

# AUA Census Questions - Advanced Practice Providers

Practice Setting, Employment Status, Current Practice, Work Questions	2015	2016	2017	2018	2019	2020	2021	2022	2023
Please select the primary area in which you practice.	X	X	X	X	X	X	X	X	X
Please select each degree earned. (Select all that apply)	X	X	X	X	X	X	X	X	X
Please indicate your current profession. (Select all that apply)	X	X	X	X	X	X	X	X	X
Please select other areas in which you practice. (Select all that apply)	X	X	X	X	X	X	X	X	X
Please select your primary practice setting? (Select one only)	X	X	X	X	X	X	X	X	X
You have indicated that you work at an academic medical center/medical school, do you <ul style="list-style-type: none"> <li>• Work primarily in an academic site/center</li> <li>• Work at a satellite practice which is affiliated with an academic medical center</li> </ul>	X								
Please indicate your employment status (Select all that apply)	X	X	X	X	X	X			
Including yourself, please indicate the number of staff by profession in your practice or medical team regardless of the number of office locations. (Please include only team members who work with you on a regular basis).	X	X	X	X	X	X	X	X	
Please provide your best estimates on the following questions. <ul style="list-style-type: none"> <li>• Number of office locations of your practice</li> <li>• Number of urologic care jobs you currently have</li> <li>• Number of patient visits/encounters you have in a typical week</li> <li>• Percent of visits/encounters with female patients</li> <li>• Number of work hours spent on clinical activities (e.g., rounding, seeing patients, completing medical records, ordering and reviewing lab tests, taking calls, etc.) in a typical week</li> <li>• Number of work hours spent on nonclinical activities (e.g., administration, teaching, research, etc.) in a typical week</li> <li>• Total number of weeks you were on vacation leave in the past year</li> <li>• Total number of years you have practiced urology since completion of PA/NP/Nursing</li> </ul>	X	X	X	X	X	X	X	X	X
Do you assist with major inpatient operative procedures?									X

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Do you use electronic health record (EHR) system to record patient information?	X								
How satisfied are you with your career in a rural setting?	X	X							
Please indicate how you perform or assist in the following procedures: (Perform Independently, Assist physician, I am not involved)									
<ul style="list-style-type: none"> <li>• Aspirate hydrocele</li> <li>• Assist in the OR</li> <li>• Bladder installations</li> <li>• Chemotherapy injections</li> <li>• Circumcision</li> <li>• Cystoscopy for diagnostic or cancer surveillance</li> <li>• Cystoscopy for difficult catheter placement</li> <li>• Cystoscopy for stent removal</li> <li>• Cystoscopy for bladder /prostate Botox injections</li> <li>• Cystoscopy for bladder biopsy</li> <li>• Intracavernosal injections for ED</li> <li>• LHRH Antagonist Insertion</li> <li>• Neuromodulation with Interstim programming</li> <li>• Pelvic floor muscle rehabilitation +/- biofeedback</li> <li>• Implant insertion (e.g. Testopel or Vantas)</li> <li>• Percutaneous tibial nerve stimulation</li> <li>• Priapism injection treatment</li> <li>• Transrectal Ultrasound without biopsy</li> <li>• Transrectal Ultrasound with biopsy</li> <li>• Ultrasound: Renal</li> <li>• Ultrasound: Scrotal</li> <li>• Ultrasound: Penile Doppler</li> <li>• Urodynamics (place catheters /perform test)</li> <li>• Urodynamics interpretation</li> <li>• Xiaflex injections</li> <li>• Vasectomy</li> </ul>			X	X					
Please specify the percentage of time that you spend on each of the following areas: (should add to 100%)		X	X	X					
What duties do you routinely perform? (Select all that apply)			X	X	X	X	X	X	X
Do you intend to move away from urology to another medical specialty area?	X								
If you changed job or considered leaving your job in the past year, what was your primary reason for change? (Select one only)								X	X

