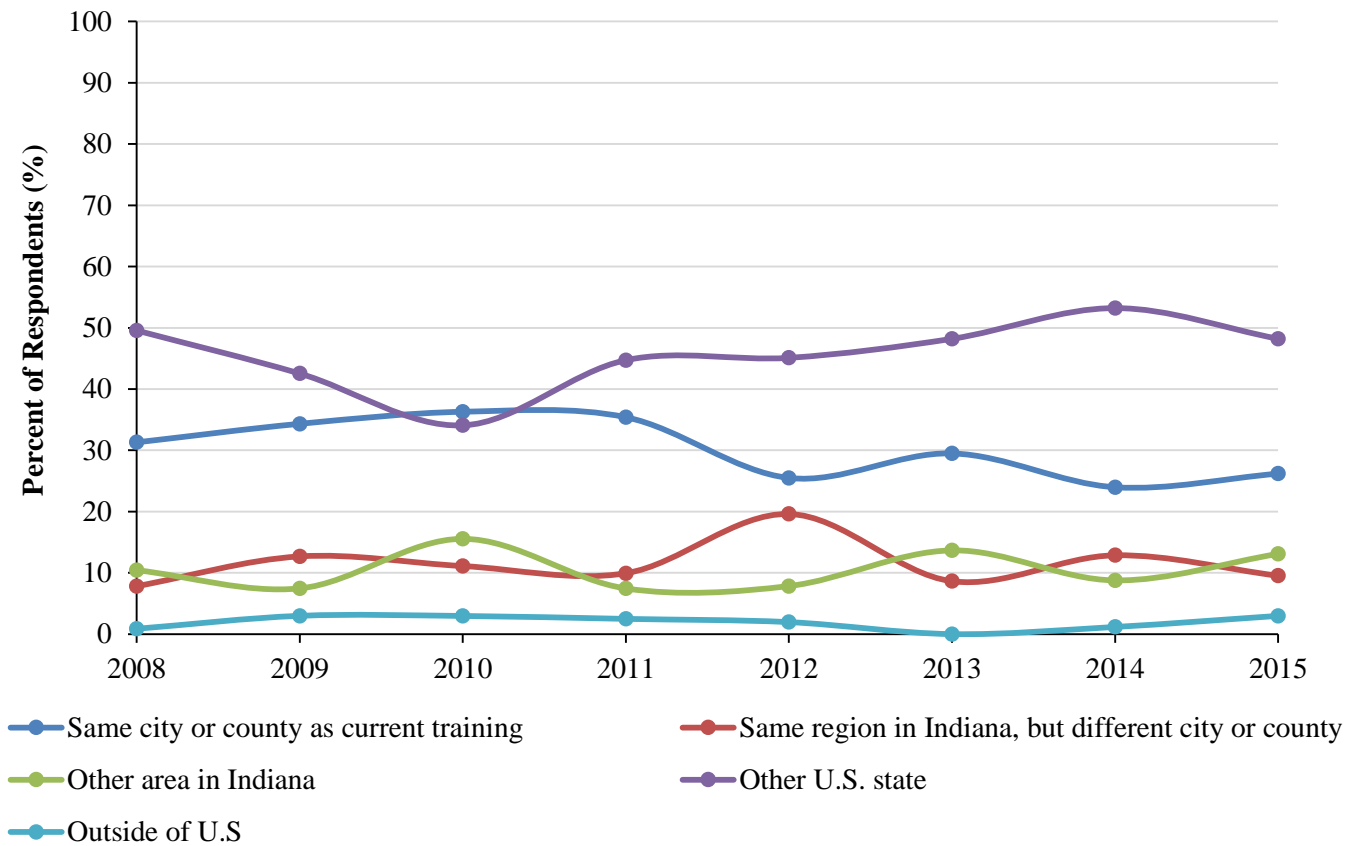


Figure 8.8 shows the trend among clinical care respondents and the location in which they intend to practice after they complete their training program. A declining trend has been noted among those going to the “same city or county as current training” (31% in 2008 to 26% in 2015). A cyclical up-and-down pattern has been noted among respondents going to “other area in Indiana” (10% in 2008 to 13% in 2015) and for those staying in the “same region in Indiana, but different city or county” (8% in 2008 to 10% in 2015).

