

*Email Address:	<input type="text"/>	
Source ID:	<input type="text"/>	
<i>All fields with an asterisk (*) are required.</i>		

*1. Which category best describes your provider type in 2018?(*Required)	
<i>Select one.</i>	
<input type="radio"/>	Physician
<input type="radio"/>	Fellow-in-training
<input type="radio"/>	Resident
<input type="radio"/>	Medical student
<input type="radio"/>	Nurse practitioner
<input type="radio"/>	Physician assistant
<input type="radio"/>	Other clinician/provider

***2. Did you actively practice in the specialty of colon and rectal surgery in the United States in 2018?(*Required)**

Select one.

- | | |
|-----------------------|-----|
| <input type="radio"/> | Yes |
| <input type="radio"/> | No |

***3. What is your gender?(*Required)**

Select one.

- | | |
|-----------------------|------------------------|
| <input type="radio"/> | Prefer not to disclose |
| <input type="radio"/> | Male |
| <input type="radio"/> | Female |

***4. What is your race or ethnicity? (Check all that apply.)(*Required)**

Select all that apply.

- | | |
|--------------------------|---|
| <input type="checkbox"/> | Prefer not to disclose |
| <input type="checkbox"/> | Asian |
| <input type="checkbox"/> | White |
| <input type="checkbox"/> | American Indian or Alaska Native |
| <input type="checkbox"/> | Hispanic |
| <input type="checkbox"/> | Middle Eastern or North African |
| <input type="checkbox"/> | Latino |
| <input type="checkbox"/> | Native Hawaiian or Other Pacific Islander |
| <input type="checkbox"/> | Spanish |
| <input type="checkbox"/> | Other Race/Ethnicity |
| <input type="checkbox"/> | Black or African American |

***5. In what year did you complete general surgery residency training?(*Required)**

*Year:	<i>Select one.</i>	
	<input type="radio"/>	2018
	<input type="radio"/>	2017
	<input type="radio"/>	2016
	<input type="radio"/>	2015
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	<input type="radio"/>	1952
	<input type="radio"/>	1951
	<input type="radio"/>	1950

***6. In what year did you complete colon and rectal surgery residency training?(*Required)**

*Year:	<i>Select one.</i>	
	<input type="radio"/>	Not applicable
	<input type="radio"/>	2018
	<input type="radio"/>	2017
	<input type="radio"/>	2016
	<input type="radio"/>	2015
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	<input type="radio"/>	2013
	<input type="radio"/>	2012
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	<input type="radio"/>	1954
	<input type="radio"/>	1953
	<input type="radio"/>	1952
	<input type="radio"/>	1951
	<input type="radio"/>	1950

7. In 2018, did you spend 25% or more of your total effort in didactic teaching and/or teaching in a clinical setting?

Select one.

Yes

No

8. Did you complete medical school, general surgery residency, and/or colorectal residency in another country besides the United States?

Select one.

Yes

No

*9. Are you currently board certified in general surgery?(*Required)

Select one.

- | | |
|-----------------------|--|
| <input type="radio"/> | Yes, I am board certified |
| <input type="radio"/> | No, but I am board-eligible |
| <input type="radio"/> | No, I am not board certified or board-eligible |

*10. Are you currently board certified in colon and rectal surgery?(*Required)

Select one.

- | | |
|-----------------------|--|
| <input type="radio"/> | Yes, I am board certified |
| <input type="radio"/> | No, but I am board-eligible |
| <input type="radio"/> | No, I am not board certified or board-eligible |

*11. In 2018, which state was the location of your primary practice?(*Required)

Select one.

<input type="radio"/>	AL
<input type="radio"/>	AK
<input type="radio"/>	AZ
<input type="radio"/>	AR
<input type="radio"/>	CA
<input type="radio"/>	CO
<input type="radio"/>	CT
<input type="radio"/>	DC
<input type="radio"/>	DE
<input type="radio"/>	FL
<input type="radio"/>	GA
<input type="radio"/>	HI
<input type="radio"/>	ID
<input type="radio"/>	IL
<input type="radio"/>	IN
<input type="radio"/>	IA
<input type="radio"/>	KS
<input type="radio"/>	KY
<input type="radio"/>	LA
<input type="radio"/>	ME
<input type="radio"/>	MD
<input type="radio"/>	MA
<input type="radio"/>	MI
<input type="radio"/>	MN
<input type="radio"/>	MS
<input type="radio"/>	MO
<input type="radio"/>	MT
<input type="radio"/>	NE
<input type="radio"/>	NV
<input type="radio"/>	NH
<input type="radio"/>	NJ
<input type="radio"/>	NM
<input type="radio"/>	NY
<input type="radio"/>	NC

