

Ethics & Professional Practice

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Ethical Practices



- ▶ Standards of Professional Conduct
 - Standards of Professional Conduct can be found in the ASHA Code of Ethics (2016)
 - <http://www.asha.org/Code-of-Ethics/>
- ▶ You should familiarize yourself with the ASHA Code of Ethics at this website
 - Key point: All professionals should hold to “the highest standards of integrity and ethical principles [which is] vital to the responsible discharge of [our] obligations”
 - ASHA Code of Ethics, Preamble

To Whom Do The ASHA Code Of Ethics Apply?

- ▶ Everyone practicing the professions of audiology, speech–language pathology, and speech and hearing sciences
- ▶ Whether a member of ASHA or NOT a member
- ▶ Whether certified by ASHA or working towards certification
- ▶ Whether in practice or in a CF position
- ▶ Whether a student clinician, in practicum, etc.



Principles of Ethic I

- ▶ Honor your responsibilities to *hold paramount the welfare of your clients/patients*
- ▶ In assessment
- ▶ In treatment
- ▶ In consultation
- ▶ In research



Rules of Principle I

- ▶ Do not discriminate on any account in providing the highest standards of your services (including when doing research)
- ▶ Do not misrepresent yourself, your qualifications, your competencies
- ▶ Do not delegate tasks to support personnel not qualified to do such tasks
- ▶ Provide full disclosure of what you will do with your clients / patients



Rules of Principle I continued

- ▶ Do not guarantee outcomes – provide guidelines of expectations (no guarantees)
- ▶ Hold confidential all private and personal information on clients/patients
- ▶ Only include voluntary subjects in providing your services and in research
- ▶ Allow persons to voluntarily withdraw from your services and research

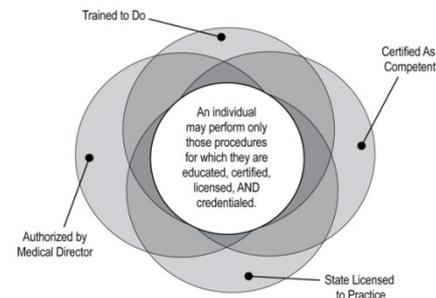
Principle of Ethics II

- ▶ Achieve and maintain the highest level of professional competence and practice
- ▶ One is during your practice
- ▶ Second it continuing education
- ▶ You are expected to keep up-to-date in your knowledge and practice



Rules of Principle II

- ▶ Only work in areas in which you are qualified and certified
 - CCC–SLP should only work as a speech–language pathologist
 - CCC–A should only work as an audiologist
- ▶ When working and you are **not** certified in that area, be sure you are directly supervised by someone who **IS** certified in that area
- ▶ Work within your **SCOPE OF PROFESSIONAL PRACTICE**



Rules of Principle II

- ▶ Engage in life-long learning
 - This is why ASHA has the CE provisions and
 - This is why most states have CE provisions for license renewal
- ▶ Only use equipment you know is appropriately calibrated and properly working in providing services and research

Principle III

- ▶ Promote public understanding of the professions
- ▶ Support development of services to provide unmet needs
- ▶ Provide accurate information in all aspects of your professional activities
- ▶ Promote the dissemination of research and scholarly activities
- ▶ Promote accurate marketing and advertising of services and products

Rules of Principle III



- ▶ Do not misrepresent yourself, your credentials, your services, etc.
- ▶ Do not participate in practices that constitute a conflict of interest
- ▶ Focus your services on those being served and not for selfish reasons
- ▶ Do not misrepresent research, diagnostic information, treatment outcomes, services rendered or not rendered, etc.

