

## Cambridge Technicals Health and Social Care

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

Level 3 Cambridge Technical in Health and Social Care **05830 - 05833** 

Mark Scheme for June 2018

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This mark scheme is published as an aid to teachers and students, to indicate the requirements of the examination. It shows the basis on which marks were awarded by examiners. It does not indicate the details of the discussions which took place at an examiners' meeting before marking commenced.

All examiners are instructed that alternative correct answers and unexpected approaches in candidates' scripts must be given marks that fairly reflect the relevant knowledge and skills demonstrated.

Mark schemes should be read in conjunction with the published question papers and the report on the examination.

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Annotations - These are the annotations to be used when marking Unit 25:

Annotation	Meaning
<b>*</b>	Tick – correct answer
×	Cross – incorrect answer
+	Plus – use for positives
	Minus – use for negatives
L1	Level 1
L2	Level 2
L3	Level 3
BOD	Benefit of doubt (This <b>does</b> count as a mark – so do not 'tick' as well)
^	Omission mark
TV	Too vague
REP	Repeat
SEEN or	Noted but no credit given

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Question	Answer/Indicative content	Mark	Content	Levels of response		
1 (a)*	<ul> <li>Randomised controlled trial:         <ul> <li>People are allocated at random (by chance alone) to receive one of several clinical interventions, so in this case the new cream and a placebo /different cream or no treatment at all.</li> <li>Used as a control/ standard for comparison.</li> <li>Someone who takes part in a randomised controlled trial called a participant or subject, so in this case patients who have problems with itching / liver disease / required characteristics</li> </ul> </li> <li>The researcher will seek to measure and compare the outcomes after the participants receive the interventions, normally through some quantitative data</li> <li>Individuals will receive the cream/control in a random order – they will not know what they are receiving</li> <li>Standardised instructions for all to follow</li> <li>Must have two or more groups</li> <li>Monitoring of participants</li> <li>Assess lifestyle / characteristics of participants</li> </ul>	6	This is a level of response question – marks are awarded on the quality of the response given. The focus of the question is description.  Annotation: The number of ticks will not necessarily correspond to the marks awarded.  Level 2 checklist  detailed description  factually accurate  explicit link to the scenario  correct terminology  QWC - high  Level 1 - checklist  limited/basic description  list like/information presented in an unstructured way  lacking an understanding of the context /only implicit link  limited terminology  QWC - low	Level 2: 5 - 6 marks  Answers provide a detailed description of the key features of how a randomised controlled trial could be used. There will be an explicit link to the scenario. There is accurate use of appropriate terminology. There will be few errors of grammar, punctuation and spelling.  Level 1: 1 - 4 marks  Answers provide a limited or basic description of how a randomised controlled trial could be used. Limited understanding of the method may be shown. Link to the scenario may be lacking or implicit. May be list-like and/or muddled with limited use of appropriate terminology. Errors of grammar, punctuation and spelling may be noticeable and intrusive  O marks - response not worthy of credit.		

Ougotion	Answer/Indicative content	Moule	Guidance	
Question		Mark —	Content	Levels of response
	<ul> <li>Do not accept:</li> <li>Provide different dosage of cream for comparison</li> <li>Could be replicated</li> <li>How effective the cream is</li> <li>Aims to reduce bias</li> <li>May provide information on adverse effects</li> <li>Note for examiners – the focus of the question is how a randomised control trial could be used – we are not looking for results / effectiveness</li> </ul>			

Question		on	Answer/Indicative content	Mark	Guidance
1	(b)		<ul> <li>One mark for a sampling method. One required.</li> <li>Stratified</li> <li>Opportunity</li> <li>Self-selecting (volunteer)</li> <li>Snowball</li> <li>Random</li> </ul>	1	One mark: Identification of suitable sampling method  Annotation: The number of ticks must match the number of marks awarded. For an incorrect answer use the cross.

Question	Answer/Indicative content	Mark	Guidance
1 (c)	<ul> <li>Two marks for a benefit. Two required.</li> <li>Example benefits: <ul> <li>Structured interviews are easy to replicate as a fixed set of closed questions are used, which are easy to quantify and restrict the interviewer from going off on a tangent.</li> <li>Easy to test for reliability.</li> <li>Structured interviews are fairly quick to conduct which means that many interviews can take place within a short amount of time.</li> <li>A large sample can be obtained resulting in the findings being representative and having the ability to be generalised to a large population.</li> <li>Less training needed as questions are fixed and so less room for discussion/ additional questions</li> <li>Cheaper- as less time consuming than unstructured which will require more experienced interviewers and take longer</li> <li>Provides quantitative data which is easier to analyse</li> <li>Reliability</li> </ul> </li> <li>Accept other suitable benefits</li> </ul>	<b>4</b> (2x2)	Two marks: An appropriate benefit clearly outlined.  One mark: A benefit identified but not outlined. May be list like.  Annotation: The number of ticks must match the number of marks awarded. For an incorrect answer use the cross.

