Ethical Dilemmas in Audiology

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Perceptions of right and wrong may vary among professionals even when these professionals consider themselves to be ethical. Within all professions, including audiology, ethics is defined as a “system of rules or principles of behavior against which actions of group members can be judged” (Hills, 2009, p. 293). The term ethics refers to decisions not only about what is right or wrong, but also about what is worthy of praise or blame (Lo, 2009). In clinical practice, audiologists may be faced with situations that question their ethical standards.

Ethical standards for the practice of audiology have been evolving continually since the foundation of the profession. Practicing audiologists need to be aware of the Code of Ethics of all organizations in which they maintain membership. For example, the American Speech-Language-Hearing Association (ASHA), American Academy of Audiology (AAA), and Academy of Doctors of Audiology (ADA) all maintain separate Codes of Ethics containing slight variations.

ASHA has maintained a focus on ethical standards for the profession by including 14 additions and revisions to its Code of Ethics from 1930 to 2003 (Irwin, Pannbacker, Powell, & Vekovius, 2007). The current ASHA Code of Ethics contains four principles by which all members of the Association, all nonmembers with the Certificate of Clinical Competence (CCC) from the Association, all applicants for membership or CCC, and all clinical fellows aiming in making clinical decisions?" respondents reported a total of 564 ethical dilemmas in 12 categories.

Results: The most frequently reported categories of ethical dilemmas were pay source/funding concerns (48%), coworker/supervisor interactions (33%), and compliance with federal/state regulatory guidelines (34%).

Discussion: Data suggest that the current focus of continuing ethics education and the direction of ethics education in audiology programs should include pay source/funding concerns, coworker/supervisor interactions, and compliance with federal/state regulatory guidelines as primary topics of interest. Additional implications of the findings in regard to the clinical practice of audiology are addressed.

KEY WORDS: ethics, ethical dilemmas, audiology, audiologist

ABSTRACT: Purpose: The purpose of this study was to reveal current areas of ethical concern for practicing audiologists and to provide insight into the ethical perspectives of audiologists across the country. Additionally, the intent was to identify areas of ethical dilemmas in order to provide a focus for ethics education in audiology programs and to offer a basis for continuing ethics education in the field.

Method: An online questionnaire on ethical dilemmas was constructed by the authors and was completed by 225 audiologists employed in different professional settings, including private practices, clinics, hospitals, schools, colleges/universities, and medical practices throughout the country. When asked, “In your professional experience, which of the following have caused you ethical dilemmas
for certification should abide (ASHA, 2003). According to the four principles of the ASHA Code of Ethics, individuals should (a) primarily account for the welfare of people served professionally or recruited for research, (b) achieve/maintain high levels of competence in the field, (c) promote public understanding of the profession, and (d) honor the profession and professional relationships by upholding dignity and autonomy. The ASHA Preferred Practice Patterns for the profession of audiology bind practicing professionals to the standards of the Code of Ethics (ASHA, 2006a). In addition, ASHA provides numerous resources for expansion, clarification, and discussion of ethical concerns through Issues in Ethics Statements and Roundtable Discussions (ASHA, n.d.). Another indication of ASHA’s commitment to ethical issues in the profession of audiology is the participation of the Board of Ethics in the annual convention. For example, the Board of Ethics presented a seminar at the 2009 ASHA convention addressing ethical issues, processes for official filing of complaints, and due process of those filing complaints (Rao et al., 2009).

In the AAA Code of Ethics (2009), the principles of ethical conduct, along with the rules and procedures used to enforce ethical behavior, are outlined. The AAA principles state that members shall honestly, compassionately, and respectfully provide professional services and conduct research while maintaining high standards of professional competence and providing only services that are in the best interest of those served. Audiologists affiliated with AAA should also maintain client confidentiality and provide accurate information. Furthermore, AAA specifically affirms that members shall comply with the ethical standards of the Academy when dealing with public statements while honoring their responsibilities to the public and upholding the dignity of audiology (AAA, 2009).

