

Physician Assistant Survey

Instructions:

The following survey will assist policymakers at the state, federal and local levels assess the adequacy of the current *your profession* workforce and project future workforce trends in relation to Virginia's changing population and health needs. It will help us advance the practice of *your profession* and to improve the health of all Virginians. By law, information collected as part of this survey is confidential. License numbers and other individually identifying information are removed from Healthcare Workforce Data Center data sets. The Healthcare Workforce Data Center only releases information in the aggregate or to qualified research organizations who meet our strict confidentiality standards. Participation in this survey is voluntary.

The survey questions are designed to allow comparisons across professions, and among state and federal data collection efforts. Some of the questions, particularly the demographic questions, match Federal data collection standards.

Education and Background

| | |
|---|---|
| 1) Year of Birth: | <i>Dropdown: 2000 to 1920 (reverse order)</i> |
| 2) Sex: | <i>Dropdown: Male/Female</i> |
| Please select the items that best describe your race/ethnicity. Please answer both question 3a about Hispanic origin and 3b about race/ethnicity. | |
| 3a) Select one: | <i>Check one</i> |
| | Hispanic, Latino or Spanish Origin |
| | Not Hispanic, Latino or Spanish Origin |
| 3b) Select all that apply: | <i>Check all that apply</i> |
| | White |
| | Black or African American |
| | American Indian or Alaska Native |
| | Asian |
| | Native Hawaiian or Pacific Islander |
| | Some other race |
| 3c) If some other race, please specify: | <i>Fill in the blank</i> |
| 4) Where did you graduate from high school (Secondary School)? | <i>Dropdown</i> |
| | Outside of the US or Canada |
| | Canada |
| | 57 US States and Territories |
| 5) Was your childhood spent mostly in rural, urban or suburban areas? | <i>Dropdown: urban, rural, suburban</i> |

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| 6) | Where did you obtain your undergraduate (Bachelor's or Associate) degree? | <i>Dropdown</i> |
| | | Did not obtain an undergraduate degree |
| | | Outside of the US or Canada |
| | | Canada |
| | | 57 US States and Territories |
| | | |
| 7) | Where did you obtain the degree that initially qualified you to practice as a physician assistant? | <i>Dropdown</i> |
| | | Outside of the US or Canada |
| | | Canada |
| | | 57 US States and Territories |
| | | |
| 8) | Please indicate the highest level of Physician Assistant education you have completed as of today: | <i>Dropdown</i> |
| | | PA Certificate, undergraduate |
| | | Associate degree |
| | | Baccalaureate degree |
| | | PA Certificate, post-graduate |
| | | Master's degree |
| | | Doctorate |
| | | |
| 9) | Do you hold an active license to practice <i>your profession</i> in any other jurisdiction? | <i>Check all that apply</i> |
| | | District of Columbia |
| | | Kentucky |
| | | Maryland |
| | | North Carolina |
| | | Tennessee |
| | | West Virginia |
| | | One or more other US states |
| | | |
| 10) | Please select the choice that best describes any primary area of specialization, training or experience you may have: | <i>Dropdown</i> |
| | | No Specialty |
| | | Addiction Medicine |
| | | Allergy & Immunology |
| | | Anesthesiology |
| | | Cardiology |
| | | Cardiovascular Surgery |
| | | Dermatology |

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| | | Emergency Medicine |
| | | Endocrinology |
| | | Family Medicine |
| | | Gastroenterology & Hepatology |
| | | General Surgery |
| | | Geriatrics, General |
| | | Hospital Medicine |
| | | Internal Medicine, General |
| | | Neonatal Intensive Care |
| | | Nephrology |
| | | Neurosurgery |
| | | OB/GYN |
| | | Occupational Medicine |
| | | Oncology |
| | | Orthopedics |
| | | Otolaryngology |
| | | Pediatrics, General |
| | | Pediatric Intensive Care |
| | | Pediatric Orthopedics |
| | | Plastic Surgery |
| | | Psychiatry |
| | | Radiology |
| | | Rheumatology |
| | | Urology |
| | | Other |
| | | |
| 10b) | If you selected "other specialty area", please provide a brief description: | <i>Open-ended</i> |
| | | |
| 11) | Please select the choice that best describes any primary area of specialization, training or experience you may have: | <i>Dropdown</i> |
| | | No Secondary Specialty |
| | | Addiction Medicine |
| | | Allergy & Immunology |
| | | Anesthesiology |
| | | Cardiology |
| | | Cardiovascular Surgery |
| | | Dermatology |
| | | Emergency Medicine |
| | | Endocrinology |
| | | Family Medicine |

