

Module 2
Ethics and Professionalism
Chapter 5
(.1 CEUs)

Learner Outcomes

Participants will be able to:

- a. Recognize the professional's responsibility for overseeing staff and their patient communications
- b. Identify appropriate and inappropriate second-opinion practices
- c. Identify key components to professional communication

Learner Assessment tool

Please circle the correct answer

1. Which of these are improper staff actions, according to Dr Metz?
 - a. Using a friendly demeanor with patients, as it crosses the boundary between appropriate and inappropriate professional roles
 - b. Taking phone messages on paper, as it constitutes a violation of privacy rules
 - c. Stating that the audiologist is "busy in the hospital" implying a level of patient responsibility beyond what the scope of practice that audiology would typically allow
 - d. Staff wearing "scrubs" which creates the impression that the clerical staff member is medical personnel

2. When medical professionals provide a second opinion:
 - a. The medical professional ethically must refuse to provide patient care to the referred patient. If the patient is dissatisfied with the referring provider, then the second-opinion provider may recommend another colleague, but must not take charge of that patient's care.
 - b. The medical professional ethically should render the opinion and refer back to the original care provider; however, if the patient expresses a desire to be treated by the second-opinion provider, then that is permitted as it honors the patient's right to free choice
 - c. The medical professional must limit the discussion to the diagnosis and treatment at hand. The discussion of fees for services must not be a part of the consultation
 - d. Both A and C are true

3. Which is NOT true?
 - a. An audiologist is free to elect not to care for a given patient, so long as the audiologist is not discriminating and the dismissal is professionally justified (e.g., the patient's noncompliance makes further treatment unlikely to be successful)
 - b. An audiologist may dismiss a patient after beginning treatment, so long as the dismissed patient is not deprived of pre-paid services (e.g., hearing aid follow-up)
 - c. An audiologist may dismiss a patient when caring for that patient becomes not cost effective. That is the right of the professional, and it is ethical as well as legal
 - d. Dismissing a patient typically requires advance written notice before care is no longer available at that facility
4. Some audiologists retain copies of the manufacturer's hearing aid invoice in the patient file. Metz questions which of the following:
 - a. What the proper course of action would be in this case if the patient requests "copies of my entire patient records"
 - b. Whether state law is being violated if one charges a different amount than the invoice (does not unbundled)
 - c. Whether keeping copies of the manufacturer's invoice in the file can be construed as keeping two sets of books
 - d. Both A and B are issues Metz raises in Chapter 5
5. According to Metz, unbundling or itemization of the cost of the hearing instruments and the fees for services:
 - a. Is not common in hospitals and universities but is widely practiced in retail settings
 - b. Typically involves billing for the instruments at the manufacturer's single unit price and thus allows some undisclosed profit when the end of month statement reflects applicable discounts
 - c. Is typically illegal and permitted only when insurance is not involved
 - d. Enhances communication about the services provided and removes discomfort if one later is asked to release the entire patient chart
6. Patient communication is about:
 - a. What is said to patients
 - b. What remains unsaid
 - c. What nonprofessional staff convey to patients
 - d. All of the above
7. Chart notes:
 - a. Should be complete, concise, and allow justification for the services billed
 - b. Should reflect the most important aspects of patient encounters; it is not necessary, nor is it desirable, for the chart to stand alone without commentary from the provider
 - c. Must include information about the true invoice cost of hearing aids
 - d. Both A and C are correct
8. The commonly accepted practice of bundling follow-up care with the prices of the hearing aid:
 - a. Is irrelevant from an ethical perspective
 - b. Could be considered as a contract and is therefore a legal issue
 - c. May require that the audiologist contact an attorney for direction prior to dismissing a patient who has pre-paid for hearing aid services
 - d. Both B and C are correct

9. A guideline suggested by Metz in regard to second opinions is that:
 - a. The interests of the patient are always placed in the primary position
 - b. Errors by another audiologist should be pointed out to the patient seeking a second opinion
 - c. In the case of a second opinion, the second audiologist is free to undercut the prices of the initial audiologist
 - d. Patients should NOT be free to exercise freedom of choice

10. An audiologist guarantees that a patient will hear better in the presence of background noise with his new hearing aids. This is a(n):
 - a. Common practice as it's often seen in advertising, thus is an ethical approach to sales
 - b. Violates the American Academy Code of Ethics, stating that results cannot be guaranteed
 - c. Acceptable practice if the patient is demanding or belligerent
 - d. Easy thing to do, since there are no other factors other than the hearing aid that influence hearing care