



INDIANA UNIVERSITY

SCHOOL OF MEDICINE

Bowen Center for Health Workforce Research and Policy

2016 Physician Assistant Re-Licensure Survey Instrument

1. Sex
 - a. Male
 - b. Female

2. Ethnicity: Are you Hispanic or Latino?
 - a. Yes
 - b. No

3. Race (Check all that apply.)
 - a. American Indian or Alaska Native
 - b. Black or African American
 - c. White
 - d. Asian
 - e. Native Hawaiian or Other Pacific Islander

4. What type of physician assistant degree/credential qualified you for your first U.S. physician assistant license?

DROP-DOWN LIST OR RADIO BUTTONS

 - a. Certificate/diploma
 - b. Associate degree
 - c. Bachelor's degree
 - d. Master's degree
 - e. Military training certification
 - f. Other

5. Where did you complete the physician assistant degree/credential that qualified you for your first U.S. physician assistant license?
 - a. DROP DOWN LIST
 - b. Indiana
 - c. Michigan
 - d. Illinois
 - e. Kentucky
 - f. Ohio
 - g. Another State (not listed)
 - h. Another Country (not U.S.)

6. What year did you complete the physician assistant education that first qualified you for your U.S. physician assistant license? Please indicate using the four digit year.
 - a. TEXT BOX

7. If you have completed a Physician Assistant Post-Graduate Training program, in which specialty was your training? If you have not completed a Physician Assistant Post-Graduate Training program, please skip this question.

- a. DROP DOWN
- b. No Post-Graduate Training Completed
- c. Acute Care Medicine
- d. Cardiology
- e. Cardiothoracic
- f. Critical Care/Trauma
- g. Emergency Medicine
- h. Family Medicine
- i. Hematology/Oncology
- j. Hospitalist
- k. Internal Medicine
- l. Neonatology
- m. Neurosurgery
- n. OB-GYN
- o. Orthopedic Surgery
- p. Otolaryngology
- q. Pediatrics
- r. Psychiatry
- s. Surgery
- t. Urgent Care
- u. Urology
- v. Other

8. What is your employment status?

- a. Actively working in a position that requires a physician assistant license
- b. Actively working in a physician assistant related field that does not require a physician assistant license
- c. Actively working in a field that does not require a physician assistant license
- d. Not currently working, disabled
- e. Not currently working, seeking work in a position that requires a physician assistant license
- f. Not currently working, seeking work in a position that does not require a physician assistant license
- g. Student
- h. Leave of absence or Sabbatical
- i. Retired

9. What are your employment plans for the next 12 months?

- a. RADIO BUTTONS
- b. Increase hours in the physician assistant field
- c. Decrease hours in the physician assistant field
- d. Leave employment in the field of physician assistant
- e. No planned change

10. How many weeks did you work as a physician assistant in the past year? Please approximate and enter a number 1 through 52 (no decimals).

- i. TEXT BOX

11. What is the street address of your primary practice location?

- a. TEXT-BOX
12. In what city is your primary practice location?
- a. TEXT-BOX
13. In what state is your primary practice location?
- a. DROP-DOWN LIST OF STATES (2LETTER ABV.)
14. What is the 5-digit ZIP code of your primary practice location?
- a. TEXT-BOX
15. Estimate the average number of hours per week spent at your primary practice location.
- DROP-DOWN LIST
- a. 0 hours per week
 - b. 1 – 4 hours per week
 - c. 5 – 8 hours per week
 - d. 9 – 12 hours per week
 - e. 13 – 16 hours per week
 - f. 17 – 20 hours per week
 - g. 21 – 24 hours per week
 - h. 25 – 28 hours per week
 - i. 29 – 32 hours per week
 - j. 33 – 36 hours per week
 - k. 37 – 40 hours per week
 - l. 41 or more hours per week
16. Estimate the average number of hours per week spent in direct patient care at your primary practice location.
- a. DROP-DOWN LIST OR RADIO BUTTONS
 - b. 0 hours per week
 - c. 1 – 4 hours per week
 - d. 5 – 8 hours per week
 - e. 9 – 12 hours per week
 - f. 13 – 16 hours per week
 - g. 17 – 20 hours per week
 - h. 21 – 24 hours per week
 - i. 25 – 28 hours per week
 - j. 29 – 32 hours per week
 - k. 33 – 36 hours per week
 - l. 37 – 40 hours per week
 - m. 41 or more hours per week
17. Please indicate in which field you spend the majority of your time at your primary practice location.
- a. DROP-DOWN LIST OR RADIO BUTTONS
 - b. Patient Care/Documentation
 - c. Teaching/Precepting/Orienting
 - d. Supervision/Management/Administration
 - e. Research
 - f. Other

