

Just in Time Ethics

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Reed Conference Center

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Today's Objectives

- Improve skills and ability to ask questions about ethical situations
- Encourage thought about options and actions
- Foster self-examination
- Practice some EDM in a safe place

A Brief History of Ethics for SLPs

- For the practice of SLP, the roots of ethical discussions are in both the area of **human rights**, and the area of **medical ethics**.
- Hippocrates (~460–380) might be considered the father of healthcare ethics
- Late 17th century:
 - John Locke: "no one ought to harm another in his life, liberty or possessions."

(Peel, 2005)

- **Late 18th century**
 - Ethicist John Gregory and philosopher David Hume floated the idea that medicine is an art as well as a science
 - Evolution of human rights were solidified in the American Declaration of Independence (1776) and the French Declaration of the Rights of Man and the Citizen (1789).
(Peel, 2005)
- **Early-mid 20th century**
 - Atrocities in World War II drove the creation of the Nuremburg Code
Laid groundwork for informed consent practices

The log in the eye of our own profession

- The Tudor Study a.k.a "The Monster Study" (Goldfarb, 2005)
- University of Iowa circa 1939

- **1979: The Belmont Report**
 - Summary of ethical principles and guidelines for research
 - Specifies the principles of beneficence, respect for persons, and justice (Federal Register, 1979)
- **Current day ethical practices**
 - A blend of utilitarianism (do what is best for most) and deontology (do what is morally good). (Peel, 2005)

Distinguishing between “morals” and “ethics” (Kumar, 2009)

- Both are concerned with the distinction between RIGHT & WRONG.
- Moral conduct is the determination of the individual.
- Ethics are derived from an expectation about behavior provided by an external source....such as an employer or a professional association.

- The practice act for SLPs and audiologists in OK states the following:

“Section 1605 - Qualifications for Licensure

- A. To be eligible for licensure by the Board of Examiners for Speech-Language Pathology and Audiology as a speech-language pathologist, the applicant must:
7. **Be of good moral character.”**

Principles of Biomedical Ethics

- ◆ Beneficence: Seek to do good
- ◆ Non-Maleficence: Avoid doing harm
- ◆ Justice: Be fair
- ◆ Autonomy/Respect for Persons: Allow people to choose what will happen to them

- Know your boundaries:
 - Scope of Practice
 - Personal competence

(Bupp, H., 2016)

Twists on the Principles



Distributive Justice

- Efforts to distribute goods or services equitably at the societal level (Scott, 1998)
- Examples:
 - Decisions about recipients of organ donations
 - Decisions made by facilities about purchases of major equipment



Ethics of double effect

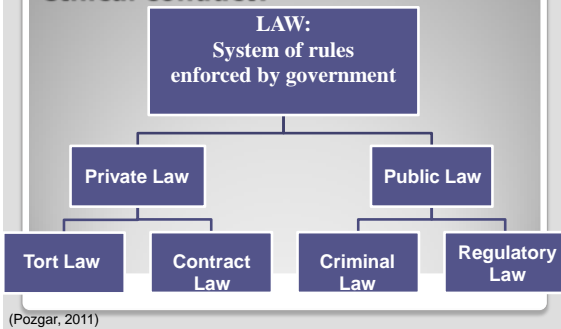
- Double effect occurs when an action has potential consequences that are both favorable and unfavorable. (Schwarz, 2004)
- Examples:
 - Placement of a feeding tube
 - Radical neurosurgery

Autonomy of the practitioner

- Aside from requirements of a particular workplace, SLPs may practice independently
- SLPs can exercise clinical judgment in recommending care and products

ASHA's Code of Ethics Principle IV; Rule A:
 "Individuals shall **exercise independent professional judgment** in recommending and providing professional services....."

Where are the mandates for ethical conduct?



• **PRIVATE LAW:** Regulates relations between individuals & businesses

Examples: real estate contracts; personal injury law;

- **Tort Law:** Body of the law that deals with remedies for injuries caused.
 - Example: Therapist improperly transfers a man, resulting in a fall and fracture
- **Contract Law:** Governs agreements between parties
 - Example: Employment law

- **PUBLIC LAW: Regulates relationships between individuals & the government**

Examples: Traffic regulations, ban on smoking in restaurants, tax laws

- **Criminal Law: The body of law that deals with punishment of crimes or violations of federal or state law**

- Example: Felony convictions; fraudulent billing

- **Regulatory Law: Body of statutes & rules that advance health, safety, economic security & various social objectives**

- Examples: HIPAA; practice acts

Legal Standards

- **Statutory Law: voted on by legislators.**
 - Examples:
 - Sec. 504 of Rehab Act of 1973 states there can be no discrimination based upon disability.
 - Individuals with Disabilities Education Act (IDEA) (1991, 1997) sets standards for children with communication disorders from birth-21.
 - Americans with Disabilities Act (ADA) (1990) protects anyone with disability in educational, employment, social settings.
 - HIPAA (1997)
 - Affordable Care Act (2010)
 - **Practice Acts at state level**

- **Case law**
 - courts judge similar cases based upon legal decisions of the past
 - Examples:
 - Cruzan vs. Director, MO Dept of Health (1990), in which the U.S. Supreme Court upheld a lower court ruling prohibiting family members from withdrawing life-sustaining treatment
 - Led to development of advance directives and Durable POA



Source: <http://digitalcollections.nypl.org>

Terminology

- Misconduct:
 - Any action that is unethical or contrary to the specific prohibitions and proscriptions in the code of ethics
- Examples:
 - Practicing without a license
 - Practicing outside scope of practice
 - Failure to make appropriate referrals
 - Failure to maintain confidentiality
 - Fraud
 - Failure to maintain accurate clinical records

Professional Misconduct

•**Negligence** is omission or commission of an act which constitutes a departure from the standard of care imposed on reasonable members of the profession.