In order to assure the highest quality of professional services, ADA requires that each member of the Academy abide by the six fundamental principles of its ADA Code of Ethics. ADA’s Code of Ethics outlines members’ individual (a) responsibility to the welfare of patients served, (b) obligation to professional standards, (c) commitment to services, (d) duty to provide public information, (e) dedication to professional development and involvement, and (f) duty to maintain the ADA’s ethical standards and practices (ADA, 2009).

Although ethical codes of all governing agencies in the profession of audiology should be held in utmost importance, professionals should be aware that ethical codes often contain general concepts but fail to address specific ethical issues or are too brief to aid in ethical decision making (Lo, 2009).

Additional factors to consider in the field of ethics are laws, statutes, and regulations that guide what a professional may or may not do. The legal system often reflects the ethical consensus in society; however, the law is a minimal standard of what is the “right thing to do” and does not always provide definitive answers in the ethical decision-making process (Lo, 2009).

The first step in the ethical decision-making process is determining whether the situation constitutes an ethical dilemma. An ethical dilemma results when an individual is confronted with a situation in which personal and professional integrity is in question (Chabon & Morris, 2004). The clinician’s core values of trustworthiness, respect, responsibility, justice, and caring all serve as the basis for establishing individual ethical standards (Hills, 2009). Ethical dilemmas question moral standards, beliefs, and values. In these situations, the clinician is challenged to determine what is the right thing to do. When determining whether or not a situation should be deemed an ethical dilemma, the clinician should gather and consider all relevant facts while examining different perspectives regarding the issue (Chabon & Morris, 2004).

Once the clinician identifies an ethical dilemma, specific ethical decision-making processes can assist in resolving the dilemma. The importance of exposure to ethical decision-making strategies has been previously established; however, limited exposure through discussions, lectures, and course work specific to ethics in the profession of audiology has also been previously documented (Pannbacker, Lass, & Middleton, 1993; Waggoner, 1992–1993). The most adopted manner of ethics instruction is an “infusion approach” in which ethics education is integrated into the program course work by presenting content and concepts in ethics as integral components of the curriculum; however, a “unit approach” containing a section or portion of a course devoted to ethics is also commonly used in communication sciences and disorders programs (Chabon, Denton, Lansing, Scudder, & Shinn, 2007).

The purpose of this study was to identify ethical dilemmas for practicing audiologists that have occurred in clinical practice and to discuss the ethical perspectives of audiologists across the country. Additionally, the intent was to identify areas of ethical dilemmas in order to provide a focus for ethics education in audiometry training programs and to offer a basis for continuing ethics education in audiology for practicing audiologists.

METHOD

Practicing audiologists across the United States were asked to identify ethical dilemmas that had occurred during their clinical experiences. A random sampling of 25% of listed audiologists’ e-mail addresses per state (for all 50 states) was obtained from AAA. A total of 1,972 e-mails were sent to audiologists throughout the country. Selected participants were provided with an explanation of the survey and a link to a Web-based survey via e-mail (Appendix A). In addition, a follow-up e-mail was sent to each participant approximately one month after the initial contact. If the participants had already completed the survey, they were asked to disregard the follow-up e-mail.

Via the author-constructed Web-based survey accessed through Simple Forms (an online form that securely collects and stores survey data), participants were asked, “In your professional experience, which of the following have caused you ethical dilemmas in making clinical decisions?” Choices of ethical dilemma categories included academic, caseload, compliance with federal/state regulatory guidelines, confidentiality, coworker-supervisor,
discharge, disorder (auditory and/or vestibular problems), evaluation/treatment, family/caregiver, pay source/funding, referral, and other (Appendix B). The categories used in the survey were based on those used in a similar study on ethical dilemmas in the profession of speech-language pathology. Respondents were asked to check all pre-established dilemmas that apply to their clinical experience and to indicate for the other category what specific dilemma occurred. In addition, respondents were asked to elaborate on the categories they selected.

