

# Utah Genetic Counselor Workforce Survey 2017

**Q1 What is your PRIMARY practice status? (Please check ONE of the following)**

- Living in Utah and providing services in Utah
  Living in Utah and DO NOT provide services in Utah
  Other (specify)
- Living out of state and providing remote services in Utah
  Living out of state and DO NOT provide remote services in Utah

Other (please specify):

**Q2 If you DO NOT PROVIDE IN-PERSON OR REMOTE SERVICES IN UTAH, on a scale of 1-5 (1 being the most influential and 5 being the least influential), please rank the following factors that have influenced your decision to not provide services in Utah:**

	1 - Most influential	2	3	4	5 - Least influential
Climate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wages/Pay scale	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work Environment/Opportunities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lifestyle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other (please specify):

**Q3 If you DO NOT PROVIDE IN-PERSON OR REMOTE SERVICES IN UTAH, please specify why you maintain a Utah license:**

**IF YOU DO NOT PROVIDE ANY SERVICES IN UTAH STOP HERE AND RETURN THE SURVEY. THANK YOU.**

**Q4 If you PROVIDE IN-PERSON OR REMOTE SERVICES IN UTAH, on a scale of 1-5 (1 being the most influential and 5 being the least influential), please rank the following factors that have influenced your decision to practice in Utah:**

	1 - Most influential	2	3	4	5 - Least influential
Utah Genetic Counseling Graduate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pay scale/Wages	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cost of Living	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lifestyle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Practice Opportunities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other (please specify):

**Demographics**

**Q5 Are you of Hispanic ethnicity?**  Yes  No

**Q6 What is your race?**

- American Indian/Alaska Native
  Black/African American
  Asian
- Native Hawaiian/Pacific Islander
  White
  Other (specify)

Other (please specify):

**Q7 Please describe the area where you spent the majority of your upbringing (when you lived there):**

- Rural
  Suburban
  Urban

State:

## Education

Q8 Please provide the following information about the institution from which you received your highest genetic counseling degree:

State School  Private School

State:

Year of Graduation:

Q9 Please mark the amount of educational debt you CURRENTLY have from your genetic counseling program (exclude pre-genetic counseling and non-educational debt)

\$0.00  \$20,000 to \$29,999  \$50,000 to \$59,999  \$80,000 to \$89,999  
 \$0.01 to \$9,999  \$30,000 to \$39,999  \$60,000 to \$69,999  \$90,000 to \$99,999  
 \$10,000 to \$19,999  \$40,000 to \$49,999  \$70,000 to \$79,999  \$100,000 or more

Q10 Please mark the amount of educational debt you had AT THE TIME OF GRADUATION from your genetic counseling program (exclude pre-genetic counseling and non-educational debt)

\$0.00  \$20,000 to \$29,999  \$50,000 to \$59,999  \$80,000 to \$89,999  
 \$0.01 to \$9,999  \$30,000 to \$39,999  \$60,000 to \$69,999  \$90,000 to \$99,999  
 \$10,000 to \$19,999  \$40,000 to \$49,999  \$70,000 to \$79,999  \$100,000 or more

Q11 How many years of experience as a master's level genetic counselor do you have...

As < .25 FTE (less than 10 hrs/week)

As .5 to .725 FTE (20 to 29 hrs)

As .25 to .475 FTE (10 to 19 hrs)

As .75 to 1 FTE (30 to 40 hrs)

## Practice Settings and Characteristics

Q12 Please select the option that best describes your PRIMARY practice setting

University Medical Center (e.g. Huntsman, U of U)  Private Hospital or Medical Facility (e.g. IHC, MountainStar, IASIS)  Diagnostic Laboratory, Non-academic  Physician's Private Practice  
 Public Hospital or Medical Facility  Diagnostic Laboratory, Academic  Other (specify)

Other (please specify):

Q13 Please select the option that best describes your SECONDARY practice setting (if applicable)

University Medical Center (e.g. Huntsman, U of U)  Private Hospital or Medical Facility (e.g. IHC, MountainStar, IASIS)  Diagnostic Laboratory, Non-academic  Physician's Private Practice  
 Public Hospital or Medical Facility  Diagnostic Laboratory, Academic  Other (specify)

Other (please specify):

Q14 Please select the ONE option that best describes your PRIMARY specialty

Cancer Genetics  General Genetics  Cardiology  Education; Public or Professional  
 Prenatal  Adult (including complex disease)  Molecular/Cytogenetics/Biochemical Testing  Other (specify)  
 Pediatric

Other (please specify):

Q15 Do you work with patients in any capacity as part of your regular job responsibilities?  Yes  No

Q16 Do you counsel patients as part of their regular health care?  Yes  No

Q17 If YES, on average how many patients do you provide counseling to per week?