Rules of Principle III

- ▶ Do not engage in fraudulent activities
- ▶ Always provide accurate information to clients/patients, their families, and the public
- ▶ Be sure to be accurate in advertising, written notices to the public and others, etc.
- ▶ ***Do not misrepresent***

Principle IV

- ▶ Honor your responsibilities to yourself, your clients, members of the profession, members of other professions
- ▶ Always present yourself as an honest, ethical person



Rules of Principle IV

- ▶ Uphold the dignity and autonomy of our professions
- ▶ Prohibit anyone you supervise from engaging in unethical practices
- ▶ DO NOT be dishonest, fraudulent, deceitful, or misrepresentative of anythings
- ▶ DO NOT engage in harassment
 - Especially sexual harassment and Power abuse
- ▶ DO NOT engage in activities that would be viewed negatively towards the professions

Principles of Rule IV



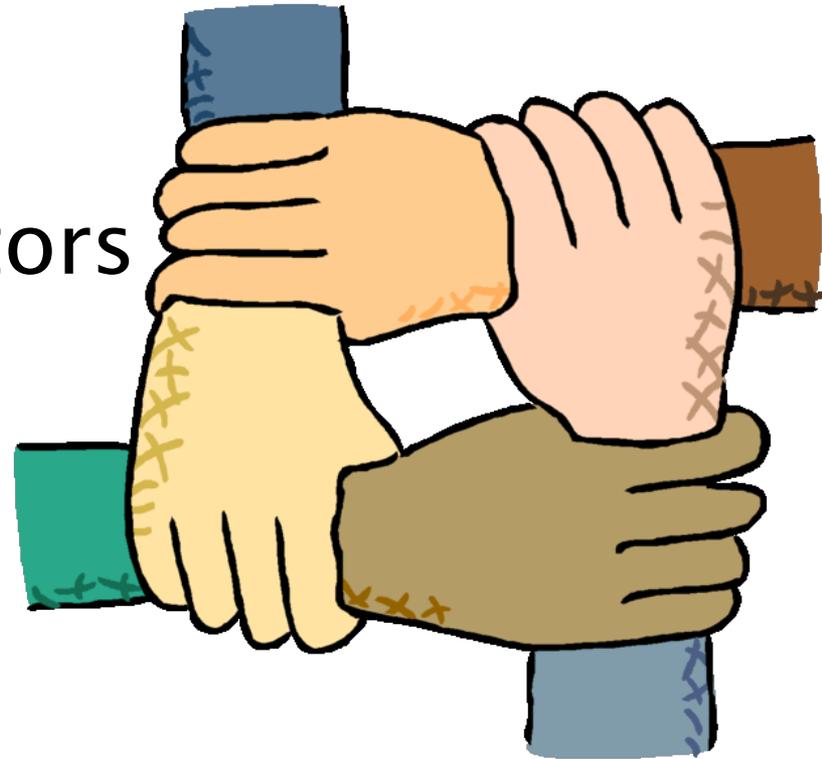
- ▶ Assign credit appropriately
 - In research, do not plagiarize
 - Obtain permission to use other people's work when appropriate
 - Reference sources
- ▶ Again, DO NOT misrepresent
- ▶ DO NOT discriminate in your relationships with others – especially in your services
- ▶ Inform the ASHA (or state licensing) board of ethics if you suspect another professional is acting unethically
- ▶ Comply with/follow all findings from these boards

Ethical Practices: Cultural Competence

- ▶ Ethics Statement on Cultural Competence (2005)
- ▶ All practitioners should hold to the highest standards the cultural differences of the individuals with whom we engage in our services
 - Know multicultural aspects of our professions
 - When you don't know, let people know you don't know without being negative

Cultural Differences

- ▶ Age factors
- ▶ Gender factors
- ▶ Sexual Preference factors
- ▶ Ethnic factors
- ▶ Linguistic factors
- ▶ Racial factors
- ▶ Etc.
- ▶ Be sensitive to all of these differences



Unethical Practices

- ▶ Discrimination
- ▶ Not telling the truth
- ▶ Misrepresentation
- ▶ Working outside your scope of practice
- ▶ Working without appropriate certification, qualifications, education, knowledge
- ▶ Conflict of interest
- ▶ Etc.



