Transparency as the Route to Evidence-Informed Professional Education

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The author suggests 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 effectiveness of professional education. Possibilities for improving the quality of professional education differ in terms of how evidence-informed practice is viewed. The process and philosophy of evidence-based practice (EBP) as described in original sources are systemic in focus calling for radical change in multiple venues, including professional education (moving to problem-based learning [PBL]), practice (e.g., involving clients as informed participants), and reporting of research (e.g., accurately describing methodological limitations). In PBL, students are repeatedly confronted with their ignorance and given repeated opportunities to hone self-learning skills. A narrow view of EBP as using EBPs (evidence-based practice guidelines) requires much less change and, the author suggests, much less potential for improving the quality of professional education.

Keywords: *transparency; evidence-based practice; professional education*

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, 2000; Veblen, 1918/1993) as well as related developments in other helping professions (e.g., Barrows, 1994; Sackett, Straus, Richardson, Rosenberg, & Haynes, 2000). Professional codes of ethics provide direction for knowledge, skills, and values emphasized. These include obligations to (a) draw on practice/policy–related research, (b) involve clients as informed participants, and (c) be competent to offer services. Thus, we can ask the following questions: (a) What are these special knowledge, skills, and values? (b) Do we provide them? (c) Do professionals make use of them in their daily work? (d) If not, why not? and (e) 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 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 rested on the deception that those seeking special status offered better services compared with others (Goode, 1960). Only if we are honest about what is happening in social work education, what we are doing well and what we can and should do better, are needed changes likely to occur. The alternative to transparency is hiding the evidentiary status of professional education formats and content and their outcomes, including assessment, intervention, and evaluation methods (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

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form of transparency. In many areas of life, nothing changes without exposure of ineffectiveness and harm. For example, the increased attention to the concerning practices of the pharmaceutical industry, such as hiding adverse effects of drugs, contributed to the creation of courses designed to help medical students recognize and avoid unwanted influences of promotional marketing (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 groundwork for advocating for needed changes. Transparency will highlight the evidentiary status of educational formats, practices, and policies, including available alternatives and will reveal consequences for clients such as receiving ineffective or harmful services.

IS SOCIAL WORK EDUCATION IN NEED OF IMPROVEMENT?

We need an in-depth, candid appraisal of the content and formats used and the extent to which they match the content and formats research suggests are likely to produce graduates who are competent to help clients. Social work is not the only profession in which questions 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 book *Medical Education in the U.S. and Canada* in 1910. 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 (a) a concerning lack of coordination between field and class, (b) accepting and graduating very marginal students, (c) indoctrinating students in use of the *DSM*, and (d) ignoring well-tested practice frameworks that can help clients such as applied behavior analysis. We could randomly select a sample of BSW and MSW programs and review the quality of programs and their graduates.

TRANSPARENCY REGARDING WHAT WE MEAN BY EBP

What is EBP? How does 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 are 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 EBP as Described in Original Sources

EBP 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. "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, 2001a; Straus, Richardson, Glasziou, & Haynes, 2005). It is a way to handle uncertainty in an honest and informed manner, sharing ignorance as well as knowledge (Chalmers, 2003). Clinical expertise refers to "the ability to use our clinical skills and past experience to rapidly identify each [client's unique characteristics, including] their individual risks and benefits of potential interventions, and their personal circumstances and expectations" (Straus et al., 2005, p. 1). It is drawn on to integrate information from the various sources (Haynes et al., 2002). Client values refer to "unique preferences, concerns and expectations each [client] brings to an . . . 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. What clients do (e.g., carry out agreed-on tasks or not) often differ from their stated preferences, and helper estimates of participation are as likely to be inaccurate as accurate (Haynes et al., 2002). Evidence-based health care concerns making health policy and management decisions (Gray, 2001a).

EBP describes a process and a professional education format (problem-based learning [PBL]) 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, 2001a). 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 guidelines described in professional codes of ethics, for example, to integrate practice and research and honor informed consent. 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: (a) gaps between available knowledge and what was used; (b) increased recognition of the flawed nature of traditional means of knowledge dissemination such as texts, editorials, peer review, and didactic continuing education (Davis, Thomson, Oxman, & Haynes, 1997); and (c) "killer Bs," including organizational barriers (Sackett et al., 1997). Gray (2001a) 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, Magrini, Penna, Mura, & Liberati, 2000; Oxman & Guyatt, 1993; Schulz, Chalmers, Hayes, & Altman, 1995).

EBP 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 overcoming application problems, including 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 that includes the following steps (Straus et al., 2005):

1. Converting information needs related to practice and policy 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 (closeness to the truth), impact (size of the effect), and applicability (usefulness in . . . practice)" (p. 4);

4. Integrating the critical appraisal with our clinical expertise and with our client's unique characteristics and circumstances, including their values ;
5. "Evaluating our effectiveness and efficiency in [carrying out] steps 1-4 and seeking ways to improve them both for next time" (p. 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, for example, 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, 2002).

