

# 2021 Indiana Family Medicine Residencies Exit Survey Report

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**Indiana Medical Education Board**

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**SCHOOL OF MEDICINE**

Office of Educational Affairs

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# Executive Summary

## Background

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

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

The *2021 Indiana Family Medicine Residencies Exit Survey*<sup>®</sup> marks the 10<sup>th</sup> consecutive year of determining what these physicians plan to do after graduation; and, for those planning to primarily provide clinical care, to determine where they plan to practice. In addition, the survey also obtained overall feedback on the residents' training and their program's curricula, as well as ideas and suggestions for improvement.

## Methods

A cross-sectional survey of all final-year Indiana family medicine residents was conducted in the spring of 2021. 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 2021, a total of 109 final-year family medicine residents were graduating from the thirteen Indiana Family Medicine residency programs. All 109 residents were invited to participate on the *2021 Indiana Family Medicine Residencies Exit Survey*<sup>®</sup>. Of those residents, all 102 responded to the survey, thereby yielding a 93.6 percent response rate.

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

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## Results

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**Demographics:** Over two-fifths of the respondents were between the ages of 30 and 34 years. Nearly one-half were female and three-fourths were white. Six percent of the respondents were of Hispanic or Latino ethnicity. Nine percent of the respondents were from another country. Of the majority of respondents who indicated they were from United States, almost one-half were from Indiana. Almost two-fifths graduated from a high school or college in Indiana and one-third reported graduating from the Indiana University School of Medicine or Marian University College of Osteopathic Medicine. Over two-fifths of the respondents reported having received a Doctor of Osteopathic Medicine (D.O.) degree. About one-third indicated they were a first-generation learner or came from a rural area, and one-tenth of the respondents came from an economically or educationally disadvantaged background.

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

**Program Assessment:** Almost all respondents “strongly agree” or “agree” that the family medicine residency program was helpful in preparing them for their boards. A majority of the respondents felt “fully” competent in the following ACGME competencies: patient care, interpersonal and communication skills, and in professionalism. About four-fifths had received training to serve the rural populations and almost all had received training to serve the underserved populations. About three-fourths of the respondents felt “fully” competent in providing care to the rural populations and almost all felt “fully” competent in providing care to the underserved populations. Almost all respondents indicated they were part of a multi-disciplinary inter-professional team, had the opportunity to serve on a committee or council, and had the opportunity to participate in a cultural competency or diversity training. All respondents indicated that they were able to participate in a quality improvement project. Almost four-fifths indicated they participated in a patient safety project and in a health care disparities initiative. Almost all respondents felt “very competent” or “competent” communicating with team members during the hand-off process.

A majority of the respondents indicated the quality of their training program was “excellent” or “above average”. A majority of the respondents “strongly agree” or “agree” that the overall performance of faculty *and* other residents in their training program exceeded their expectations. About four-fifths “strongly agree” or “agree” their personal and professional lives were well balanced and about two-fifths “strongly agree” or “agree” they felt burned out from work. A majority of the respondents “strongly agree” or “agree” they felt their work to be meaningful *and* that they had readily available resources to maintain their wellness. Over three-fourths of the respondents rated their overall wellness as “very good” or “good”.

**Patient Care:** Four-fifths of the respondents planned to go into “patient care or clinical practice” after completing their training, followed by one-fifth who planned to enter a fellowship. Over three-fourths of the respondents reported entering a “hospital or health system owned” setting (i.e., inpatient only, outpatient only, and both inpatient *and* outpatient). About one-tenth indicated they had an obligation or visa requirement to work in a designated HPSA or MUA after completing their training. Almost one-half of the respondents accepted an employment position 6 months ago. If offered a position in Indiana, one-half of the respondents would have stayed in Indiana. Almost all respondents expect to earn \$200,000 or

more during their first year of practice. After completing their training, about two-thirds of the respondents planned to practice within Indiana and nearly one-third intended to practice outside Indiana.

***Main reasons for choosing a practice location:***

- The main reasons given to practice within Indiana were salary or compensation, proximity to my family, and cost of malpractice.
- The main reasons given to practice outside Indiana were proximity to my family, proximity to my spouse's or significant other's family, lack of jobs or practice opportunities in Indiana, and never intended to practice in Indiana.

**Chi-square test of association for statistical significance**

*Male respondents appear more likely to:*

- Feel “fully” competent in systems-based practice.
- Receive training to serve the rural population.
- Feel “fully” competent in providing care to the rural population.
- Participate in a patient safety project.
- Participate in a health care disparities initiative.

**Mapping information**

*For 2012-2021 respondents:*

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

*For 2021 respondents:*

- A majority of the respondents planned to choose Indiana as their primary practice location, followed by Illinois and Missouri.
- Of those respondents, a majority planned to practice in Marion County, followed by Allen, St. Joseph, Johnson, and Tippecanoe counties.
- Over one-half of the respondents from Fort Wayne Medical Education Program, St. Joseph Regional Medical Center, and Reid Health indicated an Indiana hometown.

- Over two-thirds of the respondents from Community Hospital East, Fort Wayne Medical Education Program, Franciscan Health Indianapolis, Memorial Hospital of South Bend, St. Vincent Hospital, and Reid Health indicated an Indiana practice location.
- Over two-fifths of the respondents from Deaconess and IU Health Ball Memorial Hospital-reported a practice location in a rural ZIP code.
- Over two-thirds of the respondents from Community South Osteopathic, IU Health Ball Memorial Hospital, and Memorial Hospital of South Bend reported a practice location in an MUA and/or HPSA.

## Trends

*Increasing trends were noted for respondents who:*

- Were between 25 and 29 years of age (17% in 2012 to 45% in 2021).
- Had an individual educational debt load of “\$200,000 or more” (40% in 2012 to 67% in 2021).
- Rated the quality of their program as “excellent” (36% in 2012 to 53% in 2021).
- “Strongly agree” that the performance of faculty in their training program had exceeded their expectations (29% in 2012 to 53% in 2021).
- “Strongly agree” that the overall performance of other residents or fellows in their training program had exceeded their expectations (32% in 2012 to 47% in 2021).
- Were going into a “hospital or health system owned – outpatient only” facility (35% in 2014 to 52% in 2021).
- Indicated their primary practice location was within Indiana (57% in 2012 to 66% in 2021).
- Chose to practice in Indiana because they “always intended to practice in Indiana” (31% in 2013 to 45% in 2021) and “salary or compensation” (29% in 2013 to 61% in 2021).
- Chose to practice outside Indiana because of “proximity to my family” (57% in 2013 to 85% in 2021), “proximity to recreation” (19% in 2013 to 85% in 2021), and “never intended to practice in Indiana” (10% in 2013 to 35% in 2021).

*Decreasing trends were noted for respondents who:*

- Were between 30 and 34 years of age (63% in 2012 to 41% in 2021).
- Had an individual educational debt load “between \$100,000 and \$199,999” (31% in 2012 to 15% in 2021).
- Rated the quality of the program as “above average” (45% in 2012 to 36% in 2021).
- Rated the quality of the program as “average” (17% in 2012 to 11% in 2021).
- “Agree” that the performance of faculty in their training program had exceeded their expectations (48% in 2012 to 33% in 2021).
- “Agree” that the overall performance of other residents or fellows in their training program had exceeded their expectations (53% in 2012 to 33% in 2021).
- Indicated their primary practice location was another U.S. state (41% in 2012 to 33% in 2021).
- Chose to practice in Indiana because of “cost of malpractice” (50% in 2013 to 33% in 2021).

# Chapter 1: Introduction

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It has become increasingly important to understand how family medicine residents decide where to practice after they complete their training because of a decrease in the number of United States medical school graduates' entering primary care specialties.<sup>1</sup> 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.<sup>2</sup> Also, graduating adequate numbers of primary care physicians who will practice in underserved areas has been an ongoing challenge for the last several decades.<sup>3</sup> Because of this shortage and mal-distribution of physicians in Indiana, understanding where the graduates' go after they complete their residency training, and getting a better understanding of factors that affect those decisions has become very important and this information may be valuable in improving the state's efforts to recruit and retain physicians in areas of need.

The *2021 Indiana Family Medicine Residencies Exit Survey*<sup>®</sup> marks the 10<sup>th</sup> consecutive year of determining what these physicians plan to do after graduation; and, for those planning to primarily provide clinical care, to determine where they plan to practice. An additional objective was to determine why they chose specific locations to work; and, for those leaving Indiana, why they decided not to stay in the state to practice. A final objective was to obtain overall feedback on their training and the residency programs' curricula, specifically their suggestions and ideas for improvement.

The next chapter describes the methodology used for this study. Chapter 3 shows responses for the *2021 Indiana Family Medicine Residencies Exit Survey*<sup>®</sup>. Chapter 4 summarizes responses showing gender comparisons. Chapter 5 shows maps that track where the residents are going after completing their training (both within U.S. as well as in Indiana). Chapter 6 shows trends over the past ten years when the survey was administered. And lastly, Chapter 7 shows the comments made by survey respondents to a couple open-ended questions regarding suggestions to improve the program as well as recommending new ideas for the residency curriculum. Appendix A includes a copy of the *2021 Indiana Family Medicine Residencies Exit Survey*<sup>®</sup> and Appendix B shows a table with the response tally for each family medicine residency program location from 2012 to 2021.

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<sup>1</sup> 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.

<sup>2</sup> 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.

<sup>3</sup> 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

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The *2021 Indiana Family Medicine Residencies Exit Survey*<sup>®</sup> 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 *2021 Indiana Family Medicine Residencies Exit Survey*<sup>®</sup> 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 2021. In Spring (April and May) 2021, the cross-sectional online survey was administered to all final-year residents in the thirteen family medicine residency programs within the state.<sup>4</sup>

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

In the 2021 calendar year, there were a total of 109 residents graduating from the thirteen family medicine programs across the state (including off-cycle graduates). Of those, 102 residents responded to the surveys, thereby yielding a 93.6 percent response rate. A response tally for each family medicine residency program has been shown in a table in **Appendix B**.

The completed online surveys were received by the research team and placed into a secure electronic database. Data analysis was performed using statistical software, *IBM SPSS Statistics, v27*. Chi-square tests were used to compare responses between groups. *P*-values less than 0.05 were considered statistically significant. At the end of the analysis, a final report was produced which will be distributed to the Indiana Medical Education Board members and the family medicine residency program directors. In addition, "location-specific" reports will also be distributed to all the Board members and program directors at the thirteen family medicine residency programs.

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<sup>4</sup> 1) *Community Hospital East Family Medicine Residency, Indianapolis*; 2) *Community South Osteopathic Family Medicine Residency, Speedway*; 3) *Deaconess Family Medicine Residency, Evansville*; 4) *Fort Wayne Medical Education Program, Fort Wayne*; 5) *Franciscan Health Indianapolis Family Medicine Residency, Indianapolis*; 6) *Indiana University Health Ball Memorial Hospital, Muncie*; 7) *Indiana University Health Methodist Family Medicine Residency, Indianapolis*; 8) *IUSM Arnett Family Medicine Residency*; 9) *Memorial Hospital of South Bend*; 10) *Reid Health, Richmond*; 11) *St. Joseph Regional Medical Center, South Bend*; 12) *St. Vincent Family Medicine Residency, Indianapolis*; 13) *Union Hospital Family Medicine Residency, Terre Haute*.



## Chapter 3: Responses to the 2021 Indiana Family Medicine Residencies Exit Survey<sup>©</sup>

This chapter shows responses to questions asked on the 2021 Indiana Family Medicine Residencies Exit Survey<sup>©</sup>. 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 102 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=82);
- intended to practice in Indiana (n=51); and,
- intended to practice outside Indiana (n=26).

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

### All Respondents [n=102]

#### I. Demographic Characteristics (n=102)

##### Age

Table 3.1	All FM Respondents	
	2021 (n=102)	
Age	#	%
25-29	43	45.3
30-34	39	41.1
35-39	10	10.5
40-44	3	3.2
45 and over	0	0.0
<b>Total</b>	<b>95</b>	<b>100.0</b>
Missing	7	

Table 3.1 shows the age distribution of all Indiana family medicine survey respondents. Over two-fifths (41%) of the respondents indicated they were between the ages of 30 and 34 years. The 10-year average was 63 percent.

## Gender

Table 3.2	All FM Respondents	
	2021 (n=102)	
Gender	#	%
Male	55	53.9
Female	47	46.1
Transgender male	0	0.0
Transgender female	0	0.0
Non-Binary	0	0.0
My identity is not listed above	0	0.0
Other*	0	0.0
<b>Total</b>	<b>102</b>	<b>100.0</b>
Missing	0	

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

Table 3.2 shows the gender distribution of all Indiana family medicine survey respondents. Nearly one-half (46%) of the respondents indicated they were female. The 10-year average was 43 percent.

## Race

Table 3.3	All FM Respondents	
	2021 (n=102)	
Which of the following describes your race? Please mark ALL that apply.	#	%
American Indian/Alaskan Native	0	0.0
Asian	10	9.8
Black/African American	7	6.9
Native Hawaiian/Pacific Islander	0	0.0
White	77	75.5
Other	4	3.9
Biracial*	4	3.9
<b>Total</b>	<b>102</b>	<b>100.0</b>
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. Three-fourths (76%) of the respondents indicated they were white, followed by 10 percent of the respondents who indicated they were Asian. The 10-year average was 78 percent and 12 percent for white and Asian respondents, respectively.

## Ethnicity

Table 3.4	All FM Respondents	
	2021 (n=102)	
Do you consider yourself Hispanic or Latino?	#	%
Yes, Hispanic/Latino	6	6.0
No, not Hispanic/Latino	94	94.0
<b>Total</b>	<b>100</b>	<b>100.0</b>
Missing	2	

Table 3.4 shows the ethnicity of all Indiana family medicine survey respondents. Six percent of the respondents indicated a Hispanic or Latino ethnicity. The 10-year average was 6 percent.

## Respondents Coming From

Table 3.5	All FM Respondents	
	2021 (n=102)	
Where are the respondents coming from?	#	%
Outside USA	9	9.0
Within USA	91	91.0
<i>Outside Indiana</i>	48	52.7
<i>Within Indiana</i>	43	47.3
<b>Total</b>	<b>100</b>	<b>100.0</b>
Missing	2	

Table 3.5 shows where the Indiana family medicine survey respondents were coming from. Nine percent of the respondents indicated they were from another country. A majority (91%) of the respondents indicated they were from United States. Of those 91 respondents who indicated they were from United States, almost one-half (47%) were from Indiana. The 10-year average was 51 percent.

## Respondents who have an Indiana Connection

Table 3.6	All FM Respondents	
	2021 (n=102)	
Respondents who have an Indiana connection...	#	%
High school	39	38.2
College	38	37.3
Medical School	34	33.3
<i>IUSM</i>	11	32.4
<i>MUCOM</i>	23	67.6

Table 3.6 shows the Indiana family medicine survey respondents' who graduated from a high school, college, or medical school in Indiana. Almost two-fifths of the respondents indicated they had graduated from a high school (38%) or college (37%) in Indiana. The 10-year average was 38 percent. One-third (33%) of the respondents reported graduating from the Indiana University School of Medicine (IUSM) or Marian University College of Osteopathic Medicine (MUCOM). The 10-year average was 28 percent.

## Type of Medical Degree

Table 3.7	All FM Respondents	
	2021 (n=102)	
Do you have an M.D. or D.O. degree?*	#	%
Doctor of Medicine	58	57.4
Doctor of Osteopathic Medicine	43	42.6
<b>Total</b>	<b>101</b>	<b>100.0</b>
Missing	1	

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

Table 3.7 shows the type of medical degree received by the Indiana family medicine survey respondents. Over two-fifths (43%) of the respondents reported having received a Doctor of Osteopathic Medicine (D.O.) degree.

## Learner Background

Table 3.8	All FM Respondents	
	2021 (n=102)	
Do you consider yourself? Please mark ALL that apply.	#	%
First generation learner	33	32.4
Learner from a rural area	30	29.4
Economically or educationally disadvantaged	13	12.7
None of the above	46	45.1

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

Table 3.8 shows the Indiana family medicine survey respondents' learner and socioeconomic background. About one-third of the respondents indicated they were a first-generation learner (32%) or came from a rural area (29%). One-tenth (13%) of the respondents indicated they came from an economically or educationally disadvantaged background.

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## II. Educational Debt Load (n=102)

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### Current Individual Educational Debt

**Figure 3.1: Current Individual Educational Debt (n=102)**

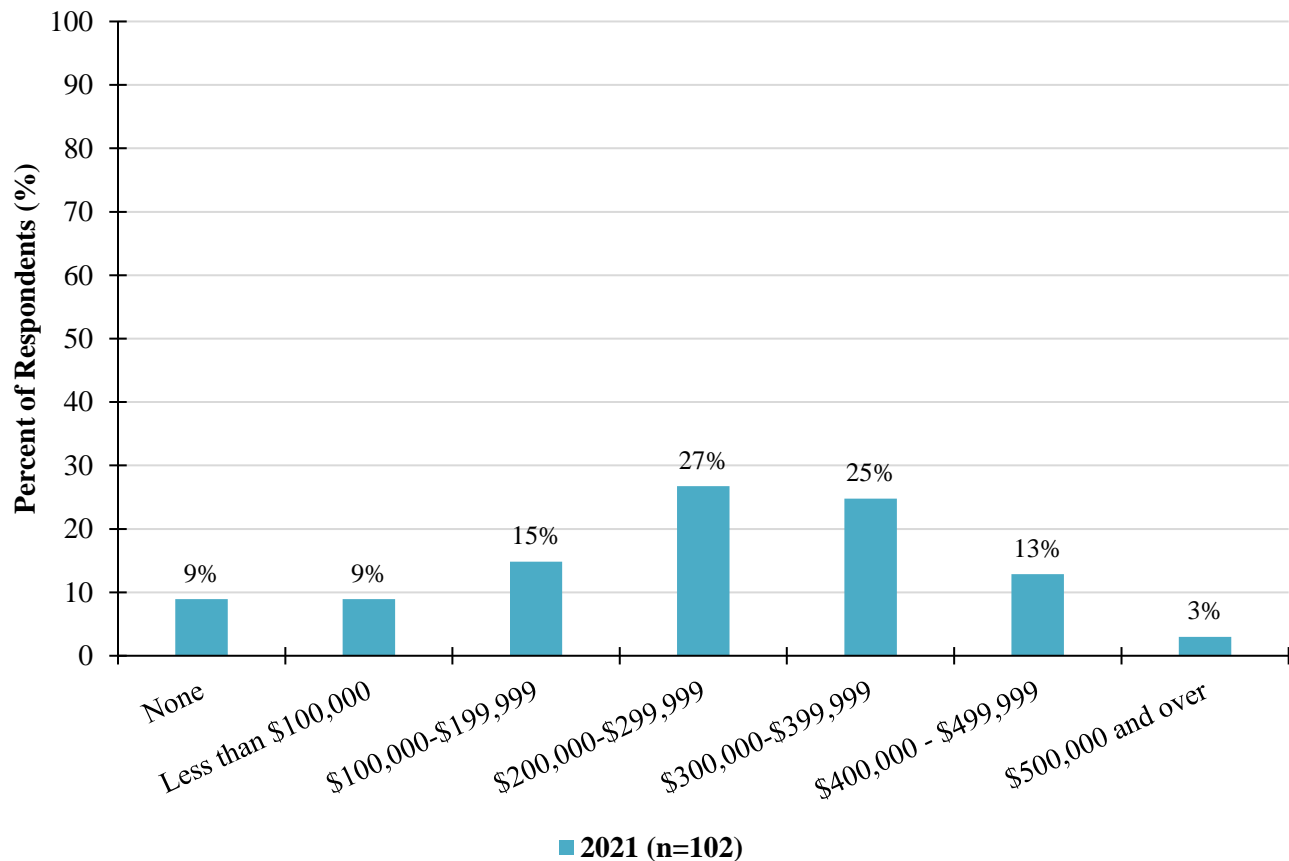


Figure 3.1 presents the current level of individual educational debt among the Indiana family medicine survey respondents. Nine percent of the respondents indicated they had no individual educational debt load. The 10-year average was 14 percent. Two-thirds (67%) of the respondents reported having an individual educational debt load of \$200,000 or more. The 10-year average was 56 percent.

## Current Total Household Educational Debt

**Figure 3.2: Current Household Educational Debt (n=102)**

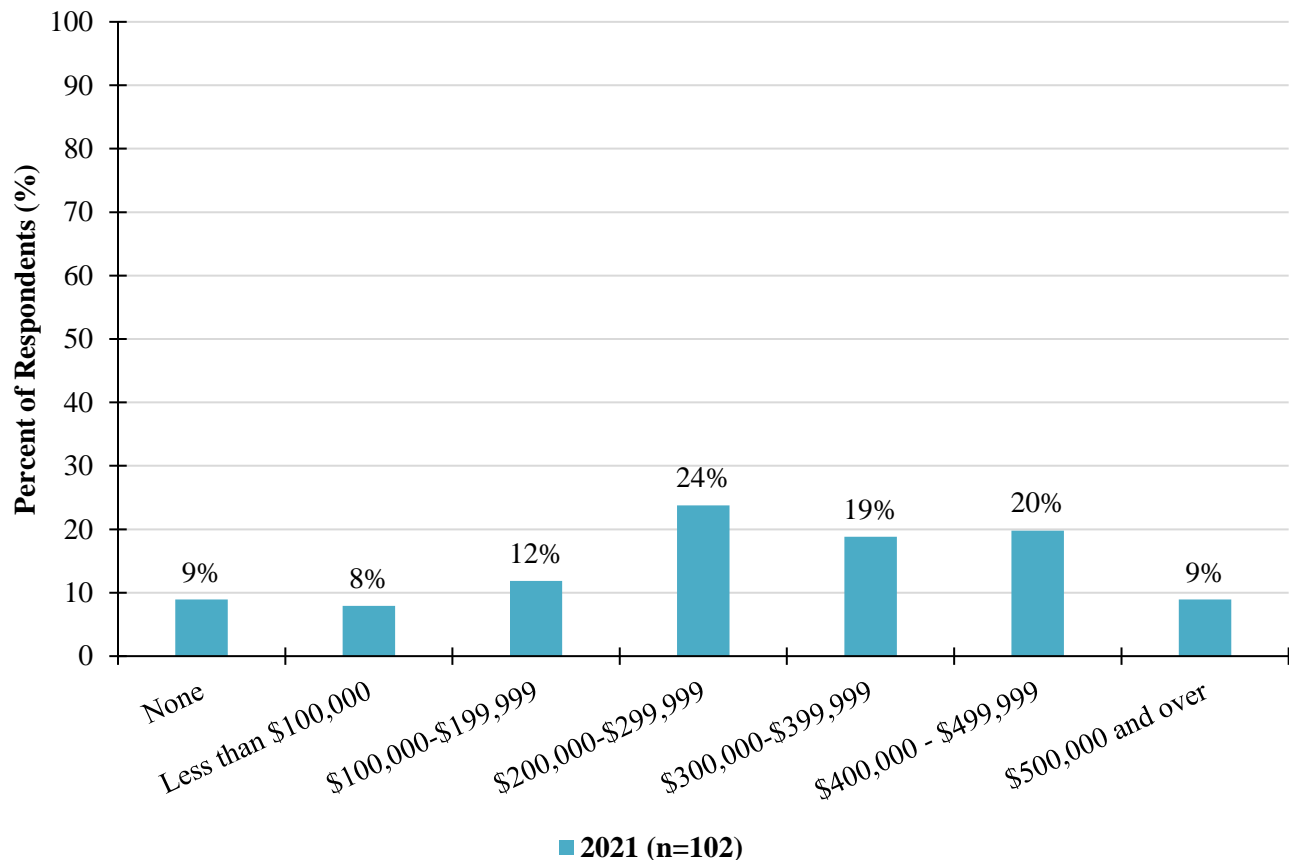


Figure 3.2 presents the current level of total household educational debt among the Indiana family medicine survey respondents. Nine percent of the respondents indicated they had no household educational debt load. The 10-year average was 12 percent. Over two-thirds (71%) of the respondents reported having a total household educational debt load of \$200,000 or more. The 10-year average was 61 percent.

