

Editorial Introduction: Evidence Based Practice

Mershen Pillay

Editor-in-Chief, University of Cape Town, South Africa

How do we know if what we do works? This question is a central concern to practitioners and researchers focused on the notion of evidence based practice (EBP). Since its introduction in the 1990s, many disciplines, especially in medicine and related health care professions, have embarked on a drive toward creating an evidence base to argue for their clinical decision-making. This volume of the South African Journal of Communication Disorders (SAJCD) contains a focus on EBP and speech-language therapy and audiology.

Three short, invited, opinion articles are shared for consideration by this Journal's readership. All three articles are written by editors of professional speech pathology and/or audiology journals. Prof Sharynne McLeod (Australia) is editor of the International Journal of Speech-Language Pathology. Dr Geetha Mukundan (India) is editor of the Journal of the Indian Speech and Hearing Association and Dr Laura Justice (United States of America) is editor of the American Journal of Speech-Language Pathology.

Laura Justice, Ph.D., is Professor in the School of Teaching and Learning at The Ohio State University. In this role, Justice has appointments to the Ph.D. areas of Reading/Literacy as well as Early Childhood and teaches doctoral courses on such topics as research methods and reading difficulties. Dr Justice also directs the Preschool Language and Literacy Lab, a research lab in which a multidisciplinary staff conducts large-scale empirical studies of child learning and development within various contexts, with a primary focus on children at risk. Dr Justice is presently the Editor of American Journal of Speech-Language Pathology, and prior to this she held such appointments as Founding Editor of EBP Briefs and Associate Editor of Language, Speech, and Hearing Services in Schools. She is an ad hoc member of the American Speech-Language-Hearing Association (ASHA) Publications Board and until recently was also a member of the ASHA Advisory Committee on Evidence-Based Practice. In addition to engaging in regular writing activities concerned with evidence-based practice, Dr Justice has written more than 100 articles and chapters on topics of relevance to learning and teaching in early childhood, and is the author of 9 textbooks on similar topics, including Scaffolding with Storybooks (International Reading Association), Shared Storybook Reading (Paul H. Brookes), and Clinical Approaches to Emergent Literacy Intervention (Plural Publishing).

Geeta Mukundan, Ph.D., is the Head of the Department of Speech-Language Pathology at the A.Y.J. National Institute for the Hearing Handicapped, Mumbai in India. Dr Mukundan is mainly involved in training Speech-Language Pathologists/Audiologists at graduate and postgraduate levels and is a recognized guide for the Ph.D. (Speech and Hearing) programme of her affiliating University. She is active in several research and developmental activities, assesses Indian professional training institutions for the pur-

poses of recognition of various programs for bodies such as Rehabilitation Council of India, State Governments and the affiliating Universities. Dr Mukundan also serves as Chairperson of the Scientific Committee of the Indian Speech & Hearing Association (ISHA) and is Editor of ISHA's journal.

Sharynne McLeod, Ph.D., is Associate Professor in Speech and Language Acquisition at Charles Sturt University, Australia. She is the current Editor of the International Journal of Speech-Language Pathology. She also serves as Vice President of the International Clinical Linguistics and Phonetics Association and is a Fellow of both the American Speech-Language-Hearing Association (ASHA) and Speech Pathology Australia.

Across their opinion articles, all authors refer to the EBP processes of making clinical decisions with reference to professional, clinical research; to clinical expertise and/or own experience, and to the inclusion of clients/patients' in their own clinical decision making. Justice and McLeod make reference to Sackett, Rosenberg, Gray, Haynes and Richardson (1996) who are credited with coining the popular definition of evidence based medicine that has given rise to EBP (Sackett, et al, 1996:71):

"Evidence based medicine is the conscientious, explicit, and judicious use of current best evidence in making decisions about the care of individual patients. The practice of evidence based medicine means integrating individual clinical expertise with the best available external clinical evidence from systematic research. By individual clinical expertise we mean the proficiency and judgment that individual clinicians acquire through clinical experience and clinical practice. Increased expertise is reflected in many ways, but especially in more effective and efficient diagnosis and in the more thoughtful identification and compassionate use of individual patients' predicaments, rights, and preferences in making clinical decisions about their care. By best available external clinical evidence we mean clinically relevant research, often from the basic sciences of medicine, but especially from patient centred clinical research into the accuracy and precision of diagnostic tests (including the clinical examination), the power of prognostic markers, and the efficacy and safety of therapeutic, rehabilitative, and preventive regimens. External clinical evidence both invalidates previously accepted diagnostic tests and treatments and replaces them with new ones that are more powerful, more accurate, more efficacious, and safer."