- Careless provision of care
- Standard of care : reasonable /customary practices

Negligence

Negligence happens in various ways

- Malfeasance
Intentional act causing harm;
act is improper or illegal
- Misfeasance
Act done improperly
- Nonfeasance
Failure to act

- The state of being legally responsible for something.
- An obligation of healthcare providers to compensate when there is injury or harm

Liability

- Malpractice:
 - A type of tort in which the misfeasance, malfeasance or nonfeasance of a professional, under a **duty to act, fails to follow generally accepted professional standards**, and that **breach of duty is the cause of injury** to a plaintiff who suffers some form of damages. (Horner, 2013)
- **Duty to act**
- **Breach of duty**
- **Causation**
- **Harm/injury**

Malpractice

- The mandate for informed consent obligates an SLP to education persons receiving care to the benefits, risks and processes of the recommended procedures/interventions
- Assures that people can make voluntary and knowledgeable choices about care.
- Applied in both clinical and research settings.

Informed consent

- Practitioners have an obligation to communicate truthfully in execution of professional duties.
- Includes patient care responsibilities, inter-professional communications, advertising, etc.

Veracity

- Fidelity is the obligation to keep promises and commitments (Kornblau & Starling, 2000)
 - ASHA Code of Ethics states that practitioners should not guarantee results of a service or product.
 - (B) Licensees must not guarantee the results of any therapeutic procedures, directly or by implication. A reasonable statement of prognosis may be made, but caution must be exercised not to mislead persons served professionally to expect results that cannot be predicted from sound evidence.

Fidelity

- The obligation to keep communication about healthcare between the person receiving care and the care provider. (Scott, 2013)
- Assurance that personal **information** won't be revealed without permission
 - The person receiving care has autonomy over information that relates to them.
 - There are both legal and ethical mandates for the practice of confidentiality.
 - Confidentiality practices **restrict access to data**

Confidentiality

- Privacy is concerned with **access to person.**
 - Privacy is respected by curtained treatment areas
 - Privacy is respected by soundproof walls
 - Privacy is respected by use of treatment rooms instead of large gym areas

Privacy

- Discrepancies between what people feel that they *should do and what they would do in various ethical situations.*
- Many people can think of situations where what they feel they should have done was different from what they did. (O'Neil-Pirozzi, 2001)

Situational Ethics

Other Sources of Professional Ethical Mandates

- ASHA Code of Ethics
- OBESPA Practice Act / Code of Ethics
- OSLHA Code of Ethics
- American Academy of Audiology
- Human Resources Documents within workplaces
- Institutional Review Boards (IRBs)

ASHA Code of Ethics

- ASHA Code of Ethics
 - Applies only to those over whom the BOE has jurisdiction
 - Clinical Fellows ??
 - Not SLPAs
 - Not Audiology Assistants
 - Not students
 - Not people who are not ASHA members

Contents of ASHA's Code of Ethics (ASHA, 2016)

- Preamble
- Terminology
- 4 Principles of Ethics
 - Aspirational in nature
- 45 Rules of Ethics
 - Describe "minimally acceptable" practice; or prohibitions

Recent Revisions to the ASHA Code of Ethics (Bupp, 2016)

- Preamble was updated
- A glossary of key terminology was added,
 - "may" vs. "shall"
 - "telepractice" is defined and quality is specified.
- Updated/edited 2 of the 4 Principles of Ethics
- 15 new rules were added

• The new or revised rules address, among other things

- **Duty to self-report**
- **Duty to report impaired practice by others**
- **Client abandonment concerns**
- **Use of technology**
- **Supervision**
- **Responsible conduct of research**
- **Disclosure of financial and non-financial interests**
- **Collaboration within and between professions**

The OBESPA

- Members are appointed by the Governor
- 5 members include
 - At least one SLP
 - At least one Audiologist
 - An otolaryngologist
 - A layperson
- Those currently serving are
 - Susan McHugh, Board Chair
 - Mary Hudson, Vice-Chair
 - Mona Ryan, Secretary
 - William Livermon, Lay Member
 - Christopher Goff, Otolaryngology Member

- The OBESPA has jurisdiction over licensed SLPs, licensed audiologists, licensed SLPAs, licensed audiology assistants, and clinical experience interns.
- The Code of Ethics for SLPs and audiologists licensed in OK is located in the Rules of Practice (Okla. Administrative Code 690:15)

- <http://obespa.ok.gov>

OBESPA Code of Ethics:

• **Principles** of Ethics: affirmative statements of professional obligation.

- Hold paramount the interests of the person served.
- Provide services only when competent to do so.

• **Ethical Proscriptions:** formal statements of prohibition

- Licensees shall not guarantee the results of any therapeutic procedures
- Individuals shall not practice without a license

• **Matters of Professional Propriety:** guidelines for conduct related to interactions between professionals, and public relations

- Licensees must not accept compensation for supervision
- Advertise in a professional manner

Recent changes to Rules of Practice Act in OK:

- Code of Ethics language changes / refined definition of "correspondence".
- Added a requirement for continuing education related to ethics
- Added a requirement for continuing education in supervision for supervisors of clinical experience interns and SLP or audiology assistants
 - Enforcement begins in 2017

How will the new CE requirement for ethics be audited?

