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Elizabeth DePoy University of Maine, edepoy@maine.edu

Stephen F. Gilson University of Maine, stephen.f.gilson@maine.edu

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A Study of Evidence Based Practice in Health Professional Education: Advantages and Dangers

by: Elizabeth DePoy, PhD and Stephen Gilson, PhD

Background

As early as 2010, AUCD recognized both the value and danger of relying on evidence-based practice to provide services to disabled populations. They stated

The foundation of evidence-based practices is generally well-designed, random assignment clinical trials. Such trails are effective and desirable, but are rarely possible within disability services in which people are assured the right to choose their own "treatment. In fact adherence to clinical standards in disability service raises... substantial danger.... (NASDDDS/AUCD Evidence-Based Policy Initiative)

More recently, concerted and targeted efforts have been launched to foster the development of strategies to redress and ideally eliminate inequality and discrimination in health services and community supports for the full diversity of persons. However, many of these efforts are anchored on values and assumptions about the "hows and whys" of discrimination that also form the knowledge foundation of evidence-based practice (Gone, 2015), strongly adopted and endorsed as the most credible professional knowledge source by health professional curricula, research, and praxis.

Adherence to the thinking structures of EBP has both advantageous and potentially deleterious practical impacts. The study presented herein is the pilot initiative of a larger mixed method agenda to examine how evidence-based practice, a cornerstone knowledge structure of health professional practice, is taught, learned and reconciled with respect for human diversity, promotion of access and equity. This pilot study presents the results of exploratory survey inquiry focused on graduate social work students and faculty in a large state university.

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Methods

This study used anonymous on-line survey methods hosted on Qualtrics to answer the following research questions:

- 1) What are the nature and magnitude of essentialism among graduate professional social work students and faculty at a state university?
- 2) What are the magnitude of understanding and endorsement of evidence-based practice and its underlying clinical trial methodology among the population?
- 3) What is the association between understanding and endorsement of EBP and essentialism?
- 4) What group differences related to faculty/student status was noted on all three variables?

Population and Sample. A sample of convenience included faculty and students in a large state university. 26 respondents participated as of this date.

Students n=16

Faculty n=9

Data collection. To answer question 1, the Essentialism Belief Scale (items 1-14) (Bastian and Haslam, 2006) was administered to enrolled graduate students and full-time faculty in the selected school of social work.

Question 2 was answered by the administration of the Evidence Based Practice Attitude Scale (items 15-26) to enrolled graduate students and full-time faculty in the selected school of social work.

Questions 3 and 4 were answered by examining associations and group differences relevant to each question.

Analysis. To answer questions one and two, all data were treated as interval. Measures of central tendency were calculated for item, subscale, and total scores on both instruments. Question 3 was answered by the conduct of bivariate statistics consistent with the level of data. Question 4 was answered by computing a one way ANOVA.

Selected Finding

Table 1 presents measures of central tendency for three indices: biological essentialism, cultural essentialism, and endorsement of evidence-based practice (EBP). All were measured on a five point Likert-type scale, with ascending values indicating greater essentialism. Table 2 presents bivariate associations among index scores.

Figures 1 and 2 present the frequencies of scores on exemplar items of biological and cultural essentialism

Table 2 presents Pearson correlation coefficients among item pairs for the three indices.

One-way Anova revealed that students held significantly higher scores than faculty on biological essentialism (F=3.2, p=.05) but not on the other two indices.

Table 1

Item	Mean	Standard Deviation
Biological Essentialism	3.0	.45
Cultural Essentialism	2.3	.49
EBP Endorsement	3.8	.5

Table 2

	Biological Essentialism	Cultural Essentialism	EBP Endrsement
Biological Essentialism	1.0	2.17	2.48
Cultural Essentialism	2.17	1.0	2.25

