



**Department of Health
& Human Services**

Health Workforce
Information Center (HWIC)

Utah Respiratory therapist survey



Proposed profession-specific survey tool for respiratory
therapist 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 respiratory therapy profession-specific tool was developed. For UCPMDS questions that required profession-specific response adjustments, customized options relevant to those in respiratory therapy professions have been incorporated. 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.

Respiratory therapist 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. High school diploma (or equivalency)
- b. Some college, no degree
- c. Technical/vocational certificate
- d. Associate degree

- e. Bachelor's degree
- f. Master's degree
- g. Post-graduate training
- h. Professional/doctorate degree
- i. Postdoctoral training
- j. Military Training Certification
- k. 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 - 2028]

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 your qualifying education program/degree?

What is your highest level of education?

8. What is your highest level of education? Check all that apply.
- a. High school diploma (or equivalency)
 - b. Some college, no degree
 - c. Technical/vocational certificate
 - d. Associate degree
 - e. Bachelor's degree
 - f. Master's degree
 - g. Postgraduate training
 - h. Professional/doctorate degree
 - i. Postdoctoral training

Year completed highest level of education

9. What year did you complete your highest level of education?

[Single select] [Drop-down list ranging from 1925 - 2028]

Credentials

10. Please select which credentials you have earned.

[Single select]

1. None
2. CRT (Certified Respiratory Therapist)
3. RRT (Registered Respiratory Therapist)
4. ACCS (Adult Critical Care Specialist)
5. ACLS (Advanced Cardiac Life Support)
6. BCLS (Basic Cardiac Life Support)
7. BTLS (Basic Trauma Life Support)
8. AE-C (Certified Asthma Educator)
9. CCT (Certified Cardiographic Technician)
10. CCM (Certified Case Manager)
11. CHT (Certified Procurement Transplant Coordinator)
12. C-NPT (Certified Neonatal-Pediatric Transport)
13. CPTC (Certified Procurement Transplant Coordinator)
14. CPFT (Certified Pulmonary Function Technologist)
15. EMT (Emergency Medical Technician)
16. LPN (Licensed Practical Nurse)
17. NPS (Neonatal/Pediatric Specialist)
18. NRP (Neonatal Resuscitation Protocol)
19. Paramedic
20. PALS or APLS (Advanced Pediatric Life Support)
21. RCIS (Registered Cardiovascular Invasive Specialist)
22. R.EEG.T (Registered EEG Technologist)
23. R.EP.T (Registered Electrophysiology Technologist)
24. RN (Registered Nurse)
25. RPSGT (Registered Polysomnographic Technologist)
26. RPFT (Registered Pulmonary Function Technologist)
27. RVT, RVS, RDMS, or RDCS (Registered Vascular or Cardiac Ultrasound Credential)

- 28. SDS (Sleep Disorders Specialist)
- 29. Smoking Cessation Specialist
- 30. S.T.A.B.L.E.
- 31. Other

Educational debt

11. Please indicate the amount of educational debt you had AT THE TIME OF GRADUATION (excluding any non-education 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

Employment status

12. What is your employment status?

[Single select]

- a. Actively working in the field of respiratory care
- b. Actively working in a medical/healthcare position that is not in the field of respiratory care
- c. Actively working in a position in a field other than respiratory care
- d. Unemployed and seeking work in the field of respiratory care
- e. Unemployed and NOT seeking work in the field of respiratory care

- f. Volunteer work only
- g. Retired
- h. Other

Employment plans

13. 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. Retire
 - e. Continue as you are
 - f. Unknown

Employment hour change

14. 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. 1–4 hours per week
 - b. 5–8 hours per week
 - c. 9–12 hours per week
 - d. 13–16 hours per week
 - e. 17–20 hours per week
 - f. 21–24 hours per week
 - g. 25–28 hours per week
 - h. 29–32 hours per week
 - i. 33–36 hours per week
 - j. 37–40 hours per week
 - k. 41 or more hours per week
 - l. Not applicable
15. 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. 1–4 hours per week
- b. 5–8 hours per week
- c. 9–12 hours per week
- d. 13–16 hours per week
- e. 17–20 hours per week
- f. 21–24 hours per week
- g. 25–28 hours per week
- h. 29–32 hours per week
- i. 33–36 hours per week
- j. 37–40 hours per week
- k. 41 or more hours per week
- l. Not applicable

Specialty

16. Which of the following best describes the specialty/field/area of practice in which you spend most of your professional time?
- a. Not applicable
 - b. Adult Critical Care
 - c. Case management
 - d. Chronic Disease management
 - e. ECMO
 - f. Education
 - g. Geriatrics
 - h. Home Care
 - i. Hyperbaric Medicine
 - j. Invasive Cardiology
 - k. Long-term Care
 - l. Neonatal Critical Care
 - m. Pediatric Critical Care
 - n. Polysomnography
 - o. Pulmonary Diagnostics
 - p. Pulmonary Rehabilitation
 - q. Rehabilitation
 - r. Transport
 - s. Trauma
 - t. Other

Telehealth

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.

17. 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

18. 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
- r. Not applicable

Primary practice location

19. What is your primary 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 _____

Primary practice employment arrangement

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

[Single 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

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

[Single Select]

- a. Not Applicable/Prefer not to say
- b. Academic Educator (E.G. PD, DCE, faculty)
- c. Clinical Specialist
- d. Department Educator
- e. Disease Manager or Patient Educator
- f. Industry Clinical Specialist, Representative, or Salesperson
- g. Informatics Specialist (e.g., Clinical Analyst, Information Specialist)
- h. Manager/Director of a Department, Program, or System
- i. Pulmonary Function Technologist
- j. Quality/Compliance Coordinator or Manager
- k. Research Coordinator or Associate
- l. Sleep Technologist
- m. Staff Therapist
- n. Supervisor

- o. Other

Primary practice setting type

22. 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. Home Health Setting
- d. Hospice Care
- e. Hospital – Emergency Department
- f. Hospital – Inpatient
- g. Hospital – Outpatient
- h. Manufacturer/Distributor
- i. Non-Hospital Outpatient Clinic/Physician’s Office
- j. Nonprofit/Donation Facility
- k. Nursing Home/Long-term care/Skilled Nursing Facility
- l. Patient transport
- m. Pulmonary function lab
- n. Registry (agency) providing temporary employees
- o. Research Laboratory
- p. Sleep disorders lab
- q. Telerespiratory/Telehealth
- r. Other

Primary practice hours

23. 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] [Drop-down list ranging from 0 hours per week/Not applicable – 41+]

Primary practice hours/week in direct patient care

24. 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/Not applicable – 41+]

Secondary practice locations

25. In how many physical locations/addresses do you provide respiratory care services?

[Single Select]

- a. 0
- b. 1
- c. 2
- d. 3
- e. 4
- f. 5
- g. 6 or more

Precepting

26. Have you mentored/precepted students within the past 2 years?

- 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.