



Ethics and Certification: Raising the Bar of Professionalism – Update for 2013

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Introductions

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Learning Objectives

1. Identify 3 goals of the Standards of Practice
2. Identify 3 goals of the Code of Ethics
3. Explain the process for filing a complaint
4. Explain the key components in the complaint review process
5. List 5 Standards of Practice and how they may be violated



Professionalism

- Active demonstration of the traits of a professional
- Constituting those **attitudes** and **behaviors** that serve to maintain client interest above self-interest
- Displaying values, beliefs and attitudes that put the needs of another above our professional needs

Brown & Ferrill, 2009; Costigan & Light, 2010; Hammer, 2000



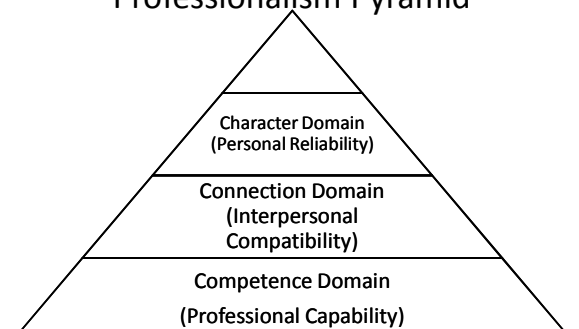
Professional Attitudes and Behaviors

Attitude	Behavior
Accountability	Takes responsibility for actions
Caring	Volunteering Acts of service
Desire for self-improvement *	Continued learning Self-instruction
Diversity	Fair treatment of all people regardless of demographic characteristics
Honesty	Behaviors that demonstrate honesty and trustworthiness
Open-minded	Increased receptiveness to new ideas
Respect	Dresses appropriately Punctual Maintains confidentiality
Responsibility to learn	Comes prepared Actively participates, engages in discussion
Team player *	Engages in constructive peer assessment Accepts and applies constructive critique
Values new experiences	Desire to seek out and take on new challenges

Hammer, 2000



Professionalism Pyramid



Brown & Ferrill, 2009



Taxonomy of Professionalism

Competence Domain	Connection Domain	Character Domain
1. Self-Directed Learning	1. Compassion	1. Honesty/Integrity
2. Knowledge	2. Empathy	2. Humility
3. Applied Skill	3. Self Control	3. Responsibility
4. Proactivity	4. Kindness	4. Service
5. Wisdom	5. Influence	5. Moral Courage

Brown & Ferrill, 2009



Technician or Professional?

- Associated with skilled labor/trade
- Relatively practical understanding of general principles
- Versed in technique
- Supportive role to professional
- Possess large body of knowledge
- Self-regulating
- Autonomy in the workplace
- Utilize independent judgment and professional ethics



What is certification?

- Professional certification is the voluntary process by which a non-governmental entity grants a time-limited recognition and use of a credential to an individual after verifying that he or she has met predetermined and standardized criteria.



Why have Certification?

- Validate individual's qualifications
- Carries a connotation of trust, belief, and confidence
- Provide practice-related, knowledge-based requirements against which an individual can be assessed
- Requires adherence to a Code of Ethics and Standards of Practice

Clark, 2013; Diez, 2003; Knapp & Knapp, 2002



RESNA's Credentialing Program

RESNA administered the first ATP and ATS exam on October 23, 1996 with 64 candidates

Since then the PSB has:

- Established a complaints review process
- Consolidated the 2 exams to a single, unified Assistive Technology Professional exam
- Re-written the exam
- Moved to computer based testing
- Launched the Seating & Mobility Specialist exam



Rights/Restrictions with RESNA Credential

- Voluntary certification
- Not a license – can't practice outside of state requirements
- Use of designation ATP for successful candidates



Assistive Technology Professional

A service provider who analyzes the needs of individuals with disabilities, assists in the selection of the appropriate equipment or services, and trains the consumer on how to properly use the specific equipment.



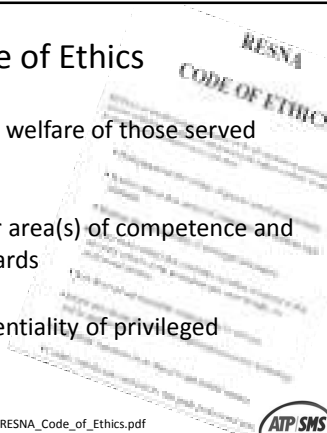
Seating and Mobility Specialist

A service provider who has advanced knowledge, experience and skills in the field of seating and mobility. The SMS is an advanced certification that builds on the ATP.



