



# What Is Evidence-Based Practice (EBP)?

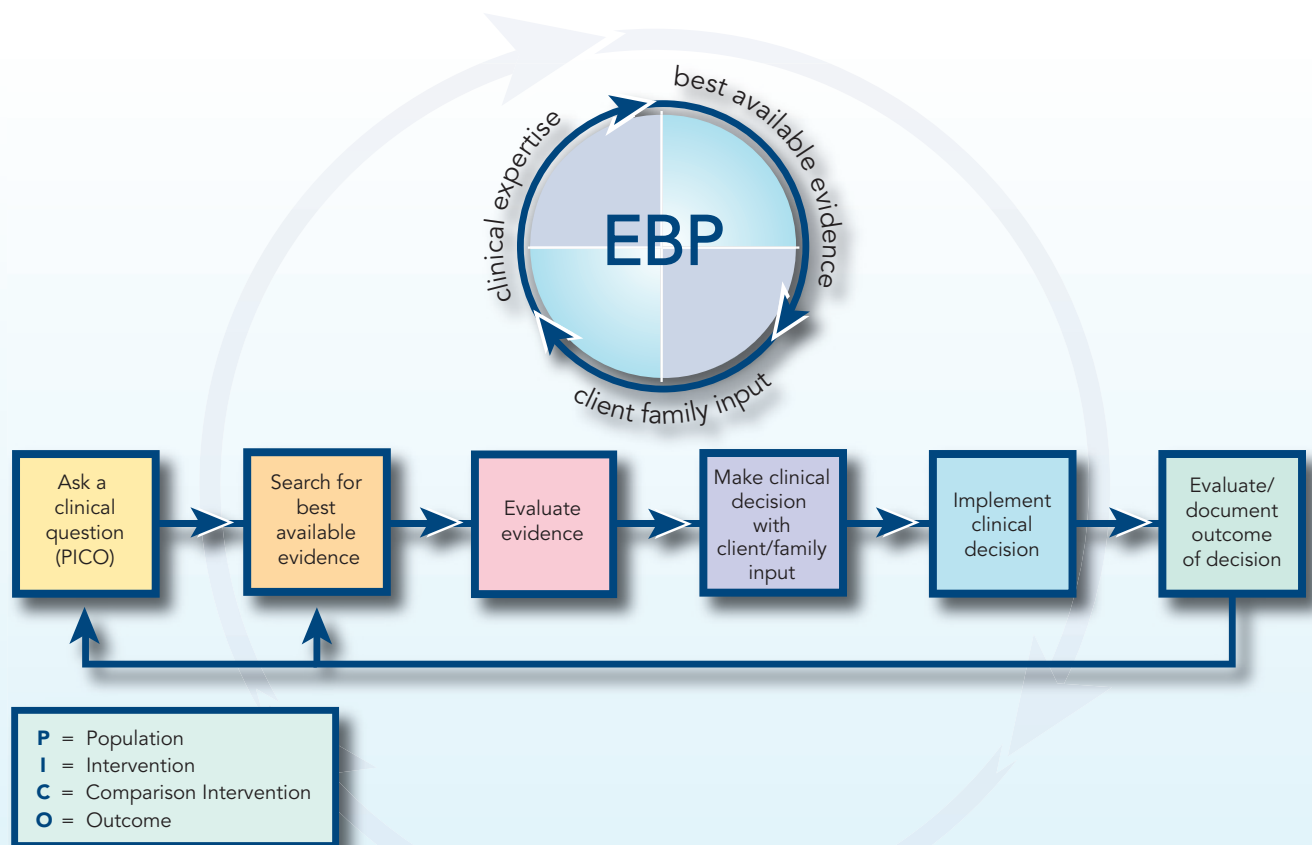
Evidence-based practice (EBP) has its history in the medical field as a means of providing care that has been shown, in valid evaluations, to result in desirable outcomes.

These evidence-based approaches to practice are more recently being applied to other healthcare professions, including speech-language therapy.

As SLPs, we are challenged to ask ourselves, "How do I know that what I do works for this client?" (Bury & Mead 1998). EBP is the conscious use of current best evidence to answer this question, to guide our decisions about how to treat clients, and to assist us in selecting materials that will improve client skills.

EBP offers a framework and a set of tools that we can systematically use to become better clinicians, colleagues, advocates, and investigators by considering the clinical expertise and client preferences against a background of the highest quality of scientific evidence that can be found (adapted from Dollaghan 2004).

The flowchart below demonstrates how EBP is a continuous process. As new evidence presents, we must re-evaluate and adjust practices accordingly for each and every new client.





## Evidence Hierarchy

In order to critically appraise the research you find for its merit and feasibility for use in your therapy intervention, use an evidence hierarchy which ranks the study designs based on their ability to protect against bias (i.e., objective vs. subjective).

LEVEL	DESCRIPTION
<b>I</b>	Well-designed meta-analysis of more than one randomized, controlled trial (RCT)
<b>Ia</b>	One well-designed RCT
<b>II</b>	One well-designed controlled study without randomization
<b>Ila</b>	One well-designed, quasi-experimental study
<b>III</b>	Well-designed, nonexperimental studies (i.e., correlational and case studies)
<b>IV</b>	Expert committee reports, consensus statements, clinical experience of respected authorities

**Level I** evidence is considered the strongest because the study designs strictly adhere to rules concerning the control of bias. The most common biases that may affect a research study are:

- Subject selection bias – subjects not representative of target population
- Measurement bias – too few or too many tools used to measure outcomes
- Intervention bias – includes factors, such as treatment contamination, timing of intervention, treatment site bias, and use of different therapists to deliver intervention

**Level II** evidence includes studies in which randomization is not employed but which still control for bias. Study designs in which the

subjects are not randomized to conditions, but experimental procedures are still used, are also included at this level.

**Level III** evidence includes non-experimental studies. Examples of this type of research involve observational research, survey research, and archival research.

**Level IV** evidence is reserved for expert opinion and the experience of respected authorities in the field. Although some consider it to be the weakest level of the hierarchy, we feel that it is important to acknowledge its significance since SLPs rely on expert opinion to make clinical decisions.

## Systematic Reviews and Professional Guidelines

Systematic reviews and professional organizations' guidelines are also useful tools when searching for clinical evidence. Evaluate them in terms of their appropriateness for your clients. Ask yourself if the guideline is relevant to your clinical question and is evidence-based. Also consider who published the guideline.

Regardless of which type of evidence you use, it is most important to consider the individual needs of each client who will benefit from your intervention.



Look for this symbol throughout this catalog to find EBP statements relevant to our products.

## References

American Speech-Language-Hearing Association. (2006). *Introduction to evidence-based practice*. Available online from [www.asha.org](http://www.asha.org)

Bury, T., & Mead, J. (1998). *Evidence-based healthcare: A practice guide for therapists*. Oxford: Butterworth-Heinemann.

Dollaghan, C. (2004). Evidence-based practice: Not all evidence is created equal. *The Newsletter of the Illinois Speech and Hearing Association*, 8-9.