

2018
Indiana Family Medicine Residencies
Exit Survey Report

Indiana Medical Education Board

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SCHOOL OF MEDICINE

Office of Educational Affairs

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Executive Summary

Background

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

Beginning in 2012, data were gathered from residents in all 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 (Reid Health) was added. Results from the twelve family medicine residency programs have been shown in this report.

The *2018 Indiana Family Medicine Residencies Exit Survey*[®] marks the 7th 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 spring of 2018. 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 2018, a total of 94 final-year family medicine residents were graduating from the 12 Indiana Family Medicine residency programs. All 94 residents were invited to participate on the *2018 Indiana Family Medicine Residencies Exit Survey*[®]. Of those residents, all 94 responded to the survey, thereby yielding a 100 percent response rate. This rate has been consistent over the last 6 years.

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

Results

Demographics: Three-fourths of the respondents were between the ages of 30 and 34 years. Over two-fifths of the respondents were female. Over three-fourths of the respondents were white. Two percent of the respondents were of Hispanic or Latino ethnicity. Five percent of the respondents were from another country. Of the majority that indicated they were from United States, about two-fifths were from Indiana. About one-third graduated from a high school or college in Indiana and over one-fourth reported graduating from the Indiana University School of Medicine. Almost one-fifth of the respondents indicated they were a first generation learner; about one-third came from a rural area, and 9 percent indicated they came from an economically or educationally disadvantaged background.

Debt load: About two-thirds of the respondents reported having an individual *and* a total household educational debt of \$200,000 or more. Over one-tenth of the respondents *and* their household members indicated they had no educational debt.

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

Over four-fifths of the respondents indicated the quality of their training program was “excellent” or “above average”. Over four-fifths of the respondents “strongly agree” or “agree” the overall performance of faculty *and* their peers in the training program exceeded their expectations. About one-third of the respondents “strongly agree” or “agree” they felt physically *or* emotionally burnt out from work; and over four-fifths indicated they had resources readily available to maintain their wellness. Almost two-thirds of the respondents had a “very good” or “good” balance between their personal and professional life; and over four-fifths indicated the overall quality of their life was “very good” or “good”.

Patient Care: Over three-fourths of the respondents planned to go into “patient care or clinical practice” after completing their training, followed by over one-fifth who planned to enter a fellowship. Almost three-fifths of the respondents planned to practice within Indiana after completing their training. Over four-fifths of the respondents reported entering a “hospital or health system owned” setting (i.e., inpatient only, outpatient only, and both inpatient *and* outpatient). Four-fifths of the respondents indicated they had no obligation or visa requirement to work in a designated HPSA or MUA after completing their training. About two-thirds of the respondents expect to see more than 25 percent of the patients from underserved populations in their new practice. Over four-fifths of the respondents expect to earn \$200,000

or more during their first year of practice. Almost all respondents reported that “many jobs” were available within their specialty in Indiana.

Main reasons for choosing a practice location:

- The main reasons given to practice at this location were: liked the people, met my personal needs or preferences, and met my professional needs or preferences.
- The main reasons given to practice in Indiana were: proximity to my family, cost of malpractice, always intended to practice in Indiana, and cost of practicing is reasonable in Indiana.
- The main reasons given to practice outside Indiana were: proximity to my family, proximity to my spouse’s or significant other’s family, and other.

Chi-square test of association was statistically significant among the male and female respondents:

- Male respondents were more likely to feel fully competent in medical knowledge ACGME competency area compared to their female counterparts.
- Male respondents were more likely to practice at this location due to proximity to their family, salary or compensation, and proximity to their spouse’s or significant others family.
- Male respondents were more likely to practice outside Indiana because of proximity to their spouse’s or significant others family.

Mapping information

In 2018, a majority of the respondents planned to choose Indiana as their primary location after training, followed by Ohio, Iowa, Kansas, Florida, Illinois, and Washington state. Of those respondents who chose Indiana as their primary location after completing training, a majority of them planned to practice or stay in Marion county, followed by St. Joseph, Allen, Johnson, and Vanderburgh counties.

In 2018, over three-fourths of the respondents from Deaconess Family Medicine Residency, IU Methodist Family Medicine Residency, St. Vincent Family Medicine Residency, and St. Joseph Regional Medical Center indicated going to a HPSA and /or MUA after completing their training.

Increasing trends were noted for respondents who:

- Were between 30 and 34 years of age (63% in 2012 to 76% in 2018).
- Were coming from *outside* of Indiana (50% in 2012 to 60% in 2018).
- Had an individual educational debt load of “\$200,000 or more” (40% in 2012 to 62% in 2018).
- Rated the quality of their program as “excellent” (36% in 2012 to 51% in 2018).
- “Strongly agree” that the performance of faculty in their training program had exceeded their expectations (29% in 2012 to 44% in 2018).
- “Strongly agree” that the performance of other residents or fellows in their program had exceeded their expectations (32% in 2012 to 44% in 2018).
- Were going into a “hospital or health system owned – inpatient and outpatient” facility (21% in 2014 to 33% in 2018).
- Chose to practice at *this* location because it “met their personal needs or preferences” (60% in 2012 to 74% in 2018) and “liked the people” (63% in 2012 to 75% in 2018).

- Chose to practice in Indiana because they “always intended to practice in Indiana” (31% in 2013 to 49% in 2018) and “salary or compensation” (29% in 2013 to 39% in 2018).
- Chose to practice outside Indiana because “never intended to practice in Indiana” (10% in 2013 to 27% in 2018), and “other” (10% in 2013 to 33% in 2018).

Declining trends were noted for respondents who:

- Were coming from *within* Indiana (50% in 2012 to 40% in 2018).
- Had an individual educational debt load “between \$100,000 and \$199,999” (31% in 2012 to 20% in 2018).
- Received training to serve the rural populations (75% in 2012 to 63% in 2018).
- Felt “fully” competent serving the rural populations (73% in 2012 to 55% in 2018).
- Felt “fully” competent serving the underserved populations (97% in 2012 to 83% in 2018).
- Rated the quality of the program as “above average” (45% in 2012 to 36% in 2018).
- Were going into a “group practice” setting (19% in 2014 to 6% in 2018).

Chapter 1: Introduction

Having a better understanding of the factors that influence how residents choose a practice location will help improve the efforts to recruit and retain family medicine physicians in areas of need within the state. Now more than ever, it has become increasingly important to understand how family medicine residents decide where to practice after they complete their training because of 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. This information may be valuable in improving efforts to recruit and retain physicians in areas of need within our state.

The *2018 Indiana Family Medicine Residencies Exit Survey*[®] marks the 7th 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 suggestions and ideas for improvement.

The next chapter describes the methodology used for this study. Chapter 3 shows responses for the *2018 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 trending patterns from 2012 to 2018. Appendix A includes a copy of the *2018 Indiana Family Medicine Residencies Exit Survey*[®] and Appendix B shows a table with response tally for each family medicine residency program location from 2012 to 2018.

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 *2018 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 *2018 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 2018. The PI then administered this cross-sectional survey to all final-year residents in the twelve family medicine residency programs within the state in May and June, 2018.

The PI contacted program directors and/or program coordinators at each of the twelve family medicine residency sites to schedule a visit to administer surveys in a group setting at each facility. In a few cases, where the residents could not attend the group-administered session, the PI left blank surveys and pre-addressed stamped envelopes with the program coordinator(s). The PI made regular follow-ups with coordinators to ensure that the survey was completed and mailed back to the PI.

Paper survey instruments were used for each of the twelve family medicine residency programs within the state.⁴ The survey was administered to a total of 94 residents graduating from the twelve family medicine programs across the state in the 2018 calendar year (including off-cycle graduates as well). Of those 94 residents, all 94 responded to the surveys, thereby yielding a 100 percent response rate. A table with response tally for each family medicine residency program location from 2012 to 2018 has been shown in **Appendix B**.

Completed paper surveys were scanned into an electronic database. Data analysis was performed using statistical software, *IBM SPSS Statistics, v25* and mapping software, *ArcGIS 10.5*. Chi-square tests were used to compare responses between groups. *P*-values less than 0.05 were considered statistically significant. All data files were kept in a secure and protected database at the Office of Research in Medical Education.

At the end of the analysis, this main report will be distributed to the Indiana Medical Education Board members as well as to the twelve family medicine residency program directors. In addition, "location-specific" reports will also be distributed to all the Board members and program directors at the twelve family medicine residency programs.

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

Chapter 3: Responses to the 2018 Indiana Family Medicine Residencies Exit Survey[©]

This chapter shows responses to questions asked on the *2018 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 3.23 and figures 3.1 to 3.2 are based on responses from all 94 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=72);
- intended to practice in Indiana (n=41); and,
- intended to practice outside Indiana (n=30).

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

All Respondents [n=94]

I. Demographic Characteristics (n=94)

Age

Table 3.1	All FM Respondents	
	2018 (n=94)	
Age	#	%
25-29	12	13.0
30-34	70	76.1
35-39	9	9.8
40-44	0	0.0
45 and over	1	1.1
Total	92	100.0
Missing	2	

Table 3.1 shows the age distribution of all Indiana family medicine survey respondents. Three-fourths (76%) of the respondents indicated they were between the ages of 30 and 34 years. The 7-year average was 63 percent.

Gender

Table 3.2	All FM Respondents	
	2018 (n=94)	
Gender	#	%
Male	53	57.6
Female	39	42.4
Other	0	0.0
Total	92	100.0
Missing	2	

Table 3.2 shows the gender distribution of all Indiana family medicine survey respondents. Over two-fifths (42%) of the respondents indicated they were female. The 7-year average was 43 percent.

Race

Table 3.3	All FM Respondents	
	2018 (n=94)	
Which of the following describes your race? Please mark ALL that apply.	#	%
American Indian/Alaskan Native	0	0.0
Asian	13	13.8
Black/African American	3	3.2
Native Hawaiian/Pacific Islander	0	0.0
White	73	77.7
Other	2	2.1
Biracial*	3	3.2
Total	94	96.8
Missing	0	

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

Table 3.3 shows the racial distribution of all Indiana family medicine survey respondents. Over three-fourths (78%) of the respondents indicated they were white, followed by 14 percent of the respondents who indicated they were Asian. The 7-year average was 79 percent and 11 percent for white and Asian respondents, respectively.

Ethnicity

Table 3.4	All FM Respondents	
	2018 (n=94)	
Do you consider yourself Hispanic or Latino?	#	%
Yes, Hispanic/Latino	2	2.1
No, not Hispanic/Latino	92	97.9
Total	94	100.0
Missing	0	

Table 3.4 shows the ethnicity of all Indiana family medicine survey respondents. Two percent of the respondents indicated they were of Hispanic or Latino ethnicity. The 7-year average was 6 percent.

Respondents Coming From

Table 3.5	All FM Respondents	
	2018 (n=94)	
Where are the respondents coming from?	#	%
Outside USA	5	5.4
Within USA	87	94.6
<i>Outside Indiana</i>	<i>51</i>	<i>58.6</i>
<i>Within Indiana</i>	<i>36</i>	<i>41.4</i>
Total	92	100.0
Missing	2	

Table 3.5 shows where the Indiana family medicine survey respondents were coming from. Five percent of the respondents indicated they were from another country. A majority (95%) of the respondents indicated they were from United States. Of those 87 respondents who indicated they were from United States, about two-fifths (41%) were from Indiana. The 7-year average was 48 percent.

Respondents who have an Indiana Connection

Table 3.6	All FM Respondents	
	2018 (n=94)	
Respondents who have an Indiana...	#	%
High school	34	36.2
College	34	36.2
Medical School	24	25.5
<i>IUSM</i>	<i>24</i>	<i>100.0</i>
<i>MUCOM</i>	<i>0</i>	<i>0.0</i>

Table 3.6 shows the Indiana family medicine survey respondents who graduated from a high school, college, or medical school in Indiana. About one-third of the respondents indicated they had graduated from a high school (36%) or college (36%) in Indiana. The 7-year average for respondents graduating from a high school or college in Indiana was 37 percent. Over one-fourth (26%) of the respondents reported graduating from the Indiana University School of Medicine (IUSM), with a 7-year average of 26 percent.

Type of Medical Degree

Table 3.7	All FM Respondents	
	2018 (n=94)	
Do you have an M.D. or D.O. degree?	#	%
Doctor of Medicine	65	70.7
Doctor of Osteopathic Medicine	27	29.3
Total	92	100.0
Missing	2	

Table 3.7 shows the type of medical degree received by the Indiana family medicine survey respondents. This question was not asked on the survey in previous years. Over one-fourth (29%) of the respondents reported having received a Doctor of Osteopathic Medicine (D.O.) degree.

Learner Background

Table 3.8	All FM Respondents	
	2018 (n=94)	
Do you consider yourself:	#	%
First generation learner	18	19.1
Learner from a rural area	29	30.9
Economically or educationally disadvantaged	8	8.5
None of the above	50	53.2

Table 3.8 shows the Indiana family medicine survey respondents' learner and socioeconomic background. Almost one-fifth (19%) of the respondents indicated they were a first generation learner. Nearly one-third (31%) of the respondents indicated they came from a rural area, and 9 percent indicated they came from an economically or educationally disadvantaged background.

II. Educational Debt Load (n=94)

Current Individual Educational Debt

Figure 3.1: Current Individual Educational Debt (n=94)

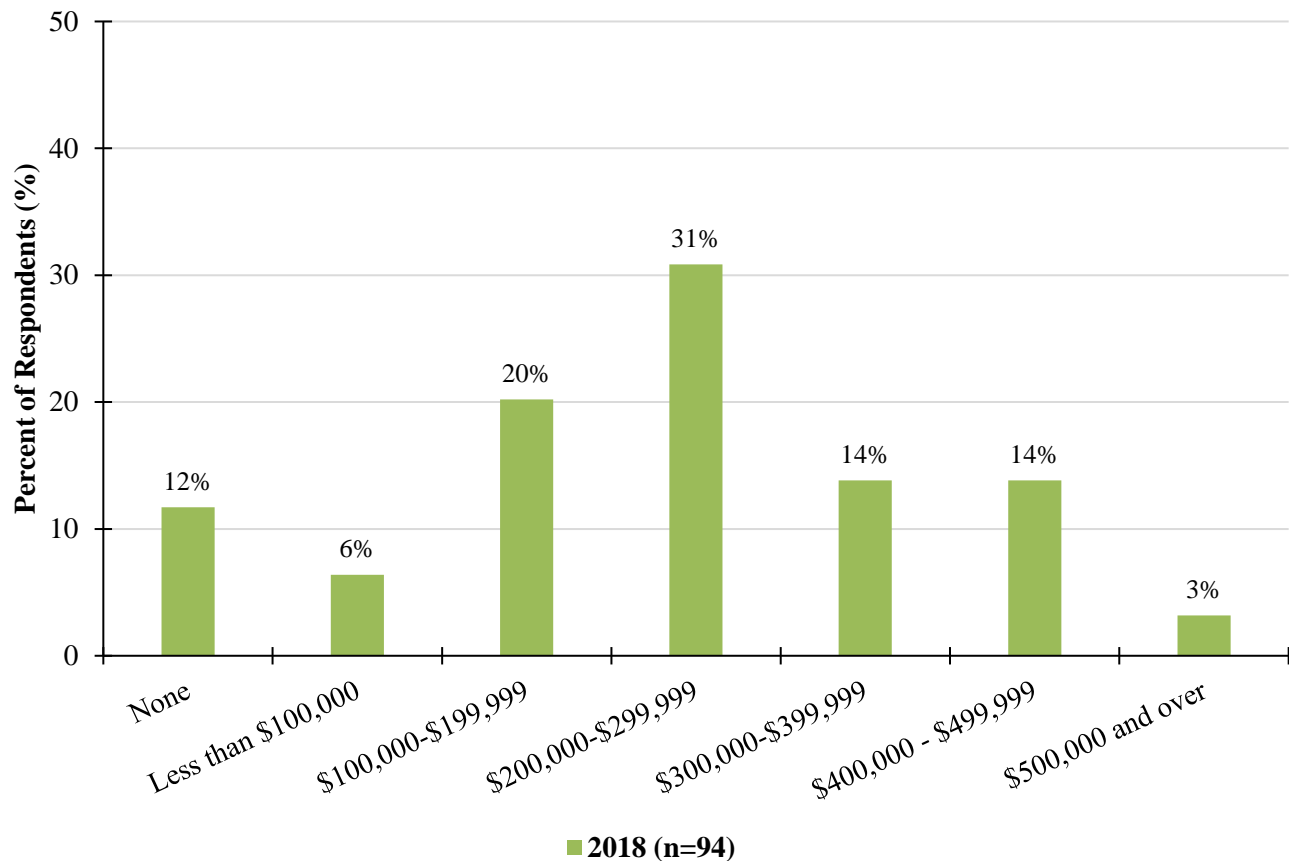


Figure 3.1 presents the current level of individual educational debt among the Indiana family medicine survey respondents. Over one-tenth (12%) of the respondents indicated they had no individual educational debt load. The 7-year average was 15 percent. Almost two-thirds (62%) of the respondents reported having an individual educational debt load of \$200,000 or more. The 7-year average was 53 percent.

Current Total Household Educational Debt

Figure 3.2: Current Household Educational Debt (n=94)

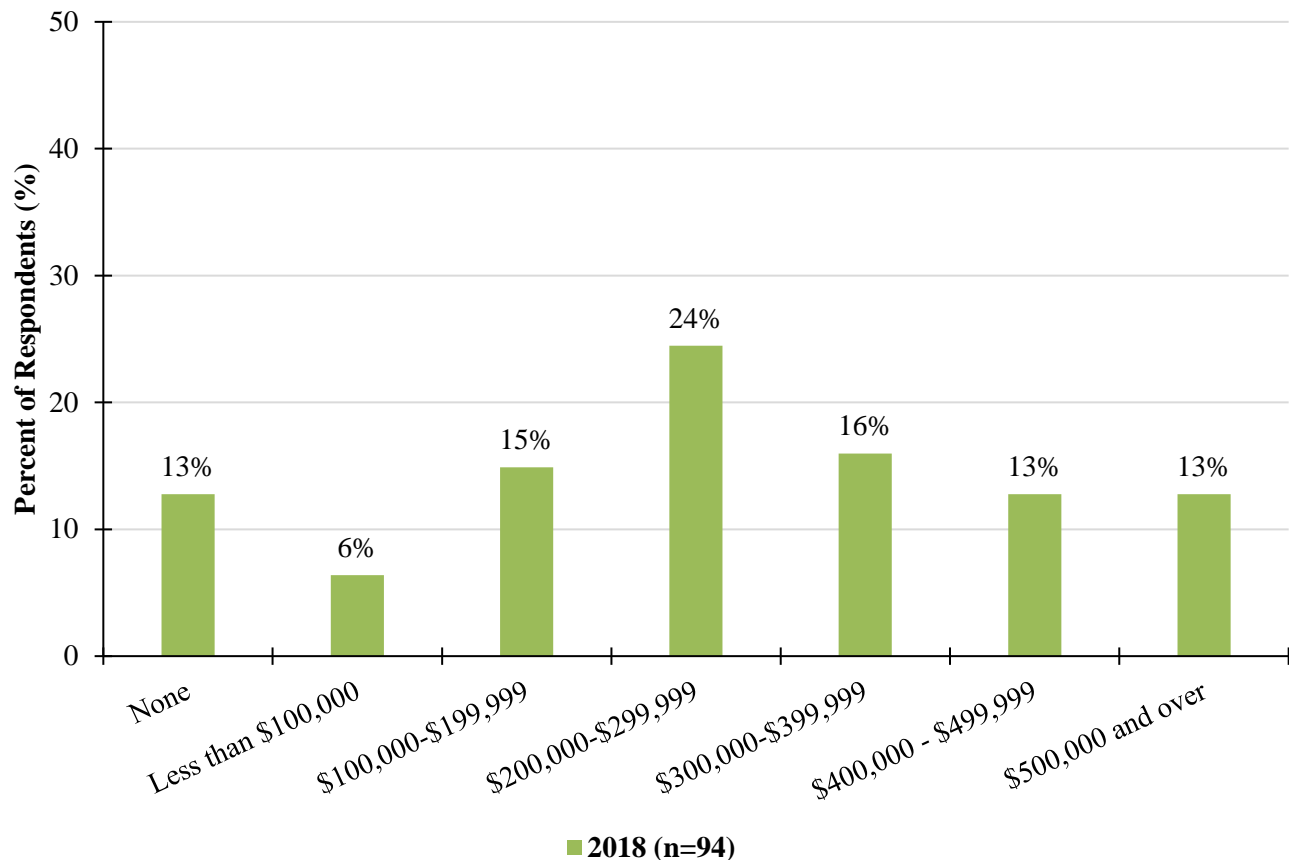


Figure 3.2 presents the current level of total household educational debt among the Indiana family medicine survey respondents. Over one-tenth (13%) of the respondents indicated they had no household educational debt load. The 7-year average was 13 percent. Two-thirds (66%) of the respondents reported having a total household educational debt load of \$200,000 or more. The 7-year average was 58 percent.

III. Program Assessment (n=94)

Training Program

Table 3.9	All FM Respondents	
	2018 (n=94)	
The Family Medicine residency program was helpful in the preparation for my specialty exams.	#	%
Strongly Agree	46	51.1
Agree	32	35.6
Neutral	7	7.8
Disagree	4	4.4
Strongly Disagree	1	1.1
Total	90	100.0
Missing/ Board Exam in my field does not exist	4	

Table 3.9 shows the Indiana family medicine survey respondents' assessment of how helpful their training program was in preparing them for the specialty exams. A majority (87%) of the respondents indicated they "strongly agree" or "agree" that the family medicine residency program was helpful in preparing them for the specialty exams. The 7-year average was 87 percent.

ACGME Competency Areas

Table 3.10	All FM Respondents					
	2018 (n=94)					
	Fully		Partially		Not at all	
How competent do you feel in the following ACGME competencies?	#	%	#	%	#	%
Patient Care	88	93.6	6	6.4	0	0.0
Medical Knowledge	84	89.4	10	10.6	0	0.0
Practice-based learning and improvement	70	74.5	24	25.5	0	0.0
Interpersonal and communication skills	92	97.9	2	2.1	0	0.0
Professionalism	93	98.9	1	1.1	0	0.0
Systems-based practice	71	75.5	22	23.4	1	1.1

Table 3.10 shows the Indiana family medicine survey respondents' self-rated competency level in the six Accredited Council for Graduate Medical Education (ACGME) competency areas. Almost all ($\geq 89\%$) respondents indicated they felt "fully" competent in patient care (94%), medical knowledge (89%), interpersonal and communication skills (98%), and professionalism (99%). Three-fourths of the respondents indicated they felt "fully" competent in practice-based learning and improvement (75%) and systems-based practice (76%).

Rural and Underserved Training

Table 3.11	All FM Respondents			
	2018 (n=94)			
	Yes		No	
In your Family Medicine residency program did you receive training to serve the:	#	%	#	%
Rural Population	59	63.4	34	36.6
Underserved Population	91	97.8	2	2.1

Table 3.11 shows whether the Indiana family medicine survey respondents received training to serve the rural and underserved populations during their training program. Almost two-thirds (63%) of the respondents indicated they had received training to serve the rural populations. The 7-year average was 71 percent. Almost all (98%) respondents indicated they had received training to serve the underserved populations. The 7-year average was 99 percent.