Type of Practice

Figure 8.9: Trends showing Principal Type of Practice, 2008-2015

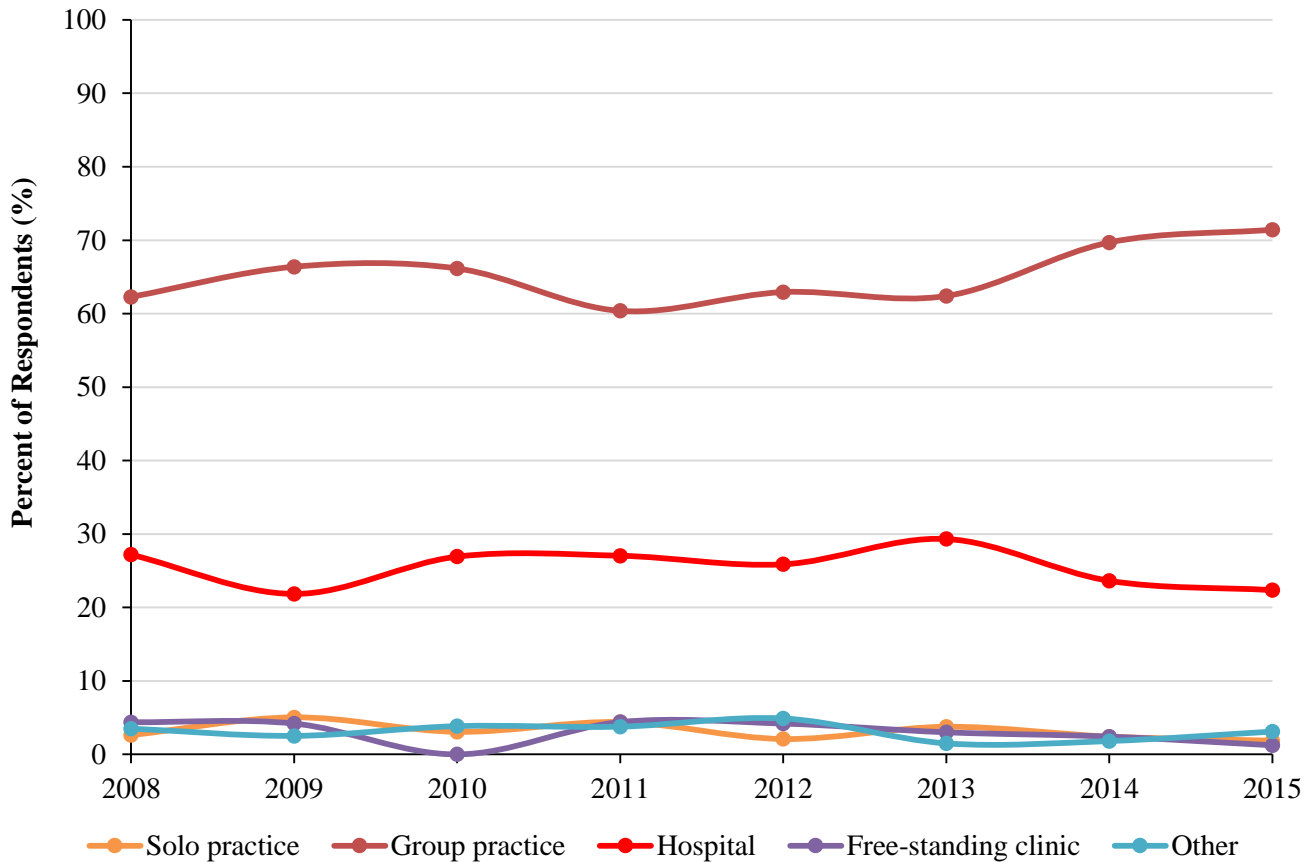
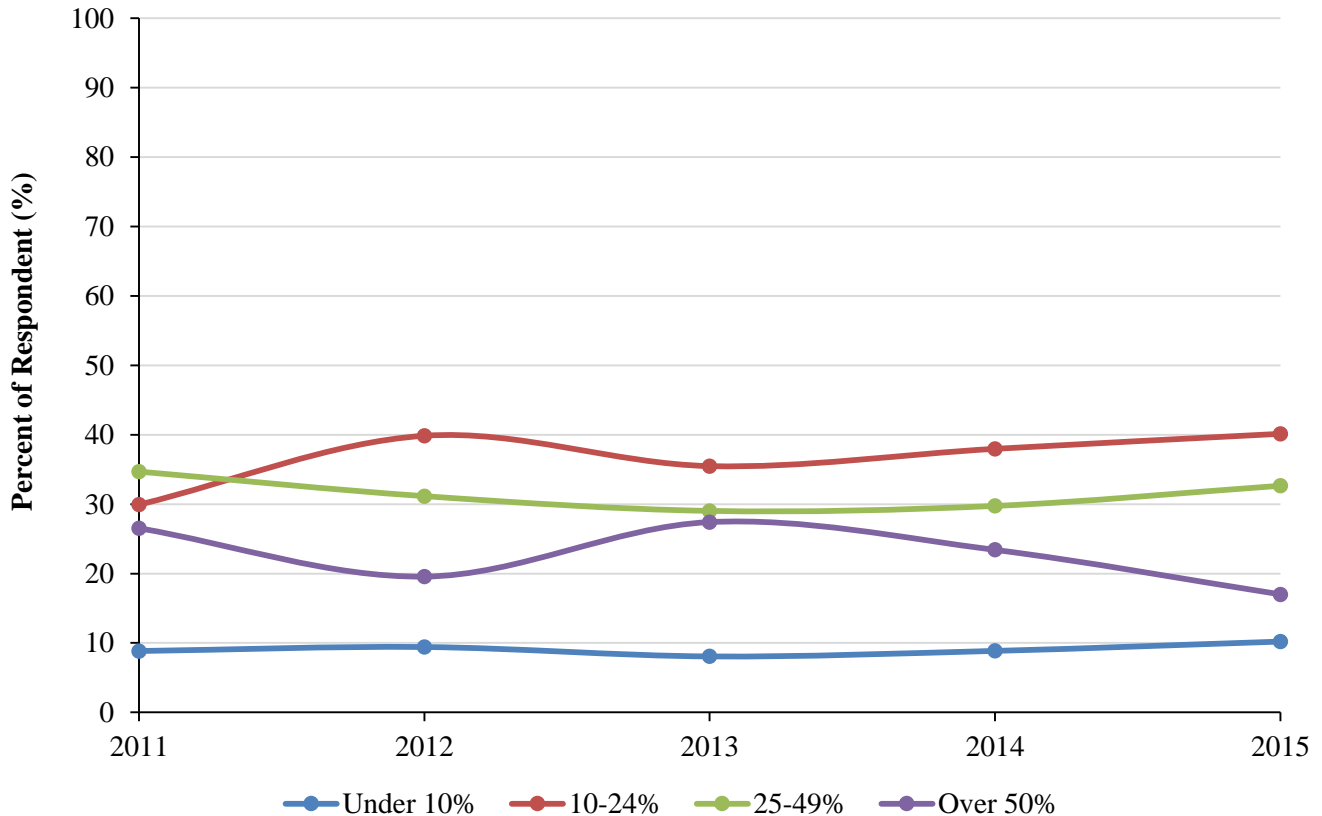


