



# Interprofessional Practice Survey Results

## June 2019

### Introduction

The American Speech-Language-Hearing Association (ASHA) is focusing on advancing interprofessional education and interprofessional collaborative practice (IPE/IPP) as part of its *Strategic Plan*. As part of this initiative, ASHA fielded a survey to a random sample of 8,741 ASHA-certified audiologists and speech-language pathologists (SLPs)—approximately 4,300 from each profession—who reported being employed full time as a clinical service provider in the United States or U.S. Territories.

The purpose of the 2019 survey was to gather progress data for an ASHA Strategic Plan initiative on advancing IPP. A similar survey was fielded in [2016](#) and [2017](#) to collect baseline data. The 2019 survey was fielded on April 9, 2019. Follow-up reminders were sent to nonrespondents on April 16, April 23, and April 30. The survey was closed on May 7. Of the 8,741 individuals, 18 opted out of this and future online surveys, and six e-mails bounced, leaving 8,717 possible respondents. The actual number of respondents was 1,293, for a 14.8% response rate. Respondents had an opportunity to enter a drawing for a \$100 Amazon gift card.

### Highlights

- Across all respondents, 41% were employed in a school setting, 27% in a nonresidential health care facility such as a private practice or clinic, 19% in a hospital, and the remainder in a college/university or in a residential health care or other facility.
- The majority of respondents (90%), by design, were employed as clinical service providers.
- Most respondents—70% of audiologists, 84% of SLPs working in health care, and 91% of SLPs working in schools—reported that they had engaged in IPP in their primary work setting during the past 12 months using the World Health Organization’s definition of IPP.
- When asked to reflect on a recent IPP team experience relative to 18 specific IPP behavioral statements (e.g., “My colleagues from other fields treat me with respect”), the majority of respondents across all groups reported that positive IPP experiences happened “almost always” or “most of the time.” Lowest on the list were “The team talks together about our professional similarities and differences” and “Administrative duties that support the team, such as minute taking, are shared,” which were rated as “almost always” or “most of the time” by 64% of all respondents.
- Furthermore, 33% of all respondents answered “almost always” or “most of the time” to all 18 statements, and 72% responded “almost always” or “most of the time” to at least 16 of the 18 statements. **The percentage of respondents who indicated “almost always” or “most of the time” to at least 16 of the 18 IPP target statements was selected as the 2016 baseline performance metric for ASHA’s Strategic Objective #2 (43% of audiologists, 63% of SLPs in health care, and 64% of SLPs in schools).** In 2019, 66% of audiologists, 74% of SLPs in health care, and 74% of SLPs in schools indicated “almost always” or “most of the time” to at least 16 of the 18 IPP target statements.
- Most—82% of audiologists, 78% of health care–based SLPs, and 81% of school-based SLPs—reported being satisfied with the degree of collaboration on their IPP teams.
- Overall, 38% of respondents indicated that the culture at their facility/school was very conducive to engagement in IPP.
- The majority of respondents (71%) did not have any formal education or training in IPP.
- A higher percentage of SLPs—44% of SLPs in health care and 43% of SLPs in schools—reported that they felt very prepared to effectively participate on IPP teams, compared with 33% of audiologists.
- Far fewer—20% of all respondents—indicated that they felt very prepared to **lead** an IPP team of multiple professionals.

## Results

Analyses are presented separately for audiologists, health care–based speech-language pathologists (SLPs), and school–based SLPs, as well as for all respondents combined. Percentages are rounded and may not add to exactly 100%. Data for “all respondents” are unweighted.

### Screening Question

The first survey question was intended to identify those professionals who had the opportunity to engage in IPP—that is, their caseloads included services provided to patients, clients, and/or students who were also receiving services from other health care or education service providers. Respondents who answered “no” to question 1 were automatically skipped to the end of the survey. The 5.1% ( $n = 66$ ) shown under “all respondents” are not included under the “Audiologists,” “SLPs in Health Care,” or “SLPs in Schools” columns because they did not proceed through the survey to respond to the professional area question (Question 2) or the primary work setting question (Question 3). Also, the “All Respondents” total ( $n = 1,293$ ) exceeds the sum of the “Audiologists,” “SLPs in Health Care,” “SLPs in Schools,” and “No” responses because some primary work setting categories (i.e., “College/University,” “Not Currently Employed,” and “Other”) are reflected only under the “All Respondents” category. This is the case for subsequent questions as well.