Competency in Providing Care to the Rural and Underserved Populations

Table 3.12	All FM Respondents					
	2018 (n=94)					
	Fully		Partially		Not at all	
How competent do you feel providing care to the:	#	%	#	%	#	%
Rural Population	52	55.3	42	44.7	0	0.0
Underserved Population	78	83.0	16	17.0	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. Over one-half (55%) of the respondents indicated they felt "fully" competent in providing care to the rural populations. The 7-year average was 62 percent. Over four-fifths (83%) of the respondents indicated they felt "fully" competent in providing care to the underserved populations. The 7-year average was 91 percent.

Program Opportunities

Table 3.13	All FM Respondents			
	2018 (n=94)			
	Yes		No	
In the current academic year, did you:	#	%	#	%
Have an opportunity to be part of a multi-disciplinary inter-professional team to provide care?	93	98.9	1	1.1
Participate in a quality improvement project to improve health outcome?	91	97.8	2	2.2
Participate in a patient safety project?	72	77.4	21	22.6
Have an opportunity to serve on a committee or council?	88	93.6	6	6.4
Have an opportunity to participate in a cultural competency or diversity training?	81	86.2	13	13.8

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 multi-disciplinary inter-professional team (99%), able to participate in a quality

improvement project (98%), had the opportunity to serve on a committee or council (94%), and had the opportunity to participate in a cultural competency or diversity training (86%). Three-fourths (77%) of the respondents indicated they had participated in a patient safety project.

Competency in Communicating during the Hand-Off Process

Table 3.14	All FM Respondents	
	2018 (n=94)	
How competent do you feel in communicating with team members in the hand-off process?	#	%
Very competent	80	85.1
Competent	14	14.9
Neutral	0	0.0
Incompetent	0	0.0
Very incompetent	0	0.0
Total	94	100.0
Missing	0	

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

Quality of Program

Table 3.15	All FM Respondents	
	2018 (n=94)	
I would rate the overall <u>quality</u> of my Family Medicine residency program as:	#	%
Excellent	48	51.1
Above Average	34	36.2
Average	11	11.7
Below Average	1	1.1
Extremely Poor	0	0.0
Total	94	100.0
Missing	0	

Table 3.15 shows the Indiana family medicine survey respondents' overall rating of the quality of their training program. A majority (87%) of the respondents indicated the quality of their training program was “excellent” or “above average”. The 7-year average was 88 percent.

Faculty Assessment

Table 3.16	All FM Respondents	
	2018 (n=94)	
I would rate the overall performance of the <u>faculty</u> in my Family Medicine residency program to have exceeded my expectations.	#	%
Strongly Agree	41	43.6
Agree	38	40.4
Neutral	9	9.6
Disagree	5	5.3
Strongly Disagree	1	1.1
Total	94	100.0
Missing	0	

Table 3.16 shows the Indiana family medicine survey respondents' overall performance rating of faculty in their training program. A majority (84%) of the respondents indicated they “strongly agree” or “agree” the overall performance of faculty in their training program exceeded their expectations. The 7-year average was 83 percent.

Assessment of Peer Residents

Table 3.17	All FM Respondents	
	2018 (n=94)	
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	41	43.6
Agree	43	45.7
Neutral	9	9.6
Disagree	1	1.1
Strongly Disagree	0	0.0
Total	94	100.0
Missing	0	

Table 3.17 shows the Indiana family medicine survey respondents' overall performance rating of other residents in their training program. A majority (89%) of the respondents indicated they “strongly agree” or “agree” the overall performance of other residents in their training program exceeded their expectations. The 7-year average was 91 percent.

Physical Burnout

Table 3.18	All FM Respondents	
	2018 (n=94)	
At this time, I feel...Physically "burnt out" from my work:	#	%
Strongly Agree	6	6.4
Agree	24	25.5
Neutral	20	21.3
Disagree	32	34.0
Strongly Disagree	12	12.8
Total	94	100.0
Missing	0	

Table 3.18 shows the Indiana family medicine survey respondents' overall feeling of physical burnout. About one-third (32%) of the respondents indicated they "strongly agree" or "agree" they felt physically burnt out from work.

Emotional Burnout

Table 3.19	All FM Respondents	
	2018 (n=94)	
At this time, I feel...Emotionally "burnt out" from my work:	#	%
Strongly Agree	7	7.4
Agree	29	30.9
Neutral	21	22.3
Disagree	29	30.9
Strongly Disagree	8	8.5
Total	94	100.0
Missing	0	

Table 3.19 shows the Indiana family medicine survey respondents' overall feeling of emotional burnout. Over one-third (38%) of the respondents indicated they "strongly agree" or "agree" they felt emotionally burnt out from work.

Resources Available

Table 3.20	All FM Respondents	
	2018 (n=94)	
I have resources readily available to maintain my wellness:	#	%
Strongly Agree	29	31.5
Agree	49	53.3
Neutral	9	9.8
Disagree	5	5.4
Strongly Disagree	0	0.0
Total	92	100.0
Missing	2	

Table 3.20 shows the Indiana family medicine survey respondents’ overall ability to use readily available resources to maintain their wellness. A majority (85%) of the respondents indicated they “strongly agree” or “agree” they had readily available resources to maintain their wellness.

Personal-Professional Balance

Table 3.21	All FM Respondents	
	2018 (n=94)	
I would rate the overall: Balance between my personal and professional life as...	#	%
Very Good	17	18.1
Good	44	46.8
Fair	25	26.6
Poor	8	8.5
Very Poor	0	0.0
Total	94	100.0
Missing	0	

Table 3.21 shows the Indiana family medicine survey respondents’ overall rating of balance between their personal and professional life. Almost two-thirds (65%) of the respondents indicated they had a “very good” or “good” balance between their personal and professional life.

Quality of Life

Table 3.22	All FM Respondents	
	2018 (n=94)	
I would rate the overall: Quality of my life as...	#	%
Very Good	21	22.3
Good	55	58.5
Fair	17	18.1
Poor	1	1.1
Very Poor	0	0.0
Total	94	100.0
Missing	0	

Table 3.22 shows the Indiana family medicine survey respondents’ overall rating of their quality of life. Over four-fifths (81%) of the respondents indicated the overall quality of their life was “very good” or “good”.

Plans after Graduation

Table 3.23	All FM Respondents	
	2018 (n=94)	
What do you expect to be doing after completion of your current Family Medicine residency program? Please mark only ONE option.	#	%
Patient Care or Clinical Practice (in Non-Training Position)	72	78.3
Fellowship or Additional Subspecialty Training	20	21.7
Military	0	0.0
Non Patient Care-based activities (e.g., research, administration)	0	0.0
Temporarily Out of Medicine	0	0.0
Other	0	0.0
Total	92	100.0
Missing/Undecided or Don't know yet	2	

Table 3.23 shows what the Indiana family medicine survey respondents expect to do after completing their current training program. Over three-fourths (78%) of the respondents indicated they planned to go into patient care or clinical practice after completing their training, followed by over one-fifth (22%) of the respondents who planned to enter a fellowship. The 7-year average for respondents going into patient care or clinical practice was 80 percent.

NOTE: The following section is only for those survey respondents who indicated they were primarily going into “patient care or clinical practice” after completing their training (n=72).

IV. Practice Characteristics (n=72)

Primary Practice Location

Table 3.24	Clinical Care Respondents	
	2018 (n=72)	
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	21	29.6
Same region in Indiana, but different city or county	12	16.9
Other area in Indiana	8	11.3
Other U.S. state (not Indiana)	29	40.8
Outside of U.S.	1	1.4
Total	71	100.0
Missing/Undecided	1	

Table 3.24 shows the location of the Indiana family medicine survey respondents' primary activity after completing their current training program. Almost three-fifths (58%) of the respondents indicated they planned to practice within Indiana after completing their training. Two-fifths (42%) of the respondents indicated they planned to practice outside Indiana after completing their training. One respondent was undecided at the time the survey was administered. The 7-year average for respondents planning to practice within Indiana and outside Indiana was 61 percent and 39 percent, respectively.

Type of Practice

Table 3.25	Clinical Care Respondents	
	2018 (n=72)	
Which best describes the principal type of Patient Care Practice you will be entering?	#	%
Independently-owned physician practice - Solo	0	0.0
Independently-owned physician practice - Group or Partnership (2 or more persons)	4	6.0
Hospital or health system owned - inpatient only	9	13.4
Hospital or health system owned - outpatient only	25	37.3
Hospital or health system owned - inpatient and outpatient	22	32.8
Urgent care facility	1	1.5
Managed care organization or insurance company	1	1.5
Free-standing health center or clinic (Federal, state, local government or community board led, etc.)	3	4.5
Nursing home or institutional residential facility	0	0.0
Other	2	3.0
Total	67	100.0
Missing	5	

Table 3.25 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 (13%), outpatient only (37%), and both inpatient *and* outpatient (33%). The 7-year average was 73 percent.

Obligation or Visa Requirement

Table 3.26	Clinical Care Respondents	
	2018 (n=72)	
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	13	18.1
No	59	81.9
Total	72	100.0
Missing	0	

Table 3.26 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 7-year average was 15 percent.

Percentage of Patients Expected to be seen from Underserved Populations

Table 3.27	Clinical Care Respondents	
	2018 (n=72)	
In your new practice, what percentage of the patients do you expect to see from underserved populations? (Medicaid or self-pay, educationally or economically disadvantaged)	#	%
Less than 10 percent	4	6.3
10-24 percent	20	31.3
25-49 percent	24	37.5
50-74 percent	12	18.8
More than 75 percent	4	6.3
Total	64	100.0
Missing	8	

Table 3.27 shows the percentage of patients that the Indiana family medicine survey respondents’ expect to see from underserved populations (Medicaid or self-pay, educationally or economically disadvantaged) in their new practice. Almost two-thirds (63%) of the respondents indicated they expect to see more than 25 percent of the patients from underserved populations in their new practice. The 7-year average was 54 percent.

Opportunities in Indiana

Figure 3.3: Overall Assessment of Practice Opportunities in Indiana (n=72)

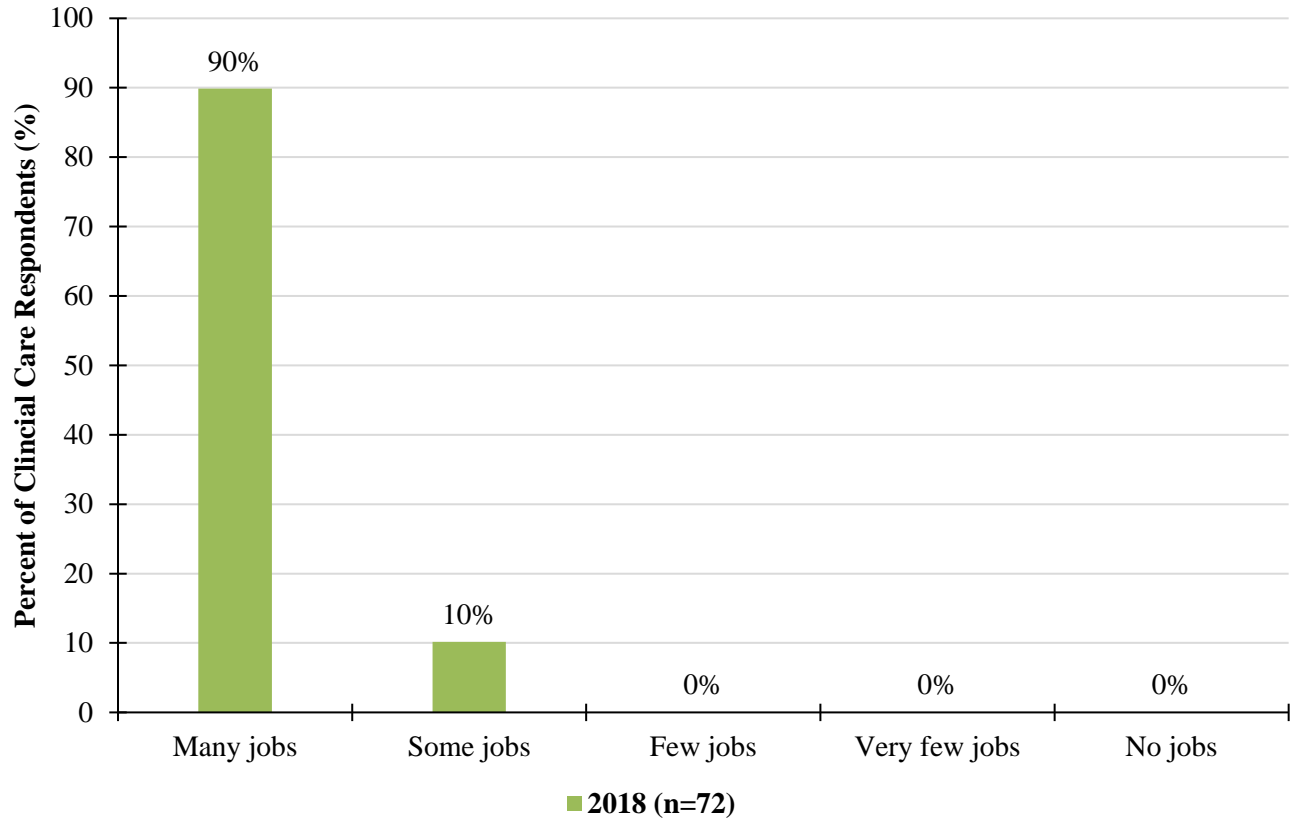


Figure 3.3 presents the overall assessment of practice opportunities for Indiana family medicine survey respondents within their specialty in Indiana. Almost all (90%) respondents reported that “many jobs” were available within their specialty in Indiana. The 7-year average was 84 percent.

Expected Gross Income

Figure 3.4: Expected Gross Income (n=72)

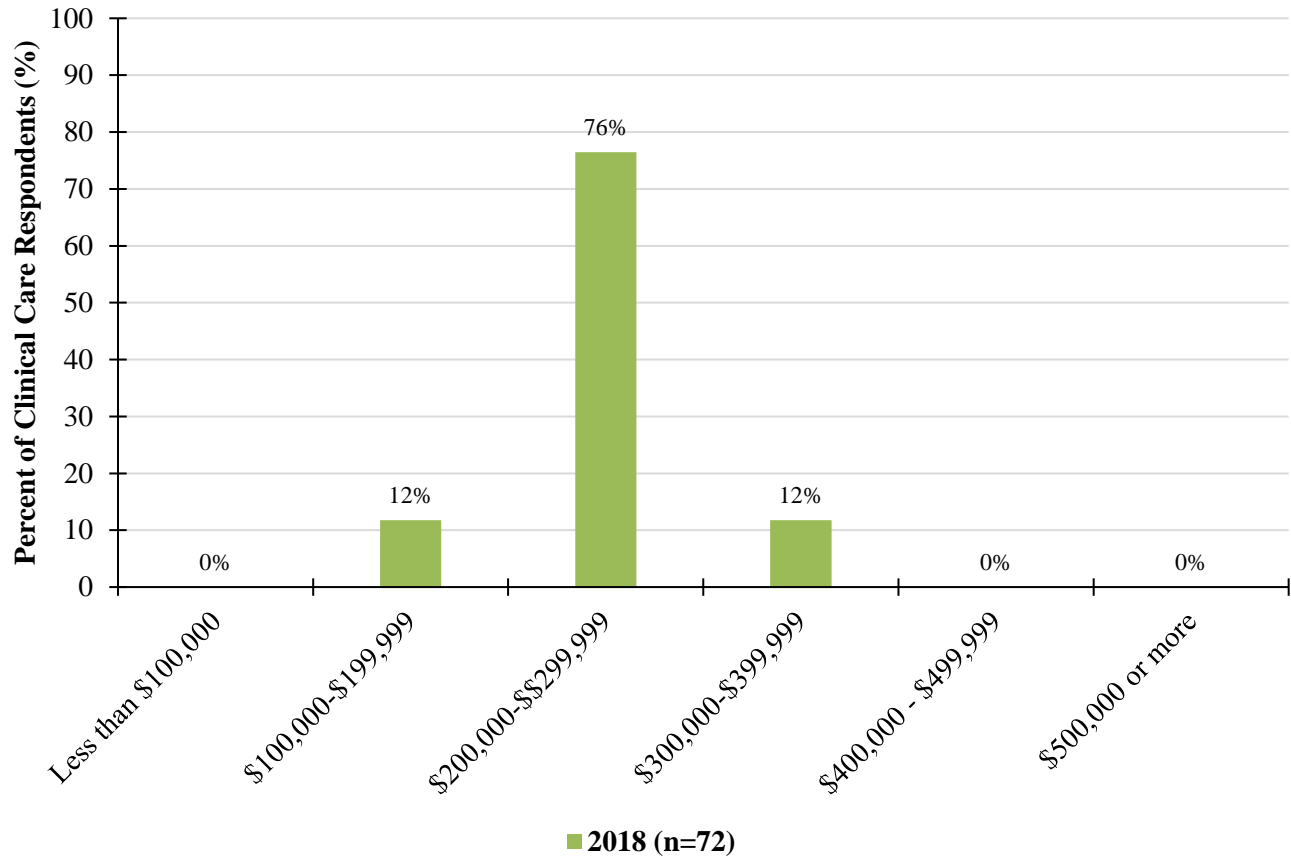


Figure 3.4 presents the gross income (salary plus incentives) that Indiana family medicine survey respondents expect to earn during their first year of practice. A majority (88%) of respondents indicated they expect to earn \$200,000 or more during their first year of practice. The 7-year average was 71 percent.

Job Offers All Together

Table 3.28	Clinical Care Respondents	
	2018 (n=72)	
How many offers for employment/practice positions did you receive <u>all together</u> ?	#	%
0	0	0.0
1	5	7.8
2	11	17.2
3	17	26.6
4	7	10.9
5 or more	24	37.5
Total	64	100.0
Missing/Did not seek employment position at the time	8	

Table 3.28 shows the total number of offers the Indiana family medicine survey respondents received for employment or practice positions. Three-fourths (75%) of the respondents indicated they had received three or more offers for employment all together. The 7-year average was 72 percent.

Main Reasons to Practice at this Location

Figure 3.5: Main Reasons to Practice at this Location (n=72)

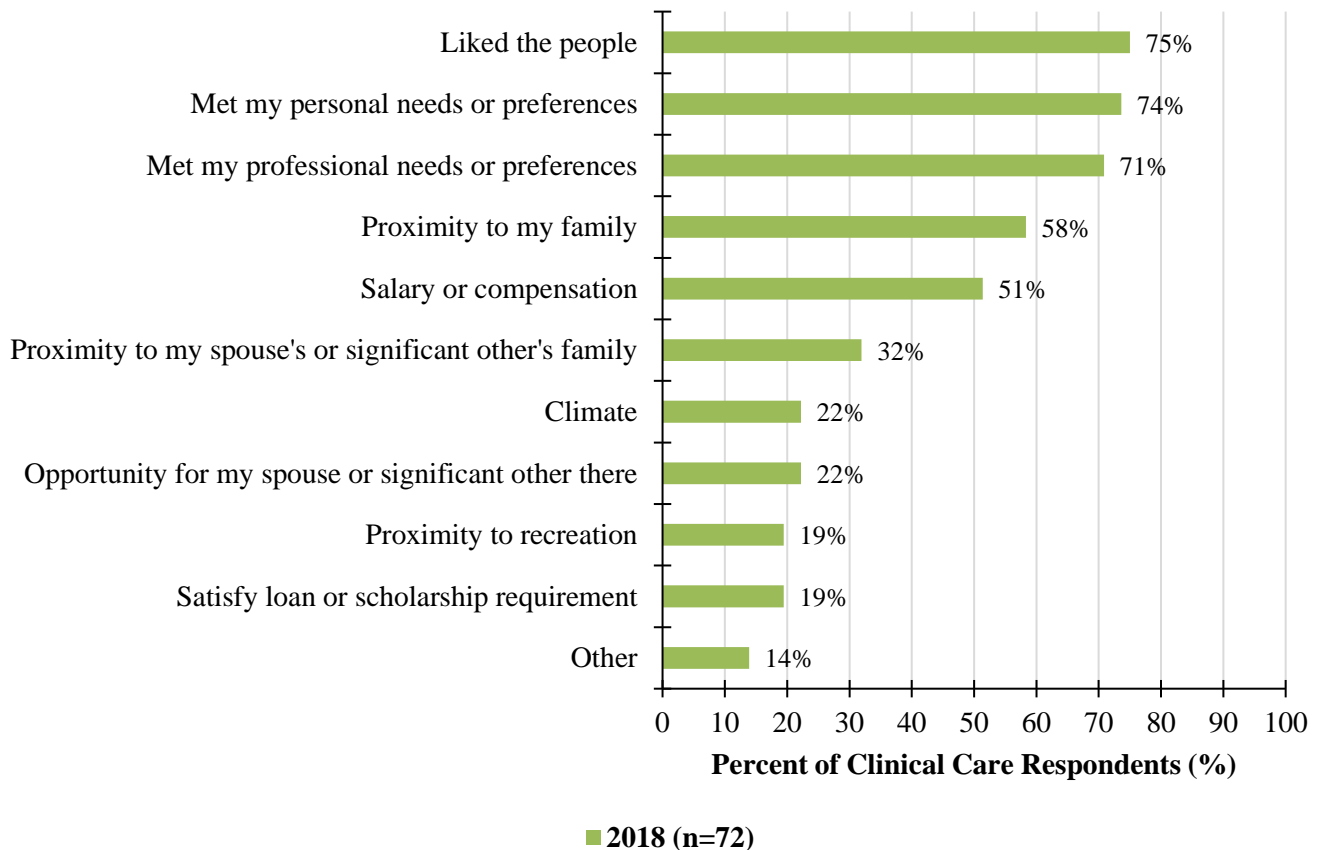


Figure 3.5 presents the main reasons influencing the Indiana family medicine survey respondents' choice of practice location. The main reasons given by respondents to practice at this location were: “liked the people” (75%), “met my personal needs or preferences” (74%), and “met my professional needs or preferences” (71%).

