

# Utah Physician Assistant Workforce Survey, 2018

Q1 What is your PRIMARY practice status (check ONE of the following):

- Active Full Time in Utah       Active Outside of Utah       Hold a Utah License, but not practicing  
 Active Part Time in Utah       Retired       Other (specify)

Other (please specify):

Q2 Are you of Hispanic Ethnicity?       Yes       No

Q3 What is your Race?

- American Indian/Alaska Native       Asian       White  
 Black/African American       Native Hawaiian/Pacific Islander       Other (specify)

Other (please specify)

Q4 Please describe the city/town where you spent the majority of your upbringing (when you lived there):

- Rural       Suburban       Urban

State:

Q5 What is the highest degree you have attained?

- Associate's Degree       Bachelor's Degree       Master's Degree       Other (specify)

Other (please specify):

Q6 Please provide the following information about the institution from which you received your highest physician assistant degree:

- State School       Private School

State:

Year of Graduation:

Q7 Please mark the amount of educational debt you had AT THE TIME OF GRADUATION from your PA program (exclude pre-physician assistant and non-educational debt)

- |                                               |                                                 |                                                 |
|-----------------------------------------------|-------------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> \$0.00               | <input type="checkbox"/> \$60,000 to \$79,999   | <input type="checkbox"/> \$140,000 to \$159,999 |
| <input type="checkbox"/> \$0.01 to \$19,999   | <input type="checkbox"/> \$80,000 to \$99,999   | <input type="checkbox"/> \$160,000 to \$179,999 |
| <input type="checkbox"/> \$20,000 to \$39,999 | <input type="checkbox"/> \$100,000 to \$119,999 | <input type="checkbox"/> \$180,000 to \$199,999 |
| <input type="checkbox"/> \$40,000 to \$59,999 | <input type="checkbox"/> \$120,000 to \$139,999 | <input type="checkbox"/> \$200,000 or more      |

Q8 Please mark the amount of educational debt you CURRENTLY have from your PA program (exclude pre-physician assistant and non-educational debt)

- |                                               |                                                 |                                                 |
|-----------------------------------------------|-------------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> \$0.00               | <input type="checkbox"/> \$60,000 to \$79,999   | <input type="checkbox"/> \$140,000 to \$159,999 |
| <input type="checkbox"/> \$0.01 to \$19,999   | <input type="checkbox"/> \$80,000 to \$99,999   | <input type="checkbox"/> \$160,000 to \$179,999 |
| <input type="checkbox"/> \$20,000 to \$39,999 | <input type="checkbox"/> \$100,000 to \$119,999 | <input type="checkbox"/> \$180,000 to \$199,999 |
| <input type="checkbox"/> \$40,000 to \$59,999 | <input type="checkbox"/> \$120,000 to \$139,999 | <input type="checkbox"/> \$200,000 or more      |

Q9 Please indicate the practice CITY and ZIP CODE of your primary and secondary practice settings (if applicable). Please also estimate the TOTAL HOURS PER WEEK (not including on-call) at each location.

Primary City:

Secondary City:

Primary Zip:

Secondary Zip:

Primary Hours/Week:

Secondary Hours/Week:

Q10 Please select from the list below to describe your PRIMARY work setting (Please select only one):

- |                                                                        |                                                                          |                                                                 |
|------------------------------------------------------------------------|--------------------------------------------------------------------------|-----------------------------------------------------------------|
| <input type="checkbox"/> 1 = Solo practice physician office            | <input type="checkbox"/> 10 = Inpatient unit of hospital (not ICU/CCU)   | <input type="checkbox"/> 19 = PA program faculty                |
| <input type="checkbox"/> 2 = Single-specialty physician group practice | <input type="checkbox"/> 11 = ICU/CCU of hospital                        | <input type="checkbox"/> 20 = Correctional facility             |
| <input type="checkbox"/> 3 = Multi-specialty physician group practice  | <input type="checkbox"/> 12 = Outpatient unit of hospital                | <input type="checkbox"/> 21 = HMO facility                      |
| <input type="checkbox"/> 4 = Community Health Center/Facility          | <input type="checkbox"/> 13 = Other unit of hospital                     | <input type="checkbox"/> 22 = Industrial facility/work site     |
| <input type="checkbox"/> 5 = Certified Rural Health Clinic             | <input type="checkbox"/> 14 = Freestanding surgical facility             | <input type="checkbox"/> 23 = Mobile health unit                |
| <input type="checkbox"/> 6 = Federally Qualified Health Center         | <input type="checkbox"/> 15 = Freestanding urgent care facility          | <input type="checkbox"/> 24 = Nursing home or LTC facility      |
| <input type="checkbox"/> 7 = Critical access hospital                  | <input type="checkbox"/> 16 = Other freestanding outpatient facility     | <input type="checkbox"/> 25 = Patients' homes                   |
| <input type="checkbox"/> 8 = Hospital emergency room                   | <input type="checkbox"/> 17 = School-based health facility               | <input type="checkbox"/> 26 = Retail outlet (e.g. MinuteClinic) |
| <input type="checkbox"/> 9 = Hospital operating room                   | <input type="checkbox"/> 18 = University/college student health facility | <input type="checkbox"/> 27 = Other (please specify)            |