The questionnaire also asked about respondents’ demographic information, including their professional status, highest degree awarded, year degree awarded, type of certification, and place of employment. All procedures are on file with the West Virginia University Institutional Review Board for the Protection of Human Subjects.

RESULTS

A total of 225 audiologists throughout the country completed the Web-based survey. Of the surveyed audiologists, 37% of respondents had a master’s degree as the highest degree awarded and 63% had a doctoral degree. All degrees were awarded between 1969 and 2009. The majority of respondents (83%) held ASHA’s CCC in audiology, and an additional 3% reported dual certification in audiology and speech-language pathology. Respondents were employed in different professional settings, including private practice; clinic; hospital; school; college/university; ear, nose, and throat (ENT) practice; and multiple settings. Demographic information is provided in Figures 1 and 2.

When responding to the question, “In your professional experience, which of the following have caused you ethical dilemmas in making clinical decisions?” respondents reported a total of 564 ethical dilemmas across 12 categories (some respondents reported ethical dilemmas in multiple categories), as displayed in Figure 3 and Table 1. Only 4% of participants (n = 9) reported no ethical dilemmas.

Pay Source and Funding

Almost half (48%) of the respondents selected pay source/funding as an ethical concern from a list of categories, making this the most frequently reported category. In addition, when asked to elaborate on the ethical dilemma category chosen, respondents provided 31 specific comments. Medicaid and Medicare compliance and reimbursement were frequently reported ethical dilemmas. Specifically noted were concerns regarding Medicaid funding for patients who would benefit from advanced technology, binaural fittings, and FM systems. Based on respondents’ comments, Medicaid coverage reportedly provides a lack of reimbursement or financial loss to the practice fitting the aids. Of the 31 comments in the area of pay source/funding, 10 specifically noted concerns with Medicare and/or Medicaid funding. The following statements provide examples of expressed opinions on Medicare and/or Medicaid funding:

- Often a more expensive hearing aid would provide better benefit for the patient but state Medicaid will only allow one hearing aid per adult and with limit on the cost ($400) so it is/was difficult to get a HA [hearing aid] with advanced features. Referrals to physicians are also difficult if the patient is unable to afford a visit to the MD to rule out medical problems. Not having direct access for Medicare patients also raises the costs for everyone and some of those folks aren’t able to follow through with treatment or even have the initial evaluation because of the requirement from a physician for an evaluation.

Figure 1. Respondents’ reported year of award of highest audiology degree.

Figure 2. Respondents’ reported primary employment setting. The “multiple settings” category included responses to more than one predetermined survey category.
NYS Medicaid will not allow binaural fittings on non-visually impaired adults, forcing us into unilateral fittings even where the patient really needs binaural amplification. In addition, if the state reviewer disagrees with your choice of ear to aid, it’s very difficult to get them to change their minds. Lastly, the choice of circuitry is limited, regardless of patient’s needs.

Respondents’ comments also suggested similar issues with private insurance coverage. Specific concerns about private insurance companies included that they do not have set fees for hearing aid coverage or are inconsistent in payment amounts.

In some instances, audiologists reported avoiding recommendations for advanced hearing aid features and FM systems in order to avoid reimbursement disputes with state agencies and private insurance companies. Other remarks related to pay source/funding included concerns that Medicare and Medicaid policy changes will be implemented quickly before the practice can discover modifications and make adjustments to be in compliance.

Reimbursement rates for specific tests were also an area of concern. Some audiologists reported that the amount of reimbursement might influence the test battery chosen (e.g., administering otoacoustic emissions testing primarily for higher reimbursement). In other cases, clinicians reported providing services at no charge because there are no codes that can be used or no codes that will be reimbursed.

