

2022 Indiana Family Medicine Residencies Exit Survey Report

Indiana Medical Education Board

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INDIANA UNIVERSITY

SCHOOL OF MEDICINE

Office of Educational Affairs

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Key Takeaway Points for 2022

For all respondents

- 13 family medicine residency programs
- 109 third-year residents invited to participate; 98 participated (90% response rate)
- 50% female
- 79% White; 13% Asian; 7% Black/African American
- 51% from Indiana
- 63% MDs; 37% DOs
- 67% debt load \geq \$200K
- 94% residency program was helpful in preparing for boards
- 85% quality of training program was “excellent” or “above average”
- 86% strongly agree/agree performance of faculty *and* other residents exceeded expectations
- 71% received training to serve rural population; 68% felt fully competent providing care
- 97% received training for underserved population; 89% felt fully competent providing care

For those going into practice

- 58% planned to practice within Indiana
 - Main reasons for choosing a practice location in Indiana:
 - inclusive and diverse work environment
 - proximity to my spouse’s or significant other’s family
 - cost of practicing is reasonable in Indiana
- 42% intended to practice outside Indiana
 - Main reasons for choosing a practice location outside Indiana
 - proximity to my spouse’s or significant other’s family
 - proximity to recreation
 - climate/weather

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 in 2021, another new program (IUSM Arnett) was added. Data were collected from thirteen programs statewide.

The *2022 Indiana Family Medicine Residencies Exit Survey*[®] marks the 11th 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 2022. 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 2022, 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 *2022 Indiana Family Medicine Residencies Exit Survey*[®]. Of those residents, all 98 responded to the survey, thereby yielding a 89.9 percent response rate.

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

Results

Demographics: Two-thirds of the respondents were between the ages of 30 and 34 years. One-half were female and about four-fifths were white. Five percent of the respondents were of Hispanic or Latinx ethnicity. Five percent of the respondents were from another country. Of the majority of respondents who indicated they were from United States, one-half were from Indiana. About two-fifths graduated from a high school or college in Indiana and about one-half reported graduating from the Indiana University School of Medicine or Marian University College of Osteopathic Medicine. Over one-third 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. Two-thirds reported having a total household educational debt load of \$200,000 or more. Over 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. Almost all respondents felt “fully” competent in the following ACGME competencies: patient care, interpersonal and communication skills, and in professionalism. Over two-thirds had received training to serve the rural populations and almost all had received training to serve the underserved populations. Over two-thirds of the respondents felt “fully” competent in providing care to the rural populations and a majority felt “fully” competent in providing care to the underserved populations. All respondents indicated they were part of a multi-disciplinary inter-professional team. Almost all respondents indicated they were able to participate in a quality improvement project, had the opportunity to serve on a committee or council, and had the opportunity to participate in a cultural competency or diversity training. Over four-fifths of the respondents indicated they participated in a patient safety project and in a health care disparities initiative. 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 two-thirds “strongly agree” or “agree” their personal and professional lives were well balanced and over one-half “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 one-half 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 about one-fifth who planned to enter a fellowship. A majority of the respondents reported entering a “hospital or health system owned” setting (i.e., inpatient only, outpatient only, and both inpatient *and* outpatient). One-tenth indicated they had an obligation or visa requirement to work in a designated HPSA or MUA after completing their training. One-half of the respondents accepted an employment position 6 months prior to responding to this survey. If offered a position in Indiana, two-fifths 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 three-fifths of the respondents planned to practice within Indiana and over two-fifths intended to practice outside Indiana.

Main reasons for choosing a practice location:

- The main reasons given to practice within Indiana were inclusive and diverse work environment, proximity to my spouse's or significant other's family, and cost of practicing is reasonable in Indiana.
- The main reasons given to practice outside Indiana were proximity to my spouse's or significant other's family, proximity to recreation, and climate/weather.

Chi-square test of association for statistical significance

Male respondents appear more likely to:

- Participate in a patient safety project.
- Serve on a committee or council.
- Participate in a health care disparities initiative.

Mapping information

For 2012-2022 respondents:

- A majority of the respondents planned to choose Indiana as their primary location after training, followed by Illinois, Ohio, Kentucky, Iowa, 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, Vanderburgh, Elkhart, Hendricks, and Tippecanoe counties.
- Over one-half of the respondents from Community Hospital East, Fort Wayne Medical Education Program, Franciscan Health Indianapolis, 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, and St. Vincent Hospital reported an Indiana practice location.
- Over one-fourth of the respondents from Community South Osteopathic, Deaconess, Fort Wayne Medical Education Program, IU Health Ball Memorial Hospital, Memorial Hospital of South Bend, Union Hospital, 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 2022 respondents:

- A majority of the respondents planned to choose Indiana as their primary practice location, followed by Illinois and Ohio.
- 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 Arnett Family Medicine Residency, Community Hospital East FM Residency, Franciscan Health Indianapolis FM Residency, and IU Health Ball Memorial Hospital indicated an Indiana hometown.

- Over two-thirds of the respondents from Community Hospital East FM Residency indicated an Indiana practice location.
- Over one-fourth of the respondents from Deaconess, IU Health Ball Memorial Hospital, and Union Hospital reported a practice location in a rural ZIP code.
- Over two-thirds of the respondents from Arnett Family Medicine Residency, Community South Osteopathic, Franciscan Health Indianapolis FM Residency, St Joseph Regional Medical Center, Union Hospital, and Reid Health reported a practice location in an MUA and/or HPSA.

Trends

Increasing trends were noted for respondents who:

- Had an individual educational debt load of “\$200,000 or more” (40% in 2012 to 67% in 2022).
- Rated the quality of their program as “excellent” (36% in 2012 to 48% in 2022).
- “Strongly agree” that the performance of faculty in their training program had exceeded their expectations (29% in 2012 to 51% in 2022).
- Were going into a “hospital or health system owned – outpatient only” facility (35% in 2014 to 47% in 2022).
- Chose to practice in Indiana because they “always intended to practice in Indiana” (31% in 2013 to 50% in 2022), “cost of practicing is reasonable in Indiana” (52% in 2013 to 64% in 2022), “inclusive and diverse work environment” (14% in 2021 to 64% in 2022), and “proximity to my spouse's or significant other's family” (48% in 2013 to 62% in 2022).
- Chose to practice outside Indiana because of “climate/weather” (19% in 2013 to 33% in 2022), “cost of malpractice” (0% in 2013 to 20% in 2022), “no opportunity for my spouse or significant other” (10% in 2013 to 30% in 2022), and “proximity to recreation” (19% in 2013 to 47% in 2022).

Decreasing trends were noted for respondents who:

- Had an individual educational debt load “between \$100,000 and \$199,999” (31% in 2012 to 10% in 2022).
- Rated the quality of the program as “above average” (45% in 2012 to 37% in 2022).
- “Agree” that the performance of faculty in their training program had exceeded their expectations (48% in 2012 to 37% in 2022).
- Were going into a “group practice” (19% in 2014 to 5% in 2022).

Chapter 1: Introduction

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

The *2022 Indiana Family Medicine Residencies Exit Survey*[®] marks the 11th 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 *2022 Indiana Family Medicine Residencies Exit Survey*[®]. Chapter 4 summarizes responses showing gender comparisons. Chapter 5 shows maps that track where the residents are going after completing their training (both within U.S. as well as in Indiana). Chapter 6 shows trends over the past ten years when the survey was administered. And lastly, Chapter 7 shows the comments made by survey respondents to a couple open-ended questions regarding suggestions to improve the program as well as recommending new ideas for the residency curriculum. Appendix A includes a copy of the *2022 Indiana Family Medicine Residencies Exit Survey*[®] and Appendix B shows a table with the response tally for each family medicine residency program location from 2012 to 2022.

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

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

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

Chapter 2: Methods

The *2022 Indiana Family Medicine Residencies Exit Survey*[®] is a group-administered survey that measures the respondents' plans after graduation, where they intend to practice, and why they chose that location. In addition, the survey has questions on the number of employment offers received and an assessment of their training program. A copy of the *2022 Indiana Family Medicine Residencies Exit Survey*[®] is included in **Appendix A**.

Prior to data collection, the Principal Investigator (PI) obtained an exempt approval from the Indiana University Institutional Review Board in February 2022. In Spring (April and May) 2022, the cross-sectional online survey was administered to all final-year residents in the thirteen family medicine residency programs within the state.⁴

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

In the 2022 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, 98 residents responded to the surveys, thereby yielding a 89.9 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.

⁴ 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 2022 Indiana Family Medicine Residencies Exit Survey[©]

This chapter shows responses to questions asked on the *2022 Indiana Family Medicine Residencies Exit Survey*[©]. The chapter has been further sub-divided into four broad areas: demographic characteristics, educational debt load, program assessment, and practice characteristics. The data shown in tables 3.1 to 3.23 and figures 3.1 to 3.2 are based on responses from all 98 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=76);
- intended to practice in Indiana (n=42); and,
- intended to practice outside Indiana (n=30).

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

All Respondents [n=98]

I. Demographic Characteristics (n=98)

Age

Table 3.1	All FM Respondents	
	2022 (n=98)	
Age	#	%
25-29	11	13.3
30-34	56	67.5
35-39	15	18.1
40-44	1	1.2
45 and over	0	0.0
Total	83	100.0
Missing	15	

Table 3.1 shows the age distribution of all Indiana family medicine survey respondents. Two-thirds (68%) of the respondents indicated they were between the ages of 30 and 34 years. The 11-year average was 63 percent.

Gender

Table 3.2	All FM Respondents	
	2022 (n=98)	
Gender	#	%
Male	49	50.5
Female	48	49.5
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
Total	97	100.0
Missing	1	

**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. One-half (50%) of the respondents indicated they were female. The 11-year average was 44 percent.

Race

Table 3.3	All FM Respondents	
	2022 (n=98)	
Which of the following describes your race? Please mark ALL that apply.	#	%
American Indian/Alaskan Native	0	0.0
Asian	12	12.9
Black/African American	6	6.5
Native Hawaiian/Pacific Islander	0	0.0
White	73	78.5
Other	1	1.1
Biracial*	1	1.1
Total	93	100.0
Missing	5	

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

Table 3.3 shows the racial distribution of all Indiana family medicine survey respondents. About four-fifths (79%) of the respondents indicated they were white, followed by 13 percent of the respondents who indicated they were Asian. The 11-year average was 78 percent and 12 percent for white and Asian respondents, respectively.

Ethnicity

Table 3.4	All FM Respondents	
	2022 (n=98)	
Do you consider yourself Hispanic or Latino?	#	%
Yes, Hispanic/Latino	5	5.4
No, not Hispanic/Latino	87	94.6
Total	92	100.0
Missing	6	

Table 3.4 shows the ethnicity of all Indiana family medicine survey respondents. Five percent of the respondents indicated a Hispanic or Latino ethnicity. The 11-year average was 6 percent.

Respondents Coming From

Table 3.5	All FM Respondents	
	2022 (n=98)	
Where are the respondents coming from?	#	%
Outside USA	5	5.4
Within USA	87	94.6
<i>Outside Indiana</i>	43	49.4
<i>Within Indiana</i>	44	50.6
Total	92	100.0
Missing	6	

Table 3.5 shows where the Indiana family medicine survey respondents were coming from. Five percent of the respondents indicated they were from another country. A majority (95%) of the respondents indicated they were from United States. Of those 87 respondents who indicated they were from United States, one-half (51%) were from Indiana. The 11-year average was 49 percent.

Respondents who have an Indiana Connection

Table 3.6	All FM Respondents	
	2022 (n=98)	
Respondents who have an Indiana connection...	#	%
High school	42	42.9
College	39	39.8
Medical School	39	39.8
<i>IUSM</i>	19	48.7
<i>MUCOM</i>	20	51.3

Table 3.6 shows the Indiana family medicine survey respondents' who graduated from a high school, college, or medical school in Indiana. About two-fifths of the respondents indicated they had graduated from a high school (43%) or college (40%) in Indiana. The 11-year average was 38 percent. About one-half (50%) of the respondents reported graduating from the Indiana University School of Medicine (IUSM) or Marian University College of Osteopathic Medicine (MUCOM). The 11-year average was 28 percent.

Type of Medical Degree

Table 3.7	All FM Respondents	
	2022 (n=98)	
Do you have an M.D. or D.O. degree?*	#	%
Doctor of Medicine	60	63.2
Doctor of Osteopathic Medicine	35	36.8
Total	95	100.0
Missing	3	

*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 one-third (37%) of the respondents reported having received a Doctor of Osteopathic Medicine (D.O.) degree. The 5-year average was 35 percent.

Learner Background

Table 3.8	All FM Respondents	
	2022 (n=98)	
Do you consider yourself? Please mark ALL that apply.	#	%
First generation learner	34	34.7
Learner from a rural area	29	29.6
Economically or educationally disadvantaged	11	11.2
None of the above	42	42.9

*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 (35%) or came from a rural area (30%). One-tenth (11%) of the respondents indicated they came from an economically or educationally disadvantaged background.

II. Educational Debt Load (n=98)

Current Individual Educational Debt

Figure 3.1: Current Individual Educational Debt (n=98)

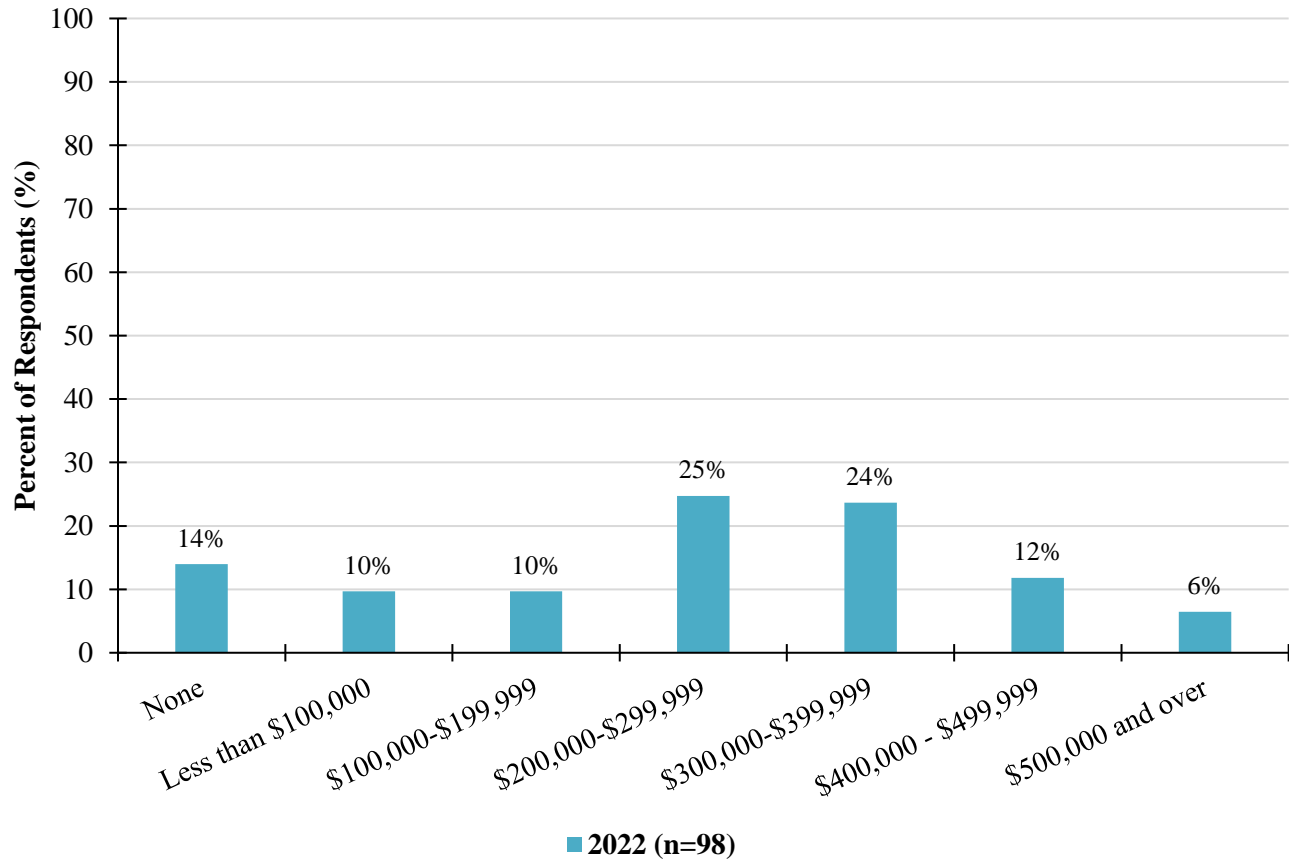


Figure 3.1 presents the current level of individual educational debt among the Indiana family medicine survey respondents. Over one-tenth (14%) of the respondents indicated they had no individual educational debt load. The 11-year average was 14 percent. Two-thirds (67%) of the respondents reported having an individual educational debt load of \$200,000 or more. The 11-year average was 57 percent.

Current Total Household Educational Debt

Figure 3.2: Current Household Educational Debt (n=98)

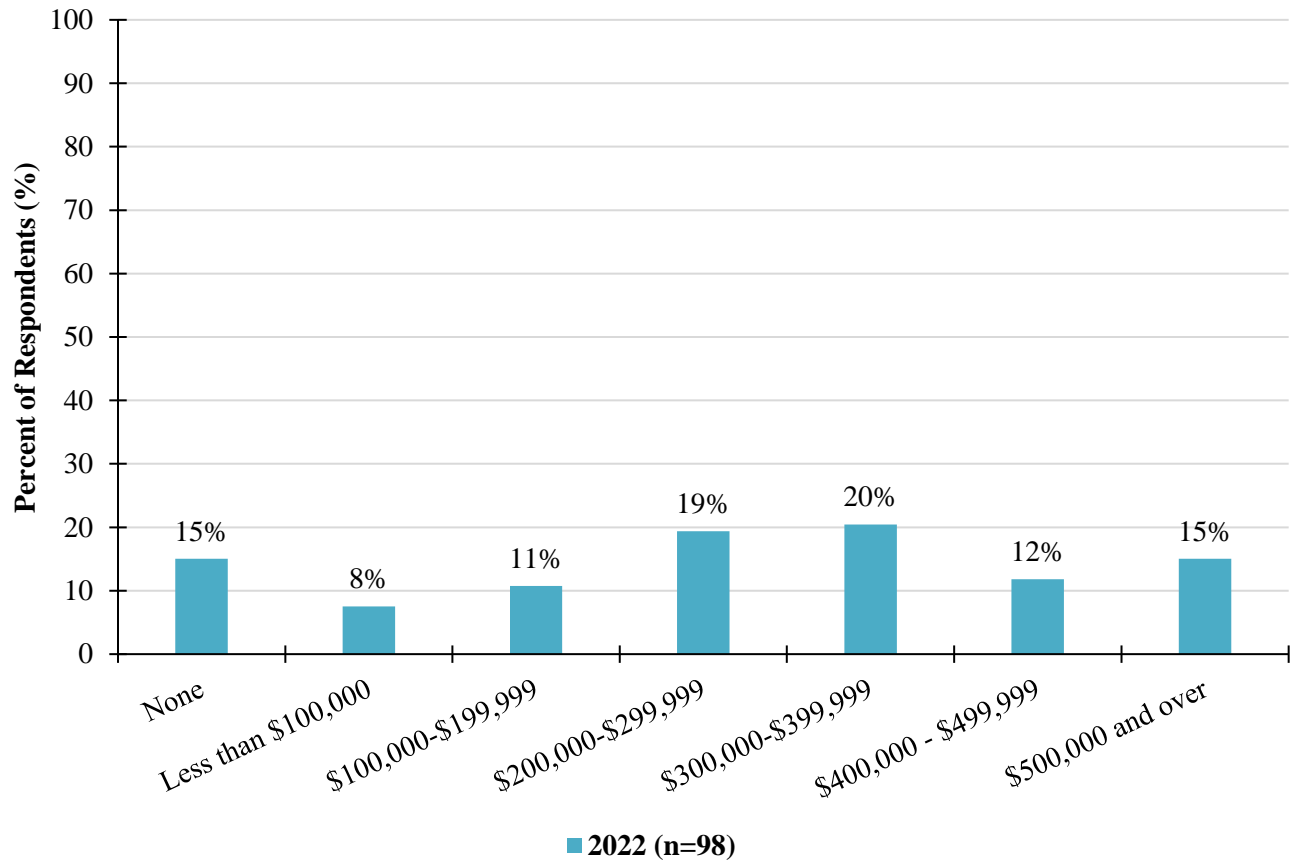


Figure 3.2 presents the current level of total household educational debt among the Indiana family medicine survey respondents. Over one-tenth (15%) of the respondents indicated they had no household educational debt load. The 11-year average was 12 percent. Two-thirds (67%) of the respondents reported having a total household educational debt load of \$200,000 or more. The 11-year average was 62 percent.

III. Program Assessment (n=98)

Training Program

Table 3.9	All FM Respondents	
	2022 (n=98)	
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	43	45.3
Agree	46	48.4
Neutral	5	5.3
Disagree	1	1.1
Strongly Disagree	0	0.0
Total	95	100.0
Missing/ Board Exam in my field does not exist	3	

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 (94%) 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 11-year average was 88 percent.

ACGME Competency Areas

Table 3.10	All FM Respondents					
	2022 (n=98)					
	Fully		Partially		Not at all	
How competent do you feel in the following ACGME competencies?	#	%	#	%	#	%
Patient Care	93	97.9	2	2.1	0	0.0
Medical Knowledge	88	92.6	7	7.4	0	0.0
Practice-based learning and improvement	85	89.5	10	10.5	0	0.0
Interpersonal and communication skills	93	97.9	2	2.1	0	0.0
Professionalism	93	97.9	2	2.1	0	0.0
Systems-based practice	85	89.5	10	10.5	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 (98%), medical knowledge (93%), practice-based learning and improvement (90%), interpersonal and communication skills (98%), professionalism (98%), and systems-based practice (90%). The 11-year average for all six ACGME competencies was 91 percent.

Rural and Underserved Training

Table 3.11	All FM Respondents			
	2022 (n=98)			
	Yes		No	
In your Family Medicine residency program did you <u>receive training</u> to serve the:	#	%	#	%
Rural Population	67	70.5	28	29.5
Underserved Population	92	96.8	3	3.2

Table 3.11 shows whether the Indiana family medicine survey respondents' received training to serve the rural and underserved populations during their training program. Over two-thirds (71%) of the respondents indicated they had received training to serve the rural populations. The 11-year average was 73 percent. Almost all (97%) respondents indicated they had received training to serve the underserved populations. The 11-year average was 98 percent.

