

MDS: PHYSICIAN ASSISTANTS*

REQUIRED ITEMS

Demographics

1. Birth date **Month** **Day** **Year**

2. Sex

Male Female

3. How would you classify your race?

- | | |
|--|---|
| <input type="radio"/> American Indian or Alaska Native | <input type="radio"/> Asian |
| <input type="radio"/> Black or African American | <input type="radio"/> Native Hawaiian or Other Pacific Islander |
| <input type="radio"/> White | <input type="radio"/> Other (specify) |
| <input type="radio"/> Prefer not to answer | |

4. Are you Hispanic, Latino/a, or of Spanish origin?

- No
 Yes, Mexican, Mexican American, Chicano/a
 Yes, Puerto Rican
 Yes, Cuban
 Yes, another Hispanic, Latino/a, or of Spanish origin
 Prefer not to answer

Education & Training

5. Which of the following describes the degree or certificate you were awarded upon completion of your PA training?

- | | |
|---|--|
| <input type="radio"/> Certificate/Diploma | <input type="radio"/> Associate degree |
| <input type="radio"/> Bachelor's degree | <input type="radio"/> Master's degree |
| <input type="radio"/> Military Training Certification | <input type="radio"/> Other (specify) |

6. What year did you complete your physician assistant education?

7. Where did you complete your physician assistant education?

Physician Assistant School/Program Name _____

8. Training and Certification

Are you Certified by National Commission on Certification of
Physicians Assistants (NCCPA)? Yes No

Have you completed Physician Assistant Post-Graduate Training? Yes No

Have you completed Specialty Certification? Yes No

Practice Characteristics

9. What is your employment status? (mark all that apply)

- Actively working in a position that requires a physician assistant license
- Actively working in a field other than physician assistant
- Not currently working
- Retired

10. Please indicate which of the following best describes the area of practice of your supervising physician(s) in your principal and secondary clinical position(s). (Check all that apply)

	Principal Practice	Secondary Practice
Adolescent Medicine	<input type="radio"/>	<input type="radio"/>
Anesthesiology	<input type="radio"/>	<input type="radio"/>
Critical Care Medicine	<input type="radio"/>	<input type="radio"/>
Dermatology	<input type="radio"/>	<input type="radio"/>
Emergency Medicine	<input type="radio"/>	<input type="radio"/>
Family Medicine/General Practice	<input type="radio"/>	<input type="radio"/>
General Pediatrics	<input type="radio"/>	<input type="radio"/>
Gynecology Only	<input type="radio"/>	<input type="radio"/>
Hospital Medicine (Hospitalist)	<input type="radio"/>	<input type="radio"/>
Internal Medicine – General Practice	<input type="radio"/>	<input type="radio"/>
Internal Medicine – Subspecialties	<input type="radio"/>	<input type="radio"/>
Allergy and Immunology	<input type="radio"/>	<input type="radio"/>
Cardiology	<input type="radio"/>	<input type="radio"/>
Endocrinology	<input type="radio"/>	<input type="radio"/>
Gastroenterology	<input type="radio"/>	<input type="radio"/>
Geriatrics	<input type="radio"/>	<input type="radio"/>
Hematology	<input type="radio"/>	<input type="radio"/>
Infectious Disease	<input type="radio"/>	<input type="radio"/>
Nephrology	<input type="radio"/>	<input type="radio"/>
Oncology	<input type="radio"/>	<input type="radio"/>
Pulmonology	<input type="radio"/>	<input type="radio"/>
Rheumatology	<input type="radio"/>	<input type="radio"/>
Sports Medicine	<input type="radio"/>	<input type="radio"/>
Neurology	<input type="radio"/>	<input type="radio"/>
Obstetrics and Gynecology	<input type="radio"/>	<input type="radio"/>
Occupational Medicine	<input type="radio"/>	<input type="radio"/>
Ophthalmology	<input type="radio"/>	<input type="radio"/>
Otolaryngology	<input type="radio"/>	<input type="radio"/>
Pathology	<input type="radio"/>	<input type="radio"/>
Pediatric Subspecialties	<input type="radio"/>	<input type="radio"/>
Physical Medicine/Rehabilitation	<input type="radio"/>	<input type="radio"/>
Preventive Medicine/Public Health	<input type="radio"/>	<input type="radio"/>
Psychiatry	<input type="radio"/>	<input type="radio"/>
Radiation Oncology	<input type="radio"/>	<input type="radio"/>
Radiology	<input type="radio"/>	<input type="radio"/>
Surgery - General	<input type="radio"/>	<input type="radio"/>

