

**Methodist College Physician Assistant Program
5400 Ramsey Street
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. 7495.

Last Name: _____ **First Name:** _____ **Maiden** _____

Nick Name: _____

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: _____

Office Number: _____

Home Address: _____

Office Address: _____

Secondary Employment: _____

Secondary Address: _____

Type of Practice: _____ **Primary:** _____ **Secondary:** _____

Other: _____

What prior experience did you have before entering the program? _____

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 (circle one)?

Emory **CME Resources** **Other:** _____

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 any other field other than a PA (circle one)? **Yes** **No**

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**

In which field are you currently practicing? _____

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

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

Have you considered entering academia? **Yes** **No**

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?

Would you have preferred to take two or three elective rotations instead of your preceptorships?

Yes No

Comments:

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, i.e,

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

(1- Highest Satisfaction; 3- Neutral; 5- Highly Dissatisfied)

1. Level of responsibility for patient care.	1	2	3	4	5
2. Choice of the PA profession	1	2	3	4	5
3. Current salary	1	2	3	4	5
4. Opportunities for promotion	1	2	3	4	5
5. Supervisor's support for your role as a PA	1	2	3	4	5
6. Supervisor's (quality of) supervision	1	2	3	4	5
7. Co-workers support for your role as a PA	1	2	3	4	5
8. Patients' acceptance of your services	1	2	3	4	5
9. Education in the basic prerequisites	1	2	3	4	5
10. Overall education while a student at MC	1	2	3	4	5
11. Education in the Didactic year	1	2	3	4	5
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 and on the back side. Thank you for your assistance with our survey!