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Transparency As the Route to Evidence-Informed Professional Education¹

Eileen Gambrill

Thinking carefully about education aims, content, and formats is important, not only because of professional obligations to clients, but also because of obligations to students to provide values, knowledge and skills likely to benefit clients and avoid harming them. Society allots unique privileges to members of a profession based on the supposition that they possess and use expertise others do not have (Larson, 1997). It is assumed that professional education provides special knowledge, skills and values that contribute to providing services to clients and avoid harming them. We are not alone in our concern for the quality of education and can draw on perceptive critiques by others (e. g., Barzun, 1991; McDowell, 2002; Veblan, 1992) as well as related developments in other helping professions (e. g., Barrows, 1994; Sackett et al., 2000). Professional codes of ethics provide direction for knowledge, skills, and values emphasized. These include obligations to: 1) draw on practice/policy related research; 2) involve clients as informed participants; 3) be competent to offer services. Thus we can ask: 1) What are these special knowledge, skills and values?; 2) Do we provide these?; 3) Do professionals make use of these in their daily work?; and, 4) If not, why not? And, can we do better?

The Need For Transparency

I suggest that transparency in all venues, including social work education, practice and policy, and the conduct and reporting of related research, will be required to advance the

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effectiveness of professional education. We deceive when we do not accurately describe what is done to what effect, including misleading reports of research (Chalmers, 1990). The very creation of the helping professions stemmed from the deception that those seeking special status offered better services compared to others (Goode, 1960). Only if we are honest about what is happening in social work education, what we are doing well and what can and should be done better, are needed changes likely to occur. The alternative to transparency is hiding uncertainty, hiding ignorance, hiding the evidentiary status of professional education formats and content and their outcomes and hiding the evidentiary status of assessment, intervention and evaluation methods promoted (Evans, Thornton, & Chalmers, 2006). Transparency is a hallmark of the philosophy of evidence-informed practice. A critical review of social work education programs is a form of transparency. In many areas of life, nothing changes without exposure of ineffectiveness and harm. For example, the increased attention to the influence of the pharmaceutical industry on decisions professionals make contributed to the creation of courses designed to help students recognize and avoid unwanted influences (Wilkes & Hoffman, 2001).

I do not think that change will happen unless we reveal, *especially to the public including clients*, what we do to what effect. I think that this is the only way we and other interested parties will become alarmed about current practices, including educational practices, and become motivated to take corrective action. We must make the “soft underbelly” of professional helping that is dysfunctional for clients, transparent and visible. Currently it is often journalists who expose concerning lapses in social work practices and policies. Transparency requires a clear description of gaps between what we claim to do and achieve and what we actually do and achieve. As long as dubious claims about what we do and what we accomplish remain unchallenged, clients will continue to be lulled into accepting ineffective or harmful services and social workers will continue to offer them. Transparency can be of value in revealing important gaps between available knowledge and technology for helping us to improve services and what is

used. For example, why aren't social workers using palm pilots to facilitate informed decisions by prompting vital assessment questions. Description of and wide dissemination of information concerning gaps between knowledge and technology used and what is available prepares the ground work for advocating for needed changes. Transparency will highlight the evidentiary status of educational formats, practices and policies. It will reveal available alternatives as well as consequences for clients, such as receiving ineffective or harmful services.

Is Social Work Education In Need of Improvement?

We need an indepth, candid appraisal of the content and formats used and the extent to which they match the content and formats research suggests is likely to produce graduates who are competent to help clients. Social work is not the only profession in which concerns have been raised regarding the quality of professional education. Because of concerns about low standards, the Carnegie Commission asked Abraham Flexner to conduct an appraisal of medical schools. Almost anybody could get in and almost all graduated. The result was the 1910 book *Medical Education in the U.S. and Canada*. Flexner's report contributed to a decrease in diploma mills. Is social work education in a similar situation as were medical schools a century ago? Some faculty at large schools of social work have confided to me that they take anybody who can sit in a seat and pay tuition. Does this help clients? Judging from what is occurring at my own school, I think we will find unacceptable, avoidable variations in the competencies of those who graduate. I think it would show: 1) a concerning lack of coordination between field and class; 2) keeping very marginal students on because of a background characteristic such as having been a foster child in the past; 3) indoctrinating students in use of the DSM, 4) ignoring well tested practice frameworks that can help many clients, such as applied behavior analysis. I suggest preparing a grant proposal to conduct this research. We could randomly select a sample of BSW and MSW programs and prepare guidelines for reviewing the quality of programs and their graduates.