Additional examples of specific comments regarding pay source/funding included the following:

- The payment policies of insurance companies are adversely affecting the choices I make for my patients, including the tests that I do and the hearing aids I would like to fit. Patients are stating that if their insurance company doesn’t pay for something, they don’t want it.
- It becomes difficult to decide on amplification, particularly in the case of children, when you want the best technology available to them, but funding sources don’t cover the cost and we are prevented from balance-billing the patient.

Coworker and/or Supervisor Interactions

The second most frequently reported ethical dilemma (35%) concerned coworker/supervisor interactions. A large variety of comments, 23, was provided in the area of coworker/supervisor interactions. Topics covered included dishonesty/unethical practice among coworkers, workplace relationships, harassment, and noncompliance with recommendations or referrals. Specific quandaries noted in this area included inadequacies in the competence of otolaryngologists and audiologists. In addition, restrictions from physicians in advising/counseling patients on audiological issues were also revealed. Sample statements in the area of coworker/supervisor ethical dilemmas included the following:

- I have had coworkers and supervisors who have given inaccurate information to patients, who have endangered patients, and who have committed insurance fraud in my opinion.
- I was asked to work with a “audio tech” who had not been properly trained and to sign off on her work while the ENT physicians in the practice billed for her services under their NPI number. It was a nightmare and I was so unhappy about what was happening that I left the practice after 22 years.
A dominant theme among the category of coworker/supervisor interactions was pressure to increase dispensing of particular companies’ hearing instruments for incentives. Incentives in question included price reductions for hearing aids as well as funding for equipment, trips, dinners, and gifts. On the topic of incentives for hearing aid sales, as well as pressure from employers to focus on particular manufacturers to maintain professional relationships and receive perks.

One audiologist stated:

- One of my current dilemmas is 4th-year AuD students who I have in my office as interns, who I do not think have the clinical skills to graduate to seeing patients independently. The universities I have taken interns from do not seem to have the means to handle this problem.

A dominant theme among the category of coworker/supervisor interactions was pressure to increase dispensing of particular companies’ hearing instruments for incentives. Incentives in question included price reductions for hearing aids as well as funding for equipment, trips, dinners, and gifts. On the topic of incentives for hearing aid sales, one participant stated:

- Issues have risen regarding commission for hearing aid sales, as well as pressure from employers to focus on particular manufacturers to maintain professional relationships and receive perks.

**Compliance With Federal and/or State Regulatory Guidelines**

Compliance with federal/state regulatory guidelines was also a frequently reported category of ethical dilemma (34%); however, only six specific comments were provided by the survey respondents to this category. Some respondents noted problems with certain current procedural terminology codes and whistleblower laws. Specifically, statements in the area of compliance with federal/state regulatory guidelines included the following:

- California has so many rules and regulations that many contradict each other. There is no way to comply with all the rules and regulations. I trudge forward and do what I think is ethically correct.
- Because "WNL" [within normal limits] cannot be coded for insurance reimbursement, some "rule out" diagnosis code has to be assigned regardless of true hearing status. This makes me uncomfortable.

**Confidentiality**

Another frequently reported ethical category was confidentiality (29%). Fifteen respondents provided specific incidences of confidentiality dilemmas as well as general statements about confidentiality regulations. Of primary concern was disclosure of patient information to family members as a confidentiality violation. Respondents also conveyed the need to discuss patient information with referring physicians, otolaryngologists, and professionals within the school system. Other reports included audiologists wanting to disclose celebrities as patients. Sample statements representing the area of confidentiality included the following:

- Anytime I get a phone call from a spouse or adult child of a patient, I feel uncomfortable answering questions about the patient’s medical status or hearing loss. Just today a wife called to ask why I had referred her husband to an otoneurologist.
- Under HIPAA, communication cannot occur without written consent. There are times when it is critical to patient care to share information and written consent cannot always be provided prior to the communication.
- I have also seen numerous celebrities or sports stars in the clinics I have been in. Some results may have affected their careers, but I have to keep all this information to myself as I cannot breach patient confidentiality.