Competency in Providing Care to the Rural and Underserved Populations

Table 3.12	All FM Respondents					
	2022 (n=98)					
	Fully		Partially		Not at all	
How competent do you feel providing care to the:	#	%	#	%	#	%
Rural Population	65	68.4	26	27.4	4	4.2
Underserved Population	84	89.4	10	10.6	0	0.0

Table 3.12 shows the Indiana family medicine survey respondents' self-rated competency levels in providing care to the rural and underserved populations. Over two-thirds (68%) of the respondents indicated feeling "fully" competent in providing care to the rural populations. The 11-year average was 65 percent. A majority (89%) of the respondents indicated feeling "fully" competent in providing care to the underserved populations. The 11-year average was 91 percent.

Program Opportunities

Table 3.13	All FM Respondents			
	2022 (n=98)			
	Yes		No	
In your residency program, did you:*	#	%	#	%
Have an opportunity to be part of a multi-disciplinary inter-professional team to provide care?	94	100.0	0	0.0
Participate in a quality improvement project to improve health outcome?	92	98.9	1	1.1
Participate in a patient safety project?	76	80.9	18	19.1
Have an opportunity to serve on a committee or council?	86	91.5	8	8.5
Have an opportunity to participate in a cultural competency or diversity training?	87	92.6	7	7.4
Participate in a health care disparities initiative?***	77	81.9	17	18.1

*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 part of a multidisciplinary interprofessional team. Almost all respondents indicated they were able to participate in a quality improvement project (99%), had the opportunity to serve on a committee or council (92%), and had the opportunity to participate in a cultural competency or diversity training (93%). Over four-fifths of the respondents indicated they participated in a patient safety project (81%) and participated in a health care disparities initiative (82%).

Competency in Communicating during the Hand-Off Process

Table 3.14	All FM Respondents	
	2022 (n=98)	
How competent do you feel in communicating with team members in the hand-off process?*	#	%
Very competent	73	76.8
Competent	22	23.2
Neutral	0	0.0
Incompetent	0	0.0
Very incompetent	0	0.0
Total	95	100.0
Missing	3	

*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. All (100%) respondents indicated they felt "very competent" or "competent" communicating with team members during the hand-off process. The 6-year average was 99 percent.

Quality of Program

Table 3.15	All FM Respondents	
	2022 (n=98)	
I would rate the overall <u>quality</u> of my Family Medicine residency program as:	#	%
Excellent	46	48.4
Above Average	35	36.8
Average	13	13.7
Below Average	1	1.1
Extremely Poor	0	0.0
Total	95	100.0
Missing	3	

Table 3.15 shows the Indiana family medicine survey respondents' overall rating of the quality of their training program. A majority (85%) of the respondents indicated the quality of their training program was "excellent" or "above average". The 11-year average was 88 percent.

Faculty Assessment

Table 3.16	All FM Respondents	
	2022 (n=98)	
I would rate the overall performance of the <u>faculty</u> in my Family Medicine residency program to have exceeded my expectations.	#	%
Strongly Agree	48	50.5
Agree	35	36.8
Neutral	8	8.4
Disagree	4	4.2
Strongly Disagree	0	0.0
Total	95	100.0
Missing	3	

Table 3.16 shows the Indiana family medicine survey respondents' overall performance rating of faculty in their training program. A majority (87%) of the respondents indicated they “strongly agree” or “agree” that the overall performance of faculty in their training program exceeded their expectations. The 11-year average was 83 percent.

Assessment of Peer Residents

Table 3.17	All FM Respondents	
	2022 (n=98)	
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	31	32.6
Agree	49	51.6
Neutral	11	11.6
Disagree	4	4.2
Strongly Disagree	0	0.0
Total	95	100.0
Missing	3	

Table 3.17 shows the Indiana family medicine survey respondents' overall performance rating of other residents in their training program. A majority (84%) 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 11-year average was 89 percent.

Personal and Professional Balance

Table 3.18	All FM Respondents	
	2022 (n=98)	
In the past 3 months of my residency/fellowship training: My personal and professional lives were well-balanced.*	#	%
Strongly Agree	24	25.3
Agree	38	40.0
Neutral	15	15.8
Disagree	17	17.9
Strongly Disagree	1	1.1
Total	95	100.0
Missing	3	

*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 two-thirds (65%) of the respondents indicated they “strongly agree” or “agree” their personal and professional lives were well balanced. The 6-year average was 71 percent.

Burnout from Work

Table 3.19	All FM Respondents	
	2022 (n=98)	
In the past 3 months of my residency/fellowship training: I have felt burned out from my work.*	#	%
Strongly Agree	17	17.9
Agree	34	35.8
Neutral	17	17.9
Disagree	19	20.0
Strongly Disagree	8	8.4
Total	95	100.0
Missing	3	

*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. Over one-half (54%) of the respondents indicated they “strongly agree” or “agree” they felt burned out from work. The 3-year average was 45 percent.

Meaningful Work

Table 3.20	All FM Respondents	
	2022 (n=98)	
In the past 3 months of my residency/fellowship training: I have found my work to be meaningful.*	#	%
Strongly Agree	29	30.5
Agree	49	51.6
Neutral	14	14.7
Disagree	3	3.2
Strongly Disagree	0	0.0
Total	95	100.0
Missing	3	

*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 (82%) of the respondents indicated they "strongly agree" or "agree" they found their work to be meaningful. The 3-year average was 70 percent.

Resources Available

Table 3.21	All FM Respondents	
	2022 (n=98)	
In the past 3 months of my residency/fellowship training: I have had resources readily available to maintain my wellness	#	%
Strongly Agree	37	38.9
Agree	39	41.1
Neutral	17	17.9
Disagree	2	2.1
Strongly Disagree	0	0.0
Total	95	100.0
Missing	3	

*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 (80%) of the respondents indicated they "strongly agree" or "agree" they had readily available resources to maintain their wellness. The 6-year average was 81 percent.

Wellness

Table 3.22	All FM Respondents	
	2022 (n=98)	
I would rate my overall wellness as:*	#	%
Very Good	22	23.2
Good	32	33.7
Fair	0	0.0
Poor	35	36.8
Very Poor	6	6.3
Total	95	100.0
Missing	3	

*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 one-half (57%) of the respondents rated their overall wellness as “very good” or “good”. The 6-year average was 79 percent.

Plans after Graduation

Table 3.23	All FM Respondents	
	2022 (n=98)	
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)	76	80.9
Fellowship or Additional Subspecialty Training	17	18.1
Military	0	0.0
Non-Patient Care-based activities (e.g., research, administration)	0	0.0
Temporarily Out of Medicine	0	0.0
Other	1	1.1
Total	94	100.0
Undecided or Don't know yet/ Missing	4	

*The response options for this question were changed beginning in 2017.

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 about one-fifth (18%) of the respondents who planned to enter a fellowship. The 11-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=76).

IV. Practice Characteristics (n=76)

Primary Practice Location

Table 3.24	Clinical Care Respondents	
	2022 (n=76)	
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	17	23.6
Same region in Indiana, but different city or county	18	25.0
Other area in Indiana	7	9.7
Other U.S. state (not Indiana)	30	41.7
Outside of U.S.	0	0.0
Total	72	100.0
Missing/Undecided	4	

Table 3.24 shows the location of the Indiana family medicine survey respondents' primary activity after completing their current training program. About three-fifths (58%) of the respondents indicated they planned to practice within Indiana after completing their training. Over two-fifths (42%) of the respondents indicated they planned to practice outside Indiana after completing their training. Four respondents were undecided at the time the survey was administered. The 11-year average for respondents planning to practice within Indiana and outside Indiana was 63 percent and 37 percent, respectively.

Type of Practice

Table 3.25	Clinical Care Respondents	
	2022 (n=76)	
Which best describes the principal type of Patient Care Practice you will be entering? Please mark ALL that apply.	#	%
Independently-owned physician practice - Solo	0	0.0
Independently-owned physician practice - Group or Partnership (2 or more persons)	5	6.6
Hospital or health system owned - inpatient only	4	5.3
Hospital or health system owned - outpatient only	47	61.8
Hospital or health system owned - inpatient and outpatient	17	22.4
Urgent care facility	4	5.3
Managed care organization or insurance company	0	0.0
Free-standing health center or clinic (Federal, state, local government or community board led, etc.)	2	2.6
Nursing home or institutional residential facility	0	0.0
Other	4	5.3

**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. A majority (90%) of the respondents reported entering a "hospital or health system owned" setting: inpatient only (5%), outpatient only (62%), and both inpatient *and* outpatient (22%). The 9-year average was 74 percent.

Obligation or Visa Requirement

Table 3.26	Clinical Care Respondents	
	2022 (n=76)	
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	8	10.8
No	66	89.2
Total	74	100.0
Missing	2	

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. One-tenth (11%) of the respondents indicated they had an obligation or visa requirement to work in a designated HPSA or MUA after completing their training. The 11-year average was 13 percent.

Accepted Position

Table 3.27	Clinical Care Respondents	
	2022 (n=76)	
When did you accept a position?*	#	%
6 months ago	38	52.1
1 year ago	20	27.4
2 years ago	6	8.2
Haven't accepted one yet	9	12.3
Total	73	100.0
Missing	3	

*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. One-half (52%) of the respondents accepted an employment position 6 months prior to responding to the survey. The 3-year average was 37 percent.

Indiana Job Offer

Table 3.28	Clinical Care Respondents	
	2022 (n=76)	
If you had been offered a position in Indiana would you have stayed in Indiana?*	#	%
Yes	20	40.8
No	29	59.2
Total	49	100.0
Missing	27	

*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, two-fifths (41%) of the respondents would have stayed in Indiana. The 2-year average was 45 percent.

Expected Gross Income

Figure 3.3: Expected Gross Income (n=76)

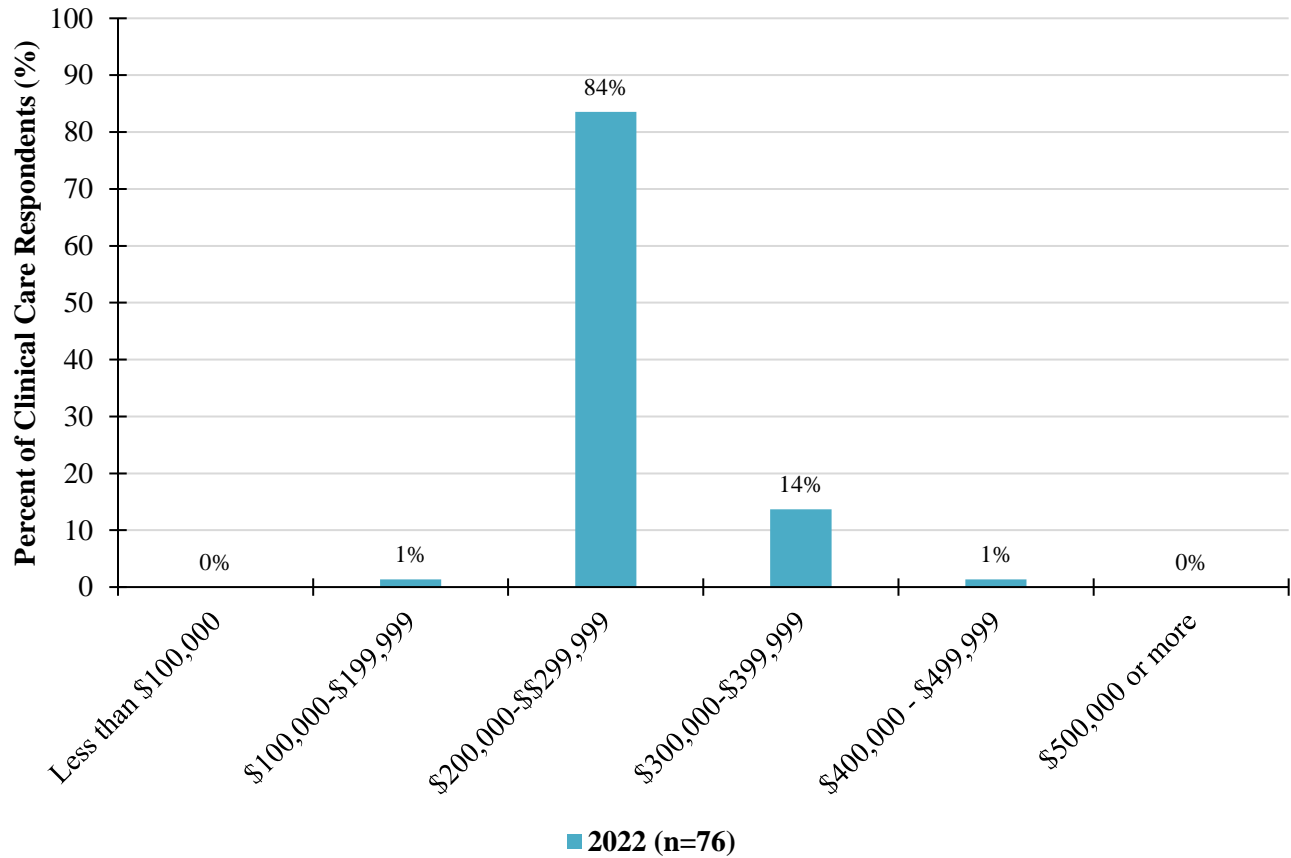
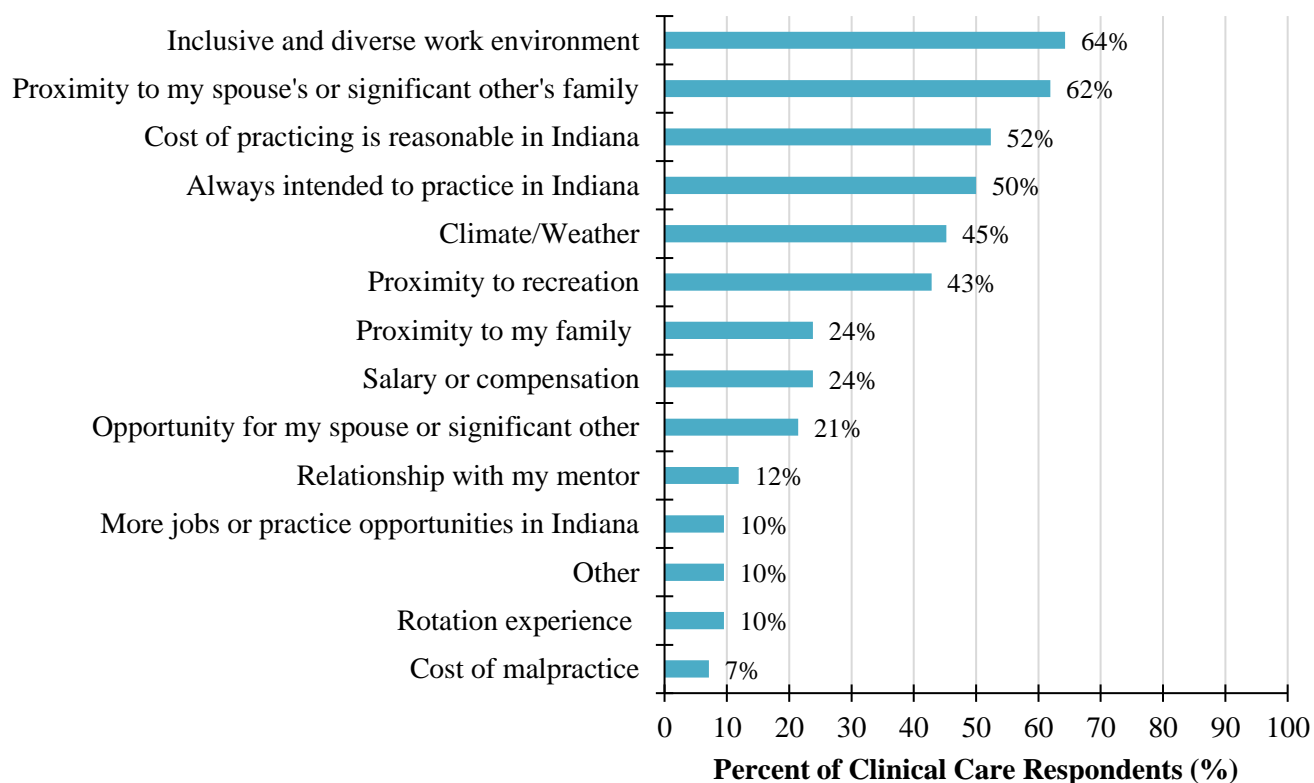


Figure 3.3 presents the gross income (salary plus incentives) that Indiana family medicine survey respondents' expect to earn during their first year of practice. Almost all (99%) respondents indicated they expect to earn \$200,000 or more during their first year of practice. The 11-year average was 77 percent.

Respondents going into patient care or clinical practice within Indiana (n=42)

Main Reasons to Practice in Indiana

Figure 3.4: Main Reasons to Practice in Indiana (n=42)*



■ 2022 (n=42)

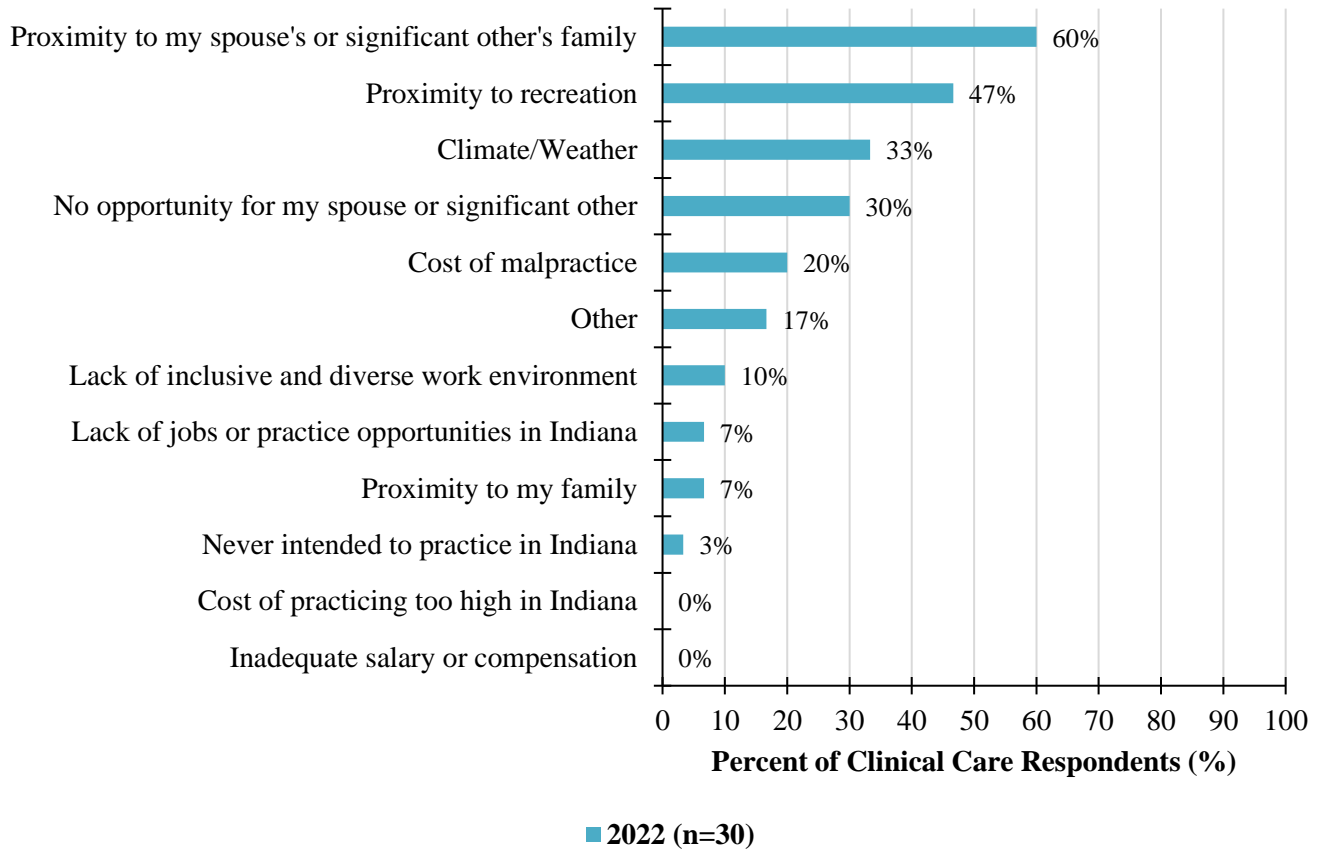
**Reflects responses from only those respondents who indicated their primary practice location was in Indiana.*

Figure 3.4 presents the main reasons influencing the Indiana family medicine survey respondents' choice of practice location in Indiana. Only those 42 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: "Inclusive and diverse work environment" (64%), "proximity to my spouse's or significant other's family" (62%), and "cost of practicing is reasonable in Indiana" (52%).

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

Main Reasons Not to Practice in Indiana

Figure 3.5: Main Reasons Not to Practice in Indiana (n=30)*



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

Figure 3.5 presents the main reasons influencing Indiana family medicine survey respondents' choice of practice location outside Indiana. Only those 30 respondents who indicated their primary practice location was outside Indiana were included in the analysis for this graph. The main reasons given by respondents for not practicing in Indiana were: “proximity to my spouse’s or significant other’s family” (50%), “proximity to recreation” (47%), and “climate/weather” (33%).

Chapter 4: Comparison of Responses by Gender, 2022

Based on how the survey respondents answered the 2022 *Indiana Family Medicine Residencies Exit Survey*® question on gender (Q2), they were stratified into 3 categories: male, female, and other. Of the 98 survey respondents, 49 reported their gender as male and 48 as female. One respondent did not indicate their gender. Responses from the 97 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= 76]: males (n=38) and females (n=37);
- intended to practice in Indiana [n= 41]: males (n=20) and females (n=21); and,
- intended to practice outside Indiana [n=30]: males (n=16) and females (n=14).

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=97)

Age

Table 4.1	All FM Respondents (n=97)			
	Male (n=49)		Female (n=48)	
Age	#	%	#	%
25-29	5	12.2	5	12.2
30-34	27	65.9	29	70.7
35-39	9	22.0	6	14.6
40-44	0	0.0	1	2.4
45 and over	0	0.0	0	0.0
Total	41	100.0	41	100.0
Missing	8		7	

Chi-square *p*-value = 0.781

Table 4.1 shows the age distribution of the male and female survey respondents. Over three-fifths of the male (66%) and female (71%) 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=97)			
	Male (n=49)		Female (n=48)	
Which of the following describes your race? Please mark all that apply.	#	%	#	%
American Indian/Alaskan Native	0	0.0	0	0.0
Asian	2	4.2	10	22.2
Black/African American	2	4.2	4	8.9
Native Hawaiian/Pacific Islander	0	0.0	0	0.0
White	43	89.6	30	66.7
Other	1	2.1	0	0.0
Biracial*	0	0.0	1	2.2
Total	48	100.0	45	100.0
Missing	1		3	

*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. A majority (90%) of the male respondents indicated they were white, compared to 67 percent of the female respondents. Less than one-tenth (4%) of the male respondents indicated they were Asian, compared to 22 percent of the female respondents.

