



CSD9649 Evidence-Based Practice
Permission to Use Data for Educational Purposes

Instructor: Lisa Archibald
Email: larchiba@uwo.ca

Information about the Course

Evidence-based practice involves the use of current best evidence in making decisions about the care of individual clients. The goal of CSD 9649 is to provide students with practice in critically evaluating the evidence base relevant to a clinical question.

Project

In this course, students apply the principles of evidence-based practice to evaluate a clinical topic of interest. One optional component of the project is to include relevant clinical outcomes from one or more individuals who are receiving (or have received) services related to the clinical topic of interest. The project is presented as a poster at the *Annual Communication Sciences and Disorders Evidence Based Practice Poster Day*, and in a written paper posted on the course website:

<http://www.uwo.ca/fhs/lwm/ebp/index.html>

Permission to Use Data for Educational Purposes

We are asking for permission to use the information collected as part of your speech and language services because that information is relevant to a project being completed as part of the course. Participation is voluntary. You may refuse this permission with no impact on services you are receiving (or have received).

Confidentiality

All of the information used in the project reports will be de-identified and used for educational purposes only. Your name and other identifying information will not be mentioned in the course poster or paper. The poster and paper may be seen by community visitors to the Poster Day or anyone visiting our website. Your data will not be used for research purposes or published as part of a research project.

Contact Information

If you have any questions about the project or course, please contact:

Lisa Archibald, Ph.D.

University of Western Ontario; School of Communication Sciences & Disorders

Phone: (519) 661-2111 ext 82753; Email: larchiba@uwo.ca

Student SLP (please print)

Supervising SLP & Affiliation (please print)

**CSD9649 Evidence-Based Practice
Permission to Use Data for Educational Purposes
Informed Consent**

I have read the permission form, have had the nature of the course and project explained to me, and I agree to allow my clinical data to be used. All questions have been answered to my satisfaction.

_____ Name	_____ Signature	_____ Date
---------------	--------------------	---------------

_____ Name (PERSON OBTAINING INFORMED CONSENT)	_____ Signature	_____ Date
--	--------------------	---------------

One copy of this form will be retained by your speech language pathologist, and one copy will be locked in a filing cabinet in Dr. Archibald's secure office at Western University.