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| | | Gastroenterology & Hepatology |
| | | General Surgery |
| | | Geriatrics, General |
| | | Hospital Medicine |
| | | Internal Medicine, General |
| | | Neonatal Intensive Care |
| | | Nephrology |
| | | Neurosurgery |
| | | OB/GYN |
| | | Occupational Medicine |
| | | Oncology |
| | | Orthopedics |
| | | Otolaryngology |
| | | Pediatrics, General |
| | | Pediatric Intensive Care |
| | | Pediatric Orthopedics |
| | | Plastic Surgery |
| | | Psychiatry |
| | | Radiology |
| | | Rheumatology |
| | | Urology |
| | | Other |
| | | |
| 11b) | If you selected "other specialty area", please provide a brief description: | <i>Open-ended</i> |
| | | |
| Current Employment Status | | |
| | | |
| 12 | Which choice best describes your <i>current</i> employment or work situation? | <i>Dropdown</i> |
| | | Employed in a <i>physician assistant</i> related capacity. |
| | | Employed, NOT in a <i>physician assistant</i> related capacity. |
| | | I am retired. |
| | | Voluntarily unemployed (including for medical reasons). |
| | | Involuntarily unemployed. |
| | | |
| 13) | Overall, and taking into account all positions you fill, how satisfied are you with your <i>current</i> employment or work situation? | <i>Dropdown</i> |

| | | |
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| | | Very satisfied |
| | | Somewhat satisfied |
| | | Somewhat dissatisfied |
| | | Very dissatisfied |
| | | |
| 14) | How many positions do you <i>currently</i> hold? | <i>Dropdown</i> |
| | <i>Note: There is no legal standard for part-time work, and each employer defines part-time work differently. Part-time work generally refers to workweeks of 35-hours per week or less. Per diem, temporary, contract, self-employed and seasonal workers, and workers subject to annual limits on hours should consider average hours spent working over the term of employment.</i> | |
| | | One part-time position |
| | | One full-time position |
| | | Two part-time positions |
| | | One full-time position & one part-time position |
| | | Two full-time positions |
| | | More than two positions |
| | | |
| 15) | Considering all positions you <i>currently</i> fill, how long is your average workweek? | <i>Dropdown</i> |
| | | I am not currently working |
| | | 1 to 4 hours |
| | | 5 to 9 hours |
| | | 10 to 14 hours |
| | | 15 to 19 hours |
| | | 20 to 24 hours |
| | | 25 to 29 hours |
| | | 30 to 34 hours |
| | | 35 to 39 hours |
| | | 40 to 44 hours |
| | | 45 to 49 hours |
| | | 50 to 54 hours |
| | | 55 to 59 hours |
| | | 60 to 64 hours |
| | | 65 to 69 hours |
| | | 70 to 74 hours |
| | | 75 to 79 hours |
| | | 80 or more hours |
| | | |
| 16) | Do you currently have privileges in any Virginia hospitals? If so, how many? | <i>Dropdown: None & 1 thru 10</i> |
| | | |

Unless otherwise noted, the rest of the questions draw on your experiences over the past 12 months. If you did not work in the past 12 months in a capacity that drew on your profession background, please skip to question 41.

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| Primary Work Location | |
| <p>Questions 17 to 23 refer to your primary place of employment, work or practice (volunteer or paid) over the past 12 months. This is the location where you spend the most work hours during an average workweek or where you spent the most weeks working in the past 12 months. You do not need to currently work at this location. These questions refer to a location, not an employer. Persons who consistently work in multiple locations (e.g. temporary workers, home health, multi-facility rounds) should choose the location where they are based.</p> | |
| 17) | <p>Please select the Virginia County or Independent City, or other location, of your primary place of employment, work or practice:</p> <p><i>Dropdown:</i> Outside of US Virginia Border State/DC Other US State List of Virginia's Cities and Counties</p> |
| 18) | <p>How long have you worked at this particular location?</p> <p><i>Dropdown</i> I do not currently work at this location Less than 6 months 6 months to 1 year 1 to 2 years 3 to 5 years 6 to 10 years More than 10 years</p> |
| 19a) | <p>Approximate number of weeks at which at least some time was spent at this work location within the past twelve months (exclude vacation, medical leave, etc):</p> <p><i>Dropdown: 1 week - 52 weeks</i></p> |
| 19b) | <p>How many hours do you (or did you) work in an average workweek at this location?</p> <p><i>Dropdown</i> 1 to 4 hours 5 to 9 hours 10 to 14 hours 15 to 19 hours 20 to 24 hours 25 to 29 hours 30 to 34 hours 35 to 39 hours 40 to 44 hours 45 to 49 hours</p> |

