

2023
Indiana Family Medicine Residencies
Exit Survey Report

Indiana Medical Education Board

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INDIANA UNIVERSITY

SCHOOL OF MEDICINE

Office of Educational Affairs

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Key Takeaway Points for 2023

For all respondents

- 14 family medicine residency programs
- 114 third-year residents invited to participate; 112 participated (98% response rate)
- 55% female
- 74% White; 19% Asian; 5% Black or African American
- 53% from Indiana
- 52% MDs; 48% DOs
- 69% total household educational debt load \geq \$200K
- 90% residency program was helpful in preparing for boards
- 87% felt a sense of equity, inclusion, and belonging
- 81% quality of training program was “excellent” or “above average”
- 81% strongly agree/agree performance of faculty exceeded expectations
- 85% strongly agree/agree performance of other residents exceeded expectations
- 76% received training to serve rural population and 65% felt fully competent providing care
- 97% received training for underserved population and 89% felt fully competent providing care
- 66% strongly agree/agree personal and professional lives were well-balanced
- 65% felt burned out from work
- 65% found their work to be meaningful
- 62% rated their overall wellness as “very good” or “good”
- 80% had readily available resources to maintain their wellness

For those going into practice

- 65% planned to practice within Indiana
 - Main reasons for choosing a practice location in Indiana:
 - cost of practicing is reasonable in Indiana
 - proximity to my family
- 35% intended to practice outside Indiana
 - Main reasons for choosing a practice location outside Indiana
 - proximity to my family
 - proximity to my spouse's or significant other's family
 - never intended to practice in Indiana

Executive Summary

Background

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

Beginning in 2012, data were gathered from residents in the eleven Indiana family medicine residency programs to document their graduates' contribution in meeting the medical care needs of the residents of Indiana and the communities where they will practice. In 2018, a new program was added (Reid Health). In 2021, a new program (IUSM Arnett) was added. And in 2023, another new program (IUSM at Memorial Hospital in Jasper) was added. Data were collected from fourteen programs statewide.

The *2023 Indiana Family Medicine Residencies Exit Survey*[®] marks the 12th consecutive year of determining what these physicians plan to do after graduation; and, for those planning to primarily provide clinical care, to determine where they plan to practice. In addition, the survey also obtained overall feedback on the residents' training and their program's curricula, as well as ideas and suggestions for improvement.

Methods

A cross-sectional survey of all final-year Indiana family medicine residents was conducted in the spring of 2023. A group-administered survey was used to understand the respondents' plans after graduation, where they intend to practice, and why they chose that location. In 2023, a total of 114 final-year family medicine residents were graduating from the fourteen Indiana Family Medicine residency programs. All 114 residents were invited to participate on the *2023 Indiana Family Medicine Residencies Exit Survey*[®]. Of those residents, all 112 responded to the survey, thereby yielding a 89.9 percent response rate.

Indiana Medical Education Board			
2012-2023 Family Medicine Residencies Exit Survey Response Rates			
Year	# of surveys distributed	# of surveys completed	Response Rate
2012	78	77	98.7%
2013	76	76	100.0%
2014	82	82	100.0%
2015	92	92	100.0%
2016	96	96	100.0%
2017	96	96	100.0%
2018	94	94	100.0%
2019	98	98	100.0%
2020	103	99	96.1%
2021	109	102	93.6%
2022	109	98	89.9%
2023	114	112	98.2%

Results

Demographics: Over one-half of the respondents were between the ages of 30-34 years and indicated they were female. About three-fourths of the respondents were white. None of the respondents were of Hispanic or Latinx ethnicity. Over one-tenth of the respondents were from another country. Of those who indicated they were from United States, over one-half were from Indiana. Over two-fifths of the respondents graduated from a high school or college in Indiana, and about one-third reported graduating from the Indiana University School of Medicine or Marian University College of Osteopathic Medicine. About one-half of the respondents reported having received a Doctor of Osteopathic Medicine (D.O.) degree. About one-fourth indicated they were a first-generation learner; one-third indicated they came from a rural area; and one-tenth came from an economically or educationally disadvantaged background.

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

Program Assessment: Almost all respondents “strongly agree” or “agree” that the family medicine residency program was helpful in preparing them for their boards. A majority of the respondents felt “fully” competent in the following ACGME competencies: patient care, interpersonal and communication skills, and in professionalism. Three-fourths of the respondents had received training to serve the rural populations and almost all had received training to serve the underserved populations. About two-thirds of the respondents felt “fully” competent in providing care to the rural populations and a majority felt “fully” competent in providing care to the underserved populations. Almost all respondents indicated they were part of a multi-disciplinary inter-professional team, were able to participate in a quality improvement project, and had the opportunity to participate in a cultural competency or diversity training. A majority of the respondents indicated they participated in a patient safety project, served on a committee or council, and participated in a health care disparities initiative. Almost all respondents felt “very competent” or “competent” communicating with team members during the hand-off process. A majority of the respondents agreed they felt a sense of equity, inclusion, and, belonging. A majority of the respondents indicated the quality of their training program was “excellent” or “above average”. A majority of the respondents “strongly agree” or “agree” that the overall performance of faculty *and* other residents in their training program exceeded their expectations. A majority of the respondents agreed their personal and professional lives were well-balanced. Two-thirds of the respondents agreed they felt burned out from work and found their work to be meaningful. Four-fifths of the respondents agreed they had readily available resources to maintain their wellness. Over three-fifths of the respondents rated their overall wellness as “very good” or “good”.

Patient Care: A majority of the respondents planned to go into “patient care or clinical practice” after completing their training, followed by about one-tenth who planned to enter a fellowship. A majority of the respondents reported entering a “hospital or health system owned” setting (i.e., inpatient only, outpatient only, and both inpatient *and* outpatient). About one-fifth of the respondents indicated they had an obligation or visa requirement to work in a designated HPSA or MUA after completing their training. About two-fifths of the respondents accepted an employment position 6 months prior to responding to this survey. Almost all respondents expect to earn \$200,000 or more during their first year of practice. After completing their training, about two-thirds of the respondents planned to practice within Indiana and over

one-third intended to practice outside Indiana. If offered a position in Indiana, about one-tenth of the respondents would have stayed in Indiana.

Main reasons for choosing a practice location:

- Within Indiana were cost of practicing is reasonable in Indiana and proximity to my family.
- Outside Indiana were proximity to my family, proximity to my spouse's or significant other's family, and never intended to practice in Indiana.

Chi-square test of association for statistical significance

Male respondents appear more likely to:

- Practice in Indiana due to “political climate”.

Female respondents appear more likely to:

- Disagree their personal and professional lives were well-balanced.
- Agree they had resources readily available to maintain their wellness.
- Practice in Indiana due to “proximity to my spouse's or significant other's family”.

Mapping information

For 2012-2023 respondents:

- A majority of the respondents planned to choose Indiana as their primary location after training, followed by Illinois, Ohio, Michigan, and Kentucky.
- Of those respondents who indicated Indiana as their primary practice location, a majority of the respondents planned to choose Marion County for their practice location, followed by Allen, St. Joseph, Hamilton, Johnson, Elkhart, Hendricks, Vanderburgh, Vigo, and Tippecanoe counties.
- Over one-half of the respondents from Ascension St. Vincent Hospital Indianapolis, Community Hospital East, Fort Wayne Medical Education Program, and Franciscan Health Indianapolis indicated an Indiana hometown.
- Over two-thirds of the respondents from Community Hospital East FM Residency, Fort Wayne Medical Education Program, and Franciscan Health Indianapolis FM Residency reported an Indiana practice location.
- Over one-third of the respondents from, Deaconess Hospital, Fort Wayne Medical Education Program, IUSM FM Residency at IU Health Ball Memorial Hospital, Memorial Hospital of South Bend, and Reid Health indicated a practice location in a rural ZIP code.
- Over two-thirds of the respondents from Memorial Hospital of South Bend, Saint Joseph Health System, and Union Hospital FM Residency reported a practice location in an MUA and/or HPSA.

For 2023 respondents:

- A majority of the respondents planned to choose Indiana as their primary practice location, followed by Michigan, California, Kentucky, and Ohio.
- Of those respondents who indicated Indiana as their primary practice location, a majority planned to practice in Marion County, followed by Allen, Hamilton, Hendricks, Elkhart, Johnson, and Vigo counties.
- Over two-thirds of the respondents from Ascension St. Vincent Hospital Indianapolis, Community Hospital South Osteopathic FM Residency, and Franciscan Health Indianapolis FM Residency indicated an Indiana hometown.

- Over three-fourths of the respondents from Community Hospital East FM Residency, Community Hospital South Osteopathic FM Residency, Franciscan Health Indianapolis FM Residency, IUSM FM Residency at IUH Primary Care Central Indianapolis, and Union Hospital FM Residency indicated an Indiana practice location.
- Over one-third of the respondents from Deaconess Hospital and IUSM FM Residency at IU Health Ball Memorial Hospital reported a practice location in a rural ZIP code.
- Over two-thirds of the respondents from Deaconess Hospital, IUSM FM Residency at IU Health Ball Memorial Hospital, and Memorial Hospital of South Bend reported a practice location in an MUA and/or HPSA.

Trends

Increasing trends were noted for respondents who:

- Were ages 25 to 29 (17% in 2012 to 39% in 2023).
- Were female respondents (46% in 2012 to 55% in 2023).
- Had an individual educational debt load of “\$200,000 or more” (40% in 2012 to 66% in 2023).
- Had a household debt load of “\$200,000 or more” (51% in 2012 to 69% in 2023).
- Had a Doctor of Osteopathic Medicine degree (29% in 2018 to 48% in 2023).
- Rated the quality of their program as “excellent” (36% in 2012 to 55% in 2023).
- Indicated they “strongly agree” that the overall performance of faculty in their training program had exceeded their expectations (29% in 2012 to 48% in 2023).
- Indicated they “strongly agree” that the assessment of performance of other residents in their training program had exceeded their expectations (32% in 2012 to 48% in 2023).
- “Agree” that they have felt burned out from their work (32% in 2020 to 49% in 2023).
- “Strongly agree” (9% in 2020 to 34% in 2023) and “agree” (32% in 2020 to 46% in 2023) that their work was meaningful.
- “Agree” (33% in 2017 to 50% in 2023) that they had readily available resources to maintain their wellness.
- Rated their overall wellness as “poor” (3% in 2017 to 34% in 2023).
- Were going into a “hospital or health system owned – outpatient only” facility (35% in 2014 to 62% in 2023).
- Chose to practice in Indiana because they “always intended to practice in Indiana” (31% in 2013 to 48% in 2023) and opportunity for my spouse or significant other” (33% in 2013 to 44% in 2023).
- Chose to practice outside Indiana because of “lack of inclusive and diverse work environment” (8% in 2021 to 20% in 2023), “never intended to practice in Indiana” (10% in 2021 to 30% in 2023), and “other” (10% in 2013 to 21% in 2023).

Decreasing trends were noted for respondents who:

- Were ages 35 to 39 (17% in 2012 to 4% in 2023).
- Were male respondents (55% in 2012 to 46% in 2023).
- Had an individual educational debt load between \$100,000 and \$199,999 (31% in 2012 to 12% in 2023).
- Had household educational debt load between \$100,000 and \$199,999 (24% in 2012 to 12% in 2023).
- Had a Doctor of Medicine degree (71% in 2012 to 52% in 2023).

- Rated the quality of the program as “above average” (45% in 2012 to 32% in 2023).
- Indicated they “agree” that the overall performance of faculty in their training program had exceeded their expectations (48% in 2012 to 33% in 2023).

Chapter 1: Introduction

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

The *2023 Indiana Family Medicine Residencies Exit Survey*[®] marks the 12th consecutive year of determining what these physicians plan to do after graduation; and, for those planning to primarily provide clinical care, to determine where they plan to practice. An additional objective was to determine why they chose specific locations to work; and, for those leaving Indiana, why they decided not to stay in the state to practice. A final objective was to obtain overall feedback on their training and the residency programs' curricula, specifically their suggestions and ideas for improvement.

The next chapter describes the methodology used for this study. Chapter 3 shows responses for the *2023 Indiana Family Medicine Residencies Exit Survey*[®]. Chapter 4 summarizes responses showing gender comparisons. Chapter 5 shows maps that track where the residents are going after completing their training (both within U.S. as well as in Indiana). Chapter 6 shows trends over the past ten years when the survey was administered. And lastly, Chapter 7 shows the comments made by survey respondents to a couple open-ended questions regarding suggestions to improve the program as well as recommending new ideas for the residency curriculum. Appendix A includes a copy of the *2023 Indiana Family Medicine Residencies Exit Survey*[®] and Appendix B shows a table with the response tally for each family medicine residency program location from 2012 to 2023.

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

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

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

Chapter 2: Methods

The *2023 Indiana Family Medicine Residencies Exit Survey*[®] is a group-administered survey that measures the respondents' plans after graduation, where they intend to practice, and why they chose that location. In addition, the survey has questions on the number of employment offers received and an assessment of their training program. A copy of the *2023 Indiana Family Medicine Residencies Exit Survey*[®] is included in **Appendix A**.

Prior to data collection, the Principal Investigator (PI) obtained an exempt approval from the Indiana University Institutional Review Board in February 2023. In Spring (April and May) 2023, the cross-sectional online survey was administered to all final-year residents in the fourteen family medicine residency programs within the state.⁴

The PI contacted program directors at each of the fourteen family medicine residency sites to administer online surveys (via Qualtrics[®]) at each facility. The PI requested the program coordinators for the email addresses for all final-year family medicine residents in their respective programs. Once the email addresses were obtained, the PI emailed specific instructions with the electronic survey link to all final-year residents in the program. In addition, there were a total of three follow-up email reminders sent to the non-responders.

In the 2023 calendar year, there were a total of 114 residents graduating from the fourteen family medicine programs across the state (including off-cycle graduates). Of those, 112 residents responded to the surveys, thereby yielding a 98.2 percent response rate. A response tally for each family medicine residency program has been shown in a table in **Appendix B**.

The completed online surveys were received by the research team and placed into a secure electronic database. Data analysis was performed using statistical software, *IBM SPSS Statistics, v28*. Chi-square tests were used to compare responses between groups. *P*-values less than 0.05 were considered statistically significant. At the end of the analysis, a final report was produced which will be distributed to the Indiana Medical Education Board members and the family medicine residency program directors. In addition, "location-specific" reports will also be distributed to all the Board members and program directors at the fourteen family medicine residency programs.

⁴ 1) Ascension St. Vincent Hospital, Indianapolis; 2) Community Hospital East FM Residency, Indianapolis; 3) Community Hospital South Osteopathic FM Residency, Indianapolis; 4) Deaconess Hospital Family Medicine Residency, Evansville; 5) Fort Wayne Medical Education Program, Fort Wayne; 6) Franciscan Health Indianapolis Family Medicine Residency, Indianapolis; 7) IUSM FM Residency at IUH Arnett; 8) IUSM FM Residency at IUH Ball Memorial Hospital, Muncie; 9) IUSM FM Residency at IUH Primary Care Central Indianapolis; 10) IUSM FM Residency at Memorial Hospital in Jasper; 11) Memorial Hospital of South Bend; 12) Reid Health, Richmond; 13) Saint Joseph Health System, South Bend; 14) Union Hospital Family Medicine Residency, Terre Haute.

Chapter 3: Responses to the 2023 Indiana Family Medicine Residencies Exit Survey[©]

This chapter shows responses to questions asked on the *2023 Indiana Family Medicine Residencies Exit Survey*[©]. The chapter has been further sub-divided into four broad areas: demographic characteristics, educational debt load, program assessment, and practice characteristics. The data shown in tables 3.1 to 3.24 and figures 3.1 to 3.2 are based on responses from all 112 graduates participating in this survey. The remaining tables and figures show responses from only those survey respondents who:

- indicated they planned to work in “patient care or clinical practice” after graduation (n=99);
- intended to practice in Indiana (n=62); and,
- intended to practice outside Indiana (n=33).

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

All Respondents [n=112]

I. Demographic Characteristics (n=112)

Age

Table 3.1	All FM Respondents	
	2023 (n=112)	
Age	#	%
25-29	42	38.5
30-34	60	55.0
35-39	3	2.8
40-44	3	2.8
45 and over	1	0.9
Total	109	100.0
Missing	3	

Table 3.1 shows the age distribution of all Indiana family medicine survey respondents. Over one-half (55%) of the respondents indicated they were between the ages of 30 and 34 years. The 12-year average was 62 percent.

Gender

Table 3.2	All FM Respondents	
	2023 (n=112)	
Gender	#	%
Male	51	45.5
Female	61	54.5
Transgender male**	0	0.0
Transgender female**	0	0.0
Non-Binary**	0	0.0
My identity is not listed above/Other*	0	0.0
Total	112	100.0
Missing	0	

*This response option was added to the 2017 Indiana family medicine residencies exit survey.

**This response option was added to the 2023 Indiana family medicine residencies exit survey.

Table 3.2 shows the gender distribution of all Indiana family medicine survey respondents. Over one-half (55%) of the respondents indicated they were female. The 12-year average was 45 percent.

Race

Table 3.3	All FM Respondents	
	2023 (n=112)	
Which of the following describes your race? Please mark ALL that apply.	#	%
American Indian/Alaskan Native	0	0.0
Asian	21	18.8
Black/African American	6	5.4
Native Hawaiian/Pacific Islander	0	0.0
White	83	74.1
Other	2	1.8
Biracial*	0	0.0
Total	112	100.0
Missing	0	

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

Table 3.3 shows the racial distribution of all Indiana family medicine survey respondents. About three-fourths (74%) of the respondents indicated they were white, followed by 19 percent of the respondents who indicated they were Asian. The 12-year average was 78 percent and 12 percent for white and Asian respondents, respectively.

Ethnicity

Table 3.4	All FM Respondents	
	2023 (n=112)	
Do you consider yourself Hispanic or Latino?	#	%
Yes, Hispanic/Latinx	0	0.0
No, not Hispanic/Latinx	112	100.0
Total	112	100.0
Missing	0	

Table 3.4 shows the ethnicity of all Indiana family medicine survey respondents. None (0%) of the respondents indicated a Hispanic or Latino ethnicity. The 12-year average was 5 percent.

Respondents Coming From

Table 3.5	All FM Respondents	
	2023 (n=112)	
Where are the respondents coming from?	#	%
Outside USA	13	12.0
Within USA	95	88.0
<i>Outside Indiana</i>	45	47.4
<i>Within Indiana</i>	50	52.6
Total	108	100.0
Missing	4	

Table 3.5 shows where the Indiana family medicine survey respondents were coming from. Over one-tenth (12%) respondents indicated they were from another country. A majority (88%) of the respondents indicated they were from United States. Of those 95 respondents who indicated they were from United States, over one-half (53%) were from Indiana. The 12-year average was 49 percent.

Respondents who have an Indiana Connection

Table 3.6	All FM Respondents	
	2023 (n=112)	
Respondents who have an Indiana connection...	#	%
High school	49	43.8
College	47	42.0
Medical School	39	34.8
<i>IUSM</i>	12	30.8
<i>MUCOM</i>	27	69.2

Table 3.6 shows the Indiana family medicine survey respondents' who graduated from a high school, college, or medical school in Indiana. Over two-fifths of the respondents indicated they had graduated from a high school (44%) or college (42%) in Indiana. The 12-year average was 38 percent. Over one-third (35%) of the respondents reported graduating from the Indiana University School of Medicine (IUSM) or Marian University College of Osteopathic Medicine (MUCOM). The 12-year average was 30 percent.

Type of Medical Degree

Table 3.7	All FM Respondents	
	2023 (n=112)	
Do you have an M.D. or D.O. degree?*	#	%
Doctor of Medicine	58	52.3
Doctor of Osteopathic Medicine	53	47.7
Total	111	100.0
Missing	1	

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

Table 3.7 shows the type of medical degree received by the Indiana family medicine survey respondents. About one-half (48%) of the respondents reported having received a Doctor of Osteopathic Medicine (D.O.) degree. The 6-year average was 37 percent.

Learner Background

Table 3.8	All FM Respondents	
	2023 (n=112)	
Do you consider yourself? Please mark ALL that apply*	#	%
First generation trainee	32	28.6
Trainee from a rural area	37	33.0
Economically or educationally disadvantaged trainee	16	14.3
Trainee with a disability**	2	1.8
None of the above	47	42.0

*This question was added to the 2017 Indiana family medicine residencies exit survey.

**This response option was added to the 2023 Indiana family medicine residencies exit survey.

Table 3.8 shows the Indiana family medicine survey respondents' learner and socioeconomic background. About one-fourth (29%) of the respondents indicated they were a first-generation learner. One-third (33%) of the respondents indicated they came from a rural area. One-tenth (14%) of the respondents indicated they came from an economically or educationally disadvantaged background. Two percent of the respondents indicated they were a trainee with a disability.

II. Educational Debt Load (n=112)

Current Individual Educational Debt

Figure 3.1: Current Individual Educational Debt (n=112)

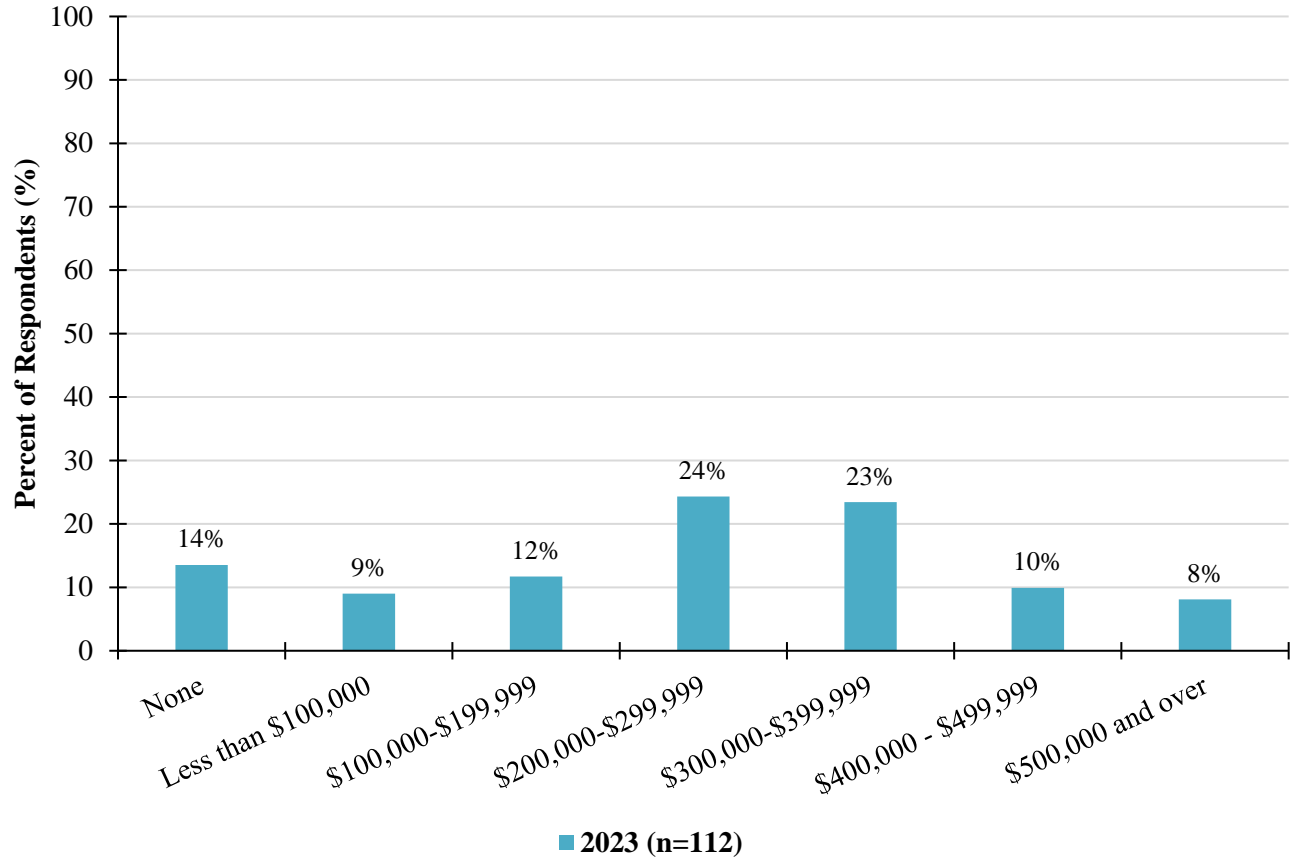


Figure 3.1 presents the current level of individual educational debt among the Indiana family medicine survey respondents. Over one-tenth (14%) of the respondents indicated they had no individual educational debt load. The 12-year average was 14 percent. Two-thirds (66%) of the respondents reported having an individual educational debt load of \$200,000 or more. The 12-year average was 58 percent.

Current Total Household Educational Debt

Figure 3.2: Current Household Educational Debt (n=112)

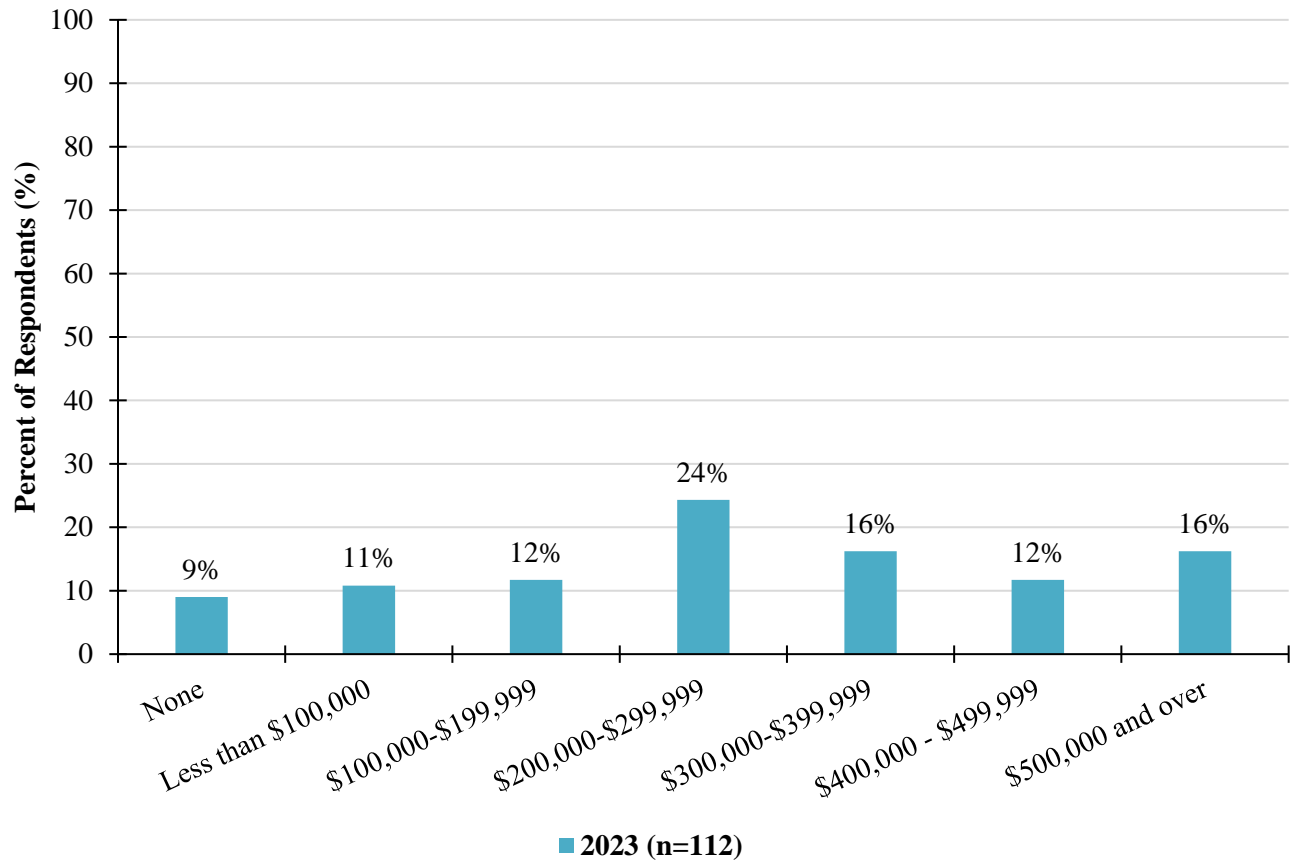


Figure 3.2 presents the current level of total household educational debt among the Indiana family medicine survey respondents. About one-tenth (9%) of the respondents indicated they had no household educational debt load. The 12-year average was 12 percent. Over two-thirds (69%) of the respondents reported having a total household educational debt load of \$200,000 or more. The 12-year average was 62 percent.

III. Program Assessment (n=98)

Training Program

Table 3.9	All FM Respondents	
	2023 (n=112)	
The Family Medicine residency program was helpful in the preparation for my boards either generally by the clinical and didactic curriculum or specifically through board question review.	#	%
Strongly Agree	42	38.2
Agree	57	51.8
Neutral	5	4.5
Disagree	5	4.5
Strongly Disagree	1	0.9
Total	110	100.0
Missing/ Board Exam in my field does not exist	2	

Table 3.9 shows the Indiana family medicine survey respondents' assessment of how helpful their training program was in preparing them for their boards. Almost all (90%) respondents indicated they “strongly agree” or “agree” that the family medicine residency program was helpful in preparing them for their boards either *generally* by the clinical and didactic curriculum or *specifically* through board question review. The 12-year average was 89 percent.

