Section One
Understanding EBP
Purpose of this book

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We are delighted that you have picked up this book, possibly simply out of curiosity. We hope that you will find much here to encourage you in your daily practice and possibly even to inspire you for the future. It was our intention from the outset that this should not be seen as a textbook, but rather a book that has been written by speech and language therapists (SLTs), primarily those working in clinical practice right now, in order to share their experiences with an audience of their fellow SLTs. We trust that the chapters in this book will have relevance and resonance across our professional community, whatever the clinical field, workplace setting, or geographical location. In addition we hope that this will provide a valuable resource to managers of SLT services, as well as to SLT students and those who teach them.

In fact, our aspiration for this book was articulated so clearly by two of our contributors, that we wanted to echo their words in this introduction:

We hope that you will be able to see some similarities to your own area of expertise that will either make you feel better about your own situation or inspire you to set something similar in motion. (Sheena Round and Sarah Beazley, Chapter 13).

Background to this book

There are distinctive challenges related to evidence-based practice (EBP) for all healthcare professionals. The inspiration for this book was partly a response to these challenges. Specifically, we recognized that many SLTs still feel very unsure about what they can do as individual clinicians to embed EBP in their routine practice, and equally that managers of SLT services want to know what they can do to support their staff to more effectively embed an evidence-based approach across all aspects of their service planning and delivery. At the same time we recognize that many colleagues have been investing considerable personal effort to keep themselves as updated as they possibly can with the most recent evidence
sources in their own field. It was this that first inspired us to seek a way to share all these insights with a wider audience.

It was a considerable challenge to select only a relatively few examples for inclusion in this book. We know that there are many other positive and innovative approaches – and we hope that this publication will prompt more active dissemination of many more ideas on this topic via a range of channels. As you read the following contributions, we would ask you to recognize the spirit in which these chapters have been offered. It was our aspiration that these contributed chapters should represent a broad geographical spread, as well as a wide range of work settings; from services that are situated within large organizations, such as hospitals, to SLTs working together in agencies, to sole independent practitioners. It is the universal interest of any healthcare staff to focus on their own preferred clinical topics and SLTs excel in networking with fellow clinicians in their own clinical specialism. In our invited chapters we have also endeavoured to achieve a spread across this dimension, from paediatrics to adult, and across speech, language, voice, fluency, dysphagia, alternative and augmentative communication (AAC) and other clinical areas.

Naturally it has not been possible to be exhaustive in representing all contexts, clinical areas and geographic locations, but we hope that you will find it exciting to discover how much we all share the same perspectives and concerns wherever we are, and whatever the setting in which we are working.

In preparing for this book we had to make a decision regarding the choice of professional title that we judged would be most familiar and inclusive to an international audience. We are well aware that Speech–Language Pathologist is the preferred term in the US, Canada and in Asia; Speech Pathologist in Australia; and Speech and Language Therapist in the UK, South Africa and New Zealand. Across the countries of mainland Europe there are of course local titles to describe the job role, many derived from Orthophoniste–Logopede. In many cases these titles have been established through a process of professional regulation. The debates regarding the influence of the title on our professional identity as well as on public perceptions cannot be underestimated, and we have been mindful of that in our deliberations. Since our book contains contributions from many corners of the world, we felt that that our primary consideration should simply be to go for consistency across the book and to avoid the need for cumbersome duplication. For the purpose of sharing the messages in this book, we trust that our choice of Speech and Language Therapist (SLT) will be acceptable across the whole professional community.

**How this book is organized**

We have attempted to draw together contributions that address specific challenges in relation to embedding EBP in the profession. The chapters are organized to address each of these broad challenges, which are:

- Understanding why EBP is important to SLTs and what some of the major barriers are (Section One)
- Developing skills and knowledge for EBP (Section Two)
- Creating a supportive context for EBP (Section Three)
Purpose of this book

• Making the evidence work for us (Section Four)
• Understanding how evidence can be applied to meet clinical challenges (Section Five)
• Future directions for EBP (Section Six)

The aim of this introduction is to provide you with a brief overview of these sections, and each of the chapters within.

**Challenge one: Understanding EBP and the barriers to embedding EBP**

We felt that it was imperative to begin this book with a clear definition of EBP, plus some consideration of the factors that are known to support or to constrain EBP. Chapter 2 provides a definition of EBP, making a clear distinction between research activity, research use and an evidence-based approach to practice. Chapter 3 provides an overview of the growing research around factors that have been identified to act as barriers and facilitators for embedding EBP across healthcare groups, and particularly for the allied health professions (AHP).

**Challenge two: Addressing specific skills gaps and meeting training needs**

Many SLTs still identify that they have training needs related to EBP. These particularly relate to finding and appraising published research evidence, but also include skills in implementing evidence-based changes in their day-to-day work – and then in subsequently measuring the effectiveness of those changes in practice. In this section we showcase four approaches to developing skills and knowledge in EBP with two chapters focussing on formal approaches via undergraduate and postgraduate education, and two chapters describing initiatives to facilitate the ongoing development of staff skills in the clinical setting.

Chapter 4 is about an undergraduate SLT course at Hanze University in the Netherlands, which uses a highly structured developmental approach to EBP to match the learning needs of students preparing to embark on their career in SLT.

Chapter 5 focuses on a how postgraduate training in Pittsburg, USA introduces a rigorous approach to EBP for SLTs who are already experienced in clinical practice.

Chapter 6 introduces a Clinical Effectiveness Group, designed to be ‘more than a journal club’ for a UK hospital-based SLT service, with the purpose of building EBP skills and confidence in staff.