Ethics in Telepractice

- ▶ ASHA defines telepractice as "the application of telecommunications technology to delivery of professional services at a distance by linking clinician to client, or clinician to clinician, for assessment, intervention, and/or consultation."
 - <http://www.asha.org/Practice/telepractice/default/>

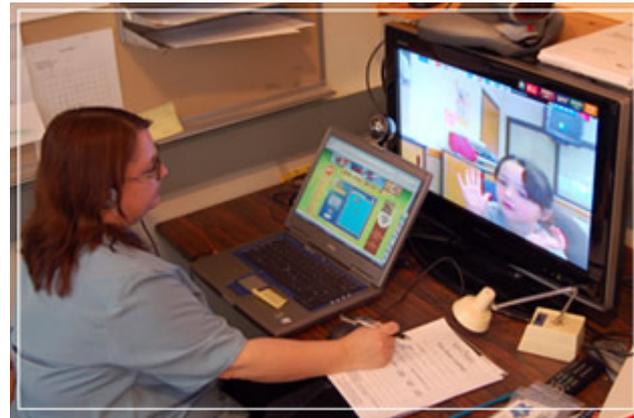


ASHA's Position on Telepractice

- ▶ ASHA's position is that "telepractice is an appropriate model of service delivery for the professions of [audiology and speech–language pathology]. Telepractice may be used to overcome barriers of access to services caused by distance, unavailability of specialists and/or subspecialists, and impaired mobility.“
- ▶ Must hold to same ethical standards as face–to–face practice

Professional Practice & Telepractice

- ▶ Any professional providing telepractice services must either
 - Be Licensed and Certified to provide that practice in the state, district (e.g., DC), territory
 - Be directly supervised by an appropriately Licensed and Certified professional from that state so that, in essence you are working as a consultant to that primary provider



Update for 2016 Code

- ▶ Members are required to inform ASHA within 30 days of being convicted of, guilty of, or plead “no contest” (guilty without argument) to any felony or misdemeanor of dishonesty or harm to another person
- ▶ Also, same 30 days if they have been publically sanctioned by any credentialing agency or licensing board
 - In the past the agencies and licensing boards would notify ASHA, but now the professional must do so likely (I think) because the boards are too busy

Updates 2 & 3

- ▶ Members must report colleagues to appropriate authorities when they have evidence that the colleagues are not able to provide services skillfully or safely
 - My comment is WHO makes the determination of “skillfully”. I think “safely” is relatively easy to identify
- ▶ Members may not knowingly make false financial and non-financial statements
 - This is part of the disclosure statements at presentations

Update 4

- ▶ Certified professionals must use independent evidence based clinical judgement that meets the best interests of the clients they serve
 - We will discuss more on Evidence Based Practice later



Laws

- ▶ HIPAA
- ▶ IDEA
- ▶ NCLB



HIPAA



- ▶ The focus of HIPAA is
 - To protect the privacy of health information regarding our clients/patients
- ▶ Ethical and Professional Practices expect us to follow HIPAA regulations
- ▶ Ethical Practices expect us to follow all of the rules of ethics as they relate to protecting the privacy of our clients

Laws



- ▶ IDEA – What is it?
 - The Individuals with Disabilities Education Act (IDEA) provides a free, appropriate, public education for all children with disabilities, including speech, language, and hearing disorders. Part B funds cover children ages 3–21. Services are provided as outlined in the Individualized Education Program (IEP). Part C funds cover infants from birth through age two and services are provided as outlined in the Individualized Family Service Plan (IFSP).
- ▶ www.fape.org

Laws



- ▶ No Child Left Behind (NCLB) Act of 2001
 - The *No Child Left Behind (NCLB) Act of 2001* is a major legislative reform of the *Elementary and Secondary Education Act (ESEA)* the principal federal law affecting education from kindergarten through high school) that is designed to improve student achievement and change the culture of America's schools. Enacted on January 8, 2002, the 2003–2004 school year is the second year of implementation of NCLB. Title 1 of the Act focuses on improving the academic achievement for the disadvantaged.
- ▶ Principle components...
 - Accountability
 - Emphasis on works based on scientific research
 - Expanded parental options
 - Expanded local control and flexibility