ACGME Competency Areas

Table 3.10	All FM Respondents					
	2023 (n=112)					
	Fully		Partially		Not at all	
How competent do you feel in the following ACGME competencies?	#	%	#	%	#	%
Patient Care	105	94.6	6	5.4	0	0.0
Medical Knowledge	95	85.6	16	14.4	0	0.0
Practice-based learning and improvement	97	87.4	14	12.6	0	0.0
Interpersonal and communication skills	105	94.6	6	5.4	0	0.0
Professionalism	109	98.2	2	1.8	0	0.0
Systems-based practice	100	90.1	11	9.9	0	0.0

Table 3.10 shows the Indiana family medicine survey respondents' self-rated competency level in the Accredited Council for Graduate Medical Education (ACGME) competency areas. Majority of the respondents indicated they felt “fully” competent in-patient care (95%), medical knowledge (86%), practice-based learning and improvement (87%), interpersonal and communication skills (95%), professionalism (98%), and systems-based practice (90%). The 12-year average for all six ACGME competencies was 91 percent.

Rural and Underserved Training

Table 3.11	All FM Respondents			
	2023 (n=112)			
	Yes		No	
In your Family Medicine residency program did you <u>receive training</u> to serve the:	#	%	#	%
Rural Population	84	75.7	27	24.3
Underserved Population	108	97.3	3	2.7

Table 3.11 shows whether the Indiana family medicine survey respondents' received training to serve the rural and underserved populations during their training program. Three-fourths (76%) of the respondents indicated they had received training to serve the rural populations. The 12-year average was 73 percent. Almost all (97%) respondents indicated they had received training to serve the underserved populations. The 12-year average was 98 percent.

Competency in Providing Care to the Rural and Underserved Populations

Table 3.12	All FM Respondents					
	2023 (n=112)					
	Fully		Partially		Not at all	
How competent do you feel providing care to the:	#	%	#	%	#	%
Rural Population	72	64.9	35	31.5	4	3.6
Underserved Population	99	89.2	12	10.8	0	0.0

Table 3.12 shows the Indiana family medicine survey respondents' self-rated competency levels in providing care to the rural and underserved populations. About two-thirds (65%) of the respondents indicated feeling "fully" competent in providing care to the rural populations. The 12-year average was 65 percent. A majority (89%) of the respondents indicated feeling "fully" competent in providing care to the underserved populations. The 12-year average was 91 percent.

Program Opportunities

Table 3.13	All FM Respondents			
	2023 (n=112)			
	Yes		No	
In your residency program, did you:*	#	%	#	%
Provide care as part of a multi-disciplinary inter-professional team?	110	99.1	1	0.9
Participate in a quality improvement project to improve health outcome?	110	99.1	1	0.9
Participate in a patient safety project?	96	86.5	15	13.5
Serve on a committee or council?	94	84.7	17	15.3
Participate in a cultural competency or diversity training?	108	97.3	3	2.7
Participate in a health care disparities initiative?***	89	80.9	21	19.1

*This question was added to the 2017 Indiana family medicine residencies exit survey.

***This response option was added to the 2021 Indiana family medicine residencies exit survey.

Table 3.13 shows if there were any program opportunities available for the Indiana family medicine survey respondents’ to participate in their training program. Almost all respondents indicated they were part of a multidisciplinary interprofessional team (99%), participated in a quality improvement project (99%), and had the opportunity to participate in a cultural competency or diversity training (97%). Over four-fifths of the respondents indicated they had participated in a patient safety project (87%), served on a committee or council (85%), and participated in a health care disparities initiative (81%).

Competency in Communicating during the Hand-Off Process

Table 3.14	All FM Respondents	
	2023 (n=112)	
How competent do you feel in communicating with team members in the hand-off process?*	#	%
Very competent	91	82.0
Competent	19	17.1
Neutral	0	0.0
Incompetent	0	0.0
Very incompetent	1	0.9
Total	111	100.0
Missing	1	

*This question was added to the 2017 Indiana family medicine residencies exit survey.

Table 3.14 shows the Indiana family medicine survey respondents’ self-rated competency levels in communicating with team members during the hand-off process. Almost all (99%) respondents indicated they felt “very competent” or “competent” communicating with team members during the hand-off process. The 7-year average was 99 percent.

Equity, Inclusion, and Belonging

Table 3.15	All FM Respondents	
	2023 (n=112)	
During my training, I have felt a sense of equity, inclusion, and belonging.*	#	%
Strongly Agree	61	55.0
Agree	36	32.4
Neutral	9	8.1
Disagree	3	2.7
Strongly Disagree	2	1.8
Total	111	100.0
Missing	1	

*This question was added to the 2023 Indiana family medicine residencies exit survey.

Table 3.15 shows the Indiana family medicine survey respondents’ self-rated competency levels in overall rating of their sense of equity, inclusion, and belonging during their training. A majority (87%) of the respondents indicated they “strongly agree” or “agree” that they felt a sense of equity, inclusion, and belonging.

Quality of Program

Table 3.16	All FM Respondents	
	2023 (n=112)	
I would rate the overall <u>quality</u> of my Family Medicine residency program as:	#	%
Excellent	53	47.7
Above Average	37	33.3
Average	16	14.4
Below Average	5	4.5
Extremely Poor	0	0.0
Total	111	100.0
Missing	1	

Table 3.16 shows the Indiana family medicine survey respondents' overall rating of the quality of their training program. A majority (81%) of the respondents indicated the quality of their training program was "excellent" or "above average". The 12-year average was 88 percent.

Faculty Assessment

Table 3.17	All FM Respondents	
	2023 (n=112)	
I would rate the overall performance of the <u>faculty</u> in my Family Medicine residency program to have exceeded my expectations.	#	%
Strongly Agree	53	48.2
Agree	41	37.3
Neutral	11	10.0
Disagree	5	4.5
Strongly Disagree	0	0.0
Total	110	100.0
Missing	2	

Table 3.17 shows the Indiana family medicine survey respondents' overall performance rating of faculty in their training program. A majority (81%) of the respondents indicated they "strongly agree" or "agree" that the overall performance of faculty in their training program exceeded their expectations. The 12-year average was 83 percent.

Assessment of Peer Residents

Table 3.18	All FM Respondents	
	2023 (n=112)	
I would rate the overall performance of the <u>other residents</u> in my Family Medicine residency program to have exceeded my expectations.	#	%
Strongly Agree	48	43.2
Agree	46	41.4
Neutral	16	14.4
Disagree	1	0.9
Strongly Disagree	0	0.0
Total	111	100.0
Missing	1	

Table 3.18 shows the Indiana family medicine survey respondents' overall performance rating of other residents in their training program. A majority (85%) of the respondents indicated they “strongly agree” or “agree” that the overall performance of other residents in their training program exceeded their expectations. The 12-year average was 89 percent.

Personal and Professional Balance

Table 3.19	All FM Respondents	
	2023 (n=112)	
In the past 3 months of my residency/fellowship training: My personal and professional lives were well-balanced.*	#	%
Strongly Agree	21	18.9
Agree	52	46.8
Neutral	25	22.5
Disagree	13	11.7
Strongly Disagree	0	0.0
Total	111	100.0
Missing	1	

*This question was added to the 2017 Indiana family medicine residencies exit survey.

Table 3.19 shows the Indiana family medicine survey respondents' overall rating of balance between their personal and professional life. About two-thirds (66%) of the respondents indicated they “strongly agree” or “agree” their personal and professional lives were well-balanced. The 7-year average was 70 percent.

Burnout from Work

Table 3.20	All FM Respondents	
	2023 (n=112)	
In the past 3 months of my residency/fellowship training: I have felt burned out from my work.*	#	%
Strongly Agree	17	15.5
Agree	54	49.1
Neutral	22	20.0
Disagree	16	14.5
Strongly Disagree	1	0.9
Total	110	100.0
Missing	2	

*This question was added to the 2017 Indiana family medicine residencies exit survey.

Table 3.20 shows the Indiana family medicine survey respondents' overall feeling of burnout from their work. About two-thirds (65%) of the respondents indicated they “strongly agree” or “agree” they felt burned out from work. The 4-year average was 50 percent.

Meaningful Work

Table 3.21	All FM Respondents	
	2023 (n=112)	
In the past 3 months of my residency/fellowship training: I have found my work to be meaningful.*	#	%
Strongly Agree	37	33.6
Agree	50	45.5
Neutral	19	17.3
Disagree	3	2.7
Strongly Disagree	1	0.9
Total	110	100.0
Missing	2	

*This question was added to the 2020 Indiana family medicine residencies exit survey.

Table 3.21 shows the Indiana family medicine survey respondents' overall feeling of work to be meaningful. About two-thirds (65%) of the respondents indicated they “strongly agree” or “agree” they found their work to be meaningful. The 4-year average was 72 percent.

Resources Available

Table 3.22	All FM Respondents	
	2023 (n=112)	
In the past 3 months of my residency/fellowship training: I have had resources readily available to maintain my wellness*	#	%
Strongly Agree	34	30.6
Agree	55	49.5
Neutral	16	14.4
Disagree	6	5.4
Strongly Disagree	0	0.0
Total	111	100.0
Missing	1	

*This question was added to the 2017 Indiana family medicine residencies exit survey.

Table 3.22 shows the Indiana family medicine survey respondents' overall ability to use the readily available resources to maintain their wellness. A majority (80%) of the respondents indicated they "strongly agree" or "agree" they had readily available resources to maintain their wellness. The 7-year average was 81 percent.

Wellness

Table 3.23	All FM Respondents	
	2023 (n=112)	
I would rate my overall wellness as:*	#	%
Very Good	20	18.0
Good	49	44.1
Fair	0	0.0
Poor	38	34.2
Very Poor	4	3.6
Total	111	100.0
Missing	1	

*This question was added to the 2017 Indiana family medicine residencies exit survey.

Table 3.23 shows the Indiana family medicine survey respondents' overall rating of wellness. Over three-fifths (62%) of the respondents rated their overall wellness as "very good" or "good". The 7-year average was 76 percent.

Plans after Graduation

Table 3.24	All FM Respondents	
	2023 (n=112)	
What do you expect to be doing after completion of your current Family Medicine residency program? Please mark only ONE option.	#	%
Clinical Practice (in Non-Training Position)	99	88.4
Fellowship or Additional Subspecialty Training	11	9.8
Military	0	0.0
Non-Patient Care-based activities (e.g., research, administration)	0	0.0
Temporarily Out of Medicine	2	1.8
Other	0	0.0
Total	112	100.0
Undecided or Don't know yet/ Missing	0	

Table 3.24 shows what the Indiana family medicine survey respondents' expect to do after completing their current training program. A majority (88%) of the respondents indicated they planned to go into "patient care or clinical practice" after completing their training, followed by about one-tenth (10%) of the respondents who planned to enter a fellowship. The 12-year average for respondents going into patient care or clinical practice was 81 percent.

NOTE: The following section is only for those survey respondents who indicated they were primarily going into "patient care or clinical practice" after completing their training (n=99).

IV. Practice Characteristics (n=99)

Primary Practice Location

Table 3.25	Clinical Care Respondents	
	2023 (n=99)	
Where is the location of your primary activity <u>after</u> completing your current Family Medicine residency program?	#	%
Same city of country as current training	23	24.2
Same region in Indiana, but different city or county	29	30.5
Other area in Indiana	10	10.5
Other U.S. state (not Indiana)	30	31.6
Outside of U.S.	3	3.2
Total	95	100.0
Missing/Undecided	4	

Table 3.25 shows the location of the Indiana family medicine survey respondents' primary activity after completing their current training program. About two-thirds (65%) of the respondents indicated they planned to practice within Indiana after completing their training. Over one-third (35%) of the respondents indicated they planned to practice outside Indiana after completing their training. Four respondents were undecided at the time the survey was administered. The 12-year average for respondents planning to practice within Indiana and outside Indiana was 63 percent and 37 percent, respectively.

Type of Practice

Table 3.26	Clinical Care Respondents	
	2023 (n=99)	
Which best describes the principal type of Patient Care Practice you will be entering? Please mark ALL that apply.*	#	%
Independently-owned physician practice - Solo	0	0.0
Independently-owned physician practice - Group or Partnership (2 or more persons)	6	6.1
Hospital or health system owned - inpatient only	9	9.1
Hospital or health system owned - outpatient only	60	60.6
Hospital or health system owned - inpatient and outpatient	14	14.1
Urgent care facility	1	1.0
Managed care organization or insurance company	1	1.0
Free-standing health center or clinic (Federal, state, local government or community board led, etc.)	11	11.1
Nursing home or institutional residential facility	0	0.0
Other	2	2.0

**The response options for this question were changed beginning in 2018.*

Table 3.26 shows the principal type of patient care practice setting the Indiana family medicine survey respondents' will be entering after completing their training. A majority (84%) of the respondents reported entering a "hospital or health system owned" setting: inpatient only (9%), outpatient only (61%), and both inpatient *and* outpatient (14%). The 10-year average was 76 percent.

Obligation or Visa Requirement

Table 3.27	Clinical Care Respondents	
	2023 (n=99)	
Do you have an obligation or visa requirement to work in a designated HPSA or MUA when you complete your training in the Family Medicine residency program?	#	%
Yes	18	18.4
No	80	81.6
Total	98	100.0
Missing	1	

Table 3.27 shows the Indiana family medicine survey respondents' obligation or visa requirement to work in a designated HPSA or MUA after completing their training. About one-fifth (18%) of the respondents indicated they had an obligation or visa requirement to work in a designated HPSA or MUA after completing their training. The 12-year average was 14 percent.

Accepted Position

Table 3.28	Clinical Care Respondents	
	2023 (n=99)	
When did you accept a position?*	#	%
Less than 6 months ago	38	39.2
6 months to 1 year ago	29	29.9
1 to 2 years ago	21	21.6
Have not accepted a position yet	9	9.3
Total	97	100.0
Missing	2	

*This question was added to the 2020 Indiana family medicine residencies exit survey.

Table 3.28 shows the percentage of patients that the Indiana family medicine survey respondents' that accepted a full-time position. About two-fifths (39%) of the respondents accepted an employment position 6 months prior to responding to this survey. The 4-year average was 37 percent.

Expected Gross Income

Figure 3.3: Expected Gross Income (n=99)

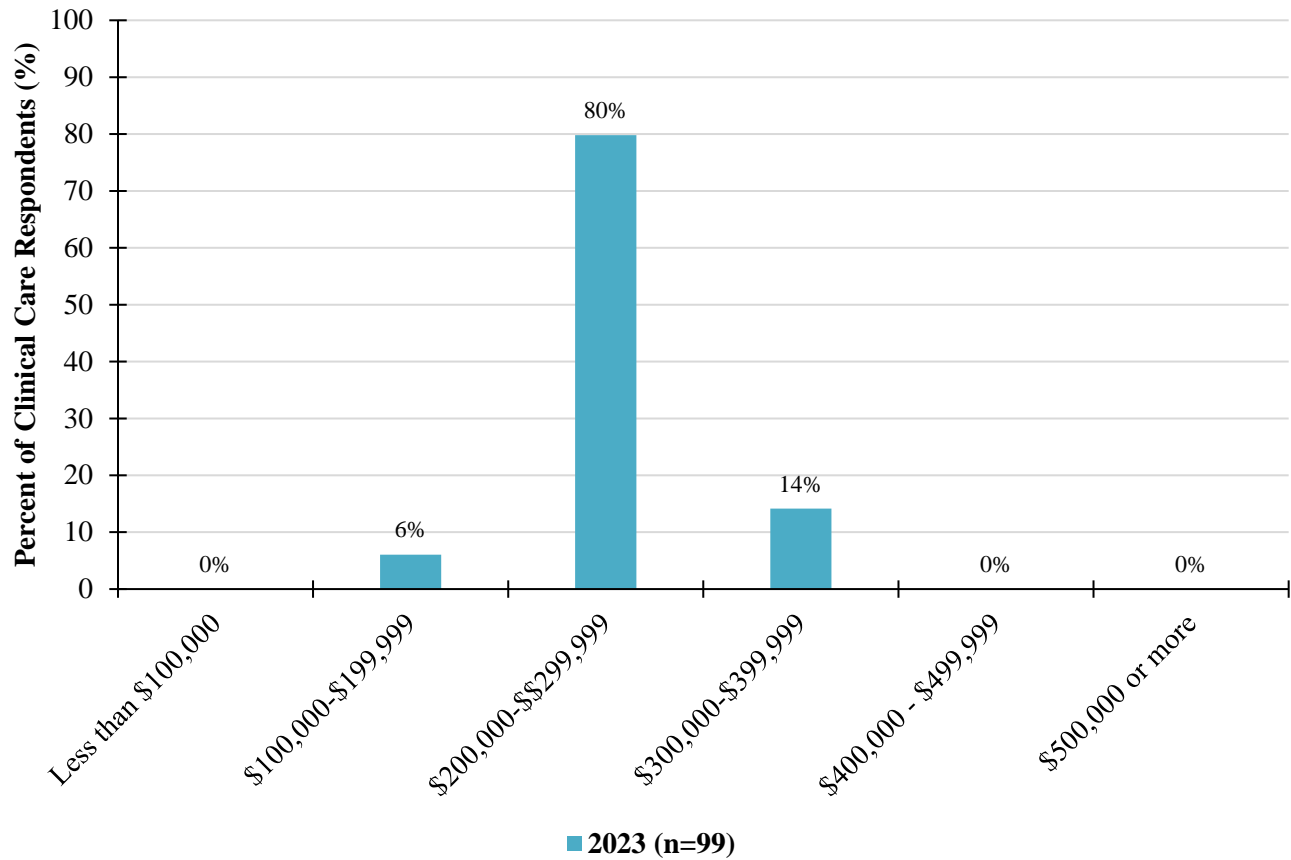
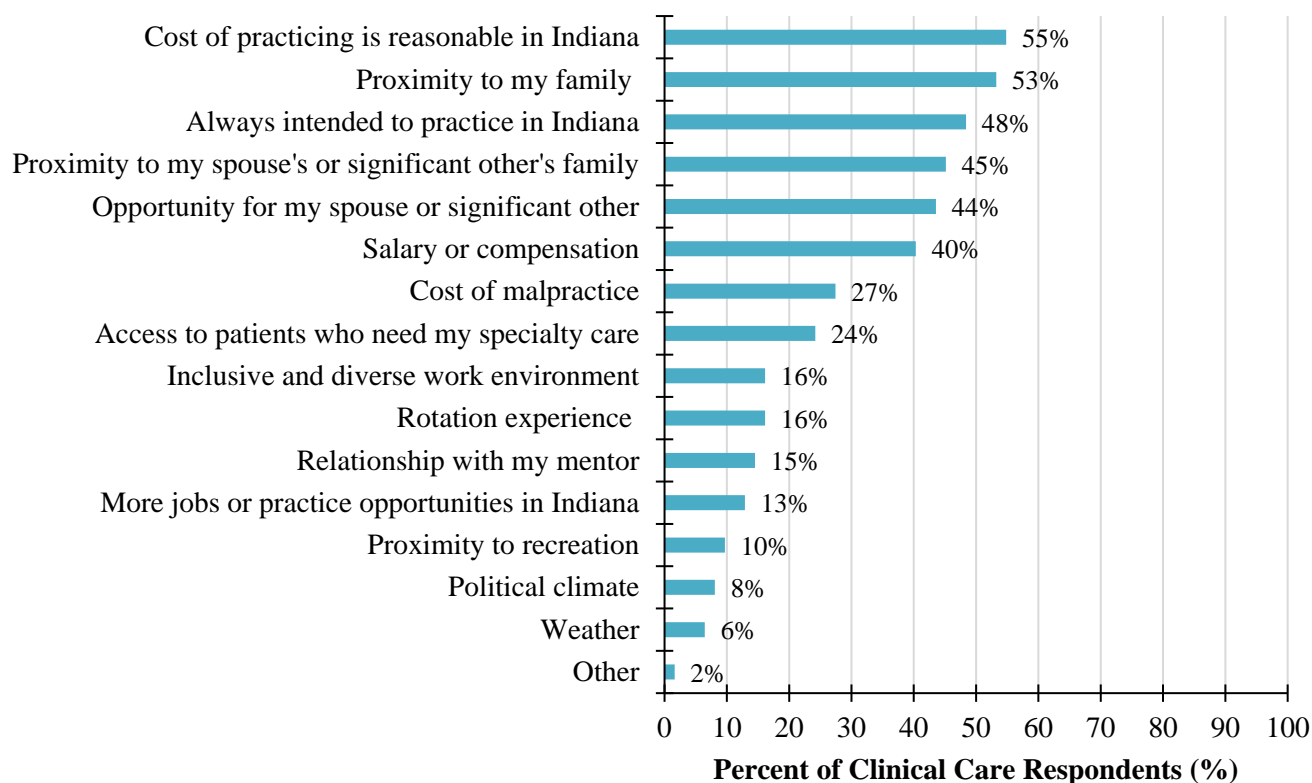


Figure 3.3 presents the gross income (salary plus incentives) that Indiana family medicine survey respondents' expect to earn during their first year of practice. Almost all (94%) respondents indicated they expect to earn \$200,000 or more during their first year of practice. The 12-year average was 80 percent.

Respondents going into patient care or clinical practice within Indiana (n=62)

Main Reasons to Practice in Indiana

Figure 3.4: Main Reasons to Practice in Indiana (n=62)*



■ 2023 (n=62)

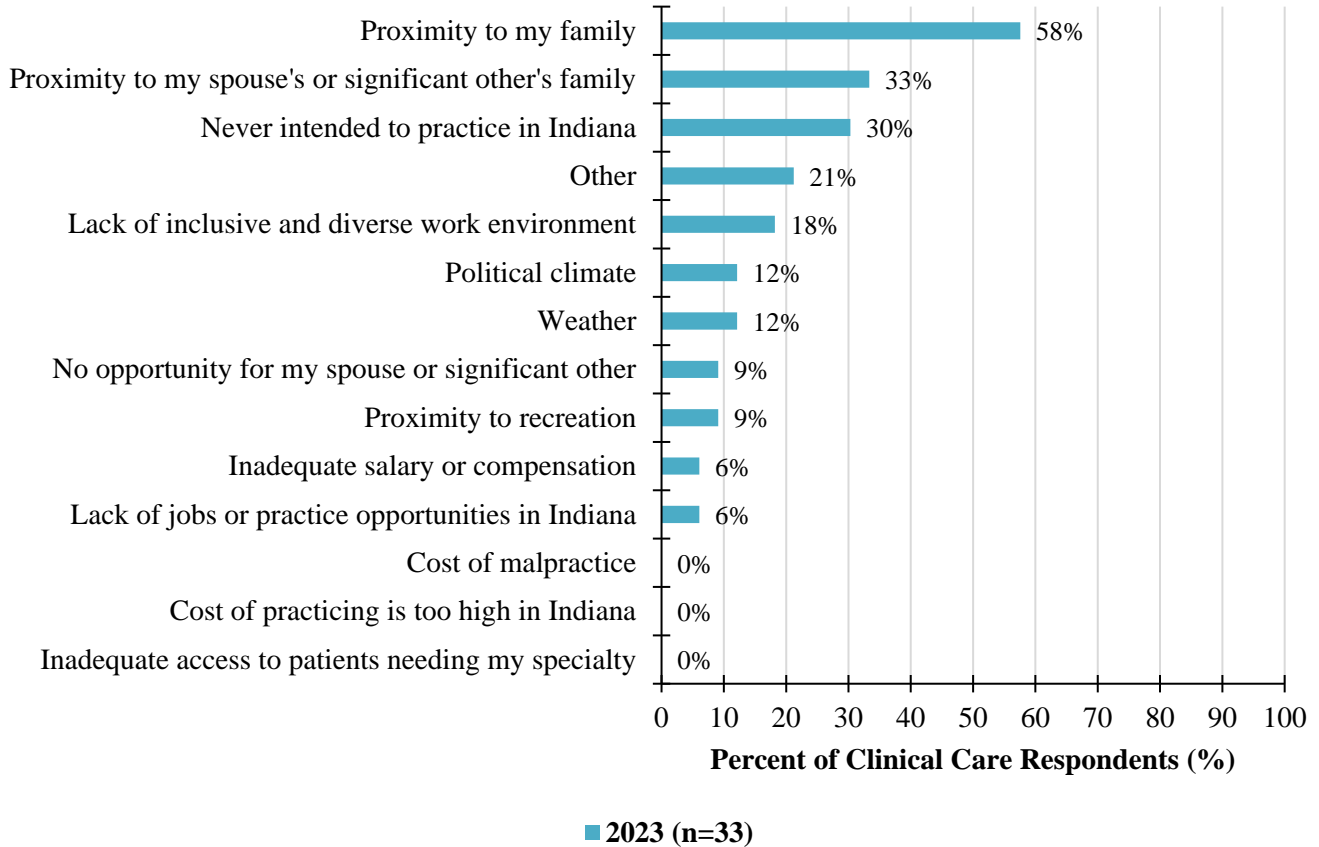
**Reflects responses from only those respondents who indicated their primary practice location was in Indiana.*

Figure 3.4 presents the main reasons influencing the Indiana family medicine survey respondents' choice of practice location in Indiana. Only those 62 respondents who indicated their primary practice location was in Indiana were included in the analysis for this graph. The main reasons given by respondents to practice in Indiana were: "cost of practicing is reasonable in Indiana" (55%) and "proximity to my family" (53%).

Respondents going into patient care or clinical practice outside Indiana (n=33)

Main Reasons Not to Practice in Indiana

Figure 3.5: Main Reasons Not to Practice in Indiana (n=33)*



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

Figure 3.5 presents the main reasons influencing Indiana family medicine survey respondents' choice of practice location outside Indiana. Only those 33 respondents who indicated their primary practice location was outside Indiana were included in the analysis for this graph. The main reasons given by respondents for not practicing in Indiana were: "proximity to my family" (58%), "proximity to my spouse's or significant other's family" (33%), and "never intended to practice in Indiana" (30%).

Indiana Job Offer

Table 3.29	Clinical Care Respondents**	
	2023 (n=33)	
If you had been offered a position in Indiana would you have stayed in Indiana?*	#	%
Yes	4	12.9
No	27	87.1
Total	31	100.0
Missing	2	

*This question was added to the 2021 Indiana family medicine residencies exit survey.

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

Table 3.29 shows the percentage of patients that the Indiana family medicine survey respondents' that would have stayed in Indiana if offered a position. If offered a position in Indiana, over one-tenth (13%) of the respondents would have stayed in Indiana. The 3-year average was 46 percent.

Chapter 4: Comparison of Responses by Gender, 2023

Based on how the survey respondents answered the 2023 *Indiana Family Medicine Residencies Exit Survey*® question on gender (Q2), they were stratified into 3 categories: male, female, and other. Of the 112 survey respondents, 51 reported their gender as male and 61 as female. Responses from the 112 respondents have been shown in tables 4.1 to 4.22 and figures 4.1 to 4.2. The remaining tables and figures show responses from only those survey respondents who:

- indicated that they planned to work in “patient care or clinical practice” after graduation [n= 99]: males (n=44) and females (n=55);
- intended to practice in Indiana [n= 62]: males (n=29) and females (n=33); and,
- intended to practice outside Indiana [n=33]: males (n=14) and females (n=19).

Data analysis was performed using statistical software, *IBM SPSS Statistics, v28*. Chi-square tests were used to compare responses between groups. *P*-values less than 0.05 were considered statistically significant and denoted with a symbol (¥). For ease of interpretation, percentage values have been rounded off to the nearest decimal in the text.

All Respondents [n=112]

I. Demographic Characteristics (n=112)

Age

Table 4.1	All FM Respondents (n=112)			
	Male (n=51)		Female (n=61)	
Age	#	%	#	%
25-29	19	37.3	23	39.7
30-34	27	52.9	33	56.9
35-39	3	5.9	0	0.0
40-44	1	2.0	2	3.4
45 and over	1	2.0	0	0.0
Total	51	100.0	58	100.0
Missing	0		3	

Chi-square *p*-value = 0.654

Table 4.1 shows the age distribution of the male and female survey respondents. Over one-half of the male (53%) and female (57%) respondents indicated they were between the ages of 30 and 34 years. There was no statistically significant difference between the two groups.

Race

Table 4.2	All FM Respondents (n=112)			
	Male (n=51)		Female (n=61)	
Which of the following describes your race? Please mark all that apply.	#	%	#	%
American Indian/Alaskan Native	0	0.0	0	0.0
Asian	9	17.6	12	19.7
Black/African American	0	0.0	6	9.8
Native Hawaiian/Pacific Islander	0	0.0	0	0.0
White	41	80.4	42	68.9
Other	1	2.0	1	1.6
Biracial*	0	0.0	0	0.0
Total	51	100.0	61	100.0
Missing	0		0	

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

Table 4.2 shows the racial distribution of the male and female survey respondents. Four-fifths (80%) of the male respondents indicated they were white, compared to 69 percent of the female respondents. About one-fifth of the male (18%) and female (20%) respondents indicated they were Asian.

Ethnicity

Table 4.3	All FM Respondents (n=112)			
	Male (n=51)		Female (n=61)	
Do you consider yourself Hispanic or Latino?	#	%	#	%
Yes, Hispanic/Latinx	0	0.0	0	0.0
No, not Hispanic/Latinx	51	100.0	61	100.0
Total	51	100.0	61	100.0
Missing	0		0	

Chi-square p -value = 1.000

Table 4.3 shows the ethnicity of the male and female survey respondents. None (0%) of the male and female respondents indicated a Hispanic or Latinx ethnicity. There was no statistically significant difference between the two groups.

