2025 APDIM Annual Survey of Internal Medicine Residency Program Directors: Summary Results (April 2026)

2025 APDIM Annual Survey

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Survey Fielding History and Human Subjects Research Exemption Determination

Action	Date
Survey email prenotification to **519** internal medicine residency program directors (verified using the Accreditation Council for Graduate Medical Education [ACGME] Accreditation Database System online) whose programs were 1. Alliance for Academic Internal Medicine (AAIM) institutional members as of August 2025 or non-renewed AAIM institutional members in a "grace period" and 2. ACGME-accredited ("Continued" or "Initial" status with or without a "warning") **prior to July 1, 2024:** *survey-eligible* population=**519** *(reduced to **497** at survey closure); study-eligible* population=**631**	12-Aug-25
Survey launch	19-Aug-25
First survey software email reminder to nonrespondents	2-Sep-25
Second reminder	16-Sep-25
Third reminder	30-Sep-25
Fourth reminder	14-Oct-25
Fifth reminder	19-Nov-25
Sixth reminder	3-Dec-25
Survey closure: 238 complete responses[a,b,c]	**12-Dec-25**
Unadjusted (unweighted) response rate	**238/497: 47.9 percent**
Statistical weight factor adjustment for non-response bias: Estimated survey error of **"3.6"** (95% Confidence Interval)[d]	**Post-fielding**

[a]Additionally, three general APDIM Discussion Forum ("list serve") reminders were disseminated by APDIM Survey and Scholarship Committee members.
[b]Survey-eligible population reduced from **519 to 497** due to **nine** unresolved email bouncebacks and **13** contacts whose programs' AAIM/APDIM membership was in a grace period but was not renewed prior to survey closure and whose program directors did not access the survey.
[c]**Two** program directors completed the first section of the survey. Their responses are included in the section response rate (n=240) but not in the official response rate.
[d]Results weight-adjusted to population of 497: Estimate of "3.6" is the range within which any survey-specific estimate (result) likely falls (at 95% confidence). For example, a weighted percentage of "48.0" to a survey question/item might be as low as 44.4% or as high as 51.6%. See "Statistical Analysis and Corrections for Survey Nonresponse" for a more complete explanation.

Human Subjects Research Determination
This study and its protocol (Number: 2025-0423-DFT) were submitted to Pearl IRB (registered with the U.S. Department of Health and Human Services Office for Human Research Protections as IRB00007772) for exemption determination in accordance with the applicable federal regulations, and were deemed exempt on July 21, 2025 under 45 CFR 46.104(d)(2)(ii): Tests, Surveys, Interviews.

Survey platform: *Qualtrics Surveys XM;* summary data analysis conducted in *Stata SE 18.0*.

Note: Questions about the Annual Survey methodology should be directed to Alliance Surveys and Research staff at surveys@im.org.

The APDIM Survey and Scholarship Committee and Alliance for Academic Internal Medicine Surveys and Research staff wish to thank Nikita Kubal, MS, for her invaluable assistance with handling and preparing the dataset that informed the results presented in this document.

Statistical Reporting and Notations

With some exceptions, this document excludes open-ended / essay comments. For example, open-text response comments to questions with an option for "Other" are reported in table footnotes when the number of comments is small (about five or less).

Missing values or survey item non-response are denoted as "Number missing" or "Nonrespondents;" Totals/denominators are based on actual number of data points or responses to each survey question, unless otherwise indicated. Tables that do not report or note a "Number missing" do not have missing values or item non-response. Where applicable, footnotes clarify denominators and/or item non-response.

*As explained in the section, "Statistical Analysis and Corrections for Survey Nonresponse," responses to survey-specific questions/items are **statistically weight-adjusted,** but all numerators and denominators are **unweighted**, in keeping with conventional non-sample survey methodology. Percentages and measures of central tendency (e.g., mean, median) are reported as "weighted."*

Most measures of central tendency (e.g., mean) are reported to one decimal place. Where appropriate, some are reported to two decimal points (e.g., due to small values).

The largest mode (the value that occurs most for a "continuous" variable such as an amount or a count) is reported for variables with multiple modes.

Denominators for multiple-choice, select-all-that apply questions are based on the number of respondents who selected one or more items for those questions. Total number of responses will exceed the number of respondents to those questions and total percent of responses will exceed "100."

Numbers in parentheses after survey response options simply refer to the numeric value assigned to those options by the survey software during data collection (e.g., "No (1)," "Yes (2)").

SD=Standard Deviation (a measure of variability among the data points for a "continuous" variable [i.e., an amount or quantity]); IQR=Interquartile Range (a measure of "distance" between the 25th and 75th percentiles for a continuous variable).

P-value: A metric used to estimate the likelihood of whether an observed difference between two or more groups is due to random chance, relative to the level of statistical confidence that one is willing to accept (e.g., 95%, 99%). Example: whether the difference in the number of survey respondents and nonrespondents by residency program type is likely due to random chance (see "Representativeness of the Respondents").

All Study-Eligible Programs (N=631)

A. ABIM, ACGME, and U.S. Census Bureau Data

Source Notes

ABIM: American Board of Internal Medicine; ACGME: Accreditation Council for Graduate Medical Education. ABIM data provided with permission; ACGME data obtained through ACGME Accreditation Database System (Public; https://apps.acgme.org/ads/Public/Programs/Search). U.S. Census Regions available at https://www2.census.gov/geo/pdfs/maps-data/maps/reference/us_regdiv.pdf.

U.S. Census Bureau Region		
	Number of Cases	**Percent**
Midwest	125	19.8
Northeast	163	25.8
South	232	36.8
Unincorporated Territory	8	1.3
West	103	16.3
Total	**631**	**100.0**

ABIM: Number of test takers from `22 -`24							
Number of Cases	**Mean**	**SD**	**Min**	**Max**	**Median**	**Mode**	**Number missing**
526	52.0	35.7	10	186	41	29	105

ABIM rolling pass rates								
	Number of Cases	**Mean**	**SD**	**Min**	**Max**	**Median**	**Mode**	**Number missing**
abim_22_24	526	85.1	11.9	30	100	88	93	105
abim_21_23	507	84.9	12.7	15	100	88	92	124
abim_20_22	490	86.4	13.0	30	100	90	100	141
abim_19_21	474	88.0	12.9	30	100	92	100	157
abim_18_20	447	90.0	11.6	23	100	93	100	184
abim_17_19	419	90.3	9.7	36	100	93	100	212
abim_16_18	388	90.6	7.8	53	100	92	94	243
abim_15_17	371	89.9	7.9	55	100	92	97	260
abim_14_16	355	88.7	8.2	54	100	91	94	276
abim_13_15	353	87.2	8.9	39	100	89	91	278

ACGME: Accreditation Status (as of 06-2025)		
	Number of Cases	**Percent**
Continued Accreditation[a]	594	94.1
Initial Accreditation[b]	37	5.9
Total	**631**	**100.0**
[a]Includes <Five programs of "Continued Accreditation with Warning" due to small cell sizes/data confidentiality.		
[b]Includes <Five programs of "Initial Accreditation with Warning" due to small cell sizes/data confidentiality.		

ACGME								
	Number of Cases	**Mean**	**SD**	**Min**	**Max**	**Median**	**Mode**	**Number missing**
ACGME: Total Approved Resident Positions (as of 06-2025)	631	59.4	39.7	6	251	45	36	0
ACGME: Total Filled Resident Positions (as of 06-2025)	631	53.9	38.6	2	248	42	30	0
How Many Institutions Participate in the Program? (as of 06-2025)	631	3.7	3.0	1	21	3	2	0
Program director tenure in years (as of December 2025)	631	4.8	5.1	0	34	3	1	0
Number of years since program received original accreditation (as of 06-2025)	631	35.5	28.1	1	84	39	9	0

ACGME: Any VA Hospital Rotations Required? (as of 06-2025)		
	Number of Cases	**Percent**
Yes	190	30.1
No	441	69.9
Total	**631**	**100.0**

Year of Osteopathic Recognition as of June 2025: ACGME							
Number of Cases	**Mean**	**SD**	**Min**	**Max**	**Median**	**Mode**	**Number missing**
27	2022.1	1.3	2017	2024	2022	2022	0
Note: For 27 programs of "continued" ACGME osteopathic training recognition status as of June 2025.							

