

# DOWNLOAD PDF EXPERIENCE OF PREVIOUS RESEARCHERS. THE COMPETENT RESEARCH DESIGN, THEN,

## Chapter 1 : The 8 competencies of user experience: a tool for assessing and developing UX Practitioners

*The Australian National Statement on the Ethical Conduct of Research Involving Humans charges researchers with a responsibility to demonstrate that they have the appropriate experience, qualifications and competence for their proposed research.*

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1 Introduction

Over the past century, the field of social work has evolved from grass-roots community-based movements to an intricate network of formally trained professionals promoting social research, education and practice Klein and Bloom While social work professionals vary widely in their roles, skills, and attitudes toward the nature and future of the profession, they are united through the shared embrace of underlying ethical principlesâ€”beneficence, non-maleficence, autonomy, and justice Freeman ; NASW â€”that guide their interactions with clients. Social workers hold in highest regard the intention to provide ethical and competent services to their clients. Nevertheless, the questions remain: How do social workers know the services they offer are ethical and competent? How do they know that they are providing the best available treatment or intervention, or that services are offered in a way that benefits clients? Is evidence-based practice EBP the answer to these questions? The use of knowledge as evidence dates as far back as B. The philosophical, ethical, intellectual, socio-political, technical, and practical elements that make up the concept of EBP have ebbed and surged over time, blending in various ways as they were assimilated and subsequently accommodated by those entities possessing and exerting the most power within and over the environment at the time. EBP at its core is about curiosity and knowledge. Where did this knowledge come from? Who imparted this knowledge? When did it become knowledge? How does one know if it is good knowledge? Who decides if it is good knowledge? Why is this knowledge better than what one already knows? When considered within the context of professional or expert activity, the concept of duty specifically moral duty to those patients and clients for whom all this effort is expended then enters the mix. In order to fully understand EBP as it relates to knowledge and the moral duties built into the professional pursuit and application of knowledge, one must first be prepared to acknowledge that knowledge and its varying appropriateness as evidence in practice is, has been, and always will be a moving target, evolving over time as efforts to prove, disprove, or simply inform our professional activities occur. A procedural definition, by Rubin and Parrish a , , offers a more detailed explanation: EBP is a process in which practitioners attempt to maximize the likelihood that their clients will receive the most effective interventions possible by engaging in the following five steps: While EBP provides a comprehensive philosophy, structure, and process for providing evidence-based ethical and competent direct practice Gambrill a , and as such has become the gold standard for many disciplines, its adoption by social workers often appears uneven, at best. While EBP has noted support among social work academicians, there seems to be considerable difficulty in its implementation by social workers and students in the field with respect to practice, education, policy, and research. The difficulty arises in attempting to actualize EBP in a manner that maintains fidelity to the process, or doing EBP and doing it right. This difficulty invites perturbations within social work practice, policy, education, and research that have far-reaching ethical implications around the implementation of EBP in the field. We hope that by identifying and parsing concerns related to the process of fully implementing the EBP model, social workers may gain further insight into how to embrace EBP as a best-practices framework, while negotiating the barriers that so often prevent this from fully and successfully occurring. Practice To illustrate the challenges faced in practice, let us consider a practitioner who is working with an underserved populationâ€”female juvenile sexual offenders in a residential treatment program: On assuming her position, a practitioner found that most of the materials currently being used in the program have male-oriented themes and testimonies featuring male sexual offenders. Far from being gender-sensitive, these materials are biased and at-times counterproductive to effective treatment with female offenders. Intuitively, the practitioner believed that relevant materials based on