<input type="radio"/>	ND
<input type="radio"/>	OH
<input type="radio"/>	OK
<input type="radio"/>	OR
<input type="radio"/>	PA
<input type="radio"/>	PR
<input type="radio"/>	RI
<input type="radio"/>	SC
<input type="radio"/>	SD
<input type="radio"/>	TN
<input type="radio"/>	TX
<input type="radio"/>	UT
<input type="radio"/>	VT
<input type="radio"/>	VA
<input type="radio"/>	WA
<input type="radio"/>	WV
<input type="radio"/>	WI
<input type="radio"/>	WY

*12. In 2018, what was the zip code of your primary practice?(*Required)	
<i>Enter a number (Minimum 1, Maximum 99999).</i>	
5-Digit Zip Code	<input type="text"/>

13. Were you a medical/program director, division chief or department chair in 2018?	
<i>Select one.</i>	
<input type="radio"/> Yes	(Answer question number 13.1.)
<input type="radio"/> No	

13.1 Which one(s)?

Select all that apply.

- | | |
|--------------------------|--------------------------|
| <input type="checkbox"/> | Medical/program director |
| <input type="checkbox"/> | Division chief |
| <input type="checkbox"/> | Department chair |

*14. What type of organization best describes who employs you?(*Required)

Select one.

- | | |
|-----------------------|--|
| <input type="radio"/> | Solo practice/private practice/independent medical group |
| <input type="radio"/> | Community hospital/health system |
| <input type="radio"/> | Academic hospital/health system or university/medical school/faculty practice plan |
| <input type="radio"/> | Foundation |
| <input type="radio"/> | Federal or government facility/system |
| <input type="radio"/> | Other type of organization |

*15. Please report the total number of colorectal surgeons that practice in your group.(*Required)

Enter a number (Minimum 1, Maximum 250).

--

*16. Please indicate the total number of physicians that are employed by the organization that employs you (total number of physicians across all specialties).(*Required)

Select one.

- | | |
|-----------------------|--------------------------|
| <input type="radio"/> | 5 or fewer physicians |
| <input type="radio"/> | 6 to 25 physicians |
| <input type="radio"/> | 26 to 75 physicians |
| <input type="radio"/> | 76 to 150 physicians |
| <input type="radio"/> | 151 to 250 physicians |
| <input type="radio"/> | More than 250 physicians |

***17. What academic rank did you hold in 2018?(*Required)**

Select one.

- | | |
|-----------------------|---------------------------------------|
| <input type="radio"/> | None (I do not hold an academic rank) |
| <input type="radio"/> | Instructor |
| <input type="radio"/> | Assistant Professor |
| <input type="radio"/> | Associate Professor |
| <input type="radio"/> | Professor |

18. Does your practice/group employ advanced practice providers, such as nurse practitioners or physician assistants in colorectal surgery?

Select one.

- | | |
|-----------------------|-----|
| <input type="radio"/> | Yes |
| <input type="radio"/> | No |

19.

How are these APPs utilized in your practice of colorectal surgery?

Select one.

- | | |
|-----------------------|---|
| <input type="radio"/> | APPs function as independent providers (typically have their own patient panel and bill under their own ID) |
| <input type="radio"/> | APPs function as physician extenders (typically billed incident to a physician) |
| <input type="radio"/> | APPs function both as independent providers and as physician extenders |

20. Do you personally supervise APPs in your practice?

Select one.

- | | |
|-----------------------|-----|
| <input type="radio"/> | Yes |
| <input type="radio"/> | No |

21. Are you compensated for supervising these APPs?

Select one.

- | | |
|---------------------------|--------------------------------|
| <input type="radio"/> Yes | (Answer question number 21.1.) |
| <input type="radio"/> No | |

21.1 How are you compensated for supervising APPs?

Select one.