Transparency Regarding What We Mean by Evidence-Based Practice

What is evidence-based practice? How does evidence-based practice (EBP) differ from “evidence-based practices (EBPs)” and “practice-guidelines”? One way this symposium could go awry is not being clear as to what we mean by EBP; otherwise there may be much confusion and little advancement toward the aim of the symposium. Different views of evidence-informed practice suggest different goals and different ways to pursue them. We make choices about how to view EBP and on what basis, for example reading original or secondary sources. Only if we take the time and spend the effort needed to understand a new idea, can we discover its potential to improve services. Karl Popper (1994) suggested that unless we accurately understand a view, we cannot accurately critique it. Most of the literature on EBP in social work ignores the process and philosophy of EBP described in original sources that is designed to help practitioners to integrate research and practice. Some writers misrepresent the philosophy of EBP (Gibbs & Gambrill, 2002). New ideas may threaten current ways of acting. If so, this increases the likelihood that they will be ignored or distorted, perhaps disguised in a form that allows business-as-usual to continue such as selecting services based on popularity (how many people use it) or tradition (what has been done in the past).

The Process and Philosophy of Evidence-Based Practice As Described in Original Sources

Evidence-based practice describes a philosophy and evolving process designed to forward effective use of professional judgment in integrating information regarding each client’s unique characteristics, circumstances, preferences, and actions, and external research findings (see Exhibit 1). “It is a guide for thinking about how decisions should be made” (Haynes, Devereaux, & Guyatt, 2002, p. 2). “Evidence-based practice is the conscientious, explicit, and judicious use of current best evidence in making decisions about the care of individuals” (Sackett, Richardson, Rosenberg, & Haynes, 1997, p. 2, see also Gray, 1997, 2001; Straus, et al., 2005). It is a way to handle uncertainty in an honest and informed manner, sharing ignorance as

well as knowledge (e. g., see Chalmers, 2003). Clinical expertise includes use of effective relationship skills in the experience of individual helpers to rapidly identify each client's unique circumstances, characteristics, and "their individual risk and benefits of potential interventions and their personal values and expectations" (p. 1). It is drawn on to integrate information from the various sources (Haynes, Devereaux, & Guyatt, 2002). Client values refers to "unique preferences, concerns and expectations each [client] brings to and ... encounter and which must be integrated into ... decisions if they are to serve the [client]" (Sackett, et al., 2000, p. 1). Recently, more attention has been given to the gap between client actions and their stated preferences because what clients do (e.g., carry out agreed-on tasks or not) so often differs from their stated preferences and helper estimates of participation are as likely to be inaccurate as accurate (Haynes, Devereaux, & Guyatt, 2002). (See Exhibit 1.) Evidence-based health care refers to "use of best current knowledge and decision making about groups and populations" (Gray, 2001a).

EBP describes a process and a new professional education format (problem-based learning) designed to help practitioners to link evidentiary, ethical, and application issues. It requires considering research findings related to important decisions and sharing what is found with clients (including nothing) within a supportive, caring dialogue informed by practice theory. It is *systemic* in attention to *all* venues that influence professional practice including research, practice, policy, professional education and organizational variables (e. g., Gray, 2001). In this sense, it is revolutionary in its implications for change including changes in the behavior of educators and researchers. Evidence-informed practice as viewed by its originators is as much about the ethical obligations of educators and researchers to be honest brokers of knowledge and ignorance as it is about the obligations of practitioners and administrators to honor ethical obligations described in professional codes of ethics, for example to integrate practice and research and honor informed consent obligations. Transparency (honesty) regarding what is done

to what effect (e.g., the evidentiary status of services) is a hallmark. The uncertainty associated with decisions is acknowledged, not hidden. The need for a systemic approach is reflected in the origins of EBP: 1) gaps between available knowledge and what was used, 2) increased recognition of the flawed nature of traditional means of knowledge dissemination such as texts, editorials, and peer review, and continuing education formats (Thomson O'Brien, et al., 2003) and 3) "killer Bs" including organizational barriers (Sackett et al., 1997). Gray (2001) describes peer review as having "feet of clay"; it is flawed, often resulting in inflated claims of effectiveness that mislead both professionals and clients (Altman, 2002; Grilli, et al., 2000; Oxman & Guyatt, 1993; Shulz, et al., 1995).

