

## Editorial

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Dear Readers,

With the first Editorial of 2010, I will begin to make several considerations about Evidence Based Practice in the Brazilian Speech-Language and Hearing Science. In this first approach the basic principles about this theme will be determined. EBP (evidence-based practice) is the integration between the best research evidence with practitioner expertise and client values. Since 2005 ASHA (American Speech-Language-Hearing Association) has incorporated, through a document developed by a specific committee, the principles of evidence-based practice in clinical decision making to provide high-quality clinical care.

The principles proposed by ASHA are:

1. Recognition of needs, abilities, values, preferences and interests of individuals and families of patients.
2. Acquisition and maintenance of the knowledge and skills that are necessary to provide high quality professional services, including knowledge about evidence-based practice models.
3. Use of effective prevention, screening and diagnostic procedures.
4. Adoption of standardized instruments (protocols and comparative measures).
5. Maximize available information and make considerations about cost-benefit based on high-quality literature.
6. Constantly evaluate the efficacy (treatment outcome), effectiveness (comparison between treatments) and effect/efficiency (in which way

treatment modifies the individual) of protocols and models for prevention, diagnosis and treatment of human communication disorders.

7. Evaluate the quality of evidence that is being used as a source of knowledge, be careful especially with information available on the WEB. It is advised to use information stored in scientific database.

8. Give preference to texts and courses that allow the incorporation of high-quality evidence that will change clinical practice.

In practical terms, what does EPB mean in the daily life of our speech-language pathologists and audiologists? It means professional credibility, modernity and responsibility. The EPB model is a sum; it unites clinical skills (acquired knowledge and experiences that allow the fast identification of the patient's profile) with a solid knowledge about the risks and benefits of the existing interventions. EPB takes away omnipotence and trials promoting a responsible practice.

EPB revokes the politically correct speech that "each individual is unique" and really takes into account the values, preferences and expectations of each patient. EPB integrates knowledge and practice, optimizing therapeutic results and giving a real improvement to the quality of life of patients.

Regards, Claudia.

## **Referências Bibliográficas**

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