Osteopathic Training Recognition Status as of June 2025: ACGME		
	Number of Cases	**Percent**
Continued	27	100.0
Initial	0	--
Total	**27**	**100.0**
Note: For 27 programs of "continued" or "initial" ACGME osteopathic training recognition status as of June 2025.		

B. FREIDA™ (American Medical Association Residency and Fellowship Database) Data

Source Note: *FREIDA™ data provided by the American Medical Association through a license with the Alliance for Academic Internal Medicine.*

AMA-FREIDA™: Program best described as:		
	Number of Cases	**Percent**
University-based	143	22.7
Community-based	171	27.1
Community-based, university-affiliated	307	48.7
Military	10	1.6
Total	**631**	**100.0**

FREIDA™				
	Yes	**No**	**Total**	**Number missing**
FREIDA: Participates in the Main Match of the National Resident Matching Program (NRMP)?	596	35	**631**	0
Percent	*94.5*	*5.6*	***100.0***	
FREIDA: Affiliated with U.S. government?	11	355	**366**	265
Percent	*3.0*	*97.0*	***100.0***	
FREIDA: Offers preliminary positions?	237	387	**624**	7
Percent	*38.0*	*62.0*	***100.0***	

FREIDA™								
	Number of Cases	**Mean**	**SD**	**Min**	**Max**	**Median**	**Mode**	**Number missing**
FREIDA: Year 1 positions	631	20.6	14.6	2	95	16	12	0
FREIDA: Year 2 positions	631	17.8	11.7	2	68	14	10	0
FREIDA: Year 3 positions	631	17.6	11.5	0	78	14	10	0
FREIDA: Interviews conducted last year for first-year positions	620	226.0	143.3	0	949	197	200	14

FREIDA™								
	Number of Cases	**Mean**	**SD**	**Min**	**Max**	**Median**	**Mode**	**Number missing**
FREIDA: Characteristics of trainees: % DO	627	31.6	27.9	0	100	25	0	4
FREIDA: Characteristics of trainees: % IMG	627	31.9	32.0	0	100	20	0	4
FREIDA: Characteristics of trainees: % USMD	627	36.5	32.7	0	100	27	0	4
FREIDA: Characteristics of trainees: % Female	629	45.7	19.0	0	100	46	38	2
FREIDA: Characteristics of trainees: % Male	629	54.3	19.0	0	100	54	63	2

FREIDA™				
	Yes	**No**	**Total**	**Number missing**
J-1 visa sponsorship though ECFMG	474	147	**621**	10
Percent	*76.3*	*23.7*	***100.0***	
H-1B visa	135	486	**621**	10
Percent	*21.7*	*78.3*	***100.0***	
F-1 visa (OPT 1st year)	122	495	**617**	14
Percent	*19.8*	*80.2*	***100.0***	

FREIDA™								
	Number of Cases	**Mean**	**SD**	**Min**	**Max**	**Median**	**Mode**	**Number missing**
Avg. hrs/wk on duty during first year (excluding beeper call)	624	61.1	8.6	0	80	60	60	7
Maximum consecutive hours on duty during first year (excluding beeper call)	616	17.6	7.5	0	80	16	16	15
Average number of 24-hour off duty periods per week during first year	611	1.3	0.3	1	2	1	1	20

FREIDA™				
	Yes	**No**	**Total**	**Number missing**
Program allows moonlighting (beyond PGY1)	447	184	**631**	0
Percent	*70.8*	*29.2*	***100.0***	
Night float system	586	45	**631**	0
Percent	*92.9*	*7.1*	***100.0***	
Residents participate in night float during first year	539	92	**631**	0
Percent	*85.4*	*14.6*	***100.0***	

FREIDA™								
	Number of Cases	**Mean**	**SD**	**Min**	**Max**	**Median**	**Mode**	**Number missing**
Physician faculty Full-time	631	63.2	111.7	0	1,205	16	0	0
Physician faculty Part-time	631	12.7	37.7	0	857	5	0	0
Physician faculty Full-time: FEMALE	631	21.9	45.1	0	602	6	0	0
Physician faculty Full-time: MALE[a]	631	41.3	74.4	0	603	10	0	0
[a]Derived from subtracting "Physician faculty Full-time: FEMALE" from "Physician faculty Full-time."								

END OF SECTION

Representativeness of the Respondents (n=238 of 497 Survey-Eligible Programs)

Statistical Analysis and Corrections for Survey Nonresponse

*The APDIM Annual Survey **study population** includes all U.S. internal medicine residency training programs which, **as of the most recently completed Academic Year (AY):** 1. Were of "Continued" or "Initial" ACGME accreditation status (with or without a "warning") and 2. Filled at least one ACGME-approved resident position. Thus, at survey launch in August 2025, programs accredited **prior to** July 1, 2024 (not 2025) represented the **"study-eligible"** population **(n=631)**. Complete results from the predictive models described below are included in **Appendix Tables 1, 2, and 3**.*

*In 2025, **497 of 631 study-eligible** programs (almost 79.0 percent) held Alliance for Academic Internal Medicine (AAIM) institutional membership at survey closure. Those 497 programs constitute the **"survey-eligible"** population. To assess the statistical representativeness of the survey responses, program characteristics (from third-party sources cited in the previous section) that demonstrated the most descriptive power over the **study population** were identified using quantile (median) regression, with "Total number of filled ACGME-approved resident positions" as the dependent variable (pseudo R^2=0.50). Program accreditation status, type, requirement of Veterans Affairs (VA) hospital rotations, original accreditation year, percent of residents who are U.S. medical school graduates, and other select characteristics (used for comparisons in Table 1) demonstrated statistical significance as predictor variables ($p<0.05$ or $p<0.01$).*

*A second median regression model with "Total filled ACGME-approved resident positions" was conducted for the **survey-eligible population** (n=497); most of the same independent variables from the study population-specific model demonstrated significance as predictors (pseudo R^2=0.50) and their estimated effective sizes (regression coefficients) were similar in both models. For example, university-based programs were associated with an approximate increase of "10" filled positions compared to community-based, university-affiliated programs. These findings suggested that the survey-eligible population was generally representative of the study-eligible population and reliable enough upon which to base the response rate of 47.9 percent (238/497).*

***Table 1** compares survey respondents to the survey-eligible population using program characteristics from the models described above. The tests for association broadly account for how the population is stratified (e.g., by U.S. Census region and residency program type) and are intended to reduce Type-I and Type-II errors. There were varying degrees of over-representation based on program type, accreditation year, requirement of VA hospital rotations, number of approved resident positions, and select other characteristics. However, about 20.0 percent of study-eligible programs obtained original accreditation between July 1, 2018 and July 1, 2024, representing more recently accredited programs that have trained fewer cycles of residents. Those programs share multiple key, interrelated characteristics. For example, most are smaller (median of 28 filled positions), do not require VA hospital rotations, and do not offer preliminary year positions. Thus, some degree of under- and/or over-representation **is expected,** but the results in Table 1 suggest that the effect of "nonresponse bias" is greater than that of past Annual Surveys that obtained more statistically representative response rates.*

*To reduce the effect of nonresponse bias on survey-specific results, a statistical weight factor adjustment was developed to correct for over- and under-representation of responding programs such that the weight-adjusted results more closely reflect the survey- and study-eligible populations. A heteroskedastic probit model (Wald Chi-Square [11 degrees of freedom] = 20.3; p=0.041; Log pseudolikelihood: -247.6) was used to **predict survey***

population eligibility (n=497) *among the 631 study-eligible programs. The characteristics from the models described above were used as independent variables, with program accreditation year, program type, and U.S. Census region used for variance estimation (to account for population structure and for closely interrelated characteristics). Requirement of VA hospital rotations was used as an "offset" variable, due to its close association with most of the characteristics above, which, if used as an independent variable, would risk confounding the results.*