Evidence-based practice as described in original sources clashes with current practices and policies maintained in part by professional education programs. It is an alternative to authority-based practice in which decisions are based on criteria such as status, tradition, popularity or consensus. It is assumed that practitioners need quick access to information related to important decisions and that they have an obligation to accurately inform clients about the evidentiary status of the practices they use. Great attention is devoted to creation of user-friendly tools (such as quality filters). The need for information retrieval, appraisal and management skills and the challenges in integrating information from diverse sources is highlighted.

Although its philosophical roots are old, the blooming of EBP as a process and philosophy attending to evidentiary, ethical, and application issues in all professional venues (education, practice/policy, administration and research) is fairly recent, facilitated by the Internet revolution. It is designed to break down the division between research, practice, and policy – highlighting the importance of honoring ethical obligations. The development of the systematic review was a key innovation. There was increased recognition of harming in the name of helping (Wennberg, 2002). Gray (2001B) also notes the appeal of EBP both to clinicians and to clients. Many components of EBP are designed to minimize biases, for

example, including “quality filters” in well-formed questions when searching for research findings related to a question and using checklists such as the CONSORT guidelines (Altman, et al., 2001).

In addition to a philosophy of practice and policy emphasizing attention to ethical issues and the importance of addressing application problems, a unique process is suggested which includes the following steps:

- 1) converting information needs related to practice decisions into well-structured answerable questions;
- 2) tracking down with maximum efficiency, the best evidence with which to answer them,
- 3) critically appraising that evidence for its validity, impact (size of effect) and applicability (usefulness in practice);
- 4) applying the results of this appraisal to practice-policy decisions. This involves deciding whether evidence found (if any) applies to the decision at hand (e. g., is a client similar to those studied? Is there access to services described?) and considering client values and preferences in making decisions as well as other application concerns;
- 5) evaluating our effectiveness and efficiency in carrying out steps 1-4 and seeking ways to improve them in the future (Sackett, et al., 2000, pp. 3-4).

There is an extensive literature, mostly in non-social work sources, describing tools and guidelines for carrying out the process. Indeed this is the very point of EBP – to make it easier for professionals and clients to clarify their information needs related to important decisions and quickly discover relevant research (e. g., systematic reviews in the Cochrane and Campbell Libraries). This may reveal that nothing is known – this is a finding related to informed consent obligations (e. g., see Katz, 1984, 2002).

EBPs

EBP as referring to use of practice guidelines and treatment manuals claimed to be effective (e. g., as found in two well-designed randomized controlled trials). (See Norcross, Beutler, & Levant, 2005 as well as many websites such as North Carolina Evidence-Based Practice Center (NCEBPC).

Cosmetic (PseudoEBP)

Evidence-based practice as a new term for “business-as-usual,” for example redubbing incomplete, unrigorous, narrative reviews of research as ‘evidence-based.’

There is a vast differences between the process and philosophy of evidence-informed practice and the use of EBPs (treatment manuals and practice guidelines) (Gambrill, 2006). The process and philosophy of EBP described by the originators is a much more radical departure from business-as-usual compared to the EBPs approach. This is the most critical choice that will influence selection of educational formats and content. The former is a *systemic* approach which has implications for researchers, educators and administrators as well as line staff, supervisors and students. The uncertainty involved in making decisions is acknowledged as is the importance of being honest about ignorance as well as knowledge. There is a quite different tone in literature about EBPs. In the later, inflated claims such as “well established,” are common, research flaws are often hidden, application problems are underplayed as well as uncertainties, and a “top down” approach is used that dismisses the importance of clients and practitioners acquiring critical appraisal skills, and ignores local circumstances and individual differences in clients (e. g., Wilson & Alexander, 2005). I have never seen the word "ignorance" used in this literature.