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| | | 50 to 54 hours |
| | | 55 to 59 hours |
| | | 60 to 64 hours |
| | | 65 to 69 hours |
| | | 70 to 74 hours |
| | | 75 to 79 hours |
| | | 80 or more hours |
| | | |
| 20) | In the average workweek at this location, roughly what percentage of your working hours were spent in the following roles: (Answers should roughly equate to 100%). | <i>Dropdown: (for each sub-question)</i> |
| 20a) | Administration or business-related matters | None |
| 20c) | Direct patient care, including patient education and coordination of care | 1% to 9% |
| 20d) | Education of health professions students (including acting as preceptor) | 10% to 19% |
| 20e) | Formal research | 20% to 29% |
| 20f) | Other | 30% to 39% |
| | | 40% to 49% |
| | | 50% to 59% |
| | | 60% to 69% |
| | | 70% to 79% |
| | | 80% to 89% |
| | | 90% to 99% |
| | | 100% |
| | | |
| | | <i>Dropdown: (for each sub-question)</i> |
| 21) | Please indicate the number of visits/encounters that you handle in a typical week at this primary practice employer location. | |
| 21a) | Outpatient visits | None |
| 21b) | Inpatient visits | 1-9 visits/encounters |
| 21c) | Extended care | 10-19 visits/encounters |
| 21d) | Hospice | 20-29 visits/encounters |
| | | 30-39 visits/encounters |
| | | 40-49 visits/encounters |
| | | 50 or more visits/encounters |
| | | |
| 22a) | Please select the choice that best describes this location's organizational sector: | <i>Dropdown</i> |
| | | For-profit (e.g. private practice, corporate) |
| | | Non-profit (including religious affiliated) |
| | | State/local-government |
| | | US military |
| | | Veteran's Administration |

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| | | Other federal government |
| 22b) | Please select the choice that best describes this practice setting: | <i>Dropdown:</i> |
| | | Physician solo practice |
| | | Group practice, single specialty |
| | | Group practice, multi specialty |
| | | Academic institution (teaching or research) |
| | | Academic institution (patient care role) |
| | | Community clinic/Outpatient care center |
| | | Home health agency |
| | | Hospice |
| | | Hospital-outpatient department |
| | | Hospital-emergency department |
| | | Hospital-inpatient department |
| | | Independent contractor |
| | | Insurance |
| | | Medical staffing agency |
| | | Mental health facility |
| | | Nursing home/long term care facility |
| | | Outpatient surgical center |
| | | Other |
| 22c) | If you selected "other practice setting" please provide a brief description: | <i>Open-ended</i> |
| 23) | Please indicate how you are (were) personally compensated for activities at this location: | <i>Dropdown</i> |
| | | Salary/Commission (excluding salaries from owners/partners) |
| | | Business/Practice income (including salaries of owners/partners) |
| | | Hourly wage |
| | | By contract, per diem, traveling |
| | | Volunteer, unreimbursed |
| If you only had one practice location in the past 12 months, please skip to question 34. If you had additional practice locations, please continue. | | |
| Secondary Work Location | | |

Questions 24 to 31 refer to your secondary place of employment, work or practice (volunteer or paid) over the past 12 months. This is the location where you spend the second most work hours during an average workweek or where you spent the second most weeks working in the past 12 months. You do not need to currently work at this location. These questions refer to a location, not an employer. Persons who consistently work in multiple locations (e.g. temporary workers, home health, multi-facility rounds) should choose the location where they are based.

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| 24 | Is this location with the same employer or practice as your primary location, or a different employer/practice? | <i>Dropdown</i> |
| | | Same employer or practice |
| | | Different employer or practice |
| | | |
| 25) | Please select the Virginia County or Independent City, or other location, of your secondary place of employment, work or practice: | <i>Dropdown:</i> |
| | | Outside of US |
| | | Virginia Border State/DC |
| | | Other US State |
| | | List of Virginia's Cities and Counties |
| | | |
| 26) | How long have you worked at this particular location? | <i>Dropdown</i> |
| | | I do not currently work at this location |
| | | Less than 6 months |
| | | 6 months to 1 year |
| | | 1 to 2 years |
| | | 3 to 5 years |
| | | 6 to 10 years |
| | | More than 10 years |
| | | |
| 27a) | Approximate number of weeks at which at least some time was spent at this work location within the past twelve months (exclude vacation, medical leave, etc): | <i>Dropdown: 1 week - 52 weeks</i> |
| | | |
| 27b) | How many hours do you (or did you) work in an average workweek at this location? | <i>Dropdown</i> |
| | | 1 to 4 hours |
| | | 5 to 9 hours |
| | | 10 to 14 hours |
| | | 15 to 19 hours |
| | | 20 to 24 hours |
| | | 25 to 29 hours |
| | | 30 to 34 hours |
| | | 35 to 39 hours |
| | | 40 to 44 hours |

