

Supplemental Material S2. Participant responses: Is there anything else you would like the research team to know about your responses to this survey?

Really I do a pretty even mix of diagnostics and hearing aids.

Because I work for the military, the cost of products and services is not a consideration when providing care and this may influence results of the survey.

We work with pediatric patients but also pediatric cochlear implant patients.

Somewhat concerned about how these data will be presented, by forcing rankings of clearly important issues to be 'less important.'

The word is "equity" is a deceiving term. I agreed with your description of equity, which is often different than the description of equity in greater society

The answers for the first three categories were difficult to classify as degrees of importance as all of categories are important.

Hard to rank and prioritize items as so many overlap and are of equal importance

Thank you for doing this work!

No

As an audiologist and owner of a small private practice -- my success is 100% based on the quality of care for patients, which results in trust, respect, patient personal confidence and care. My patients trust me to do what is best for them, not what is written in the books and journals, not what everyone else is doing, and not what the researchers tell us we have to do. The most important thing (that was not in your survey questions) is listening. Hearing aids will only be worn when patients want to wear them. A hearing aid worn is better than one sitting in a drawer. Listen to what they want and need -- then it is easy to exceed their expectations.

The first part of the survey is not very mobile friendly

I don't dispense hearing aids and other amplification devices; I assess balance function.

No

My head is spinning regarding the possible use of this data or at least where you will go next with this. Not sure hitting on futuristic issues. Hope this helps.

We pride ourselves at our practice at providing each patient with best practices and evidenced-based practices, while still selling hearing aids from ALL manufacturers and any level of technology/style of device they like. We make sure we do our part in making sure we provide the best practices/best devices, and they get to have the autonomy in choosing what is best for their lifestyle.

I feel that audiologists should be educating our patients about, not only, hearing aid technology by educating them between the difference between aids and OTC devices. Furthermore, we should be taking the time to educate patients regarding the connection with cognitive health and untreated hearing loss. We should be teaching our students that with hearing aids there are 4 clinical outcomes-improved cognitive health, improved mental health, decrease in tinnitus and decrease in falls. I don't feel the current Au.D. programs do this. I have been a preceptor for over 20 years and I am teaching my students about these outcomes. Educating the patient, at least for me, is a top priority and making sure we refer out for medical intervention as needed.

The last question asked my primary responsibility. I listed teaching, but would say that precepting while working with patients is my primary responsibility.

Was hoping to see more areas of audiology represented beyond prescriptive/dispensing.

Everything was focused on devices. Nothing was offered re: counseling, aural rehab. Questionnaires re: impairment and satisfaction are not the same thing. Nothing was discussed re: diagnostic testing, balance etc. perhaps that was intent of the survey but our profession is not just about devices

I would have liked to answer these questions without the options of National and State laws and Ethics being included. Very interesting!

No

Very important topic - good luck!

It is impossible to accurately rank priorities. If we say we follow best-practices, that means we care about objective & subjective measures and we care that someone can use their devices, their devices are comfortable, we refer for medical consult, etc. so where we rank those is less important?

I don't dispense hearing aids in my current role.

I note all of the values mentioned in this survey are patient-focused. Obviously audiologists have values of self-interest, as well as values regarding their interactions with coworkers, colleagues, industry partners, and the community.

Making sure patients understand comorbidities and that having a device is not enough

I was at a large CI and dispensing facility in the past. I am answering from my experience when I was a clinician and not based on my industry role

No

I work in ENT. We primarily focus on evaluating adults and children for hearing loss and various hearing disorders. Half my time is spent doing diagnostics and other half dispensing.

I treat every patient with dignity and kindness, and it is important to me, however, I am not a supporter of the continuing ed. requirements for gender equity.

Some values were a given and I didn't deem as a "value." Hearing aids causing pain? Code of ethics? Also, I wish there had been a category of transparency in Marketing and transparency in the cost of services.

No, I don't think so. Thank you

It was hard to drag and drop things on an iphone.

Eliminate woke terminology and related questions. Those political agendas are divisive and not unifying. It is a major disservice to the audiology profession to inject political agendas into the wonderful work we do for our patients and our profession. Audiology is a "profession", not a "field".

Every item listed is important. We strive to meet all of those details in daily care of our patients. However, with VA, cost is not an issue for the patient and not listed as a high priority for the provider.

Thank you for a reasonable questionnaire. I appreciate it.

Your survey is limiting as it appears to focus on hearing aid fitting(s) and the design seems to make me answer a question I would not necessarily answer the way presented. I worry it is misleading and does not allow me to really address what your research question is supposed to address. The survey comes across as a way to put an answer in a category that does not depict the way I think about audiology at all.

AuDs need to have higher pay across the board and be more valued. My husband is a physician and soon as somebody asks that in conversation, it's as though their demeanor changes towards him. Please excuse the typos, as I am working and doing this on the side

I'm not currently practicing.

I work in a very rural area with a wide range of patients coming from all over the state. I want to make sure I am fulfilling my role as an audiologist, providing them with quality care, and then helping with cost/travel. My practice

offers low budget hearing aids to allow patients to have high quality aids while still being able to receive care from an audiologist.

I have an equal focus on medical diagnostics and fitting amplification

I worked in a Clinic setting dispensing hearing aids to adults for 16 years and have only recently switched to an Educational Audiology setting for a school district. My responses were based on my previous experience.

I also teach undergraduate and graduate students in an SLP program in NYC, and in the process of credentialing for a company that subcontracts to the VA hospitals to perform audiometric assessments for veterans seeking military pension and compensation.

I do not fit or dispense hearing aids. I have a vestibular specialty, thus most of these responses were geared towards dispensing audiologists.

Most responses were from my time working at a private practice as I no longer dispense hearing aids.