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competent research would be available. Wishing to provide best practice interventions for her clients, the clinician embarked on a search to find the most effective and appropriate treatment for her clients. Turning to literature available to her, the practitioner found empirical evidence related to female juvenile sexual offenders to be scarce. A number of Internet searches the practitioner did not have access to academic databases resulted in hundreds of sources relating to juvenile sexual offenders, but only 4 or 5 of those articles were found to be empirical, rigorous, and related to the population in question. Studies in this area were significantly more likely to be conducted with male offenders and then generalized in discussion for use with females. In addition, the articles that dealt with this issue often lacked rigor in their choice of design and were often based on retrospective data. The usefulness of research evidence in direct practice or the development of programs in organizations is influenced, and sometime limited, by a number of factors as suggested in the example above. Small discussed examples of these relating to the immaturity of social sciences and issues of generalizability. In the first, he noted that many questions relevant to the work of practitioners have not yet been addressed by research, making information relevant to a particular problem or issue difficult to locate and possibly leading them to categorize or conceptualize problems into existing categories that may be only partially appropriate, if at all. Small did not state that this imprecision means we should disregard the information obtained with these tools, but he did caution that we should remain aware of the approximate nature of the reality studied as we interpret and apply the findings. As noted above, generalizing research findings to practice situations, especially those involving populations other than the study sample, can manifest a number of problems Small After a review of published research failed to provide evidence relevant to her population, the clinician turned to the practice wisdom of colleagues advanced in the field and who possessed experience specific to the population and topic of interest. To gain access to this information, the clinician continued her search of the Internet, obtained and read books on the topic, and attended professional seminars. A challenge faced by many practitioners is that of having the time and skills necessary to obtain and analyze available data. It is safe to say that, given the recent inclusion of EBP in social work curricula, the majority of licensed social work practitioners have not had formal instruction in the requisite skills and process of using EBP. And in the absence of expert feedback, they can also be difficult to operationalize. Examples of competencies noted by Gambrill , include the abilities to: Efficiently and effectively track down research findings related to information needs, critically appraise different kinds of research reports. CSWE , 5 , on the other hand, specifically addresses research education in Policy 2. Engage in research-informed practice and practice-informed research Social workers use practice experience to inform research, employ evidence-based interventions, evaluate their own practice, and use research findings to improve practice, policy, and social service delivery. Social workers comprehend quantitative and qualitative research and understand scientific and ethical approaches to building knowledge. Social workers use practice experience to inform scientific inquiry and use research evidence to inform practice. As with the social work practitioner, social work educators also experience ethically-based challenges in relation to EBP. This focus challenges social work educators to promote and teach evidenced-based practice methods to comply with the ethical standards established by the profession. Carrying out this mandate in a manner sufficient to result in the level of comprehension and practice discussed as requisite to ethical practice in the literature, within the finite amount of time available in graduate programs, can be more than challenging. Research education can often be experienced by social work students as uninspired and negative Hardcastle and Bisman on one end of the continuum; and overwhelming, barely relevant, and logistically unsupported by workplaces in the practice arena Anonymous [ MSW graduate], personal communication 10 Dec , on the other. With respect to classroom experiences, many educators are guided by department syllabi that prescribe a teaching schedule including all content, assignments, and grading criteria. In some universities, detailed power point presentations and lectures on EBP are available to ensure that EBP is taught properly. Beginning with the question and ending with the full evidence base search, students are encouraged to implement their newfound expertise at practicum sites or agencies where they are employed. Educators are many times perplexed when

