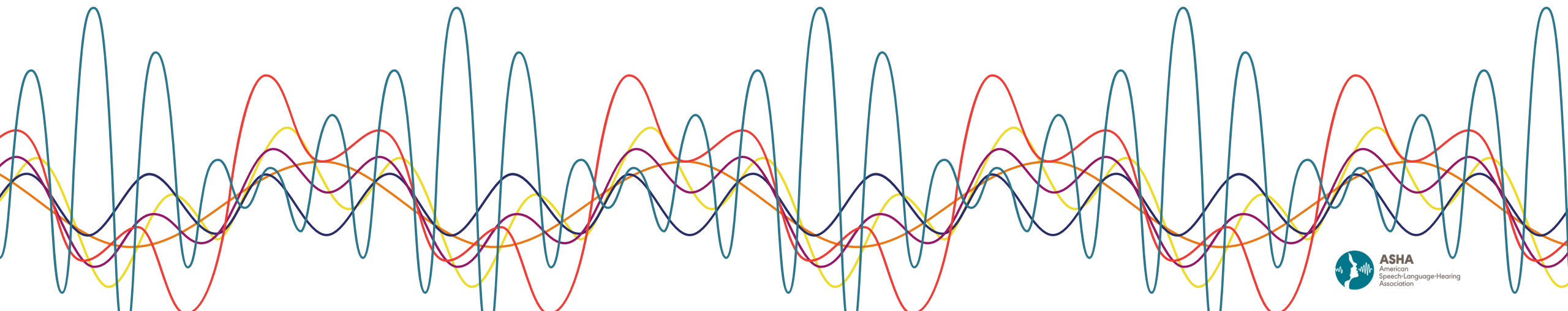


Evidence-based practice and how it applies to assessment

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This module is a component of ASHA CRISP Committee's Evidence-Based Assessment Project.



What does EBP mean?

- Fulcher-Rood et al. (2020) asked 25 SLPs what EBP means to them.
- 64% of respondents defined EBP as the use of therapy strategies that have been proven to be effective in research.
- None of the respondents included assessment in their definition.
 - Fulcher-Rood et al. (2018) found that SLPs do not use psychometric qualities or research evidence in the selection of diagnostic assessments.
 - Only 57% of SLPs reported psychometrics influenced their selection of assessment instruments (Ogiela & Montzka, 2021).
- Only 8% of respondents identified three sources of information (i.e., research evidence, clinical expertise, client/family values) in relation to EBP; None defined EBP as a decision-making process.

Cause for Concern

- There is a misunderstanding that EBP refers to a specific intervention or treatment strategy with research evidence to support its use.
- The neglect of assessment in clinicians' understanding of EBP is problematic.
- Assessment decisions seem to be based on something other than psychometric qualities or research evidence.



Evidence-based Practice

What does it really mean?

- Decision making process that informs all professional decisions (Sackett et al., 1996).
 1. Best Available Evidence
 2. Client/Family Values, Preferences, Characteristics, Culture, etc.
 3. Professional Judgement and Clinical Expertise

EBP Continued...

- ASHA defines EBP as the integration of (a) clinical expertise, (b) current best evidence, and (c) client values to provide high-quality services reflecting the interests, values, needs, and choices of the individuals served.
- Applies to treatment and assessment
- Concept of **Best Evidence** warrants additional unpacking

Best Evidence

- There are several ways of determining “best”.
- **Availability**
 - Quality – The most rigorous scientific evidence produces greater certainty than less rigorous scientific evidence.
 - Quantity – More high-quality evidence yields greater certainty than less of it.
- **Accessibility**
 - Evidence that is in a format clinicians can use is better than evidence that is not accessible to clinicians.
 - E.g., open access articles, systematic reviews and meta-analyses, brokered products such as practice guides, evidence summaries, social media snapshots, etc.
- **Relevance**
 - Evidence that more closely resembles the clinical question is better than evidence that does not.