Respondents going into patient care or clinical practice within Indiana (n=41)

Job Offers in Indiana

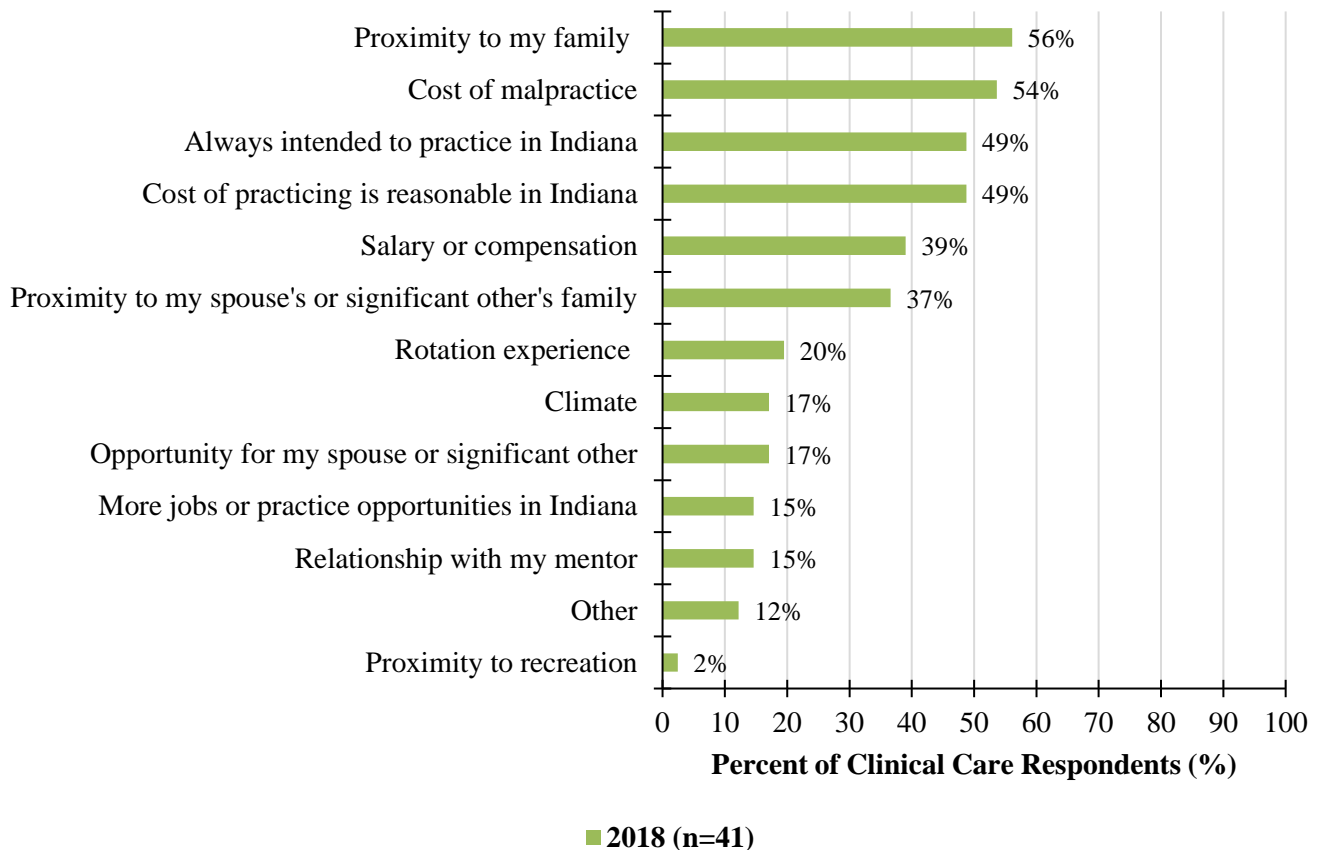
Table 3.29	Clinical Care Respondents	
	2018 (n=41)*	
How many offers for employment/practice positions did you receive <u>in Indiana?</u>	#	%
0	0	0.0
1	4	10.5
2	14	36.8
3	7	18.4
4	3	7.9
5 or more	10	26.3
Total	38	100.0
Missing/Did not seek employment position at the time	3	

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

Table 3.29 shows the number of offers the Indiana family medicine survey respondents received for employment or practice positions in Indiana. Only those respondents who indicated their primary practice location was in Indiana were included in the analysis for this table. Of those 41 respondents, over one-half (53%) of the respondents indicated they had received three or more offers for employment in the state. The 7-year average was 62 percent.

Main Reasons to Practice in Indiana

Figure 3.6: Main Reasons to Practice in Indiana (n=41)*



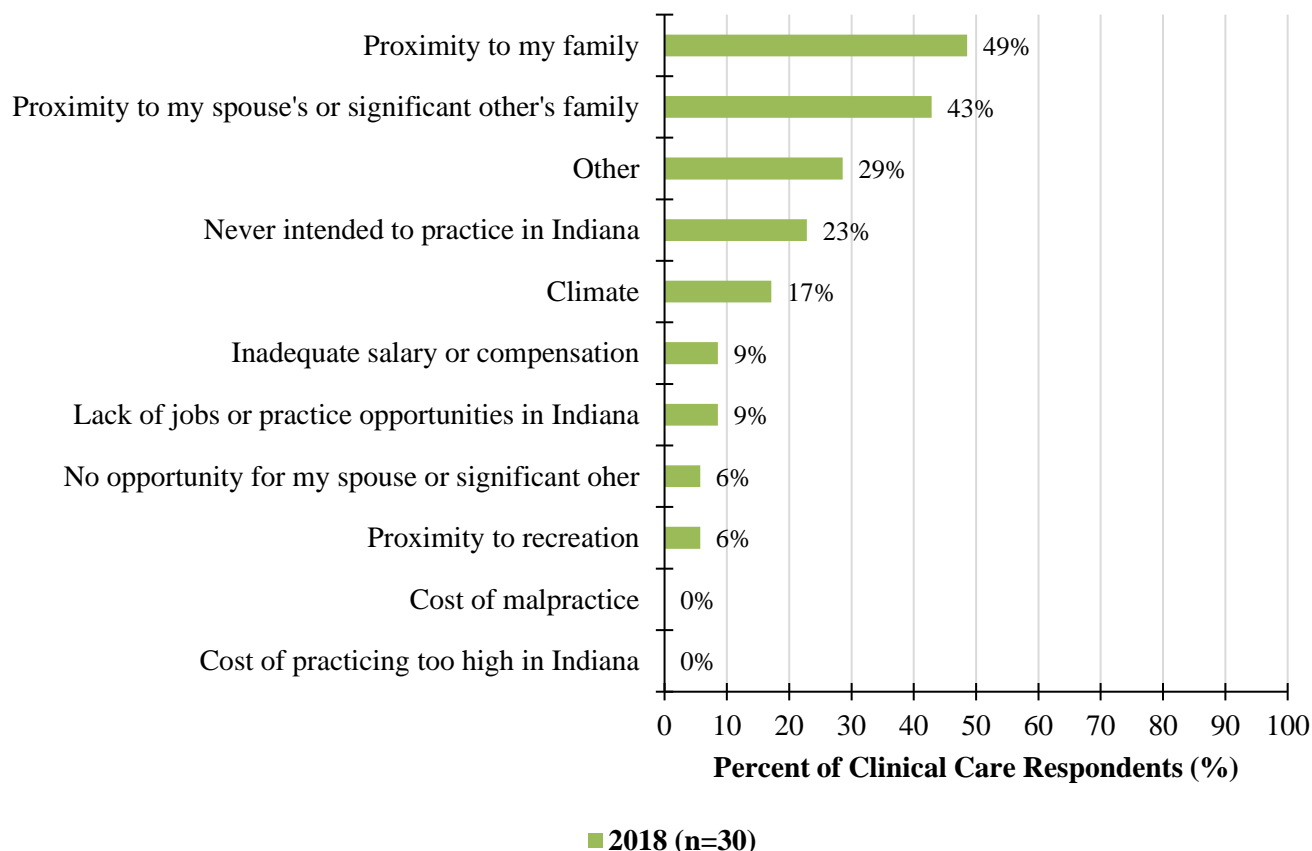
**Reflects responses from only those respondents who indicated their primary practice location was in Indiana.*

Figure 3.6 presents the main reasons influencing the Indiana family medicine survey respondents' choice of practice location in Indiana. Only those 41 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: "proximity to my family" (56%), "cost of malpractice" (54%), "always intended to practice in Indiana" (49%), and "cost of practicing is reasonable in Indiana" (49%).

Respondents going into patient care or clinical practice outside Indiana (n=30)

Main Reasons Not to Practice in Indiana

Figure 3.7: Main Reasons Not to Practice in Indiana (n=30)*



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

Figure 3.7 presents the main reasons influencing Indiana family medicine survey respondents' choice of practice location outside Indiana. Only those 30 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" (49%), "proximity to my spouse's or significant other's family" (43%), and "other" (29%).

Chapter 4: Comparison of Responses by Gender, 2018

Based on how the survey respondents answered the *2018 Indiana Family Medicine Residencies Exit Survey*® question on gender (Q2), they were stratified into 3 categories: male, female, and other. Of the 94 respondents, 53 reported their gender as male and 39 as female. Two respondents did not answer the question on gender and have been excluded from the analysis in this chapter. Responses from the 92 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=70]: males (n=38) and females (n=32);
- intended to practice in Indiana [n=39]: males (n=20) and females (n=19); and,
- intended to practice outside Indiana [n=30]: males (n=18) and females (n=12).

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

All Respondents [n=92]

I. Demographic Characteristics (n=92)

Age

Table 4.1	All FM Respondents (n=92)			
	Male (n=53)		Female (n=39)	
Age	#	%	#	%
25-29	3	5.7	9	23.1
30-34	43	81.1	27	69.2
35-39	7	13.2	2	5.1
40-44	0	0.0	0	0.0
45 and over	0	0.0	1	2.6
Total	53	100.0	39	100.0
Missing	0		0	

Chi-square *p*-value = 0.362

Table 4.1 shows the age distribution of the male and female survey respondents. Over four-fifths (81%) of the male respondents indicated they were between the ages of 30 and 34 years, compared to 69 percent of the female respondents. There was no statistically significant difference between the two groups.

Race

Table 4.2	All FM Respondents (n=92)			
	Male (n=53)		Female (n=39)	
Which of the following describes your race? Please mark ALL that apply.	#	%	#	%
American Indian/Alaskan Native	0	0.0	0	0.0
Asian	8	15.1	5	12.8
Black/African American	2	3.8	1	2.6
Native Hawaiian/Pacific Islander	0	0.0	0	0.0
White	40	75.5	31	79.5
Other	1	1.9	1	2.6
Biracial	2	3.8	1	2.6
Total	53	100.0	39	100.0
Missing	0		0	

Chi-square p -value = 0.795

Table 4.2 shows the racial distribution of the male and female survey respondents. A majority of the male (76%) and female (80%) respondents indicated they were white. Over one-tenth of the male (15%) and female (13%) respondents indicated they were Asian. There was no statistically significant difference between the two groups.

Ethnicity

Table 4.3	All FM Respondents (n=92)			
	Male (n=53)		Female (n=39)	
Do you consider yourself Hispanic or Latino?	#	%	#	%
Yes, Hispanic/Latino	2	3.8	0	0
No, not Hispanic/Latino	51	96.2	39	100.0
Total	53	100.0	39	100.0
Missing	0		0	

Chi-square p -value = 0.220

Table 4.3 shows the ethnicity of the male and female survey respondents. A majority of the male (96%) and female (100%) respondents indicated they had non-Hispanic or Latino ethnicity. There was no statistically significant difference between the two groups.

Respondents Coming From

Table 4.4	All FM Respondents (n=92)			
	Male (n=53)		Female (n=39)	
Where are the respondents coming from?	#	%	#	%
Outside USA	3	5.7	2	5.1
Within USA	50	94.3	37	94.9
<i>Outside Indiana</i>	<i>31</i>	<i>62.0</i>	<i>20</i>	<i>54.1</i>
<i>Within Indiana</i>	<i>19</i>	<i>38.0</i>	<i>17</i>	<i>45.9</i>
Total	53	100.0	39	100.0
Missing	0		0	

Chi-square p -value = 0.911

Table 4.4 shows where the male and female survey respondents were coming from. Six percent of the male (6%) and female (5%) respondents indicated they were from another country. Of the 50 male respondents who indicated they were from United States, 38 percent reported they were from Indiana. Of the 37 female respondents, 46 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=92)			
	Male (n=53)		Female (n=39)	
Respondents who have an Indiana...	#	%	#	%
High school	18	34.0	16	41.0
College	18	34.0	16	41.0
Medical School	12	22.6	12	30.8
<i>IUSM</i>	<i>12</i>	<i>100.0</i>	<i>12</i>	<i>100.0</i>
<i>MUCOM</i>	<i>0</i>	<i>0.0</i>	<i>0</i>	<i>0.0</i>

Table 4.5 shows the male and female survey respondents who graduated from a high school, college, or medical school in Indiana. Over one-third of the male (34%) respondents indicated they had graduated from a high school or college in Indiana. About two-fifths (41%) of the female respondents indicated they had graduated from a high school or college in Indiana. About one-fourth of the male (23%) and female (31%) respondents indicated they had graduated from the Indiana University School of Medicine (IUSM). There was no statistically significant difference between the two groups.

Type of Medical Degree

Table 4.6	All FM Respondents (n=92)			
	Male (n=53)		Female (n=39)	
Do you have an M.D. or D.O. degree?*	#	%	#	%
Doctor of Medicine	37	69.8	28	71.8
Doctor of Osteopathic Medicine	16	30.2	11	28.2
Total	53	100.0	39	100.0
Missing	0		0	

Chi-square p -value = 0.836

Table 4.6 shows the type of medical degree received by the Indiana family medicine survey respondents. This question was not asked on the survey in previous years. Over two-thirds of the male (70%) and female (72%) respondents indicated they had received a Doctor of Medicine (M.D.) degree. There was no statistically significant difference between the two groups.

Learner Background

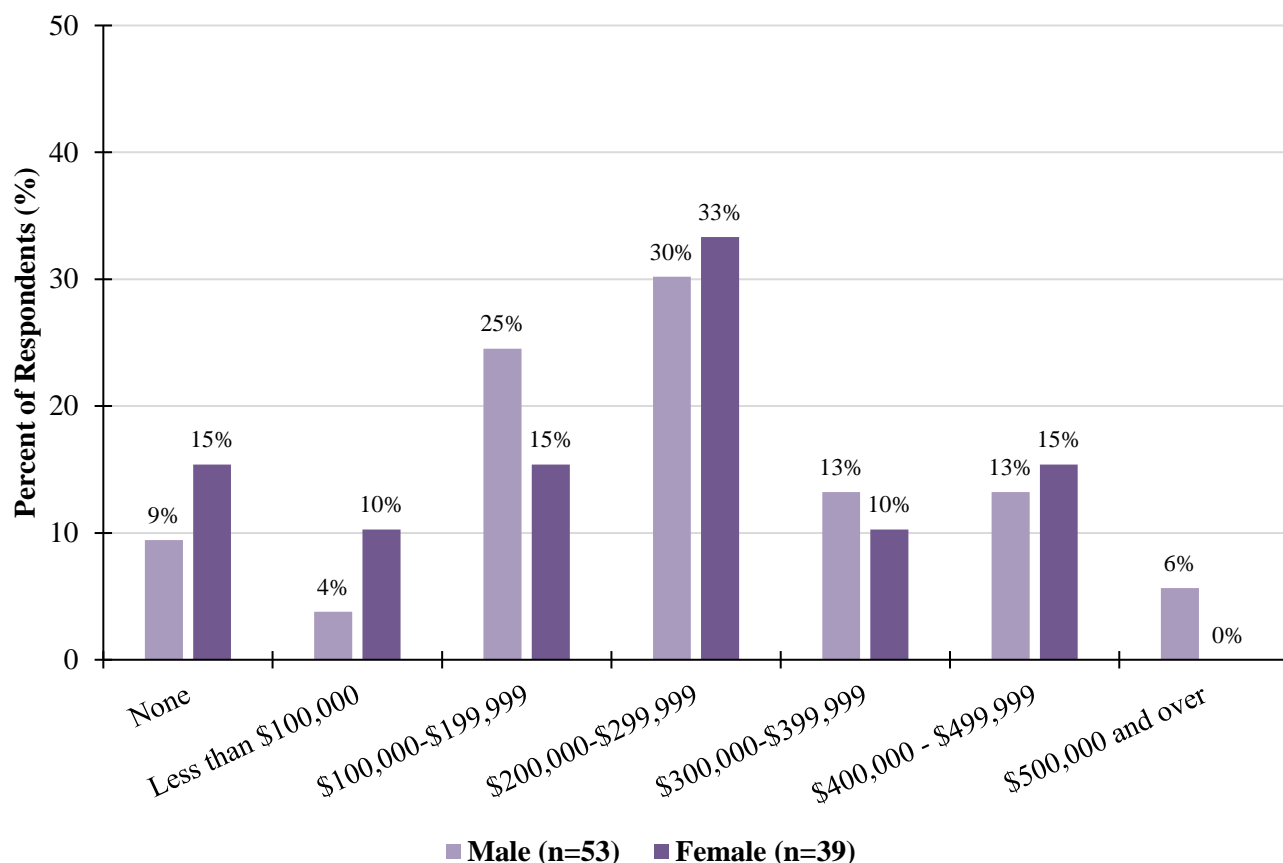
Table	All FM Respondents (n=92)				p -value
	Males (n=53)		Female (n=39)		
Do you consider yourself:	#	%	#	%	
First generation learner	9	17.0	7	17.9	0.904
Learner from a rural area	19	35.8	10	25.6	0.298
Economically or educationally disadvantaged	2	3.8	6	15.4	0.051
None of the above	27	50.9	23	59.0	0.445

Table 4.7 shows the male and female survey respondents' learner and socioeconomic background. Over one-tenth of the male (17%) and female (18%) respondents indicated they were a first generation learner. Over one-third (36%) of the male respondents indicated they came from a rural area, compared to 26 percent of female respondents. About 4 percent of the male respondents indicated they came from an economically or educationally disadvantaged background, compared to 15 percent of the female respondents. There was no statistically significant difference between the two groups.

II. Educational Debt Load (n=92)

Current Individual Educational Debt

Current Individual Educational Debt (n=92)

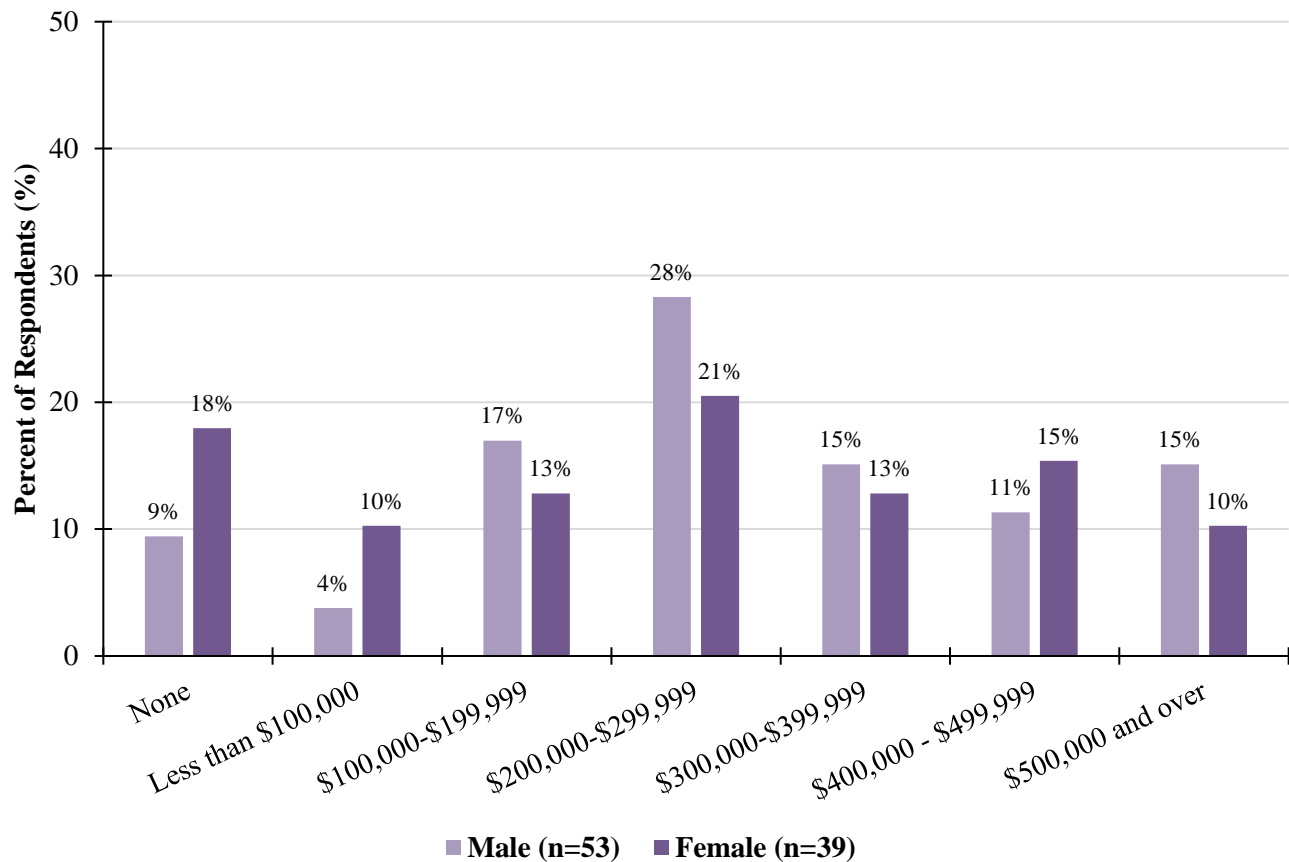


Chi-square p -value = 0.563

Figure 4.1 presents the current level of individual educational debt among the male and female survey respondents. About one-tenth of the male (9%) and female (15%) respondents indicated having no individual educational debt load. About three-fifths of the male (62%) and female (59%) 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=92)



Chi-square p -value = 0.825

Figure 4.2 presents the current level of total household educational debt among the male and female survey respondents. Nine percent of the male respondents indicated having no household educational debt load, compared to 18 percent of the female respondents. Over two-thirds of the male (70%) respondents reported having a total household educational debt load of \$200,000 or more, compared to 59 percent of the female respondents. There was no statistically significant difference between the two groups.

III. Program Assessment (n=92)

Training Program

Table 4.8	All FM Respondents (n=92)			
	Male (n=53)		Female (n=39)	
The Family Medicine residency program was helpful in the preparation for my specialty exams.	#	%	#	%
Strongly Agree	27	51.9	19	52.8
Agree	19	36.5	13	36.1
Neutral	4	7.7	2	5.6
Disagree	1	1.9	2	5.6
Strongly Disagree	1	1.9	0	0.0
Total	52	100.0	36	100.0
Missing/ Board Exam in my field does not exist	1		3	

Chi-square p -value = 0.798

Table 4.8 shows the male and female survey respondents' assessment of how helpful the training program was in preparing them for their specialty exams. A majority of the male (88%) and female (89%) respondents indicated they “strongly agree” or “agree” that their training was helpful in preparing them for the specialty exams. There was no statistically significant difference between the two groups.

ACGME Competency Areas

Table 4.9	All FM Respondents (n=92)								
	Male (n=53)				Female (n=39)				p -value
	Fully		Partially		Fully		Partially		
#	%	#	%	#	%	#	%		
Patient Care	51	96.2	2	3.8	36	92.3	3	7.7	0.413
Medical Knowledge	51	96.2	2	3.8	32	82.1	7	17.9	0.024 ¥
Practice-based learning and improvement	43	81.1	10	18.9	27	69.2	12	30.8	0.186
Interpersonal and communication skills	51	96.2	2	3.8	39	100.0	0	0.0	0.220
Professionalism	53	100.0	0	0.0	38	97.4	1	2.6	0.241
Systems-based practice	45	84.9	8	15.1	26	66.7	12	30.8	0.088

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 (96%, 92%), medical knowledge (96%, 82%), interpersonal and communication skills (96%, 100%), and professionalism (100%, 97%) competency areas, respectively. A majority of the male respondents indicated they felt “fully” competent in practice-based learning and improvement (81%) and systems-based practice (85%) competency areas, compared

to the female respondents (69%, 67%, respectively). The chi-square test of association between the two groups was statistically significant. Male respondents were more likely to feel fully competent in medical knowledge ACGME competency area compared to their female counterparts.

Rural and Underserved Training

Table 4.10 In your Family Medicine residency program did you receive training to serve the:	All FM Respondents (n=92)								
	Male (n=53)				Female (n=39)				p-value
	Yes		No		Yes		No		
	#	%	#	%	#	%	#	%	
Rural Population	36	67.9	17	32.1	23	60.5	15	39.5	0.466
Underserved Population	53	100.0	0	0.0	36	94.7	2	5.3	0.091

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 two-thirds of the male (68%) and female (61%) respondents indicated they had received training to serve the rural populations. There was no statistically significant difference between groups. Almost all male (100%) and female (95%) respondents indicated they had received training to serve the underserved populations. There was no statistically significant difference between the two groups.

