



Utah Medical Education Council
 230 South 500 East, Suite 210
 Salt Lake City, Utah 84102



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«FULL_NAME»
 «ADDR_LINE_1» «ADDR_LINE_2»
 «CITY», «STATE», «ZIP»

Utah Medical Education Council 2015 Physical Therapist Workforce Survey

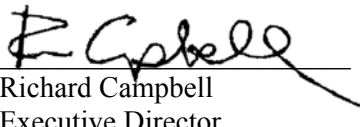
Dear «Profession_Name»,


The Utah Medical Education Council (UMEC, www.utahmec.org) was created in 1997 with the mission to conduct healthcare workforce research. The UMEC's mission includes advising on Utah's medical workforce needs, influencing graduate medical education financing policies, and working with state legislators, schools of medicine, and numerous healthcare organizations to ensure that Utah's healthcare workforce is sufficient to serve Utah communities.


The UMEC, in conjunction with the Utah Division of Occupational and Professional Licensing, the University of Utah, Rocky Mountain University of Health Professions, the Utah Physical Therapy Association, Intermountain Healthcare, and Dixie State University would like to invite you to participate in the first comprehensive survey of the physical therapist workforce in Utah. Your participation in this survey is crucial for determining the active physical therapist workforce makeup and distribution throughout Utah. This information is critical for schools of physical therapy, the state's legislature, and countless healthcare organizations to prepare for current and future workforce needs. We are committed to maintaining your privacy. Only de-identified, aggregate data will be published. For any further questions regarding this survey, please contact us at (801) 526-4550, or by email at jaronhalford@utah.gov.

Please return the completed survey in the envelope provided within 30 days. Thank you in advance for your support of the physical therapist profession.

Sincerely,


 Richard Campbell
 Executive Director
 Utah Medical Education Council


 Curtis B. Jolley, PT, MOMT
 President
 Utah Physical Therapy Association


 Dr. Reva Rauk
 Director of Clinical Education
 University of Utah, Department of
 Physical Therapy

Utah's Physical Therapist Workforce Survey, 2015

1. Are you currently providing physical therapy related services in Utah? Yes No

(e.g. practitioner, educator, administrator)

(a) If NO, please answer subsections i and ii below.

- i. Please specify why you maintain a Utah license: _____
- ii. Please rank the TOP THREE factors that have influenced your choice to work outside of Utah:
- | | | |
|-----------------|------------------------|-----------------------|
| Family _____ | Wage/Pay scale _____ | Climate _____ |
| Lifestyle _____ | Work Environment _____ | Other (specify) _____ |

IF YOU PROVIDE NO PHYSICAL THERAPY RELATED SERVICES IN UTAH PLEASE STOP HERE AND RETURN SURVEY IN THE PREPAID RETURN ENVELOPE.

SECTION 1: BACKGROUND AND GENERAL INFORMATION

1. (a) What is your age: _____ years old
(b) Gender: Male Female
2. (a) Was the majority of your upbringing spent in Utah?
 YES NO
(b) Please describe the area where you spent the majority of your upbringing (when you lived there):
 Rural Suburban Urban/Metropolitan Area
(c) Are you of Hispanic ethnicity? YES NO
(d) What is your race: Caucasian African American Asian
 American Indian Pacific Islander Other (please specify) _____

SECTION 2: YOUR EDUCATION

3. (a) Please provide information about your ENTRY-LEVEL physical therapy degree:
Degree Conferred: DPT MPT PT (Baccalaureate)
State: _____ Year of Degree: _____ Check one that applies: State School Private School
- (b) Please provide information about your HIGHEST physical therapy degree:
Degree Conferred: Same as above
 DPT MPT PT (Baccalaureate)
State: _____ Year of Degree: _____ Check one that applies: State School Private School
- (c) What was your total educational debt for your physical therapy education at the time of graduation?
PT (Baccalaureate) Degree Debt: \$ _____
MPT Degree Debt: \$ _____
DPT Degree Debt: \$ _____
4. If you earned a physical therapy degree OUTSIDE of Utah, please rank the top three factors that influenced your decision to work in Utah?
Family _____ Wage/Pay scale _____ Climate _____
Lifestyle _____ Work Environment _____ Other (specify) _____
5. Have you completed a residency and/or fellowship? YES NO
(a) If YES, Type of Residency/Fellowship: _____
6. Please indicate any Board Certifications for physical therapy that you *currently* hold:
 Cardiovascular and Pulmonary Neurology Sports
 Clinical Electrophysiology Orthopaedics Women's Health
 Geriatrics Pediatrics Wound Management
 Other: _____