### III. Program Assessment (n=102)

#### Training Program

Table 3.9	All FM Respondents	
	2021 (n=102)	
<b>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.</b>	#	%
Strongly Agree	55	54.5
Agree	38	37.6
Neutral	7	6.9
Disagree	0	0.0
Strongly Disagree	1	1.0
<b>Total</b>	<b>101</b>	<b>100.0</b>
Missing/ Board Exam in my field does not exist	1	

Table 3.9 shows the Indiana family medicine survey respondents' assessment of how helpful their training program was in preparing them for their boards. Almost all (92%) respondents indicated they "strongly agree" or "agree" that the family medicine residency program was helpful in preparing them for their boards either *generally* by the clinical and didactic curriculum or *specifically* through board question review. The 10-year average was 88 percent.

#### ACGME Competency Areas

Table 3.10	All FM Respondents					
	2021 (n=102)					
	Fully		Partially		Not at all	
How competent do you feel in the following ACGME competencies?	#	%	#	%	#	%
Patient Care	97	96.0	4	4.0	0	0.0
Medical Knowledge	89	89.0	11	11.0	0	0.0
Practice-based learning and improvement	83	83.0	16	16.0	1	1.0
Interpersonal and communication skills	100	99.0	1	1.0	0	0.0
Professionalism	100	99.0	1	1.0	0	0.0
Systems-based practice	85	84.2	16	15.8	0	0.0

Table 3.10 shows the Indiana family medicine survey respondents' self-rated competency level in the Accredited Council for Graduate Medical Education (ACGME) competency areas. Majority of the respondents indicated they felt "fully" competent in-patient care (96%), medical knowledge (89%), practice-based learning and improvement (83%), interpersonal and communication skills (99%), professionalism (99%), and systems-based practice (84%). The 10-year average for all six ACGME competencies was 91 percent.

## Rural and Underserved Training

Table 3.11	All FM Respondents			
	2021 (n=102)			
	Yes		No	
In your Family Medicine residency program did you <u>receive training</u> to serve the:	#	%	#	%
Rural Population	79	79.0	21	21.0
Underserved Population	97	98.0	2	2.0

Table 3.11 shows whether the Indiana family medicine survey respondents' received training to serve the rural and underserved populations during their training program. About four-fifths (79%) of the respondents indicated they had received training to serve the rural populations. The 10-year average was 74 percent. Almost all (98%) respondents indicated they had received training to serve the underserved populations. The 10-year average was 99 percent.

## Competency in Providing Care to the Rural and Underserved Populations

Table 3.12	All FM Respondents					
	2021 (n=102)					
	Fully		Partially		Not at all	
How competent do you feel providing care to the:	#	%	#	%	#	%
Rural Population	73	72.3	27	26.7	1	1.0
Underserved Population	91	91.0	8	8.0	1	1.0

Table 3.12 shows the Indiana family medicine survey respondents' self-rated competency levels in providing care to the rural and underserved populations. About three-fourths (72%) of the respondents indicated feeling "fully" competent in providing care to the rural populations. The 10-year average was 64 percent. Almost all (91%) respondents indicated feeling "fully" competent in providing care to the underserved populations. The 10-year average was 91 percent.

## Program Opportunities

Table 3.13	All FM Respondents			
	2021 (n=102)			
	Yes		No	
In your residency program, did you:*	#	%	#	%
Have an opportunity to be part of a multi-disciplinary inter-professional team to provide care?	97	98.0	2	2.0
Participate in a quality improvement project to improve health outcome?	99	100.0	0	0.0
Participate in a patient safety project?	81	81.8	18	18.2
Have an opportunity to serve on a committee or council?	94	94.9	5	5.1
Have an opportunity to participate in a cultural competency or diversity training?	92	92.9	7	7.1
Participate in a health care disparities initiative?***	75	76.5	23	23.5

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

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



Table 3.13 shows if there were any program opportunities available for the Indiana family medicine survey respondents' to participate in their training program. All (100%) respondents indicated they were able to participate in a quality improvement project. Almost all (98%) respondents indicated they were part of a multi-disciplinary inter-professional team, had the opportunity to serve on a committee or council (95%), and had the opportunity to participate in a cultural competency or diversity training (93%). Almost four-fifths of the respondents indicated they participated in a patient safety project (82%) and participated in a health care disparities initiative (77%).

### Competency in Communicating during the Hand-Off Process

Table 3.14	All FM Respondents	
	2021 (n=102)	
How competent do you feel in communicating with team members in the hand-off process?*	#	%
Very competent	92	91.1
Competent	8	7.9
Neutral	1	1.0
Incompetent	0	0.0
Very incompetent	0	0.0
<b>Total</b>	<b>101</b>	<b>100.0</b>
Missing	1	

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

Table 3.14 shows the Indiana family medicine survey respondents' self-rated competency levels in communicating with team members during the hand-off process. Almost all (99%) respondents indicated they felt "very competent" or "competent" communicating with team members during the hand-off process. The 5-year average was 99 percent.

### Quality of Program

Table 3.15	All FM Respondents	
	2021 (n=102)	
I would rate the overall <u>quality</u> of my Family Medicine residency program as:	#	%
Excellent	53	52.5
Above Average	36	35.6
Average	11	10.9
Below Average	1	1.0
Extremely Poor	0	0.0
<b>Total</b>	<b>101</b>	<b>100.0</b>
Missing	1	

Table 3.15 shows the Indiana family medicine survey respondents' overall rating of the quality of their training program. A majority (88%) of the respondents indicated the quality of their training program was "excellent" or "above average". The 10-year average was 88 percent.

## Faculty Assessment

Table 3.16	All FM Respondents	
	2021 (n=102)	
I would rate the overall performance of the <u>faculty</u> in my Family Medicine residency program to have exceeded my expectations.	#	%
Strongly Agree	53	53.0
Agree	33	33.0
Neutral	11	11.0
Disagree	2	2.0
Strongly Disagree	1	1.0
<b>Total</b>	<b>100</b>	<b>100.0</b>
Missing	2	

Table 3.16 shows the Indiana family medicine survey respondents' overall performance rating of faculty in their training program. A majority (86%) of the respondents indicated they “strongly agree” or “agree” that the overall performance of faculty in their training program exceeded their expectations. The 10-year average was 83 percent.

## Assessment of Peer Residents

Table 3.17	All FM Respondents	
	2021 (n=102)	
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	47	46.5
Agree	33	32.7
Neutral	18	17.8
Disagree	2	2.0
Strongly Disagree	1	1.0
<b>Total</b>	<b>101</b>	<b>100.0</b>
Missing	1	

Table 3.17 shows the Indiana family medicine survey respondents' overall performance rating of other residents in their training program. About four-fifths (79%) of the respondents indicated they “strongly agree” or “agree” that the overall performance of other residents or fellows in their training program exceeded their expectations. The 10-year average was 89 percent.

## Personal and Professional Balance

Table 3.18	All FM Respondents	
	2021 (n=102)	
In the past 3 months of my residency/fellowship training: My personal and professional lives were well-balanced.*	#	%
Strongly Agree	44	43.6
Agree	34	33.7
Neutral	13	12.9
Disagree	8	7.9
Strongly Disagree	2	2.0
<b>Total</b>	<b>101</b>	<b>100.0</b>
Missing	1	

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

Table 3.18 shows the Indiana family medicine survey respondents' overall rating of balance between their personal and professional life. About four-fifths (77%) of the respondents indicated they “strongly agree” or “agree” their personal and professional lives were well balanced. The 5-year average was 72 percent.

## Burnout from Work

Table 3.19	All FM Respondents	
	2021 (n=102)	
In the past 3 months of my residency/fellowship training: I have felt burned out from my work.*	#	%
Strongly Agree	8	7.9
Agree	31	30.7
Neutral	17	16.8
Disagree	32	31.7
Strongly Disagree	13	12.9
<b>Total</b>	<b>101</b>	<b>100.0</b>
Missing	1	

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

Table 3.19 shows the Indiana family medicine survey respondents' overall feeling of burnout from their work. About two-fifths (39%) of the respondents indicated they “strongly agree” or “agree” they felt burned out from work.

## Meaningful Work

Table 3.20	All FM Respondents	
	2021 (n=102)	
In the past 3 months of my residency/fellowship training: I have found my work to be meaningful.*	#	%
Strongly Agree	51	50.5
Agree	35	34.7
Neutral	12	11.9
Disagree	2	2.0
Strongly Disagree	1	1.0
<b>Total</b>	<b>101</b>	<b>100.0</b>
Missing	1	

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

Table 3.20 shows the Indiana family medicine survey respondents' overall feeling of work to be meaningful. A majority (85%) of the respondents indicated they “strongly agree” or “agree” they found their work to be meaningful.

## Resources Available

Table 3.21	All FM Respondents	
	2021 (n=102)	
In the past 3 months of my residency/fellowship training: I have had resources readily available to maintain my wellness	#	%
Strongly Agree	53	52.5
Agree	29	28.7
Neutral	16	15.8
Disagree	3	3.0
Strongly Disagree	0	0.0
<b>Total</b>	<b>101</b>	<b>100.0</b>
Missing	1	

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

Table 3.21 shows the Indiana family medicine survey respondents' overall ability to use the readily available resources to maintain their wellness. A majority (81%) of the respondents indicated they “strongly agree” or “agree” they had readily available resources to maintain their wellness. The 5-year average was 82 percent.

## Wellness

Table 3.22	All FM Respondents	
	2021 (n=102)	
I would rate my overall wellness as:*	#	%
Very Good	39	38.6
Good	40	39.6
Fair	0	0.0
Poor	16	15.8
Very Poor	6	5.9
<b>Total</b>	<b>101</b>	<b>100.0</b>
Missing	1	

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

Table 3.22 shows the Indiana family medicine survey respondents' overall rating of wellness. Over three-fourths (78%) of the respondents rated their overall wellness as "very good" or "good". The 5-year average was 83 percent.

## Plans after Graduation

Table 3.23	All FM Respondents	
	2021 (n=102)	
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)	82	81.2
Fellowship or Additional Subspecialty Training	19	18.8
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
<b>Total</b>	<b>101</b>	<b>100.0</b>
Undecided or Don't know yet/ Missing	1	

Table 3.23 shows what the Indiana family medicine survey respondents' expect to do after completing their current training program. Four-fifths (81%) of the respondents indicated they planned to go into "patient care or clinical practice" after completing their training, followed by one-fifth (19%) of the respondents who planned to enter a fellowship. The 10-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=82).

## IV. Practice Characteristics (n=82)

### Primary Practice Location

Table 3.24	Clinical Care Respondents	
	2021 (n=82)	
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	26	33.8
Same region in Indiana, but different city or county	16	20.8
Other area in Indiana	9	11.7
Other U.S. state (not Indiana)	25	32.5
Outside of U.S.	1	1.3
<b>Total</b>	<b>77</b>	<b>100.0</b>
Missing/Undecided	5	

Table 3.24 shows the location of the Indiana family medicine survey respondents' primary activity after completing their current training program. About two-thirds (66%) of the respondents indicated they planned to practice within Indiana after completing their training. Nearly one-third (34%) of the respondents indicated they planned to practice outside Indiana after completing their training. Three respondents were undecided at the time the survey was administered. The 10-year average for respondents planning to practice within Indiana and outside Indiana was 63 percent and 34 percent, respectively.

### Type of Practice

Table 3.25	Clinical Care Respondents	
	2021 (n=82)	
Which best describes the principal type of Patient Care Practice you will be entering? Please mark ALL that apply.	#	%
Independently-owned physician practice - Solo	2	2.4
Independently-owned physician practice - Group or Partnership (2 or more persons)	14	17.1
Hospital or health system owned - inpatient only	4	4.9
Hospital or health system owned - outpatient only	43	52.4
Hospital or health system owned - inpatient and outpatient	17	20.7
Urgent care facility	5	6.1
Managed care organization or insurance company	1	1.2
Free-standing health center or clinic (Federal, state, local government or community board led, etc.)	5	6.1
Nursing home or institutional residential facility	1	1.2
Other	2	2.4

*\*The response options for this question were changed beginning in 2019.*

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. Over three-fourths (78%) of the respondents reported entering a "hospital or health system owned" setting: inpatient only (5%), outpatient only (52%), and both inpatient *and* outpatient (21%). The 8-year average was 75 percent.

### Obligation or Visa Requirement

Table 3.26	Clinical Care Respondents	
	2021 (n=82)	
Do you have an obligation or visa requirement to work in a designated HPSA or MUA when you complete your training in the Family Medicine residency program?	#	%
Yes	10	12.2
No	72	87.8
<b>Total</b>	<b>82</b>	<b>100.0</b>
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-tenth (12%) of the respondents indicated they had an obligation or visa requirement to work in a designated HPSA or MUA after completing their training. The 10-year average was 13 percent.

### Accepted Position

Table 3.27	Clinical Care Respondents	
	2021 (n=82)	
When did you accept a position?*	#	%
6 months ago	37	45.7
1 year ago	28	34.6
2 years ago	8	9.9
Haven't accepted one yet	8	9.9
<b>Total</b>	<b>81</b>	<b>100.0</b>
Missing	1	

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

Table 3.27 shows the percentage of patients that the Indiana family medicine survey respondents' that accepted a full-time position. Almost one-half (46%) of the respondents accepted an employment position 6 months prior to responding to the survey.

### Indiana Job Offer

Table 3.28	Clinical Care Respondents	
	2021 (n=82)	
If you had been offered a position in Indiana would you have stayed in Indiana?*	#	%
Yes	26	50.0
No	26	50.0
<b>Total</b>	<b>52</b>	<b>100.0</b>
Missing	30	

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

Table 3.28 shows the percentage of patients that the Indiana family medicine survey respondents' that would have stayed in Indiana if offered a position. If offered a position in Indiana, one-half (50%) of the respondents would have stayed in Indiana.

## Expected Gross Income

**Figure 3.3: Expected Gross Income (n=82)**

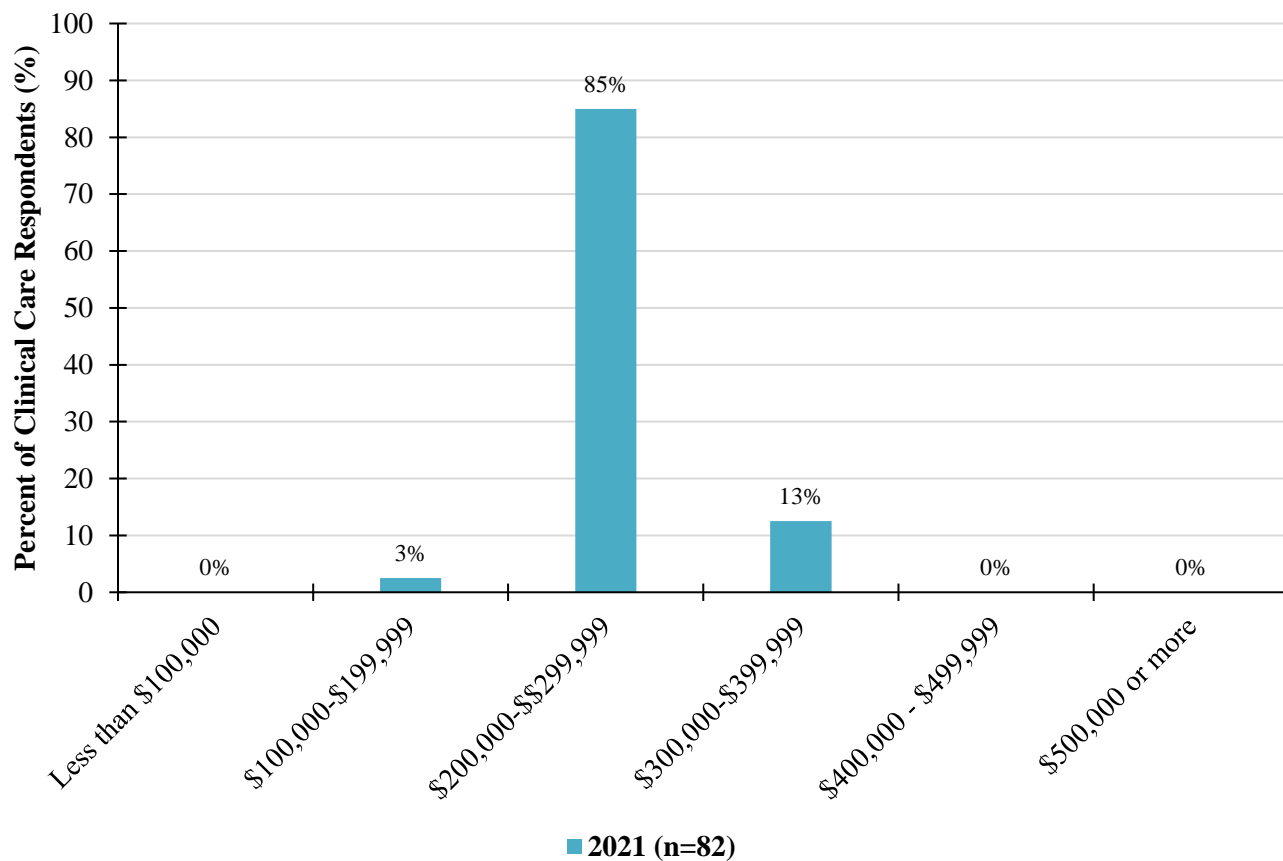


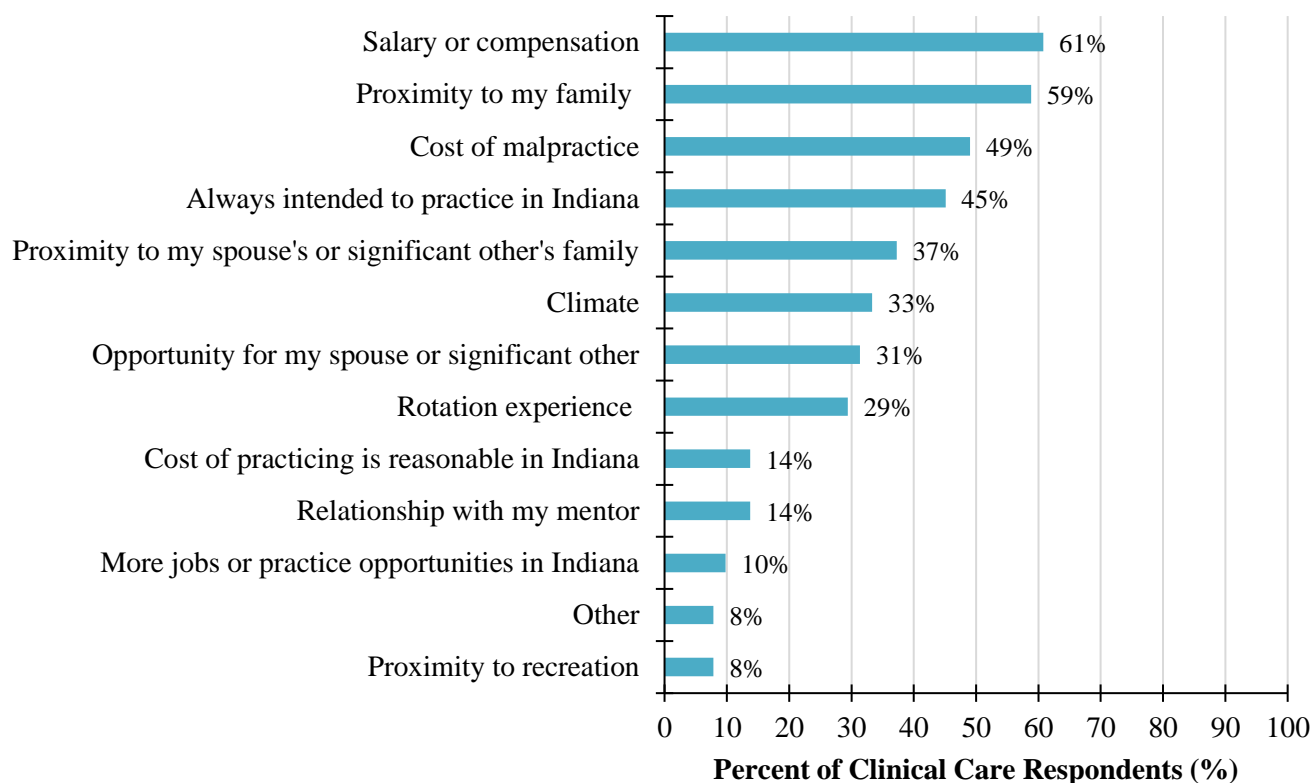
Figure 3.3 presents the gross income (salary plus incentives) that Indiana family medicine survey respondents' expect to earn during their first year of practice. Almost all (97%) respondents indicated they expect to earn \$200,000 or more during their first year of practice. The 10-year average was 77 percent.



## Respondents going into patient care or clinical practice within Indiana (n=51)

### Main Reasons to Practice in Indiana

**Figure 3.4: Main Reasons to Practice in Indiana (n=51)\***



■ 2021 (n=51)

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

Figure 3.4 presents the main reasons influencing the Indiana family medicine survey respondents' choice of practice location in Indiana. Only those 51 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: "salary or compensation" (61%), "proximity to my family" (59%), and "cost of malpractice" (49%).

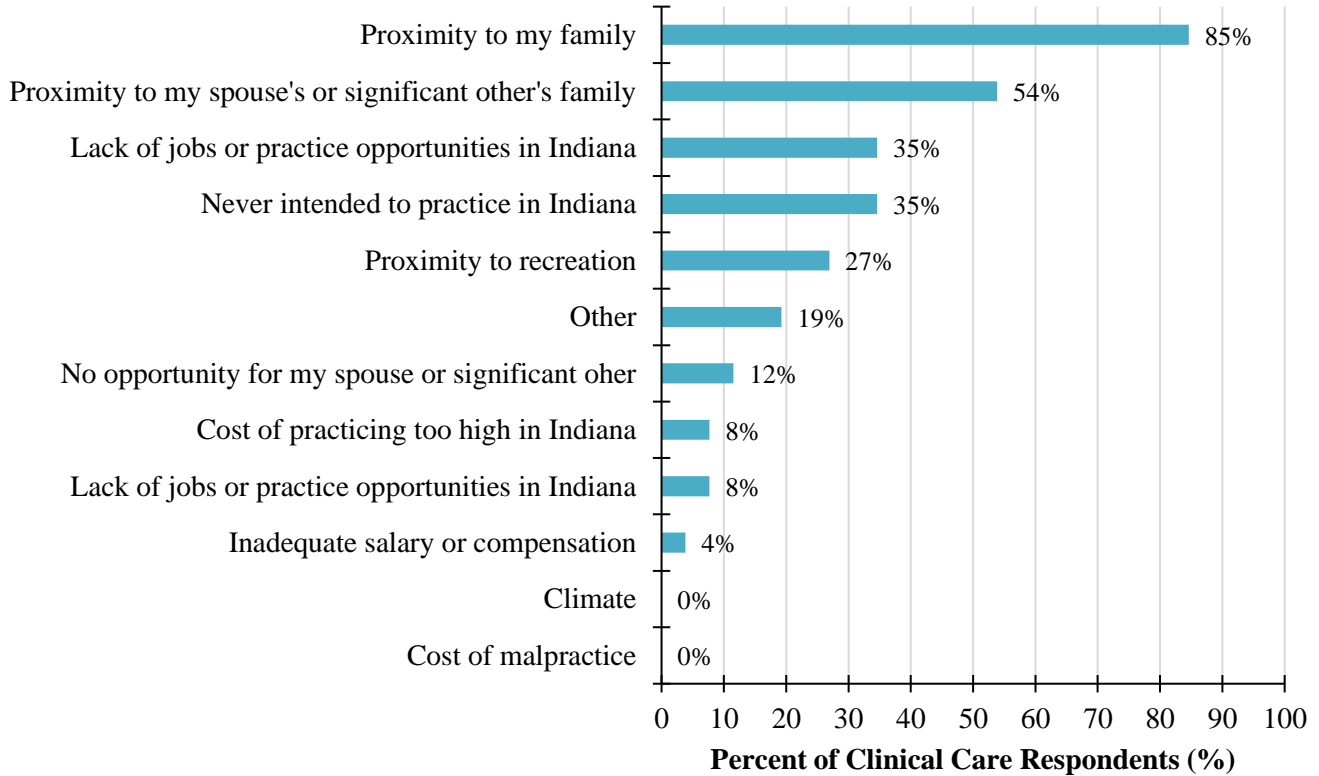
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## Respondents going into patient care or clinical practice outside Indiana (n=26)

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### Main Reasons Not to Practice in Indiana

**Figure 3.5: Main Reasons Not to Practice in Indiana (n=26)\***



■ 2021 (n=26)

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

Figure 3.5 presents the main reasons influencing Indiana family medicine survey respondents' choice of practice location outside Indiana. Only those 26 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” (85%), “proximity to my spouse’s or significant other’s family” (54%), “lack of jobs or practice opportunities in Indiana” (35%), and “never intended to practice in Indiana” (35%).

