

Interprofessional Practice Survey Trend Report 2016–2025

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 [surveys](#) in 2016, 2017, 2019, 2021, 2023, and 2025 to gather baseline and progress data for an ASHA Strategic Plan initiative on advancing IPP. The first four surveys were sent to a random sample of ASHA-certified audiologists and speech-language pathologists (SLPs) who reported being employed full time as a clinical service provider in the United States or U.S. Territories.

The 2023 and 2025 surveys were sent to a similar random sample and were also sent to a random sample of ASHA Special Interest Group affiliates. In 2023, this latter sample was specifically drawn from members of the following affiliated groups—the National Academy of Practice audiology and SLP members, cohorts of the 2019 and 2021 ASHA Faculty Development Institute, and Council on Academic Programs in Communication Sciences and Disorders IPE/IPP committee members. In 2025, the latter sample only included a random sample of SIG affiliates. These latter groups (i.e., SIG affiliates and affiliated groups) were included in the 2023 and 2025 surveys to measure the impact of specific IPE/IPP initiatives that were targeted to these individuals who are actively engaging with ASHA in our IPE/IPP efforts. Response rates ranged from 10.8% in 2021 to 17.7% in 2017.

This report presents trend data on key data points monitored throughout the 10-year period. Specifically, the data points are as follows:

- Percent of respondents who indicated that they had engaged in interprofessional collaborative practice (IPP) during the past 12 months
- Percent of respondents who answered “almost always” or “most of the time” to at least 15 of 18 IPP behaviors
- Percent of respondents who indicated that they are satisfied with the degree of collaboration on their IPP team(s)
- Percent of respondents who indicated that the culture to engage in IPP at their facility/ school is very or somewhat conducive
- Percent of respondents who indicated that they had education or training on IPP
- Percent of respondents who indicated that they feel prepared to effectively participate on IPP teams
- Percent of respondents who indicated that they feel prepared to lead an IPP team of multiple (health care or education) professionals

This report was prepared jointly by ASHA’s Academic Affairs and Research Education unit and ASHA’s Surveys and Analysis unit.

