

One of the key objectives of the RCSLT Hubs now up and running all over the UK is to bring together all elements of our profession to drive forward the

evidence base in speech and language therapy.

As I outlined in August's Bulletin, we have a team of 21 clinical researchers and educators who form our Research and Development Reference Group, and over 50 research champions connecting their services to each other, their Hubs and to the RCSLT. This article is based on consultations with these networks and sets out to answer two questions: what does research mean for SLTs and what can we all do to develop our evidence base?

Why consider research?

Evidence shows there are better outcomes for service users in organisations actively involved in research (NHS Confederation, 2010) and there is government support for applied clinical research in all four UK countries. Budget holders expect that services will be evidence based and, where the evidence does not yet exist, that services actively collect data. A central driver for meaningful clinical research is service users and the value they place on certain types of evidence, for example, functional changes in their everyday living.

SLT roles

All SLTs routinely use the skills needed to carry out research. We collate and analyse information we have about a client; differentially diagnose; critically appraise our clients' responses to intervention and our own clinical skills; ask clinical questions; and take account of service users' views and priorities. Moreover, as part of everyday practice we evaluate the research evidence, alongside our clinical expertise.

As part of our consultation, Professors Joy Stackhouse and James Law outlined how we can view research as part of our profession:

All SLTs are **research aware**. Becoming an SLT involves training on research methods and in most cases developing and carrying out a research project. SLTs will move from active learners at prequalification level to evidence-based clinicians carrying out critical appraisal of existing research to change practice as part of professional development and service delivery.

Some SLTs will be **research participative**. SLTs can participate in research by

Moving our evidence base forward together

Emma Pagnamenta asks: what does research mean for SLTs and what can we all do to develop our evidence base?

contributing data and analysis to larger studies looking for participants, co-supervising student projects or by working on projects through an RCSLT Hub or clinical excellence network (CEN).

A few will become **research leaders**. Clinical academic training provides opportunities to develop future SLT research leaders. Other SLTs develop such leadership through their clinical work and mentorship, and some services have staff who are dedicated 'research facilitators'.

Working together

When we asked our networks about the action required to enable SLTs to get involved in research, half of all comments related to the actions SLTs could take; nearly a third to the RCSLT; and a fifth to higher education institutions (HEIs). It is clear we need to work together to bring about a culture change.

For clinicians, there are personal and wider benefits to being part of the research community. Research Champion Katherine Broomfield (Gloucestershire Care Services NHS Trust) says, "Being a research champion has prompted me to include my research interest in my annual appraisal so I can set

objectives linked to research and hopefully be able to commit CPD time to pursuing clinical research. It has also prompted me to include research as a topic in department meetings."

Steph Peters, a research champion working for the Aneurin Bevan Health Board, provides a great example of group working. She is finishing her Masters project evaluating the EarlyBird Plus programme, an intervention used in her department. Her team will replicate a word-finding study in their own mainstream school context by following the same procedure and analysing the data together. Both initiatives will provide the evidence for local service design and delivery.

Heather Bailey, an SLTA in Edinburgh's Adult Community Team, has secured research funding from NHS Education Scotland's AHP Career Fellowship Scheme. She says, "The funding has allowed me the luxury of ring-fenced time to learn how to create, circulate and analyse an online survey aimed at capturing current national practice of involving assistants in dysphagia management, look at any best practice sites and provide a report to inform future decision-making in our service."

Managers' perspectives

Clinical managers are key to supporting staff to develop their research skills. According to Deanne Rennie, clinical lead for speech, language and communication needs for Leicestershire Partnership Trust, the new NHS commissioning arrangements mean services may find themselves needing to engage with a plurality of commissioners.

"Although their requirements may differ, commissioners need to know the service they are buying is effective and value for money. We need the most up-to-date knowledge of the available evidence and must be able to describe this effectively," Deanne says.

She adds that a high-quality workforce has practitioners who ensure the evidence base underpins their clinical decisions and who feel their contribution has a positive outcome for service users. With demands on busy practitioners making the maintenance of up-to-date knowledge overwhelming at times, Deanne says it is crucial that evidence-based practice becomes embedded within the culture of a service.

"Services can achieve this through fostering a culture of critical appraisal of literature, creating an expectation that the evidence base care informs pathways, interventions and service initiatives, in addition to developing research skills within the workforce.

"Our service users rightly expect to receive



ILLUSTRATIONS BY **Davor Pavelic**

healthcare that is effective and considered to be best practice. They increasingly want to make informed choices about their care and expect their practitioners to be able to help them make that decision. While it is not possible for clinicians to be aware of all the literature, an ability to appraise the quality of the evidence and to help service users make sense of it is vital.”

Although there is often strong support for

the concept of evidence-based practice, the transfer and utilisation of research evidence into frontline service delivery is at times inconsistent. We should view strengthening the development and application of our profession’s evidence base as a collective responsibility – better achieved through working together with our partners in HEIs, the voluntary and independent sector, service users and the RCSLT.

Researchers and educators

The expertise of our researchers and educators is fundamental, and partnerships between HEIs and clinicians are essential to ensure research is sufficiently robust, relevant to practice and therefore applied more quickly. While HEIs are highly supportive of working with clinicians, as exemplified by their involvement with the RCSLT Hubs, it is important to understand the unique pressures they face.

