Evidence-based practice in action

Helen Stringer considers ways SLTs are embedding evidence-based practice into their services and are participating in and conducting research

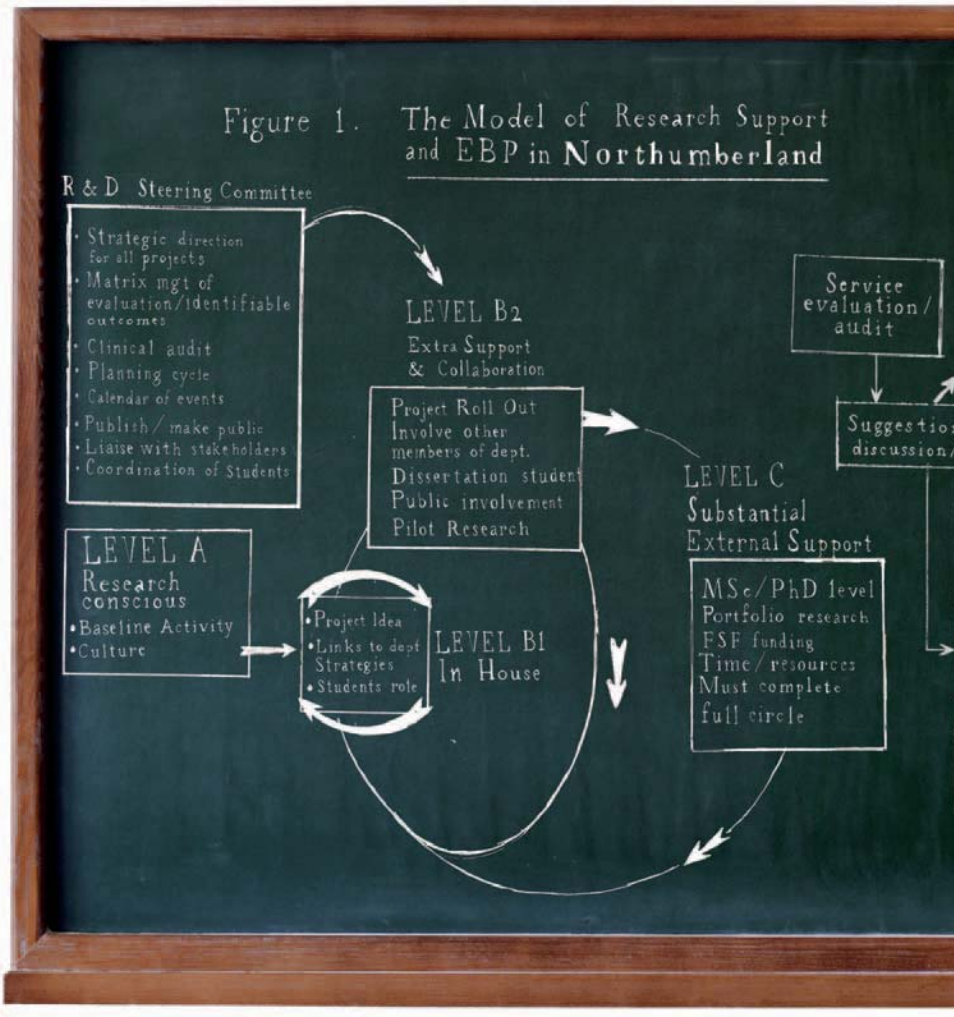


ILLUSTRATION BY **Wesley Meritt**

The services sharing their experiences here have different resources and serve very different populations; they have in common the vision of key senior staff to create a culture in which the evidence base is an essential part of good clinical practice. I hope these examples of good practice reinforce the benefits of evidence-based practice (EBP) in areas where similar work is underway and pave the way for developments in other services.

Adding value

NHS Fife Consultant SLT Jennifer Reid has developed a structure where the EBP toolkit adds value to journal clubs.