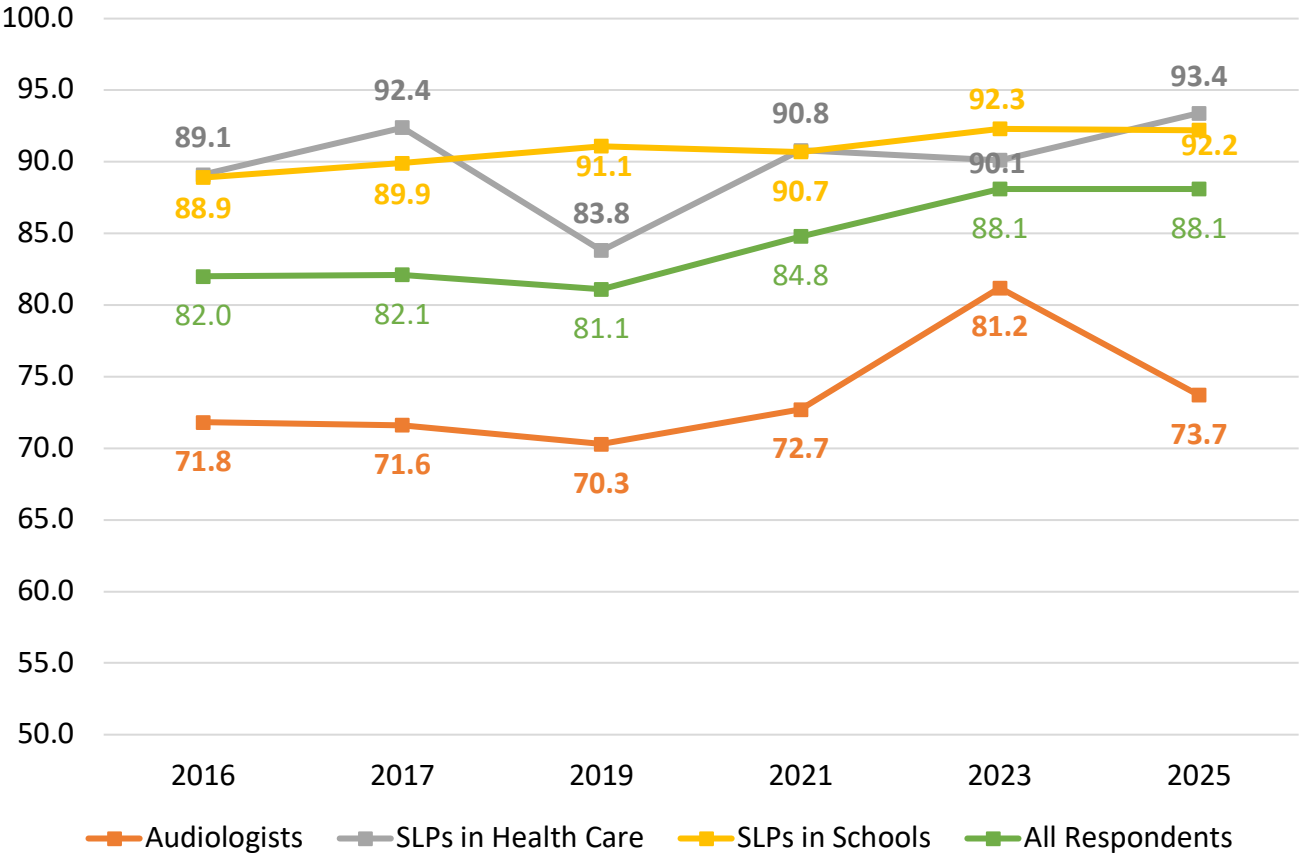
Engagement in IPP

Respondents were asked if they had engaged in IPP during the past 12 months, based on the following definition:

For the purposes of this survey, “interprofessional collaborative practice” occurs when two or more individuals from different disciplines 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](#).

On average, 84.4% of all respondents had engaged in interprofessional collaborative practice over the 10-year period, ranging from 81.1% in 2019 to 88.1% in 2023 and 2025. Audiologists were least likely—among the three groups—to engage in interprofessional collaborative practice (averaging 73.6% over the 10-year period), whereas SLPs in school settings were most likely to engage in IPP (averaging 90.9% over the 10-year period).

Figure 1. Percent of respondents who indicated that they had engaged in IPP, as defined above, during the past 12 months.



