

**Methodist University Physician Assistant Program  
5107 College Centre Dr.  
Fayetteville, NC 28311**

**Physician Assistant Alumni Questionnaire**

All information contained in this questionnaire will remain confidential. The information will be used to update our graduate files. If you have any questions, please contact the Physician Assistant Program Office at 1-800-488-7110 ext. 7615.

**Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_ **Maiden** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Ethnicity (circle one):** African American      Caucasian      Native American      Asian  
Pacific Islander      European      Hispanic      Middle Eastern  
Other: \_\_\_\_\_

**Date of Graduation:** \_\_\_\_\_

**Home Number:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Employed in clinical practice as a PA in (choose all that apply)

- Private Office Practice
- Institutional Based Practice
- Ambulatory clinic-based practice
- Not employed
- Other

**Main Employer:** \_\_\_\_\_

**Secondary Employer:** \_\_\_\_\_

What prior experience did you have before entering the program? (choose all that apply)

- C.N.A.
- EMT
- Paramedic
- Shadowing
- Military Medic
- Clinical Research
- Lab Tech
- Medical Assistant
- Physical Therapy Aide
- Other (please indicate): \_\_\_\_\_

**Number of positions held since graduation:** \_\_\_\_\_

How many job offers have you had since graduation: \_\_\_\_\_

Certification status: \_\_\_\_\_

Professional Memberships (circle one): **Yes** **No**

If yes, please check the following membership:

**AAPA:** \_\_\_\_\_ **STATE ORG:** \_\_\_\_\_ **LOCAL:** \_\_\_\_\_ **OTHER:** \_\_\_\_\_

Did you attend a refresher course after graduation and before taking the PANCE (circle one)?

**Yes** **No**

Where was your refresher course taken? \_\_\_\_\_

Do you take call in your current position (circle one)? **Yes** **No**

Do you have hospital privileges (circle one)? **Yes** **No**

Are you employed in administration and/or education as a PA? **Yes** **No**

Are you employed as a dean or associate dean? **Yes** **No**

Are you enrolled as a full-time student in (choose all that apply)

medical school

other post-graduate study

other study: \_\_\_\_\_

Are you employed in research as a PA? **Yes** **No**

Are you employed in any other field other than a PA (circle one)? **Yes** **No**

If yes, please indicate from the following professions:

Physician

Nurse

Paramedic

Other

What percentage of your patients speak Spanish? \_\_\_\_\_

Are you currently enrolled as a full or part time student? **Yes** **No**

If yes, what is your course of study?

What best describes your practice (circle one)? **Rural** **Suburban** **Urban**

What is your annual base salary as a PA in your current job? \$\_\_\_\_\_,\_\_\_\_

Would you be interested in becoming a preceptor? **Yes** **No**

Would you be interested in teaching in the program? **Yes** **No** **Not now, but maybe in the future**

Current Degree Status: \_\_\_\_\_

How many hours per week do you typically spend in each of the following areas:

- Direct patient care (office, clinics, hospitals, charts, etc)? \_\_\_\_\_

- Administrative activities not associated with direct patient care (management of personnel and resources, budgets, insurance claims, committee assignments, etc)? \_\_\_\_\_
- Medical teaching (formal or informal teaching involving medical students, residents, PA students, nursing student, EMTs etc)? \_\_\_\_\_
- Medical Research? \_\_\_\_\_
- Continuing Medical Education? \_\_\_\_\_
- How many patients do you average per day? \_\_\_\_\_

**Preceptorship Satisfaction**

Did you obtain a job with the practice or location in which you did your preceptorship?

**Yes No**

Did you obtain a job in the same area or specialty as your preceptor (but not in the same practice or location)?

**Yes No**

Did you feel the preceptorship was useful? Why?

Was your preceptorship helpful in steering you *away* from the specialty you were interested in before?

**Yes No**

Comments:

**Career and Educational Satisfaction**

Using the scale to the right, circle your level of satisfaction to the items listed, e.g.

“To what extent are you satisfied with your...”

**(1- Highly Dissatisfied; 3- Neutral; 5- Highly Satisfied)**

|   |          |          |          |          |          |
|---|----------|----------|----------|----------|----------|
| 1. Level of responsibility for patient care   | <b>1</b> | <b>2</b> | <b>3</b> | <b>4</b> | <b>5</b> |
| 2. Choice of the PA profession                | <b>1</b> | <b>2</b> | <b>3</b> | <b>4</b> | <b>5</b> |
| 3. Current salary                             | <b>1</b> | <b>2</b> | <b>3</b> | <b>4</b> | <b>5</b> |
| 4. Opportunities for promotion                | <b>1</b> | <b>2</b> | <b>3</b> | <b>4</b> | <b>5</b> |
| 5. Supervisor’s support for your role as a PA | <b>1</b> | <b>2</b> | <b>3</b> | <b>4</b> | <b>5</b> |
| 6. Supervisor’s (quality of) supervision      | <b>1</b> | <b>2</b> | <b>3</b> | <b>4</b> | <b>5</b> |
| 7. Co-workers support for your role as a PA   | <b>1</b> | <b>2</b> | <b>3</b> | <b>4</b> | <b>5</b> |
| 8. Patients’ acceptance of your services      | <b>1</b> | <b>2</b> | <b>3</b> | <b>4</b> | <b>5</b> |
| 9. Prerequisite preparation for the program   | <b>1</b> | <b>2</b> | <b>3</b> | <b>4</b> | <b>5</b> |
| 10. Overall education while a student at MU   | <b>1</b> | <b>2</b> | <b>3</b> | <b>4</b> | <b>5</b> |
| 11. Education in the Didactic year            | <b>1</b> | <b>2</b> | <b>3</b> | <b>4</b> | <b>5</b> |

12. Preparation in didactic year for clinical year?                    1           2           3           4           5

13. Education during your clinical rotations           1           2           3           4           5

**If you wish to make further comments please do so in the space below.**