Ethnicity

Table 4.3	All FM Respondents (n=97)			
	Male (n=49)		Female (n=48)	
Do you consider yourself Hispanic or Latinx?	#	%	#	%
Yes, Hispanic/Latino	3	6.7	2	4.3
No, not Hispanic/Latinx	42	93.3	45	95.7
Total	45	100.0	47	100.0
Missing	4		1	

Chi-square p -value = 0.610

Table 4.3 shows the ethnicity of the male and female survey respondents. Less than one-tenth of the male (7%) and female (4%) 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=97)			
	Male (n=49)		Female (n=48)	
Where are the respondents coming from?	#	%	#	%
Outside USA	5	10.6	3	6.5
Within USA	42	89.4	43	93.5
<i>Outside Indiana</i>	21	50.0	20	46.5
<i>Within Indiana</i>	21	50.0	23	53.5
Total	47	100.0	46	100.0
Missing	2		2	

Chi-square p -value = 0.479

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 42 male respondents who indicated they were from the United States, 50 percent reported they were from Indiana. Of the 43 female respondents who indicated they were from the United States, 54 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=97)			
	Male (n=49)		Female (n=48)	
Respondents who have an Indiana connection...	#	%	#	%
High school	22	44.9	17	35.4
College	19	38.8	19	39.6
Medical School	15	30.6	19	39.6
<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 (45%) or college (39%) in Indiana. Over one-third of the female respondents indicated they had graduated from a high school (35%) or college (40%) in Indiana. About one-third of the male (31%) respondents indicated they had graduated from a medical school in Indiana, compared to 40 percent of their female counterparts.

Type of Medical Degree

Table 4.6	All FM Respondents (n=97)			
	Male (n=49)		Female (n=48)	
Do you have an M.D. or D.O. degree?*	#	%	#	%
Doctor of Medicine	30	63.8	30	63.8
Doctor of Osteopathic Medicine	17	36.2	17	36.2
Total	47	100.0	47	100.0
Missing	2		1	

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

Chi-square p -value = 1.000

Table 4.6 shows the type of medical degree received by the Indiana family medicine survey respondents. Nearly two-thirds (64%) of the male and female respondents indicated they had received a Doctor of Medicine (M.D.) degree. There was no statistically significant difference between the two groups.

Learner Background

Table 4.7	All FM Respondents (n=97)			
	Male (n=49)		Female (n=48)	
Do you consider yourself? Please mark ALL that apply.*	#	%	#	%
First generation learner	17	34.7	17	35.4
Learner from a rural area	19	38.8	10	20.8
Economically or educationally disadvantaged	6	12.2	5	10.4
None of the above	19	38.8	23	47.9

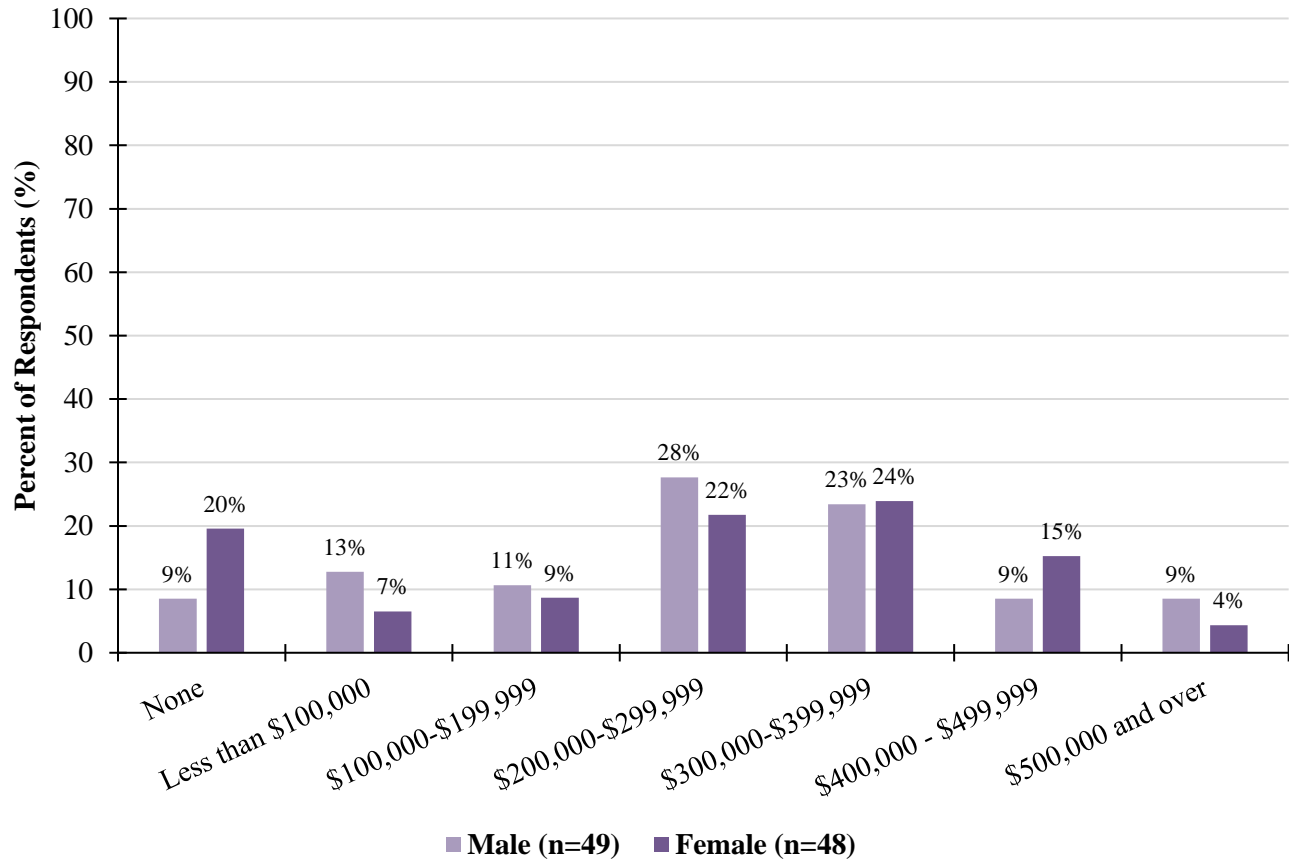
*This question was added to the 2017 Indiana family medicine residencies exit survey.

Table 4.7 shows the male and female survey respondents' learner and socioeconomic background. Over one-third (35%) of the male and female respondents indicated they were a first-generation learner. About two-fifths of the male (39%) respondents indicated they came from a rural area, compared to 21 percent of the female respondents. One-tenth of the male (12%) and female (10%) respondents indicated they came from an economically or educationally disadvantaged background.

II. Educational Debt Load (n=97)

Current Individual Educational Debt

Figure 4.1: Current Individual Educational Debt (n=97)

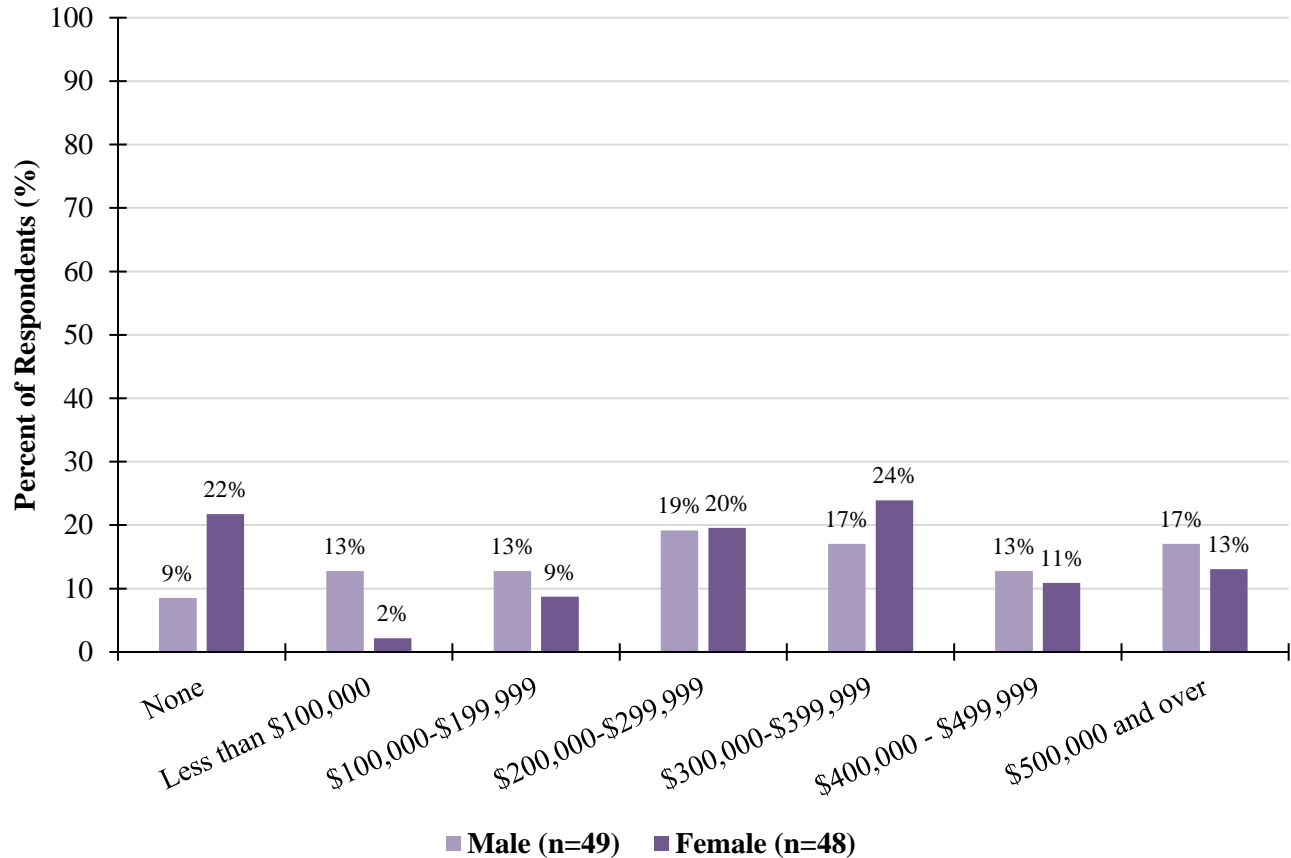


Chi-square p -value = 0.860

Figure 4.1 presents the current level of individual educational debt among the male and female survey respondents. About one-tenth (9%) of the male respondents indicated having no individual educational debt load, compared to 20 percent of the female respondents. About two-thirds of the male (68%) and female (65%) 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=97)



Chi-square p -value = 0.662

Figure 4.2 presents the current level of total household educational debt among the male and female survey respondents. About one-tenth (9%) of the male respondents indicated having no household educational debt load, compared to 22 percent of the female respondents. Two-thirds of the male (66%) and female (67%) respondents reported having a total household educational debt load of \$200,000 or more. There was no statistically significant difference between the two groups.

III. Program Assessment (n=97)

Training Program

Table 4.8	All FM Respondents (n=97)			
	Male (n=49)		Female (n=48)	
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	21	44.7	21	44.7
Agree	25	53.2	21	44.7
Neutral	1	2.1	4	8.5
Disagree	0	0.0	1	2.1
Strongly Disagree	0	0.0	0	0.0
Total	47	100.0	47	100.0
Missing/ Board Exam in my field does not exist	2		1	

Chi-square p -value = 0.369

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 (98%) and female (89%) 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=97)								
	Male (n=49)				Female (n=48)				p -value
	Fully		Partially		Fully		Partially		
How competent do you feel in the following ACGME competencies?	#	%	#	%	#	%	#	%	
Patient Care	46	97.9	1	2.1	46	97.9	1	2.1	1.000
Medical Knowledge	43	91.5	4	8.5	44	93.6	3	6.4	0.694
Practice-based learning and improvement	41	87.2	6	12.8	43	91.5	4	8.5	0.503
Interpersonal and communication skills	46	97.9	1	2.1	46	97.9	1	2.1	1.000
Professionalism	46	97.9	1	2.1	46	97.9	1	2.1	1.000
Systems-based practice	42	89.4	5	10.6	42	89.4	5	10.6	1.000

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 (98%, 98%), medical knowledge (92%, 94%), interpersonal and communication skill (98%, 98%), and in professionalism (98%, 98%). A majority of the male and female respondents indicated they felt "fully" competent in in practice-based learning and improvement (87%, 92%) and in systems-based practice (89%, 89%). There was no statistically significant difference between the two groups.

Rural and Underserved Training

Table 4.10 In your Family Medicine residency program did you <u>receive training</u> to serve the:	All FM Respondents (n=97)								p-value
	Male (n=49)				Female (n=48)				
	Yes		No		Yes		No		
	#	%	#	%	#	%	#	%	
Rural Population	34	72.3	13	27.7	32	68.1	15	31.9	0.652
Underserved Population	47	100.0	0	0.0	44	93.6	3	6.4	0.078

Table 4.10 shows whether the male and female survey respondents' received training to serve the rural and underserved populations during their training program. Over two-thirds of the male (72%) and female (68%) respondents indicated they had received training to serve the rural populations. Almost all male (100%) and female (94%) respondents indicated they had received training to serve the underserved populations. There was no statistically significant difference between the two groups.

Competency in Providing Care to the Rural and Underserved Populations

Table 4.11	All FM Respondents (n=97)								
	Male (n=49)				Female (n=48)				p-value
	Fully		Partially		Fully		Partially		
#	%	#	%	#	%	#	%		
How competent do you feel providing care to the:									
Rural Population	35	74.5	11	23.4	29	61.7	15	31.9	0.337
Underserved Population	44	93.6	3	6.4	39	84.8	7	15.2	0.169

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.

Three-fourths (75%) of the male respondents indicated they felt "fully" competent providing care to the rural populations, compared to 62 percent of the female respondents. A majority of the male (94%) and female (85%) respondents indicated they felt "fully" competent in providing care to the underserved populations. There was no statistically significant difference between the two groups.

Program Opportunities

Table 4.12	All FM Respondents (n=97)								
	Males (n=49)				Female (n=48)				p-value
	Yes		No		Yes		No		
#	%	#	%	#	%	#	%		
In your residency program, did you:*									
Have an opportunity to be part of a multi-disciplinary inter-professional team to provide care?	46	100.0	0	0.0	47	100.0	0	0.0	1.000
Participate in a quality improvement project to improve health outcome?	46	100.0	0	0.0	45	97.8	1	2.2	0.315
Participate in a patient safety project?	42	91.3	4	8.7	33	70.2	14	29.8	0.010 ¥
Have an opportunity to serve on a committee or council?	45	97.8	1	2.2	40	85.1	7	14.9	0.029 ¥
Have an opportunity to participate in a cultural competency or diversity training?	44	95.7	2	4.3	42	89.4	5	10.6	0.250
Participate in a health care disparities initiative?***	42	91.3	4	8.7	34	72.3	13	27.7	0.018 ¥

*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 4.12 shows if there were any program opportunities available for the male and female survey respondents' to participate in their training program. Almost all male and female respondents indicated they had the opportunity to be part of a multi-disciplinary inter-professional team (100%, 98%). All (100%) male and female respondents indicated they that they had the opportunity to participate in a quality improvement project. Almost all male (91%) respondents indicated they had participated in a patient safety project, 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 participate in a patient safety project, compared to their female counterparts. A majority of the male and female respondents indicated they had the opportunity to serve on a committee or council (98%, 85%) and had the opportunity to participate in a cultural competency or diversity training (96%, 89%), respectively. The chi-square test of association between the two groups was statistically significant. Male respondents appear more likely to serve on a committee or council. Almost all male (91%) respondents indicated they had participated in a health care disparities initiative, compared to 72 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=97)			
	Male (n=49)		Female (n=48)	
How competent do you feel in communicating with team members in the hand-off process?	#	%	#	%
Very competent	33	70.2	39	83.0
Competent	14	29.8	8	17.0
Neutral	0	0.0	0	0.0
Incompetent	0	0.0	0	0.0
Very incompetent	0	0.0	0	0.0
Total	47	100.0	47	100.0
Missing	2		1	

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

Chi-square p -value = 0.144

Table 4.13 shows the survey respondents' self-rated competency levels in communicating with team members during the hand-off process. All (100%) male and female 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=97)			
	Male (n=49)		Female (n=48)	
I would rate the overall <u>quality</u> of my Family Medicine residency program as:	#	%	#	%
Excellent	23	48.9	22	46.8
Above Average	18	38.3	17	36.2
Average	6	12.8	7	14.9
Below Average	0	0.0	1	2.1
Extremely Poor	0	0.0	0	0.0
Total	47	100.0	47	100.0
Missing	2		1	

Chi-square p -value = 0.770

Table 4.14 shows the male and female survey respondents' overall rating of the quality of their training program. A majority of the male (87%) and female (83%) 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=97)			
	Male (n=49)		Female (n=48)	
I would rate the overall performance of the <u>faculty</u> in my Family Medicine residency program to have exceeded my expectations.	#	%	#	%
Strongly Agree	22	46.8	25	53.2
Agree	16	34.0	19	40.4
Neutral	5	10.6	3	6.4
Disagree	4	8.5	0	0.0
Strongly Disagree	0	0.0	0	0.0
Total	47	100.0	47	100.0
Missing	2		1	

Chi-square p -value = 0.176

Table 4.15 shows the male and female survey respondents' overall performance rating of faculty in their training program. A majority of the male (81%) and female (94%) 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=97)			
	Male (n=49)		Female (n=48)	
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	14	29.8	16	34.0
Agree	26	55.3	23	48.9
Neutral	3	6.4	8	17.0
Disagree	4	8.5	0	0.0
Strongly Disagree	0	0.0	0	0.0
Total	47	100.0	47	100.0
Missing	2		1	

Chi-square p -value = 0.086

Table 4.16 shows the male and female respondents' overall performance rating of other residents in their training program. A majority of the male (85%) and female (83%) respondents indicated they “strongly agree” or “agree” that the overall performance of other residents in their training program had exceeded their expectations. There was no statistically significant difference between the two groups.

Personal-Professional Balance

Table 4.17	All FM Respondents (n=97)			
	Male (n=49)		Female (n=48)	
In the past 3 months of my residency/fellowship training: My personal and professional lives were well-balanced.*	#	%	#	%
Strongly Agree	11	23.4	12	25.5
Agree	20	42.6	18	38.3
Neutral	9	19.1	6	12.8
Disagree	7	14.9	10	21.3
Strongly Disagree	0	0.0	1	2.1
Total	47	100.0	47	100.0
Missing	2		1	

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

Chi-square p -value = 0.685

Table 4.17 shows the male and female survey respondents' overall rating of balance between their personal and professional life. About two-thirds of the male (66%) and female (64%) respondents indicated that they “strongly agree” or “agree” their personal and professional lives were balanced. There was no statistically significant difference between the two groups.

Burnout from Work

Table 4.18	All FM Respondents (n=97)			
	Male (n=49)		Female (n=48)	
In the past 3 months of my residency/fellowship training: I have felt burned out from my work.*	#	%	#	%
Strongly Agree	9	19.1	8	17.0
Agree	15	31.9	19	40.4
Neutral	11	23.4	6	12.8
Disagree	9	19.1	10	21.3
Strongly Disagree	3	6.4	4	8.5
Total	47	100.0	47	100.0
Missing	2		1	

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

Chi-square p -value = 0.700

Table 4.18 shows the male and female respondents' overall feeling of burnout. Over one-half of the male (51%) and female (57%) 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=97)			
	Male (n=49)		Female (n=48)	
In the past 3 months of my residency/fellowship training: I have found my work to be meaningful	#	%	#	%
Strongly Agree	13	27.7	15	31.9
Agree	26	55.3	23	48.9
Neutral	7	14.9	7	14.9
Disagree	1	2.1	2	4.3
Strongly Disagree	0	0.0	0	0.0
Total	47	100.0	47	100.0
Missing	2		1	

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

Chi-square p -value = 0.883

Table 4.19 shows the male and female respondents' overall feeling of meaningful work. A majority of the male (83%) and female (81%) 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=97)			
	Male (n=49)		Female (n=48)	
In the past 3 months of my residency/fellowship training: I have had resources readily available to maintain my wellness	#	%	#	%
Strongly Agree	18	38.3	18	38.3
Agree	20	42.6	19	40.4
Neutral	9	19.1	8	17.0
Disagree	0	0.0	2	4.3
Strongly Disagree	0	0.0	0	0.0
Total	47	100.0	47	100.0
Missing	2		1	

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

Chi-square p -value = 0.555

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 (81%) and female (79%) 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=97)			
	Male (n=49)		Female (n=48)	
I would rate my overall wellness as:*	#	%	#	%
Very Good	10	21.3	11	23.4
Good	15	31.9	17	36.2
Fair	0	0.0	0	0.0
Poor	20	42.6	15	31.9
Very Poor	2	4.3	4	8.5
Total	47	100.0	47	100.0
Missing	2		1	

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

Chi-square p -value = 0.670

Table 4.21 shows the male and female survey respondents' overall rating of their wellness. Over one-half of the male (53%) and female (60%) 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=97)			
	Male (n=49)		Female (n=48)	
What do you expect to be doing after completion of your current Family Medicine residency program? Please mark only ONE option.	#	%	#	%
Patient Care or Clinical Practice (in Non-Training Position)	38	80.9	37	80.4
Fellowship or Additional Subspecialty Training	8	17.0	9	19.6
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	1	2.1	0	0.0
Total	47	100.0	46	100.0
Undecided or Don't know yet/ Missing	2		2	

Chi-square p -value = 0.588

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 (81%) and female (80%) 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=75).