- | |
|---|
| <input type="radio"/> Flat Stipend (e.g., per APP) |
| <input type="radio"/> Variable Payment Based on APP Productivity (e.g., WRVUs, collections) |
| <input type="radio"/> Fully at Risk for APP Performance (i.e., revenue less expenses determines amount available for physician stipend) |
| <input type="radio"/> Other Payment Model |

***22. In what year were you hired by the practice/organization where you worked in 2018?(*Required)**

*Year:	<i>Select one.</i>	
	<input type="radio"/>	2018
	<input type="radio"/>	2017
	<input type="radio"/>	2016
	<input type="radio"/>	2015
	<input type="radio"/>	2014
	<input type="radio"/>	2013
	<input type="radio"/>	2012
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	<input type="radio"/>	1950

***23. Please provide your FTE data below for the 12 months ending December 31, 2018(*Required)**

<p>*Clinical FTE - Please indicate your clinical FTE (i.e., clinical time) dedicated to all clinical and clinical instruction activities performed in conjunction with billable patient care (including all colorectal surgery, general surgery, and other clinical time). These activities focus on directly identifiable patient care services for which a professional fee could be generated, regardless of whether it is billed with or without the presence of learners, and includes all inpatient, outpatient, and procedure-based activity from which a patient bill could be generated. Valid responses will range from 0.01 to 1.00. Please do not input a percentage of time or whole numbers, such as 100 or 40.:</p>	<input type="text"/>
<p>*Nonclinical FTE - Indicate your FTE status associated with all nonclinical activities not performed in conjunction with billable patient care. This may include, but not be limited to, medical direction activities, organized funded research activities, didactic instruction, hospital or group/practice administration activities, and strategic and any other nonclinical activities/effort. Valid responses will range from 0.01 to 0.99. Please do not input a percentage of time or whole numbers, such as 100 or 40.:</p>	<input type="text"/>
<p>*Total FTE - Include your total (paid) FTE. Total FTE should equal the sum of the</p>	<input type="text"/>

clinical FTE and nonclinical FTEs from above. Total FTE may not exceed 1.00, and valid responses will range from 0.01 to 1.00. Please do not input a percentage of time or whole numbers, such as 100 or 40. This is a field that is validated by ECG to ensure accuracy.:

24. Report the total number of hours (clinical and nonclinical) typically worked per week (do not include time spent on call when not providing clinical care).

Average Hours Worked per Week:	<i>Select one.</i>	
	<input type="radio"/>	1
	<input type="radio"/>	2
	<input type="radio"/>	3
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	○	168

*25. Please estimate the percentage of your clinical effort in the following areas (the sum of clinical effort across these categories must equal 100%):(*Required)

General surgery (non-colorectal clinical activities):	<input type="text"/>
Major abdominal colorectal surgery:	<input type="text"/>
Anal/rectal surgery:	<input type="text"/>
Endoscopy:	<input type="text"/>
Anal/rectal physiology evaluation (e.g., pelvic floor evaluation):	<input type="text"/>
Clinic (office-based) time:	<input type="text"/>
Other clinical effort:	<input type="text"/>
Total:	100

26. If other clinical effort, please describe.

<input type="text"/>

***27. Which type of plan best describes how you were compensated in 2018?(*Required)**

Select one.

<input type="radio"/>	Temporary guaranteed salary	
<input type="radio"/>	Flat Salary (100% fixed or base salary only)	
<input type="radio"/>	Base salary plus variable/incentive plan	(Answer question number 27.1.)
<input type="radio"/>	100% variable/at risk/incentive-based plan	(Answer question number 27.1.)
<input type="radio"/>	Other type of compensation plan	(Answer question number 27.1.)

***27.1 What are the variable/incentive components of your compensation plan? (check all that apply)(*Required)**

Select all that apply.

<input type="checkbox"/>	Work RVUs
<input type="checkbox"/>	Clinical Quality
<input type="checkbox"/>	Patient Satisfaction
<input type="checkbox"/>	Physician Profitability
<input type="checkbox"/>	Group/Organizational Profitability
<input type="checkbox"/>	Total RVUs
<input type="checkbox"/>	Patient Access
<input type="checkbox"/>	Other Metric(s)

28. How satisfied are you that your current compensation model fairly rewards the work you perform?

Select one.

<input type="radio"/>	1 = Very Dissatisfied
<input type="radio"/>	2 = Dissatisfied
<input type="radio"/>	3 = Neutral (Neither Dissatisfied or Satisfied)
<input type="radio"/>	4 = Satisfied
<input type="radio"/>	5 = Very Satisfied

29. How satisfied are you that the total amount of compensation fairly rewards the work you perform?

Select one.

