

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>

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

		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

		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>

		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.

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>

		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

		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.

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

		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

		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

		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.

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

		\$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

		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

		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