

Advanced Practice Registered Nurse HEALTH RESOURCE SURVEY 2011

Your responses are very important!

Please complete the questionnaire as accurately as possible using 2011 information effective at the time you complete the survey.

PLEASE NOTE: The Kansas Health Care Workforce Partnership funded by the Health Research Services Administration (HRSA) and in coordination with the Kansas Department of Health and Environment (KDHE) Bureau of Epidemiology and Public Health Informatics (BEPHI) and the Bureau of Community Health Systems (BCHS) is requesting information to help monitor health care practitioner supply, distribution and practice characteristics. This information is needed for workforce planning and to assist in developing strategies for increasing the supply of primary health care providers. Statistics derived from this information will be used in conjunction with a physician workforce assessment to apply for federal designations of Health Professional Shortage Areas and Medically Underserved Areas and public health reporting. The information you provide

A 85-6804.

Nurse Anesthetists, Nurse Practitioners, Nurse

General

8/15/11: Blue text is what KDHE must ask to calculate FTEs

9/23/11: Blue highlights indicate changes made this day. Comments in ALL CAPS were added this day.

1. Please enter your Professional ~~APRN~~ License Numbers as assigned by the Kansas State Board of Nursing:

APRN License Number

~~4.~~ RN License Number:

2. Please list your first, middle initial and last name:

3. What is your category of Advanced Practice Nursing (check all that apply)

a. Nurse Anesthetist

b. Nurse Practitioner

c. Nurse Midwife

d. Clinical Nurse Specialists

II. Demographic

~~3-4.~~ Gender:

a. Female

b. Male

Comment [CLN1]: Overall concerns:

The survey may be trying to do too much at one time is too lengthy.

What are the goals of this survey?

The HCWP's goal seems to be lost..."figure out why students are going PT to determine if a financial fund would incent them to go FT"

Comment [CLN2]: This sentence needs to be reworded somehow, I'm just not sure how b/c I don't know all the ways the information will be used.

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Comment [CLN3]: Reword to...

In which category of Advanced Practice Nursing are you licensed? [Or is the correct term "certified?"]

- | 4-5. _____ What is your ethnicity?
- a. Hispanic/Latino
 - b. Non-Hispanic/Latino

DRAFT

- 5-6. What is your racial background?
- a. American Indian or Alaska Native
 - b. Asian
 - c. Black or African American
 - d. Native Hawaiian or Other Pacific Islander
 - e. White
 - f. Other, please specify _____

6-7. Are you a permanent US resident or US citizen? ____ Yes ____ No

- 7-8. What language(s) do you speak fluently (check all that apply).
- a. English
 - b. Spanish
 - c. German
 - d. Russian
 - e. Arabic
 - f. Tagalog
 - g. Chinese
 - h. Hindi
 - i. Urdu
 - j. Pilipino
 - k. Vietnamese
 - l. French
 - m. Other, please specify _____

8-9. Do you communicate with some of your patients using the language(s) checked above?
____ Yes ____ No

9-10. What year were you born? ____

10-11. What is the estimated population of the city/town where you spent the majority of your upbringing?

- a. Less than 2,500
- b. 2,500 – 9,999
- c. 10,000 – 14,999
- d. 15,000 – 19,999
- e. 20,000 – 49,999
- f. 50,000 – 149,999
- g. >150,000

11-12. What is the estimated population of the city/town where you currently live?

- a. Less than 2,500
- b. 2,500 – 9,999
- c. 10,000 – 14,999
- d. 15,000 – 19,999
- e. 20,000 – 49,999
- f. 50,000 – 149,999
- g. >150,000

Comment [CLN4]: What about those that live in small cities, but work in the large ones 30-50 miles away? Would it be better to ask about the town in which they work?

- 12.13. ____ What was your family make-up when you were obtaining your graduate level education
(select all that apply)
- a. Single
 - b. Married
 - c. Children (number)
 - d. Other, please specify _____

Comment [CLN5]: Seems just asking if they have children and how many won't tell you enough. Need ages... Might have three, but w/o age can't fully appreciate how that effected decision.

