

A Brief by Any Other Name...

It is my pleasure to introduce *EBP Briefs* Volume 11. We consistently hear from professionals in the field about the value these briefs offer to them, their patients, and their students. This is precisely our mission—to not only offer a guide for SLPs in how to conduct evidence-based practice, but to provide current information to our constituents. With increasing caseloads and an ever-expanding scope of practice, *EBP Briefs* offers a quick and reliable way for SLPs to ascertain current evidence relevant to their patients in an accessible format.

Each brief intentionally follows consistent structure and formatting for several reasons. First and foremost, each brief's structure outlines the process clinicians use when conducting evidence-based practice. Every heading represents a step in the EBP process, from the clinical scenario that results in a need for a search of current evidence to making a decision for a particular client. Second, each brief's structure and formatting ensures that readers can more readily access and anticipate the information they receive. The topic of each brief varies widely across age (infant through geriatric), disorders (e.g., language disorders, cognitive impairments), and settings (educational vs. medical). As such, our readers can open any brief and focus exclusively on the topic at hand.

To begin, we ask each author to pose a clinical scenario that mimics actual practice; presenting a situation where an SLP needs to consult the literature to help determine the best way to serve a particular client. These scenarios may be inspired by real experiences with specific details and names changed to preserve confidentiality. Interestingly, these scenarios often represent a more global conundrum in which the basic knowledge of speech-language assessment or treatment isn't sufficient for this particular client. As such, professionals reading the brief may find similarities in aspects of the scenario that make the subsequent question and search for evidence applicable to a wide range of clients.

Next, the author poses a clinical question that stems directly from the scenario and summarizes the situation in one sentence. *EBP Briefs* utilizes a PICO format for all presented questions: the patient or population (P) is identified, the intervention or clinical approach (I) is contrasted with a control or alternative treatment (C), and the outcome by which the effectiveness of the interventions will be measured is described (O). The question serves to narrow the scope of the inquiry by focusing specifically on two possible interventions/assessments/approaches to guide the search for evidence.

Once the question is formulated, the author then begins a search for evidence. The question is instrumental in making this step of the process feasible; the author uses the question to determine inclusion criteria (i.e., topics that the article must cover to be included in the review) and exclusionary criteria (i.e., topics or populations that will not be included). Additionally, the authors indicate the search terms used, as oftentimes there are synonyms or alternative terminology to represent similar constructs, and list the databases used to conduct the search. This section is very important; it gives readers an idea of the extent to which the articles reviewed by the author mirror the population or situation experienced by the reader. One note of caution: *EBP Briefs* are not intended to be a systematic review. The reviews conducted and published in other journals follow a much stricter set of standards and guidelines for publication. Instead, *EBP Briefs* serves as a model of how professionals in their day-to-day experiences might conduct their own, small-scale review to answer a specific question for a specific population.

After conducting the search, the authors offer a synopsis of the articles' findings as well as a quality rating; just because an article is published does not mean that it holds high standards for research. Additionally, if the PICO question points to a topic that hasn't been readily researched, the author might find more descriptive or case study papers that by design carry less power to change practice than randomized control trials. The evaluation section helps readers gain an overview of what the research says to date with an indication of how much weight to give the findings.

Finally, the author makes an evidence-based decision by reintroducing the scenario and highlighting aspects of the client's needs as well as offering professional knowledge of the topic that guided the search in the first place. The author then takes

the findings from the search of evidence and weaves all three components or levels of evidence (external, client, professional) to make a decision. Readers should take care not to see the author's decision as the lamppost by which they, too, should serve their clients. In many cases, the literature on a given topic is inconsistent in the findings and readers are strongly encouraged to consider both the literature and the author's evidence-based decision in light of their clients. The same general situation, but with unique client factors, could potentially change the reader's evidence-based decision.

Armed with knowledge of the structure and purpose of each section, I welcome you to *EBP Briefs* Volume 11!

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Editor, *EBP Briefs*