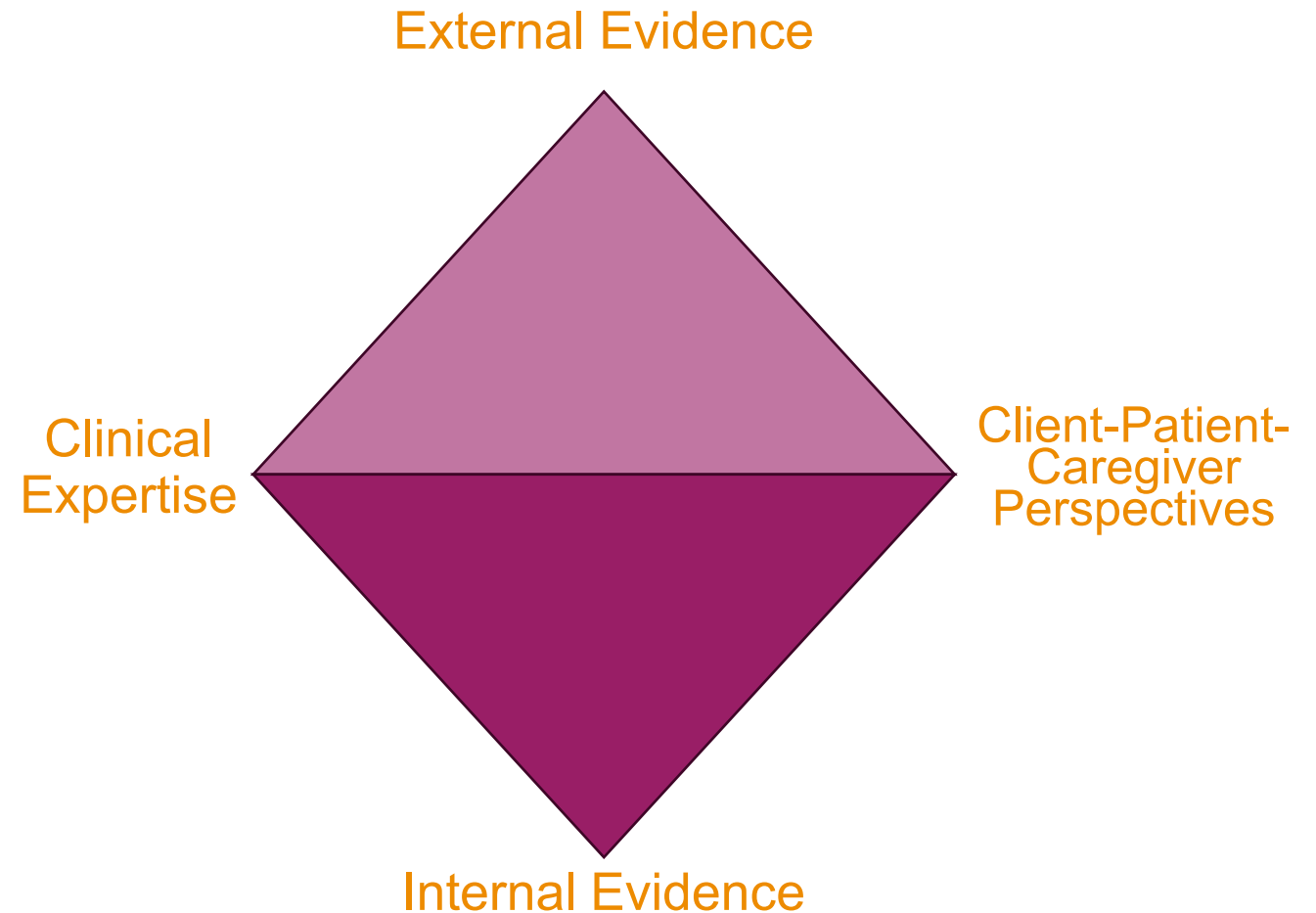
External vs. Internal Evidence

- **External evidence** is quality scientific evidence that is external to the specific client and context and must be judged for its availability, accessibility, and relevance.
- However, **internal evidence** is the data-informed evaluation of client performance (also called **practice-based evidence**), which is inevitably available, accessible, and relevant.
- It can and should be used to validate:
 - a specific practice (as modified for the client)
 - with the specific client
 - on the specific outcomes
 - in the specific context
- Internal and external evidence should be integrated with clinical expertise and client values.