IV. Practice Characteristics (n=75)

Primary Practice Location

Table 4.23	Clinical Care Respondents (n=75)			
	Male (n=38)		Female (n=37)	
Where is the location of your primary activity <u>after</u> completing your current Family Medicine residency program?	#	%	#	%
Same city of country as current training	9	25.0	8	22.9
Same region in Indiana, but different city or county	9	25.0	9	25.7
Other area in Indiana	2	5.6	4	11.4
Other U.S. state (not Indiana)	16	44.4	14	40.0
Outside of U.S.	0	0.0	0	0.0
Total	36	100.0	35	100.0
Missing/Undecided	2		2	

Chi-square p -value = 0.932

Table 4.23 shows the location of the male and female survey respondents' primary activity after completing their current training program. Over one-half of the male (56%) and female (60%) 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=95)			
	Male (n=38)		Female (n=37)	
Which best describes the principal type of Patient Care Practice you will be entering? Please mark ALL that apply.	#	%	#	%
Independently-owned physician practice - Solo	0	0.0	0	0.0
Independently-owned physician practice - Group or Partnership (2 or more persons)	2	5.3	3	8.1
Hospital or health system owned - inpatient only	2	5.3	2	5.4
Hospital or health system owned - outpatient only	21	55.3	25	67.6
Hospital or health system owned - inpatient and outpatient	11	28.9	6	16.2
Urgent care facility	3	7.9	1	2.7
Managed care organization or insurance company	0	0.0	0	0.0
Free-standing health center or clinic (Federal, state, local government or community board led, etc.)	1	2.6	1	2.7
Nursing home or institutional residential facility	0	0.0	0	0.0
Other	0	0.0	4	10.8

**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 (90%) and female (89%) 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=75)			
	Male (n=38)		Female (n=37)	
Do you have an obligation or visa requirement to work in a designated HPSA or MUA when you complete your training in the Family Medicine residency program?	#	%	#	%
Yes	5	13.2	3	8.3
No	33	86.8	33	91.7
Total	38	100.0	36	100.0
Missing	0		1	

Chi-square p -value = 0.504

Table 4.25 shows the male and female survey respondents' obligation or visa requirement to work in a designated HPSA or MUA after completing their training. A majority of the male (87%) and female (92%) 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=75)			
	Male (n=38)		Female (n=37)	
When did you accept a position?	#	%	#	%
6 months ago	18	50.0	19	52.8
1 year ago	11	30.6	9	25.0
2 years ago	3	8.3	3	8.3
Haven't accepted one yet	4	11.1	5	13.9
Total	36	100.0	36	100.0
Missing	2		1	

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

Chi-square p -value = 0.953

Table 4.26 shows the percentage of patients that the Indiana family medicine survey respondents' when they accepted a position. One-half of the male (50%) and female (53%) 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=75)			
	Male (n=38)		Female (n=37)	
If you had been offered a position in Indiana would you have stayed in Indiana?*	#	%	#	%
Yes	11	40.7	9	40.9
No	16	59.3	13	59.1
Total	27	100.0	22	100.0
Missing	11		15	

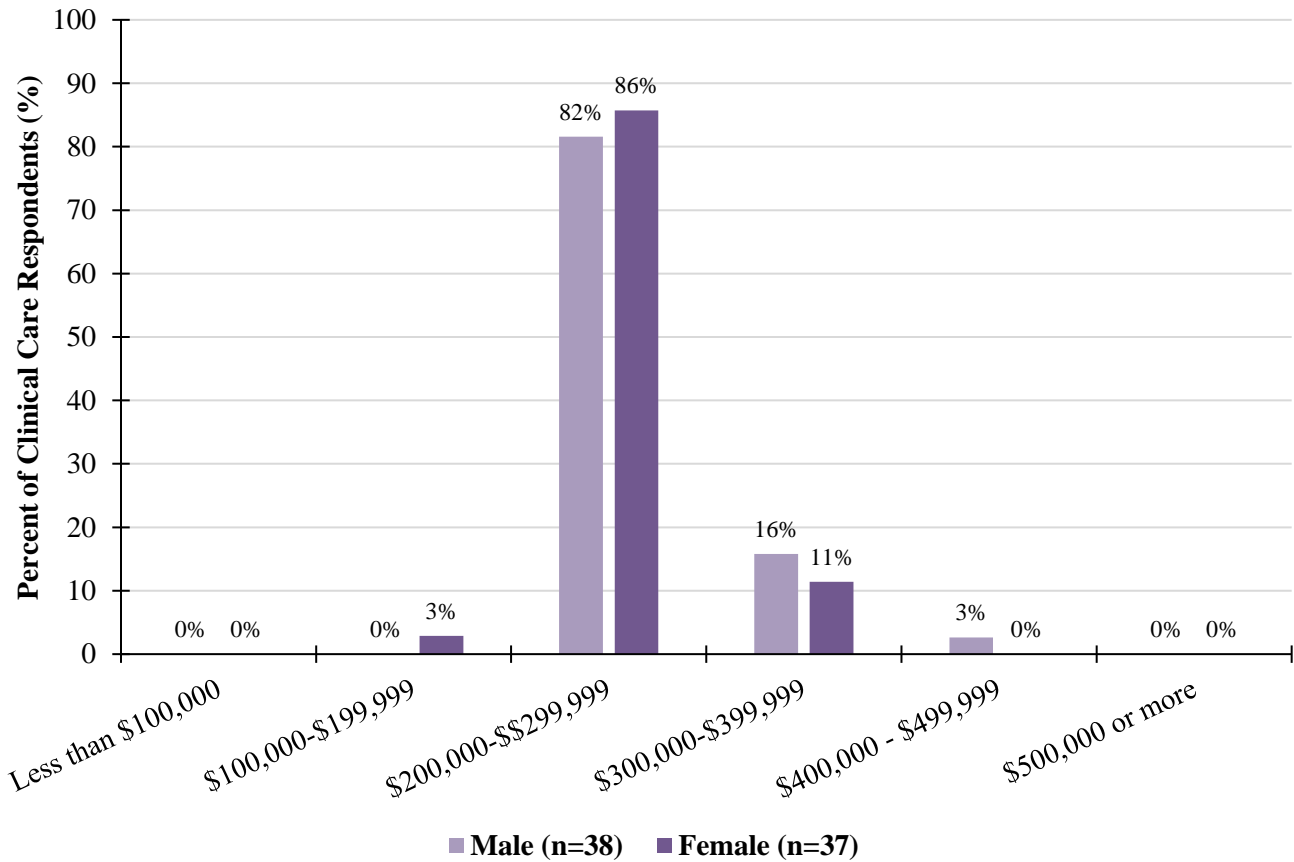
**This question was added to the 2021 Indiana family medicine residencies exit survey.*

Chi-square p -value = 0.990

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, two-fifths (41%) of the male and female respondents would have stayed in Indiana. There was no statistically significant difference between the two groups.

Expected Gross Income

Figure 4.3: Expected Gross Income (n=75)



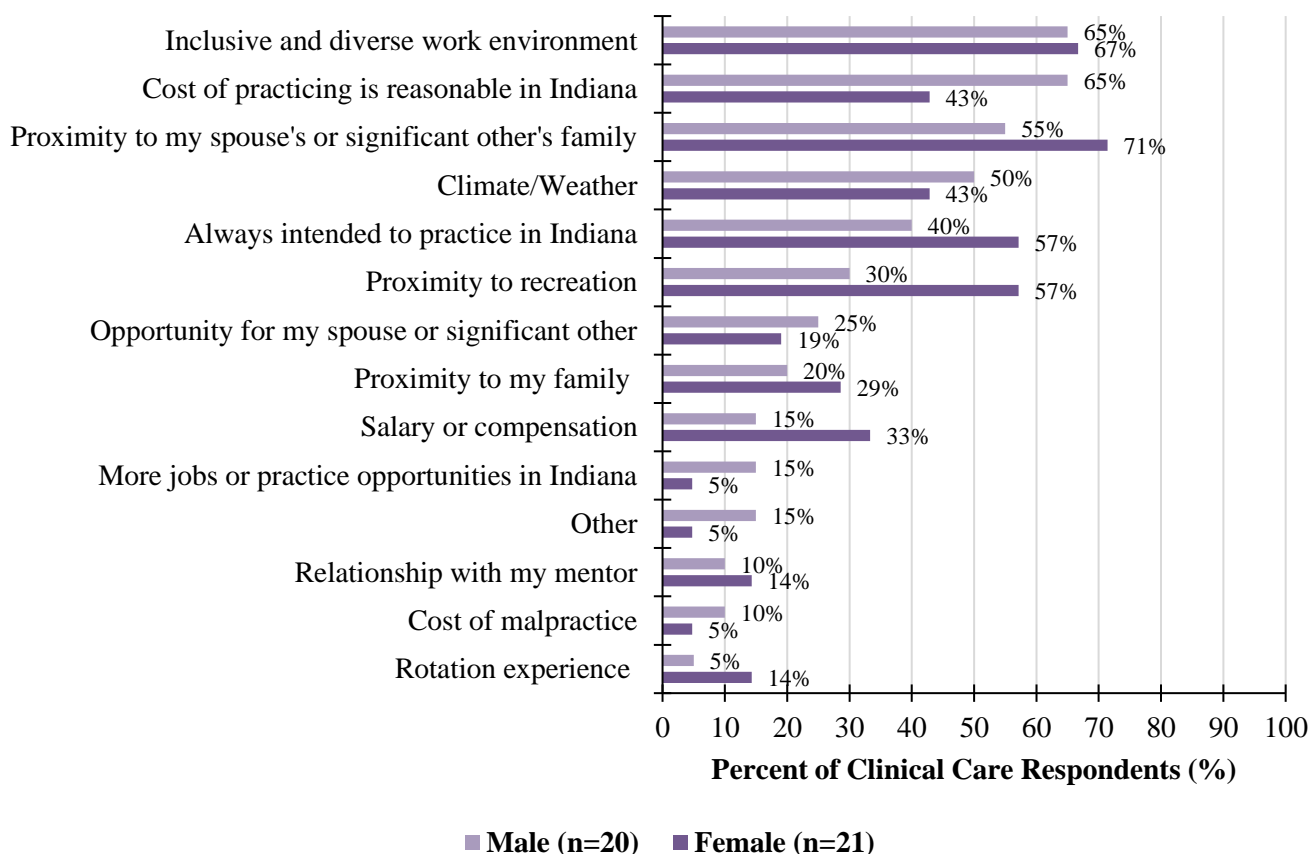
Chi-square *p*-value 0.211

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 (100%) 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=41)

Main Reasons to Practice in Indiana

Figure 4.4: Main Reasons to Practice in Indiana (n=41)*



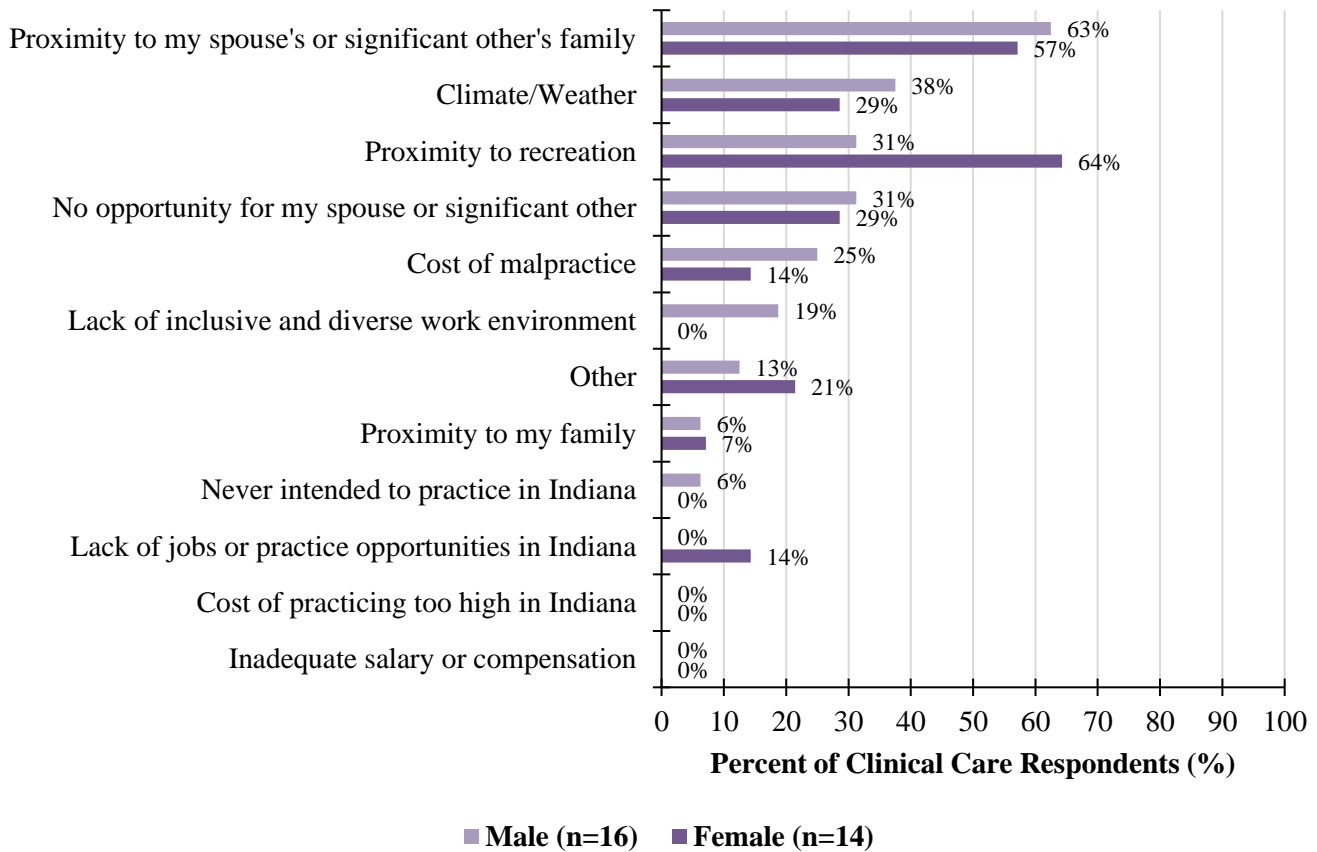
*Reflects responses from only those respondents who indicated their primary practice location was in Indiana.
 † Denotes that a statistically significant difference was found.

Figure 4.4 presents the main reasons influencing the male and female survey respondents' choice of practice location in Indiana. Only those 41 respondents who indicated their primary practice location was in Indiana were included in the analysis for this graph. The main reasons given by the male respondents to practice in Indiana were: "inclusive and diverse work environment" (65%), "cost of practicing is reasonable in Indiana" (65%), and "proximity to my spouse's or significant other's family" (55%).

The main reasons given by the female respondents to practice in Indiana were: "proximity to my spouse's or significant other's family" (71%), "inclusive and diverse work environment" (67%), "always intended to practice in Indiana" (57%), and "proximity to recreation" (57%). 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=30)*



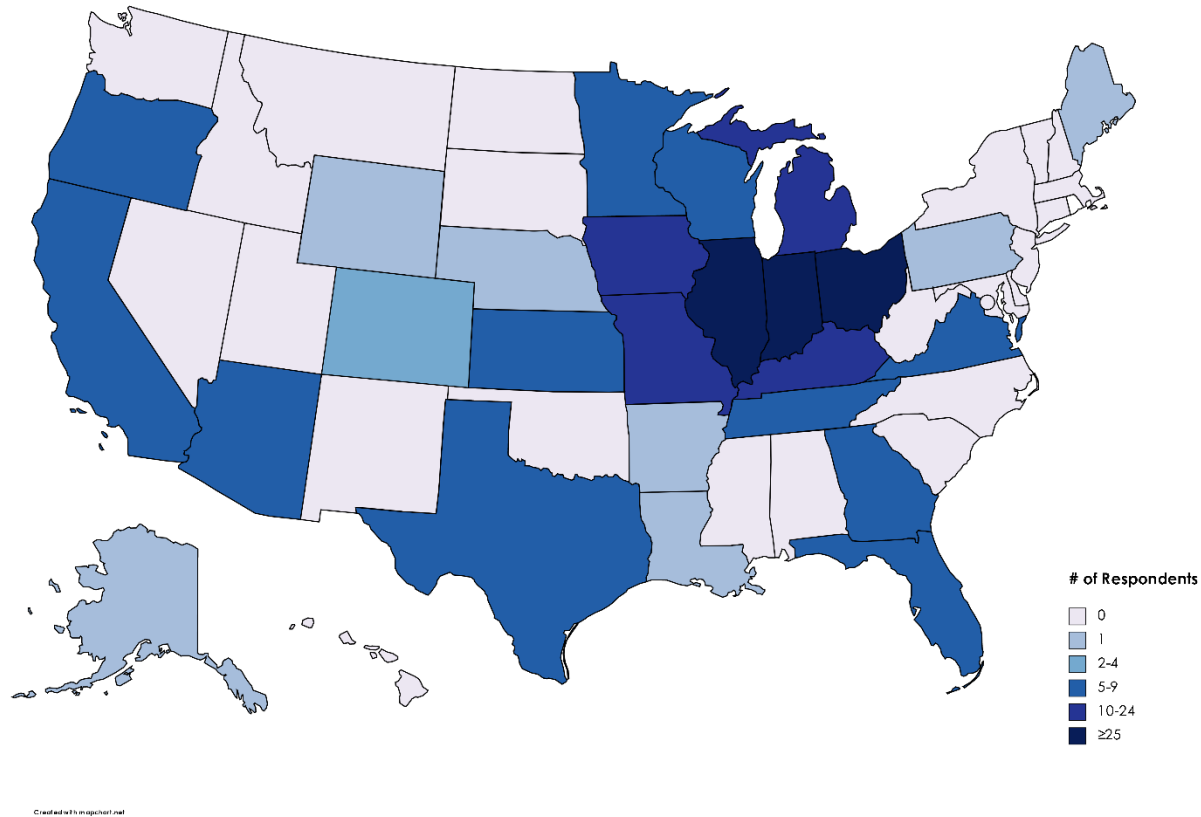
*Reflects responses from only those respondents who indicated their primary practice location was outside Indiana.
 ¥ Denotes that a statistically significant difference was found.

Figure 4.5 presents the main reasons influencing the male and female survey respondents' choice of practice location outside Indiana. Only those 30 respondents who indicated their primary practice location was outside Indiana were included in the analysis for this graph. The main reasons given by the male respondents for not practicing in Indiana were: “proximity to my spouse’s or significant other’s family” (63%), “climate/weather” (38%), “proximity to recreation” (31%), and “no opportunity for my spouse or significant other” (31%).

The main reasons given by the female respondents for not practicing in Indiana were: “proximity to recreation” (64%), “proximity to my spouse’s or significant other’s family” (57%), “no opportunity for my spouse or significant other” (29%), and “climate/weather” (29%). 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, 2012-2022



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 2022**. A majority of the respondents planned to choose Indiana (n=481) as their primary location after training, followed by Illinois (n=37), Ohio (n=29), Kentucky (n=14), Iowa (n=13), Michigan (n=13), and Missouri (n=12).

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

County	City	Program	Location after Training	2012-2020	2021	2022	Total
Allen	Fort Wayne	Fort Wayne Medical Education Program	Florida	2	0	0	2
			Georgia	1	0	0	1
			Iowa	3	0	0	3
			Indiana	51	9	5	65
			Kansas	2	0	0	2
			Michigan	1	0	0	1
			Minnesota	2	0	0	2
			Montana	0	0	1	1
			Nevada	1	0	0	1
			North Carolina	1	0	0	1
			New York	0	1	0	1
			Ohio	4	0	1	5
			Oklahoma	2	0	0	2
			Oregon	1	0	0	1
			South Carolina	0	0	1	1
			Tennessee	0	0	1	1
			Washington	2	0	0	2
Wisconsin	1	0	0	1			
Wyoming	1	0	0	1			

County	City	Program	Location after Training	2012-2020	2021	2022	Total
Delaware	Muncie	IU Health Ball Memorial Hospital	Alaska	0	0	1	1
			Arizona	2	0	0	2
			Arkansas	1	0	0	1
			Idaho	1	0	0	1
			Illinois	1	1	0	2
			Indiana	29	3	3	35
			Iowa	2	0	0	2
			Kansas	4	2	0	6
			Kentucky	2	0	0	2
			Michigan	2	0	0	2
			Minnesota	2	0	0	2
			Missouri	2	0	0	2
			New Mexico	1	0	0	1
			North Dakota	0	0	1	1
			Ohio	1	0	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	1	0	0	1			
Canada	1	0	0	1			

County	City	Program	Location after Training	2012-2020	2021	2022	Total
Marion	Indianapolis	Community Hospital East FM Residency at CHN	Arizona	1	0	0	1
			Illinois	2	0	0	2
			Indiana	39	6	6	51
			Minnesota	1	0	0	1
			Missouri	1	0	0	1
			Nevada	0	0	1	1
			Ohio	0	0	1	1
			Oregon	1	0	0	1
			Tennessee	0	0	1	1
			Texas	1	1	0	2
			Virginia	1	1	0	2
	Indianapolis	Franciscan Health Indianapolis Family Medicine Residency	Arizona	1	0	0	1
			Colorado	1	0	0	1
			Indiana	41	3	5	49
			Illinois	0	0	1	1
			Minnesota	1	0	0	1
			Missouri	0	1	0	1
			Ohio	3	0	0	3
			Tennessee	0	0	2	2
	Indianapolis	IU Methodist Family Medicine Residency	California	0	1	0	1
			Colorado	1	0	0	1
			Florida	0	1	0	1
			Georgia	1	0	0	1
			Illinois	0	1	1	2
			Indiana	42	4	5	51
			Kansas	1	0	0	1
			Kentucky	1	0	0	1
			Nevada	1	0	0	1
			New York	1	0	0	1
			Ohio	2	0	1	3
			Oregon	1	1	0	2
			Texas	1	0	1	2
			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	45	5	3	53	
		Iowa	3	0	0	3	
		Kentucky	1	0	0	1	
		Massachusetts	1	0	0	1	
		Michigan	3	0	0	3	
		Missouri	0	1	0	1	
		Nebraska	0	0	1	1	
		Ohio	3	0	0	3	
Texas	1	0	0	1			

County	City	Program	Location after Training	2012-2020	2021	2022	Total
Marion	Speedway	Community South Osteopathic FM Residency at CHN	California	1	0	0	1
			Colorado	0	1	0	1
			Indiana	15	0	1	16
			Kentucky	2	0	0	2
			Michigan	1	0	0	1
			Missouri	0	1	0	1
			North Carolina	1	1	0	2
			Ohio	2	0	0	2
			Wisconsin	1	0	0	1

County	City	Program	Location after Training	2012-2020	2021	2022	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	1	6
			Indiana	24	7	3	34
			Iowa	2	0	0	2
			Michigan	2	1	1	4
			Missouri	1	0	0	1
			Montana	1	0	0	1
			Ohio	1	1	0	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	1	2
			Illinois	2	1	1	4
			Indiana	34	4	5	43
			Kentucky	1	0	0	1
			Massachusetts	1	0	0	1
			Michigan	2	0	0	2
			Missouri	1	0	0	1
			New Mexico	1	0	0	1
			North Dakota	2	0	0	2
			Ohio	4	0	0	4
Oregon			1	1	0	2	
South Dakota	1	1	0	2			
Virginia	1	0	0	1			