A question of how: what you can do to develop your evidence base



1 Make time



2 Start small



3 Embrace the evidence base



4 Build your network



5 Work as a team



6 Influence the boss



7 Get involved in research led by others



8 Develop your own research questions



9 Secure funding

A question of how... explained

1 Make time

Trying to fit in research activities around normal clinical duties is not easy. It is better if you dedicate time to do it. A little time can go a long way, for example planning with colleagues to assess each other's clients can make blind assessment achievable as part of day-to-day practice.

2 Start small

Taking small steps can build up your research confidence and point the way to bigger projects. For example, collaborating on student projects or well-planned service evaluation provide experience of data collection and can act as starting points for future research. Single case studies using some form of control (baseline period or a control task) while only providing 'indicative' levels of evidence, could be important first steps in indicating interventions that would be worth investigating in larger trials. Small studies could also help you secure funding. Maggie Vance and Judy Clegg have presented information on single case studies and are developing further resources (see <http://tinyurl.com/l7tddot> and <http://tinyurl.com/mosk3y6>)

3 Embrace the evidence base

Look out for news of research projects in the Bulletin and RCSLT research newsletters, use social media or look online to find details of academic departments and researchers. Your local librarian may be able to carry out a literature search for you on a particular topic and can help you access online journals. You can use a template to help you critically appraise what you read – for example, the Critical Appraisal Skills Programme (<http://www.casp-uk.net>); the Critical Appraisal Framework Tool (<http://tinyurl.com/csqp5w7>); and 'How to read a paper' (Greenhalgh, 2010).

4 Build your network

Finding a supervisor or mentor who believes in you and shares your vision and enthusiasm is a great help. Remember, this person may be from a different profession. You could also link with your research and development team to look at projects and funding opportunities in your organisation. Talk to academics about your project idea, for example through RCSLT Hubs, to see if they would like to get involved. You can contact the Clinical Research Network (<http://tinyurl.com/klxclkz>) for information on local research projects and active local groups to join. Inviting local university staff to talk about current research is a great way to start a relationship with an HEI. You could also attend seminars and can use CENs/Hubs and RCSLT advisers to strengthen your personal contacts. Joining your local Allied Health Professions Research Network hub (<http://tinyurl.com/kl593ly>) will also provide information on workshop events, mentorship schemes, and one-to-one support opportunities.

5 Work as a team

Many hands make light work, so collect data as a group, as a team, RCSLT Hub or CEN. Adult and paediatric SLTs have organised groups of clinicians carrying out the same intervention/assessment with carefully described participants to build up a group study across sites.

6 Influence the boss

It is always good to get your manager on side before embarking on an initiative that involves research. Emphasise the benefits to the team, the reputation of your service and the outcomes for service users. Working together will ensure research carried out will be of maximum benefit to the future delivery and design of your service.

7 Get involved in research led by others

This is easier than starting your own research and provides opportunities to learn with the support of an experienced researcher. Clinicians and managers can play a vital role in planning research and facilitating access to clients. You can also provide intervention/assessment as part of the study and involve service users in funding and ethics applications. Look out for portfolio projects of interest (<http://tinyurl.com/k4ltq4x>) and opportunities the RCSLT disseminates.

8 Develop your own research questions

Clinically relevant and well-formulated research questions are fundamental to the development of the evidence base and SLTs are in a great position to know the research questions that need to be asked. Look into how to develop a research question (<http://tinyurl.com/9x8boa7> and <http://tinyurl.com/nfep5yt>)

9 Secure funding

The RCSLT has a research funding database and publishes new opportunities in bimonthly research newsletters (email: emma.pagnamanta@rsls.org to receive these). Local research and development departments also hold funding information and charities offer research project money (<http://tinyurl.com/nvhfegs>). Some HEIs have annual funding rounds for PhD studentships. There are competitive 'fee waivers' available so students only need to fund their travel etc. They provide full membership of an HEI and access to research mentoring and resources.

The following themes emerged from our consultations: engagement with clinicians, mentorship, collaboration with SLTs through different models of research and the role of educators to develop a workforce with skills in research, audit and service evaluation.

RCSLT Hubs can provide the context for research collaboration at a range of levels. For example, HEIs have formed links with services to offer research clinics and obtained rolling ethics approval for case studies on relevant clients who attend these clinics. As part of Team Scotland, the University of Strathclyde's Dr Elspeth McCartney and local SLTs are looking at therapy outcome measure data. The Hub is looking at predictors of speech in children with cleft palate, and running research design classes and has also secured additional money (from an endowment fund and existing funding mechanisms) for MSc and PhD students and paid student internships.

RCSLT leadership

Our research networks feel it is important for the RCSLT to take the lead in disseminating research information; providing examples from members; developing research funding and academic training databases; and providing an overview of the research taking place across the profession. They also consider working closely with HEIs and members, and lobbying research funders, education and health as priorities.

These are all aspects we are working hard to achieve through our thriving networks, publications and online activity. We have made real progress in connecting SLTs from all sectors, regions and services and will continue to develop these networks through RCSLT Hubs.

This article is only a summary of our consultation responses. Further information and resources are available in our online Research Centre (<http://tinyurl.com/mpx7r3k>). We would like to support any clinician wanting to get involved in research and any researcher seeking to set up collaborations. Please email: emma.pagnamanta@rsls.org or vjoffe@city.ac.uk ■

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Dr Emma Pagnamanta, RCSLT Research Manager



References & resources

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