Using the probit regression model coefficients and parameters, linear predictions were made to estimate the probability of survey population eligibility for all ***631 study-eligible programs****. A numeric statistical "weight" was then assigned to each of the* ***497 survey-eligible programs*** *by dividing "1" by each predicted probability such that the weights sums to each "sub-population" (i.e., respondents and nonrespondents: 238 and 259, respectively [n=497]).*

A weight factor plan reduces but does not eliminate the effect of survey nonresponse. ***Table 2*** *compares survey respondents to the survey-eligible population using weight-adjusted results. Compared to the* ***unweighted results****, for example, the weighted results in Table 2 reflect that, among survey respondents, 32.3 percent represented university-based programs, in contrast to the* ***unweighted results,*** *for which that percentage was 37.8. Although university-based programs remained somewhat over-represented after weight-adjusting (p=0.026), that over-representation was smaller, and fewer characteristics demonstrated over-representation at any commonly used alpha level, compared to the unweighted results in Table 1.*

Interpretation of Results and Statistical Confidence: Table 1 and Table 2

To estimate the statistical error introduced by the weight factor plan, the range within which most survey-specific results would likely fall if all study-eligible program directors completed the survey was derived from the "survey design effect." A population-level variable ("Program offers preliminary positions?" [source: ACGME]) with a distribution as close as possible to 50.0 percent was reported with 95 percent confidence intervals and the design effect for each category ("Yes" or "No"). About 61.0 percent of study-eligible programs offered preliminary positions and about 39.0 percent did not, for a design effect of "7.2" for each category. Because that characteristic is dichotomous, "7.2" was divided by "2," for an ***estimated nonresponse adjustment error of "3.6."*** *Broadly, this means that for most survey-specific responses, the range within which they fall is likely between 3.6 units above or below the result. For example, if 48.0 percent of respondents reported "No" to a certain question, that result might be* ***anywhere from 44.4 percent to 51.6 percent*** *about 95 percent of the time if the survey were readministered under similar conditions, although the result should fall relatively close to the weight-adjusted result. Regarding the differential between unweighted and weighted survey-specific responses, as an example, the* ***unweighted responses*** *to Q25, "Were you a chief medical resident?," were 44.2 percent for "No" and 55.8 percent for "Yes," whereas the* ***weighted responses*** *were 45.4 percent and 54.6 percent, respectively.*

In keeping with conventional reporting practices for weight-adjusted, non-sample survey statistics with a known population size, all numerators and denominators are ***unweighted****. Thus, some percentages* ***might differ*** *even when numerators to different items within a question are the same. For example, if 35 respondents reported "Yes" to a question, 35 reported "No," and 10 reported "Unsure," the percentages for "Yes" and "No" might differ slightly, but this is more common for questions with several response options or select-all-that-apply-type questions.*

Table 1. Essential Characteristics of Responding and Nonresponding Internal Medicine Residency Programs: UNWEIGHTED RESULTS				
	Respondents (n=238)	**Nonrespondents (n=259)**	**Total (n=497)**	
	No. (Column %)	**No. (Column %)**	**No. (Column %)**	***P*-value[a]**
Program Type (AMA-FREIDA™)				
University-based	90 (37.8)	44 (17.0)	134 (27.0)	**0.017**
Community-based	37 (15.6)	73 (28.2)	110 (22.1)	0.148
Community-based, university-affiliated	108 (45.4)	140 (54.1)	248 (49.9)	0.355
Military-based	3 (1.3)	2 (0.8)	5 (1.0)	0.745
Census Region (U.S. Census Bureau)[b]				
Midwest	51 (21.4)	47 (18.2)	98 (19.7)	0.553
Northeast	61 (25.6)	74 (28.6)	135 (27.2)	0.815
South	87 (36.6)	96 (37.1)	183 (36.8)	0.963
West	39 (16.4)	42 (16.2)	81 (16.3)	0.968
Accreditation Status: Continued or continued with warning: Yes (ACGME)	233 (97.9)	244 (94.2)	477 (96.0)	**0.036**
VA hospital rotations required: Yes (ACGME)	94 (39.5)	67 (25.9)	161 (32.4)	**0.026**
Offers preliminary positions: Yes (ACGME)	159 (66.8)	162 (62.6)	321 (64.6)	0.425
Offers J-1 visa sponsorship through ECFMG: Yes (AMA-FREIDA™); n=198/235, n=194/258, n=392/493	198 (84.3)	194 (75.2)	392 (79.5)	0.060
	Median (IQR), Mean (SD)	**Median (IQR), Mean (SD)**	**Median (IQR), Mean (SD)**	***P*-value[c]**
Program size: No. ACGME approved positions (AY 2024-25)	60 (58), 72.8 (45.1)	45 (35), 58.7 (36.0)	51 (46), 65.5 (41.2)	**<0.001**
ABIM rolling pass rate 2022-2024 (%); n=217, n=219, n=436	89 (13), 87.8 (8.9)	89 (13), 85.7 (11.6)	89 (12), 86.7 (10.4)	0.121
Program director tenure (years) as of 2025 (ACGME)	3.5 (7), 5.3 (5.5)	3 (5), 4.7 (5.2)	3 (6), 5.0 (5.3)	0.136
Program original accreditation year (ACGME)	1971.5 (58), 1980.8 (26.5)	1979 (58), 1987.3 (28.3)	1975 (58), 1984.2 (27.6)	**0.005**
Percent of residents who are U.S. medical school graduates (AMA-FREIDA™)	46 (62), 48.6 (33.6)	25 (43), 33.7 (31.0)	32 (55), 40.8 (33.1)	**<0.001**
No. interviews conducted in previous year for first-year positions (AMA-FREIDA™); n=237, n=255, n=492	240 (195), 271.2 (149.5)	200 (155), 230.8 (138.2)	220 (176), 250.2 (145)	**0.001**
Physician faculty full-time (AMA-FREIDA™)	37.5 (152), 107.6 (152.8)	16 (51), 48.3 (73.7)	22 (98), 76.7 (121.9)	**<0.001**

Abbreviations: APDIM: Association of Program Directors in Internal Medicine; AMA-FREIDA™: American Medical Association *Residency and Fellowship Database;* ACGME: Accreditation Council for Graduate Medical Education; ABIM: American Board of Internal Medicine; ECFMG: Educational Commission for Foreign Medical Graduates; VA: Veterans Affairs; IQR=Interquartile Range; SD: Standard Deviation.

Table includes the variables that explained the most survey-eligible population variance: quantile (median) regression model with robust variance estimation (dependent variable: "Total number of filled ACGME-approved resident positions"); Pseudo R^2=0.50; raw sum of deviations=7,172 (about 46).

[a]Adjusted Wald (Pearson) test of association (one degree of freedom); [b]Collapses one program from a U.S. territory into "West," due to small cell sizes/data confidentiality; [c]Two-sample Wilcoxon rank-sum (Mann–Whitney) test.