Figure 8.9 shows the trend among clinical care respondents and the principal type of patient care practice setting they will be entering after completing their training program. An increasing trend has been noted among respondents going into a “group practice” setting (62% in 2008 to 71% in 2015). A slight drop has been noted among those going into “hospital” setting (27% in 2008 to 22% in 2015) which include inpatient, ambulatory care, or emergency department. Those going into a “solo practice”, “free standing clinic” and “other” have remained fairly steady.

Percentage of Patients Expected to be seen from Underserved Populations

Figure 8.10: Trends showing Expected Percent of Patients to be seen from Underserved Populations, 2011-2015*



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

Figure 8.10 shows the trend among clinical care respondents and the percentage of patients they expect to see from underserved populations. This question was not asked on the 2008 exit survey. And, the response categories differed in the 2009 and 2010 exit survey, thus were excluded from the analysis.

An increasing trend has been noted among respondents who expect to see between “10-24 percent” of their patients from underserved populations (30% in 2011 to 40% in 2015). A declining trend has been noted among the respondents who expect to see “over 50 percent” of their patients from underserved populations (27% in 2011 to 17% in 2015).

Opportunities in Indiana

Figure 8.11: Trends showing Assessment of Practice Opportunities in Indiana, 2008-2015

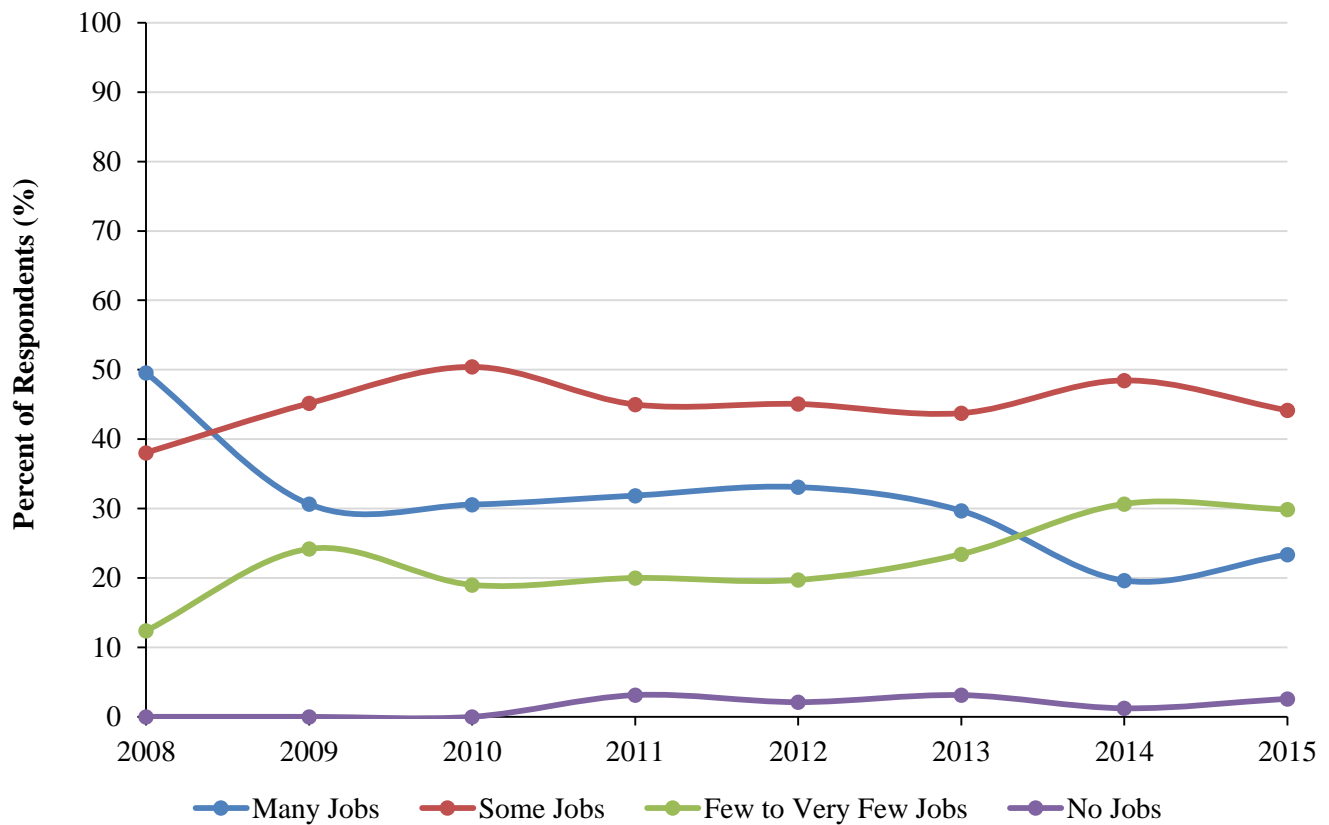