## Chapter 4: Comparison of Responses by Gender, 2021

Based on how the survey respondents answered the *2021 Indiana Family Medicine Residencies Exit Survey*® question on gender (Q2), they were stratified into 3 categories: male, female, and other. Of the 102 survey respondents, 55 reported their gender as male and 47 as female. Responses from the 102 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= 82]: males (n=43) and females (n=39);
- intended to practice in Indiana [n= 51]: males (n=26) and females (n=25); and,
- intended to practice outside Indiana [n=26]: males (n=14) and females (n=12).

Data analysis was performed using statistical software, *IBM SPSS Statistics, v27*. Chi-square tests were used to compare responses between groups. *P*-values less than 0.05 were considered statistically significant and denoted with a symbol (¥). For ease of interpretation, percentage values have been rounded off to the nearest decimal in the text.

### All Respondents [n=102]

#### I. Demographic Characteristics (n=102)

##### Age

Table 4.1	All FM Respondents (n=102)			
	Male (n=55)		Female (n=47)	
Age	#	%	#	%
25-29	21	40.4	22	51.2
30-34	24	46.2	15	34.9
35-39	5	9.6	5	11.6
40-44	2	3.8	1	2.3
45 and over	0	0.0	0	0.0
<b>Total</b>	<b>52</b>	<b>100.0</b>	<b>43</b>	<b>100.0</b>
Missing	3		4	

Chi-square *p*-value = 0.059

Table 4.1 shows the age distribution of the male and female survey respondents. Almost one-half of the male (46%) and one-third of the female (35%) respondents indicated they were between the ages of 30 and 34 years. There was no statistically significant difference between the two groups.

## Race

Table 4.2	All FM Respondents (n=102)			
	Male (n=55)		Female (n=47)	
Which of the following describes your race? Please mark all that apply.	#	%	#	%
American Indian/Alaskan Native	0	0.0	0	0.0
Asian	6	10.9	4	8.5
Black/African American	3	5.5	4	8.5
Native Hawaiian/Pacific Islander	0	0.0	0	0.0
White	41	74.5	36	76.6
Other	3	5.5	1	2.1
Biracial*	2	3.6	2	4.3
<b>Total</b>	<b>55</b>	<b>100.0</b>	<b>47</b>	<b>100.0</b>
Missing	0		0	

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

Table 4.2 shows the racial distribution of the male and female survey respondents. Three-fourths of the male (75%) and female (77%) respondents indicated they were white. One-tenth of the male (11%) and female (9%) respondents indicated they were Asian.

## Ethnicity

Table 4.3	All FM Respondents (n=102)			
	Male (n=55)		Female (n=47)	
Do you consider yourself Hispanic or Latino?	#	%	#	%
Yes, Hispanic/Latino	3	5.6	3	6.5
No, not Hispanic/Latino	51	94.4	43	93.5
<b>Total</b>	<b>54</b>	<b>100.0</b>	<b>46</b>	<b>100.0</b>
Missing	1		1	

Chi-square  $p$ -value = 0.839

Table 4.3 shows the ethnicity of the male and female survey respondents. Less than one-tenth of the male (6%) and female (7%) respondents indicated a Hispanic or Latino ethnicity. There was no statistically significant difference between the two groups.

## Respondents Coming From

Table 4.4	All FM Respondents (n=102)			
	Male (n=55)		Female (n=47)	
Where are the respondents coming from?	#	%	#	%
Outside USA	6	10.9	3	6.7
Within USA	49	89.1	42	93.3
<i>Outside Indiana</i>	26	53.1	22	52.4
<i>Within Indiana</i>	23	46.9	20	47.6
<b>Total</b>	<b>55</b>	<b>100.0</b>	<b>45</b>	<b>100.0</b>
Missing	0		2	

Chi-square  $p$ -value = 0.461

Table 4.4 shows where the male and female survey respondents' were coming from. About one-tenth of the male (11%) and female (7%) respondents indicated they were from another country. Of the 49 male respondents who indicated they were from the United States, 47 percent reported they were from Indiana. Of the 42 female respondents who indicated they were from the United States, 48 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=102)			
	Male (n=55)		Female (n=47)	
Respondents who have an Indiana connection...	#	%	#	%
High school	22	40.0	17	36.2
College	19	34.5	19	40.4
Medical School	15	27.3	19	40.4
<i>IUSM</i>	3	20.0	8	42.1
<i>MUCOM</i>	12	80.0	11	57.9

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 respondents indicated they had graduated from a high school (40%) or college (35%) in Indiana. Over one-third of the female respondents indicated they had graduated from a high school (36%) or college (40%) in Indiana. About one-fourth of the male (27%) respondents indicated they had graduated from the Indiana University School of Medicine (IUSM), compared to 40 percent of their female counterparts.

## Type of Medical Degree

Table 4.6	All FM Respondents (n=102)			
	Male (n=55)		Female (n=47)	
Do you have an M.D. or D.O. degree?*	#	%	#	%
Doctor of Medicine	27	49.1	31	67.4
Doctor of Osteopathic Medicine	28	50.9	15	32.6
<b>Total</b>	<b>55</b>	<b>100.0</b>	<b>46</b>	<b>100.0</b>
Missing	0		1	

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

Chi-square  $p$ -value = 0.064

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. One-half (49%) of the male respondents indicated they had received a Doctor of Medicine (M.D.) degree, compared to 67 percent of the female respondents. There was no statistically significant difference between the two groups.

## Learner Background

Table 4.7	All FM Respondents (n=102)			
	Male (n=55)		Female (n=47)	
Do you consider yourself? Please mark ALL that apply.*	#	%	#	%
First generation learner	18	32.7	15	31.9
Learner from a rural area	15	27.3	15	31.9
Economically or educationally disadvantaged	9	16.4	4	8.5
None of the above	26	47.3	20	42.6

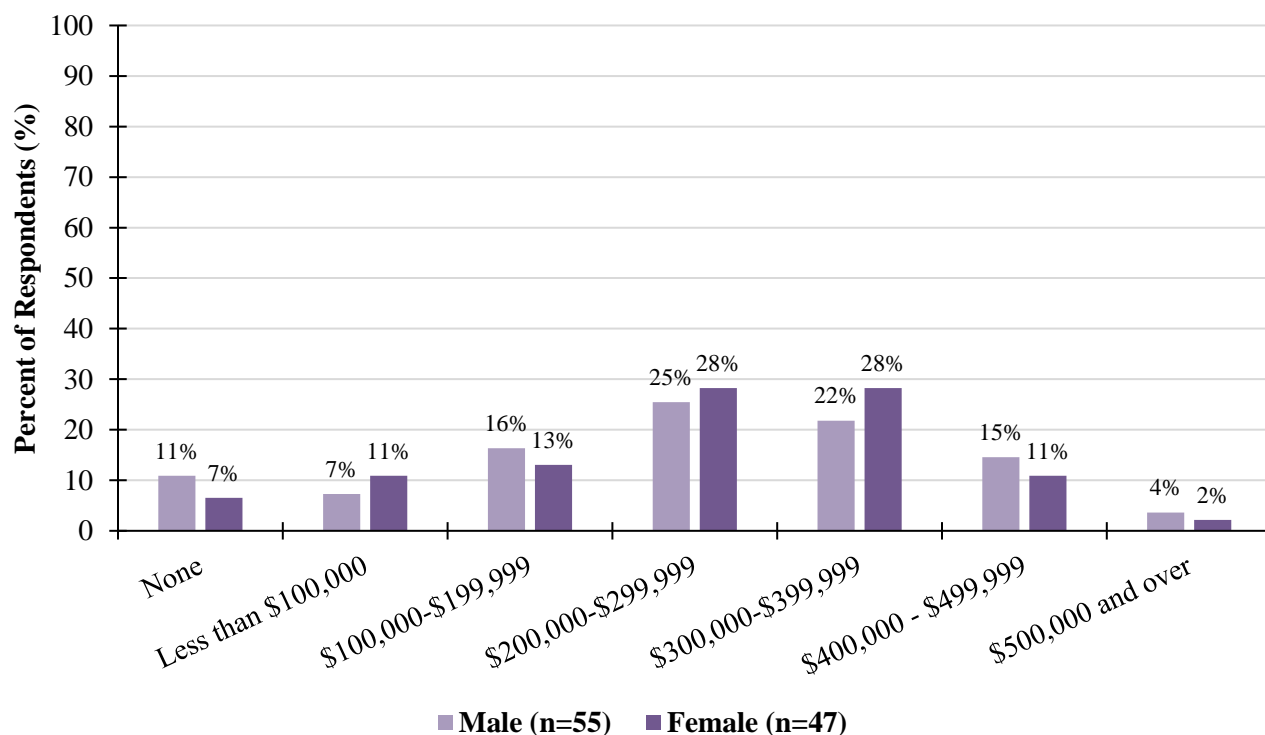
\*This question was added to the 2017 Indiana family medicine residencies exit survey.

Table 4.7 shows the male and female survey respondents' learner and socioeconomic background. About one-third of the male (33%) and female (32%) respondents indicated they were a first-generation learner. Over one-fourth of the male (27%) and female (32%) respondents indicated they came from a rural area. About one-tenth of the male (16%) and female (9%) respondents indicated they came from an economically or educationally disadvantaged background.

## II. Educational Debt Load (n=102)

### Current Individual Educational Debt

**Figure 4.1: Current Individual Educational Debt (n=102)**

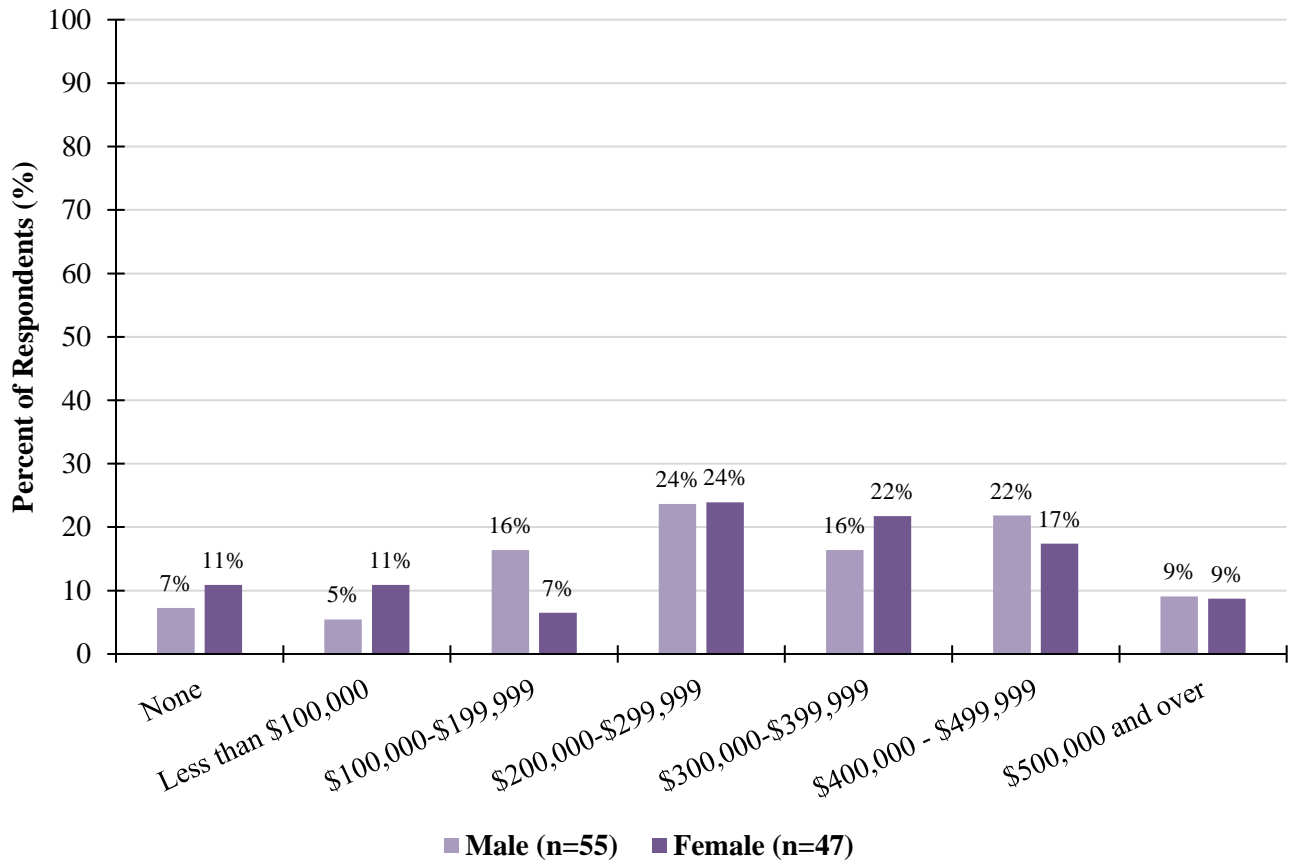


Chi-square  $p$ -value = 0.989

Figure 4.1 presents the current level of individual educational debt among the male and female survey respondents. About one-tenth of the male (11%) and female (7%) respondents indicated having no individual educational debt load. Nearly two-thirds of the male (66%) and female (70%) 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=102)**



Chi-square *p*-value = 0.859

Figure 4.2 presents the current level of total household educational debt among the male and female survey respondents. About one-tenth of the male (7%) and female (11%) respondents indicated having no household educational debt load. Over two-thirds of the male (71%) and female (72%) respondents reported having a total household educational debt load of \$200,000 or more. There was no statistically significant difference between the two groups.



### III. Program Assessment (n=102)

#### Training Program

Table 4.8	All FM Respondents (n=102)			
	Male (n=55)		Female (n=47)	
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	30	54.5	25	54.3
Agree	19	34.5	19	41.3
Neutral	5	9.1	2	4.3
Disagree	0	0.0	0	0.0
Strongly Disagree	1	1.8	0	0.0
<b>Total</b>	<b>55</b>	<b>100.0</b>	<b>46</b>	<b>100.0</b>
Missing/ Board Exam in my field does not exist	0		1	

Chi-square  $p$ -value = 0.582

Table 4.8 shows the male and female survey respondents' assessment of how helpful the training program was in preparing them for their boards. Almost all male (89%) and female (96%) respondents indicated they "strongly agree" or "agree" that their training was helpful in preparing them for their boards either *generally* by the clinical and didactic curriculum or *specifically* through board question review. There was no statistically significant difference between the two groups.

#### ACGME Competency Areas

Table 4.9	All FM Respondents (n=102)								
	Male (n=55)				Female (n=47)				$p$ -value
	Fully		Partially		Fully		Partially		
#	%	#	%	#	%	#	%		
How competent do you feel in the following ACGME competencies?									
Patient Care	53	96.4	2	3.6	44	95.7	2	4.3	0.855
Medical Knowledge	49	89.1	6	10.9	40	88.9	5	11.1	0.974
Practice-based learning and improvement	48	88.9	5	9.3	35	76.1	11	23.9	0.097
Interpersonal and communication skills	54	98.2	1	1.8	46	100.0	0	0.0	0.358
Professionalism	54	98.2	1	1.8	46	100.0	0	0.0	0.358
Systems-based practice	51	92.7	4	7.3	34	73.9	12	26.1	0.010 ¥

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%, 96%), interpersonal and communication skill (98%, 100%), and in professionalism (98%, 100%). A majority of the male and female respondents indicated they felt "fully" competent in medical knowledge (89%, 89%) in practice-based learning and improvement (89%, 76%), and in systems-based practice (93%, 74%). The chi-square test of association between the two groups was statistically significant. Male respondents appear more likely to indicate they felt "fully" competent in systems-based practice.

### Rural and Underserved Training

Table 4.10	All FM Respondents (n=102)								p-value
	Male (n=55)				Female (n=47)				
	Yes		No		Yes		No		
In your Family Medicine residency program did you receive training to serve the:	#	%	#	%	#	%	#	%	
Rural Population	47	87.0	7	13.0	32	69.6	14	30.4	0.033 ¥
Underserved Population	54	100.0	0	0.0	43	95.6	2	4.4	0.118

Table 4.10 shows whether the male and female survey respondents' received training to serve the rural and underserved populations during their training program. A majority (87%) of the male respondents indicated they had received training to serve the rural populations, compared to 70 percent of the female respondents. The chi-square test of association between the two groups was statistically significant. Male respondents appear more likely to receive training to serve the rural population, compared to their female counterparts. Almost all male (100%) and female (96%) respondents indicated they had received training to serve the underserved populations.

### Competency in Providing Care to the Rural and Underserved Populations

Table 4.11	All FM Respondents (n=102)								
	Male (n=55)				Female (n=47)				p-value
	Fully		Partially		Fully		Partially		
#	%	#	%	#	%	#	%		
Rural Population	45	81.8	10	18.2	28	60.9	17	37.0	0.049 ¥
Underserved Population	51	92.7	4	7.3	40	88.9	4	8.9	0.511

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.

Four-fifths (82%) of the male respondents indicated they felt "fully" competent providing care to the rural populations, compared to 61 percent of the female respondents. The chi-square test of association between the two groups was statistically significant. Male respondents appear more likely to indicate they felt "fully" competent in providing care to the rural population, compared to their female counterparts. A majority of the male (93%) and female (89%) respondents indicated they felt "fully" competent in providing care to the underserved populations.

### Program Opportunities

Table 4.12	All FM Respondents (n=102)								
	Males (n=55)				Female (n=47)				p-value
	Yes		No		Yes		No		
#	%	#	%	#	%	#	%		
Have an opportunity to be part of a multi-disciplinary inter-professional team to provide care?	53	98.1	1	1.9	44	97.8	1	2.2	0.896
Participate in a quality improvement project to improve health outcome?	54	100.0	0	0.0	45	100.0	0	0.0	1.000
Participate in a patient safety project?	50	92.6	4	7.4	31	68.9	14	31.1	0.002 ¥
Have an opportunity to serve on a committee or council?	50	92.6	4	7.4	44	97.8	1	2.2	0.241
Have an opportunity to participate in a cultural competency or diversity training?	50	92.6	4	7.4	42	93.3	3	6.7	0.886
Participate in a health care disparities initiative?***	45	84.9	8	15.1	30	66.7	15	33.3	0.034 ¥

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

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

¥ Denotes that a statistically significant difference was found.

Table 4.12 shows if there were any program opportunities available for the male and female survey respondents' to participate in their training program. All (100%) male and female respondents indicated they that they had the opportunity to participate in a quality improvement project. Almost all male and female respondents indicated they had the opportunity to be part of a multi-disciplinary inter-professional team (98%, 98%), had the opportunity to serve on a committee or council (93%, 98%), and had the opportunity to participate in a cultural competency or diversity training (93%, 93%), respectively. Almost all male (93%) respondents indicated they had participated in a patient safety project, compared to 69 percent of the female respondents. The chi-square test of association between the two groups was statistically significant. Male respondents appear more likely to indicate they participated in a patient safety project, compared to their female counterparts. A majority of the male (85%) respondents indicated they had participated in a health care disparities initiative, compared to 67 percent of the female respondents. The chi-square test of association between the two groups was statistically significant. Male respondents appear more likely to indicate they participated in a health care disparities initiative, compared to their female counterparts.

#### Competency in Communicating during the Hand-Off Process

Table 4.13	All FM Respondents (n=102)			
	Males (n=55)		Female (n=47)	
How competent do you feel in communicating with team members in the hand-off process?	#	%	#	%
Very competent	48	87.3	44	95.7
Competent	6	10.9	2	4.3
Neutral	1	1.8	0	0.0
Incompetent	0	0.0	0	0.0
Very incompetent	0	0.0	0	0.0
<b>Total</b>	<b>55</b>	<b>100.0</b>	<b>46</b>	<b>100.0</b>
Missing	0		1	

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

Chi-square *p*-value = 0.303

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

## Quality of Program

Table 4.14	All FM Respondents (n=102)			
	Male (n=55)		Female (n=47)	
I would rate the overall <u>quality</u> of my Family Medicine residency program as:	#	%	#	%
Excellent	29	52.7	24	52.2
Above Average	20	36.4	16	34.8
Average	5	9.1	6	13.0
Below Average	1	1.8	0	0.0
Extremely Poor	0	0.0	0	0.0
<b>Total</b>	<b>55</b>	<b>100.0</b>	<b>46</b>	<b>100.0</b>
Missing	0		1	

Chi-square  $p$ -value = 0.749

Table 4.14 shows the male and female survey respondents' overall rating of the quality of their training program. A majority of the male (89%) 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=102)			
	Male (n=55)		Female (n=47)	
I would rate the overall performance of the <u>faculty</u> in my Family Medicine residency program to have exceeded my expectations.	#	%	#	%
Strongly Agree	28	50.9	25	55.6
Agree	18	32.7	15	33.3
Neutral	7	12.7	4	8.9
Disagree	1	1.8	1	2.2
Strongly Disagree	1	1.8	0	0.0
<b>Total</b>	<b>55</b>	<b>100.0</b>	<b>45</b>	<b>100.0</b>
Missing	0		2	

Chi-square  $p$ -value = 0.866

Table 4.15 shows the male and female survey respondents' overall performance rating of faculty in their training program. A majority of the male (84%) and female (89%) respondents indicated they "strongly agree" or "agree" that the overall performance of faculty in their training program exceeded their expectation. There was no statistically significant difference between the two groups.

## Assessment of Peer Residents

Table 4.16	All FM Respondents (n=102)			
	Male (n=55)		Female (n=47)	
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	26	47.3	21	45.7
Agree	22	40.0	11	23.9
Neutral	5	9.1	13	28.3
Disagree	1	1.8	1	2.2
Strongly Disagree	1	1.8	0	0.0
<b>Total</b>	<b>55</b>	<b>100.0</b>	<b>46</b>	<b>100.0</b>
Missing	0		1	

Chi-square  $p$ -value = 0.091

Table 4.16 shows the male and female respondents' overall performance rating of other residents in their training program. A majority of the male (87%) respondents indicated they “strongly agree” or “agree” that the overall performance of other residents in their training program had exceeded their expectations, compared to 70 percent of the female respondents. There was no statistically significant difference between the two groups.

## Personal-Professional Balance

Table 4.17	All FM Respondents (n=102)			
	Male (n=55)		Female (n=47)	
In the past 3 months of my residency/fellowship training: My personal and professional lives were well-balanced.*	#	%	#	%
Strongly Agree	26	47.3	18	39.1
Agree	20	36.4	14	30.4
Neutral	6	10.9	7	15.2
Disagree	3	5.5	5	10.9
Strongly Disagree	0	0.0	2	4.3
<b>Total</b>	<b>55</b>	<b>100.0</b>	<b>46</b>	<b>100.0</b>
Missing	0		1	

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

Chi-square  $p$ -value = 0.364

Table 4.17 shows the male and female survey respondents' overall rating of balance between their personal and professional life. A majority of the male (84%) respondents indicated that they “strongly agree” or “agree” their personal and professional lives were balanced, compared to 70 percent of the female respondents. There was no statistically significant difference between the two groups.

