

**Ethical Decision Making in Clinical Education**  
(1 CE HOUR)

**Course Abstract**

This course presents clinical supervisors with strategies for teaching ethical decision making to speech-language pathology graduate students completing internal or external clinical practicum, including a brief review of the 2016 version of the American Speech-Language-Hearing Association (ASHA) Code of Ethics.

*NOTE: Links provided within the course material are for informational purposes only. No endorsement of processes or products is intended or implied.*

**(ASHA CE BLOCK – SPACEHOLDER ONLY – COURSE IS NOT YET REGISTERED)  
(Introductory level, Professional area).**

**Learning Objectives**

By the end of this course, learners will be able to:

Recall components of the American Speech-Language-Hearing Association (ASHA) Code of Ethics critical to clinical education

Recognize ethical challenges faced by graduate students and clinical supervisors

Identify strategies relevant to clinical education for teaching ethical decision making

**Timed Topic Outline**

I. Introduction & Should You Supervise? (5 minutes)

II. The American Speech-Language-Hearing Association (ASHA)'s 2014 Standards for the Certificate of Clinical Competence in Speech-Language Pathology (5 minutes)

III. The ASHA Code of Ethics - 2016 Updates (10 minutes)

IV. Clinical Education and the ASHA Code of Ethics (10 minutes)

V. Ethical Challenges (5 minutes)

VI. Teaching Ethical Decision Making (15 minutes)

VII. References, Additional Resources, and Exam (10 minutes)

**Delivery Method**

Correspondence/internet self-study with interactivity, including a provider-graded final exam. *To earn continuing education credit for this course, you must achieve a passing score of 80% on the final exam.*

**Accessibility and/or Special Needs Concerns?**

Contact customer service by phone at (888)564-9098 or email at pdhacademy@gmail.com.

**Course Author Bio and Disclosure**

An Associate Professor at Western Kentucky University, Lauren Bland has served as the Interim Associate Dean for the College of Health and Human Services and the Interim Department Head for Communication Sciences and Disorders; she has also taught graduate courses in Speech Sound Disorders, Disfluency, Counseling and Professional Issues. In addition to presenting several times at the American Speech-Language-Hearing Association, she has served on several Convention program committees and the Scientific and Professional Education Board, and is a site visitor for ASHA's Council on Academic Accreditation in Audiology and Speech-Language Pathology.

DISCLOSURES: Financial – Lauren Bland received a stipend as the author of this course. Nonfinancial – No relevant nonfinancial relationship exists.

## Introduction

**Ethics** – an area of study that deals with ideas about what is good and bad behavior (6).

**Ethical decision making** – Irene Mass Ametrano (2014) cited several authors in *Teaching Ethical Decision Making: Helping Students Reconcile Personal and Professional Values*, her article about ethical decision making for counselors. I summarize her perception of ethical decision making as a being a process by which professionals draw conclusions that can lead them to the choice that is both appropriate and beneficial.

As an American Speech-Language-Hearing Association (ASHA) certified speech-language pathologist, you were supervised by someone holding the Certificate of Clinical Competence when you were a student. You trusted your supervisor to share knowledge, to do so in an ethical manner, and to support your attempts to behave ethically. Now that you are involved in – or are interested in – clinical education, you want to provide the same level of care to your students.

*PROBE – Periodically, I will ask you a self-reflective question about something related to ethics or ethical decision making. Space is provided for you to answer, if you wish. (These answers need not be submitted - they are for your personal use.)*

## Should You Supervise?

A primary consideration is your own ethical compass, and whether you're doing all that you can to stay in compliance with the current Code of Ethics – like taking advantage of opportunities to further your ethical education. Some states stipulate that SLPs must earn a certain amount of their required continuing education in some type of ethics training (the amount varies from one to two hours of training across the licensing period). By being in compliance with those standards, you can increase your knowledge of ethical behavior and performance. If you live in a state that does not have that particular stipulation, you may still wish to challenge yourself to complete ethics training as a part of the Certificate of Clinical Competence maintenance required by ASHA (the equivalent of 30 hours over a specified three year period). In fact, in 2016 ASHA's Council for Clinical Certification in Audiology and Speech-Language Pathology (CFCC) proposed that a minimum of one hour of continuing education in ethics be included... so be on the lookout for that change!