18. Please indicate which of the following best describes the area of practice of your supervising physician(s) in your primary clinical position.

- a. Adolescent medicine
- b. Anesthesiology
- c. Critical Care Medicine
- d. Family Medicine/General Practice
- e. General Pediatrics
- f. Gynecology Only
- g. Hospital Medicine (Hospitalist)
- h. Internal Medicine – General Practice
- i. Internal Medicine – Allergy & Immunology
- j. Internal Medicine – Cardiology
- k. Internal Medicine – Endocrinology
- l. Internal Medicine – Gastroenterology
- m. Internal Medicine – Geriatrics
- n. Internal Medicine – Hematology
- o. Internal Medicine – Infectious Disease
- p. Internal Medicine – Nephrology
- q. Internal Medicine – Oncology
- r. Internal Medicine – Pulmonology
- s. Internal Medicine – Rheumatology
- t. Internal Medicine – Sports Medicine
- u. Neurology
- v. Obstetrics & Gynecology
- w. Occupational Medicine
- x. Ophthalmology
- y. Otolaryngology
- z. Pathology
- aa. Pediatric Subspecialties
- bb. Physical Medicine/Rehabilitation
- cc. Psychiatry
- dd. Radiation Oncology
- ee. Radiology
- ff. Surgery – General
- gg. Surgery – Cardiothoracic
- hh. Surgery – Colon & Rectal
- ii. Surgery – Obstetrics & Gynecology
- jj. Surgery – Neurologic
- kk. Surgery – Ophthalmic
- ll. Surgery – Oral & Maxillofacial
- mm. Surgery – Orthopedic
- nn. Surgery – Otorhinolaryngology
- oo. Surgery – Pediatric
- pp. Surgery – Plastic & Maxillofacial
- qq. Surgery – Urology
- rr. Surgery – Vascular
- ss. Other

19. Which of the following best describes the practice setting in which your primary clinical physician assistant position is located?

- a. Office/Clinic – Solo Practice
- b. Office/Clinic – Partnership
- c. Office/Clinic – Single Specialty Group
- d. Office/Clinic – Multi Specialty Group
- e. Hospital – Inpatient
- f. Hospital – Outpatient
- g. Hospital – Emergency Department
- h. Hospital – Ambulatory Care Center
- i. Federal Government Hospital
- j. Research Laboratory
- k. Medical School
- l. Nursing Home or Extended Care Facility
- m. Home Health Setting
- n. Hospice Care
- o. Federal/State/Community Health Center(s)
- p. Local Health Department
- q. Telemedicine
- r. Volunteer in a Free Clinic
- s. Other

20. What is the street address of your secondary practice location? (If you do not have a secondary practice location, please skip this question.)

- a. TEXT-BOX

21. In what city is your secondary practice location? (If you do not have a secondary practice location, please skip this question.)

- a. TEXT-BOX

22. In what state is your secondary practice location? (If you do not have a secondary practice location, please skip this question.)

- a. DROP-DOWN LIST OF STATES (2LETTER ABV.)

23. What is the 5-digit ZIP code of your secondary practice location? (If you do not have a secondary practice location, please skip this question.)

- a. TEXT-BOX

24. Estimate the average number of hours per week spent at your secondary practice location. (If you do not have a secondary practice location, please skip this question.)

