Department of Health & Human Services

Health Workforce Information Center (HWIC)

Utah Audiology Speech Language Pathology Survey

Proposed profession-specific survey tool for audiology speech language pathology license renewals

Utah Health Workforce Advisory Council

Adopted: September 27, 2024

Contents

Document background and overview

The Health Workforce Advisory Council (HWAC), with help from its Data Subcommittee and the Health Workforce Information Center (HWIC), developed the Utah Cross-Profession Minimum Data Set (UCPMDS). This list of survey questions is used to gather key information for health workforce planning throughout Utah**.** The UCPMDS was adapted from a Cross-Profession Minimum Data Set tool developed through a collaboration among seven national healthcare regulatory organizations. The UCPMDS was reviewed and approved by HWAC on March 15, 2023. The HWIC maintains and analyzes health workforce data and uses the UCPMDS as a foundational framework for collecting consistent, comparable information across time and health professions to support the HWAC in workforce monitoring and planning.

The UCPMDS serves as the foundational data system upon which this audiology speech language pathology profession-specific tool was developed. For UCPMDS questions requiring profession-specific response options, the questions were customized to include response categories relevant to the audiology speech language pathology profession. These proposed response options were informed by historic workforce surveys conducted by the Utah Medical Education Council (UMEC) and developed and approved through voluntary committees of stakeholders with expertise in the respective professions.

Audiology Speech Language Pathology minimum data set (MDS) survey questions

UCPMDS questions with profession-specific response customizations

Sex

1. What is your sex?

   [Single select]

   a. Male
   b. Female
   c. Prefer not to say

Race/ethnicity

2. What is your race? Mark one or more boxes.

   [Multi-select]

   a. American Indian or Alaska Native
   b. Asian
   c. Black or African American
   d. Middle Eastern or North African
   e. Native Hawaiian/Pacific Islander
   f. White
   g. Other race

3. Are you of Hispanic, Latina/o, or Spanish origin?

   [Single select]

   a. No
   b. Yes

Qualifying education

4. What type of degree/credential first qualified you for this license?

   [Single select]

   a. Bachelor's degree
   b. Master's degree – SLP
   c. Master's degree – other
   d. Postgraduate training

e. Professional/doctorate degree – AuD
f. Professional/doctorate degree – SLPD
g. Professional/doctorate degree – PhD
h. Professional/doctorate degree – other
i. Postdoctoral training
j. Other

Year completed qualifying education

5. What year did you complete the education program/degree that first qualified you for this license?

   [Single select] [Drop-down list ranging from 1925 - 2026]

Qualifying education state

6. Where did you complete the education program/degree that first qualified you for this license? (Note: for online programs, please select the location where this program was housed)

   [Single Select]

   a. [LIST OF U.S. STATES and territories]
   b. Another country (not the United States)

Qualifying education country

7. In which city & country did you complete the education program or degree that first qualified you for this license?

   _____

Highest level of education

8. Please indicate your highest level of education?

   [Single select]

   a. Master's degree – SLP
   b. Master's degree – other
   c. Postgraduate training
   d. Professional/doctorate degree – AuD
   e. Professional/doctorate degree – SLPD
   f. Professional/doctorate degree – PhD
   g. Professional/doctorate degree – other
   h. Postdoctoral training

i. Other

ASHA certificates

9. What ASHA certificates do you hold? Check all that apply.

   [Multiple]

   a. Certificate of Clinical Competence in Speech-Language Pathology (CCC-SLP)
   b. Certificate of Clinical Competence in Audiology (CCC-A)
   c. Other

Educational debt

10. Please mark the amount of educational debt you had AT THE TIME OF GRADUATION from your audiology/speech language pathology program (exclude non-audiology/speech language pathology and non-educational debt).

    [Single Select]

    a. No debt
    b. $1–$20,000
    c. $20,001–$40,000
    d. $40,001–$60,000
    e. $60,001–$80,000
    f. $80,001–$100,000
    g. $100,001–$120,000
    h. $120,001–$140,000
    i. $140,001-$160,000
    j. $160,001 - $180,000
    k. $180,001 - $200,000
    l. $200,001 - $220,000
    m. $220,001 - $240,000
    n. $240,001 - $260,000
    o. $260,001 - $280,000
    p. $280,001 or above
    q. Prefer not to answer

11. Did/do you participate in a loan forgiveness/repayment program (LRP)?
    [Single Select]

    a. Yes
    b. No

c. Not applicable

12. If yes, which loan forgiveness/repayment programs did you participate in?
[Single Select]
    a. Not applicable
    b. Public service loan repayment program (PLSF)
    c. Employer-based loan repayment program
    d. Indian Health Service loan repayment program
    e. AmeriCorps
    f. Volunteers in Service to America (VISTA)
    g. Military loan repayment program
    h. Other

13. Do you participate in the Utah Teacher Salary Supplement Program (TSSP)?
[Single Select]
    a. Not applicable
    b. Yes
    c. No, but plan to in the future
    d. No