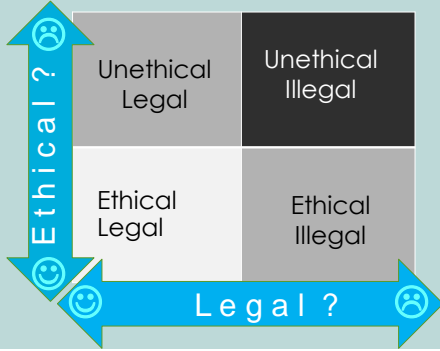
- There is no rule "this year" that the documentation be turned in by hard copy.
- There will be a random audit like always in which these hours must be included.
- The Board is considering rule changes in the future that might require listing out all CEU hours taken in the 2 year period but nothing has been formalized yet.
- Contact Amy Hall, OBESPA Executive Secretary with questions

In a recent ASHA survey, 30% of practitioners in healthcare settings reported pressure to engage in unethical behavior. (n > 2000)

- **The question:** In the past 12 months, have you felt pressured by an employer to engage in unethical activities?
 - **17%** of practitioners in SNF setting indicated pressure to provide services they felt were not clinically appropriate.
 - **14%** said they were pressured to provide services of inappropriate frequency/intensity
 - **12%** of practitioners in pediatric hospitals were asked to provide care they did not feel trained to provide.

(ASHA, 2013)

Evaluating Behaviors



Some ASHA Stats

- Nearing 190,000 members
- Per ASHA leaders, there are nearly 3500 **informal** inquiries about ethics annually.
 - This is a rate of ~2%
- In 2015, there were 55 complaints that became "docketed" cases.
- 45 BOE hearings took place in 2015, and 36 "Final Decisions" were issued.

Bupp, H. (2016)

Complaint Process ASHA

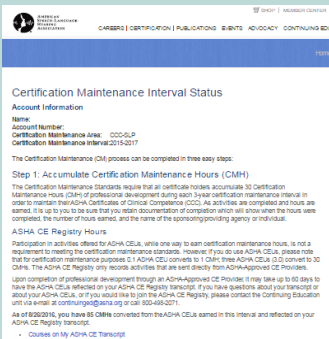
- Complaints are adjudicated by the ASHA Board of ethics

- Process is outlined on ASHA website:
 - <http://www.asha.org/Practice/ethics/Filing-a-Complaint-of-Alleged-Violation/>
- Complainant(s) will receive a letter of acknowledgement, and may be asked to sign a Waiver of Confidentiality
- The process can be lengthy.
- Respondents (person accused of violation) have the right to appeal

- Sanctions can include
 - Reprimand (private)
 - Censure (public reprimand)
 - Suspension of certificate (shorter/temporary)
 - Revocation of certificate (longer/more permanent)
 - Withholding of certificate (when issue involves someone not yet certified)
 - Cease & desist orders (can be in addition to above actions)

- Failure to pay dues by April 1 results in a certification status of "not current"
 - You cannot use the CCC credential.
 - Your certification is listed publically as "CCC Not Current" to anyone requesting ASHA certification verification.
 - You cannot serve as a clinical supervisor for students earning clinical hours for ASHA certification.
 - You cannot serve as a mentor to clinical fellows applying for ASHA certification.
 - Reinstatement can require that you take additional coursework and/or re-take the Praxis examination.
- Source: www.asha.org/Renew/renewfaq/

Verifying CCC Maintenance Status



Step 2: Submit A Compliance Form
 All certificate holders are required to submit one document — the Certification Maintenance Compliance form — as soon as all hours have been completed, but no later than 12/31/2017. If you have completed the required 30 CMHs during your current interval, please submit your compliance form now.
 Your compliance form has been submitted successfully.

Step 3: Maintain Your ASHA Affiliation
 In addition to acquiring your 30 CMHs, you must also maintain your annual affiliation for each of the three years of your interval.

- Interval Year 1: 2015: ASHA Affiliation Maintained.
- Interval Year 2: 2016: ASHA Affiliation Maintained.
- Interval Year 3: 2017: Future Maintenance. Billing has not yet started for this year.

You can renew online or to get a receipt of your most recently renewed year.

After you successfully complete this interval your next Certification Maintenance interval will be 2018-2020. You may start accumulating CMHs toward that interval on or after 1/1/2018.

Questions or concerns about certification maintenance should be directed to the certification maintenance group. You may contact them via email at certificationmaintenance@asha.org. You may also call the Action Center at 1-800-496-2071.

What about in Oklahoma?