Chapter 7 demonstrates the value of mentorship in EBP, through a system of clinical supervision. This initiative is located in the UK, in a specialist dysphagia service for adults with learning difficulty.

Chapter 8 is our chance to comment on these initiatives, referring readers to a number of excellent sources that support the development of EBP skills and knowledge.

**Challenge three: Working in a supportive context**

The next challenge that faces us all is the influence of the context in which we work. The chapters in this section reflect a range of factors that have been
identified as contributing to a workplace or organizational culture, which may either facilitate or constrain progress in embedding an EBP approach by clinicians. In this section there are a wide range of approaches which have been implemented within SLT services to support and to promote evidence-based service planning and service delivery.

Chapter 9 describes the essential role of clinical leadership, written by an experienced manager of a large SLT service. It presents her approach to developing a culture of learning, and illustrates how she engages the clinicians in undertaking evidence-based service planning.

Chapter 10 provides an example of how evidence-based service redesign (in this case, prompted by a recognition of the pressures on SLTs to manage ever-growing caseloads) can support clinical staff to take a closer look at their own practice, and to realign what they do with the evidence.

Chapter 11 relates a model of clinical research support that has been running in South Australia for over ten years. As part of this, joint clinician–research positions have been created to facilitate undertaking of research projects in a community-based clinical setting.

Chapter 12 suggests a way to celebrate EBP, promoting the development of a positive culture. These authors describe their Professional Development Forum, which has been used promote and celebrate EBP initiatives across all the clinical teams within their service.

Chapter 13 is a further contribution from UK that presents the development of a highly specialist region-wide service for children with a profound hearing impairment. The authors discuss the way that evidence was used to shape the design of the new service, and how the new service has supported clinicians to embed EBP.

Chapter 14 includes a brief overview of recent work using a benchmarking methodology, to measure contextual factors that are known to support EBP.

**Challenge four: Making the evidence work for us**

There are many ways that clinicians and managers alike can support the practical accessibility of the evidence. Access to the evidence is not just about how many online journals your institution subscribes to. Practical evidence-based resources such as evidence-based guidelines, policies, assessment tools and summaries of the ‘clinical bottom line’ of papers are essential for busy practitioners. In this section we include some examples of how SLTs have tackled the development of these resources. Additionally, we consider the tools that exist to support us to access client views, a key part of the evidence that we need to consider.

Chapter 15 focuses on incorporating the views of service users, and describes ways that this can be done through various existing SLT-specific tools. This chapter contribution challenges us to consider what we are currently doing to make our services ‘client focused’.

Chapter 16 describes the development of an evidence-based assessment tool. This tool is intended to specifically meet the needs of SLTs working with clients who use AAC, and who need a tool to enable reflection on client progress.
Chapter 17 demonstrates the development and implementation of an evidence-based policy which is used to ensure that clinical staff adhere to the evidence for safe and effective dysphagia assessment in a hospital setting.

Chapter 18 showcases an initiative that supports SLT clinicians from different physical locations, clinical settings and backgrounds to share the task of critical appraisal for the development of practical, evidence-based summaries of single papers and topics.

Chapter 19 provides a discussion of other ways that we can ‘equip’ ourselves for EBP by bringing together the research evidence in a form that is easy to understand and relevant to the ins and outs of our clinical situation.

Challenge five: Understanding how the evidence can be applied to meet clinical challenges

For many of us, it is not easy to access a clear appreciation of how our professional colleagues are working around the world. While the previous sections have focused on individual and organizational strategies for embedding EBP, we also wanted this book to provide some clear clinical examples of what EBP looks like in real life: times when clinicians have faced a particular clinical question, and have accessed and implemented the evidence in their own clinical situation.

Section Five includes a breadth of scenarios that reflect many clinical fields of SLT practice. Whilst it was never going to be possible for this to be exhaustive, we feel that this compilation reflects many areas of clinical practice. Nevertheless we would like these examples to be considered not just in light of their clinical field, but also in terms of the challenges that are highlighted and the strategies that these clinicians used when approaching and implementing the evidence to meet their clinical needs. These challenges and strategies are relevant to more than just a single clinical area.

We are also delighted that these contributions represent a significantly wide geographical range, particularly including a number of countries across mainland Europe, as well as from Asia and Australia. This generates a particularly valuable opportunity to reflect on the broader influences on the delivery of our SLT services. For this reason we asked all our contributors to open their chapters by setting the scene.

Challenge six: Looking ahead to the future

This final section of the book comprises a slightly wider perspective on the issue of embedding EBP in SLT practice. As one part of this process we undertook a small-scale workshop activity at an international conference to elicit additional comments from members of the profession.

Chapter 32 describes the workshop event and summarizes the themes that were generated. These themes and the illustrative examples from participants are presented to complement the challenges we have already identified in the preceding sections. We also report on an additional focus that comprised proposals that were made for the professional associations to take an increasingly strategic role in promoting EBP for their members.

Chapter 33 focuses on the link between reflective practice and EBP, as this theme was particularly highlighted by the workshop participants. Ways of supporting
‘reflection’ in everyday clinical practice, as suggested by participants, were developing routines for accessing and reading new literature, and using clinical audit and outcome measures to evaluate the processes and outcomes of clinical practice. We discuss these strategies and provide some practical suggestions.

Chapter 34 brings this book to a close with our thoughts on what should be the next priorities for our profession. In particular we focus on the potential for sharing good practice initiatives for service-user engagement, plus considering how we can engage with our colleagues from other disciplines, in recognition of the multidisciplinary nature of much of our work.