In fact, any response to this question leaves many questions unanswered.

This question needs to drive more directly at whatever it is we hope to gain from it.

Comment [CLN6]: How are we defining full-time and will everyone taking this survey use that same definition?

Dido for part-time.

- 13.14. ____ If you work full-time, select your current average yearly gross wage from APRN employment
- a. <\$40,000
 - b. \$40,000 - \$49,999
 - c. \$50,000 - \$59,999
 - d. \$60,000 - \$69,999
 - e. \$70,000 - \$79,999
 - f. \$80,000 - \$89,999
 - g. \$90,000 - \$99,999
 - h. > \$100,000

- 14.15. ____ If you work part time, select your current average yearly gross wage from APRN employment
- a. <\$10,000
 - b. \$10,000 - \$19,999
 - c. \$20,000 - \$29,999
 - d. \$30,000 - \$39,999
 - e. \$40,000 - \$49,999
 - f. \$50,000 - \$59,999
 - g. >\$60,000

III. Education

15. What year did you receive your RN degree: _____

Comment [CLN7]: Is this not the same thing as "year degree completed" column in the below table?

16. Path to APRN Credentials:

Comment [cln8]: LOOK AT HOW KBON ASKS THIS.
CONSIDER ASKING SEPARATE QUESTIONS.

Nursing Education Degrees	Year degree completed	School where degree was completed. a. FHSU b. KU c. PSU d. WSU e. WU f. Other, specify	Which nursing educational program did you complete with your highest level degree? a. Master of Science in Clinical Nurse Specialist b. Master of Science in Nurse-Midwife c. Master of Science in Nurse Practitioner d. Master of Science in Nurse Anesthesia e. Doctor of Nursing Practice f. Doctor of Philosophy g. Other, specify	Attended full or part time
Diploma in nursing				
Associate degree in nursing				
Baccalaureate degree in nursing				
Master's degree in nursing				
Doctor of Nursing Practice				
Nursing PhD				
Other doctoral degree				

17. How long did it take you to complete your nursing degree(s)? _____ years The institution from which you received your Advanced Practice education: _____ Attended ft/pt? _____ City, State, Year of Degree _____

Comment [cln9]: ROBERT: DOES THIS CATCH YOUR INTERNAT'L QUESTION?

18. What year did you begin your APRN education? _____

Comment [cln10]: USE THESE AS TABLE HEADERS

17.

18. Are you a graduate of an international school? _____ Yes _____ No

19. If you were a part-time nursing student, please select the reason(s) you choose that option (select all that apply):

- a. ~~It was available~~
- b. ~~Could Needed to~~ continue working full-time ~~and attend school~~
- c. Didn't want to attend full-time
- d. ~~Didn't want to lose job~~
- e. ~~Unable to move to where the School of Nursing Program was located~~
- f. ~~Needed to work to support family~~
- g. Other, please specify _____

Comment [cln11]: CONSIDER OPENED ENDED ONLY

Why did you choose to become and APRN?

Comment [cln12]: COMPLETE!!

DRAFT

20. What is your category of Advanced Practice Nursing (check all that apply)

- a. Nurse Anesthetist
- b. Nurse Practitioner
- c. Nurse Midwife
- d. Clinical Nurse Specialists

21-20. How did you finance your advanced degree (check all that apply)

- a. Worked (number of hours: _____)
- b. Supported by family
- c. Received grants
- d. Took out loans
- e. Employer funded/support (_____ % or _____ years of work commitment)
- f. Combination of _____ and _____ above
- f. Other, please specify _____

22-21. Please select the total level of educational indebtedness you incurred earning all your educational degrees leading to and including your APRN.

- a. Did not have debt
- b. \$10,000 or less
- c. \$10,001 - \$20,000
- d. \$20,001 - \$30,000
- e. \$30,001 - \$40,000
- f. \$40,001 - \$50,000
- g. \$50,001 - \$60,000
- h. \$60,001 - \$70,000
- i. \$70,001 - \$80,000
- j. \$80,001 - \$90,000
- k. \$90,001 - \$99,999
- l. \$100,000 or more

23. If you have/had a loan, what is/was the interest rate on your school loan? _____%

24-22. Did the need to pay off student debt...