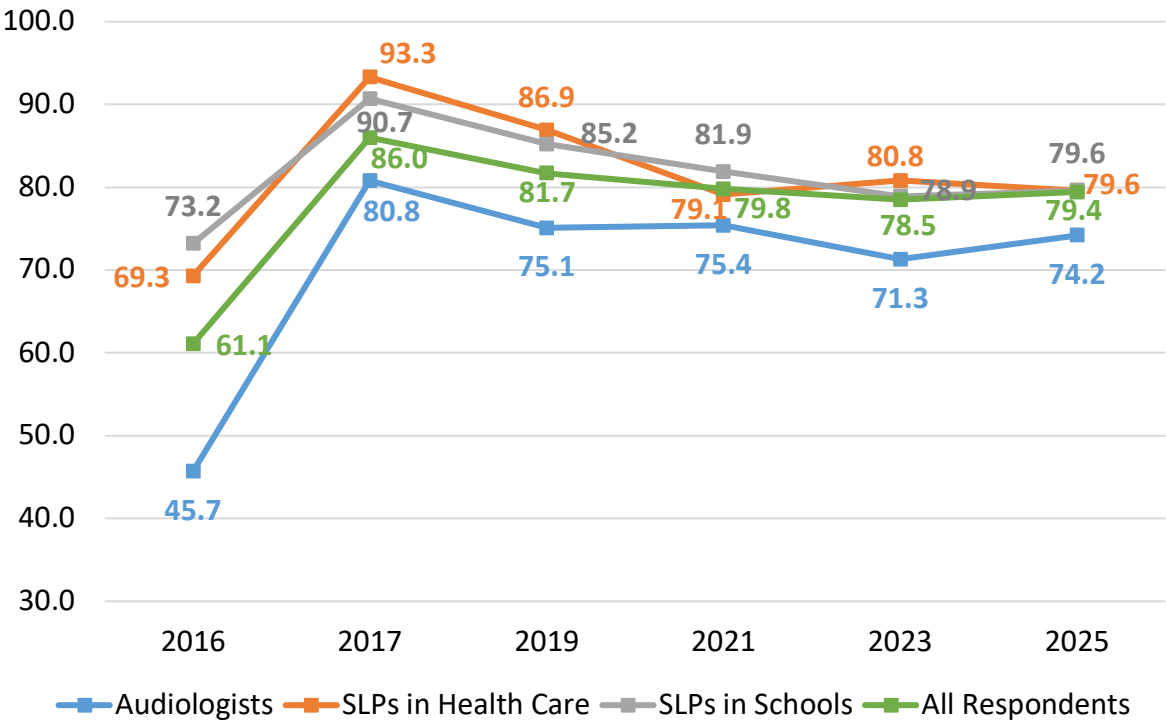
Engagement in IPP Behaviors

Respondents were asked to consider one health care or school-based team experience that they had had within the past 12 months and respond to a set of 18 statements (e.g., “My colleagues from other fields treat me with respect.”) using a scale of “almost always,” “most of the time,” “less than half the time,” or “almost never.” The question was 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). See Appendix A for a full list of the 18 IPP behaviors.

The research team was 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 at least 15 of 18 IPP behaviors (approximately 80%) for a given IPP experience. **The percentage of respondents who indicated “almost always” or “most of the time” to at least 15 of the 18 IPP target statements was selected as the 2016 baseline performance metric for ASHA’s Strategic Objective #2, Advance Interprofessional Education and Interprofessional Collaborative Practice (46% of audiologists, 69% of SLPs in health care, and 73% of SLPs in schools) along with the goal of achieving 80% by 2025.**

The “all respondent” group reached the 80% threshold in 2017 and sustained or nearly sustained that target through 2025 (i.e., 86% in 2017, 82% in 2019, 80% in 2021, and 79% in 2023 and 2025). SLPs in health care reached the 80% threshold in 2017 and sustained or nearly sustained that target through 2025 (i.e., 93% in 2017, 87% in 2019, 79% in 2021, 81% in 2023, and 80% in 2025). SLPs in schools reached the 80% threshold in 2017 and sustained or nearly sustained that target through 2025 (i.e., 91% in 2017, 85% in 2019, 82% in 2021, 79% in 2023, and 80% in 2025). Audiologists reached the 80% threshold in 2017 and subsequently reached 75% in 2019, 75% in 2021, 71% in 2023, and 74% in 2025.