Respondents Coming From

Table 4.4	All FM Respondents (n=112)			
	Male (n=51)		Female (n=61)	
Where are the respondents coming from?	#	%	#	%
Outside USA	6	12.0	7	12.1
Within USA	44	88.0	51	87.9
<i>Outside Indiana</i>	21	47.7	24	47.1
<i>Within Indiana</i>	23	52.3	27	52.9
Total	50	100.0	58	100.0
Missing	1		3	

Chi-square p -value = 0.991

Table 4.4 shows where the male and female survey respondents' were coming from. About one-tenth (12%) of the male and female respondents indicated they were from another country. Of the 44 male respondents who indicated they were from the United States, 52 percent reported they were from Indiana. Of the 51 female respondents who indicated they were from the United States, 53 percent reported they were from Indiana. There was no statistically significant difference between the two groups.

Respondents who have an Indiana Connection

Table 4.5	All FM Respondents (n=112)			
	Male (n=51)		Female (n=61)	
Respondents who have an Indiana connection...	#	%	#	%
High school	23	45.1	26	42.6
College	21	41.2	26	42.6
Medical School	19	37.3	20	32.8
<i>IUSM</i>	4	21.1	8	40.0
<i>MUCOM</i>	15	78.9	12	60.0

Table 4.5 shows the male and female survey respondents' who graduated from a high school, college, or medical school in Indiana. Over two-fifths of the male respondents indicated they had graduated from a high school (45%) or college (41%) in Indiana. Over two-fifths of the female respondents indicated they had graduated from a high school (43%) or college (43%) in Indiana. About one-third of the male (37%) and female (33%) respondents indicated they had graduated from a medical school in Indiana.

Type of Medical Degree

Table 4.6	All FM Respondents (n=112)			
	Male (n=51)		Female (n=61)	
Do you have an M.D. or D.O. degree?*	#	%	#	%
Doctor of Medicine	26	51.0	32	53.3
Doctor of Osteopathic Medicine	25	49.0	28	46.7
Total	51	100.0	60	100.0
Missing	0		1	

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

Chi-square p -value = 0.805

Table 4.6 shows the type of medical degree received by the Indiana family medicine survey respondents. One-half of the male (51%) and female (53%) respondents indicated they had received a Doctor of Medicine (M.D.) degree. There was no statistically significant difference between the two groups.

Learner Background

Table 4.7	All FM Respondents (n=112)			
	Male (n=51)		Female (n=61)	
Do you consider yourself? Please mark ALL that apply.*	#	%	#	%
First generation trainee	16	31.4	16	26.2
Trainee from a rural area	18	35.3	19	31.1
Economically or educationally disadvantaged trainee	6	11.8	10	16.4
Trainee with a disability**	1	2.0	1	1.6
None of the above	21	41.2	26	42.6

*This question was added to the 2017 Indiana family medicine residencies exit survey.

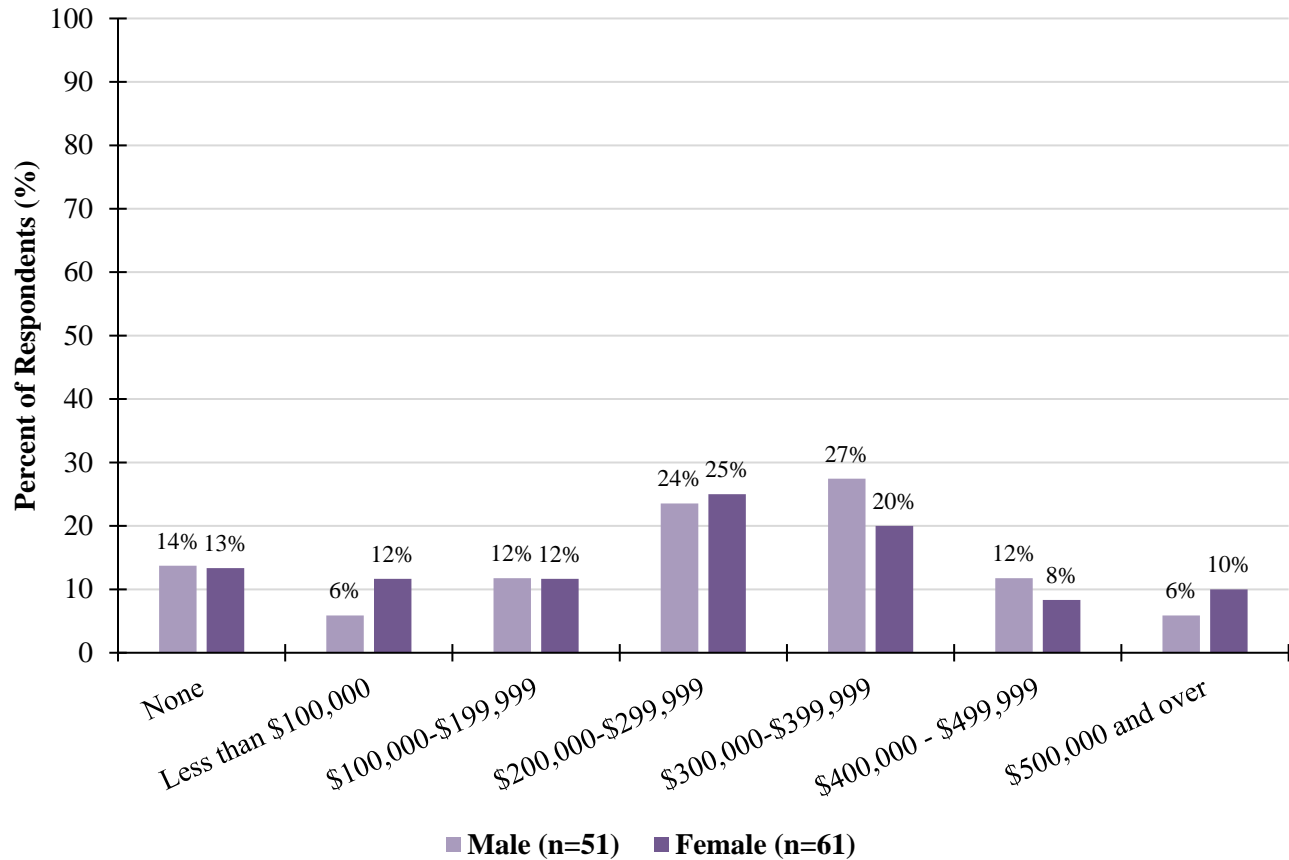
**This response option was added to the 2023 Indiana family medicine residencies exit survey.

Table 4.7 shows the male and female survey respondents' learner and socioeconomic background. Over one-fourth of the male (31%) and female (26%) respondents indicated they were a first-generation learner. About one-third of the male (35%) and female (31%) respondents indicated they came from a rural area. One-tenth of the male (12%) and female (16%) respondents indicated they came from an economically or educationally disadvantaged background. Two percent of the respondents indicated they had a disability.

II. Educational Debt Load (n=112)

Current Individual Educational Debt

Figure 4.1: Current Individual Educational Debt (n=112)

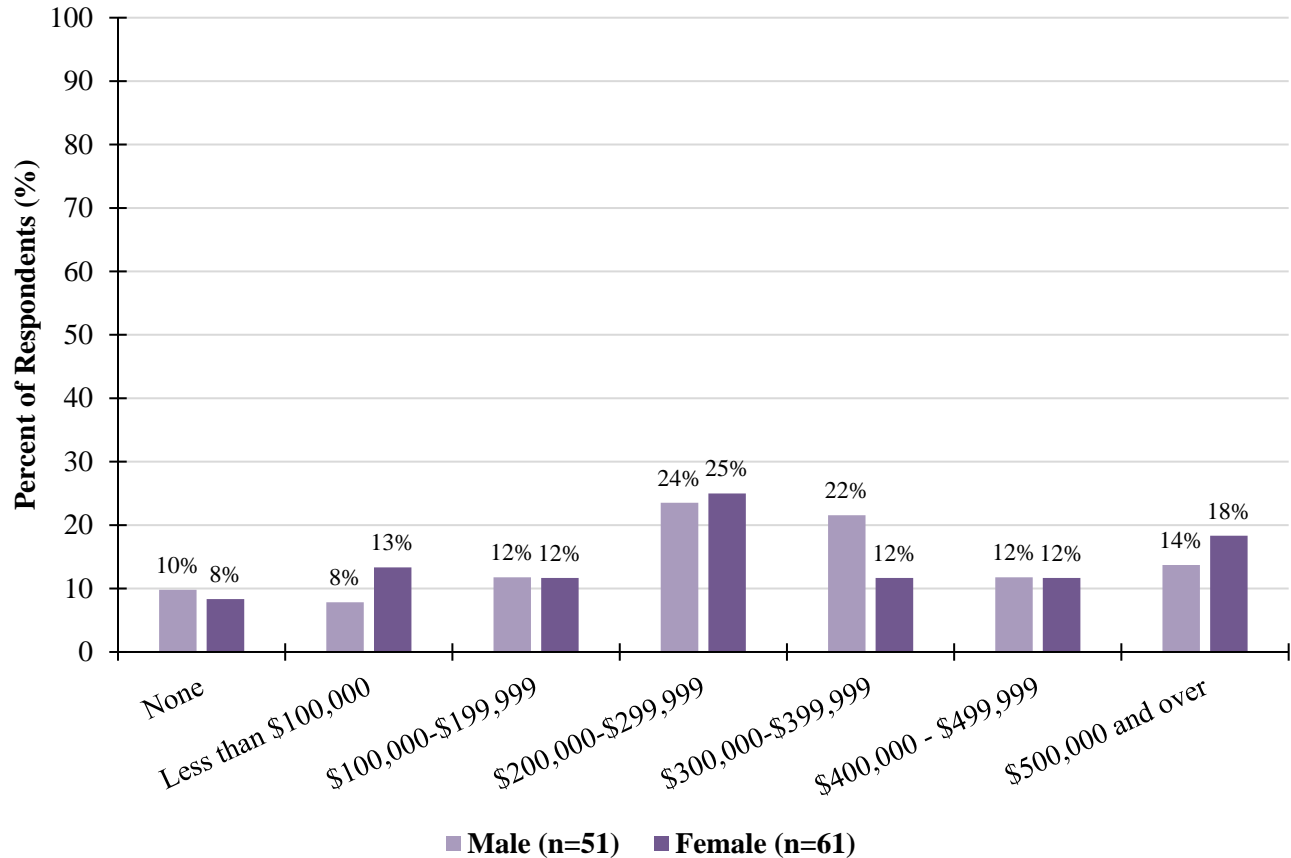


Chi-square p -value = 0.941

Figure 4.1 presents the current level of individual educational debt among the male and female survey respondents. Over one-tenth of the male (14%) and female (13%) respondents indicated having no individual educational debt load. Over three-fifths of the male (69%) and female (63%) respondents indicated they had an individual educational debt load of \$200,000 or more. There was no statistically significant difference between the two groups.

Current Total Household Educational Debt

Figure 4.2: Current Household Educational Debt (n=112)



Chi-square p -value = 0.802

Figure 4.2 presents the current level of total household educational debt among the male and female survey respondents. About one-tenth of the male (10%) and female (8%) respondents indicated having no household educational debt load. Over two-thirds of the male (71%) and female (67%) respondents reported having a total household educational debt load of \$200,000 or more. There was no statistically significant difference between the two groups.

III. Program Assessment (n=112)

Training Program

Table 4.8	All FM Respondents (n=112)			
	Male (n=51)		Female (n=61)	
The Family Medicine residency program was helpful in the preparation for my boards either generally by the clinical and didactic curriculum or specifically through board question review.	#	%	#	%
Strongly Agree	18	35.3	24	40.7
Agree	28	54.9	29	49.2
Neutral	1	2.0	4	6.8
Disagree	3	5.9	2	3.4
Strongly Disagree	1	2.0	0	0.0
Total	51	100.0	59	100.0
Missing/ Board Exam in my field does not exist	0		2	

Chi-square p -value = 0.507

Table 4.8 shows the male and female survey respondents' assessment of how helpful the training program was in preparing them for their boards. Almost all (90%) male and female respondents indicated they “strongly agree” or “agree” that their training was helpful in preparing them for their boards either *generally* by the clinical and didactic curriculum or *specifically* through board question review. There was no statistically significant difference between the two groups.

ACGME Competency Areas

Table 4.9	All FM Respondents (n=112)								
	Male (n=51)				Female (n=61)				p -value
	Fully		Partially		Fully		Partially		
#	%	#	%	#	%	#	%		
How competent do you feel in the following ACGME competencies?									
Patient Care	47	92.2	4	7.8	58	96.7	2	3.3	0.295
Medical Knowledge	41	80.4	10	19.6	54	90.0	6	10.0	0.151
Practice-based learning and improvement	46	90.2	5	9.8	51	85.0	9	15.0	0.411
Interpersonal and communication skills	48	94.1	3	5.9	57	95.0	3	5.0	0.838
Professionalism	49	96.1	2	3.9	60	100.0	0	0.0	0.122
Systems-based practice	45	88.2	6	11.8	55	91.7	5	8.3	0.547

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

Almost all male and female respondents indicated they felt "fully" competent in patient care (92%, 97%), interpersonal and communication skill (94%, 95%), and in professionalism (96%, 100%). A majority of the male and female respondents indicated they felt "fully" competent in in medical knowledge (80%, 90%), practice-based learning and improvement (90%, 85%) and in systems-based practice (88%, 92%). There was no statistically significant difference between the two groups.

Rural and Underserved Training

Table 4.10 In your Family Medicine residency program did you <u>receive training to serve the:</u>	All FM Respondents (n=112)								p-value
	Male (n=51)				Female (n=61)				
	Yes		No		Yes		No		
	#	%	#	%	#	%	#	%	
Rural Population	38	74.5	13	25.5	46	76.7	14	23.3	0.792
Underserved Population	50	98.0	1	2.0	58	96.7	2	3.3	0.657

Table 4.10 shows whether the male and female survey respondents' received training to serve the rural and underserved populations during their training program. About three-fourths of the male (75%) and female (77%) respondents indicated they had received training to serve the rural populations. Almost all male (98%) and female (97%) respondents indicated they had received training to serve the underserved populations. There was no statistically significant difference between the two groups.

Competency in Providing Care to the Rural and Underserved Populations

Table 4.11	All FM Respondents (n=112)								p-value
	Male (n=51)				Female (n=61)				
	Fully		Partially		Fully		Partially		
How competent do you feel providing care to the:	#	%	#	%	#	%	#	%	
Rural Population	35	68.6	14	27.5	37	61.7	21	35.0	0.694
Underserved Population	46	90.2	5	9.8	53	88.3	7	11.7	0.753

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

Over three-fifths of the male (69%) and female (62%) respondents indicated they felt "fully" competent providing care to the rural populations. A majority of the male (90%) and female (88%) respondents indicated they felt "fully" competent in providing care to the underserved populations. There was no statistically significant difference between the two groups.

Program Opportunities

Table	All FM Respondents (n=112)								p-value
	Males (n=51)				Female (n=61)				
	Yes		No		Yes		No		
In your residency program, did you:*	#	%	#	%	#	%	#	%	
Provide care as part of a multi-disciplinary inter-professional team?	51	100.0	0	0.0	59	98.3	1	1.7	0.354
Participate in a quality improvement project to improve health outcome?	50	98.0	1	2.0	60	100.0	0	0.0	0.276
Participate in a patient safety project?	45	88.2	6	11.8	51	85.0	9	15.0	0.619
Serve on a committee or council?	43	84.3	8	15.7	51	85.0	9	15.0	0.920
Participate in a cultural competency or diversity training?	51	100.0	0	0.0	57	95.0	3	5.0	0.105
Participate in a health care disparities initiative?***	43	86.0	7	14.0	46	76.7	14	23.3	0.215

*This question was added to the 2017 Indiana family medicine residencies exit survey.

** This response option was added to the 2021 Indiana family medicine residencies exit survey.

Table 4.12 shows if there were any program opportunities available for the male and female survey respondents' to participate in their training program. Almost all male and female respondents indicated they had the opportunity to be part of a multi-disciplinary inter-professional team (100%, 98%) and had the opportunity to participate in a quality improvement project (98%, 100%). A majority of the male (88%) and female (85%) respondents indicated they had participated in a patient safety project. A majority of the male (84%) and female (85%) respondents indicated they had the opportunity to serve on a committee or council. Almost all male (100%) and female (95%) respondents indicated they had the opportunity to participate in a cultural competency or diversity training. A majority of the male (86%) and female (77%) respondents indicated they had participated in a health care disparities initiative. There was no statistically significant difference between the two groups.

Competency in Communicating during the Hand-Off Process

Table 4.13	All FM Respondents (n=112)			
	Male (n=51)		Female (n=61)	
How competent do you feel in communicating with team members in the hand-off process?*	#	%	#	%
Very competent	40	78.4	51	85.0
Competent	10	19.6	9	15.0
Neutral	0	0.0	0	0.0
Incompetent	0	0.0	0	0.0
Very incompetent	1	2.0	0	0.0
Total	51	100.0	60	100.0
Missing	0		1	

*This question was added to the 2017 Indiana family medicine residencies exit survey.

Chi-square *p*-value = 0.435

Table 4.13 shows the survey respondents' self-rated competency levels in communicating with team members during the hand-off process. Almost all male (98%) and female (100%) respondents indicated they felt "very competent" or "competent" communicating with team members during the hand-off process. There was no statistically significant difference between the two groups.

Equity, Inclusion, and Belonging

Table 4.14	All FM Respondents (n=112)			
	Male (n=51)		Female (n=61)	
During my training, I have felt a sense of equity, inclusion, and belonging.*	#	%	#	%
Strongly Agree	29	56.9	32	53.3
Agree	16	31.4	20	33.3
Neutral	2	3.9	7	11.7
Disagree	2	3.9	1	1.7
Strongly Disagree	2	3.9	0	0.0
Total	51	100.0	60	100.0
Missing	0		1	

*This question was added to the 2023 Indiana family medicine residencies exit survey.

Chi-square p -value = 0.287

Table 4.14 shows the Indiana family medicine survey respondents' self-rated competency levels in overall rating of their sense of equity, inclusion, and belonging during their training. A majority of the male (88%) and female (87%) respondents indicated they "strongly agree" or "agree" that they felt a sense of equity, inclusion, and, belonging during their training. There was no statistically significant difference between the two groups.

Quality of Program

Table 4.15	All FM Respondents (n=112)			
	Male (n=51)		Female (n=61)	
I would rate the overall <u>quality</u> of my Family Medicine residency program as:	#	%	#	%
Excellent	25	49.0	28	46.7
Above Average	16	31.4	21	35.0
Average	7	13.7	9	15.0
Below Average	3	5.9	2	3.3
Extremely Poor	0	0.0	0	0.0
Total	51	100.0	60	100.0
Missing	0		1	

Chi-square p -value = 0.903

Table 4.15 shows the male and female survey respondents' overall rating of the quality of their training program. A majority of the male (80%) and female (82%) respondents indicated the quality of their training program was "excellent" or "above average." There was no statistically significant difference between the two groups.

Faculty Assessment

Table 4.16	All FM Respondents (n=112)			
	Male (n=51)		Female (n=61)	
I would rate the overall performance of the <u>faculty</u> in my Family Medicine residency program to have exceeded my expectations.	#	%	#	%
Strongly Agree	26	52.0	27	45.0
Agree	16	32.0	25	41.7
Neutral	4	8.0	7	11.7
Disagree	4	8.0	1	1.7
Strongly Disagree	0	0.0	0	0.0
Total	50	100.0	60	100.0
Missing	1		1	

Chi-square p -value = 0.292

Table 4.16 shows the male and female survey respondents' overall performance rating of faculty in their training program. A majority of the male (84%) and female (87%) respondents indicated they "strongly agree" or "agree" that the overall performance of faculty in their training program exceeded their expectation. There was no statistically significant difference between the two groups.

Assessment of Peer Residents

Table 4.17	All FM Respondents (n=112)			
	Male (n=51)		Female (n=61)	
I would rate the overall performance of the <u>other residents</u> in my Family Medicine residency program to have exceeded my expectations.	#	%	#	%
Strongly Agree	18	35.3	30	50.0
Agree	22	43.1	24	40.0
Neutral	11	21.6	5	8.3
Disagree	0	0.0	1	1.7
Strongly Disagree	0	0.0	0	0.0
Total	51	100.0	60	100.0
Missing	0		1	

Chi-square p -value = 0.130

Table 4.17 shows the male and female respondents' overall performance rating of other residents in their training program. A majority of the male (78%) and female (90%) respondents indicated they "strongly agree" or "agree" that the overall performance of other residents in their training program had exceeded their expectations. There was no statistically significant difference between the two groups.

Personal-Professional Balance

Table 4.18	All FM Respondents (n=112)			
	Male (n=51)		Female (n=61)	
In the past 3 months of my residency/fellowship training: My personal and professional lives were well-balanced.*	#	%	#	%
Strongly Agree	14	27.5	7	11.7
Agree	20	39.2	32	53.3
Neutral	14	27.5	11	18.3
Disagree	3	5.9	10	16.7
Strongly Disagree	0	0.0	0	0.0
Total	51	100.0	60	100.0
Missing	0		1	

*This question was added to the 2017 Indiana family medicine residencies exit survey.

Chi-square p -value = 0.036 ¥

Table 4.18 shows the male and female survey respondents' overall rating of balance between their personal and professional life. About two-thirds of the male (67%) and female (65%) respondents indicated that they “strongly agree” or “agree” their personal and professional lives were well-balanced. The chi-square test of association between the two groups was statistically significant. Female respondents appear more likely to “disagree” that their personal and professional lives were well-balanced.

Burnout from Work

Table 4.19	All FM Respondents (n=112)			
	Male (n=51)		Female (n=61)	
In the past 3 months of my residency/fellowship training: I have felt burned out from my work.*	#	%	#	%
Strongly Agree	9	17.6	8	13.6
Agree	24	47.1	30	50.8
Neutral	8	15.7	14	23.7
Disagree	9	17.6	7	11.9
Strongly Disagree	1	2.0	0	0.0
Total	51	100.0	59	100.0
Missing	0		2	

*This question was added to the 2017 Indiana family medicine residencies exit survey.

Chi-square p -value = 0.550

Table 4.19 shows the male and female respondents' overall feeling of burnout. About two-thirds of the male (65%) and female (64%) respondents indicated they “strongly agree” or “agree” they felt burned out from work. There was no statistically significant difference between the two groups.

Meaningful Work

Table 4.20	All FM Respondents (n=112)			
	Male (n=51)		Female (n=61)	
In the past 3 months of my residency/fellowship training: I have found my work to be meaningful.*	#	%	#	%
Strongly Agree	15	29.4	22	37.3
Agree	25	49.0	25	42.4
Neutral	9	17.6	10	16.9
Disagree	1	2.0	2	3.4
Strongly Disagree	1	2.0	0	0.0
Total	51	100.0	59	100.0
Missing	0		2	

*This question was added to the 2020 Indiana family medicine residencies exit survey.

Chi-square p -value = 0.710

Table 4.20 shows the male and female respondents' overall feeling of meaningful work. A majority of the male (78%) and female (80%) respondents indicated they “strongly agree” or “agree” they found their work to be meaningful. There was no statistically significant difference between the two groups.

Resources Available

Table 4.21	All FM Respondents (n=112)			
	Male (n=51)		Female (n=61)	
In the past 3 months of my residency/fellowship training: I have had resources readily available to maintain my wellness.*	#	%	#	%
Strongly Agree	13	25.5	21	35.0
Agree	22	43.1	33	55.0
Neutral	11	21.6	5	8.3
Disagree	5	9.8	1	1.7
Strongly Disagree	0	0.0	0	0.0
Total	51	100.0	60	100.0
Missing	0		1	

*This question was added to the 2017 Indiana family medicine residencies exit survey.

Chi-square p -value = 0.040 ¥

Table 4.21 shows the male and female respondents' overall ability to use readily available resources to maintain their wellness. Over two-thirds (69%) male respondents indicated they “strongly agree” or “agree” they had readily available resources to maintain their wellness, compared to 90 percent of the female respondents. The chi-square test of association between the two groups was statistically significant. Female respondents appear more likely to “strongly agree” or “agree” that they had resources readily available to maintain their wellness.

Wellness

Table 4.22	All FM Respondents (n=112)			
	Male (n=51)		Female (n=61)	
I would rate my overall wellness as:*	#	%	#	%
Very Good	8	15.7	12	20.0
Good	24	47.1	25	41.7
Fair	0	0.0	0	0.0
Poor	16	31.4	22	36.7
Very Poor	3	5.9	1	1.7
Total	51	100.0	60	100.0
Missing	0		1	

*This question was added to 2017 Indiana family medicine residencies exit survey.

Chi-square p -value = 0.562

Table 4.22 shows the male and female survey respondents' overall rating of their wellness. Over three-fifths of the male (63%) and female (62%) respondents rated their overall wellness as "very good" or "good". There was no statistically significant difference between the two groups.

Plans after Graduation

Table 4.23	All FM Respondents (n=112)			
	Male (n=51)		Female (n=61)	
What do you expect to be doing after completion of your current Family Medicine residency program? Please mark only ONE option.	#	%	#	%
Clinical Practice (in Non-Training Position)	44	86.3	55	90.2
Fellowship or Additional Subspecialty Training	6	11.8	5	8.2
Military	0	0.0	0	0.0
Non-Patient Care-based activities (e.g., research, administration)	0	0.0	0	0.0
Temporarily Out of Medicine	1	2.0	1	1.6
Other	0	0.0	0	0.0
Total	51	100.0	61	100.0
Undecided or Don't know yet/ Missing	0		0	

Chi-square p -value = 0.809

Table 4.23 shows what the male and female survey respondents' expect to do after completing their current training program. A majority of the male (86%) and female (90%) respondents indicated they planned to go into patient care or clinical practice after completing their current training. There was no statistically significant difference between the two groups.

NOTE: The following section is only for those respondents who indicated they were primarily going into "patient care or clinical practice" after completing their training (n=99).

IV. Practice Characteristics (n=99)

Primary Practice Location

Table 4.24	Clinical Care Respondents (n=99)			
	Male (n=44)		Female (n=55)	
Where is the location of your primary activity <u>after</u> completing your current Family Medicine residency program?	#	%	#	%
Same city of country as current training	13	30.2	10	19.2
Same region in Indiana, but different city or county	13	30.2	16	30.8
Other area in Indiana	3	7.0	7	13.5
Other U.S. state (not Indiana)	14	32.6	16	30.8
Outside of U.S.	0	0.0	3	5.8
Total	43	100.0	52	100.0
Missing/Undecided	1		3	

Chi-square p -value = 0.441

Table 4.24 shows the location of the male and female survey respondents' primary activity after completing their current training program. Over three-fifths of the male (67%) and female (64%) respondents indicated they planned to practice within Indiana. There was no statistically significant difference between the two groups.

Type of Practice

Table 4.25	Clinical Care Respondents (n=99)			
	Male (n=44)		Female (n=55)	
Which best describes the principal type of Patient Care Practice you will be entering? Please mark ALL that apply.*	#	%	#	%
Independently-owned physician practice - Solo	0	0.0	0	0.0
Independently-owned physician practice - Group or Partnership (2 or more persons)	5	11.4	1	1.8
Hospital or health system owned - inpatient only	4	9.1	5	9.1
Hospital or health system owned - outpatient only	24	54.5	36	65.5
Hospital or health system owned - inpatient and outpatient	8	18.2	6	10.9
Urgent care facility	1	2.3	0	0.0
Managed care organization or insurance company	1	2.3	0	0.0
Free-standing health center or clinic (Federal, state, local government or community board led, etc.)	3	6.8	8	14.5
Nursing home or institutional residential facility	0	0.0	0	0.0
Other	1	2.3	1	1.8

*The response options for this question were changed beginning in 2018.

Table 4.25 shows the principal type of patient care practice setting the male and female survey respondents' will be entering after completing their training. A majority of the male (82%) and female (86%) respondents indicated they intended to work in a "hospital or health system owned" [inpatient, outpatient, or both inpatient and outpatient] setting.

Obligation or Visa Requirement

Table 4.26	Clinical Care Respondents (n=99)			
	Male (n=44)		Female (n=55)	
Do you have an obligation or visa requirement to work in a designated HPSA or MUA when you complete your training in the Family Medicine residency program?	#	%	#	%
Yes	10	22.7	8	14.8
No	34	77.3	46	85.2
Total	44	100.0	54	100.0
Missing	0		1	

Chi-square p -value = 0.314

Table 4.26 shows the male and female survey respondents' obligation or visa requirement to work in a designated HPSA or MUA after completing their training. A majority of the male (77%) and female (85%) respondents indicated they had no obligation or visa requirement to work in a designated HPSA or MUA. There was no statistically significant difference between the two groups.