Also, think about what your site has to offer. If you personally have great skills, but you're constantly navigating ethical challenges in your day-to-day work, is that a good site for a student? If you are able to navigate your work setting ethically despite the challenges, that might serve as extremely valuable clinical education. If, however, you are having difficulty successfully meeting the ethical challenges you're faced with, you may wish to decline having a student assigned to you during that time.

Similarly, supervisors have reported pressure to behave unethically from without as well as within – are you equipped to handle those challenges as they arise? If, for example, a student needed a lot of time off or away from clinical setting, but did not want the University personnel to know, how would you respond? Alternately, if a University representative encouraged you to rate student a student’s skill performance higher because the student “fit in well and was a great team player” or “was trying hard and needed to graduate,” would you know how to handle the situation?

Finally, be aware of the options that exist should you be faced with an ethical issue that’s beyond the scope of your experience. Employers such as large school districts, medical service providers or therapy companies may have a compliance hotline or designated personnel who can help you problem solve and determine the next steps. Likewise, ASHA provides you with a number of resources, available at <http://www.asha.org/practice/ethics/>.

*PROBE – What do you see as your strengths as a clinical supervisor, particularly pertaining to ethics? In which areas do you want to improve?*

You’ve thought it through, and you’re ready and able to supervise. What are your responsibilities to your students’ ethical development?

### **ASHA’s 2014 Standards for the Certificate of Clinical Competence in Speech-Language Pathology**

While a detailed discussion of these Standards is beyond the scope of this course, in brief: there are eight Standards for the Certificate of Clinical Competence in Speech-Language Pathology. These Standards are maintained under the auspices of the Council for Clinical Certification in Audiology and Speech-Language Pathology (CFCC), which is described as a “semi-autonomous credentialing body of the American Speech-Language-Hearing Association (5).”

Under Standard IV: Knowledge Outcomes, we see a mention of ethics: Standard IV-E states “The applicant must have demonstrated knowledge of standards of ethical conduct.” The implementation language immediately following states “The applicant must have demonstrated knowledge of the principles and rules of the current ASHA Code of Ethics.”

Ethics crops up again under Standard V: Skills Outcomes. Standard V-B states “The applicant for certification must have completed a program of study that included experiences sufficient in breadth and depth to achieve the following skills outcomes: 3. Interaction and Personal Qualities; d. Adhere to the ASHA Code of Ethics and behave professionally.”

In other words, ethical training has to be a part of the clinical education program. In whichever manner or whichever setting you provide the clinical education, you have to be able to guide the student's ethical development and their awareness of the ASHA Code of Ethics. Therefore, anytime we are involved in clinical education or training, we want to make sure that those we mentoring understand all the Principles and Rules of the Code.

## **The ASHA Code of Ethics – 2016 Updates**

*PROBE – Think back to when you decided to enter this profession, and first began your studies. Your focus, no doubt, was on WHAT to do, not HOW to go about doing it ethically. Do you remember the first time you thought about the ASHA Code of Ethics, and how it might impact you?*

The ASHA Code of Ethics was formally developed in 1952 to help ensure that services delivered to the public were provided at the highest level possible. While appropriate ethical expectations were a part of the organization since 1925, those expectations were a part of the constitution, not a separate document (7).

Revisions to the Code occur when ASHA's Board of Ethics determines that either society, the scope of practice, or issues that continue to come before them require that a formal change be made. These revisions ensure continued currency, and enhance accuracy and comprehensiveness. All revisions take place only after a great deal of time and effort on the part of Board members, reviewers, professionals and others (ASHA, 2016).

The most recent update to the Code took effect on March 1, 2016. Changes included an updated Preamble, the addition of a new terminology section, the addition of 15 new Rules of Ethics, and the revision of 2 Principles of Ethics (3).

### **UPDATED PREAMBLE**

The Preamble is the opening statement of the Code of Ethics. It tells the reader why the Code exists, who it applies to, and how it is structured, establishing the role of the Code in the practice of speech-language pathology and audiology. In the 2016 revisions, language has been added that summarizes the Code's history; in addition, the role of the ASHA Board of Ethics is clarified and its authority is separated from ASHA. Its role as a part of ASHA is also further stipulated (3).

