FACTORS INFLUENCING FIRST PRACTICE LOCATION OF THOSE COMPLETING RESIDENCY/FELLOWSHIP

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QUESTIONS

1. Where do graduates from IU School of Medicine residency programs go to practice?
2. Why do they choose that location?
3. Why do they not choose to practice in our state?

OBJECTIVES

To determine proportion of residency graduates from all IU residency programs who practice where they are needed in Indiana. Factors affecting their decision of a practice location are also identified.

METHODS

- Cross-sectional survey design
- Graduates of IU School of Medicine residency programs
- All 278 graduate program completers were asked to fill out the questionnaire as part of the exit process
- Information gathered included residents' demographic characteristics, reaction to their residency training, and their plans after graduation, including where they intend to practice and why they chose that location
- 177 participated in the survey (63.7% response rate)

RESULTS

All Respondents:

- 65% plan to be primarily clinical practitioners; 26% plan to start a fellowship; 5% plan to be primarily researchers
- 58% have $100,000 or more in student debt; 14% have $200,000 or more in student debt
- 50% plan to practice in states other than Indiana; 33% plan to practice in the area close to the medical school

Primary Care versus Non-Primary Care:

- Top 3 reasons given for choice of practice location were:
  - Met my needs/preferences (61.1% primary care; 72.9% non-primary care)
  - Liked the people (61.1% primary care; 69.8% non-primary care)
  - Salary compensation (50.0% primary care; 45.8% non-primary care)
- Top 3 reasons given for NOT practicing in state:
  - Proximity to family (27.8% primary care; 26.0% non-primary care)
  - Never intended to practice in state (16.7% primary care; 16.7% non-primary care)
  - Lack of jobs/practice opportunities in state (11.1% primary care; 12.5% non-primary care)
- Half (50.0%) of the *primary care graduates* received 4 or more job offers compared to 36.1% of the *non-primary care graduates*
- Two-thirds (66.7%) of the *primary care graduates* thought there were many jobs for them in the state compared to less than half (45.7%) of the *non-primary care graduates*

RESULTS

Residents versus Fellows:

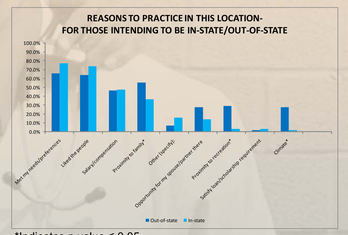
- Top 3 reasons given for choice of practice location
  - Proximity to recreation (79.0% residents; 93.9% fellows)
  - Met my needs/preferences (70.4% residents; 72.7% fellows)
  - Liked the people (70.4% residents; 63.6% fellows)
- Top 3 reasons given for NOT practicing in state:
  - Proximity to family (28.4% residents; 21.2% fellows)
  - Never intended to practice in state (19.8% residents; 9.1% fellows)
  - Lack of jobs/practice opportunities in state (9.9% residents; 18.2% fellows)
- 52% of *residents* believed there were many jobs for them in the state compared to 42% of *fellows*
- 18% of the *residents* received 4 or more job offers compared to 16% of *fellows*

In-State versus Out-of-state:

- Top 3 reasons given for choice of practice location
  - Met my needs/preferences (77.2% in-state; 65.5% out-of-state)
  - Liked the people (73.7% in-state; 63.8% out-of-state)
  - Salary/compensation (47.4% in-state; 46.6% out-of-state)
- Top 3 reasons given for NOT practicing in state:
  - Proximity to family (1.8% in-state; 50.0% out-of-state)
  - Never intended to practice in the state (0.0% in-state; 32.8% out-of-state)
  - Lack of jobs/practice opportunities in Indiana (0.0% in-state; 24.1% out-of-state)

RESULTS

- 25% of the residents who *intended to practice in Indiana* received 4 or more job offers compared to 11% of those *intending to practice out of the state*



*Indicates p value ≤ 0.05

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CONCLUSIONS

The results of this survey document that half of Indiana University residency program graduates stay in the state to practice, many in MUAs or HPSAs. One of the main reasons given for practicing in the state is "met their needs/preferences" and the main reason for NOT practicing in the state is "proximity to family". Most of the important determinants of residents' practice location choice could be affected by policies and initiatives to make sure their needs are met and they are treated well by the existing staff.

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