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students return and question the applicability of evidence-based practices in the real world. The dilemma is often what to do when the evidence—when applied to the specific problem—does not result in the client outcome that is expected. Does the teacher have the prerogative to suggest a non-evidence-based intervention without being contradictory to best practice? The clinician found herself in an obviously difficult ethical dilemma—go against the agency or managed care guidelines and provide the evidence-based intervention assuming resources allowed or to ignore the findings and continue with business as usual? Although agencies often report that they support evidence based practice, when it comes to making even the best evidence-supported changes in policy or procedures, recommendations can and do still meet with resistance. With respect to practitioner implementation of EBP, organizational policy issues factor into all three of the barrier types above. Obvious challenges are the lack of time and resources to perform EBP in the workplace. In reality, clinicians are overwhelmed with caseload and direct service guidelines. At times, salaries, raises, and even continued employment, are not only based on direct service percentages, but can be forfeited for noncompliance with organizational standards and policies grounded in organizational tradition that may be inconsistent with enhancing client well-being. Specialized seminars are often time and cost-prohibitive for many clinicians and agencies in the field, as can be access to the variety of databases that may or may not provide the information sought. The policy applications of EBP essentially exist in two forms. This first manifestation of EBP and policy is. This expression of the EBP and policy connection is considered part of doing business in the social service arena and generally accepted by most social service practitioners and administrators Gambrill This second manifestation appears to be the point at which an ethical departure occurs within the social work discipline. The manner in which organizations define and promote the practice of EBP internally seems to be the crux of how EBP is embraced or not by social work practitioners Geanellos and Wilson The process of writing grants to fund programs is a well-established part of the social service culture. Funders will provide some or all the resources to implement a program while the providing organization collects data on the manner of implementation and the outcomes of the program for the funders. In doing so, a common language for program efficacy and feasibility is produced that may serve to facilitate the EBP model at the policy level. This is potentially not a purely scientific process, however, as the same organizational behaviors may be exhibited for very different purposes Gibbs and Gambrill For instance, in the process of EBP, data are gathered and critically evaluated about the efficacy and accuracy of policies and programs to some stated end Tanenbaum To the extent that the outcome data support or refute theories, policies, and programs, these are adjusted to reflect the newly emerging understanding of reality assuming the research is rigorous Rubin and Parrish a. In this way, science continues to advance and policies that have firm grounding in empirically derived knowledge are established this can be called evidence-based policy. In reality, however, this originally scientific process may be turned on its head in the partisan world of politics and policy Brendtro et al. An administration or organization may begin with a particular policy that is defined and operationalized in terms of an ideological basis Gambrill a ; this ideological policy stance then funds organizations that will generate data that support this stance. This has the appearance of evidence-driven policy, but in reality, turns the process around from its intent i. While in the end, the evidence that is produced in this upside-down process may be used to further scientific bases of policy, the data obtained must be unsnarled from the ideology before it can be used in this manner Tanenbaum This also begs the question of how this evidence both before and after the scientific vetting process occurs is generalized and disseminated. Because this system of using organizational data as scientific evidence on the one hand, and as support for a particular ideological stance on the other, uses similar language and reporting procedures, social workers implementing the process may well be doing so from a more pragmatic stance and may be at-risk for becoming jaded to the process of evidence as a basis for practice and policy decisions. Taking the case of abstinence-only sex education for example, the top-down political push was for agencies to provide sex education to children and teens focused on delaying sexual activity until marriage. Curricula were developed and programs were funded to carry out these programs stemming from the political ideology that created them.

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Given the benefit of a decade or more of outcomes available for evaluation, the effectiveness of these programs can be determined. Despite millions of dollars in funding and the backing of government agencies, the results indicate that abstinence-only sex education is remarkably ineffective for delaying sexual activity of teens, preventing pregnancies, and the spread of STIs among the target population Santelli The problem, however, lies in the intervening period between the ideological birth of the programs and the overwhelming evidence to refute its effectiveness. Presumably, at some point between, organizations began to see for themselves that these programs did not work. This creates the daunting ethical snarl. For social service agencies and the workers who are employed by them to continue to function, they must have resources. Often these resources are controlled by political entities that have particular ideological bents that may or may not align well with that of either the agency or the worker Gambrell a; Rubin and Parrish a. Nonetheless, for survival, organizations may secure funding that requires reporting particular practice behaviors and their results. Do the organizations accept the funding with strings attached? Do they take an approach that refuses such funding prospects and risk not being able to serve clients or support workers?

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### Chapter 2 : Competency-based CVs for researchers – Vitae Website

*When a researcher endeavors to use mixed method design to answer an identified research problem, the blending of the methods is based on Combining the methods to capitalize on their strong points while negating their flaws.*

