Clinical Focus Patterns

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Executive Summary

The American Speech-Language-Hearing Association (ASHA) conducted a survey of audiologists in the fall of 2012. This survey was designed to provide information about salaries, working conditions, and service delivery, as well as to update and expand information gathered from previous Audiology Surveys.

The results are presented in a series of reports. This clinical focus patterns report is based on responses from audiologists in schools, colleges and universities, hospitals, audiology franchises and retail chains, nonresidential health care facilities (including audiologists’ and physicians’ offices), and industry.

**Highlights:**

- 55% of respondents held an AuD, 36% a master’s degree, and 8% a PhD.
- 83% of the respondents were clinical service providers.
- 47% of the respondents worked in a metropolitan/urban area.
- 73% of the respondents received an annual salary.
- The median number of years of experience was 17.
- Three services were provided by more than 80% of the respondents: counseling (86%), demonstration/fitting/orientation of hearing assistive technology (81%), and fitting and dispensing hearing aids (81%).
- 58% of the respondents used a website to promote their services.
- 5% of the respondents delivered services via telepractice.
- 7% of the audiologists rated themselves as very qualified to address cultural and linguistic influences on service delivery and outcomes.
- Continuing education products or programs were the most frequently identified resource to help participants serve as an extern site preceptor to clinical doctoral students.
Slightly more than half (55%) of the audiologists who responded to the 2012 Audiology Survey held an audiology doctorate (AuD) as their highest degree, 36% had a master’s degree, and 8% had a PhD (see Figure 1).

More than half of the audiologists with a master’s (52%) and nearly half with an AuD degree (48%) worked in a nonresidential health care facility, but PhD holders were more likely to be employed in colleges and universities (47%) than in other types of facilities ($p = .000$).

While most of the audiologists were clinical service providers (83%), the remainder worked as administrators (7%) or college or university faculty (5%) or performed some other function (6%).

For the survey, facilities with small numbers of audiologists were oversampled and those with large numbers were undersampled. Nearly half of the respondents worked in nonresidential health care facilities (47%), and more than one quarter worked in hospitals (26%). The remaining audiologists were employed in schools (10%), colleges or universities (8%), industry (5%), an audiology franchise or retail chain (4%), or some other facility (1%).

Nearly half (47%) worked in a metropolitan/urban area, 39% worked in a suburban area, and 14% worked in a rural area.
Salary Basis  
Nearly three fourths of the respondents received an annual salary (73%), and the rest were paid hourly (27%).

Years of Experience  
The median (50th percentile) number of years of experience was 17, ranging from a low of 15 years in hospitals to a high of 22 years in colleges and universities.

Professional Memberships  
Most of the audiologists who responded to the survey belonged to other associations as well as to ASHA (see Table 1).

<table>
<thead>
<tr>
<th>Table 1. Membership in Other Associations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Association</td>
</tr>
<tr>
<td>American Academy of Audiology (AAA)</td>
</tr>
<tr>
<td>Educational Audiology Association (EAA)</td>
</tr>
<tr>
<td>Academy of Doctors of Audiology (ADA)</td>
</tr>
<tr>
<td>American Auditory Society (AAS)</td>
</tr>
<tr>
<td>National Hearing Conservation Association (NHCA)</td>
</tr>
<tr>
<td>Association of VA Audiologists (AVAA)</td>
</tr>
<tr>
<td>Academy of Rehabilitative Audiology (ARA)</td>
</tr>
<tr>
<td>International Society of Audiology (ISA)</td>
</tr>
<tr>
<td>Military Audiology Association (MAA)</td>
</tr>
<tr>
<td>American Balance Society (ABS)</td>
</tr>
</tbody>
</table>

Private Practice  
Although audiologists who worked in a private practice were oversampled, fewer than half of the respondents were affiliated with a private practice as owner, full-time salaried employee, part-time salaried employee, or contractor/consultant (see Figure 2).

![Figure 2. Involvement in Private Practice](image-url)
What They Say About

Audiologists who worked in private practice \((n = 751)\) were asked to describe the type of practice where they worked.

- 44% were self-employed in private practice.
- 15% worked in a practice owned by other audiologists.
- 37% worked in a practice owned by non-audiologists.

Service Provision

From a list of 10 types of services, clinical audiologists who worked full- or part-time identified counseling on communication strategies/realistic expectations (86%), demonstration/fitting/orientation of hearing assistive technology (81%), and fitting and dispensing hearing aids (81%) more often than the other services as ones that they provided (see Table 2). The most frequently selected service was different in different types of facilities, although the most frequently selected service was limited to one of three options.

