

**Supplemental Material S1.** Survey questions given to participants.

## Survey: Continuing Education Needs for SLPs in CL&P

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### Start of Block: Study Information & Consent

Thank you for your consideration to participate in this research project entitled: **Continuing Education Needs of Speech-Language Pathologists Regarding Children with Cleft Lip/Palate Across Areas of Varying Population Density**. This survey should take approximately **10 minutes** to complete. The purpose of the study is to examine speech-language pathologists (SLPs) training needs across rural, suburban, metro, and frontier/remote locations related to assessment and intervention for children with cleft lip and/or palate. The questions included will gather demographic information, past and current experience related to clinical practice and academic training, and your continuing education needs/interests related to cleft lip/palate. The full Study Information Sheet can be viewed here: [<Link to Full Protocol>](#) Do you consent to participate in this study?

- Yes, I consent
- No, I do not consent

*Skip To: End of Survey If Thank you for your consideration to participate in this research project entitled: Continuing Edu... = No, I do not consent*

How did you hear about this survey?

- Facebook
- Instagram
- Twitter
- Email announcement
- ACPA announcement
- ASHA SIG Listserv
- Other: \_\_\_\_\_

End of Block: Study Information

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**Start of Block: Background Information**

Are you an ASHA Certified Speech-Language Pathologist or Clinical Fellow?

- Yes, ASHA Certified CCC-SLP
- Yes, Clinical Fellow CF-SLP
- No

*Skip To: End of Survey If Are you an ASHA Certified Speech-Language Pathologist or Clinical Fellow? = No*

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What age range do you fall within?

- 20-29
  - 30-39
  - 40-49
  - 50-59
  - 60-69
  - 70-79
  - 80+
-

How many years have you been a practicing SLP?

- < 1 year
  - 1 - 5 years
  - 6 - 10 years
  - 11 - 15 years
  - 16 - 20 years
  - 21 - 25 years
  - 26 - 30 years
  - 30+ years
- 

In which state do you currently reside?  
*Single select dropdown list with all US States*

In which state(s) are you currently licensed to practice? (select all that apply)

- Alabama
- Alaska
- Arizona
- Arkansas
- California
- Colorado
- Connecticut
- Delaware
- District of Columbia
- Florida
- Georgia
- Hawaii
- Idaho
- Illinois
- Indiana
- Iowa
- Kansas
- Kentucky
- Louisiana
- Maine

- Maryland
- Massachusetts
- Michigan
- Minnesota
- Mississippi
- Missouri
- Montana
- Nebraska
- Nevada
- New Hampshire
- New Jersey
- New Mexico
- New York
- North Carolina
- North Dakota
- Ohio
- Oklahoma
- Oregon
- Pennsylvania
- Puerto Rico

- Rhode Island
  - South Carolina
  - South Dakota
  - Tennessee
  - Texas
  - Utah
  - Vermont
  - Virginia
  - Washington
  - West Virginia
  - Wisconsin
  - Wyoming
  - I do not reside in the United States
-

In what setting(s) do you currently practice (select all that apply)?

- Early Intervention
  - School-based
  - Private Practice/Outpatient Clinic
  - Inpatient Hospital-based
  - Outpatient Hospital-based
  - Long-term acute care hospital
  - Home health
  - Skilled Nursing Facility
  - College/University
  - Corporate Speech-Language Pathology
  - Retired
  - Other: \_\_\_\_\_
- 

Are you a member of your **state** speech-language-hearing association?

- Yes
  - No
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In what range does your average yearly salary fall? If you receive an hourly rate, approximately how much do you earn each year as a practicing SLP?

- \$0 - \$10,000
  - \$10,000 - \$20,000
  - \$20,000 - \$40,000
  - \$40,000 - 60,000
  - \$60,000 - \$75,000
  - \$75,000 - \$90,000
  - \$90,000 - \$120,000
  - >\$120,000
- 

Do you receive continuing education benefits through your primary place of employment?

- Yes
  - No
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In what zip code is your primary practice location located?  
*Select or type zip code*

Is your primary practice location considered: Rural, Town, Suburb or City/Metropolitan? If you are currently practicing via teletherapy, answer based on the location of your office. Please reference this website for more information about these classifications or to identify your classification based on zip code: <https://nces.ed.gov/programs/maped/LocaleLookup/>. This will be cross-referenced with your provided zip code.



- Rural
  - Town
  - Suburb
  - City / Metropolitan
- 

*Display This Question:*

*If Is your primary practice location considered: Rural, Town, Suburb or City? (see link for more inform = Rural*

*Or Is your primary practice location considered: Rural, Town, Suburb or City? (see link for more inform = Town*

Based on your answer to the previous question, is your location (rural or town) considered to be fringe, distant, or remote?

