The history and impact of the NSW Speech Pathology Evidence-based practice network

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Knowledge and resources needed to implement research evidence

Amount and quality of available research

Lack of organisation structure

Knowledge and skill

Not a priority

Money

Time
This network could “facilitate opportunities for Speech Pathologists in NSW to learn together, share responsibility in collecting evidence based data and co-operatively evaluate its practical application to clinical practice”

(Quinn, Stevens, Bradd 2002)
9 Steering Committee members
11 clinical groups with leaders
200 + clinical group members
Currently 11 clinical groups

1. Augmentative and Alternative Communication (AAC)
2. Hunter Adult Acquired Communication Impairment
3. Adult Acquired Neurogenic Language
4. Adult Swallowing
5. Adult Traumatic Brain Injury
6. Autism Spectrum Disorders
7. Head and Neck
8. Paediatric Language Impairment
9. Paediatric Speech Impairment
10. Paediatric Feeding
11. Tracheostomy and Critical Care
How does the network run?

Steering Committee

* Directs and facilitates running of network
* Communication link and support for leaders
* Conducts EBP training workshops for new members
* Administrative responsibilities (e.g. arranges and holds meetings with group leaders, organises the annual showcase event, ensures website is up-to-date)
How does the network run?

Clinical Group Leaders

1. Coordinate group meetings
2. Facilitate discussions
3. Help develop clinical PICO questions
4. Complete quarterly progress reports
5. Maintain electronic / paper record of group’s activities
How does the network run?

Group members

1. Participate actively (e.g. develop PICO questions, search for articles, read and contribute to discussion and critique about identified articles)
2. Complete CAPs (critical appraisal of a paper)
3. Complete CATs (critical appraisal of a topic)

They may also…

* Apply the bottom-line to a clinical case and report back to the group (i.e. develop practice-based evidence)
* Help develop clinical resources where a need has been identified
Group communication methods

Communication in meetings

- Face to face
- Teleconference
- Skype
- WebEx
Group information sharing methods

- Email
- Dropbox
- Wiki
- Google docs
- iCloud
- Evernote
- Google listserv
Can the network address barriers in the conduct of EBP?

Common barriers for speech pathologists:

- “lack of time to read research” (71.9%)
- “insufficient time to implement new ideas” (59.4%)
- “....workplace setting, and lack of skills of the therapist”

(O’Connor & Pettigrew 2009, p. 1018)
Survey of 20 EBP and 20 non-EBP members in the paediatric speech clinical group*

1. How often would you read a journal article/book chapter on articulation and phonology?

2. How confident are you in choosing appropriate treatment(s) for phonological delay/disorder?

1. How often reading research:

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Network member</th>
<th>Non-member</th>
</tr>
</thead>
<tbody>
<tr>
<td>Weekly</td>
<td>(5.0%)</td>
<td>(0.0%)</td>
</tr>
<tr>
<td>Every 2 weeks</td>
<td>(15.0%)</td>
<td>(0.0%)</td>
</tr>
<tr>
<td>Monthly</td>
<td>(55.0%)</td>
<td>(36.8%)</td>
</tr>
<tr>
<td>Every 6 months</td>
<td>(25.0%)</td>
<td>(57.9%)</td>
</tr>
<tr>
<td>Rarely</td>
<td>(0.0%)</td>
<td>(5.3%)</td>
</tr>
</tbody>
</table>

= 75%
<table>
<thead>
<tr>
<th>1. How confident are you in choosing appropriate treatment(s) for phonological delay/disorder?</th>
<th>Confidence rating</th>
<th>Network member</th>
<th>Non-member</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Very confident (5.0%)</td>
<td>(0.0%)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Confident (75.0%)</td>
<td>(60.0%)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Neutral (5.0%)</td>
<td>(30.0%)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Not very confident (15.0%)</td>
<td>(10.0%)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Not at all confident (0.0%)</td>
<td>(0.0%)</td>
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</tbody>
</table>
Steady increase in rural membership of groups since 2002

Survey of current EBP groups (11 / 11 responses)

64% of groups have rural members!
  * 2 groups have 1 rural member
  * 2 groups have 2 rural members
  * 3 groups have 5+ rural members
Involvement of our rural members

* Method of access
  * 85% via telephone
  * 15% via videoconference/Skype

* Inconsistent attendance and participation
  * Attends in person (combines with other meetings/PD)

* VC used by metro members with limited success
Groups with no rural members

* Why is this the case?
  * No requests for membership
  * Technical/logistical issues on METRO end
  * Cost of tele or video link

* Interestingly, no reports of technical issues on RURAL end
* Comment around clinical relevance for rural clinicians
Challenges - engaging with EBP

- Knowledge and resources needed to implement research evidence
- Amount and quality of available research
- Lack of organisation structure
- Not a priority
- Money
- Time

Rural or metro?
## Potential differences

<table>
<thead>
<tr>
<th>Issue</th>
<th>Difference</th>
</tr>
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<tbody>
<tr>
<td><strong>Time</strong></td>
<td>Outreach – travel long distance away from office</td>
</tr>
<tr>
<td></td>
<td>Sole clinicians – multiple roles</td>
</tr>
<tr>
<td><strong>Technology</strong></td>
<td>Less access to technology and high speed Internet (or any Internet!)</td>
</tr>
<tr>
<td><strong>Knowledge/skill</strong></td>
<td>Confidence</td>
</tr>
<tr>
<td></td>
<td>Reduced access to EBP workshops</td>
</tr>
<tr>
<td><strong>Clinical relevance</strong></td>
<td>Broad, generalist caseload across the lifespan</td>
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<tr>
<td></td>
<td>Which group should I join?</td>
</tr>
</tbody>
</table>
Challenges → Solutions

* Technology will continue to improve
* Access to VC
  * PC replacements with in-built webcams
  * NSW e-Health VC bridging service
* Audio + internet conferencing software e.g. Bridgit, zoom, WebEx, ScreenLeap, Microsoft Lync)
* Your friendly librarian, CIAP, CIAP webinars
* Consider joining a group!
* Combine with other rural clinicians and share content/knowledge
* Additional EBP workshops for rural clinicians
* Technology guide for connecting with members – stay tuned!
### Barriers

1. Lack of time
2. Lack of time to implement new research
3. Lack of workplace / employer support
4. Lack of knowledge/skill
5. Money

### How is Barrier addressed?

1. Time with others to read and discuss research
2. Time to discuss and evaluate implementation of new research
3. Employers are supportive of the Network
4. Workshops and seminars, and peer support
5. Limited cost

*Barriers from: O'Connor & Pettigrew 2009; Harding et al., 2014*
References

