Clinical Guidelines
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Clinical Audit
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Group Discussion
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References

Clinical Guidelines, Audits, Implementation & Barriers

Evidence-Based Practice in Speech-Language Therapy (SHSC 2033)

Session 10

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Outline

1. Clinical guidelines and evidence maps
2. Clinical audit
3. Group discussion: implementing EBP and possible barriers

Clinical Guidelines

Clinical practice guidelines

"CPGs may contribute to solving the limited resources/time dilemma because they contain secondary research that enables practitioners to access literature easily and quickly that has already been identified, summarized, and critiqued." [1]

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[1] Hargrove, Griffer, and Lund (2008, p. 290)

Clinical practice guidelines

"This prereviewed literature allows SLPs to expend fewer resources and less time on the evidence part of EBP. In addition, CPGs are likely to reduce error and bias. . . because CPGs are based on organized systematic literature selection and predetermined analysis strategies." [2]

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[2] Hargrove et al. (2008, p. 290)

Three types of CPGs [3]

1. Traditional CPGs
2. Systematic reviews
3. Evidence-based CPGs

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[3] Hargrove et al. (2008, p. 290)

Evidence-based CPGs [4]

- Based on a comprehensive, methodical literature review
- Based on a consensus of a panel of experts
- Can include expert opinions
- Identifies evidence that support recommendations
- Evaluates the quality of the literature used to support recommendations
- Expertise of the expert or group of experts is disclosed
- Can include case studies, retrospective, nonrandomized research designs

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[4] Hargrove et al. (2008, Table 1)

CPGs

- "Although we were unable to identify a system of grading levels of evidence that included EBCPGs, one could infer that they generally would fall between TCPGs and SRs." [5]

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[5] Hargrove et al. (2008, p. 290)

Examples of CPGs

- Royal College of Speech and Language Therapists' document (Taylor-Goh, 2005) summarising 12 clinical guidelines for children and adults *"regarding clinical management that are based on the current evidence, where available "* [6]
- SIGN's 2016 guidelines for ASD (#145) [7]
- Hargrove et al.'s (2008, Appendix A) for a list of CPGs relevant to children with communication disorders

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[6] Search for "clinical practice guidelines" at https://www.rcslt.org

[7] https://www.sign.ac.uk/our-guidelines.html

Two cautions about CPGs

- Note date of publication. Guidelines must be kept current if they are to have value.
- Treat CPGs as you would any other piece of evidence: critically appraise them.

Critical appraisal

- Grading of Recommendations Assessment, Development and Evaluation (GRADE) [8]
- Guide to Evaluating Clinical Practice Guidelines [9]
    - 19 item checklist and instructions
    - Excellent inter-rater reliability (although small sample)
    - Item 3e: *"Were each of the recommendations of the CPG linked to evidence?"* (no instructions provided on this one)

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[8] Guyatt, Rennie, Meade, and Cook (2008, pp. 281ff)

[9] Hargrove et al. (2008)

ASHA's evidence maps

- Summaries of clinical research related to assessment and intervention in communication disorders
- See http://on.asha.org/evidence-maps
- Also, see http://www.asha.org/Research/EBP/EBSRs
- For a clinician's POV, see VanDyke (2018)

Remember: Do not cherry pick!

- Choosing what you want to believe by ignoring some studies or not critically appraising them.
- Example: Not having your child vaccinated because *"MMR vaccine causes autism."*
- Searching for, and critically appraising the evidence, should help you avoid this pitfall.

E^3BP

"...the conscientious, explicit, and judicious integration of best available

1. external evidence from systematic research,
2. evidence internal to clinical practice, and
3. evidence concerning the preferences of a fully informed patient." [10]

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[10] Dollaghan (2007, p. 2)

No one is an island.[11]

- You now have a framework for EBP.
- What are the challenges to actually using it to inform your clinical decision making?
- One challenge is that you won't be working in isolation. Other people will be involved.
- You will be part of a team.
- You will also be part of a larger institutional structure.

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[11]Paraphrase of John Donne (1624)

Clinical Audit

Clinical audit [12]

- ". . . a quality improvement process that seeks to improve patient care and outcomes through systematic review of care against explicit criteria and the implementation of change.
- Aspects of the structure, processes, and outcomes of care are selected and systematically evaluated against explicit criteria.
- Where indicated, changes are implemented at an individual, team, or service level and further monitoring is used to confirm improvement in healthcare delivery."

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[12] http://www.hra-decisiontools.org.uk/research/glossary.html

Clinical audit [13]

- A strategic management tool used as part of a broader quality improvement programme
- A specific activity that measures clinical care against explicit audit criteria (standards) as part of a quality improvement cycle
- Necessary to know exactly what you do already and how that works, before you try to change it.
- Asks the questions "are we following best practice?" and "what is happening to patients as a result?"

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[13] http://www.uhbristol.nhs.uk/files/nhs-ubht/1%20What%20is%20Clinical%20Audit%20v3.pdf

Audit cycle [14]

1. Choose topic
2. Review standards of best practice (audit criteria)
3. Collect data of current practice
4. Compare data with standards
5. Feed back results
6. Discuss possible changes
7. Implement changes if needed

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[14] http://www.uhbristol.nhs.uk/files/nhs-ubht/1%20What%20is%20Clinical%20Audit%20v3.pdf

Evaluating clinical practice

- EBP informs the setting of standards and the change in practice. Without linking the evidence base to the clinical audit cycle, we continue to practice based on our beliefs rather than on sound information.
- What happens if an organisation has no audit cycle?

Questions to consider

- How do you know if what you do works?
- How do you monitor quality in your clinical practice?
- How do you bring about a change in practice?

Group discussion: implementation & barriers

- Break up into your assigned groups.
- Discuss
    1. What are some of the skills you already have as a Speech Therapy student?
    2. What barriers do you think you might encounter trying to implement EBP in your clinical work as a student?
- Make notes in order to communicate your findings at the end.

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Implementing EBP

- Some skills you already have
    - Academic knowledge
    - Clinical experience
    - Problem-solving skills
    - Strategies for finding high quality evidence
    - Some statistical knowledge
    - Critical appraisal skills
    - Communication skills
- All involve life-long learning.

Barriers to implementing EBP

1. Complacency; inertia
2. Availability of evidence
3. Knowledge-practice gap

4. Tradition of trial-and-error problem-solving
5. Can feel threatening to colleagues
6. Professional autonomy
7. Lack of colleagues' support

8. Current work culture
9. Management inertia and poor leadership
10. The cost of change

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