Question	Answer/Indicative content	Mark	Guidance
1 (d)	<ul> <li>One mark for a justification identified. Three required:</li> <li>To improve outcomes for individuals – new treatments may reduce pain, discomfort stress, aid recovery or offer cures.</li> <li>Establish evidence base for interventions treatments/</li> <li>increase knowledge and understanding – new treatments should be checked for effectiveness, use of scientific method to help provide additional research for professionals to utilise</li> <li>Improve practice- new treatments may help service users and staff in terms of comfort, experience of provision</li> <li>Identify gaps in provision – new treatments may have been used effectively elsewhere and so may be useful to a new setting</li> <li>Identify the needs of groups or individuals – new treatment may help identify ways to meet the needs of service users</li> <li>Inform policy- new treatments may help inform government, purchasers of health carer, NICE</li> <li>To measure impact – new treatments should be checked for effectiveness (in terms of helping service users and in terms of cost/ practicalities)</li> <li>Accept other suitable purpose/justification</li> </ul>	3 (3x1)	Annotation: The number of ticks must match the number of marks awarded. For an incorrect answer use the cross.  Do not accept:  • Further research

Question	Answer/Indicative content	Mark	Guidance
1 (e)	Two marks for a definition. Two required.  Definitions:  Literature review A literature review surveys scholarly articles, books and other sources relevant to a particular issue, area of research, or theory, providing a description, summary, and critical evaluation. A literature review also assesses, analyses and provides an overview of literature. This is a form of secondary research.  Action Research Refers to a wide variety of evaluative, investigative, and analytical research methods designed to diagnose problem / improve practice or weaknesses and help develop practical solutions and implement change as well as increasing knowledge. It would normally be carried out 'in the field' e.g. clinical. /educational settings.  Case study Case study research can take either a qualitative or quantitative approach; It normally focuses on providing in depth detail on an individual or a small group of individuals or a situation/setting.	6 (3x2)	Two marks:  • a clear definition that demonstrates understanding  One mark:  • a simple definition/statement which lacks clarity  • a basic attempt at a definition  Annotation:  The number of ticks must match the number of marks awarded.  For an incorrect answer use the cross.

Ougstion	Answer/Indicative content	Mark	Guidance		
Question		Mark	Content	Content	
	<ul> <li>information.</li> <li>Use of google scholars or equivalent / caution with using Wikipedia</li> <li>CARS method – credibility, accuracy, responsibility and support</li> <li>Do not accept:         <ul> <li>Date of publication</li> </ul> </li> <li>Avoiding plagiarism:         <ul> <li>Making notes in their own words and acknowledging sources used</li> <li>Use of referencing systems/ ways to record data sources used.</li> </ul> </li> <li>For all of the points listed above they can be provided in reverse – the verb analyse enables candidates to provide pros and cons – watch out for repetition. These responses should be annotated with a -</li> </ul>		unstructured way  • QWC – low .	O marks - response not worthy of credit.	

Ougation	Answer/Indicative content	Mork	Guidance		
Question		Mark	Content	Levels of response	
			secondary research ideas/key themes to own findings  • basic information presented in an unstructured way  • conclusion may be unclear  • QWC – low	0 marks - response not worthy of credit	

