ASHA evidence maps and practice portal assignment: Choose a topic that you want to learn more about that is included in the ASHA evidence maps. Read from some of the literature provided and tell me 3 new things that you learned and for each one tells me their clinical significance (see my examples above). Go to the ASHA practice portal. Choose a disorder of interest and tell me about one assessment tool and one treatment tool that you learned about that you did not previously know about. Tell me how you think you might use the evidence maps and practice portal in the future. Part 1 Evidence Maps First please watch the following short videos. https://www.youtube.com/watch?v=NYMlr98CJZ8 – 3 minute video https://www.youtube.com/watch?v=CGEnCjkcttM -5 minute video Take note of reasons to use ASHA evidence maps while watching the videos. The evidence maps website allows clinicians to search for evidence on a specific topic to help make informed, research-based decisions in their assessment and treatment of communication disorders. This is a great idea if you want to learn about assessments for a disorder you are not familiar with, want to learn more about a clinical population, or want to learn about the effectiveness of a certain treatment approach. The maps include three types of evidence: External scientific evidence are evidence-based guidelines and systematic reviews of research conducted in a given area. Consensus-based statements and ASHA policy documents are contained in clinical expertise. Client perspectives provide individual studies, guidelines and systematic reviews related to the perspective of the client and family members. Then try it out and look over the maps at https://www2.asha.org/maplanding.aspx?id=8589947062 What topics are available for searching the ASHA evidence maps? Take note of some of the topic areas that are included, are there any you would be interested in seeing added here? Example: In planning the reading and writing course, I wanted to learn more about spelling. So, I went to the broader category of ‘written language disorders’, within that, I went to ‘spelling’. This narrowed it down to 19 articles from over 200 articles. Most of the 19 articles are systematic reviews, allowing me to see evidence from many studies at once. Here are some things that I learned that can help me in my teaching and also in my ability to treat a child with a reading/writing disorder. 1. The first article was by Galuschka & Gorgen. They found that children with dyslexia or other spelling disorders can see improvements in both spelling and general reading skills when given targeted spelling intervention. This is clinically significant because I now know that there is an evidence base for spelling related intervention strategies in working with children with reading and writing disorders and that spelling intervention tactics will generalize to reading abilities. This same study informed me that three different spelling interventions have an evidence base – those with a phonics approach, a morphology- based approach, and those with an orthography-based approach. This gives me freedom to use any of these approaches that I feel are best fitted to my clients and to my skill set and therefore is clinically significant information. A second study by Colenbrander & Miles looked at how demonstrating the written form of a word during vocabulary instruction assists children with different diagnoses. Results indicated that orthographic facilitation used with children with DLD, ASD, and Down Syndrome may be beneficial, but this may not be the case for those with very low reading levels. This is clinically significant information because I would ensure that in working with these populations, that I would include the written version of a word during any type of vocabulary intervention. Part 2 Practice Portal The goal of ASHA's Practice Portal is to assist audiologists and speech-language pathologists in their day-to-day practices by providing information on a given topic and making it easier to find the best available evidence and expertise in patient care, identify resources that have been vetted for relevance and credibility, and increase practice efficiency. Our goal is not to provide a practice 'recipe' but to make available to you the information and resources you need to guide your decision-making. The goal is to increase practice efficiency. Making evidence-based treatments and assessments available for SLPs to learn about will increase the professionalism and efficacy of our treatment and therefore elevate the profession as a whole. There is also a tools and templates section provided for resources that may facilitate clinical practice and may be related to a number of the Clinical Issues and Professional Topics included on ASHA’s Practice Portal. Tools & Templates include things like documentation templates, case history forms, cultural self- reflection tools, better speech and hearing month resources, phonemic inventories in multiple languages, and more. Example 1: I have a new 7-year-old client that speaks Korean as their first language. He has been in this country for 3 years but is still demonstrating some issues with English phonology. I want to be able to distinguish between first language transfer issues and a true phonological disorder, so I check the Korean phonemic inventory provided on the portal. Here I learn that my client’s difficulty with the ‘th’ sounds, final consonants, and devoicing of fricatives in the initial position may be first language transfer related. I will keep this in mind during testing and be sure not to use formal articulation and phonology tests given his bilingual status. Example 2: I want to learn more about cluttering and the difference between treatment for cluttering and stuttering. From the practice portal I learn that stuttering is an interruption in the flow of speech characterized by disfluencies such as repetitions and prolongations while cluttering is characterized by a perceived rapid and/or irregular speech rate, atypical pauses, maze behaviors, pragmatic issues, decreased awareness of fluency problems or moments of disfluency, excessive disfluencies, collapsing or omitting syllables, and language formulation issues, which result in breakdowns in speech clarity and/or fluency. From the Practice portal I also learn that the technique of increased pausing while speaking is an evidence-based treatment tool for cluttering and in some clients this alone may improve speech outcomes. Through the practice portal I am also able to gain an insight into the cultural considerations related to cluttering and stuttering and the social/emotional impact. Your assignment: Choose a topic that you want to learn more about that is included in the ASHA evidence maps. Read from some of the literature provided and tell me 3 new things that you learned and for each one tell me their clinical significance (see my examples above). Go to the ASHA practice portal. Choose a disorder of interest and tell me about one assessment tool and one treatment tool that you learned about that you did not previously know about. Tell me how you think you might use the evidence maps and practice portal in the future.