- | | |
|-----------------------|---|
| <input type="radio"/> | 1 = Very Dissatisfied |
| <input type="radio"/> | 2 = Dissatisfied |
| <input type="radio"/> | 3 = Neutral (Neither Dissatisfied or Satisfied) |
| <input type="radio"/> | 4 = Satisfied |
| <input type="radio"/> | 5 = Very Satisfied |

*30. Are you required to take general surgery call?(*Required)	
<i>Select one.</i>	
<input type="radio"/> Yes	(Answer question number 30.1, 30.2.)
<input type="radio"/> No	

30.1 Are you paid for taking general surgery call?	
<i>Select one.</i>	
<input type="radio"/> No, Call Coverage Assumed to Be Included in Regular Pay	
<input type="radio"/> Yes, Call Coverage Paid in Addition to Regular Pay	

30.2 How many nights a month are you required to take general surgery call?

Select one.

<input type="radio"/>	1
<input type="radio"/>	2
<input type="radio"/>	3
<input type="radio"/>	4
<input type="radio"/>	5
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<input type="radio"/>	8
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<input type="radio"/>	26
<input type="radio"/>	27
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<input type="radio"/>	30
<input type="radio"/>	31

*31. Are you required to take colorectal surgery call?(*Required)

Select one.

<input type="radio"/>	Yes	(Answer question number 31.1, 31.2.)
<input type="radio"/>	No	

31.1 Are you paid for taking colorectal surgery call?

Select one.

- | | |
|-----------------------|---|
| <input type="radio"/> | No, Call Coverage Assumed to Be Included in Regular Pay |
| <input type="radio"/> | Yes, Call Coverage Paid in Addition to Regular Pay |

31.2 How many nights a month are you required to take colorectal surgery call?

Select one.

<input type="radio"/>	1
<input type="radio"/>	2
<input type="radio"/>	3
<input type="radio"/>	4
<input type="radio"/>	5
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*32. Report your 2018 Total Compensation Include all earnings/compensation related to your primary role as a colorectal surgeon and/or educator. This should include, but may not be limited to, compensation paid as salary or compensation paid in variable plans, any type of additional bonuses or incentives (clinical or non-clinical), clinically related medical directorships, administrative stipends, research or teaching stipends, call coverage, and ancillary or APP supervision stipends. The compensation reported in this column should equal reported W2 wages. NOTE: Do not include income unrelated to your primary role as a colorectal surgeon and/or educator. Examples of what not to include are: - Income from medical device or pharmaceutical companies, - Other consulting income, - Ownership of medically-related businesses such as ambulatory surgery centers or imaging centers, and - Rental income from a medical office building. (*Required)

Enter a number (Minimum 1000, Maximum 5000000).

\$

33.

Report your Net Professional Collections that you personally generated in 2018.

Report your annual net professional collections (include only professional collections). Do not include collections generated by providers supervised by you (such as Nurse Practitioners). Do not include technical and facility net revenue for office-based ancillary services.

Enter a number (Minimum 1000, Maximum 6000000).

\$

34.

Source of Collections

Please indicate whether the reported net professional collections are:

Select one.

<input type="radio"/>	An estimate
<input type="radio"/>	Based on reports/calculations provided by your practice/organization
<input type="radio"/>	This information is not shared with me

35. Is a revenue recognition rate applied to your collections (i.e. are you credited with less than 100% of your collections)?

Select one.

<input type="radio"/>	Yes	(Answer question number 35.1.)
<input type="radio"/>	No	

35.1 For what percentage of collections are you given credit?

Select one.

<input type="radio"/>	1
<input type="radio"/>	2
<input type="radio"/>	3
<input type="radio"/>	4
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36.

Report the annual WRVUs that you personally generated in 2018.

WRVUs are based on personally performed clinical activities and include any adjustments for billed modifiers. Do not include WRVUs generated by providers supervised by you (such as Nurse Practitioners); do not include the technical component for laboratory, radiology, or other procedures not personally performed by the physician; do not include the practice expense or malpractice RVU components.

Enter a number (Minimum 1, Maximum 30000).

37.

Source for WRVUs

Please indicate whether the reported WRVUS are:

Select one.

<input type="radio"/>	An estimate
<input type="radio"/>	Based on reports/calculations provided by your practice/organization
<input type="radio"/>	This information is not shared with me

38. Which of these benefits are you offered at your organization? (Check all from the list that apply.)

Select all that apply.

