

Title: “Evidence- Based Practice, The Foundation for Success”

What is Evidence-Based Practice?

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Today’s blog post focuses on Evidence-Based Practice (i.e. EVB). Below, are some key points to consider to help ensure that the AAC evaluation procedures and/or intervention decisions being considered will result in the best possible outcome for the AAC user and his or her family.

1. Best Available Clinical Evidence

a. Framing the Clinical Question

- i. The framework of a clinical question includes the population, the intervention being considered, the comparison intervention (if appropriate) and the outcome desire.
- ii. Example: Compared to single-switch auditory scanning, is two switch auditory scanning an effective means to an AAC system for functional communication for an 11 year-old with spastic cerebral palsy and visual impairments?
- iii. Example: Compared to the Picture Exchange Communication System (PECS), is an iPad (used as a speech generated device) a preferred means of communication for school-age children with autism spectrum disorder?

b. Finding the Best Available Evidence

- i. Selecting information from sources that have high levels of evidence for clinical application, as opposed to using/trialing anecdotal information (individual successes of one’s individual modalities discussed on social media platforms); the product is only a solution when it matches the student’s abilities, needs, and goals.
- ii. Peer reviewed, refereed journals provide a higher standard of clinical evidence as the likelihood of negative findings being published is reduced.
- iii. Published research studies with well designed randomized controlled trials and meta-analysis/ systematic reviews of multiple well-designed controlled studies provide trustworthy evidence for treatment decisions.
- iv. Individual studies found on databases such as MEDLINE and CINAHL may also be sources of evidence when systematic reviews are not available.

c. Assessing the Evidence

- i. Critical appraisal of the evidence found by examining the quality of evidence, treatment integrity, social validity, and external validity.
- ii. Evaluating the application of the evidence by assessing the research design and outcome measures.

- d. Making the Clinical Decision
 - i. Applying the evidence in the clinical setting and/or real world setting with the client.
2. Patient Abilities, Expectations & Perspectives
 - a. Determining the individual's needs and abilities.
 - b. Identifying the demands versus capacities of the patient related to educational, vocational, and social environments.
 - c. Knowing what your patient, family and/or school district expect and knowing it will vary from person to person.
3. Individual Clinical Expertise
 - a. Clinical expertise refers to the experience, education, and skills of the treating clinician and/or clinical expert.
 - b. Providing efficacious treatment to the client and/or student.
 - c. Being a life long learner no matter what role you play; parent, student, clinician.

*When each key component of EBP aligns the results are **IMPROVED PATIENT OUTCOMES!***

So what does it mean when we use evidence-based practice?

- Accurate assessment of the users abilities
- Appropriate selection of AAC devices
- Increased use of device to communicate
- Improved receptive language & expressive language
- Enhanced quality of life for the AAC user and family

The Benefits of “ACC News for Newbies”

- Inform all “Newbies” on Evidence- based practice methods by providing quality content that can be applied in therapy and in daily routines.
- Explain the fundamentals of augmentative communication in a concise manner.
- Help YOU help severely speech impaired children and adults with autism and developmental disabilities, children with; apraxia, cerebral palsy, and traumatic brain injury; and teens and adults with advanced communication skills.