Competency in Providing Care to the Rural and Underserved Populations

Table 4.11 How competent do you feel providing care to the:	All FM Respondents (n=92)								
	Male (n=53)				Female (n=39)				p-value
	Fully		Partially		Fully		Partially		
	#	%	#	%	#	%	#	%	
Rural Population	33	62.3	20	37.7	17	43.6	22	56.4	0.076
Underserved Population	44	83.0	9	17.0	32	82.1	7	17.9	0.904

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 (62%) of the male respondents indicated they felt "fully" competent providing care to the rural populations, compared to 44 percent of the female respondents. There was no statistically significant difference between groups. A majority of the male (83%) and female (82%) respondents indicated they felt "fully" competent in providing care to the underserved populations. There was no statistically significant difference between the two groups.

Program Opportunities

Table 4.12 In the current academic year, did you:	All FM Respondents (n=92)								p-value
	Males (n=53)				Female (n=39)				
	Yes		No		Yes		No		
	#	%	#	%	#	%	#	%	
Have an opportunity to be part of a multi-disciplinary inter-professional team to provide care?	52	98.1	1	1.9	39	100.0	0	0.0	0.388
Participate in a quality improvement project to improve health outcome?	52	98.1	1	1.9	37	97.4	1	2.6	0.811
Participate in a patient safety project?	44	83.0	9	17.0	26	68.4	12	31.6	0.103
Have an opportunity to serve on a committee or council?	50	94.3	3	5.7	36	92.3	3	7.7	0.696
Have an opportunity to participate in a cultural competency or diversity training?	45	84.9	8	15.1	36	92.3	3	7.7	0.280

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 (98%, 100%), had the opportunity to participate in a quality improvement project (98%, 97%), had the opportunity to serve on a committee or council (94%, 92%), and had the opportunity to participate in a cultural competency or diversity training (85%, 92%). A majority of the male (83%) respondents indicated they had participated in a patient safety project, compared to 68 percent of the female respondents. There was no statistically significant difference between the two groups.

Competency in Communicating during the Hand-Off Process

Table 4.13 How competent do you feel in communicating with team members in the hand-off process?	All FM Respondents (n=92)			
	Males (n=53)		Female (n=39)	
	#	%	#	%
Very competent	46	86.8	32	82.1
Competent	7	13.2	7	17.9
Neutral	0	0.0	0	0.0
Incompetent	0	0.0	0	0.0
Very incompetent	0	0.0	0	0.0
Total	53	100.0	39	100.0
Missing	0		0	

Chi-square p -value = 0.532

Table 4.13 shows the survey respondents' self-rated competency levels in communicating with team members during the hand-off process. All male (100%) 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.

Quality of Program

Table 4.14	All FM Respondents (n=92)			
	Male (n=53)		Female (n=39)	
I would rate the overall <u>quality</u> of my Family Medicine residency program as:	#	%	#	%
Excellent	28	52.8	20	51.3
Above Average	20	37.7	14	35.9
Average	4	7.5	5	12.8
Below Average	1	1.9	0	0.0
Extremely Poor	0	0.0	0	0.0
Total	53	100.0	39	100.0
Missing	0		0	

Chi-square p -value = 0.704

Table 4.14 shows the male and female survey respondents' overall rating of the quality of their training program. A majority of the male (91%) and female (87%) respondents indicated the quality of their training program was "excellent" or "above average." There was no statistically significant difference between the two groups.

Faculty Assessment

Table 4.15	All FM Respondents (n=92)			
	Male (n=53)		Female (n=39)	
I would rate the overall performance of the <u>faculty</u> in my Family Medicine residency program to have exceeded my expectations.	#	%	#	%
Strongly Agree	23	43.4	18	46.2
Agree	23	43.4	15	38.5
Neutral	4	7.5	5	12.8
Disagree	2	3.8	1	2.6
Strongly Disagree	1	1.9	0	0.0
Total	53	100.0	39	100.0
Missing	0		0	

Chi-square p -value = 0.800

Table 4.15 shows the male and female survey respondents' overall performance rating of faculty in their training program. A majority of the male (87%) and female (85%) respondents indicated they "strongly agree" or "agree" that faculty in their training program exceeded their expectations. There was no statistically significant difference between the two groups.

Assessment of Peer Residents

Table 4.16	All FM Respondents (n=92)			
	Male (n=53)		Female (n=39)	
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	23	43.4	18	46.2
Agree	25	47.2	17	43.6
Neutral	5	9.4	3	7.7
Disagree	0	0.0	1	2.6
Strongly Disagree	0	0.0	0	0.0
Total	53	100.0	39	100.0
Missing	0		0	

Chi-square p -value = 0.673

Table 4.16 shows the male and female respondents' overall performance rating of other residents in their training program. Almost all male (91%) and female (90%) respondents indicated they “strongly agree” or “agree” the overall performance of other residents in their training program had exceeded their expectations. There was no statistically significant difference between the two groups.

Physical Burnout

Table 4.17	All FM Respondents (n=92)			
	Male (n=53)		Female (n=39)	
At this time, I feel...Physically "burnt out" from my work:	#	%	#	%
Strongly Agree	3	5.7	2	5.1
Agree	10	18.9	13	33.3
Neutral	11	20.8	9	23.1
Disagree	22	41.5	10	25.6
Strongly Disagree	7	13.2	5	12.8
Total	53	100.0	39	100.0
Missing	0		0	

Chi-square p -value = 0.466

Table 4.17 shows the male and female respondents' overall feeling of physical burnout. One-fourth (25%) of the male respondents indicated they “strongly agree” or “agree” they felt physically burnt out from work, compared to 38 percent of the female respondents. There was no statistically significant difference between the two groups.

Emotional Burnout

Table 4.18	All FM Respondents (n=92)			
	Male (n=53)		Female (n=39)	
At this time, I feel...Emotionally "burnt out" from my work:	#	%	#	%
Strongly Agree	2	3.8	4	10.3
Agree	12	22.6	16	41.0
Neutral	14	26.4	7	17.9
Disagree	19	35.8	10	25.6
Strongly Disagree	6	11.3	2	5.1
Total	53	100.0	39	100.0
Missing	0		0	

Chi-square p -value = 0.172

Table 4.18 shows the male and female respondents' overall feeling of emotional burnout. One-fourth (26%) of the male respondents indicated they "strongly agree" or "agree" they felt emotionally burnt out from work, compared to 51 percent of female respondents. There was no statistically significant difference between the two groups.

Resources Available

Table 4.19	All FM Respondents (n=92)			
	Male (n=53)		Female (n=39)	
I have resources readily available to maintain my wellness:	#	%	#	%
Strongly Agree	18	35.3	11	28.2
Agree	26	51.0	23	59.0
Neutral	6	11.8	3	7.7
Disagree	1	2.0	2	5.1
Strongly Disagree	0	0.0	0	0.0
Total	51	100.0	39	100.0
Missing	2		0	

Chi-square p -value = 0.651

Table 4.19 shows the male and female respondents' overall ability to use readily available resources to maintain their wellness. A majority of the male (86%) and female (87%) respondents indicated they "strongly agree" or "agree" they had readily available resources to maintain their wellness. There was no statistically significant difference between the two groups.

Personal-Professional Balance

Table 4.20	All FM Respondents (n=92)			
	Male (n=53)		Female (n=39)	
I would rate the overall: Balance between my personal and professional life as...	#	%	#	%
Very Good	13	24.5	4	10.3
Good	26	49.1	18	46.2
Fair	10	18.9	13	33.3
Poor	4	7.5	4	10.3
Very Poor	0	0.0	0	0.0
Total	53	100.0	39	100.0
Missing	0		0	

Chi-square p -value = 0.205

Table 4.20 shows the male and female survey respondents' overall rating of balance between their personal and professional life. About three-fourths (74%) of the male respondents indicated they had "very good" or "good" balance between their personal and professional life, compared to 57 percent of the female respondents. There was no statistically significant difference between the two groups.

Quality of Life

Table 4.21	All FM Respondents (n=92)			
	Male (n=53)		Female (n=39)	
I would rate the overall: Quality of my life as...	#	%	#	%
Very Good	15	28.3	6	15.4
Good	29	54.7	26	66.7
Fair	8	15.1	7	17.9
Poor	1	1.9	0	0.0
Very Poor	0	0.0	0	0.0
Total	53	100.0	39	100.0
Missing	0		0	

Chi-square p -value = 0.387

Table 4.21 shows the male and female survey respondents' overall rating of their quality of life. A majority of the male (83%) and female (82%) respondents indicated the overall quality of their life was "very good" or "good". There was no statistically significant difference between the two groups.

Plans after Graduation

Table 4.22	All FM Respondents (n=92)			
	Male (n=53)		Female (n=39)	
What do you expect to be doing after completion of your current Family Medicine residency program? Please mark only ONE option.	#	%	#	%
Patient Care or Clinical Practice (in Non-Training Position)	38	73.1	32	84.2
Fellowship or Additional Subspecialty Training	14	26.9	6	15.8
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	0	0.0	0	0.0
Other	0	0.0	0	0.0
Total	52	100.0	38	100.0
Undecided or Don't know yet/ Missing	1		1	

Chi-square p -value = 0.445

Table 4.22 shows what the male and female survey respondents expect to do after completing their current training program. About three-fourths (73%) of the male respondents indicated they planned to go into patient care or clinical practice after completing their current training, compared to 84 percent of the female respondents. There was no statistically significant difference between the two groups.

NOTE: The following section is only for those respondents who indicated they were primarily going into “patient care or clinical practice” (n=70).

IV. Practice Characteristics (n=70)

Primary Practice Location

Table 4.23	Clinical Care Respondents (n=70)			
	Male (n=38)		Female (n=32)	
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	9	23.7	10	32.3
Same region in Indiana, but different city or county	6	15.8	6	19.4
Other area in Indiana	5	13.2	3	9.7
Other U.S. state (not Indiana)	17	44.7	12	38.7
Outside of U.S.	1	2.6	0	0.0
Total	38	100.0	31	100.0
Missing/Undecided	0		1	

Chi-square p -value = 0.712

Table 4.23 shows the location of the male and female survey respondents' primary activity after completing their current training program. About three-fifths of the male (53%) and female (61%) respondents indicated they planned to practice within Indiana. There was no statistically significant difference between the two groups.

Type of Practice

Table 4.24	Clinical Care Respondents (n=70)			
	Male (n=38)		Female (n=32)	
Which best describes the principal type of Patient Care Practice you will be entering?	#	%	#	%
Independently-owned physician practice - Solo	0	0.0	0	0.0
Independently-owned physician practice - Group or Partnership (2 or more persons)	3	8.1	1	3.6
Hospital or health system owned - inpatient only	7	18.9	2	7.1
Hospital or health system owned - outpatient only	12	32.4	11	39.3
Hospital or health system owned - inpatient and outpatient	10	27.0	12	42.9
Urgent care facility	1	2.7	0	0.0
Managed care organization or insurance company	0	0.0	1	3.6
Free-standing health center or clinic (Federal, state, local government or community board led, etc.)	2	5.4	1	3.6
Nursing home or institutional residential facility	0	0.0	0	0.0
Other	2	5.4	0	0.0
Total	37	100.0	28	100.0
Missing	1		4	

Chi-square p -value = 0.405

Table 4.24 shows the principal type of patient care practice setting the male and female survey respondents will be entering after completing their training. A majority of the male (78%) and female

(89%) respondents indicated they intended to work in a “hospital or health system owned” [inpatient, outpatient, or both inpatient and outpatient] setting. There was no statistically significant difference between the two groups.

Obligation or Visa Requirement

Table 4.25	Clinical Care Respondents (n=70)			
	Male (n=38)		Female (n=32)	
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	5	13.2	8	25.0
No	33	86.8	24	75.0
Total	38	100.0	32	100.0
Missing	0		0	

Chi-square p -value = 0.204

Table 4.25 shows the male and female survey respondents’ obligation or visa requirement to work in a designated HPSA or MUA after completing their training. A majority of the male (87%) and female (75%) respondents indicated they had no obligation or visa requirement to work in a designated HPSA or MUA. There was no statistically significant difference between the two groups.

Percentage of Patients Expected to be seen from Underserved Populations

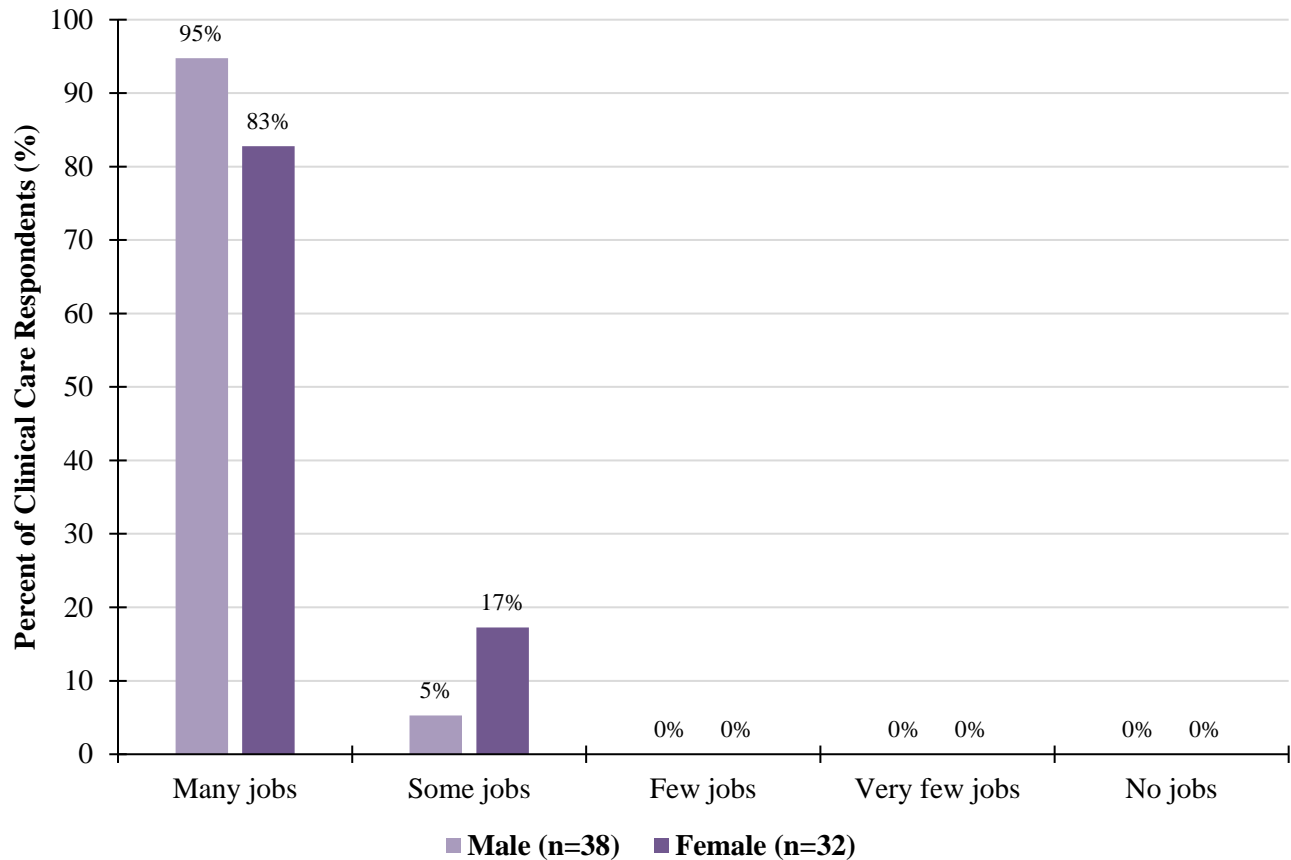
Table 4.26	Clinical Care Respondents (n=70)			
	Male (n=38)		Female (n=32)	
In your new practice, what percentage of the patients do you expect to see from underserved populations? (Medicaid or self-pay, educationally or economically disadvantaged)	#	%	#	%
Less than 10 percent	3	8.6	1	3.7
10-24 percent	9	25.7	9	33.3
25-49 percent	15	42.9	9	33.3
50-74 percent	6	17.1	6	22.2
More than 75 percent	2	5.7	2	7.4
Total	35	100.0	27	100.0
Missing	3		5	

Chi-square p -value = 0.828

Table 4.26 shows the percentage of patients the male and female survey respondents expect to see from underserved populations (Medicaid or self-pay, educationally or economically disadvantaged) in their new practice. About two-thirds of the male (66%) and female (63%) respondents indicated they expect to see 25 percent or more of the underserved populations in their new practice. There was no statistically significant difference between the two groups.

Opportunities in Indiana

Figure 4.3: Overall Assessment of Practice Opportunities (n=70)

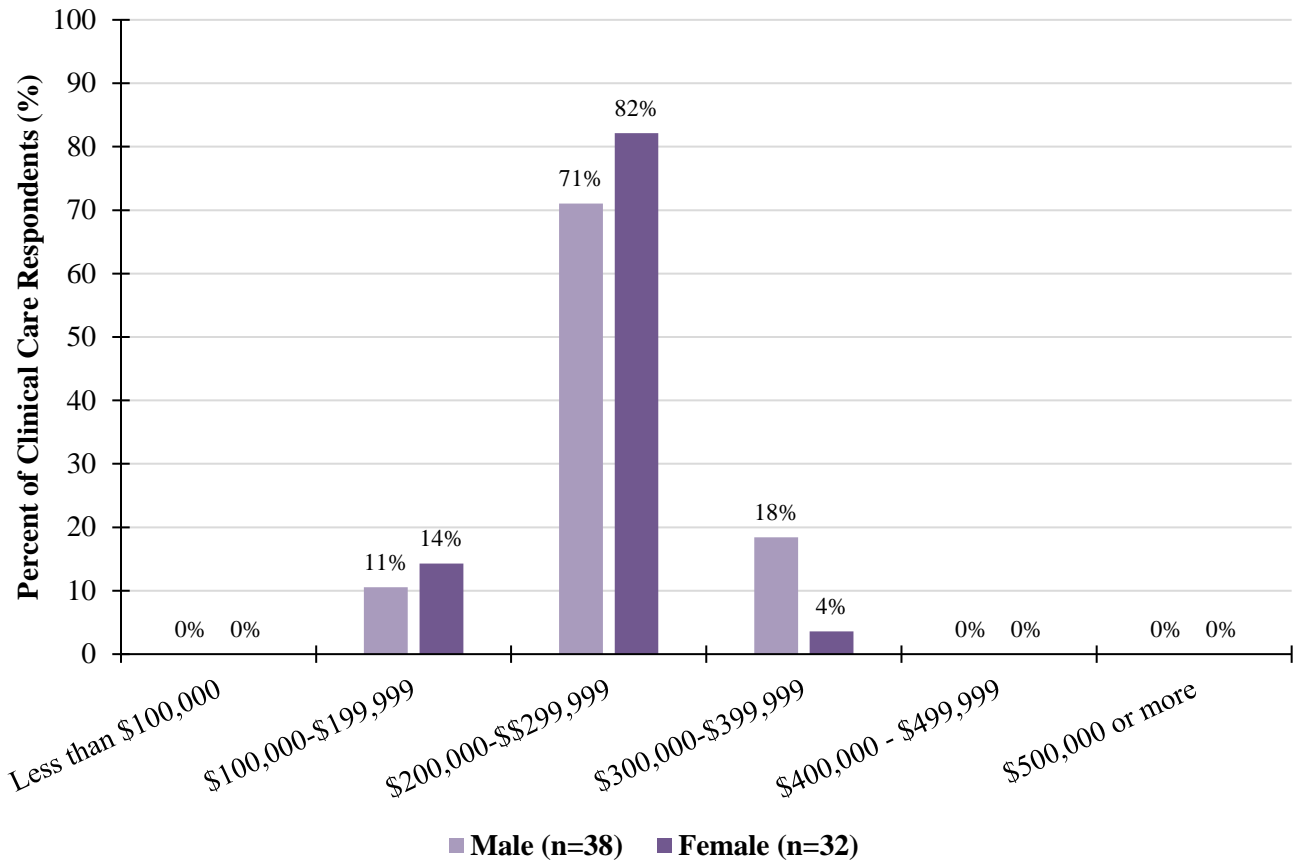


Chi-square p -value = 0.112

Figure 4.3 presents the overall assessment of practice opportunities for the male and female survey respondents within their specialty in Indiana. A majority of the male (95%) and female (83%) respondents reported that “many jobs” were available within their specialty in Indiana. There was no statistically significant difference between the two groups.

Expected Gross Income

Figure 4.4: Expected Gross Income (n=70)



Chi-square *p*-value 0.453

Figure 4.4 presents the gross income (salary plus incentives) that the male and female survey respondents expect to earn during their first year of practice. A majority of the male (90%) and female (86%) respondents indicated they expect to earn \$200,000 or more during their first year of practice. There was no statistically significant difference between the two groups.

Job Offers All Together

Table 4.27	Clinical Care Respondents (n=70)			
	Male (n=38)		Female (n=32)	
How many offers for employment/practice positions did you receive <u>all together?</u>	#	%	#	%
0	0	0.0	0	0.0
1	1	2.9	3	11.1
2	4	11.4	7	25.9
3	8	22.9	8	29.6
4	4	11.4	3	11.1
5 or more	18	51.4	6	22.2
Total	35	100.0	27	100.0
Missing/Did not seek employment position at the time	3		5	

Chi-square *p*-value = 0.207

Table 4.27 shows the total number of offers the male and female survey respondents' received for employment or practice positions. Over four-fifths (86%) of the male respondents reported being offered three or more employment or practice positions all together, compared to 63 percent of female respondents. There was no statistically significant difference between the two groups.

