Health Professions Data Series:

Physician Assistant 2017

Section 1: Demographics

1. Zip Code of Primary Residence*
   ☐☐☐☐☐

2. Sex*
   - ☐ Male
   - ☐ Female
   - ☐ Other
   - ☐ Decline to Answer

3. Year of Birth*
   ☐☐☐☐

4. Are you Hispanic/Latino/Spanish?*
   - ☐ Yes
   - ☐ No
   - ☐ Decline to Answer

5. What race do you most identify with? Race refers to the group or groups that you identify with as having similar physical characteristics or similar social and geographic origins. Check all that apply.*
   - ☐ American Indian/Alaska Native
   - ☐ Asian
   - ☐ Black
   - ☐ Native Hawaiian/Pacific Islander
   - ☐ White
   - ☐ Other
   - ☐ Decline to answer

6. What ethnicity(ies) do you most identify with? Ethnicity refers to your background, heritage, culture, ancestry, or sometimes the country where you or your family were born. Check all that apply.*

☐ African	☐ Cuban	☐ Laotian
☐ African American	☐ Dominican	☐ Mexican, Mexican American, Chicano
☐ American	☐ European	☐ Middle Eastern
☐ Asian Indian	☐ Filipino	☐ Portuguese
☐ Brazilian	☐ French Canadian	☐ Puerto Rican
☐ Cambodian	☐ Guatemalan	☐ Russian
☐ Cape Verdean	☐ Haitian	☐ Salvadoran
☐ Caribbean Islander	☐ Honduran	☐ Vietnamese
☐ Chinese	☐ Japanese	☐ Other
☐ Colombian	☐ Korean	☐ Decline to Answer

7. Without using an interpreter, in which language(s) (other than English), are you fluent enough to provide adequate care for and speak with patients? Check all that apply.*

- ☐ None
- ☐ Albanian
- ☐ American Sign Language (ASL)
- ☐ Arabic
- ☐ Cape Verdean Creole
- ☐ Chinese
- ☐ Farsi
- ☐ French
- ☐ Greek
- ☐ Haitian Creole
- ☐ Italian
- ☐ Khmer
- ☐ Korean
- ☐ Portuguese
- ☐ Russian
- ☐ Somali
- ☐ Spanish
- ☐ Vietnamese
- ☐ Other

8. Are you currently engaged in active duty in the armed services?

- ☐ Yes
- ☐ No

Section 2: Education

9. Where did you complete your physician assistant education which qualified you for your **FIRST** U.S. PA license?*

- ☐ Massachusetts
- ☐ Other US State or Territory
- ☐ Foreign Country

10. What is the highest level of PA education you have completed?*

- ☐ Certificate in PA Studies
- ☐ Associate Degree in PA Studies
- ☐ Bachelor's Degree in PA Studies
- ☐ Master's Degree in PA Studies
- ☐ Doctoral Degree in PA Studies

11. Did you complete a post-graduate training residency/fellowship in any of the following specialties? Check all that apply.*

- ☐ Not applicable
- ☐ Acute/Critical/Urgent Care
- ☐ Cardiology
- ☐ Cardiothoracic Surgery
- ☐ Dermatology
- ☐ Emergency Medicine
- ☐ Family Medicine
- ☐ Hospitalist
- ☐ Internal Medicine
- ☐ Neonatology
- ☐ Neurology
- ☐ Neurosurgery
- ☐ Obstetrics and Gynecology
- ☐ Oncology
- ☐ Orthopedic
- ☐ Orthopedic Surgery
- ☐ Otolaryngology
- ☐ Pediatrics
- ☐ Pediatric Surgery
- ☐ Plastic Surgery
- ☐ Public Health
- ☐ Primary Care
- ☐ Surgery - General
- ☐ Psychiatry
- ☐ Urology
- ☐ Other

12. Where did you complete your post-graduate residency/fellowship?
    - [ ] Not applicable
    - [ ] In Massachusetts
    - [ ] Outside of Massachusetts

13. Do you hold any of the following National Commission on Certification of Physician Assistants (NCCPA) recognized Certificates of Added Qualifications (CAQ)? Check all that apply.*
    - [ ] Not applicable
    - [ ] Cardiovascular and Thoracic Surgery
    - [ ] Emergency Medicine
    - [ ] Hospital Medicine
    - [ ] Nephrology
    - [ ] Orthopedic Surgery
    - [ ] Pediatrics
    - [ ] Psychiatry

