Clinical research: A meeting of minds in SLP/SLT

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W
ont to test the water in Twitter when broaching
JCP annual topics, @speech_woman spared a sun-drenched winter moment, poolside in Durban for six Tweets.

1) @WeSpeechies who want to collaborate with researchers in clinical research: What would you like researchers to tell you first up?

2) Researchers who want to collaborate with @WeSpeechies in clinical research: What would you like clinicians to tell you first up?

3) @wespeechies tell me the keys to clinician-academic collaboration in forming research partnerships.

4) @WeSpeechies #SLPeeps #SLP2B Can you please recommend books, articles with guidelines to getting started in SLP/SLT clinical research?

The response was immediate and international. A doctoral scholar in Sydney said, “This is such an important issue to unlock! Making research accessible to busy clinicians is key” and “I would love to see clinician participation in research”. A Pennsylvania student blogger asked, “Would ASHA’s CLARC program have info on that? Or does it just link clinicians and researchers together?” A globetrotting Manchester SLT practitioner, lecturer and researcher wrote, “See this brilliantly accessible book: Creating Practice Based Evidence” (Dobson & Wren, 2013). A researcher in Montreal said, “The clinic community could invite research students and researchers into their sites to evaluate outcomes more often” and “The clinical community needs to facilitate clinical research by collaborating with the academic community”. And a school-based clinician in Ellendale ND Tweeted, “Great question. Guidelines in how to get started would be helpful”. The getting started guidelines Tweet aroused curiosity, so @speech_woman Tweeted on.

5) Do @ASHAweb, @ASLT, @NZSTA, @RCSLT, @SAC_OAC or @SpeechPathAus publish general guidelines to getting started in clinical research?

6) @WeSpeechies #SLPeeps #SLP2B Point me to university sites with general guidelines to getting started in SLP/SLT clinical research.

The last two questions drew no response.

Worlds apart

Regular professional association conference attendees in Australia or abroad know that there is a continual call from the academic world, alongside offers of help with the practicalities, for speech-language practitioners to conduct clinical research. Presenters of continuing professional development events, nationally and internationally, hear an equally insistent call from the clinical world from therapists seeking the wherewithal to gain and implement research skills. But, despite goodwill and enthusiasm on either side, academics who link up with clinicians, and vice versa, are a rare breed, with both bemoaning lost opportunities, stubbornly lodged in the research–practice gap. But are SLP/SLT clinicians and researchers really worlds apart?

Academics talk of the doubtful pleasures of grappling with administrative responsibilities, teaching loads, budget cuts, disruptive “restructures”, exam marking and grant proposals that can impinge unhelpfully on their own research projects, and time pressures that won’t go away. Clinicians, meanwhile, speak of handling the challenges of waiting lists, unwieldy caseloads, unsympathetic bureaucracies, complex clienteles and of course, those ever-present time pressures too. Neither party tends to use these circumstances to excuse the undeniably low prevalence of clinician-researcher collaboration. So, one has to wonder if that common factor – time – is the most active ingredient in maintaining the status quo, and whether concentrated information literacy homework, planning and time management on both sides might be a good part of the solution.

Information literacy and time management

Information literacy is an intellectual framework for recognising the need for, understanding, finding, evaluating, and using information. These are activities which may be supported in part by fluency with information technology, in part by sound investigative methods, but most importantly through critical discernment and reasoning. (Bundy, 2004, p. 4)

Ratcliff, Swartz and Ivanitskaya (2013, p. 38) found significant differences in information literacy between students, across introductory, mid-level and advanced academic levels. They concluded that students at all levels might benefit from further training in information literacy skills, noting that “institutions of higher education are well positioned to be leaders in developing better competencies in information literacy in consumers of information”. It probably holds true that for the majority of practising clinicians interested in taking the researcher path the said “further training” is in order. In the endlessly helpful Clinical Research Methods in Speech-Language Pathology and Audiology, Irwin, Pannacker and Lass (2013) emphasise information literacy, suggest the use of research databases and other online tools including social networking, take into account qualitative research and evidence-based practice, provide a detailed discussion of research ethics, and explain how to frame questions using the PICO framework to formulate answerable questions.

Researchers, and new or intending clinician-researchers, have much to gain from the concise and positively reviewed Dobson and Wren (2013) book on creating practice-based evidence, the insightful McComas (2014) on how women become researchers in communication sciences and disorders, and from reading, or re-reading McGinty
(2012), Robey (2004) and Tracy (2010). Those considering a research degree at Masters or doctoral level will unearth Google gold among the dross by searching “encouraging clinical researchers in speech-language pathology”, and have a rewardingly drossless experience at The Thesis Whisperer and Writing for Research websites.

Speechwoman had golden moments when she found Queensland University of Technology’s Advanced Information Research Skills issued under a Creative Commons License, and Macquarie University’s Bachelor of Philosophy/Master of Research, designed to smooth the transition from, well, wherever you’re “at” now, and into the doctoral journey. There is good time management advice available from Matt Might. Learning Fundamentals, a few related thoughts at Finding Time to Write and good advice generally in an old favourite: Mullins and Kiley (2002).

Working together

When Tracy (2010) wrote her article, she aimed to present and explore key markers of quality in qualitative research. The markers, which left room, as she said, for dialogue, imagination, growth, and improvisation, make a good starting point for clinicians and academics approaching research partnerships. They included: (a) worthy topic, (b) rich rigor, (c) sincerity, (d) credibility, (e) resonance, (f) significant contribution, (g) ethics, and (h) meaningful coherence.

Among the challenges and joys of both clinical practice and working in academic, research environments are the lasting personal friendships, collegial working relationships, life-long learning opportunities, and sense of shared discovery and endeavour. Those who venture to-and-fro from clinic to research lab, or from lab to clinic can enjoy the best of both worlds and stand a strong chance of enriching their professional lives, contributing to the evidence base, and adding small incremental enhancements to client care. For this to happen, clinicians, clinician-researchers, and researchers must work together, learning from each other, and finding mutuality of respect and working in academic, research environments.

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References


Tracy, S. J. (2010). Qualitative quality: Eight “big-tent” criteria for excellent qualitative research, Qualitative Inquiry, 16(10), 837–851.

Links

1. http://www.asha.org/academic/CLARC/
3. http://www.timeshighereducation.co.uk/features/feature-work-less-do-more-live-better/2014929.article
5. http://learntech.physiol.ox.ac.uk/cochrane_tutorial/cochlibd0e84.php
7. https://medium.com/@Write4Research
10. http://matt.might.net/articles/productivity-tips-hints-tricks-for-grad-students-academics/

Webwords 50 is at www.speech-language-therapy.com with live links to featured and additional resources.