1. In the last 12 months, has your caseload included services provided to patients/clients/students who were also receiving services from other health care or education service providers?

Response	Audiologists <sup>a</sup> (%)	SLPs in Health Care <sup>b</sup> (%)	SLPs in Schools <sup>c</sup> (%)	All Respondents <sup>d</sup> (%)
Yes	99.8	100.0	100.0	94.9
No	0.2	0.0	0.0	5.1

<sup>a</sup> $n = 493$ . <sup>b</sup> $n = 230$ . <sup>c</sup> $n = 433$ . <sup>d</sup> $n = 1,293$ .

### Demographics

2. In which of the following professional area(s) do you work? (Check all that apply.)

Response	Audiologists <sup>a</sup> (%)	SLPs in Health Care <sup>b</sup> (%)	SLPs in Schools <sup>c</sup> (%)	All Respondents <sup>d</sup> (%)
Audiology	100.0	0.0	0.0	40.1
Speech-language pathology	0.0	100.0	100.0	59.8
Neither audiology nor speech- language pathology	0.0	0.0	0.0	1.0

<sup>a</sup> $n = 492$ . <sup>b</sup> $n = 230$ . <sup>c</sup> $n = 433$ . <sup>d</sup> $n = 1,226$ .

Respondents who answered “Neither audiology nor speech-language pathology” to Question 2 were automatically skipped to the end of the survey. These individuals were not audiologists or SLPs in a health care or school setting and were, therefore, outside the scope of this survey.

### 3. What is your primary work setting?

Response	Audiologists <sup>a</sup> (%)	SLPs in Health Care <sup>b</sup> (%)	SLPs in Schools <sup>c</sup> (%)	All Respondents <sup>d</sup> (%)
School	12.8	0.0	100.0	40.5
College/university	5.1	0.0	0.0	2.7
Hospital	28.1	41.7	0.0	19.0
Residential health care facility (skilled nursing facility, etc.)	0.4	23.0	0.0	4.5
Nonresidential health care facility (private practice, physician's office, clinic, etc.)	50.1	35.2	0.0	26.7
Not currently employed (student, retired, etc.)	0.2	0.0	0.0	0.2
Other (see below)	3.3	0.0	0.0	6.3

Note. Respondents who selected "Not currently employed" were automatically skipped to the end of the survey.

<sup>a</sup>n = 491. <sup>b</sup>n = 230. <sup>c</sup>n = 433. <sup>d</sup>n = 1,219.

Other responses included the following:

- Audiologists—Concierge audiology; consultant; early intervention (2 responses); industry (2 responses); manufacturer; military (3 responses); multiple settings (3 responses); outpatient facility; rehab facility; retail
- SLPs—Center for Deaf and Hard of Hearing Education; clinical tools for SLP; early intervention (20 responses); ECI; home health (23 responses); multiple settings (5 responses); non-profit agency; outpatient facility (6 responses); rehab facility (2 responses)

According to [ASHA's 2018 year-end counts](#), 48.1% of all constituents are employed in a school setting, 3.3% in a college/university, 13.5% in a hospital, 9.0% in a residential health care facility, 19.2% in a nonresidential health care facility, and 6.9% in another setting. The primary employment facility of survey respondents differs from that of the overall ASHA constituency because the survey sample targeted those who are employed full time as clinical service providers. Ample representation was received for all targeted categories.

### 4. What is your primary employment function?

Response	Audiologists <sup>a</sup> (%)	SLPs in Health Care <sup>b</sup> (%)	SLPs in Schools <sup>c</sup> (%)	All Respondents <sup>d</sup> (%)
Clinical service provider	92.4	91.7	86.5	89.9
Special education teacher	0.2	0.0	9.5	3.5
College/university instructor	2.0	0.0	0.0	1.2
Researcher	0.6	0.0	0.0	0.2
Consultant	1.0	0.9	0.7	1.0
Administrator	2.4	7.0	1.4	2.7
Other (see below)	1.2	0.4	1.9	1.4

<sup>a</sup>n = 490. <sup>b</sup>n = 229. <sup>c</sup>n = 430. <sup>d</sup>n = 1,213.

