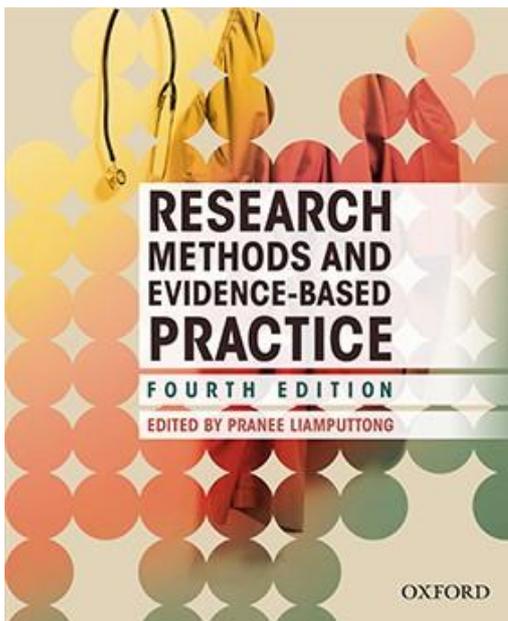


SAMPLE: Instructor's Resources



Research Methods and Evidence-based Practice

Fourth Edition

Edited by Pranee Liamputtong

IRM material prepared by Pranee Liamputtong

This sample contains Chapter 1 of the Instructor's Resource Manual and sample multiple choice and short answer questions for your review.

COPYRIGHT NOTICE

This instructor's resource manual is copyright Oxford University Press 2022. It is intended for use only by lecturers prescribing *Research Methods and Evidence-based Practice*, fourth edition, in their courses and should not be distributed or copied for any other purpose or for use with any other text.

Part 1 Methods and Principles

Chapter 1 Introducing Evidence-based Practice in Health Care

Textbook pages 2-15

Chapter Objectives

In this chapter students will learn about:

- knowledge and evidence
- evidence and evidence-based practice (EBP)
- EBP and hierarchy of evidence
- EBP and research.

Icebreakers

1. Ask students what they would do if a patient presented with symptoms with which they had little or no experience. Would they treat that patient without researching treatment options or looking for evidence as to what sort of treatment/s had been effective in other cases? Why/why not? As a group, discuss the potential ramifications for patients and practitioners of not employing evidence-based practice.
2. Invite students to reflect on their experiences of health care consultation with a GP (or any other health specialist). When their GP recommends a certain health improvement method, what sort of evidence has the GP used? In their opinion, does the GP provide them with advice based on the best evidence?

Tutorial activities

1. Divide students into different health disciplines. Ask each group to consider what type of evidence would they need in their own profession?
2. With a group of students who are from a different professional background, discuss what evidence would be most appropriate for their work and their clients.

Discussion questions

1. A well-known scholar says that EBP is like having an elephant in a room. What does he mean by this?
2. What is the relationship between knowledge and evidence in the context of health care?
3. We should only find evidence through the research approach we think is most important. Do you agree?
4. It is suggested that EBP should be based on randomised controlled trials or a systematic review of these trials. This is the strongest evidence we can get. Do you agree with this?

Further resources

Aoun, S.M. & Kristjanson, L.J. (2005). Evidence in palliative care research: How should it be gathered? *Medical Journal of Australia*, 183(5), 264–6.

- Denzin, N.K. (2009). The elephant in the living room: Or extending the conversation about the politics of evidence. *Qualitative Research*, 9(2), 139–60.
- Gibson, B.E. & Martin, D.K. (2003). Qualitative research and evidence-based physiotherapy practice. *Physiotherapy*, 89, 350–58.
- Grypdonck, M.H.F. (2006). Qualitative health research in the era of evidence-based practice. *Qualitative Health Research*, 16(10), 1371–85.
- Hammell, K.W. & Carpenter, C. (2004). *Qualitative research in evidence-based rehabilitation*. Edinburgh: Churchill Livingstone.
- Hawker, S., Payne, S., Kerr, C., Hardey, M. & Powell, J. (2002). Appraising the evidence: Reviewing disparate data systematically. *Qualitative Health Research*, 12(9), 1284–99.
- Grinnell, R.M. & Unrau, Y.A. (eds) (2018). *Social work research and evaluation: Foundations of evidence-based practice*, 11th edn. New York: Oxford University Press.
- Mullen, E.J., Bellamy, J.L. & Bledsoe, S.E. (2018). Evidence-based practice. In R.M. Grinnell & Y.A. Unrau (eds), *Social work research and evaluation: foundations of evidence-based practice*, 10th edn. New York: Oxford University Press, 200–17.
- Olsen, K., Young, R.A. & Schultz, I.Z. (2016). *Handbook of qualitative health research for evidence-based practice*. New York: Springer.

Websites

http://www.womenandhealthcarereform.ca/work_evidence.html

This website provides useful discussions on evidence and women's health care. It argues that 'because women are not all the same, changes to the health care system may variously affect the health, well-being and work of particular groups of women. This means that when evidence is used by decision-makers in the development and implementation of health care reforms, women need to question what is being counted as evidence, whose perspective and experience is being counted, if the differing contexts of women's lives are being considered, and which women's needs are being included and excluded.'

en.wikipedia.org/wiki/Evidence-based_medicine

This Wikipedia page provides a good discussion on EBP and its limitations.

www2.health.vic.gov.au/hospitals-and-health-services/patient-care/older-people/resources/improving-access/ia-evidence

This Victoria Health website provides information about implementing EBP in health care.

www.ciap.health.nsw.gov.au/training/ebp-learning-modules/module1/the-role-and-purpose-of-evidence-based-practice.html

This website introduces EBP and clinical information access in New South Wales. It contains useful information about EBP in health care.

Sample Multiple Choice Questions

Chapter 4 Ethics in Health Research

Textbook pages 56-74

1 What is research ethics?

- a What researchers do to obtain information from the research participants
- b The balance between risks and benefits that researchers need to consider carefully in research**
- c A philosophical framework that all researchers must have
- d A means for researchers to make their findings correct

2 Who is the research participant?

- a A person who collects the information from a research pool
- b A person who helps the researcher to analyse the data obtained from research
- c A person who is willing to conduct research
- d A person who agrees to participate in a research project**

3 What is informed consent?

- a A statement that an individual provides to the researcher during the data collection period
- b A form that indicates that the researcher can collect data
- c When research participants are informed about the study and give their consent prior to data collection stage**
- d Information that a person must have before they agree to participate in a study

Sample Short Answer Questions

Chapter 10 Single-case Experimental Designs in Health Research

Textbook pages 171-189

1 When is an RCT not a suitable research design?

There are several issues here. Consult the textbook for this.

2 How is a SSED different from a case study?

In SSED, the investigator starts with a testable hypothesis, operationally defines the dependent and independent variables, carefully measures them and attempts to minimise bias in the study. In a case study, clinicians report detailed observations and measurements from a particular patient/client/case, usually in natural situations without directly manipulating or controlling variables. Therefore, SSEDs are true empirical research designs because when carried out well, we can be reasonably certain that any treatment effects demonstrated are a direct result of the treatment and not a result of some confounding variable. In case studies, on the other hand, it is very difficult to know what caused any observed and documented changes in behaviour.

3 Why is the basic A-B design weak?

The A-B is a weak design because it is difficult to be sure that any change in behaviour noted in the B phase actually relates to the treatment and not to some other confounding variable such as general stimulation or natural recovery.