



PHAIRIFY

AGS / ADGAP Benchmarking Survey

Survey Guide

Our Survey Guide will help you prepare for, and complete, your AGS / ADGAP Benchmarking Survey (Survey). Review the Survey questions and information requirements, below, before accessing the on-line application to streamline the experience.

The Survey consists of questions aimed at discovering your current practice, productivity, and compensation measures. Certain Survey questions will have a follow-up, forward-looking question designed to understand your desired state for that topic. For example, the Survey will ask about your current compensation and then ask how much compensation you would require for a future job. We combine those prospective terms into anonymous profiles we call “Ideal Career Opportunities” (ICOs). Those ICOs help the market understand the specific elements of desired opportunities in your specialty. At the same time, Phairify’s application will notify you of jobs meeting the exact terms of any of your ICOs for you to pursue if you want.

Once you have completed and submitted your Survey, you will have a few options. You can go to the “Inform” page to review aggregated Survey responses from your peers, and benchmark yourself across various measures. You can go to the “Share” page to see Survey participation by your Society peers, or you can visit the “Connect” page to develop additional ICOs.

The Survey is designed to be quick and intuitive and is available any time on any device. The 10-15 minutes you spend completing the Survey provides immediate access to best-in-class market intelligence and a unique, career management tool. For best results, we recommend taking the Survey on a desktop computer or tablet the first year of the survey to best familiarize yourself with the application and its features.

Phairify does not request, collect, or use any personally identifiable or sensitive information, and all of your submitted data and ICOs are completely anonymous and kept secure consistent with our Privacy Policy.

Welcome to Phairify!

The AGS / ADGAP Benchmarking Survey covers the subject areas listed below. A complete set of questions and answer options is provided on the following pages.

- Medical school status.
- Academic Degree(s).
- Years in practice of current specialty.
- Professional functions (clinical, research, etc.).
- Practice type (private, academic, etc.).
- Clinical-patient care services by care setting (Home, Acute, Ambulatory, Long-Term Care).
- Clinical services delivered per care setting.
- Contractual relationship by practice type (employee, owner, independent contractor)
- Provision of locum tenens services.
- Leadership positions.
- Academic rank.
- On-call services (nights, weekends, etc.).
- Total hours worked.
- Income amounts reported.
- Employer-provided benefits.
- PTO days granted.

Assess the questions and collect the information resources you need to provide your answers. For example, refer to your federal tax forms to provide reported income amounts for the reporting period.

Questions? Please consult our FAQs, email support@phairfy.com, or call 888-400-3130.

Physician Value Survey Questions

[For information only; sign in to Phairify to complete the AGS / ADGAP Benchmarking Survey]

What is your medical school status?

- US graduate of allopathic medical school
- US graduate of osteopathic medical school
- International graduate of international medical school
- US graduate of international medical school

For the reporting year (1/1/2024 - 12/31/24), what academic degrees do you hold? *Select all degrees held during the reporting year.*

- MD
- DO
- PhD
- MBA
- MHA
- MPH
- MPA
- MA
- MS/MSc
- JD
- MBBS/MBChB
- Other

For the reporting year (1/1/2024 - 12/31/24), how many years have you been in practice since the final year of training in your residency or fellowship?

- Less than 1 years
- 1-5 years
- 6-10 years
- 11-15 years
- 16-20 years
- 21-25 years
- Greater than 25 years

For the reporting year (1/1/2024 - 12/31/24), estimate the percentage of your professional time spent on the professional functions below. *Enter amounts to equal 100%. Entries round to the nearest 5%.*

- _____ % Clinical-Patient Care
- _____ % Teaching or Training in the context of delivering patient care
- _____ % Teaching or Training in a didactic setting (e.g., classroom)
- _____ % Administrative or Management (e.g., APPs, Committees, Mentor functions)
- _____ % Research (includes clinical trial recruitment)