14. In addition to your physician assistant degree, what other degrees do you possess? Check all that apply. *
    - [ ] Not applicable
    - [ ] Bachelor's Degree
    - [ ] Master of Business Administration
    - [ ] Master of Education
    - [ ] Master of Health Administration
    - [ ] Master of Public Health
    - [ ] Other Master's Degree
    - [ ] Juris Doctorate
    - [ ] Doctorate of Education
    - [ ] Other Doctoral Degree

Section 3: Employment

15. How many years have you been practicing as a PA in the United States?
    - [ ] Less than 1 year
    - [ ] 1-5 years
    - [ ] 6-10 years
    - [ ] 11-15 years
    - [ ] 16-20 years
    - [ ] 21-30 years
    - [ ] More than 30 years

16. What is your current employment status? Check all that apply.*
    - [ ] Full-time as a PA
    - [ ] Part-time as a PA
    - [ ] Per Diem as a PA
    - [ ] Volunteer PA
    - [ ] Employed in Non-PA field
    - [ ] Unemployed
    - [ ] Retired

17. If unemployed, please indicate the major reason(s). Check all that apply.
    - ☐ Not Applicable
    - ☐ Attending school
    - ☐ Cannot find position in PA field
    - ☐ Disabled
    - ☐ Not interested in practicing in PA field
    - ☐ Taking care of home/family
    - ☐ Retired
    - ☐ Other
    - ☐ Decline to answer

18. Considering **all** positions you currently fill as a PA, how many **hours per week** do you work on average?
    - ☐ (Drop down of 0 – 79, and then "80+")

19. Considering **all** positions you currently fill as a PA, what percentage of your working hours do you personally spend on the following activities? (Answers for 19a through 19e should roughly equal 100%)
    a. Direct Patient Care (including patient education and care coordination)
        - ☐ 0%
        - ☐ 10%
        - ☐ 20%
        - ☐ 30%
        - ☐ 40%
        - ☐ 50%
        - ☐ 60%
        - ☐ 70%
        - ☐ 80%
        - ☐ 90%
        - ☐ 100%

    b. Administration or business-related manners
        - ☐ 0%
        - ☐ 10%
        - ☐ 20%
        - ☐ 30%
        - ☐ 40%
        - ☐ 50%
        - ☐ 60%
        - ☐ 70%
        - ☐ 80%
        - ☐ 90%
        - ☐ 100%

    c. Education of Health Professions Students
        - ☐ 0%
        - ☐ 10%
        - ☐ 20%
        - ☐ 30%
        - ☐ 40%
        - ☐ 50%
        - ☐ 60%
        - ☐ 70%
        - ☐ 80%
        - ☐ 90%
        - ☐ 100%

d. Research
- ☐ 0%
- ☐ 10%
- ☐ 20%
- ☐ 30%
- ☐ 40%
- ☐ 50%
- ☐ 60%
- ☐ 70%
- ☐ 80%
- ☐ 90%
- ☐ 100%

e. Other
- ☐ 0%
- ☐ 10%
- ☐ 20%
- ☐ 30%
- ☐ 40%
- ☐ 50%
- ☐ 60%
- ☐ 70%
- ☐ 80%
- ☐ 90%
- ☐ 100%

20. In the past 12 months, how many weeks did you work as a PA (excluding vacation, medical leave, etc.)?
☐ (Drop down of 0-52, with 52 as the first option)

21. Please specify the practice specialty(ies) in which you spend most of your professional time. Check all that apply.*

- ☐ Not applicable
- ☐ Academic
- ☐ Allergy/Immunology
- ☐ Anesthesiology
- ☐ Cardiology
- ☐ Critical Care
- ☐ Dermatology
- ☐ Emergency Medicine
- ☐ Endocrinology
- ☐ Family Medicine
- ☐ Gastroenterology
- ☐ Geriatrics
- ☐ Hospitalists
- ☐ Infectious Disease
- ☐ Internal Medicine
- ☐ Neurology
- ☐ Obstetrics & Gynecology
- ☐ Occupational Medicine
- ☐ Oncology
- ☐ Orthopedics
- ☐ Otolaryngology
- ☐ Pain Management
- ☐ Pediatrics
- ☐ Primary Care
- ☐ Psychiatry
- ☐ Public Health
- ☐ Radiology
- ☐ Research
- ☐ Surgery
- ☐ Urology
- ☐ Other Specialty

22. If there was training available to help you care for patients with disabilities, which of the following topics would you select? Check all that apply. *
    - ☐ Blindness or low vision
    - ☐ Brain injuries (stroke, traumatic brain injury, etc.)
    - ☐ Deafness or hard of hearing
    - ☐ Epilepsy
    - ☐ Intellectual or developmental disabilities
    - ☐ Mental illness
    - ☐ Mobility disabilities (wheelchair users, scooters, etc.)
    - ☐ Not applicable to my work
    - ☐ I do not need additional training