- a. influence what job offer you accepted? _____ Yes _____ No
- b. determine the type of specialty you became certified in? _____ Yes _____ No

25-23. What is the name of the national certifying body from which you received your credentials (check all that apply)?

American Academy of Nurse Practitioners (AANP)	
American Association of Nurse Anesthetists (AANA)	
American College of Nurse-Midwives (ACNM)	
American Nurse Credentialing Center (ANCC)	
National Certification Board of Pediatric Nurse Practitioners (NAPNAP)	
National Certification Corporation for the Obstetric, Gynecologist and Neonatal Nursing Specialists	
Other, please specify	

26.24. What additional certifications do you intend to pursue (check all that apply)?

Acute Care NP	
Acute Care CNS	
Adult NP	
Certified Registered Nurse Anesthetists (CRNA)	
Certified Nurse-Midwife (CNM)	
Community Health CNSs	
Family NP	
Gerontological CNS	
Gerontological NP	
Home Health CNS	
Medical Surgical CNS	
Neonatal NP	
Occupational Health NP	
Pediatric NP	
Psychiatric and Mental Health NP	
Psychiatric and Mental Health CNS – Adult	
Psychiatric and Mental Health – Child	
School NP	
Women’s Health Care NP (Ob-Gyn NP)	
Other (please specify)	

27.25. What additional educational plans do you have (check all that apply)?

- a. ~~No plans to seek additional education~~
- ~~b.~~ DNP Adult Clinical Nurse Specialist
- ~~c.~~ DNP Neonatal Clinical Nurse Specialist
- ~~d.~~ DNP Perinatal Clinical Nurse Specialist
- ~~e.~~ DNP Community Health Nursing (CHN)
- ~~f.~~ DNP Adult Nurse Practitioner (ANP)
- ~~g.~~ DNP Family Nurse Practitioner (FNP)
- ~~h.~~ DNP Neonatal Nurse Practitioner (NNP)
- ~~i.~~ DNP Nurse-Midwifery (NM)
- ~~j.~~ DNP Pediatric Nurse Practitioner (PNP)
- ~~k.~~ DNP Psychiatric Mental Health Nurse Practitioner (PMHNP)
- ~~l.~~ ~~Post Master's Not Seeking a New Specialty~~
- ~~m.~~ Other, please specify _____

Comment [cln13]: REORDER AND ADD SOME OTHERS OFFERED IN KS.

IV. Employment

A. GENERAL EMPLOYMENT

- ~~28~~26. Are you currently employed as an APRN?
- a. If yes, how many hours per week do you work? _____
 - b. If no, select the area that you work in:
 - i. Education
 - ii. Other medical
 - iii. Other

Comment [CLN14]: Seems we would want to know if we have licensed APRNs who are not practicing as an APRN. Would an educator consider themselves a practicing APRN? Would we want to know how many left the field altogether?

Comment [CLN15]: Other suggestions for high-level breakdown?

- ~~29~~27. Which of the following best describes your APRN practice (check one)?
- a. Family Practice
 - b. Pediatrics
 - c. Gerontology
 - d. Women's Health (OB/GYN)
 - e. Adult Health
 - f. Psychiatry
 - g. Other, please specify _____

~~30~~28. Please indicate your practice experience

	Years of practice in this role	Currently practicing in this role?
RN role		Yes/No
APRN role		Yes/No

Comment [CLN16]: Any other role we should add?

Maybe this should come before 28 and 28 should read, "If currently employed as an APRN..."

- ~~31~~29. Do you have the following privileges?
- a. Hospital admissions ____ Yes ____ No
 - b. Hospital dismissals ____ Yes ____ No
 - c. Make rounds and write orders for hospitalized patients ____ Yes ____ No
 - d. Nursing home admissions ____ Yes ____ No
 - e. Nursing home dismissals ____ Yes ____ No
 - f. Make rounds and write orders for nursing home patients ____ Yes ____ No

- ~~32~~30. Do you receive direct third-party reimbursement for your services?
- Yes
- No

33-31. Please indicate your practice specialties using the selection list below. If you do not have a 1st, 2nd, or 3rd practice specialty, indicate "0. No Specialty" in the first line.