1-4 patients  5-10 patients  11-15 patients  16-20 patients  More than 20 patients

Q17a **If YES, on average, how many days must patients wait for an appointment?**

New routine patients:

Established patients:

Urgent patients:

Q18 **Please select the response indicating your average annual GROSS compensation**

- |   |   |   |   |
|---|---|---|---|
| <input type="checkbox"/> Less than \$20,000   | <input type="checkbox"/> \$60,000 to \$69,999   | <input type="checkbox"/> \$110,000 to \$119,999 | <input type="checkbox"/> \$160,000 to \$169,999 |
| <input type="checkbox"/> \$20,000 to \$29,999 | <input type="checkbox"/> \$70,000 to \$79,999   | <input type="checkbox"/> \$120,000 to \$129,999 | <input type="checkbox"/> \$170,000 to \$179,999 |
| <input type="checkbox"/> \$30,000 to \$39,999 | <input type="checkbox"/> \$80,000 to \$89,999   | <input type="checkbox"/> \$130,000 to \$139,999 | <input type="checkbox"/> \$180,000 to \$189,999 |
| <input type="checkbox"/> \$40,000 to \$49,999 | <input type="checkbox"/> \$90,000 to \$99,999   | <input type="checkbox"/> \$140,000 to \$149,999 | <input type="checkbox"/> \$190,000 to \$199,999 |
| <input type="checkbox"/> \$50,000 to \$59,999 | <input type="checkbox"/> \$100,000 to \$109,999 | <input type="checkbox"/> \$150,000 to \$159,999 | <input type="checkbox"/> \$200,000 or more      |

Q19 **Please indicate the practice CITY, ZIP CODE, HOURS CONTRACTED and OVERTIME per week of your PRIMARY and SECONDARY practice settings (employer location)**

Primary City:

Secondary City:

Primary Zip Code:

Secondary Zip Code:

Primary CONTRACT Hours/week:

Secondary CONTRACT Hours/week:

Primary OVERTIME Hours/week:

Secondary OVERTIME Hours/week:

Q20 **Do you provide services in any language other than English with or without the assistance of a translator?**

- Yes  No

If yes, please list the language(s):

Q21 **What percentage of your time do you spend in the following categories each week? (Total should be 100%)**

Clinical Care:

Customer Liaison:

Clinical Coordination:

Supervision/Management:

Teaching/Supervising Students:

Writing:

Research/Study Coordinator:

Other (percent):

Laboratory Support:

Other (please specify):

Q22 **Do you bill insurance for your genetic counseling services?**  Yes  No

Q22b **If YES, is financial assistance available at your PRIMARY setting for genetic counseling services for those who can't pay?**  Yes  No

Q23 **What tools have you used in the past two years to meet the demand for your genetic counseling services? (Select all that apply)**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Telegenetics (telemedicine) | <input type="checkbox"/> Electronic medical records (EMR) | <input type="checkbox"/> Other (specify) |
| <input type="checkbox"/> Group counseling sessions   | <input type="checkbox"/> Genetic Counseling Assistants    |  |

Other (please specify):

Q22a **If you selected Telegenetics above, how do you use Telegenetics/telemedicine?**

- Provide services in Utah  Provide services out of Utah

### **Retention and Satisfaction**

Q24 **Have you voluntarily changed employers/settings in the last two years?**

- Yes  No

Q24a If YES, what type of setting did you move from and to? (One response per column)

	Left from	Moved to
Clinical	<input type="checkbox"/>	<input type="checkbox"/>
Non-clinical	<input type="checkbox"/>	<input type="checkbox"/>
Mixed	<input type="checkbox"/>	<input type="checkbox"/>

Q24b If YES, what factors influenced your decision to leave your last employer/setting? (Select all that apply)

- Better professional opportunity
- Better salary
- Dissatisfied with job
- Better location/more convenient
- Needed a change
- Family/personal reason
- Career change
- Moved to different city/state
- New graduate
- Desired full-time
- Desired part-time
- Other

Q25 Have you considered leaving the field of genetic counseling in the last two years (other than retirement)?

- Yes
- No

Q25a If YES, what factors have influenced your consideration of leaving the field of genetic counseling? (Select all that apply)

- Desire a change
- Earning potential
- Advancement opportunities
- Focus on/start a family
- Schedule flexibility
- Amount of job responsibilities
- Compassion fatigue/burnout
- Respect/support received in work environment
- Autonomy
- Job availability/opportunities
- Location of job/work commute
- Moved to a different city
- Amount of patients
- Other (specify)

Other (please specify):

Q26 Have you reduced your total hours working as a genetic counselor in the past five years?

- Yes
- No

Q26a If YES, what were the reasons for this reduction? (Select all that apply)

- Desire a change
- Earning potential
- Advancement opportunities
- Focus on/start a family
- Schedule flexibility
- Amount of job responsibilities
- Compassion fatigue/burnout
- Respect/support received in work environment
- Autonomy
- Job availability/opportunities
- Location of job/work commute
- Moved to a different city
- Amount of patients
- Other (specify)

Other (please specify):

Q26b If YES, how many hours per week did you work before and after this reduction? (One answer per row)

	10 or fewer hours	11-20 hours	21-30 hours	31-40 hours
Before reduction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
After reduction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q27 At what age are you planning to retire completely from genetic counseling?

Q28 Are you planning to reduce hours before full retirement?

- Yes
- No

Q28a If YES, in how many years do you plan to reduce your hours before full retirement?

- Fewer than 5 years
- 5-10 years
- 11-15 years
- 16-20 years
- 21-25 years
- 36-30 years
- 31 to 35 years
- More than 35 years

Q29 How satisfied are you with your current work arrangement?

- Very Satisfied
- Somewhat Satisfied
- Somewhat Dissatisfied
- Very Dissatisfied

**Thank you for your participation. Please return the survey in the enclosed envelope.**

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