Laws

- ▶ No Child Left Behind (NCLB) Act of 2001
 - Issues significant to SLPs...
 - Highly qualified teachers and paraprofessionals
 - Use of accommodations, modifications, and alternate assessments for students with disabilities
 - Assessment of English language learners
 - Sanctions for schools identified as in need of improvement, including the provision of supplemental services
 - Accountability and adequate yearly progress (AYP)
 - ELL in Schools NCLB and ELL



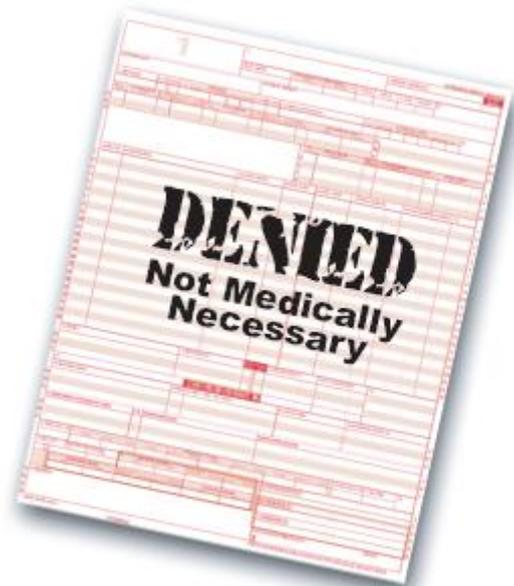
Ethics in Receiving Payment



- ▶ Reimbursement is Dictated by...
 - **Medical Necessity** (ASHA Health Care Economic Committee)
 - Defined as a “service that is reasonable and necessary for the diagnosis or treatment of an illness or injury, or to improve the functioning of a malformed body member.”
 - Speech–language pathology and audiology services must be viewed as being in the “treatment category” vs the “enhancement category;” services are deemed medically necessary. Clinicians are charged with making the argument for our services.

Medical Necessity

- ▶ Medically Necessary Services...
 - Claims should be supported by providing the following basic elements of coverage...
 - Reasonable
 - Necessary
 - Specific
 - Effective
 - Skilled



Evidence Based Practice

- ▶ ASHA's focus is on the application of evidence based practice towards our clinical work (as well as research)
- ▶ Let's break this down:
 - Practice means our professional practice
 - Evidence means research that SUPPORTS what we do and what tools we use
 - Based is the focal point
- ▶ We **BASE** our **PRACTICE** on **EVIDENCE** and not merely on our gut feeling

The Scientific Method

- ▶ The evidence we use should be based on the scientific method
 - You will find the info you need to learn and know in books on research methods in our profession
 - Best one is Schevetti and others, Research Methods, has many dates but if you have an old copy it still looks at the scientific method
- ▶ Basis: Control of variables
 - Control of independent and dependent variables
 - Control of extraneous factors as best as possible
 - Answer research questions

Variables in Research

- ▶ Independent variables are the things you bring INTO the research (described in the methods section of the research paper)
- ▶ Dependent variables DEPEND on what you measure – the outcomes from the research
- ▶ EBP involves that the independent and dependent variables are carefully identified, controlled, and manipulated
- ▶ You can do your OWN research using these factors and others.....

Scientific Experimentation

- ▶ Two types of research:
 - Qualitative and Quantitative
- ▶ Qualitative Research looks at things as they exist in “REAL LIFE”
 - Case studies, retrospective research, surveys, questionnaires, interviews, daily practice even if numbers are used but not for statistical purposes
- ▶ Quantitative Research manipulates numbers and involves statistical analyses
 - Single subject design, control groups, experimental groups, comparison groups, statistics (can also use previous data you have collected when controlled)

How to Use EBP

- ▶ The tests, materials, equipment, tools you use in evaluation and treatment **MUST** have evidence in scientific research journals that they are **PROVED** to be appropriate for the purposes for which you are using these things
- ▶ In your own therapy, keeping careful records including subjective descriptions and **OBJECTIVE** measures should be used



What Can I Do...