23. Are you currently registered to use the Prescription Monitoring Program (PMP)? *
    - ☐ Not applicable to my job duties
    - ☐ Not registered
    - ☐ Registered, actively viewing patient files
    - ☐ Registered, not actively viewing patient files

24. Are you currently registered with the Massachusetts Registry of Vital Records and Statistics to certify death certificates?
    - ☐ Not applicable to my job duties
    - ☐ Not registered
    - ☐ Registered, actively certifying death certificates
    - ☐ Registered, not actively certifying death certificates

Instructions: The next group of questions is related to your PRIMARY practice, at the organization where you work the **most hours each month**. If you work an equal number of hours between two practice settings please choose one as your primary and one as your secondary setting. If you do not have a primary practice setting, please select 'Not Applicable'.

25. 5 digit zip code of your primary PA practice setting. **If not currently practicing, enter 00000.**
    ☐☐☐☐☐

26. Which of the following best describes your primary PA practice setting? (Please select one) *
    - ☐ Not Applicable
    - ☐ Academic Institution
    - ☐ Ambulatory Surgical and Emergency Center
    - ☐ Community Health Center
    - ☐ Correctional Institution
    - ☐ Government Agency/Military
    - ☐ Home Health Care Services
    - ☐ Hospital, Inpatient
    - ☐ Hospital, Outpatient
    - ☐ Mental Health/Sub Abuse, Outpatient
    - ☐ Mental Health/Sub Abuse, Residential
    - ☐ Occupational Health Site
    - ☐ Physician Office
    - ☐ Public Health Department
    - ☐ Skilled Nursing Facility/ Hospice
    - ☐ Other

27. Please identify the **role** which best describes your primary PA position. (Please select one)*
    - ☐ Not applicable
    - ☐ Administrator
    - ☐ Clinically practicing PA
    - ☐ Mental Health
    - ☐ Non-clinical practicing PA
    - ☐ Physician assistant educator
    - ☐ Public health
    - ☐ Researcher
    - ☐ Other

28. What is the principle specialty of your supervising physician in your primary PA position?
    - ☐ Not applicable
    - ☐ Allergy/Immunology
    - ☐ Anesthesiology
    - ☐ Cardiology
    - ☐ Critical Care
    - ☐ Dermatology
    - ☐ Emergency Medicine
    - ☐ Endocrinology
    - ☐ Family Medicine
    - ☐ Gastroenterology
    - ☐ Geriatrics
    - ☐ Infectious Disease
    - ☐ Internal Medicine
    - ☐ Neurology
    - ☐ Obstetrics & Gynecology
    - ☐ Occupational Medicine
    - ☐ Oncology
    - ☐ Orthopedics
    - ☐ Otolaryngology
    - ☐ Pediatrics
    - ☐ Primary Care
    - ☐ Psychiatry
    - ☐ Public Health
    - ☐ Radiology
    - ☐ Surgery
    - ☐ Urology
    - ☐ Other Specialty

29. Does your primary practice setting accept MassHealth (Medicaid)?*
    - ☐ Yes
    - ☐ No
    - ☐ Don't Know
    - ☐ Not Applicable

30. Is your primary practice setting currently accepting new patients?*
    - ☐ Yes
    - ☐ No
    - ☐ Don't Know
    - ☐ Not Applicable

31. Please identify the **population(s) you work with** in your primary position. Check all that apply.*
    - ☐ Neonatal
    - ☐ Infants
    - ☐ Children
    - ☐ Adolescents
    - ☐ Adults
    - ☐ Elders
    - ☐ Not applicable

Instructions: The next group of questions is related to your SECONDARY practice setting. If you do not have a secondary practice setting, please select 'Not Applicable'.

32. Please provide the U.S. zip code for your **secondary** physician assistant practice. **If not applicable, enter 00000**.*
    ☐☐☐☐☐

33. Which of the following best describes your secondary physician assistant practice setting? (Choose one).
    (Same answer choices as #26)

34. Please identify the **role** which best describes your primary physician assistant position. (Please select one)*
    (Same answer choices as #27)

Section 4: Future Plans

35. With regard to your PA practice, within the next five years do you plan to do any of the following? (Check all that apply)
    - ☐ Work the same as now
    - ☐ Increase hours of work
    - ☐ Reduce hours of work
    - ☐ Leave PA field, but not retire
    - ☐ Retire
    - ☐ Return to PA field
    - ☐ Seek additional education
    - ☐ Take a leave of absence
    - ☐ Transition to academic position/teaching
    - ☐ Other
    - ☐ Already retired