### **NEW TERMINOLOGY SECTION**

The addition of a terminology section is one of the largest changes to the Code. The definitions provided by the Board of Ethics allow all of us to look at the Code from the same perspective and with the same foundation: when we are trying to

assess our own behavior, or that of our colleagues, they can be used as a reference point.

For our purposes, while no term specifically addresses students or student issues, the terminology section taken as a whole helps clarify the entire document. For example, many of the rules use the words “shall” and/or “may”: Principle I, Rule L states “Individuals may make a reasonable statement of prognosis, but they shall not guarantee—directly or by implication—the results of any treatment or procedure.” The terminology section provides contrasting definitions for these terms: “Shall denotes no discretion; may denotes an allowance for discretion (2).” This new section can serve as a starting point for helping students demonstrate an understanding of the Code of Ethics and how to apply it.

## 15 NEW RULES OF ETHICS

Remember that each Rule of Ethics is intended to clarify and enhance a Principle of Ethics by addressing professional conduct.

Another significant change to the Code was the addition of 15 new Rules:

Principle I, Rule J  
Principle I, Rule M  
Principle I, Rule S  
Principle II, Rule B  
Principle II, Rule C  
Principle II, Rule F  
Principle II, Rule G  
Principle III, Rule G  
Principle IV, Rule A  
Principle IV, Rule F  
Principle IV, Rule N  
Principle IV, Rule Q  
Principle IV, Rule R  
Principle IV, Rule S  
Principle IV, Rule T

In addition, already-existing Rules were modified, or, in cases of redundancy, deleted.

These additions and changes addressed themes related to research conduct; evidence-based and independent clinical judgment; client abandonment; impaired practitioner; workplace service delivery coercion; use of technology; self-disclosure, financial disclosure, and honesty in reporting; intra-professional and inter-professional collaboration; reporting members of other professions; and compliance with local, state, and federal laws and regulations (3).

While a complete summary of these changes is beyond the scope of this course, and though there is no Rule addition or modification that specifically addresses clinical education, familiarity with all of the Rules is clearly needed to be an effective and ethical speech-language pathologist. Thus, both additions and modifications have implications that students should be taught to consider. For example:

Principle I, Rule H (2010r)

Individuals shall fully inform the persons they serve of the nature and possible effects of services rendered and products dispensed, and they shall inform participants in research about the possible effects of their participation in research conducted (1)

VS.

Principle I, Rule H (2016)

Individuals shall obtain informed consent from the persons they serve about the nature and possible risks and effects of services provided, technology employed, and products dispensed. This obligation also includes informing persons served about possible effects of not engaging in treatment or not following clinical recommendations. If diminished decision-making ability of persons served is suspected, individuals should seek appropriate authorization for services, such as authorization from a spouse, other family member, or legally authorized/appointed representative (2).

The change provides more specification and clarity. As it relates to students, this change can alert them that the use of technology has to be considered during service delivery and research as an ethical issue.

## 2 REVISED PRINCIPLES OF ETHICS

Remember that each Principle of Ethics identifies a general philosophical area; under each of the four Principles are Rules of Ethics that address the specifics of conduct (we'll address the ones that are relevant to clinical education and supervision later in the course).

Principle of Ethics III and Principle of Ethics IV were both revised in order to either simplify or edit the wording; there was no change in meaning or intent. For example:

Principle of Ethics III (2010r)

Individuals shall honor their responsibility to the public by promoting public understanding of the professions, by supporting the development of services designed to fulfill the unmet needs of the public, and by providing accurate information in all communications involving any aspect of the

professions, including the dissemination of research findings and scholarly activities, and the promotion, marketing, and advertising of products and services (1).

VS.

Principle of Ethics III (2016)

Individuals shall honor their responsibility to the public when advocating for the unmet communication and swallowing needs of the public and shall provide accurate information involving any aspect of the professions (2).

As clinical educators, we want to help students develop an ethical decision making process or strategy for any setting or situation. That will only happen if we make a special effort to ensure that they fully understand the entire Code of Ethics and its impact on their careers.

*PROBE – Revisit the previous probe, when you identified the circumstances under which you thought about the Code of Ethics for the first time. Considering the Principles and Rules, which one would have addressed those circumstances?*

## **Clinical Education and the ASHA Code of Ethics**

All of the Code is critical for those supervising during clinical education, but let's spend some time on a few specific Rules, all of which address our responsibilities as it relates to working with students (or providing any type of supervision).