Table 2. Essential Characteristics of Responding and Nonresponding Internal Medicine Residency Programs: WEIGHT-ADJUSTED Results				
	Respondents (n=238)	**Nonrespondents (n=259)**	**Total (n=497)**	
All percentages, medians, IQRs, means, and SDs are weight-adjusted	**No. (Column %)**	**No. (Column %)**	**No. (Column %)**	***P*-value[a]**
Program Type (AMA-FREIDA™)				
University-based	90 (32.3)	44 (13.8)	134 (22.7)	**0.026**
Community-based	37 (17.8)	73 (29.6)	110 (24.0)	0.178
Community-based, university-affiliated	108 (47.9)	140 (55.4)	248 (51.8)	0.430
Military-based	3 (2.1)	2 (1.2)	5 (1.6)	0.699
Census Region (U.S. Census Bureau)[b]				
Midwest	51 (22.2)	47 (16.1)	98 (19.0)	0.168
Northeast	61 (24.5)	74 (28.9)	135 (26.8)	0.723
South	87 (35.9)	96 (36.6)	183 (36.3)	0.948
West	39 (17.3)	42 (18.4)	81 (17.9)	0.813
Accreditation Status: Continued or continued with warning: Yes (ACGME)	233 (96.8)	244 (91.8)	477 (94.2)	0.084
VA hospital rotations required: Yes (ACGME)	94 (35.9)	67 (23.3)	161 (29.3)	**0.034**
Offers preliminary positions: Yes (ACGME)	159 (65.0)	162 (60.0)	321 (62.1)	0.272
Offers J-1 visa sponsorship through ECFMG: Yes (AMA-FREIDA™); n=198/235, n=194/258, n=392/493	198 (81.0)	194 (72.4)	392 (76.5)	0.154
	Median (IQR), Mean (SD)	**Median (IQR), Mean (SD)**	**Median (IQR), Mean (SD)**	***P*-value[c]**
Program size: No. ACGME approved positions (AY 2024-25)	51 (54), 67.3 (43.8)	45 (28), 53.9 (33.4)	45 (40), 60.3 (39.3)	0.058
ABIM rolling pass rate 2022-2024 (%); n=217, n=219, n=436	89 (12), 87.2 (9.1)	87 (14), 84.4 (12.6)	88 (14), 85.8 (11.1)	0.140
Program director tenure (years) as of 2025 (ACGME)	3 (6), 5.3 (5.5)	3 (5), 4.9 (5.7)	3 (6), 5.0 (5.6)	0.577
Program original accreditation year (ACGME)	1976 (58), 1984.8 (27.3)	2002 (56), 1991.6 (28.0)	1980 (58), 1988.3 (27.8)	0.093
Percent of residents who are U.S. medical school graduates (AMA-FREIDA™)	37 (59), 44.7 (33.5)	19 (39), 30.4 (29.8)	28 (51), 37.2 (32.4)	**0.008**
No. interviews conducted in previous year for first-year positions (AMA-FREIDA™); n=237, n=255, n=492	220 (186), 250.3 (147.3)	180 (136), 210.0 (130.8)	200 (170), 229.5 (140.3)	0.105
Physician faculty full-time (AMA-FREIDA™)	28 (127), 92.7 (143.7)	13 (39), 40.2 (66.3)	16 (64), 65.4 (113.4)	**0.040**

Abbreviations: APDIM: Association of Program Directors in Internal Medicine; AMA-FREIDA™: American Medical Association *Residency and Fellowship Database;* ACGME: Accreditation Council for Graduate Medical Education; ABIM: American Board of Internal Medicine; ECFMG: Educational Commission for Foreign Medical Graduates; VA: Veterans Affairs; IQR=Interquartile Range; SD: Standard Deviation.

Table includes variables that explained the most survey-eligible population variance: quantile (median) regression model with robust variance estimation (dependent variable: "Total number of filled ACGME-approved resident positions"); Pseudo R^2=0.5002; raw sum of deviations=7.172 (about 46). Results statistically weight-adjusted; **estimated total error: 3.6** (95 percent confidence interval).

[a]Adjusted Wald (Pearson) test of association (one degree of freedom); [b]Collapses one program from a U.S. territory into "West," due to small cell sizes/data confidentiality; [c]Linearized (Adjusted Wald) test of means (15 design degrees of freedom).

Section I. Program and Program Director Characteristics (n=240 Section Respondents)

Program Characteristics							
	Number of Responses	**Weighted Mean**	**SD**	**Min**	**Max**	**Weighted Median**	**Mode**
Q6 What was your program's total number of FILLED THREE-YEAR (CATEGORICAL) IM positions (including primary care residents and residents with PhDs who are short tracking) for AY 2024-25?	240	54.1	41.1	6	224	40	24
Categorical %: Resident gender[a]							
Categorical: % Women (Q7_1)	240	44.4	15.5	0	77	48	50
Categorical: % Men (Q7_2)	240	49.4	16.1	0	95	50	50
Categorical: % Non-binary gender (Q7_3)	240	0.3	3.4	0	46	0	0
Categorical: % Do not wish to answer or do not know [Resident gender] (Q7_4)	240	5.9	23.5	0	100	0	0
Categorical %: Resident graduate type[b]							
Categorical: % Graduate of U.S. MD medical school (USMG) (Q8_1)	240	33.8	34.7	0	100	17	0
Categorical: % U.S. citizen graduate of international medical school (U.S.-IMG) (Q8_2)	240	13.4	18.5	0	95	5	0
Categorical: % Non-U.S. citizen graduate of international medical school (Non-U.S. IMG) (Q8_3)	240	24.4	30.9	0	100	9	0
Categorical: % Graduate of U.S. DO medical school (U.S. DO) (Q8_4)	240	20.4	22.7	0	100	11	0
Unable to answer: % [Resident graduate type] (Q8_5)	240	8.0	26.6	0	100	0	0
Categorical: % Underrepresented in medicine (Q11)[c,d]	174	20.4	20.5	0	100	14	0
Q12 How many TOTAL residents graduated from your training program in JUNE 2025? *Do NOT include preliminary or transitional year residents.*	240	19.1	13.7	0	81	15	0
Q13 How many IM CMRs currently in your program (for AY 2025-26) are serving…							
During their PGY-3 year (Q13_1)?	240	1.4	1.9	0	13	0	13
After their PGY-3 year? (Q13_2)?	240	2.1	2.4	0	13	2	0

Note: "Categorical: %" derived from dividing the self-reported numbers of residents (e.g., Women, USMGs) for each question by the total self-reported filled categorical positions in Q6. Resident characteristics reported in this table for gender, graduate type, and Underrepresented in medicine status should be **interpreted with caution,** due to responses of "Do not wish to answer" or "Do not know" (see below).

[a]Includes 14 respondents who reported "Do not wish to answer or Do not know" for all of their program's categorical residents.
[b]Includes 19 respondents who reported that they were "Unable to answer" for all categorical resident graduate types for their program.
[c]An additional 64 respondents reported "Cannot or do not wish to answer." Two nonrespondents.

[d] "Underrepresented in medicine means those racial and ethnic populations that are underrepresented in the medical profession relative to their numbers in the general population." Excerpted from Association of American Medical Colleges: https://www.aamc.org/initiatives/urm.

Q14 Did your program offer in-person "second look" visits during this most recent (AY 2024-25) recruitment cycle?		
	Number of Responses	**Weighted Percent**
No (1)	116	48.2
Yes (2)	124	51.8
Total	**240**	**100.0**

Q15 Does your IM residency program currently offer any formal instruction (e.g., noon conference, longitudinal curriculum, orientation training) on the appropriate uses of Artificial Intelligence in the healthcare environment?		
	Number of Responses	**Weighted Percent**
No, and we do not have plans to offer any in the next Academic Year (1)	41	17.8
No, but we have plans to offer this in the next Academic Year (2)	112	46.7
Yes (3)	80	32.2
Unsure (4)	*7*	*3.3*
Total	**240**	**100.0**

Q16 Have you used the Alliance for Academic Internal Medicine (AAIM) Transition to Residency Individualized Learning Plan (ILP)?		
	Number of Responses	**Weighted Percent**
No, and I am unaware of it (1)	40	17.9
No, but I am aware of it (2)	78	31.6
Yes, but I am no longer using it (3)	19	7.7
Yes, and I am using it in the original form (4)	37	15.8
Yes, but I have modified it based on program-specific needs (5)	66	27.1
Total	**240**	**100.0**

Q17 For what purpose(s) have you used the AAIM ILP in your program?		
	Number of Responses	**Weighted Percent**
Individualizing intern schedules (1)	22	17.1
Providing data to residency coaches or mentors on their incoming interns (2)	77	61.1
Designing orientation curricula for incoming interns (3)	50	41.0
Prioritizing didactic curricula for incoming interns (4)	61	48.3
Learning more about areas for improvement for incoming interns (5)	94	76.6
Total	**304**	**244.1**
Note: For 122 of 122 respondents who reported "Yes, but I am no longer using it," "Yes, and I am using it in the original form," or "Yes, but I have modified it based on program-specific needs" for Q16. Multiple responses allowed; total responses will exceed number of respondents and total weighted percentages will exceed 100.		