## Burnout from Work

Table 4.18	All FM Respondents (n=102)			
	Male (n=55)		Female (n=47)	
In the past 3 months of my residency/fellowship training: I have felt burned out from my work.*	#	%	#	%
Strongly Agree	2	3.6	6	13.0
Agree	17	30.9	14	30.4
Neutral	7	12.7	10	21.7
Disagree	18	32.7	14	30.4
Strongly Disagree	11	20.0	2	4.3
<b>Total</b>	<b>55</b>	<b>100.0</b>	<b>46</b>	<b>100.0</b>
Missing	0		1	

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

Chi-square  $p$ -value = 0.066

Table 4.18 shows the male and female respondents' overall feeling of burnout. Almost two-fifths of the male (35%) and female (43%) respondents indicated they “strongly agree” or “agree” they felt burned out from work. There was no statistically significant difference between the two groups.

## Meaningful Work

Table 4.19	All FM Respondents (n=102)			
	Male (n=55)		Female (n=47)	
In the past 3 months of my residency/fellowship training: I have found my work to be meaningful	#	%	#	%
Strongly Agree	30	54.5	21	45.7
Agree	18	32.7	17	37.0
Neutral	6	10.9	6	13.0
Disagree	1	1.8	1	2.2
Strongly Disagree	0	0.0	1	2.2
<b>Total</b>	<b>55</b>	<b>100.0</b>	<b>46</b>	<b>100.0</b>
Missing	0		1	

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

Chi-square  $p$ -value = 0.767

Table 4.19 shows the male and female respondents' overall feeling of meaningful work. A majority of the male (87%) and female (83%) respondents indicated they “strongly agree” or “agree” they found their work to be meaningful. There was no statistically significant difference between the two groups.

## Resources Available

Table 4.20	All FM Respondents (n=102)			
	Male (n=55)		Female (n=47)	
In the past 3 months of my residency/fellowship training: I have had resources readily available to maintain my wellness	#	%	#	%
Strongly Agree	32	58.2	21	45.7
Agree	14	25.5	15	32.6
Neutral	8	14.5	8	17.4
Disagree	1	1.8	2	4.3
Strongly Disagree	0	0.0	0	0.0
<b>Total</b>	<b>55</b>	<b>100.0</b>	<b>46</b>	<b>100.0</b>
Missing	0		1	

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

Chi-square  $p$ -value = 0.601

Table 4.20 shows the male and female respondents' overall ability to use readily available resources to maintain their wellness. A majority of the male (84%) and female (78%) respondents indicated they "strongly agree" or "agree" they had readily available resources to maintain their wellness. There was no statistically significant difference between the two groups.

## Wellness

Table 4.21	All FM Respondents (n=102)			
	Male (n=55)		Female (n=47)	
I would rate my overall wellness as:*	#	%	#	%
Very Good	25	45.5	14	30.4
Good	20	36.4	20	43.5
Fair	0	0.0	0	0.0
Poor	7	12.7	9	19.6
Very Poor	3	5.5	3	6.5
<b>Total</b>	<b>55</b>	<b>100.0</b>	<b>46</b>	<b>100.0</b>
Missing	0		1	

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

Chi-square  $p$ -value = 0.463

Table 4.21 shows the male and female survey respondents' overall rating of their wellness. A majority of the male (82%) and female (74%) respondents rated their overall wellness as "very good" or "good." There was no statistically significant difference between the two groups.



## Plans after Graduation

Table 4.22	All FM Respondents (n=102)			
	Male (n=55)		Female (n=47)	
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)	43	78.2	39	84.8
Fellowship or Additional Subspecialty Training	12	21.8	7	15.2
Military	0	0.0	0	0.0
Non-Patient Care-based activities (e.g., research, administration)	0	0.0	0	0.0
Temporarily Out of Medicine	0	0.0	0	0.0
Other	0	0.0	0	0.0
<b>Total</b>	<b>55</b>	<b>100.0</b>	<b>46</b>	<b>100.0</b>
Undecided or Don't know yet/ Missing	0		1	

Chi-square  $p$ -value = 0.398

Table 4.22 shows what the male and female survey respondents' expect to do after completing their current training program. A majority of the male (78%) and female (85%) respondents indicated they planned to go into patient care or clinical practice after completing their current training. There was no statistically significant difference between the two groups.

NOTE: The following section is only for those respondents who indicated they were primarily going into "patient care or clinical practice" after completing their training (n=82).

## IV. Practice Characteristics (n=82)

### Primary Practice Location

Table 4.23	Clinical Care Respondents (n=82)			
	Male (n=43)		Female (n=39)	
Where is the location of your primary activity <u>after</u> completing your current Family Medicine residency program?	#	%	#	%
Same city of country as current training	13	32.5	13	35.1
Same region in Indiana, but different city or county	10	25.0	6	16.2
Other area in Indiana	3	7.5	6	16.2
Other U.S. state (not Indiana)	13	32.5	12	32.4
Outside of U.S.	1	2.5	0	0.0
<b>Total</b>	<b>40</b>	<b>100.0</b>	<b>37</b>	<b>100.0</b>
Missing/Undecided	3		2	

Chi-square  $p$ -value = 0.692

Table 4.23 shows the location of the male and female survey respondents' primary activity after completing their current training program. About two-thirds of the male (65%) and female (68%) 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=82)			
	Male (n=43)		Female (n=39)	
Which best describes the principal type of Patient Care Practice you will be entering? Please mark ALL that apply.	#	%	#	%
Independently-owned physician practice - Solo	2	5.4	0	0.0
Independently-owned physician practice - Group or Partnership (2 or more persons)	9	24.3	5	13.9
Hospital or health system owned - inpatient only	3	8.1	1	2.8
Hospital or health system owned - outpatient only	23	62.2	20	55.6
Hospital or health system owned - inpatient and outpatient	9	24.3	8	22.2
Urgent care facility	2	5.4	3	8.3
Managed care organization or insurance company	0	0.0	1	2.8
Free-standing health center or clinic (Federal, state, local government or community board led, etc.)	2	5.4	3	8.3
Nursing home or institutional residential facility	1	2.7	0	0.0
Other	0	0.0	2	5.6

*\*The response options for this question were changed beginning in 2019.*

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 (95%) and female (81%) respondents indicated they intended to work in a "hospital or health system owned" [inpatient, outpatient, or both inpatient and outpatient] setting.

## Obligation or Visa Requirement

Table 4.25	Clinical Care Respondents (n=82)			
	Male (n=43)		Female (n=39)	
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	4	9.3	6	15.4
No	39	90.7	33	84.6
<b>Total</b>	<b>43</b>	<b>100.0</b>	<b>39</b>	<b>100.0</b>
Missing	0		0	

Chi-square  $p$ -value = 0.401

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 (91%) and female (85%) respondents indicated they had no obligation or visa requirement to work in a designated HPSA or MUA. There was no statistically significant difference between the two groups.

## Accepted Position

Table 4.26	Clinical Care Respondents (n=82)			
	Male (n=43)		Female (n=39)	
When did you accept a position?	#	%	#	%
6 months ago	20	46.5	17	44.7
1 year ago	14	32.6	14	36.8
2 years ago	4	9.3	4	10.5
Haven't accepted one yet	5	11.6	3	7.9
<b>Total</b>	<b>43</b>	<b>100.0</b>	<b>38</b>	<b>100.0</b>
Missing	0		1	

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

Chi-square  $p$ -value = 0.933

Table 4.26 shows the percentage of patients that the Indiana family medicine survey respondents' when they accepted a position. Almost one-half of the male (47%) and female (45%) respondents accepted an employment position 6 months ago. There was no statistically significant difference between the two groups.

## Indiana Job Offer

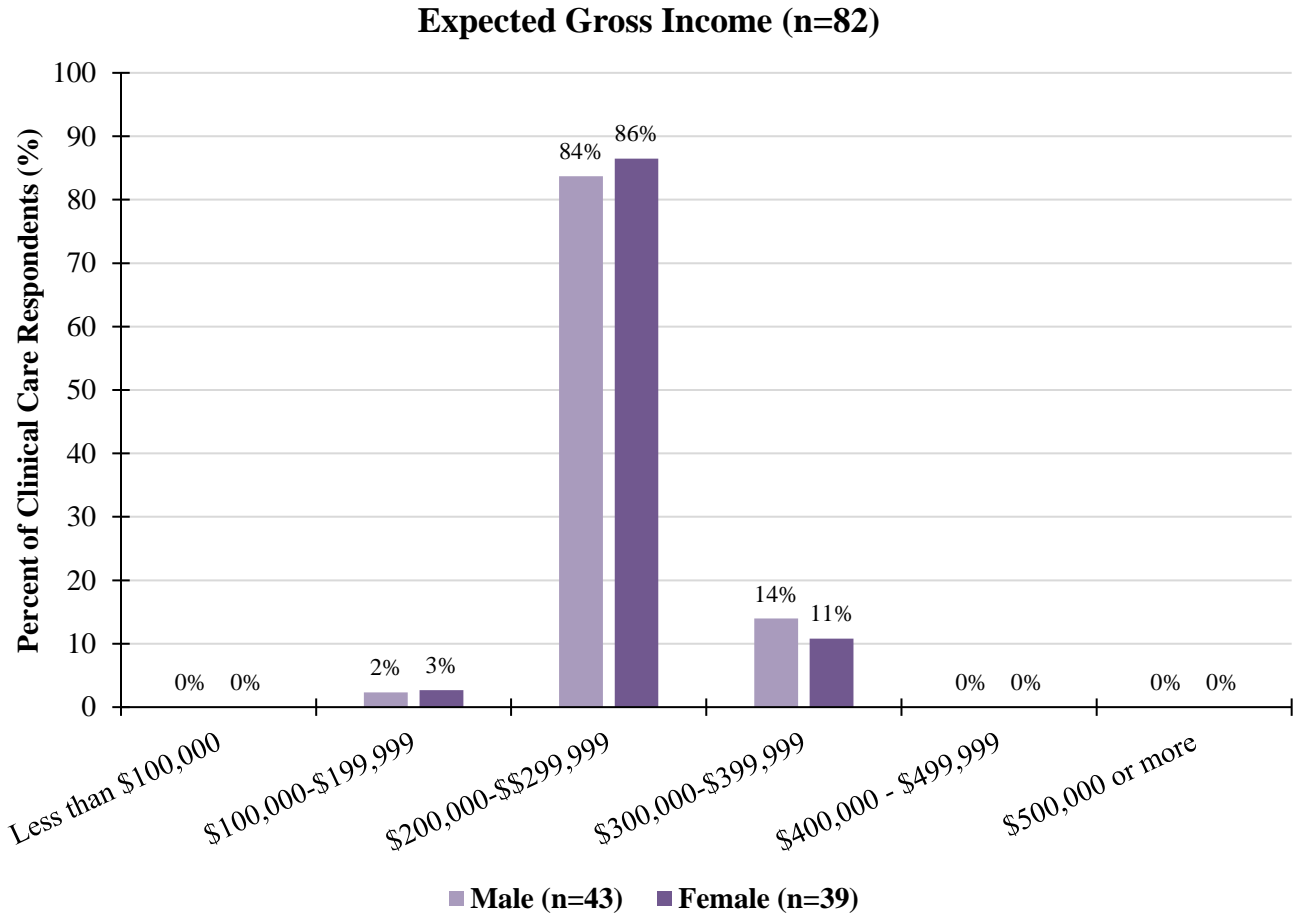
Table 4.27	Clinical Care Respondents (n=82)			
	Male (n=43)		Female (n=39)	
If you had been offered a position in Indiana would you have stayed in Indiana?*	#	%	#	%
Yes	13	46.4	13	54.2
No	15	53.6	11	45.8
<b>Total</b>	<b>28</b>	<b>100.0</b>	<b>24</b>	<b>100.0</b>
Missing	15		15	

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

Chi-square  $p$ -value = 0.578

Table 4.27 shows the percentage of patients that the Indiana family medicine survey respondents' that would have stayed in Indiana if offered a position. If offered a position in Indiana, nearly one-half of the male (46%) and female (54%) respondents would have stayed in Indiana.

**Expected Gross Income**



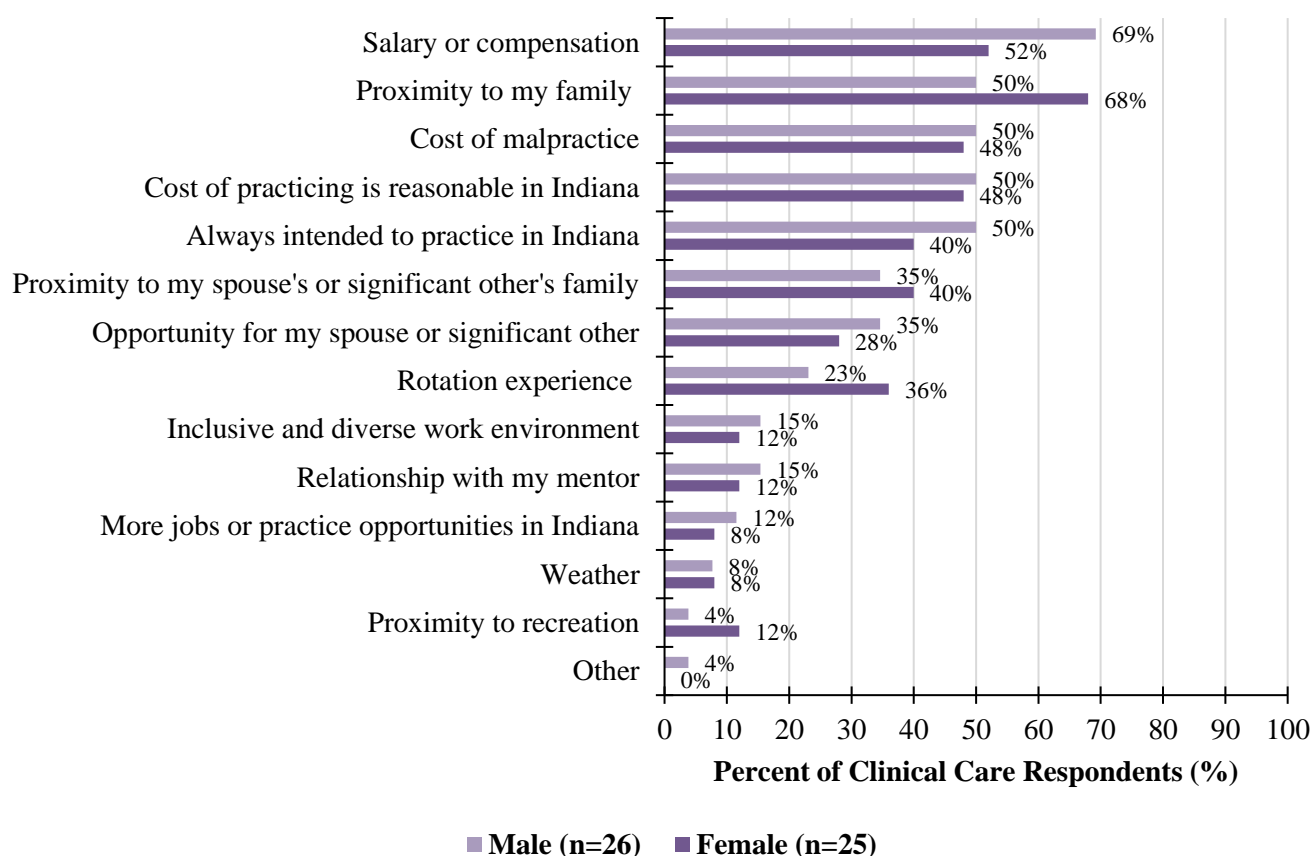
Chi-square *p*-value 0.805

Figure 4.3 presents the gross income (salary plus incentives) that the male and female survey respondents’ expect to earn during their first year of practice. Almost all male (98%) and female (97%) respondents indicated they expect to earn \$200,000 or more during their first year of practice. There was no statistically significant difference between the two groups.

## Respondents going into patient care or clinical practice within Indiana (n=51)

### Main Reasons to Practice in Indiana

**Figure 4.4: Main Reasons to Practice in Indiana (n=51)\***



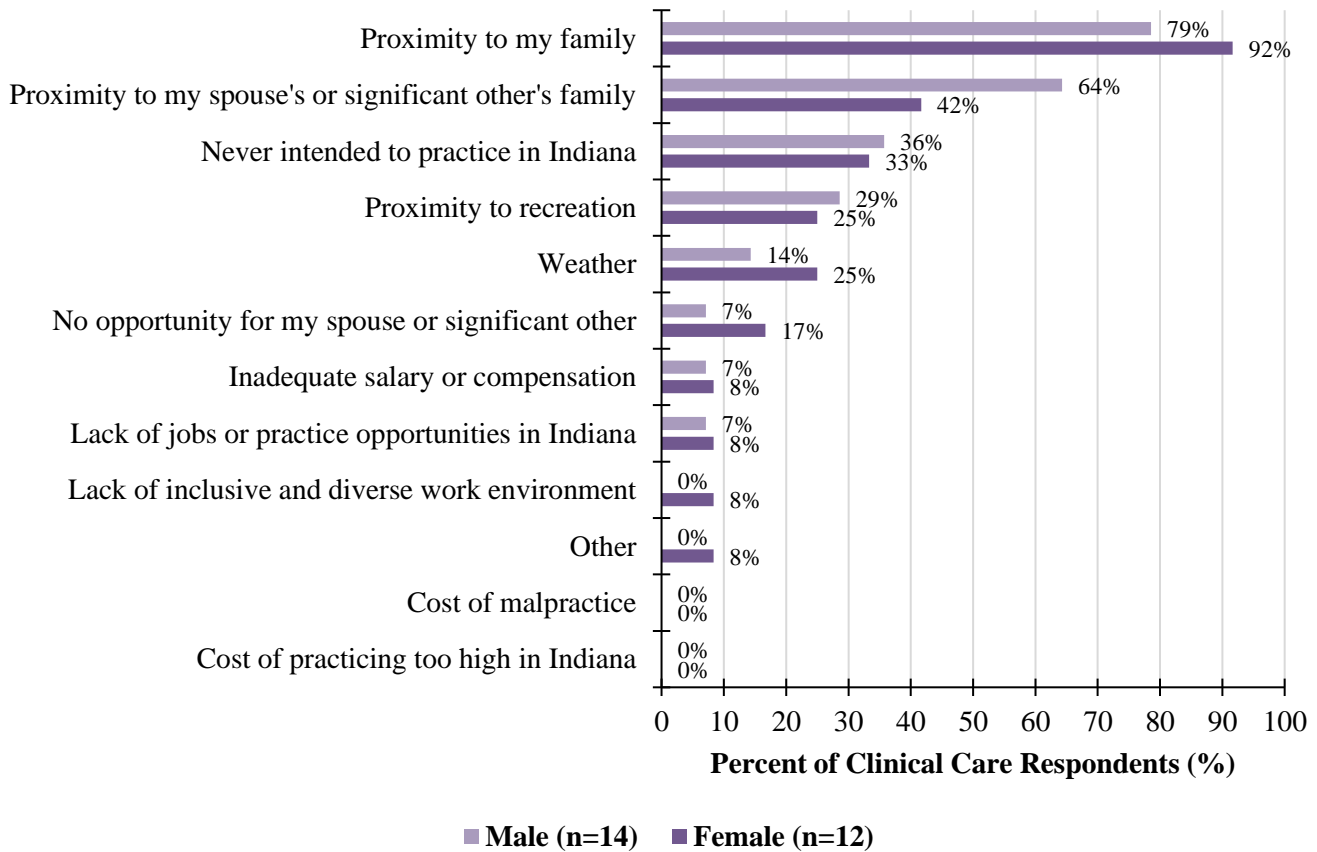
\*Reflects responses from only those respondents who indicated their primary practice location was in Indiana.  
 ‡ Denotes that a statistically significant difference was found.

Figure 4.4 presents the main reasons influencing the male and female survey respondents' choice of practice location in Indiana. Only those 51 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: "salary or compensation" (69%), "proximity to my family" (50%), "cost of malpractice" (50%), and "cost of practicing is reasonable in Indiana" (50%), and always intended to practice in Indiana (50%). There was no statistically significant difference between the two groups.

The main reasons given by the female respondents to practice in Indiana were: "proximity to my family" (68%), "salary or compensation" (52%), "cost of malpractice" (48%), and "cost of practicing is reasonable in Indiana" (48%). There was no statistically significant difference between the two groups.

Main Reasons not to Practice in Indiana

Figure 4.5: Main Reasons Not to Practice in Indiana (n=26)\*

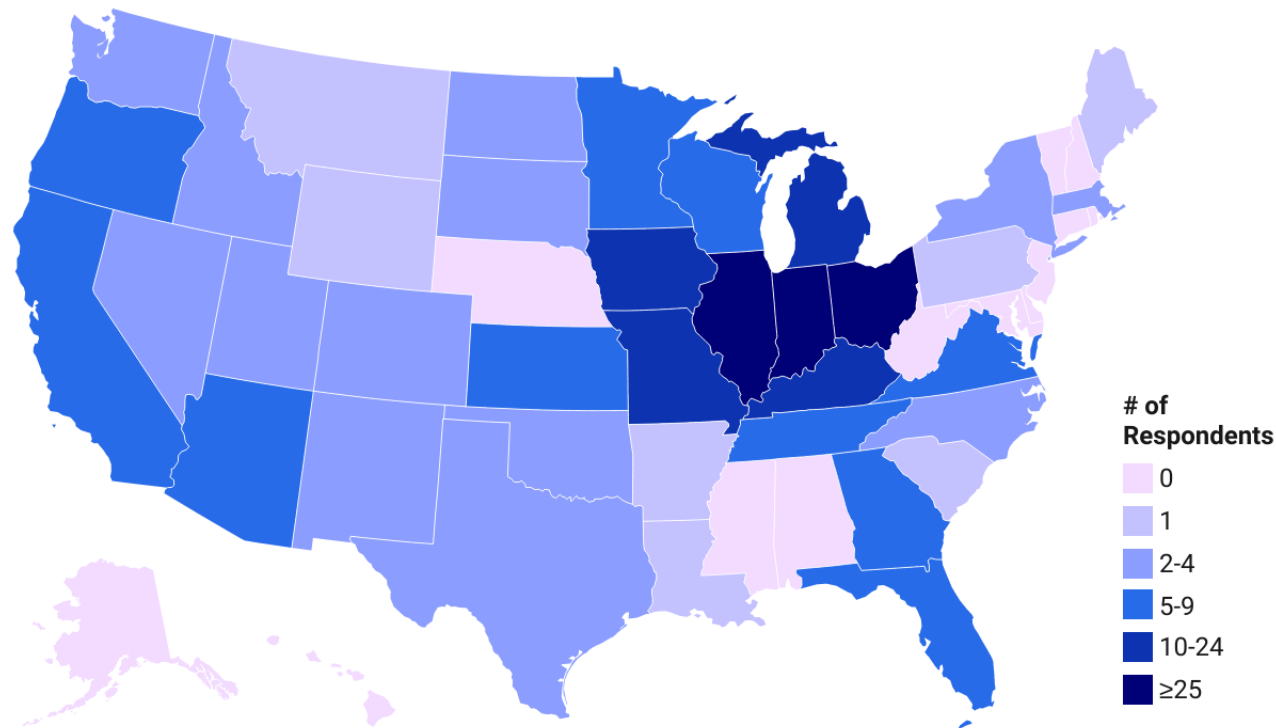


\*Reflects responses from only those respondents who indicated their primary practice location was outside Indiana.  
 † Denotes that a statistically significant difference was found.

Figure 4.5 presents the main reasons influencing the male and female survey respondents’ choice of practice location outside Indiana. Only those 26 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 and female respondents for not practicing in Indiana were: “proximity to my family” (79%, 92%), “proximity to my spouse’s or significant other’s family” (64%, 42%), “never intended to practice in Indiana” (36%, 33%), and “proximity to recreation” (29%, 25%). There was no statistically significant difference between the two groups.

## Chapter 5: Maps Linking Residency Site to Primary Location after Training, 2012-2021

**Map 5.1 : Practice Location of Indiana Family Residents after Completing Training, 2012-2021**



Created with Datawrapper

Map 5.1 shows the Indiana family medicine survey respondents' primary practice locations after completing training within the United States. This map includes all respondents who indicated they would enter practice after completing their training and provided their primary practice location. Data have been shown **from 2012 to 2021**. A majority of the respondents planned to choose Indiana (n=435) as their primary location after training, followed by Illinois (n=30), Ohio (n=25), Iowa (n=13), Kentucky (n=13), Michigan (n=12), and Missouri (n=11).