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| | | 45 to 49 hours |
| | | 50 to 54 hours |
| | | 55 to 59 hours |
| | | 60 to 64 hours |
| | | 65 to 69 hours |
| | | 70 to 74 hours |
| | | 75 to 79 hours |
| | | 80 or more hours |
| | | |
| 28) | In the average workweek at this location, roughly what percentage of your working hours were spent in the following roles: (Answers should roughly equate to 100%) . | <i>Dropdown: (for each sub-question)</i> |
| 28a) | Administration or business-related matters | None |
| 28c) | Direct patient care, including patient education and coordination of care | 1% to 9% |
| 28d) | Education of health professions students (including acting as preceptor) | 10% to 19% |
| 28e) | Formal research | 20% to 29% |
| 28f) | Other | 30% to 39% |
| | | 40% to 49% |
| | | 50% to 59 % |
| | | 60% to 69% |
| | | 70% to 79% |
| | | 80% to 89% |
| | | 90% to 99% |
| | | 100% |
| | | |
| 29) | Please indicate the number of visits/encounters that you handle in a typical week at this primary practice employer location. | <i>Dropdown: (for each sub-question)</i> |
| 29a) | Outpatient visits | None |
| 29b) | Inpatient visits | 1-9 visits/encounters |
| 29c) | Extended care | 10-19 visits/encounters |
| 29d) | Hospice | 20-29 visits/encounters |
| | | 30-39 visits/encounters |
| | | 40-49 visits/encounters |
| | | 50 or more visits/encounters |
| | | |
| 30a) | Please select the choice that best describes this location's organizational sector: | <i>Dropdown</i> |
| | | For-profit (e.g. private practice, corporate) |
| | | Non-profit (including religious affiliated) |
| | | State/local-government |
| | | US military |

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| | | Veteran's Administration |
| | | Other federal government |
| 30b) | Please select the choice that best describes this practice setting: | <i>Dropdown:</i> |
| | | Physician solo practice |
| | | Group practice, single specialty |
| | | Group practice, multi specialty |
| | | Academic institution (teaching or research) |
| | | Academic institution (patient care role) |
| | | Community clinic/Outpatient care center |
| | | Home health agency |
| | | Hospice |
| | | Hospital-outpatient department |
| | | Hospital-emergency department |
| | | Hospital-inpatient department |
| | | Independent contractor |
| | | Insurance |
| | | Medical staffing agency |
| | | Mental health facility |
| | | Nursing home/long term care facility |
| | | Outpatient surgical center |
| | | Other |
| 30c) | If you selected "other practice setting" please provide a brief description: | <i>Open-ended</i> |
| 31) | Please indicate how you are (were) personally compensated for activities at this location: | <i>Dropdown:</i> |
| | | Salary/Commission (excluding salaries from owners/partners) |
| | | Business/Practice income (including salaries of owners/partners) |
| | | Hourly wage |
| | | By contract, per diem, traveling |
| | | Volunteer, unreimbursed |
| If you had only two locations in the past 12 months, please skip to question 34. If you had additional practice locations, please continue. | | |
| 32) | How many total work locations have you had <i>over the past 12 months</i> ? | <i>Dropdown</i> |
| | | 3 |
| | | 4 |

| | | |
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| | | 5 |
| | | 6 or more |
| 33) | How many work locations do you have <i>currently</i> ? | <i>Dropdown</i> |
| | | 3 |
| | | 4 |
| | | 5 |
| | | 6 or more |

Employment Information

The Healthcare Workforce Data Center collects compensation information to assess the balance of supply and demand in the state and in localities, and to assist students in planning health careers and choosing specialties. Information from these questions will only be presented in the aggregate. The confidentiality of information for these and all questions is protected by law. All questions are voluntary.

