

From the Editor...

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Welcome to Volume 5 of *Evidence-Based Practice (EBP) Briefs*. The Briefs are tools to help school you—the speech-language pathologists (SLPs)—understand the scientific dimension of the field and how you can apply scientific evidence to improve the quality of learning for the children you serve. The goal of each Brief is to use a real work-world situation that reflects a question that SLPs face every day, and then provide a model for answering the question. Evidence-based practice continues to gain momentum in the clinical decision-making process in public schools. It is our hope that the EBP Briefs will provide you with a basic understanding of the process and use of evidence in their professional decisions.

This year we have focused on a variety of topics and interventions for school-age children. All the topics in the Briefs are presented as interventions or decisions you may be required to make in a school setting. The areas of intervention include approaches for bilingual language disordered children, phonological disorders, preschool vocabulary improvement, language improvement for children age birth to three years, phonemic awareness training, and the use different school services delivery models.

Philosopher-cowboy Will Rogers observed that “*It ain’t what we don’t know that gets us in trouble; it’s what we do know that ain’t so.*” The truth of his observation applies to the clinical setting. Beliefs and strategies that our professors, workshop presenters, or colleagues passionately advocated for use with SLP caseloads were sometimes not supported by persuasive examples of evidence. We hope that the EBP Briefs offer you both an approach you can replicate in gathering, analyzing, and implementing scientific evidence in your daily work place, or offer a reasoned conclusion for a clinical question that is based on the evidence presented. Our mission should be to provide the highest quality, and most effective instructional and remedial programs available. We believe an evidence-based approach is at the heart of this mission.

We often speak about bridging the clinical–research gap and struggle to find ways and sources to help us accomplish that task. I often hear clinicians say that research seems to have little direct relevance or application to their work world of speech-language pathology. I also hear university professors lament the lack of a *scientific attitude* by students and clinicians. Both assessments hold a measure of truth.

A review of the literature shows too little research is directly related to evaluating the effectiveness of intervention programs, strategies, and techniques. On the other hand, studies consistently have shown that once a student moves from the university to being a professional, their attention to the scientific literature of their profession drops off in a rapid and sustained manner. Clinicians report that they don’t read the journals, attend conferences, or engage in the scientific aspects of our profession because of a lack of time or money, the absence of an apparent application of the research to their work situation, and a feeling of inadequacy to evaluate the scientific literature.

Here is where EBP Briefs and the evidence-based practice movement can make a difference and we *can* begin to bridge the clinical–research gap. First, if clinical practitioner doesn’t demand a different or better product, the product isn’t likely to be built. We, the SLP community, need to stand up and be counted by pressing our research community to produce intervention research and results that directly and clearly address effective treatments—studies that use the best available and appropriate scientific methods. If we don’t *demand* this level of applied research, 75 years of professional history tells us that we are not going to get it! The clinical practitioner also has to recognize that designing and implementing high quality intervention research is often very complex and difficult. Conducting research in the heat of the clinical world is not the same as research in biology or chemistry or physics where the ability to account for extraneous variables that might affect the outcome is much stronger. This is not to suggest that the research of one discipline is better than another, only that it may be very different in conception, design, implementation, and analysis.

Second, clinicians have to reinvent themselves as clinical *scientists*. We need to actually collect data on treatments we deliver, learn about levels of evidence quality, and learn how to critically evaluate any commercial program that purports to be an “evidence-based intervention approach.” We have to meet researchers half way by becoming more informed consumers of research information and letting them know what we’re finding in the field so that they can do a better job of responding and providing the in-depth research results we need to demonstrate the efficacy of an intervention.

I welcome you to this edition of EBP Briefs. This publication offers, at the very least, a model for bridging the research-clinician gap. But it also provides a window into some of the important issues that we face every day on the job as we assist children in improving their communication skills. We encourage you to engage in the thoughtful and critical use of these papers in your professional life by sharing and discussing them with your colleagues.