



**Department of Health
& Human Services**

Health Workforce
Information Center (HWIC)

Utah Medication Aide Survey



Proposed profession-specific survey tool for
medication aide license renewals

Utah Health Workforce Advisory Council

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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 Medication Aide health profession-specific tool was developed. For UCPMDS questions requiring profession-specific response options, the questions were customized to include response categories relevant to the Medication Aide 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.

Medication Aide 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

Education

4. What is your highest level of education?

[Single select]

- a. High school diploma or equivalency
- b. Some college but no degree
- c. Technical or vocational certificate
- d. Associate degree

- e. Bachelor's degree
- f. Other

5. What education or training are you currently pursuing?

- a. Not Applicable – I am not enrolled in any school/training
- b. Licensed practical nurse program
- c. Associate – level RN program
- d. Bachelor – level RN program
- e. Another education/training/certification program in healthcare
- f. Another education/training/certification program not in healthcare
- g. Other

6. If you are not currently pursuing education or training but interested in doing so, what program are you interested in?

[Single Select]

- a. I am not interested in further school/training
- b. Licensed practical nurse program
- c. Associate – level RN program
- d. Bachelor – level RN program
- e. Another education/training/certification program in healthcare
- f. Another education/training/certification program not in healthcare

7. If you indicated interest in a training program but are unable to enroll, please provide the potential barriers you may have faced. If you have not experienced any barriers or are not interested in training, please type "N/A".

Employment status

8. What is your employment status?
[Single select]
- a. Actively working in a position that requires this license
 - b. Actively working in a medical/healthcare position that does not require this license
 - c. Actively working in a position in a non-healthcare field
 - d. Unemployed and seeking work that requires this license
 - e. Unemployed and not seeking work that requires this license
 - f. Volunteer as a medication aide
 - g. Retired
 - h. Other

Employment plans

9. What best describes your employment plans for the next 2 years?
[Single select]
- a. Increase hours as a medication aide.
 - b. Decrease hours as a medication aide.
 - c. Keep my hours the same, but increase the number of facilities where I provide services.
 - d. Keep my hours the same, but decrease the number of facilities where I provide services.
 - e. Find a different type of job.
 - f. Leave my current job to complete further training.
 - g. Leave my current job for family reasons/commitments.
 - h. Leave my current job due to physical demands.
 - i. Leave my current job due to stress/burnout.
 - j. Retire
 - k. Continue as you are.
 - l. Unknown.
 - m. Other

10. If you indicated you plan to increase hours in a field related to this Medication aide workforce survey, 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
11. If you indicated that you plan to decrease hours in a field related to this Medication aide workforce survey, 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

- 12. Telehealth may be defined as the use of electronic information and telecommunications technologies to extend care to patients, 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**.

- 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

Patient characteristics

- 13. Please indicate the population groups to which you provide clinical services. Please check all that apply.

[Multi select]

- a. Newborns
- b. Children (ages 2–10)
- c. Adolescents (ages 11–19)
- d. Adults
- e. Geriatrics (ages 65 and older)
- 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

14. 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 type/arrangement

15. Which of the following best describes your current employment arrangement at your principal practice location?
- [Multi Select]
- a. Self-employed/consultant
 - b. Salaried
 - c. Hourly
 - d. Temporary employment/locum tenens
 - e. Other
 - f. Not applicable

Primary practice position role or title

16. Please identify the role or title(s) that most closely corresponds to your primary employment/practice type.
- [Multi Select]
- a. Medication aide
 - b. Medication assistant
 - c. Medication technician
 - d. Administrator

- e. Clinical practice
- f. Faculty or educator
- g. Researcher
- h. Other
- i. Not applicable

Primary practice setting type

17. 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. Assisted living
- c. Adult day center
- d. Continuing care retirement community (CCRC)
- e. Corrections facility
- f. Federally qualified health center
- g. Group home
- h. Hospital: community
- i. Hospital: federal
- j. Hospital: long-term
- k. Hospital: psychiatric/mental health facility
- l. Hospital: specialty
- m. Nursing home/long term care/skilled nursing facility
- n. Outpatient clinic affiliated with a hospital or health system
- o. Outpatient clinic not affiliated with a hospital or health system (private practice)
- p. Physical rehabilitation facilities
- q. Public/community health
- r. School health service
- s. Telehealth
- t. Other

Primary practice hours

18. 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.
- 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

19. 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.”
- 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

Physical locations/addresses

20. In how many physical locations/addresses do you provide medication aide services?
- a. 0
 - b. 1
 - c. 2
 - d. 3
 - e. 4
 - f. 5
 - g. 6 or more

Training or in-service hours

21. Which of the following have you received training or in-service hours for:
- a. Resident rights
 - b. Infection control
 - c. Fire prevention/emergency
 - d. Safety and accident prevention
 - e. Needs of a specialized population
 - f. Care of the cognitively impaired
 - g. Dementia specific training
 - h. Changes in condition/environment
 - i. Communication
 - j. Nutrition and fluid intake
 - k. Activities of daily living (ADLs)
 - l. Documentation
 - m. Other

Medication aide training preparation

22. Did the medication aide training/education you received adequately prepare you for your job as a medication aide?
[Single select]
- a. No
 - b. Yes
 - c. Prefer not to say
 - d. Not applicable

Years of experience

23. How many years have you worked as a medication aide?
- a. Prefer not to say
 - b. Less than 1 year
 - c. 1-3
 - d. 4-6
 - e. 7-9
 - f. More than 10 years

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.