Utah Medical Education Council
Certified Registered Nurse Anesthetist Survey 2015

1. **Are you currently certified as a CRNA?** ☐ **Yes** ☐ **No**
2. **Do you provide any health care services in Utah?** ☐ **Yes** ☐ **No** ☐ **I live in Utah but don't provide services here**
   a. **If NO, please specify why you maintain a Utah license:**

      _____

   b. **If NO, on a scale of 1-5 (1 being the most influential and 5 being the least influential), please rank the individual factors that have influenced your choice to work outside of Utah:**

Family	_____	Wage/Pay scale	_____	Climate	_____
Lifestyle	_____	Work Environment	_____	Other (specify)	_____

IF YOU DO NOT PROVIDE SERVICES OR LIVE IN UTAH, PLEASE STOP HERE AND RETURN THE SURVEY, THANK YOU

3. **Are you of Hispanic ethnicity?** ☐ **Yes** ☐ **No**
4. **What is your racial/ethnic background?** *(Please mark only one)*

   ☐ American Indian/Alaska Native ☐ African American ☐ Asian
   ☐ Native Hawaiian/Pacific Islander ☐ White/Caucasian ☐ Other (specify) _____

5. **Please describe the area where you spent the majority of your upbringing** *(when you lived there):*
   ☐ Rural ☐ Suburban ☐ Urban/Metropolitan Area State:_____

6. **What type of NURSING degree/credential qualified you for your first U.S. nursing license?**
   ☐ Vocational/Practical Certificate ☐ Associate Degree ☐ Master's Degree
   ☐ Diploma ☐ Baccalaureate Degree ☐ Doctorate Degree

7. **How many years of experience as an RN did you have before STARTING a nurse anesthetist program? _____**

8. **Please provide the following information regarding the institution from which you received your nurse anesthetist education:** College/ University: _____State:_____ Year graduated: _____ Degree: _____

9. **What is your highest level of education?**
   ☐ Master's Degree-Nursing ☐ Doctor of Nursing Practice (DNP) ☐ Doctoral Degree-Nursing Other
   ☐ Master's Degree-Non-Nursing ☐ Doctoral Degree-Nursing (PhD) ☐ Doctoral Degree- Non-Nursing

10. **Please enter a code from the list of monetary ranges below indicating your average annual gross compensation? (Before taxes AND excluding benefits). Compensation: _____**

11. **Please enter a code from the list below indicating the amount of educational debt you CURRENTLY have from your training as an APRN, as well the TOTAL educational debt you had for your APRN training at the time of your graduation.** *(exclude any pre-APRN and non-education debt including relocation loans, cars and credit cards)*
    Current:_____ Total:_____

01= $0.00	07= $90,000-$99,999	13= $150,000- 159,999	19= $210,000-$219,999	25= $270,000- 279,999
02= > $0.00- $49,999	08= $100,000-$109,999	14= $160,000- 169,999	20= $220,000-$229,999	26= $280,000- 289,999
03= $50,000-$59,999	09= $110,000-$119,999	15= $170,000- 179,999	21= $230,000-$239,999	27= $290,000- 299,999
04= $60,000-$69,999	10= $120,000-$129,999	16= $180,000- 189,999	22= $240,000-$249,999	28= $300,000 or more
05= $70,000-$79,999	11= $130,000-$139,999	17= $190,000- 199,999	23= $250,000-$259,999	
06= $80,000-$89,999	12= $140,000-$149,999	18= $200,000-$209,999	24= $260,000- 269,999	

12. Please indicate the type(s) of position(s) you currently hold: *(please mark all that apply)*

☐ Full Time CRNA	☐ Full Time Non- CRNA	☐ Faculty- CRNA	☐ Single Employment Position
☐ Part Time CRNA	☐ Part Time Non- CRNA	☐ Retired	☐ Multiple Employment Positions
☐ Contractor- CRNA	☐ Temp./ Per Diem- CRNA	☐ Volunteer as a CRNA	☐ Working as an RN
☐ Unemployed-Seeking Work as CRNA		☐ Unemployed-Not Seeking Work as a CRNA	

a. If you marked above that you are a contractor, on average, how many contracts do you provide services for per month? _____

b. **If you marked you were unemployed in the previous question, please indicate your reason for being unemployed** *(please mark all that apply)**:***