Other responses included the following:

- Audiologists—Account manager; assistive technology specialist; aural habilitation; both clinical and administrative; care coordinator; hearing impaired
- SLPs in Health Care—Inpatient rehab admissions coordinator

- SLPs in Schools—Assistive technology specialist; consultant and instructional specialist SLP; diagnostician; evaluator; learning specialist; service provider and preschool coordinator; special ed coordinator; TOSA (coach for SLPs and SPED teachers)
  - All Respondents—Clinical educator; clinical operations director/SLP; conducting evaluations for DHH students across the state; developmental testing; early on provider; educational audiologist; evaluator, salesperson for cognitive tools; SLP preceptor/mentor
5. How many years have you been employed in the audiology and/or speech-language pathology profession? (Exclude your clinical fellowship. Round to the nearest full year. Enter “0” if you have never been employed in the profession/s.)

Statistic	Audiologists (%) <sup>a</sup>	SLPs in Health Care (%) <sup>b</sup>	SLPs in Schools (%) <sup>c</sup>	All Respondents (%) <sup>d</sup>
Median	18.0	12.0	17.0	16.0
Mean	18.9	14.7	17.1	17.3
Standard deviation	12.5	11.0	10.7	11.6
Range	1–48	1–50	1–50	1–50

<sup>a</sup>n = 488. <sup>b</sup>n = 229. <sup>c</sup>n = 429. <sup>d</sup>n = 1,210.

### Interprofessional Collaborative Practice (IPP)

The next section of the survey focused on respondents’ participation in IPP. Individuals were provided with the following definition at this point in the online survey.

For the purposes of this survey, “interprofessional collaborative practice” occurs when two or more individuals from different fields work together to provide comprehensive, integrated services (e.g., develop and implement a treatment plan collaboratively as a team) in a health care environment or school setting.

This definition is based on the [World Health Organization \(WHO\) framework](#). The definition also appeared before Questions 8–13.

6. During the past 12 months, have you engaged in interprofessional collaborative practice, as defined above, in your primary work setting?

Response	Audiologists <sup>a</sup> (%)	SLPs in Health Care <sup>b</sup> (%)	SLPs in Schools <sup>c</sup> (%)	All Respondents <sup>d</sup> (%)
Yes	70.3	83.8	91.1	81.1
No	29.7	16.2	8.9	18.9

Note. Respondents who selected “No” were automatically skipped to question 9. <sup>a</sup>n = 485. <sup>b</sup>n = 228. <sup>c</sup>n = 428. <sup>d</sup>n = 1,205.

The following question is based on the Interprofessional Collaborative Practice Survey in the toolkit titled [Enhancing Capacity for Interprofessional Collaboration: A Resource to Support Program Planning - Toronto Rehabilitation Institute \(February 2009\)](#) (Part 3, p. 4).

7. For the next set of questions, consider one health care or school-based team experience that you have had within the past 12 months.

<b>Audiologists</b>	<b>Almost always</b>	<b>Most of the time</b>	<b>“Almost always” and “most of the time” (combined)</b>	<b>Less than half the time</b>	<b>Almost never</b>
My colleagues from other fields treat me with respect.	69.8	27.4	<b>97.2</b>	2.5	0.3
I work with my team to make decisions based on consensus.	59.1	33.8	<b>92.9</b>	6.2	0.9
I accept ownership for resolving conflict with team members.	62.9	33.0	<b>95.9</b>	3.4	0.6
When I have a disagreement with a colleague, I ask questions in order to understand their perspective.	64.7	33.7	<b>98.4</b>	1.2	0.3
I take time to explain my role to colleagues.	57.6	32.2	<b>89.8</b>	7.7	2.5
Leadership is shared in team meetings.	37.8	43.8	<b>81.6</b>	14.7	3.8
When two team members can both perform a task, we make a decision about it.	57.2	37.2	<b>94.4</b>	4.4	1.3
I am consistent in sharing patient/student information.	74.5	24.8	<b>99.3</b>	0.6	0.0
I willingly engage in shared decision-making.	78.7	18.8	<b>97.5</b>	2.2	0.3
The team talks together about our professional similarities and differences.	26.2	32.8	<b>59.0</b>	26.2	14.8
I trust decisions made by the interprofessional team.	55.7	42.0	<b>97.7</b>	2.3	0.0
Administrative duties that support the team, such as minute taking, are shared.	25.0	36.5	<b>61.5</b>	20.3	18.2
I acknowledge my team members’ qualities and skills regularly.	63.3	30.8	<b>94.1</b>	5.6	0.3
I involve patients/students/families in their treatment plans.	80.1	18.2	<b>98.3</b>	1.7	0.0
When deciding on treatment plans, I consult with colleagues from other fields.	41.4	37.7	<b>79.1</b>	18.2	2.6
I am comfortable receiving feedback from team members.	73.8	25.2	<b>99.0</b>	1.0	0.0
The team includes everyone who supports patient/student care in my area, including clinicians, team members who provide administrative support, teachers, etc.	52.1	33.3	<b>85.4</b>	10.2	4.3
I feel included in my health care/school-based team.	48.2	40.3	<b>88.5</b>	9.6	2.0

n ≥ 296.