Q19 Program Director Characteristics							
	Number of Responses	**Weighted Mean**	**SD**	**Min**	**Max**	**Weighted Median**	**Mode**
PD Birth Year (Q19_1)	240	1975.7	8.9	1950	1991	1977	1977
PD age as of 2025 *(from Q19_1)*	240	49.3	8.9	34	75	48	48
Year in Which PD Completed IM Training (Q19_2)	240	2006.4	8.7	1978	2020	2008	2008
Number of years since PD completed IM training *(as of 2025; from Q19_2)*	240	18.6	8.7	5	47	17	18

Q20 What is your gender?		
	Number of Responses	**Weighted Percent**
Woman (1)	120	48.4
Man (2)	120	51.6
Non-binary (3)	0	--
Prefer not to answer (4)	*0*	--
Total	**240**	**100.0**

Q21 Did you complete ABIM-certified *subspecialty* training?		
	Number of Responses	**Weighted Percent**
No (1)	175	74.0
Yes (2)	65	26.0
Total	**240**	**100.0**

Q23 What type of medical school graduate are you?		
	Number of Responses	**Weighted Percent**
Graduate of U.S. MD medical school (USMG) (1)	165	65.9
U.S. citizen graduate of international medical school (U.S.-IMG) (2)	19	8.1
Non-U.S. citizen graduate of international medical school (Non-U.S. IMG) (3)	34	14.5
Graduate of U.S. DO medical school (U.S. DO) (4)	22	11.5
Total	**240**	**100.0**

Q25 Were you a chief medical resident?		
	Number of Responses	**Weighted Percent**
No (1)	106	45.4
Yes (2)	134	54.6
Total	**240**	**100.0**

Q26 What is your current highest academic rank?		
	Number of Responses	**Weighted Percent**
Instructor (1)	2	0.8
Assistant Professor (2)	57	24.3
Associate Professor (3)	92	37.7
Professor (4)	61	24.1
None or not applicable (e.g., program does not have designated ranks) (5)	*28*	*13.1*
Total	**240**	**100.0**

Q27 What is your specialty, subspecialty, or career designation?		
	Number of Responses	**Weighted Percent**
Allergy / Immunology (1)	0	--
Addiction Medicine (2)	4	1.7
Cardiology (3)	2	0.7
Critical Care Medicine (4)	9	3.1
Endocrinology (5)	3	1.2
Gastroenterology (6)	2	0.7
General Internal Medicine: Ambulatory (7)	115	49.4
General Internal Medicine: Hospital Medicine (8)	136	57.4
Geriatrics (9)	7	2.8
Hematology (10)	0	--
Palliative Care / Hospice (11)	4	1.8
Infectious Diseases (12)	15	5.7
Medicine - Pediatrics (13)	11	4.3
Nephrology (14)	8	3.2
Oncology (15)	0	--
Preventive / Occupational Medicine (16)	0	--
Pulmonology (17)	9	3.3
Rheumatology (18)	1	0.3
Sleep Medicine (19)	0	--
Other (please specify): (20)	5	2.3
Total	**331**	**138.0**
Note: For 240 respondents. Multiple responses allowed; total responses will exceed number of respondents and total weighted percentages will exceed 100.		

Q27 *Text for "Other." Five open-text comments*

Q28 What other titled administrative role(s) do you have?		
	Number of Responses	**Weighted Percent**
None (1)	*126*	*52.4*
Designated institutional official (2)	7	3.3
Dean (3)	0	--
Assistant or associate dean (4)	5	1.9
Major hospital administrative or leadership role (e.g., chief medical officer, chief quality officer) (5)	8	3.8
Department chair (6)	18	8.0
Associate or vice chair of the department (7)	34	12.4
Division chief (8)	7	2.9
Medical director (9)	35	16.1
Clerkship or sub-internship director (including associate or co-director) (10)	15	6.7
Other (please specify): (11)	17	6.8
Total	**272**	**114.3**
Note: For 240 respondents. Multiple responses allowed; total responses will exceed number of respondents and total weighted percentages will exceed 100.		

Holds/does not hold other titled administrative roles [Derived from Q28]		
	Number of Responses	**Weighted Percent**
Yes (1)	114	47.6
No (2)	126	52.4
Total	**240**	**100.0**

Q28 *Text for "Other." 17 open-text comments*

Q29 For the most recently completed academic year (AY 2024-25), what was your (i.e., the program director's) total annual salary (inclusive of all sources; do not limit to PD-related salary)?		
	Number of Responses	**Weighted Percent**
$150,000 or less (1)	3	1.5
$150,001 to $175,000 (2)	2	1.1
$175,001 to $200,000 (3)	4	1.8
$200,001 to $225,000 (4)	6	2.7
$225,001 to $250,000 (5)	21	8.3
$250,001 to $275,000 (6)	32	12.4
$275,001 to $300,000 (7)	37	15.2
$300,001 to $325,000 (8)	39	17.3
$325,001 to $350,000 (9)	31	12.7
$350,001 to $375,000 (10)	26	10.7
$375,001 to $400,000 (11)	16	7.0
$400,001 to $425,000 (12)	9	3.9
$425,001 to $450,000 (13)	5	1.9
$450,001 to $475,000 (14)	0	--
$475,001 to $500,000 (15)	3	1.2
Over $500,000 (16)	6	2.3
Total	**240**	**100.0**

Q30 What is your FTE (full-time equivalent) protected time as program director?						
Number of Responses	**Weighted Mean**	**SD**	**Min**	**Max**	**Weighted Median**	**Mode**
240	0.61	0.14	0.35	1.00	0.50	0.50

Q31 What is your clinical FTE (i.e., total FTE spent in patient care either providing direct care or supervising trainees)?						
Number of Responses	**Weighted Mean**	**SD**	**Min**	**Max**	**Weighted Median**	**Mode**
230	0.38	0.16	0.06	1.00	0.40	0.50
Note: For 230 of 230 respondents who reported to have less than "1" FTE protected time in Q30.						

Q32 Is any of your clinical FTE allotted for direct patient care without trainees?		
	Number of Responses	**Weighted Percent**
No (1)	128	54.6
Yes (2)	102	45.4
Total	**230**	**100.0**
Note: For 230 of 230 respondents who reported to have less than "1" FTE protected time in Q30.		

Q34 How many of the following are currently associated with your residency program?							
	Number of Responses	**Weighted Mean**	**SD**	**Min**	**Max**	**Weighted Median**	**Mode**
Associate program directors (Q34_1)	240	3.6	2.7	0	14	3	2
Core faculty (Q34_2)	240	9.8	6.4	0	45	8	5

Q35 What is the total FTE salary support for all of your core faculty?						
Number of Responses	**Weighted Mean**	**SD**	**Min**	**Max**	**Weighted Median**	**Mode**
239	1.6	2.5	0	20	1	1
Note: For 239 of 239 respondents who reported a value greater than "0" for Core Faculty in Q34.						

Q36 *MBI - Human Services Survey - MBI-HSS:* Copyright ©1981 Christina Maslach & Susan E. Jackson. All rights reserved in all media. Published by Mind Garden, Inc., www.mindgarden.com.

How often do you feel...

	Never (1)	**A few times a year or less (2)**	**Once a month (3)**	**A few times a month (4)**	**Once a week (5)**	**A few times a week (6)**	**Every day (7)**	**Total**
burned out from work? (Q36_1)	21	79	44	42	20	25	9	**240**
Weighted Percent	*9.0*	*33.2*	*17.9*	*17.5*	*8.1*	*9.8*	*4.6*	***100.0***
you've become more callous toward people since you took this job? (Q36_2)	71	72	38	35	10	12	2	**240**
Weighted Percent	*30.3*	*30.2*	*15.8*	*13.4*	*4.1*	*4.9*	*1.3*	***100.0***

Screened positively for burnout (based on Q36)?				
	Number of Responses	**Weighted Percent**	**95% Weighted Confidence Interval [Lower Bound, Upper Bound][a]**	
Yes (1)[b]	57	23.7	19.9	29.4
No (2)	183	76.4	70.6	80.1
Total	**240**	**100.0**		

[a]95 percent confidence intervals reported due to sensitivity of the outcome (screening for burnout).