Code of Ethics

- Hold paramount the welfare of those served professionally
- Practice only in their area(s) of competence and maintain high standards
- Maintain the confidentiality of privileged information




http://resna.org/certification/RESNA_Code_of_Ethics.pdf



Standards of Practice


- Set of 22 rules to govern practice of Assistive Technology service delivery
- Promotes high ethical standards
- Stresses cooperation, team building, follow-up
- Promotes collaboration
- Encourages referral to others as appropriate
- Adjudication when standards are violated

<http://resna.org/dotAsset/11598.pdf>




Standards of Practice

1. Individuals shall keep paramount the welfare of those served professionally




Standards of Practice

2. Individuals shall engage in only those services that are within the scope of their competence, their level of education, experience and training, and shall recognize the limitations imposed by the extent of their personal skills and knowledge in any professional area




Standards of Practice

3. In making determinations as to what areas of practice are within their competency, assistive technology practitioners and suppliers shall observe all applicable licensure laws, consider the qualifications for certification or other credentials offered by recognized authorities in the primary professions which comprise the field of assistive technology, and abide by all relevant standards of practice and ethical principals, including RESNA's Code of Ethics




Standards of Practice

4. Individuals shall not willfully misrepresent their credentials, competency, education, training and experience in both the field of assistive technology and the primary profession in which they are members. Individuals shall disclose their employer and the role they serve in the provision of assistive technology services in all forms of communication, including advertising, that refers to their certification in assistive technology




Standards of Practice

5. Individuals shall inform consumers or their advocates of any employment affiliations, financial or professional interests that may be perceived to bias recommendations. In some cases, individuals shall decline to provide services or supplies where the conflict of interest is such that it may fairly be concluded that such affiliation or interest is likely to impair professional judgments




Standards of Practice

6. Individuals shall use available resources to meet the consumers' identified needs including referral to other professionals, practitioners or sources which may provide the needed product and/or service




Standards of Practice

7. Individuals shall cooperate with members of other professions, where appropriate, in delivering services to consumers, and shall actively participate in the team process when the consumer's needs require such an approach




Standards of Practice

8. Individuals shall offer an appropriate range of assistive technology services which include assessment, evaluation, trial, simulation, recommendations, delivery, fitting, training, adjustments and/or modifications and promote full participation by the consumer in each phase of service




Standards of Practice

9. Individuals shall verify consumer's needs by using direct assessment or evaluation procedures with the consumer




Standards of Practice

10. Individuals shall inform the consumer about all device options and funding mechanisms available regardless of finances, in the development of recommendations for assistive technology strategies




Standards of Practice

11. Individuals shall consider future and emerging needs when developing intervention strategies and fully inform the consumer of those needs




Standards of Practice

12. Individuals shall provide technology that minimizes consumer's exposure to unreasonable risk. Individuals shall provide adjustments, instruction for use, or necessary modifications that minimize risk




Standards of Practice

13. Individuals shall fully inform consumers or their advocates about all relevant aspects of the final recommendations for the provision of technology, including the financial implications, and shall not guarantee the results of any service or technology. Individuals may, however, make reasonable statements about the recommended intervention




Standards of Practice

14. Individuals shall document, within the appropriate records, the technology evaluation, assessment, recommendations, services, or products provided and preserve confidentiality of those records, unless required by law, or unless the protection of the welfare of the person or the community requires otherwise




Standards of Practice

15. Individuals shall endeavor, through ongoing professional development, including continuing education, to remain current on assistive technology relevant to their practice including accessibility, funding, legal or public issues, recommended practices and emerging technologies




Standards of Practice

16. Individuals shall endeavor to institute procedures, on an on-going basis, to evaluate, promote and enhance the quality of service delivered to all consumers



Standards of Practice

17. Individuals shall be truthful and accurate in all public statements concerning their role in the provision of all assistive technology products and services



Standards of Practice

18. Individuals shall not discriminate in the provision of services or supplies on the basis of impairment, diagnosis, disability, race, national origin, religion, creed, gender, age, or sexual orientation



Standards of Practice

19. Individuals shall not charge for services not rendered, nor misrepresent services delivered or products dispensed for reimbursement or any other purpose




Standards of Practice

20. Individuals shall not engage in fraud, dishonesty or misrepresentation of any kind, or any forms of conduct or criminal activity that adversely reflects on the field of assistive technology, or the individual's ability to serve consumers professionally




Standards of Practice

21. Individuals whose professional services are adversely affected by substance abuse or other health-related conditions shall seek professional advice, and where appropriate, voluntarily withdraw from practice



Standards of Practice

22. Individuals shall respect the rights, knowledge, and skills of colleagues and others, accurately representing views, information, ideas and other tangible and intangible assets including copyright, patent, trademark, design contributions, and findings




THE RESNA PSB and CRC

Purpose of Professional Standards Board (PSB) and the Complaints Review Committee (CRC) is to set forth the requirements for:

- Recertification
- Reinstatement
- Adjudication of complaints against certificants