Ougation	Anguar/Indicative centers	Answer/Indicative content Mark Guidance					
Question	Answer/indicative content   Mari		Content	Content			
2 (c)	Pre-release focus: A = Grandparents providing childcare B = Place memory and dementia C = Fruit and vegetable consumption and all-cause cancer and CVD mortality	10	This is a level of response question – marks are awarded on the quality of the response given. The focus of answer is discussion.  Annotation: The number of ticks will not necessarily correspond to the marks awarded. The focus of the question is discussion.	Level 3: 8-10 marks  Answers provide a detailed discussion of the possible implications of their findings.  Answers will be factually accurate, using appropriate terminology. There will be few errors of grammar, punctuation and spelling.			
	Implications:      approaches e.g.     preventative/treatment,     empowerment      funding     pay and conditions     planning     prioritising/making choices     provision		<ul> <li>Level 3 checklist.</li> <li>detailed discussion</li> <li>clear understanding of the context will be evident</li> <li>implications drawn highly appropriate/relevant to findings from secondary research done</li> <li>well-developed line of reasoning</li> <li>logically structured</li> <li>correct use of terminology</li> <li>QWC - high</li> </ul>	Level 2: 5-7 marks Answer provides sound discussion of the possible implications of their findings. Answers will be factually correct. There may be some errors of grammar, punctuation and spelling. Sub max 5 for only two aspects done well.			
	<ul> <li>resources</li> <li>targeting/priorities</li> <li>work hours</li> <li>work practices roles/tasks</li> <li>Health campaigns</li> <li>Producing information literature</li> <li>More research, e.g. longitudinal studies</li> <li>Changing attitudes / opinions</li> <li>Opportunities for people to take part in research</li> </ul>		<ul> <li>Level 2 checklist</li> <li>sound discussion</li> <li>understanding of the context may be implicit</li> <li>implications drawn reasonably appropriate/relevant to findings from secondary research done</li> <li>line of reasoning in the most part relevant</li> <li>sound structure</li> <li>QWC – mid</li> <li>Level 1 – checklist</li> <li>descriptive (upper end) list like (low end)</li> <li>lacking an understanding of the context</li> </ul>	Level 1: 1-4 marks  Answer provides a brief discussion of the possible implications of their findings. List like answers should be placed in this band. Answers are likely to be muddled and lack technical detail. Errors of grammar, punctuation and spelling will be noticeable and intrusive.  O marks - response not worthy of credit.  If answers are generic and do			
	Answers can be positive, negative or both		<ul> <li>implications drawn may not be appropriate/relevant to findings from secondary research done</li> <li>basic information presented in an unstructured way</li> <li>QWC – low</li> </ul>	not relate to their findings only level 1 can be awarded.			

Question	Answer/Indicative Content	Marks	Guidance	
Question			Content	Levels of response
2 (d)	Pre-release focus: A = Grandparents providing childcare B = Place memory and dementia C = Fruit and vegetable consumption and all- cause cancer and CVD mortality	10	This is a levels of response question – marks are awarded on the quality of the response given. The focus of the question is evaluation.	Level 3 (8-10 marks)  Answers provide a detailed evaluation of the sources used including how they were located and why they were selected.  Detailed reflective judgements are made.  Validity is evaluated both positively and
	<ul> <li>Locating secondary sources:</li> <li>Effectiveness of / evaluative comment on:</li> <li>Library search carried out e.g. whether library catalogues accessed were extensive or limited.</li> <li>Use of key terms e.g. to what extent / in what way this method helped in location of suitable sources.</li> <li>Internet search carried out e.g. in locating academic studies, journal articles, different types of source, e.g. In locating relevant, trustworthy sources.</li> <li>Carrying out a literature review</li> <li>The use of google scholar or alternatives</li> </ul> Validity: Positive:		Level 3 checklist.  detailed evaluation on how sources were located  detailed evaluation of validity  Both +ve and -ve in whole answer  well-developed line of reasoning  logically structured  QWC - high  Level 2 checklist  sound evaluation on how source were located	achecklist.  tailed evaluation on w sources were rated tailed evaluation of lidity th +ve and –ve in tole answer self-developed line of asoning gically structured VC - high  checklist and evaluation on how  negatively. Answers will be factually accurate, using appropriate terminology. There will be few errors of grammar, punctuation and spelling.  Level 2 (5-7 marks)  Answers provide a sound evaluation of the sources used including how they were located and why they were selected. Some reflective comments are made. Validity is evaluated. May have some errors or omissions in the use of terminology. There may be some errors of grammar, punctuation and spelling. Sub max of 5 for one done well or positive / and or negatives.
	<ul> <li>valid sources – measure what was intended to measure</li> <li>clear objective measures</li> <li>peer reviewed</li> <li>non biased source/ researcher</li> <li>Trustworthy website</li> <li>The use of government statistics</li> </ul> Negative: <ul> <li>socially desirable answers/ demand characteristics</li> <li>bias of researcher /publication</li> </ul>		<ul> <li>sound evaluation of validity</li> <li>line of reasoning in most part relevant and logical</li> <li>QWC - mid</li> <li>Level 1 checklist</li> <li>basic evaluation of how sources were located</li> <li>attempts to evaluate validity</li> <li>QWC - low</li> </ul>	Level 1 (1-4 marks)  Answers provide a basic evaluation of sources used including how they were located and/or why they were selected. At lower end answers may be descriptive.  Answer provides limited answering and understanding in evaluating validity. List like answers should be placed in this band. Answers may be muddled and lack technical detail. Errors of grammar and spelling may be noticeable and intrusive.

Oue	uestion	Answer/Indicative Content	Marks	Guidance		
Question		Answer/indicative content	wa ka	Content	Levels of response	
		•	lack of objective measures conformation bias			0 marks - response not worthy of credit.

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