[b]Criteria for "Yes" based on respondents who reported "Once a week, A few times a week, or Every day" for either of the following: "How often do you feel burned out from work?," "How often do you feel you've become more callous toward people since you took this job?"

Source: Maslach, Christina and Susan E. Jackson. 1981. *MBI-Human Services Survey.* Published by Mind Garden, Inc., www.mindgarden.com.

Q37 In the past year, have you considered resigning as program director?		
	Number of Responses	**Weighted Percent**
No (1)	130	55.0
Yes (2)	110	45.0
Total	**240**	**100.0**

Q38 How likely are you to resign in the next 12 months?		
	Number of Responses	**Weighted Percent**
Very unlikely (1)	32	28.1
Somewhat unlikely (2)	40	36.0
Neutral (3)	12	11.4
Somewhat likely (4)	9	8.4
Very likely (5)	17	16.1
Total	**110**	**100.0**
Note: For 110 of 110 respondents who reported in Q37 that they considered resigning in the past year.		

END OF SECTION I

Section II. Resident Participation in Scholarly Activities During Training

*For all questions in this section, consider only residents in a **three-year** internal medicine training program and **exclude** formal physician-scientist training tracks or formal research tracks.*

"Scholarly activities" include original research, educational innovations, case reports, quality improvement, book chapters, and / or systematic reviews intended to present abstracts and / or publish manuscripts.

Q41 From whom or by what means do residents in your program *primarily* identify opportunities for scholarly activities as defined above?		
	Number of Responses	**Weighted Percent**
Research curriculum available to all residents (1)	102	42.2
Assigned research mentor (2)	57	23.1
Database of available mentors / projects provided by the program, department, or institution (3)	107	43.3
Faculty connections made on clinical rotations (4)	208	87.3
Co-residents offering to collaborate (5)	197	82.8
Fellows (6)	123	46.5
Chief resident(s) (7)	122	50.3
Residency APD, research director, or core faculty member assigned to assist residents in identifying research projects (8)	187	76.3
Subspecialty education coordinators (9)	79	33.1
Presentations of research opportunities at the institution (10)	114	48.8
Continued scholarly activities that began prior to residency (11)	129	53.2
Total	**1,425**	**586.7**
Note: For 238 of 238 respondents. Multiple responses allowed; total responses will exceed number of respondents and total weighted percentages will exceed 100.		

Q42 Which of the following resident scholarly activities or resources are at least *partially* financially supported by the residency program?		
	Number of Responses	**Weighted Percent**
We do not provide funding to support resident scholarly activities (1)	*3*	*1.1*
Conference attendance (2)	228	96.1
Poster printing costs (3)	215	90.5
Biostatistical support (4)	143	59.5
Publication fees (5)	137	60.0
Costs related to conducting research (6)	77	32.7
Software or subscription programs to support research (e.g., for data analysis or illustrations) (7)	80	33.6
Total	**883**	**373.5**
Note: For 238 of 238 respondents. Multiple responses allowed; total responses will exceed number of respondents and total weighted percentages will exceed 100.		

Q43 Which of the following conference attendance activities are at least *partially* supported financially by the residency program?		
Presenting clinical vignette posters (Q43_1)		
Conference Type	**Number of Responses**	**Weighted Percent**
Local / Regional (1)	215	94.5
National (2)	219	96.2
International (3)	87	35.9
No funding is provided to support this activity (4)	*5*	*2.1*
Total	**526**	**228.7**
Presenting original research (Q43_2)		
Conference Type	**Number of Responses**	**Weighted Percent**
Local / Regional (1)	212	92.3
National (2)	224	97.6
International (3)	103	42.4
No funding is provided to support this activity (4)	*3*	*2.0*
Total	**542**	**234.3**
Attending but not presenting (Q43_3)		
Conference Type	**Number of Responses**	**Weighted Percent**
Local / Regional (1)	88	40.3
National (2)	72	32.7
International (3)	22	9.5
No funding is provided to support this activity (4)	*134*	*56.8*
Total	**316**	**139.2**
Note: For 228 of 228 respondents who reported "Conference attendance" in Q42. Multiple responses allowed; total responses will exceed number of respondents and total weighted percentages will exceed 100.		

Q45 As a *best estimate*, how much funding could be available to an *individual* resident through your program to support scholarly activity during their entire *three years* of training? *Consider what you communicate to applicants about funding available for scholarly activities or conference attendance during their entire three years of training.*						
Number of Responses	**Weighted Mean**	**SD**	**Min**	**Max**	**Weighted Median**	**Mode**
173	$3,916.2	3,212.5	$200	$33,000	$3,000	$3,000
Note: For 173 of 235 respondents who did not report "We do not provide funding to support resident scholarly activities" for Q42. An additional 59 reported "My program does not specify an amount." Three nonrespondents.						

Q46 In the past academic year, how has the availability of funding for resident scholarly activity changed?		
	Number of Responses	**Weighted Percent**
Substantially decreased (1)	7	2.8
Moderately decreased (2)	32	14.0
Did not change (3)	164	68.4
Moderately increased (4)	26	11.6
Substantially increased (5)	9	3.3
Total	**238**	**100.0**

Q47 What is the *maximum* number of weeks in training that residents can use primarily for research across *three years* of residency? *Answer for residents on standard training track only and not those on dedicated research tracks or programs.*						
Number of Responses	**Weighted Mean**	**SD**	**Min**	**Max**	**Weighted Median**	**Mode**
238	6.6	6.2	0	74	4	4

Q48 Does your residency program offer a research pathway or program that residents can join after match, in addition to your standard residency curriculum?		
	Number of Responses	**Weighted Percent**
No (1)	186	81.1
Yes (2)	52	18.9
Total	**238**	**100.0**

Q49 In what way do you believe that participation in research for residents pursuing competitive fellowships affects their clinical training?		
	Number of Responses	**Weighted Percent**
Very adversely (1)	4	1.6
Somewhat adversely (2)	59	22.7
Neither adversely nor favorably (3)	79	33.2
Somewhat favorably (4)	37	16.3
Very favorably (5)	59	26.3
Total	**238**	**100.0**

Q50 To what extent do you believe that scholarly productivity increases match success for residents applying to competitive fellowships?		
	Number of Responses	**Weighted Percent**
To no extent (1)	0	--
To a small extent (2)	9	4.0
To a moderate extent (3)	32	14.0
To a great extent (4)	129	53.8
To the greatest extent (5)	68	28.1
Total	**238**	**100.0**

Q51 How comfortable are you advising residents about the expected scholarly productivity required to successfully match into fellowship?		
	Number of Responses	**Weighted Percent**
Very uncomfortable (1)	4	1.6
Somewhat uncomfortable (2)	27	11.3
Neutral (3)	31	14.0
Somewhat comfortable (4)	101	41.8
Very comfortable (5)	75	31.3
Total	**238**	**100.0**

Q52 How important is resident engagement in scholarly activities to the following aspects of internal medicine training?						
	Very unimportant (1)	**Somewhat unimportant (2)**	**Neutral (3)**	**Somewhat important (4)**	**Very important (5)**	**Total**
Enhancing their ability to address clinical problems (Q52_1)	16	35	38	93	56	**238**
Weighted Percent	*7.3*	*15.1*	*15.2*	*37.7*	*24.7*	***100.0***
Understanding the scientific process from hypothesis development through manuscript preparation (Q52_2)	7	14	27	113	77	**238**
Weighted Percent	*3.2*	*6.4*	*11.1*	*47.9*	*31.5*	***100.0***
Exploring research as a career (Q52_3)	9	25	56	68	80	**238**
Weighted Percent	*4.6*	*10.5*	*24.5*	*27.9*	*32.6*	***100.0***
Developing Weighted Meaningful relationships with mentors (Q52_4)	8	9	39	108	74	**238**
Weighted Percent	*3.4*	*4.6*	*15.3*	*45.5*	*31.2*	***100.0***

END OF SECTION II

Section III. Internal Medicine Residency Application Inflation

Q55 How did your program use signals during the *2024-25 residency interview season* for the March 2025 Match?		
	Number of Responses	**Weighted Percent**
Did not opt in to participate in program signals (1)	8	4.5
Opted in to participate but did not receive any signals (2)	1	0.4
Received signals but did not consider them as a part of applicant review (3)	6	2.5
Opted in and considered signals as a part of applicant review (4)	223	92.7
Total	**238**	**100.0**

Q56 In the *2024-25 residency interview season*, how did your program use signals to determine whom to invite for interviews with respect to the following applicant types?