- There are **2367** licensees
- In **2015, there were 26** complaints
- This is a complaint rate of ~1%
- There were 18 licensees who had actions taken against their license.
- Included billing for services not rendered, practicing without a license, failure to provide adequate supervision

Complaint Process OBESPA

- Complainant submits documentation outlining the alleged violation
- The Board's legal counsel reviews the paperwork and recommends for or against investigation

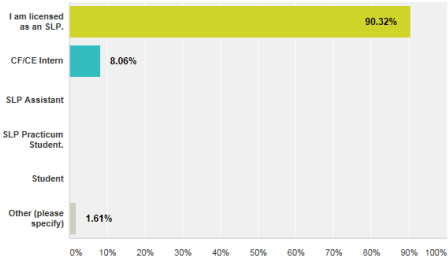
- The choice of investigative mode shall depend upon the circumstances of the case and the discretion of the Board.
- Results of investigation are considered by Board members as directed in the practice act.
- Based on findings, a complaint may be dismissed; or, there may be sanctions
 - Letter of caution
 - Letter of reprimand
 - Execution of a consent agreement
 - Fine
 - Suspension or revocation of license to practice

Ethics Survey Results

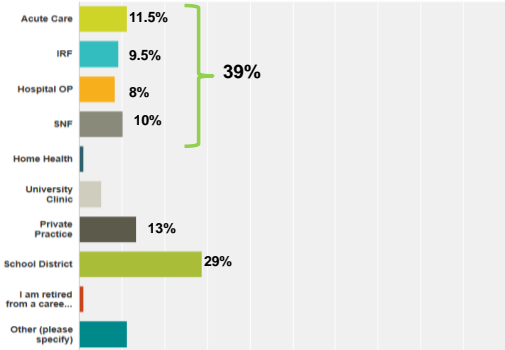
- Survey Monkey® was used to design and present survey content.
- Survey was announced on several related social media sites and by e-mail
- Informed consent was imbedded in the survey pages.
- N= 97
- Poll results should be considered non-scientific.



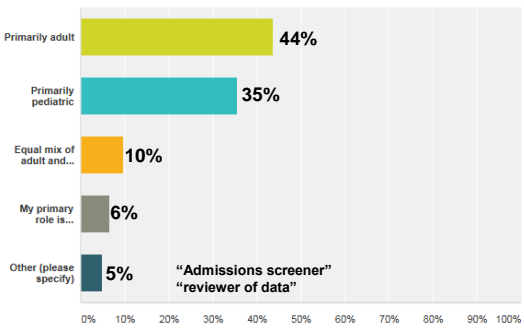
Demographics



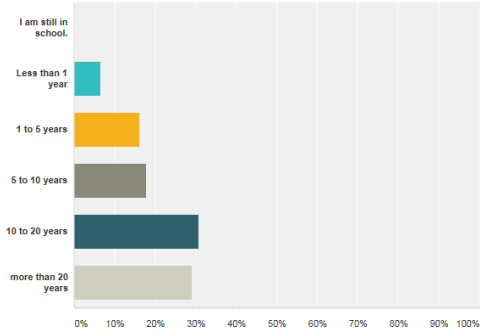
Practice Setting



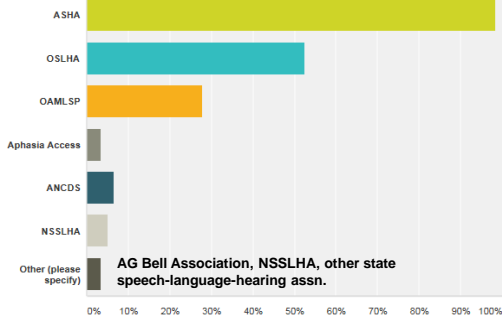
Primary Caseload



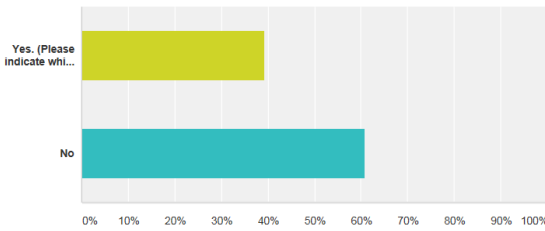
How long have you worked as an SLP?



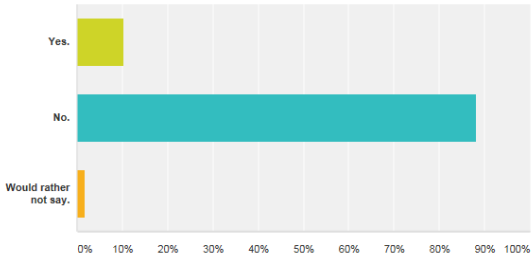
To which professional organizations do you belong?



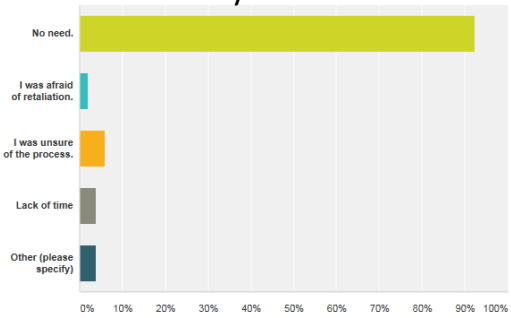
Are you a member of an ASHA SIG?



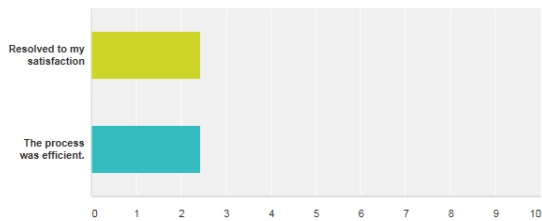
Have you ever made a formal complaint to ASHA or a licensure board?