- a. Specialty 1 _____
- b. Specialty 2 _____
- c. Specialty 3 _____

Specialty List:

- | | |
|---------------------------|---------------------------------|
| 0. No Specialty | 17. Maternity/Pediatrics |
| 1. Adult | 18. Medical/Surgical |
| 2. Adult/Medical-Surgical | 19. Mental Health/Psychiatric |
| 3. Adult Mental Health | 20. Neonatal |
| 4. Anesthesiology | 21. Nurse Midwife |
| 5. Cardiovascular | 22. Obstetrics GYN |
| 6. Child or Pediatrics | 23. Oncology |
| 7. Child Mental Health | 24. Orthopedics |
| 8. Community Health | 25. Prenatal |
| 9. Critical Care | 26. Preoperative |
| 10. Diabetes | 27. Primary Care |
| 11. Emergency | 28. Rehabilitation |
| 12. Family Planning | 29. Rheumatology |
| 13. Family | 30. Women's Health |
| 14. Gerontology | 31. Other, please specify _____ |
| 15. Gynecology | |
| 16. Maternal Child | |

34-32. Estimate the percentage of your patients who are covered by the following categories of insurance or private.

- _____ % Medicaid
- _____ % Medicare
- _____ % Private Insurance
- _____ % Self-Pay
- _____ % Charity Care
- _____ % Other
- 100% Total

Comment [CLN17]: Incomplete sentence?

35-33. Please estimate the average number of patients you see per day _____

36-34. Please indicate the average number of APRN hours per week that you work.

Comment [CLN18]: This was answered in #28.

37-35. What are your plans for future employment?

- a. Remain in current position
- b. Looking for new employment
- c. Plan to retire in the next year
- d. Other, please specify _____

Comment [CLN19]: New employment as a nurse or other field altogether?

38.36. When do you plan to retire?

- a. In 1 – 2 years
- b. In 3 – 5 years
- c. In 6 – 10 years
- d. More than 10 years
- e. Undecided
- f. Other, please specify _____

39.37. Do you plan to reduce your hours prior to retiring?

- a. Yes
- b. No

B. PRACTICE LOCATIONS

PRACTICE LOCATION #1 (Primary Practice)

41. What is the address of your primary practice location?

- a. Organization/office name: _____
- b. Street address: _____
- c. Suite#/Box #/Mailstop/etc.: _____
- d. City: _____
- e. State (e.g. KS): _____
- f. County: _____
- g. Zip Code (5 digits): _____
- h. Zip Code (4 digit extension) _____
- i. Phone Number: _____
- j. E-mail address: _____

- 40-38. What type of work setting is your primary practice location?
- a. Self-Employed, Solo-Practice
 - b. Physician Partnership or Group Practice
 - c. Community/General Hospital - Follow private inpatients; practice primarily ambulatory
 - d. Hospital Based: Predominantly Inpatient Services, e.g. pathology, hospitalist
 - e. Medical School/Teaching Hospital
 - f. Residency or Fellowship Participant
 - g. Rural Health Clinic (federally certified)
 - h. Federally Qualified Health Center
 - i. Indian Health Service or Tribal Clinic
 - j. Community Mental Health Center
 - k. Emergency Department (hospital)
 - l. Emergency Medical Service/Transport
 - m. Military, Federal or VA Hospital
 - n. Locum Tenens (if more than 10 hours per week)
 - o. Long-term nursing or other facility, home health care, assisted living, residential treatment
 - p. Correctional Facility (jail, prison, detention - youth/adult)
 - q. University/College Campus Health
 - r. School System/School Clinic K-12
 - s. Local or State Public Health/Governmental/Regulatory Agency
 - t. HMO/Health Plan/Insurance Company
 - u. Ambulatory Surgery Center
 - v. Independent Laboratory
 - w. Psychiatric Hospital (private)
 - x. Radiology/Imaging Center
 - y. Rehabilitation Hospital
 - z. State Mental Health Facility
 - aa. Other Specialty Hospital
 - bb. Other Patient Care Employment
 - cc. Other Non-Patient Care Employment
 - dd. Other, please specify _____

41-39. At your primary practice location, what portion of your time do you spend in the following activities per week?