The prime driving force for EBP has been rapid health care reforms in economically developed countries such as the

*Author Contact: School of Health and Rehabilitation Sciences
Faculty of Health Sciences, F45 - Old Main Building
Groote Schuur Hospital, Observatory
7925 Cape Town, South Africa
Tel: +27 31 2611077
E-mail: mershen@hotmail.com*

United Kingdom, the United States of America and Australia. As part of these countries' economic constraints, it has become vital for professions to prove their worth relative to economic concerns. In South Africa, the situation is no different albeit within a focus on the provision of basic health care services. Indeed, in its fourteenth year of democracy, post-Apartheid South Africa remains strongly focused on establishing basic health, social and education services to the majority of its citizenry. During the South African policy euphoria of the early 1990s, one of the first government policy documents to refer to EBP was the White Paper for the Transformation of the Health System in South Africa (Department of Health [DOH], 1997). As part of an integrated strategy for organizing and managing health-related research of Essential National Health Research (ENHR), it was emphasized that the research agenda should initiate a process involving "scientist decision-making" and population representatives to serve as equal, inclusive partners (DOH, 1997). This strategy has been reiterated in several later policies including the Health Research Policy in South Africa (DOH, 2001). While the policy context supports EBP, South African audiology and speech pathology practitioners' involvement in EBP may best be described as confined to the realms of academic interest. Currently, one will be hard-pressed to locate focused EBP publications for consumption by SA practitioners.

In considering the American perspective, Dr Justice argues for practitioners to further develop what she has referred to as structures (such as systematic reviews and meta-analyses, treatment studies, and clearinghouses) so as to bolster the evidence base that ought to drive practice. Justice's reference to 'craft-based' versus 'evidence-based' decision making models represents the broader discomfort typical of *most* professions who have begun to consider their praxis. In the mainstream, audiology and speech-language pathology practitioners share this interest toward gathering evidence to support their practice with their colleagues in medicine, dentistry, nursing, social work, psychology and in the other therapeutic disciplines such as physiotherapy. These disciplines have each defined and interpreted, sometimes subtly, what EBP means to their practice. For example, in Mary Law's EBP text for rehabilitation practitioners she has highlighted the notion of 'creativity' (Law, 2002) as essential for use in relation to practice realities. Additionally, Jane Gilgun - in divulging the parallels between qualitative research and EBP - has strongly advocated for a focus on the practitioner as a 'person'. This person-centred focus on the practitioner is offered as a fourth component of EBP - specifically highlighting what practitioners can, and cannot, provide fully and ethically (Gilgun, 2006). Therefore, disciplinary/professional foci and geo-political contexts, as may be noted within all three opinion articles, prescribe the nature of EBP within audiology and speech-language therapy. Continuing this train of thought, Dr Mukundan provides a review of how EBP has developed within the Indian context. Interestingly, Mukundan argues that Indian practice cosmology lends itself to the study of human behavior in holistic (versus reductionistic) frameworks. In referencing EBP to contexts where high case-loads place unrealistic demands on practitioners she questions the applicability of

EBP for all practice settings.

Finally, McLeod provides an examination of how Australian researchers and practitioners not only interact with data from their own practice sites but also with research from other countries. Particularly appealing in McLeod's review is her suggestion to consider the client's voice within EBP. In as much as it is relevant for Australian (and other) contexts, South African practitioners too have to configure the subjective nature of clients'/patients' stories of disorder relative to their pursuit of empirical, objective evidence.

Similar dilemmas were discussed with reference to the development of relevant research for South Africa in the editorial lead article of last year's volume of the SAJCD (Kathard, et al., 2007). Deliberations about what constitutes 'good' research, may also be applied when considering what constitutes 'good' EBP. Predictably, the quantitative-qualitative dichotomy has been raised (see for example, proceedings of conferences such as the Qualitative Evidence Based Practice conference, 2001; Goldsmith, Bankhead & Austoker, 2007). Law (2002) has discussed myths/ realities pertaining to EBP such as that it is based on "cookie-cutter" medicine, and that it is no more than cost-cutting mechanisms to be reinforced by methods like randomized control trials.

These, and other issues remain unchallenged as part of a deeper epistemological debate that reflects what may be referred to as a crisis of knowledge (Smith, 2004). This so-called crisis, relevant to EBP, may be due to a heavy reliance on technically-oriented, scientific (empirical) methods. Peers, e.g. Social Work practitioners (see Trinder & Reynolds, 2000) question the kind of science used when understanding evidence to develop practice within inter-subjective phenomena such as therapeutic contexts and complex phenomena such as human communication and its disorders.

Audiologists and speech-language therapists may wish to critically engage EBP by considering questions such as those listed below:

- Are the kinds of evidence required to diagnose cancer, liver disease or cardiac arrhythmia valuable for diagnosing the lived experience or clinical phenomena of hearing disorders, aphasia, phonological processes and suchlike?
- What is valid evidence? Who decides what this is? Does the patient/client have a role in this process?
- Can we unequivocally identify the "thing that made the difference" when we look at complex therapies and rich interactions?
- Is good audiology/speech-language therapy the result of a competent, ethical, hard working practitioner? Or does good practice result from the theory driving her/his work?
- Is EBP developing practice in audiology and speech-language therapy toward being more ordered, predictable and technically sound? If so, do we risk minimizing its complexities and phenomenology?

It is hoped that the following articles provide inspiration, stimulate debate and develop practitioners' engagement with EBP in South Africa.

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