### Principle of Ethics I

Individuals shall honor their responsibility to hold paramount the welfare of persons they serve professionally or who are participants in research and scholarly activities, and they shall treat animals involved in research in a humane manner.

#### Selected Rules of Ethics

A. Individuals shall provide all clinical services and scientific activities competently.

- You are expected to provide services appropriately. If you are going to mentor or supervise a student, it will be unethical to engage in a practice or service for which you are not clinically prepared. You must be competent in the skill if you are going work with a student on that skill.

D. Individuals shall not misrepresent the credentials of aides, assistants, technicians, support personnel, students, research interns, 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 providing services.

- Working in a variety of clinical rotations as a student is a long tradition in this profession (and other human service areas: think interns, student teachers). Rule D stipulates that you – as the certified member – ensure that the clients or caregivers know the identity and qualifications (credentials) of the person providing the treatment.

E. Individuals who hold the Certificate of Clinical Competence may delegate tasks related to the provision of clinical services to aides, assistants, technicians, support personnel, or any other persons only if those persons are adequately prepared and are appropriately supervised. The responsibility for the welfare of those being served remains with the certified individual.

- It is normal and expected that, as the student's placement with you continues, you will begin to give him or her more clinical duties and responsibilities. Rule E says that you do that only once you are sure that the student can complete the task at a level that would maintain safety and appropriate service for the client.

F. Individuals who hold the Certificate of Clinical Competence shall not delegate tasks that require the unique skills, knowledge, judgment, or credentials that are within the scope of their profession to aides, assistants, technicians, support personnel, or any nonprofessionals over whom they have supervisory responsibility.

- While Rule F speaks to delegating tasks to support personnel and non-professionals, you will want to keep it in mind as you supervise students. Always remember that ultimately you are held to the rules in Principle I to keep the client's care foremost in all that you do.

G. Individuals who hold the Certificate of Clinical Competence may delegate to students tasks related to the provision of clinical services that require the unique skills, knowledge, and judgment that are within the scope of practice of their profession only if those students are adequately prepared and are appropriately supervised. The responsibility for the welfare of those being served remains with the certified individual.

- Rule G specifically addresses student concerns. Again, you as the certified member are responsible for the treatment of the client.

### Principle of Ethics II

Individuals shall honor their responsibility to achieve and maintain the highest level of professional competence and performance.

### Selected Rules of Ethics

A. Individuals who hold the Certificate of Clinical Competence shall engage in only those aspects of the professions that are within the scope of their professional practice and competence, considering their certification status, education, training, and experience.

- If you typically work in an adult setting with swallowing disorders, you are no doubt competent to provide clinical education in that area. If you are asked to assess the language development of a three year old, Rule A stipulates that you will have to ask yourself if you indeed have that competency. From the perspective of clinical education the question is not only do you have the competency to assess that child, but also do you have the competency to teach someone else to assess that child's language. If the answer is no, then that is a case that you should not serve.

D. Individuals shall enhance and refine their professional competence and expertise through engagement in lifelong learning applicable to their professional activities and skills.

- As research exposes us to new knowledge and understanding about communication, Rule D says that we are to avail ourselves of learning that will keep our skills current and competent. Because of Rule D, the previously-mentioned speech-language pathologist who is asked assess that three year old child may well be able to do so – if she or he has expanded his or her skills to include pediatric assessment. The Code of Ethics does not require that we only work within a given setting. It does require that we maintain or refine skills needed to work in a given setting.

E. Individuals in administrative or supervisory roles shall not require or permit their professional staff to provide services or conduct research activities that exceed the staff member's certification status, competence, education, training, and experience.

- The Code of Ethics requires that any tasks completed by a support person, a student, or an assistant be something within that person's scope of practice or designated ability. The ASHA standards for certification stipulate that a student has to be supervised at least 25% of the time and more if needed. That means you have to ensure that a student working under you has the skill to be supervised at that minimum level. Rule E further stipulates that professional tasks not performed by the supervisor must be something that a support person can do. (As it relates to this issue, pay attention to your state's licensure law to make sure that if you are delegating a task to a student or support person, it is allowed in that state.).