County	City	Program	Location after Training	2012-2020	2021	2022	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	1	6
			Indiana	24	7	3	34
			Iowa	2	0	0	2
			Michigan	2	1	1	4
			Missouri	1	0	0	1
			Montana	1	0	0	1
			Ohio	1	1	0	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	1	2
			Illinois	2	1	1	4
			Indiana	34	4	5	43
			Kentucky	1	0	0	1
			Massachusetts	1	0	0	1
			Michigan	2	0	0	2
			Missouri	1	0	0	1
			New Mexico	1	0	0	1
			North Dakota	2	0	0	2
			Ohio	4	0	0	4
			Oregon	1	1	0	2
South Dakota	1	1	0	2			
Virginia	1	0	0	1			

County	City	Program	Location after Training	2012-2020	2021	2022	Total
Tippecanoe	Lafayette	Arnett Family Medicine Residency	Arizona	0	0	1	1
			Indiana	0	3	1	4
			Oregon	0	0	1	1

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

County	City	Program	Location after Training	2012-2020	2021	2022	Total
Vanderburgh	Evansville	Deaconess Family Medicine Residency	Florida	1	0	0	1
			Illinois	7	0	0	7
			Indiana	30	4	5	39
			Iowa	0	2	0	2
			Kentucky	5	1	1	7
			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	1	3			

County	City	Program	Location after Training	2012-2020	2021	2022	Total
Vigo	Terre Haute	Union Hospital Family Medicine Residency	California	2	1	1	4
			Florida	1	0	0	1
			Illinois	8	1	3	12
			Indiana	29	2	2	33
			Iowa	1	0	0	1
			Missouri	1	1	1	3
			North Dakota	1	0	0	1
			Ohio	2	0	0	2
			Pennsylvania	1	0	0	1
			Tennessee	2	0	0	2
Wisconsin	1	0	0	1			

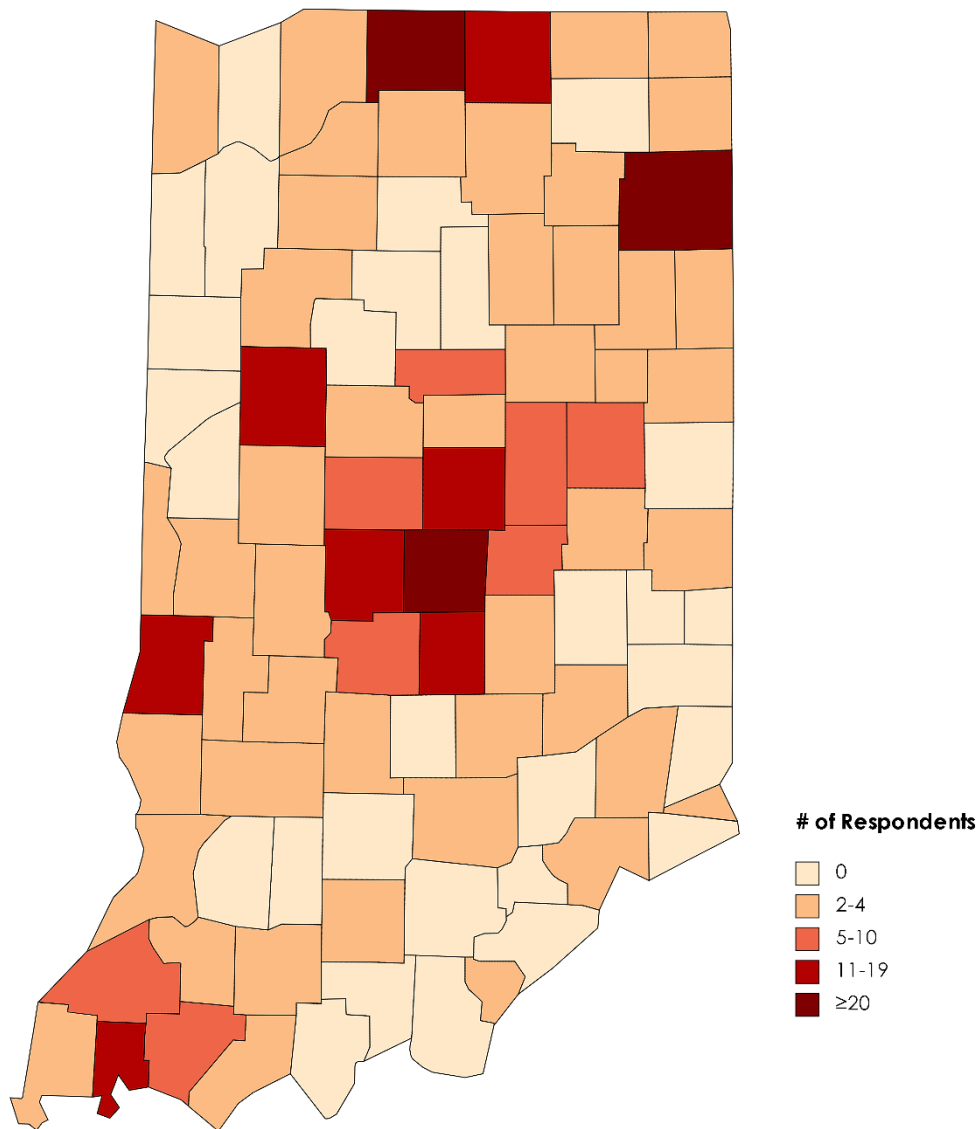
County	City	Program	Location after Training	2012-2020	2021	2022	Total
Wayne	Richmond	Reid Health	California	1	0	0	1
			Indiana	3	3	2	8
			Maine	1	0	0	1
			Ohio	2	0	1	3

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

Table 5.1 shows the Indiana family medicine survey respondents' residency sites and their primary practice locations after completing training. The table shows a breakdown by state of where the respondents plan to go for practice. Data have been shown from 2012 to 2022.

In 2022, seventy-six respondents listed the state of their primary practice location after training. Of those, a majority (n=46) of the respondents planned to choose Indiana as their primary practice location, followed by Illinois (n=7) and Ohio (n=4).

Map 5.2 Practice Location of Indiana Family Medicine Residents after Completing Training, 2012-2022



Created with mapchart.net

Map 5.2 shows the Indiana family medicine survey respondents' primary practice locations after completing training within Indiana. This map includes all respondents who indicated they would enter practice after completing their training and provided a specific practice location in Indiana. Data have been shown **from 2012 to 2022**. A majority of the respondents planned to choose Marion County (n=98) for their practice location, followed by Allen (n=38), St. Joseph (n=35), Johnson (n=19), Hamilton (n=18), Vanderburgh (n=15), Elkhart (n=14), Hendricks (n=13), and Tippecanoe (n=13) counties.

Table 5.2: Primary Location in Indiana after Completing Training

County	City	Program	Location after Training	2012-2020	2021	2022	Total
Allen	Fort Wayne	Fort Wayne Medical Education Program	Adams	1	0	0	1
			Allen	24	6	0	30
			DeKalb	1	0	1	2
			Elkhart	2	1	2	5
			Gibson	1	0	0	1
			Huntington	2	1	0	3
			Kosciusko	2	0	0	2
			Marion	2	0	0	2
			Putnam	1	0	0	1
			Shelby	1	0	0	1
			Steuben	1	0	0	1
			Tippecanoe	1	0	0	1
			Vanderburgh	1	0	1	2
			Wabash	1	1	0	2
			Wells	3	0	1	4
Whitley	3	0	0	3			

County	City	Program	Location after Training	2012-2020	2021	2022	Total
Delaware	Muncie	IU Health Ball Memorial Hospital	Allen	2	0	0	2
			Bartholomew	2	0	0	2
			Blackford	1	0	0	1
			Boone	1	0	0	1
			Delaware	5	1	1	7
			Elkhart	1	0	0	1
			Grant	1	0	0	1
			Hamilton	1	0	0	1
			Hancock	1	1	0	2
			Hendricks	1	0	0	1
			Henry	2	0	0	2
			Howard	1	0	0	1
			Jay	2	1	0	3
			Madison	1	0	1	2
			Marion	1	0	1	2
			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	2012-2020	2021	2022	Total
Marion	Indianapolis	Community Hospital East FM Residency at CHN	Hamilton	4	0	0	4
			Jackson	0	0	1	1
			Johnson	4	1	1	6
			Madison	3	0	0	3
			Marion	16	5	4	25
			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	1	1
			Hancock	1	0	0	1
			Hendricks	4	0	0	4
			Johnson	9	1	1	10
			Marion	10	1	2	11
			Monroe	1	0	0	1
			Morgan	5	0	1	5
			Ripley	3	0	0	3
			Shelby	1	1	0	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	1	2
			Hancock	1	0	0	1
			Hendricks	3	0	1	4
			Howard	1	0	0	1
			Knox	0	0	1	1
			Marion	18	4	2	24
			Montgomery	2	0	0	2
			Putnam	1	0	0	1
			Starke	1	0	0	1
Tippecanoe	2	0	0	2			
Tipton	1	0	0	1			

County	City	Program	Location after Training	2012-2020	2021	2022	Total
Marion	Indianapolis	St. Vincent Family Medicine Residency	Allen	1	0	0	1
			Boone	2	0	1	3
			Clinton	1	0	0	1
			Hamilton	8	0	0	8
			Hancock	0	1	0	1
			Hendricks	2	1	0	3
			Howard	1	0	0	1
			Jefferson	1	0	0	1
			Johnson	0	1	0	1
			Kosciusko	1	0	0	1
			LaPorte	1	0	0	1
			Madison	2	0	0	2
			Marion	15	2	1	18
			Morgan	0	0	1	1
	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	1	0	0	1
			Madison	1	0	0	1
Marion			5	0	0	5	
St. Joseph			0	0	1	1	

County	City	Program	Location after Training	2012-2020	2021	2022	Total
St. Joseph	South Bend	Memorial Hospital of South Bend	Allen	1	0	0	1
			Bartholomew	0	1	0	1
			Elkhart	5	0	0	5
			Floyd	0	0	1	1
			LaGrange	1	0	0	1
			Orange	1	0	0	1
			Pulaski	1	0	1	2
			St. Joseph	13	5	1	19
			Sullivan	1	0	0	1
			Tippecanoe	1	0	0	1
			Wayne	0	1	0	1

County	City	Program	Location after Training	2012-2020	2021	2022	Total
St. Joseph	South Bend	St. Joseph Regional Medical Center	Allen	1	1	0	2
			Boone	1	0	0	1
			Elkhart	3	0	0	3
			Hendricks	0	1	0	1
			LaPorte	1	0	0	1
			Madison	0	1	0	1
			Marion	2	1	1	4
			Marshall	2	0	0	2
			Monroe	2	0	0	2
			Pulaski	0	0	1	1
			St. Joseph	10	0	3	13
			Tippecanoe	1	0	0	1

County	City	Program	Location after Training	2012-2020	2021	2022	Total
Tippecanoe	Lafayette	Arnett Family Medicine Residency	Tippecanoe	0	3	1	4

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

County	City	Program	Location after Training	2012-2020	2021	2022	Total
Vanderburgh	Evansville	Deaconess Family Medicine Residency	Dubois	1	0	0	1
			Gibson	2	0	1	3
			Hancock	2	0	0	2
			Jackson	1	0	0	1
			Knox	0	1	0	1
			Marion	1	1	0	2
			Monroe	0	0	1	1
			Pike	1	0	0	1
			Posey	2	0	0	2
			Vanderburgh	8	2	3	13
			Vigo	1	0	0	1
			Warrick	6	0	0	6

County	City	Program	Location after Training	2012-2020	2021	2022	Total
Vigo	Terre Haute	Union Hospital Family Medicine Residency	Boone	0	1	0	1
			Clay	1	0	0	1
			Decatur	1	0	0	1
			Greene	1	0	0	1
			Howard	2	0	0	2
			Jefferson	1	0	0	1
			Lake	1	0	0	1
			Montgomery	1	0	0	1
			Parke	1	0	0	1
			Putnam	1	0	0	1
			Sullivan	1	0	0	1
			Tippecanoe	1	0	0	1
			Vermillion	4	0	0	4
			Vigo	9	0	1	10
Warrick	0	1	1	2			

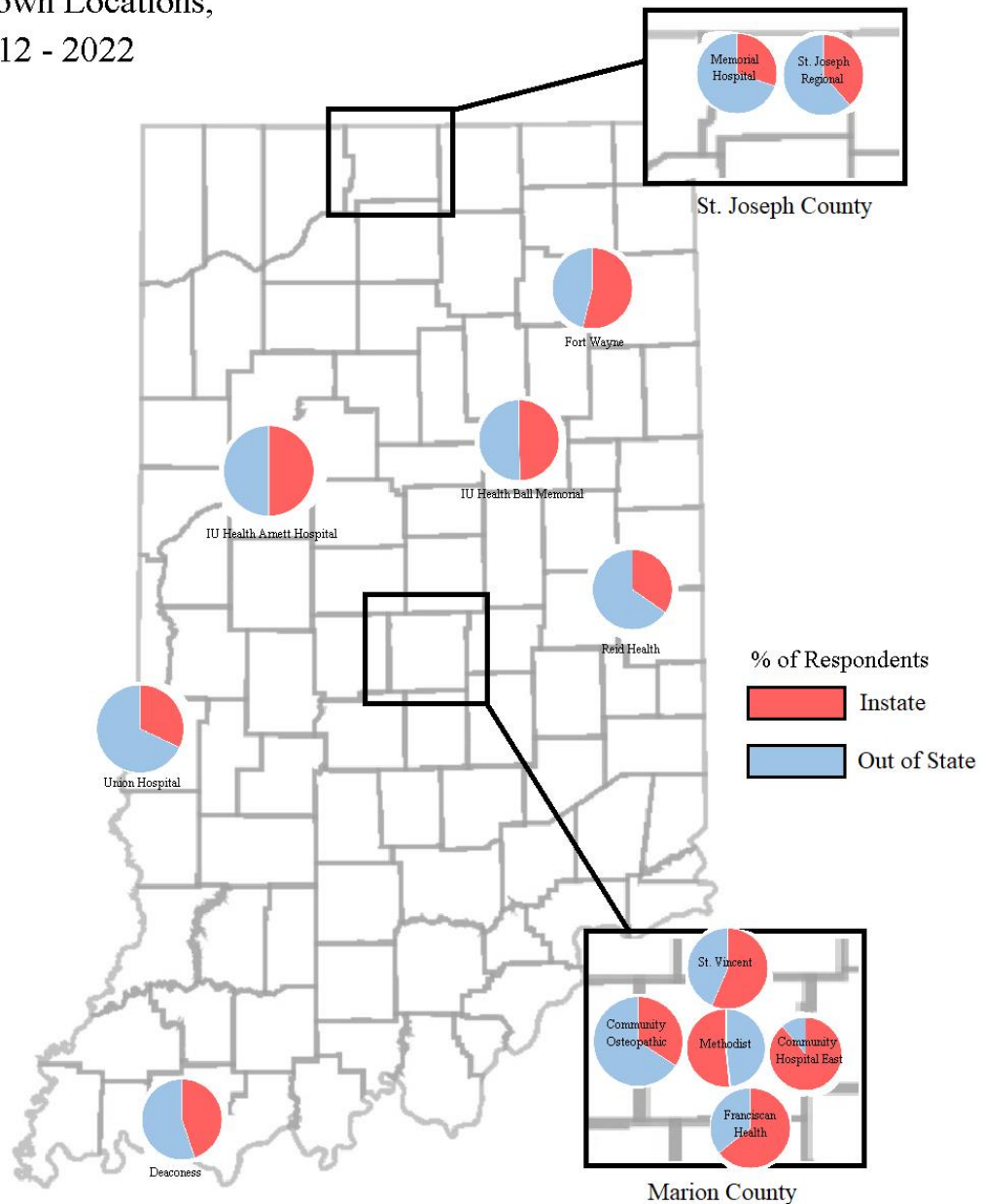
County	City	Program	Location after Training	2012-2020	2021	2022	Total
Wayne	Richmond	Reid Health	Allen	0	0	1	1
			Madison	0	1	0	1
			Marion	0	2	1	3
			Wayne	3	0	0	3

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

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

In 2022, forty-six respondents provided a specific practice location in Indiana. Of those respondents, a majority planned to practice in Marion County (n=12), 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 - 2022



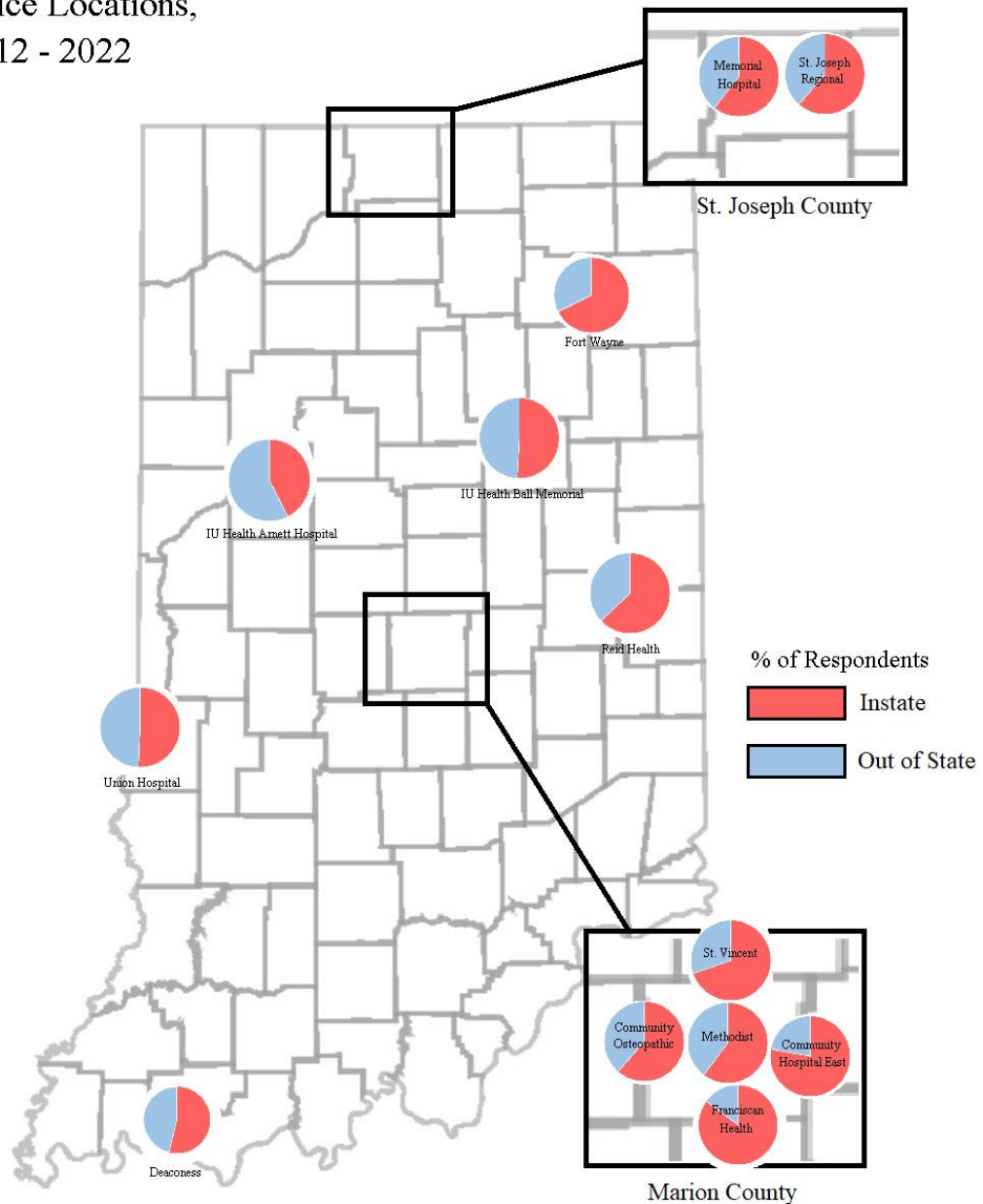
Created by RIME, 2022

Map 5.3 shows the reported hometown locations of Indiana family medicine survey respondents. Data have been shown **from 2012 to 2022**. Over one-half of the respondents from Community Hospital East (61%), Fort Wayne Medical Education Program (54%), Franciscan Health Indianapolis (64%), and St. Vincent Hospital (56%) indicated an Indiana hometown.

Table 5.3: Residents with Indiana Hometown [Show as Percentage (%)]												
Residency Program	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	Avg
Arnett Family Medicine Residency	NA	NA	NA	NA	NA	NA	NA	NA	NA	40	50	45
Community Hospital East FM Residency	57	100	71	50	60	33	67	44	56	40	89	61
Community South Osteopathic FM Residency	0	100	75	0	25	25	25	25	33	33	33	34
Deaconess Family Medicine Residency	50	17	50	50	67	50	20	14	88	43	44	45
Fort Wayne Medical Education Program	50	43	56	44	50	50	56	50	67	67	60	54
Franciscan Health Indianapolis FM Residency	50	83	100	67	57	13	88	57	80	50	63	64
IU Health Ball Memorial Hospital	13	57	43	71	50	78	40	56	60	20	57	50
IU Methodist Family Medicine Residency	100	80	67	43	43	40	50	50	15	29	14	48
Memorial Hospital of South Bend	38	25	0	22	11	43	14	44	67	33	33	30
St Joseph Regional Medical Center	43	75	38	22	33	44	13	33	44	56	22	39
St Vincent Family Medicine Residency	70	63	67	67	70	33	50	60	56	43	43	56
Union Hospital Family Medicine Residency	33	50	0	17	33	33	14	43	43	43	43	32
Reid Health	NA	NA	NA	NA	NA	NA	0	33	40	60	40	35
<i>Average</i>	50	60	51	43	47	42	40	45	54	43	46	47

Table 5.3 shows Indiana family medicine survey respondents with a hometown in Indiana. This includes all respondents who indicated a hometown location. **In 2022**, over one-half of the respondents from Arnett Family Medicine Residency (50%), Community Hospital East FM Residency (89%), Fort Wayne Medical Education Program (60%), Franciscan Health Indianapolis FM Residency (63%), IU Health Ball Memorial Hospital (57%) indicated an Indiana hometown.