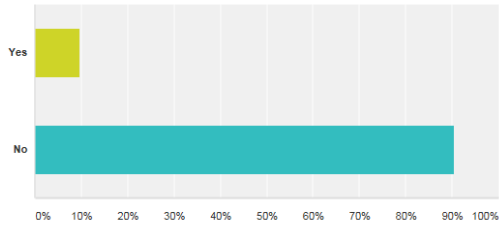
If you've never filed a complaint, why not?



Experience with complaint process



Do you provide clinical services via telehealth arrangements?



Concerns and Considerations:

- Per the ASHA Code of Ethics and practice act in OK, the quality of service provided by telepractice must be equivalent to the quality of service provided when clinician and person served are present in the same location.
- The person served must be informed of alternatives to telepractice.
- In Oklahoma, telepractice providers **MUST** be licensed to practice in Oklahoma.



How does your experience compare?

I have been asked to provide longer or more frequent sessions for people on my caseload than I feel is appropriate.	36.96%
I have been encouraged to discharge a person because of limited reimbursement.	28.26%
I have been asked to keep a person on my caseload when they no longer required care.	41.30%
I have been encouraged to accept someone on my caseload in order to improve productivity.	21.74%
I have been asked to clock out before I do paperwork or other non-billable activity.	30.43%
I struggle to meet the productivity expectations of my employer.	28.26%
I have been asked to complete or correct the documentation of a former employee.	28.26%
My employer does not cover costs of updated materials.	26.09%
I have been asked to provide care without adequate training.	17.39%
I believe a coworker has engaged in unethical practice	19.57%

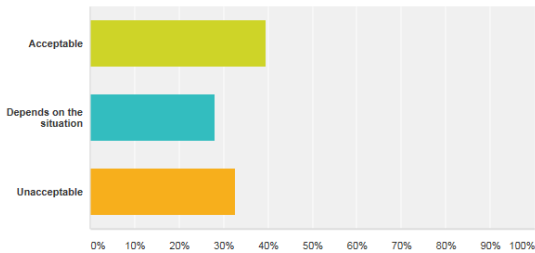
On the positive side

- 90% of respondents indicated confidence in their ability to make ethical decisions
- 80% indicated they have the tools they need to do their job successfully
- 70% reported having excellent mentorship during their Clinical Fellowship experience
- The majority of respondents say their employer and co-workers share their sense of ethics

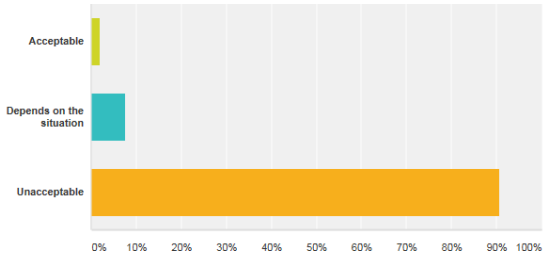
Room for improvement:

- Half of respondents indicated worry related to ethical issues
- 25% reported having left a job due to ethical concerns

A busy outpatient clinic requires SLPs to complete point of service documentation to receive a "meets expectations" or "exceeds expectations" rating on their annual performance reviews.



A rehab manager tells the SLP staff that they can increase their productivity by clocking out before completing paperwork.

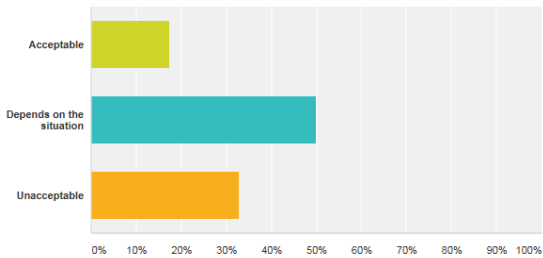


What are the concerns?

- Are practices in place for the best interest of the people receiving care?
- Is the care provider making decisions they believe to be best, or are they bending to the demands of an employer focused on the bottom line?
- What are the SLP's options?



An SLP working in a skilled nursing / long-term care facility documents sessions that were provided at 5:30 in the morning.

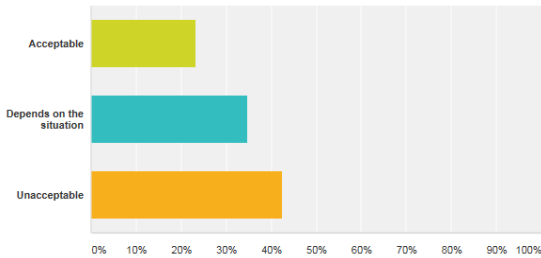


What are the concerns?

- Is this scheduling in place truly because of the wishes of the person receiving care, or for the convenience of the care provider?
- If the person receiving care cannot provide this answer, the practitioner may be on safer ethical ground to find a more traditional time to provide care.



An SLP's family insists on using GPS technology to track the location of the SLP working for a home health company in order to ensure the SLP's safety.

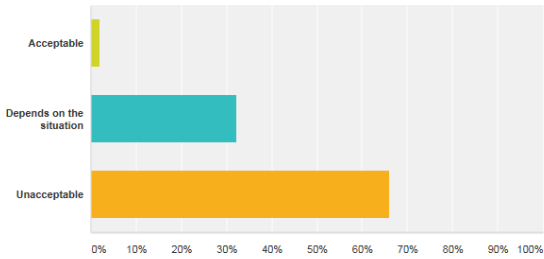


What is the concern?

- Does this practice violate patient confidentiality?
- Many mobile documentation devices do have built-in GPS capability



A Director of Rehab in a skilled nursing facility tells the SLP to schedule sessions with a Spanish-speaking resident at a time when one of the facility housekeepers is available to interpret.