Conway & Cassel, 2012; Culley, Sun, Harman, & Warner, 2013



Definitions of Certification Status

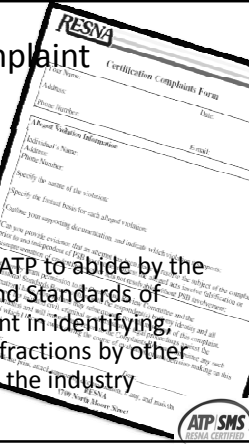
- Pending = waiting period between application and certification
- Active = 2 year period following successful completion of exam
- Inactive = **voluntary** on or before recertification date
required if recertification requirements are not met
- Probation = sanction imposed by the CRC, name id NOT removed from certification data base
- Suspended = sanction imposed by the CRC, name IS removed from certification data base
- Revoked = permanent sanction imposed by the CRC
- Ineligible



Filing a Complaint

- Formal, written complaint
- Cannot be anonymous
- Evidence must be attached

It is the responsibility of each ATP to abide by the RESNA Code of Ethics (COE) and Standards of Practice (SOP) and to be vigilant in identifying, documenting and reporting infractions by other ATPs to protect the public and the industry



Complaints Review Committee (CRC)

- Appointed by PSB
- 5-6 members, including a consumer
- Meet monthly to review new complaints, update status of investigations and adjudicate fully vetted complaints
- Legal counsel is obtained for serious violations and prior to imposing disciplinary actions



Categories of Complaints

- False advertising, falsifying documents or false communications
 - Eligibility to sit for exam – work experience
 - Creating a false certificate
 - Falsifying and/or changing medical records
 - Advertising that company is RESNA – certified
 - Advertising employment of ATPs when none exist



Categories of Complaints

- Misuse/misrepresentation of credentials
 - Use of designation without earning it
 - Use of designations when inactive, suspended, revoked, or termed
 - Self-created titles
 - Inappropriate or inaccurate use of designation on business cards, signatures ...
 - Signing off on another's work

<http://resna.org/certification/GuidelinesforuseoftheATP.pdf>



Categories of Complaints

- Consumer-generated complaints
 - Lack of follow-up – fitting, repair, safety issues
 - Billing for services not rendered
 - Incorrect equipment delivered or substituted
 - Not taking consumer/family opinions into account
 - Recommending covered items for self pay




Categories of Complaints

- Criminal offenses
 - Stealing, fraud, embezzlement
 - Felonies not related to AT field that affect our industry
 - Alcohol or substance abuse
 - Child or elder abuse
 - Slander or libel




Categories of Complaints

- HIPAA – related violations
 - Not holding client files securely
 - Soliciting of client business to new employer based on previous medical knowledge
 - Transferring clients to new employer
 - Violating privacy laws or not protecting confidential information



Categories of Complaints

- Cheating during Certification Exam
- Lack of Team Cooperation
- No Direct Assessment
- Conflict of Interest
- Refusal to participate in assessment based on a consumer’s health status



What Can Be Done to Protect Certification?

- Steps RESNA has taken:
 - Secure testing environments
 - Preliminary score reports
 - Good moral character affirmation questions on initial and renewal applications
 - Audits

RESNA needs your help – report violations



Process of Adjudication

- CRC meetings – review, develop and track complaint evidence, documentation and status
- Adhere to the Complaints Policy and Violation Rating system
- Seek Legal Counsel / Advice – as needed
- Adjudicate Complaint
- Appeals Process – when requested
- Final Decision



Actions RESNA CRC Can Take

- Letter of Concern or Warning
- Probation
- Suspension
- Revocation
- Reporting to other bodies

We must also protect ATPs from false claims



Cases Where RESNA Cannot/Does Not Take Action

- Employer/employee issues
- Complainant against someone who is not RESNA certified, nor eligible
- Complaint against a company or organization
- Other issues better addressed by accreditation standards, state licensure laws or other authorities such as the local/state police, FBI, OIG, DOJ or other authorities



Who Else Can YOU Report To?

Legitimately Interested Entities

- State licensing authorities
- Accrediting bodies
- Federal and state Medicare/Medicaid reimbursement authorities
 - Program Integrity
 - Ombudsman



Also Report to:

- Funding sources
- Employers
- State Attorney General
- Senator or House of Representative's office
- Law enforcement



What Credentialing Means to the Public

- Demonstrated knowledge of AT
- Professionalism, as governed by RESNA Standards of Practice and Code of Ethics
- Education and experience to meet eligibility standards
- Professional oversight by RESNA Professional Standards Board
- Best practices, consumer-oriented

Real-time listing on RESNA Website
"Directory of Certified AT Professionals"

www.RESNA.org



Discussion:

Other scenarios?



How to Reach RESNA

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Rosslyn, VA 22209-1903
Phone #: (703) 524-6686
Fax #: (703) 524-6630

RESNA Website: www.resna.org