**Family/Caregiver Interactions**

A total of 28% of respondents reported the category of family and/or caregiver interactions as an area of ethical dilemma. Consistent reports of caregivers’ noncompliance with recommendations for treatment (e.g., hearing aid and cochlear implant [CI] reprogramming and use) or referral for additional testing were noted. Surveyed audiologists also reported concerns regarding when to contact social services or family protective agencies. One audiologist provided the following statement:

- I see many parents in my current clinic that I would like to report to social services for their inability to ensure their child follows up for much needed CI programming or hearing aid testing. However, I am always told this will not be significant enough for social services to intervene.

**Evaluation/Treatment**

Ethical dilemmas concerning evaluation and/or treatment were reported by 20% of the respondents. Particular areas noted by respondents included auditory processing evaluation, hearing aid fittings, vestibular evaluation, and aural rehabilitation. Comments such as the following are suggestive of ethical dilemmas in diagnosing and treating these particular disorders.

- I am a school-based audiologist (one of 7) providing services to 23 school districts. Twice in the past year I have been wrapped up in situations where parents/lawyers/child advocates have demanded APD testing although the student is not an appropriate
candidate for valid testing (due to mental retardation, low-functioning autism, etc.). In both cases, the school’s IEP teams and the district’s attorneys agreed to the testing without consulting audiology. Audiology had no knowledge of the requests or the agreement made between both parties’ attorneys. It put us in a tough position because we were forced to do the tests, although all were invalid measures. I felt it was a violation of professional responsibility to knowingly perform tests that were inappropriate. Our testing and services are provided at no charge through the school districts but had I been in any other position where I was billing directly for services I would have refused to do the testing. I do not feel like I could ethically bill for the tests in this case.

• There is much gray area in rehabilitative audiology and hearing aids in particular. When to treat vs. not treat, what price points to present (all or a few), and many more.

Referral

Ethical concerns regarding referral were noted by 19% of the audiologists surveyed. A dominant theme in this area was limiting audiometric testing to the battery recommended by a physician when additional testing may provide further diagnostic information (see statement below). Absence of referral was also noted in the case of asymmetric hearing or conductive components. Referring to one’s own private practice when working at multiple settings was another area of ethical dilemma. An example statement in the referral category was:

• Choice of tests included in a work-up battery is dictated solely by a physician, not by protocol or audiologists’ judgment.

Caseload

Caseload was an ethical problem reported by 19% of audiologists. Overbooked scheduling tempted some audiologists to “cut corners” or avoid researching patient history. For example:

• Caseload can be so great as to not have time for appropriate research into patient issues. [This is] why we need to hire audiology assistants.

Academic

Ethical dilemmas regarding academic affairs were reported by 9% of respondents. Under the category of academic affairs, one respondent commented on the availability of tests for online classes:

• [An ethical dilemma results from] online classes where it is easy to get a copy of the test [raising the ethical issue of cheating on exams.]

Other Categories

Specific disorder (6%), other (3%), and discharge criteria (2%) comprise the remainder of reported categories. The other category had comments regarding practicing under expired licenses and billing for services that were attempted but not completed. Some additional dilemmas reported in the other category included incentives for hearing aid sales, online hearing aid purchases, and necessity of obtaining medical clearance for hearing aids. See specific examples of these areas below.

Hearing aid manufacturer incentives. Participants noted the following regarding hearing aid manufacturer incentives:

• The issue of hearing aids—incentives from manufacturers—pricing, kickbacks is a hot topic. Is it OK to accept any type of gift—pens etc.—or is this unethical also—if you have ever been to a AAA or ASHA convention—everyone has a “give away” so in a way our governing bodies allow this but discourage this. I think the point at which it becomes an issue is when these things cloud your judgment in making a treatment decision.

• Manufacturers of hearing aids you want to do business with, they offer you nice prices—yet they attach strings to their offer, or wanting to engage in a training the manufacturer offers because you really enjoy their products yet someone thinking because they fly you there or give you a free meal you are violating something.

