

Q10 Please provide the following information regarding your **residency options**:

- I am not interested in a residency
 I have completed a residency
 I am seeking enrollment in a residency
 I did not complete a residency
 I am currently enrolled in a residency

Educational Debt and Income

Q11 What was your educational debt **AT TIME OF GRADUATION?** (exclude pre-pharmacy and non-educational debt)

\$

Q12 What is your **CURRENT** educational debt? (exclude pre-pharmacy and non-educational debt)

\$

Q13 What is your **average gross compensation?** (Before taxes AND excluding benefits)

\$

Q14 Compared to five years ago, your gross income has:

- Increased
 Decreased
 Remained the same

Practice Settings and Characteristics

Q15 What is your primary work status?

- Active Full-time
 Active Part-Time
 Retired
 Other

Q16 What is the average number of hours you work per week?

Hr/wk

Q17 Please indicate the percentage of time you spend in a typical week on the following activities: (Please make sure total percent equals 100)

Administration/Supervising (planning, budgeting, personnel management, insurance issues, etc.)	<input type="text"/>
Consulting (nursing homes, home health care, pharmaceutical companies, etc.)	<input type="text"/>
Dispensing/Drug distribution (order entry and clarification, drug distribution)	<input type="text"/>
Patient counseling (medication counseling without teaching of students/residents)	<input type="text"/>
Procuring Medications/Retailing (ordering/receiving drugs from wholesale/pharmaceutical industry)	<input type="text"/>
Providing disease or patient specific care (multidisciplinary care teams; patient monitoring)	<input type="text"/>
Research/seeking drug information	<input type="text"/>
Teaching/Precepting	<input type="text"/>
Other	<input type="text"/>

Q18 Please indicate the practice **CITY, ZIP CODE, HOURS** and **WORKED** per week per year of your **PRIMARY** and **SECONDARY** practice settings

Primary Zip Code:
 Primary Hours/week:

Secondary Zip Code:
 Secondary Hours/week:

Q19 Please describe your **PRIMARY** and **SECONDARY** practice settings

	Primary Setting	Secondary Setting
Retail Pharmacy- Chain	<input type="checkbox"/>	<input type="checkbox"/>
Retail Pharmacy- Independent	<input type="checkbox"/>	<input type="checkbox"/>
Hospital Based-Inpatient	<input type="checkbox"/>	<input type="checkbox"/>
Hospital Based - Outpatient	<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Clinic	<input type="checkbox"/>	<input type="checkbox"/>
Govt. Agency/Armed Forces/Other Federal	<input type="checkbox"/>	<input type="checkbox"/>
College of Pharmacy	<input type="checkbox"/>	<input type="checkbox"/>
Mail Order Pharmacy	<input type="checkbox"/>	<input type="checkbox"/>
Managed Care Facility	<input type="checkbox"/>	<input type="checkbox"/>
Specialty Pharmacy	<input type="checkbox"/>	<input type="checkbox"/>
Long-Term Care	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify):	<input type="text"/>	

PLEASE ANSWER QUESTIONS 20-23 ONLY IF YOU WORK IN RETAIL, NON-INSTITUTIONAL SETTING(S). PLEASE SKIP TO QUESTION 26 IF YOU WORK IN AN INSTITUTIONAL/HEALTH SYSTEM SETTING(S)

Q20 What is the average number of prescriptions you fill per hour? RX/HR

Q21 Over the last five years, have the average number of prescriptions you fill each day:
 Increased Decreased Remained the same

Q22 Over the last five years, have the percentage of time you spend dealing with insurance issues:
 Increased Decreased Remained the same

Q23 At your primary place of employment, what best describes your current position? (Please CHECK ALL THAT APPLY)
 Owner/Partner/Executive Officer Management Staff Other

PLEASE ANSWER QUESTIONS 24-25 IF YOU WORK AS AN OWNER/PARTNER/EXECUTIVE OFFICER/MANAGERIAL POSITION. PLEASE SKIP TO QUESTION 26 IF YOU DO NOT WORK IN THIS CAPACITY.