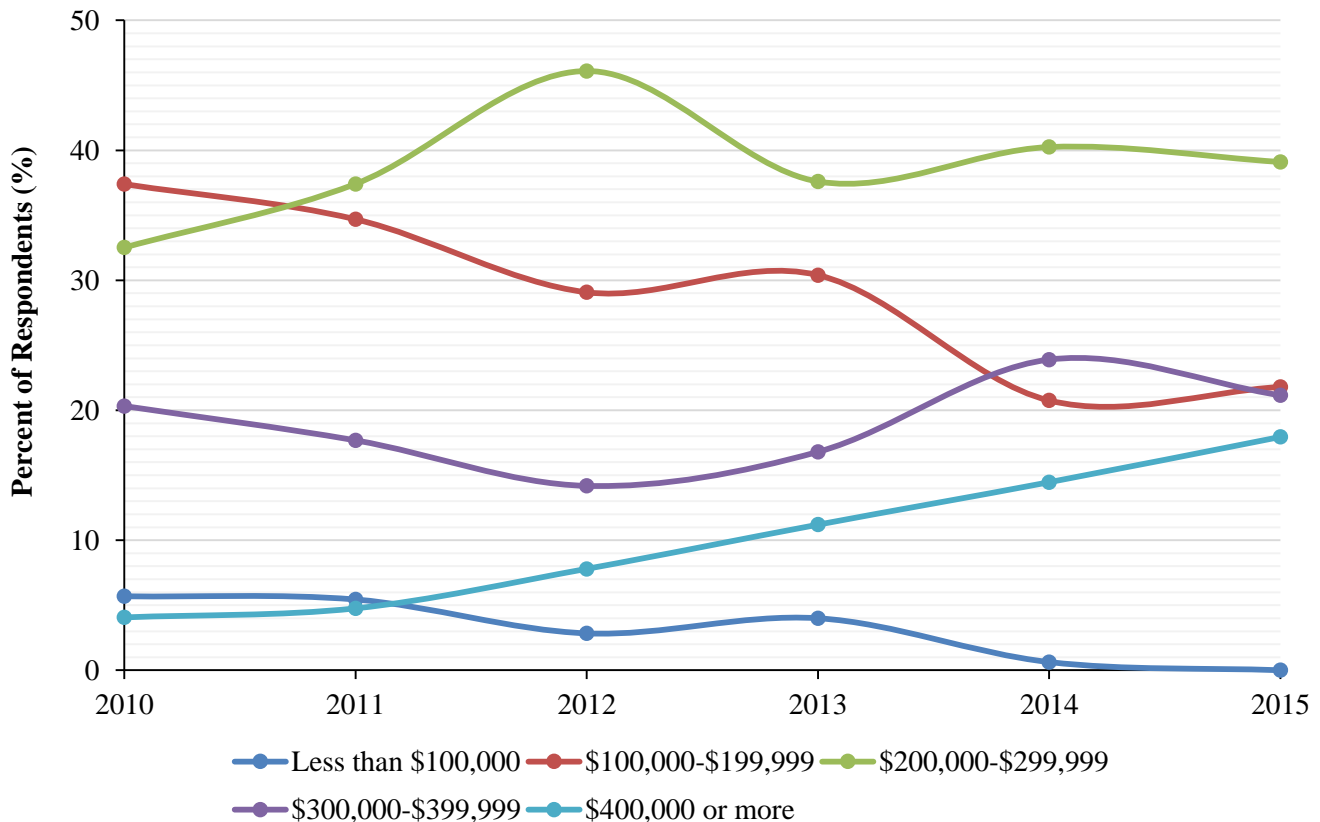


Figure 8.11 shows trends among clinical care respondents' and their overall assessment of practice opportunities in their specialty in Indiana. A declining trend has been noted among respondents indicating there are “many jobs” available in their specialty in Indiana (50% in 2008 to 23% in 2015). An increasing trend has been noted among respondents indicating there are “few to very few jobs” available in their specialty in Indiana (12% in 2008 to 30% in 2015). A steady trend has been noted among respondents indicating there are “some jobs” (38% in 2008 to 44% in 2015).

Expected Gross Income

Figure 8.12: Trends showing Expected Gross Income in 1st Year of Practice, 2010-2015*



**Responses options differed in the 2008 & 2009 IUSM GME exit survey and were excluded from analysis. This graph has been zoomed in to improve visualization.*

Figure 8.12 shows trends among clinical care respondents' and their expected gross income (salary + incentives) during their first year of practice. Response options differed in the 2008 and 2009 exit survey, thus were excluded from the analysis.

A steady trend has been noted among respondents who expect to earn between “\$200,000 and \$299,999” during their first year of practice (33% in 2010 to 39% in 2015). An increasing trend has been noted among respondents who expect to earn “\$400,000 or more” during their first year of practice (4% in 2010 to 18% in 2015). A declining trend has been noted among respondents who expect to earn between “\$100,000 to \$199,999” during their first year of practice (37% in 2010 to 22% in 2015).