Main Reasons to Practice at this Location

Figure 4.5: Main Reasons to Practice at this Location (n=70)

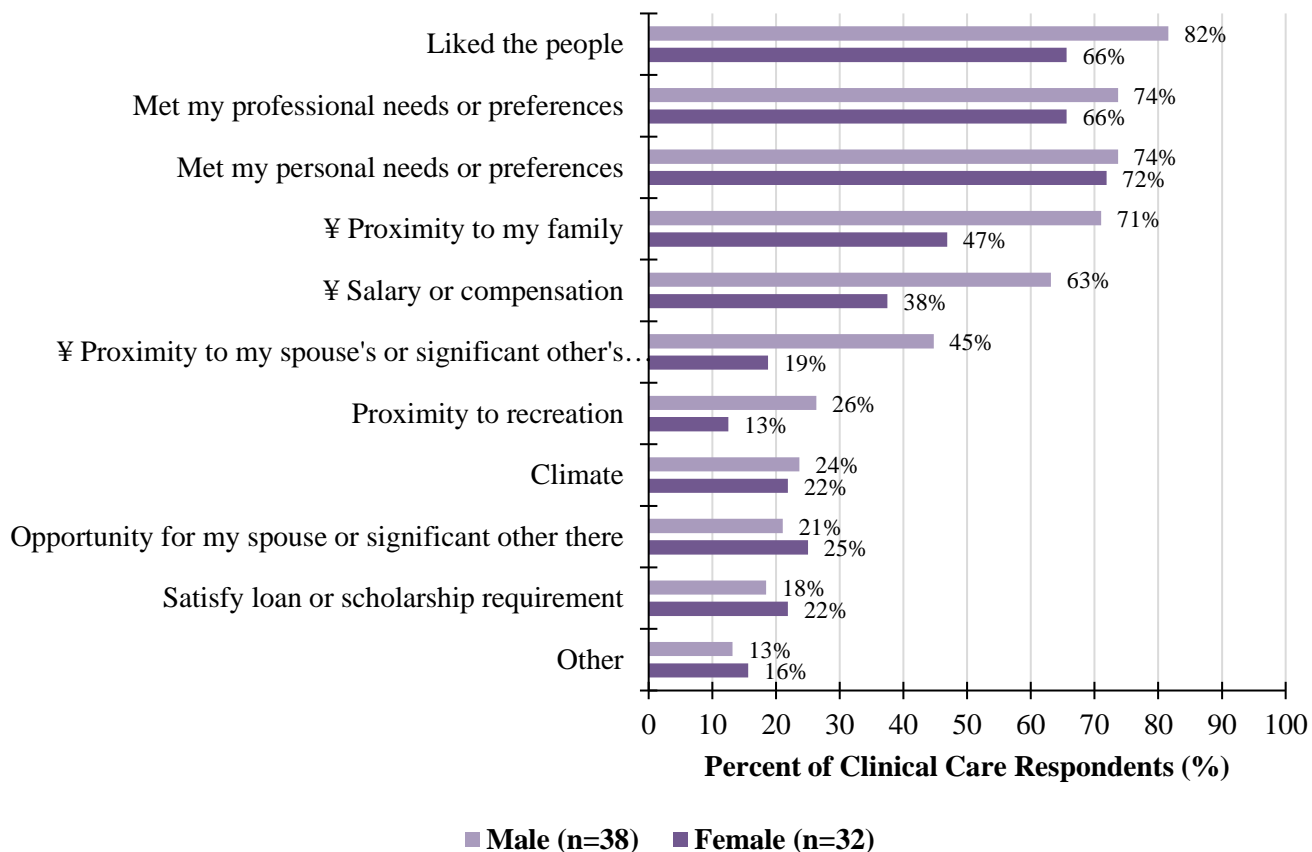


Figure 4.5 presents the main reasons influencing the male and female survey respondents' choice of practice location. The main reasons given by the male respondents to practice at this location were: "liked the people" (82%), "met my professional needs or preferences" (74%), and "met my personal needs or preferences" (74%). The main reasons given by the female respondents to practice at this location were: "met my personal needs or preferences" (72%), "liked the people" (66%), and "met my professional needs or preferences" (66%). The chi-square test of association between the two groups was statistically significant. Male respondents were more likely to practice at this location due to proximity to their family, salary or compensation, and proximity to their spouse's or significant others family.

Respondents going into patient care or clinical practice within Indiana (n=39)

Job Offers in Indiana

Table 4.28	Clinical Care Respondents (n=39)*			
	Male (n=20)		Female (n=19)	
How many offers for employment/practice positions did you receive <u>in Indiana?</u>	#	%	#	%
0	0	0.0	0	0.0
1	1	5.3	2	11.8
2	4	21.1	9	52.9
3	4	21.1	3	17.6
4	1	5.3	2	11.8
5 or more	9	47.4	1	5.9
Total	19	100.0	17	100.0
Missing/Did not seek employment position at the time	1		2	

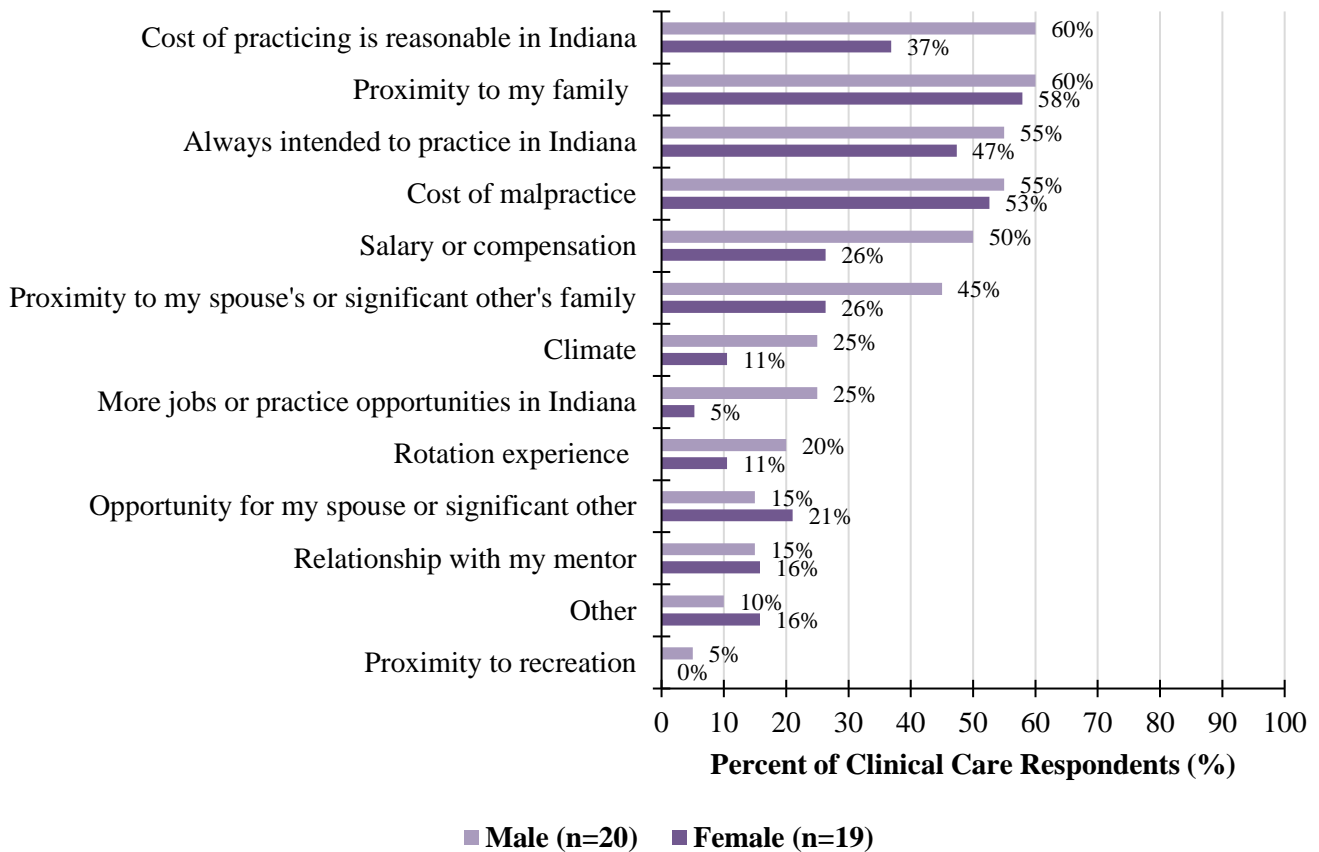
Chi-square *p*-value = 0.107

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

Table 4.28 shows the number of offers the male and female respondents' received for employment or practice positions in Indiana. Only those respondents who indicated their primary practice location was in Indiana were included in the analysis for this table. Of those 39 respondents, about three-fourths (74%) of the male respondents indicated they had received three or more offers for employment or practice positions in Indiana, compared to 35 percent of the female respondents. There was no statistically significant difference between the two groups.

Main Reasons to Practice in Indiana

Figure 4.6: Main Reasons to Practice in Indiana (n=39)*



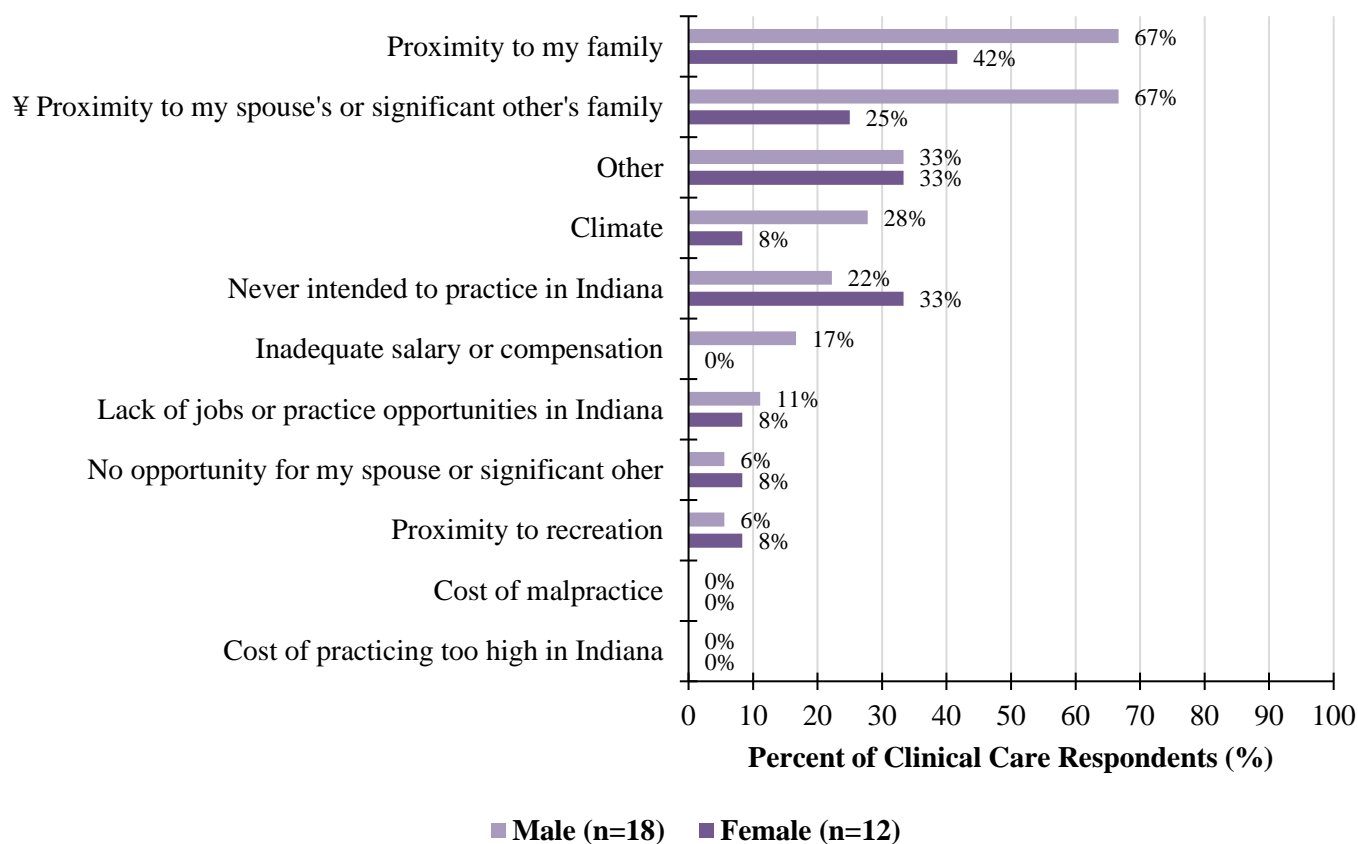
*Reflects responses from only those respondents who indicated their primary practice location was in Indiana.

Figure 4.6 presents the main reasons influencing the male and female survey respondents' choice of practice location in Indiana. Only those 41 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" (60%), "proximity to my family" (60%), "always intended to practice in Indiana" (55%) and "cost of malpractice" (55%). The main reasons given by the female respondents to practice in Indiana were: "proximity to my family" (58%), "cost of malpractice" (53%), and "always intended to practice in Indiana" (47%). There was no statistically significant difference between the two groups.

Respondents going into patient care or clinical practice outside Indiana (n=30)

Main Reasons not to Practice in Indiana

Figure 4.7: Main Reasons Not to Practice in Indiana (n=30)*

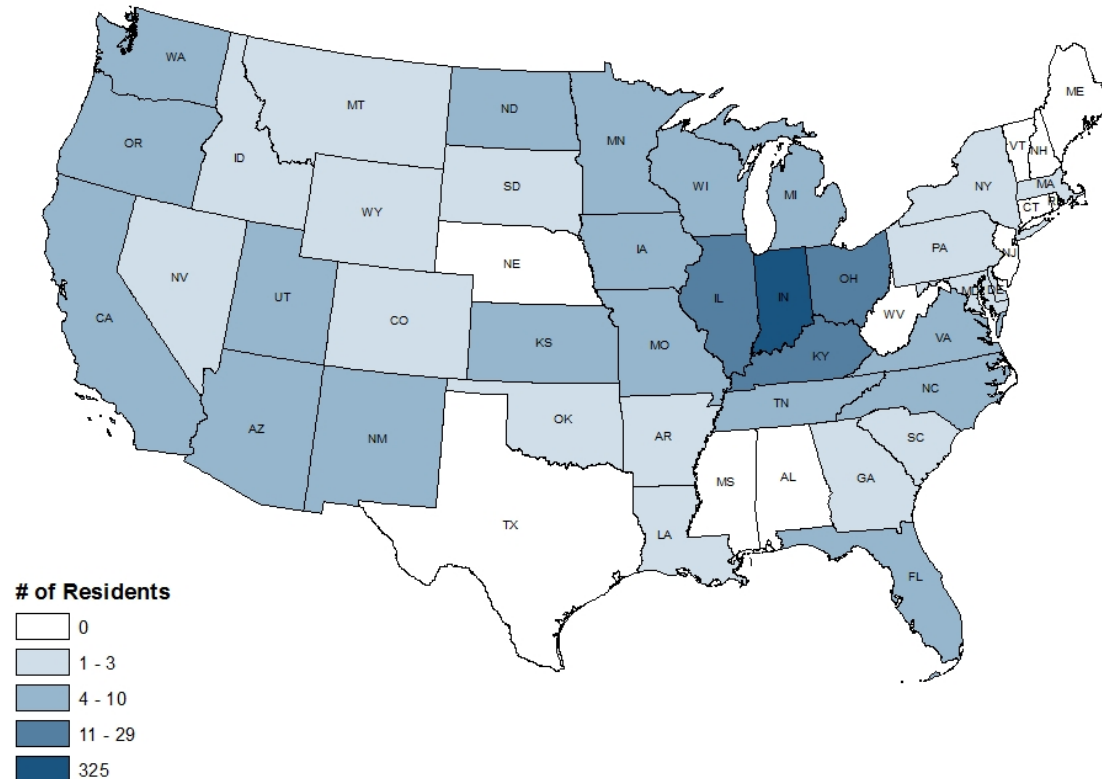


*Reflects responses from only those respondents who indicated their primary practice location was outside Indiana.

Figure 4.7 presents the main reasons influencing the male and female survey respondents' choice of practice location outside Indiana. Only those 30 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" (52%) and "proximity to my spouse's or significant other's family" (52%). The main reasons given by the female respondents for not practicing in Indiana were: "proximity to my family" (33%), "never intended to practice in Indiana" (27%), and "other" (27%). The chi-square test of association between the two groups was statistically significant. Male respondents were more likely to practice outside Indiana because of proximity to their spouse's or significant others family.

Chapter 5: Maps Linking Residency Site to Primary Location after Training, 2012-2018

Map 5.1: Primary Locations of Indiana Family Medicine Residents after Completing Training, 2012-2018



Map 5.1 shows the Indiana family medicine survey respondents' primary location after completing training within United States. This map includes all respondents who indicated a primary location after completing their training. Data have been shown **from 2012-2018**. A majority of the respondents planned to choose Indiana (n=325) as their primary location after training, followed by Illinois (n=29), Ohio (n=25), and Kentucky (n=11). Data analysis was performed using geographic information mapping software, *ArcGIS 10.5*.

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

County	Family Medicine Residency Program	Location after Training	2012-2015	2016	2017	2018	Total
Allen	Fort Wayne Medical Education Program, Fort Wayne	Florida	2	0	0	0	2
		Georgia	1	0	0	0	1
		Illinois	1	0	0	0	1
		Iowa	1	1	0	0	2
		Indiana	22	7	5	5	39
		Kansas	2	0	0	0	2
		Michigan	1	0	0	0	1
		Minnesota	1	0	1	0	2
		Nevada	1	0	0	0	1
		New Mexico	1	0	0	0	1
		North Carolina	0	1	0	0	1
		Ohio	2	0	2	1	5
		Oklahoma	1	0	1	0	2
		Oregon	0	0	0	1	1
		Washington	0	0	0	2	2
		Wisconsin	0	0	0	1	1
Wyoming	1	0	0	0	1		

County	Family Medicine Residency Program	Location after Training	2012-2015	2016	2017	2018	Total
Delaware	IU Health Ball Memorial Hospital, Muncie	Arizona	1	0	1	0	2
		Arkansas	0	0	1	0	1
		Idaho	1	0	0	0	1
		Illinois	1	0	1	0	2
		Indiana	14	6	5	3	28
		Iowa	0	0	0	2	2
		Kansas	0	0	0	4	4
		Kentucky	2	0	0	0	2
		Michigan	3	0	0	0	3
		Minnesota	1	0	0	0	1
		Missouri	2	0	0	0	2
		New Mexico	1	0	0	0	1
		Utah	1	1	0	1	3
		Virginia	0	0	1	0	1

County	Family Medicine Residency Program	Location after Training	2012-2015	2016	2017	2018	Total
Marion	Community Hospital East FM Residency at CHN, Indianapolis	Arizona	0	0	0	1	1
		Illinois	0	0	0	1	1
		Indiana	20	7	3	4	34
		Minnesota	1	0	0	0	1
		Missouri	0	1	0	0	1
		North Carolina	0	0	1	0	1
		Oregon	0	0	1	0	1
		Pennsylvania	0	0	0	1	1
		Virginia	0	0	1	1	2
	Wisconsin	1	0	0	0	1	
	Franciscan Health Indianapolis Family Medicine Residency, Indianapolis	Arizona	1	0	0	0	1
		Colorado	0	0	0	1	1
		Illinois	1	0	0	0	1
		Indiana	22	5	2	7	36
		Kansas	1	0	1	0	2
		Minnesota	0	1	0	0	1
		New Mexico	0	0	1	0	1
		Ohio	0	0	3	0	3
		Utah	0	1	0	0	1
	IU Methodist Family Medicine Residency, Indianapolis	Colorado	1	0	0	0	1
		Florida	0	0	1	1	2
		Illinois	2	0	0	0	2
		Indiana	24	6	2	7	39
		Kansas	0	0	1	0	1
		Kentucky	1	0	0	0	1
		Maryland	1	0	0	0	1
		Nevada	0	0	2	0	2
		New York	1	0	0	0	1
		Ohio	0	1	1	1	3
		Oregon	1	0	0	0	1
		Tennessee	1	1	0	0	2
		Washington	1	0	0	1	2
	Canada	1	0	4	0	5	
	St. Vincent Family Medicine Residency, Indianapolis	Georgia	1	1	0	0	2
		Guam	0	0	1	0	1
		Illinois	0	1	0	0	1
		Indiana	22	6	3	3	34
		Iowa	0	0	1	1	2
		Kentucky	0	1	0	0	1
		Michigan	0	0	0	1	1
		North Carolina	1	1	0	0	2
		Ohio	2	0	1	0	3
		Tennessee	1	0	0	0	1
	Community South Osteopathic FM Residency at CHN, Speedway	Indiana	9	2	1	1	13
		Kentucky	0	1	1	0	2
		Michigan	0	0	1	0	1
		North Carolina	0	0	1	0	1
Ohio		0	0	0	2	2	

County	Family Medicine Residency Program	Location after Training	2012-2015	2016	2017	2018	Total
Saint Joseph	Memorial Hospital of South Bend	Arizona	0	0	0	1	1
		Delaware	0	1	0	0	1
		Florida	2	0	0	0	2
		Idaho	1	0	0	0	1
		Illinois	3	0	1	0	4
		Indiana	20	5	3	3	31
		Iowa	0	1	1	0	2
		Kansas	0	0	1	0	1
		Michigan	1	0	2	0	3
		Missouri	0	1	0	1	2
		Montana	1	0	0	0	1
		North Dakota	1	0	0	1	2
		Ohio	0	0	1	0	1
		Tennessee	0	0	0	1	1
		Washington	1	0	0	0	1
	St. Joseph Regional Medical Center, South Bend	Arizona	0	1	0	0	1
		California	1	0	0	0	1
		Delaware	0	0	1	0	1
		Illinois	0	2	0	1	3
		Indiana	15	3	6	6	30
		Iowa	0	1	0	0	1
		Kentucky	1	0	0	0	1
		Massachusetts	1	0	0	0	1
		Michigan	1	0	0	0	1
		New Mexico	0	0	1	0	1
		North Dakota	2	0	0	0	2
		Ohio	4	1	0	0	5
		Oregon	1	0	0	0	1
Pennsylvania	1	0	0	0	1		
South Dakota	0	0	0	1	1		
Virginia	1	0	1	0	2		

County	Family Medicine Residency Program	Location after Training	2012-2015	2016	2017	2018	Total
Vanderburgh	Deaconess Family Medicine Residency, Evansville	Florida	0	0	0	1	1
		Illinois	4	1	0	1	6
		Indiana	10	5	6	2	23
		Kentucky	3	0	0	0	3
		Louisiana	1	0	0	0	1
		Missouri	1	0	0	0	1
		North Carolina	1	0	0	0	1
		Oklahoma	1	0	0	0	1
		Oregon	0	0	1	0	1
Wisconsin	1	0	1	0	2		

County	Family Medicine Residency Program	Location after Training	2012-2015	2016	2017	2018	Total
Vigo	Union Hospital Family Medicine Residency, Terre Haute	California	0	1	0	1	2
		Florida	1	0	0	1	2
		Illinois	6	0	2	0	8
		Indiana	7	3	5	2	17
		Iowa	0	0	0	1	1
		Kentucky	0	1	0	0	1
		Massachusetts	1	0	0	0	1
		Missouri	1	0	0	0	1
		North Dakota	1	0	0	0	1
		Ohio	1	1	0	1	3
		Pennsylvania	1	0	0	0	1
		Tennessee	0	0	0	1	1
Wisconsin	0	1	0	0	1		

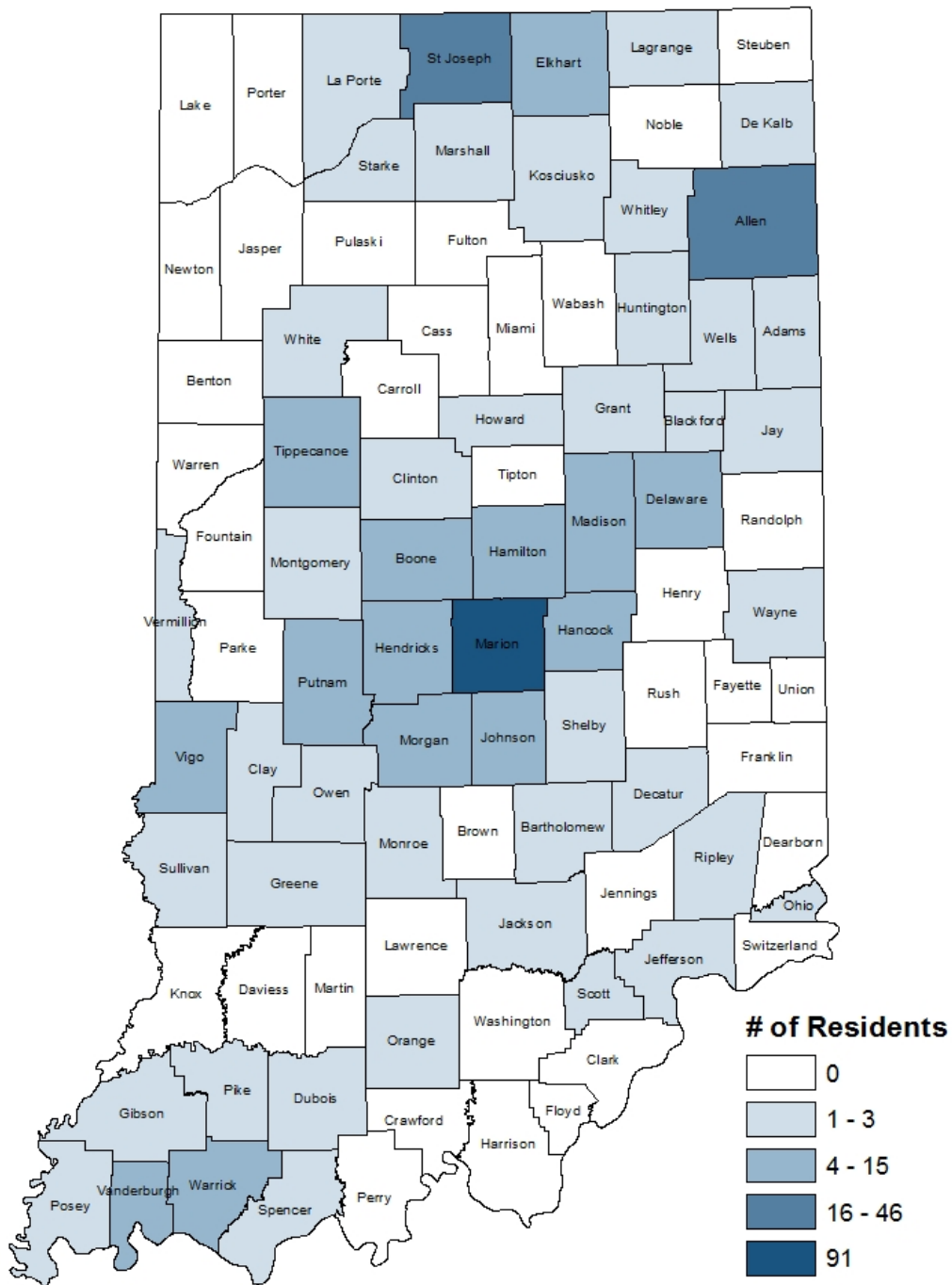
County	Family Medicine Residency Program	Location after Training	2018	Total
Wayne	Reid Health, Richmond*	California	1	1
		Indiana	1	1
		South Carolina	1	1

*In 2018, Reid Health was included on the Indiana Medical Education Board Exit Survey.