☐ Taking Care of Home	☐ Taking Care of Family	☐ Disabled
☐ Inadequate Salary	☐ Attending School	☐ Difficulty Finding CRNA Position

☐ Other *(please specify)* _____

13. Please indicate the Zip Code of your Primary & Secondary practice/contracting locations Also, Please estimate the total hours worked per week *(not including on call)* **at each practice location.**

Primary Practice Zip:_____ Total hrs/wk:_____ **Secondary Practice** Zip:_____ Total hrs/wk:_____

14. Please indicate the approximate number of hours you spend providing DIRECT PATIENT CARE each week, including charting, but excluding the hours spent providing patient care combined with teaching or training of other APRNs*: (**unless all of the hours you work each week are spent in direct patient care without any teaching or training of APRN students, this should be less than the number of total hours reported in the previous question).* **Primary Practice_____ hrs./wk Secondary Practice_____ hrs./wk**

15. In an average week, how many patients do you provide services for? *(please write N/A if option doesn't apply)*

Outpatients _____ Inpatients _____

16. Please estimate the percentage (%) of patients you see from each of the following age groups *(total of all practice locations) (The sum for each patient category (row) should equal 100%)*

Outpatients:	0-19_____%	20-64_____%	65-84_____%	85+_____%	Total **(100%)**
Inpatients:	0-19_____%	20-64_____%	65-84_____%	85+_____%	Total **(100%)**

17. What percent of your patients at your primary/secondary practice/contracting location(s) (if applicable) **have the following types of insurance coverage?** *(Estimates of all payers should equal 100% for each practice location. You may want to ask your billing office for assistance with these estimates)*:

	Primary	Secondary		Primary	Secondary
Medicaid	_____%	_____%	Tri-Care (CHAMPUS)	_____%	_____%
Medicare	_____%	_____%	Workman's Comp	_____%	_____%
Private Insurance	_____%	_____%	Charity	_____%	_____%
Managed Care	_____%	_____%	Other	_____%	_____%
Self-Pay/ Uninsured	_____%	_____%	Total	**(100%)**	**(100%)**

18. Please allocate the average hours per week you spend in the following non-patient care activities:

a. Teaching (*didactic and/or classroom teaching without patient care)* _____

b. Research *(academic, reports, applications, surveys, etc.)* _____

c. Admin/Management *(planning, budgeting, etc. not in direct support of patient care)* _____

d. Consulting *(Not directly related to pt. care)* _____

e. Policy/ Procedure Development _____

f. Volunteer/ Charity Care _____

g. Other: _____

19. Do you precept/ mentor certified nurse anesthetist students? ☐ Yes ☐ No

a. If you answered Yes, How nurse anesthetist students have you precepted in the last five years? _____

b. If you answered No, would you like to precept in the future? ☐ Yes ☐ No

i. If No, please briefly explain why not? _____

c. If you are not currently precepting, have you precepted in the last five years? ☐ Yes ☐ No

20. In how many years do you plan to retire?

☐ <1 yrs. ☐ 1-5 yrs. ☐ 6-10 yrs. ☐ 11-15 yrs. ☐ 16-20 yrs. ☐ >20 yrs.

21. Prior to retirement, do you plan to reduce the number of hours per week you practice? ☐ Yes ☐ No

a. If **Yes**, please indicate: **How many years FROM NOW** you plan to reduce your hours: _____