F. 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.

#### Principle of Ethics IV

Individuals shall uphold the dignity and autonomy of the professions, maintain collaborative and harmonious interprofessional and intraprofessional relationships, and accept the professions' self-imposed standards.

#### Selected Rules of Ethics

G. Individuals shall not engage in any form of harassment, power abuse, or sexual harassment.

- You are not to abuse your position of authority – including in any interactions with students.

H. Individuals shall not engage in sexual activities with individuals (other than a spouse or other individual with whom a prior consensual relationship exists) over whom they exercise professional authority or power, including persons receiving services, assistants, students, or research participants.

- You are not to engage in any sexual contact with anyone over whom you may have some type of authority or responsibility – which can certainly include a student. If you feel that could be an issue, make it clear to the university that you cannot accept that particular student.

I. Individuals shall not knowingly allow anyone under their supervision to engage in any practice that violates the Code of Ethics.

- All ASHA members are held to the Code of Ethics. You as a supervisor will not only be responsible adhering to it; you also cannot allow someone under your supervision to be out of compliance. If a student engages in any unethical practices and you know about, this Rule can hold you responsible. Should that happen, you may wish to talk to the university representative and immediately adjust the rotation so that the unethical behavior cannot continue.

(I know of one case where a supervisor in a skilled nursing facility agreed to let a student to use a client's information without informed consent. The Director of Rehabilitation found out, and did not allow it to happen. Instead, she contacted the university to discontinue the placement and she sent the supervisor for training with the agency's compliance department. Had the infraction taken place, the supervisor could have been held responsible for the student's breach of ethics; the Director could have been responsible for the whole scenario.)

L. Individuals shall not discriminate in their relationships with colleagues, assistants, students, support personnel, and members of other professions and disciplines on the basis of race, ethnicity, sex, gender identity/gender expression, sexual orientation, age, religion, national origin, disability, culture, language, dialect, or socioeconomic status.

- We are not to discriminate, in any way, against anyone. Though it sounds simple, this rule can be tricky. For example, we cannot discriminate based

on socioeconomic status; in other words, you can't choose to only take students from wealthier schools or neighborhoods.

## **Ethical Challenges**

As you can see from the preceding section, the Code anticipates some of the situations both supervisors and students might find themselves in, and details which responses are acceptable or unacceptable.

Let's consider three specific cases, and how the Code might apply:

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Case #1: Alice is a graduate student completing her second external rotation at a nearby elementary school. She's learned that a child who stutters is now on the caseload. However, Alice has not yet taken a Fluency course - she remembers that there was a lecture about stuttering in her Survey of Communication Disorders class, but she has never had any formal training. The supervisor says "I haven't had a stuttering case in years. Maybe he can tell us what he's done before - we'll be fine."

Question: Is there an ethical issue for Alice? For the supervisor? Which parts of the Code can apply?

Answer: The preamble of the Code of Ethics specifies for whom it is applicable; it does not reference students. Because Alice is not governed by the Code, it is not applicable to her. However, the Council on Academic Accreditation in Audiology and Speech-Language Pathology, the agency that accredits speech-language pathology graduate programs, says that students should have the knowledge prior to being asked to demonstrate the skill. A student may wish to work with a given area, but should not without some sort of training. That training can be individual guidance and review provided by the supervisor, but it has to be something for it to be ethical and appropriate.

The supervisor should consider Principle I, Rule G - the client's welfare is still her responsibility, so if Alice has no background applicable to the case, then she should supervise Alice with that case. In addition, Principle II, Rule A indicates that certified members should only practice in the areas where they are competent given their experience. That doesn't mean that the child can't be treated; it means that the supervisor should develop competency through retraining. Then she can treat the case, and will also be able to train Alice.

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Case #2: Carrie is a second year graduate student reporting to her first day of her external clinical placement at the ABC Hospital. After orientation, she is told by her

supervisor, “Forget everything the administrator told you; in the real world, shortcuts are needed to meet productivity. I know that you got an A in your Dysphagia class, so go do a bedside swallow assessment on the patient across the hall while I complete an aphasia evaluation on a new referral downstairs.”

Question: Is there an ethical issue for Carrie? For the supervisor? Which parts of the Code can apply?

Answer: Because Carrie is not governed by the Code, it is not applicable to her.

