EVIDENCE BASED PRACTICE IN SPEECH LANGUAGE PATHOLOGY/AUDIOLOGY IN INDIA

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Abstract

This opinion article addresses the issue of EBP in academic, research and clinical settings in India. EBP is not an alien concept for Speech-Language Pathologists/Audiologists in the country. Most professionals in practice are acquainted with the idea of integrating current research evidence with clinical expertise in the context of the client's own life situation. With the aim of eliminating nonstandard practice patterns in both assessment and intervention, experts in the field have developed guidelines for working with a wide range of clinical populations in India. Monographs and journals are being published periodically by academic institutions and professional bodies in an effort to bridge the research-to-practice gap. This opinion article reviews the EBP implementation problems unique to the subcontinent including diverse languages and dialects, lack of standard tools for assessment in different languages, financial constraints, illiteracy, non availability of specialized centers and the lack of a mechanism to monitor clinical practices in India.

The disciplines of Speech-Language Pathology and Audiology have been in existence in India from the early 60s (Nikam, 2003). The first speech and hearing centre was established at Mumbai and soon after a diploma course in speech and hearing was started. This was followed by the establishment of an Institute at Mysore in 1966 and commencement of undergraduate and postgraduate degrees in both Speech-Language Pathology and Audiology. Thus began a slow but steady increase in the number of Speech-Language Pathologists and Audiologists in the country.

The Indian Speech and Hearing Association (ISHA) was formed in 1967 (Rathna, 1993). Its inception marked the growth and interest in services rendered by the profession. It has both regular members as well as associate members. However, it is not mandatory for all professionals to be members of ISHA. It neither has powers to grant licenses nor to place strictures on professionals who indulge in malpractices.

The Indian perspective on evidence based practices

Evidence based health care is a concept that is gaining ground steadily in India. The notion has found acceptance in the medical institutions and is being promoted by the professional bodies. The movement is currently catching on with a number of training and awareness programs being conducted to improve skills and facilities for making such practice widespread among the medical fraternity.

The term Evidence Based Practice (EBP) is used in Speech-Language Pathology and Audiology to refer to perspective on clinical decision making (ASHA, 2004). It refers to the integration of current best research evidence, clinical expertise, and the client's perspectives in making decisions about the care of individual patients (Schlosser & Raghavendra, 2004). It is acknowledged amongst academic Speech-Language Pathologists and Audiologists in India that empirical evidence is crucial for decision making in routine clinical practice. There is a need to look to empirical evidence to support the assessments and interventions and determine the most efficacious, effective and efficient ways of providing services (Frattali & Golper, 2006).

With the aim of eliminating nonstandard practice patterns in assessment, experts in the field have developed a set of standard tests and procedures, known as the ISHA Battery, for professionals working with different clinical populations (Kacker & Basavaraj, 1990). Additionally, monographs on topics of interest as well as journals have been published periodically by ISHA as well as other institutes. These are aimed towards bridging the research–to-practice gap in India.

The framework of EBP is not new to clinicians in India except, perhaps, for those in non-academic work settings who graduated in the 1960s. Most professionals in practice are acquainted with the idea of integrating current research evidence with clinical expertise in the context of the client's own life situation. The International Classification of Functioning, Disability and Health (World Health Organization, 2001) is currently used by academic institutes and individual practitioners for profiling clients to determine the impact of disability in the real world. While there is the tendency to rely on old ways and rules of thumb, this is giving way to application of new and better information today. Clinicians acknowledge their need for research database and hands-on training especially in areas that have assumed importance in the current scenario.

In recognition of the relevance of EBP, the curriculum of the Master's training program in Speech-Language Pathology and Audiology includes topics on the subject. The ISHA also encourages presentations to be made on the topic at its annual conferences. As the domain of Speech-Language Pathology has expanded to include dsyphagia and other upper aerodigestive disorders, practitioners constantly feel the need to acquaint themselves with new information and best possible assessments and interventions.

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Opportunities offered via EBP for development of SLP/Audiology practices, professional education and/or research

Professionals in India are increasingly becoming aware of the need to make decisions by identifying such evidence that there may be for a practice and rating /evaluating it according to how scientifically sound it may be. This is done with an aim to eliminate unsound or risky practices in favor of those that have better outcomes. A good number of Speech-Language Pathologists/Audiologists do adopt the principles of EBP in their work lives, although the term is not widely used. Greater emphasis on such an approach would encourage more professionals to search for best evidences by reviewing the literature, thus inculcating the habit of keeping in touch with libraries, subscribing to relevant publications or engaging in literature search on the internet. They perforce would need to hone their skills of critical appraisal and technical writing as well. The offshoot is that the professional life of Speech-Language Pathologists/Audiologists would evolve which, in turn, would contribute to better care for their clients. The professional body would also be in a position to bring out policy documents on EBP and also implement guidelines for clinical practice. However, unlike the West, the demand for accountability is not often voiced as insurance companies and other payers do not play a large role in this sector.

The majority of research papers that are submitted for presentation at the annual conferences of ISHA and for publication in its journal, demonstrate that Indian professionals do apply the EBP framework as a routine. However, most of these authors are attached to academic or research institutions. Such institutions provide good library facilities, access to internet resources and opportunities for attending seminars/ workshops. Moreover, as a procedure, research proposals are screened by academic and ethics committees for approval, thus ensuring that they meet the standards.