SLPs in Health Care	Almost always	Most of the time	“Almost always” and “most of the time” (combined)	Less than half the time	Almost never
My colleagues from other fields treat me with respect.	68.3	30.1	<b>98.4</b>	1.6	0.0
I work with my team to make decisions based on consensus.	57.7	35.7	<b>93.4</b>	6.0	0.5
I accept ownership for resolving conflict with team members.	72.9	25.4	<b>98.3</b>	1.7	0.0
When I have a disagreement with a colleague, I ask questions in order to understand their perspective.	71.3	28.2	<b>99.5</b>	0.6	0.0
I take time to explain my role to colleagues.	62.6	33.0	<b>95.6</b>	3.3	1.1
Leadership is shared in team meetings.	39.2	46.4	<b>85.6</b>	12.2	2.2
When two team members can both perform a task, we make a decision about it.	59.3	35.2	<b>94.5</b>	4.4	1.1
I am consistent in sharing patient/student information.	70.9	28.6	<b>99.5</b>	0.5	0.0
I willingly engage in shared decision-making.	87.9	12.1	<b>100.0</b>	0.0	0.0
The team talks together about our professional similarities and differences.	32.0	37.1	<b>69.1</b>	22.5	8.4
I trust decisions made by the interprofessional team.	48.0	48.0	<b>96.0</b>	4.0	0.0
Administrative duties that support the team, such as minute taking, are shared.	26.7	33.0	<b>59.7</b>	19.9	20.5
I acknowledge my team members’ qualities and skills regularly.	70.6	25.4	<b>96.0</b>	4.0	0.0
I involve patients/students/families in their treatment plans.	86.4	12.4	<b>98.8</b>	1.1	0.0
When deciding on treatment plans, I consult with colleagues from other fields.	35.6	45.2	<b>80.8</b>	17.5	1.7
I am comfortable receiving feedback from team members.	70.8	28.1	<b>98.9</b>	1.1	0.0
The team includes everyone who supports patient/student care in my area, including clinicians, team members who provide administrative support, teachers, etc.	62.9	27.0	<b>89.9</b>	8.4	1.7
I feel included in my health care/school-based team.	59.9	33.9	<b>93.8</b>	5.1	1.1

n ≥ 176.

SLPs in Schools	Almost always	Most of the time	“Almost always” and “most of the time” (combined)	Less than half the time	Almost never
My colleagues from other fields treat me with respect.	74.0	24.5	<b>98.5</b>	1.6	0.0
I work with my team to make decisions based on consensus.	66.2	30.4	<b>96.6</b>	3.1	0.3
I accept ownership for resolving conflict with team members.	69.4	27.5	<b>96.9</b>	2.6	0.5
When I have a disagreement with a colleague, I ask questions in order to understand their perspective.	67.4	30.2	<b>97.6</b>	2.1	0.3
I take time to explain my role to colleagues.	56.7	30.8	<b>87.5</b>	11.5	1.0
Leadership is shared in team meetings.	37.8	46.4	<b>84.2</b>	14.1	1.8
When two team members can both perform a task, we make a decision about it.	55.8	37.7	<b>93.5</b>	4.2	2.4
I am consistent in sharing patient/student information.	72.3	25.8	<b>98.1</b>	1.6	0.3
I willingly engage in shared decision-making.	83.9	15.9	<b>99.8</b>	0.3	0.0
The team talks together about our professional similarities and differences.	25.5	37.9	<b>63.4</b>	26.8	9.8
I trust decisions made by the interprofessional team.	49.5	47.9	<b>97.4</b>	2.4	0.3
Administrative duties that support the team, such as minute taking, are shared.	29.0	39.4	<b>68.4</b>	18.6	13.0
I acknowledge my team members’ qualities and skills regularly.	66.0	31.6	<b>97.6</b>	2.4	0.0
I involve patients/students/families in their treatment plans.	67.2	27.0	<b>94.2</b>	5.3	0.5
When deciding on treatment plans, I consult with colleagues from other fields.	39.8	40.3	<b>80.1</b>	18.6	1.3
I am comfortable receiving feedback from team members.	65.5	32.6	<b>98.1</b>	1.9	0.0
The team includes everyone who supports patient/student care in my area, including clinicians, team members who provide administrative support, teachers, etc.	69.2	27.1	<b>96.3</b>	2.9	0.8
I feel included in my health care/school-based team.	58.7	36.8	<b>95.5</b>	4.5	0.0

n ≥ 374.