On the other hand, the supervisor appears to clearly be in violation of Principle I, Rule E and Principle I, Rule G. She is not providing adequate supervision; she should not base her determination of a student’s qualifications in an area solely on a grade in a class. Alice is not capable of completing such an evaluation without more direct supervisor oversight.

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Case #3: Bill has been at his school position for 3 months. His clinical fellowship mentor and he have completed their first segment and are confident that he was doing well. In fact, his mentor was so pleased with his progress that she asked him to work with a student at her school – but she didn’t tell her principal or the child’s family that he was a clinical fellow. She introduced him as an SLP with exceptional credentials and a long record of working with children with similar diagnoses.

Question: Is there an ethical issue for Bill? For the supervisor? Which parts of the Code can apply?

Answer: While Bill is not governed by the Code, he does need to be aware that making statements that could be considered misrepresentations are out of compliance with the Code. The supervisor may be in violation of Principle I, Rule D by not being honest about Bill’s credentials.

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As a clinical supervisor, it is your job to empower your students to make those calls, and others like them.

*PROBE – What do you wish you had been taught about ethics in general or the Code of Ethics specifically during your training?*

### **Teaching Ethical Decision Making**

Teaching our pre-service professionals to engage in ethical practice is a part of every graduate program in communication sciences and disorders. Ethics content is typically

covered in either the clinical courses (e.g. Internship, Clinic) or the academic courses (Professional Issues or a content area like Dysphagia).

Pursuant to this pre-service education, Irwin, Pannbacker, Powell, and Vekovius (2007) cited six steps in effective ethical decision making that can be used with students to prepare them to go to an external site. They include:

Step 1. Identify and gather relevant information – make sure you understand the facts - and just the facts - relative to the problem. It may sound cold but you will need to ignore emotions.

Step 2. Identify relevant ethical issues and possible violations. This will of course require you to refer to the Code of Ethics to ensure that the situation is truly covered within the rules.

Step 3. Identify possible courses of action. This can be very clear if there is an obvious infraction or it can be in that wide ranging realm called “maybe”.

Step 4. Identify the need for outside consultation and impact if outside consultation needed: student impact of each action. Sometimes having a third party review the issue may help bring clarity and closure.

Step 5. Select a plan of action. This can be determined by the employer guidelines, university regulations, a rule in the Code of Ethics or even the legal codes of the jurisdiction.

Step 6. Implement the plan of action. You have to follow through to ensure compliance and the integrity of the Code of Ethics.

I return to this training now because of its applicability to clinical training as well. You can and should revisit each of these steps with your students, across a variety of clinical scenarios.

There is also much that can be learned from the strategies that have been used in professions like medicine and social work to teach ethics and ethical behaviors (8). Many of these can easily be adapted to your purposes.

- Analysis of each aspect of ethical decision making – teach students effective steps in making ethical decisions and have them analyze each of the steps in given situations.

As the clinical educator, you have many opportunities to do this – remember, your students’ early clinical experiences will serve as the foundation for their future professional growth. You can literally walk your students through your own process step by step as they observe you working with clients. For example, when you are working on a treatment plan, don’t just concentrate on the clinical

component. Talk to the students about how what is being proposed is ethical. Guide them through the considerations you use to ensure that a specific service is being provided in an ethical manner.

- Standardized patients/standardized professionals – through the use of trained actors, students can actually engage in practices that require them to draw upon their ethical knowledge to make decisions.

This is a great opportunity to involve students from the Theater department on campus, or perhaps even former patients at a clinic. Prep the actors by first ensuring that they know the relevant components of the ASHA Code of Ethics – in other words, which components of ethical practice you're testing. Then give them a script of statements, some of which should be perceived to be ethical and some of which should be perceived to be unethical. (NOTE: don't similarly prep your students! They should simply be told that they are going to interact with a client presenting with a particular disorder.) During the course of the interaction, the actor will demonstrate behaviors and make statements that will require the student to demonstrate ethical decision making. For example, perhaps the actor could suggest leaving the appointment 15 minutes early, stating that the student can still report that an entire hour was spent. After the interaction, the actor, the student, and the clinical supervisor can talk about what went well, and pinpoint areas that need additional attention.

- Negative practice – create an unethical situation and have students react to it

This is similar to the use of standardized patients; instead, though, the clinical supervisor can model unethical behavior, then discuss with the students how it made them feel, whether and/or how they recognized that it was unethical, and how to convert the situation into an ethical one.