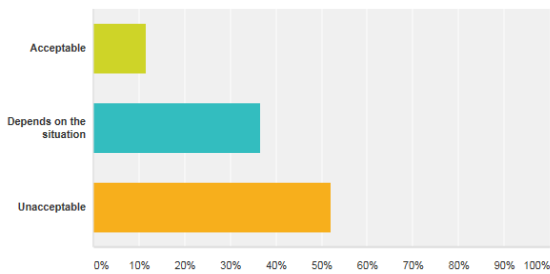


What is the concern?

- Title VI of the Civil Rights Act of 1964 states:
“No person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance.”
- Use of untrained interpreters can reduce quality of care and increase risk of injury



An SLP accepts a very generous gift certificate from a physician during Better Hearing and Speech Month.

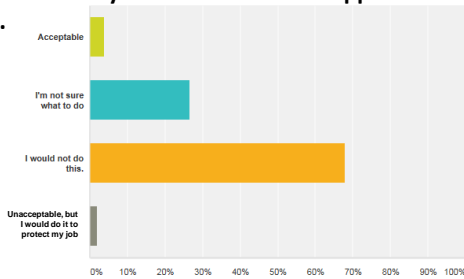


What is the concern?

- Conflict of interest
- Definition: a situation in which personal interests of the clinician compete with the best interest of the person served
- ASHA’s recommendation is that any gift received be of “de minimis value”



An SLP acquaintance is the hiring manager for a large private practice which contracts to provide care for area hospitals and SNFs. He asks you to show him the Facebook page and/or Twitter feed for one of your friends who has applied for a job.

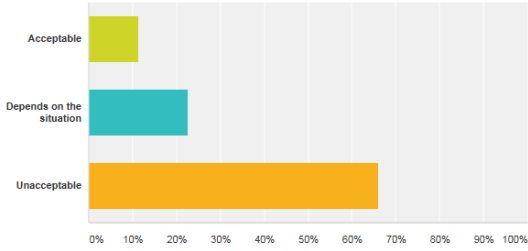


What are possible concerns?

- Is this practice consistent with the human resource policies of the organization?
- Would this violate a personal confidence?
- What about an employer’s obligation to make sure that they hire people most qualified and fit for the organization?



A clinical supervisor becomes a Facebook "friend" of a student he/she will supervise next semester.

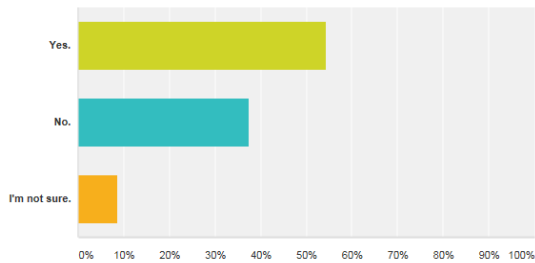


What are the concerns?

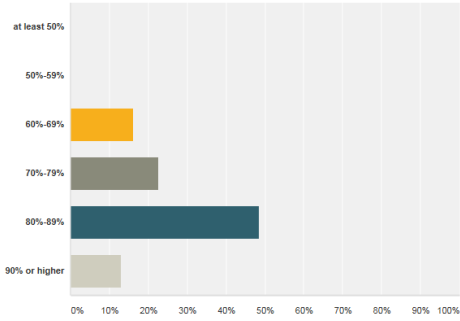
- Maintenance of professional boundaries
- Possible perceptions of favoritism



Is there a productivity standard in your workplace?



If you answered "YES", what is the current standard?

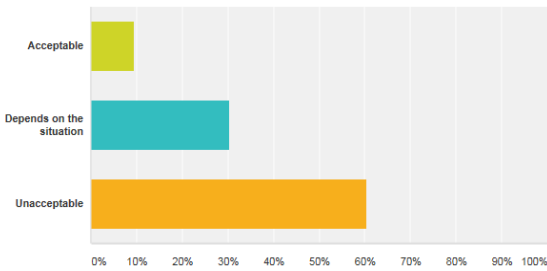


What are the concerns?

- Can unreasonable productivity demands impact quality of care?
- Do high productivity demands in one setting influence standards set for other practice settings?
- In efforts to meet unreasonable levels of productivity, clinicians may choose less than ethical coping strategies.

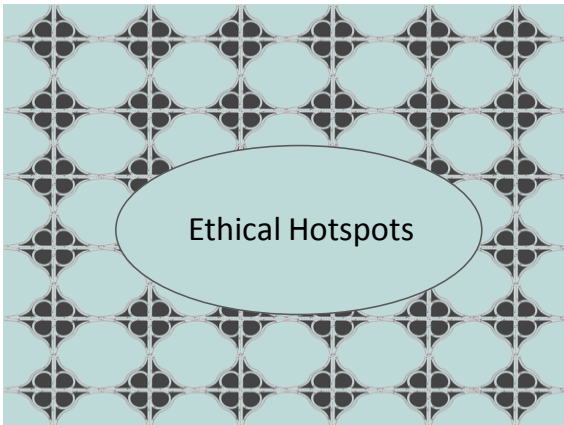


Your workplace paid for you to obtain certification in Wonderful XYZ®. Your boss tells you to develop an inservice and competence checklist so that your coworkers can be trained to provide WXYZ.



What are the concerns?