Jennifer: NHS Fife speech and language therapy service has 84 staff (66 qualified SLTs) and is area-wide, delivered across community and hospital settings. It supports a culture of reflective decision-making, client-centred interventions and partnership with other agencies. Evidence-based practice is embedded as a core strand within the service's quality development strategy.

My role includes a remit for service development in the area of EBP. Development activities over the past year have included electronic searching skills and critical appraisal. To increase SLTs' confidence and success in electronic searching, I have delivered half-day, SLT-specific, hands-on group sessions to more than 80% of the staff since April 2009.

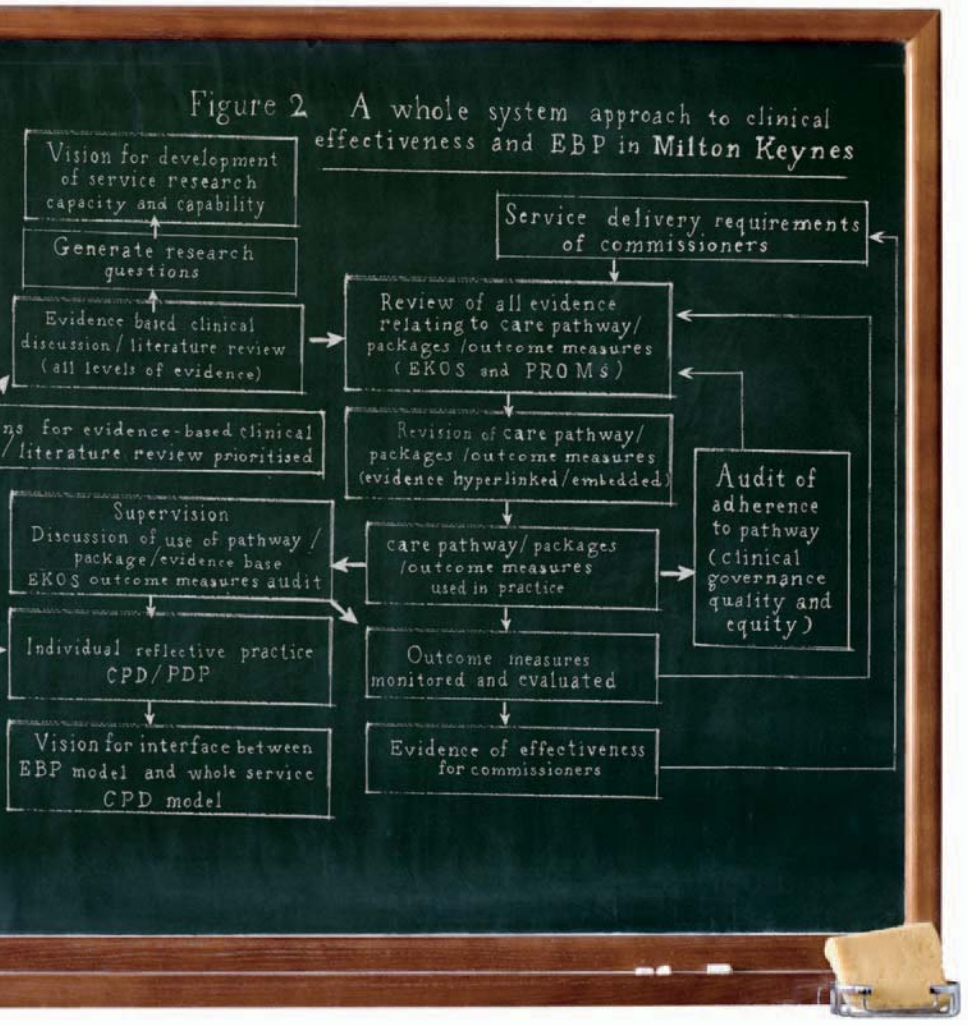
Critical appraisal education is delivered through small journal clubs groups of between four and nine participants within our adult learning disability, adult acquired and paediatric client care groups. There are many pressures on opportunities for staff meetings, and our area is relatively rural, so groups hold a journal club three times a year. I initially facilitated all the sessions (22 in 16 months) but groups are now supporting themselves by rotating the jobs of literature searching, facilitation and write-up. I edit a bulletin of the findings that goes out to all staff every one or two months.