Accepted Position

Table 4.27	Clinical Care Respondents (n=99)			
	Male (n=44)		Female (n=55)	
When did you accept a position?*	#	%	#	%
Less than 6 months ago	17	39.5	21	38.9
6 months to 1 year ago	14	32.6	15	27.8
1 to 2 years ago	10	23.3	11	20.4
Have not accepted a position yet	2	4.7	7	13.0
Total	43	100.0	54	100.0
Missing	1		1	

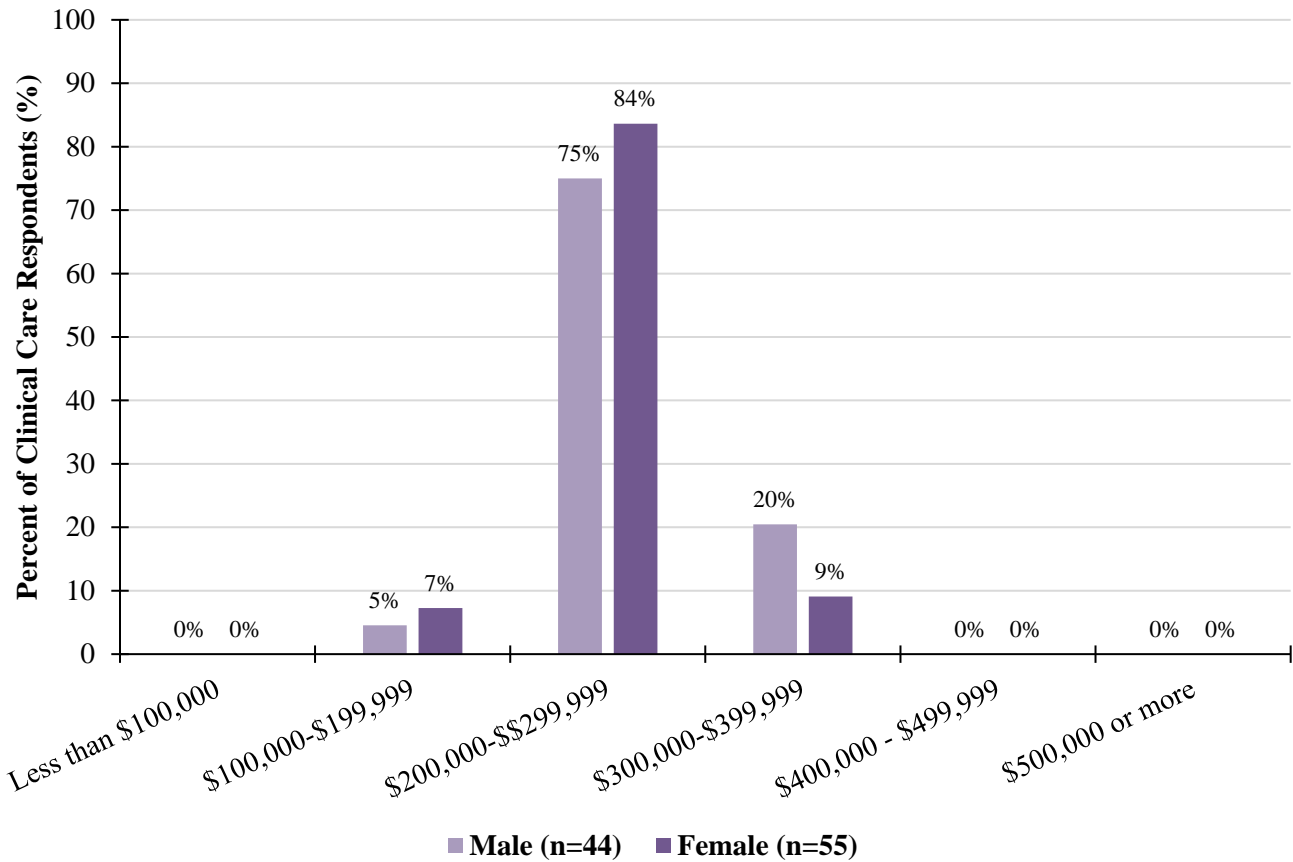
*This question was added to the 2020 Indiana family medicine residencies exit survey.

Chi-square p -value = 0.560

Table 4.27 shows the percentage of patients that the Indiana family medicine survey respondents' when they accepted a position. Two-fifths of the male (40%) and female (39%) respondents accepted an employment position 6 months prior to responding to this survey. There was no statistically significant difference between the two groups.

Expected Gross Income

Figure 4.3: Expected Gross Income (n=99)



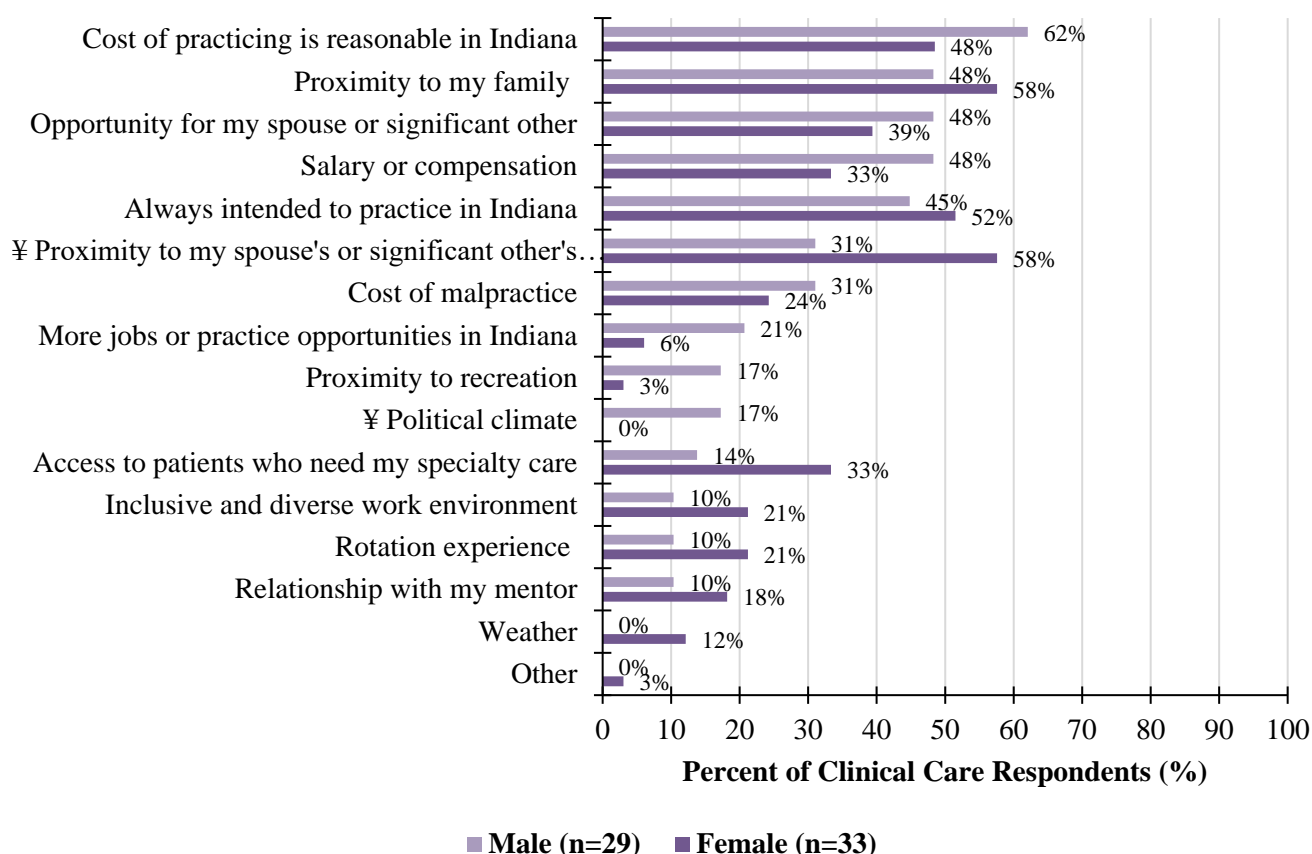
Chi-square *p*-value 0.274

Figure 4.3 presents the gross income (salary plus incentives) that the male and female survey respondents' expect to earn during their first year of practice. Almost all male (96%) and female (93%) respondents indicated they expect to earn \$200,000 or more during their first year of practice. There was no statistically significant difference between the two groups.

Respondents going into patient care or clinical practice within Indiana (n=62)

Main Reasons to Practice in Indiana

Figure 4.4: Main Reasons to Practice in Indiana (n=62)*



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

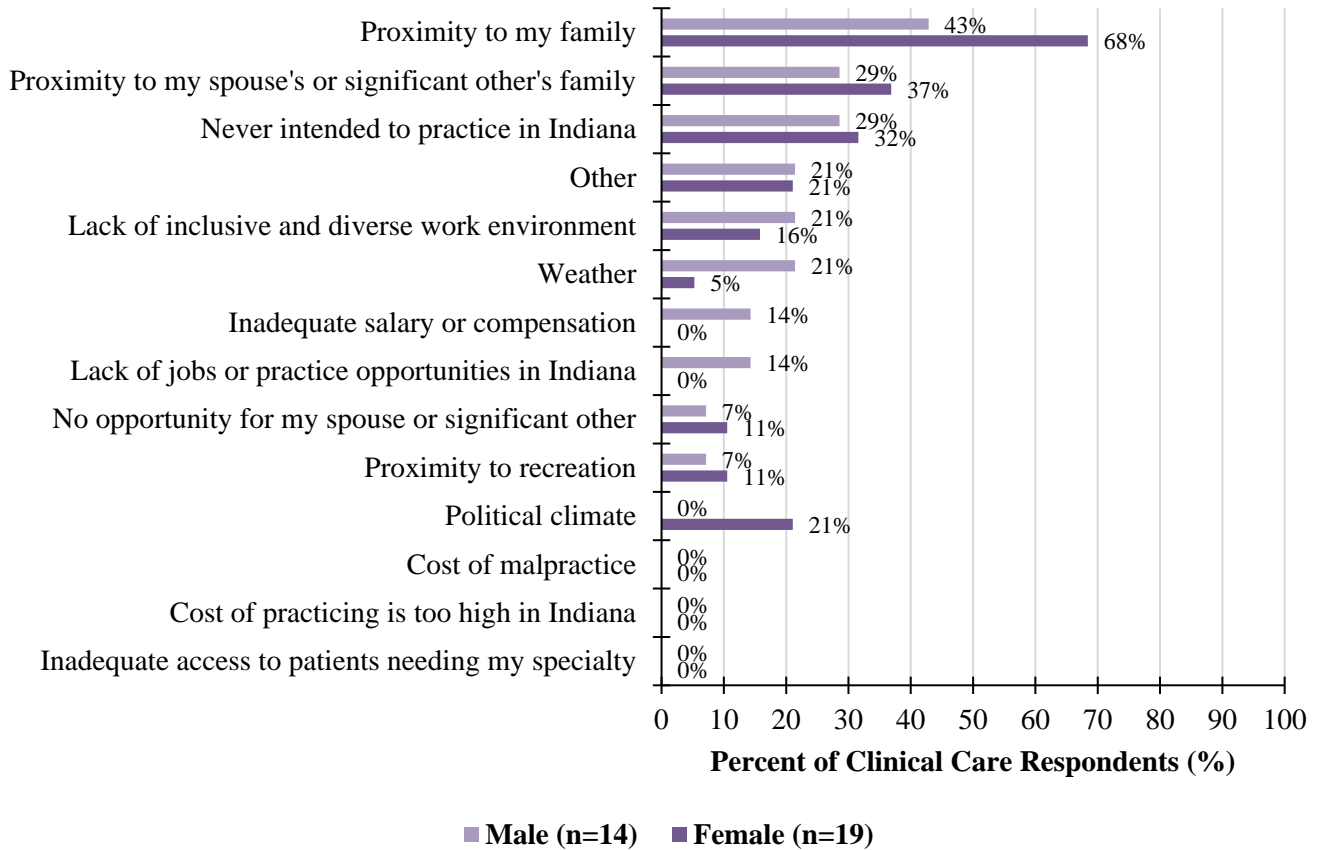
Figure 4.4 presents the main reasons influencing the male and female survey respondents' choice of practice location in Indiana. Only those 62 respondents who indicated their primary practice location was in Indiana were included in the analysis for this graph.

The main reasons given by the male respondents to practice in Indiana were: “cost of practicing is reasonable in Indiana” (62%), “proximity to family” (48%), “opportunity for my spouse or significant other” (48%), and “salary or compensation” (48%). The main reasons given by the female respondents to practice in Indiana were: “proximity to family” (58%), “proximity to my spouse’s or significant other’s family” (58%), and “always intended to practice in Indiana” (52%).

The chi-square test of association between the two groups was statistically significant. Male respondents appear more likely to practice in Indiana due to “political climate”. Female respondents appear more likely to practice in Indiana due to “proximity to my spouse’s or significant other’s family”.

Main Reasons not to Practice in Indiana

Figure 4.5: Main Reasons Not to Practice in Indiana (n=33)*



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

Figure 4.5 presents the main reasons influencing the male and female survey respondents’ choice of practice location outside Indiana. Only those 33 respondents who indicated their primary practice location was outside Indiana were included in the analysis for this graph.

The main reasons given by the male respondents for not practicing in Indiana were: “proximity to my family” (43%), “proximity to my spouse’s or significant other’s family” (29%), and “never intended to practice in Indiana” (29%).

The main reasons given by the female respondents for not practicing in Indiana were: “proximity to my family” (68%), proximity to my spouse’s or significant other’s family” (37%), and “never intended to practice in Indiana” (32%).

There was no statistically significant difference between the two groups.

Indiana Job Offer

Table 4.28	Clinical Care Respondents (n=33)**			
	Male (n=14)		Female (n=19)	
If you had been offered a position in Indiana would you have stayed in Indiana?*	#	%	#	%
Yes	3	21.4	1	5.9
No	11	78.6	16	94.1
Total	14	100.0	17	100.0
Missing	0		2	

*This question was added to the 2021 Indiana family medicine residencies exit survey.

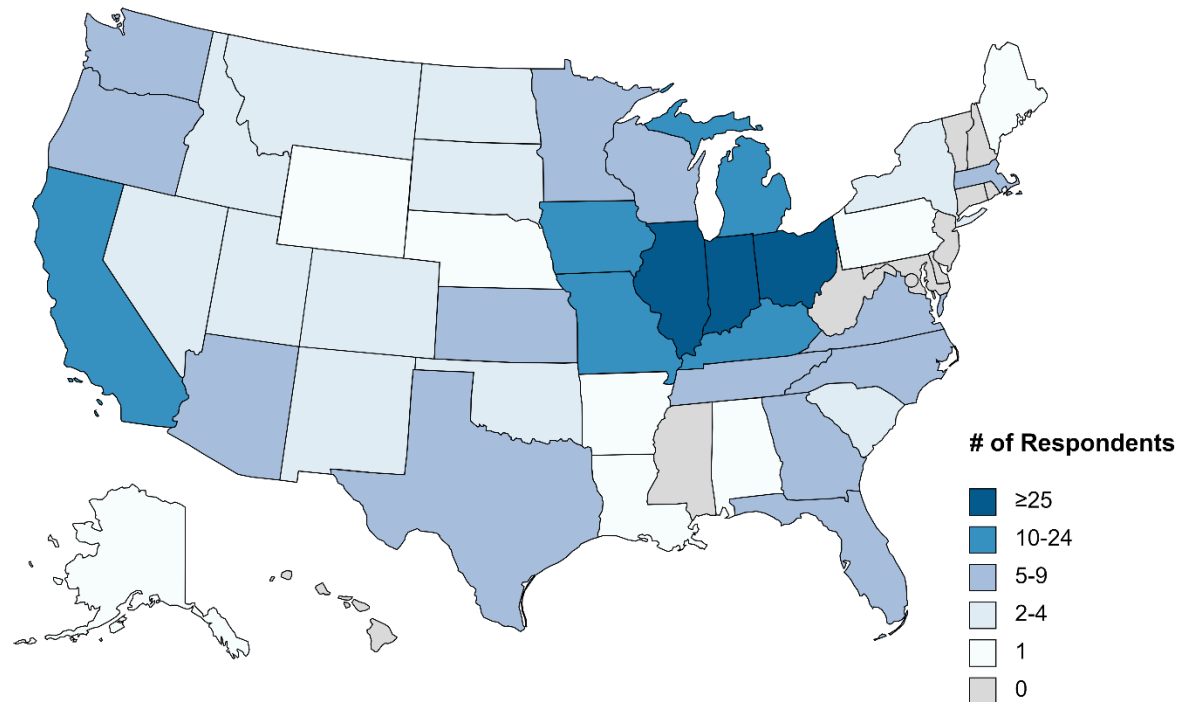
**Reflects responses from only those respondents who indicated their primary practice location was outside Indiana.

Chi-square p -value = 0.199

Table 4.28 shows the percentage of patients that the Indiana family medicine survey respondents' that would have stayed in Indiana if offered a position. If offered a position in Indiana, one-fifth (21%) of the male respondents would have stayed in Indiana, compared to 6 percent of the female respondents. There was no statistically significant difference between the two groups.

Chapter 5: Maps Linking Residency Site to Primary Location after Training, 2012-2023

Map 5.1: Practice Location of Indiana Family Residents after Completing Training, 2012-2023



Created with mapchart.net

Map 5.1 shows the Indiana family medicine survey respondents' primary practice locations after completing training within the United States. This map includes all respondents who indicated they would enter practice after completing their training and provided their primary practice location. Data have been shown **from 2012 to 2023**. A majority of the respondents planned to choose Indiana (n=536) as their primary location after training, followed by Illinois (n=39), Ohio (n=32), Michigan (n=18), and Kentucky (n=17).

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

County	City	Program	Location after Training	2012-2021	2022	2023	Total
Allen	Fort Wayne	Fort Wayne Medical Education Program	California	0	0	1	1
			Florida	2	0	0	2
			Georgia	1	0	0	1
			Iowa	3	0	0	3
			Indiana	60	5	6	71
			Kansas	2	0	0	2
			Michigan	1	0	0	1
			Minnesota	2	0	0	2
			Missouri	0	0	1	1
			Montana	0	1	0	1
			Nevada	1	0	0	1
			North Carolina	1	0	0	1
			New York	1	0	0	1
			Ohio	4	1	0	5
			Oklahoma	2	0	0	2
			Oregon	1	0	0	1
			South Carolina	0	1	0	1
			Tennessee	0	1	0	1
			Washington	2	0	0	2
Wisconsin	1	0	0	1			
Wyoming	1	0	0	1			

County	City	Program	Location after Training	2012-2021	2022	2023	Total
Delaware	Muncie	IUSM FM Residency at IUH Ball Memorial Hospital	Alaska	0	1	0	1
			Arizona	2	0	1	3
			Arkansas	1	0	0	1
			Idaho	1	0	0	1
			Illinois	2	0	0	2
			Indiana	32	3	4	39
			Iowa	2	0	0	2
			Kansas	6	0	0	6
			Kentucky	2	0	0	2
			Michigan	2	0	0	2
			Minnesota	2	0	0	2
			Missouri	2	0	0	2
			New Mexico	1	0	0	1
			North Dakota	0	1	0	1
			Ohio	1	0	2	3
			Oregon	1	0	0	1
			South Carolina	1	0	0	1
			Tennessee	1	0	0	1
			Utah	3	0	0	3
			Virginia	1	0	0	1
Wisconsin	1	0	0	1			
Canada	1	0	0	1			

County	City	Program	Location after Training	2012-2021	2022	2023	Total
Dubois	Jasper	IUSM FM Residency at Memorial Hospital in Jasper	Indiana	0	0	2	2
			Michigan	0	0	1	1
			New York	0	0	1	1

**In 2023, IUSM FM Residency at Memorial Hospital in Jasper was included on the Indiana family medicine residencies exit survey.*

County	City	Program	Location after Training	2012-2021	2022	2023	Total
Marion	Indianapolis	Community Hospital East	Arizona	1	0	0	1
			Illinois	2	0	0	2
			Indiana	45	6	7	58
			Minnesota	1	0	0	1
			Missouri	1	0	0	1
			Nevada	0	1	0	1
			Ohio	0	1	0	1
			Oregon	1	0	0	1
			Tennessee	0	1	0	1
			Texas	2	0	0	2
			Virginia	2	0	0	2
	Indianapolis	Franciscan Health Indianapolis	Arizona	1	0	0	1
			Colorado	1	0	0	1
			Indiana	44	5	8	57
			Illinois	0	1	0	1
			Minnesota	1	0	0	1
			Missouri	1	0	0	1
			Ohio	3	0	0	3
			Tennessee	0	2	0	2
	Indianapolis	IUSM FM Residency at IUH Primary Care Central Indianapolis	California	1	0	0	1
			Colorado	1	0	0	1
			Florida	1	0	0	1
			Georgia	1	0	0	1
			Illinois	1	1	0	2
			Indiana	46	5	8	59
			Kansas	1	0	0	1
			Kentucky	1	0	0	1
			Nevada	1	0	0	1
			New York	1	0	0	1
			Ohio	2	1	0	3
			Oregon	2	0	0	2
			Texas	1	1	0	2
			Tennessee	1	0	0	1
Washington	1	0	0	1			
Wisconsin	1	0	0	1			
Canada	8	0	0	8			

County	City	Program	Location after Training	2012-2021	2022	2023	Total
Marion	Indianapolis	Ascension St. Vincent Hospital Indianapolis	Arizona	1	0	0	1
			California	0	0	2	2
			Georgia	2	0	0	2
			Illinois	1	0	0	1
			Indiana	50	3	3	56
			Iowa	3	0	0	3
			Kentucky	1	0	0	1
			Massachusetts	1	0	0	1
			Michigan	3	0	1	4
			Missouri	1	0	0	1
			Nebraska	0	1	0	1
			Ohio	3	0	0	3
			Texas	1	0	0	1
			Washington	0	0	1	1
	Speedway	Community Hospital South Osteopathic	California	1	0	0	1
			Colorado	1	0	0	1
			Indiana	15	1	3	19
			Kentucky	2	0	0	2
			Michigan	1	0	0	1
			Missouri	1	0	0	1
			North Carolina	2	0	0	2
			Ohio	2	0	0	2
	Wisconsin	1	0	0	1		

County	City	Program	Location after Training	2012-2021	2022	2023	Total
St. Joseph	South Bend	Memorial Hospital of South Bend	Colorado	0	0	1	1
			Florida	2	0	0	2
			Georgia	1	0	0	1
			Idaho	1	0	0	1
			Illinois	5	1	1	7
			Indiana	31	3	3	37
			Iowa	2	0	0	2
			Michigan	3	1	2	6
			Missouri	1	0	0	1
			Montana	1	0	0	1
			Ohio	2	0	0	2
			Tennessee	1	0	0	1
			Texas	0	0	1	1
			Virginia	1	0	0	1
			Washington	1	0	0	1

County	City	Program	Location after Training	2012-2021	2022	2023	Total
St. Joseph	South Bend	Saint Joseph Health System	Arizona	1	0	0	1
			California	1	1	0	2
			Illinois	3	1	1	5
			Indiana	38	5	3	46
			Kentucky	1	0	0	1
			Massachusetts	1	0	0	1
			Michigan	2	0	1	3
			Missouri	1	0	0	1
			New Mexico	1	0	0	1
			North Dakota	2	0	0	2
			Ohio	4	0	0	4
			Oregon	2	0	0	2
			South Dakota	2	0	0	2
Virginia	1	0	0	1			

County	City	Program	Location after Training	2012-2021	2022	2023	Total
Tippecanoe	Lafayette	IUSM FM Residency at IUH Arnett	Arizona	0	1	0	1
			Florida	0	0	1	1
			Indiana	3	1	0	4
			Massachusetts	0	0	1	1
			Oregon	0	1	0	1

**In 2021, Arnett Family Medicine Residency was included on the Indiana family medicine residencies exit survey.*

County	City	Program	Location after Training	2012-2021	2022	2023	Total
Vanderburgh	Evansville	Deaconess Hospital	Alabama	0	0	1	1
			Florida	1	0	0	1
			Illinois	7	0	0	7
			Indiana	34	5	1	40
			Iowa	2	0	0	2
			Kentucky	6	1	3	10
			Louisiana	1	0	0	1
			Missouri	1	0	0	1
			North Carolina	1	0	0	1
			Ohio	0	0	1	1
			Oklahoma	1	0	0	1
			Oregon	1	0	0	1
			Wisconsin	2	1	0	3

County	City	Program	Location after Training	2012-2021	2022	2023	Total
Vigo	Terre Haute	Union Hospital	California	3	1	0	4
			Florida	1	0	0	1
			Illinois	9	3	0	12
			Indiana	31	2	4	37
			Iowa	1	0	0	1
			Missouri	2	1	0	3
			North Dakota	1	0	0	1
			Ohio	2	0	0	2
			Pennsylvania	1	0	0	1
			Tennessee	2	0	0	2
Wisconsin	1	0	0	1			

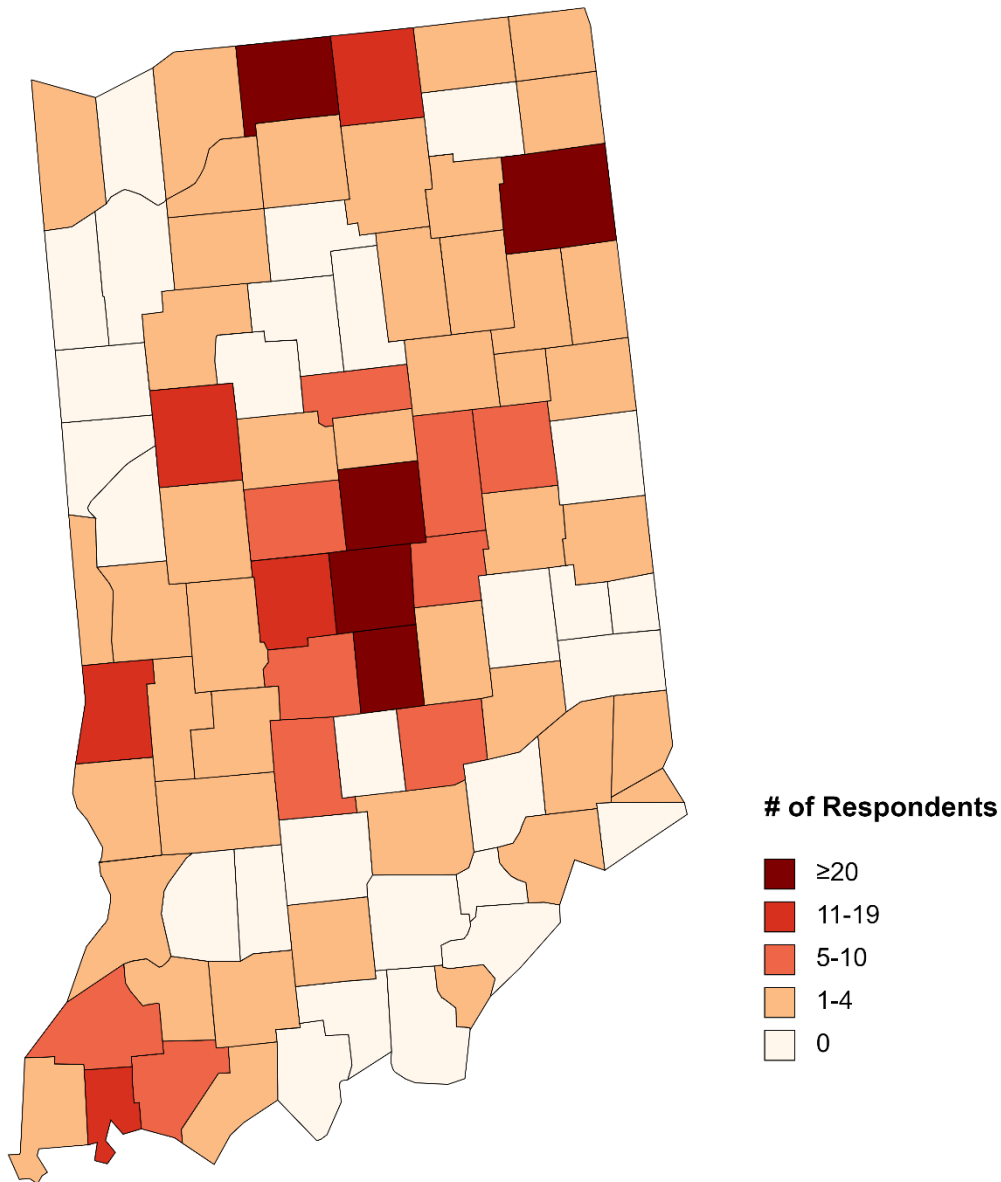
County	City	Program	Location after Training	2012-2021	2022	2023	Total
Wayne	Richmond	Reid Health	California	1	0	0	1
			Indiana	6	2	3	11
			Maine	1	0	0	1
			Minnesota	0	0	1	1
			North Carolina	0	0	1	1
			Ohio	2	1	0	3

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

Table 5.1 shows the Indiana family medicine survey respondents' residency sites and their primary practice locations after completing training. The table shows a breakdown by state of where the respondents plan to go for practice. Data have been shown from 2012 to 2023.

In 2023, eighty-two respondents listed the state of their primary practice location after training. Of those, a majority (n=55) of the respondents planned to choose Indiana as their primary practice location, followed by Michigan (n=5), California (n=3), Kentucky (n=3), and Ohio (n=3).

Map 5.2 Practice Location of Indiana Family Medicine Residents after Completing Training, 2012-2023



Created with mapchart.net

Map 5.2 shows the Indiana family medicine survey respondents' primary practice locations after completing training within Indiana. This map includes all respondents who indicated they would enter practice after completing their training and provided a specific practice location in Indiana. Data have been shown **from 2012 to 2023**. A majority of the respondents planned to choose Marion County (n=109) for their practice location, followed by Allen (n=43), St. Joseph (n=37), Hamilton (n=23), Johnson (n=22), Elkhart (n=18), Hendricks (n=18), Vanderburgh (n=17), Vigo (n=14), and Tippecanoe (n=13) counties.