Q24 Please indicate the average time to fill an open or budgeted pharmacist position at your location.
 0-3 Months 6-9 Months More than one year
 3-6 Months 9-12 Months

Q25 Have any of the following taken place during the past year at your place of employment?
 Pharmacist layoff(s) Early retirement incentive(s) for pharmacists
 Mandatory reduction(s) in pharmacist hours Restructuring of pharmacist work schedule(s) to save labor costs

Q26 The annual number of prescription has been increasing significantly over the last 10 years. Please select the top three steps that you have or are planning to implement to meet the growing demand for prescriptions.
 Increase pharmacist workload/hours Increase automation Recruit additional pharmacy technicians
 Recruit additional pharmacists Increase pharmacy technician workload/hours Other (specify)
 Increase prepackaging

Q27 In your primary place of employment, what is the TOTAL NUMBER OF:

	<u>STAFF</u>	<u>VACANT</u>
Full-Time Pharmacists	<input type="text"/>	<input type="text"/>
Part-Time Pharmacists	<input type="text"/>	<input type="text"/>
As-needed Pharmacists	<input type="text"/>	<input type="text"/>

Q28 In your primary place of employment, do you supervise pharmacy technicians? Yes No

Q29a If YES, how many pharmacy technicians do you supervise per shift?

Q29b How many pharmacy technicians do you currently feel comfortable supervising per shift?

Q30 Do you work in a multidisciplinary care team? Yes No

Q30a If YES, which healthcare professionals do you work with?
 MD/DO CNM Social Workers
 LPN/RN NP Dietician
 PA Dentist RT/PT/OT
 CRNA Health Educators Other

Q31 Do you currently precept pharmacy students? Yes No

Q31a If YES, what areas do you generally precept in?
 Introductory Pharmacy practices Advanced pharmacy practices Both

Q32 What is the number of years you have been employed by your present employer?

Q33 At what age are you planning to retire completely from pharmacy?

Q34 Are you planning to reduce the number of hours you work before retirement? Yes No

Q34a **If YES, in how many years do you plan to reduce your hours?**

- Less than 5 years 11-15 years 21-25 years 31 to 35 years
- 5-10 years 16-20 years 26-30 years More than 35 years

Q34b **If YES, how many hours per week will you practice after this reduction?**

- Less than 5 hours 11-15 hours 21-25 hours 31-35 hours More than 40 hours
- 5-10 hours 16-20 hours 26-30 hours 36-40 hours

Q35 **Within the PAST TWO YEARS, have you experienced any of the following? (Check all that apply)**

- Voluntary unemployment Involuntary unemployment
- Switched employers/practices Worked two or more positions at the same time
- Worked part-time or temporary positions, but would have preferred a full-time or permanent position Hours decreased involuntarily

Q35 **If you have switched employers/practices within the past two years, please indicate the work setting you left and the work setting you moved to.**

	Left	Moved To
Retail Pharmacy- Chain	<input type="checkbox"/>	<input type="checkbox"/>
Retail Pharmacy- Independent	<input type="checkbox"/>	<input type="checkbox"/>
Hospital Based-Inpatient	<input type="checkbox"/>	<input type="checkbox"/>
Hospital Based - Outpatient	<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Clinic	<input type="checkbox"/>	<input type="checkbox"/>
Govt. Agency/Armed Forces/Other Federal	<input type="checkbox"/>	<input type="checkbox"/>
Speacilty Clinic	<input type="checkbox"/>	<input type="checkbox"/>
Long Term Care Center	<input type="checkbox"/>	<input type="checkbox"/>
College of Pharmacy	<input type="checkbox"/>	<input type="checkbox"/>
Mail Order Pharmacy	<input type="checkbox"/>	<input type="checkbox"/>
Managed Care Facility	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>

Q36 **If you have changed work settings within the past two years, please check the reason(s) for this change of work setting. Select all that apply.**

- Higher Pay Work responsibilities More challenging
- Professional advancement Moved Desire for change
- Preferred hours Better work/education fit Personal/family reason
- Laid off Position elimination Other

OUTLOOK

Q37 **Ideally, how many hours would you choose to work at your primary place of employment each week?**

Q38 **In your primary place of employment, do you have sufficient times to counsel patients?** Yes No

Q39 **Compared to last year at this time, how has your workload changed?**
 Increased Decreased Remained the same

Q40 **Overall, and taking into account all positions you fill, how satisfied are you with your current employment/work situation?**
 Very satisfied Somewhat satisfied Somewhat dissatisfied Very dissatisfied

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

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