Job Offers all Together

Figure 8.13: Trends showing Employment Offers Received All Together, 2008-2015

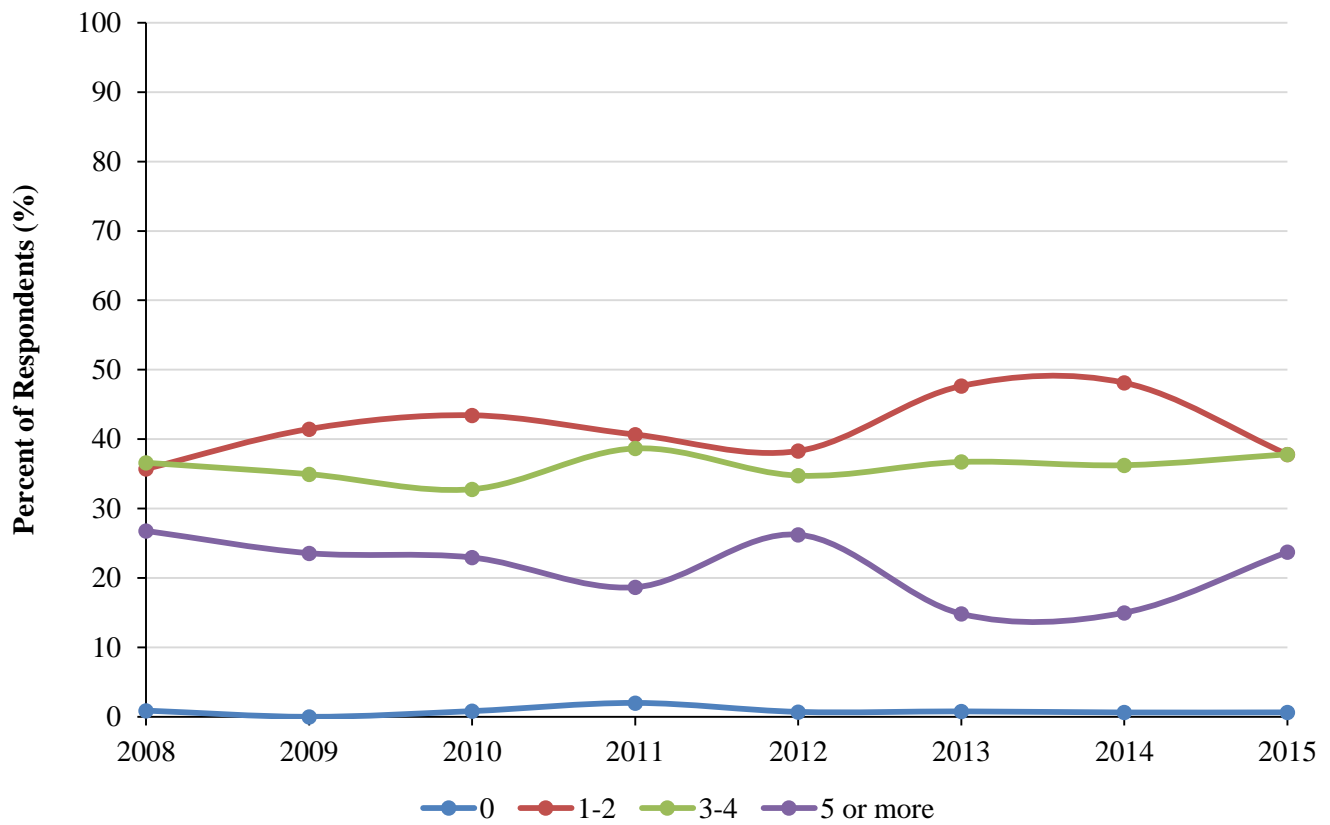
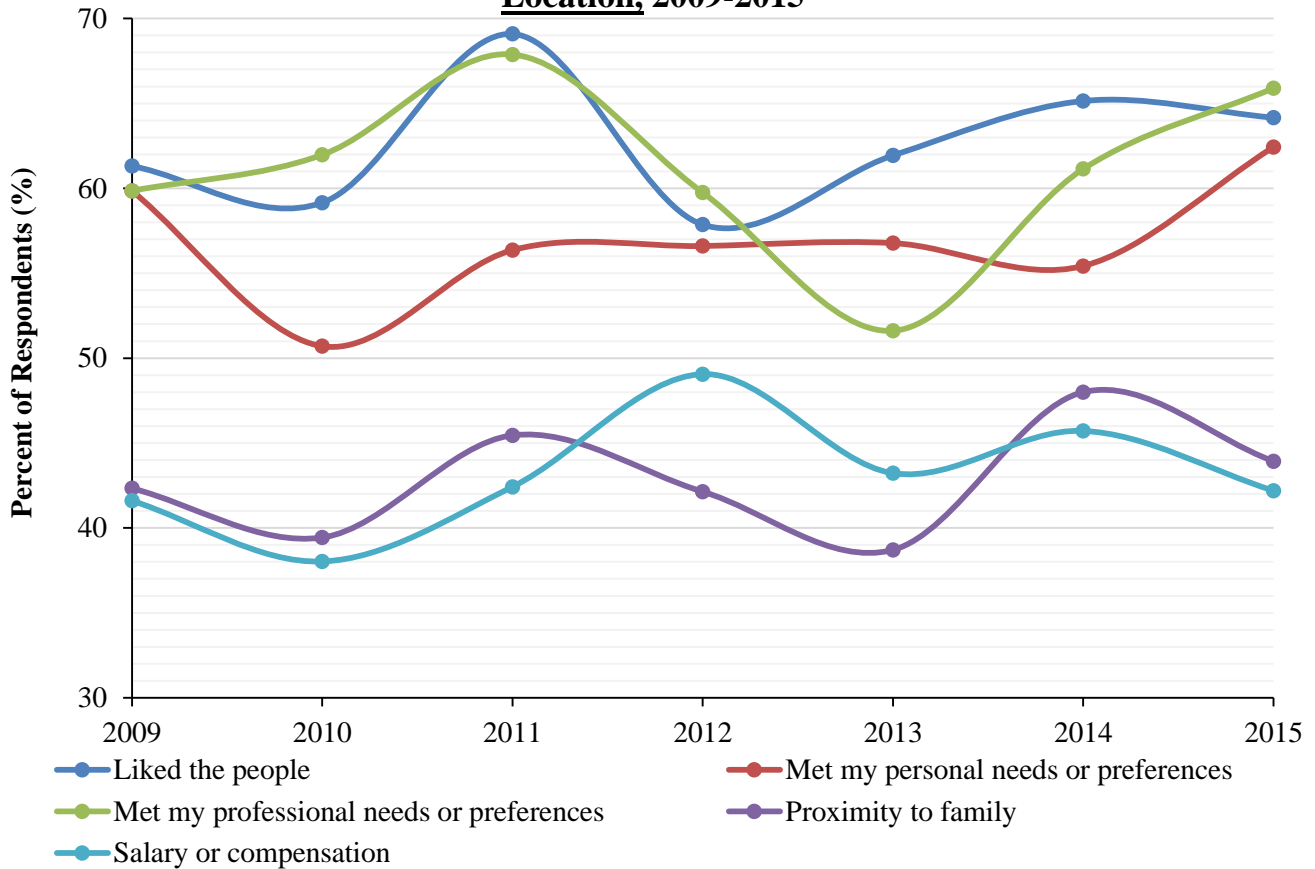