Table 5.2: Primary Location in Indiana after Completing Training

County	City	Program	Location after Training	2012-2021	2022	2023	Total
Allen	Fort Wayne	Fort Wayne Medical Education Program	Adams	1	0	0	1
			Allen	30	0	3	33
			DeKalb	1	1	1	3
			Elkhart	3	3	1	7
			Gibson	1	0	0	1
			Huntington	3	0	0	3
			Kosciusko	2	0	0	2
			Marion	2	0	0	2
			Putnam	1	0	0	1
			Shelby	1	0	0	1
			Steuben	1	0	1	2
			Tippecanoe	1	0	0	1
			Vanderburgh	1	1	0	2
			Wabash	2	0	0	2
			Wells	3	1	0	4
Whitley	3	0	0	3			

County	City	Program	Location after Training	2012-2021	2022	2023	Total
Delaware	Muncie	IUSM FM Residency at IUH Ball Memorial Hospital	Adams	0	0	1	1
			Allen	2	0	0	2
			Bartholomew	2	0	0	2
			Blackford	1	0	0	1
			Boone	1	0	0	1
			Delaware	6	1	0	7
			Elkhart	1	0	0	1
			Grant	1	0	1	2
			Hamilton	1	0	0	1
			Hancock	2	0	0	2
			Hendricks	1	0	0	1
			Henry	2	0	0	2
			Howard	1	0	0	1
			Jay	3	0	0	3
			Madison	1	1	0	2
			Marion	1	1	0	2
			Pulaski	1	0	0	1
			Putnam	1	0	0	1
			Spencer	1	0	0	1
			Sullivan	0	0	1	1
Tippecanoe	2	0	0	2			
Tipton	0	0	1	1			

County	City	Program	Location after Training	2023
Dubois	Jasper	IUSM FM Residency at Memorial Hospital in Jasper	Dubois	1
			Vanderburgh	1

**In 2023, IUSM FM Residency at Memorial Hospital in Jasper was included on the Indiana family medicine residencies exit survey.*

County	City	Program	Location after Training	2012-2021	2022	2023	Total
Marion	Indianapolis	Community Hospital East	Hamilton	4	0	1	5
			Hancock	0	0	1	1
			Jackson	0	1	0	1
			Johnson	5	1	1	7
			Madison	3	0	0	3
			Marion	21	4	4	29
			Ohio	1	0	0	1
			Owen	1	0	0	1
			St. Joseph	2	0	0	2
			White	1	0	0	1
	Indianapolis	Franciscan Health Indianapolis	Allen	1	0	2	3
			Bartholomew	1	0	0	1
			Boone	1	0	0	1
			Hamilton	1	1	1	3
			Hancock	1	0	0	1
			Hendricks	4	0	2	6
			Johnson	10	1	2	13
			Marion	11	2	0	13
			Monroe	1	0	1	2
			Morgan	5	1	0	6
			Ripley	3	0	0	3
			Shelby	2	0	0	2
	White	2	0	0	2		
	Indianapolis	IUSM FM Residency at IUH Primary Care Central Indianapolis	Bartholomew	1	0	0	1
			Delaware	2	0	1	3
			Hamilton	1	1	1	3
			Hancock	1	0	0	1
			Hendricks	3	1	1	5
			Howard	1	0	0	1
			Jay	0	0	1	1
			Knox	0	1	0	1
			Marion	22	2	4	28
			Montgomery	2	0	0	2
Putnam			1	0	0	1	
Starke	1	0	0	1			
Tippecanoe	2	0	0	2			
Tipton	1	0	0	1			

County	City	Program	Location after Training	2012-2021	2022	2023	Total
Marion	Indianapolis	Ascension St. Vincent Hospital Indianapolis	Allen	1	0	0	1
			Bartholomew	0	0	1	1
			Boone	2	1	0	3
			Clinton	1	0	0	1
			Hamilton	8	0	1	9
			Hancock	1	0	1	2
			Hendricks	3	0	0	3
			Howard	1	0	0	1
			Jefferson	1	0	0	1
			Johnson	1	0	0	1
			Kosciusko	1	0	0	1
			LaPorte	1	0	0	1
			Madison	2	0	0	2
			Marion	17	1	0	18
			Morgan	0	1	0	1
	Tippecanoe	1	0	0	1		
	Speedway	Community Hospital South Osteopathic	Decatur	1	0	0	1
			Gibson	1	0	0	1
			Hamilton	1	0	1	2
			Hancock	1	0	0	1
			Hendricks	1	0	0	1
			Howard	0	0	1	1
			Jefferson	1	0	0	1
Johnson			1	0	0	1	
Madison			1	0	0	1	
Marion			5	0	1	6	
St. Joseph	0	1	0	1			

County	City	Program	Location after Training	2012-2021	2022	2023	Total
St. Joseph	South Bend	Memorial Hospital of South Bend	Allen	1	0	0	1
			Bartholomew	1	0	0	1
			Elkhart	5	0	1	6
			Floyd	0	1	0	1
			LaGrange	1	0	0	1
			LaPorte	0	0	1	1
			Orange	1	0	0	1
			Pulaski	1	1	0	2
			St. Joseph	18	1	1	20
			Sullivan	1	0	0	1
			Tippecanoe	1	0	0	1
			Wayne	1	0	0	1

County	City	Program	Location after Training	2012-2021	2022	2023	Total
St. Joseph	South Bend	Saint Joseph Health System	Allen	2	0	0	2
			Boone	1	0	0	1
			Elkhart	3	0	1	4
			Grant	0	0	1	1
			Hendricks	1	0	0	1
			LaPorte	1	0	0	1
			Madison	1	0	0	1
			Marion	3	1	0	4
			Marshall	2	0	0	2
			Monroe	2	0	0	2
			Pulaski	0	1	0	1
			St. Joseph	10	3	1	14
			Tippecanoe	1	0	0	1

County	City	Program	Location after Training	2012-2021	2022	2023	Total
Tippecanoe	Lafayette	IUSM FM Residency at IUH Arnett	Tippecanoe	3	1	0	4

**In 2021, Arnett Family Medicine Residency was included on the Indiana family medicine residencies exit survey.*

County	City	Program	Location after Training	2012-2021	2022	2023	Total
Vanderburgh	Evansville	Deaconess Hospital	Dubois	1	0	0	1
			Gibson	2	1	0	3
			Hancock	2	0	0	2
			Jackson	1	0	0	1
			Knox	1	0	0	1
			Marion	2	0	0	2
			Monroe	0	1	0	1
			Pike	1	0	0	1
			Posey	2	0	0	2
			Vanderburgh	10	3	1	14
			Vigo	1	0	0	1
			Warrick	6	0	0	6

County	City	Program	Location after Training	2012-2021	2022	2023	Total
Vigo	Terre Haute	Union Hospital	Boone	1	0	0	1
			Clay	1	0	0	1
			Decatur	1	0	0	1
			Greene	1	0	0	1
			Hendricks	0	0	1	1
			Howard	2	0	0	2
			Jefferson	1	0	0	1
			Lake	1	0	0	1
			Montgomery	1	0	0	1
			Parke	1	0	0	1
			Putnam	1	0	0	1
			Sullivan	1	0	0	1
			Tippecanoe	1	0	0	1
			Vermillion	4	0	0	4
			Vigo	9	1	3	13
Warrick	1	1	0	2			

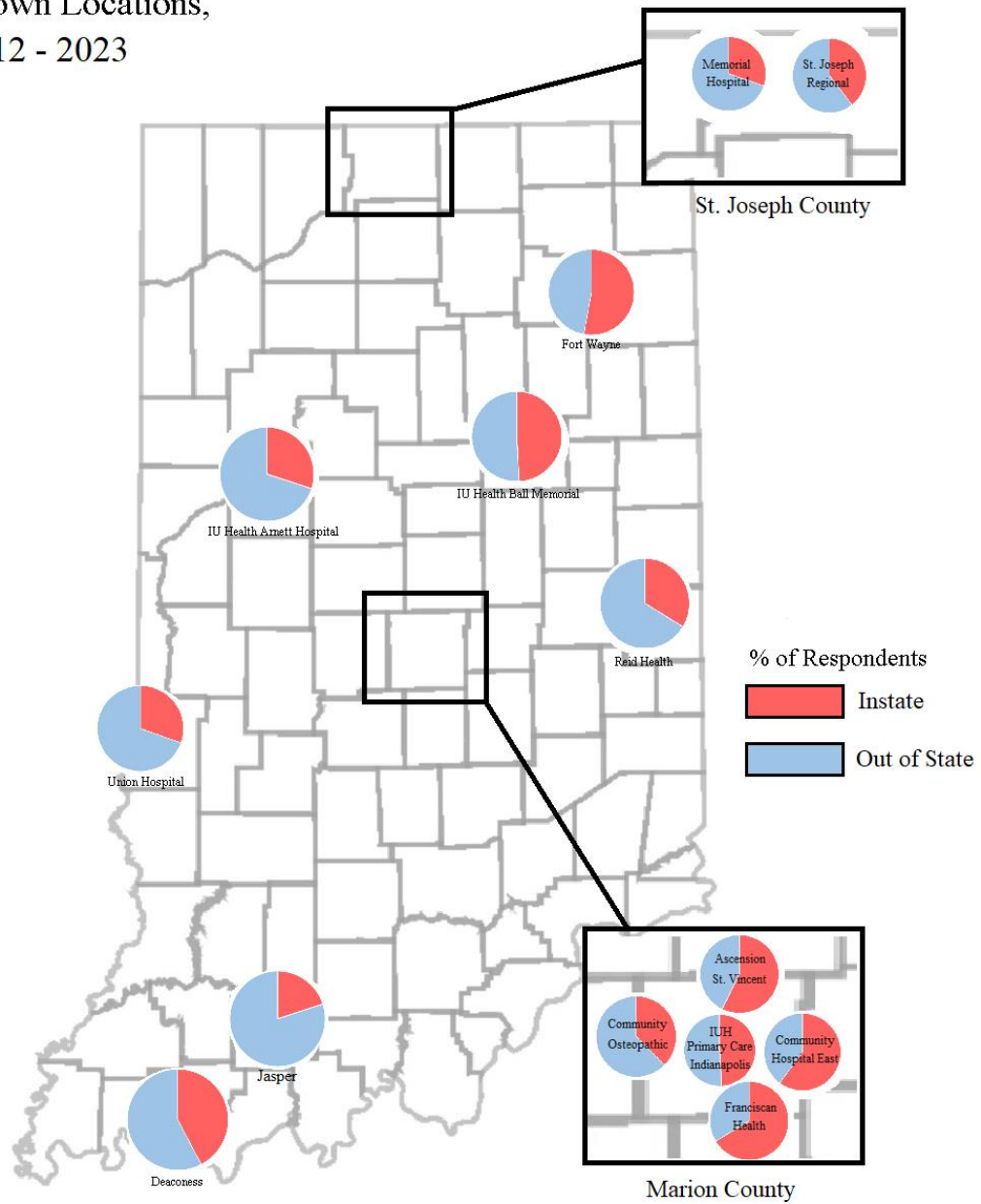
County	City	Program	Location after Training	2012-2021	2022	2023	Total
Wayne	Richmond	Reid Health	Allen	0	1	0	1
			Dearborn	0	0	1	1
			Madison	1	0	0	1
			Marion	2	1	2	5
			Wayne	3	0	0	3

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

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

In 2023, forty-six respondents provided a specific practice location in Indiana. Of those respondents, a majority planned to practice in Marion County (n=11), followed by Allen (n=5), Hamilton (n=5), Hendricks (n=4), Elkhart (n=3), Johnson (n=3), and Vigo (n=3) counties.

Figure 5.3: Indiana FM Residents' Hometown Locations, 2012 - 2023



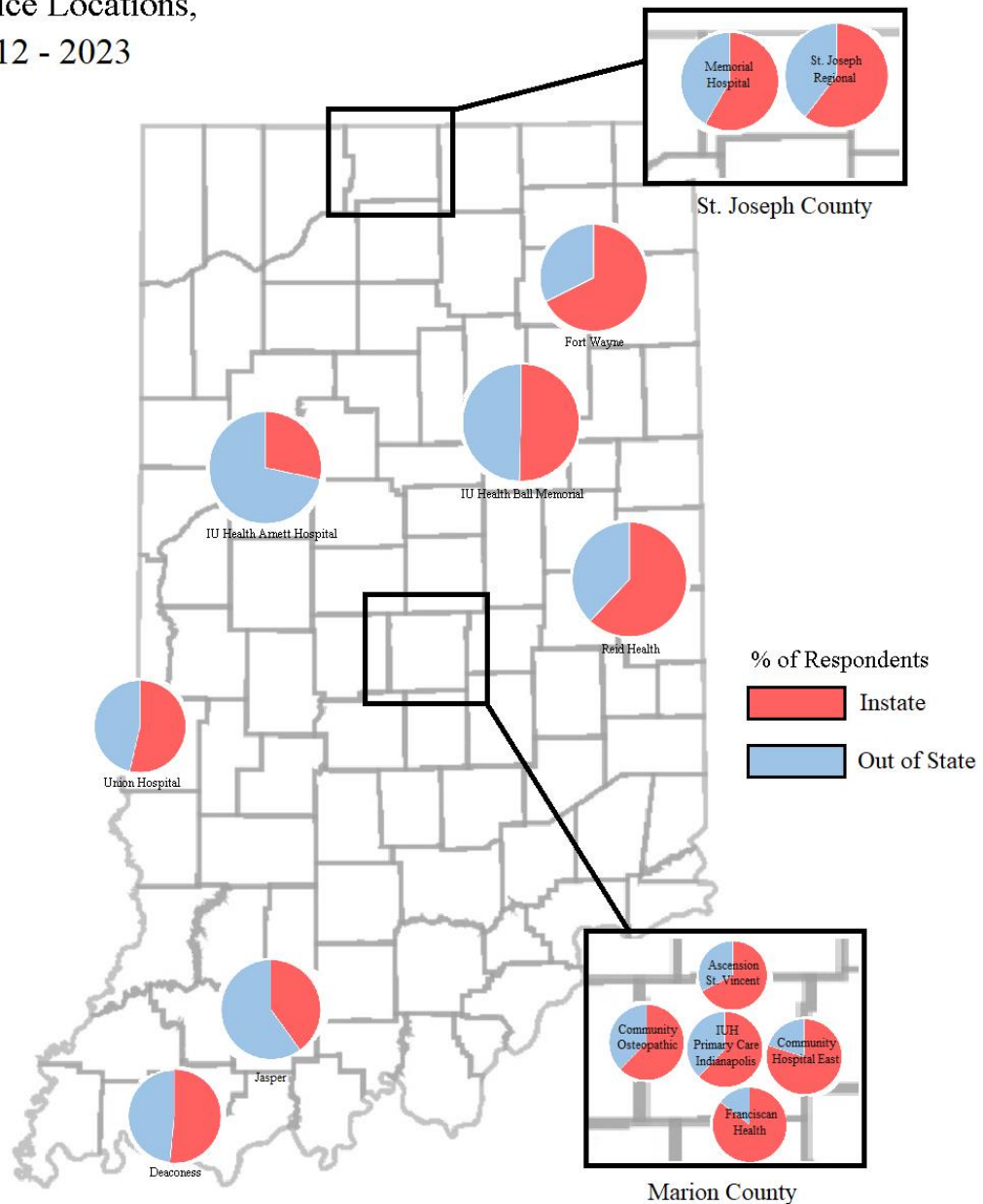
Created by RIME, 2023

Map 5.3 shows the reported hometown locations of Indiana family medicine survey respondents. Data have been shown **from 2012 to 2023**. Over one-half of the respondents from Ascension St. Vincent Hospital Indianapolis (57%), Community Hospital East (60%), Fort Wayne Medical Education Program (53%), and Franciscan Health Indianapolis (66%) indicated an Indiana hometown.

Table 5.3: Residents with Indiana Hometown [Show as Percentage (%)]													
FM Residency Program	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	Avg
Ascension St. Vincent Hospital Indianapolis	70	63	67	67	70	33	50	60	56	43	43	67	57
Community Hospital East	57	100	71	50	60	33	67	44	56	40	89	56	60
Community Hospital South Osteopathic	0	100	75	0	25	25	25	25	33	33	33	75	38
Deaconess Hospital	50	17	50	50	67	50	20	14	88	43	44	14	42
Fort Wayne Medical Education Program	50	43	56	44	50	50	56	50	67	67	60	42	53
Franciscan Health Indianapolis	50	83	100	67	57	13	88	57	80	50	63	89	66
IUSM FM Residency at IUH Arnett	NA	NA	NA	NA	NA	NA	NA	NA	NA	40	50	0	30
IUSM FM Residency at IUH Ball Memorial Hospital	13	57	43	71	50	78	40	56	60	20	57	44	49
IUSM FM Residency at IUH Primary Care Central Indianapolis	100	80	67	43	43	40	50	50	15	29	14	58	49
IUSM FM Residency at Memorial Hospital in Jasper	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	20	20
Memorial Hospital of South Bend	38	25	0	22	11	43	14	44	67	33	33	33	30
Reid Health	NA	NA	NA	NA	NA	NA	0	33	40	60	40	29	34
Saint Joseph Health System	43	75	38	22	33	44	13	33	44	56	22	50	39
Union Hospital	33	50	0	17	33	33	14	43	43	43	43	14	30
<i>Average</i>	46	63	52	41	45	40	36	43	54	43	46	42	46

Table 5.3 shows Indiana family medicine survey respondents with a hometown in Indiana. This includes all respondents who indicated a hometown location. **In 2023**, over two-thirds of the respondents from Ascension St. Vincent Hospital Indianapolis (67%), Community Hospital South Osteopathic FM Residency (75%), and Franciscan Health Indianapolis FM Residency (89%) indicated an Indiana hometown.

Figure 5.4: Indiana FM Residents' Practice Locations, 2012 - 2023



Created by RIME, 2023

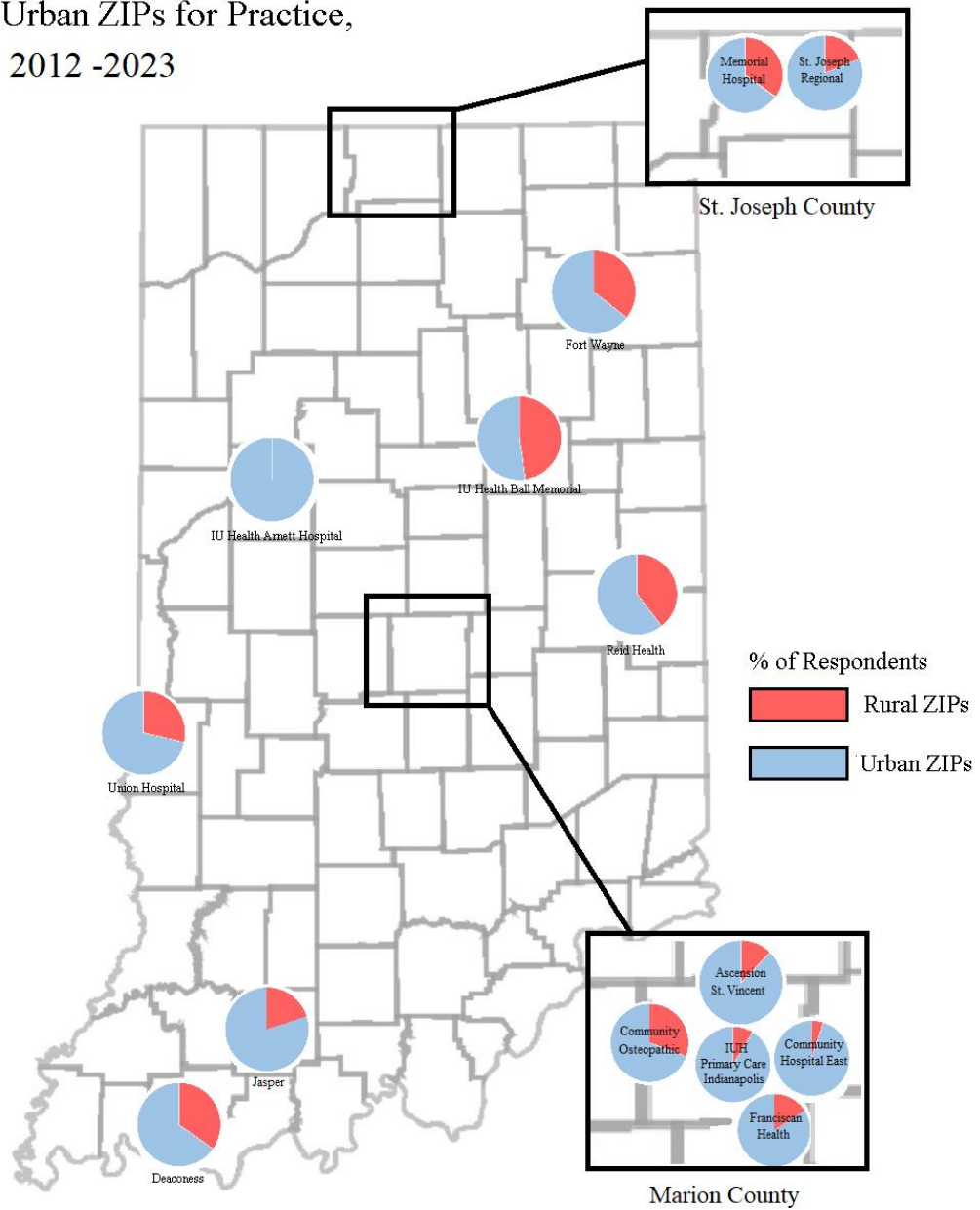
Map 5.4 shows Indiana family medicine survey respondents plans for practice location after completing their training. Data have been shown **from 2012 to 2023**. Over two-thirds of the respondents from Ascension St. Vincent Hospital (68%), Community Hospital East FM Residency (80%), Fort Wayne Medical Education Program (68%), and Franciscan Health Indianapolis (85%) reported an Indiana practice location.

Table 5.4: Residents with a Practice Location in Indiana [Shown as Percentage (%)]													
FM Residency Program	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	Avg
Ascension St. Vincent Hospital Indianapolis	100	100	80	75	63	60	67	63	33	83	43	44	68
Community Hospital East	100	100	80	100	89	60	75	40	71	75	67	100	80
Community Hospital South Osteopathic	100	100	100	100	75	0	33	67	67	0	33	75	62
Deaconess Hospital	20	40	50	67	67	71	71	20	71	57	56	29	52
Fort Wayne Medical Education Program	44	33	100	89	75	56	56	75	67	90	60	67	68
Franciscan Health Indianapolis	100	100	100	80	83	50	86	100	100	75	63	89	85
IUSM FM Residency at IUH Arnett	NA	NA	NA	NA	NA	NA	NA	NA	NA	60	25	0	28
IUSM FM Residency at IUH Ball Memorial Hospital	17	67	33	75	86	50	30	60	50	50	43	44	50
IUSM FM Residency at IUH Primary Care Central Indianapolis	60	100	71	50	67	33	86	78	33	50	36	83	62
IUSM FM Residency at Memorial Hospital in Jasper	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	40	40
Memorial Hospital of South Bend	83	0	100	50	50	33	67	56	100	78	50	33	58
Reid Health	NA	NA	NA	NA	NA	NA	100	50	25	100	40	57	62
Saint Joseph Health System	60	75	50	50	50	75	67	63	80	50	56	50	60
Union Hospital	60	75	29	25	40	71	33	100	67	40	18	86	54
<i>Average</i>	68	72	72	69	68	51	64	66	65	63	47	56	63

Table 5.4 shows Indiana family medicine survey respondents indicating that their primary practice location after training is within Indiana. This includes all respondents who indicated that they would be going into practice after completing training *and* provided a specific practice location.

In 2023, over three-fourths of the respondents from Community Hospital East FM Residency (100%), Community Hospital South Osteopathic FM Residency (75%), Franciscan Health Indianapolis FM Residency (85%), IUSM FM Residency at IUH Primary Care Central Indianapolis (83%), and Union Hospital Family Medicine Residency (86%) indicated an Indiana practice location.

Map 5.5: Indiana FM Residents Going to Rural or Urban ZIPs for Practice, 2012 -2023



Created by RIME, 2023

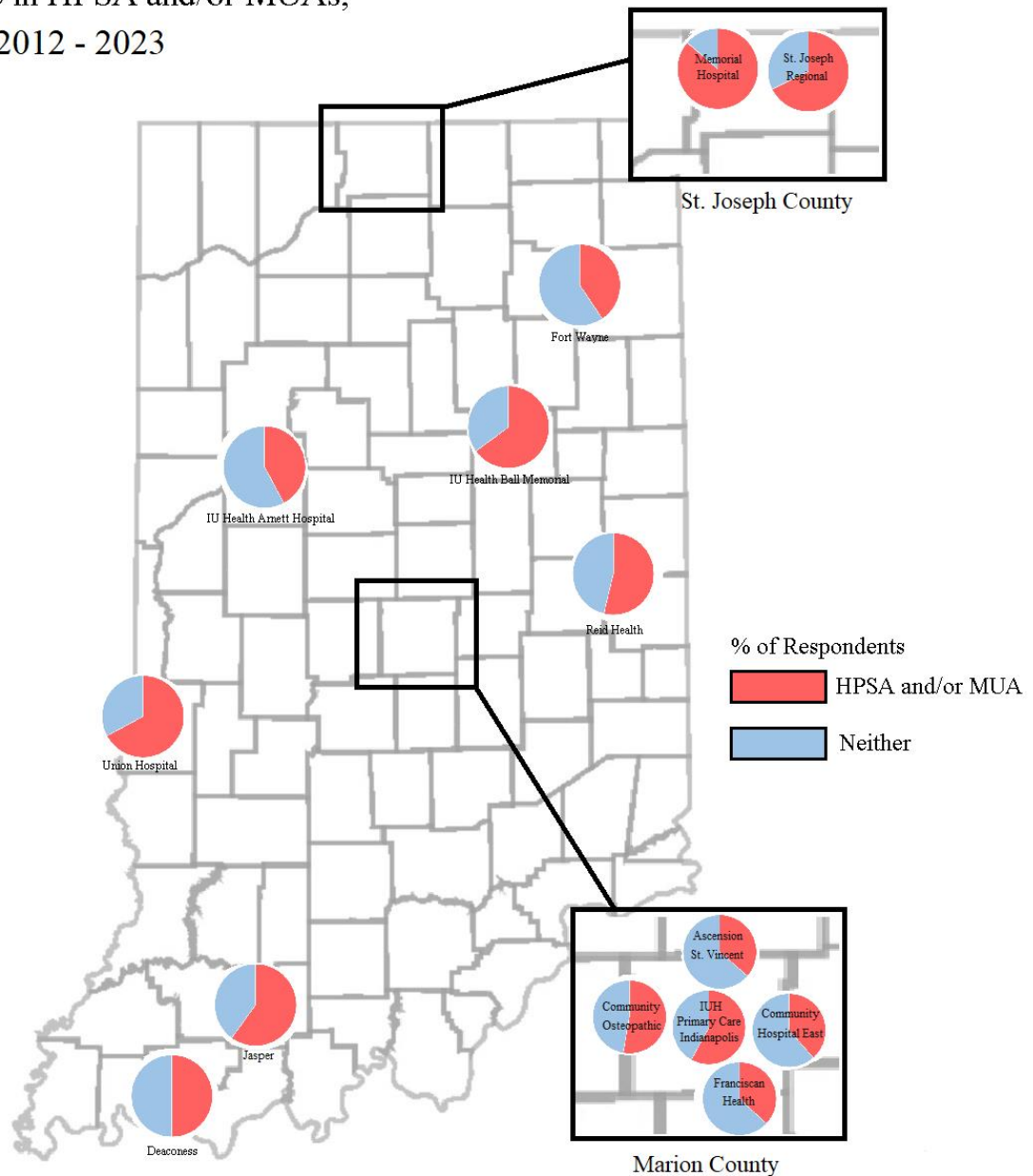
Map 5.5 shows Indiana family medicine survey respondents planning to practice in rural ZIP codes after completing their training. Data have been shown **from 2012 to 2023**. Over one-third of the respondents from Deaconess Hospital (35%), Fort Wayne Medical Education Program (36%), IUSM FM Residency at IU Health Ball Memorial Hospital (48%), Memorial Hospital of South Bend (35%), and Reid Health (39%) indicated a practice location in a rural ZIP code.

Table 5.5: Residents with Practice Locations in Rural ZIPs [Shown as Percentage (%)]													
FM Residency Program	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	Avg.
Ascension St. Vincent Hospital Indianapolis	0	0	20	29	13	50	20	0	17	0	0	0	12
Community Hospital East	0	20	0	0	0	25	0	0	14	0	0	0	5
Community Hospital South Osteopathic	100	0	50	100	0	50	0	0	33	33	0	0	31
Deaconess Hospital	40	60	50	33	33	29	25	20	14	43	29	43	35
Fort Wayne Medical Education Program	56	44	50	22	50	67	44	13	25	20	11	25	36
Franciscan Health Indianapolis	33	0	17	20	0	20	14	14	33	25	13	0	16
IUSM FM Residency at IUH Arnett	NA	NA	NA	NA	NA	NA	NA	NA	NA	0	0	0	0
IUSM FM Residency at IUH Ball Memorial Hospital	50	67	80	50	43	33	70	11	13	50	40	67	48
IUSM FM Residency at IUH Primary Care Central Indianapolis	0	0	33	20	17	25	0	0	0	0	0	8	9
IUSM FM Residency at Memorial Hospital in Jasper	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	20	20
Memorial Hospital of South Bend	17	50	0	25	50	67	33	0	100	33	20	22	35
Reid Health	NA	NA	NA	NA	NA	NA	100	50	25	33	0	29	39
Saint Joseph Health System	40	25	17	0	20	0	33	25	40	0	14	13	19
Union Hospital	50	0	43	33	20	29	17	50	33	40	29	0	29
<i>Average</i>	35	24	33	30	22	36	30	15	29	21	12	16	25

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

In 2023, over one-third of the respondents from Deaconess Hospital (43%) and IU Health Ball Memorial Hospital (67%) reported a practice location in a rural ZIP code.

