

TPA Real World Ethics Questions Worksheet

1. If we do "counseling" for tinnitus then can be be brought up at a licensure board for being out of our scope of practice? WE are not mental health professionals, or...
 - a. do we all need a disclaimer saying that "this audiological counseling is within the scope of tinnitus or misophonia"?
2. Can we even run a CBT or Mindfulness group or do we need licensed mental health professional?
3. the "30 day trial"
 - a. if not a combo HA/noise generator, there is no requirement or regulation
 - b. 30 days simply is not enough time.
 - c. if a combo device and the HA is turned off and it is used as a noise generator, do we need to treat it as a hearing aid?
4. What are the manufacturer's responsibilities to the audiologists as well as the patient, including any trial periods, if any?
5. What are our responsibilities to our patients if the treatment does not work and they've already spent a lot of money?
6. What is the standard of care? what is a tinnitus eval? We know what the CPT code says, we all have our own way of doing things and what we considered needed tests. Does the patient need all this testing?
7. On the THI, what is our responsibility if there is something other than 0 for the suicide question. Do we talk to them if its a 1 and hand walk them over to someone if its a 3 or 4? Can we separate severity like that or do we treat all answers the same.?
8. What if someone can't afford treatment or follow up? What is our responsibility? Are we obligated to do anything?
9. What about medical clearance or referral? FDA no longer requires this for HA. do we even need it just to evaluate for tinnitus?
10. Do people spend too much time or not enough? What are the intangibles not looked at that make the difference in successful treatment?
11. Bundling vs unbundling, that is the question. If we unbundle, will the patient be at risk because they don't want to pay for return visits?