Figure 8.13 shows trends among clinical care respondents' and the number of offers for employment or practice positions they received all together. A steady trend has been noted for all categories from 2008 to 2015.

Main Reasons to Practice at this Location

Figure 8.14: Trends showing Main Reasons to Practice at this Location, 2009-2015*



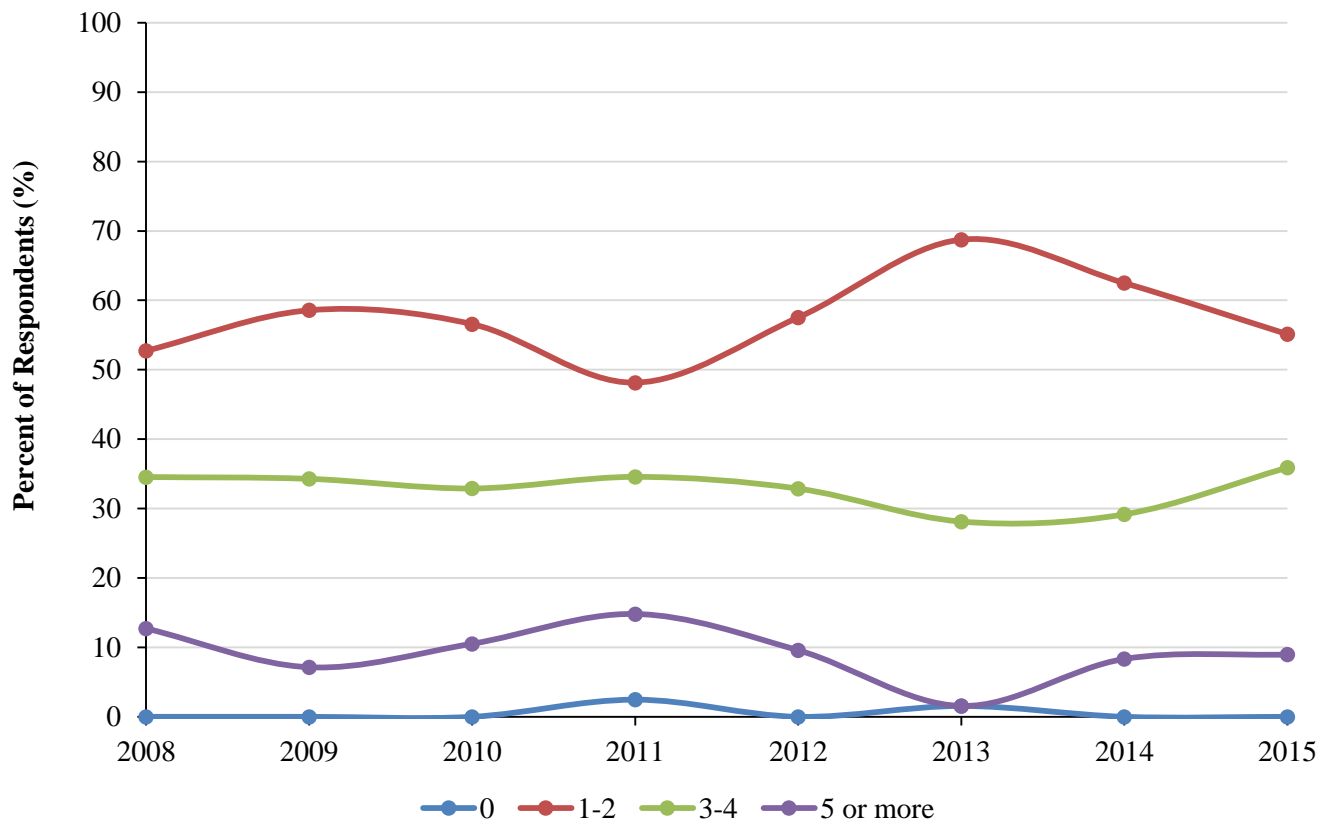
**This question was not asked on the 2008 IUSM GME exit survey. This graph has been zoomed in to improve visualization.*