Table 5.1 shows the Indiana family medicine survey respondents' residency site and their primary locations after completing training within United States. The table shows a breakdown by state of where the respondents plan to go after completing their training. Data have been shown from 2012 to 2018.

In 2018, eighty-three respondents listed *both*, their family medicine residency site as well as their primary location after training. Of those, a majority (n=44) of the respondents planned to choose Indiana as their primary location after training, followed by Ohio (n=5), Iowa (n=4), Kansas (n=4), Florida (n=3), Illinois (n=3), and Washington (n=3) state.

Map 5.2: Primary Locations of Indiana Family Medicine Residents after Completing Training, 2012-2018



Map 5.2 shows the Indiana family medicine survey respondents' primary location after completing training within Indiana. This map includes all respondents who indicated a primary location after completing their training. Data have been shown **from 2012 to 2018**. A majority of the respondents planned to choose central Indiana Metropolitan Statistical Area (n=91) as their primary location after training, followed by St. Joseph (n=46), Allen (n=20), Hamilton (n=11), and Vanderburgh (n=11) counties. Data analysis was performed using geographic information mapping software, *ArcGIS 10.5*.

Table 5.2: Primary Location in Indiana after Completing Training

County	Family Medicine Residency Program	Location after Training	2012-2015	2016	2017	2018	Total
Allen	Fort Wayne Medical Education Program, Fort Wayne	Adams	2	0	0	0	2
		Allen	10	1	3	2	16
		DeKalb	0	0	1	0	1
		Elkhart	1	0	0	0	1
		Huntington	0	1	1	0	2
		Jackson	0	0	0	1	1
		Kosciusko	0	0	0	1	1
		Marion	0	0	0	1	1
		Putnam	0	1	0	0	1
		Shelby	1	0	0	0	1
		Vanderburgh	0	2	0	0	2
		Wells	1	2	0	0	3
Whitley	2	0	0	0	2		

County	Family Medicine Residency Program	Location after Training	2012-2015	2016	2017	2018	Total
Delaware	IU Health Ball Memorial Hospital, Muncie	Allen	0	0	1	0	1
		Bartholomew	0	0	0	1	1
		Blackford	1	0	0	0	1
		Boone	1	0	0	0	1
		Delaware	8	0	0	1	9
		Grant	0	1	0	0	1
		Hamilton	0	1	0	0	1
		Hancock	0	0	1	0	1
		Howard	0	1	0	0	1
		Jay	0	2	0	0	2
		Madison	0	1	0	0	1
		Marion	1	0	1	0	2
		Putnam	1	0	0	0	1
		Scott	0	0	1	0	1
		Spencer	1	0	0	0	1
Tippecanoe	0	0	1	1	2		

County	Family Medicine Residency Program	Location after Training	2012-2015	2016	2017	2018	Total
Marion	Community Hospital East FM Residency at CHN, Indianapolis	Hamilton	1	1	1	0	3
		Johnson	2	1	0	0	3
		Madison	2	1	0	0	3
		Marion	11	4	0	4	19
		Ohio	1	0	0	0	1
		Owen	0	0	1	0	1
		Saint Joseph	2	0	1	0	3
	White	1	0	0	0	1	
	Franciscan Health Indianapolis Family Medicine Residency, Indianapolis	Allen	1	0	0	0	1
		Bartholomew	0	1	0	0	1
		Boone	0	1	0	0	1
		Hamilton	1	0	0	0	1
		Hendricks	2	0	0	0	2
		Johnson	4	1	0	2	7
		Marion	8	2	0	3	13
		Monroe	1	0	0	0	1
		Morgan	3	0	1	1	5
		Ripley	1	0	1	0	2
	White	1	0	0	1	2	
	IU Methodist Family Medicine Residency, Indianapolis	Bartholomew	1	0	0	0	1
		Delaware	1	0	0	0	1
		Hamilton	0	1	0	0	1
		Hancock	0	0	0	1	1
		Howard	1	0	0	0	1
		Marion	17	2	2	5	26
		Montgomery	1	1	0	0	2
		Putnam	0	0	0	1	1
		Starke	1	0	0	0	1
	Tippecanoe	0	2	0	0	2	
	St. Vincent Family Medicine Residency, Indianapolis	Boone	1	1	0	0	2
		Clinton	0	0	0	1	1
		Hamilton	3	1	0	0	4
		Hendricks	1	1	0	0	2
		Jefferson	0	0	1	0	1
		Kosciusko	1	0	0	0	1
		LaPorte	0	0	0	1	1
		Madison	2	0	0	0	2
		Marion	14	3	1	1	19
	Tippecanoe	0	0	1	0	1	
	Community South Osteopathic FM Residency at CHN, Speedway	Decatur	1	0	0	0	1
		Hamilton	0	1	0	0	1
		Hendricks	0	0	0	1	1
		Jackson	1	0	0	0	1
Jefferson		1	0	0	0	1	
Madison		1	0	0	0	1	
Marion	4	1	1	0	6		

County	Family Medicine Residency Program	Location after Training	2012-2015	2016	2017	2018	Total
Saint Joseph	Memorial Hospital of South Bend	Allen	0	0	1	0	1
		Elkhart	1	2	0	0	3
		LaGrange	1	0	0	0	1
		Marion	1	0	0	0	1
		Orange	0	0	0	1	1
		Saint Joseph	16	3	2	2	23
		Sullivan	1	0	0	0	1
	St. Joseph Regional Medical Center, South Bend	Boone	1	0	0	0	1
		Elkhart	0	1	1	1	3
		LaPorte	1	0	0	0	1
		Marion	1	0	0	1	2
		Marshall	1	0	0	0	1
		Monroe	1	0	0	0	1
		Saint Joseph	10	2	4	4	20
Tippecanoe	0	0	1	0	1		

County	Family Medicine Residency Program	Location after Training	2012-2015	2016	2017	2018	Total
Vanderburgh	Deaconess Family Medicine Residency, Evansville	Dubois	1	0	0	0	1
		Gibson	2	0	0	0	2
		Hancock	1	1	0	0	2
		Marion	0	0	1	0	1
		Pike	1	0	0	0	1
		Posey	0	0	2	0	2
		Vanderburgh	3	3	1	2	9
		Vigo	1	0	0	0	1
		Warrick	1	1	2	0	4

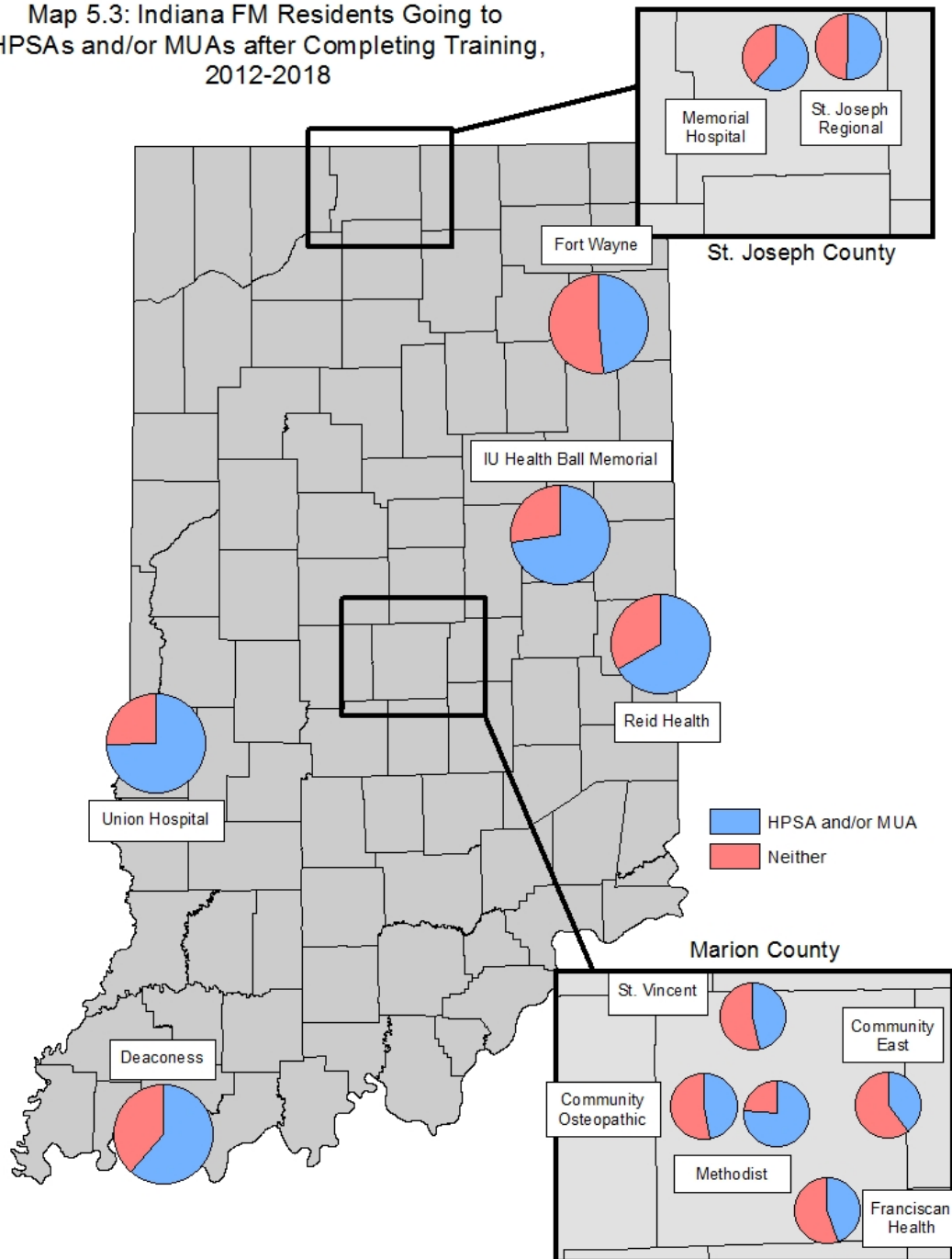
County	Family Medicine Residency Program	Location after Training	2012-2015	2016	2017	2018	Total
Vigo	Union Hospital Family Medicine Residency, Terre Haute	Allen	0	1	0	0	1
		Clay	1	0	0	0	1
		Greene	1	0	0	0	1
		Howard	1	0	0	0	1
		Marion	1	0	0	0	1
		Montgomery	1	0	0	0	1
		Putnam	1	0	0	0	1
		Vermillion	0	0	2	1	3
		Vigo	1	2	3	1	7

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

Table 5.2 shows the Indiana family medicine survey respondents' residency site and their primary locations after completing training within Indiana. The table shows a breakdown by county of where the respondents plan to go after completing their training. Data have been shown from 2012 to 2018.

In 2018, forty-four respondents listed *both*, their family medicine residency site as well as their primary location after training. All 44 of those respondents chose Indiana as their primary location after training. Of those respondents, 15 planned to practice or stay in Marion county, followed by St. Joseph (n=6), Allen (n=2), Johnson (n=2), and Vanderburgh (n=2) counties.

Map 5.3: Indiana FM Residents Going to HPSAs and/or MUAs after Completing Training, 2012-2018



Map 5.3 shows Indiana family medicine survey respondents' planning to go into Health Professions Shortage Areas (HPSAs) and/or Medically Underserved Areas (MUAs) after completing their training. Data have been shown **from 2012 to 2018**. A majority of the respondents from Deaconess Family Medicine Residency, IU Health Ball Memorial, IU Methodist Family Medicine Residency, Memorial Hospital of South Bend, St. Joseph Regional Medical Center, and Union Hospital indicated going to a HPSA and /or MUA after completing their training. Data analysis was performed using geographic information mapping software, *ArcGIS 10.5*.

Table 5.3: Primary Location of Residents going into HPSAs and/or MUAs [%]								
Residency Program	2012	2013	2014	2015	2016	2017	2018	Total
Community Hospital East FM Residency	0	50	38	20	29	67	50	40
Community South Osteopathic FM Residency	100	100	100	33	33	67	0	47
Deaconess Family Medicine Residency	40	80	83	50	67	38	100	62
Fort Wayne Medical Education Program	44	57	60	29	67	56	40	48
Franciscan Health Indianapolis FM Residency	33	33	29	50	29	56	50	45
IU Health Ball Memorial Hospital	40	83	88	86	86	56	70	73
IU Methodist Family Medicine Residency	100	71	88	67	63	50	90	76
Memorial Hospital of South Bend	100	71	20	50	50	67	67	61
St. Joseph Regional Medical Center	25	100	20	22	38	71	75	51
St. Vincent Family Medicine Residency	50	29	17	50	50	60	80	47
Union Hospital Family Medicine Residency	75	75	100	75	29	100	71	74
Reid Health	NA	NA	NA	NA	NA	NA	67	67

Table 5.3 shows Indiana family medicine survey respondents' going to HPSAs and/or MUAs after completing their training. This map includes all respondents who indicated a primary location after completing their training. Data have been shown from 2012 to 2018.

In 2018, over three-fourths of the respondents from Deaconess Family Medicine Residency (100%), IU Methodist Family Medicine Residency (90%), St. Vincent Family Medicine Residency (80%), and St. Joseph Regional Medical Center (75%) indicated going to a HPSA and /or MUA after completing their training.

Chapter 6: Graphs showing Trend Patterns, 2012-2018

This chapter shows a comparison of *Indiana Family Medicine Residencies Exit Survey*® responses from the time of its inception in 2012 through 2018. Trends for all respondents have been shown in figures 6.1 to 6.10. The remaining figures show responses from only those graduates who indicated they planned to work in ‘patient care or clinical practice’ after graduation; who intended to practice in Indiana; and those who intended to practice outside Indiana. For ease of interpretation, the percentages in the text have been rounded off to the nearest decimal point.

All Respondents

Demographics

Figure 6.1: Trends showing Age, 2012-2018

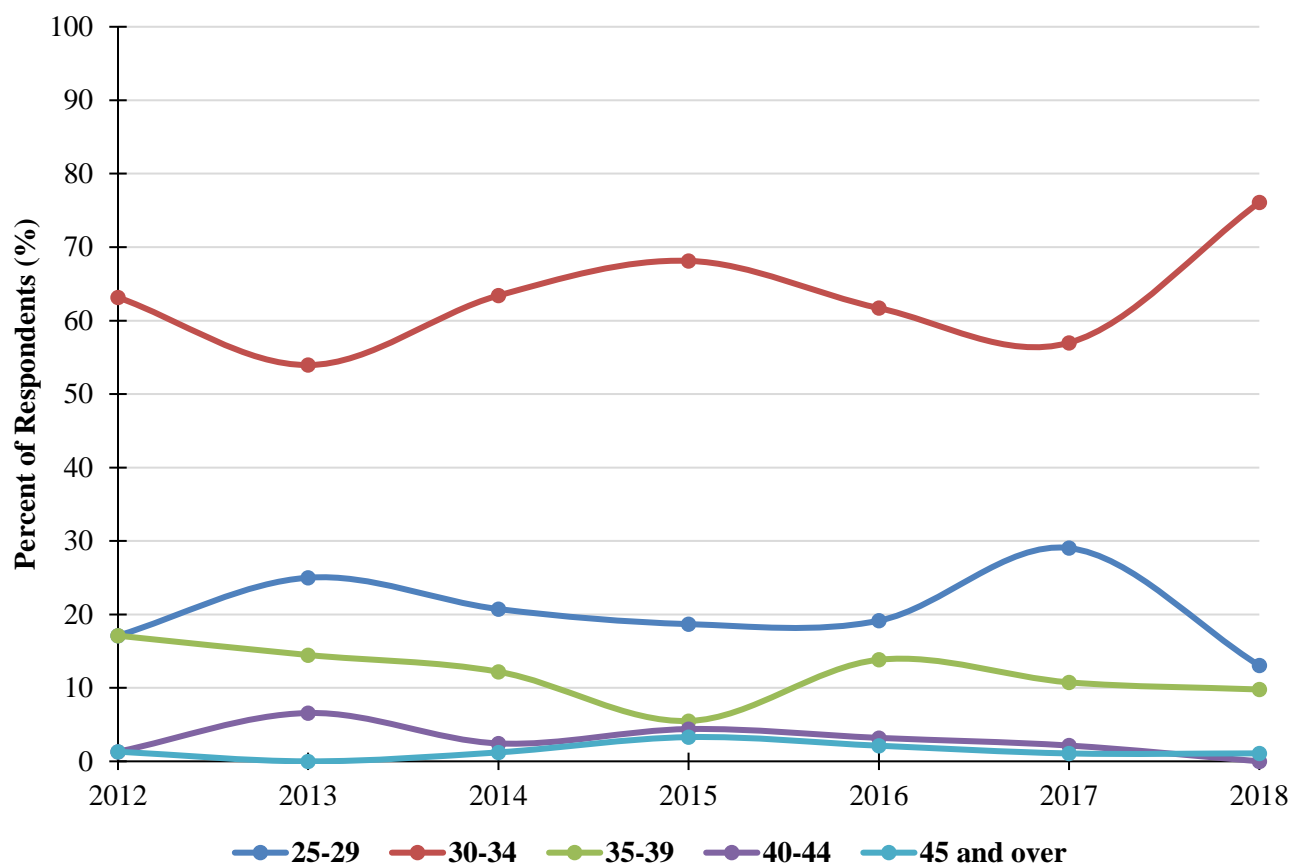


Figure 6.1 shows trends among the Indiana family medicine survey respondents’ and their age distributions from 2012 to 2018. An increasing trend has been noted for those between 30 and 34 years of age (63% in 2012 to 76% in 2018). For the remaining age categories, trends have remained fairly constant.

Figure 6.2: Trends showing Gender, 2012-2018

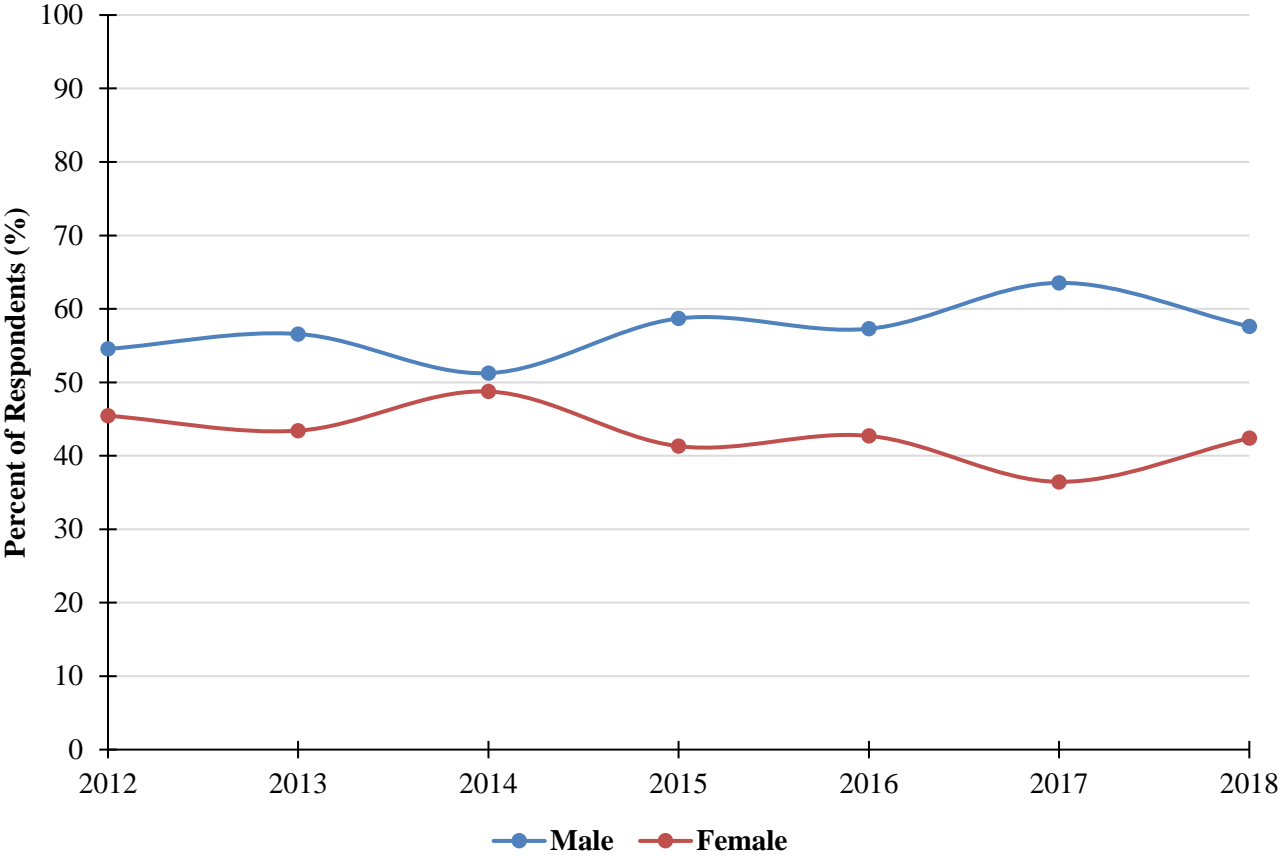


Figure 6.2 shows trends among the Indiana family medicine survey respondents' and their in gender distribution from 2012 to 2018. A fairly consistent trend was noted among the male (55% in 2012 to 58% in 2018) and female respondents (46% in 2012 to 42% in 2018).