All Respondents	Almost always	Most of the time	“Almost always” and “most of the time” (combined)	Less than half the time	Almost never
My colleagues from other fields treat me with respect.	71.7	26.2	<b>97.9</b>	2.0	0.1
I work with my team to make decisions based on consensus.	62.1	32.6	<b>94.7</b>	4.7	0.6
I accept ownership for resolving conflict with team members.	68.8	28.1	<b>96.9</b>	2.7	0.4
When I have a disagreement with a colleague, I ask questions in order to understand their perspective.	67.6	30.9	<b>98.5</b>	1.4	0.2
I take time to explain my role to colleagues.	58.6	31.2	<b>89.8</b>	8.6	1.6
Leadership is shared in team meetings.	38.1	45.6	<b>83.7</b>	13.6	2.7
When two team members can both perform a task, we make a decision about it.	57.1	37.2	<b>94.3</b>	3.9	1.8
I am consistent in sharing patient/student information.	72.8	26.1	<b>98.9</b>	1.0	0.1
I willingly engage in shared decision-making.	83.2	15.9	<b>99.1</b>	0.8	0.1
The team talks together about our professional similarities and differences.	27.5	36.0	<b>63.5</b>	25.5	11.1
I trust decisions made by the interprofessional team.	52.2	45.2	<b>97.4</b>	2.5	0.1
Administrative duties that support the team, such as minute taking, are shared.	27.3	37.0	<b>64.3</b>	19.3	16.4
I acknowledge my team members’ qualities and skills regularly.	66.2	30.1	<b>96.3</b>	3.6	0.1
I involve patients/students/families in their treatment plans.	76.8	20.1	<b>96.9</b>	3.0	0.2
When deciding on treatment plans, I consult with colleagues from other fields.	39.3	40.6	<b>79.9</b>	18.2	1.9
I am comfortable receiving feedback from team members.	70.1	28.6	<b>98.7</b>	1.3	0.0
The team includes everyone who supports patient/student care in my area, including clinicians, team members who provide administrative support, teachers, etc.	61.5	29.6	<b>91.1</b>	6.6	2.3
I feel included in my health care/school-based team.	55.8	37.1	<b>92.9</b>	6.3	0.9

n ≥ 901.



In addition to examining the frequency of responses *across all respondents*, as shown in the above tables, the research team was also interested in exploring how a single individual responded to the self-assessment items. That is, we wanted to know how many respondents answered “Almost always” or “Most of the time” to all items in Question 7 for a given IPP experience.

Group	Audiologists		SLPs in Health Care		SLPs in Schools		All Respondents	
	#	%	#	%	#	%	#	%
Responded “Almost always” or “Most of the time” to all items in Q7	95	29.2	63	34.4	134	34.9	316	33.4
Did <u>not</u> respond “Almost always” or “Most of the time” to all items in Q7	230	70.8	120	65.6	250	65.1	631	66.6
Total # respondents	325	100.0	183	100.0	384	100.0	947	100.0

To allow a little latitude, we also examined how many respondents answered “Almost always” or “Most of the time” to at least 16 of the 18 items (approximately 90% of the IPP target behaviors) in Question 7.

Group	Audiologists		SLPs in Health Care		SLPs in Schools		All Respondents	
	#	%	#	%	#	%	#	%
Responded “Almost always” or “Most of the time” to at least 16 items in Q7	215	66.2	136	74.3	284	74.0	677	71.5
Did <u>not</u> respond “Almost always” or “Most of the time” to at least 16 items in Q7	110	33.8	47	25.7	100	26.0	270	28.5
Total # respondents	325	100.0	183	100.0	34	100.0	947	100.0

### IPP Culture

8. Are you satisfied with the degree of collaboration on your IPP team(s)?

Response	Audiologists <sup>a</sup> (%)	SLPs in Health Care <sup>b</sup> (%)	SLPs in Schools <sup>c</sup> (%)	All Respondents <sup>d</sup> (%)
Yes	82.0	77.5	81.2	81.3
No	11.3	18.0	13.8	13.5
I don't know	6.7	4.5	5.0	5.2

<sup>a</sup>n = 300. <sup>b</sup>n = 178. <sup>c</sup>n = 378. <sup>d</sup>n = 910.