- Interviewing current professionals across employment settings – allowing a variety of experts to share knowledge with students

In this scenario, students can ask currently practicing speech-language pathologists to identify the ethical challenges that are prevalent in the setting in which they work; the speech-language pathologists can then share strategies for successfully navigating the challenges. This is a particularly pertinent strategy for students who are about to complete a placement, as they may be required to be familiar with the ethical challenges consistent with a given setting. For example, perhaps speech-language pathologists in skilled nursing facilities report feeling pressured to treat patients to meet a quota; in the course of their interaction with students, they can share this information, as well as options for appropriate responses.

- Incorporate ethics into each disorders class – as the disorder is being covered, the instructor can talk about where the ethical challenges can occur

Adhering to this practice on a regular basis (and by all faculty) will help the students come to see ethical practice as an essential component of patient treatment. Faculty who teach the academic classes should be in constant communication with you, the clinical educator. Make sure that the professors have current, logical examples of ethical issues related to the major clinical categories (articulation, language, voice, fluency, hearing, cognitive, communication modalities, social, dysphagia). If you stay in contact with them, they can easily incorporate those examples into their lectures.

- Special lecture – specific topics

At the beginning of each semester, select an ethical problem to be discussed by a panel of speech-language pathologists; they can share personal stories and insights about what they faced and how they dealt with it. Alternately, if the university for whom you do a great deal of supervision will allow it, offer to come in to teach the students about the ethical issues you face. (This will help you stay current on challenges and appropriate responses as well!)

- Reading assignments – specific topics

Assign readings on specific ethics topics in our profession, or on a setting where speech-language pathologists are typically employed, and discuss them with your students.

*PROBE – Would access to one or more of these strategies have impacted how you responded to a situation you faced as a student or as a professional?*

Finally, encourage your students to take advantage of the ethics resources provided by ASHA, from a copy of the Code, to discussions of specific scenarios, to information on violations and sanctions.

## **Conclusion**

When thinking about ethics, it is so easy to think in terms of black or white, right or wrong.... but all of us know that most questions will come from the gray area. Giving our students the tools they need to navigate ethics and ethical decision making successfully is critical to the continued success of our profession, and one of the most important tasks you will face as a clinical supervisor.

## **Additional Resources**

Review the [asha.org](http://www.asha.org) website for periodic statements or live ethics chats from Board members or designated ASHA staff members. Just as employers have personnel on hand to help with ethical questions, so does ASHA.

Of particular interest:

### *Clinical Education and Supervision*

ASHA Practice Portal

<http://www.asha.org/PRPSpecificTopic.aspx?folderid=8589942113&section=Overview>

### *Clinical Supervision in Speech-Language Pathology and Audiology*

ASHA Position Statement

<http://www.asha.org/policy/PS1985-00220/>

### *Issues in Ethics: Ethical Issues Related to Clinical Services Provided by Audiology and Speech-Language Pathology Students*

ASHA Issues in Ethics Statements

<http://www.asha.org/Practice/ethics/Ethical-Issues-Related-to-Clinical-Services-Provided-by-Audiology-and-Speech-Language-Pathology-Students/>

### *Issues in Ethics: Supervision of Student Clinicians*

ASHA Issues in Ethics Statements

<http://www.asha.org/Practice/ethics/Supervision-of-Student-Clinicians/>

### *Sorting Through the Gray* - Glenn Waguespack, MS, CCC-A

The ASHA Leader, July 2016, Vol. 21, 44-51.

<http://leader.pubs.asha.org/article.aspx?articleid=2531192>

## References

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Ethical Decision Making in Clinical Education  
(1 CE HOUR)

FINAL EXAM

1. The addition of a terminology section is one of the largest changes to the ASHA Code of Ethics (2016). For the purposes of clinical supervision, \_\_\_\_\_.
  - a. No term specifically addresses students or student issues, and thus the terminology section can be discounted when discussing the Code with students
  - b. Several terms specifically address students or student issues
  - c. Several terms specifically address supervisors or supervisory issues
  - d. While no term specifically addresses students or student issues, the terminology section taken as a whole helps clarify the entire document
  