From Triangle to Diamond

Recognizing and Using
Data to Inform Our
Evidence-based Practice

(Higginbotham & Satchidanand, 2019)



Practice-based Evidence

Strengths

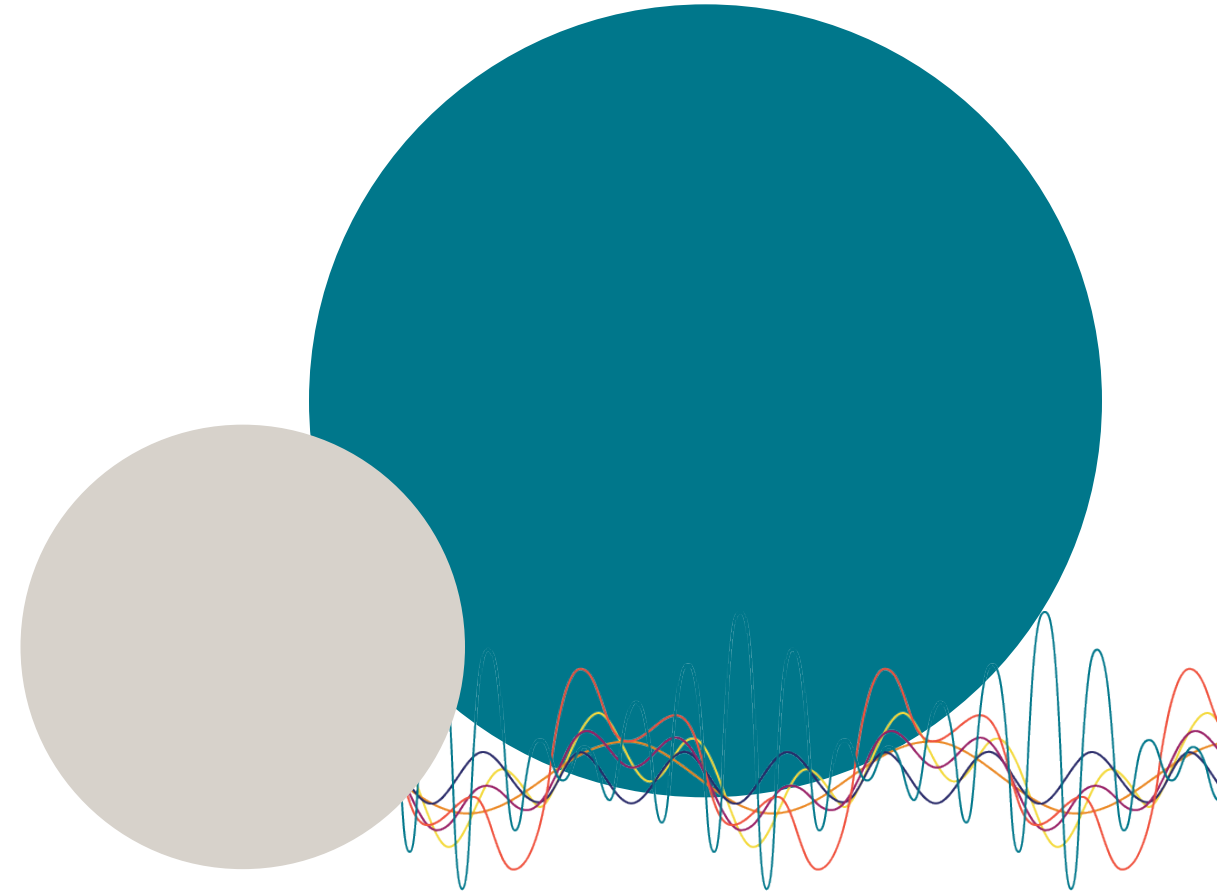
- The best evidence on whether ***this*** particular treatment/assessment is working.
- Provides basis for additional data-based decision making