9. What are some of the barriers that you have encountered relative to engaging in IPP at your facility/school?  
(Check all that apply.)

Response	Audiologists <sup>a</sup> (%)	SLPs in Health Care <sup>b</sup> (%)	SLPs in Schools <sup>c</sup> (%)	All Respondents <sup>d</sup> (%)
High workload/caseload	58.1	59.5	82.4	68.6
Lack of training in IPP	18.0	16.1	21.1	18.6
Limited support from administration	24.2	20.8	19.8	21.9
Limited time for collaboration	69.9	73.2	85.6	77.5
Limited understanding of my role	17.3	16.7	17.6	17.8
No clinical need	6.9	1.8	1.6	3.3
Productivity or billing practices don't support	38.8	52.4	11.1	29.9
Scope of practice infringement	14.2	11.9	8.1	11.1
Other (see below)	4.2	4.2	4.9	4.4

<sup>a</sup>n = 289. <sup>b</sup>n = 168. <sup>c</sup>n = 351. <sup>d</sup>n = 873.

Other responses included the following:

Audiologists—

- Administration of other facility
- Busy schedules sometimes conflict
- Constant administrative turnover; no real leadership or investment in future of my department
- Decisions are not always made as a team.
- Dismissiveness
- Every school district functions differently; no consistency across IPP
- Itinerant role tends to leave me forgotten from being invited to some team meetings.
- Limited decision making responsibilities
- My IPP is on an as needed basis with other professionals and physicians.
- Team forgets to invite me to meetings.

SLPs in Health Care—

- Collaboration only being one way
- Hospitals sometimes discharge patient before he/she is ready.
- Limited physician support
- Limited understanding of their role (i.e., I think they should be treating; they think they shouldn't)
- More than one facility under the same company providing similar services and dealing with issues related to patient ownership and when one clinician should release a patient to another clinician providing the same service at another facility
- Other team members
- Treatment/office space is separated which limits organic communication opportunities.

SLPs in Schools—

- A team member who does not share information/collaborate
- Administrator isn't open to other ideas that would increase collaboration and teamwork.
- Although part of the workload, the paperwork piece in my job is time-consuming and sometimes redundant. This takes time away from collaboration.
- Contract employees aren't at a school full time. Travel from school to school prevents a lot of collaboration except at annual meeting.
- Differences in understanding PSP roles
- Lack of others wanting to collaborate

- Lack of support on a state level
- Not sharing paperwork responsibility
- Occasional push-back from other professionals who dismiss my perspective and recommendations (even speech-related ones) prior to taking enough time to fully understand them.
- OT and PT specialists are outside contract people, so we don't see them a lot.
- OT/PT/school psych not in the building at the same time as me.
- Other professions are employed by a different agency.
- Other team members fail to understand my role.
- Psychologists overstepping with recommendations
- Services rarely allow for IPP because lack of understanding of benefits of IPP.
- Some team members are inconsistent with how skills are taught despite being instructed on how to implement a strategy.
- Teachers who lack training and experience in special education, autism, intellectual disabilities, etc.
- The special education teacher is horrible and will not listen to anything I have to say.

All Respondents—

- Decrease in respect for my knowledge/field. Others outside my field think they know how to do my job and often step on toes.
- Limited school admin coordination at one particular school
- More senior therapists are not providing opportunities
- Not knowing who a specific TOD in a district is when I treat the child clinically. The TOD never reaches out and the parents are unaware of name or contact information.
- School psychologist placed in charge of team believes she can make sole decisions, including removing portions of reports or recommendations from me. Administrators only listen to the psychologist; not other team members. My scope of practice is not respected by school psychologist and I am FORBIDDEN to address memory, printed language, processing, word-finding, etc. Only can stay in a specific box even though I have more experience on the team and am the best trained in the domains (even far more than psych).
- Staff changes. New staff doesn't understand the importance of the team working together.
- Time available to coordinate discussions
- Travel territory

10. How conducive is the culture to engage in IPP at your facility/school?

Response	Audiologists <sup>a</sup> (%)	SLPs in Health Care <sup>b</sup> (%)	SLPs in Schools <sup>c</sup> (%)	All Respondents <sup>d</sup> (%)
Very conducive	34.7	39.3	38.8	37.5
Somewhat conducive	46.8	46.3	46.3	46.3
Not very conducive	15.8	12.1	13.7	14.2
Not at all conducive	2.7	2.3	1.2	2.0

<sup>a</sup>n = 438. <sup>b</sup>n = 214. <sup>c</sup>n = 415. <sup>d</sup>n = 1,129.

