

Friday 18 January 2019 – Afternoon

LEVEL 3 CAMBRIDGE TECHNICAL IN HEALTH AND SOCIAL CARE

05871 Unit 25: Research methods in health, social care and childcare

Pre-release material

First Name						Last Name				
Centre Number						Candidate Number				
Date of Birth	D	D	M	M	Y	Y	Y	Y		

GUIDANCE NOTES

- This pre-release material contains three research articles on three different themes.
- The question paper will require learners to respond to questions about research they have completed and questions which are associated with general research principles.
- Learners need to conduct research linked to the pre-release material in the five weeks they have access to the document.

INSTRUCTIONS FOR TEACHERS

- This material must be issued 6 weeks prior to the published examination date.
- This material must be printed on A4 only.
- Learners are permitted to summarise their research findings and record results/evidence/data gathered **in the notes pages at the back of this document only** (not in the margins or around the pre-release material itself or on additional sheets) and **must not exceed the 2 pages provided**.
- The notes section must **not** be used to produce a formal write-up of the research conducted.
- Teachers must collect in each learner's pre-release material and notes **one calendar week** prior to the exam date.
- Teachers must check that the notes made are appropriate and are the learners' own work in advance of the examination taking place.
- The pre-release and notes must then be returned to learners **immediately before the exam** commences.
- The pre-release and notes **must** be submitted along with the learners' Question Paper at the end of the examination.

INFORMATION FOR LEARNERS

- You **must** choose one of the research articles (source **A**, **B** or **C**).
- You **must** identify a specific focus from the article for further secondary research.
- You **must** then complete further secondary research related to your focus, using **at least two** sources.
- Your notes on the research **must not** exceed the pages provided in this document; no additional sheets may be taken into the examination.
- Your secondary sources **must be** recorded on page 7 of this document.
- Notes are only permitted on pages 8 and 9, not elsewhere within the pre-release material such as in the margins or around the sources themselves.
- You **must** hand in your pre-release material and notes with your question paper at the end of the examination.

SOURCE A

Extracts from and summary of:

Krriakides., Jones.R., Geraghty.P., Skolarikos.R., Liatsikos.A., Traxer.E., Pietropaolo.O., Somani.A., Bhaskar.K., et.al., (2017) Effect of music on outpatient urological procedures: A systematic review and meta-analysis from European section of Uro-technology (ESUT). The Journal of Urology. Volume 0, Issue 0.

Purpose

Music is a practical, cheap and harmless analgesic and anxiolytic. An increasing number of original studies have been performed investigating its potential application in urology. Our aim was to identify the effect of music on outpatient based urological procedures.

Method

A systematic review was performed on the effect of using music during all reported outpatient urology procedures including transrectal ultrasound guided prostate biopsy (TRUS), shock-wave lithotripsy (SWL), urodynamic studies (UDS), percutaneous nephrostomy (PCN) tube placement and cystoscopy. Data was included for all randomised trials from 1980 to 2017 and no language restrictions were applied.

Results

Sixteen randomised studies were included (1950 patients) where 972 patients (49.8%) were exposed to music during their outpatient procedure. The procedures included TRUS biopsy (4 studies, n=286), SWL (6 studies, n=1023), Cystoscopy (3 studies, n=331), UDS (2 studies, n=210) and PCN (1 study, n=100). All studies incorporated visual analogue score (VAS) for pain measurement. The anxiety scores were measured by State-Trait anxiety Inventory (STAI) in 13 studies and VAS in 2 studies.

While 14 of the 16 studies showed a reduction in self-reported pain, a reduction in anxiety was seen in 14 studies. Using music, the overall procedural satisfaction was better in 9 studies and the willingness to repeat the procedure was also higher in 7 studies. Our meta-analysis showed a significant reduction in both VAS and STAI across all studies ($p < 0.001$).

Conclusion

Our systematic review shows a beneficial effect of music on urology outpatient procedures. Music seems to decrease anxiety and pain and might serve as a useful adjunct to increase procedural satisfaction and willingness to undergo it again.

Implications for clinical practice

Music seems to have a beneficial effect on the pain and anxiety on outpatient based procedures, which are carried out with patient awake or under a local anesthetic. The role of music should be acknowledged in future guideline recommendations as an adjunct for such procedures.

SOURCE B

Extracts from and summary of:

Paranjothy.S., Copeland.L., Merrett.L., Grant.A., Phillips.R., Gobat.N., Sanders.J., Fitzsimmons.D., Hunter.B., Regan.S., Playle.R., Brown.A., Tedstone.S., Trickey.H., Robling.M., (2017) A novel peer-support intervention using motivational interviewing for breastfeeding maintenance: A UK feasibility study. Health Technology Assessment. Volume 21, Issue 77.