Figure 5.4: Indiana FM Residents' Practice Locations, 2012 - 2022



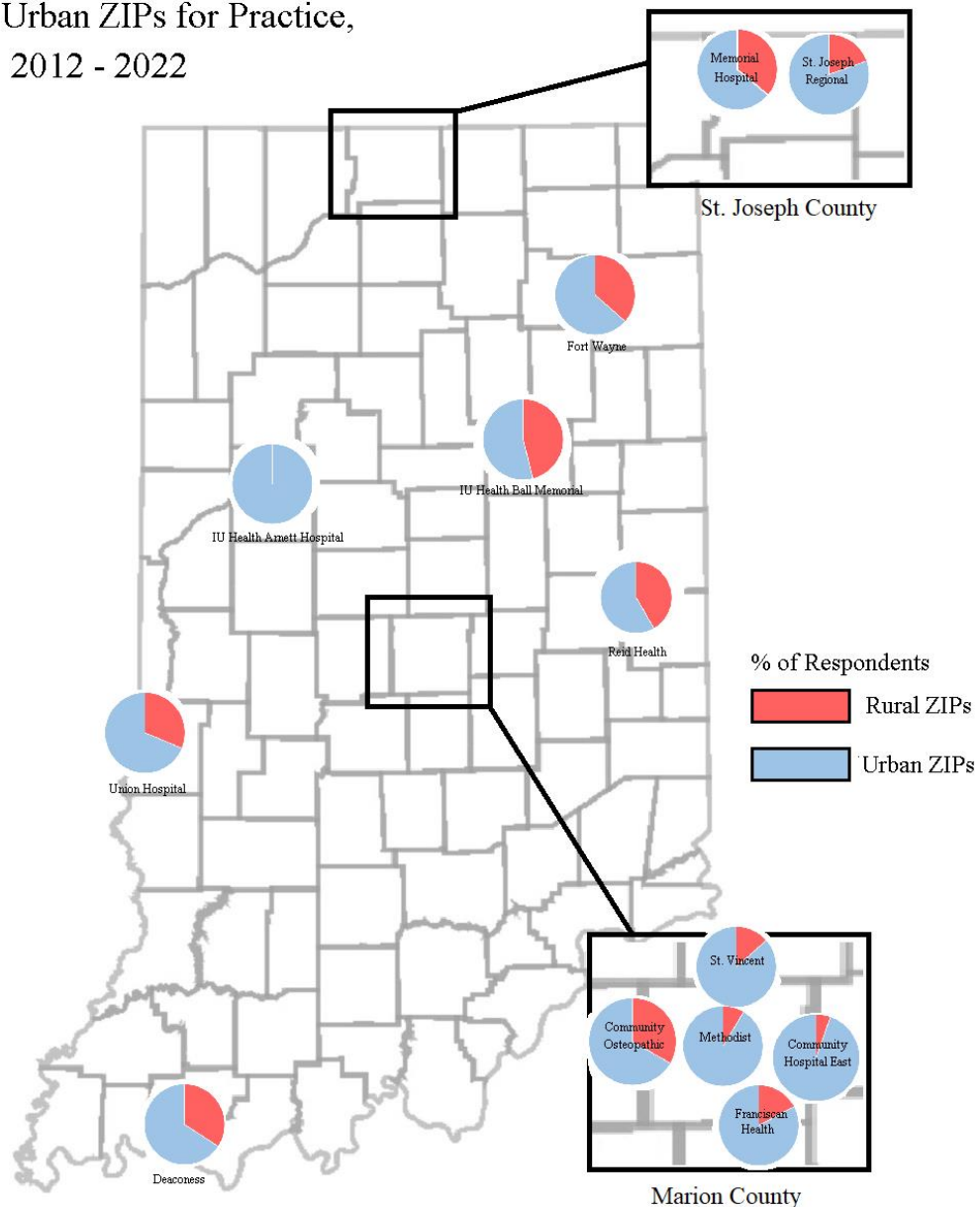
Created by RIME, 2022

Map 5.4 shows Indiana family medicine survey respondents plans for practice location after completing their training. Data have been shown **from 2012 to 2022**. Over two-thirds of the respondents from Community Hospital East (78%), Fort Wayne Medical Education Program (68%), Franciscan Health Indianapolis (85%), and St. Vincent Hospital (70%) reported an Indiana practice location.

Table 5.4: Residents with a Practice Location in Indiana [Shown as Percentage (%)]												
Residency Program	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	Avg
Arnett Family Medicine Residency	NA	NA	NA	NA	NA	NA	NA	NA	NA	60	25	43
Community Hospital East FM Residency	100	100	80	100	89	60	75	40	71	75	67	78
Community South Osteopathic FM Residency	100	100	100	100	75	0	33	67	67	0	33	61
Deaconess Family Medicine Residency	20	40	50	67	67	71	71	20	71	57	56	54
Fort Wayne Medical Education Program	44	33	100	89	75	56	56	75	67	90	60	68
Franciscan Health Indianapolis FM Residency	100	100	100	80	83	50	86	100	100	75	63	85
IU Health Ball Memorial Hospital	17	67	33	75	86	50	30	60	50	50	43	51
IU Methodist Family Medicine Residency	60	100	71	50	67	33	86	78	33	50	36	60
Memorial Hospital of South Bend	83	0	100	50	50	33	67	56	100	78	50	61
St Joseph Regional Medical Center	60	75	50	50	50	75	67	63	80	50	56	61
St Vincent Family Medicine Residency	100	100	80	75	63	60	67	63	33	83	43	70
Union Hospital Family Medicine Residency	60	75	29	25	40	71	33	100	67	40	18	51
Reid Health	NA	NA	NA	NA	NA	NA	100	50	25	100	40	63
<i>Average</i>	68	72	72	69	68	51	64	66	64	62	45	64

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 2022**, over two-thirds of the respondents from Community Hospital East (67%) indicated an Indiana practice location.

Map 5.5: Indiana FM Residents Going to Rural or Urban ZIPs for Practice, 2012 - 2022



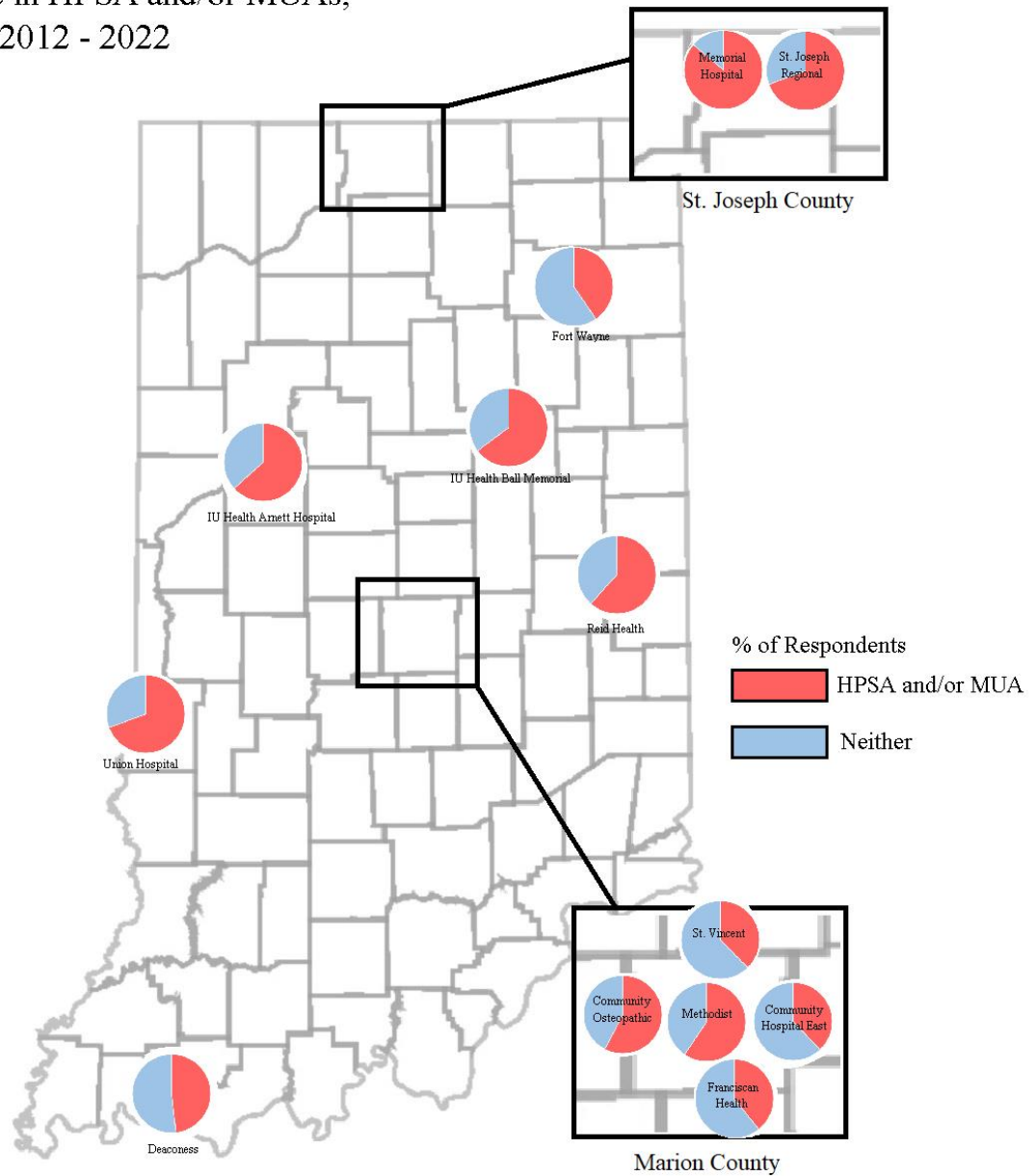
Created by RIME, 2022

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 2022**. Over one-fourth of the respondents from Community South Osteopathic (33%), Deaconess (34%), Fort Wayne Medical Education Program (37%), IU Health Ball Memorial Hospital (46%), Memorial Hospital of South Bend (36%), Union Hospital (31%), and Reid Health (42%) indicated a practice location in a rural ZIP code.

Table 5.5: Residents with Practice Locations in Rural ZIPs [Shown as Percentage (%)]												
Residency Program	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	Avg
Arnett Family Medicine Residency	NA	NA	NA	NA	NA	NA	NA	NA	NA	0	0	0
Community Hospital East FM Residency	0	20	0	0	0	25	0	0	14	0	0	5
Community South Osteopathic FM Residency	100	0	50	100	0	50	0	0	33	33	0	33
Deaconess Family Medicine Residency	40	60	50	33	33	29	25	20	14	43	29	34
Fort Wayne Medical Education Program	56	44	50	22	50	67	44	13	25	20	11	37
Franciscan Health Indianapolis FM Residency	33	0	17	20	0	20	14	14	33	25	13	17
IU Health Ball Memorial Hospital	50	67	80	50	43	33	70	11	13	50	40	46
IU Methodist Family Medicine Residency	0	0	33	20	17	25	0	0	0	0	0	9
Memorial Hospital of South Bend	17	50	0	25	50	67	33	0	100	33	20	36
St Joseph Regional Medical Center	40	25	17	0	20	0	33	25	40	0	14	19
St Vincent Family Medicine Residency	0	0	20	29	13	50	20	0	17	0	0	14
Union Hospital Family Medicine Residency	50	0	43	33	20	29	17	50	33	40	29	31
Reid Health	NA	NA	NA	NA	NA	NA	100	50	25	33	0	42
<i>Average</i>	35	24	33	30	22	36	30	15	29	21	12	26

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 2022**, over one-fourth of the respondents from Deaconess (29%), IU Health Ball Memorial Hospital (40%), and Union Hospital (29%) reported a practice location in a rural ZIP code.

Map 5.6: Indiana FM Residents Planning
To Practice in HPSA and/or MUAs,
2012 - 2022



Created by RIME, 2022

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 2022**. Over two-thirds of the respondents from Memorial Hospital of South Bend (86%), St. Joseph Regional Medical Center (69%), and Union Hospital (69%) reported a practice location in an MUA and/or HPSA.

Table 5.6: Residents going to HPSAs and/or MUAs for Practice [Show as Percentage (%)]												
Residency Program	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	Avg
Arnett Family Medicine Residency	NA	NA	NA	NA	NA	NA	NA	NA	NA	60	67	63
Community Hospital East FM Residency	0	60	60	25	17	75	67	25	43	0	44	38
Community South Osteopathic FM Residency	100	100	50	100	33	50	0	0	33	67	100	58
Deaconess Family Medicine Residency	80	80	67	17	33	43	50	60	14	43	43	48
Fort Wayne Medical Education Program	33	71	0	11	63	56	33	38	25	56	60	40
Franciscan Health Indianapolis FM Residency	33	33	33	60	17	60	43	20	33	25	75	39
IU Health Ball Memorial Hospital	67	83	80	100	71	50	50	56	13	83	60	65
IU Methodist Family Medicine Residency	100	71	83	60	83	25	86	56	0	57	33	59
Memorial Hospital of South Bend	100	50	100	88	100	83	100	88	100	78	60	86
St Joseph Regional Medical Center	80	100	75	50	40	100	67	100	40	40	71	69
St Vincent Family Medicine Residency	40	20	0	57	38	50	80	29	17	33	50	38
Union Hospital Family Medicine Residency	75	33	100	67	60	100	83	100	33	40	71	69
Reid Health	NA	NA	NA	NA	NA	NA	100	50	25	67	67	62
<i>Average</i>	64	64	59	58	50	63	63	52	31	50	62	56

Table 5.6 shows Indiana family medicine survey respondents going to HPSAs and/or MUAs after completing their training. This includes all respondents who indicated that they would be going into practice after completing training and provided a specific practice location. In **2022**, over two-thirds of the respondents from Arnett Family Medicine Residency (67%), Community South Osteopathic (100%), Franciscan Health Indianapolis FM Residency (75%), St Joseph Regional Medical Center (71%), Union Hospital (71%), and Reid Health (67%) 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 2022. 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, 2012-2022

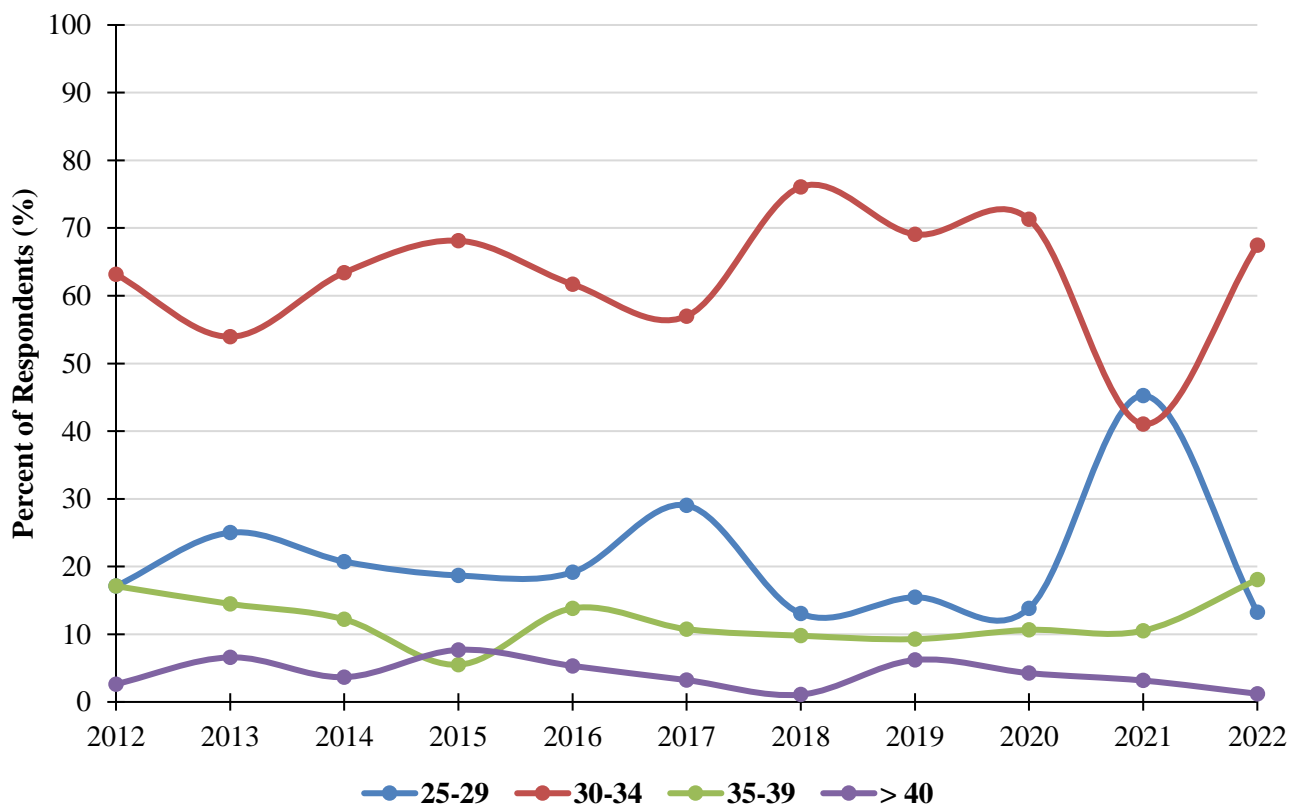


Figure 6.1 shows trends among the Indiana family medicine survey respondents’ and their age distributions from 2012 to 2022. Trends have remained fairly constant for all categories.

Figure 6.2: Trends showing Gender, 2012-2022

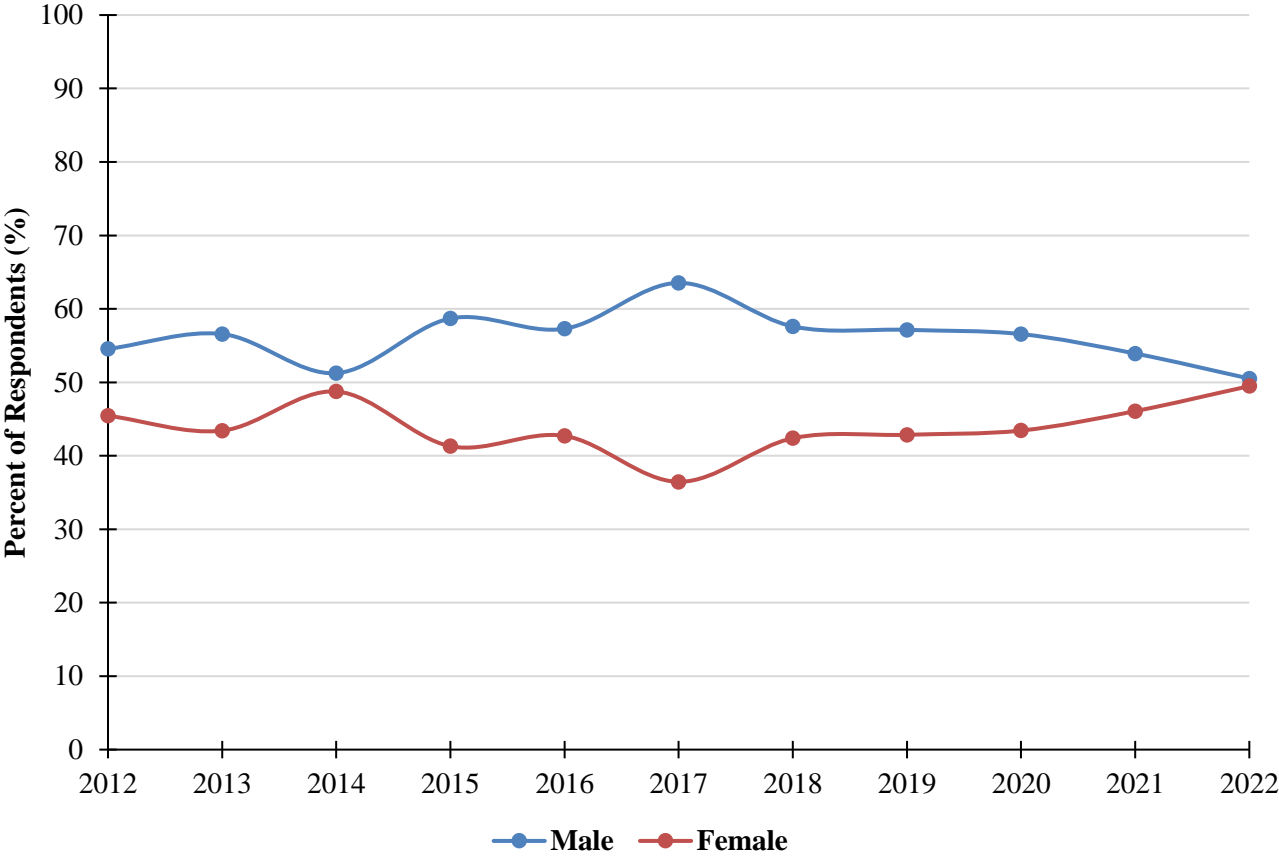


Figure 6.2 shows trends among the Indiana family medicine survey respondents' and their gender distribution from 2012 to 2022. A fairly consistent trend was noted among the male and female respondents.

Figure 6.3: Trends showing Race/Ethnicity, 2012-2022

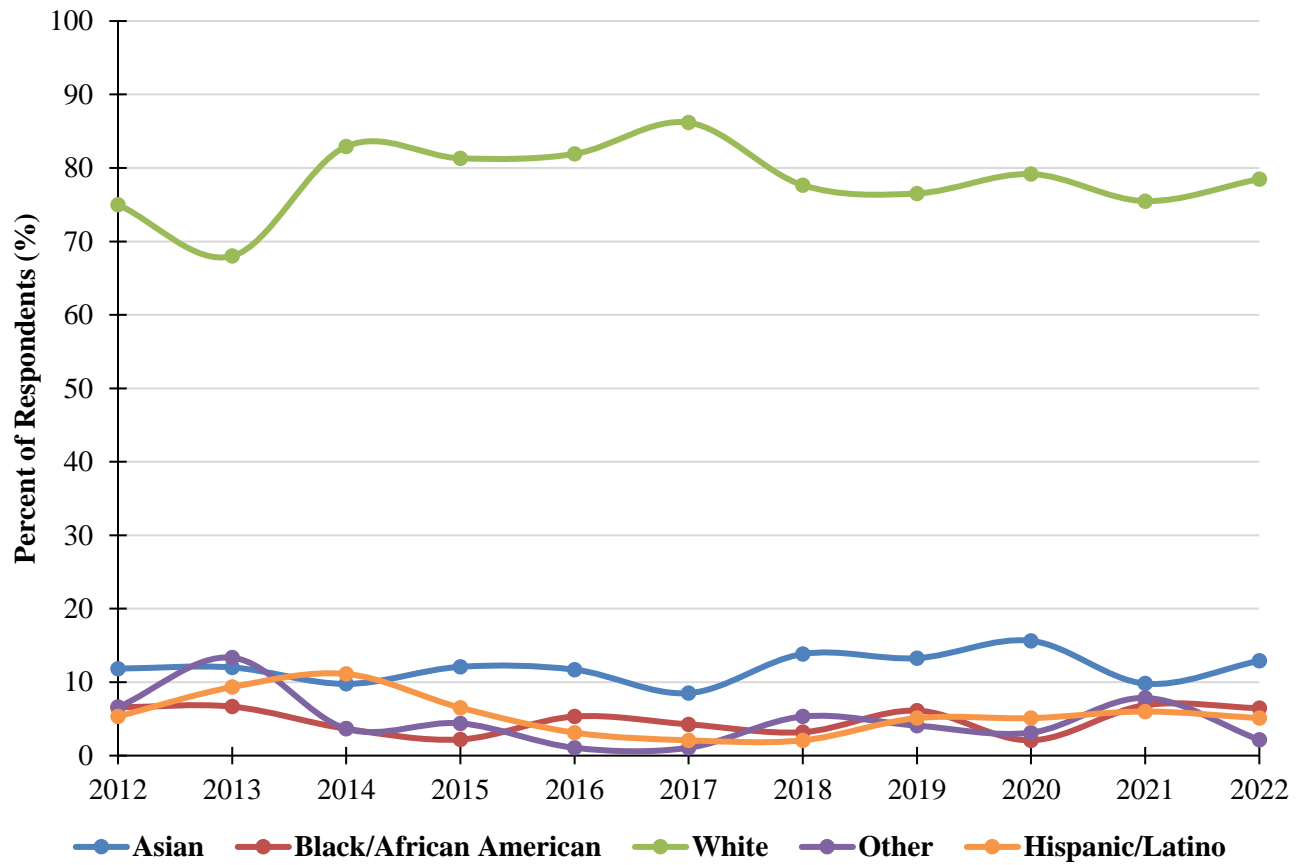


Figure 6.3 shows trends among the Indiana family medicine survey respondents' and their racial and ethnic distributions from 2012 to 2022. A fairly consistent trend was noted among all respondents for the racial and ethnic groups.