Online hearing aid purchases. In the area of online hearing aid sales, one participant noted:

• The availability of online hearing aid purchase[s] has raised many ethical dilemmas. My employers have agreed to be “delivery” professionals for groups like Astrum, etc. Unfortunately, you are then locked into fitting only the products that Astrum, etc. have available. Sometimes our own pricing to the consumer is better than the third party seller’s, but we are unable to offer that to the consumer because of contractual agreements. If it were up to me, I would not contract with those sellers. By the same token, if consumers turn to the Internet for hearing aids it may be your only chance at survival. Groups like Astrum advertise great savings to the consumer over “regular pricing” and they really go after lots of national organizations (i.e., retired teachers groups) but the reality is that their pricing is no different than most dispensing audiology practices. To me it is deceptive.

Medical clearance. One respondent commented:

• Medical clearance I believe is passé since most of us have doctorate degrees now.

DISCUSSION

An essential step in the ethical decision-making process is identifying a situation as an ethical dilemma. After a clinician has gathered the relevant facts, examined his or her beliefs and values, viewed the various perspectives of the issue, and deemed the situation an ethical dilemma, the ethical decision-making process can begin. The clinician must use a flexible and thorough approach to determine the
courses of action that could be taken and must consider the benefits/burdens of these actions in both the short and long term (Chabon & Morris, 2004). Regardless of the audiologist's knowledge of ethics, four basic steps, including obtaining the facts, identifying pertinent values, finding options, and testing each option against the facts and values, can assist professionals in ethical decision making (Weinstein, 2001).

The fact that many surveyed audiologists identified and confronted ethical dilemmas in practice such as pay source/funding, coworker/supervisor interactions, compliance with federal/state regulatory guidelines, confidentially, and family/caregiver interactions, the focus should be to educate AuD students in these areas and to provide practicing clinicians with resources/continuing education programs to aid in identifying and resolving these ethical dilemmas. Among the most frequently recurring themes of ethics inquiries reported to the ASHA Board of Ethics, four of the areas, including reimbursement for services, employer demands, use and supervision of support personnel, and clinical fellowship supervision, were represented by the respondents' ethical dilemmas in this survey, providing further evidence of the existence of ethical issues in these specific areas (Rao et al., 2009).

Pannbacker, Middleton, and Lass (1994) provided an outline containing a model, objectives, and content suggestions for ethics education in the field of communication disorders. Within the model for ethics education—regardless of whether information is presented as an elective or required course, integrated into existing course offerings, or presented as a series of seminars—Pannbacker et al. recommended that the teaching of ethics should be a planned part of the curriculum that assists students in dealing with ethical dilemmas and in examining values in relationship to the dilemmas. In order to improve the quality of care that future audiologists will provide, ethics education should specifically develop an understanding of ethical concepts, increase awareness of the ethical issues and alternative views, and improve the reasoning skills used when resolving ethical problems. In addition, students should be taught to recognize that the values of those served and their families, as well as other professionals, may differ, resulting in potential ethical conflicts. Content suggestions for ethics course work include ethics and ethical theories (e.g., consequentialism and virtue), ethical decision-making processes (e.g., autonomy and beneficence), professional ethics (e.g., codes of organizations and ethical practice inquiries), and applied ethics (e.g., clinical and research) (Pannbacker et al., 1994).

Providing case studies in the areas reported by survey respondents may also give students and professionals the opportunity to discuss these ethical considerations. Irwin et al. (2007) provided illustrated cases with points to consider and suggestions for each scenario in the majority of ethical dilemma categories reported in this study.

Another resource containing examples and illustrations of similar ethical scenarios is ASHA's Ethics Roundtable, which is designed to respond to ethical questions and educational needs of those in the field (ASHA, n.d.). Through this resource, students and audiologists can learn that numerous approaches to the same case may be ethical. Audiologists may also gain reassurance through similar responses to situations or gain a different perspective on an issue. Examples of the current topics included in the Ethics Roundtable are “Are sales quotas appropriate in clinical settings?” “Recommending an employee with a mixed performance report” and “When health plans limit care” (ASHA, n.d.).