For the reporting year (1/1/2024 - 12/31/24), please estimate the percentage of your professional time spent delivering clinical-patient care services to each of the following care settings. As used here, a "Home Care setting" means a patient's home, an assisted living facility, a group home (that is not licensed as an intermediate care facility for individuals with intellectual disabilities), a custodial care facility, or a residential substance abuse treatment facility. As used here, a "Long-Term Care facility" includes the following: (1) Skilled nursing facilities (including nursing homes (NH) in Continuing Care Retirement Communities (CCRCs) and Veterans Affairs' (VA) Community Living Centers (CLCs)); (2) Assisted living facilities / Residential care facilities (if provider does not go to a NH); and (3) Program of All-Inclusive Care for the Elderly (PACE). Responses should total 100%.

- _____% Home Care
- _____% Acute Care
- _____% Ambulatory Care
- _____% Long-Term Care

For the reporting year (1/1/2024 - 12/31/24), estimate the percentage of your professional time spent working for the following practice types.

- _____% Private Practice / Physician-Owned
- _____% Physician-Owned (Health System Foundation Model)
- _____% Hospital / Health System / Integrated Health System (no academic affiliation)
- _____% Independent Non-Profit Foundation (not affiliated with a health system)
- _____% Academic / Medical School-Sponsored
- _____% Academic / Non-Medical School-Sponsored
- _____% Academic / Health System-Sponsored
- _____% Government (e.g., Veterans Affairs)
- _____% Private Investors / Publicly Traded Corporation / Retail
- _____% Insurance Company
- _____% Other

Note: For purposes of subsequent survey questions based on Practice Type, the following groupings apply:

"Private practice" = Private Practice / Physician-Owned OR Physician-Owned under a Health System Foundation Model.

"Non-Physician-Owned practice" = Hospital / Health System / Integrated Health System OR Independent Non-Profit Foundation (not affiliated with a health system) OR Private Investors / Publicly Traded Corporation / Retail OR Insurance Company.

"Academic practice" = Academic / Medical School-Sponsored OR Academic / Non-Medical School-Sponsored OR Academic / Health System-Sponsored.

“Government practice” = Government (e.g., Veterans Affairs).

If you delivered clinical-patient care during the reporting period for more than one practice type within the same Practice Type grouping, your responses to subsequent survey questions relating to that Practice Type grouping should relate to the Practice Type for which you devoted the most of your professional effort for that Practice Type grouping. For example, if you provided clinical-patient care for a Health System and for an Insurance Company, and, as between those two Practice Types you delivered the most of your clinical-patient care effort to the Health System, your responses to questions relating to your “Non-Physician-Owned practice” should relate to your work for the Health System

If you selected a “private practice” type above, please answer the following questions:

For the reporting year (1/1/2024 - 12/31/24), what was your contractual relationship with your private practice? As used here “private practice” includes Private Practice / Physician-Owned OR Physician-Owned under a Health System Foundation Model.

- Employee (non-owner)
- Independent Contractor
- Owner

For the reporting year (1/1/2024 - 12/31/24), estimate the percentage of your professional time spent on the functions below for your private practice. Enter amounts to equal 100%. Entries round to the nearest 5%.

- _____% Clinical-Patient Care
- _____% Teaching or Training in the context of delivering patient care
- _____% Teaching or Training in a didactic setting (e.g., classroom)
- _____% Administrative or Management (e.g., APPs, Committees)
- _____% Research (includes clinical trial recruitment)

For the reporting year (1/1/2024 - 12/31/24), please estimate the percentage of your professional time spent delivering clinical-patient care services for your private practice in each of the following care settings. As used here, a “Home Care setting” means a patient’s home, an assisted living facility, a group home (that is not licensed as an intermediate care facility for individuals with intellectual disabilities), a custodial care facility, or a residential substance abuse treatment facility. As used here, a “Long-Term Care facility” includes the following: (1) Skilled nursing facilities (including nursing homes (NH) in Continuing Care Retirement Communities (CCRCs) and Veterans Affairs’ (VA) Community Living Centers (CLCs)); (2) Assisted living facilities / Residential care facilities (if provider does not go to a NH); and (3) Program of All-Inclusive Care for the Elderly (PACE). Responses should total 100%.