Validity of Tests In housing health hazards research, both routine clinical tests and experimental tests may be done, depending on the study design and the problem under investigation. For clinical tests, there are standardized testing methods, age-specific normal ranges, predictive value for various diagnoses or conditions, and levels at which clinical interventions should be instituted. Blood lead measurements are an example of a clinical test often used in housing health hazards research: If researchers carry out tests that are also used in clinical practice, they typically provide patients or their physicians with the results, a description of the normal range of values, and the implications of results outside the normal range. Providing results of clinical tests in the range of concern to parents of child subjects in a timely manner is ethically required because it allows appropriate medical follow-up to be obtained. In contrast, experimental tests may have uncertain validity. Indeed, one goal of the research may be to determine the validity of a new method of measuring a variable or the strength of an association between a new measurement and a clinically meaningful outcome. Analytical validity indicates how well the test measures the property or characteristic it was intended to measure: Clinical validity refers to the probability that a test result correctly diagnoses a condition or predicts a disease or clinical condition. In research on housing health hazards, some experimental tests may be carried out to help characterize the extent of potential exposure. For most such results, a description of the normal range of values and an assessment of the implications of the results is uncertain or unknown. Many types of tissue and environmental sample measurements do not have established analytical protocols, well-established laboratory quality control and assurance processes, or normative reference ranges or health benchmarks that permit ready interpretation of the test results Centers for Disease Control and Prevention, . The significance of results from such experimental tests for an individual subject may be unknown or uncertain until long after the samples have been collected, often not until all study data have been analyzed, and sometimes not even then. Page Share Cite Suggested Citation: The National Academies Press. There is no clinical benefit to reporting the results to individual parents if they cannot be meaningfully interpreted. In biomedical research, when the validity of experimental tests on biological specimens is not established, individual results generally are not reported to participants. In some cases, some validity of the test can be established at the completion of the study; if so, the researchers may agree to then offer the tests results. Or they may simply want to have information about themselves even if there are no actions they could take that are known to reduce their risk of health hazards. That is, they may value the information about themselves for its own sake, even though its significance is unclear. Researchers report that in some cases community groups would like the results of experimental tests such as urinary pesticide metabolite levels without clear clinical implications to be nonetheless made available to the tested individuals if requested Eskenazi et al. When such disagreements arise, researchers have several ethical obligations that are not spelled out in the federal regulations. As a first step, they should discuss with parents of potential child subjects and community representatives what tests they will be conducting, explaining the limitations of the experimental tests and the potential misinterpretation of results. They also need to discuss whether test results should be made available. In some cases, researchers may persuade community representatives that there is little benefit and much risk to making results of unvalidated experimental tests available. In other cases, the community may persuade researchers that the results of individual tests should be made available to all the parents whose children are in the study. If researchers decide to make results of experimental tests available, they need to consider how to do so in ways that minimize the harms and maximize the benefits of providing results. First, the researchers should offer parents a choice of whether or not to receive results of experimental tests. Some parents will want to know such information, while others will not. Respect for persons requires that individual parents be given a choice.

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Second, parents need to understand the potential significance and limita- Page Share Cite Suggested Citation: Parents also need to know where, if anywhere, they might go for help e. Third, the researchers need to make clear during the informed consent process whether, when, and how the results of experimental tests will be offered to parents. Some tests are run shortly after samples are taken, while others may be run in batches, sometimes at the end of the study after all samples have been obtained. In some cases, the health significance of particular test results will become known over time, for example, as research on a particular biomarker advances. Parents should be told in the informed consent process what the researcher will do in such situations. Similarly, some test results e. To address these ethical dilemmas, researchers should discuss experimental tests that are part of the research protocol with the community see Chapter 5 and should ensure that the informed consent process includes thorough disclosure of whether, when, and how the results of such tests will be shared with parents see Chapter 6. If third parties meet either of these criteria, researchers must obtain their informed consent see Chapter 6. However, even if the federal regulations do not consider them research participants, people living in the same household, the same multiunit dwelling, or the same neighborhood as a study subject may be affected by research. Researchers may have ethical obligations to such third parties. Other household residents may experience psychosocial harms, such as embarrassment or shame, if they or other residents are observed to be living in substandard housing or engaging in certain behaviors, such as alcohol abuse. Residents may also face legal liability if they are identified as carrying out illegal activities in their homes. In addition, residents may encounter physical risks, such as exposure to noise or dust, resulting from procedures carried out as part of the study: Researchers need to anticipate and make plans for the effect of their research on other household residents. Such notification gives other residents an opportunity to be absent from the home when the research interventions are carried out so that they are not inconvenienced by interviews, inspections, or repairs and so that their privacy is not compromised. Research carried out in rental properties can have consequences for landlords. Researchers need to examine the specific terms of a lease for any restraints on the normal right of the occupant to invite any law-abiding person into the dwelling and to make minor improvements, such as installing battery-powered smoke alarms. If researchers propose to make significant structural changes to the home, such as installing new windows, the permission of the owner needs to be obtained. However, minor modifications that a tenant would have authority to make do not ordinarily require additional permission. Researchers should also take reasonable steps to provide information to landlords about possible public resources for helping to correct housing hazards and code violations, particularly if such hazards might be reported to authorities. Neighbors may also experience adverse consequences of research. For example, pest management carried out in one unit of an apartment building may cause pests to flee to other units. Researchers need to anticipate such unintended results and take steps to minimize them. In the case of pest control, for example, researchers might reframe the study intervention to carry out pest management throughout a building rather than in a single unit to avoid causing harms to residents of other units. In other research studies, such as when repairs are made to a single unit, researchers should provide neighbors whatever notice would be expected if the landlord or tenant were carrying out similar activities outside the research context. If potentially disruptive activities are planned, informing neighbors of the plans gives them the opportunity to act as they wish in response to the activities such as by leaving their units. It is important to note that third parties may benefit from research as well as suffer inconvenience or risks. Educational activities may benefit neighbors as well as the family participating in the study. For example, in a study of a pesticide intervention involving rural farm workers, some participating parents brought friends or family to meetings to discuss strategies for reducing pesticide exposure Salvatore et al. Landlords benefit if the research involves such improvements as pest control, the installation of smoke detectors, or other interventions that increase the quality and value of their properties. Community groups may also be third parties in many housing-related research studies. Often, community groups seek to have local residents hired as research staff and receive training that will enhance their employability in the future. Researchers should also present relevant findings either on their own or in