Figure 6.4: Trends showing Where the Respondents were Coming From, 2012-2022

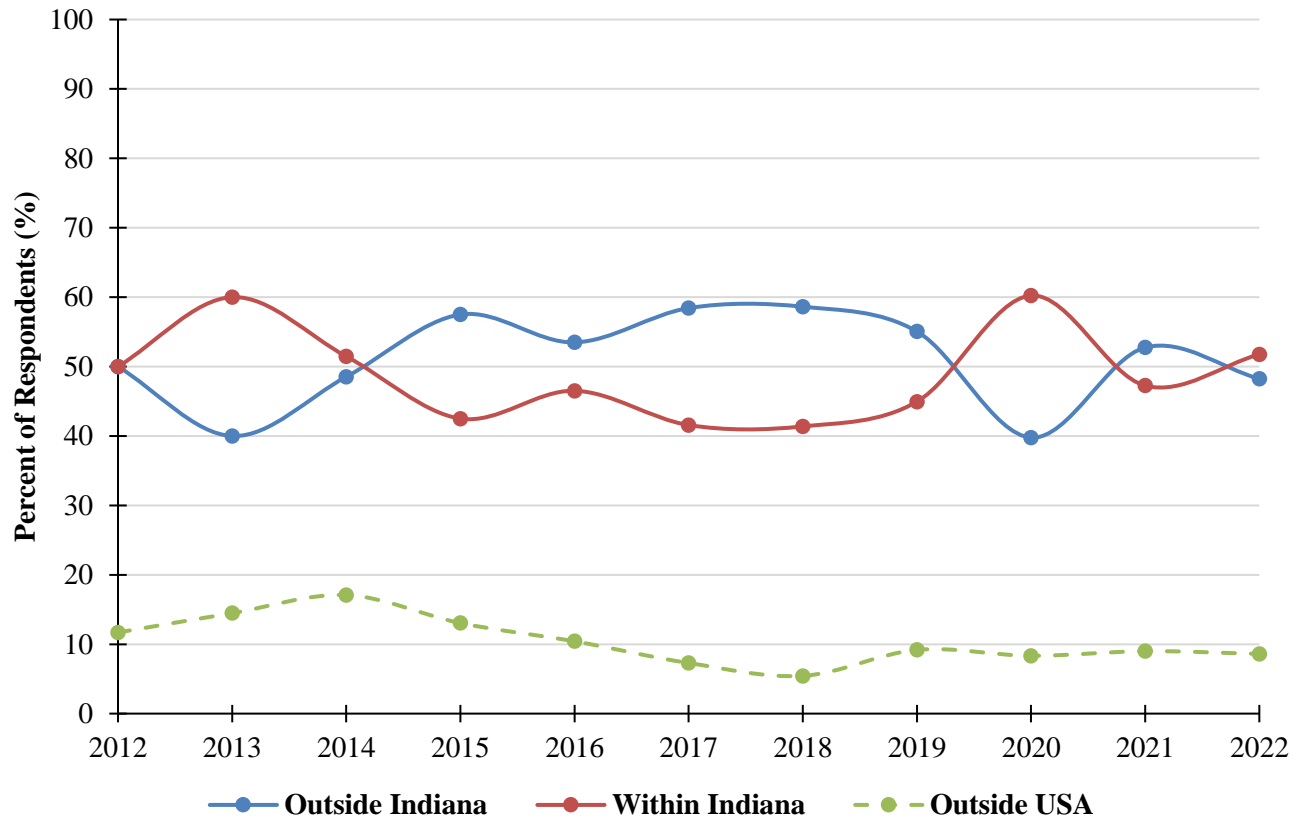


Figure 6.4 shows trends among the Indiana family medicine survey respondents' and where they came from between 2012 and 2022.

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, 2012-2022

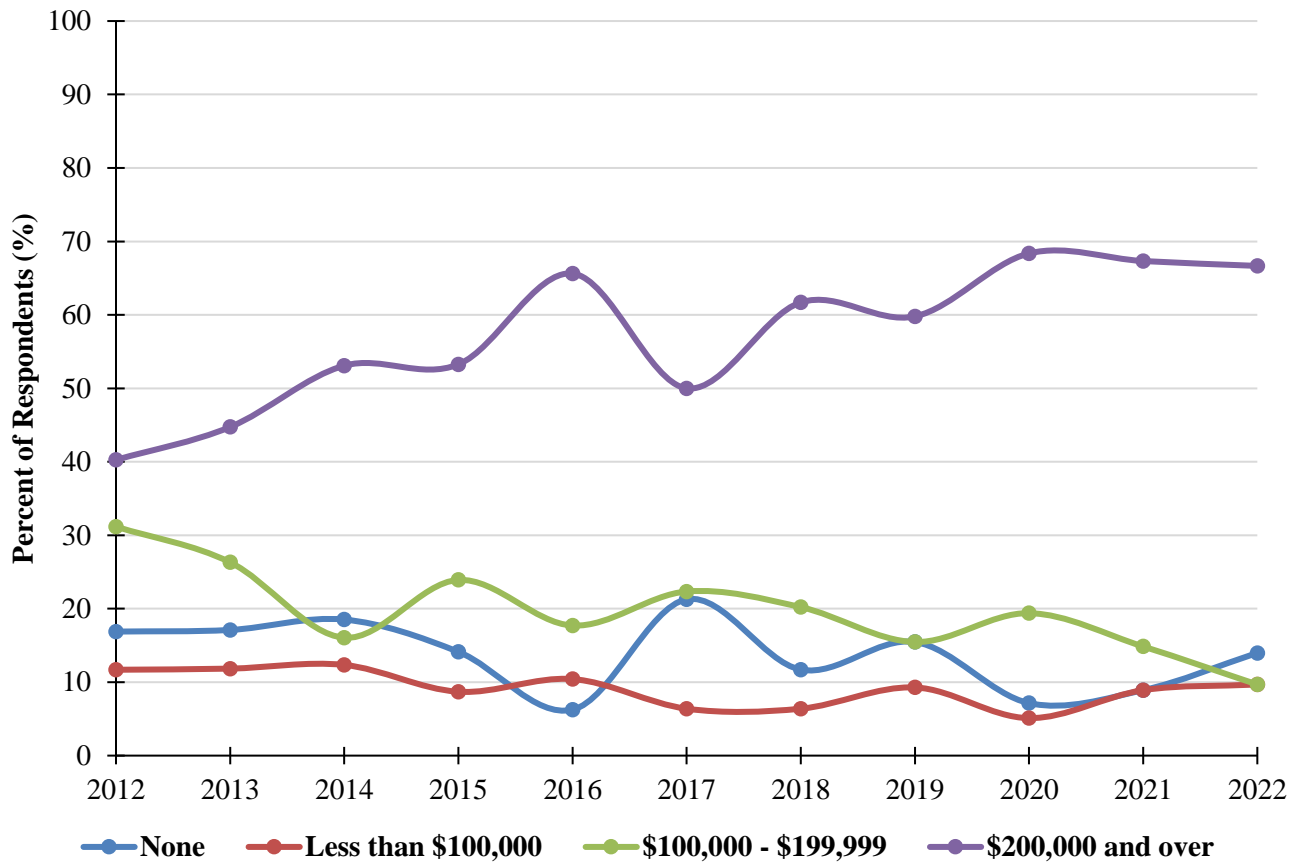


Figure 6.5 shows trends among the Indiana family medicine survey respondents’ and their current level of educational debt from 2012 to 2022.

An increasing trend was noted among respondents with an individual educational debt load of “\$200,000 or more” (40% in 2012 to 67% in 2022). A declining trend was noted among respondents with an individual educational debt load between \$100,000 and \$199,999 (31% in 2012 to 10% in 2022).

Figure 6.6: Trends showing Quality of the Program, 2012-2022

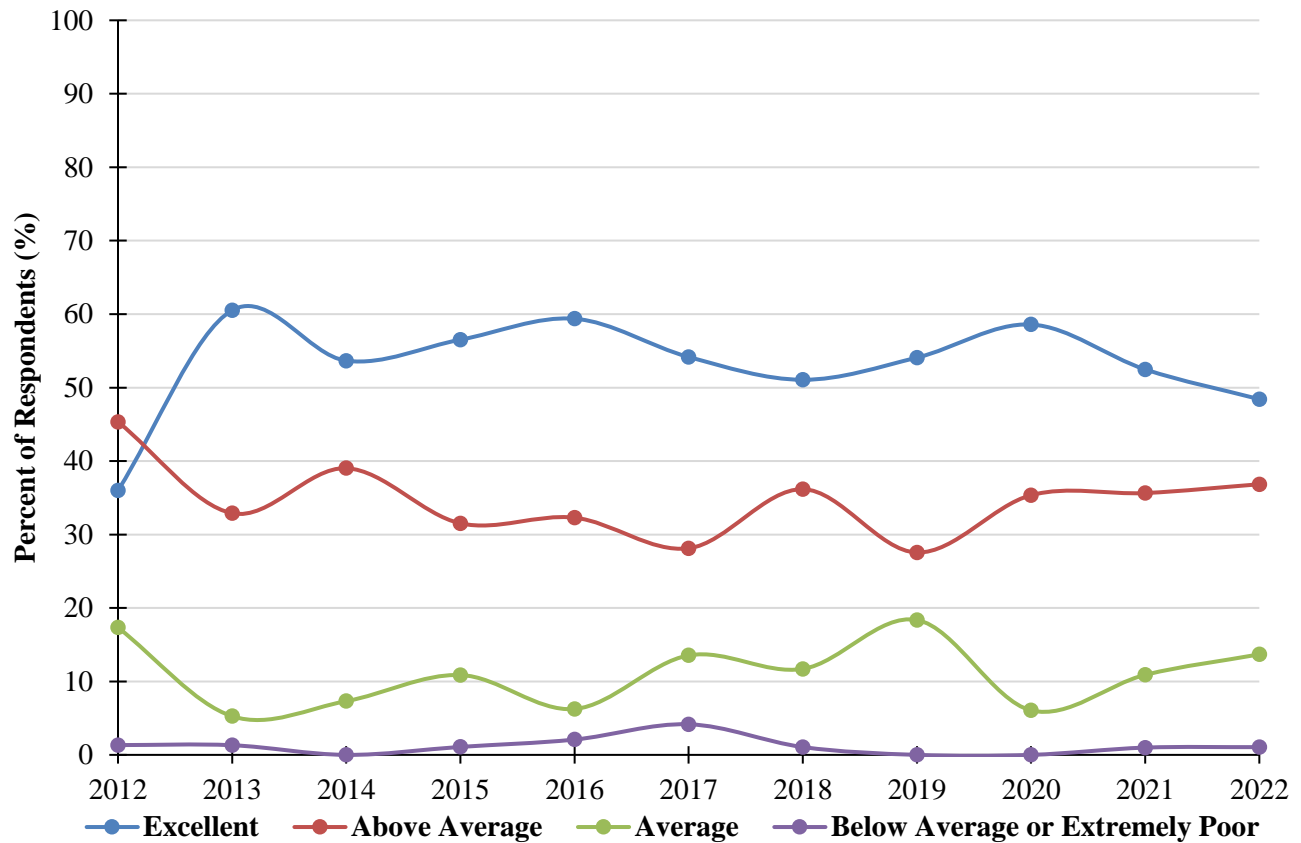


Figure 6.6 shows trends among the Indiana family medicine survey respondents’ overall rating of the quality of their training program from 2012 to 2022.

An increasing trend was noted among respondents who rated the quality of their program as “excellent” (36% in 2012 to 48% in 2022). A declining trend was noted among respondents who rated the quality of the program as “above average” (45% in 2012 to 37% in 2022). Trends have remained fairly constant for the remaining categories.

Figure 6.7: Trends showing Overall Performance of Faculty, 2012-2022

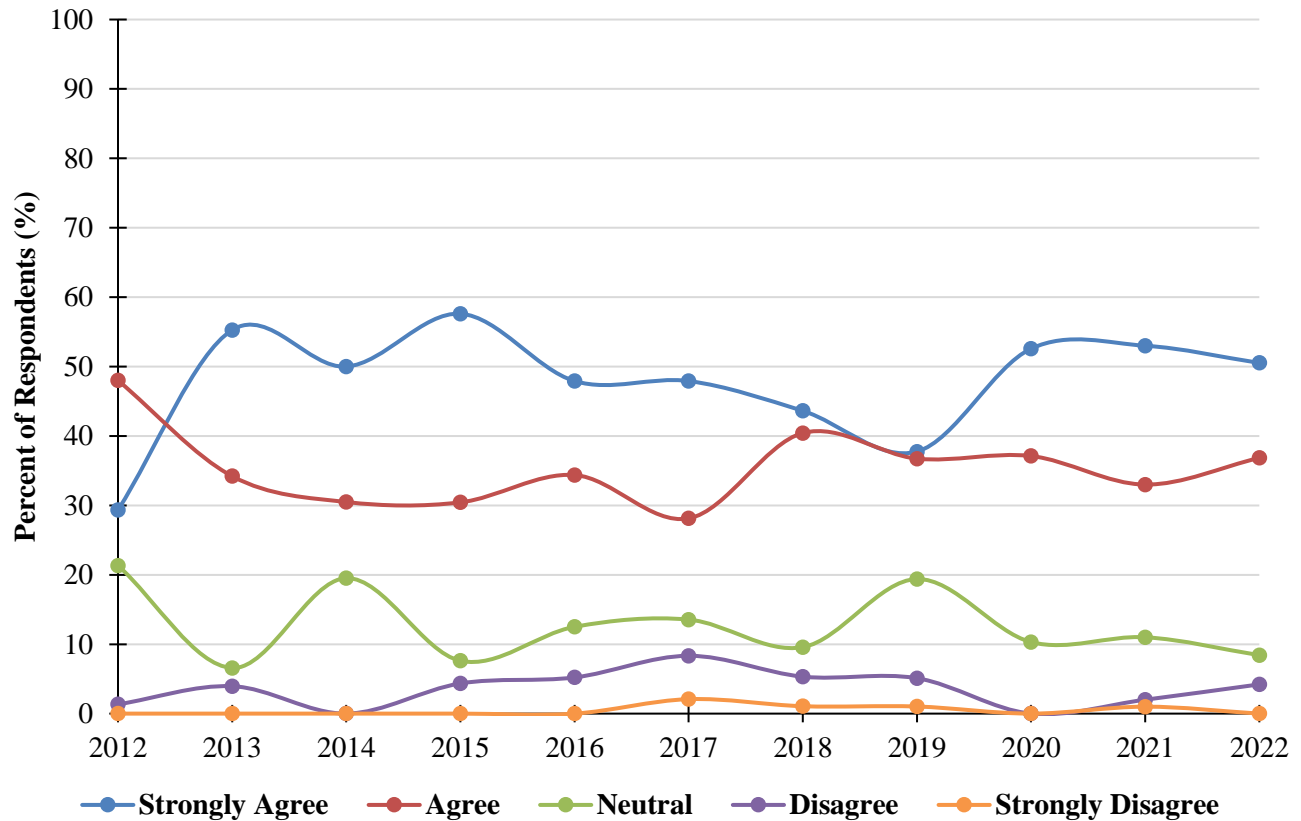


Figure 6.7 shows trends among the Indiana family medicine survey respondents' overall assessment of performance of faculty in their training program from 2012 to 2022.

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 51% in 2022). 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 37% in 2022). Trends have remained fairly constant for the remaining categories.

Figure 6.8: Trends showing Overall Performance of Peers, 2012-2022

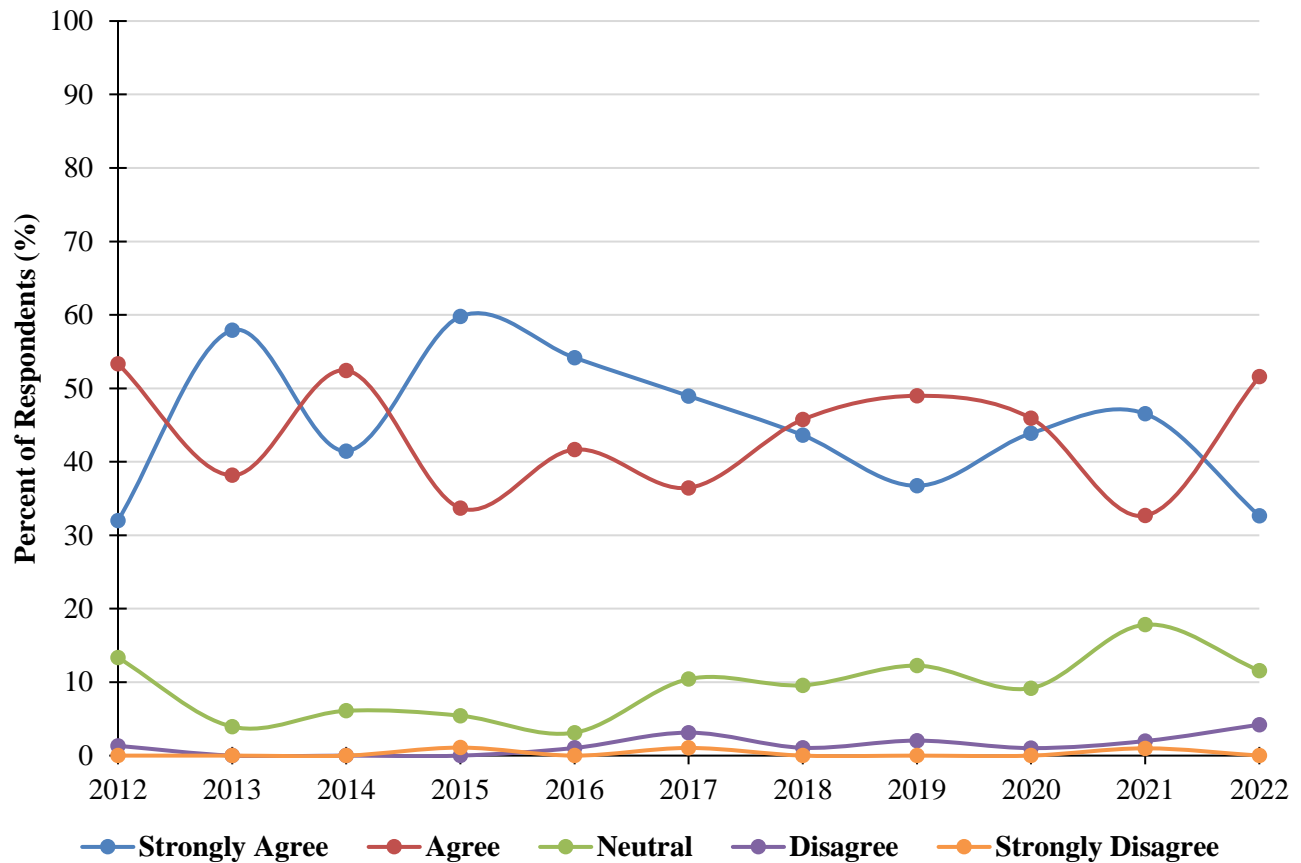


Figure 6.8 shows trends among the Indiana family medicine survey respondents' overall assessment of performance of other residents or fellows in their training program from 2012 to 2022.

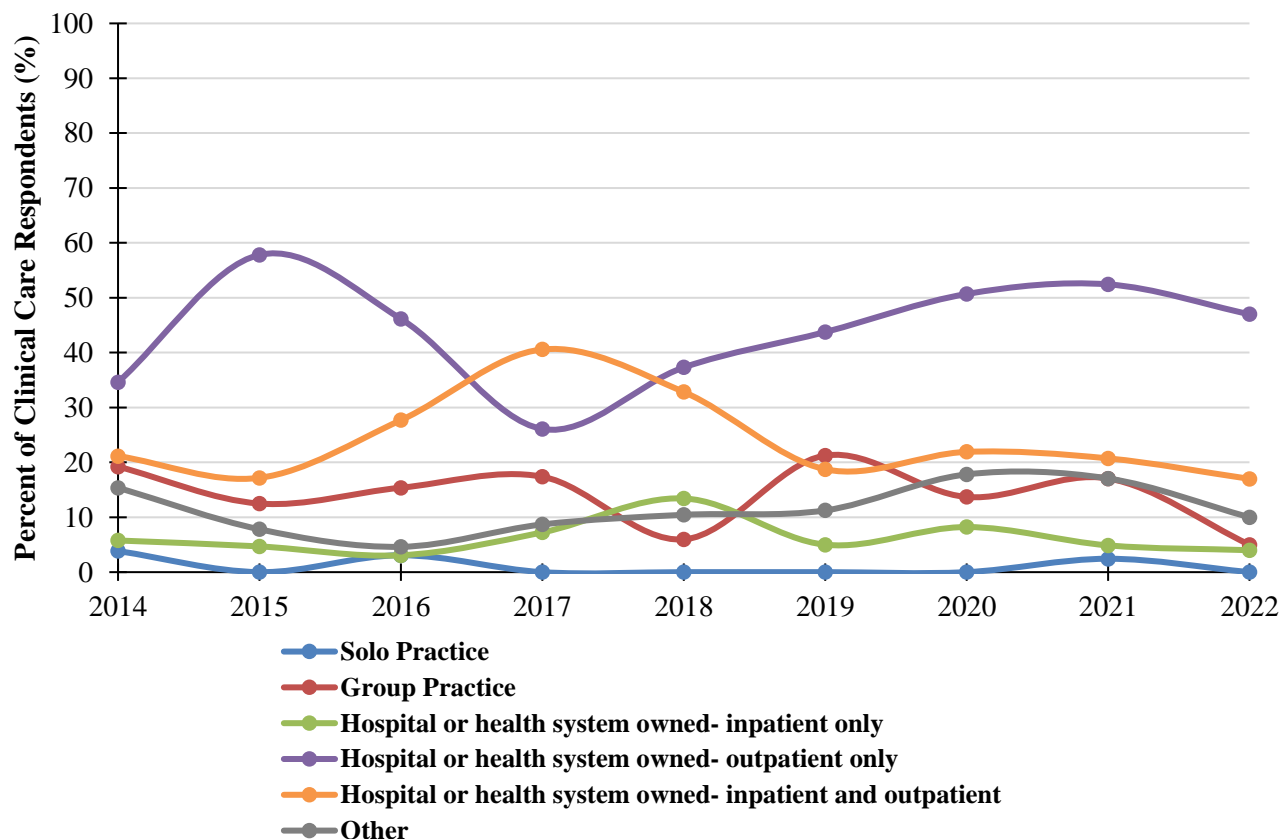
A fairly consistent trend was noted among all respondents for their overall assessment of performance of other residents or fellows in their training program.