Limitations

- Does not help with...
 - Initial selection of treatments or assessment tools
 - Initial modifications
 - Other clients and contexts

Take Home Points


- EBP is NOT a specific intervention, treatment, or practice.
- EBP IS a decision-making framework.
- EBP IS applicable to assessment decisions, too.
- Evidence has many dimensions.
- Practitioners must use professional judgment and clinical expertise to integrate the external and internal evidence with client, patient and caregiver values, characteristics, and preferences.



Useful References

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EBP Resources

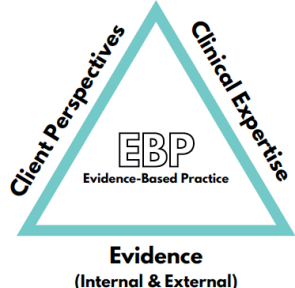
- Instagram Live on Evidence-based Practice with @kknighththerapy.
- https://www.instagram.com/tv/CMOG93DH_Ch/
- Download the handout.  Click on all the links to get to ASHA's resources.

RESOURCES

FOR MAKING EVIDENCE-BASED CLINICAL DECISIONS

INFORMATION FROM THE AMERICAN SPEECH-LANGUAGE AND HEARING ASSOCIATION

WHAT IS EVIDENCE-BASED PRACTICE (EBP)?



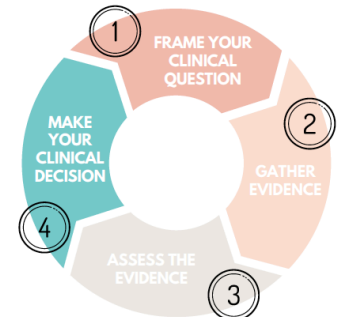
CLIENT PERSPECTIVES
THE UNIQUE SET OF PERSONAL AND CULTURAL CIRCUMSTANCES, VALUES, PRIORITIES, AND EXPECTATIONS IDENTIFIED BY YOUR CLIENT AND THEIR CAREGIVERS

CLINICAL EXPERTISE
THE KNOWLEDGE, JUDGMENT, AND CRITICAL REASONING ACQUIRED THROUGH YOUR TRAINING AND PROFESSIONAL EXPERIENCES

EVIDENCE (INTERNAL & EXTERNAL)
THE BEST AVAILABLE INFORMATION GATHERED FROM THE SCIENTIFIC LITERATURE (EXTERNAL EVIDENCE) AND FROM DATA AND OBSERVATIONS COLLECTED ON YOUR INDIVIDUAL CLIENT (INTERNAL EVIDENCE)

CLICK [HERE](#) TO LEARN MORE ABOUT EVIDENCE-BASED PRACTICE (EBP)

EBP IS A PROCESS



1. FRAME YOUR CLINICAL QUESTION










2. GATHER EVIDENCE

3. ASSESS THE EVIDENCE

4. MAKE YOUR CLINICAL DECISION

CLICK [HERE](#) TO LEARN MORE ABOUT THE EBP PROCESS

CLICK ON THE RESOURCES BELOW TO ACCESS INFORMATION TO HELP GUIDE YOUR EVIDENCE-BASED CLINICAL DECISIONS

 Evidence Maps	 Evidence-Based Practice Catalog	 ASHA/N-CEP Systematic Reviews
 DECIDE Framework	 Study Design Features	 Which research design should you find?
 Identify Biases	 Create a PICO Question	 Glossary of EBP Terms

CLICK [HERE](#) TO SUBSCRIBE TO JOURNAL TOC ALERTS

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