



Evidence-Based Practice I Have a Million Questions!

Q: Why is EBP so important?

A: Apel & Scudder (2005) outline three key reasons why EBP is important.

1. **Accountability**—We must be accountable to clients and their families, to ourselves, and to third-party payers.
2. **Professional responsibility**—We have a responsibility to accurately represent the profession, serve the profession with research, and improve our knowledge base.
3. **Ethics**—Offering ineffective service is unethical. Imagine you have symptoms of a heart attack. You go to a cardiologist who listens to your heart, your complaints, and your description of your life habits. After listening, she tells you that you'll be okay and sends you home. That's ineffective treatment and, thus, unethical.

Q: What are the differences between evidence-based practice and evidence-based instruction?

A: Evidence-based practice refers to the willing and conscious use of current best evidence in making decisions about treatment (ASHA, 2006). Evidence-based instruction describes the effectiveness of a practice by looking at its objectivity, validity, reliability, systems, and review by experts in the field.

Q: What is "educational accountability"?

A: Educational accountability is a systematic method to assure educators, policymakers, and the public that schools are producing desired results. As SLPs, we must look at goals, indicators of progress toward those goals, measures, analysis of data, reporting procedures, and consequences (Ysseldyke et al., 1998).

Q: How are systematic reviews different from clinical guidelines?

A: Systematic reviews are summaries of results from a collection of studies. They describe treatment approaches that are supported by evidence, but they do not make recommendations for treatment. Clinical guidelines are EBP statements established by a group of experts who give specific recommendations (Schooling, 2006).

Q: My supervisor tells me that I have to show evidence for the material I want to buy. Where do I start?

A: SLPs need to have evidence that supports their practice. This could include information about a certain condition's frequency, diagnosis, treatment, or prognosis. Copies of journal articles, testimonials from users, studies using the material, and clinical trials are all valid sources of evidence.

Q: How do I gather my own evidence?

A: Once you determine the type of treatment to use with your client, implement it for a predetermined length of time. Then analyze your client's progress to determine if the treatment made a difference. The results are your evidence.

Q: How will I ever find time to implement EBP?

A: Use your peers as allies! Invite them to participate at your next gathering or via the Internet. By working together, you can cull through available evidence much quicker.

Evidence-based practice refers to the willing and conscious use of current best evidence in making decisions about treatment.

Apel, K., & Scudder, R. (2005). *Evidence-based practice*. Excerpts from a presentation to the 2005 Annual CAPSCD Conference.

Schooling, T. (2006). *Utilizing evidence to help make clinical decisions: Real world strategies for school-based SLPs*. ASHA National Center for Evidence-Based Practice in Communication Disorders; presentation at Missouri Speech and Hearing Convention, March 2006.

Ysseldyke, J., Krentz, J., Elliott, J., Thurlow, M.L., Erickson, R., & Moore, M.L. (1998). *NCEO framework for educational accountability*. Minneapolis, MN: University of Minnesota, National Center on Educational Outcomes. Retrieved June 9, 2008, from <http://education.umn.edu/NCEO/onlinepubs/framework/frameworktext.html>