Map 5.6: Indiana FM Residents Planning
To Practice in HPSA and/or MUAs,
2012 - 2023



Created by RIME, 2023

Map 5.6 shows Indiana family medicine survey respondents planning to go into Health Professional Shortage Areas (HPSAs) and/or Medically Underserved Areas (MUAs) after completing their training. Data have been shown **from 2012 to 2023**. Over two-thirds of the respondents from Memorial Hospital of South Bend (86%), Saint Joseph Health System (68%), and Union Hospital FM Residency (67%) reported a practice location in an MUA and/or HPSA.

Table 5.6: Residents going to HPSAs and/or MUAs for Practice [Show as Percentage (%)]													
FM Residency Program	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	Avg.
Ascension St. Vincent Hospital Indianapolis	40	20	0	57	38	50	80	29	17	33	50	22	36
Community Hospital East	0	60	60	25	17	75	67	25	43	0	44	44	38
Community Hospital South Osteopathic	100	100	50	100	33	50	0	0	33	67	100	0	53
Deaconess Hospital	80	80	67	17	33	43	50	60	14	43	43	71	50
Fort Wayne Medical Education Program	33	71	0	11	63	56	33	38	25	56	60	42	41
Franciscan Health Indianapolis	33	33	33	60	17	60	43	20	33	25	75	11	37
IUSM FM Residency at IUH Arnett	NA	NA	NA	NA	NA	NA	NA	NA	NA	60	67	0	42
IUSM FM Residency at IUH Ball Memorial Hospital	67	83	80	100	71	50	50	56	13	83	60	67	65
IUSM FM Residency at IUH Primary Care Central Indianapolis	100	71	83	60	83	25	86	56	0	57	33	42	58
IUSM FM Residency at Memorial Hospital in Jasper	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	60	60
Memorial Hospital of South Bend	100	50	100	88	100	83	100	88	100	78	60	89	86
Reid Health	NA	NA	NA	NA	NA	NA	100	50	25	67	67	14	54
Saint Joseph Health System	80	100	75	50	40	100	67	100	40	40	71	50	68
Union Hospital	75	33	100	67	60	100	83	100	33	40	71	43	67
<i>Average</i>	67	68	65	58	52	64	62	54	33	51	63	41	56

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

In **2023**, over two-thirds of the respondents from Deaconess Hospital (71%), IUSM FM Residency at IU Health Ball Memorial Hospital (67%), and Memorial Hospital of South Bend (89%) reported a practice location in an MUA and/or HPSA.

Chapter 6: Graphs showing Trend Patterns, 2012-2023

This chapter shows a comparison of *Indiana Family Medicine Residencies Exit Survey*® responses from the time of its inception in 2012 through 2023. Trends for all respondents have been shown in figures 6.1 to 6.9. The remaining figures show responses from only those graduates who:

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

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

All Respondents

Demographics

Figure 6.1: Trends showing Age, 2012-2023

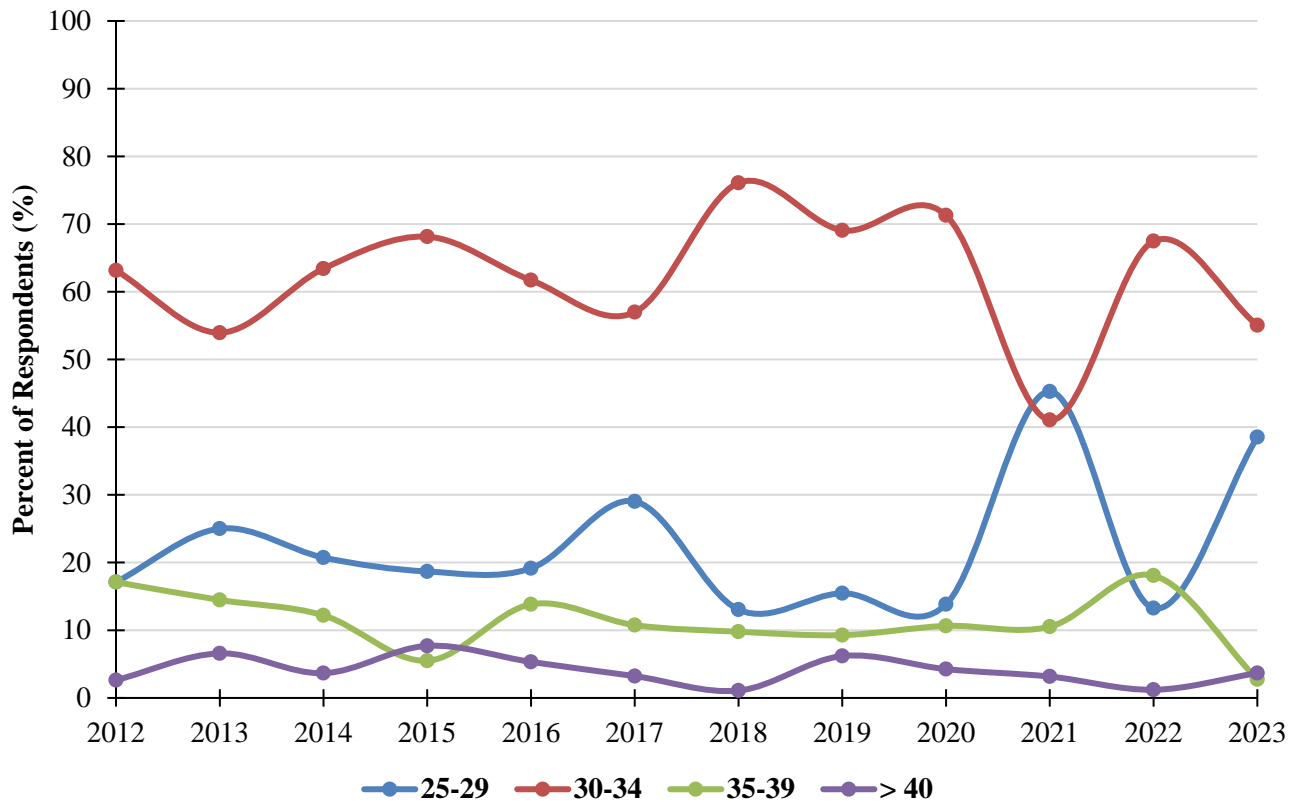


Figure 6.1 shows trends among the Indiana family medicine survey respondents’ and their age distributions from 2012 to 2023. An increasing trend was noted among respondents ages 25 to 29 (17% in 2012 to 39% in 2023). A decreasing trend was noted among respondents ages 35 to 39 (17% in 2012 to 4% in 2023).

Figure 6.2: Trends showing Gender, 2012-2023

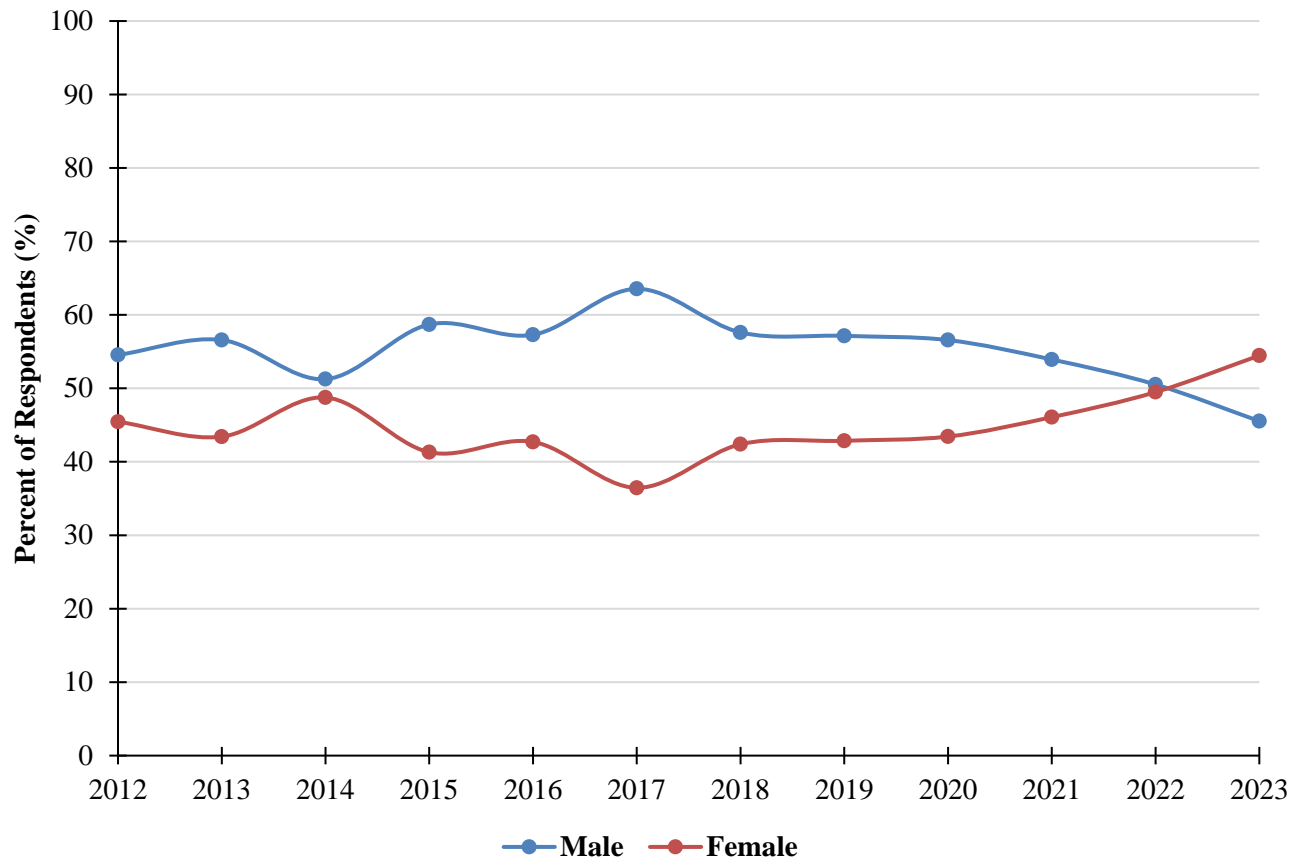


Figure 6.2 shows trends among the Indiana family medicine survey respondents' and their gender distribution from 2012 to 2023. An increasing trend was noted among female respondents (46% in 2012 to 55% in 2023). A decreasing trend was noted among male respondents (55% in 2012 to 46% in 2023).

Figure 6.3: Trends showing Race/Ethnicity, 2012-2023

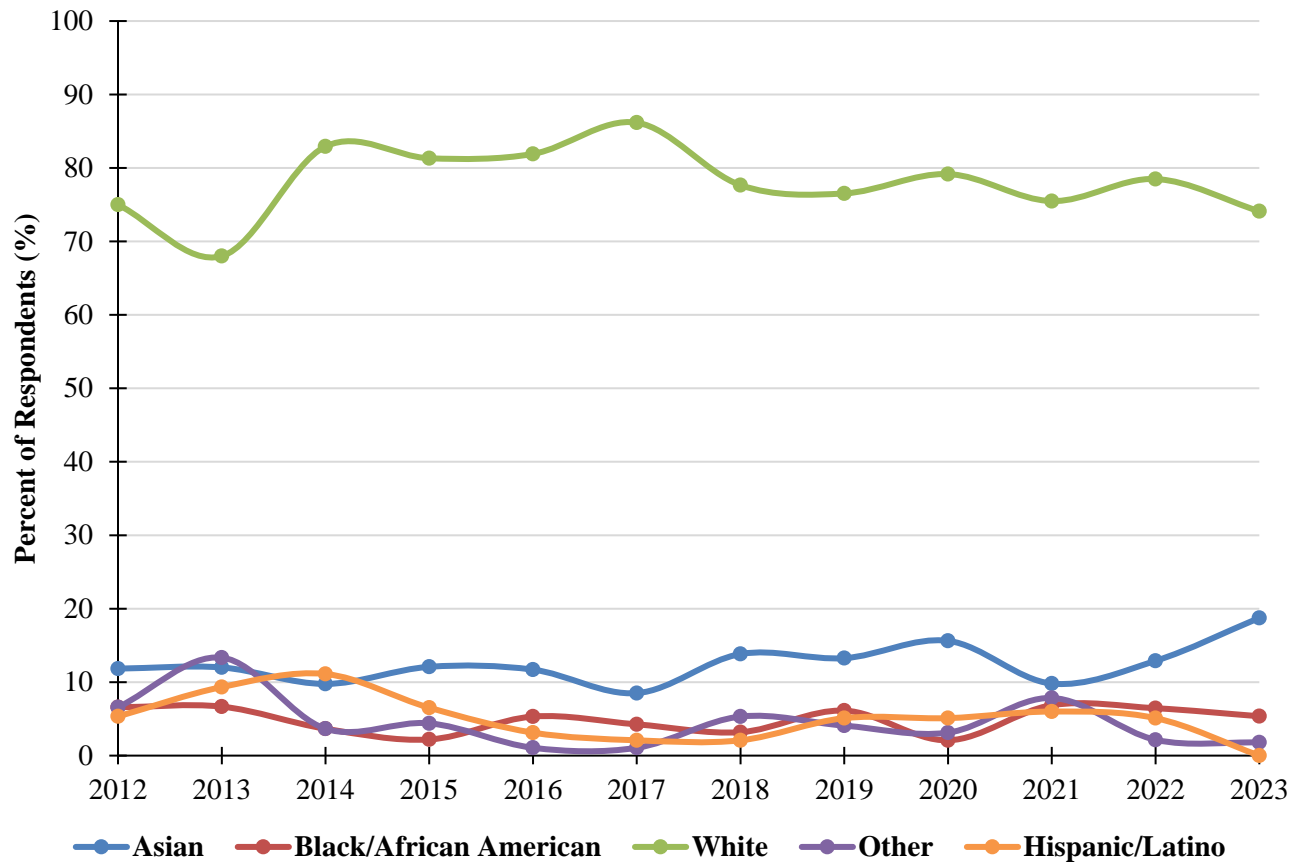


Figure 6.3 shows trends among the Indiana family medicine survey respondents' and their racial and ethnic distributions from 2012 to 2023. A fairly consistent trend was noted among all respondents for the racial and ethnic groups.

Figure 6.4: Trends showing Where the Respondents were Coming From, 2012-2023

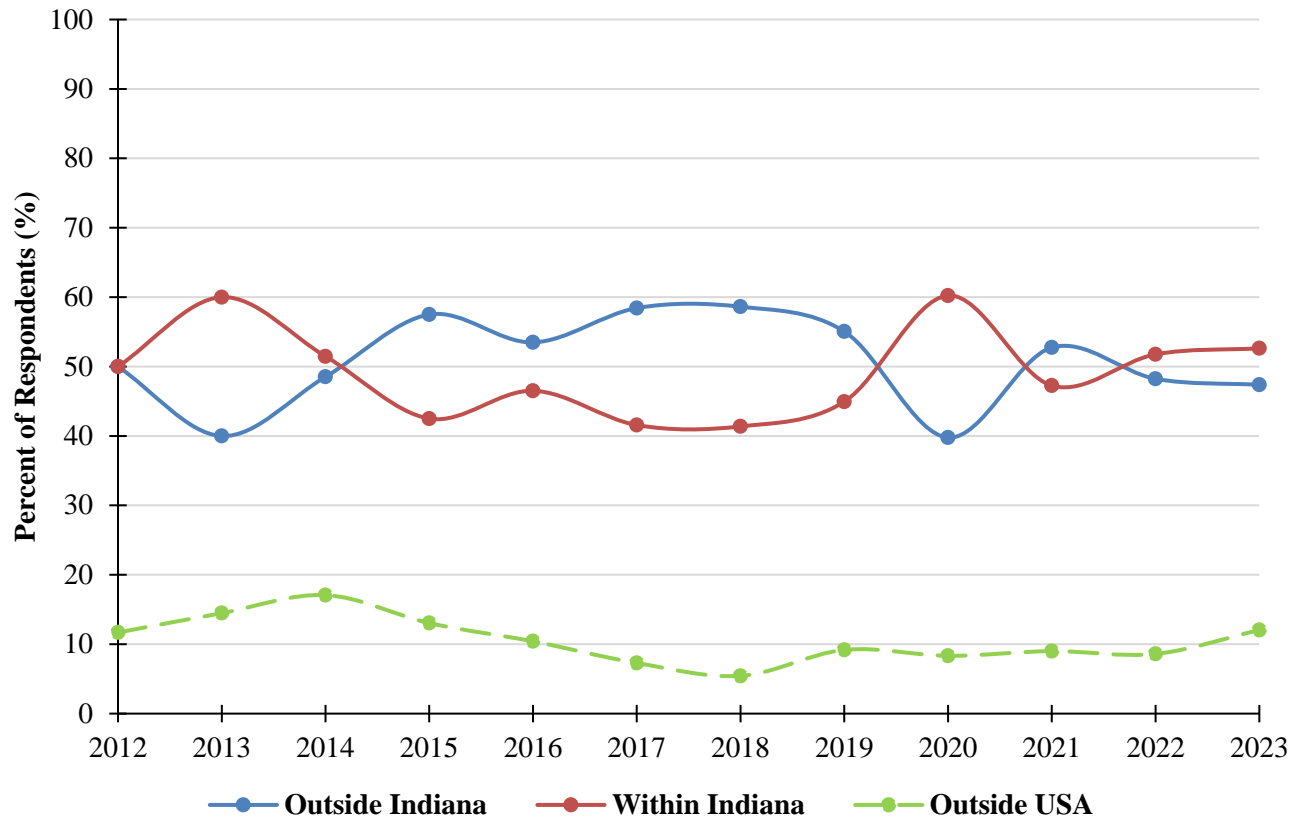


Figure 6.4 shows trends among the Indiana family medicine survey respondents' and where they came from between 2012 and 2023.

Of the respondents who indicated they were from within the United States, a fairly consistent trend was noted among those coming from *within* Indiana and those coming from *outside* Indiana.

Figure 6.5: Trends showing Individual Educational Debt, 2012-2023

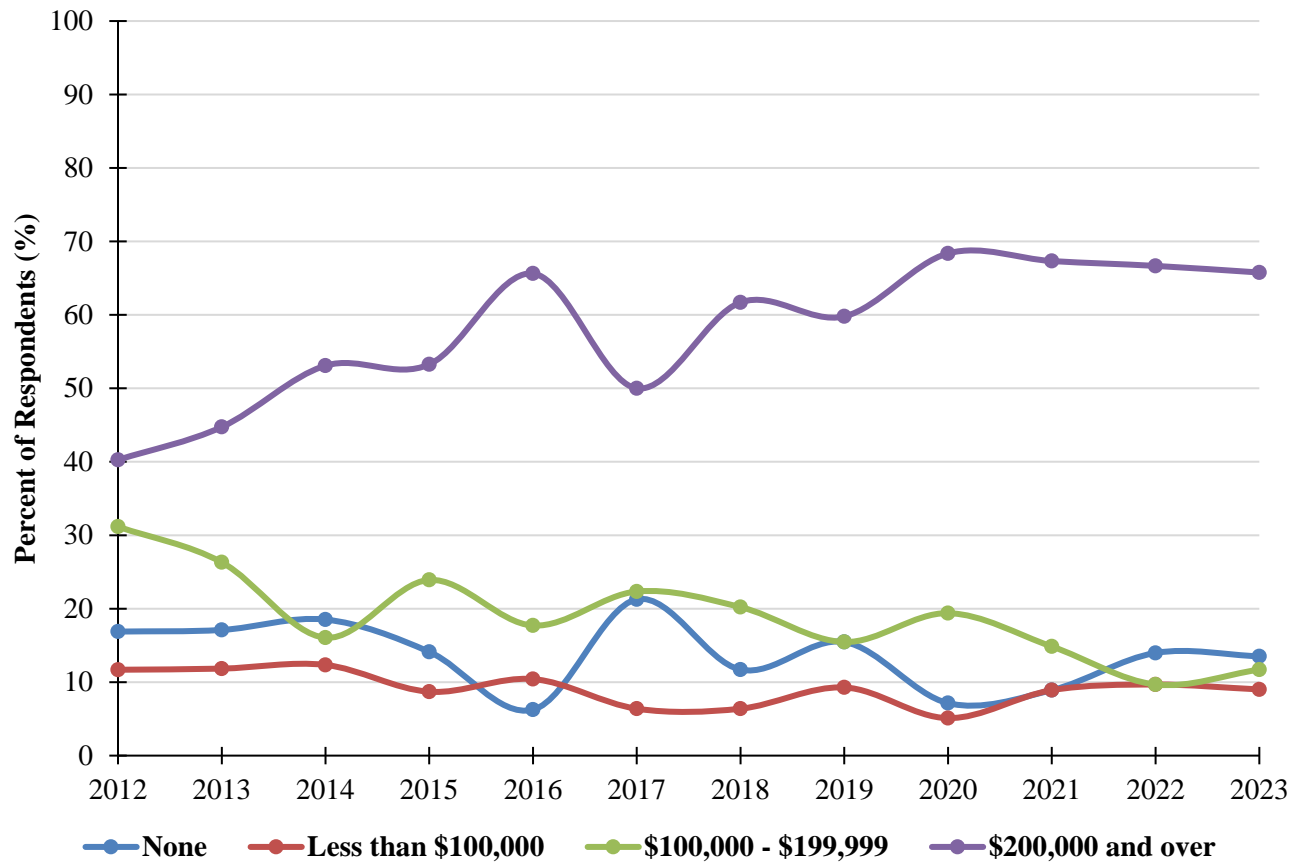


Figure 6.5 shows trends among the Indiana family medicine survey respondents' and their current level of educational debt from 2012 to 2023.

An increasing trend was noted among respondents with an individual educational debt load of “\$200,000 or more” (40% in 2012 to 66% in 2023). A declining trend was noted among respondents with an individual educational debt load between \$100,000 and \$199,999 (31% in 2012 to 12% in 2023).

Figure 6.6: Trends showing Current Household Educational Debt, 2012-2023

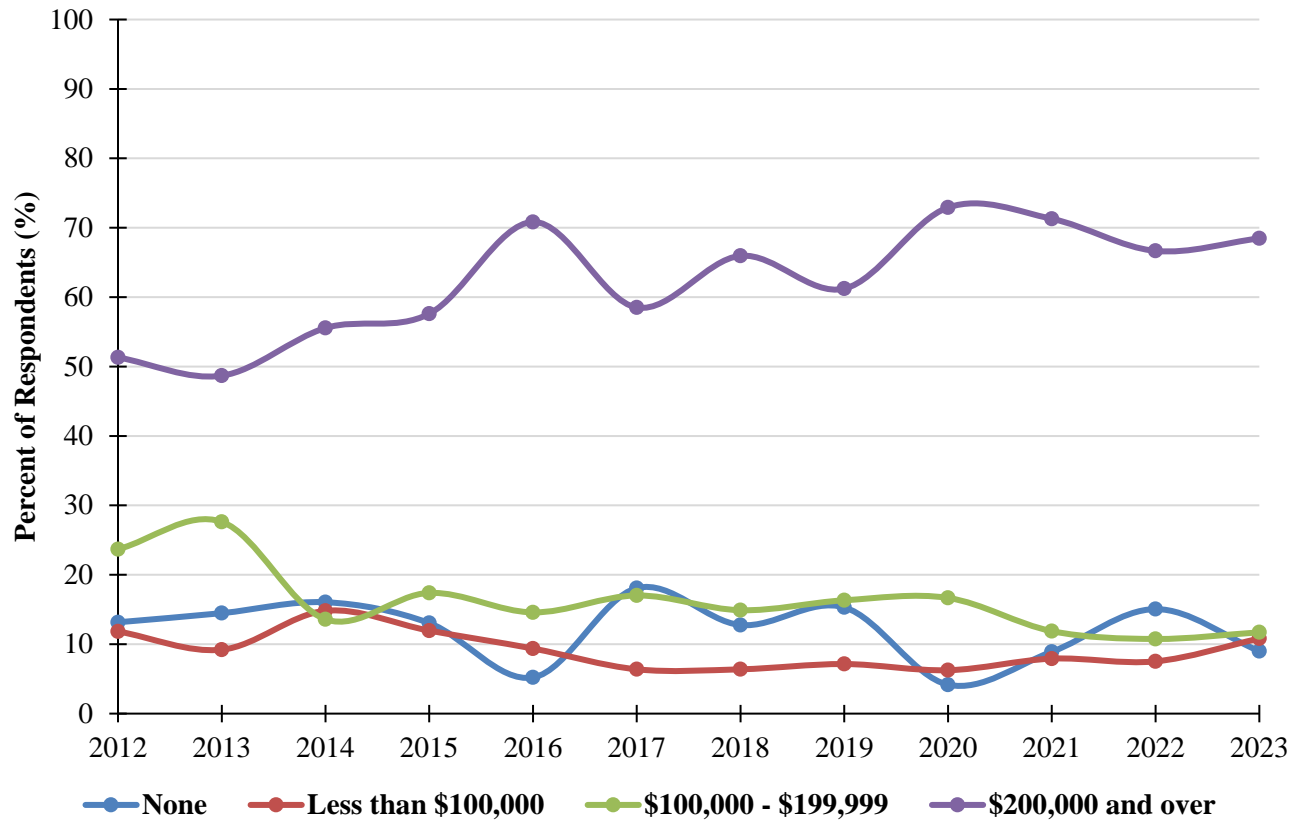


Figure 6.6 shows trends among the Indiana family medicine survey respondents’ and their current level of household debt from 2012 to 2023.

An increasing trend was noted among respondents with a household debt load of “\$200,000 or more” (51% in 2012 to 69% in 2023). A declining trend was noted among respondents with a household educational debt load between \$100,000 and \$199,999 (24% in 2012 to 12% in 2023).

Figure 6.7: Trends showing Respondents' Degree, 2018-2023

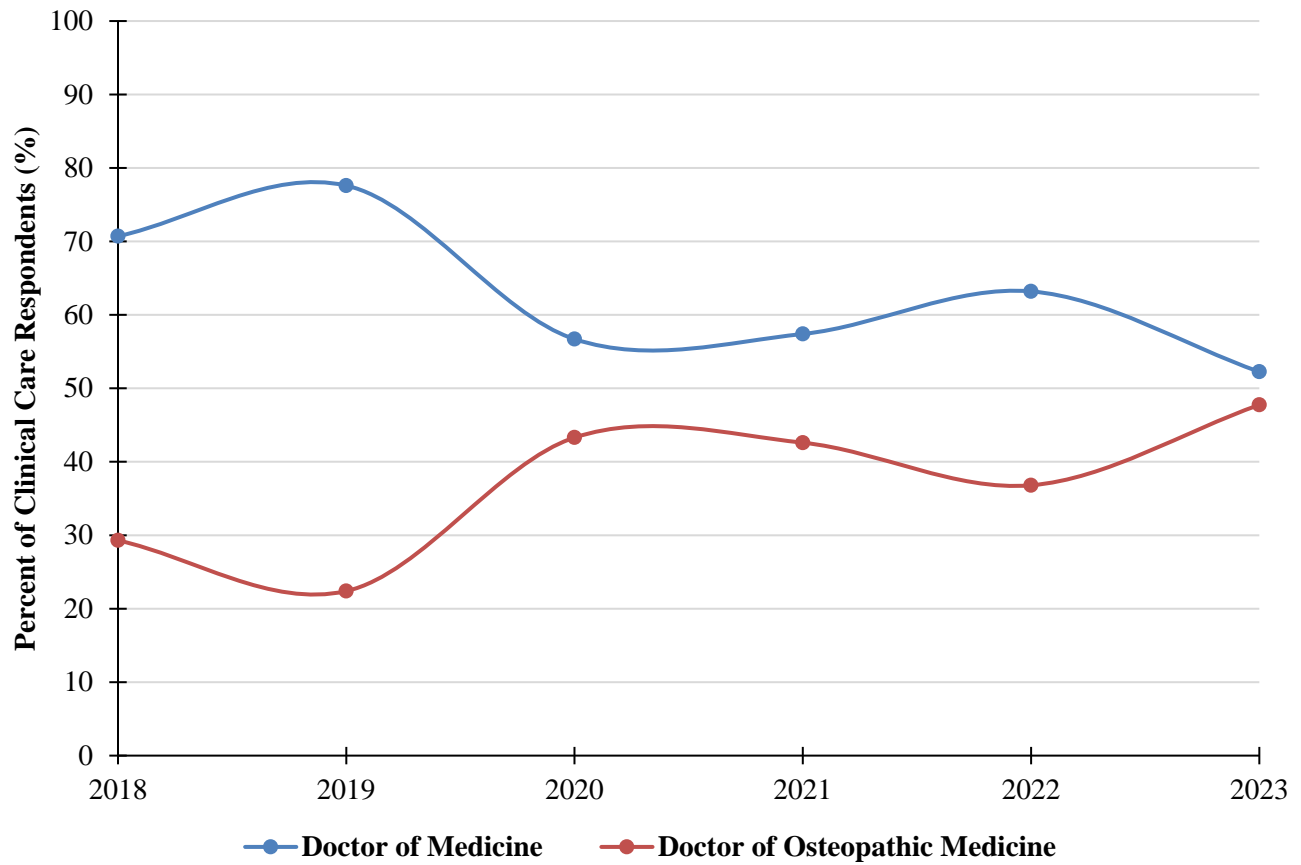


Figure 6.7 shows trends among the Indiana family medicine survey respondents' and their medical degree from 2018 to 2023.

An increasing trend was noted among respondents with a Doctor of Osteopathic Medicine degree (29% in 2018 to 48% in 2023). A declining trend was noted among respondents with Doctor of Medicine degree (71% in 2018 to 52% in 2023).