7. Do you hold credentials (license, certification, degree) in any of the following:

- | | | |
|--|---|---------------------------------------|
| <input type="checkbox"/> Athletic Training | <input type="checkbox"/> Massage Therapy | <input type="checkbox"/> Orthotics |
| <input type="checkbox"/> Art/Dance Therapy | <input type="checkbox"/> Nursing | <input type="checkbox"/> Prosthetics |
| <input type="checkbox"/> Chiropractry | <input type="checkbox"/> Occupational Therapy | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> PTA | <input type="checkbox"/> Certified Hand Therapist | |

SECTION 3: CURRENT WORK

8. Which best describes your *current* work status?

- | | |
|--|---|
| <input type="checkbox"/> Employed in a physical therapy related capacity | <input type="checkbox"/> Employed, NOT in a physical therapy related capacity |
| <input type="checkbox"/> Voluntary Unemployment | <input type="checkbox"/> Involuntary Unemployment |
| <input type="checkbox"/> Volunteer Work Only | <input type="checkbox"/> Retired |

9. Are you *currently* licensed as a physical therapist in any state(s) OUTSIDE of Utah? YES NO

If YES, what state(s): State: _____ State: _____ State: _____

10. What is the ZIP CODE of your current work location?

Primary Practice: _____ Secondary Practice: _____

11. What is the average number of hours you work per week?

Primary Practice: _____ Total Hours/Week Secondary Practice: _____ Total Hours/Week

12. Please enter the code from the list below that best describes your practice setting(s).

Primacy Practice (code): _____ Secondary Practice (code): _____

01 Academic Institution	05 General Hospital, Outpatient	09 Home Health Care
02 Physician Office	06 Rehabilitation Facility, Residential/Inpatient	10 U.S. Military/ VA
03 Private Practice, Solo or Group	07 Rehabilitation Facility, Outpatient Clinic	11 K-12 School system
04 General Hospital, Inpatient	08 Insurance Organization	12 Other: _____

13. In the average work week, what is the percentage of time that you devote to the following roles at your primary practice: (Please make sure that percentages equate to 100%)

- (a) Direct Patient Care _____ % per week
(including patient education and coordination of care)
- (b) Documentation/Charting _____ % per week
- (c) Administrative or Business-related activities _____ % per week
- (d) Education of Health Professions Students _____ % per week
(e.g. precepting, teaching)
- (e) Formal Research _____ % per week
- (f) Other: _____ % per week

14. On average, how many patients do you see per hour in direct patient care activities? _____ patients/hour

15. Please estimate the percentage (%) of patients you see from each of the following age groups:

0-19 Years Old: _____% 20-64 Years Old: _____% 64-84 Years Old: _____% 85+ Years Old: _____%

16. What percentage of your patients are insured by: (please make sure the percentages add up to a 100%)

Medicaid _____% Self-Pay/Uninsured _____% Charity Care _____%

Medicare _____% Private Insurance/Managed Care _____% VA/Tri-Care (CHAMPUS) _____%

17. What is the number of years you have been employed by your present employer? _____ yrs

18. (a) What is your annual gross compensation from physical therapy related activities?