- ▶ Stay current with the standards and laws that govern YOUR practice
 - Maintain a reference notebook with current ASHA policies
 - Attend CE activities regularly
 - Read the ASHA Leader
 - Visit the ASHA website regularly
 - Participate in lobbying efforts
 - Improved services to your patients/clients
 - Increased knowledge of your employers

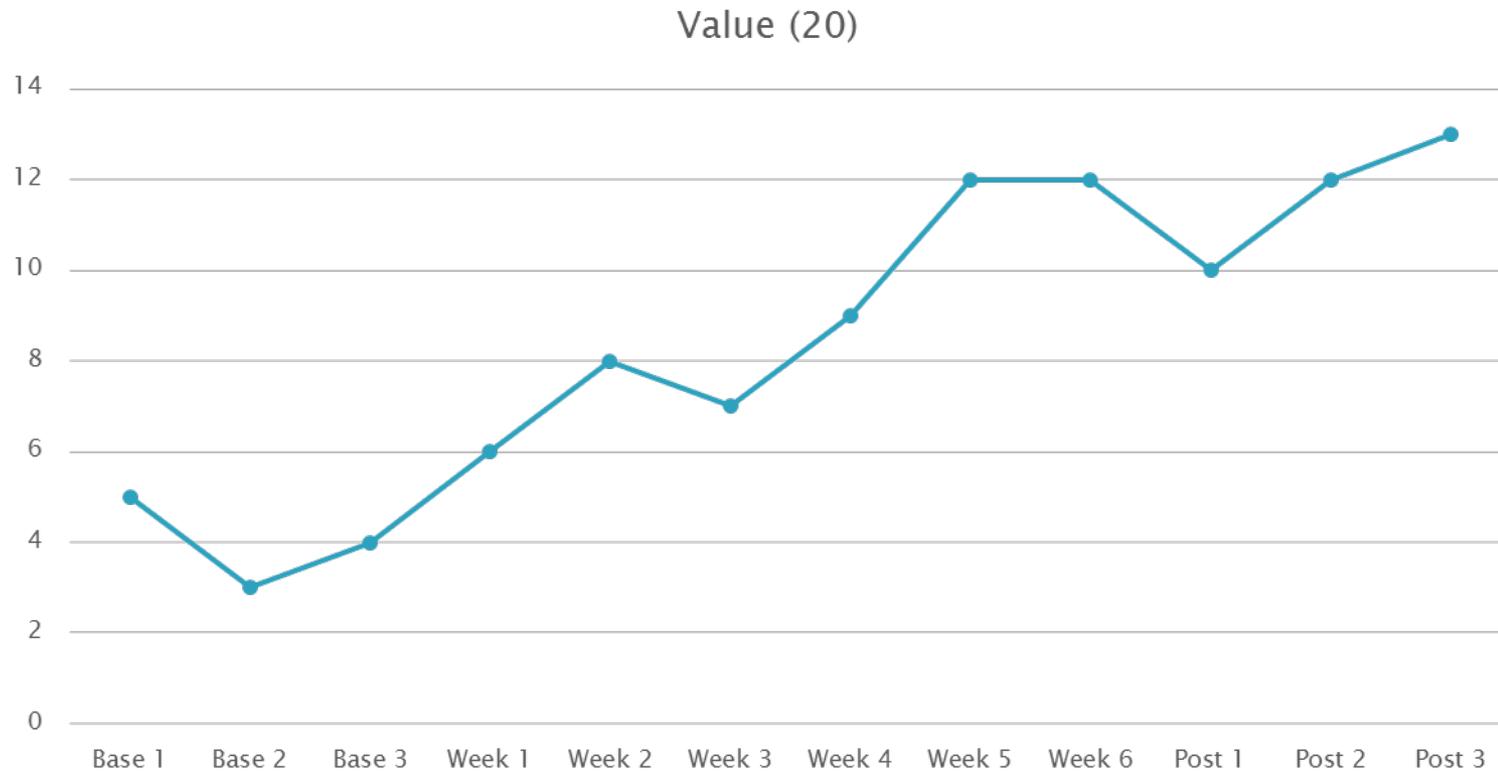
EBP in Clinical Practice

- ▶ You see clients
- ▶ You do a daily 5 minute MEASURE of their performance based on the specific goals you worked on daily (or weekly)
- ▶ You keep a record of the NUMBER correct or incorrect out of a specific number, the percent correct or incorrect out of a specific number, etc.
- ▶ You have a log or chart or even a graph which has baseline, daily practice, end, carryover

