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SPECIAL ARTICLE

Evidence-based practice: Steps towards a better clinical practice

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KEYWORDS

Scientific evidence; Clinical expertise; Evidence-based practice; Clinical practice; Client preferences; Decision making Abstract Evidence-based practice (EBP) is a common model for clinical decision-making. The model has its origin in medicine, but today also it relates to speech-language therapy. EBP consists of three (sometimes four) parts: external scientific evidence, client values/perspectives, clinical expertise and in some models context. With this model, clinical decision-making is meant to take place after gathering information or evidence from each of the three parts and taking them into consideration. Based on literature, teaching and clinical experience and available online resources this article aims to describe the background of EBP as well as clinical expertise and client values, but primarily focuses on providing practical advice about searching, finding and appraising the external scientific evidence in order to make this decision-making model in speech-language therapy more accessible for the individual speech-language therapist. © 2017 Elsevier España, S.L.U. y Asociación Española de Logopedia, Foniatría y Audiología e Iberoamericana de Fonoaudiología. All rights reserved.

PALABRAS CLAVE

Evidencia científica; Experiencia clínica; Práctica basada en la evidencia; Práctica clínica; Preferencias del usuario; Toma de decisiones

Práctica basada en la evidencia: pasos hacia una práctica clínica mejor

Resumen La práctica basada en la evidencia (PBE) hace referencia a un modelo común para la toma de decisiones clínicas. El modelo tiene su origen en medicina, pero actualmente también se aplica en logopedia. La PBE se basa en 3 (en ocasiones, 4) fuentes: la evidencia científica externa, las preferencias/valores del usuario, la experiencia clínica del profesional y, en algunos modelos, el contexto. Desde este enfoque, la toma de decisiones clínicas se realiza reuniendo y tomando en consideración la información o evidencia disponible desde cada una de estas fuentes. Fundamentado en la literatura, la experiencia clínica y formativa y los recursos

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disponibles en línea, este artículo describe los antecedentes de la PBE, así como la experiencia clínica y los valores del usuario, pero se centra principalmente en proporcionar asesoramiento práctico sobre la búsqueda, el acceso y la evaluación de la evidencia científica externa, con el fin de hacer más accesible este modelo de toma de decisiones para el logopeda.

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Introduction

Back in 1947 English Prime Minister Winston Churchill said: "Democracy is the worst form of government, except for all those other forms that have been tried from time to time." I think this quote could be rewritten to Evidence-based practice is the worst method for clinical decision making, except for all the others that have been tried from time to time, by which I mean that evidence-based practice is one way of making clinical decisions, it is not perfect, but the alternatives do not seem better and hardly anyone would disagree with its aim of wanting to improve outcomes for clients. Every day in speech-language therapy, numerous decisions need to be taken around the individual course of action for clients; for example: a) What tests to use for assessment; b) What therapy methods; c) What exercises; d) When to start and end therapy; e) How many times a week and in total; f) What time of the day, and so forth. Traditionally, and perhaps because speech-language therapy is a rather young and at times a anecdotal profession which emerged out of a sudden need to care for head-injured soldiers after the World Wars, it lacks the scientific underpinning which has played a larger role in other professions' evolution (Reilly, 2004). However, nowadays, there is an evident demand for evidence-based practice in speech-language therapy as well as in other health, social and educational professions. The demand stems from different stakeholders, including the profession itself, people who receive the services and their significant others and last but not least, its funders, whether being public or insurance funded. No one wants to give, receive or fund services which are not effective (Logeman, 2000). This article aims to 1) give an overview of the concept of evidence-based practice, 2) describe the steps need in the evidence-based practice process, including where to find resources for practicing evidence-based decision making and 3) discuss the use of evidence-based practice as a clinical decision-making model in speech-language therapy

The concept of evidence-based practice

Evidence-based practice found its way into speech-language therapy around the turn of the millennium, stemming from the concept of evidence-based medicine (Sackett, Rosenberg, Gray, Haynes, & Richardson, 1996). Sackett and colleagues defined evidence-based medicine as ''The conscientious, explicit and judicious use of the current best evidence in making decisions about the care of individual

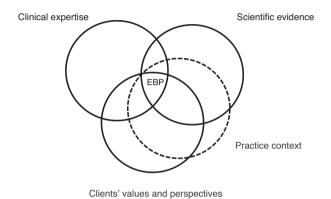


Figure 1 Factors included in the decision-making process in evidence-based practice.

patients" (Sackett et al., 1996, p. 169). Evidence-based medicine was not a new concept at that time, but certainly Sackett and colleagues took it into a new era by refining the concept and putting it on the agenda via their publications (e.g., Sackett et al., 1996; Sackett, Straus, Richardson, Rosenberg, & Haynes, 2000). In particular, their focus on practising medicine based on systematic evidence, yet including clinicians' expertise, was different. A few years later, in Sackett et al. (2000), they further specified the concept by also including patient values. Based on the Sacketts et al.'s work, the American Speech-Language-Hearing Association (ASHA) have defined the goal of evidence-based practice as "the integration of: (a) clinical expertise/expert opinion, (b) external scientific evidence and (c) client/patient/caregiver perspectives to provide high-quality services reflecting the interests, values, needs and choices of the individuals we serve" (www.asha.org/Research/EBP/). This definition is sometimes expanded to include practice context, as a fourth factor (Briner, Denyer, & Rousseou, 2009; Hoffmann, Bennett, & Del Mar, 2013) or include the service context into clinical expertise (Cluett, 2006) (Fig. 1).

Despite the balanced approach to clinical decision-making proposed by Sackett and colleagues and adapted by many professions, it is still the scientific part of the evidence that gets the most attention. The process of achieving and reviewing the evidence in order to implement it into practice has been rather well described. Yet, it is not an easy task, as seen in steps 1–3 below. Furthermore, only very little of the enormous amount of research produced will get

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