Continued education programs for speech and hearing professionals have been a fervent endeavor of ISHA as well as lead institutions in the country. As EBP comes to center stage in India, it would mandate that the themes for such programs focus on the relevance of summarizing research as well as guiding professionals on how to understand and apply research findings. For instance, as research outcomes encourage the use of cochlear implants in young children, more clinicians sign in for such training programs to improve their knowledge of research based evidence for appropriate decision making.

Speech Language Pathologists/Audiologists working in India are required to be registered under the Rehabilitation Council of India (RCI). For renewal of their licenses every seven years, it is mandatory that they attend continued education programmes (CEP) so that they update themselves. Such opportunities could be used to educate professionals on applying research data to clinical practices. Also it serves as a platform for exchanging information on outcome measures, test selection considerations, and measures of disability.

The weakest link in the process of addressing EBP has been the non-availability of standard assessment tools in the various Indian languages. With 18 official languages and many hundreds of dialects, the scenario is daunting even to the most diehard proponent of EBP. However, while a beginning has been made in some main languages, there is a need to develop similar tools for the others. Lead institutions have also made efforts to develop indigenous software and assessment kits to enable clinicians to measure outcomes in clinical practice. As EBP becomes the approach of choice, certainly greater priority would need to be given to this issue. Researchers and administrators would then address the problem with greater urgency.

However, it is also important that the limitations of the EBP framework be realized by the professionals. It would seem appropriate to use the EBP orientation mainly where there is uncertainty. When a condition is quite apparent and can be diagnosed quite accurately, the use of elaborate testing would be unwarranted. In my opinion, most clinicians in India, by virtue of their exposure to a large variety of cases during training as well as in their work lives, have developed the skills of making accurate diagnoses without resorting to extensive testing.

Potential problems/threats to professional development in the country

India is a vast country with a teeming population of over one billion. The bulk of its people live in the villages where basic facilities are far from adequate. Its large and diverse population is a melting pot of various beliefs and practices. Superstitions and quackery are rife in certain areas of the country especially where illiteracy predominates. Not surprisingly, clients/caregivers generally consult a Speech-Language Pathologist/Audiologist long after the crucial years have been lost to such endeavours.

A myriad of problems are encountered by the Speech-Language Pathologists/Audiologists in clinical practice. They grapple with large caseloads and frequently do not have the time for detailed record keeping and documentation. Financial and time considerations may constrain others in applying standard procedures and tests. Oftentimes, their decisions are made keeping in view the resources of the clients or their parents, their location, availability of professional/educational services, and ability to attend follow-up appointments.

Assessments are short circuited if the client/caregiver is unable or unwilling to spend time or funds for detailed testing or to make another visit to the centre. For instance, for a case with hoarse voice who cannot afford an endoscopy, the clinician may decide to make do with a perceptual assessment and refer the client to an Otolaryngologist. Intervention plans, too, may hinge on factors such as distance from the centre, availability of transport as well as an escort to accompany the client to the session, follow-up of home-programmes, and affordability of the charges.

It may be noted that services provided at Government run hospitals are free or nominal while private establishments levy higher charges. Clients have to be able to meet the expenses involved as there is no insurance cover unless a policy has been purchased. While Government agencies provide hearing aids and some devices free of cost for the needy, oftentimes clients would have to look out for themselves. Professionals thus have to limit themselves to options that are affordable for their clients.

I believe that clinicians deal with two main groups of clients: the informed, literate and internet savvy on one hand and the uninformed, naïve and gullible on the other hand. The former usually is willing to invest time and money in the endeavor to obtain precise and detailed evaluations of their ward; On the other hand, the latter would be inclined to give the procedures short shrift and look for quick and easy solutions. Scheduling detailed evaluations would not be in the interest of their child who would lose out should the caregiver decide that the process was too tedious and give up altogether. Hence the professional would be forced to make compromises.

In some settings, only one professional is available to deal with a big client load. Time constraints dictate that evaluations be cursory so that more clients could be examined and ensure that intervention programs, too, can be carried out. Detailed client documentation would not be possible in such a scenario. However, qualitative and quantitative measures are frequently used. The effectiveness of intervention is verified through such means and also through self assessment by the client and his family.

For professionals in private settings, attending seminars, conferences or workshops is not frequently encouraged. The management frowns on time lost in such activities and the loss of revenue on account of the absence of the clinician. The practitioner thus has little opportunity for professional development and has to make extra efforts to keep abreast of research and development in the field. The management, however, has to take cognizance of the fact that the professional has to attend at least three CEPs in order to get his/her license renewed by the RCI.

To their credit, the training programmes for Speech-Language Pathologists/Audiologists in India provide great depth of insight to students in dealing with a variety of clients. Students learn to do a thorough workup using extensive documentation in an institutional setting, for example, but also learn how to conduct screening at camps where hundreds of people gather to have their hearing, language or speech evaluated. They learn to carry out assessments and interventions using the cornerstones of EBP; yet they also learn about areas where EBP is not critical. The need to be flexible and to keep the client's perspective in mind in decision making is encouraged in student training programs. Reviewing current literature, making critical judgments, weighing options with the concerns of the clients in mind are emphasized during their clinical training.

To conclude, the EBP orientation is not alien to the Indian system of perception and thought. Indian professionals generally subscribe to a broader perspective in terms of research and practice. They are naturally inclined to study human behavior as a whole rather than to look for specific rules of behavior. Further, given the time and other demands on practicing professionals, the application of EBP is not considered appropriate in all settings, especially for busy clinics. However, there is little doubt that such an orientation has the potential to improve the quality of evidence supporting clinical practice in Speech–Language Pathology and Audiology and, ultimately, the quality of services to patients with speech, language and hearing disorders (ASHA, 2004).

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