- _____ % Direct face-to-face patient care
- _____ % Indirect (phones, reviewing lab results, charting)
- _____ % Administration
- _____ % Teaching or preceptor activities
- _____ % Continuing education
- _____ % Research
- _____ % Other
- 100 % Total

Comment [CLN20]: Do we need "at...location" in every question since we are in the "Primary Practice Subsection"?

42-40. Of the hours you spend in direct patient care at your primary practice location, what percentages are in each of the specialties that you identified earlier:

- a. Specialty 1 <PREFILL INFO> _____%
- b. Specialty 2 <PREFILL INFO> _____%
- c. Specialty 3 <PREFILL INFO> _____%

Total 100%

43-41. At your primary practice location, on average, how many hours do you work per week providing direct patient care?

Comment [CLN21]: This is asked in #41

44-42. At your primary practice location, how many weeks per year do you work? _____

45-43. At your primary practice location, on average, how many patients do you see per week.

Comment [CLN22]: Asked in #35.

Maybe the questions in the General section should be pulled if you want to know the answers by practice location.

46-44. At your primary practice location, what percentages of your patients use a sliding fee schedule base on income or ability to pay? %

Comment [CLN23]: Didn't #34 answer this?

47-45. As of today, at your primary practice location, how many hours is it until the next available appointment time? _____

48-46. At your primary practice location, how often is a physician present on site to discuss patient problems as they occur?

- a. Never
- b. Seldom (25% or less of the time)
- c. Sometimes (26% - 50%)
- d. Usually (51% - 75%)
- e. Nearly always (76% - 100%)

49-47. At your primary practice location, what type of professional relationship do you have with the physicians in your practice (check all that apply).

- a. No physician in my practice
- b. No physician on site
- c. Equal colleagues
- d. The physician is my supervisor and I must accept his/her clinical decisions
- e. Medical Director oversees both physician and my practice
- f. Other, please specify _____

Comment [CLN24]: a & b seem to be same thing; as are d & e when you are looking at the "relationship". Seems the selections could be simpler...maybe two options: nurse functions as an equal or is under direction/supervision.

50-48. How satisfied are you with your Advanced Practice Registered Nursing position at your primary practice location?

- a. Very satisfied
- b. Moderately satisfied
- c. Somewhat satisfied
- d. Neutral
- e. Somewhat dissatisfied
- f. Moderately dissatisfied
- g. Very dissatisfied

Please comment: _____

51-49. Do you have a second practice location?

- a. Yes (continue survey)
- b. No (skip to the signature line at the end of the survey)

PRACTICE LOCATION #2 (Secondary Practice)

52-50. What is the address of your second practice location?

- a. What is the organization/office name: _____
- b. What is the street address: _____
- c. Suite#/Box #/Mailstop/etc.: _____
- d. City: _____
- e. State (2 digit abbreviation e.g., KS): _____
- f. County: _____
- g. Zip code (5 digits): _____
- h. Zip code (4 digit extension) _____
- i. Phone number: _____
- j. Email Address: _____

Once Primary Location section is settled, it will be duplicated for 2nd and 3rd practice locations, correct?