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

County	City	Program	Location after Training	2012-2019	2020	2021	Total
Allen	Fort Wayne	Fort Wayne Medical Education Program	Florida	2	0	0	2
			Georgia	1	0	0	1
			Iowa	2	1	0	3
			Indiana	43	8	9	60
			Kansas	2	0	0	2
			Michigan	0	1	0	1
			Minnesota	2	0	0	2
			Nevada	1	0	0	1
			North Carolina	1	0	0	1
			New York	0	0	1	1
			Ohio	4	0	0	4
			Oklahoma	2	0	0	2
			Oregon	1	0	0	1
			Washington	2	0	0	2
			Wisconsin	1	0	0	1
Wyoming	1	0	0	1			

County	City	Program	Location after Training	2012-2019	2020	2021	Total
Delaware	Muncie	IU Health Ball Memorial Hospital	Arizona	2	0	0	2
			Arkansas	1	0	0	1
			Idaho	1	0	0	1
			Illinois	1	0	1	2
			Indiana	25	4	3	32
			Iowa	2	0	0	2
			Kansas	4	0	2	6
			Kentucky	2	0	0	2
			Michigan	2	0	0	2
			Minnesota	1	1	0	2
			Missouri	2	0	0	2
			New Mexico	1	0	0	1
			Ohio	0	1	0	1
			Oregon	1	0	0	1
			South Carolina	1	0	0	1
			Tennessee	1	0	0	1
			Utah	3	0	0	3
			Virginia	1	0	0	1
			Wisconsin	0	1	0	1
			Canada	0	1	0	1



County	City	Program	Location after Training	2012-2019	2020	2021	Total
Marion	Indianapolis	Community Hospital East FM Residency at CHN	Arizona	1	0	0	1
			Illinois	1	1	0	2
			Indiana	34	5	6	45
			Minnesota	1	0	0	1
			Missouri	1	0	0	1
			Oregon	1	0	0	1
			Texas	1	0	1	2
	Virginia	1	0	1	2		
	Indianapolis	Franciscan Health Indianapolis Family Medicine Residency	Arizona	1	0	0	1
			Colorado	1	0	0	1
			Indiana	38	3	3	44
			Minnesota	1	0	0	1
			Missouri	0	0	1	1
			Ohio	3	0	0	3
	Indianapolis	IU Methodist Family Medicine Residency	California	0	0	1	1
			Colorado	1	0	0	1
			Florida	0	0	1	1
			Georgia	1	0	0	1
			Illinois	0	0	1	1
			Indiana	39	3	4	46
			Kansas	1	0	0	1
			Kentucky	1	0	0	1
			Nevada	1	0	0	1
			New York	1	0	0	1
			Ohio	1	1	0	2
			Oregon	1	0	1	2
			Texas	0	1	0	1
			Tennessee	1	0	0	1
			Washington	1	0	0	1
			Wisconsin	1	0	0	1
			Canada	8	0	0	8
	Indianapolis	St. Vincent Family Medicine Residency	Arizona	1	0	0	1
			Georgia	2	0	0	2
			Illinois	1	0	0	1
			Indiana	43	2	5	50
			Iowa	3	0	0	3
			Kentucky	1	0	0	1
			Massachusetts	0	1	0	1
			Michigan	3	0	0	3
			Missouri	0	0	1	1
			Ohio	3	0	0	3
Texas			1	0	0	1	

County	City	Program	Location after Training	2012-2019	2020	2021	Total
Marion	Speedway	Community South Osteopathic FM Residency at CHN	California	0	1	0	1
			Colorado	0	0	1	1
			Indiana	13	2	0	15
			Kentucky	2	0	0	2
			Michigan	1	0	0	1
			Missouri	0	0	1	1
			North Carolina	1	0	1	2
			Ohio	2	0	0	2
Wisconsin	1	0	0	1			

County	City	Program	Location after Training	2012-2019	2020	2021	Total
St. Joseph	South Bend	Memorial Hospital of South Bend	Florida	2	0	0	2
			Georgia	1	0	0	1
			Idaho	1	0	0	1
			Illinois	5	0	0	5
			Indiana	21	3	7	31
			Iowa	2	0	0	2
			Michigan	2	0	1	3
			Missouri	1	0	0	1
			Montana	1	0	0	1
			Ohio	1	0	1	2
			Tennessee	1	0	0	1
			Virginia	1	0	0	1
	Washington	1	0	0	1		
	South Bend	St. Joseph Regional Medical Center	Arizona	1	0	0	1
			California	1	0	0	1
			Illinois	2	0	1	3
			Indiana	30	4	4	38
			Kentucky	1	0	0	1
			Massachusetts	1	0	0	1
			Michigan	2	0	0	2
			Missouri	0	1	0	1
			New Mexico	1	0	0	1
			North Dakota	2	0	0	2
Ohio			4	0	0	4	
Oregon	1	0	1	2			
South Dakota	1	0	1	2			
Virginia	1	0	0	1			

County	City	Program	Location after Training	2021	Total
Tippecanoe	Lafayette	Arnett Family Medicine Residency	Indiana	3	3

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

County	City	Program	Location after Training	2012-2019	2020	2021	Total
Vanderburgh	Evansville	Deaconess Family Medicine Residency	Florida	1	0	0	1
			Illinois	7	0	0	7
			Indiana	25	5	4	34
			Iowa	0	0	2	2
			Kentucky	5	0	1	6
			Louisiana	1	0	0	1
			Missouri	1	0	0	1
			North Carolina	1	0	0	1
			Oklahoma	1	0	0	1
			Oregon	1	0	0	1
			Wisconsin	2	0	0	2

County	City	Program	Location after Training	2012-2019	2020	2021	Total
Vigo	Terre Haute	Union Hospital Family Medicine Residency	California	2	0	1	3
			Florida	1	0	0	1
			Illinois	8	0	1	9
			Indiana	25	4	2	31
			Iowa	1	0	0	1
			Missouri	1	0	1	2
			North Dakota	1	0	0	1
			Ohio	2	0	0	2
			Pennsylvania	1	0	0	1
			Tennessee	1	1	0	2
			Wisconsin	1	0	0	1

County	City	Program	Location after Training	2018-2019	2020	2021	Total
Wayne	Richmond	Reid Health	California	0	1	0	1
			Indiana	2	1	3	6
			Maine	0	1	0	1
			Ohio	1	1	0	2

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

Table 5.1 shows the Indiana family medicine survey respondents' residency sites and their primary practice locations after completing training. The table shows a breakdown by state of where the respondents plan to go for practice. Data have been shown from 2012 to 2021.

**In 2021**, seventy-nine respondents listed the state of their primary practice location after training. Of those, a majority (n=53) of the respondents planned to choose Indiana as their primary practice location, followed by Illinois (n=4) and Missouri (n=4).



**Table 5.2: Primary Location in Indiana after Completing Training**

County	City	Program	Location after Training	2012-2019	2020	2021	Total
Allen	Fort Wayne	Fort Wayne Medical Education Program	Adams	1	0	0	1
			Allen	21	3	6	30
			DeKalb	1	0	0	1
			Elkhart	2	0	1	3
			Gibson	1	0	0	1
			Huntington	2	0	1	3
			Kosciusko	1	1	0	2
			Marion	1	1	0	2
			Putnam	1	0	0	1
			Shelby	1	0	0	1
			Steuben	1	0	0	1
			Tippecanoe	0	1	0	1
			Vanderburgh	1	0	0	1
			Wabash	0	1	1	2
			Wells	3	0	0	3
Whitley	2	1	0	3			

County	City	Program	Location after Training	2012-2019	2020	2021	Total
Delaware	Muncie	IU Health Ball Memorial Hospital	Allen	1	1	0	2
			Bartholomew	1	1	0	2
			Blackford	1	0	0	1
			Boone	1	0	0	1
			Delaware	5	0	1	6
			Elkhart	1	0	0	1
			Grant	1	0	0	1
			Hamilton	1	0	0	1
			Hancock	1	0	1	2
			Hendricks	1	0	0	1
			Henry	0	2	0	2
			Howard	1	0	0	1
			Jay	2	0	1	3
			Madison	1	0	0	1
			Marion	1	0	0	1
			Pulaski	1	0	0	1
			Putnam	1	0	0	1
			Spencer	1	0	0	1
Tippecanoe	2	0	0	2			

County	City	Program	Location after Training	2012-2019	2020	2021	Total
Marion	Indianapolis	Community Hospital East FM Residency at CHN	Hamilton	3	1	0	4
			Johnson	4	0	1	5
			Madison	3	0	0	3
			Marion	12	4	5	21
			Ohio	1	0	0	1
			Owen	1	0	0	1
			St. Joseph	2	0	0	2
			White	1	0	0	1
	Indianapolis	Franciscan Health Indianapolis Family Medicine Residency	Allen	1	0	0	1
			Bartholomew	1	0	0	1
			Boone	1	0	0	1
			Hamilton	1	0	0	1
			Hancock	0	1	0	1
			Hendricks	4	0	0	4
			Johnson	8	1	1	10
			Marion	10	0	1	11
			Monroe	1	0	0	1
			Morgan	5	0	0	5
			Ripley	2	1	0	3
			Shelby	1	0	1	2
			White	2	0	0	2
	Indianapolis	IU Methodist Family Medicine Residency	Bartholomew	1	0	0	1
			Delaware	2	0	0	2
			Hamilton	1	0	0	1
			Hancock	1	0	0	1
			Hendricks	3	0	0	3
			Howard	1	0	0	1
			Marion	16	2	4	22
			Montgomery	2	0	0	2
			Putnam	1	0	0	1
			Starke	1	0	0	1
			Tippecanoe	2	0	0	2
			Tipton	0	1	0	1

County	Family Medicine Residency Program	Family Medicine Residency City	Location after Training	2012-2019	2020	2021	Total
Marion	Indianapolis	St. Vincent Family Medicine Residency	Allen	1	0	0	1
			Boone	2	0	0	2
			Clinton	1	0	0	1
			Hamilton	7	1	0	8
			Hancock	0	0	1	1
			Hendricks	2	0	1	3
			Howard	1	0	0	1
			Jefferson	1	0	0	1
			Johnson	0	0	1	1
			Kosciusko	1	0	0	1
			LaPorte	1	0	0	1
			Madison	2	0	0	2
			Marion	14	1	2	17
			Tippecanoe	1	0	0	1
	Speedway	Community South Osteopathic FM Residency at CHN	Decatur	1	0	0	1
			Gibson	1	0	0	1
			Hamilton	1	0	0	1
			Hancock	1	0	0	1
			Hendricks	1	0	0	1
			Jefferson	1	0	0	1
Johnson			0	1	0	1	
Madison			1	0	0	1	
Marion	4	1	0	5			

County	City	Program	Location after Training	2012-2019	2020	2021	Total
St. Joseph	South Bend	Memorial Hospital of South Bend	Allen	1	0	0	1
			Bartholomew	0	0	1	1
			Elkhart	5	0	0	5
			LaGrange	1	0	0	1
			Orange	1	0	0	1
			Pulaski	0	1	0	1
			St. Joseph	12	1	5	18
			Sullivan	1	0	0	1
			Tippecanoe	0	1	0	1
			Wayne	0	0	1	1



County	City	Program	Location after Training	2012-2019	2020	2021	Total
St. Joseph	South Bend	St. Joseph Regional Medical Center	Allen	0	1	1	2
			Boone	1	0	0	1
			Elkhart	3	0	0	3
			Hendricks	0	0	1	1
			LaPorte	1	0	0	1
			Madison	0	0	1	1
			Marion	2	0	1	3
			Marshall	2	0	0	2
			Monroe	1	1	0	2
			St. Joseph	8	2	0	10
			Tippecanoe	1	0	0	1

County	City	Program	Location after Training	2021	Total
Tippecanoe	Lafayette	Arnett Family Medicine Residency	Tippecanoe	3	3

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

County	City	Program	Location after Training	2012-2019	2020	2021	Total
Vanderburgh	Evansville	Deaconess Family Medicine Residency	Dubois	1	0	0	1
			Gibson	2	0	0	2
			Hancock	2	0	0	2
			Jackson	0	1	0	1
			Knox	0	0	1	1
			Marion	1	0	1	2
			Pike	1	0	0	1
			Posey	2	0	0	2
			Vanderburgh	6	2	2	10
			Vigo	1	0	0	1
			Warrick	4	2	0	6

County	City	Program	Location after Training	2012-2019	2020	2021	Total
Vigo	Terre Haute	Union Hospital Family Medicine Residency	Boone	0	0	1	1
			Clay	1	0	0	1
			Decatur	1	0	0	1
			Greene	1	0	0	1
			Howard	2	0	0	2
			Jefferson	0	1	0	1
			Lake	0	1	0	1
			Montgomery	1	0	0	1
			Parke	1	0	0	1
			Putnam	1	0	0	1
			Sullivan	1	0	0	1
			Tippecanoe	1	0	0	1
			Vermillion	4	0	0	4
			Vigo	7	2	0	9
Warrick	0	0	1	1			

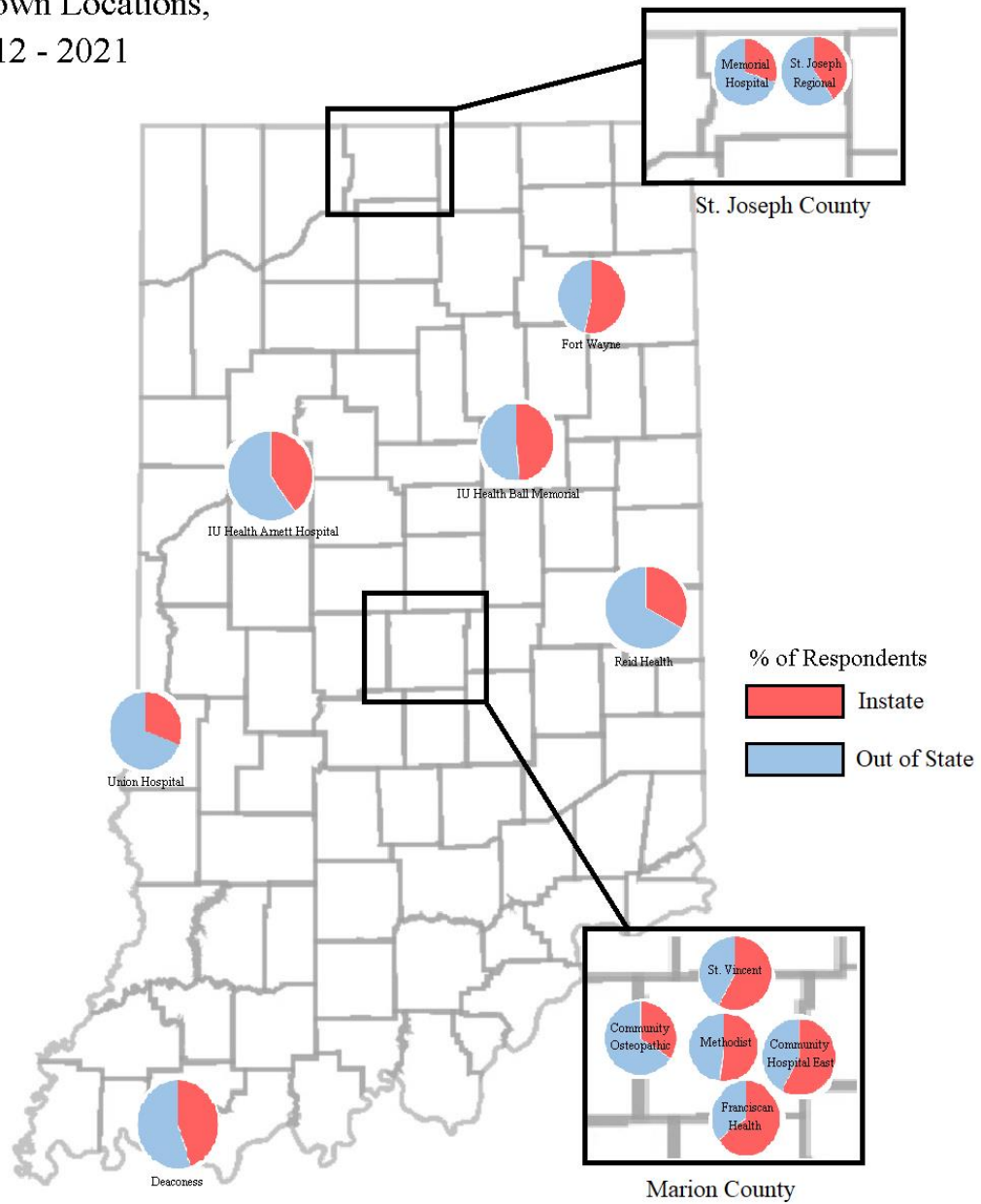
County	City	Program	Location after Training	2018-2019	2020	2021	Total
Wayne	Richmond	Reid Health	Madison	0	0	1	1
			Marion	0	0	2	2
			Wayne	2	1	0	3

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

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

In 2021, fifty-three respondents provided a specific practice location in Indiana. Of those respondents, a majority planned to practice in Marion County (n=16), followed by Allen (n=7), St. Joseph (n=5), Johnson (n=3), and Tippecanoe (n=3) counties.

Figure 5.3: Indiana FM Residents' Hometown Locations, 2012 - 2021



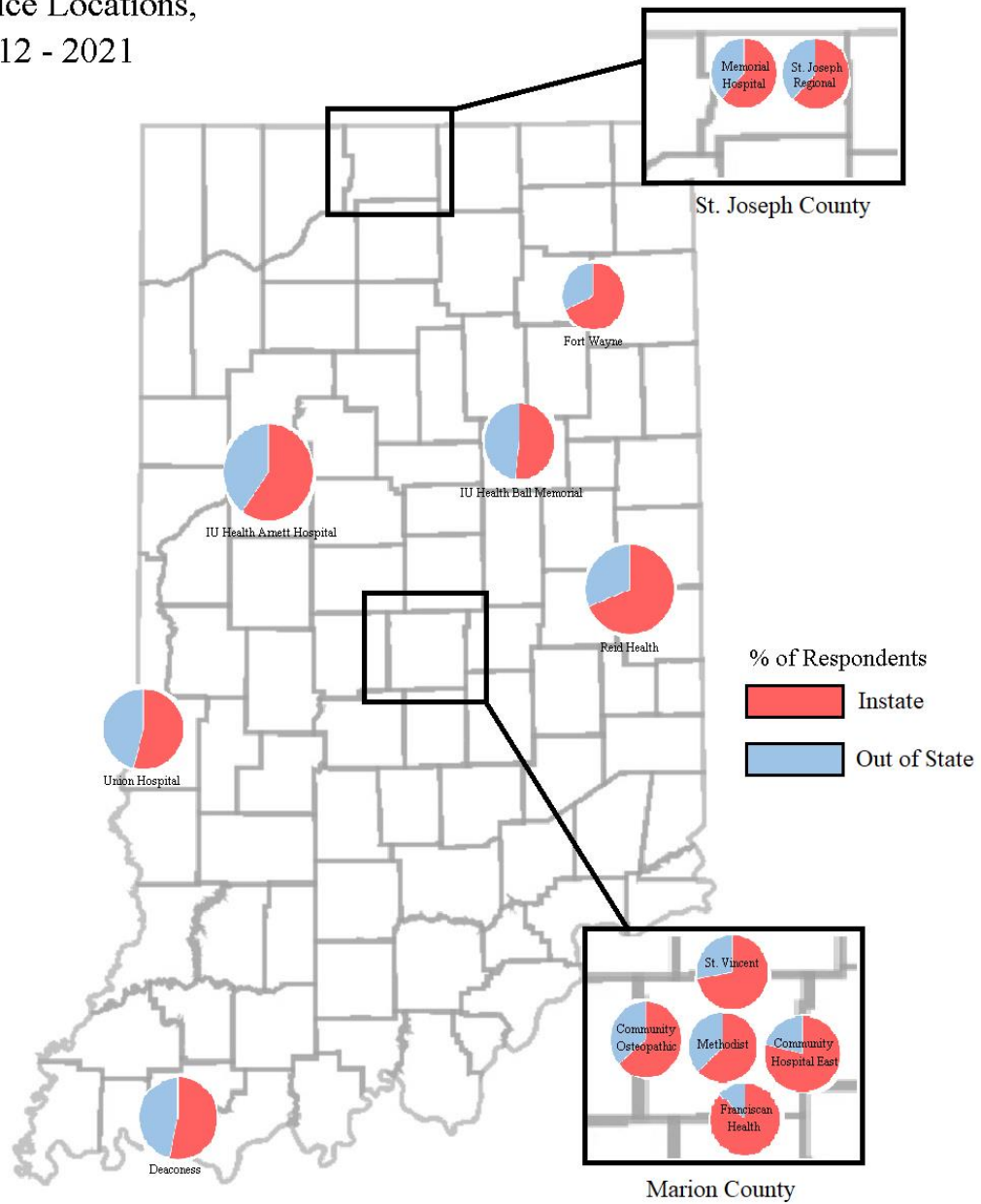
Created by RIME, 2021

Map 5.3 shows the reported hometown locations of Indiana family medicine survey respondents. Data have been shown **from 2012 to 2021**. Over one-half of the respondents from Community Hospital East (58%), Fort Wayne Medical Education Program (53%), Franciscan Health Indianapolis (66%), IU Methodist Hospital (52%), and St. Vincent Hospital (58%) indicated an Indiana hometown.

<b>Table 5.3: Residents with Indiana Hometown [Show as Percentage (%)]</b>											
<b>Residency Program</b>	<b>2012</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>	<b>2020</b>	<b>2021</b>	<b>Avg.</b>
Arnett Family Medicine Residency	NA	NA	NA	NA	NA	NA	NA	NA	NA	40	<b>40</b>
Community Hospital East FM Residency	57	100	71	50	60	33	67	44	56	40	<b>58</b>
Community South Osteopathic FM Residency	0	100	75	0	25	25	25	25	33	33	<b>34</b>
Deaconess Family Medicine Residency	50	17	50	50	67	50	20	14	88	43	<b>45</b>
Fort Wayne Medical Education Program	50	43	56	44	50	50	56	50	67	67	<b>53</b>
Franciscan Health Indianapolis FM Residency	50	83	100	67	57	13	88	67	80	50	<b>66</b>
IU Health Ball Memorial Hospital	13	57	43	71	50	78	40	56	60	20	<b>49</b>
IU Methodist Family Medicine Residency	100	80	67	43	43	40	50	50	15	29	<b>52</b>
Memorial Hospital of South Bend	38	25	0	22	11	43	14	44	67	33	<b>30</b>
St Joseph Regional Medical Center	43	75	38	22	33	44	13	33	44	56	<b>40</b>
St Vincent Family Medicine Residency	70	63	67	67	70	33	50	60	56	43	<b>58</b>
Union Hospital Family Medicine Residency	33	50	0	17	33	33	14	43	43	43	<b>31</b>
Reid Health	NA	NA	NA	NA	NA	NA	0	33	40	60	<b>33</b>
<i>Average</i>	46	63	52	41	45	40	36	43	54	43	<b>47</b>

Table 5.3 shows Indiana family medicine survey respondents with a hometown in Indiana. This includes all respondents who indicated a hometown location. **In 2021**, over one-half of the respondents from Fort Wayne Medical Education Program (67%), St. Joseph Regional Medical Center (56%), and Reid Health (60%) indicated an Indiana hometown.