2. Where in the ASHA Code of Ethics is the following statement found? "Individuals shall not misrepresent the credentials of aides, assistants, technicians, support personnel, students, research interns, 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 providing services."
  - a. Principle I, Rule D
  - b. Principle I, Rule F
  - c. Principle II, Rule D
  - d. Principle IV, Rule G
  
3. Where in the ASHA Code of Ethics is the following statement found? "Individuals shall not knowingly allow anyone under their supervision to engage in any practice that violates the Code of Ethics."
  - a. Principle I, Rule E
  - b. Principle II, Rule E
  - c. Principle IV, Rule I
  - d. Principle IV, Rule L
  
4. Per Principle I, Rule G, "Individuals who hold the Certificate of Clinical Competence may delegate to students tasks related to the provision of clinical services that require the unique skills, knowledge, and judgment that are within the scope of practice of their profession only if those students are adequately prepared and are appropriately supervised. The responsibility for the welfare of those being served \_\_\_\_\_"
  - a. Is shared between the certified individual and the student's university
  - b. Is shared between the student and the certified individual
  - c. Remains with the certified individual
  - d. Rests with the student

5. Per Principle II, Rule E, "Individuals in administrative or supervisory roles shall not require or permit their professional staff to provide services or conduct research activities that exceed the staff member's \_\_\_\_\_."

- a. Certification status
- b. Experience
- c. Training
- d. All of the above

6. A clinical supervisor requires his/her graduate students to run personal errands for him/her, in addition to their formal training, in order to receive high ratings. Is the supervisor in violation of the ASHA Code of Ethics?

- a. No, this is permissible behavior
- b. Possibly; it depends on whether or not the students have the time
- c. Possibly; it depends on whether or not the students object
- d. Yes: Principle IV, Rule G

7. Irwin, Pannbacker, Powell, and Vekovius (2007) cited six steps in effective ethical decision making that can be used with students to prepare them to go to an external site. Step 3 states \_\_\_\_\_.

- a. Identify and gather relevant information
- b. Identify possible courses of action
- c. Select a plan of action
- d. Implement the plan of action

8. The clinical supervisor models unethical behavior, then discusses with the students how it made them feel, whether and/or how they recognized that it was unethical, and how to convert the situation into an ethical one. This is an example of \_\_\_\_\_.

- a. Interviewing current professionals across employment settings
- b. Negative practice
- c. Special lecture
- d. Standardized patients/standardized professionals

9. The clinical educator is in constant communication with faculty who teach the academic classes, making sure that the professors have current, logical examples of ethical issues related to the major clinical categories. This is an example of \_\_\_\_\_.

- a. Incorporate ethics into each disorders class
- b. Negative practice
- c. Reading assignments
- d. Special lecture

10. The clinical supervisor walks students through his/her own process step by step as they observe him/her working with clients, talking to them about how what is being proposed is ethical, and guiding them through the considerations he/she uses to ensure that a specific service is being provided in an ethical manner. This is an example of

\_\_\_\_\_.

- a. Analysis of each aspect of ethical decision making
- b. Interviewing current professionals across employment settings
- c. Special lecture
- d. Standardized patients/standardized professionals



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**ETHICAL DECISION MAKING IN CLINICAL EDUCATION**  
**(1 CE HOUR)**

**COURSE EVALUATION**

Learner Name: \_\_\_\_\_

	<b>Disagree</b>					<b>Agree</b>
	1	2	3	4	5	
Orientation was thorough and clear	1	2	3	4	5	
Instructional personnel disclosures were readily available and clearly stated	1	2	3	4	5	
Learning objectives were clearly stated	1	2	3	4	5	
Completion requirements were clearly stated	1	2	3	4	5	
Content was well-organized	1	2	3	4	5	
Content was informative	1	2	3	4	5	
Content reflected stated learning objectives	1	2	3	4	5	
Exam assessed stated learning objectives	1	2	3	4	5	
Exam was graded promptly	1	2	3	4	5	
Satisfied with learning experience	1	2	3	4	5	
Satisfied with customer service (if applicable)	1	2	3	4	5	n/a

What suggestions do you have to improve this program, if any?

\_\_\_\_\_

\_\_\_\_\_

What educational needs do you currently have?

\_\_\_\_\_

\_\_\_\_\_

What other courses or topics are of interest to you?

\_\_\_\_\_

\_\_\_\_\_