

Introduction to Evidence-Based Practice

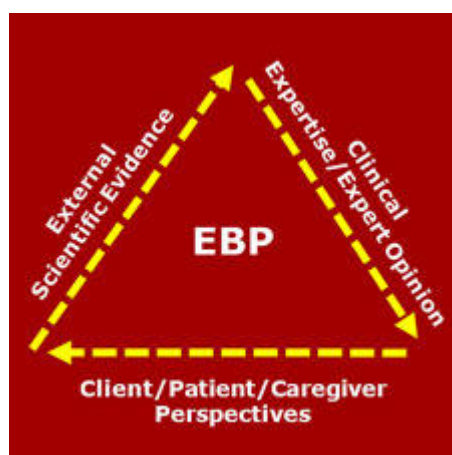
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What it is (and what it isn't)

There is an abundance of definitions of evidence-based practice (EBP). Fortunately, most of them say essentially the same thing. The most well-known definition is that put forth by David Sackett and colleagues:

"Evidence-based medicine is the integration of best research evidence with clinical expertise and patient values."

In 2004, ASHA's Executive Board convened a coordinating committee on evidence-based practice. This committee, charged with assessing the issue of evidence-based practice relative to planning needs and development opportunities for ASHA, used a variation of this definition:



The goal of EBP is the integration of: (a) clinical expertise/expert opinion, (b) external scientific evidence, and (c) client/patient/caregiver values to provide high-quality services reflecting the interests, values, needs, and choices of the individuals we serve. Conceptually, the trilateral principles forming the bases for EBP can be represented through a simple figure:

Because EBP is client/patient/family centered, a clinician's task is to interpret best current evidence from systematic research in relation to an individual client/patient, including that individual's preferences, environment, culture, and values regarding health and well-being. Ultimately, the goal of EBP is providing optimal clinical service to that client/patient on an individual basis. Because EBP is a continuing process, it is a dynamic integration of ever-evolving clinical expertise and external evidence in day-to-day practice.