	Did not use signals (1)	**Only invited applicants who signaled gold (2)**	**Only invited applicants who signaled either silver or gold (3)**	**Mostly invited applicants who signaled us but invited some who did not (4)**	**Invited an equal mix of applicants who signaled and did not signal (5)**	**Mostly invited applicants who did not signal us but invited some who did (6)**	***Not applicable (7)***	**Total**
USMGs (Q56_1)[a]	1	0	44	125	27	18	*5*	**220**
Weighted Percent	*0.6*	--	*18.2*	*56.3*	*12.6*	*10.0*	*2.3*	***100.0***
U.S. IMGs (Q56_2)[b]	11	11	70	81	19	10	*19*	**221**
Weighted Percent	*4.4*	*4.8*	*29.6*	*38.7*	*9.3*	*5.7*	*7.6*	***100.0***
Non-U.S. IMGs (Q56_3)[c]	15	13	63	83	15	10	*23*	**222**
Weighted Percent	*6.4*	*5.6*	*27.6*	*38.2*	*7.0*	*5.6*	*9.6*	***100.0***
DOs (Q56_4)[b]	4	6	58	96	26	13	*18*	**221**
Weighted Percent	*1.8*	*2.3*	*24.0*	*44.7*	*12.4*	*7.2*	*7.7*	***100.0***
Couples (Q56_5)[a]	13	3	47	98	24	13	*22*	**220**
Weighted Percent	*5.1*	*1.4*	*20.6*	*44.4*	*11.4*	*6.4*	*10.7*	***100.0***

Note: For 223 respondents who selected "Opted in and considered signals as part of applicant review" for Q55.

[a]Three nonrespondents.

[b]Two nonrespondents.

[c]One nonrespondent.

Q57 How did your program use signals for *ranking* during the *2024-25 residency interview season*?		
	Number of Responses	**Weighted Percent**
We did not use signals to rank applicants (1)	*147*	*64.1*
As part of an applicant's overall score (2)	35	17.0
To decide between similar applicants (3)	45	20.9
To determine the applicant's position on the rank list (4)	10	5.1
Total	**237**	**107.1**
Note: For 223 respondents who selected "Opted in and considered signals as part of applicant review" for Q55. Multiple responses allowed; total responses will exceed number of respondents and total weighted percentages will exceed 100.		

Q58 During the *2024-25 residency interview season*, did your program use geographic preferences to decide whom to invite for interviews?		
	Number of Responses	**Weighted Percent**
No: we did not use geographic preferences (1)	54	22.4
Yes: for a rare applicant (2)	29	10.8
Yes: for some applicants (3)	94	40.7
Yes: for most applicants (4)	61	26.2
Total	**238**	**100.0**

Q59 For the *2024-25 residency interview season*, how would you *best* describe the total number of signals (combined gold and silver) that your program received, for the following applicant types?						
	Too few (1)	**Just right (2)**	**Too many (3)**	***Unsure (4)***	***Did not receive any signals (5)***	**Total**
USMGs (Q59_1)	83	98	18	28	2	**229**
Weighted Percent	*39.5*	*40.4*	*7.4*	*11.8*	*1.0*	***100.0***
All other applicant types (Q59_2)	17	86	78	48	0	**229**
Weighted Percent	*8.4*	*37.9*	*33.7*	*20.0*	--	***100.0***
Note: For 229 respondents who did not select "Did not opt in to participate in program signals" or "Opted in to participate but did not receive any signals" for Q55.						

Q60 What would be your ideal number of signals *per applicant* applying to internal medicine *(i.e., how many signals should each applicant receive)*?							
	Number of Responses	**Weighted Mean**	**SD**	**Min**	**Max**	**Weighted Median**	**Mode**
Gold	233	4.2	3.4	0	30	3	3
Silver	233	8.7	4.6	0	30	10	10
Note: Five nonrespondents.							

Q61 When you initially screen applicants, which of the following are the *most important* in deciding whom to invite to interview?		
	Number of Responses	**Weighted Percent**
USMLE Step 2 score (1)	199	84.2
MSPE letter (with ranking) (2)	182	74.0
MSPE letter (without ranking) (3)	52	21.5
Department of medicine letter (with ranking) (4)	126	50.3
Department of medicine letter (without ranking) (5)	33	13.5
Tiered grades in medicine clerkship (e.g., Honors, High Pass) (6)	140	56.4
Acting internship / Sub-internship grades (7)	101	41.7
Letters of recommendation (8)	101	43.2
Personal statement (9)	102	44.4
Meaningful experiences in ERAS application (e.g., research, leadership, community work) (10)	141	57.3
Publications (11)	42	16.4
Total	**1,219**	**502.9**
Note: For 238 of 238 respondents. Multiple responses allowed; total responses will exceed number of respondents and total weighted percentages will exceed 100.		

Q62 For this *current AY (2025-26) recruitment season*, for the following applicant types, how do you intend to use signals to determine whom to invite for interviews?						
	As one factor but will consider those who did not signal (1)	**Only will consider if signaled gold or silver (2)**	**Only will consider if signaled gold (3)**	***Will not consider signals (4)***	***Not applicable (5)***	**Total**
USMGs (Q62_1)	149	80	0	5	4	**238**
Weighted Percent	*64.0*	*31.3*	*--*	*2.5*	*2.2*	***100.0***
U.S. IMGs (Q61_2)	97	101	18	8	14	**238**
Weighted Percent	*44.2*	*39.6*	*7.0*	*3.6*	*5.7*	***100.0***
Non-U.S. IMGs (Q62_3)	87	91	25	14	21	**238**
Weighted Percent	*38.9*	*36.7*	*9.4*	*6.1*	*8.9*	***100.0***
DOs (Q62_4)	120	93	8	6	11	**238**
Weighted Percent	*53.1*	*36.2*	*2.8*	*2.8*	*5.1*	***100.0***
Couples (Q62_5)	135	78	4	6	15	**238**
Weighted Percent	*57.5*	*31.0*	*1.6*	*2.7*	*7.2*	***100.0***

END OF SECTION III

Q64 The APDIM Council wants to ensure that your needs as a program director are addressed (n=100)

Q64 The APDIM Council wants to ensure that your needs as a program director are addressed. Please provide one area that you are struggling with and / or would like the APDIM Council to review as an opportunity to better support program directors. ***100 open-text comments***