## IPP Preparedness

11. Have you had any formal education or training on IPP (academic or clinical coursework in IPP, professional development activity specifically on IPP, etc.)?

Response	Audiologists <sup>a</sup> (%)	SLPs in Health Care <sup>b</sup> (%)	SLPs in Schools <sup>c</sup> (%)	All Respondents <sup>d</sup> (%)
Yes	26.4	29.9	28.8	29.0
No	73.6	70.1	71.2	71.0

<sup>a</sup>n = 439. <sup>b</sup>n = 214. <sup>c</sup>n = 413. <sup>d</sup>n = 1,128.

12. How have you acquired your skills/knowledge in the area of IPP? (Check all that apply.)

Response	Audiologists <sup>a</sup> (%)	SLPs in Health Care <sup>b</sup> (%)	SLPs in Schools <sup>c</sup> (%)	All Respondents <sup>d</sup> (%)
Conference	16.5	9.4	10.2	12.6
In-service	6.9	14.4	15.2	11.6
IPE/IPP published literature	5.6	3.6	4.6	5.0
On-the-job	83.8	92.8	91.5	88.6
Self-taught	53.1	54.0	60.1	56.5
Webinar	9.6	5.0	5.7	7.5
Workshop	5.6	4.3	7.1	5.7

<sup>a</sup>n = 303. <sup>b</sup>n = 139. <sup>c</sup>n = 283. <sup>d</sup>n = 761.

13. How prepared do you feel you are to effectively participate on IPP teams?

Response	Audiologists <sup>a</sup> (%)	SLPs in Health Care <sup>b</sup> (%)	SLPs in Schools <sup>c</sup> (%)	All Respondents <sup>d</sup> (%)
Very prepared	32.6	43.7	43.2	39.7
Somewhat prepared	49.2	47.4	49.1	48.6
Not very prepared	14.3	6.6	6.6	9.4
Not at all prepared	3.9	2.3	1.0	2.3

<sup>a</sup>n = 433. <sup>b</sup>n = 213. <sup>c</sup>n = 407. <sup>d</sup>n = 1,116.

14. How prepared do you feel you are to lead an IPP team of multiple (health care or education) professionals?

Response	Audiologists <sup>a</sup> (%)	SLPs in Health Care <sup>b</sup> (%)	SLPs in Schools <sup>c</sup> (%)	All Respondents <sup>d</sup> (%)
Very prepared	15.1	20.3	21.1	19.5
Somewhat prepared	35.8	46.2	44.9	41.2
Not very prepared	30.2	25.9	26.0	27.2
Not at all prepared	18.8	7.5	8.1	12.1

<sup>a</sup>n = 430. <sup>b</sup>n = 212. <sup>c</sup>n = 408. <sup>d</sup>n = 1,112.

15. What are the reasons you engage in IPP? (Check all that apply.)

Response	Audiologists <sup>a</sup> (%)	SLPs in Health Care <sup>b</sup> (%)	SLPs in Schools <sup>c</sup> (%)	All Respondents <sup>d</sup> (%)
Advance professional skill set	32.0	45.5	41.9	39.2
Billing requirements	3.2	3.0	2.8	3.5
Fewer preventable errors	21.0	25.7	19.4	21.8
Improved patient/client outcomes	93.2	95.0	95.6	94.5
Improved patient/client satisfaction	73.8	81.7	54.3	68.0
Improved quality of care	91.9	92.1	80.9	88.2
Improved relationships with other disciplines	63.6	72.8	76.7	70.9
Reduced clinical stress and burnout	13.0	22.3	33.9	22.9
Reduced health care costs	6.4	10.4	1.0	5.1
Other (see below)	2.2	0.5	3.1	2.4

<sup>a</sup>n = 409. <sup>b</sup>n = 202. <sup>c</sup>n = 387. <sup>d</sup>n = 1,056.

Other responses included the following:

Audiologists—

- Audiologist on cleft palate team
- For IEPs, crucial to include all team members/service providers for student
- Good modeling for our students
- I am not currently engaged in IPP activities or teams.
- I am working with professionals in the community, not in our practice at this time.
- I don't.
- I don't typically.
- I work for an ENT physician.
- Need all of us to help the child and family be successful.
- Personal satisfaction
- Required
- Required by law (IEPs)

SLPs in Health Care—

- Better treatment outcomes if two different disciplines co-treat
- Don't have
- I do not participate
- I have never heard of IPP.
- I haven't officially engaged in IPP.

