

# ISSUES IN ETHICS: ESSENTIAL INFORMATION FOR SPEECH-LANGUAGE PATHOLOGISTS

(3 CE HOURS)

FINAL EXAM

1. \_\_\_\_\_ are largely developed within our family and community, consisting of individual beliefs regarding what is right and what is wrong.
  - a. Conduct rules
  - b. Ethical philosophies
  - c. Legal standards
  - d. Moral values
2. Per the Four Principles of biomedical ethics by Beauchamp and Childress, “\_\_\_\_\_” is defined as “Duty to cause no harm; preventing harm.”
  - a. Autonomy
  - b. Beneficence
  - c. Non-maleficence
  - d. Justice
3. Per the Four Principles of biomedical ethics by Beauchamp and Childress, “\_\_\_\_\_” is defined as “The individual’s right to make his or her own decisions; freedom of action and choice.”
  - a. Autonomy
  - b. Beneficence
  - c. Non-maleficence
  - d. Justice
4. Which of the following is NOT one of the seven steps commonly contained within ethical decision-making models?
  - a. Consult with others in analyzing the decision-making strategies and reasoning employed
  - b. Eliminate the different perspectives that may be used to identify the problem
  - c. Identify the potential issues involved considering autonomy, beneficence, non-maleficence, and justice
  - d. Review the relevant ethical guidelines. Does one or more exist?
5. The \_\_\_\_\_ which opened in October 1999, required the reporting of all final adverse actions by federal and state government agencies (e.g., state licensing boards), Medicare and Medicaid exclusions, health-care related criminal convictions and civil judgments. These adverse actions include reprimands, censures, probations, limitations on scope of practice, suspensions, revocations, voluntary surrenders (of license), and certain other actions.
  - a. Health Care Quality Improvement Bureau (HCQIB)
  - b. Health Resources and Services Administration (HRSA)
  - c. Healthcare Integrity and Protection Data Bank (HIPDB)
  - d. National Practitioner Data Bank (NPDB)
6. The underlying philosophical basis for the ASHA Code of Ethics is found within the four Principles of Ethics. Principles I and II \_\_\_\_\_.
  - a. Are identical to the prior version of the Code
  - b. Have been edited, but still relate to one’s responsibility to the public (I) and responsibility for professional relationships (II)
  - c. Have been eliminated
  - d. Have been renumbered, and are now Principles III and IV
7. Which of the following is NOT among the major themes contained with the ASHA Code of Ethics’ Rules?
  - a. Disclosures
  - b. Impaired Practitioner
  - c. Sanctions
  - d. Use of Technology
8. Per ASHA’s 2015 SLP Healthcare Survey, \_\_\_\_\_ of respondents experienced pressure to provide inappropriate frequency or intensity of services.
  - a. 12%
  - b. 16%
  - c. 20%
  - d. 24%