(before taxes AND excluding benefits)

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> Less than \$30,000 | <input type="checkbox"/> \$50,000-\$59,999 | <input type="checkbox"/> \$80,000-\$89,999 | <input type="checkbox"/> Over \$110,000 |
| <input type="checkbox"/> \$30,000-\$39,999 | <input type="checkbox"/> \$60,000-\$69,999 | <input type="checkbox"/> \$90,000-\$99,999 | |
| <input type="checkbox"/> \$40,000-\$49,999 | <input type="checkbox"/> \$70,000-\$79,999 | <input type="checkbox"/> \$100,000-\$109,999 | |

PLEASE ANSWER QUESTION 19 BELOW IF YOU HAVE CHANGED WORK SETTING, OR IF YOUR WORK STATUS HAS CHANGED WITHIN THE LAST TWO YEARS

19. (a) Within the past two years, have you experienced any of the following: (check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Voluntary unemployment | <input type="checkbox"/> Involuntary unemployment |
| <input type="checkbox"/> Switched employers/practices | <input type="checkbox"/> Worked two or more positions at the same time |
| <input type="checkbox"/> Worked part-time or temporary positions, but would have preferred a full-time or permanent position | <input type="checkbox"/> Hours decreased involuntarily |

(b) If you have switched employers/practices within the past two years, please indicate the work setting you left and the work setting you moved to: (See question 12 above for practice code)

	<u>Setting Left</u>	<u>Setting Moved To</u>
First Switch:	Practice Code: _____	Practice Code: _____
Second Switch:	Practice Code: _____	Practice Code: _____

(b) If you have changed work settings within the past two years, please check the reason(s) for this change of work setting. Select **ALL that apply:**

- | | | | |
|-------------------------------------|--|--|--|
| <input type="checkbox"/> Higher Pay | <input type="checkbox"/> Work Responsibilities | <input type="checkbox"/> Part-Time to Full-Time Work | <input type="checkbox"/> More Challenging |
| <input type="checkbox"/> Moved | <input type="checkbox"/> Professional Advancement | <input type="checkbox"/> Position Elimination | <input type="checkbox"/> Desire for Change |
| <input type="checkbox"/> Laid Off | <input type="checkbox"/> Better Work/Education Fit | <input type="checkbox"/> Personal/Family Reasons | <input type="checkbox"/> Other _____ |

SECTION 4: FUTURE WORK AND OUTLOOK

20. Within the next two years, do you plan to do any of the following: (check **ALL that apply)**

- | | |
|--|--|
| <input type="checkbox"/> Retire | <input type="checkbox"/> Increase time spent teaching physical therapy |
| <input type="checkbox"/> Continue working in physical therapy, but cease working in Utah | <input type="checkbox"/> Decrease time spent teaching physical therapy |
| <input type="checkbox"/> Cease working in physical therapy | <input type="checkbox"/> Pursue additional physical therapy education |
| <input type="checkbox"/> Continue to look for employment as a physical therapist | <input type="checkbox"/> Increase patient care hours |
| | <input type="checkbox"/> Decrease patient care hours |

21. (a) At what age are you planning to retire completely from practicing physical therapy? _____ yrs old

(b) Are you planning to reduce the number of hours you work before you retire? YES NO

If YES, at what age do you plan on reducing your hours? _____ yrs old

If YES, how many hours per week will you work after this reduction in hours? _____ hrs/wk

22. Currently, how many hours would you **CHOOSE to work at your physical therapy job each week? _____ hrs/wk**

23. Compared to last year at this time, how has your workload changed?

- | | | |
|--|--|--|
| <input type="checkbox"/> Increased Significantly | <input type="checkbox"/> Increased Slightly | <input type="checkbox"/> Remained the same |
| <input type="checkbox"/> Decreased Slightly | <input type="checkbox"/> Decreased Significantly | |

24. Overall, how satisfied are you with your *current* employment or work situation?

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> Very satisfied | <input type="checkbox"/> Somewhat satisfied | <input type="checkbox"/> Somewhat dissatisfied | <input type="checkbox"/> Very dissatisfied |
|---|---|--|--|



Thank You for Your Time.

Please Return the Survey Using the Enclosed Prepaid Return Envelope