I suggest that the evolving process and philosophy of EBP as described by its originators is more likely to increase the quality of services clients receive than a view of EBP as using evidence-based practices (EBPs) because of its systemic approach involving practitioners and clients as informed participants and its greater rigor of critical appraisal. It is unlikely that a

piecemeal approach to change will make headway in integrating ethical, evidentiary and application concerns, but, in some schools this may be all that is possible. A narrow view ignores the process of EBP and related developments designed to help clients and practitioners address application problems such as inflated claims in published articles (flaws in peer review).

Radical Change: Shift to a Problem-Based Learning
A La Sackett et al (2000) and Straus et al (2005)

The importance of developing professionals who are life-long learners is highlighted by research that shows that the typical professional program produces graduates who do not keep up with the literature; this results in knowledge becoming rapidly out-of-date, with all the implications of this for clients. Our current approach to professional education reflects a theory in which we assume that we can pour knowledge into students -- the bucket theory of education. A key problem is that what is poured in may not be poured out when needed in the form necessary to help clients. The bucket view encourages the creation of lists of competencies unrelated to the decision making process and what can go wrong in this. Theory and research in education does not support this view of how we learn. Our current approach reflects a view of knowledge that ignores ignorance and uncertainty in helping clients and the changing balance between ignorance, knowledge and uncertainty (e. g., see Witte, Witte, & Kerwin, 1994). It ignores requiring self-learning skills for keeping up-to-date with practice and policy related research findings and with the need for repeated model presentation and practice of core skills.

Problem-Based Learning (PBL)

Problem-based learning (PBL), initiated at the McMaster University Faculty of Health Sciences in Canada, involves a different form of professional education in which students are placed in small groups of five or seven, together with a tutor trained in group process as well as skills involved in evidence-informed practice such as posing well-structured questions and searching effectively and efficiently for related literature. This kind of PBL in medicine has spread throughout the world. Those who initiated the program were concerned that medical

students were inundated by vast amounts of information and that traditional modes of professional education eroded rather than facilitated clinical reasoning ability (Barrows, 1994). PBL suggests a quite different approach to the identification of competencies. This professional education approach focuses on making decisions about real clients, in real time, in real circumstances. The focus is on the process of decision making (e. g., with all related uncertainties and other obstacles such as lack of resources). (See Exhibit 2.)

Changes Within Existing Curriculums

A variety of changes could be made in all curriculums all of which are compatible with CSWE guidelines (see Exhibit 3).

In Conclusion

A candid appraisal of the quality of the hundreds of social work degree programs today would reveal that all is not as it should be in terms of our ethical obligations to students and clients. This would reveal that money, time and effort is in many cases misspent, wasting scarce resources. Possibilities for improving the teaching of evidence-informed practice depend on how evidence- based practice is viewed. Different views call for different changes. The process and philosophy of EBP as described in original sources is *systemic* in its focus calling for radical changes in multiple venues including professional education (moving to problem-based learning as described by Sackett et al., (2000), and reporting of research (e. g., accurate reporting of methodological limitations). In PBL, students are repeatedly confronted with their ignorance (the gap between their background knowledge and what is available, collective knowledge), and given repeated opportunities to hone self-learning skills. A narrow view (EBPs -using practice guidelines), requires much less change and, I suggest, much less potential for improving the quality of professional education. Each school will differ in terms of the wiggle room it has and/or creates to candidly examine its own curriculum and to pursue change.

We have choices whether to work together as colleagues in a community of questioners to create and maintain high-quality educational, or to accept current circumstances. There is always the possibility of new action (Arendt, 1958). We daily have choices about how carefully to explore claims about what may be needed and what may be helpful to meet these needs. We have a choice to rely on authority-based criteria such as consensus and the opinions of high-status individuals, or to critically appraise our beliefs. Critically examining beliefs and actions and encouraging others to do so, has always been challenging and is often dangerous. Much will depend on our goals. If our goal is to help clients, then we will seek information of value and disseminate it. If our goal is simply to appear to be doing so, this will generate different activities. However, we now live in a different world -- one in which clients as well as professionals have greater access to information available on the Internet, including sources that do not follow the party line and sources that can help us to be critical consumers of information (e. g., Transparency International, Media Education Foundation, Bandolier). Clients can now seek out information for themselves, drawing on scores of different sources. Yes, many contain bogus information. However, armed with critical appraisal skills, they can evaluate claims for themselves.