DROP-DOWN LIST

- a. 0 hours per week
- b. 1 – 4 hours per week
- c. 5 – 8 hours per week
- d. 9 – 12 hours per week
- e. 13 – 16 hours per week
- f. 17 – 20 hours per week
- g. 21 – 24 hours per week
- h. 25 – 28 hours per week
- i. 29 – 32 hours per week
- j. 33 – 36 hours per week
- k. 37 – 40 hours per week

1. 41 or more hours per week
25. Estimate the average number of hours per week spent in direct patient care at your secondary practice location. (If you do not have a secondary practice location, please skip this question.)
- a. DROP-DOWN LIST OR RADIO BUTTONS
 - b. 0 hours per week
 - c. 1 – 4 hours per week
 - d. 5 – 8 hours per week
 - e. 9 – 12 hours per week
 - f. 13 – 16 hours per week
 - g. 17 – 20 hours per week
 - h. 21 – 24 hours per week
 - i. 25 – 28 hours per week
 - j. 29 – 32 hours per week
 - k. 33 – 36 hours per week
 - l. 37 – 40 hours per week
 - m. 41 or more hours per week
26. Please indicate which of the following best describes the area of practice of your supervising physician(s) in your secondary clinical position. (If you do not have a secondary practice location, please skip this question.)
- DROP DOWN OR RADIO BUTTONS
- a. Adolescent medicine
 - b. Anesthesiology
 - c. Critical Care Medicine
 - d. Family Medicine/General Practice
 - e. General Pediatrics
 - f. Gynecology Only
 - g. Hospital Medicine (Hospitalist)
 - h. Internal Medicine – General Practice
 - i. Internal Medicine – Allergy & Immunology
 - j. Internal Medicine – Cardiology
 - k. Internal Medicine – Endocrinology
 - l. Internal Medicine – Gastroenterology
 - m. Internal Medicine – Geriatrics
 - n. Internal Medicine – Hematology
 - o. Internal Medicine – Infectious Disease
 - p. Internal Medicine – Nephrology
 - q. Internal Medicine – Oncology
 - r. Internal Medicine – Pulmonology
 - s. Internal Medicine – Rheumatology
 - t. Internal Medicine – Sports Medicine
 - u. Neurology
 - v. Obstetrics & Gynecology
 - w. Occupational Medicine
 - x. Ophthalmology
 - y. Otolaryngology
 - z. Pathology
 - aa. Pediatric Subspecialties

- bb. Physical Medicine/Rehabilitation
- cc. Psychiatry
- dd. Radiation Oncology
- ee. Radiology
- ff. Surgery – General
- gg. Surgery – Cardiothoracic
- hh. Surgery – Colon & Rectal
- ii. Surgery – Obstetrics & Gynecology
- jj. Surgery – Neurologic
- kk. Surgery – Ophthalmic
- ll. Surgery – Oral & Maxillofacial
- mm. Surgery – Orthopedic
- nn. Surgery – Otorhinolaryngology
- oo. Surgery – Pediatric
- pp. Surgery – Plastic & Maxillofacial
- qq. Surgery – Urology
- rr. Surgery – Vascular
- ss. Other

27. Which of the following best describes the practice setting in which your secondary clinical physician assistant position is located? (If you do not have a secondary practice location, please skip this question.)

DROP DOWN OR RADIO BUTTONS

- a. Office/Clinic – Solo Practice
- b. Office/Clinic – Partnership
- c. Office/Clinic – Single Specialty Group
- d. Office/Clinic – Multi Specialty Group
- e. Hospital – Inpatient
- f. Hospital – Outpatient
- g. Hospital – Emergency Department
- h. Hospital – Ambulatory Care Center
- i. Federal Government Hospital
- j. Research Laboratory
- k. Medical School
- l. Nursing Home or Extended Care Facility
- m. Home Health Setting
- n. Hospice Care
- o. Federal/State/Community Health Center(s)
- p. Local Health Department
- q. Telemedicine
- r. Volunteer in a Free Clinic
- s. Other