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Does your practice currently accept new patients?	X								
If you see patients in the clinic, do you have a dedicated medical assistant (MA) or nurse (RN, LPN) to support you?					X	X	X		
When did you start having a dedicated MA/ nurse to support you? (Select one only)					X	X	X		
Do you take call as part of your employment requirement?					X	X	X		
What is the average pay per month for your call coverage? (Select one only)								X	X
Do you have call coverage at night or during the weekend?								X	X
How are you paid to be on call?								X	X
How often are you on call per month? (Select one only)								X	X
Does your practice track your individual productivity?					X	X	X		
Do you receive your productivity reports?					X	X	X		
Are you interested in receiving your productivity reports?					X				
Does your practice currently experiencing difficulty in filling vacancies?	X								
Are you interested in becoming the owner or partner of your practice?					X				
Is your primary practice located in a rural area? (A rural area is defined as an area that is outside of an urban area or cluster and has a population less than 2,500)	X								
How have you been technically trained (not credentialed) on urological procedures in general? (Select all that apply)								X	X
What is the primary mode for consulting with your supervising urologist at your primary job during ordinary business circumstances? (Select one only)						X	X	X	X
Are you included in faculty meetings or urology practice meetings?								X	X
If a scribe is utilized in your practice, how is the scribe funded? (Select all that apply)								X	
How satisfied are you with your career in a rural setting?	X								

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Do you accept any of the following insurers? (Select all that you accept)	X								
Do you participate in a telemedicine program?							X		
What percentage of your patient encounters are conducted by telemedicine? (Select one only)							X	X	
Do you anticipate continuing to use telemedicine after the COVID pandemic abates?							X		
What percentages of your telemedicine encounters are conducted by video and audio-only, respectively?						X			
How do you compare virtual video visits and in-person office visits in the following aspects? (Video visit is better, Office visit is better, No difference, Not applicable) <ul style="list-style-type: none"> <li>•Timely patient access to follow-up appointments</li> <li>•Efficiency of the visit</li> <li>•Length of visit required to access and treat a patient</li> <li>•Workflow outside of the visit</li> <li>•Ease of scheduling follow-up visits</li> <li>•Ease of scheduling follow-up visits</li> <li>•Ease of ordering tests for the patient</li> <li>•The ability to see a physical problem</li> <li>•Personal connection with the patient</li> <li>•Patient satisfaction</li> <li>•Overall quality of the visit</li> </ul>							X		
How do you compare virtual audio-only visits and in-person office visits in the following aspects? ( Audio visit is better, Office visit is better, No difference, Not applicable) <ul style="list-style-type: none"> <li>•Timely patient access to follow-up appointments</li> <li>•Efficiency of the visit</li> <li>•Length of visit required to access and treat a patient</li> <li>•Workflow outside of the visit</li> <li>•Ease of scheduling follow-up visits</li> <li>•Ease of scheduling follow-up visits</li> <li>•Ease of ordering tests for the patient</li> <li>•The ability to see a physical problem</li> <li>•Personal connection with the patient</li> <li>•Patient satisfaction</li> <li>•Overall quality of the visit</li> </ul>							X		
How are you compensated? (Select one only)					X	X	X	X	X
What was your annual salary range? (Select one only)					X	X			

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How are your Relative Value Unit (RVU) payment and bonus structured? (Select all that apply)								X	
Was your RVU payment or bonus structure negotiated between you and your employer?								X	
What is the amount of funding per year, as part of your employment benefits, offered by your practice to cover the costs of your CME-related activities? (Select one only)								X	X
Where do you usually obtain your urologic-specific CME for APP? (Select all that apply)								X	X
What percentage, to this point in your career, has your urologic education been derived directly from CME experience (vs. formal APP education and on-the-job training) (Select one only)								X	X
Do you do research?								X	
How many hours per week do you spend in research?								X	
Did your primary practice use any of the following measures to address lost revenue due to the COVID-19 pandemic in 2020? (Select all that apply)							X		
Have you experienced (negative) differential treatment in your practice in one or more of the following areas? (Select all that apply)							X		
Are you limited to seeing certain patients/diagnoses due to any of the following aspects of your identity? (Select all that apply)							X		
How satisfied do you feel with your work-life balance? (Select one only)								X	X