Figure 5.4: Indiana FM Residents' Practice Locations, 2012 - 2021



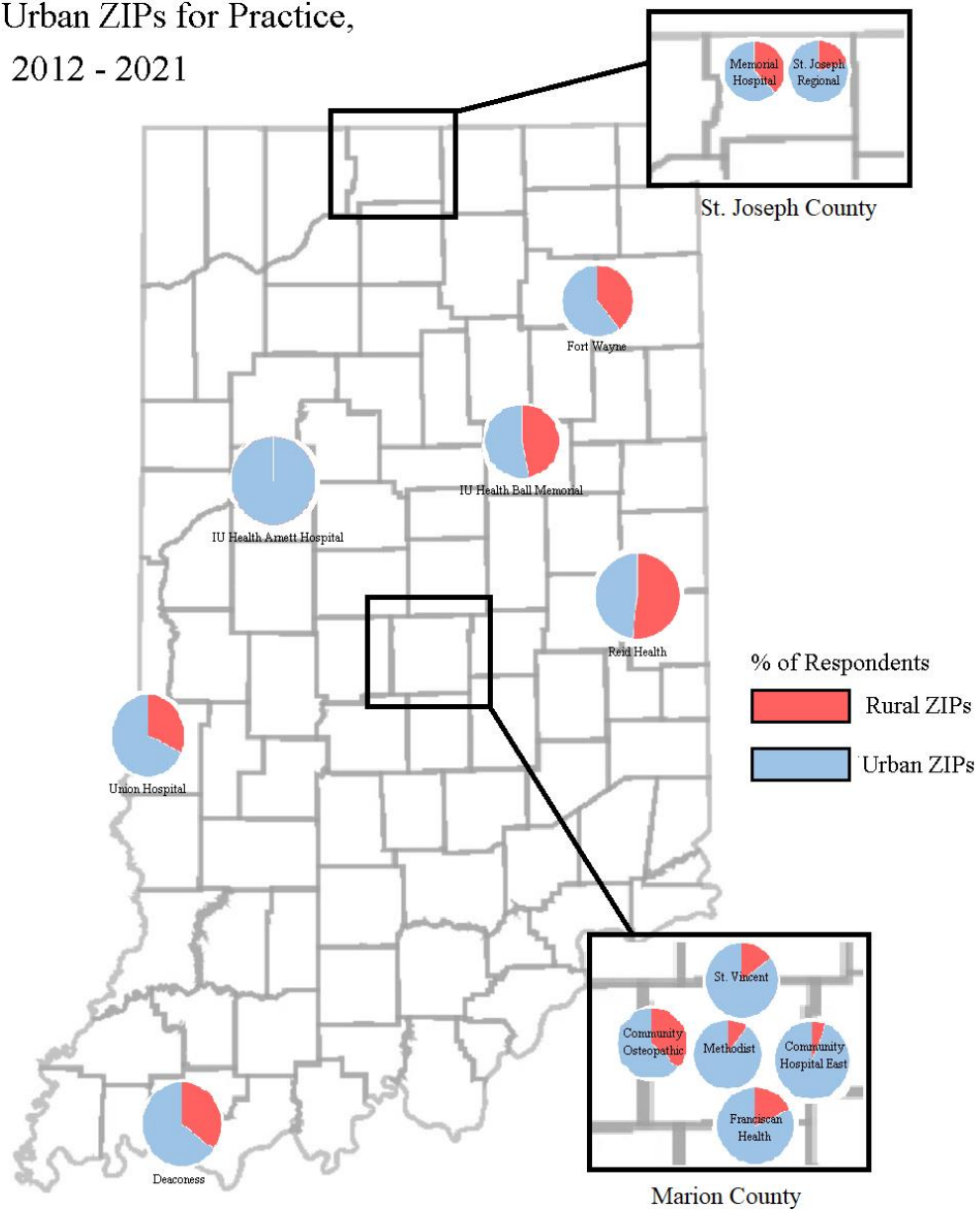
Created by RIME, 2021

Map 5.4 shows Indiana family medicine survey respondents plans for practice location after completing their training. Data have been shown **from 2012 to 2021**. Over two-thirds of the respondents from Community Hospital East (79%), Fort Wayne Medical Education Program (68%), Franciscan Health Indianapolis (87%), St. Vincent Hospital (72%), and Reid Health (69%) reported an Indiana practice location.

<b>Table 5.4: Residents with a Practice Location in Indiana [Shown as Percentage (%)]</b>											
<b>Residency Program</b>	<b>2012</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>	<b>2020</b>	<b>2021</b>	<b>Avg.</b>
Arnett Family Medicine Residency	NA	NA	NA	NA	NA	NA	NA	NA	NA	60	<b>60</b>
Community Hospital East FM Residency	100	100	80	100	89	60	75	40	71	75	<b>79</b>
Community South Osteopathic FM Residency	100	100	100	100	75	0	33	67	67	0	<b>64</b>
Deaconess Family Medicine Residency	20	40	50	67	67	71	71	20	71	57	<b>53</b>
Fort Wayne Medical Education Program	44	33	100	89	75	56	56	75	67	90	<b>68</b>
Franciscan Health Indianapolis FM Residency	100	100	100	80	83	50	86	100	100	75	<b>87</b>
IU Health Ball Memorial Hospital	17	67	33	75	86	50	30	60	50	50	<b>52</b>
IU Methodist Family Medicine Residency	60	100	71	50	67	33	86	78	33	50	<b>63</b>
Memorial Hospital of South Bend	83	0	100	50	50	33	67	56	100	78	<b>62</b>
St Joseph Regional Medical Center	60	75	50	50	50	75	67	63	80	50	<b>62</b>
St Vincent Family Medicine Residency	100	100	80	75	63	60	67	63	33	83	<b>72</b>
Union Hospital Family Medicine Residency	60	75	29	25	40	71	33	100	67	40	<b>54</b>
Reid Health	NA	NA	NA	NA	NA	NA	100	50	25	100	<b>69</b>
<i>Average</i>	68	72	72	69	68	51	64	64	64	62	<b>66</b>

Table 5.4 shows Indiana family medicine survey respondents indicating that their primary practice location after training is within Indiana. This includes all respondents who indicated that they would be going into practice after completing training and provided a specific practice location. **In 2021**, over two-thirds of the respondents from Community Hospital East (75%), Fort Wayne Medical Education Program (90%), Franciscan Health Indianapolis (75%), Memorial Hospital of South Bend (78%), St. Vincent Hospital (83%), and Reid Health (100%) indicated an Indiana practice location.

Map 5.5: Indiana FM Residents Going to Rural or Urban ZIPs for Practice, 2012 - 2021



Created by RIME, 2021

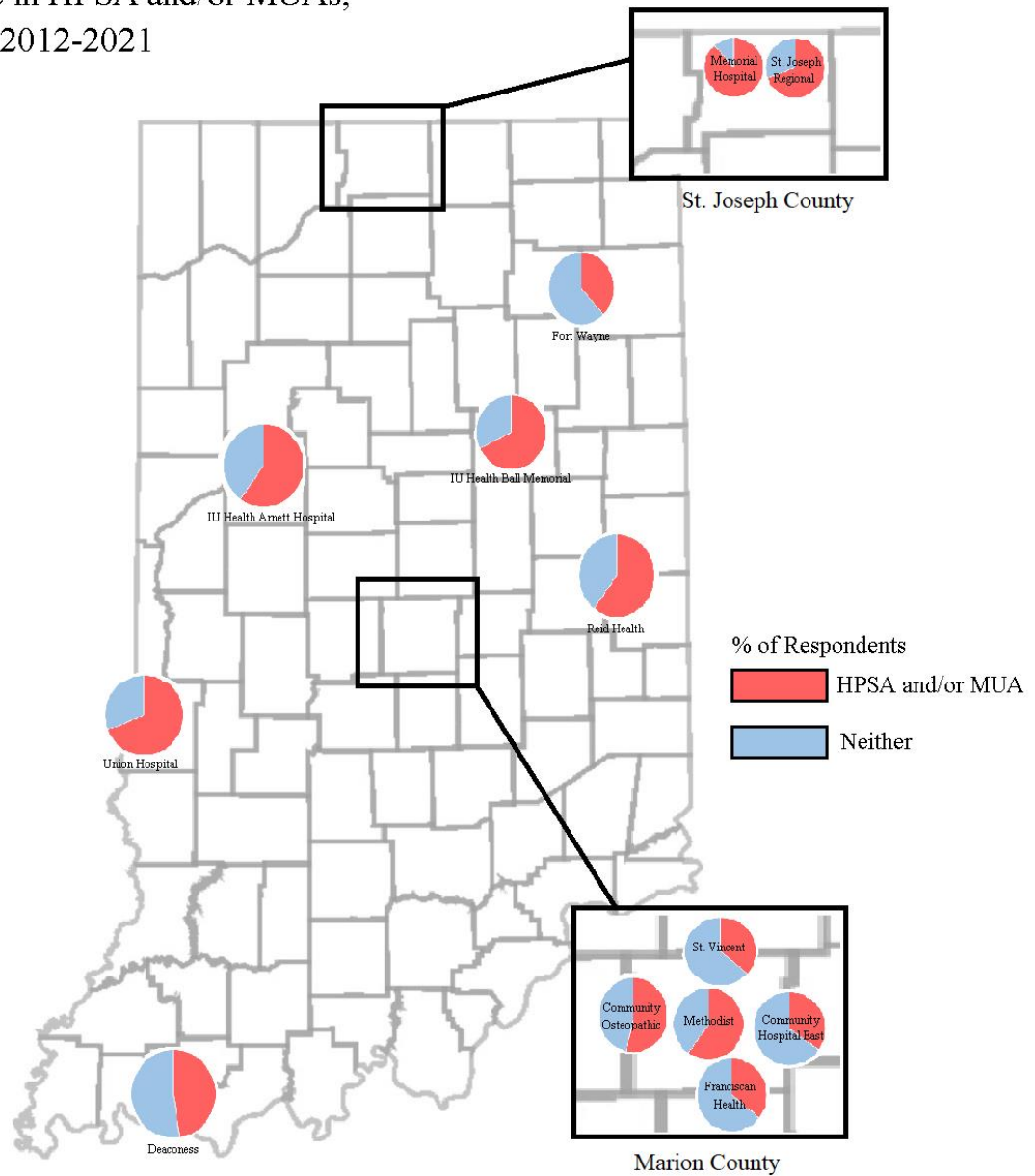
Map 5.5 shows Indiana family medicine survey respondents planning to practice in rural ZIP codes after completing their training. Data have been shown **from 2012 to 2021**. Over one-third of the respondents from Community South Osteopathic (37%), Deaconess (35%), Fort Wayne Medical Education Program (40%), IU Health Ball Memorial Hospital (47%), Memorial Hospital of South Bend (38%), and Reid Health (52%) indicated a practice location in a rural ZIP code.

<b>Table 5.5: Residents with Practice Locations in Rural ZIPs [Shown as Percentage (%)]</b>											
<b>Residency Program</b>	<b>2012</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>	<b>2020</b>	<b>2021</b>	<b>Avg.</b>
Arnett Family Medicine Residency	NA	NA	NA	NA	NA	NA	NA	NA	NA	0	<b>0</b>
Community Hospital East FM Residency	0	20	0	0	0	25	0	0	14	0	<b>6</b>
Community South Osteopathic FM Residency	100	0	50	100	0	50	0	0	33	33	<b>37</b>
Deaconess Family Medicine Residency	40	60	50	33	33	29	25	25	14	43	<b>35</b>
Fort Wayne Medical Education Program	56	44	50	22	50	67	44	17	25	20	<b>40</b>
Franciscan Health Indianapolis FM Residency	33	0	17	20	0	20	14	20	33	25	<b>18</b>
IU Health Ball Memorial Hospital	50	67	80	50	43	33	70	17	13	50	<b>47</b>
IU Methodist Family Medicine Residency	0	0	33	20	17	25	0	0	0	0	<b>10</b>
Memorial Hospital of South Bend	17	50	0	25	50	67	33	0	100	33	<b>38</b>
St Joseph Regional Medical Center	40	25	17	0	20	0	33	29	40	0	<b>20</b>
St Vincent Family Medicine Residency	0	0	20	29	13	50	20	0	17	0	<b>15</b>
Union Hospital Family Medicine Residency	50	0	43	33	20	29	17	50	33	40	<b>32</b>
Reid Health	NA	NA	NA	NA	NA	NA	100	50	25	33	<b>52</b>
<i>Average</i>	35	24	33	30	22	36	30	15	29	21	<b>28</b>

Table 5.5 shows Indiana family medicine survey respondents indicating that their practice location after training is within a rural ZIP code. This includes all respondents who indicated that they would be going into practice after completing training and provided a specific practice location. **In 2021**, over two-fifths of the respondents from Deaconess (43%) and IU Health Ball Memorial Hospital (50%) reported a practice location in a rural ZIP code.



Map 5.6: Indiana FM Residents Planning  
To Practice in HPSA and/or MUAs,  
2012-2021



Created by RIME, 2021

Map 5.6 shows Indiana family medicine survey respondents planning to go into Health Professional Shortage Areas (HPSAs) and/or Medically Underserved Areas (MUAs) after completing their training. Data have been shown **from 2012 to 2021**. Over two-thirds of the respondents from Memorial Hospital of South Bend (89%), St. Joseph Regional Medical Center (69%), and Union Hospital (69%) reported a practice location in an MUA and/or HPSA.

<b>Table 5.6: Residents going to HPSAs and/or MUAs for Practice [Show as Percentage (%)]</b>											
<b>Residency Program</b>	<b>2012</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>	<b>2020</b>	<b>2021</b>	<b>Avg.</b>
Arnett Family Medicine Residency	NA	NA	NA	NA	NA	NA	NA	NA	NA	60	<b>60</b>
Community Hospital East FM Residency	0	60	60	25	17	75	67	0	43	0	<b>35</b>
Community South Osteopathic FM Residency	100	100	50	100	33	50	0	0	33	67	<b>53</b>
Deaconess Family Medicine Residency	80	80	67	17	33	43	50	50	14	43	<b>48</b>
Fort Wayne Medical Education Program	33	71	0	11	63	56	33	33	25	56	<b>38</b>
Franciscan Health Indianapolis FM Residency	33	33	33	60	17	60	43	20	33	25	<b>36</b>
IU Health Ball Memorial Hospital	67	83	80	100	71	50	50	83	13	83	<b>68</b>
IU Methodist Family Medicine Residency	100	71	83	60	83	25	86	33	0	57	<b>60</b>
Memorial Hospital of South Bend	100	50	100	88	100	83	100	88	100	78	<b>89</b>
St Joseph Regional Medical Center	80	100	75	50	40	100	67	100	40	40	<b>69</b>
St Vincent Family Medicine Residency	40	20	0	57	38	50	80	29	17	33	<b>36</b>
Union Hospital Family Medicine Residency	75	33	100	67	60	100	83	100	33	40	<b>69</b>
Reid Health	NA	NA	NA	NA	NA	NA	100	50	25	67	<b>61</b>
<i>Average</i>	64	64	59	58	50	63	63	52	31	50	<b>55</b>

Table 5.6 shows Indiana family medicine survey respondents going to HPSAs and/or MUAs after completing their training. This includes all respondents who indicated that they would be going into practice after completing training and provided a specific practice location. In **2021**, over two-thirds of the respondents from Community South Osteopathic (67%), IU Health Ball Memorial Hospital (83%), and Memorial Hospital of South Bend (78%) reported a practice location in an MUA and/or HPSA.

## Chapter 6: Graphs showing Trend Patterns, 2012-2021

This chapter shows a comparison of *Indiana Family Medicine Residencies Exit Survey*® responses from the time of its inception in 2012 through 2021. Trends for all respondents have been shown in figures 6.1 to 6.9. The remaining figures show responses from only those graduates who:

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

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

### All Respondents

#### Demographics

**Figure 6.1: Trends showing Age, 2012-2021**

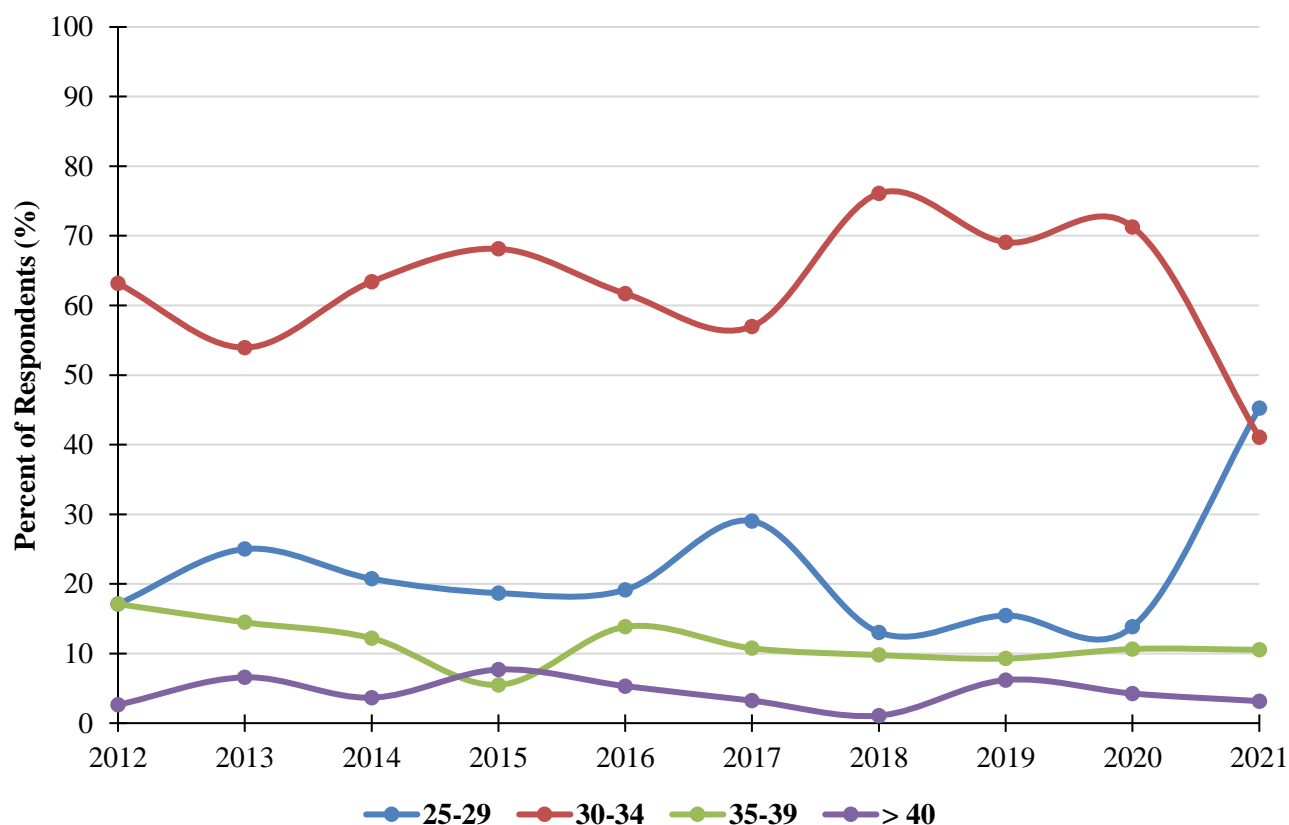


Figure 6.1 shows trends among the Indiana family medicine survey respondents’ and their age distributions from 2012 to 2021. An increasing trend has been noted for those between 25 and 29 years of age (17% in 2012 to 45% in 2021). A declining trend has been noted for those between 30 and 34 years of age (63% in 2012 to 41% in 2021). Trends have remained fairly constant for the remaining categories.

**Figure 6.2: Trends showing Gender, 2012-2021**

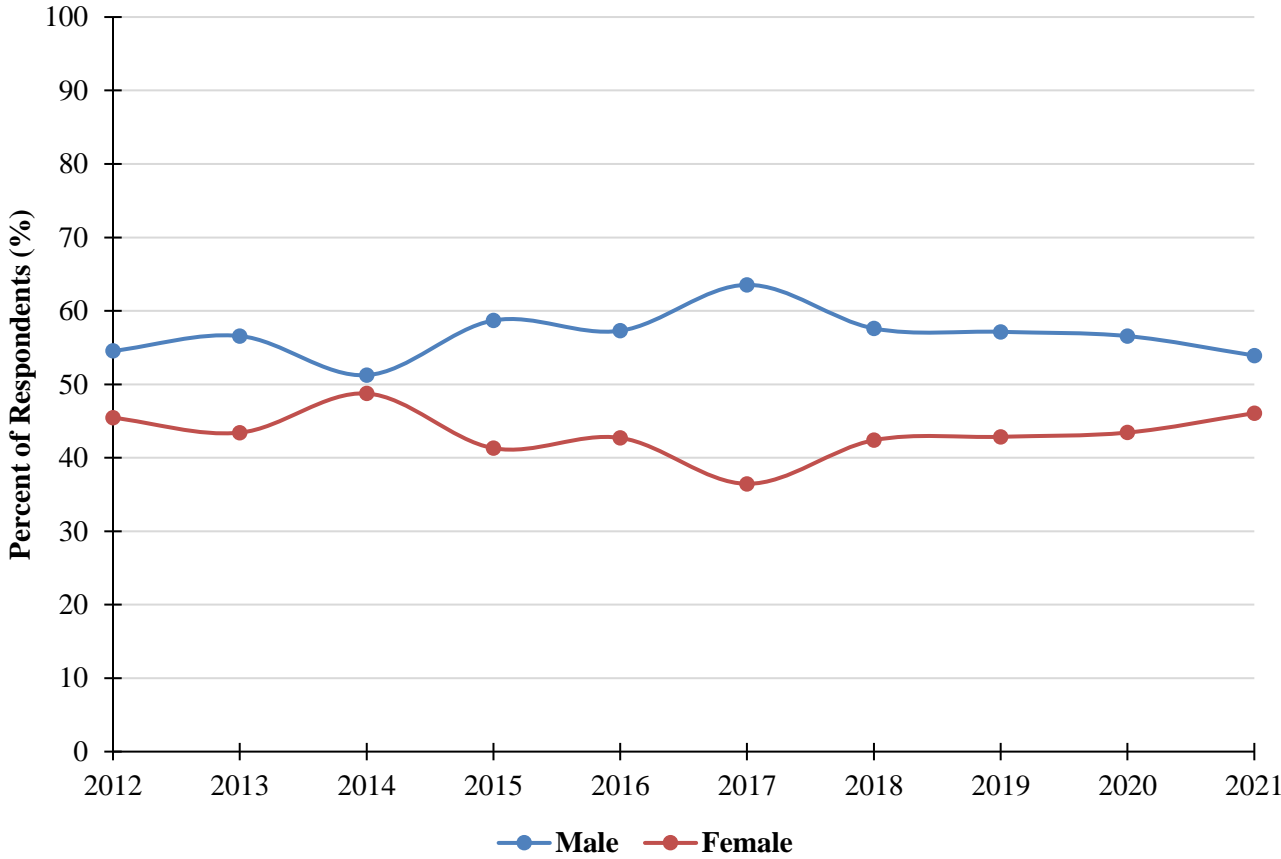


Figure 6.2 shows trends among the Indiana family medicine survey respondents' and their gender distribution from 2012 to 2021. A fairly consistent trend was noted among the male and female respondents.

