Candidate: Tracy J. Frieswyk
For the degree of: Doctor of Philosophy
Department: Educational Leadership, Research and Technology
Title: GME Graduate Retention Rates: A Single Institution Study
Committee: Dr. Jessaca Spybrook, Chair
Dr. Chris Coryn
Dr. Alan Davis
Time/Place: Friday, October 30, 2015
9:30 to 11:30 a.m.
2401 Sangren Hall

Graduate medical education (GME) refers to the advanced instruction provided to clinicians who have previously received their MD (doctor of medicine) or DO (doctor of osteopathic medicine) degrees. GME education takes place in the clinical setting (e.g., hospitals, clinics), delivering the training necessary for physicians to become licensed to practice medicine, as well as to become board-certified in their specialty. GME training programs throughout the US are absolutely essential, as they are the primary source in this country for the physician workforce.

One of the major decisions in a physician’s life as they approach the end of GME training is where to practice medicine. Federal and state governments, along with other sources devote substantial resources to the training and development of medical doctors. In a time of increased concerns over an impending shortage of physicians and the costs associated with GME training, there are key incentives to identifying those GME graduates who are most likely to practice medicine in the state in which they trained. Thus, GME training programs are interested in learning more about the factors that influence in-state practice location decisions, as well as how to identify graduates that are likely to practice in-state.

The focus of this study is to utilize logistic regression with cross-validation to examine in-state retention using individual level demographic and educational predictors in order to create a pilot-scoring tool to identify graduates from a Michigan-based GME
training program who are likely to practice medicine in Michigan post-training. Results show that a connection to the state of Michigan (e.g., being born in Michigan, graduating from a university or medical school in Michigan and completing GME training in Michigan), as well as graduating from a primary care program and being married, were predictive of in-state retention. A score associated with each variable was determined and a pilot-scoring tool was created to identify GME graduates likely to practice in Michigan post-training. A tool like this could be used in targeted recruitment efforts towards graduates likely to practice in Michigan after training. Further studies to determine the reliability, validity and applicability of this scoring tool are necessary.