- _____% Home Care
- _____% Acute Care
- _____% Ambulatory Care
- _____% Long-Term Care

For the reporting year (1/1/2024 - 12/31/24), estimate the specific clinical-patient care service type(s) you provided in a Home Care setting as a percentage of your total time spent delivering clinical services in your private practice. For purposes of this question, the clinical-patient service types are the following: Outpatient, in home, not primary care provider (Attending of record providing consultation to other services in the outpatient setting); Outpatient, in home, primary care provider (Attending of record for panel of patients for whom you provide primary care services including home-based primary care (the referring provider)); Palliative care consultation (Attending of record providing in- and out-patient palliative care consultation services); or eConsults (Attending of record providing consultative services using telemedicine platform). Enter amounts to equal 100%.

- _____% Outpatient, in home, not primary care provider
- _____% Outpatient, in home, primary care provider
- _____% Palliative care consultation
- _____% eConsults
- _____% Other

For the reporting year (1/1/2024 - 12/31/24), estimate the specific clinical-patient care service type(s) you provided in an Acute Care setting as a percentage of your total time spent delivering clinical services in your private practice. For purposes of this question, the clinical-patient service types are the following: Inpatient geriatrics consultative attending (Attending of record for team providing consultant to other); Inpatient geriatrics service attending of record (Attending of record for distinct inpatient care team). Enter amounts to equal 100%.

- _____% Inpatient geriatrics consultative attending
- _____% Inpatient geriatrics service attending of record
- _____% Inpatient geriatrics service attending of record - Acute Care for Elderly (ACE) unit
- _____% Inpatient geriatrics service attending of record - Mobile Acute Care for Elderly (MACE) service
- _____% Inpatient geriatrics service attending of record - Surgery or non-surgery co-management
- _____% Other

For the reporting year (1/1/2024 - 12/31/24), estimate the specific clinical-patient care service type(s) you provided in an Ambulatory Care setting as a percentage of your

total time spent delivering clinical services in your private practice. For purposes of this question, the clinical-patient service types are the following: Outpatient consultation (Attending of record providing consultation to other services in the outpatient setting); Outpatient primary care provider (Attending of record for panel of patients for whom you provide primary care services including home-based primary care (the referring provider)); Palliative care consultation (Attending of record providing in- and out-patient palliative care consultation services). Enter amounts to equal 100%.

- _____% Outpatient consultation
- _____% Outpatient primary care provider (geriatrics-focused)
- _____% Palliative care consultation
- _____% Other

For the reporting year (1/1/2024 - 12/31/24), estimate the percentage of clinical-patient care services you provided to each of the following types of Long-Term Care facilities for your private practice. Enter amounts to equal 100%.

- _____% Nursing Home
- _____% Continuing Care Retirement Community (CCRC)
- _____% Assisted Living Facility / Residential Care Facility
- _____% VA Community Living Center (CLC)
- _____% Program for All-inclusive Care of the Elderly (PACE)

If you selected an “academic practice” type above, please answer the following questions:

For the reporting year (1/1/2024 - 12/31/24), what was your contractual relationship with your academic practice?

- Employee (non-owner)
- Independent Contractor

For the reporting year (1/1/2024 - 12/31/24), estimate the percentage of your professional time spent on the functions, below, for your academic practice. Enter amounts to equal 100%. Entries round to the nearest 5%.

- _____% Clinical-Patient Care
- _____% Teaching or Training in the context of delivering patient care
- _____% Teaching or Training in a didactic setting (e.g., classroom)
- _____% Administrative or Management (e.g., APPs, Committees)
- _____% Research (includes clinical trial recruitment)

For the reporting year (1/1/2024 - 12/31/24), please estimate the percentage of your professional time spent delivering clinical-patient care services for your academic practice in each of the following care settings. As used here, a "Home Care setting" means a patient's home, an assisted living facility, a group home (that is not licensed as an intermediate care facility for individuals with intellectual disabilities), a custodial care facility, or a residential substance abuse treatment facility. As used here, a "Long-Term Care facility" includes the following: (1) Skilled nursing facilities (including nursing homes (NH) in Continuing Care Retirement Communities (CCRCs) and Veterans Affairs' (VA) Community Living Centers (CLCs)); (2) Assisted living facilities / Residential care facilities (if provider does not go to a NH); and (3) Program of All-Inclusive Care for the Elderly (PACE). Responses should total 100%.