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<p>Select one (Never, A few times per year, Once a month, A few times per month, Once a week, A few times per week, Every day)</p> <ul style="list-style-type: none"> <li>• I feel emotionally drained by my work.</li> <li>• Working with people all day long requires a great deal of effort.</li> <li>• I feel like my work is breaking me down.</li> <li>• I feel frustrated by my work.</li> <li>• I feel I work too hard at my job.</li> <li>• It stresses me too much to work in direct contact with people.</li> <li>• I feel like I'm at the end of my rope.</li> <li>• I feel I look after certain patients/clients impersonally, as if they are objects.</li> <li>• I feel tired when I get up in the morning and have to face another day at work.</li> <li>• I have the impression that my patients/clients make me responsible for some of their problems.</li> <li>• I am at the end of my patience at the end of my work day.</li> <li>• I really don't care about what happens to some of my patients/clients.</li> <li>• I have become more insensitive to people since I've been working</li> <li>• I'm afraid that this job is making me uncaring.</li> <li>• I accomplish many worthwhile things in this job.</li> <li>• I feel full of energy.</li> <li>• I am easily able to understand what my patients/clients feel.</li> <li>• I look after my patients'/clients' problems very effectively.</li> <li>• In my work, I handle emotional problems very calmly.</li> <li>• Through my work, I feel that I have a positive influence on people.</li> <li>• I am easily able to create a relaxed atmosphere with my patients/clients.</li> <li>• I feel refreshed when I have been close to my patients/clients at work.</li> </ul>										
Did you experience any forms of discrimination and/or harassment at the hands of patients or their families in the past year?										X
Did you experience any forms of discrimination and/or harassment at the hands of patients or their families in the past year? (Never, Rarely Occasionally, Sometimes, Often)										X

Practice Setting, Employment Status, Current Practice, Work Questions	2015	2016	2017	2018	2019	2020	2021	2022	2023
In which of the following settings have you experienced discrimination or harassment? (Select all that apply) (Clinic,Pre-op area,Post-op area, Within the inpatient ward, Other place,Not applicable)									X
Did you witness any forms of discrimination and/or harassment at the hands of patients or their families in the past year?									X
How often did you witness the following forms of discrimination and/or harassment aimed at healthcare professionals at the hands of patients or their families? (Never,Rarely,Occasionally Sometimes,Often)									X
In which of the following settings have you witnessed discrimination or harassment? (Clinic,Pre-op area,Post-op area,Within the inpatient ward,Other place,Not applicable) (Select all that apply)									X
Does your primary practice have a formal process for reporting discrimination or harassment incidents instigated by patients or their families?									X
Do you know if patients, accused of discrimination or harassment towards staff at your primary practice, are they formally notified of the accusations?									X
Which of the following actions is taken if a patient is formally notified that they have been accused of discriminating against or harassing staff at your primary practice? (Select all that apply)									X
Who has the responsibility in your primary practice for notifying patients of the accusations made against them? (Select all that apply)									X

Demographic Questions	2015	2016	2017	2018	2019	2020	2021	2022	2023
Please indicate your gender.	X	X	X	X	X	X	X	X	X
Please enter your 4-digit year of birth	X	X	X	X	X	X	X	X	X
Are you of Hispanic origin?	X	X	X	X	X	X	X	X	X
What is your race? (Select all that apply)	X	X	X	X	X	X	X	X	X
What is your country of origin?	X								
Please select your current country of residence					X				X

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Please enter the age at which you fully retired or plan to fully retire from practice.	X	X	X	X	X	X	X	X	X
What is your current relationship status? (Select one only)					X				
Do you have any children (including biological, step and adopted)? (Select all that apply)					X				
Which of the following best represents how you think of yourself?									X
Have you experienced (negative) differential treatment in your practice in one or more of the following areas? (Select all that apply)							X		