Figure 6.3: Trends showing Race/Ethnicity, 2012-2018

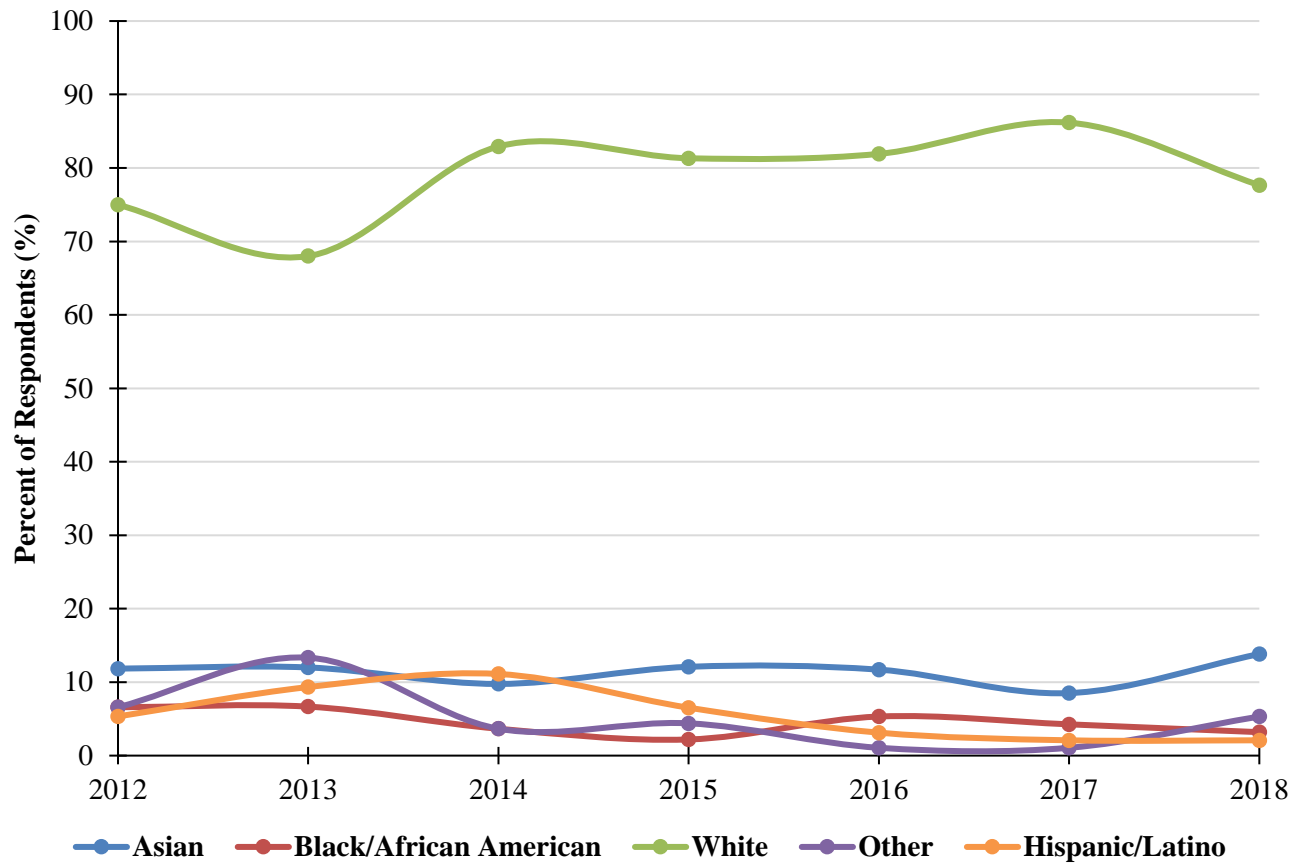


Figure 6.3 shows trends among the Indiana family medicine survey respondents' and their racial and ethnic distributions from 2012 to 2018. A fairly consistent trend was noted among all respondents for their racial and ethnic groups.

Figure 6.4: Trends showing Where the Respondents are Coming From, 2012-2018

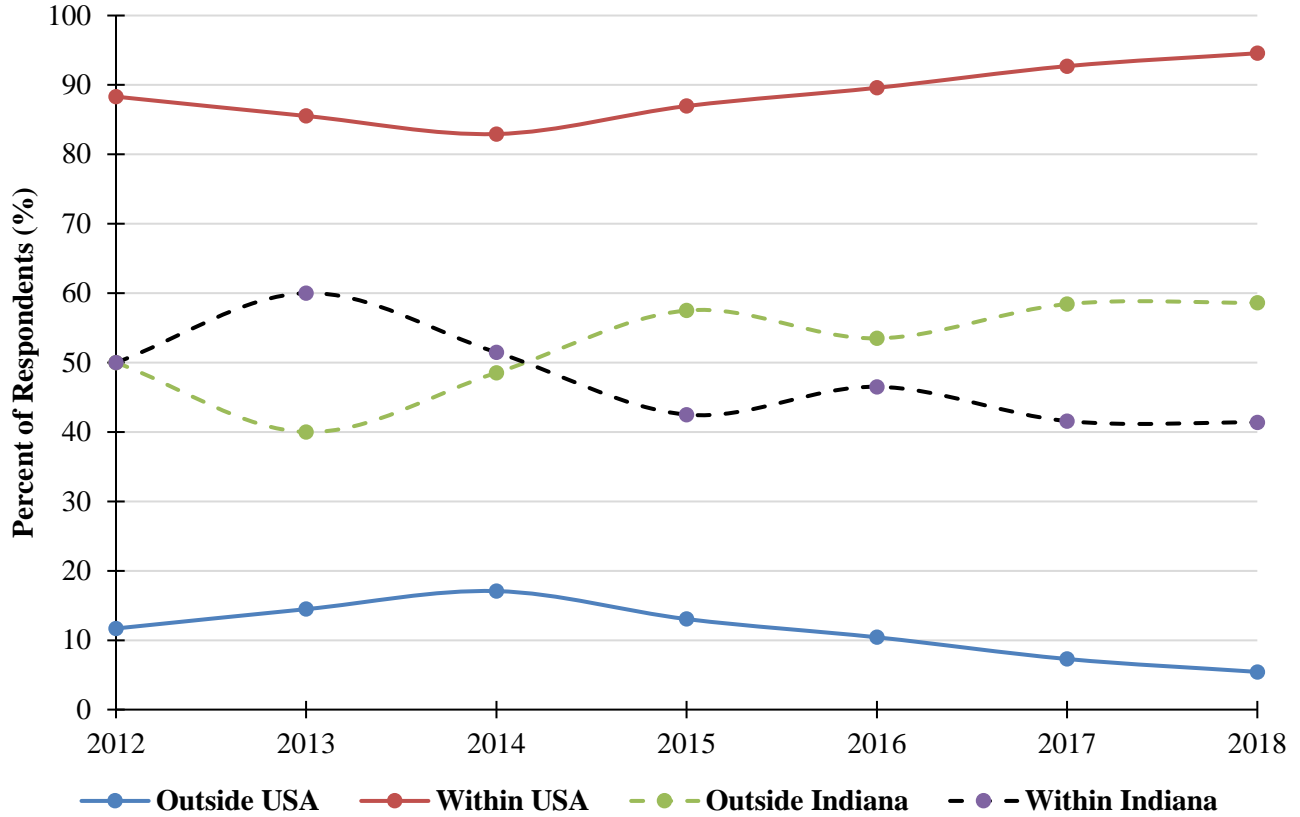


Figure 6.4 shows trends among the Indiana family medicine survey respondents' and where they came from between 2012 and 2018.

Of the respondents who indicated they were from within the United States, a slight increase was noted among those coming from *outside* of Indiana (50% in 2012 to 60% in 2018). And, a declining trend was noted among those coming from *within* Indiana (50% in 2012 to 40% in 2018). For the remaining categories, trends have remained fairly constant.

Figure 6.5: Trends showing Individual Educational Debt, 2012-2018

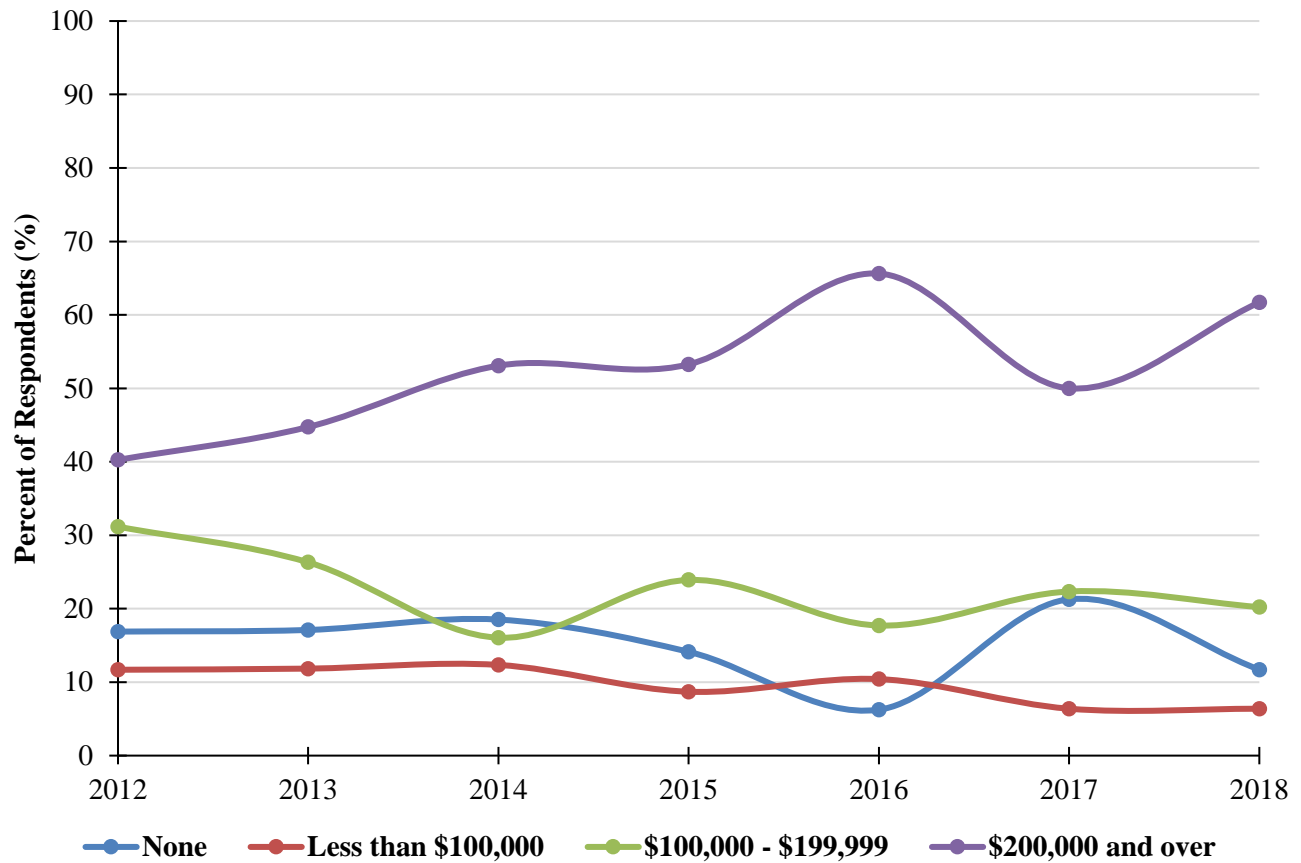


Figure 6.5 shows trends among the Indiana family medicine survey respondents' and their current level of educational debt from 2012 to 2018.

An increasing trend was noted among respondents with an individual educational debt load of “\$200,000 or more” (40% in 2012 to 62% in 2018). And, a noticeable drop was noted among respondents with an individual educational debt load “between \$100,000 and \$199,999” (31% in 2012 to 20% in 2018). For the remaining categories, trends have remained fairly constant.

Figure 6.6: Trends showing Training Received and level of Competency in Providing Care, 2012-2017

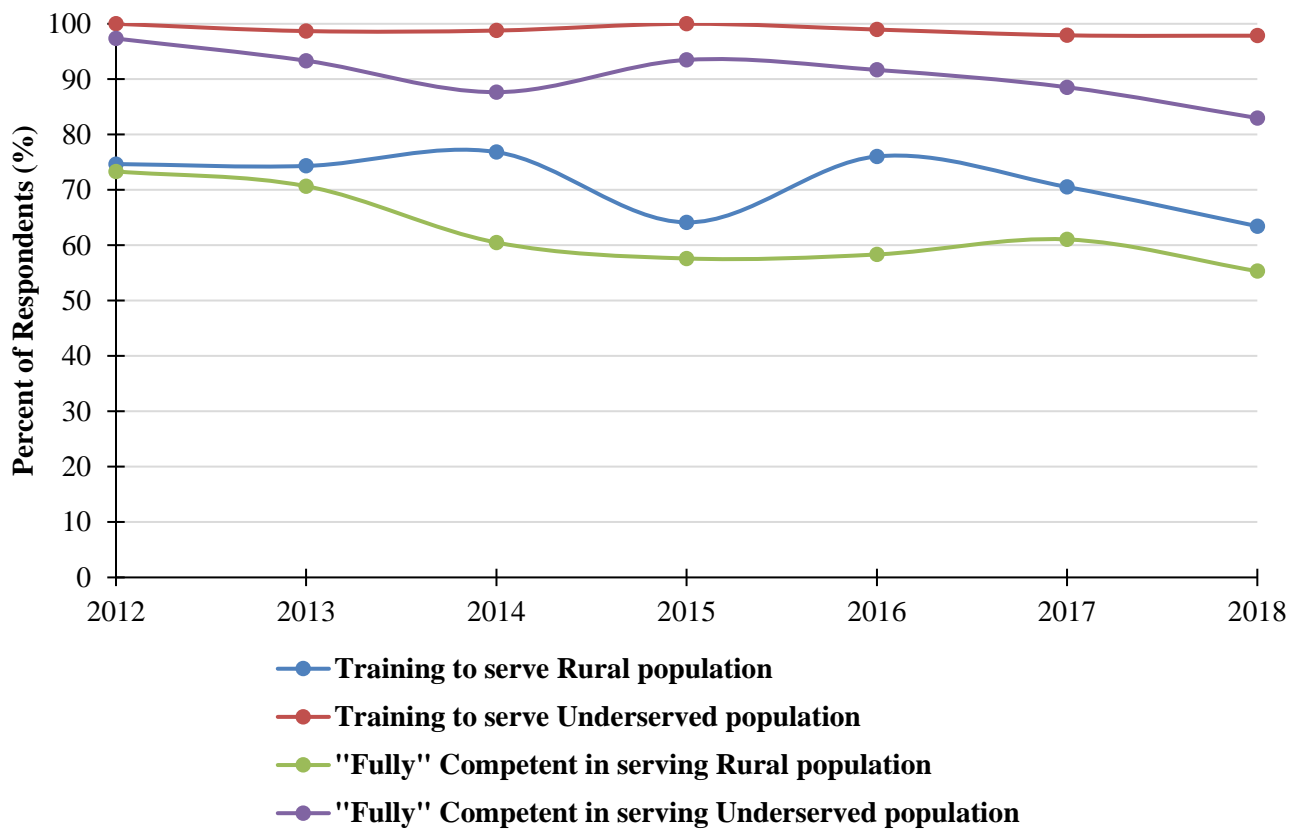


Figure 6.6 shows trends among the Indiana family medicine survey respondents’ training received to serve the rural and underserved populations *and* their self-rated level of competency in providing care to those rural and underserved populations from 2012 to 2018.

A declining trend was noted for respondents who indicated they had received training to serve rural populations (75% in 2012 to 63% in 2018); felt “fully” competent serving the rural populations (73% in 2012 to 55% in 2018); and, felt “fully” competent serving the underserved populations (97% in 2012 to 83% in 2018). For the remaining category, trends have remained fairly constant.

Figure 6.7: Trends showing Quality of the Program, 2012-2018

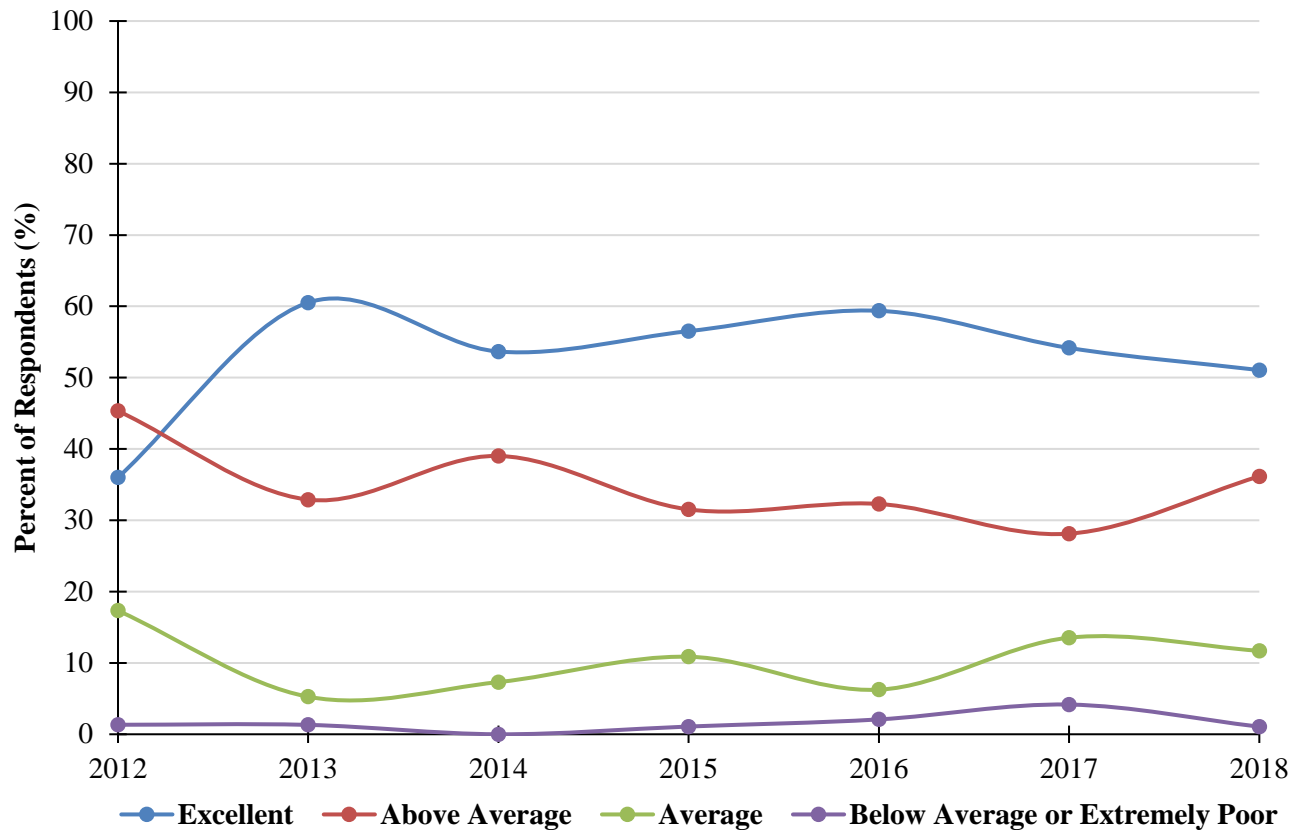


Figure 6.7 shows trends among the Indiana family medicine survey respondents' overall rating of the quality of their training program from 2012 to 2018.

An increasing trend was noted among respondents who rated the quality of their program as “excellent” (36% in 2012 to 51% in 2018). And, a slight drop was noted among respondents who rated the quality of the program as “above average” (45% in 2012 to 36% in 2018). For the remaining categories, trends have remained fairly constant.

Figure 6.8: Trends showing Overall Performance of Faculty, 2012-2018

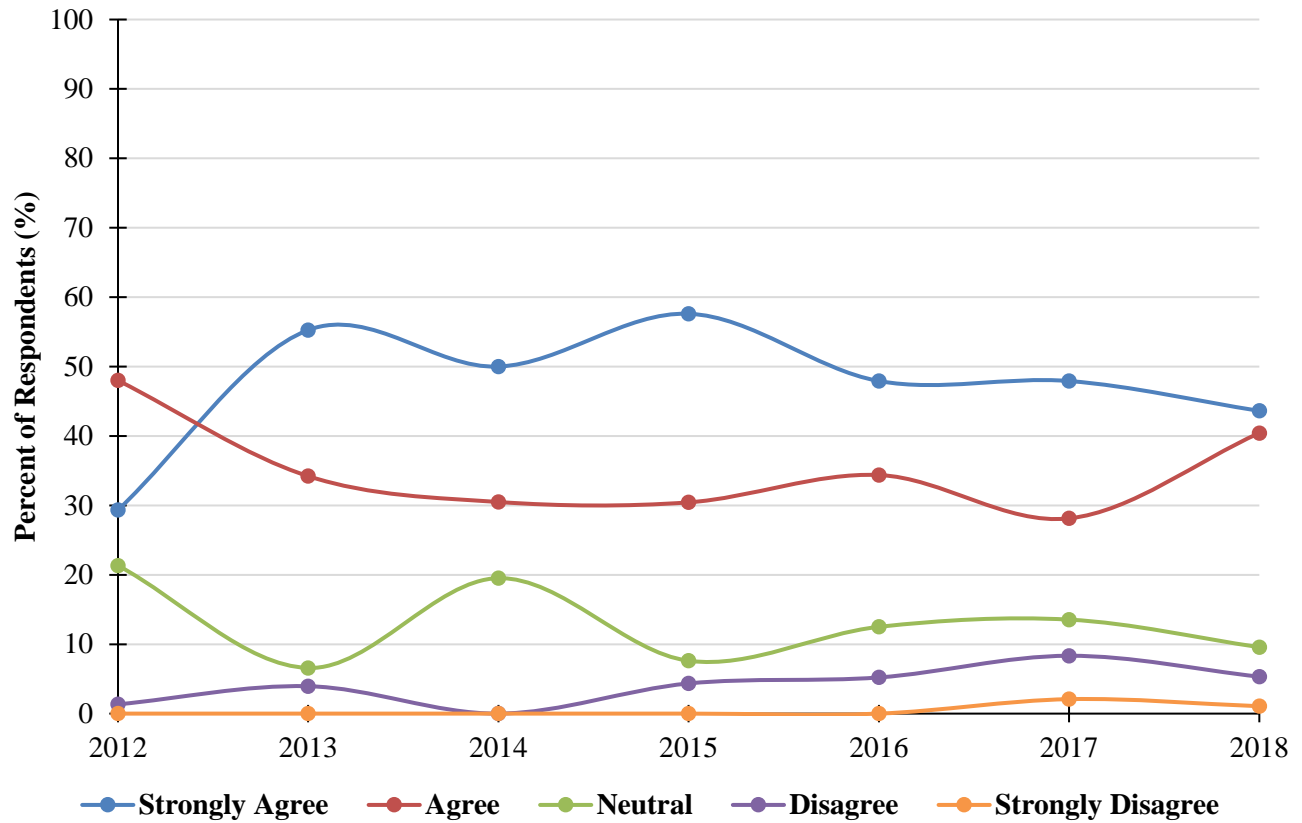


Figure 6.8 shows trends among the Indiana family medicine survey respondents' overall assessment of performance of faculty in their training program from 2012 to 2018.