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conjunction with community representatives to local, state, or federal officials and testify at public hearings to support evidence-based public policies that would ameliorate housing health hazards. Researchers cannot be expected to ensure that research findings are fully implemented, but these steps can help the community benefit from the findings. Researchers should develop a plan to disseminate results to the families participating in the study, as well as the affected community. The appropriate actions regarding third parties will vary according to the particular study and need to be determined on a case-by-case basis, following the general ethical guidelines of respect for persons, beneficence, and justice. In considering risks to third parties, researchers need to focus on risks that are foreseeable and significant rather than those that are conceivable but extremely unlikely or of minor importance. It is important not to place requirements on researchers that are overly broad, vague, or open-ended, lest they deter important, soundly designed research that is intended to alleviate housing health hazards that are disproportionately severe in vulnerable populations. These risks to staff may be greater than when research is carried out in a medical institution. As with all research, housing health hazards researchers have an obligation to consider the safety of their staff and to develop plans appropriate to their particular research project: If a researcher learns about environmental hazards or behaviors by others that place a child in imminent risk of serious harm, there may be a legal requirement to report such information to specific authorities. However, interventions to reduce risks could violate confidentiality and could be ineffective or even counterproductive. In addition, the child at risk or the person's engaging in behavior that puts a child at risk may not be a participant in the research study as defined in the federal regulations. The researcher may have no prior relationship with those being observed and may be viewed as invading their privacy. Confidentiality Confidentiality must be distinguished from the related concept of privacy. Privacy is also violated if others obtain information about a person that he or she wants to keep inaccessible. Confidentiality refers to limits on the dissemination of information disclosed by a person within a special professional relationship, such as the doctor-patient relationship or participant-researcher relationship Beauchamp and Childress, Within these special relationships, the disclosed information is protected against disclosure to third parties by professional codes of conduct and by law. Furthermore, researchers often promise confidentiality of research data, with certain limitations, during the informed consent process. Thus, for example, when physicians have permission to gather medical information about a child patient, they may learn that the child is at risk for child abuse or domestic violence or places others at risk because of a contagious disease. To take steps to protect the patient or third parties, the physician would have to breach confidentiality; the ethical issue is whether it is appropriate to do so. In housing health hazards research, a researcher who has permission to enter a home to collect research data might incidentally observe evidence of child abuse or domestic violence, even though these are not the topic of the research. Here the ethical issue is whether it is appropriate to use information obtained under permission to collect research data for purposes that go beyond the scope of this permission. Overriding confidentiality in such situations poses dilemmas for researchers because several strong ethical guidelines may be in conflict. First, researchers have an ethical or professional obligation to try to prevent harm to children who cannot protect themselves. In some situations, they may also have legal responsibilities through statutory reporting duties, which Page Share Cite Suggested Citation: Second, well-intended actions may be ineffective or counterproductive and actually cause greater harm. Actions intended to alleviate risks may have unintended adverse effects see the discussion below , such as the attempted eviction of the household after a unit has been reported for housing code violations. Third, researchers have an ethical obligation to respect the privacy and confidentiality of the residents of the homes in which their research is being carried out. Privacy and confidentiality show respect for persons affected by the research. Far-ranging interventions by researchers, even if intended to benefit residents of the household, may be considered meddling intrusions by them. In addition, privacy and confidentiality have instrumental research value by making it more likely that people will agree to participate in research. In clinical medicine and public health, confidentiality may be overridden in certain situations to protect a person or third party from harm without legal repercussions; in some situations confidentiality must or may be overridden. For