9. When a private practitioner recruits clients for their private practice from his or her primary place of employment, a conflict of interest may exist. To mitigate this concern, an SLP who is employed by a public school system nine months of the year and provides private therapy to students from the same school system during the summer months should \_\_\_\_\_.
- Inform the parents that they will have to pay for the services provided privately and the services offered/provided during the summer months cannot in any way supplant the free, appropriate public education (FAPE) to which students are entitled during the school year
  - Inform the school superintendent, director of special education, and speech-language services coordinator (if applicable) of the intent to provide services to students from the school system during the summer
  - Make certain all referrals are of the parent's own volition
  - All of the above
10. The second basic principle discussed in the *Belmont Report*, \_\_\_\_\_ is an obligation that exceeds the personal characteristic of kindness. Two general rules of which to be mindful of are "(1) do not harm," which is the long-held Hippocratic precept, and "(2) maximize possible benefits and minimize possible harms."
- Beneficence
  - Justice
  - Respect for Persons
  - Utility
11. Lack of record-keeping and inaccurate documentation of services have led to the filing of ethics complaints by school system practitioners, administrators, and parents, and have resulted in adjudications by ASHA's BOE. One of the significant factors in these cases is \_\_\_\_\_.
- A mistake that occurred on rare occasions
  - A pattern of misrepresentative paperwork
  - Paperwork that consistently adheres to prevailing professional standards
  - Paperwork that consistently contains no misrepresentations
12. Are school-based SLPs engaging in unethical practice if missed sessions are not made up? While IDEA regulations do not address this specific issue, the U.S. Department of Education's Office of Special Education Programs (OSEP) reaffirmed in 2016 that \_\_\_\_\_.
- All missed sessions must be made up
  - Missed sessions under a district-mandated threshold do not need to be made up
  - Missed sessions must be examined on a case-by-case basis
  - School systems should set district-level policy addressing this issue
13. The ASHA Board of Directors in 2016 passed a resolution (BOD 23-2016) approving \_\_\_\_\_.
- A universal standard and process for obtaining speech-language pathology licensure
  - An interstate licensing compact for audiologists and SLPs
  - Regulations specific to telepractice in speech-language pathology in eighteen states
  - The development and implementation of an interstate licensing compact for audiologists and SLPs
14. Protection of client/patient confidentiality and knowledge of privacy and security laws and regulations are essential components in the delivery of telepractice services. In addition to state licensure laws and regulations and the ASHA Code of Ethics, mandates are contained in \_\_\_\_\_.
- The Education Statistics Data Center's Final Report (2014)
  - The Health Insurance Portability and Accountability Act (HIPAA) of 1996
  - The Interstate Medical Licensure Compact of 2017
  - The National Council of State Boards of Examiners for Speech-Language Pathology and Audiology (NCSB) referendum of 2012

15. Three important documents were the result of a widely-recognized need to address the overarching issue of training for SLP supervisors. Which of the following is NOT among them?
- ASHA's *Issues in Ethics: Perspectives of the ASHA Special Interest Groups*
  - The ASHA Ad Hoc Committee on Supervision Training Final Report: *A Plan for Developing Resources and Training Opportunities in Clinical Supervision*
  - The ASHA Ad Hoc Committee on Supervision's Final Report: *Knowledge, Skills and Training Consideration for Individuals Serving as Supervisors*
  - The Council of Academic Programs in Communication Sciences and Disorders (CAPCSD)'s White Paper: *Preparation of Speech Language Pathology Clinical Educators*
16. Multiple sections of the ASHA Code of Ethics apply to supervision of student clinicians. For example, \_\_\_\_\_ states that "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."
- Principle I, Rule D
  - Principle II, Rule A
  - Principle IV, Rule G
  - Principle IV, Rule L
17. Per ASHA's *Speech-Language Pathology Assistant Scope of Practice* document, which of the following tasks may NOT be delegated to a speech-language pathology assistant?
- Assist with departmental operations (scheduling, recordkeeping, safety/maintenance of supplies and equipment)
  - Discharge a student, patient, or client from services
  - Document student, patient, and client performance (e.g., tallying data for the SLP to use; preparing charts, records, and graphs) and report this information to the supervising SLP
  - Serve as interpreter for patients/clients/students and families who do not speak English
18. Multiple sections of the ASHA Code of Ethics apply to the utilization of speech-language pathology assistants. For example, \_\_\_\_\_ states that "Individuals shall not knowingly allow anyone under their supervision to engage in any practice that violates the Code of Ethics."
- Principle I, Rule C
  - Principle II, Rule E
  - Principle IV, Rule I
  - Principle IV, Rule R
19. Originally published in 2011 and updated in 2016, an expert group of health care professionals developed *Core Competencies for Interprofessional Collaborative Practice* which categorizes necessary individual-level knowledge and skills. There are four core domains, with \_\_\_\_\_, Values/Ethics for Interprofessional Practice, essential to any discussion of ethics.
- Competency 1
  - Competency 2
  - Competency 3
  - Competency 4
20. The prevalence of interprofessional practice was quantified in ASHA's 2016 Interprofessional Practice Survey. \_\_\_\_\_ of SLPs in health care and schools indicated engagement in interprofessional collaborative practice as defined by the World Health Organization (WHO).
- 27%
  - 42%
  - 63%
  - 89%