I suspect that needed changes will only come from pressure from clients as they learn how to critically appraise what they read and hear and become more aware of propaganda in the helping professions and how it can deprive them of opportunities to make informed decisions. I suspect this because of the origins of evidence-informed practice-bogus claims on the part of educators and researchers and the pressures on the latter to continue on in this direction demonstrated by the narrow views of EBP that are popular, allowing “business-as-usual.”

I do not view social work education programs as client focused and I think this is what is needed to decrease gaps between obligations described in our code of ethics and what occurs in every day practice. We must put clients’ interests front-and-center -- above student and faculty

interests. Nothing should be exempt from criticism that contributes to discovering what may harm and what may help clients and what may be a waste of valuable resources. Staff in some schools will have the courage to try to close gaps between field and class, between self-report and what students can actually do, between what a social worker says they accomplish and what they do accomplish. They will have the courage to make transparent what is done to what effect as a route to enhancing the quality of services clients receive. Professional codes of ethics provide a path forward. We will make more headway in being faithful to this code if we are honest brokers of knowledge, uncertainty and ignorance and help our students to also be honest brokers. Transparency of what we do to what effect will encourage needed changes. Also, it is important for us to realize that we are not alone in our concerns about the quality of professional education so that we can learn from what is happening in other professions.

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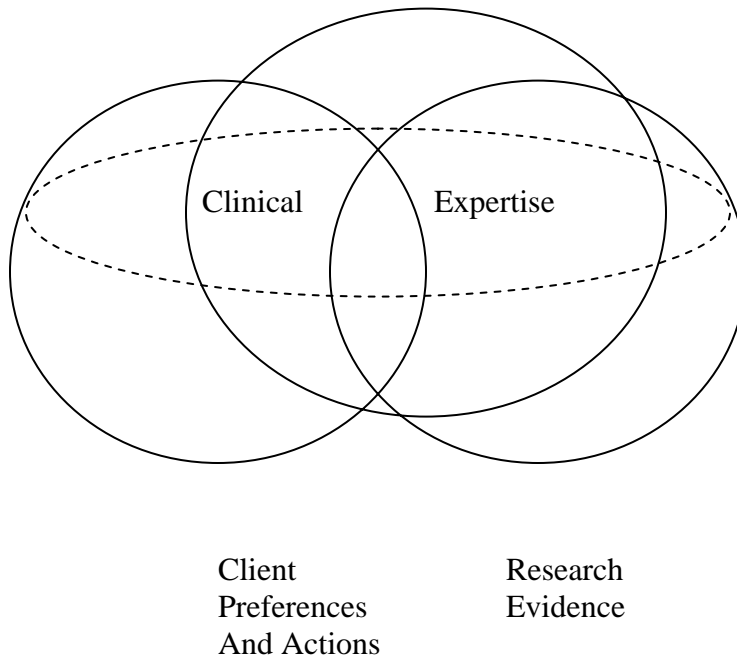
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Exhibit 1

An Updated Model for Evidence-Based Decisions

Clinical Characteristics and Circumstances



Source: Haynes, R. B., Devereaux, P.J., & Guyatt, G. H. (2002). Clinical expertise in the era of evidence-based medicine and patient choice. *Evidence-Based Medicine*, 7, 36-38.