Other (please specify):

Q11 Have you voluntarily switched employers/practices within the past five years?  Yes  No

Q11a IF YES, please use the codes above to indicate the work setting you LEFT and the setting you MOVED TO: (e.g. write 1 for critical access hospital)

Setting left from:  Setting moved to:

Q11b If you have changed work settings within the past five years, please check the reason(s) for this change of work setting (select all that apply):

- |                                            |                                                |                                                    |                                                  |
|--------------------------------------------|------------------------------------------------|----------------------------------------------------|--------------------------------------------------|
| <input type="checkbox"/> Higher pay        | <input type="checkbox"/> Work responsibilities | <input type="checkbox"/> Better work/education fit | <input type="checkbox"/> Personal/family reasons |
| <input type="checkbox"/> Desire for change | <input type="checkbox"/> Moved                 | <input type="checkbox"/> Professional advancement  | <input type="checkbox"/> Other (please specify)  |
| <input type="checkbox"/> Preferred hours   | <input type="checkbox"/> More Challenging      |                                                    |                                                  |

Other (please specify):

Q12 Within the past five years, have you experienced any of the following? (Select all that apply)

- |                                                                                                                             |                                                                        |
|-----------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|
| <input type="checkbox"/> Voluntary unemployment                                                                             | <input type="checkbox"/> Involuntary unemployment                      |
| <input type="checkbox"/> Switched employers/practices                                                                       | <input type="checkbox"/> Worked two or more positions at the same time |
| <input type="checkbox"/> Worked part-time or temporary positions but would have preferred a full-time or permanent position | <input type="checkbox"/> Switched practice specialty                   |

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

- |                                               |                                                 |                                                 |                                            |
|-----------------------------------------------|-------------------------------------------------|-------------------------------------------------|--------------------------------------------|
| <input type="checkbox"/> Less than \$50,000   | <input type="checkbox"/> \$80,000 to \$89,999   | <input type="checkbox"/> \$120,000 to \$129,999 | <input type="checkbox"/> \$200,000 or more |
| <input type="checkbox"/> \$50,000 to \$59,999 | <input type="checkbox"/> \$90,000 to \$99,999   | <input type="checkbox"/> \$130,000 to \$139,999 |                                            |
| <input type="checkbox"/> \$60,000 to \$69,999 | <input type="checkbox"/> \$100,000 to \$109,999 | <input type="checkbox"/> \$140,000 to \$149,999 |                                            |
| <input type="checkbox"/> \$70,000 to \$79,999 | <input type="checkbox"/> \$110,000 to \$119,999 | <input type="checkbox"/> \$150,000 to \$199,999 |                                            |

Q14 What percentage of time during a typical clinic week do you interface with a supervising physician?

- |                                    |                                     |                                      |
|------------------------------------|-------------------------------------|--------------------------------------|
| <input type="checkbox"/> < 5%      | <input type="checkbox"/> 20% to 39% | <input type="checkbox"/> 60% to 79%  |
| <input type="checkbox"/> 5% to 19% | <input type="checkbox"/> 40% to 59% | <input type="checkbox"/> 80% to 100% |

Q15 Which supervisory tools have been used between you and your supervising physician? (Select all that apply)

- |                                       |                                    |                                       |                                |                                |
|---------------------------------------|------------------------------------|---------------------------------------|--------------------------------|--------------------------------|
| <input type="checkbox"/> Face to face | <input type="checkbox"/> Telephone | <input type="checkbox"/> Text message | <input type="checkbox"/> Email | <input type="checkbox"/> Other |
|---------------------------------------|------------------------------------|---------------------------------------|--------------------------------|--------------------------------|

Q16 In a typical day, how many patients do you see per hour at your PRIMARY and SECONDARY practice settings?

	1	2	3	4	5	6	7	8+
Primary practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Secondary practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q17 Do you use telemedicine in your practice?  Yes  No

Q18 Please select from the the options below the one that most closely resembles your PRIMARY specialty (Select one):