Figure 8.14 shows trends among clinical care respondents’ and the **top 5** reasons they decided to practice at this location. This question was not asked on the 2008 exit survey. This graph has been zoomed in to improve visualization.

From 2009 to 2015, the **top 5** reasons to practice at this location have remained the same and a steady trend has been noted for them. In particular, a slight upward trend has been noted for “met my professional needs or preferences” (60% in 2009 to 66% in 2015).

Job Offers in Indiana

Figure 8.15: Trends showing Employment Offers in Indiana, 2008-2015*



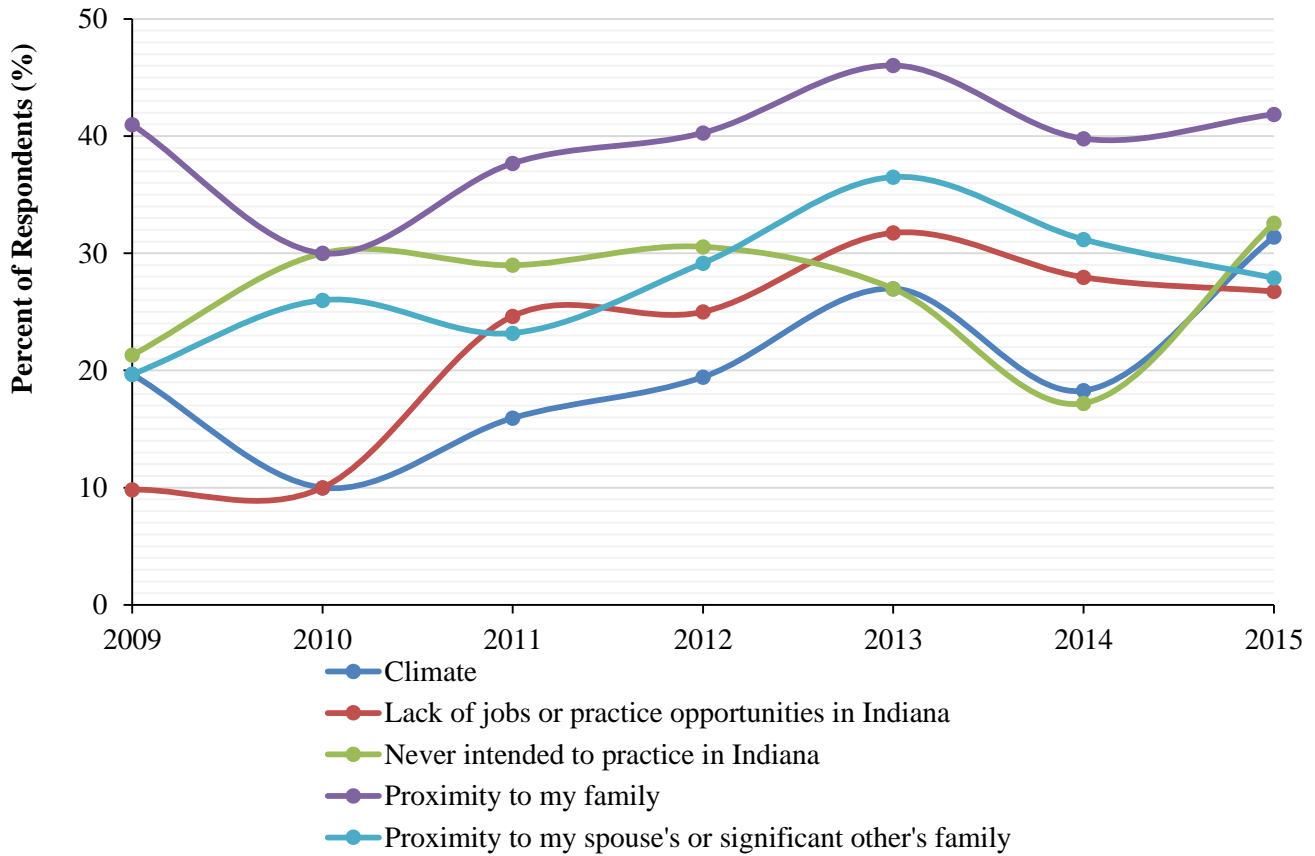
**Only respondents intending to practice in Indiana were included in this analysis.*

Figure 8.15 shows trends among clinical care respondents' and how many offers for employment/practice positions they received in Indiana. Only respondents intending to practice in Indiana were included in this analysis.