SLPs in Schools—

- Allows me to gain other insight from other professionals in other disciplines (OT, PT, educator, etc.)
- Annual IEP meetings
- Best practice
- Build rapport with colleagues
- Collaboration on difficult cases
- DEC and state push for PSP
- I do not at my site formally
- I do not currently engage in IPP
- IEP meetings for students are a requirement.

- It's part of our school culture.
- It's required in my setting.
- Legal mandates for IEPs
- Mandated by IDEA
- More fun; improves generalization
- Not relevant
- Part of IEP (Individual Education Plan) team
- Required at school setting
- Required by facility, part of mission of facility
- Required by the IEP process.
- We are not allowed to co-treat and we do not currently engage in IPP

All Respondents—

- Help students succeed academically
- Mandatory by our agency
- We are supposed to keep in touch with fellow team members as part of EI; however, we are not paid to do joint sessions or co-treat clients.
- You can learn a great deal from other professionals (OT, PT, audiology, etc.).

Question 6 was repeated at the end of the survey to determine any change in response as participants were made aware of the specific aspects of IPP while taking the survey.

16. This survey posed questions that may have changed the way that you think about IPP. Would you now say that you have engaged in interprofessional collaborative practice in your primary work setting in the past 12 months?\*

Response	Audiologists <sup>a</sup> (%)	SLPs in Health Care <sup>b</sup> (%)	SLPs in Schools <sup>c</sup> (%)	All Respondents <sup>d</sup> (%)
Yes	75.1	87.6	88.1	82.8
No	24.9	12.4	11.9	17.2

<sup>a</sup>n = 422. <sup>b</sup>n = 210. <sup>c</sup>n = 405. <sup>d</sup>n = 1,099.

\*Note: This question was worded as follows on the 2016 and 2017 surveys: “Given your ratings of IPP competencies in this survey, have you engaged in interprofessional collaborative practice in your primary work setting in the past 12 months?”

The following table presents the differences in “Yes” responses between Questions 6 and 13. Note that the number of respondents to Questions 6 and 13 differed, as some individuals dropped out of the survey before completing it in its entirety. There was little difference in responses. The largest change was for audiologists, with 4.8% more indicating at the end of the survey that they engaged in interprofessional collaborative practice (compared to the percentage indicating so at the beginning of the survey).

Response	Audiologists (%)	SLPs in Health Care (%)	SLPs in Schools (%)	All Respondents (%)
Question 6 = yes	70.3	83.8	91.1	81.1
Question 13 = yes	75.1	87.6	88.1	82.8
Difference (%) in response from start of survey to end of survey	4.8	3.8	-3.0	1.7

Finally, the research team wanted to examine the individual responses to Question 7 by whether or not respondents had received any formal education or training on IPP (Question 10). The total number of respondents displayed in the following tables excludes those who did not respond “Almost always” or “Most of the time” to all items in Question 7 (top table in that question) or did not respond “Almost always” or “Most of the time” to at least 16 of the 18 items (89%) in Question 7 (bottom table in that question). In both cases, respondents who had not received formal education or training on IPP were more likely to rate either all 18 statements or 16 of the 18 statements as “Almost always” or “Most of the time.”

Responded “Almost always” or “Most of the time” to all items in Question 7.

Group	Audiologists		SLPs in Health Care		SLPs in Schools		All Respondents	
	#	%	#	%	#	%	#	%
Had formal education or training on IPP (Q10 = yes)	33	35.5	21	33.3	48	36.1	113	36.2
Did not have formal education or training on IPP (Q10 = no)	60	64.5	42	66.7	85	63.9	199	63.8
Total # respondents	93		63		133		312	

Responded “Almost always” or “Most of the time” to at least 16 of the 18 items (89%) in Question 7.

Group	Audiologists		SLPs in Health Care		SLPs in Schools		All Respondents	
	#	%	#	%	#	%	#	%
Had formal education or training on IPP (Q10 = yes)	61	28.9	44	32.6	88	31.2	215	32.1
Did not have formal education or training on IPP (Q10 = no)	150	71.1	91	67.4	194	68.8	454	67.9
Total # respondents	211		135		282		669	

Additional resources on ASHA’s IPP initiatives may be found at <http://www.asha.org/Practice/Interprofessional-Education-Practice/>.