

## From the Editors...

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### Conducting and Writing an Evidence-Based Review: It's All About the Question

The briefs in each volume of the *EBP Briefs* are designed to not only inform clinicians of evidence relevant to their clinical practices, but also to exemplify the process of conducting an evidence-based search. Although a thorough review is a multi-step process—including asking a clinical question, searching for evidence, evaluating the evidence, and applying the findings to a clinical situation—arguably the most critical step in conducting an evidence-based search is asking a clinical question. In this overview, we outline the basic process for asking a clinical question, take a retrospective look at topics covered by previous *EBP Briefs*, and consider needs for future briefs.

The clinical question will guide the search for evidence and the application to practice; therefore, it is important that researchers and clinicians conducting evidence-based searches begin with specific, answerable questions. In each brief, you will see clinical questions framed in a PICO format (Centre for Evidence Based Medicine, 2001) to facilitate this process. First, clinicians identify the population in question (P). The population may refer to a specific disorder group (e.g., children with language impairment) as well as an age group (e.g., preschoolers). The population may also refer to specific conditions or situations relevant to the target group (e.g., limited lexicons). Next, clinicians identify the treatment or intervention (I) condition and comparison (C) condition they are curious about for the targeted population. Questions that specify potential treatments are more easily researched and compared than more general questions, such as “What treatment approach is best?” For example, a clinician might be curious as to whether it is more effective to address vocabulary by targeting academically relevant terms (I) or high-frequency, conversational terms (C). As another example, a clinician might ask whether vocabulary intervention is more effective in a classroom (I) or pull-out setting (C). Finally, clinicians identify the intended outcome (O). What do you want to see change as a result of the treatment approaches? Just as with the treatments, outcomes that are specific and measurable will enable clinicians to more readily compare the evidence and make appropriate clinical decisions. For example, clinicians might be interested in which treatment approach results in better vocabulary scores on end-of-year assessments. Or perhaps the outcome of interest is which approach results in greater generalization to academic settings. Within the SLP profession, there are many clinically relevant questions that need answers; the first step in finding those answers is asking specific-enough questions to know exactly what information is being sought after.

In the previous seven volumes of *EBP Briefs*, clinicians have asked many evidence-based questions relevant to clinical service delivery for people with communication disorders. The majority of briefs to date have focused on language impairment (17) with far fewer briefs addressing hearing impairment, traumatic brain injury, aphasia, feeding, and cognitive impairment (i.e., 1 brief on each disorder group). No briefs to date have addressed those with swallowing, dementia, or severe/profound impairments. In terms of age groups, 21 briefs have addressed elementary-age students with the fewest briefs targeting the extreme populations: infant/toddler (i.e., 3 briefs) and adults (i.e., 3 briefs). Tables 1, 2, and 3 provide a complete overview of topics, age groups, and outcomes addressed in *EBP Briefs* to date.

**Table 1. EBP Briefs by Disorder Group**

Disorder Group	# of EBP Briefs
Language Impairment	17*
English as a Second Language	6
Autism Spectrum Disorder	5
Speech Sound Disorder	3
Voice	2
Fluency	2
Hearing Impairment	1
Traumatic Brain Injury	1
Aphasia	1
Feeding	1
Cognitive Impairment	1

\* Ten of these briefs addressed literacy issues specific to this population.

**Table 2. EBP Briefs by Age Group**

Age Group	# of EBP Briefs
Infant/Toddler	3
Preschoolers	9
Elementary Students	21
Adolescents	4
Adults	3

**Table 3. EBP Briefs by Outcome**

Outcome	# of EBP Briefs
Disorder-Specific (i.e., gains in disorder area)	15
Academic (i.e., improvements in academic achievements or outcomes, including literacy-related outcomes)	12
Service Delivery/TX opportunities (i.e., number of opportunities in therapy or access to intervention)	8
Social (i.e., social skills or general behavior)	5

While the emphasis on language impairment and elementary-age populations may certainly be a reflection of the needs of the field (over 94,000 SLPs work in the public schools and serve over 1.4 million children; U.S. Department of Education, 2010), this is but one focus group within the profession of communication disorders. Clinicians work with a broad range of disorder groups and ages and are charged with applying evidence-based research to all. *EBP Briefs* exists to support clinicians in this practice. In Volume 8 of *EBP Briefs*, we see an expansion of coverage within some of these populations, including those with aphasia and adults with cognitive impairment. What other clinical questions need answering? *EBP Briefs* is intended as a resource for you in your clinical practice—let us know which specific clinical questions you would like to see addressed in future volumes.

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Centre for Evidence Based Medicine (2001). *Levels of evidence and grades of recommendations*. Retrieved from <http://www.cebm.net/index.aspx?o=1023>

U.S. Department of Education, National Center for Education Statistics (2010). *Children 3 to 21 years old served under Individuals with Disabilities Education Act, Part B, by type of disability*. Retrieved from [http://nces.ed.gov/programs/digest/d10/tables/dt10\\_045.asp](http://nces.ed.gov/programs/digest/d10/tables/dt10_045.asp)