

## **Recommendations from Health care group**

### **The barriers to having an adequate supply of qualified providers**

- Not marketed to attract men
- Students don't have access to info about careers in SLP or Audiology--
- Limited general knowledge about the professions
- difficulty getting placements in health care
- university supervisors not aggressively seeking placements, particularly in the VA
- Lack of strong coordination between univ supervisors and practicum placements
- Health care is not recruiting effectively—CE courses or CE allowance may be stronger incentive than sign-on bonus
- Rural and urban locations don't attract applicants
- Salaries, benefits inadequate (membership and licensure not covered)
- Insufficient allocation of time for administrative tasks
- Isolation – lack of networks among h/c facilities, clinicians
- Lack of career advancement
- Health care facilities are autonomous, don't work together
- No national health care dept, like Dept of Ed
- Lack of clinical ladders
- Lack of respect for allied health, particularly in acute care
- Reimbursement model in health care leaves little margin for recruiting, benefits
  - Note: need to advocate for independent billing status
- Generalist training is a deterrent to those who wish to specialize in dysphagia, voice, etc. (Note: Practicum sites can have their own requirements)

### **Solutions to these barriers**

- Scholar lecture series (Ground Rounds, CEU's) to recruit SLPs from community
- Provide training on becoming a clinical supervisor to encourage more sites to take students
- Teach respect for the profession – dress code; use of appropriate terminology (not “speech therapy”); act like a professional; offer a professional issues class
- Open up communication w/physicians, nurses: what are their expectations, what SLP's can offer
- Increase public awareness of profession, enhance visibility, media, web sites (e.g. Google)
  - Listen to your Buds campaign
- Develop hospital career web page – should be easily accessible for people looking for information or to visit the facility
- Men should be a minority focus
  - Emphasize medical focus to attract men
  - Encourage role model/spokesperson to tell other men about the profession
  - Increase awareness of technology aspect of profession
  - Review why men used to pursue speech and are no longer doing so
  - Men create opportunities for career growth, administration
- Create specialist/certificate programs

- Recruit from high schools and from other disciplines
- Engage in promoting “therapy” jointly with PT, and OT (Tri-alliance model) at high schools
  - In some settings, separate identity for SLP/AUD is valuable
- Advocate for independent billing status
- Paired focus practica (e.g., part time adult and pediatric setting)
- More flexibility in internships
- Career ladders
- Combined job – school/healthcare

**Probable partners to collaborate with in solving personnel shortages**

- ASHA
- Universities
- Health care settings
- State associations
- State Boards of Health
- Dept of Ed – exposure to high school students (career awareness)
- Area Health Education Centers (CE for medical/allied health professionals)
- Legislators
- State licensure boards
- Media
- PEO (promotes education for women – scholarship funds) – [peointernational.org](http://peointernational.org)
- Tri-Alliance
- Payers/CMS
- Partner with a hospital to develop additional training programs

**Goals and Immediate Next Steps for addressing personnel shortages**

- Be more involved in high school presentations
- Male SLPs will go to all-boys high schools to give career awareness presentations
- Partner with recovered patients for marketing in media (consumer driven campaign) e.g., National Aphasia Assoc.
- Develop volunteer/service learning opportunities in health care for students
- Make contact with universities to develop smaller-focused or part-time practicum