Reading across rows in Table 2 shows that there are significant differences by type of facility in the rate at which each of the services is provided. For example, although auditory training, in general, is provided by 17% of audiologists, it ranges from a low of 11% in hospitals to 42% in schools \((p = .000)\).
<table>
<thead>
<tr>
<th>Service</th>
<th>Total</th>
<th>School</th>
<th>Coll./Univ.</th>
<th>Hospital</th>
<th>Franchise</th>
<th>Nonres HC</th>
<th>Industry</th>
</tr>
</thead>
<tbody>
<tr>
<td>Auditory training***</td>
<td>16.8</td>
<td>42.1</td>
<td>32.4</td>
<td>10.9</td>
<td>13.9</td>
<td>14.3</td>
<td>16.7</td>
</tr>
<tr>
<td>Counseling on communication strategies/realistic expectations***</td>
<td>86.2</td>
<td>78.7</td>
<td>97.0</td>
<td>84.3</td>
<td>88.9</td>
<td>88.5</td>
<td>50.0</td>
</tr>
<tr>
<td>Demonstration/fitting/orientation of hearing assistive technology***</td>
<td>81.3</td>
<td>83.7</td>
<td>88.2</td>
<td>76.1</td>
<td>88.9</td>
<td>83.2</td>
<td>41.7</td>
</tr>
<tr>
<td>Fitting and dispensing hearing aids***</td>
<td>80.5</td>
<td>29.9</td>
<td>97.1</td>
<td>75.7</td>
<td>97.2</td>
<td>91.9</td>
<td>33.3</td>
</tr>
<tr>
<td>Programming and fitting cochlear implants***</td>
<td>11.8</td>
<td>4.5</td>
<td>27.3</td>
<td>20.3</td>
<td>1.4</td>
<td>9.1</td>
<td>33.3</td>
</tr>
<tr>
<td>Services to the birth-to-6-months population***</td>
<td>45.0</td>
<td>39.9</td>
<td>58.8</td>
<td>59.5</td>
<td>12.5</td>
<td>41.9</td>
<td>8.3</td>
</tr>
<tr>
<td>Speech reading/lip reading</td>
<td>3.5</td>
<td>8.4</td>
<td>21.2</td>
<td>2.3</td>
<td>0.0</td>
<td>2.7</td>
<td>0.0</td>
</tr>
<tr>
<td>Validation of outcomes using aided and unaided speech understanding measures*</td>
<td>59.6</td>
<td>55.1</td>
<td>79.4</td>
<td>61.1</td>
<td>56.9</td>
<td>60.1</td>
<td>25.0</td>
</tr>
<tr>
<td>Validation of treatment outcomes by self-questionnaires***</td>
<td>40.9</td>
<td>27.5</td>
<td>73.5</td>
<td>49.1</td>
<td>43.7</td>
<td>38.4</td>
<td>25.0</td>
</tr>
<tr>
<td>Verification of performance of hearing aids using real ear measures***</td>
<td>56.9</td>
<td>46.6</td>
<td>85.3</td>
<td>67.0</td>
<td>64.8</td>
<td>53.0</td>
<td>8.3</td>
</tr>
<tr>
<td>I do not provide any of the above services.</td>
<td>3.3</td>
<td>3.9</td>
<td>0.0</td>
<td>5.2</td>
<td>0.0</td>
<td>2.3</td>
<td>25.0</td>
</tr>
</tbody>
</table>

Note. n = 1,625; HC = health care.
* p < .05, ** p < .01, *** p < .001
Five percent of the audiologists who responded to the survey said that they currently delivered services via telepractice (see Figure 3). Audiologists in industry were the most likely group (26%), and those in nonresidential health care facilities were the least likely (3%; \( p = .000 \)).

![Figure 3. Services via Telepractice](image)

\( n = 1957 \)

Audiologists who provided services via telepractice were asked to identify the one method that best described how their telepractice was reimbursed.

- 38% said they were not reimbursed.
- 13% selected bundled with a reimbursed on-site service.
- 13% said they were reimbursed separately.
- 7% said their services were provided as part of a funded research project.
- 29% said none of the above.

The audiologists who received this survey used a 5-point scale (from *not at all qualified* to *very qualified*) to rate how qualified they were to address cultural and linguistic influences on service delivery and outcomes.

- Overall, 7% rated themselves as 5 (*very qualified*). This response ranged from 4% in industry to 12% in colleges and universities.
- 26% rated themselves as 4 or 5. Ratings of 4 or 5 ranged from 13% in industry to 21% in nonresidential health care facilities, 25% in audiology franchises, 28% in schools, 32% in hospitals, and 41% in colleges and universities (\( p = .000 \)).
Three of 10 audiologists (31%) reported that they did not use any promotional resources from a list of seven possibilities. A few audiologists used broadcast media (16%). More used social media (23%), newsletters (25%), open houses (26%), presentations (34%), or print media (40%). Most of them used a website (58%).

Nearly one quarter of the audiologists said that they currently supervise full-time support personnel, ranging from 9% in industry to 41% in franchises and retail chains ($p = .000$; see Figure 4).