Figure 6.8: Trends showing Quality of the Program, 2012-2023

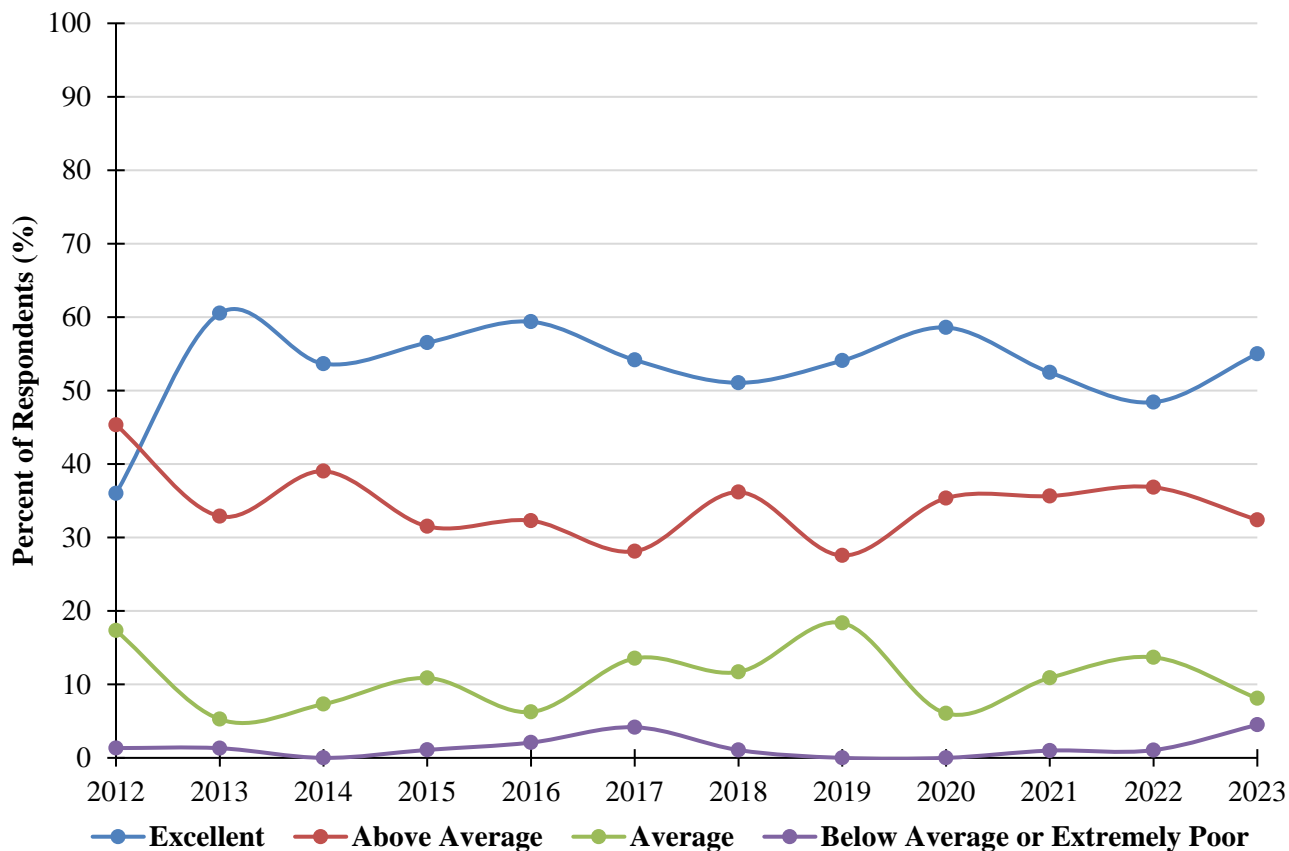


Figure 6.8 shows trends among the Indiana family medicine survey respondents’ overall rating of the quality of their training program from 2012 to 2023.

An increasing trend was noted among respondents who rated the quality of their program as “excellent” (36% in 2012 to 55% in 2023). A declining trend was noted among respondents who rated the quality of the program as “above average” (45% in 2012 to 32% in 2023). Trends have remained fairly constant for the remaining categories.

Figure 6.9: Trends showing Overall Performance of Faculty, 2012-2023

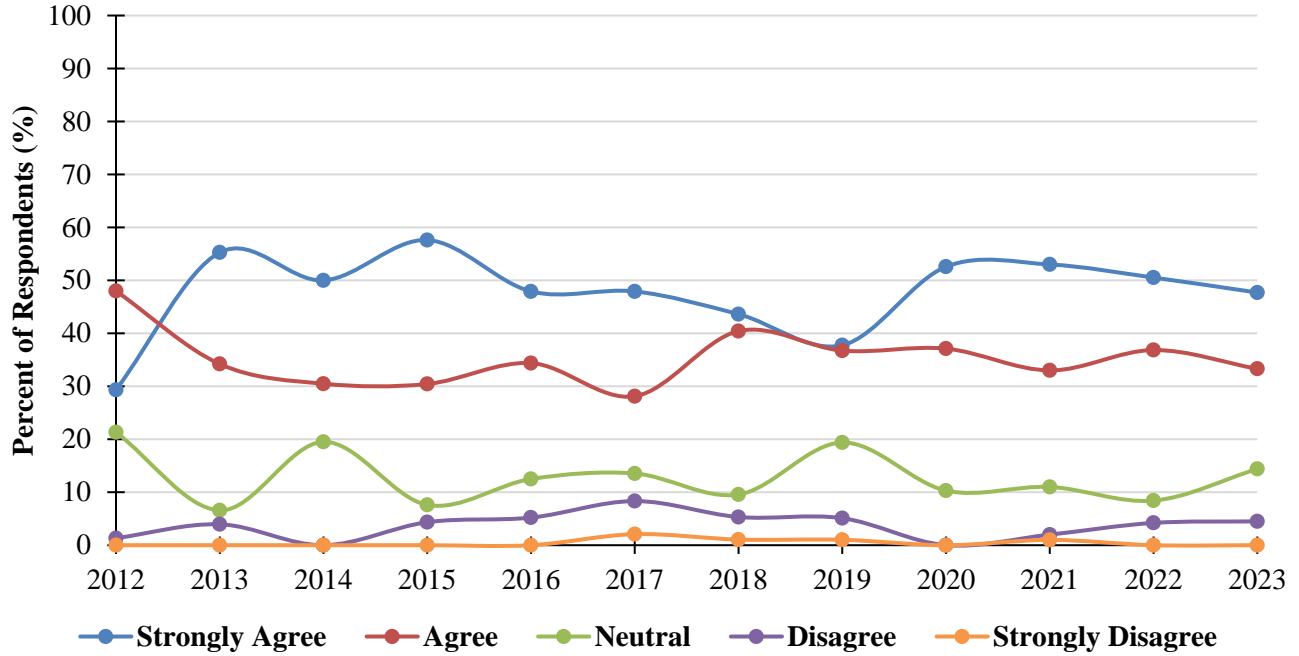


Figure 6.9 shows trends among the Indiana family medicine survey respondents’ overall assessment of performance of faculty in their training program from 2012 to 2023.

An increasing trend was noted among respondents who indicated they “strongly agree” that the overall performance of faculty in their training program had exceeded their expectations (29% in 2012 to 48% in 2023). A declining trend was noted among respondents who indicated they “agree” that the overall performance of faculty in their training program had exceeded their expectations (48% in 2012 to 33% in 2023). Trends have remained fairly constant for the remaining categories.

Figure 6.10: Trends showing Overall Performance of Peers, 2012-2023

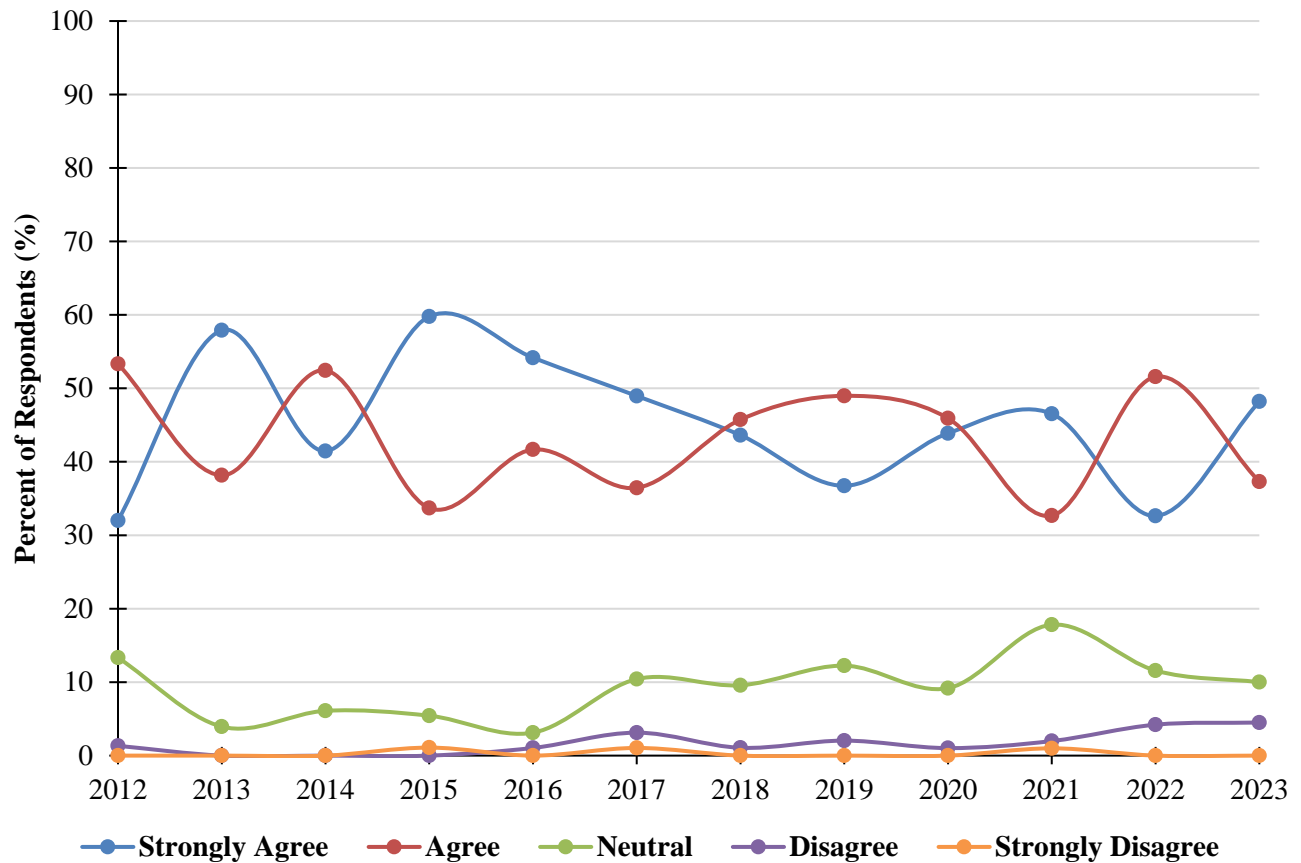


Figure 6.10 shows trends among the Indiana family medicine survey respondents’ overall assessment of performance of other residents in their training program from 2012 to 2023.

An increasing trend was noted among respondents who indicated they “strongly agree” that the assessment of performance of other residents in their training program had exceeded their expectations (32% in 2012 to 48% in 2023). A declining trend was noted among respondents who indicated they “agree” that the overall performance of other residents in their training program had exceeded their expectations (53% in 2012 to 37% in 2023). Trends have remained fairly constant for the remaining categories.

Figure 6.11: Trends showing Burnout, 2017-2023

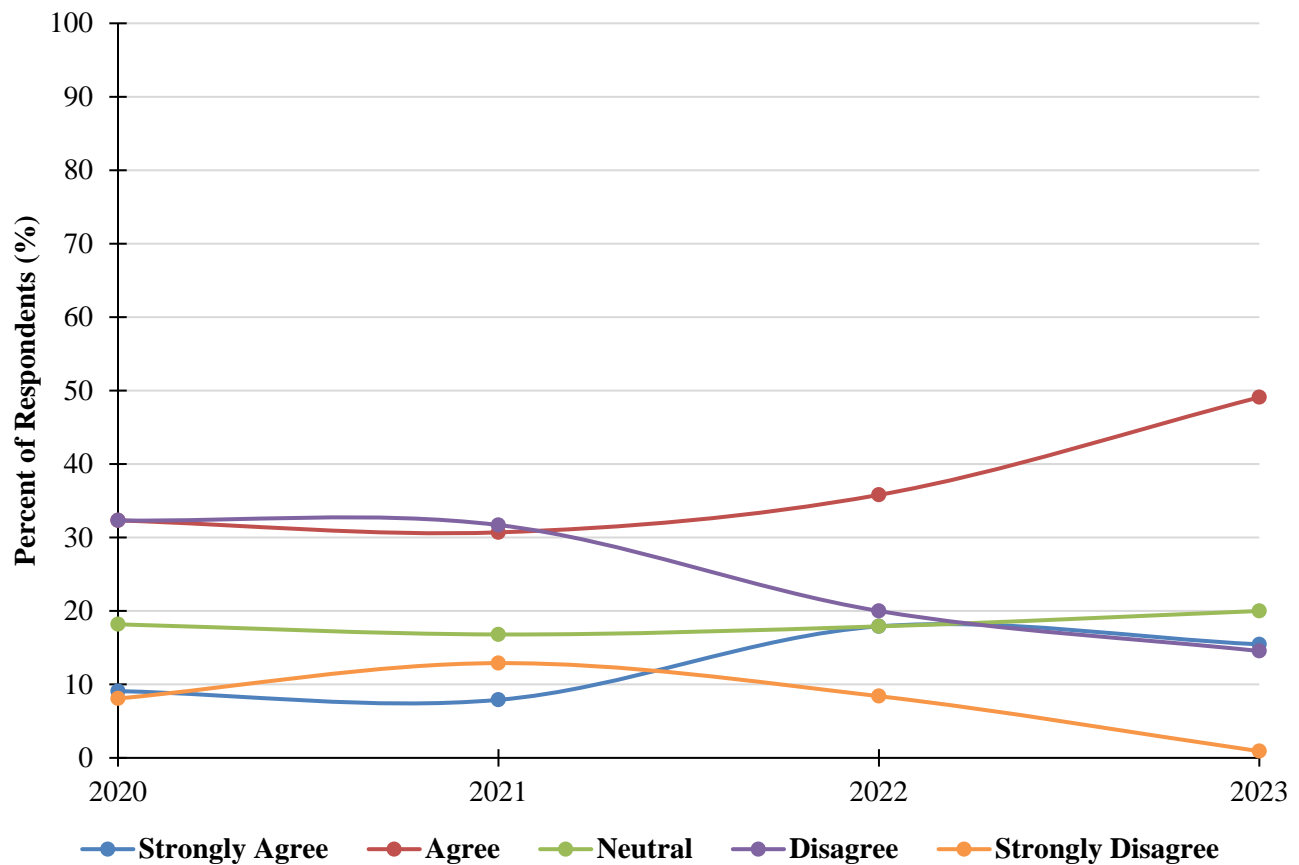


Figure 6.11 shows trends among the Indiana family medicine survey respondents’ overall rating of the quality of their training program from 2020 to 2023.

An increasing trend was noted among respondents who “agree” that they have felt burned out from their work (32% in 2020 to 49% in 2023). A declining trend was noted among respondents who “disagree” that they have felt burned out from their work (32% in 2020 to 15% in 2023). Trends have remained fairly constant for the remaining categories.

Figure 6.12: Trends showing Meaningful Work, 2017-2023

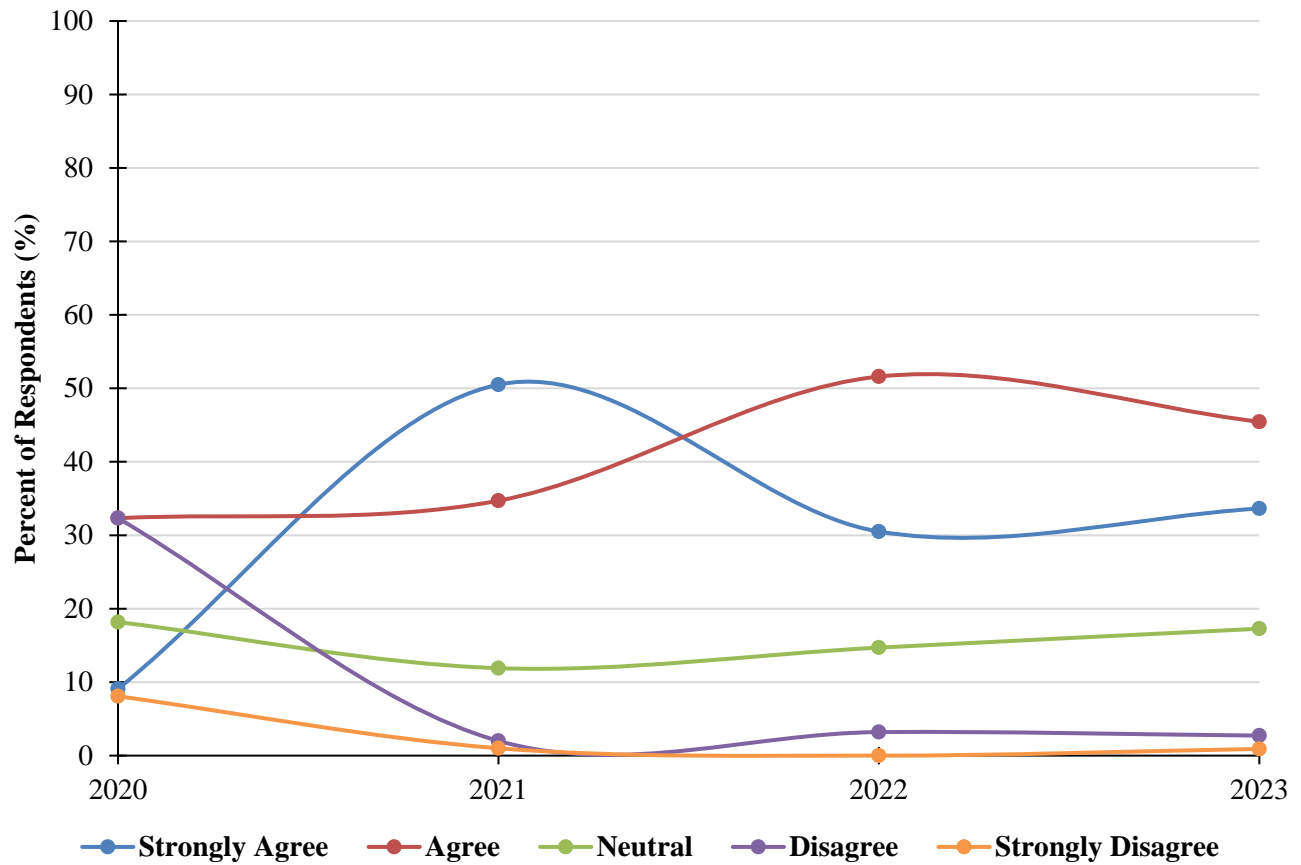


Figure 6.12 shows trends among the Indiana family medicine survey respondents' overall feeling of work to be meaningful from 2020 to 2023.

An increasing trend was noted among respondents who “strongly agree” (9% in 2020 to 34% in 2023) and “agree” (32% in 2020 to 46% in 2023) that their work was meaningful. A declining trend was noted among respondents who “disagree” (32% in 2020 to 3% in 2023) that their work was meaningful.

Figure 6.13: Trends showing Resource Availability, 2017-2023

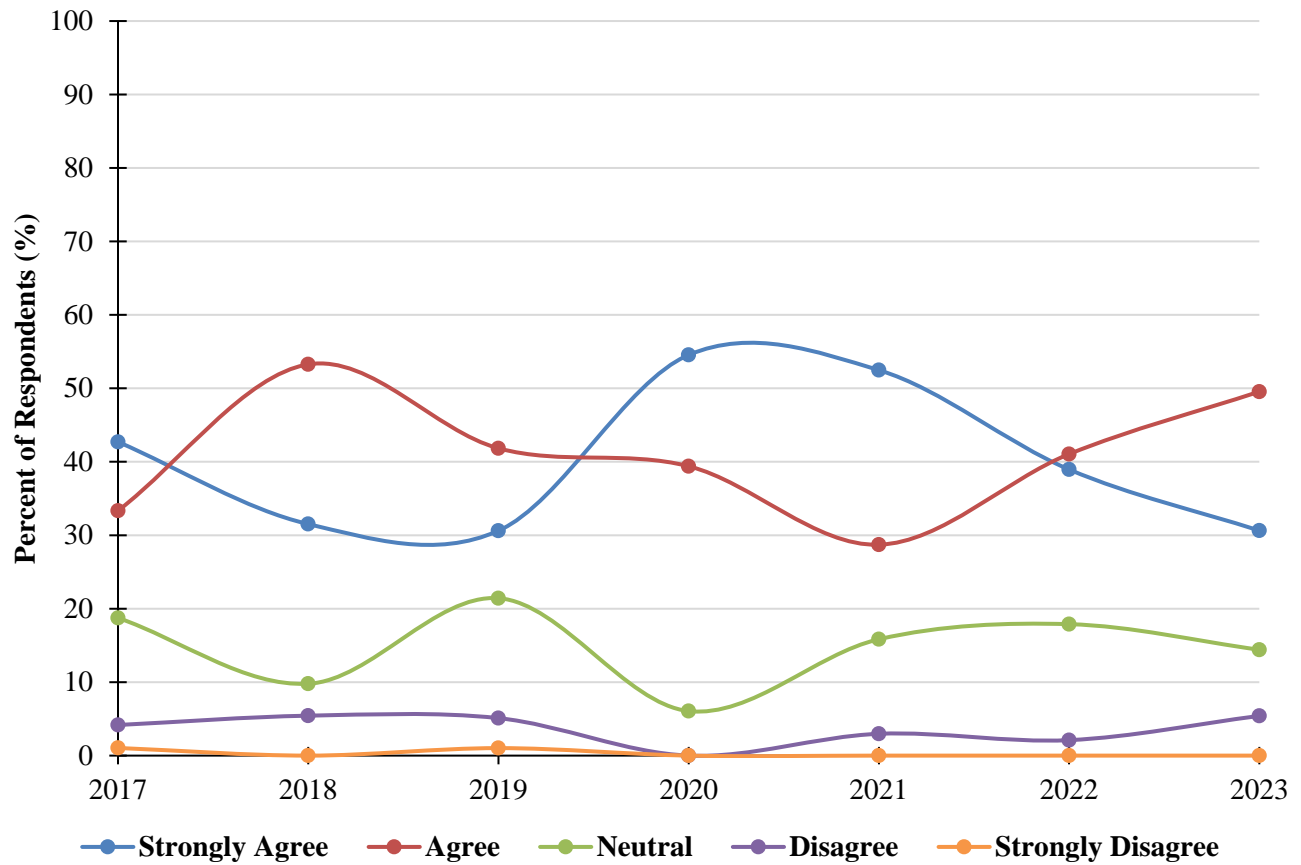


Figure 6.13 shows trends among the Indiana family medicine survey respondents’ overall ability to use readily available resources to maintain their wellness from 2017 to 2023.

An increasing trend was noted among respondents who “agree” (33% in 2017 to 50% in 2023) that they had readily available resources to maintain their wellness. A declining trend was noted among respondents who “strongly agree” (43% in 2017 to 31% in 2023) that they had readily available resources to maintain their wellness.

6.14: Trends showing Overall Wellness, 2017-2023

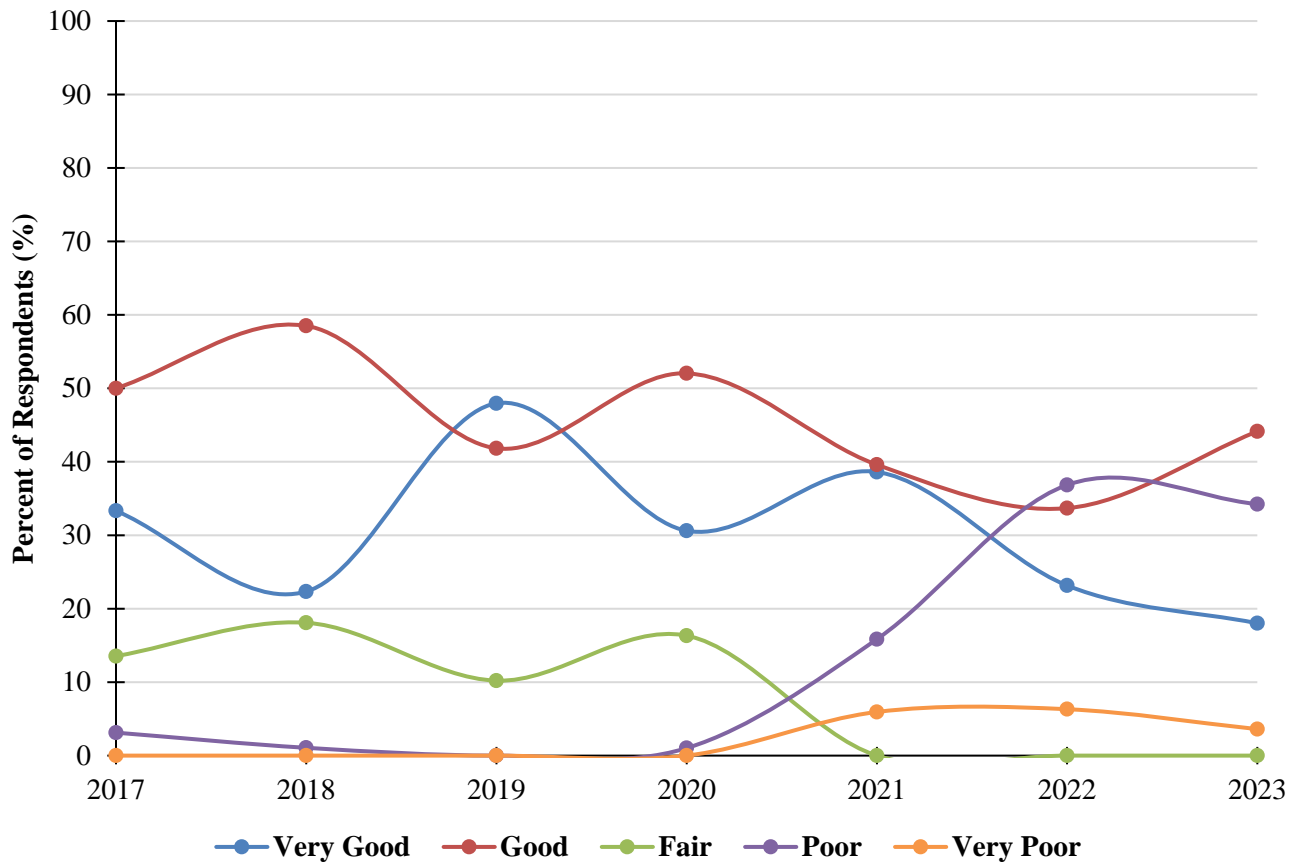


Figure 6.14 shows trends among the Indiana family medicine survey respondents’ overall wellness from 2017 to 2023.

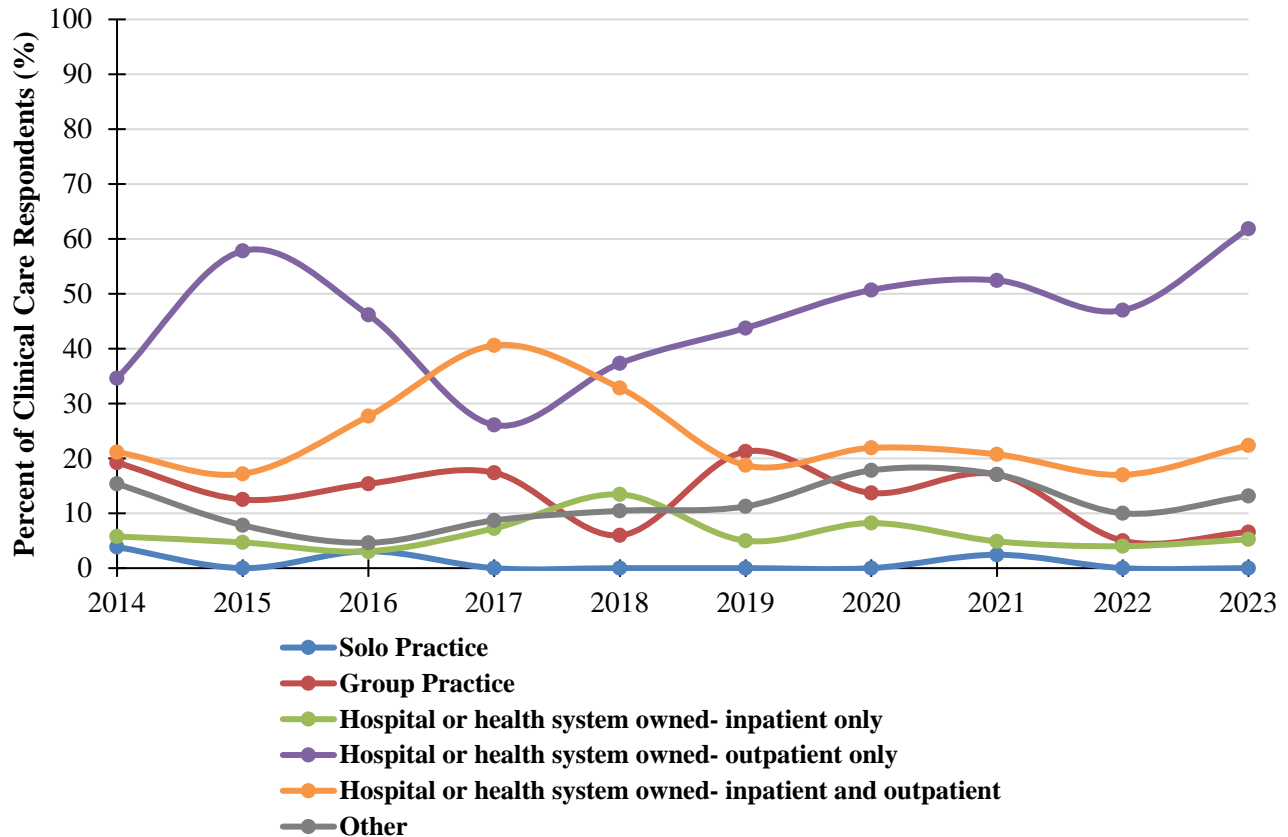
An increasing trend was noted among respondents who rate their overall wellness as “poor” (3% in 2017 to 34% in 2023). A declining trend was noted among respondents who rate their overall wellness as “very good” (33% in 2017 to 18% in 2023) and “fair” (14% in 2017 to 0% in 2023).