Appendix Table 1

Appendix Table 1. Internal Medicine Residency Program Characteristics with the Most Explanatory Power Over the *Study-Eligible* Population: 2025 APDIM Annual Survey						
Median regression	**Number of observations: 631**					
Dependent variable:	**ACGME: Total Filled Resident Positions (as of 06-2025)**					
Standard error nonparametric density estimation technique: Nonparametric kernel density estimator; Kernel function: Alternative Epanechnikov						
Raw sum of deviations:	8,509 (about 42)					
Min sum of deviations:	4,218.35					
Pseudo R^2:	**0.5042**					
Independent variables	**Coefficient**	**Robust Std. Error**	**t**	**P-value**	**[95% conf. interval]**	
Program Original Accreditation Year (ACGME)	-0.096	0.029	-3.320	**0.001**	-0.153	-0.039
Program Director Tenure in Years as of 2025 (ACGME)	0.056	0.112	0.500	0.617	-0.163	0.275
AMA-FREIDA: Program best described as:[a]						
University-Based	10.156	2.553	3.980	**<0.001**	5.142	15.170
Community-based	-0.672	1.241	-0.540	0.589	-3.109	1.766
Military	3.087	3.626	0.850	0.395	-4.034	10.208
VA hospital rotations required (ACGME): Yes	4.774	1.199	3.980	**<0.001**	2.418	7.129
Program offers preliminary positions? (ACGME): Yes	1.405	1.159	1.210	0.226	-0.872	3.681
ACGME: Accreditation Status (as of 06-2025): Continued[b]	10.449	2.334	4.480	**<0.001**	5.865	15.034
U.S. Census Bureau Region[c]						
Midwest	-0.112	1.435	-0.080	0.938	-2.930	2.706
Northeast	2.615	2.256	1.160	0.247	-1.815	7.045
West	-2.080	1.518	-1.370	0.171	-5.062	0.901
Number of Training Sites for AY 2024-25 (ACGME)	0.412	0.195	2.110	**0.035**	0.028	0.796
Physician faculty full-time (AMA-FREIDA)	0.090	0.013	7.000	**<0.001**	0.064	0.115
Characteristics of trainees: % USMD (AMA-FREIDA)	-0.039	0.029	-1.340	0.180	-0.097	0.018
Characteristics of trainees: % DO (AMA-FREIDA)	-0.093	0.021	-4.450	**<0.001**	-0.134	-0.052
Characteristics of trainees: % Female (AMA-FREIDA)	-0.003	0.026	-0.100	0.918	-0.055	0.049
Interviews conducted last year for first-year positions (AMA-FREIDA)	0.121	0.009	14.090	**<0.001**	0.104	0.138
_constant	*198.220*	*58.738*	*3.370*	*0.001*	*82.868*	*313.572*

[a]Reference category: Community-based, university-affiliated.
[b]Reference category: Initial Accreditation.
[c]Reference category: South.

Appendix Table 2

Appendix Table 2. Internal Medicine Residency Program Characteristics with the Most Explanatory Power Over the *Survey-Eligible* Population: 2025 APDIM Annual Survey						
Median regression	**Number of observations: 497**					
Dependent variable:	**ACGME: Total Filled Resident Positions (as of 06-2025)**					
Standard error nonparametric density estimation technique: Nonparametric kernel density estimator; Kernel function: Alternative Epanechnikov						
Raw sum of deviations:	7,172 (about 46)					
Min sum of deviations:	3,584.55					
Pseudo R^2:	**0.5002**					
Independent variables	**Coefficient**	**Robust Std. Error**	**t**	**P-value**	**[95% conf. interval]**	
Program Original Accreditation Year (ACGME)	-0.082	0.033	-2.500	**0.013**	-0.146	-0.017
Program Director Tenure in Years as of 2025 (ACGME)	0.169	0.171	0.990	0.322	-0.166	0.504
AMA-FREIDA: Program best described as:[a]						
University-Based	10.735	3.126	3.430	**0.001**	4.592	16.877
Community-based	-2.344	1.252	-1.870	0.062	-4.805	0.116
Military	10.767	22.402	0.480	0.631	-33.251	54.786
VA hospital rotations required (ACGME): Yes	6.433	1.414	4.550	**<0.001**	3.654	9.211
Program offers preliminary positions? (ACGME): Yes	0.319	1.431	0.220	0.824	-2.493	3.131
ACGME: Accreditation Status (as of 06-2025): Continued[b]	11.326	1.669	6.790	**<0.001**	8.047	14.605
U.S. Census Bureau Region[c]						
Midwest	-0.246	1.679	-0.150	0.884	-3.546	3.054
Northeast	0.243	2.926	0.080	0.934	-5.506	5.991
West	-4.475	1.460	-3.070	**0.002**	-7.343	-1.607
Number of Training Sites for AY 2024-25 (ACGME)	0.415	0.300	1.380	0.167	-0.174	1.004
Physician faculty full-time (AMA-FREIDA)	0.087	0.014	6.150	**<0.001**	0.059	0.115
Characteristics of trainees: % USMD (AMA-FREIDA)	-0.072	0.026	-2.750	**0.006**	-0.124	-0.021
Characteristics of trainees: % DO (AMA-FREIDA)	-0.079	0.026	-3.020	**0.003**	-0.131	-0.028
Characteristics of trainees: % Female (AMA-FREIDA)	-0.008	0.032	-0.250	0.799	-0.071	0.055
Interviews conducted last year for first-year positions (AMA-FREIDA)	0.121	0.009	13.920	**<0.001**	0.104	0.138
_constant	*169.832*	*66.500*	*2.550*	*0.011*	*39.164*	*300.500*

[a]Reference category: Community-based, university-affiliated.
[b]Reference category: Initial Accreditation.
[c]Reference category: South.

Appendix Table 3

Appendix Table 3. Heteroskedastic Probit Regression Model Used to Generate *Survey-Eligible* Population Statistical Weight Adjustments: 2025 APDIM Annual Survey						
Heteroskedastic probit model; Number of observations: 631; Dependent variable: Residency Program IS Survey-Eligible						
Zero outcomes: 134; Nonzero outcomes: 497; Wald Chi-Square (11 degrees of freedom): 20.3; **p=0.041**; Log pseudolikelihood: -247.68						
Independent variables	**Coefficient**	**Robust Std. Error**	**t**	**P-value**	**[95% conf. interval]**	
Program Director Tenure in Years (ACGME)	-0.062	0.036	-1.740	0.082	-0.132	0.008
ACGME: Accreditation Status (as of 06-2025): Continued[a]	1.299	0.812	1.600	0.110	-0.292	2.890
Program offers preliminary positions? (ACGME): Yes	-0.618	0.352	-1.760	0.079	-1.307	0.072
ACGME: Total Approved Resident Positions (as of 06-2025)	0.026	0.021	1.280	0.199	-0.014	0.067
ACGME: Total Filled Resident Positions (as of 06-2025)	-0.025	0.024	-1.050	0.295	-0.072	0.022
Number of Training Sites for AY 2024-25 (ACGME)	-0.108	0.043	-2.530	**0.011**	-0.192	-0.024
Physician faculty full-time (AMA-FREIDA™)	0.015	0.006	2.640	**0.008**	0.004	0.026
Characteristics of trainees: % USMD (AMA-FREIDA™)	0.017	0.008	2.150	**0.031**	0.002	0.033
Characteristics of trainees: % DO (AMA-FREIDA™)	-0.005	0.006	-0.900	0.367	-0.017	0.006
Characteristics of trainees: % Female (AMA-FREIDA™)	0.005	0.007	0.730	0.466	-0.008	0.018
Interviews conducted last year for first-year positions (AMA-FREIDA™)	0.009	0.003	3.410	**0.001**	0.004	0.015
_constant	*-1.390*	*0.894*	*-1.550*	*0.120*	*-3.143*	*0.363*
VA hospital rotations required (ACGME): Yes	1.000	(offset variable)				
Independent variables (Variance model: ln[sigma])						
Program Original Accreditation Year Quintile (ACGME)[b]						
Q2	0.429	0.250	1.720	0.086	-0.061	0.919
Q3	0.866	0.244	3.550	**<0.001**	0.388	1.344
Q4	1.195	0.380	3.140	**0.002**	0.450	1.939
Q5	1.347	0.438	3.070	**0.002**	0.488	2.205
AMA-FREIDA™: Program best described as:[c]						
Community-based	-0.857	0.300	-2.860	**0.004**	-1.445	-0.270
Community-based, university-affiliated	-0.326	0.212	-1.540	0.124	-0.741	0.089
Military	11.444	37.670	0.300	0.761	-62.389	85.276
U.S. Census Bureau Region[d]						
Northeast	0.798	0.275	2.900	**0.004**	0.258	1.337
South	-0.026	0.253	-0.100	0.917	-0.522	0.469
West	0.962	0.289	3.330	**0.001**	0.396	1.528
Wald test of ln(sigma)=0: Chi-Square (10 degrees of freedom) = 39.53; **p<0.001**.						
[a]Reference category: Initial Accreditation; [b]Reference category: Q1; [c]Reference category: University-based; [d]Reference category: Midwest.						

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