<input type="checkbox"/> Addiction Medicine	<input type="checkbox"/> Psychiatry	<input type="checkbox"/> Surg: Trauma	<input type="checkbox"/> Ped: Rheumatology
<input type="checkbox"/> Allergy	<input type="checkbox"/> Public Health	<input type="checkbox"/> Surg: Urology	<input type="checkbox"/> Ped: Oncology
<input type="checkbox"/> Anesthesiology	<input type="checkbox"/> Radiation Oncology	<input type="checkbox"/> Surg: Vascular	<input type="checkbox"/> Ped: Emergency Medicine
<input type="checkbox"/> Dermatology	<input type="checkbox"/> Diagnostic Radiology	<input type="checkbox"/> Surg: Bariatric	<input type="checkbox"/> Ped: Other
<input type="checkbox"/> Emergency Medicine	<input type="checkbox"/> Interventional Cardiology	<input type="checkbox"/> Surg: Other	<input type="checkbox"/> IM: General
<input type="checkbox"/> Family Medicine	<input type="checkbox"/> Interventional Radiology	<input type="checkbox"/> Ped: General	<input type="checkbox"/> IM: Cardiology
<input type="checkbox"/> Family Medicine with Urgent Care	<input type="checkbox"/> Hospital Medicine	<input type="checkbox"/> Ped: Adolescent Medicine	<input type="checkbox"/> IM: Critical Care
<input type="checkbox"/> Genetics	<input type="checkbox"/> Surg: General	<input type="checkbox"/> Ped: Allergy	<input type="checkbox"/> IM: Endocrinology
<input type="checkbox"/> Geriatrics	<input type="checkbox"/> Surg: Cardiovascular/ Cardiothoracic	<input type="checkbox"/> Ped: Cardiology	<input type="checkbox"/> IM: Gastroenterology
<input type="checkbox"/> Hospice & Palliative Care	<input type="checkbox"/> Surg: Colon & Rectal	<input type="checkbox"/> Ped: Critical Care	<input type="checkbox"/> IM: Hematology
<input type="checkbox"/> Obstetrics/ Gynecology	<input type="checkbox"/> Surg: Hand	<input type="checkbox"/> Ped: Endocrinology	<input type="checkbox"/> IM: Immunology
<input type="checkbox"/> Occupational Medicine	<input type="checkbox"/> Surg: Neurological	<input type="checkbox"/> Ped: Gastroenterology	<input type="checkbox"/> IM: Infectious Disease
<input type="checkbox"/> Orthopedics	<input type="checkbox"/> Surg: Oncology	<input type="checkbox"/> Ped: Hematology	<input type="checkbox"/> IM: Nephrology
<input type="checkbox"/> Ophthalmology	<input type="checkbox"/> Surg: Otolaryngology	<input type="checkbox"/> Ped: Infectious Disease	<input type="checkbox"/> IM: Neurology
<input type="checkbox"/> Pain Management	<input type="checkbox"/> Surg: Pediatric	<input type="checkbox"/> Ped: Neonatal-Perinatal	<input type="checkbox"/> IM: Pulmonology
<input type="checkbox"/> Pathology	<input type="checkbox"/> Surg: Plastic	<input type="checkbox"/> Ped: Nephrology	<input type="checkbox"/> IM: Rheumatology
<input type="checkbox"/> Physical Medicine/Rehab	<input type="checkbox"/> Surg: Thoracic	<input type="checkbox"/> Ped: Neurology	<input type="checkbox"/> IM: Oncology
	<input type="checkbox"/> Surg: Transplant	<input type="checkbox"/> Ped: Pulmonology	<input type="checkbox"/> IM: Other

Q19 Please indicate the approximate number of hours you spend providing DIRECT PATIENT CARE at your PRIMARY and SECONDARY PRACTICE settings each week, including charting but excluding the hours spent providing patient care combined with teaching or training other PAs.

	0	1-10	11-20	21-30	31-40	41-50	51 or more
Primary practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Secondary practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q20 Please indicate the average hours per week you spend in the following NON-PATIENT CARE activities in your PRIMARY practice:

Classroom training of PAs or other professionals	<input type="text"/>	Practice management	<input type="text"/>
Combined patient care with teaching or training of other PAs	<input type="text"/>	Consulting/research	<input type="text"/>
Administration/management	<input type="text"/>	Other non-patient care activities	<input type="text"/>

Q21 Please indicate the percentage of your patients in the following age groups: (total should equal 100%)

0-19 years	<input type="text"/> %	65-84 years	<input type="text"/> %
20-64 years	<input type="text"/> %	85+ years	<input type="text"/> %

Q22 Do you provide services in any language other than English?  Yes  No

If YES, please specify language(s):

Q23 Please indicate the status of your primary practice location:

Full (cannot accept new patients)  Nearly Full (can accept limited new patients)  Unfilled (can accept many new patients)  N/A (site is VA, military, or corrections)

Q23a If your primary practice is not full, from which payer types are you accepting new patients? (Select all that apply)

N/A  Medicaid  Medicare  Self-Pay  Other Insured  Not Accepting

Q24 On average how many days must a patient wait for an appointment at your primary practice?

	Same day	1 to 3 days	4 to 7 days	8 to 14 days	More than 14 days
New Patients:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Established Patients:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q25 At what age are you planning on retiring from practice?

Q26 Do you plan on reducing the number of hours you work before retirement?  Yes  No

Q26a If YES, how many hours per week will you work after this reduction?

10 or fewer hours  11 to 20 hours  21 to 30 hours  31 to 40 hours  More than 40 hours

Q26b If YES, how many years from now do you intend to reduce your hours?

Less than 1 year  1 to 5 years  6 to 10 years  11 to 15 years  More than 15 years

Q27 Overall, how satisfied are you with your current employment or work situation?

Very satisfied  Somewhat satisfied  Somewhat dissatisfied  Very dissatisfied

Q28 Would you recommend the profession?

Very likely  Somewhat likely  Somewhat unlikely  Very unlikely

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

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