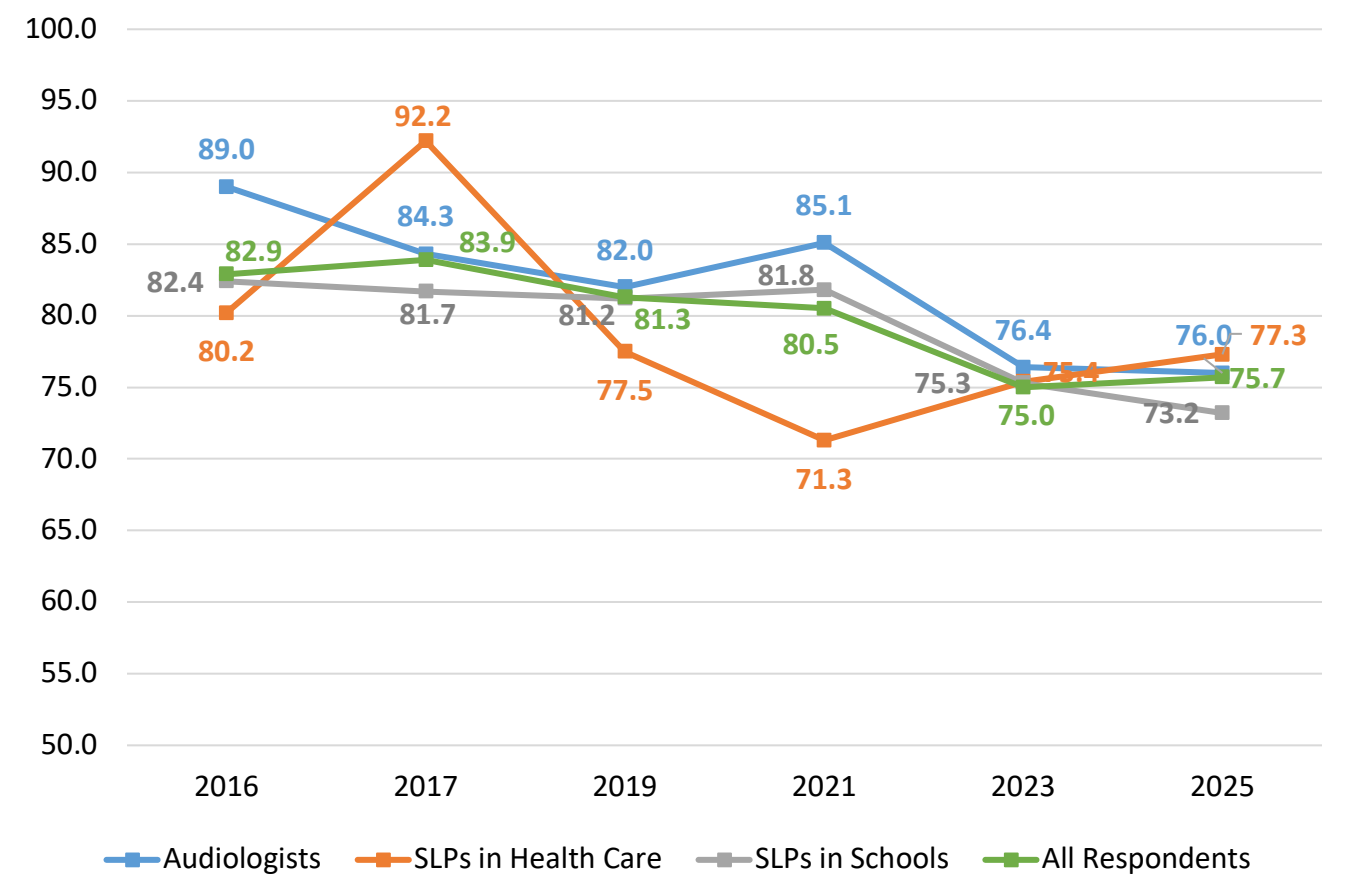
Figure 2. Percent of respondents who answered “almost always” or “most of the time” to at least 15 of 18 IPP behaviors.



Satisfaction With Degree of Collaboration on IPP Team

Respondents were asked their level of satisfaction with the degree of collaboration on their IPP team(s) using a three-point scale of “yes,” “no,” and “I don’t know.” At least 75.0% of all respondents over the 10-year period report satisfaction with the degree of collaboration on their IPP team(s). Apart from a slight increase in 2017, the satisfaction for all respondents combined shows a general downward trend, from 82.9% in 2016 to 75.7% in 2025, with fluctuations in satisfaction rates among audiologists and SLPs in health care and school settings.