- Is this practice approved by the provider of the training/certification program?
- Are there copyright and intellectual property concerns?



Ethics of Productivity

- ASHA's Code of Ethics Principle IV; Rule B states:
 - "Individuals shall exercise independent professional judgment in recommending and providing professional services when an administrative mandate, referral source, or prescription prevents keeping the welfare of persons served paramount."

...and

- ASHA Code of Ethics Principle II; Rule E states:
 - “Individuals in administrative or supervisory roles shall not require or permit their professional staff to provide services or conduct clinical activities that compromise the staff member’s independent and objective professional judgment.”

Ethics of Supervision

- ASHA Code of Ethics Principle III, Rule A:
 - “Individuals shall not misrepresent their credentials, competence, education, training, experience and scholarly contributions.”
- ASHA Code of Ethics Principle I, Rule D:
 - “Individuals shall not misrepresent the credentials ofstudents,Clinical Fellows, or any others under their supervision, and they shall inform those they serve professionally of the name, role and professional credentials of persons

How much should an SLP student extern be supervised?

- Per the 2014 Certification Standards:

“The amount of direct supervision must be commensurate with the student’s knowledge, skills, and experience, **must not be less than 25% of the student’s total contact with each client/patient**, and must take place periodically throughout the practicum. Supervision must be sufficient to ensure the welfare of the client/patient.” (ASHA, 2014)

What are our ethical directives regarding supervision of SLPA?

- ASHA Code of Ethics Principle I; Rule E:
 - Holders of CCC “....my delegate tasks....to aides....only if those persons are adequately prepared and **appropriately supervised**....”
- Oklahoma practice act states:

“The supervising speech-language pathologist must be **available by electronic means at all times when the speech-language pathology assistant is performing clinical activities**. The supervision must be documented in the client/patient record and on a supervision log.”

Ethics of Advertising

- ASHA Code of Ethics Principle III, Rule F:
 - “Individual’s statements to the public shall adhere to prevailing professional norms and shall not contain misrepresentations when advertising, announcing and promoting their professional services....”
- From OK Code of Ethics; Proscription 3(B)

(B) Licensees' public statements providing information about professional services and products must not contain representations or claims that are false, deceptive or misleading.

Ethics of Social Media

- ASHA’s Code of Ethics Principle I; Rule P states
 - “Individuals shall protect the confidentiality of any profession or personal information about persons served professionally.....”
- The Code of Ethics in the Rules of the OK licensure act states:

(E) Licensees must not reveal to unauthorized persons any professional or personal information obtained from the person served professionally, unless required by law or unless necessary to protect the welfare of the person or the community.

- Per the ASHA Code of Ethics (2016), advertising is “any form of communication with the public about services, therapy, products or publications”.

- The Privacy Rule allows covered health care providers to communicate electronically, such as through e-mail, with patients, provided they apply reasonable safeguards when doing so.

- Reasonable safeguards include double checking accuracy of e-mail addresses and SMS (text) numbers; limiting amount of information; including a confidentiality statement in a header or footer

- When the patient initiates such communication, there is implied consent

- Read more here:
 - <http://www.hhs.gov/hipaa/for-professionals/faq/570/does-hipaa-permit-health-care-providers-to-use-email-to-discuss-health-issues-with-patients/>

Issue of Abandonment

- ASHA’s Code of Ethics Principle I, Rule T:
 - “individuals shall provide reasonable notice and information about alternatives for obtaining care in the event that they can no longer provide professional services.”
- Ethical Principle 4C in the Code of Ethics for licensees in OK states
 - (C) Persons served must be provided freedom of choice for the source of services and products.

**Tools to Guide
Ethical Decision-Making (EDM)**

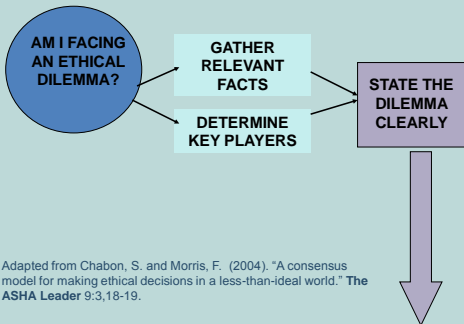
Models for Ethical Decision-Making

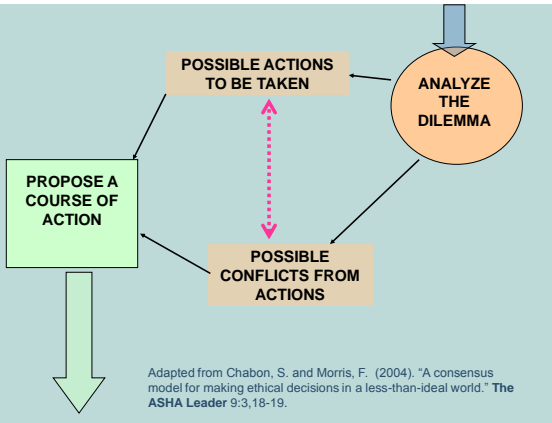
- Classic Utilitarianism
 - Choose the action that is helpful to the majority
- Moral Rights Model
 - Only actions that do not interfere with rights of others, and do not coerce, are acceptable
- Golden Rule
 - Do to others what you would wish done to you