Figure 1

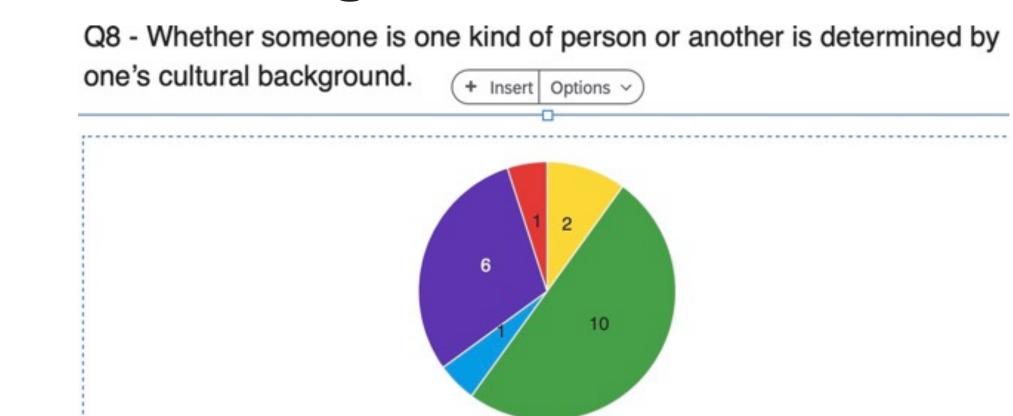
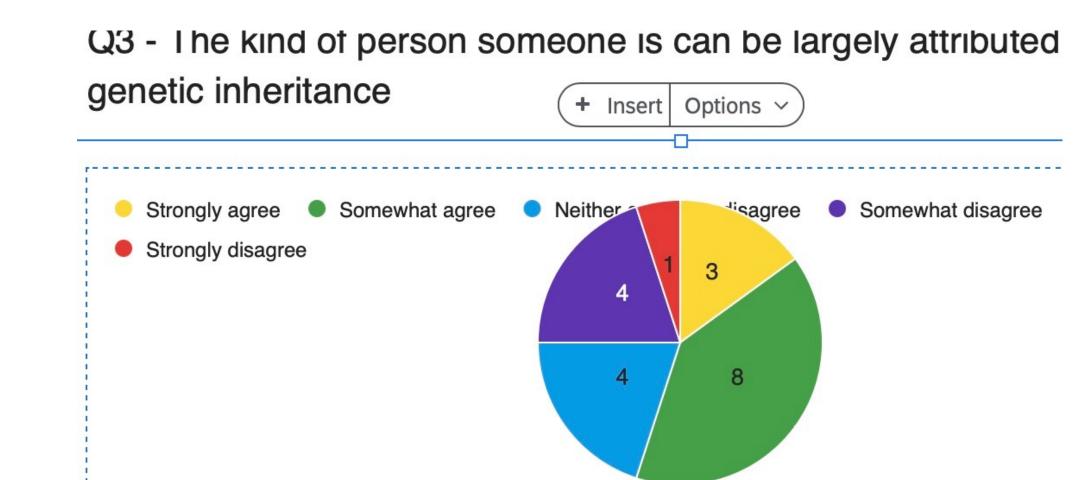


Figure 2



Conclusions

Given this preliminary study and uneven representation of faculty and students, the results must be cautiously interpreted. Yet the results point to trends to be studied and heeded in the full research agenda.

First, the level of essentialism, both biological and cultural, is noteworthy, particularly as revealed in exemplar item frequencies.

Second, endorsement of EBP is high in all groups and moderately associated with essentialist thinking, both which can lead to stereotyping and mechanistic practice that does not consider individual diversity from a more nuanced perspective. Given the current nature of group-based diversity literature and discussions in the academy, the failure to address the logic advantages and disadvantages of "group" reductionism, and the linkage between clinical trials used for EBP and diversity rhetoric, the findings suggest that health professional education needs to be examined in great depth to avoid unwanted essentialist outcomes. Careful and non-politicized scrutiny can teach students to recognize and avoid essentialist-based negative stereotype while also not eschewing EBP research where it can efficaciously inform prediction.

This research will proceed with that critical agenda in its next step.

Of particular importance is to assure that instruction and critical analysis of individual experience, need and viewpoint are informed by a host of appropriate research methods including but not limited just to the research tradition that has its logic in reductive methods.