- _____% Home Care
- _____% Acute Care
- _____% Ambulatory Care
- _____% Long-Term Care

For the reporting year (1/1/2024 - 12/31/24), estimate the specific clinical-patient care service type(s) you provided in a Home Care setting as a percentage of your total time spent delivering clinical services in your academic practice. For purposes of this question, the clinical-patient service types are the following: Outpatient, in home, not primary care provider (Attending of record providing consultation to other services in the outpatient setting); Outpatient, in home, primary care provider (Attending of record for panel of patients for whom you provide primary care services including home-based primary care (the referring provider)); Palliative care consultation (Attending of record providing in- and out-patient palliative care consultation services); or eConsults (Attending of record providing consultative services using telemedicine platform). Enter amounts to equal 100%.

- _____% Outpatient, in home, not primary care provider
- _____% Outpatient, in home, primary care provider
- _____% Palliative care consultation
- _____% eConsults
- _____% Other

For the reporting year (1/1/2024 - 12/31/24), estimate the specific clinical-patient care service type(s) you provided in an Acute Care setting as a percentage of your total time spent delivering clinical services in your academic practice. For purposes of this question, the clinical-patient service types are the following: Inpatient geriatrics consultative attending (Attending of record for team providing consultant to other); Inpatient geriatrics service attending of record (Attending of record for distinct inpatient care team). Enter amounts to equal 100%.

- _____% Inpatient geriatrics consultative attending

- _____% Inpatient geriatrics service attending of record
- _____% Inpatient geriatrics service attending of record - Acute Care for Elderly (ACE) unit
- _____% Inpatient geriatrics service attending of record - Mobile Acute Care for Elderly (MACE) service
- _____% Inpatient geriatrics service attending of record - Surgery or non-surgery co-management
- _____% Other

For the reporting year (1/1/2024 - 12/31/24), estimate the specific clinical-patient care service type(s) you provided in an Ambulatory Care setting as a percentage of your total time spent delivering clinical services in your academic practice. For purposes of this question, the clinical-patient service types are the following: Outpatient consultation (Attending of record providing consultation to other services in the outpatient setting); Outpatient primary care provider (Attending of record for panel of patients for whom you provide primary care services including home-based primary care (the referring provider)); Palliative care consultation (Attending of record providing in- and out-patient palliative care consultation services). Enter amounts to equal 100%.

- _____% Outpatient consultation
- _____% Outpatient primary care provider (geriatrics-focused)
- _____% Palliative care consultation
- _____% Other

For the reporting year (1/1/2024 - 12/31/24), estimate the percentage of clinical-patient care services you provided to each of the following types of Long-Term Care facilities for your academic practice. Enter amounts to equal 100%.

- _____% Nursing Home
- _____% Continuing Care Retirement Community (CCRC)
- _____% Assisted Living Facility / Residential Care Facility
- _____% VA Community Living Center (CLC)
- _____% Program for All-inclusive Care of the Elderly (PACE)

If you selected “government practice” type above, please answer the following questions:

For the reporting year (1/1/2024 - 12/31/24), what was your contractual relationship with your government practice?

- Employee (non-owner)
- Independent Contractor

For the reporting year (1/1/2024 - 12/31/24), estimate the percentage of your professional time spent on the functions, below, for your government practice. Enter amounts to equal 100%. Entries round to the nearest 5%.