22. **How many hours/week** you plan to work **AFTER THE REDUCTION**: _____

23. Please enter codes from the list below for your Primary _____ and Secondary _____ practice setting:

1 = Self-Employed/ Contractor (solo)	11 = Physician Multi- Specialty Group	21 = Hospice Care
2 = Group APRN Practice	12 = Non-hospital Based Outpatient Clinic	22 = Home Health Agency
3 = Hospital- Inpatient	13 = Non-hospital Based Urgent Care Facility	23 = Nursing Home/ LTC facility
4 = Hospital- Outpatient	14 = Fed. Qualified Community Health Clinic	24 = Occupational Health
5 = Hospital- Emergency Department	15 = Certified Rural Health Clinic	25 = Student/ School Health
6 = Hospital- Ambulatory Care Center	16 = Free Standing Surgery Center	26 = Faculty (College or Univ.)
7 = Other unit of hospital	17 = Spa/ Aesthetic/ Weight Loss Clinic	27 = Insurance company
8 = Federal Hospital (VA)	18 = Gov't/ Planning Agency	28 = Corrections facility
9 = Physician Practice Solo	19 = Birthing Center	29 = Nonprofit/Donation Facility
10 = Physician Single Specialty Group	20 = Pharmaceutical Company	30 = Other (specify)_____

24. Have you voluntarily switched employers/practices within the past five years? ☐ Yes ☐ No

a. If YES, please use the list of settings above to indicate the work setting you left and the work setting you moved to: Setting Code Left: _____ Setting Code Moved To: _____

b. If YES please check the reason(s) for this change of work setting

☐ Better Work/Education Fit	☐ Desire for Change	☐ Higher Pay	☐ More Challenging
☐ Moved Residence	☐ Personal/Family Reasons	☐ Preferred hours	☐ Professional Advancement
☐ Work Responsibilities	☐ Other _____		

25. Which most accurately describes your primary practice setting?

☐ Independent CRNA (you practice without anesthesiologist oversight)
☐ Medically Supervised (anesthesiologist is available, but not necessarily in the same room)
☐ Medically Directed (seven TEFRA conditions apply)

a. If you answered Medically Directed, what percent of the time are the seven conditions of TEFRA met when providing anesthesia for Medicare patients?

☐ Never ☐ Rarely ☐ Sometimes ☐ Frequently ☐ Almost Always ☐ Always

26. Do you anticipate CRNA expansion within your group within the next three years? ☐ Yes ☐ No

27. Do you practice in a team setting with anesthesiologists? ☐ Yes ☐ No ***(if YES, please answer a. and b.)***

a. How many full-time anesthesiologists are in your group? _____

b. Including yourself, how many full-time CRNAs are in your group? _____

If you answered YES to question 27 above, please answer the questions on the back of this page about the team that you work with.

28. **Would you say that the team works to establish shared goals that reflect patient and family priorities and can be clearly articulated, understood and supported by all team members?**

☐ Strongly Disagree ☐ Disagree ☐ Neutral ☐ Agree ☐ Strongly Agree

29. **Would you say that there are clear expectations for each team member's functions, responsibilities and accountabilities, which often make it possible for the team to take advantage of division of labor, thereby accomplishing more than the sum of its parts?**

☐ Strongly Disagree ☐ Disagree ☐ Neutral ☐ Agree ☐ Strongly Agree

30. **Would you say that team members earn each other's trust, creating strong norms of reciprocity and greater opportunities for shared achievement?**

☐ Strongly Disagree ☐ Disagree ☐ Neutral ☐ Agree ☐ Strongly Agree

31. **Would you say that the team prioritizes and continuously refines its communication skills and has consistent channels for candid and complete communication, which are accessed and used by all team members across the setting?**

☐ Strongly Disagree ☐ Disagree ☐ Neutral ☐ Agree ☐ Strongly Agree

32. **Would you say that the team agrees on and implements reliable and timely feedback on successes and failures in both the functioning of the team and achievement of the team's goals, and that these are used to track and improve performance immediately and over time?**

☐ Strongly Disagree ☐ Disagree ☐ Neutral ☐ Agree ☐ Strongly Agree

Thank you for your participation. Please return the survey in the enclosed envelope.

Utah Medical Education Council ● 230 S. 500 E. Ste. 210, Salt Lake City, Utah, 84102
Phone: (801)-526-4554/ Fax: (801)-526-4551 ● www.utahmec.org ● «LIC_7»