Sample of EBP in Clinical Work

- ▶ Client A = Worked for six weeks on a specific target goal
 - Baseline (out of 20)
 - One = 5; Two = 3; Three = 4
 - Sessions by week (out of 20)
 - One = 6; Two = 8; Three = 7; Four = 9; Five = 12; Six = 12
 - End is 12 out of 20
 - Carryover
 - One week later = 10 out of 20
 - Two weeks later = 12 out of 20
 - Three weeks later = 13 out of 20

Sample EBP in Clinical Work



EBP in Literature

- ▶ Know from where you have identified the evidence from which you choose your material, tools, tests, etc.
- ▶ Journals:
 - Three TIERS
 - Top level, highest tier:
 - Uses true experimental research with all variables under control
 - Has a control group or comparison group
 - Asks specific research questions with null hypotheses
 - Uses peer review (blind review preferred) for acceptance or rejection of the publication

EBP in Literature

▶ Second Tier

- Also uses peer review but may have a peer group that is known to the researcher/reader
- Accepts quasi-experimental research with less controls
- Accepts descriptive research/pure quantitative research

▶ Third Tier

- Does not use multiple peer review may be one person reviews the manuscript
- Focuses on any research including professional opinions

Some Additional Concepts

- ▶ Efficacy and Efficiency
 - Efficacy is whether what you have done is EFFECTIVE
 - Did your therapy LEAD to (cause) the improvements you have reported/recorded, if so, your therapy is effective and has a high degree of efficacy
 - Efficiency is what is the COST in money, time, personnel, etc. to make your therapy effective
- ▶ Sample, you see a client once a week then twice a week then every day in order to improve the client's XYZ communication disorder

Efficacy and Efficiency (Sample)

- ▶ Chart once a week for one month showed NO CHANGE in therapy
- ▶ Chart twice a week for one month showed change (end effect is 50% from baseline of 10%)
- ▶ Chart every day for one month showed change (end effect is 80% from baseline of 50%)
- ▶ You had to put on waiting list 3 clients during the time you saw this client twice weekly and then every day

Efficacy and Efficiency

▶ Efficacy

- Twice a week vs. once a week revealed
 - No change vs. 40% improvement
- Every day vs. twice a week revealed
 - 30% improvement everyday vs. 40% improvement twice a week which is only a 10% improvement

▶ Efficiency in Time

- Sessions run 30 minutes plus 15 minutes to get child from and to class which = 45 minutes loss in class
 - Once a week = 45 min; twice a week = 90 minutes; every day = 225 minutes (out of class)

Efficacy and Efficiency (Sample Continued)

- ▶ Efficiency in Money (per month)
 - Your “salary, fee” is \$100 per session
 - Once a week = \$100/week or \$400/month
 - Twice a week = \$200/week or \$800/month
 - Every day = \$500/week or \$2,000/month
 - Loss of income
 - Once a week = none
 - Twice a week = one client = \$100/week or \$400/month
 - Every Day = \$300/week or \$1,200/month
 - If you had all four clients, you would make \$400 per week once a week or \$1,600 per month

What To Do Now

- ▶ Review all of this info
- ▶ Check into any other info you might need to better understand the ethics, Legislation, EBP
- ▶ Know and understand ASHA's code of ethics
- ▶ Remember: The main, underlying theme is to protect your clients, students, patients and be the BEST clinician you can be supporting what you do with evidence that can be identified by anyone and not merely because you say so!

The End

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