Employment status

14. What is your employment status?
[Single select]
    a. Actively working in a position that requires this license
    b. Actively working in a position in the field of speech/audiology that does not require this license
    c. Actively working in a position in a field other than speech/audiology
    d. Unemployed and seeking work as an audiologist or speech language pathologist
    e. Unemployed and NOT seeking work as an audiologist or speech language pathologist
    f. Volunteer work only
    g. Retired
    h. Other

Employment plans

15. What best describes your employment plans for the next 2 years?
    [Single select]
    a. Increase hours in a field related to this license
    b. Decrease hours in a field related to this license
    c. Seek employment in a field unrelated to this license.
    d. Leave my current job to complete further training
    e. Leave my current job due to stress/burnout
    f. Continue as you are
    g. Unknown

Employment hour change

16. You indicated that you plan to increase hours in a field related to this license, please estimate the change in the total number of hours per week you expect compared to your current hours per week. If this does not apply, please select "Not applicable."
    [Single select]
    a. 0 hours per week
    b. 1–4 hours per week
    c. 5–8 hours per week
    d. 9–12 hours per week
    e. 13–16 hours per week
    f. 17–20 hours per week
    g. 21–24 hours per week
    h. 25–28 hours per week
    i. 29–32 hours per week
    j. 33–36 hours per week
    k. 37-40 hours per week
    l. 41 or more hours per week
    m. Not applicable

17. You indicated that you plan to decrease hours in a field related to this license, please estimate the change in the total number of hours per week you expect compared to your current hours per week. If this does not apply, please select "Not applicable."
    [Single select]
    a. 0 hours per week
    b. 1–4 hours per week

c. 5–8 hours per week
d. 9–12 hours per week
e. 13–16 hours per week
f. 17–20 hours per week
g. 21–24 hours per week
h. 25–28 hours per week
i. 29–32 hours per week
j. 33–36 hours per week
k. 37-40 hours per week
l. 41 or more hours per week
m. Not applicable

Telehealth

18. Telehealth may be defined as the use of electronic information and telecommunications technologies to extend care, and may include videoconferencing, audio only, stored-forward imaging, streaming media, and terrestrial and wireless communications. Of the hours per week spent in **direct patient care**, estimate the average number of hours per week delivering patient care via telehealth.
    [Single select] [Drop-down list ranging from 0 hours per week/not applicable - 41+]

Patient characteristics

19. Please indicate the population groups to which you provide clinical services. Please check all that apply.
    [Multi select]
    a. Newborns (0-12 months)
    b. Children (ages 2 - 10)
    c. Adolescents (ages 11–19)
    d. Adults (ages 20-64)
    e. Geriatrics (ages 65+)
    f. Pregnant women
    g. Veterans
    h. Incarcerated individuals
    i. Individuals with disabilities
    j. Individuals experiencing homelessness
    k. Individuals who speak a language other than English
    l. Medicaid beneficiaries

m. Medicare beneficiaries
n. Sliding fee scale
o. Uninsured individuals
p. Privately insured individuals
q. None of the above

Primary practice location

20. What is your primary practice location? Leave blank if not applicable

    a. Address _____
    b. Address 2 _____
    c. City _____
    d. State _____
    e. Postal code _____
    f. Country/Region _____

Primary practice employment arrangement

21. Which of the following best describes your current employment arrangement at your principal practice location?

    [Single Select]

    a. Self-employed
    b. Consultant
    c. Salaried
    d. Hourly
    e. Contractor/temporary employment/locum tenens (per diem, locum tenens)
    f. An owner/partial owner
    g. Volunteer
    h. Other
    i. Not applicable

Primary practice position role or title

22. Please identify the role or title(s) that most closely corresponds to your primary employment/practice type.

    [Single Select]

    a. Administrator
    b. Clinical practice
    c. Faculty or educator

d. Owner
e. Researcher
f. Sales/training/technical support
g. Other
h. Not applicable

Primary practice setting type

23. Which of the following best describes the practice setting at your primary practice location? If this does not apply, please select "Not applicable."

[Single select]

a. Not applicable
b. Academic institution
c. Audiology franchise or retail chain
d. Corporate speech-language pathology (working as a consultant for a company)
e. Early childhood/early intervention setting
f. Home health setting
g. Hospital (general, pediatric)
h. Inpatient rehab facility (IRF)
i. Industry (i.e. hearing aid manufacturing, hearing conservation).
j. Nursing home/long-term care/skilled nursing facility
k. Outpatient clinic affiliated with a hospital or health system
l. Private or group practice/outpatient clinic not affiliated with a hospital or health system
m. Psychiatric/mental health facility
n. State or local health department
o. Student/school health (preschool, K-12)
p. University/college student health facility
q. Uniformed services (U.S. Air Force, Army, Nacy, U.S. Public Health Services, etc.)
r. VA health facility
s. Volunteer in a free clinic/other volunteer setting
t. Telehealth
u. Other

Primary practice hours

24. Estimate the average number of hours per week spent at your primary practice location. If this does not apply, please select "Not applicable." Does not include time on call.