53.51. What kind of work setting is your second practice location?

- a. Self-Employed, Solo-Practice
- b. Physician Partnership or Group Practice
- c. Community/General Hospital - Follow private inpatients; practice primarily ambulatory
- d. Self-Employed, Solo-Practice
- e. Physician Partnership or Group Practice
- f. Community/General Hospital - Follow private inpatients; practice primarily ambulatory
- g. Hospital Based: Predominantly Inpatient Services, e.g. pathology, hospitalist
- h. Medical School/Teaching Hospital
- i. Residency or Fellowship Participant
- j. Rural Health Clinic (federally certified)
- k. Federally Qualified Health Center
- l. Indian Health Service or Tribal Clinic
- m. Community Mental Health Center
- n. Emergency Department (hospital)
- o. Emergency Medical Service/Transport
- p. Military, Federal or VA Hospital
- q. Locum Tenens (if more than 10 hours per week)
- r. Long-term nursing or other facility, home health care, assisted living, residential treatment
- s. Correctional Facility (jail, prison, detention - youth/adult)
- t. University/College Campus Health
- u. School System/School Clinic K-12
- v. Local or State Public Health/Governmental/Regulatory Agency
- w. HMO/Health Plan/Insurance Company
- x. Ambulatory Surgery Center
- y. Independent Laboratory
- z. Psychiatric Hospital (private)
- aa. Radiology/Imaging Center
- bb. Rehabilitation Hospital
- cc. State Mental Health Facility
- dd. Other Specialty Hospital
- ee. Other Patient Care Employment
- ff. Other Non-Patient Care Employment
- gg. Other, please specify _____

54.52. Of the hours that you spend in direct patient care at your second practice location, what percentages are in each of the specialties that you identified earlier:

prefilled	a. Specialty 1	_____
prefilled	b. Specialty 2	_____
prefilled	c. Specialty 3	_____

55-53. At your second practice location, what portion of your time do you spend in the following activities per week?

- _____ % Direct face to face patient care
- _____ % Indirect (phones, reviewing lab results, charting)
- _____ % Administration
- _____ % Teaching or preceptor activities
- _____ % Continuing education
- _____ % Research
- _____ % Other
- 100 % Total

56-54. At your second practice location, on average, how many hours do you work per week providing direct patient care? _____

57-55. At your second practice location, how many weeks per year do you work? _____

58-56. At your second practice location, on average, how many patients do you see per week. _____

59-57. At your second practice location, what percentage of your patients use a sliding fee schedule base on income or ability to pay? _____ %

60-58. As of today, at your second practice location, how many hours is it until the next available appointment time? _____

61-59. At your second practice location, how often is a physician present on site to discuss patient problems as they occur?

- a. Never
- b. Seldom (25% or less of the time)
- c. Sometimes (26% - 50%)
- d. Usually (51% - 75%)
- e. Nearly always (76% - 100%)

62-60. At your second practice location, what type of professional relationship do you have with the physicians in your practice (check all that apply)

- a. No physician in my practice
- b. No physician on site
- c. Equal colleagues
- d. The physician is my supervisor and I must accept his/her clinical decisions
- e. Medical Director oversees both physician and my practice
- f. Other, please specify _____

63-61. How satisfied are you with your Advanced Practice Registered Nursing position at your second practice location?

- a. Very satisfied
- b. Moderately satisfied
- c. Somewhat satisfied
- d. Neutral
- e. Somewhat dissatisfied
- f. Moderately dissatisfied
- g. Very dissatisfied

Please comment: _____

64-62. Do you have an additional practice location (if no, skip to question the signature line at the end of the survey).

- a. Yes
- b. No

PRACTICE LOCATION #3:

65-63. What is the address of your third practice location:

- a. What is the organization/office name: _____
- b. What is the street address: _____
- c. Suite#/Box #/Mailstop/etc.: _____
- d. City: _____
- e. State (2 digit abbreviation e.g., KS): _____
- f. County: _____
- g. Zip code (5 digits): _____
- h. Zip code (4 digit extension) _____
- i. Phone number: _____
- j. Email Address: _____

66-64. What kind of work setting is your third practice location?