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, 2014-2022*



*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 2022.

An increasing trend was noted among respondents going into a “hospital or health system owned – outpatient only” facility (35% in 2014 to 47% in 2022). A declining trend was noted among respondents going into a “group practice” (19% in 2014 to 5% in 2022). Trends have remained fairly constant for the remaining categories.

Figure 6.10: Trends showing Primary Location after Training, 2012-2022

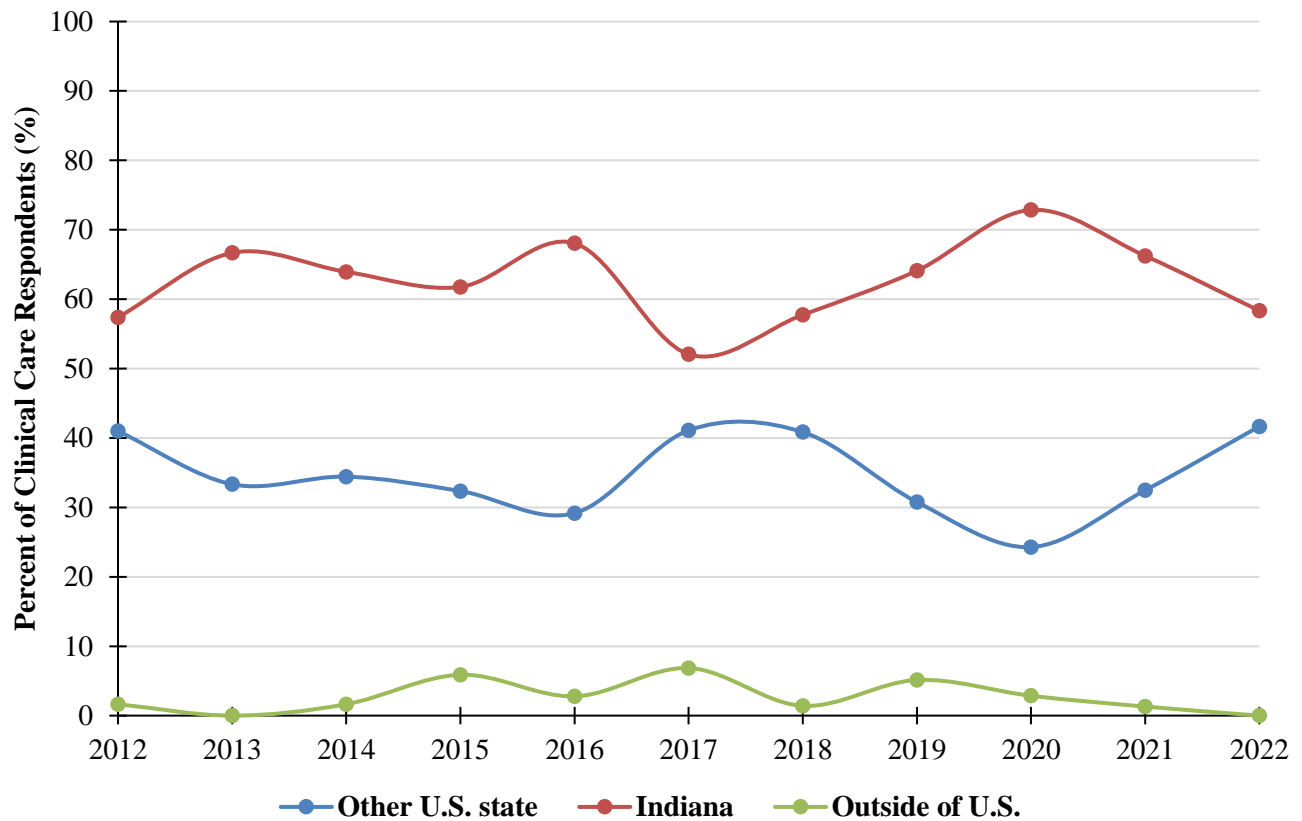
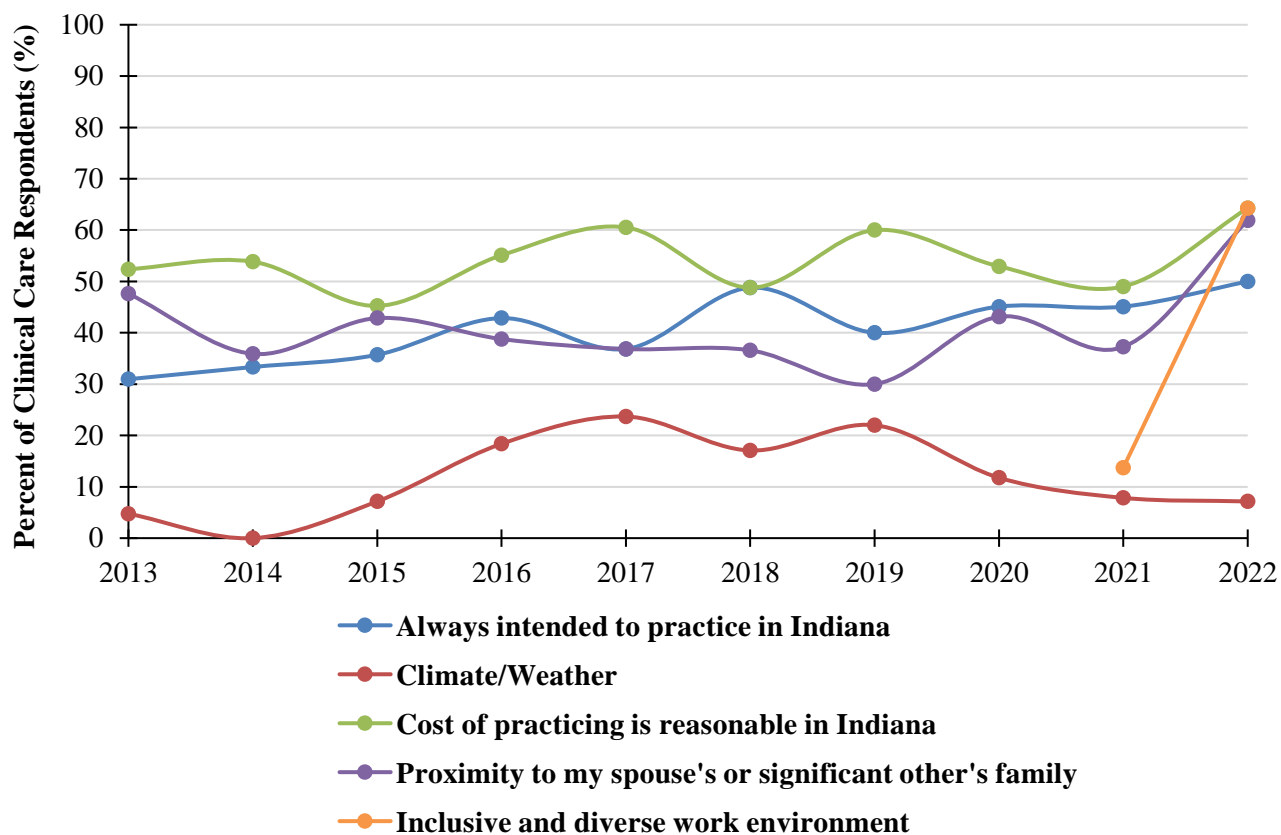


Figure 6.10 shows trends among the Indiana family medicine survey respondents’ primary location after completing their current training program from 2012 to 2022.

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

Figure 6.11: Trends showing Main Reasons to Practice in Indiana, 2013-2022*

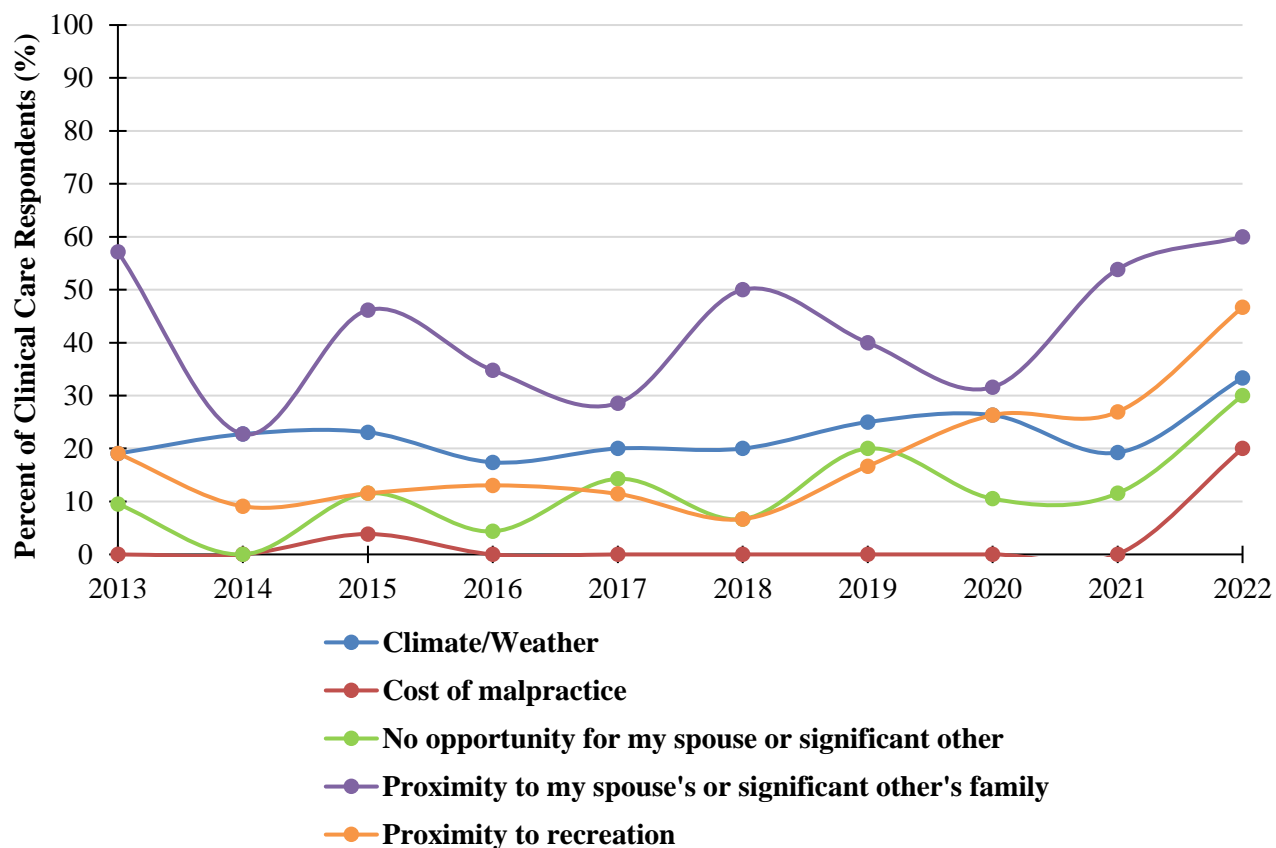


*Response categories differed in the 2012 Indiana family medicine residencies exit survey and were thus excluded from analysis.

Figure 6.11 shows trends among respondents and the top reasons they chose to practice in Indiana from 2013 to 2022. 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 50% in 2022), “cost of practicing is reasonable in Indiana” (52% in 2013 to 64% in 2022), “inclusive and diverse work environment” (14% in 2021 to 64% in 2022), and “proximity to my spouse's or significant other's family” (48% in 2013 to 62% in 2022). Trends have remained fairly constant for the remaining categories.

Figure 6.12: Trends showing Main Reasons Not to Practice in Indiana, 2013-2022*



*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 2022. 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 “climate/weather” (19% in 2013 to 33% in 2022), “cost of malpractice” (0% in 2013 to 20% in 2022), “no opportunity for my spouse or significant other” (10% in 2013 to 30% in 2022), and “proximity to recreation” (19% in 2013 to 47% in 2022). Trends have remained fairly constant for the remaining categories.

Chapter 7: Open-ended Comments from Survey Respondents, 2022

Two open-ended questions have been asked on the *2022 Indiana Family Medicine Residency Exit Survey*[®]. These questions asked for suggestions to improve the program and new ideas for the residency curriculum. Responses to the two questions have been summarized into broad categories as shown below.

Respondents' suggestions for improving the program

Didactics

- As specialty rotations are in volunteer faculty offices, education on these rotations varies wildly. Numerous ones of these are shadowing in a busy practice with no time for teaching, which feels largely like a waste of time and is awkward. I would honestly rather just be on our service or clinic with our faculty so I can learn and practice medicine.
- Formal board review structured throughout the year with more questions, more integration with ultrasound for MSK and procedures in clinic and in the hospital.
- GME needs to update outdated curriculum.
- Hold all residents to the same standard. Focus on education instead of clicking boxes for ACGME.
- Integrate ultrasound formally into every FM program, with requisite training of at least one faculty member to train residents. Could get rid of the QI project to make room (not a valuable experience).
- Less OB.
- Less OB focus.
- Less structured wellness events and allowing residents more freedom to create these. Overhaul of didactics to make them more applicable to boards. Dedicated board review sessions instead of just the month before boards. More assistance with getting residents procedures, especially inpatient opportunities. Improvement in communication and coverage needs between faculty and schedulers.
- More clinic support to better align w/ future practice.
- More educational and wellness funding.
- More frequent Outside faculty (specialist) during Didactics sessions.

- More lectures by faculty, having more transparency with residency decisions, not being defensive/dismissive about choices that have been made in the past and being open to change in the future, not saying one thing and then doing another.
- Peds exposure, more procedures.
- Smaller inpatient admission list so that there can be less patients to allow for specific education/lectures and discussions, more hands-on learning for procedures, continue relationship with IU-OB for more Ob exposure, weekly administration time for residents to catch up on notes, results, etc., more attending-led lectures before clinic/while on inpatient, more flexibility with ideas for didactics, more guest speakers in specific specialties for didactics, and a better system for making sure away elective packets are sent to ACGME (multiple residents lost opportunities to do away electives or leave the country as part of an elective because it wasn't sent to ACGME like it was supposed to get approved).
- There are some rotations that may need minor improvement based on opportunity for both inpatient/outpatient experiences, there is already improvement in development of procedure clinic, there is already improvement in development of OMT clinic.

Training

- Improvement in clinic flow. More front office staff. Functional exam equipment (currently lack ready access to functional cuff, otoscope and ophthalmoscope. Revamp of the QI process. Appropriate discipline or remediation for residents with deficiencies, and process for addressing residents who are unable to remediate said deficiencies successfully.
- Increased cultural competency training, improved balance of male-to-female physician faculty.
- More focus on outpatient practice.
- More MA/LPN/RN in the clinic.
- Most, if not all, of the mentorship and guidance that I received during my training came from outside of the department. I would encourage leadership to invest more into their residents rather than just knowing nosy simple facts.
- Opportunities for the residents to learn IUD/nexplanon placement, give options for rural vs underserved.

Faculty involvement

- Add a DO faculty member to increase amount of OMT training. Go back to seeing triage in OB to add to training of interns. Get some new nursing staff in clinic.
- Every director needs to be on the same page with rules and expectations.
- Having faculty provide a teaching/learning point when staffing. Or at least reviewing some medical resources rather than solely agreeing with the plan. Also having faculty more attentive during staffing and being on time.
- Having our PD actually listen to what residents and other staff NEED instead of blowing us off.
- Improved communication between administrative staff and residents particularly in regards to major changes in schedules at the last minute- such as during COVID deployment months. We have had planned time off upended due to this without adequate compensation. Additionally, we are told certain things are required of us when they in fact are not, and we do not necessarily find this out until after the fact when we have already had to make sacrifices to accommodate for these requirements. Overall, the training is good, and MD faculty are very understanding. Support staff could be improved.

Resident wellness

- Administrative safe to be more sensitive to life changing events that may occur in the resident's personal lives.
- Burnout is closely correlated with resident's ability to control their schedules. More autonomy with scheduling would be helpful, or if changes are made, clear, timely communication and reasoning. Earlier graduation ceremony that allows all residents to participate. I'm very disappointed that some of my colleagues will be unable to attend their graduation ceremony due to it being on June 30 and fellowship trainings start on the 1st. This has especially had an impact on our class due to so many matching into fellowship. It has also put a strain on many families being able to attend with it being in the middle of the week.
- More ready access to mental health resources for residents. Also need DRASTIC improvements in clinic environment.

General

- Listen more to the Residents when they feel safety is at stake.
- Making sure to promote diversity and inclusivity more. Striving to promote resident autonomy and resident involvement in residency changes. Providing more fair rules and expectations for all residents. Improving resident morale and clearer roles for residents in leadership positions. Open communication between administration and residents.
- Need to improve resident and faculty recruitment. We could make better efforts at retaining residents and recruiting local medical students.
- None - have been thrilled with my training at Memorial.
- None, I really do think it's a wonderful program.
- Residents are taken advantage of without proper compensation (ex being pulled out of clinic for deployment then consistently told that we are behind on patient numbers even though the GME asked that we be pulled out of clinic thereby losing patient numbers). Don't feel supported by the GME.
- We already discussed this, but more transparency and rounding back when critiques or concerns are brought up. Involving residents in decisions.
- We need a more professional environment. Business casual dress in clinic, start noon conference on time, consistent and organized conference schedule instead of "free days"• multiple times per week because no one was scheduled and followed up on, professional invites to events, professional well-thought out emails instead of k thnx bye sent to entire residency, interns don't need to do their M&Ms on Fridays while there is NO faculty there to watch, faculty needs to return to noon conference in person, high-track OBers need to take responsibility and do their own work, our program is already very OB heavy for people who dislike it. It is unfair to make it even more intense just because 3-4 high trackers want to take on extra patients and let the other 25 residents do their scut work until delivery. Not fair.

Residents' areas for the new curriculum

Didactics

- Add triage for OB. Do sports med as intern and ortho as 3rd year. Add OMT training. Add OB track for those interested and decrease amount of training for those not interested in OB. Increase peds training. Adjust ER training so less focus on numbers so we can see good learning cases not just see the easy ones to get a certain amount.
- Behavior health should include more pediatric exposure.
- Cards rotation.
- Geriatrics.
- Holistic medicine.
- Hospice and Palliative Care and Pain Specialist.
- Improvement in sports medicine track to allow for a continuity opportunity for patient numbers to count for those on the track.
- Improving on the OB curriculum. Working to modify some rotations with specialist in order to have more fruitful learning since it is so staff dependent. Strive to continue having patient continuity in clinic. Adding more opportunities for procedures and trying to have more dermatology lectures/clinic. Working more on bedside ultrasound.
- Many more options for elective opportunities and not make the process so difficult/time consuming.
- Professionalism lectures.
- Sports medicine fellowship program, improvements in addiction medicine.

Training

- Contract negotiation, loan repayment, job search.
- Cultural competency training, medical Spanish for physicians, more structured research curriculum.
- I would love to see dedicated procedure clinics and have this a part of residents routine schedules (e.g. residents assigned to procedure clinic 1x/month)for experience. It's difficult to sign up for procedures in the midst of clinic duties.
- More inpatient experience.
- More procedures. On humans, not pig's feet. Working with the Geri population from nursing homes/ conjunction with PACE?

- We helped to create DEI committee that I am nervous will be cut after graduation, even though it is VERY important. continue LGBTQ training. continue training for underserved communities.

Faculty involvement

- More staff in the clinic setting is a must.

General

- Racial inequalities in healthcare and how to recognize your bias, more dermatology lectures, more procedure didactics at least twice a year (learning to place an EJ, IUDs, biopsies, injections, etc.)
- Having more outreach projects to be involved with the community.
- More wellness activities.
- None, we are already overworked.
- None, we do a very good job of morphing our curriculum to fit people's interest.

Hospital Code ___ _ _

**Indiana Medical Education Board
2022 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 Latinx?

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

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

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

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

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

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

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

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

- In Indiana IUSM MUCOM
- Outside Indiana
City _____ State _____
- Outside U.S.
Country _____

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

- Doctor of Medicine
- Doctor of Osteopathic Medicine

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

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

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

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

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

- First generation learner (e.g., first to go to college and first to go to medical school)
- 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? **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 19.

PRACTICE CHARACTERISTICS:

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

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

14. When did you accept a position?

- 6 months ago
- 1 year ago
- 2 years ago
- Have not 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
- Climate/Weather
- 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
- Other (please specify): _____

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

- Climate/Weather
- 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
- 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 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

25a. 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

25b. I would rate the overall performance of the other residents in my Family Medicine residency program to have exceeded my expectations.

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

WELLNESS:

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

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

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

28. I would rate my overall wellness as:

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

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

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

Q30 is the last question! Thank you for completing the 2022 Indiana Family Medicine Residencies Exit Survey!

Appendix B: Survey Response Rates, 2012-2022

Residency Program	Distribution and Completion of <i>Indiana Family Medicine Residencies Exit Survey</i> ®																					
	2012		2013		2014		2015		2016		2017		2018		2019		2020		2021		2022	
	Distr.	Comp	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	10	9
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	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	9	9
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	12	10
Franciscan Health	6	6	6	6	7	7	7	7	7	7	8	8	8	8	7	7	8	5	7	4	8	8
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	9	7
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	14	14
IU 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	5	4
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	9	5
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	5	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	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	8	7
Union Hospital	6	6	5	5	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7
Total	78	77	76	76	82	82	92	92	96	96	96	96	94	94	98	98	103	99	109	102	109	98
Response Rate	98.70%		100.00%		100.00%		100.00%		100.00%		100.00%		100.00%		100.00%		96.12%		93.58%		89.91%	