EBPs

Yet another use of the term refers to use of practice guidelines and treatment manuals claimed to be effective as found in two well-designed randomized controlled trials (see Norcross, Beutler, & Levant, 2006, as well as many Web sites such as North Carolina Evidence-Based Practice Center, NCEBPC). Research within this approach has been criticized for selection of clients using the psychiatric classification system (the *DSM*) that, it is argued, does not represent the spectrum of clinical problems, assumes there is a specific intervention for a specific disorder, reflects an inaccurate biomedical view of client concerns, uses weak control groups, fails to report long-term results, and ignores relevant clinical outcomes (see, for example, Westen, Novotny, & Thompson-Brenner, 2005; for a related critique, see Luyten, Blatt, Van Houdenhove, & Corveleyn, 2006).

Cosmetic (Pseudo EBP)

Another use of the term *EBP* is to redub "business as usual" as "evidence based," for example, calling incomplete, unrigorous, and narrative reviews of research "evidence based."

There is a vast difference between the process and philosophy of evidence-informed practice and the use of EBPs (treatment manuals and practice guidelines) (Gambrill, 2006a). The process and philosophy of EBP described by the originators represent a much more radical departure from business as usual compared with the EBPs approach. This is a critical choice that will influence selection of educational formats and content. The former is a systemic approach that has implications for researchers, educators, and administrators as well as line staff, supervisors, and students. The uncertainty and complexity involved in making decisions are 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 latter, inflated claims such as "well established" are common, research flaws are often hidden, application problems and uncertainties are underplayed, and complexities of clinical concerns and related factors are often overlooked. 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 are more likely to increase the quality of services clients receive than a view of EBP as using EBPs because of their systemic approach, including attention to application problems, involving practitioners and clients as informed participants, and 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.

RADICAL CHANGE: SHIFT TO PBL A LA SACKETT ET AL. (2000) AND STRAUS ET AL. (2005)

The importance of developing professionals who are lifelong 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 practitioners 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 (Perkinson, 1993). 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 do 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).

Too little attention is devoted to ensuring students acquire fluid self-learning skills for keeping up-to-date with practice- and policy-related research findings. We are ignoring the need for repeated model presentation and practice of core skills.

PBL

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). In PBL, the focus is on the process of decision making (e.g., with all related uncertainties and other obstacles such as lack of resources; see appendix). This professional education approach focuses on making decisions about real clients, in real time, and in real circumstances.

CHANGES WITHIN EXISTING CURRICULUMS

A variety of changes could be made in all curriculums, all of which are compatible with Council of Social Work Education guidelines.

- Create a volunteer PBL group within a traditional curriculum.
- Agree on and highlight a client-focused philosophy of practice emphasizing the close connection between ethical and evidentiary issues (e.g., see Gambrill, 2006b). Clearly describe this in all venues, including orientation meetings when students first arrive.
- Infuse critical thinking values, knowledge, and skills throughout the curriculum (Gambrill, 2005, 2006b).
- Require a first semester foundation class on evidence-informed practice and policy. This class could initiate the process of helping students acquire critical appraisal skills relevant to different kinds of research as well as skills in posing well-structured questions and retrieving, storing, and managing information (Gray, 2001a). By focusing on questions of direct concern to clients and staff in field agencies, students could identify information needs and prepare and distribute CATs (critically appraising topics) to all interested parties (Sackett et al., 2000). These one-page descriptions of a practice/policy question, related research findings and a "clinical bottom line," should be posted on a school Web site for use by all involved parties, including staff in field agencies and their clients.
- Encourage all faculty and students to acquire and demonstrate the skills involved in the process of EBP in all classes. Require all students in all classes to pose at least one well-structured question related to a decision they (or another professional such as their supervisor) confront in the field and to prepare a CAT (critically appraised topic) and share it with other students and relevant field staff and post it on a school Web site. Repeated opportunities to integrate information from different sources will highlight the many kinds of relevant evidence (Davies, 2004) as well as common cognitive biases and barriers to shared decision making and offer repeated opportunities to address these in an ethical manner (e.g., see Gravel, Legare, & Graham, 2006; Katz, 2002).
- Create a user-friendly evidence-informed practice/policy Web site available to all involved parties, including agency staff and clients, addressing questions of direct concern to local agencies and their clients. Examples of relevant information could include the following: (a) notice of new and recent Cochrane and Campbell reviews, (b) new Web sites of value, (c) well-posed question(s) from practitioners and related research findings, (d) interactive case studies, and (e) clinical fallacy of the month: This would be identified and illustrated and its negative effects on clients noted as well as how to avoid it.
- Increase client involvement by accurately informing clients regarding the evidentiary status of recommended services and alternatives. Encourage agency staff to provide user-friendly computers in waiting rooms on which clients can enter feedback anonymously regarding services and review the evidentiary status of agency services. Provide brochures describing the evidentiary status of relevant services and accurate information regarding client concerns such as depression (Holmes-Rovner et al., 2001). Encourage students and staff to give clients written forms describing the evidentiary status of recommended services and alternatives (Entwistle, Sheldon, Sowden, & Watt, 1998).
- Clearly identify and accurately assess key competencies such as posing well-structured questions, critically appraising the quality of different kinds of practice/policy–related research, and offering empathic responses to clients. For example, complement self-reports of competencies with feedback based on performance with standardized clients (see Williams, Klamen, & McGaghie, 2003).
- Take advantage of the results of educational research; arrange environments that maximize learning. We should provide repeated opportunities for corrective feedback in all classes. Hogarth (2001) argues that many environments are "wicked"—they do not provide corrective feedback that allows us to "educate our intuition." We could require all students to use the form developed by David Burns,[1] which provides client feedback after each session concerning the client's view of therapeutic empathy, helpfulness of the session, client commitment, negative feelings during the session, and difficulties with questions. We should teach students how to deal constructively with errors and mistakes and help them to become aware of the match between their personal epistemology (beliefs about how we learn) and what research suggests is the case. And we should provide multiple public spaces for discussion of controversial issues.
- Help students to learn how to deal ethically with uncertainty (Katz, 2002) and to understand political, economic, and social influences on what is viewed as knowledge (evidence).