Background

In total, 81% of women in the UK start breastfeeding, but fewer than half continue beyond 6 weeks. Peer support in the early postnatal period may encourage women to breastfeed for longer.

Objective

To develop a breastfeeding peer-support intervention based on motivational interviewing (MI) for breastfeeding maintenance and to test the feasibility of delivering it to mothers in areas with high levels of social deprivation.

Design

Intervention development and a non-randomised multisite feasibility study.

Setting

Community maternity services in three areas with high levels of social deprivation and low breastfeeding initiation rates in England and Wales.

Participants

Pregnant women considering breastfeeding. Women who did not plan to breastfeed, who had a clinical reason that precluded breastfeeding continuation or who were unable to consent were excluded.

Intervention

The intervention Mam-Kind was informed by a survey of infant feeding co-ordinators, rapid literature review, focus groups with service users and peer supporters and interviews with health-care professionals and a Stakeholder Advisory Group. It consisted of face-to-face contact at 48 hours after birth and proactive one-to-one peer support from the Mam-Kind buddy for 2 weeks, followed by mother-led contact for a further 2–6 weeks.

Results

Nine buddies were recruited to deliver Mam-Kind to 70 participants (61% of eligible women who expressed an interest in taking part in the study). Participants were aged between 19 and 41 years and 94% of participants were white. Intervention uptake was 75% and did not vary according to age or parity. Most contacts (79%) were initiated by the buddy, demonstrating the intended proactive nature of the intervention and 73% ($n=51$) of participants received a contact within 48 hours. Follow-up data were available for 78% of participants at 10 days and 64% at 8 weeks. Data collection methods were judged feasible and acceptable. Data completeness was > 80% for almost all variables. Interviews with participants, buddies and health service professionals showed that the intervention was acceptable. Buddies delivered the intervention content with fidelity (93% of intervention objectives were met), and, in some cases, developed certain MI skills to a competency level. However, they reported difficulties in changing from an information-giving role to a collaborative approach. These findings were used to refine the training and intervention specification to emphasise the focus of the intervention on providing mother-centric support. Health-care professionals were satisfied that the intervention could be integrated with existing services.

Conclusions

The Mam-Kind intervention was acceptable and feasible to deliver within NHS maternity services and should be tested for effectiveness in a multicentre randomised controlled trial. The feasibility study highlighted the need to strengthen strategies for birth notification and retention of participants, and provided some insights on how this could be achieved in a full trial.

Limitations

The response rate to the survey of infant feeding co-ordinators was low (19.5%). In addition, the women who were recruited may not be representative of the study sites.

SOURCE C

Extracts from and summary of:

Hudson.B.F., Shulman.C., Low.J., Hewett.N., Daley.J., Davus.S., Brophy.N., Howard.D., Vivat.B., Kennedy.P., Stone.P. (2017) Challenges to discussing palliative care with people experiencing homelessness: a qualitative study. *BMJ Open* 2017; 7:e017502.

Objectives

To explore the views and experiences of people who are homeless and those supporting them regarding conversations and approaches to palliative care.

Setting

Data were collected between October 2015 and October 2016 in homeless hostels and day centres and with staff from primary and secondary healthcare providers and social care services from three London boroughs.

Participants

People experiencing homelessness (n=28), formerly homeless people (n=10), health and social care providers (n=48), hostel staff (n=30) and outreach staff (n=10).

Methods

In this qualitative descriptive study, participants were recruited to interviews and focus groups across three London boroughs. Views and experiences of end-of-life care were explored with people with personal experience of homelessness, health and social care professionals and hostel and outreach staff. Saturation was reached when no new themes emerged from discussions.

Results

28 focus groups and 10 individual interviews were conducted. Participants highlighted that conversations exploring future care preferences and palliative care with people experiencing homelessness are rare. Themes identified as challenges to such conversations included attitudes to death; the recovery focused nature of services for people experiencing homelessness; uncertainty regarding prognosis and place of care; and fear of negative impact.

Conclusions

This research highlights the need for a different approach to supporting people who are homeless and are experiencing advanced ill health, one that incorporates uncertainty and promotes well-being, dignity and choice. We propose parallel planning and mapping as a way of working with uncertainty. We acknowledge that these approaches will not always be straightforward, nor will they be suitable for everyone, yet moving the focus of conversations about the future away from death and dying, towards the present and the future may facilitate conversations and enable the wishes of people who are homeless to be known and explored.

Notes Page

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Notes Page

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