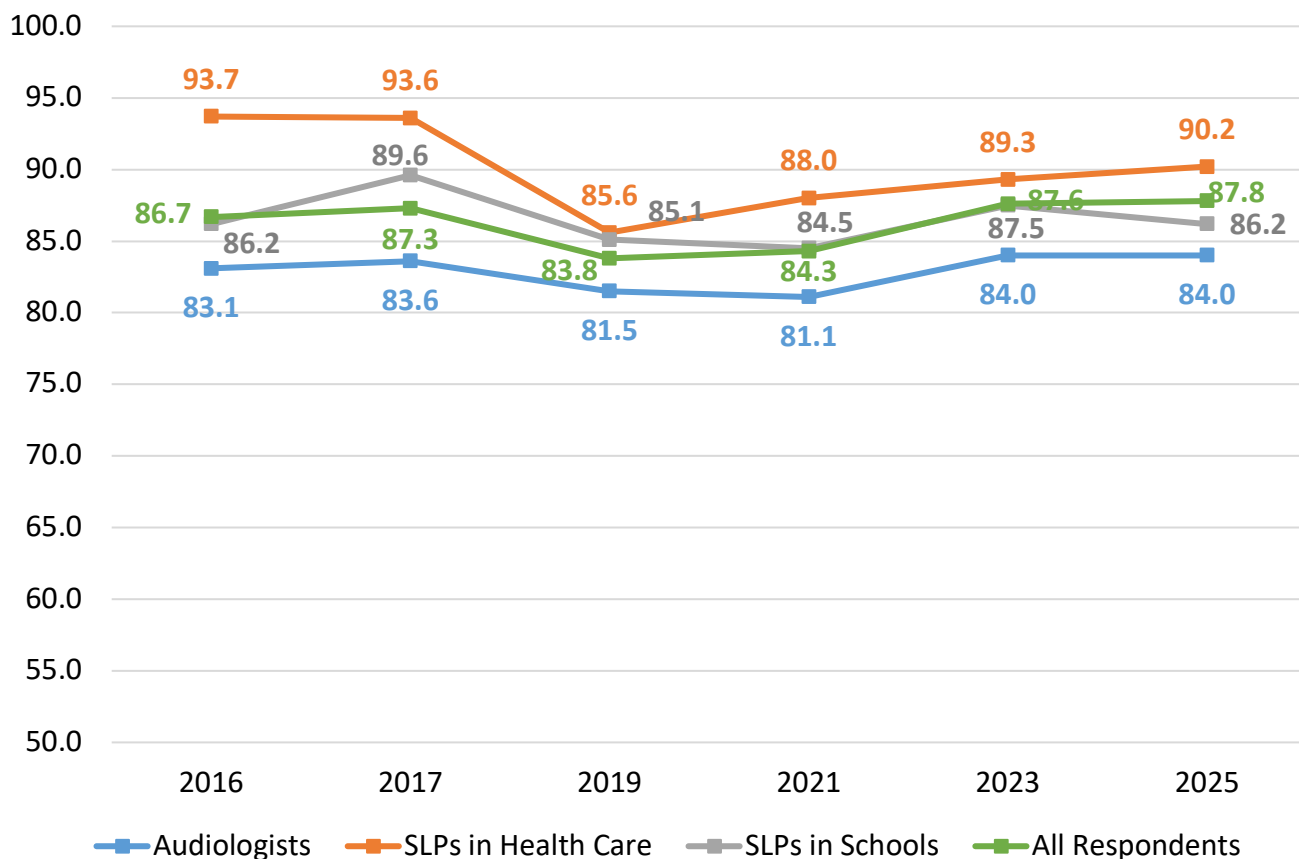
Figure 3. Percent of respondents who indicated that they are satisfied with the degree of collaboration on their IPP team(s).



Conduciveness of IPP Culture in Employment Setting

The majority of all respondents, across profession and setting, reported that the culture to engage in IPP at their facility/school was very or somewhat conducive. Ratings were highest for SLPs in health care settings and were lowest (albeit, above 81% for all years) for audiologists.