<input type="checkbox"/>	Continuing Medical Education
<input type="checkbox"/>	Professional Dues/Journal Subscriptions
<input type="checkbox"/>	Licensing/Board Certification Fees
<input type="checkbox"/>	Tuition Assistance (for dependents or the physician)

39. Please report the annual amount/value of each benefit below.

	<i>Annual Amount</i>
Continuing Medical Education	<input type="text"/>
Professional Dues/Journal Subscriptions	<input type="text"/>
Licensing/Board Certification Fees	<input type="text"/>
Tuition Assistance (for dependents or the physician)	<input type="text"/>

Please provide the requested data regarding your annual starting salary and other hiring incentives contained in your recruitment package/offer that you accepted in 2018.

***40. Please indicate whether the offer you accepted is for a full-time or part-time position. (*Required)**

Select one.

<input type="radio"/> Full-Time
<input type="radio"/> Part-Time

***41. Report your agreed-upon annual starting salary. This amount should include the base/guaranteed compensation. Performance bonuses or other variable or incentive compensation should not be included in this amount. (*Required)**

*Starting Salary:	<input type="text"/>
--------------------------	----------------------

42. What types of hiring incentives were included in your recruitment package/offer? (Check all that apply.)

Select all that apply.

- | | |
|--------------------------|---|
| <input type="checkbox"/> | Signing bonus |
| <input type="checkbox"/> | Relocation assistance |
| <input type="checkbox"/> | Educations/student loan forgiveness |
| <input type="checkbox"/> | Retention bonus |
| <input type="checkbox"/> | Other hiring incentive (other hiring incentives are separate and distinct from the standard benefits package that may be included as part of the hiring process as well). |

43. Report the total value of the signing bonus you agreed upon as a hiring incentive.

Signing bonus total amount:

44. Report whether this signing bonus has a length-of-service requirement.

Select one.

Yes

(Answer question number 44.1.)

No

44.1 Report the years of service that you are obligated to provide as a result of accepting the signing bonus.

Select one.

- | | |
|-----------------------|--|
| <input type="radio"/> | One Year |
| <input type="radio"/> | Two Years |
| <input type="radio"/> | Three Years |
| <input type="radio"/> | Four Years |
| <input type="radio"/> | Other (please specify the number of years).:
<input type="text"/> |

45. Report the total value of the relocation assistance you agreed upon as a hiring incentive.

Relocation assistance total amount:

46. Report whether this relocation assistance has a length-of-service requirement.

Select one.

- | | | |
|-----------------------|-----|--------------------------------|
| <input type="radio"/> | Yes | (Answer question number 46.1.) |
| <input type="radio"/> | No | |

46.1 Report the years of service that you are obligated to provide as a result of accepting the relocation assistance.

Select one.

- | | |
|-----------------------|--|
| <input type="radio"/> | One Year |
| <input type="radio"/> | Two Years |
| <input type="radio"/> | Three Years |
| <input type="radio"/> | Four Years |
| <input type="radio"/> | Other (please specify the number of years).:
<input type="text"/> |

47. Report the total value of any education/student loan forgiveness benefit you agreed upon as a hiring incentive.

Education/student loan forgiveness total amount:

48. Report whether this education/student loan forgiveness benefit has a length-of-service requirement.

Select one.

- | | |
|---------------------------|--------------------------------|
| <input type="radio"/> Yes | (Answer question number 48.1.) |
| <input type="radio"/> No | |

48.1 Report the years of service that you are obligated to provide as a result of accepting the education/student loan forgiveness benefit.

Select one.

- | |
|--|
| <input type="radio"/> One Year |
| <input type="radio"/> Two Years |
| <input type="radio"/> Three Years |
| <input type="radio"/> Four Years |
| <input type="radio"/> Other (please specify the number of years).: |
| <input type="text"/> |

49. Report the total value of the retention bonus you agreed upon as a hiring incentive.

Retention bonus total amount:

50. When do you receive this retention bonus? (after how many year of service)

Select one.

- After One Year
- After Two Years
- After Three Years
- After Four Years
- Other (please specify the number of years).:

51. Please describe other hiring incentives offered to you in your recruitment package (do not include paid time off, continuing medical education, or other employer benefits, such as health insurance, life insurance, and workers' compensation insurance that is typically part of a standard benefits package).

Survey Ended. Thank you for your interest in the 2019 ASCRS Physician Compensation Survey. This survey focuses on physicians who have completed their residency.

Survey Ended. Thank you for your interest in the 2019 ASCRS Physician Compensation Survey. This survey focuses on physicians who practiced in the United States and treated patients in the specialty of colon and rectal surgery in 2018.