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

Respondents going into patient care or clinical practice

Practice Characteristics

Figure 6.15: Trends showing Principal Type of Patient Care Practice Setting, 2014-2023*



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

Figure 6.15 shows trends among the Indiana family medicine survey respondents' and the principal type of patient care practice setting they will be entering after completing their training program from 2014 to 2023.

An increasing trend was noted among respondents going into a “hospital or health system owned – outpatient only” facility (35% in 2014 to 62% in 2023). A declining trend was noted among respondents going into a “group practice” (19% in 2014 to 7% in 2023). Trends have remained fairly constant for the remaining categories.

Figure 6.16: Trends showing Primary Location after Training, 2012-2023

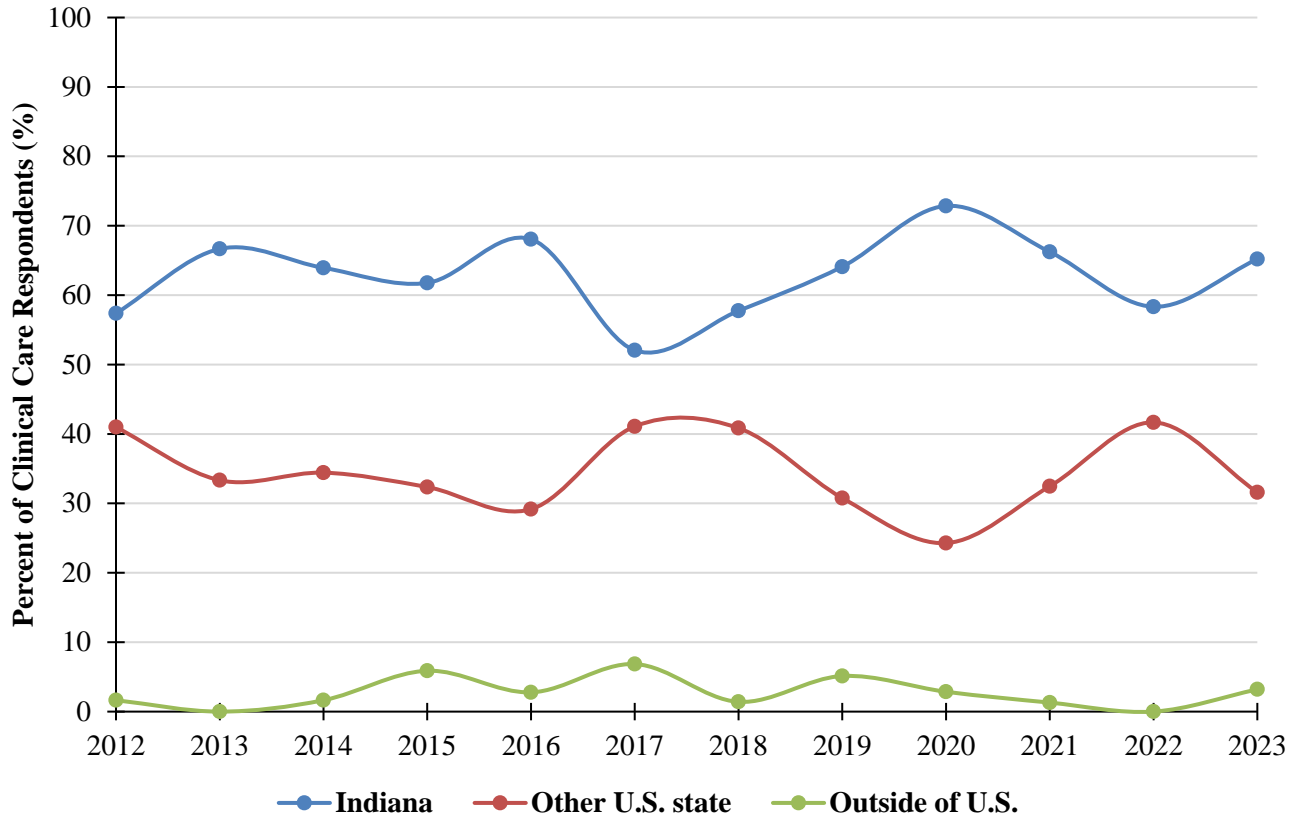
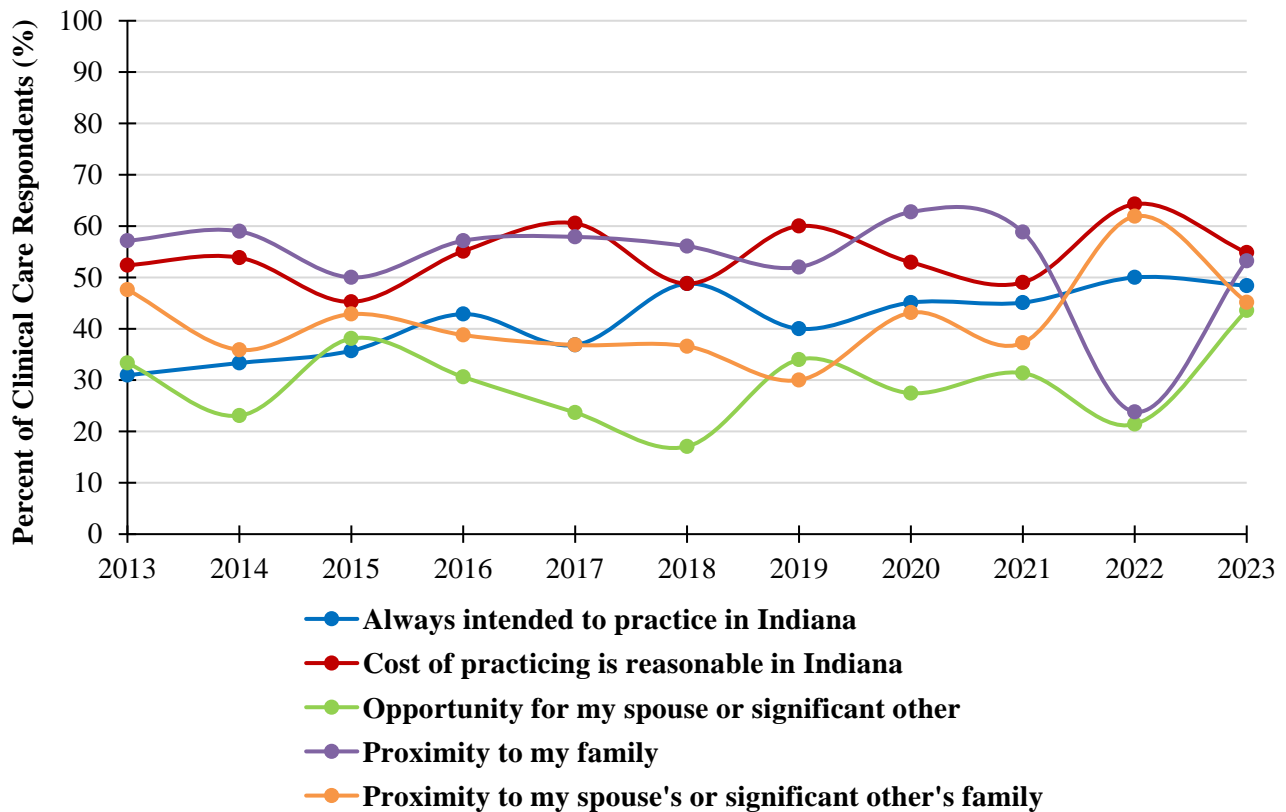


Figure 6.16 shows trends among the Indiana family medicine survey respondents’ primary location after completing their current training program from 2012 to 2023.

A fairly consistent trend was noted among all respondents showing primary location after training.

Figure 6.17: Trends showing Main Reasons to Practice in Indiana, 2013-2023*

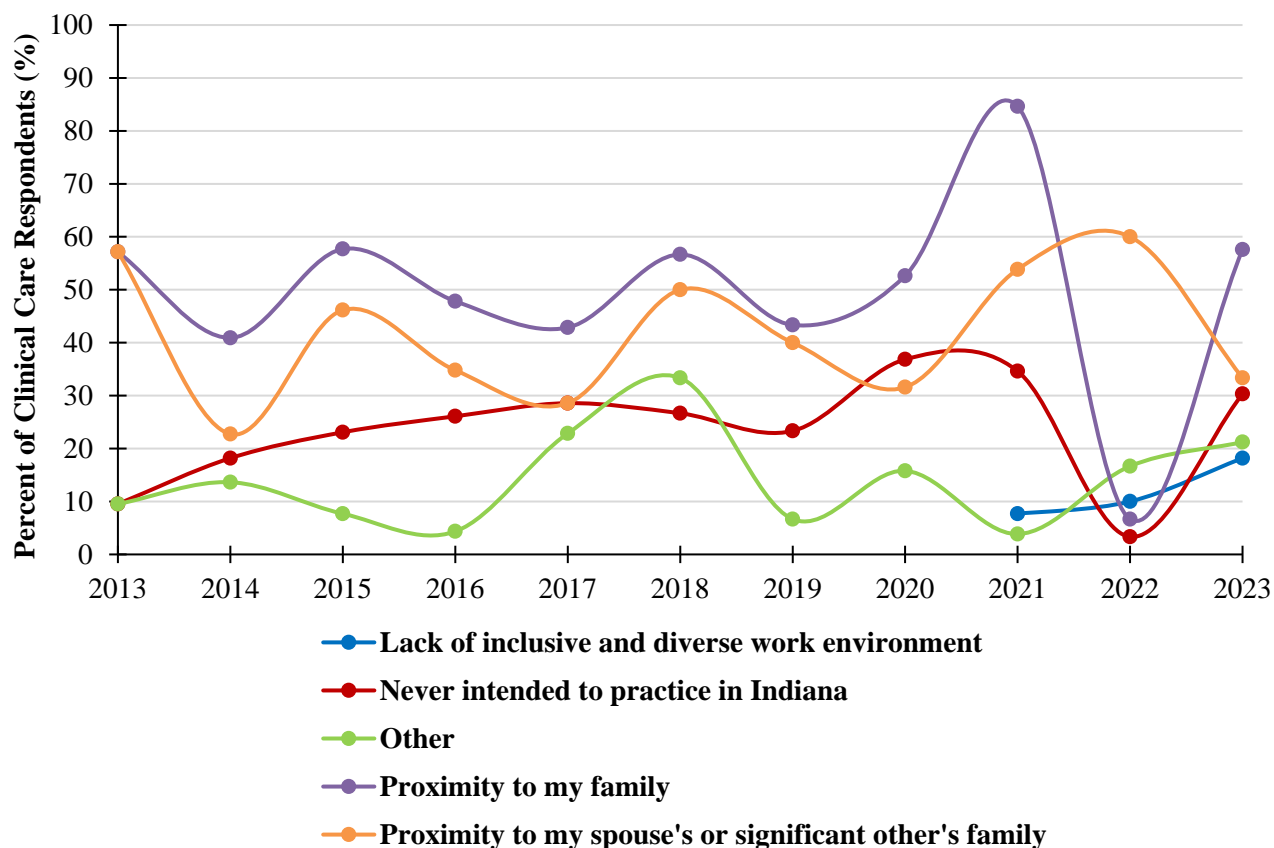


*Response categories differed in the 2012 Indiana family medicine residencies exit survey and were thus excluded from analysis.

Figure 6.17 shows trends among respondents and the top reasons they chose to practice in Indiana from 2013 to 2023. Only those respondents who indicated they were intending to practice in Indiana after completing their training were included in this analysis.

An increasing trend was noted among respondents who indicated the main reason they chose to practice in Indiana was because they “always intended to practice in Indiana” (31% in 2013 to 48% in 2023) and opportunity for my spouse or significant other” (33% in 2013 to 44% in 2023). Trends have remained fairly constant for the remaining categories.

Figure 6.18: Trends showing Main Reasons Not to Practice in Indiana, 2013-2023*



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

Figure 6.18 shows trends among the Indiana family medicine survey respondents' and the top reasons they chose not to practice in Indiana from 2013 to 2023. Only those respondents who intended to practice outside Indiana were included in the analysis.

An increasing trend was noted among respondents who indicated the main reason they chose to practice outside the state was because of “lack of inclusive and diverse work environment” (8% in 2021 to 20% in 2023), “never intended to practice in Indiana” (10% in 2021 to 30% in 2023), and “other” (10% in 2013 to 21% in 2023). A decreasing trend was noted among respondents who indicated the main reason they chose to practice outside the state was because of “proximity to my spouse's or significant other's family” (57% in 2021 to 33% in 2023).

Chapter 7: Open-ended Comments from Survey Respondents, 2023

Two-open ended questions have been asked on the *2023 Indiana Family Medicine Residencies Exit Survey*[®]. These questions asked for suggestions to improve the program and new ideas for the residency curriculum. Responses to the two questions have been summarized into broad categories as shown below.

Respondents' suggestions for improving the program

Didactics

- Dedicated procedure time in the clinic would be very helpful. Dedicated administrative time throughout the year would also improve work/life balance.
- Focused didactics, more faculty involvement with teaching, More outpatient pediatrics experience, can create tracks for residents interested in OB or inpatient.
- Improve outpatient pediatric experience by diversity of rotation and didactic lectures.
- Less OB coverage.
- More board review time during required didactics.
- More dedicated time for education, too often are we missing out on opportunities to learn because we were too caught up in too many other things.
- Need more elective opportunities.
- Remove OB.
- Streamlining osteopathic requirements into regular acgme requirements.
- Stronger emphasis on board prep instead of constantly being fed DEI initiatives/gender affirming care.
- The assistance and resources I would have liked to help me prepare for boards and job applications was offered about 3 months too late and should have been offered in the fall. However, when I sought out resources, faculty were readily willing to help. I felt late on the timing and this added a lot of stress for about 3 months in the later part of residency.

Training

- Administrative time built in to schedules to allow days off to really be days off.
- Continue what has been tried and true (for rotation schedules).
- Decrease shadowing rotations.
- Increased clinic numbers in 1st year (already been changed for years beneath me). Getting rid of ICU rotation which leads to isolation and poor mental health due to the abusive and irrational schedule, and replace it with more clinic.
- Increased procedural experience (IUDs, Culpos, I&Ds, toenail removal, skin biopsies, injections) and improved didactics with formal education.
- More precepting for clinical note writing and EMR training.
- Rotations with more specialties.
- There did not seem to be much of any emphasis on wellness in our program as the program did not support resident outings/team building outside of residency even more concerning was there was no maternal/family leave policy in place until a resident had a child and residents had to develop a policy mainly unassisted by faculty. Residents should be scheduled in clinic at least one specific clinic day/half day that is consistent throughout residency (ex. every Tuesday AM). I think having a stronger presence of the PD throughout the year could be beneficial to the program and residents, such as biannually resident/PD meetings to check in. The second half of the year having didactics for 3rd years separate for at least 1 hr of didactics for board review. Have procedures scheduled in residents' normal clinics. Residents involved in interviews. Too much emphasis on inpatient medicine, increased emphasis on outpatient medicine/clinic management. Change jeopardy system to include penalties for calling jeopardy in not for illness (ex: resident calling in has to cover 1 shift of the resident called in (1:1) to reduce instances of residents calling in for reasons outside of being sick). Friday night and Saturday cross cover shifts are dangerous for patient care, having to round post-call, poor sign outs, covering team unfamiliar with patients.

Faculty involvement

- Better relationship with OB preceptors. More GYN autonomy while on ob/gyn.
- Faculty could be more hands on early to intervene with struggling residents.
- Leadership needs to be open to hearing and ACTING UPON feedback from trusted residents or faculty on faculty and resident performance.
- More experienced and diverse faculty.
- Strongly encourage re-evaluating the roles and responsibilities assigned to our clinical staff working and teaching residents. At this time, there remain significant holes that lead to inefficiencies in clinic that it makes it difficult for residents to truly learn how to work in an outpatient setting. I would encourage a thorough evaluation of how to improve clinic efficiency in order to reduce these burdens, and promote improved collaboration with the residents and clinic staff.
- We have been down faculty members for over a year and our psychologist was just fired, which is a huge loss to the program. The culprit is the hospital system. I am concerned for the future wellbeing of our current faculty that is already spread thin and residents (I do not take resident/physician suicide lightly and these are all areas that can help this from happening if acted on soon).

Resident wellness

- More wellness sessions.
- Wellness resources are advertised on IU GME sites but not always accessible. eg: Headspace subscription. Counselling services are not very readily available through the school (my experience was with trying to access marriage/relationship counselling). IUH employees have financial incentives for completing certain wellness challenges (walking goals, healthy eating goals, or optional personal wellness education) - implementation of a similar program on an IUSM would be beneficial. Training and retention of qualified admin staff at the residency to help streamline and guide residents through administrative tasks of residency (visas, licensing, elective documents etc).

General

- Communication, care for residents well-being.
- Consistency in Expectations: specifically call, rotations, etc.
- Different locations for outpatient peds including adolescent medicine and Riley obesity clinic.
- Have made suggestions in many other anonymous surveys.
- Increase leadership Diversity, incorporate more culture sensitive training, and start a Health Disparities initiative.
- Less cost cutting measures to overall health system and better tools and support staff. The residency is fine.
- More flexibility w/ conflicting responsibilities (don't expect me to admit a personal patient while in the midst of a busy clinic day).
- More open communication.
- More organization within administration- getting schedules sooner/quicker, having clear expectations/requirements.
- More proactive diversity in residents and faculty.
- Most important would be increasing transparency (and frequently) for decisions that would very obviously cause conflict/concern, otherwise just stabilizing: the OMT education, the Call schedule, and previously consistent rotations (ex. Neuro, Nephro, etc.)
- Provide lunches to all residency council meetings, more noon conferences/lectures from directors.
- They need to make more of an effort to listen to feedback from the residents, especially when new ideas are being proposed.
- Very good overall.

Residents' areas for the new curriculum

Didactics

- Addictions medicine track/fellowship.
- Ambulatory clinic and improve clinic oversight.
- Being able to tailor a curriculum to the needs of the individual resident.
- Business of Medicine, FM needs to decide if "FM" is synonymous with "Primary Care" as a whole across the nation...we're encountering barriers in the medical community related to this rather than be celebrated as the ultimate professional "jack of all trades" and it's unfair, disrespectful, and disillusioning.
- Comprehensive topic reviews incorporating AAFP guidelines, board questions.
- Create a hospital medicine pathway.
- Decrease the amount of OB.
- Greater emphasis on outpatient pediatrics rotations.
- Have regular culture sensitivity training in didactics. Create a plan and action for addressing and identifying health disparities in our own patient care, hire faculty that represent the diversity we want to practice, and create an environment that inspires them to stay.
- Health Policy.
- Increase the number of elective rotations, continue with the idea of doing low/high OB tracks.
- Lactation medicine, clinic experiences outside of home clinic, rural clinics.
- Lifestyle medicine.
- More emphasis on board prep! Furthermore, we have lots of diversity in our program, and that does not always have to mean skin color. I feel as though this residency does not recognize the other ways our residents are diverse (background, religion, ideology, etc).
- More specialty rotations.
- None - felt that we have a well-balanced curriculum.
- Remove OB.
- The programs actually have an excellent range of medical education, it just needs a few years to improve the quality of some of the rotations.

Training

- 1. Procedure clinic within our continuity clinic, where a full day can be spent on procedures with a dedicated faculty member. 2. Administrative time throughout the academic year to catch up on charting and administrative duties such as managing our inbox.
- Dedicated week-long procedure time dispersed throughout the three years to help get signed off on all the procedures you'd like to have done.
- EMR training, billing training.
- MAT training could be expanded, I did not get the opportunity to participate in my time. More robust training in women's health (not just OB). We need more training in general family medicine Geriatrics outside of the nursing home.
- Structured curriculum for procedure training.

Faculty involvement

- Practice management rotation working with administrators, clinic directors.
- There needs to be a structured boards review process for everyone and this needs to occur in the fall of 3rd year at the latest. this could be as simple as periodic meetings with a faculty advisor.

General

- Community resources such as what is in the area and what tools to help patients.
- Have made suggestions in many other anonymous surveys.
- Recommend for more resident involvement.

Hospital Code ___ _ _

**Indiana Medical Education Board
2023 Indiana Family Medicine Residencies Exit Survey**

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

First name: _____ Middle initial: _____ Last name: _____

What campus do you belong to?

- Ascension St. Vincent Hospital Indianapolis
- Community Hospital East FM Residency
- Community South Osteopathic FM Residency
- Deaconess Hospital
- Fort Wayne Medical Education Program
- Franciscan Health Indianapolis
- IUSM FM Residency at IUH Arnett
- IUSM FM Residency at IUH Ball Memorial Hospital
- IUSM FM Residency at IUH Primary Care Central Indianapolis
- IUSM FM Residency at Memorial Hospital in Jasper
- Memorial Hospital of South Bend
- Reid Health
- Saint Joseph Health System
- Union Hospital Inc.

DEMOGRAPHIC CHARACTERISTICS:

1. Birth Year: _____

2. Gender:

- Male
- Female
- Transgender male
- Transgender female
- Non-Binary
- My identity is not listed above (please specify): _____
- Prefer not to disclose

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

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

4. Do you consider yourself to be Hispanic or Latinx?

- Yes, Hispanic / Latinx
- No, not Hispanic / Latinx

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

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

6a. Where was the high school located from which you graduated? (e.g., Indianapolis, IN)

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

6b. Where was the college located from which you graduated? (e.g., Indianapolis, IN)

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

7a. From what medical school did you graduate and where was it located?

- o School _____
- o State _____
- o Outside of U.S.
 - o School _____
 - o Country _____

7b. Do you have an M.D. or D.O. degree?

- Doctor of Medicine
- Doctor of Osteopathic Medicine

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

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

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

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

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

- First generation trainee(e.g., first to go to college)
- Trainee from a rural area (e.g., area located outside a Metropolitan Statistical Area)
- Economically or educationally disadvantaged trainee(e.g., someone who is placed at special risk by socioeconomic and educational background)
- Trainee with a disability (e.g., cognitive, hearing, motor, visual, etc.)
- None of the above

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

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

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

- Yes
- No

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

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

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

Name of facility: _____

Street address: _____

City: _____ State: _____ Zip code: _____

If you have NOT accepted a position in patient care practice, please SKIP to Question 19.

PRACTICE CHARACTERISTICS:

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

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

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

- Access to patients who need my specialty care
- Always intended to practice in Indiana
- Cost of malpractice
- Cost of practicing is reasonable in Indiana
- Inclusive and diverse work environment
- More jobs or practice opportunities in Indiana
- Opportunity for my spouse or significant other
- Political climate
- Proximity to my family
- Proximity to my spouse's or significant other's family
- Proximity to recreation
- Relationship with my mentor
- Rotation experience
- Salary or compensation
- Weather
- Other (please specify): _____

15. When did you accept a position?

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

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

- Cost of malpractice
- Cost of practicing is too high in Indiana
- Inadequate access to patients needing my specialty
- Inadequate salary or compensation
- Lack of inclusive and diverse work environment
- Lack of jobs or practice opportunities in Indiana
- Never intended to practice in Indiana
- No opportunity for my spouse or significant other
- Political climate
- Proximity to my family
- Proximity to my spouse's or significant other's family
- Proximity to recreation
- Weather
- Other (please specify): _____

ONLY those who indicated they are not planning to practice in Indiana in Q16, will go to Q17.

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

- Yes
- No

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

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

PROGRAM ASSESSMENT:

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

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

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

	<u>Yes</u>	<u>No</u>
21a. In your residency program, did you <u>receive training</u> to serve the:		
i. Rural population	<input type="checkbox"/>	<input type="checkbox"/>
ii. Underserved population	<input type="checkbox"/>	<input type="checkbox"/>

	<u>Fully</u>	<u>Partially</u>	<u>Not at all</u>
21b. How <u>competent</u> do you feel providing care to the:			
i. Rural population	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ii. Underserved population	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CLINICAL LEARNING ENVIRONMENT:

	<u>Yes</u>	<u>No</u>
22. In your residency program, did you:		
a. Provide care as part of a multi-disciplinary inter-professional team to provide care?	<input type="checkbox"/>	<input type="checkbox"/>
b. Participate in a quality improvement project to improve health outcome?	<input type="checkbox"/>	<input type="checkbox"/>
c. Participate in a patient safety project?	<input type="checkbox"/>	<input type="checkbox"/>
d. Serve on a hospital-based committee or council?	<input type="checkbox"/>	<input type="checkbox"/>
e. Participate in a cultural competency or diversity training?	<input type="checkbox"/>	<input type="checkbox"/>
f. Participate in a health care disparities initiative?	<input type="checkbox"/>	<input type="checkbox"/>

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

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

24. During my training, I have felt a sense of equity, inclusion, and belonging.

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

PROGRAM QUALITY:

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

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

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

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

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

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

WELLNESS:

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
27. In the past 3 months of my residency training:					
a. My personal and professional lives were well-balanced	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. I have felt burned out from my work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. I have found my work to be meaningful	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

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

29. I would rate my overall wellness as:

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

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

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

Q31 is the last question! Thank you for completing the 2023 Indiana Family Medicine Residencies Exit Survey!

Appendix B: Survey Response Rates, 2012-2023

Family Medicine Residency Program	Distribution and Completion of <i>Indiana Family Medicine Residencies Exit Survey</i> ®											
	2012		2013		2014		2015		2016		2017	
	Distr.	Comp	Distr.	Comp	Distr.	Comp	Distr.	Comp	Distr.	Comp	Distr.	Comp
Ascension St. Vincent Hospital Indianapolis	10	10	8	8	7	7	9	9	10	10	9	9
Community Hospital East	7	7	6	6	8	8	8	8	10	10	9	9
Community Hospital South Osteopathic	1	1	2	2	4	4	4	4	4	4	4	4
Deaconess Hospital	5	5	6	6	6	6	6	6	6	6	8	8
Ft Wayne Medical Education Program	10	9	10	10	10	10	10	10	10	10	10	10
Franciscan Health Indianapolis	6	6	6	6	7	7	7	7	7	7	8	8
IUSM FM Residency at IUH Arnett	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
IUSM FM Residency at IUH Ball Memorial Hospital	8	8	7	7	8	8	8	8	10	10	10	10
IUSM FM Residency at IUH Primary Care Central Indianapolis	10	10	10	10	11	11	14	14	14	14	13	13
IUSM FM Residency at Memorial Hospital in Jasper	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Memorial Hospital of South Bend	8	8	8	8	6	6	10	10	9	9	9	9
Reid Health	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Saint Joseph Health System	7	7	8	8	8	8	9	9	9	9	9	9
Union Hospital	6	6	5	5	7	7	7	7	7	7	7	7
Total	78	77	76	76	82	82	92	92	96	96	96	96
Response Rate	98.70%		100.00%		100.00%		100.00%		100.00%		100.00%	

Appendix B: Survey Response Rates, 2012-2023 (Contd.)

Family Medicine Residency Program	Distribution and Completion of <i>Indiana Family Medicine Residencies Exit Survey</i> ®											
	2018		2019		2020		2021		2022		2023	
	Distr.	Comp	Distr.	Comp	Distr.	Comp	Distr.	Comp	Distr.	Comp	Distr.	Comp
Ascension St. Vincent Hospital Indianapolis	6	6	10	10	9	9	9	7	8	7	9	9
Community Hospital East	9	9	9	9	9	9	10	10	10	9	10	9
Community Hospital South Osteopathic	4	4	4	4	3	3	4	3	4	3	4	4
Deaconess Hospital	7	7	7	7	8	8	7	7	9	9	7	7
Ft Wayne Medical Education Program	10	10	10	10	12	12	12	12	12	10	12	12
Franciscan Health Indianapolis	8	8	7	7	8	5	7	4	8	8	9	9
IUSM FM Residency at IUH Arnett	n/a	n/a	n/a	n/a	n/a	n/a	5	5	5	4	5	5
IUSM FM Residency at IUH Ball Memorial Hospital	10	10	10	10	10	10	10	10	9	7	10	9
IUSM FM Residency at IUH Primary Care Central Indianapolis	13	13	13	13	13	13	14	14	14	14	12	12
IUSM FM Residency at Memorial Hospital in Jasper	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	5	5
Memorial Hospital of South Bend	8	8	9	9	9	9	9	9	9	5	9	9
Reid Health	4	4	3	3	6	5	6	5	5	5	7	7
Saint Joseph Health System	8	8	9	9	9	9	9	9	9	9	8	8
Union Hospital	7	7	7	7	7	7	7	7	7	7	7	7
Total	94	94	98	98	94	90	100	95	109	98	114	112
Response Rate	100.00%		100.00%		95.74%		95.00%		89.91%		98.25%	