Clinical Conundrum

Addressing questions related to ethical and clinical practice issues in speech-language pathology and audiology

Question: R.B. has worked as an audiologist for 20 years in a hospital, assessing high-needs patients, adult and pediatric, using auditory brainstem response (ABR) equipment to diagnose hearing loss and neurological disorders. He has recently moved and accepted a position at a new facility as the sole audiologist, with limited resources/equipment and long wait lists for access to services. Management has recently dictated that cost-cutting measures will be implemented. Instead of hiring a second audiologist as previously planned, support personnel (SP) will be utilized for various tasks in the department and be supervised by the audiologist. The NICU babies have always been assessed by the audiologist with diagnostic ABR. Management has informed the audiologist that the SP will screen the babies using the diagnostic equipment and that the audiologist will train them. R.B. is very reluctant and anxious about this new development in the NICU. He struggles, questioning the appropriateness of SP using the diagnostic equipment. What should he do**?**

Answer: In times of fiscal restraint, the implementation of new or different practices is commonplace. When faced with a potential conflict or ethical issue, as in the case of R.B., resources such as the ACSLPA Code of Ethics and various guidelines can assist a practitioner in "doing the right thing". Ethical decision-making frameworks can also help shed light on how to deal with difficult situations. Frameworks from Weinstein's What Should I Do: 4 Simple Steps to Making Better Decisions in Everyday Life, McDonald's Framework for Ethical Decision Making and IDEA: Ethical Decision-Making Framework all have been used in health care in recent years. The use of a framework allows for self-reflection and inquiry to define the actual issue (facts). Guiding questions may be posed at each step along the way.

To work through the concerns being encountered by R.B., the first step would be to get the facts. Specifically, is R.B.'s issue related to limited equipment, managing the long wait lists, or the use of SP? In considering this question, the following facts can be confirmed:

Fact: With a lone audiologist, diagnostic hearing testing cannot be in the clinic and NICU at the same time. Unless an ABR assessment (adult or child) is scheduled in the clinic, the equipment sits idle.

Fact: The audiologist is an expert in hearing health who is needed in complex cases rather than screening. Wait-list management is about the right person, doing the right job, at the right time. SP can be used to reduce wait lists by performing activities that take the audiologist away from more complex issues.

Fact: Delegation of activities and responsibility is at the discretion of the audiologist. The *ACSLPA Code of Ethics* states, "In providing services to clients and the public, members are responsible for all professional services they provide, including that of the support personnel under their supervision." The *ACSLPA Audiologists' Guidelines for Working with Support Personnel* state that screening, including ABR testing, is an appropriate activity for SP, while administration of diagnostic tests and interpretation of a referral, diagnosis, prognosis, screening or assessment findings are not. Further, the *ASHA Code of Ethics*, Rule E, states that audiologists "shall not delegate tasks that require the unique skills, knowledge and judgment that are within the scope of their profession to assistants…over whom they have supervisory responsibility."

Once the facts have been identified, the next step is to identify the issues or values at stake. Specifically:

What harm does the equipment pose? Or the test itself?
In Alberta, SP are able to perform restricted activities (RAs) under the supervision of a qualified, registered ACSLPA member. As long as the SP is competent to perform any task or activity and the ACSLPA member assumes full responsibility and supervision, one would not anticipate any harm to the public.

What is the current standard of practice? What information is available locally, nationally, internationally to assist with decision-making as one explores new ways of doing things?
ACSLPA members can look to their College and various professional associations for information regarding the latest trends and what is considered evidence-based and/or acceptable practice for a particular situation or assessment. ACSLPA members should be aware that there may be some inconsistencies in the information available from varying sources. For example, in Alberta the *Health Professions Act* (HPA) does have provisions for SP performing RAs under appropriate supervision. However, CASLPA does not allow SP to perform RAs like cerumen management. Overall, when inconsistencies in information occur, audiologists and SLPs in Alberta have a professional obligation to practice in compliance with the legislation, *Standards of Practice*, *Code of Ethics* and guidelines of ACSLPA, first and foremost.

In the case of R.B., there are no indicators in any of the key audiology documents available (ACSLPA, CASLPA, ASHA and AAA) on the use of SP in audiology that would prevent SP from using diagnostic equipment. If the diagnostic equipment has a screening function, it should not prevent the SP from using the intended device. SP frequently play the role of "screener" across many health professions.

Is there a real or perceived conflict of interest?
A conflict of interest (e.g., competing professional and/or personal interests) may exist even if no unethical or improper act results from it. A conflict of interest can undermine confidence in the person or the profession. The idea that SP could be utilized in such a way that potentially undermines the profession (SLP or Audiology) could be cause for great concern. Could the use of SP, in some instances, allow the public or other professions to believe that the services provided by the SP could be provided by others? In the NICU, screenings have a pass/fail criteria that do not allow for interpretation or judgment of the information obtained. In this situation, the SP would not be putting themselves in a position where they would be mistaken for an audiologist. Any "fail" results would be referred to the audiologist for "diagnostic" tests and potential diagnosis of permanent hearing loss.

Are there emotions, feelings, values or biases regarding this issue?
Audiologists and SLPs are experts in their respective fields. But what sets them apart from other professions? Their level of education? Their scopes of practice? Under the *HPA*, registered audiologists and SLPs are entitled to use the protected titles of their respective professions. They assess, interpret findings, diagnose related disabilities and recommend non-surgical interventions for related disorders. SP cannot do these things, and in particular, cannot provide interpretation. SP are used to enhance the work environment, to reduce wait times for services, and to help ACSLPA members be more efficient, using similar principles to James Womack's *Lean Thinking* and Access Improvement Measures (AIM). The use of SP to screen hearing with diagnostic equipment in the NICU should not be in conflict with these values.

Having reflected on the issues, R.B. should be able to determine that there is no real conflict of interest or risk of unethical practices in this situation. Ethical decision-making frameworks allow us to remember our values and identify the facts, find feasible alternatives, review ethical resources, and test possible solutions so that we can make choices and learn from our experiences. Additionally, we can consider and expand our personal as well as organizational perspectives beyond what is addressed in guidelines and other practice documents.

References

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We welcome your thoughts on this or any other clinical conundrum! Readers are encouraged to submit both their comments and their ethical clinical issues in question format to slp@acslpa.ca for SLP related issues and audiology@acslpa.ca for audiology related issues.