For practicing audiologists as well as audiology students, resources for obtaining more information in many of these reported areas, such as pay source/funding and coworker/supervisor interactions, are readily available. For example, in the area of pay source/funding, one of the most pronounced recurring themes in the data was funding and payment by a third party, particularly Medicare and Medicaid. ASHA's Ethics Statement “Representation of Services for Insurance Reimbursement, Funding, or Private Payment” is designed to promote effective use of ethical considerations for these specific issues and aid in decision making during ethical dilemmas (ASHA, 2006b).

Regarding compliance with federal/state regulatory guidelines, continued education and clarification of existing laws and guidelines may assist practicing audiologists in decision making during times of ethical concern. Local, state, and national conventions should consider providing continuing education to clarify individual state/national licensure regulations and laws concerning the profession of audiology.

Ethics training should focus on clarification of confidentiality of patient information and disclosure/discussion of information among family members and colleagues. Expansion on these points and information including ownership of client records and proper releases of information can be obtained through the ASHA Issues in Ethics Statement on Confidentiality (ASHA, 2004).

Conclusion

Practicing audiologists need to identify and resolve ethical dilemmas, particularly in the areas of pay source/funding, coworker/supervisor interactions, compliance with federal/state regulatory guidelines, confidentially, and family/caregiver interactions. In addition, readily available AuD course work and audiology continuing education should focus on these areas in order to provide potential solutions and increase students' knowledge in ethical decision making.

ACKNOWLEDGMENT

A paper based on this study was presented at the 2009 annual convention of the American Speech-Language-Hearing Association in New Orleans, LA.

REFERENCES


APPENDIX A. INITIAL E-MAIL CONTACT

From: Dept. Speech-Path-Audiology
To: Dept. Speech-Path-Audiology
Subject: Ethical Dilemmas in Audiology

Dear Audiologist,

We, in the Department of Speech Pathology and Audiology at West Virginia University, are conducting a research survey of audiologists’ experience regarding ethical dilemmas. This information should be helpful in developing ethics education programs. Your participation in this survey is voluntary, and your responses will be kept strictly confidential. This is an online web-based survey so your responses to the questionnaire will be forwarded to a website, thus insuring your anonymity. You may choose not to participate in this survey (with no adverse consequences) or to quit at any time or not to answer every question (however, answering each question will allow our study to be more conclusive). If you agree to participate in this survey, please proceed to the following website. If you have difficulty being forwarded automatically using the link, please cut and paste the link into your web browser:

http://simpleform.scripts.wvu.edu/s/EthicalDilemmas/

We hope you agree to participate in this survey and would appreciate your responses to the questionnaire items by March 2, 2009. Thank you for your time and consideration.

Norman Lass (Principal Investigator)

Ashleigh Payne (Co-Investigator)
Andrea Marlowe (Co-Investigator)
Kim Richards (Co-Investigator)
Jessica Schrock (Co-Investigator)
Kristen Porter (Co-Investigator)
Marissa Velica (Co-Investigator)

NOTE: West Virginia University’s Institutional Review Board for the Protection of Human Subjects (IRB) has acknowledged this study.
APPENDIX B (P. 1 OF 2). SIMPLE FORMS SURVEY
APPENDIX B (P. 2 OF 2). SIMPLE FORMS SURVEY

Practicing Professional (highest degree only):

☐ BA/BS
☐ MA/MS
☐ Au/DEd/PhD

Year degree awarded:
Example: MVDDYYYY

Certification:

☐ None
☐ CCC-A
☐ CCC-BLIYA
☐ CPY
☐ Other

If "Other" please specify:

Primary Employment setting:

☐ Schools
☐ Hospital
☐ Clinic
☐ Private Practice
☐ College/University
☐ Other

If "Other" please specify:

Comments:

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