A steady trend has been noted for all categories. There has been a slight drop among those respondents who indicated they have received "5 or more" offers in Indiana (13% in 2008 to 9% in 2015).

Main Reasons not to Practice in Indiana

Figure 8.16: Trends showing Main Reasons Not to Practice in Indiana, 2009-2015*



**This question was not asked on the 2008 IUSM GME exit survey. This graph has been zoomed in to improve visualization. Only respondents intending to practice outside of Indiana were included in the analysis.*

Figure 8.16 shows trends among clinical care respondents’ and the **top 5** reasons they were not intending to practice in Indiana. Only respondents intending to practice outside Indiana were included in the analysis. This question was not asked on the 2008 exit survey. And, this graph has been zoomed in to improve visualization.

From 2009 to 2015, the **top 5** reasons for choosing practice outside Indiana have remained the same. In particular, an increasing trend for choosing to practice outside Indiana has been noted for “never intended to practice in Indiana” (21% in 2009 to 33% in 2015), proximity to my spouse’s or significant other’s family” (21% in 2009 to 28% in 2015), “climate” (20% in 2009 to 31% in 2015), and “lack of jobs or practice opportunities in Indiana” (10% in 2009 to 27% in 2015)

APPENDIX 1: 2015 IUSM 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 confidential.** A summary report will be created by the staff of the IU Bowen Research Center 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 _____

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

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

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

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

6. What do you consider your hometown?

- City _____ State _____ Zip code _____
- Outside of US

7a. Where was the high school located from which you graduated?

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

7b. Where was the college located from which you graduated?

- City _____ State _____
- Outside of U.S.
- Not Applicable

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

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

8. 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 and over

9. 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 and over

PRACTICE CHARACTERISTICS:

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

Please mark only ONE option.

- Patient Care or Clinical Practice (in Non-Training position)
- Fellowship or Additional Subspecialty Training (please specify) _____
- Academic position (Teaching and/or Research)
- Temporarily Out of Medicine
- Military
- Industry
- Other (please specify): _____
- Undecided or Don't know yet

11. In your upcoming position, what amount of direct patient-care activities will you do?

- No patient-care activities
- Part-time patient-care activities
- Full-time patient-care activities

12. 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

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

- Yes
- No

14. 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, SKIP to question 24.

15. Which best describes the principal type of Patient Care Practice you will be entering?

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

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

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

17. What are the main reasons you decided to practice at this location? **Please mark ALL that apply.** (Re-arranged in alphabetical order)

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

18. If you plan to practice in Indiana, please indicate the main reasons why? **Please mark ALL that apply.** (Re-arranged in alphabetical order)

- Always intended to practice in Indiana
- Climate

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

19. If you are **not** planning to practice in Indiana, please indicate the main reasons why. **Please mark ALL that apply.** (Re-arranged in alphabetical order)

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

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

- \$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 or more

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

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

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

- Did not seek employment positions in Indiana
- 0
- 1

- 2
- 3
- 4
- 5 or more

23. What is your overall assessment of practice opportunities in your specialty in Indiana?

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

PROGRAM ASSESSMENT:

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

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

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

- | | <u>Fully</u> | <u>Partially</u> | <u>Not at all</u> |
|--|--------------|------------------|-------------------|
| a. Patient Care | | | |
| b. Medical Knowledge | | | |
| c. Practice-based learning and improvement | | | |
| d. Interpersonal and Communication skills | | | |
| e. Professionalism | | | |
| f. Systems-based practice | | | |

26a. In your residency or fellowship program, did you receive training to serve the:

- | | | |
|----------------------------|-----|----|
| i. Rural population | Yes | No |
| ii. Underserved population | Yes | No |

26b. How competent do you feel providing care to the:

- | | <u>Fully</u> | <u>Partially</u> | <u>Not at all</u> |
|----------------------------|--------------|------------------|-------------------|
| i. Rural population | | | |
| ii. Underserved population | | | |

27. In the current academic year, did you:

- a. Have an opportunity to be part of a multi-disciplinary inter-professional team to provide care?
 - Yes
 - No
- b. Participate in a quality improvement project to improve health outcome?
 - Yes
 - No
- c. Participate in a patient safety project?

- Yes
- No
- d. Utilize electronic health records, including order entry and progress notes, in the direct care of patients?
 - Yes
 - No
- e. Have an opportunity to serve on a committee or council?
 - Yes
 - No

28. In the current academic year:

- 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
- c. How many opportunities for teaching did you encounter per year in a clinical environment?
 - 0
 - 1-4
 - 5-9
 - 10-19
 - 20 or more
- d. What would be your “ideal” frequency of opportunities to teach per year in a clinical environment?
 — — —

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

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

30. Do you know about the following at IUSM:

- | | | |
|---|-----|----|
| a. Policies regarding mistreatment of residents? | Yes | No |
| b. Procedures for reporting mistreatment of residents? | Yes | No |
| c. Policies regarding mistreatment of medical students? | Yes | No |
| d. Procedures for reporting mistreatment of medical students? | Yes | No |

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

- Excellent
- Above Average
- Average
- Below Average
- Extremely Poor

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

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

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

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

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

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

Q35 is the last question. Thank you for completing the 2015 Graduate Medical Education Exit Survey!