**Figure 6.3: Trends showing Race/Ethnicity, 2012-2021**

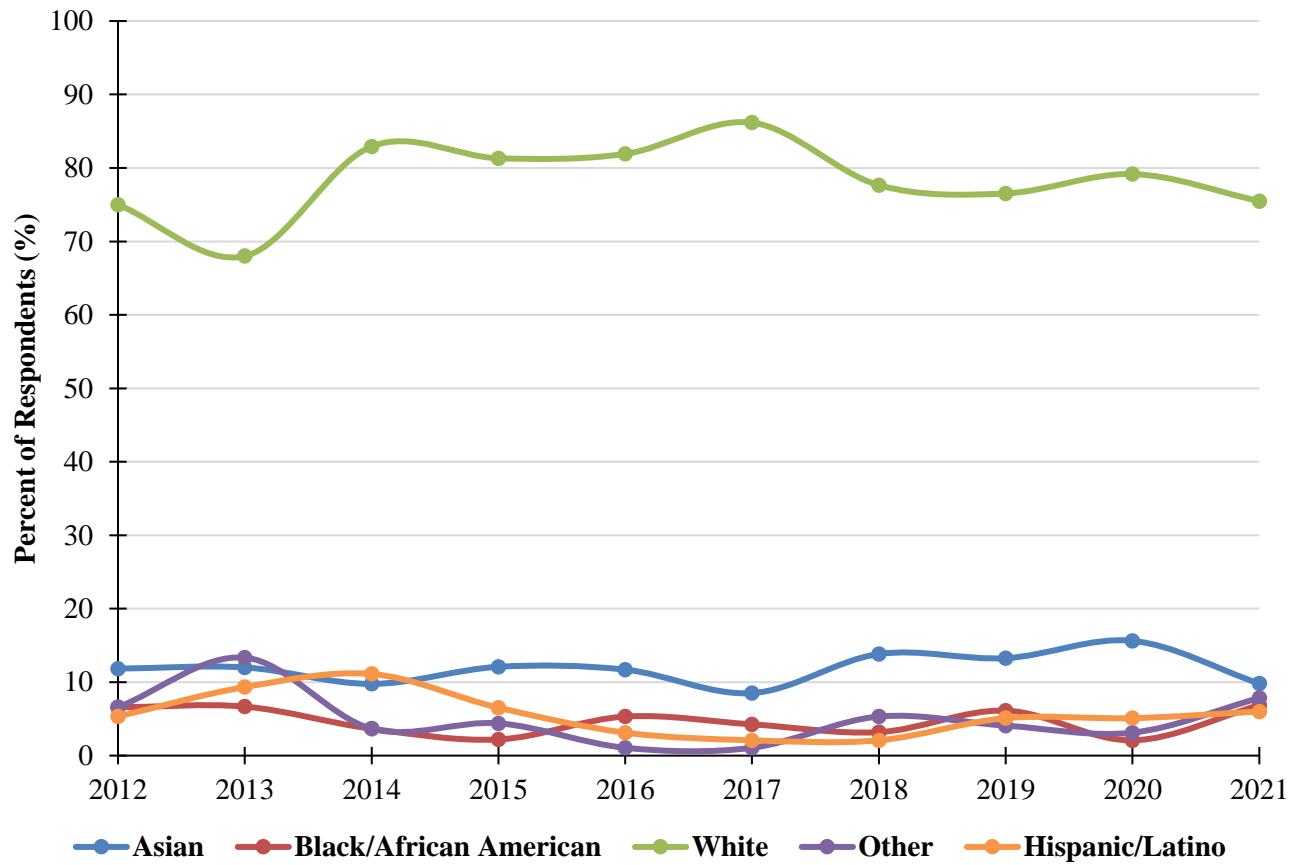


Figure 6.3 shows trends among the Indiana family medicine survey respondents' and their racial and ethnic distributions from 2012 to 2021. A fairly consistent trend was noted among all respondents for the racial and ethnic groups.

**Figure 6.4: Trends showing Where the Respondents were Coming From, 2012-2021**

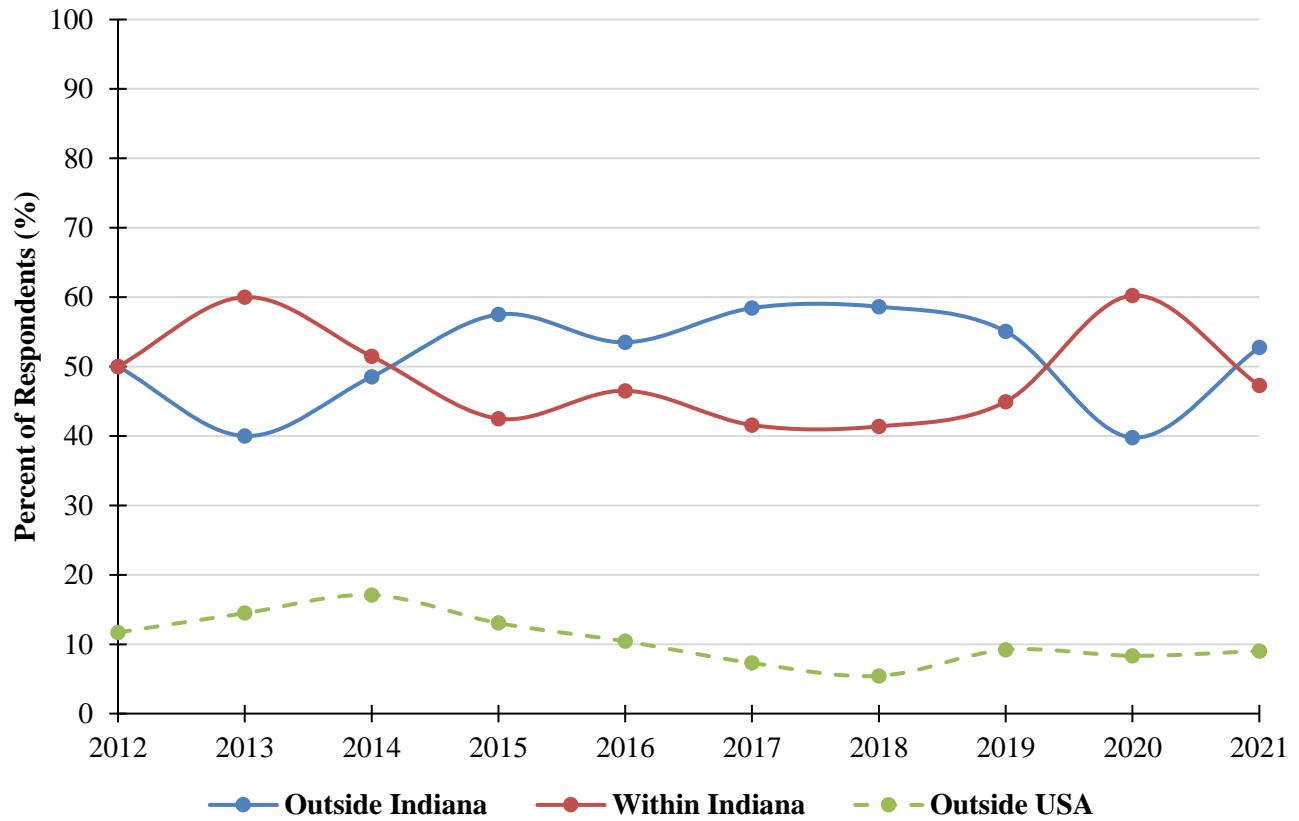


Figure 6.4 shows trends among the Indiana family medicine survey respondents' and where they came from between 2012 and 2021.

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

**Figure 6.5: Trends showing Individual Educational Debt, 2012-2021**

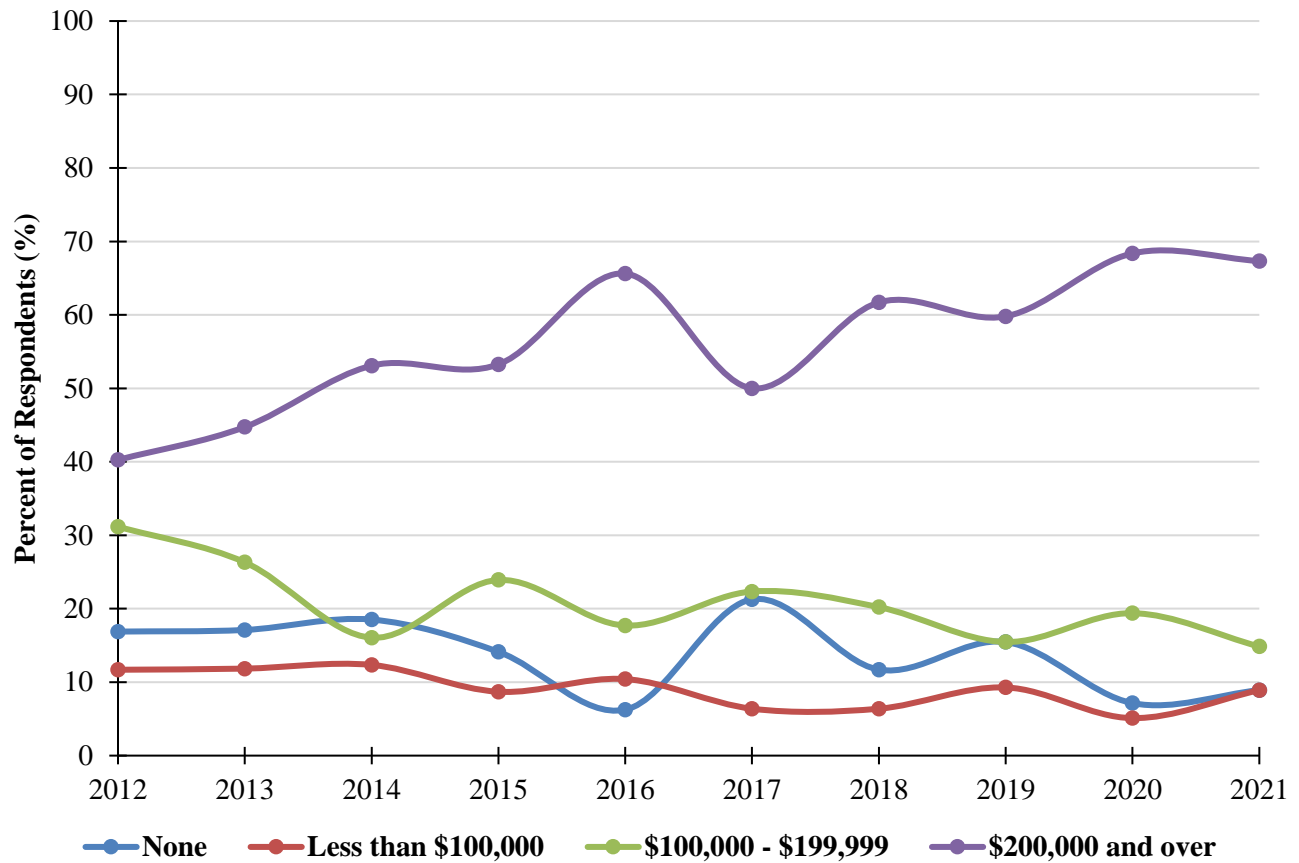


Figure 6.5 shows trends among the Indiana family medicine survey respondents' and their current level of educational debt from 2012 to 2021.

An increasing trend was noted among respondents with an individual educational debt load of “\$200,000 or more” (40% in 2012 to 67% in 2021). A declining trend was noted among respondents with an individual educational debt load between \$100,000 and \$199,999 (31% in 2012 to 15% in 2021).

**Figure 6.6: Trends showing Quality of the Program, 2012-2021**

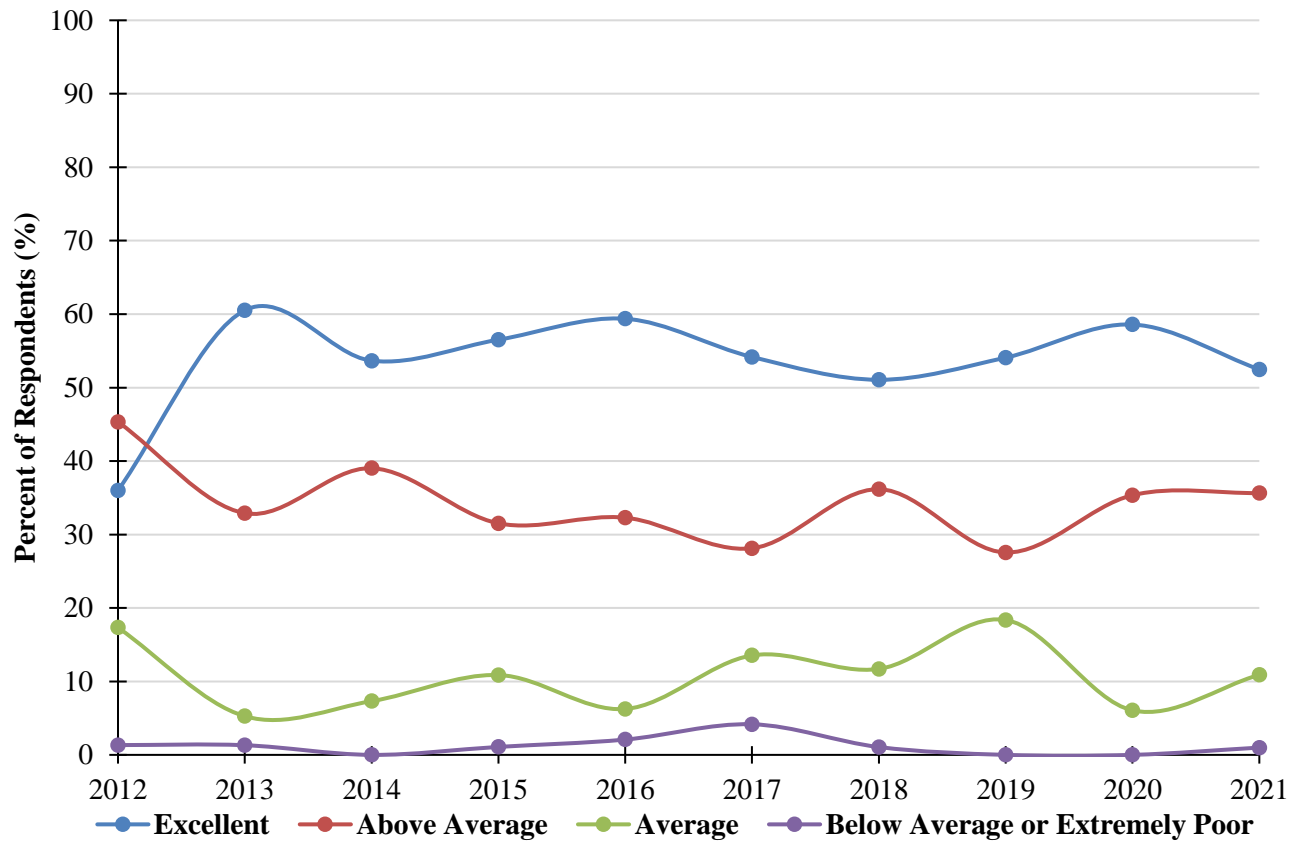


Figure 6.6 shows trends among the Indiana family medicine survey respondents’ overall rating of the quality of their training program from 2012 to 2021.

An increasing trend was noted among respondents who rated the quality of their program as “excellent” (36% in 2012 to 53% in 2021). A declining trend was noted among respondents who rated the quality of the program as “above average” (45% in 2012 to 36% in 2021) and “average” (17% in 2012 to 11% in 2021). Trends have remained fairly constant for the remaining category.



**Figure 6.7: Trends showing Overall Performance of Faculty, 2012-2021**

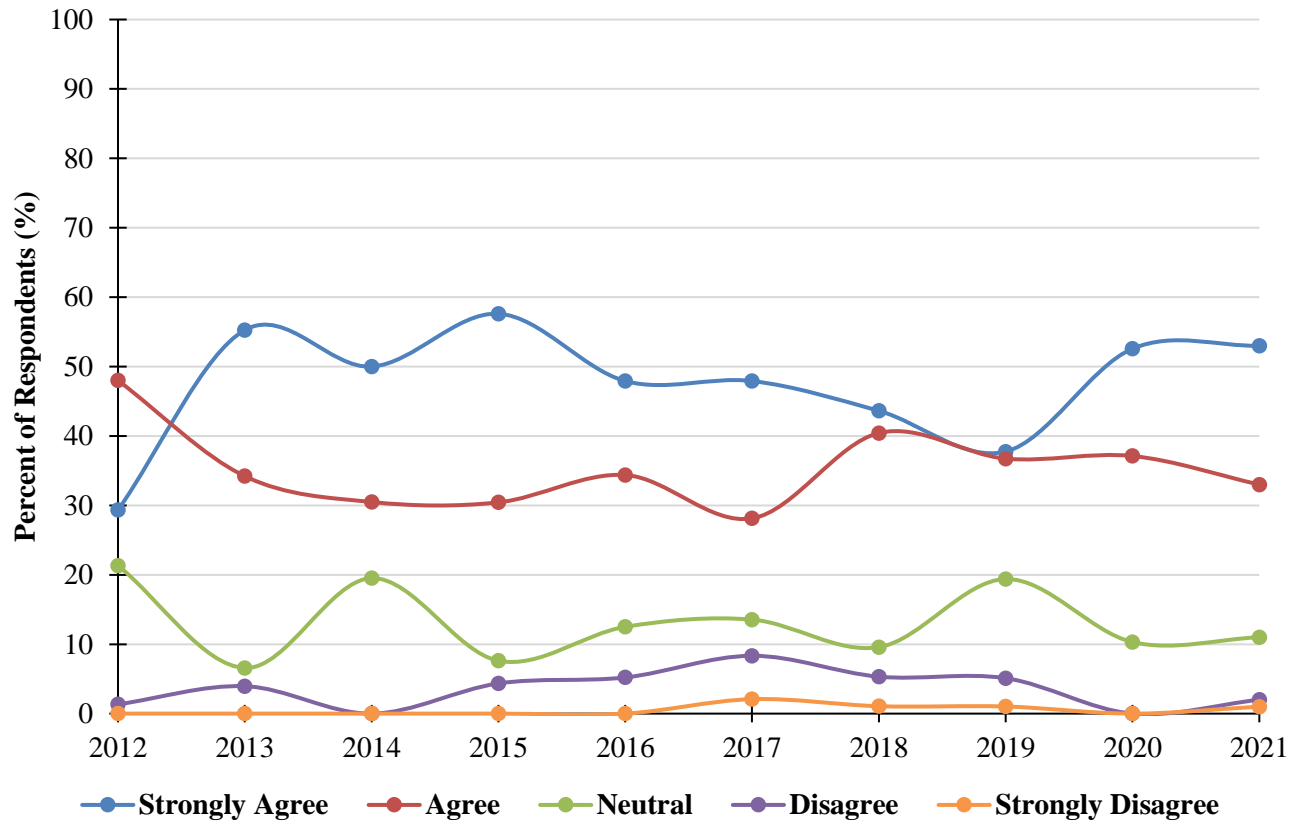


Figure 6.7 shows trends among the Indiana family medicine survey respondents' overall assessment of performance of faculty in their training program from 2012 to 2021.

An increasing trend was noted among respondents who indicated they “strongly agree” that the overall performance of faculty in their training program had exceeded their expectations (29% in 2012 to 53% in 2021). A declining trend was noted among respondents who indicated they “agree” that the overall performance of faculty in their training program had exceeded their expectations (48% in 2012 to 33% in 2021). Trends have remained fairly constant for the remaining categories.

**Figure 6.8: Trends showing Overall Performance of Peers, 2012-2021**

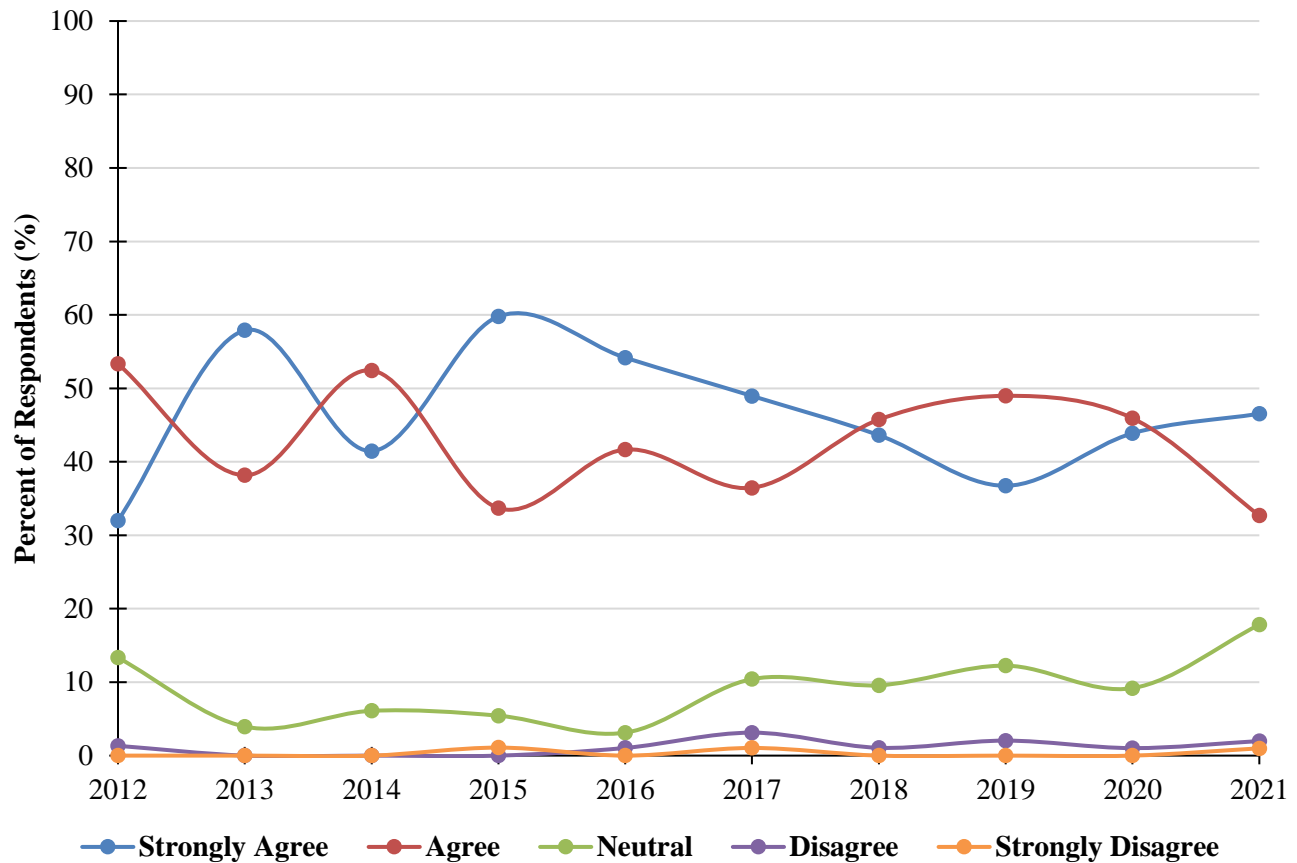


Figure 6.8 shows trends among the Indiana family medicine survey respondents' overall assessment of performance of other residents or fellows in their training program from 2012 to 2021.

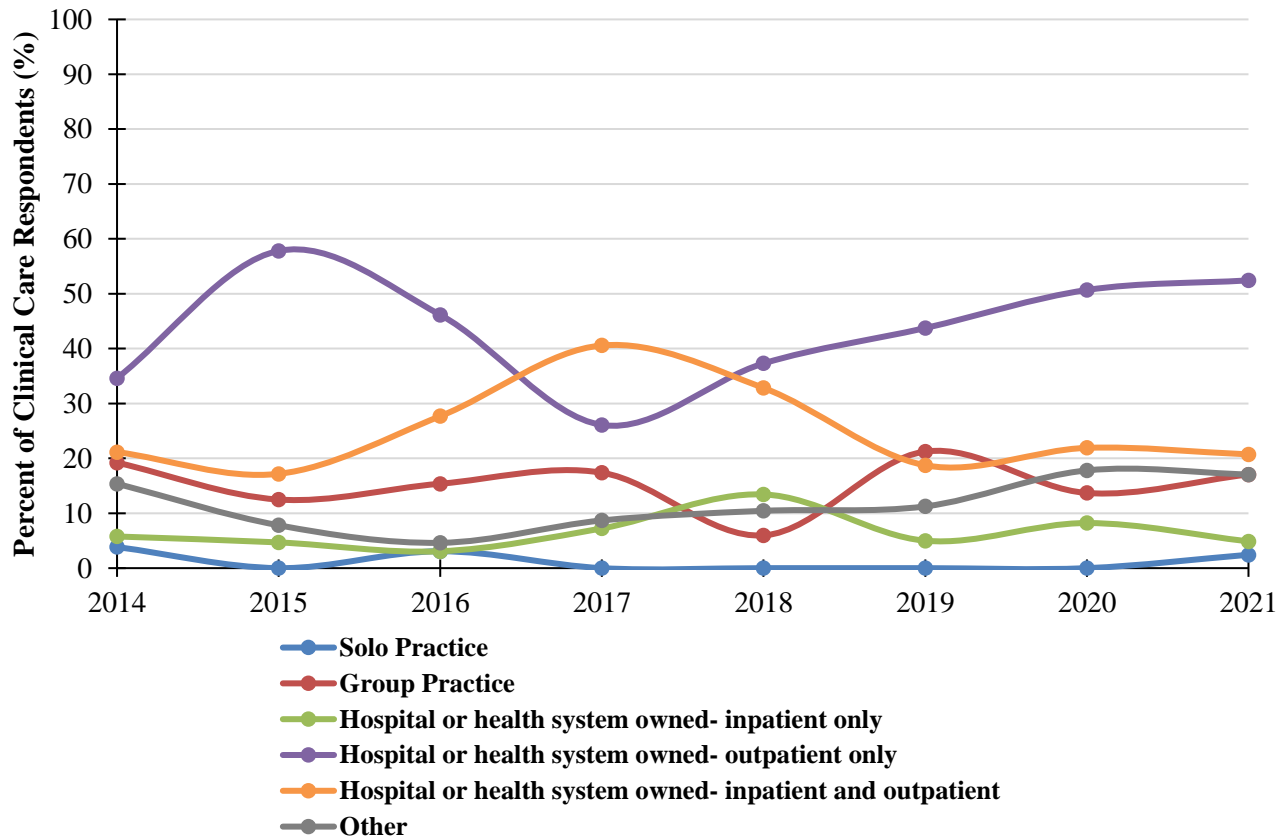
An increasing trend was noted among respondents who indicated they “strongly agree” that the overall performance of other residents or fellows in their training program had exceeded their expectations (32% in 2012 to 47% in 2021). A declining trend was noted among respondents who indicated they “agree” that the overall performance of other residents or fellows in their training program had exceeded their expectations (53% in 2012 to 33% in 2021). A fairly consistent trend was noted among all respondents for their overall assessment of performance of other residents or fellows in their training program.