Surgery - Subspecialties	<input type="radio"/>	<input type="radio"/>
Cardiothoracic	<input type="radio"/>	<input type="radio"/>
Colon and rectal	<input type="radio"/>	<input type="radio"/>
Gynecology and obstetrics	<input type="radio"/>	<input type="radio"/>
Gynecologic oncology	<input type="radio"/>	<input type="radio"/>
Neurologic	<input type="radio"/>	<input type="radio"/>
Ophthalmic	<input type="radio"/>	<input type="radio"/>
Oral and maxillofacial	<input type="radio"/>	<input type="radio"/>
Orthopedic	<input type="radio"/>	<input type="radio"/>
Otorhinolaryngology	<input type="radio"/>	<input type="radio"/>
Pediatric	<input type="radio"/>	<input type="radio"/>
Plastic and maxillofacial	<input type="radio"/>	<input type="radio"/>
Urology	<input type="radio"/>	<input type="radio"/>
Vascular	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>

11. Which of the following best describes the type of practice setting in which your principal and secondary clinical PA position(s) are located?

	Principal	Secondary
<u>Office-based private practice</u>		
Solo practice	<input type="radio"/>	<input type="radio"/>
Single specialty physician group	<input type="radio"/>	<input type="radio"/>
Multi-specialty physician group	<input type="radio"/>	<input type="radio"/>
<u>Hospital (non-VA, non-government)</u>		
Inpatient department	<input type="radio"/>	<input type="radio"/>
Outpatient department	<input type="radio"/>	<input type="radio"/>
Emergency department	<input type="radio"/>	<input type="radio"/>
Ambulatory surgical center	<input type="radio"/>	<input type="radio"/>
Behavioral/mental health facility	<input type="radio"/>	<input type="radio"/>
Community Health Center (Federally Qualified Health Center)	<input type="radio"/>	<input type="radio"/>
<u>Federal Government facility/hospital/unit</u>		
Bureau of Prisons (BOP)	<input type="radio"/>	<input type="radio"/>
Indian Health Service (IHS)	<input type="radio"/>	<input type="radio"/>
Public Health Service (PHS)	<input type="radio"/>	<input type="radio"/>
United States Military	<input type="radio"/>	<input type="radio"/>
Veterans Administration (VA)	<input type="radio"/>	<input type="radio"/>
Rural health clinic	<input type="radio"/>	<input type="radio"/>
Home health care agency	<input type="radio"/>	<input type="radio"/>
Extended care facility (non-hospital)/nursing home	<input type="radio"/>	<input type="radio"/>
Hospice	<input type="radio"/>	<input type="radio"/>
Occupational health setting	<input type="radio"/>	<input type="radio"/>
Public or community health clinic (non-federally qualified)	<input type="radio"/>	<input type="radio"/>
Rehabilitation facility	<input type="radio"/>	<input type="radio"/>
School-based or college-based health center or school clinic	<input type="radio"/>	<input type="radio"/>
Free clinic	<input type="radio"/>	<input type="radio"/>
Other setting (specify): _____	<input type="radio"/>	<input type="radio"/>

12. Please enter the zip code and the number of hours you work in a typical week at your principal and secondary clinical position(s).

Principal practice site

Zip Code of practice site:

Hours worked at site:

Secondary Practice Site (if applicable)

Zip Code of practice site:

Hours worked at site:

ALTERNATE 12

12. Direct Patient Care: Practice Locations

Please enter the location of the sites of your principal and secondary clinical positions:

Principal Practice Site

 Number Street

 City/Town State

Zip Code

Secondary Practice Site (if applicable)

 Number Street

 City/Town State

Zip Code

13. During the regular hours of a typical work week, what number of hours do you spend on the following activities at your principal and secondary clinical position(s)? (Totals should add to hours worked as provided for question 12.)

	Principal	Secondary
Direct, face-to-face patient care (inpatient)	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
Direct, face-to-face patient care (outpatient)	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
Indirect (collateral) patient care (e.g., phone calls, reviewing labs, charting)	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
Administration (e.g., of own practice, hospital committees)	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
Teaching/precepting	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
Continuing education (e.g., courses, journal reading, video)	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>

and audiotapes

Research	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Activities related to quality improvement or patient safety	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Volunteerism	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Other activities (please specify: _____)	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

14. Do you have a National Provider Identification (NPI) number?

No Yes If yes, NPI number:

15. Are you planning to leave your principal clinical PA position in the next 12 months?

- Yes
- No

RECOMMENDED, BUT OPTIONAL ITEMS

A. Which of the following best describes your current employment arrangement at your principal practice location?

- Self employed
- Salaried employment
- Hourly employment
- Locum tenens
- Other (specify): _____

B. Number of Physicians at each practice location:

Principal Secondary

C. Do you personally communicate with patients in a language other than English?

- Yes No

If yes – What language(s)? _____

*Note: This MDS reflects the incorporation of MDS-based questions approved by and used in the NCCPA Professional Profile.