

## Module 3 Research Ethics and Ethics of Best Practice

Chapter 9, Appendix 3, and Chapter 11 (.3 CEUs)

## **Learner Outcomes**

Participants will be able to:

- a. Identify key ethical and legal constructs in research
- b. Differentiate between the Declaration of Helsinki, the Belmont Report and the Common Rule
- c. Recognize the interdependence of research and sound clinical practice

## **Learner Assessment tool**

Please circle the correct answer

- 1. The Tuskegee Study
  - a. Preceded the US's adoption of the Declaration of Helsinki. Thus, while it was egregious by today's standards it met the ethical precepts of the era
  - b. Was egregious in part because this government-funded study occurred after the Declaration of Helsinki was signed
  - Is widely viewed as ethically inappropriate, but since penicillin was not yet discovered as a treatment for syphilis, it represents ethical research except that it utilized a vulnerable population
- 2. Which is not one of the key provisions of the Belmont report
  - a. Respect for persons
  - b. Fair compensation for injury
  - c. Beneficence
  - d. Justice
- 3. Which is not a component of the Belmont Report
  - a. Animal research must be conducted under the oversight of an animal care and use body
  - b. Researchers must respect patient autonomy
  - c. Benefits of research and burdens of research must be fairly allocated
  - d. Risks should be minimized
- 4. The "Common Rule" is so named because
  - a. Common sense is a fundamental feature of these regulations
  - b. It contains features that are common to all countries within the United Nations
  - c. It is a set of regulations that is held in common by all of the US federal agencies
  - d. It was authored by Douglas Commons

- 5. Institutional Review Board members must all be scientists/researchers.
  - a. True
  - b. False
- 6. Informed consent is refers only to the document that describes the experiment and that is signed and witnessed
  - a. True
  - b. False
- 7. Researchers should clearly acknowledge sponsorship of research in all publications and presentations of data.
  - a. True
  - b. False
- 8. Currently, hearing aid efficacy research is exempt from FDA regulations on obtaining premarket approval of benefit claims.
  - a. True
  - b. False
- 9. Cochlear implants and implantable devices are currently exempt from FDA regulations on pre-market approval of benefit claims.
  - a. True
  - b. False
- 10. Which is not one of the reasons that Palmer cites for using best practices:
  - a. It makes one's job easier as you adhere to a set protocol when using best-practice
  - b. Patients prefer that clinicians provide the best possible care
  - Using best-practices is in the best interest of patients, and members must provide only services and products that are in the patient's best interest.
  - d. The ability to report use of best practice adherence enhances audiology's reputation.
- 11. Applying evidence-based care entails always utilizing a formula where the same care steps are taken for all patients who receive a given service.
  - a. True
  - b. False
- 12. The continuing educational model described by Garner goes by which acronym?
  - a. LASER
  - b. SWORD
  - c. PISTOL
  - d. BOMBSHELL
- 13. And the "S" in this acronym stands for
  - a. Sensing incomplete information areas
  - b. Serving patients through educating oneself
  - c. Seeking scientific knowledge and technical expertise
  - d. Submitting one's assumptions for examination

- 14. A risk of not applying evidence based practice is each of the following except which one?
  - a. The patient will not receive optimal health-care outcomes
  - b. Lack of good outcomes in one patient may dissuade others from seeking audiological services
  - c. The audiologist may face sanction for code of ethics violation
  - d. One will be unable to garner additional payment from Medicare for adhering to guidelines
- 15. Which is cited as a reason for clinician reluctance to use evidence-based practice.
  - a. Fear of new experiences
  - b. Lack of availability of materials on evidence-based practice
  - c. Lack of billing codes for particular procedures