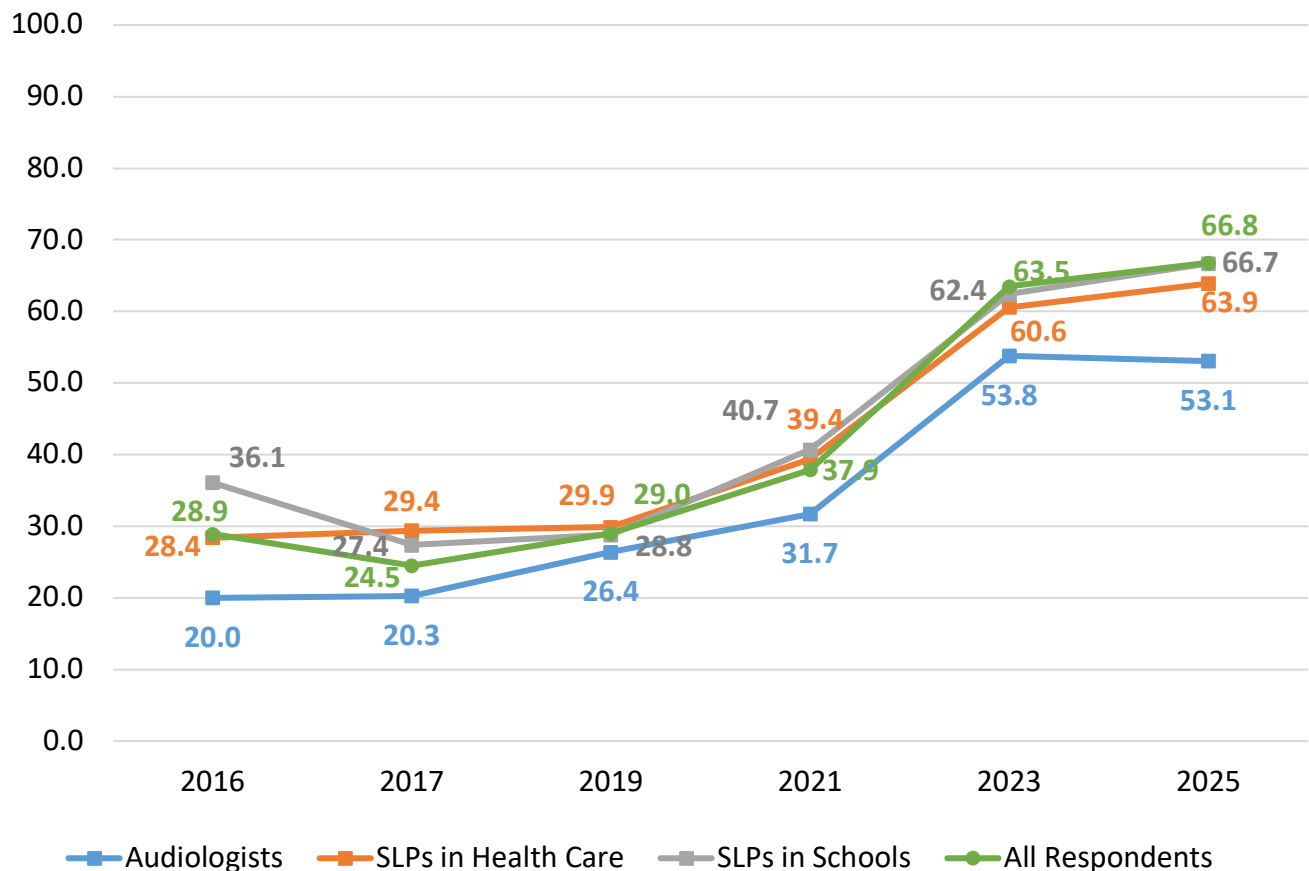
Figure 4. Percent of respondents who indicated that the culture to engage in IPP at their facility/school is very or somewhat conducive.



Education and Training on IPP

Respondents were asked if they had had any education or training on IPP (academic or clinical coursework in IPP, professional development activity specifically on IPP, read an article, engaged in a discussion with colleagues, etc.). An uptick was noted for most groups over the 10-year period. This question was phrased as “Have you had any formal education or training on IPP (academic or clinical coursework in IPP, professional development activity specifically on IPP, etc.)?” in the 2016, 2017, 2019, and 2021 surveys. The word *formal* was removed from the question stem for the 2023 and 2025 survey. There was a significant increase across all groups between 2021 and 2023, which may have been due in part to the change in question wording.