- _____% Clinical-Patient Care
- _____% Teaching or Training in the context of delivering patient care
- _____% Teaching or Training in a didactic setting (e.g., classroom)
- _____% Administrative or Management (e.g., APPs, Committees)
- _____% Research (includes clinical trial recruitment)

For the reporting year (1/1/2024 - 12/31/24), please estimate the percentage of your professional time spent delivering clinical-patient care services for your government practice in each of the following care settings. As used here, a "Home Care setting" means a patient's home, an assisted living facility, a group home (that is not licensed as an intermediate care facility for individuals with intellectual disabilities), a custodial care facility, or a residential substance abuse treatment facility. As used here, a "Long-Term Care facility" includes the following: (1) Skilled nursing facilities (including nursing homes (NH) in Continuing Care Retirement Communities (CCRCs) and Veterans Affairs' (VA) Community Living Centers (CLCs)); (2) Assisted living facilities / Residential care facilities (if provider does not go to a NH); and (3) Program of All-Inclusive Care for the Elderly (PACE). Responses should total 100%.

- _____% Home Care
- _____% Acute Care
- _____% Ambulatory Care
- _____% Long-Term Care

For the reporting year (1/1/2024 - 12/31/24), estimate the specific clinical-patient care service type(s) you provided in a Home Care setting as a percentage of your total time spent delivering clinical services in your government practice. For purposes of this question, the clinical-patient service types are the following: Outpatient, in home, not primary care provider (Attending of record providing consultation to other services in the outpatient setting); Outpatient, in home, primary care provider (Attending of record for panel of patients for whom you provide primary care services including home-based primary care (the referring provider)); Palliative care consultation (Attending of record providing in- and out-patient palliative care consultation services); or eConsults (Attending of record providing consultative services using telemedicine platform). Enter amounts to equal 100%.

- _____% Outpatient, in home, not primary care provider
- _____% Outpatient, in home, primary care provider
- _____% Palliative care consultation
- _____% eConsults
- _____% Other

For the reporting year (1/1/2024 - 12/31/24), estimate the specific clinical-patient care service type(s) you provided in an Acute Care setting as a percentage of your total time spent delivering clinical services in your government practice. For purposes of this question, the clinical-patient service types are the following: Inpatient geriatrics consultative attending (Attending of record for team providing consultant to other); Inpatient geriatrics service attending of record (Attending of record for distinct inpatient care team). Enter amounts to equal 100%.

- _____% Inpatient geriatrics consultative attending
- _____% Inpatient geriatrics service attending of record
- _____% Inpatient geriatrics service attending of record - Acute Care for Elderly (ACE) unit
- _____% Inpatient geriatrics service attending of record - Mobile Acute Care for Elderly (MACE) service
- _____% Inpatient geriatrics service attending of record - Surgery or non-surgery co-management
- _____% Other

For the reporting year (1/1/2024 - 12/31/24), estimate the specific clinical-patient care service type(s) you provided in an Ambulatory Care setting as a percentage of your total time spent delivering clinical services in your government practice. For purposes of this question, the clinical-patient service types are the following: Outpatient consultation (Attending of record providing consultation to other services in the outpatient setting); Outpatient primary care provider (Attending of record for panel of patients for whom you provide primary care services including home-based primary care (the referring provider)); Palliative care consultation (Attending of record providing in- and out-patient palliative care consultation services). Enter amounts to equal 100%.

- _____% Outpatient consultation
- _____% Outpatient primary care provider (geriatrics-focused)
- _____% Palliative care consultation
- _____% Other

For the reporting year (1/1/2024 - 12/31/24), estimate the percentage of clinical-patient care services you provided to each of the following types of Long-Term Care facilities for your government practice. Enter amounts to equal 100%.

- _____% Nursing Home
- _____% Continuing Care Retirement Community (CCRC)
- _____% Assisted Living Facility / Residential Care Facility
- _____% VA Community Living Center (CLC)
- _____% Program for All-inclusive Care of the Elderly (PACE)

If you selected a “non-physician-owned practice” type above, please answer the following questions:

For the reporting year (1/1/2024 - 12/31/24), what was your contractual relationship with your non-physician-owned practice? As used here, “Non-Physician-Owned practice” includes Hospital / Health System / Integrated Health System OR Independent Non-Profit Foundation (not affiliated with a health system) OR Private Investors / Publicly Traded Corporation / Retail OR Insurance Company.