Of those who said they do supervise support personnel, the median number currently supervised was 2. This included medians of 1 in schools; 2 in colleges and universities, hospitals, franchises and retail chains, and nonresidential health care facilities; and 9 in industry.

The audiologists were asked how familiar they were with ASHA’s new Associates Program for support personnel.

- 74% had never heard of it.
- 23% had heard of it, but didn’t know much about it.
- 2% said that they knew pretty much about it.
- 1% knew a lot about it.
Most of the audiologists in the survey had not served as an extern site preceptor or supervisor for clinical doctoral students during the past 3 years. Of those who did, though, the median number of students they supervised annually was 2, and the mean number was 3 (n = 834).

There were significant differences across types of facility. The mean number of students supervised annually was 2 in audiology franchises and retail chains, nonresidential health care facilities, and schools; 3 in industry and hospitals; and 9 in colleges and universities (p = .000).

The survey participants were presented with a list of five resources and were asked to identify those that could help them serve as an extern site preceptor to clinical doctoral students. Continuing education products or programs were selected more often than any other resource (47%; see Figure 5).

### Figure 5. Preceptor Resources

<table>
<thead>
<tr>
<th>Resource</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>ASHA Convention</td>
<td>13%</td>
</tr>
<tr>
<td>ASHA policy documents</td>
<td>26%</td>
</tr>
<tr>
<td>Networking</td>
<td>29%</td>
</tr>
<tr>
<td>Web and print resources</td>
<td>38%</td>
</tr>
<tr>
<td>CE product</td>
<td>47%</td>
</tr>
</tbody>
</table>

n = 2,037
The Audiology Survey has been fielded in even-numbered years since 2004 to gather information of interest to the profession. Members, volunteer leaders, and staff rely on data from the survey to better understand the priorities and needs of audiologists.

A stratified random sample was used to select 4,000 ASHA-certified audiologists for this survey from a population of 7,058 audiologists. They were stratified on the basis of type of facility and private practice.

The survey was mailed in September 2012. Second and third mailings followed, at approximately 4-week intervals, to individuals who had not responded to earlier mailings.

Of the original 4,000 audiologists in the sample, 21 had undeliverable addresses, 2 were deceased, 3 were retired, 5 were no longer employed in the field, and 5 were ineligible for other reasons, leaving 3,964 possible respondents. The actual number of respondents was 2,037, resulting in a 51.4% response rate.

Because facilities with fewer audiologists (such as schools) were oversampled and those with many (e.g., hospitals) were undersampled, weighting was used when presenting data to reflect the actual distribution of audiologists in each type of facility within ASHA.

Results from the 2012 Audiology Survey are reported in a series of reports:

- Annual Salaries
- Hourly Wages
- Clinical Focus Patterns
- Private Practice
- Survey Summary Report
- Survey Methodology, Respondent Demographics, and Glossary
### Electronic Copy

An electronic copy of this report will be available on the ASHA website at [www.asha.org/research/memberdata/AudiologySurvey.htm](http://www.asha.org/research/memberdata/AudiologySurvey.htm).

### Suggested Citation


### Supplemental Sources

- [www.asha.org/aud/](http://www.asha.org/aud/) (Audiology Resources)
- [www.asha.org/certification/](http://www.asha.org/certification/) (Certification)
- [www.asha.org/practice/reimbursement/modules/](http://www.asha.org/practice/reimbursement/modules/) (ASHA's Coding Reimbursement and Advocacy Modules)
- [www.asha.org/academic/curriculum/](http://www.asha.org/academic/curriculum/) (Curriculum Resource Guides)
- [www.asha.org/practice/reimbursement/](http://www.asha.org/practice/reimbursement/) (Billing and Reimbursement)
- [www.asha.org/ce/](http://www.asha.org/ce/) (Continuing Education)
- [www.asha.org/aud/QL.htm](http://www.asha.org/aud/QL.htm) (Quality Improvement)
- [www.asha.org/aud/pei/](http://www.asha.org/aud/pei/) (Patient Education Newsletters)
- [www.asha.org/aud/Practice-Considerations-for-Dispensing-Audiologists/](http://www.asha.org/aud/Practice-Considerations-for-Dispensing-Audiologists/) (Practice Considerations for Dispensing)

### Additional Information

For additional information regarding the 2012 Audiology Survey, please contact Pam Mason, director of ASHA’s Audiology Professional Practices Unit, at 301-296-5790; e-mail: [pmason@asha.org](mailto:pmason@asha.org). To learn more about how the Association is working on behalf of ASHA-certified audiologists, members may visit ASHA’s website at [www.asha.org/aud/](http://www.asha.org/aud/).

### Thank You

Without the generous cooperation of the members who participate in our surveys, ASHA could not fulfill its mission to provide vital information about the professions and discipline to the Association membership and public. Thank you!