An increasing trend was noted among respondents who indicated they “strongly agree” that the performance of faculty in their training program had exceeded their expectations (29% in 2012 to 44% in 2018). For the remaining categories, trends have remained fairly constant.

Figure 6.9: Trends showing Overall Performance of Peers, 2012-2018

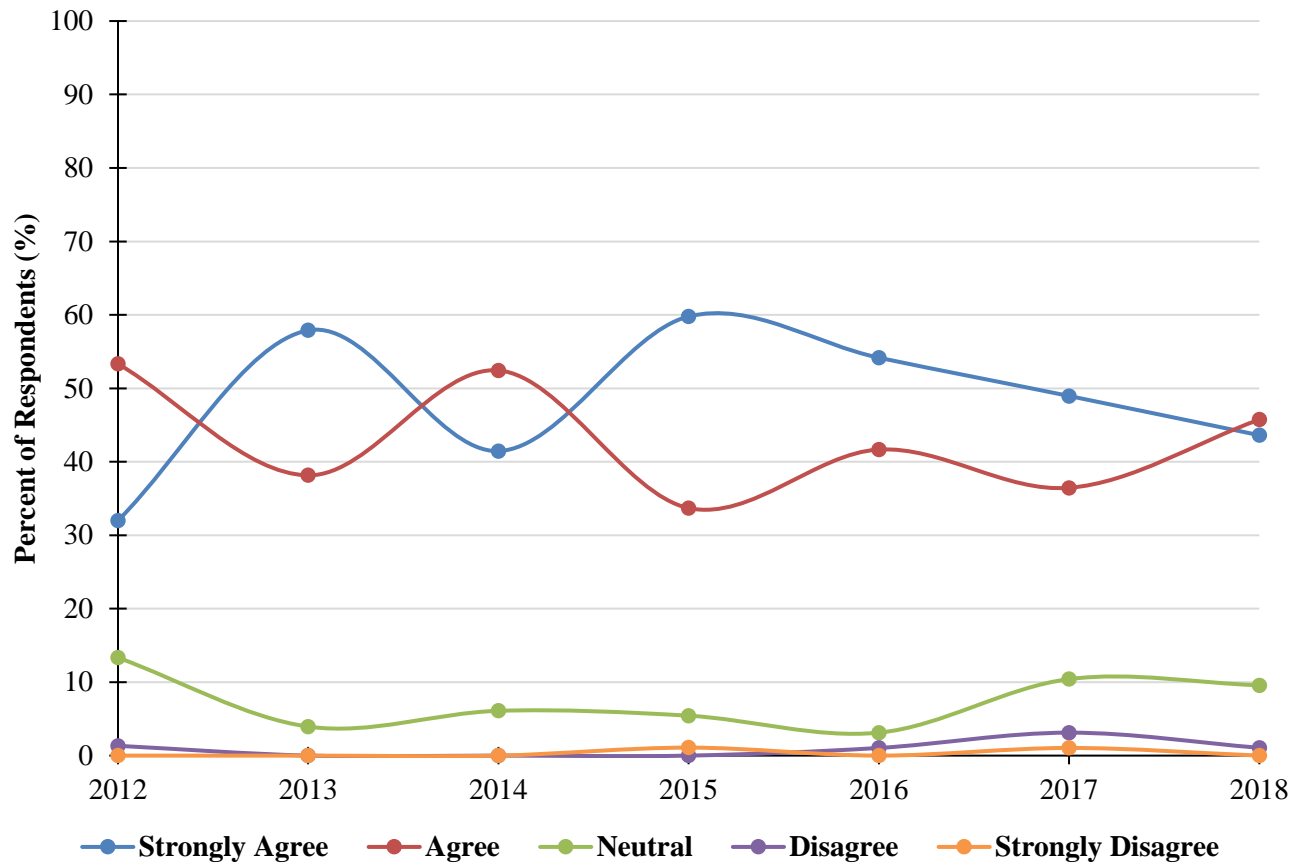


Figure 6.9 shows trends among the Indiana family medicine survey respondents' overall assessment of performance of other residents or fellows in their training program from 2012 to 2018.

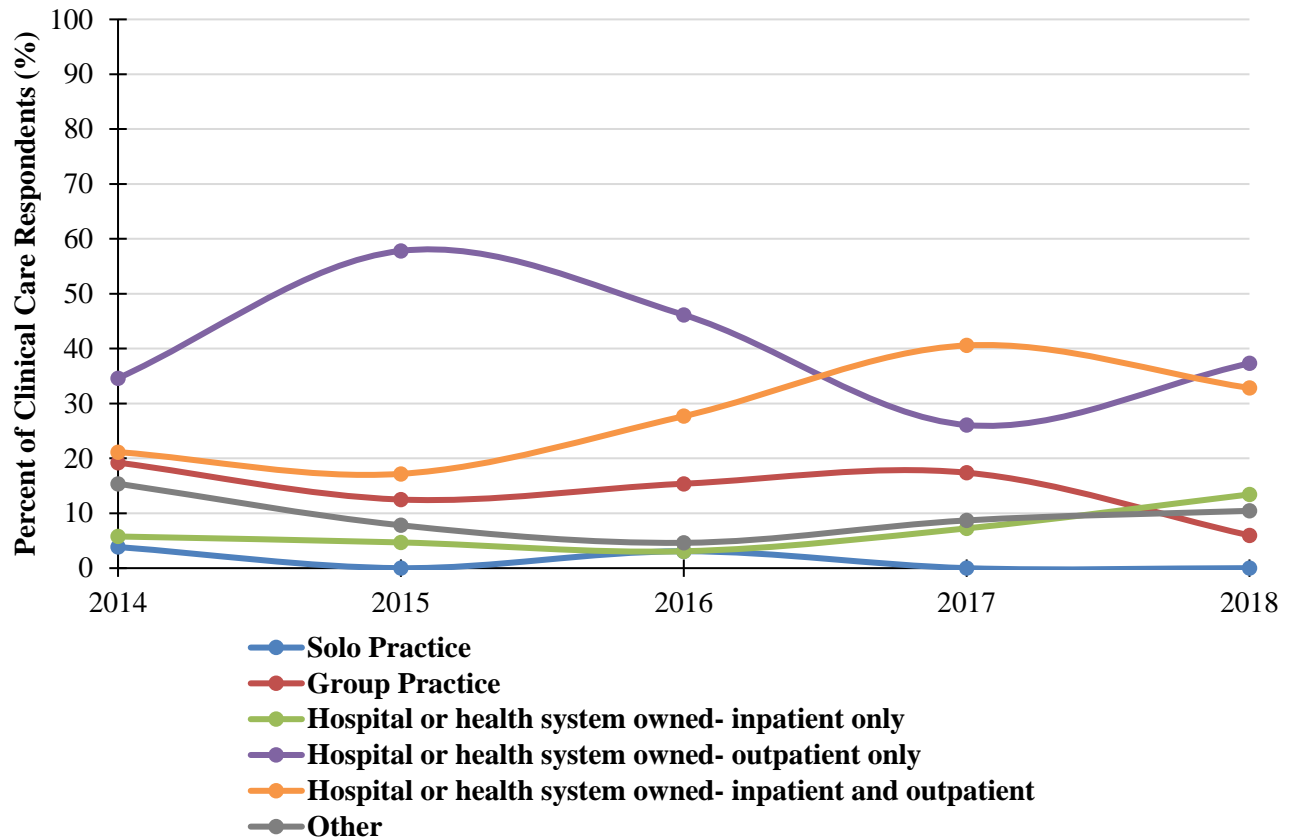
An increasing trend was noted among respondents who “strongly agree” that the performance of other residents or fellows in their program had exceeded their expectations (32% in 2012 to 44% in 2018). For the remaining categories, trends have remained fairly constant.

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

Respondents going into patient care or clinical practice

Practice Characteristics

Figure 6.10: Trends showing Principal Type of Patient Care Practice, 2014-2018*



*Response categories differed in the 2012 and 2013 Indiana Family Medicine Residencies Exit Survey and were thus excluded from analysis.

Figure 6.10 shows trends among the Indiana family medicine survey respondents' and the principal type of patient care practice setting they will be entering after completing their training program from 2014 to 2018.

An increasing trend was noted among respondents going into a “hospital or health system owned – inpatient and outpatient” facility (21% in 2014 to 33% in 2018). And, a declining trend was noted among respondents going into a “group practice” setting (19% in 2014 to 6% in 2018). For the remaining categories, trends have remained fairly constant.

6.11: Trends showing Main Reasons to Practice at this Location, 2012-2018*

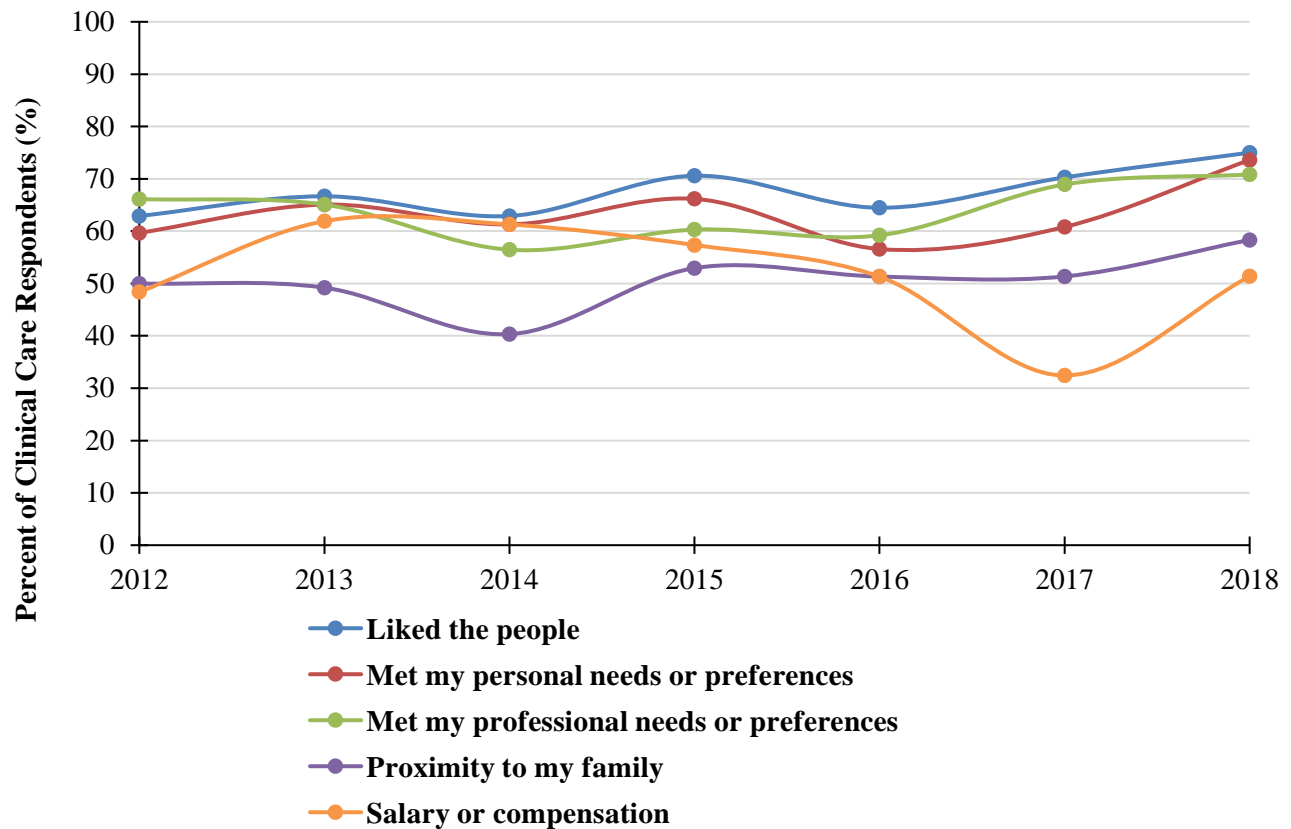
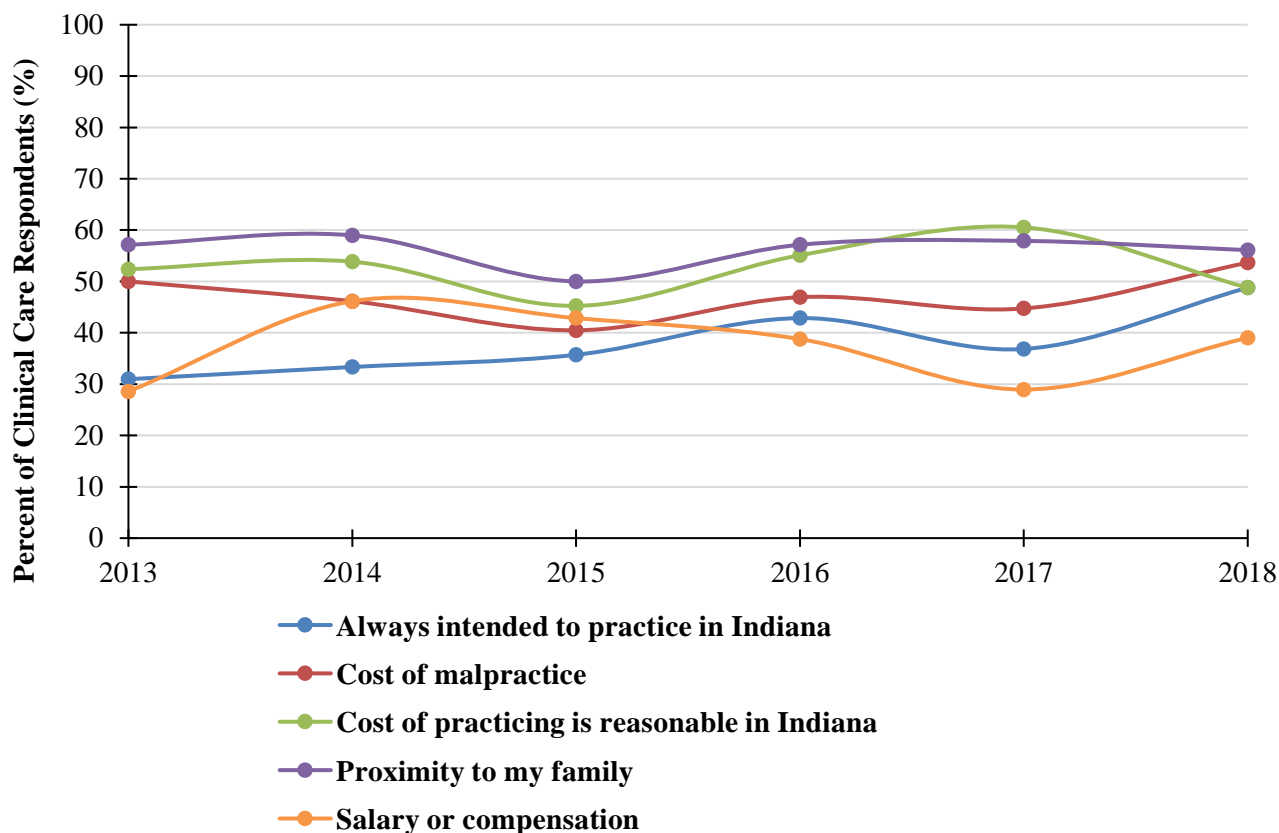


Figure 6.11 shows trends among the Indiana family medicine survey respondents’ and the top reasons they chose to practice at this location from 2012 to 2018.

An increasing trend was noted among respondents who indicated the main reason they chose to practice at this location was because it “met their personal needs or preferences” (60% in 2012 to 74% in 2018) and “liked the people” (63% in 2012 to 75% in 2018). For the remaining categories, trends have remained fairly constant.

Figure 6.12: Trends showing Main Reasons to Practice in Indiana, 2013-2018*

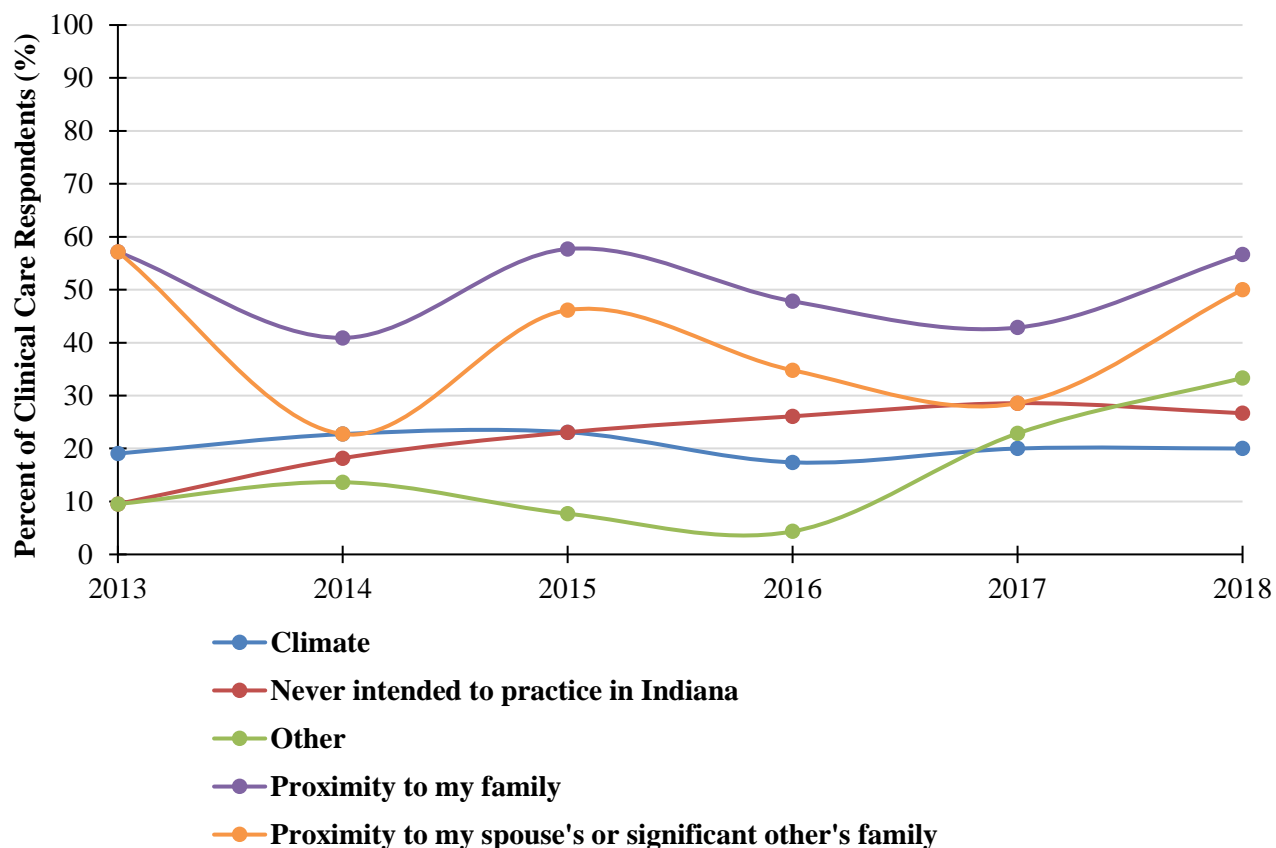


*Response categories differed in the 2012 Indiana Family Medicine Residencies Exit Survey and were thus excluded from analysis.

Figure 6.12 shows trends among respondents and the top reasons they chose to practice in Indiana from 2013 to 2018. 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 49% in 2018) and “salary or compensation” (29% in 2013 to 39% in 2018). For the remaining categories, trends have remained fairly constant.

6.13: Trends showing Main Reasons Not to Practice in Indiana, 2013-2018*



*Response categories differed in the 2012 Indiana Family Medicine Residencies Exit Survey and were thus excluded from analysis.

Figure 6.13 shows trends among the Indiana family medicine survey respondents' and the top reasons they chose not to practice in Indiana from 2013 to 2018. Only those respondents who intended to practice outside Indiana were included in the analysis.

An increasing trend was noted among respondents who indicated the main reason they chose to practice outside the state was because they “never intended to practice in Indiana” (10% in 2013 to 27% in 2018) and “other” (10% in 2013 to 33% in 2018). For the remaining categories, trends have remained fairly constant.

Appendix A: 2018 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.

DEMOGRAPHIC CHARACTERISTICS:

1. Birth year: __ __ __ __

2. Gender:

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

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

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

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

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

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

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

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

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

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

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

6c. Where was the medical school located from which you graduated?

- In Indiana IUSM MUCOM
- Outside Indiana
- Outside U.S.

6d. Do you have an M.D. or D.O. degree?

- Doctor of Medicine
- Doctor of Osteopathic Medicine

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

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

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

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

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

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

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

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

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

- Yes
- No

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

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

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

Name of facility: _____

Street address: _____

City: _____ State: _____ Zip code: _____

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

PRACTICE CHARACTERISTICS:

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

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

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

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

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

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

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

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

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

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

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

- Less than \$100,000
- \$100,000 - \$149,999
- \$150,000 - \$199,999
- \$200,000 - \$249,999
- \$250,000 - \$299,999
- \$300,000 - \$349,999
- \$350,000 - \$399,999
- \$400,000 - \$449,999
- \$450,000 - \$499,999
- \$500,000 or more

18a. How many offers for employment/practice positions did you receive all together?

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

18b. How many offers for employment/practice positions did you receive in Indiana?

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

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

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

PROGRAM ASSESMENT:

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

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

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

<u>Fully</u>	<u>Partially</u>	<u>Not at all</u>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- a. Patient care
- b. Medical knowledge
- c. Practice-based learning and improvement
- d. Interpersonal and communication skills
- e. Professionalism
- f. Systems-based practice

22a. In your residency or fellowship program, did you receive training to serve the:

- i. Rural population
- ii. Underserved population

	<u>Yes</u>	<u>No</u>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
<u>Fully</u>	<u>Partially</u>	<u>Not at all</u>

22b. How competent do you feel providing care to the:

- i. Rural population
- ii. Underserved population

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CLINICAL LEARNING ENVIRONMENT:

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

PROGRAM QUALITY:

25. I would rate the overall quality of my Family Medicine residency program as:
- Excellent
 - Above average
 - Average
 - Below average
 - Extremely poor

- 26a. I would rate the overall performance of the faculty in my Family Medicine residency program to have exceeded my expectations.
- Strongly agree
 - Agree
 - Neutral
 - Disagree
 - Strongly disagree

- 26b. I would rate the overall performance of the other residents in my Family Medicine residency program to have exceeded my expectations.
- Strongly agree
 - Agree
 - Neutral
 - Disagree
 - Strongly disagree

QUALITY OF LIFE:

	Strongly agree	Agree	Neutral	Disagree	Strongly disagree
27. At this time, I feel...					
a. Physically "burnt out" from my work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Emotionally "burnt out" from my work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

28. I have resources readily available to maintain my wellness

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

	Very good	Good	Fair	Poor	Very poor
29. I would rate the overall:					
a. Balance between my personal and professional life as...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Quality of my life as...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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 2018 Indiana Family Medicine Residencies Exit Survey!

Appendix B: Survey Response Rates, 2012-2018

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