- Employee (non-owner)
- Independent Contractor

For the reporting year (1/1/2024 - 12/31/24), estimate the percentage of your professional time spent on the functions, below, for your non-physician-owned practice. Enter amounts to equal 100%. Entries round to the nearest 5%.

- _____% Clinical-Patient Care
- _____% Teaching or Training in the context of delivering patient care
- _____% Teaching or Training in a didactic setting (e.g., classroom)
- _____% Administrative or Management (e.g., APPs, Committees)
- _____% Research (includes clinical trial recruitment)

For the reporting year (1/1/2024 - 12/31/24), please estimate the percentage of your professional time spent delivering clinical-patient care services for your non-physician-owned practice in each of the following care settings. As used here, a “Home Care setting” means a patient’s home, an assisted living facility, a group home (that is not licensed as an intermediate care facility for individuals with intellectual disabilities), a custodial care facility, or a residential substance abuse treatment facility. As used here, a “Long-Term Care facility” includes the following: (1) Skilled nursing facilities (including nursing homes (NH) in Continuing Care Retirement Communities (CCRCs) and Veterans Affairs’ (VA) Community Living Centers (CLCs)); (2) Assisted living facilities / Residential care facilities (if provider does not go to a NH); and (3) Program of All-Inclusive Care for the Elderly (PACE). Responses should total 100%.

- _____% Home Care
- _____% Acute Care
- _____% Ambulatory Care
- _____% Long-Term Care

For the reporting year (1/1/2024 - 12/31/24), estimate the specific clinical-patient care service type(s) you provided in a Home Care setting as a percentage of your total time spent delivering clinical services in your non-physician-owned practice. For purposes of this question, the clinical-patient service types are the following: Outpatient, in home, not primary care provider (Attending of record providing consultation to other services in

the outpatient setting); Outpatient, in home, primary care provider (Attending of record for panel of patients for whom you provide primary care services including home-based primary care (the referring provider)); Palliative care consultation (Attending of record providing in- and out-patient palliative care consultation services); or eConsults (Attending of record providing consultative services using telemedicine platform). Enter amounts to equal 100%.

- _____% Outpatient, in home, not primary care provider
- _____% Outpatient, in home, primary care provider
- _____% Palliative care consultation
- _____% eConsults
- _____% Other

For the reporting year (1/1/2024 - 12/31/24), estimate the specific clinical-patient care service type(s) you provided in an Acute Care setting as a percentage of your total time spent delivering clinical services in your non-physician-owned practice. For purposes of this question, the clinical-patient service types are the following: Inpatient geriatrics consultative attending (Attending of record for team providing consultant to other); Inpatient geriatrics service attending of record (Attending of record for distinct inpatient care team). Enter amounts to equal 100%.

- _____% Inpatient geriatrics consultative attending
- _____% Inpatient geriatrics service attending of record
- _____% Inpatient geriatrics service attending of record - Acute Care for Elderly (ACE) unit
- _____% Inpatient geriatrics service attending of record - Mobile Acute Care for Elderly (MACE) service
- _____% Inpatient geriatrics service attending of record - Surgery or non-surgery co-management
- _____% Other

For the reporting year (1/1/2024 - 12/31/24), estimate the specific clinical-patient care service type(s) you provided in an Ambulatory Care setting as a percentage of your total time spent delivering clinical services in your non-physician-owned practice. For purposes of this question, the clinical-patient service types are the following: Outpatient consultation (Attending of record providing consultation to other services in the outpatient setting); Outpatient primary care provider (Attending of record for panel of patients for whom you provide primary care services including home-based primary care (the referring provider)); Palliative care consultation (Attending of record providing in- and out-patient palliative care consultation services). Enter amounts to equal 100%.