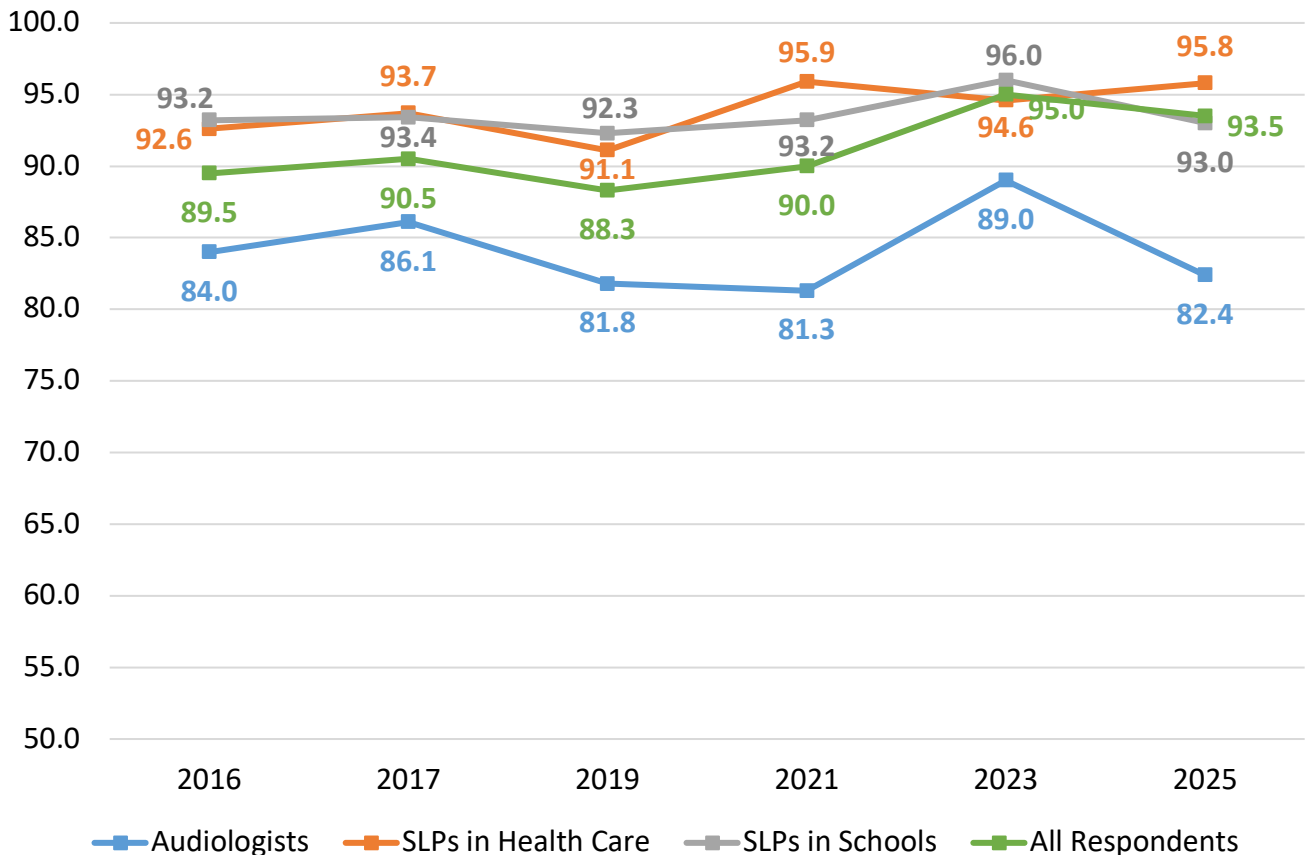
Figure 5. Percent of respondents who indicated that they had education or training on IPP (academic or clinical coursework in IPP, professional development activity specifically on IPP, read an article, engaged in a discussion with colleagues, etc.).



Preparedness to Effectively Participate on IPP Teams

Respondents were asked how prepared they felt to effectively participate on IPP teams using a four-point scale of “not at all prepared” to “very prepared.” The vast majority—at least 88.3% of all respondents combined—felt very or somewhat prepared to effectively participate on IPP teams between 2016 and 2025. Of the respondent groups, audiologists felt the least prepared (averaging 84.1% over the 10-year period) compared with SLPs in health care and school settings (averaging 94.0% and 93.5% respectively).