Exhibit 2

Advantages of Problem-Based Learning

1. Gives students repeated opportunities to integrate relevant knowledge from diverse areas such as research, field work, practice, policy, human growth and behavior, ethics, and management).
 2. Minimizes irrelevant activities/discussion by grounding education on real-life concerns of clients and significant others.
 3. Emphasizes the value of functional knowledge (knowledge that maximizes the likelihood of making informed decisions).
 4. Designed to encourage development of effective, efficient access skills for discovering practice/policy related research findings.
 5. Emphasizes the need for skepticism -- the importance of critically appraising practice-related research for oneself via well-honed critical appraisal skills.
 6. Highlights how ethical obligations apply to individual clients (e. g., regarding informed consent).
 7. Provides multiple opportunities to practice an effective, efficient problem-solving process and to demonstrate how general principles apply to specific situations.
 8. Emphasizes the ethical importance of thinking carefully about the allocation of scarce resources (e.g., what are the opportunity costs of a decision about service provision?).
 9. Estimate effectiveness of services in relation to the degree to which valued outcomes are achieved.
 10. Encourages a candid, accurate appraisal of the current potential for attaining hoped-for outcomes.
 11. Increases the likelihood of honoring informed consent obligations since helpers are informed by combining their expertise with relevant research findings.
 12. Designed to develop self-directed learning skills and encourage life-long learning.
 13. Gives students repeated opportunities to deal constructively with failure and uncertainty.
 14. Provides repeated practice in asking "hard questions" and in giving and receiving constructive feedback (criticism).
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Exhibit 3

Options for Integrating Evidence-Informed Practices in Professional Education Programs

1. Radical change: Shift to problem-based learning (PBL) a la Sackett et al., 1997; Straus, et al., 2005).
2. Changes within traditional professional education format.
 - Volunteer PBL group within traditional curriculum.
 - Agree on and highlight a client-focused philosophy of practice that facilitates evidence-informed practice and policy. Clear descriptions in all venues including orientation meetings when students first arrive; emphasize the close connection between ethical and evidentiary issues.
 - Infuse critical thinking values, knowledge and skills throughout the curriculum.
 - Require a first semester foundation class on evidence-informed practice and policy.
 - Encourage all faculty and students to acquire and demonstrate the skills involved in the process of EBP in all classes. All students in all classes pose at least one well-structured question related to a decision they (or another professional such as their supervisor) confront in the field. Each student prepares a CAT (critically appraised topic) related to this question and shares it with other students as well as with relevant field staff and posts it on a school website.
 - Create a user-friendly evidence-informed practice/policy website.
 - Clearly identify and assess key competencies.
 - Take advantage of the results of educational research.
 - Arrange environments that maximize learning.
 - Help students to deal constructively with errors and mistakes.
 - Highlight the vital role of criticism in all classes.
 - Help students become aware of the match between their personal epistemology (beliefs about how we learn) and what research suggests is the case.
 - Provide public spaces for discussion of controversial issues.
 - Help students to learn how to deal ethically with uncertainty.
 - Improve integration between class and field.
 - Educate all involved parties about quackery, fraud, corruption and propaganda in the helping professions and their resultant harms to clients.

- Motivate all involved parties to honor ethical obligations.
 - Emphasize ethical obligations to clients.
 - Educate students regarding the history of harming in the name of helping (relying on good intentions).
 - Reveal flawed self-assessments and other self-deceptions that compromise services. Help students to accurately describe gaps between their background knowledge and available knowledge. For example include PRE-POST reviews for all students in all classes regarding skills in posing questions, searching for related research, critically appraising different kinds of research, integrating relevant information and making a final decision. Also encourage students to clearly describe outcomes pursued and degree of progress to avoid incorrect estimation of success.
 - Help students to discriminate between questionable and justifiable excuses for poor services.
 - Help students to acquire effective emotion-management skills.
 - To recognize and correct dysfunctions of empathy.
 - To deal effectively with “bullying behaviors.”
 - Help students achieve high-level communication and support skills.
 - Provide tools and technologies designed to minimize cognitive biases.
 - Help students to understand political, economic, and social influences on “knowledge” (evidence).
 - Help students deal with lack of resources in an ethical manner (e. g., publish “state of the gap” reports).
 - Provide skills for changing organizational cultures.
 - Increase client involvement.
 - Forge ties to the community. For example all faculty could be assigned to at least one agency to help staff in that agency to identify practice/policy questions and to pose well-structured questions and to search for and critically appraise what is found.
 - Pay attention to our own cultures.
3. When we are alone in an unwelcoming department:
- Reach out to others, nationally and internationally; make connections with agency administrators who value an evidence-informed approach.

- Set up an enticing, user-friendly website reaching out to the community.
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