- _____% Outpatient consultation
- _____% Outpatient primary care provider (geriatrics-focused)
- _____% Palliative care consultation

- _____% Other

For the reporting year (1/1/2024 - 12/31/24), estimate the percentage of clinical-patient care services you provided to each of the following types of Long-Term Care facilities for your non-physician-owned practice. Enter amounts to equal 100%.

- _____% Nursing Home
- _____% Continuing Care Retirement Community (CCRC)
- _____% Assisted Living Facility / Residential Care Facility
- _____% VA Community Living Center (CLC)
- _____% Program for All-inclusive Care of the Elderly (PACE)

For the reporting year (1/1/2024 - 12/31/24), did you provide locum tenens clinical services?

- Yes, full time (I do not have permanent employment in one practice)
- Yes, part time (I had more than 1 locum tenens assignment)
- No

For the reporting year (1/1/2024 - 12/31/24), what was your academic rank during the last academic year?

- Instructor
- Assistant Professor
- Associate Professor
- Professor
- Affiliated / Adjunct Faculty (Clinical Assistant / Associate / Professor)
- Other
- I was not affiliated with an academic institution.

For the reporting year (1/1/2024 - 12/31/24), what leadership position(s) did you serve in, if any?

- Residency Program Director
- Fellowship Training Program Director
- Assistant Residency or Fellowship Program Director
- Division Chief / Division Director
- Associate Chief
- Interim Chief
- Department Chair
- Interim Department Chair
- Vice Chair (i.e., Clinical Affairs, Education, Research)
- Medical Director
- Interim Medical Director

- Executive / Senior Leader (CEO, CMO, etc.)
- Other
- None

For the reporting year (1/1/2024 - 12/31/24), did you provide on-call services?

- Yes
- No

If you answered 'Yes' to the prior question regarding call services, please answer the following question:

For the reporting year (1/1/2024 - 12/31/24), in a typical month, how many 24-hour equivalents of call did you take? For example, if you took four 12-hour call shifts, that would equate to two 24-hour equivalents. If you took nine 8-hour call shifts, that would equate to three 24-hour equivalents. Use the following formula to calculate 24-hour equivalents: $(\text{Hours per call shift} \times \text{Number of shifts per month}) / 24 = \text{24-Hour Equivalents}$.

- _____ 24-hour equivalents

For the reporting year (1/1/2024 - 12/31/24), on average, how many total hours did you work per week (i.e., time spent on all professional activities associated with your employment)? "Total Hours" includes all forms of clinical care, administrative and management activity, teaching, research, meetings and leadership activities but excludes time spent on call not actively providing call-related clinical services.

- Less than 20 hours
- 21-30 hours
- 31-40 hours
- 41-50 hours
- 51-60 hours
- 61-70 hours
- 71-80 hours
- 81 or more hours

For the reporting year (1/1/2024 - 12/31/24), for the professional work you reported in this survey, what was your total cash compensation? To answer this question, please report *ONLY* income derived from professional services for Clinical-Patient Care, Teaching, Research, and/or Administrative / Management work reported here (not ancillary income). Report amounts using the slider or entering it in the text box. Round amounts to the nearest \$100.

- \$_____

For the reporting year (1/1/2024 - 12/31/24), which of the following benefits did your employer pay for, whether in whole or in part? *Select all that apply.*

- Retirement
- Health Insurance
- Flexible spending accounts (for Healthcare and/or Childcare)
- Disability Insurance
- Life Insurance
- Malpractice insurance
- Professional dues
- Licensing fees
- CME stipend
- Maternity Leave
- Paternity Leave
- Paid Holidays
- Childcare / Dependent Care Stipend
- None
- All of the above

For the reporting year (1/1/2024 - 12/31/24), how many PTO days were you granted? *Paid time off (PTO) or personal time off is a benefit in which the employer compensates employees during their absence from work for sick time, vacations and personal appointments. Please indicate number of PTO days granted (if PTO is granted as a number of hours, divide that number by 8 to calculate a "PTO Days" amount.) As used here, PTO does not include any time granted for attending CME activities.*

- _____ PTO Days