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

## Respondents going into patient care or clinical practice

### Practice Characteristics

**Figure 6.9: Trends showing Principal Type of Patient Care Practice Setting, 2014-2021\***



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

Figure 6.9 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 2021.

An increasing trend was noted among respondents going into a “hospital or health system owned – outpatient only” facility (35% in 2014 to 52% in 2021). Trends have remained fairly constant for the remaining categories.

**Figure 6.10: Trends showing Primary Location after Training, 2012-2021**

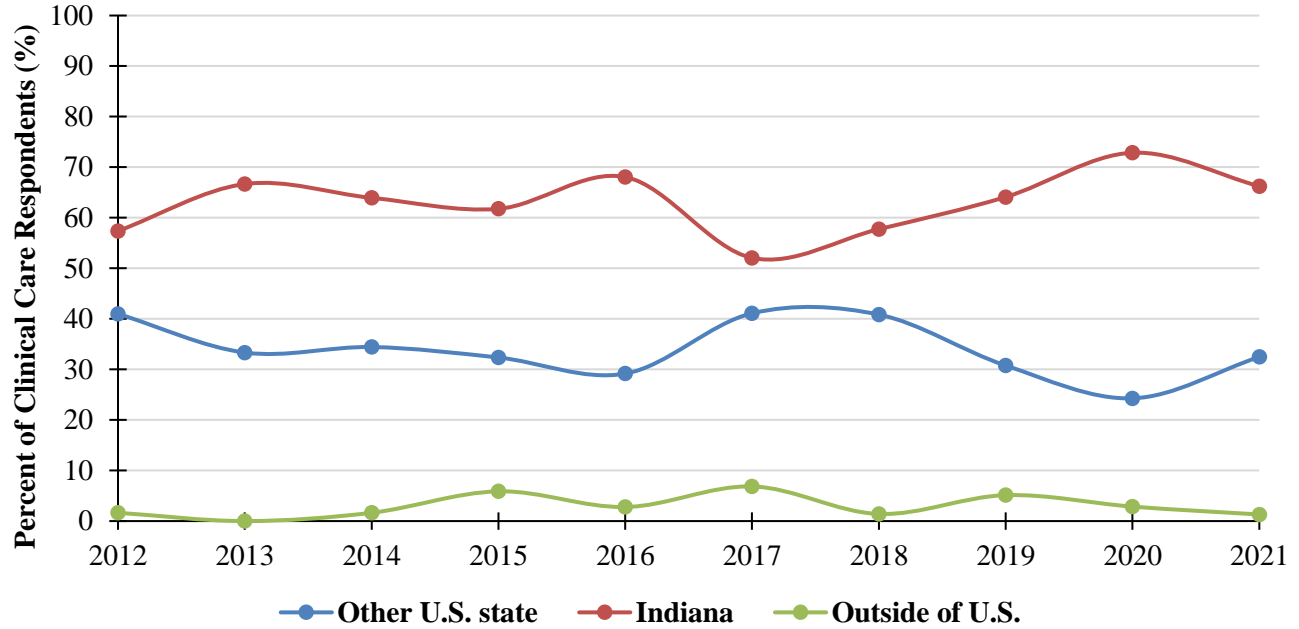
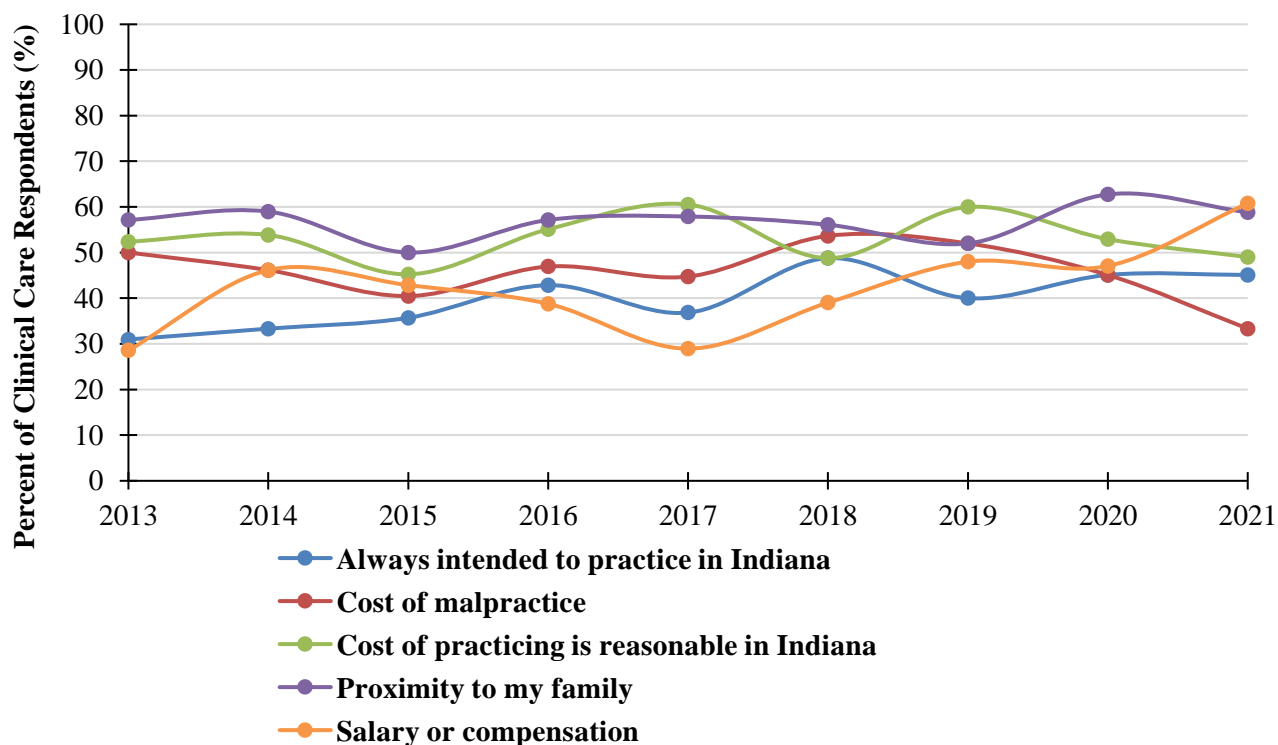


Figure 6.10 shows trends among the Indiana family medicine survey respondents’ primary location after completing their current training program from 2012 to 2021.

An increasing trend was noted among respondents who indicated their primary practice location was within Indiana (57% in 2012 to 66% in 2021). A declining trend was noted among respondents who indicated their primary practice location was another U.S. state (41% in 2012 to 33% in 2021).

**Figure 6.11: Trends showing Main Reasons to Practice in Indiana, 2013-2021\***

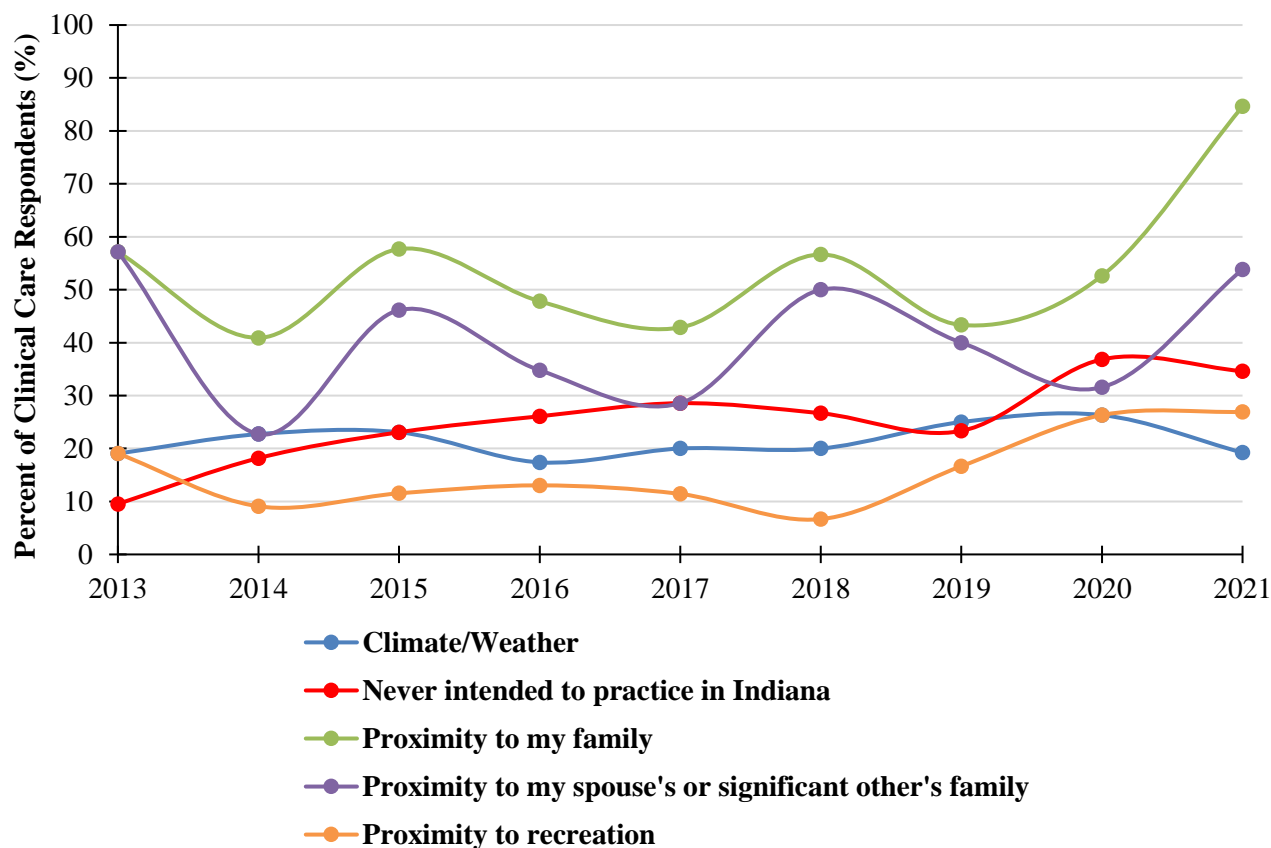


\*Response categories differed in the 2012 Indiana family medicine residencies exit survey and were thus excluded from analysis.

Figure 6.11 shows trends among respondents and the top reasons they chose to practice in Indiana from 2013 to 2021. 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 45% in 2021) and “salary or compensation” (29% in 2013 to 61% in 2021). A declining trend was noted among respondents who indicated the main reason they chose to practice in Indiana was because of “cost of malpractice” (50% in 2013 to 33% in 2021). Trends have remained fairly constant for the remaining categories.

**Figure 6.12: Trends showing Main Reasons Not to Practice in Indiana, 2013-2021\***



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

Figure 6.12 shows trends among the Indiana family medicine survey respondents' and the top reasons they chose not to practice in Indiana from 2013 to 2021. Only those respondents who intended to practice outside Indiana were included in the analysis.

An increasing trend was noted among respondents who indicated the main reason they chose to practice outside the state was because of “proximity to my family” (57% in 2013 to 85% in 2021), “proximity to recreation” (19% in 2013 to 27% in 2021), and “never intended to practice in Indiana” (10% in 2013 to 35% in 2021). Trends have remained fairly constant for the remaining categories.

# Chapter 7: Open-ended Comments from Survey Respondents, 2021

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Two-open ended questions have been asked on the *2021 Indiana Family Medicine Residencies Exit Survey*<sup>®</sup>. These questions asked for suggestions to improve the program and new ideas for the residency curriculum. Responses to the two questions have been summarized into broad categories as shown below.

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## Respondents' suggestions for improving the program

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### Didactics

- Please involve residents more when large decisions are made that affect rotation planning. I agree that additional clinics needed to be added but forcing 3rd year residents to abandon planned rotations to add extra clinics with 2 months of residency left (without making us aware this was even a possibility) was very frustrating.
- More education from outpatient faculty.
- More lectures or discussions on inpatient by faculty. outpatient: scheduled mandatory morning lectures or discussions by faculty.
- Continue with quality improvement in the clinic, I think that even small changes and improvements show how innovative our residency can be.
- Improve ability to recognize and manage struggling/failing residents.
- Continue to work on didactic program.

### Training

- Increase chart review and feedback
- More diversity and inclusiveness training. Continue the great work on wellness programming for residents.
- More administrative time.
- More outpatient.
- Continue to train in the full-spectrum, supportive, and autonomous manner that we are historically known for.
- More outpatient procedures.
- Better dedicated inpatient space for residents.

## Faculty involvement

- Better recruitment from Indiana hospital systems.
- Hire competent scheduling staff, more teaching on inpatient by staff, do not be afraid to fail interns that can't meet program requirements on inpatient (bigger issue later), establish clear pregnancy policy.
- There needs to be a change in the leadership. The program director does not have adequate level of experience or training to direct a residency program. Majority of the faculty are also recent graduate and do not possess the skillset or knowledge to adequately contribute to overall learning. Furthermore, there exists many biases and preferential treatment of certain residents, particularly those who are Caucasian ethnicities. There needs to be further transparency when it comes to how decisions are being made and the collective voices of the residents should be taken into consideration. Current program director along with many of the faculty are very dismissive of resident concerns.
- The GME office needs to perform site visits semi annually and meet with residents who are completing residency in satellite campus. At IU Arnett We never felt to be part of the IU School of medicine + More female core faculty members + preferential treatment was a big issue in my program initially, but the program has found ways to reduce that during the last few months, however, since one of our faculty members (belongs to a minority group) is leaving, I am worried preferential treatment would once again become a big issue + become more inclusive in representing all residents in advertisement instead of choosing the same residents to represent the program based on personal similarity to faculty or other reasons (example of preferential treatment) + PEC committee members were hand picked every year in our residency, which was very unfortunate and did not allow for residents voice to be heard in terms of who should represent them in the PEC committee.
- The funding and support for our residency clinic from Ascension has been subpar to say the least. It is horribly understaffed and under supported. I would not work there if it was not only a 3 year agreement.
- Listen more to residents' feedback on how to improve things. HIRE MORE SUPPORT STAFF.

## Resident wellness

- Bring wellness time and money back.
- Fewer changes. Our program curriculum and schedule has changed every year. Keeping up with frequent change in addition to COVID takes a toll on resident well being and educational quality.



- Stop making mandatory wellness activities or lectures. That is not wellness. Provide wellness time so that residents can do things for them that help with their own wellness (work out, go to the grocery store, get their hair done etc). Everyone’s wellness is different.
- More wellness by get together or more residency connections as we currently have more virtual meetings and less communication between residents outside of work related.
- Suggest considering resident outings for teambuilding and wellness.

## General

- Make decisions based on science.
- Listen more to residents' input.
- My residency was excellent and during Covid I think they did an overall good job.
- Professionalism coaching for a particular attending would be strongly encouraged in order to prevent more unprofessional acts on their part.
- None, this program was everything I hoped it would be. COVID made a few rotations more difficult to get into, but I do not feel this hindered my education.
- The residency should focus on improving diversity.
- Listen to residents, encourage change among faculty based on resident feedback.
- Don't make us do surveys.
- Always to provide a welcoming and supportive learning environment.
- Our program should be more inclusive of all residents instead of being selective.
- Look at our responsibilities as a whole versus individual responsibilities from certain faculty, ex. Nursing home, maternity care, nights.
- Improving feedback mechanisms.
- Redesigning both Resident lounge and clinic office space to provide a more personal touch.
- Increased diversity in the residents and faculty.
- Have a high standard for family medicine residents because our jobs after residency are the most important in health care.

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## Residents’ areas for the new curriculum

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### Didactics

- Increased LGBTQIA competency.
- Can partner with the new addiction fellowship I will be participating it in so offer more robust addiction medicine training for all residents.

- Rotations with nephrology would be helpful.
- Less resident lead didactic sessions. If the attendings sign up to teach, I would expect them to be the primary educators for the residency, not a resident lead didactic lecture.
- Broadening education on men's health and urologic issues.
- No more AIMS. Combining with the hospitalist a was in no way beneficial to the residents (actually harmful since the hospitalists do not provide sign out on patients they admitted and their notes are god awful). And as family medicine we hardly take care of family medicine patients.
- Increased diversity or diversity training/curriculum.
- Allow academic chief more control over didactics topics.
- Take full advantage of elective time versus approximately time equal with clinic.
- I love the ideas of engaging in street medicine and possibly medicine for refugee populations.
- Exercise is Medicine curriculum.
- Currently they are making changes that will be benefiting for the residency program such as a stronger sports medicine and psychology.
- Sports Medicine, OMT clinic.
- Add shelf exams for competency.
- Diversity curriculum.
- In my opinion there has been an excessive amount of the curriculum dedicated to psychological topics where we discuss feelings instead of clinical medicine. I found that I had to do more independent learning because of that. I understand ACGME has requirements about what must be included but I felt it could have been lumped into one singular day instead of many.
- We don't need new areas or concentrations. We need to focus on being great at the basics of primary care.
- More LGBTQ+, MAT learning.

## **Training**

- Pain Management.
- Addiction Medicine.
- Diversity training is completely lacking. We watched a video lecture to "meet requirements" for ACGME survey responses. Residents are not taught cultural competency. Integrate a diversity officer position I to faculty and create quarterly didactics or practice opportunities to learn how to navigate issues of health disparities, cultural differences, etc.
- more in depth billing and documentation courses for outpatient/inpatient to maximize reimbursements.

- Consistently gage work load and balance work load with teaching, incorporate increased procedural training.
- More outpatient.
- Financial advising for debt.

### **Faculty involvement**

- Decrease census on inpatient rotations or have more residents on our service. IM acme requirement is a cap of 15 patients for a team of 2 interns and 1 senior.
- Need experienced faculty with 10+ years of experience in clinical practice to adequately teach.

### **General**

- More on diversity.
- Don't make us do surveys.
- Promotion in participation in GME councils. Promotion in participation in research. Thank you!
- I have been very satisfied. Would say continue to evaluate and reevaluate what we already do for better ways to do it.

Hospital Code \_\_\_ \_ \_

**Indiana Medical Education Board**  
**2021 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.

Name  
First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

What campus do you belong to?

- Community Hospital East FM Residency at CHN
- Community South Osteopathic FM Residency at CHN
- Deaconess Family Medicine Residency
- Fort Wayne Medical Education
- Franciscan Health Indianapolis Family Medicine Residency
- IU Health Ball Memorial Hospital
- IU Methodist Family Medicine Residency
- IUSM Arnett Family Medicine Residency
- Memorial Hospital of South Bend
- Reid Health
- St. Joseph Health System
- St. Vincent Family Medicine Residency
- Union Hospital Family Medicine Residency

**DEMOGRAPHIC CHARACTERISTICS:**

1. Birth Year: \_\_\_\_\_

2. Gender:

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

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

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

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

- Yes
- No

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.

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

- Doctor of Medicine
- Doctor of Osteopathic Medicine

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

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

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

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

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

- First generation 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

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

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

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

- Yes
- No

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

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

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

Name of facility: \_\_\_\_\_

Street address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

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

**PRACTICE CHARACTERISTICS:**

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

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

14. When did you accept a position?

- 6 months ago
- 1 year ago
- 2 years ago
- Haven't accepted one yet

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
- Cost of malpractice
- Cost of practicing is reasonable in Indiana
- Inclusive and diverse work environment
- More jobs or practice opportunities in Indiana
- Opportunity for my spouse or significant other
- Proximity to my family
- Proximity to my spouse's or significant other's family
- Proximity to recreation
- Relationship with my mentor
- Rotation experience
- Salary or compensation
- Weather
- Other (please specify): \_\_\_\_\_

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

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

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

- Yes
- No

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

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

PROGRAM ASSESSMENT:

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

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

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

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

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

CLINICAL LEARNING ENVIRONMENT:

22. In your residency program, did you:	<u>Yes</u>	<u>No</u>
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"/>
f. Participate in a health care disparities initiative?	<input type="checkbox"/>	<input type="checkbox"/>

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

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



PROGRAM QUALITY:

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

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

24a. 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

24b. I would rate the overall performance of the other residents in my Family Medicine residency program to have exceeded my expectations.

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

WELLNESS:

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

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

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

27. I would rate my overall wellness as:

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

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

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

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***Q29 is the last question! Thank you for completing the 2021 Indiana Family Medicine Residencies Exit Survey!***

## Appendix B: Survey Response Rates, 2012-2021

Residency Program	Distribution and Completion of <i>Indiana Family Medicine Residencies Exit Survey</i> ®																			
	2012		2013		2014		2015		2016		2017		2018		2019		2020		2021	
	Distr.	Comp	Distr.	Comp	Distr.	Comp	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	9	9	9	9	10	10
Community South Osteopathic FM Residency	1	1	2	2	4	4	4	4	4	4	4	4	4	4	4	4	3	3	4	3
Deaconess Family Medicine Residency	5	5	6	6	6	6	6	6	6	6	8	8	7	7	7	7	8	8	7	7
Ft Wayne Medical Education Program	10	9	10	10	10	10	10	10	10	10	10	10	10	10	10	10	12	12	12	12
Franciscan Health	6	6	6	6	7	7	7	7	7	7	8	8	8	8	7	7	8	5	7	4
IU Health Ball Memorial Hospital	8	8	7	7	8	8	8	8	10	10	10	10	10	10	10	10	10	10	10	10
IU Methodist Family Medicine Residency	10	10	10	10	11	11	14	14	14	14	13	13	13	13	13	13	13	13	14	14
IUSM Arnett Family Medicine Residency	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	5	5
Memorial Hospital of South Bend	8	8	8	8	6	6	10	10	9	9	9	9	8	8	9	9	9	9	9	9
Reid Health	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	4	4	3	3	6	5	6	5
St. Joseph Regional Medical Center	7	7	8	8	8	8	9	9	9	9	9	9	8	8	9	9	9	9	9	9
St. Vincent Family Medicine Residency	10	10	8	8	7	7	9	9	10	10	9	9	6	6	10	10	9	9	9	7
Union Hospital	6	6	5	5	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7
<b>Total</b>	<b>78</b>	<b>77</b>	<b>76</b>	<b>76</b>	<b>82</b>	<b>82</b>	<b>92</b>	<b>92</b>	<b>96</b>	<b>96</b>	<b>96</b>	<b>96</b>	<b>94</b>	<b>94</b>	<b>98</b>	<b>98</b>	<b>103</b>	<b>99</b>	<b>109</b>	<b>102</b>
<b>Response Rate</b>	<b>98.70%</b>		<b>100.00%</b>		<b>100.00%</b>		<b>100.00%</b>		<b>100.00%</b>		<b>100.00%</b>		<b>100.00%</b>		<b>100.00%</b>		<b>96.12%</b>		<b>93.58%</b>	