- a. Self-Employed, Solo-Practice
- b. Physician Partnership or Group Practice
- c. Community/General Hospital - Follow private inpatients; practice primarily ambulatory
- d. Self-Employed, Solo-Practice
- e. Physician Partnership or Group Practice
- f. Community/General Hospital - Follow private inpatients; practice primarily ambulatory
- g. Hospital Based: Predominantly Inpatient Services, e.g. pathology, hospitalist
- h. Medical School/Teaching Hospital
- i. Residency or Fellowship Participant
- j. Rural Health Clinic (federally certified)
- k. Federally Qualified Health Center
- l. Indian Health Service or Tribal Clinic
- m. Community Mental Health Center
- n. Emergency Department (hospital)
- o. Emergency Medical Service/Transport
- p. Military, Federal or VA Hospital
- q. Locum Tenens (if more than 10 hours per week)
- r. Long-term nursing or other facility, home health care, assisted living, residential treatment
- s. Correctional Facility (jail, prison, detention - youth/adult)
- t. University/College Campus Health
- u. School System/School Clinic K-12
- v. Local or State Public Health/Governmental/Regulatory Agency
- w. HMO/Health Plan/Insurance Company
- x. Ambulatory Surgery Center
- y. Independent Laboratory
- z. Psychiatric Hospital (private)
- aa. Radiology/Imaging Center
- bb. Rehabilitation Hospital
- cc. State Mental Health Facility
- dd. Other Specialty Hospital
- ee. Other Patient Care Employment
- ff. Other Non-Patient Care Employment
- gg. Other, please specify _____

67-65. Of the hours that you spend in direct patient care at your third practice location, what percentages are in each of the specialties that you identified earlier:

prefilled	a. Specialty 1	_____
prefilled	b. Specialty 2	_____
prefilled	c. Specialty 3	_____

68.66. At your third practice location, what portion of your time do you spend in the following activities per week?

- _____ % Direct face to face patient care
- _____ % Indirect (phones, reviewing lab results, charting)
- _____ % Administration
- _____ % Teaching or preceptor activities
- _____ % Continuing education
- _____ % Research
- _____ % Other
- 100 % Total

69.67. At your third practice location, on average, how many hours do you work per week providing direct patient care? _____

70.68. At your third practice location, how many weeks per year do you work? _____

71.69. At your third practice location, on average, how many patients do you see per week? _____

72.70. At your third practice location, what percentage of your patients use a sliding fee schedule based on income or ability to pay? _____ %

73.71. As of today, at your third practice location, how many hours is it until the next available appointment time? _____

74.72. At your third practice location, how often is a physician present on site to discuss patient problems as they occur?

- a. Never
- b. Seldom (25% or less of the time)
- c. Sometimes (26% - 50%)
- d. Usually (51% - 75%)
- e. Nearly always (76% - 100%)

75.73. At your third practice location, what type of professional relationship do you have with the physicians in your practice (check all that apply):

- a. No physician in my practice
- b. No physician on site
- c. Equal colleagues
- d. The physician is my supervisor and I must accept his/her clinical decisions
- e. Medical Director oversees both physician and my practice
- f. Other, please specify _____

76:74. How satisfied are you with your Advanced Practice Registered Nursing position at your third practice location?

- a. Very satisfied
- b. Moderately satisfied
- c. Somewhat satisfied
- d. Neutral
- e. Somewhat dissatisfied
- f. Moderately dissatisfied
- g. Very dissatisfied

Please comment: _____

Comment [CLN25]: Assume 52-76 are same as 41-51...see suggestions there.

77:75. Do you have additional practice locations?

- a. Yes (continue survey)
- b. No (skip to signature line below)

78:76. How many additional practice locations do you have? _____

79:77. If you have additional practice locations, how many hours in a typical week do you spend in direct patient care at the additional sites? _____

Please sign your name and date your responses below:

Name

Date

THANK YOU FOR PROVIDING VALUABLE WORKFORCE INFORMATION BY COMPLETING THIS SURVEY

ALSO, PLEASE SIGN YOUR NAME, DATE AND RETURN THE SURVEY WHETHER OR NOT YOU HAVE COMPLETED IT. THIS IS IMPORTANT IN CALCULATION OF SURVEY RETURN RATES.

Comment [CLN26]: If you really want them to sign and date whether they complete the survey or not, you need to move this to the beginning.