Evidence-Based Decision Making: ASHA’s Evidence Maps

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Speaker Disclosure

• Financial:
  – Clinical Research Associate for the ASHA’s National Center for Evidence-Based Practice in Communication Disorders (NCEP)

• Nonfinancial:
  – ASHA certified SLP and ASHA member

Disclaimer Statement

*Disclaimer: For the purpose of this course, we will only be discussing ASHA’s Evidence Maps

ASHA Evidence Maps
apps.asha.org/EvidenceMaps

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Evidence-Based Decision-Making Micro Course Series
Objectives

• Describe types of synthesized research found in the Evidence Maps and how to assess quality

• Demonstrate how to navigate ASHA’s Evidence Maps to quickly locate relevant research

• Understand how ASHA’s Evidence Maps support clinical decision making

EBP Overview

Obstacles to Using Research in Clinical Decision Making

- Insufficient Time
- Insufficient Financial Resources
- Insufficient Access
- Lack of Research
- Poor Quality Research
Using ASHA’s Evidence Maps to Overcome these Obstacles

The Evidence Maps: a short-cut for locating and assessing relevant research

1. Enter Your Clinical Question
2. Gather Evidence
3. Assess the Evidence
4. Make Your Clinical Decision

Coming up next

We’ve explored the concept of EBP. In the next activity, we’ll describe the content of ASHA’s Evidence Maps

ASHA’s Evidence Maps: The Content
Types of Articles

- Systematic Reviews
- Guidelines
- ASHA Practice Policies

Systematic Reviews

- Clinical Practice Guidelines

- Evidence-based Recommendation
- Consensus-based Recommendation

Evidence-Based Decision-Making Micro Course Series
ASHA Practice Policy Documents

Types of Articles

For other research needs…
Scope of Content

Practice Area
- Screening
- Assessment
- Treatment

Service Delivery
- Dosage (Frequency/Intensity)
- Format (Group/Telepractice)
- Home Program
- Provider
- Setting
- Timing

Additional Considerations
- Bilingual Considerations
- Comorbidities
- Return to Work/School
- Severity
- Documentation/Goal Setting

Updating the Evidence Maps

New research is regularly added

Studies are reviewed and vetted

Components of EBP

Type of Evidence
- External Scientific Evidence
- Clinical Expertise
- Client Perspectives

Evidence-Based Decision-Making Micro Course Series
What is in an Article Summary?

**ARTICLE CITATION**

**ARTICLE DETAILS**

**CONCLUSIONS FROM THIS SYSTEMATIC REVIEW**

**RECOMMENDATIONS FROM THIS GUIDELINE**

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### Conclusions

**Conclusions** from systematic reviews report data and outcomes information.

**External Scientific Evidence**
- Results demonstrated that the Picture Exchange Communication System (PECS) had a positive effect on social communication, no effect on expressive language, and an inconsistent effect on general outcomes.

**External Scientific Evidence**
- One study found that clinical phonological evaluation of oral-pharyngeal dysphagia (i.e., a clinical evaluation with positive findings for suspected aspiration based upon presence of coughing, choking, and air leak) in children with CF had a sensitivity of 80% and specificity of 46.5%. Further research is needed to determine the efficacy of this evaluation for children with CF.

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### Recommendations

**Recommendations** from guidelines summarize suggestions for practice.

**External Scientific Evidence**
- Individuals on the autism spectrum who have limited verbal language, or those who do not respond to multiple interventions aimed at improving communication, should be offered the opportunity to use the Picture Exchange Communication System (PECS). Monitoring and ongoing intervention are recommended to maintain gains in communication (Rating B Evidence: 80%; p. 307).

**External Scientific Evidence**
- "Nutrition, growth, and other aspects of swallowing dysfunction should be monitored. Further evaluation is warranted if screening suggests areas of impairment." (p. 860).
Quality Appraisal

**QUALITY APPRAISAL**

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<thead>
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<tr>
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**AGREE Rating**

Recommended with Provisions

Level of Evidence

**EVIDENCE RATINGS USED IN THIS DOCUMENT**

Recommendations were rated based on the GRADE methodology. The strength of the recommendation represents the guideline panel’s confidence in the balance between desirable and undesirable consequences, quality of the evidence, clinical and consumer preferences, and considerations of cost and implementation. The ratings are as follows:

- **Strong Recommendation**: The evidence supports a clear balance towards desirable effects (Strong/Recommendation: Favor) or undesirable effects (Strong/Recommendation: Against).
- **Weak Recommendation**: There is uncertainty regarding the balance of desirable and undesirable effects.
- **Practice Statement**: There is a lack of quality evidence to determine a recommendation, but advice based on consensus/clinical expertise is provided.

Coming up next

We’ve outlined the content of ASHA’s Evidence Maps. In the next activity, we will explore the navigation features of the Evidence Maps.
ASHA’s Evidence Maps: Navigation Features

Evidence Maps: Homepage

Evidence Maps: Map Landing Page

Evidence-Based Decision-Making Micro Course Series
Example Case Study

An 81-year-old female with a history of bilateral, sensorineural hearing loss is recovering from cardiac surgery in a hospital step-down unit. She shows characteristics of delirium; however, she currently does not have her hearing aids with her. While a brief cognitive evaluation indicates a severe cognitive-communication disorder, you note the potential impacts of reduced hearing on these results.

You are concerned with the lack of hearing aid use, as you know that increased age, surgery requiring sedation, and reduced access to hearing or vision are all risk factors for developing delirium.

Our clinical question is:

What impact does hearing aid use have on the risk of delirium in individuals with hearing loss?
Example Case Study: Search

Coming up next

We’ve explored ASHA’s Evidence Maps. The next activities are your turn to practice navigating the Evidence Maps and determining takeaways from available research.

Navigate the Evidence Maps

Take 5 minutes to locate research relevant to your clinical question on the Evidence Maps.
5
Determine Key Characteristics
Take 5 minutes to identify the key characteristics of one systematic review or guideline that you located.

6
Learning Assessment
Take 5 minutes to complete your learning assessment in the ASHA Learning Center.
You'll have access to your certificate of completion immediately after you complete and submit your assessment.