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| 34) | Within the past 12 months, have you experienced any of the following: | <i>Check all that apply</i> |
| | | Voluntary unemployment (including for medical reasons)? |
| | | Involuntary unemployment? |
| | | Switched employers/practices? |
| | | Worked part-time or temporary positions, but would have preferred a full-time or permanent position? |
| | | Worked two or more positions at the same time? |
| 35) | Do you perform any of the following tasks in your work as a physician assistant? | <i>Check all that apply</i> |
| | | First assist at surgery |
| | | Minor surgical procedures |
| | | Supervise/Manage other PAs |
| | | Supervise/Manage other clinical staff |
| | | Manage care of patients, inpatient |
| | | Manage care of patients, outpatient |
| 36) | What is your estimated annual net income from <i>your profession</i> related activities? | <i>Dropdown:</i> |
| | | Volunteer work only |
| | | Less than \$20,000 |
| | | \$20,000-\$29,999 |
| | | \$30,000-\$39,999 |
| | | \$40,000-\$49,999 |
| | | \$50,000-\$59,999 |

| | | |
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| | | \$60,000-\$69,999 |
| | | \$70,000-\$79,999 |
| | | \$80,000-\$89,999 |
| | | \$90,000-\$99,999 |
| | | \$100,000-\$109,999 |
| | | \$110,000-\$119,999 |
| | | \$120,000 or more |
| | | |
| 37) | Do you receive any of the following benefits from any <i>current</i> employer? | <i>Check all that apply:</i> |
| | | Paid Vacation |
| | | Paid Sick Leave |
| | | Health Insurance |
| | | Dental Insurance |
| | | Retirement (401k, Pension, etc.) |
| | | Group Life Insurance |
| | | Signing/retention bonus |
| | | |
| 38) | What is your estimated current educational debt? | <i>Dropdown:</i> |
| | | None |
| | | Less than \$10,000 |
| | | \$10,000-\$19,999 |
| | | \$20,000-\$29,999 |
| | | \$30,000-\$39,999 |
| | | \$40,000-\$49,999 |
| | | \$50,000-\$59,999 |
| | | \$60,000-\$69,999 |
| | | \$70,000-\$79,999 |
| | | \$80,000-\$89,999 |
| | | \$90,000-\$99,999 |
| | | \$100,000-\$109,999 |
| | | \$110,000-\$119,999 |
| | | \$120,000 or more |
| | | |
| 39) | At what age do you plan to retire from <i>your profession</i> ? | <i>Dropdown</i> |
| | | Under age 50 |
| | | 50 to 54 |
| | | 55 to 59 |
| | | 60 to 64 |
| | | 65 to 69 |
| | | 70 to 74 |

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| | | 75 to 79 |
| | | 80 or over |
| | | I do not intend to retire |
| 40) | Within the next two years do you plan to do any of the following: | <i>Check all that apply</i> |
| | | Retire |
| | | Cease working in <i>your profession</i> |
| | | Continue working in <i>your profession</i> , but cease working in Virginia |
| | | Increase patient care hours |
| | | Decrease patient care hours |
| | | Increase time spent teaching <i>your profession</i> |
| | | Decrease time spent teaching <i>your profession</i> |
| | | Pursue additional <i>physician assistant</i> education |
| End of Questionnaire for active practitioners-Thank you! | | |
| 41) | If you did not practice, teach or otherwise work in <i>your profession</i> within the past twelve months, did/are you. . . ? | <i>Check all that apply:</i> |
| | | I am retired. |
| | | Work occasionally for charity/consultation/special patients? |
| | | Pursue <i>physician assistant</i> education or certifications? |
| | | Pursue education not related to <i>physician assisting</i> ? |
| | | Work in another profession or field? |
| | | Experience temporary voluntary unemployment (including for medical reasons)? |
| | | Experience temporary involuntary unemployment? |
| 42) | Do you provide any volunteer, mentoring or other services within <i>your profession</i> in Virginia? If so, approximately how many hours in the past year? | <i>Dropdown:</i> |
| | | None |
| | | 1-25 hours |
| | | 26-50 hours |
| | | 51-75 hours |

| | | |
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| | | 76-100 hours |
| | | Over 100 hours |
| 43) | Do you expect to begin working in <i>your profession</i> in Virginia? If so, when? | <i>Dropdown:</i> |
| | | Not currently planning to practice/work in Virginia |
| | | Plan to practice/work in a volunteer capacity |
| | | Yes, within the next year |
| | | Yes, within 1-2 years |
| | | Yes, within 3-5 years |
| | | Yes, in more than 5 years |
| | | Yes, do not know when |
| End of Questionnaire-Thank you! | | |

Acute/critical care
Adult health
Anesthesia
Case management
Community health
Family health
Geriatrics/gerontology
Informatics
Maternal/Womens health
Medical/surgical
Neonatal care
Nurse Midwifery
Occupational health
Oncology
Palliative care
Pediatrics
Policy/Regulation
Psychiatric mental health
Public health
Quality improvement
Rehabilitation
Renal health/dialysis
Student health
Substance abuse
Trauma