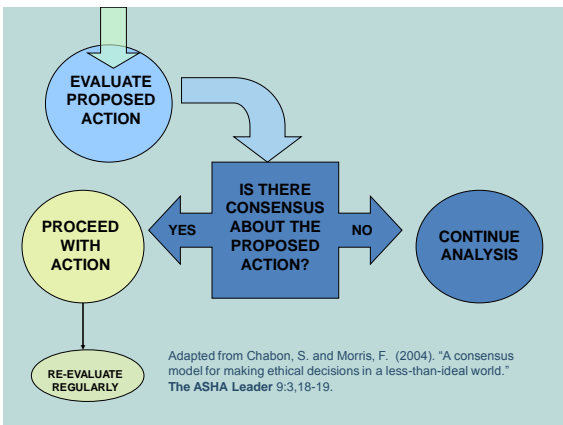
- **Systems Approach**

Adapted from Scott, R. (1998). Professional Ethics: A Guide for Rehabilitation Professionals. St. Louis: Mosby, Inc.

• Consensus Model







• **ETHICAL Model** (McGonigle & Mastrain, 2015)

- **E**xamine the ethical dilemma
- **T**horoughly comprehend possible alternatives
- **H**ypothesize ethical arguments
- **I**nvestigate, compare and evaluate arguments for each alternative
- **C**hoose the alternative
- **A**ct on the alternative
- **L**ook at the outcomes.

Tools to Support Ethical Practice

- Codes of Ethics documents
- **Scope of Practice documents**
- Continuing education
- Ethics response team in workplace
- Corporate compliance policies in workplace

- Trusted colleague / mentor
- A relationship with a healthcare attorney
- Professional liability insurance
- Training in conflict management and negotiation skills

○

- Read. Use ASHA's resources
- Practice, and plan ahead
- Don't always follow the leader
- Be discreet
- Know your style of conflict management

Ask for help

○

- Research studies have shown that we may be more creative problem-solvers when we work on behalf of someone else (Polman & Emich, 2011).
- The problem-solving performance of small groups (3-5 members) exceeded the performance of individuals (Laughlin, et al., 2006)

Ethics and Care of Self

○

- Advocate for the things you need to provide quality care
- Set limits and respect boundaries
- Leave work at work as much as possible
- Ask for help when you need it

EDM Practice: Case Scenarios

Practice Scenario

A therapy director for a home-care agency notices from recent statistics reports that a company's therapists are providing fewer sessions and shorter courses of care for individuals in less affluent parts of their coverage area.

Who are the stakeholders?

- People served by the home care company
- Family members
- Agency's therapists/employees
- Therapy director
- Referral sources
- Community at large
- Payer sources

Courses of action

- Do nothing
- Run the statistics report again to make sure the information is accurate
- Convene a performance improvement team to examine this finding
- Tell clinicians that, effective immediately, they must offer the same amount of care to everyone on their caseload
- Something else or a combination of these

EDM Lightening Round!

- Does autonomy of clinician trump infection prevention efforts of a hospital when it comes to requiring flu vaccinations for employee?

- Are there ethical concerns when a manager posts productivity statistics in a very public manner?

- What are the legal and ethical concerns when an SLP who is pressed for time neglects to review the medical record before providing care?

- A clinical manager, who happens to be a PT, insists that an SLP perform an MBS against her clinical judgment, because "the doctor ordered it."

- An SLP is distracted by life and finds they are coming up short on continuing education at the end of the audit period. They complete 20 hours of online CE on December 31

- A university program places a student with known, but undisclosed learning difficulties in a hospital externship.

- An SLP notices that a colleague always recommends non-speech oral motor exercises for adults diagnosed with acquired apraxia of speech.

- An SLP discovers that a client’s family has audio recorded a therapy session without her knowledge or consent

- You work in an outpatient clinic and discover that one of the people on your caseload is listed on a “most wanted criminals” list.

- An SLP licensed in one state visits a family friend in another state. The friend requests that the SLP evaluate his/her father/mother/sister/child.....

- A family of a physician recovering from a stroke reports to you that they are seeking your services after a increase in costs at another clinic. This family pays privately for care.

What about SLPs who use their superpowers for good?

- Organizes a Better Hearing & Speech Month event in their workplace
- Arranges a referral to a university clinic when insurance has been exhausted
- What other examples can you give?

Ethics Resources

- ASHA's Ethics Resources:
<http://www.asha.org/Practice/ethics/>
- Poynter Center for the Study of Ethics
– <http://poynter.indiana.edu/>
- Healthcare Ethics Web Resources
– http://www.ascensionhealth.org/index.php?option=com_blank&view=blank&Itemid=174

- NIH Office of Clinical Research and Bioethics Policy
 - <http://osp.od.nih.gov/office-clinical-research-and-bioethics-policy>
- Collaborative Institutional Training Initiative (CITI)
 - Provides online ethics training in responsible conduct of research
 - <https://www.citiprogram.org/>

OSHA Standards/Ethics Dropbox

OSLHA Ethics Dropbox

Welcome to the OSHA Standards & Ethics Committee Dropbox. This tool is designed to give OSLHA members a way to ask questions and share concerns about ethical practice in the fields of speech-language pathology and audiology. You can choose to remain anonymous. If you wish to be contacted by a member of the OSLHA Standards & Ethics Committee, please enter contact information.

1. Please use the textbox to ask your question or describe your concern.

2. Contact Information (optional)

Name:

Address:

Address 2:

- <https://www.surveymonkey.com/r/LPDGJ7V>

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