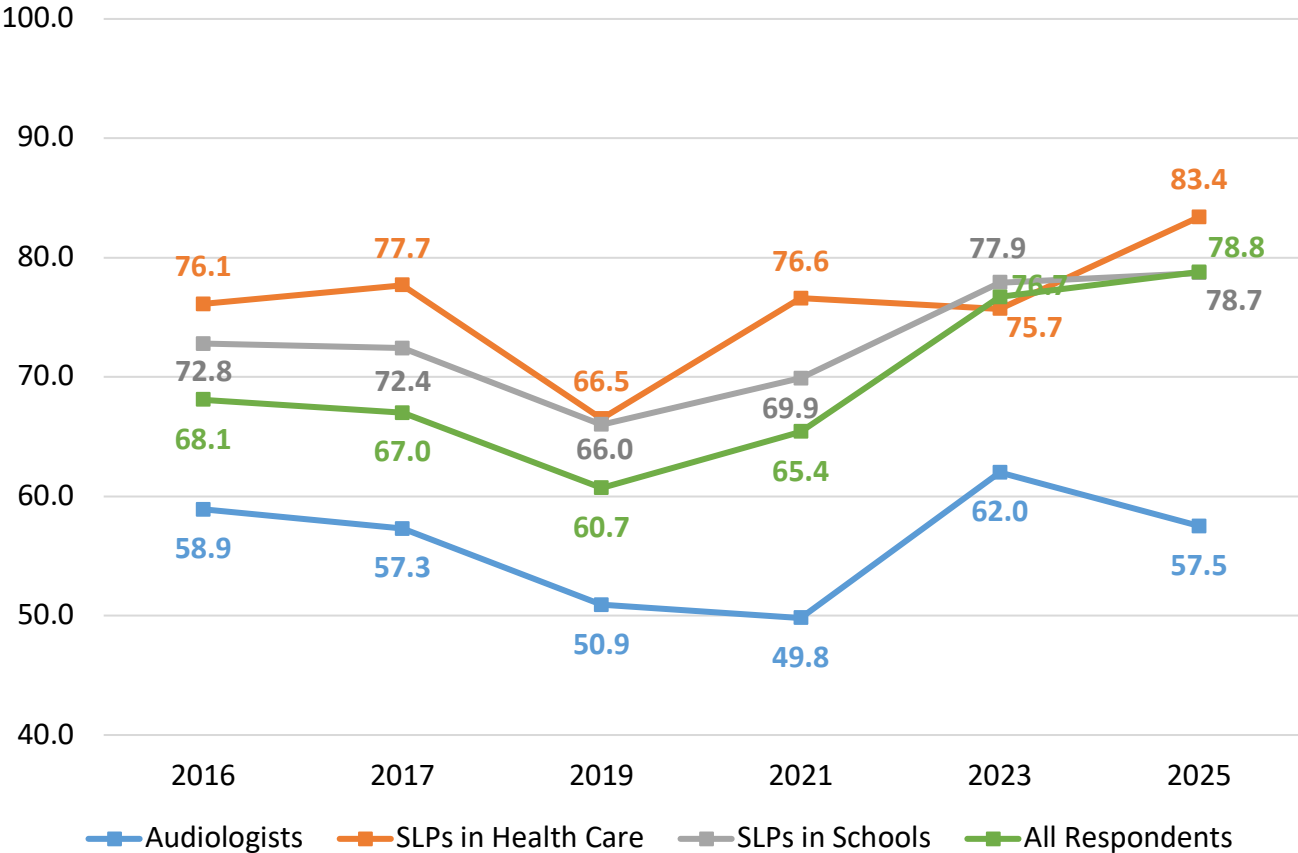
Figure 6. Percent of respondents who indicated that they feel very or somewhat prepared to effectively participate on IPP teams.



Preparedness to Lead an IPP Team

Respondents felt much less prepared to lead an IPP team of multiple (health care or education) professionals than to effectively participate on an IPP team. Using the same four-point scale of “not at all prepared” to “very prepared,” 69.5% on average over the 10-year period felt prepared to lead an IPP team. This ranged from 60.7% in 2019 to 78.8% in 2025. SLPs in health care settings felt the most prepared to lead such a team in all years except 2023, while audiologists felt the least prepared.

Figure 7. Percent of respondents who indicated that they feel very or somewhat prepared to lead an IPP team of multiple (health care or education) professionals.



Appendix A

List of IPP Behaviors

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).

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

Scale: *Almost always; most of the time; less than half the time; almost never*

1. My colleagues from other fields treat me with respect.
2. I work with my team to make decisions based on consensus.
3. I accept ownership for resolving conflict with team members.
4. When I have a disagreement with a colleague, I ask questions in order to understand their perspective.
5. I take time to explain my roles and responsibilities to colleagues.*
6. Leadership is shared in team meetings.
7. When two team members can both perform a task, we make a decision about it.
8. I am consistent in sharing patient/student information with my colleagues.**
9. I willingly engage in shared decision-making.
10. The team talks together about our professional similarities and differences.
11. I trust decisions made by the interprofessional team.
12. Administrative duties that support the team, such as minute taking, are shared.
13. I acknowledge my team members' qualities and skills regularly.
14. I involve patients/students/families in their treatment plans.
15. When deciding on treatment plans, I consult with colleagues from other fields.
16. I am comfortable receiving feedback from team members.
17. The team includes everyone who supports patient/student care in my area, including clinicians, team members who provide administrative support, teachers, etc.
18. I feel included in my health care/school-based team.

*This item was phrased as, "I take time to explain my role to colleagues" in the 2016, 2017, and 2019 surveys.

** This item was phrased as, "I am consistent in sharing patient/student information" in the 2016, 2017, and 2019 surveys.