*Please reference this website for more information about these classifications or to identify your classification based on zip code: <https://nces.ed.gov/programs/maped/LocaleLookup/>*

- Fringe
- Distant
- Remote

**End of Block: Background Information**

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**Start of Block: Training & Practice Information**

Where did you receive your education or clinical training regarding assessment and treatment of children with repaired cleft lip/palate (select all that apply)?

- Graduate school, a designated course in cleft lip/palate
- Graduate school, part of some other course
- Graduate school, clinical practicum
- Continuing education opportunities
- Clinical fellowship year
- Craniofacial clinical fellowship
- On-the-job training
- I do not have any experience or training in assessment and treatment of children with cleft lip/palate

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Please provide additional comments about your answer to the previous question.

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What clinical experiences (if any) did you receive during your graduate training related to cleft palate? (select all that apply)

- I completed a full clinical rotation on a cleft palate/craniofacial team.
- I had exposure to multiple patients with cleft palate during my graduate clinical practicum rotations.
- I had exposure to at least one patient with a cleft palate during my graduate clinical practicum rotations.
- I did NOT receive any clinical experiences related to cleft palate during my graduate program.

Have you EVER provided care for a child with repaired cleft lip/palate?

Yes

No

*Skip To: Q10 If Have you EVER provided care for a child with repaired cleft lip/palate? = No*

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How many children with repaired cleft lip/palate have you seen in your caseload in the past five years?

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Approximately how many children with repaired cleft lip/palate have you seen in your caseload over the course of your entire career?

1

2 - 4

5 - 9

10 - 14

15 - 19

20 - 49

50 - 99

100 - 499

500+

**End of Block: Training & Practice Information**

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**Start of Block: Continuing Education Needs**

When working with children with repaired cleft lip/palate, how helpful have the following continuing education opportunities been? If you have not used a particular type of continuing education, please select "Have not used."

	Have not used	Not helpful at all	Somewhat helpful	Very helpful
Conventions/conferences	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Textbooks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Peer-reviewed journals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
DVDs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Webinars	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Materials from the American Cleft Palate-Craniofacial Association	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (specify):	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Please provide any additional comments about your answer to the previous question.

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How helpful would it be to have information about each of the following? Please rank the following according to the below scale:

Not helpful at all = 1, Somewhat helpful = 2, Very helpful = 3

	1 - Not helpful at all	2 - Somewhat helpful	3 - Very helpful
Assessment of resonance disorders	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Assessment of articulation disorders related to velopharyngeal dysfunction	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Treatment of resonance disorders	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Treatment of articulation disorders related to velopharyngeal dysfunction	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Specific speech treatment techniques	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How to do an oral exam for a child with cleft lip/palate	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Communicating with craniofacial team speech pathologists	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cleft Team decisions (surgery, orthodontics)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Aerodynamics or pressure flow for speech production	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nasometry	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Video nasendoscopy or nasopharyngoscopy rationales	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Video nasendoscopy or nasopharyngoscopy techniques for velopharyngeal assessment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Video fluoroscopy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Language problems of children with repaired cleft lip/palate	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hearing acuity/loss in children with cleft palate	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeding	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Syndromes associated with cleft lip/palate	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please provide additional comments about your answers to the previous question. Is there any other specific resource you may find helpful?

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Please rate the quality of information received from each of the below resources for continuing education according to the below scale: 1 = Poor quality resource; 2 = Somewhat quality resource; 3= High quality resource

	1 – Poor Quality Resource	2 – Somewhat Quality Resource	3 – High Quality Resource
Conventions/Conferences	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Textbooks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Peer-reviewed journals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other written materials	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
DVDs/Webinars	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
YouTube videos	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Social Media	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Blogs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Websites/Internet search	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Information from child's cleft team	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Information posted on hospital websites	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mentors/Colleagues	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please order the below resources from least to most likely you are to use or reference to obtain information regarding the care of children with cleft lip and/or palate?

- \_\_\_\_\_ Conventions/Conferences
- \_\_\_\_\_ Textbooks
- \_\_\_\_\_ Peer-reviewed journals
- \_\_\_\_\_ Other written materials
- \_\_\_\_\_ DVDs/Webinars
- \_\_\_\_\_ YouTube videos
- \_\_\_\_\_ Social media
- \_\_\_\_\_ Blogs
- \_\_\_\_\_ Websites/Internet search
- \_\_\_\_\_ Information from child's cleft team
- \_\_\_\_\_ Information posted on hospital websites
- \_\_\_\_\_ Mentors/Colleagues
- \_\_\_\_\_ Other (specify):

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Is there anything else you would like to tell us about to improve continuing education needs for clinicians treating cleft lip and palate?

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Is there anything else you would like to tell us about how to improve the care of children with repaired cleft lip/palate? Your input is very important!

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**End of Block: Continuing Education Needs**

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**Start of Block: Thank you!**

Thank you for participating in our survey! Your time is greatly appreciated.

**End of Block: Thank you!**

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