[Single select]

a. 0 hours per week/Not applicable
b. 1–4 hours per week
c. 5–8 hours per week
d. 9–12 hours per week
e. 13–16 hours per week
f. 17–20 hours per week
g. 21–24 hours per week
h. 25–28 hours per week
i. 29–32 hours per week
j. 33–36 hours per week
k. 37-40 hours per week
l. 41 or more hours per week

Primary practice hours/week in direct patient care

25. Estimate the average number of hours per week spent IN DIRECT PATIENT CARE at your primary practice location. If this does not apply, please select not applicable. [Single select] [Drop-down list ranging from 0 hours per week or "Not applicable" – 41+]
[Single select]
    a. 0 hours per week
    b. 1–4 hours per week
    c. 5–8 hours per week
    d. 9–12 hours per week
    e. 13–16 hours per week
    f. 17–20 hours per week
    g. 21–24 hours per week
    h. 25–28 hours per week
    i. 29–32 hours per week
    j. 33–36 hours per week
    k. 37-40 hours per week
    l. 41 or more hours per week
    m. Not applicable

Secondary practice location

26. What is your secondary practice location? If this does not apply, please enter "N/A".

a. Address _____
b. Address 2 _____
c. City _____
d. State _____
e. Postal code _____
f. Country/Region _____

Secondary practice employment arrangement

27. Which of the following best describes your current employment arrangement at your secondary practice location?

[Single Select]

a. Self-employed
b. Consultant
c. Salaried
d. Hourly
e. Contractor/temporary employment/locum tenens (per diem, locum tenens)
f. An owner/partial owner
g. Volunteer
h. Other
i. Not applicable

Secondary practice role or title

28. Please identify the roles or titles that most closely correspond to your secondary employment/practice type.

[Multi Select]

a. Administrator
b. Clinical practice
c. Faculty or educator
d. Owner
e. Researcher
f. Sales/training/technical support
g. Other
h. Not applicable

Secondary practice setting type

29. Which of the following best describes the practice setting at your secondary practice

location? If this does not apply, please select “Not applicable.”

[Single select]

a. Early childhood/early intervention setting
b. Home health setting
c. Hospital (general, pediatric)
d. Inpatient rehab facility (IRF)
e. Industry (i.e. hearing aid manufacturing, hearing conservation).
f. Nursing home/long-term care/skilled nursing facility
g. Outpatient clinic affiliated with a hospital or health system
h. Private or group practice/outpatient clinic not affiliated with a hospital or health system
i. Psychiatric/mental health facility
j. State or local health department
k. Student/school health (preschool, K-12)
l. University/college student health facility
m. Uniformed services (U.S. Air Force, Army, Nacy, U.S. Public Health Services, etc.)
n. VA health facility
o. Volunteer in a free clinic/other volunteer setting
p. Telehealth
q. Other
r. Click to write Choice 3

Secondary practice hours

30. Estimate the average number of hours per week spent at your secondary practice location. If this does not apply, please select “Not applicable.” Does not include time on call.

[Single select]

a. 0 hours per week/Not applicable
b. 1–4 hours per week
c. 5–8 hours per week
d. 9–12 hours per week
e. 13–16 hours per week
f. 17–20 hours per week
g. 21–24 hours per week
h. 25–28 hours per week
i. 29–32 hours per week
j. 33–36 hours per week

k. 37-40 hours per week
l. 41 or more hours per week

Secondary practice hours in direct patient care

31. Estimate the average number of hours per week spent IN DIRECT PATIENT CARE at your secondary practice location. If this does not apply, please select "Not applicable."

[Single select]

m. 0 hours per week/Not applicable
n. 1–4 hours per week
o. 5–8 hours per week
p. 9–12 hours per week
q. 13–16 hours per week
r. 17–20 hours per week
s. 21–24 hours per week
t. 25–28 hours per week
u. 29–32 hours per week
v. 33–36 hours per week
w. 37-40 hours per week
x. 41 or more hours per week
y. Not applicable

Precepting

32. Have you mentored students within the last two years?

[Single select]

a. Yes
b. No
c. Prefer not to say
d. Not applicable

33. If you indicated that you mentor/precept students, how many students have you precepted in the past 2 years?

[Single select]

a. 0/not applicable
b. 1-2
c. 3-4
d. 5-6

e. 7-8
f. 9-10
g. 11-12
h. 13-14
i. 15-16
j. 17-18
k. 19-20
l. More than 20

34. If you have not mentored/precepted students within the past 2 years, what are your reasons you chose not to?

[Single select]

a. Not applicable
b. Do not meet the necessary requirements
c. Insufficient time
d. Lack of administrative support
e. Not interested in providing supervision
f. Do not feel confident in my ability to supervise
g. Organization does not offer mentoring/precepting/supervising opportunities for students
h. No financial incentive for supervision
i. Do not know any students or associate-level professionals in need of supervision
j. Other

35. Would you like to precept in the future?

[Single select]

a. Yes
b. No
c. Prefer not to say
d. Not applicable

The End

Thank you for completing Utah's Health Workforce Advisory Council biennial survey. Your participation will help the Council fulfill its purpose of providing information and recommendations to assist in expanding and strengthening Utah's health professional workforce. When you click the arrow pointing right, you will be redirected to your license renewal page. From there, go to "Activity" and select "your started renewal form" and continue from there.