Initially, we tried to use 'standard' appraisal tools but we found these were biased towards medicine and lacked frameworks for all relevant study designs, eg there was nothing for single-case-study designs or for 'expert opinion' for areas for which no scientific evidence exists. Consequently, I adapted what was available (primarily Greenhalgh, 2006, and CASP, 2006; see October 2010 Bulletin Resources for references) into a set of appraisal frameworks for SLTs, which we disseminate via 'Speech and Language Therapy in Practice'.

Partnership working

The second example illustrates partnership working between speech and language therapy services, local research and development (R&D) structures and universities. Sue Welsh is the service manager and Di Nicholson the clinical lead for mainstream schools in Northumberland. Sue sits on the regional SLT managers' group, which has recently instigated a restructuring of specific interest groups (SIGs) in the North East, so they are a better fit for regional continuing professional development needs.

Sue and Di: The Northumberland service has developed a framework to develop, support and embed EBP and research activity. Service leaders recognise SLTs vary in their levels of engagement with research and that successful research activity varies in terms of the time and funding required.



"Examples demonstrate the importance of having designated responsibility for EBP and research"

The department supports a continuum of activity across all levels (figure one, main picture). The hub of the framework is an R&D committee, which coordinates and oversees clinical audit, service evaluation, research and student placements. The presence of the service manager as committee chair ensures its work supports the department's wider strategic goals. The committee links internally to staff through regular feedback at meetings and through its membership – which includes the department's journal club chair and the student placement coordinator.

At the simplest level, we promote EBP through universal use of the department's Therapy Outcome System. This provides a structure for SLTs to reflect on the efficacy and health benefits of interventions for their clients. We also encourage SLTs to attend the journal club and regional SIGs. Therapists who wish to carry out specific clinical audits, service evaluation and research pilots submit project proposals to the R&D committee for consideration.

The department has developed strong links with Newcastle University. This has led to a range of small-scale service evaluations and research pilots, made possible through the strategic use of final year students undertaking audit and research projects. Students on placement also critically appraise new evidence for their supervising SLTs.

For larger projects requiring external funding, the R&D committee collaborates with university colleagues and the PCT's R&D manager. The service manager is also a founder member of the North of Tyne Research Collaborative (NoTRC). Through these external links, the department has secured funding to release staff to develop bids for portfolio research, and 'Flexibility and Sustainability Funding' with the university to support research into a screening tool for one-year-old children. A bid for a knowledge transfer partnership with the Northumberland Church of England Academy and the university has also been successful.

Designated responsibility

The third example further demonstrates the importance of having designated responsibility for EBP and research. Since 2000, Nina Soloff has had two sessions per week dedicated to her role as research and effectiveness coordinator at Milton Keynes Community Health Services.

Nina: From my experience the four essentials to getting evidence embedded into practice are:

- Make it a whole service development issue.
- Link it to the development of care pathways and packages, which form the backbone of a whole system approach to service delivery (figure two, main picture).
- Use the model to make a business case.
- Use technology to link electronic documents (eg, hyperlinks and embedded documents linking the care package description with a summary of the evidence base).

We now link these together our systems for service evaluation and development, clinical governance, supervision, evidence-based clinical discussions, audit, outcome measurement and providing data for commissioners (figure two). The model has the potential to feed into research development but this may not be sustainable at the level of a single service. I would like to see the evidence-based clinical discussions, literature reviews and generation of research questions happening at regional level. There would still have to be local interpretation of the evidence at the level of application to clinical context, but there would be economy of scale in undertaking the critical appraisal work. ■

Helen Stringer Lecturer/SLT Newcastle University. Email: h.b.stringer@ncl.ac.uk