- Improve the integration between class and field, including helping all field instructors to become skilled in the process of EBP.
- Educate all involved parties about quackery, fraud, corruption, and propaganda in the helping professions and their resultant harms to clients. Related content provides an opportunity for students to become familiar with and fluid in identifying propaganda strategies and to avoid unwanted influences.
- Motivate all involved parties to honor ethical obligations: (a) emphasize ethical obligations to clients, (b) educate students regarding the history of harming in the name of helping (relying on good intentions), (c) reveal flawed self-assessments that compromise services. Help students to accurately describe gaps between their background knowledge and skills and what is needed to maximize quality of service. Include pre–post reviews for students in all classes regarding key content and skills. Require students to clearly describe outcomes pursued with clients and degree of progress, and (d) help students to discriminate between questionable and justifiable excuses for poor services (McDowell, 2000).
- Help students to acquire effective emotion management skills: (a) recognize and correct dysfunctions of empathy and (b) deal effectively with "bullying behaviors."
- Help students to acquire high-level communication and support skills and to understand the complexities of the helper–client relationship (e.g., see Katz, 2002).
- Provide tools and technologies such as user-friendly palm pilots to guide decision making and minimize cognitive biases.
- Help students deal with lack of resources in an ethical manner. Options include keeping track (through a computer program) of all services needed to pursue certain outcomes that are not available, collating this information, and making it widely available, including to funding sources and clients.
- Provide knowledge and skills for changing dysfunctional organizational cultures, including creating coalitions. Journal clubs can be used for many different purposes, including identifying options for altering agency practices such as purchasing ineffective services.
- Forge close ties to the community. For example, create and maintain a user-friendly Web site accessible to agency staff, clients, and potential clients (see prior discussion). Assign each faculty member to at least one agency to help staff in that agency to identity important practice/policy questions and to search for and critically appraise related research.
- Pay attention to our own cultures. To what extent do we create a community of inquiry (Lipman, 2003) for ourselves—one that contributes to informed decision making?

WHEN WE ARE ALONE IN AN UNWELCOMING DEPARTMENT

We can reach out to others, nationally and internationally, and make connections with agency administrators who value an evidence-informed approach. We can set up an enticing, user-friendly Web site reaching out to the community. (See earlier discussion of examples of content.)

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 are in many cases misspent, wasting scarce resources. Possibilities for improving the teaching of evidence-informed practice depend on how EBP is viewed. Different views call for different changes. The process and philosophy of EBP as described in original sources are systemic in its focus, calling for radical changes in multiple venues, including professional education (moving to PBL 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 provide a high-quality education 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 depends 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, and 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, including 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 everyday practice. We must put clients' interests front and center—before student and faculty's 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 social workers say 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. 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.

APPENDIX
ADVANTAGES OF PROBLEM-BASED LEARNING

Gives students repeated opportunities to integrate relevant knowledge from diverse areas such as research, fieldwork, practice, policy, human growth and behavior, ethics, and management.

Minimizes irrelevant activities/discussion by grounding education in real-life concerns of clients and significant others.

Emphasizes the value of functional knowledge (knowledge that maximizes the likelihood of making informed decisions).

Is designed to encourage development of effective, efficient access skills for discovering practice/policy–related research findings.

Emphasizes the need for skepticism—the importance of critically appraising practice-related research for oneself through well-honed critical appraisal skills.

Highlights how ethical obligations apply to individual clients (e.g., regarding informed consent).

Provides multiple opportunities to practice an effective, efficient problem-solving process and to demonstrate how general principles apply to specific situations.

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?).

Estimates effectiveness of services in relation to the degree to which valued outcomes are achieved.

Encourages a candid, accurate appraisal of the current potential for attaining hoped-for outcomes.

Increases the likelihood of honoring informed consent obligations because helpers are informed by combining their expertise with relevant research findings.

Is designed to develop self-directed learning skills and encourage lifelong learning.

Gives students repeated opportunities to deal constructively with failure and uncertainty.

Provides repeated practice in asking "hard questions" and in giving and receiving constructive feedback (criticism).

NOTE

1. Distributed in a workshop on personality disorders, Concord, CA, 2004.

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