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instance, confidentiality must be overridden in some circumstances to protect someone from child abuse, domestic violence, or elder abuse. In addition, confidentiality must be overridden to protect third parties, as when specified infectious diseases are required to be reported to public health officials. Widely accepted ethical guidelines Beauchamp and Childress, ; Gostin, ; Lo, identify such situations in which confidentiality may or must be overridden to protect a person or third party from harm: The potential harm to identifiable persons is of serious magnitude and high likelihood. Breaching confidentiality will allow steps to be taken to prevent harm.

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### Chapter 3 : 7 Reasons Why Research Is Important | Owlcation

*The research technique which the qualitative researcher uses is then to isolate and define phenomena/categories during the process of research in order to comprehend and learn, whereas the quantitative researcher's ambition is to determine the relationship between phenomena/categories already isolated and defined prior to the research.*

Whilst we live in multicultural societies most health researchers tend to take the cultural perspective of the majority ethnic group at the expense of the perspective of minority ethnic groups. This paper discusses the need for the development of culturally competent research in the UK. A snapshot review of research textbooks used in nursing curricula was conducted to identify whether culturally competent research was being promoted. The review found that whilst a few textbooks touched on ethnicity, race and culture, none of them addressed the issue of cultural competence. Subsequently the authors adapted their existing model of culturally competent health care practice, and in this paper they propose it as a model for the development of culturally competent researchers. The model put forward by the authors consists of four concepts: A culturally competent researcher is one who is able to apply the related skills and knowledge in project design, data collection, analysis, report writing and dissemination. Furthermore, the authors identify two layers of cultural competence, those of culture-generic knowledge and skills that are applicable across ethnic groups and culture-specific competence knowledge and skills that relate to a particular ethnic group. The relationship between these two layers is a dynamic and spiralling process as illustrated by the model. Current health policy in many developed countries focuses on inequalities of health and managing diversity, including ethnicity. Thus the authors conclude that the development of culturally competent researchers will lead to both valid research and culturally competent practice by health care professionals. Geiger proposes that as populations of patients grow ever more diverse, cultural competence and thus far included socio-biographical characteristics such as freedom from bias are becoming increasingly urgent responsibilities for health care providers and researchers. The authors believe that one of the explanations regarding this practice is the lack of appropriate terminology of race, ethnicity and training for researchers in issues relating to culture and culture is a source of continuing debate and will change because of fashion and political imperatives. It could be argued that this perspective leads to invalid or imprecise definitions, which leads to difficulties of measurement of research data. McKenzie and Crowcroft go so far as to state that discussion about research into cultural or ethnic standards for Culturally and Linguistically Appropriate groupings is often reduced to arguments about terminology. Managing diversity involves ethnic groups was generally not integrated into mainstream acknowledging that human society may be differentiated in a health policy and epidemiological data, which did not include data from many ethnic groups and did not have language as well as ethnicity which is usually the most visible, and giving equal respect to all categories and not applied to all groups. The authors lead to inappropriate policies. In Papadopoulos et al. They argued irrespective of methodology. This paper further refines the model and discusses its use for the development of culturally competent researchers. The findings of this review are reported in Box 2, column 2. Half of the textbooks did not contain in their index or contents pages any of the above concepts. The remaining Snapshot review of research textbooks only had a limited content, usually amounting to one or two short paragraphs. It should be stated that most and culture, they did so mainly in relation to the use of textbooks included chapters on ethnography and other ethnographic approaches and none of them addressed the related methods but the essence of the argument in this issue of culturally competent research. A model for the development of culturally competent researchers Box 1 Concepts Papadopoulos et

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al. The Culturally knowledgeable methods authors have developed these concepts to address culturally Culturally sensitive methods competent research Figure 1. Ethnicity Race Racism Cultural awareness Multicultural society Multiethnic society This begins with the researcher examining and challenging Globalization their own personal value base and understanding how these Cross-cultural research values are socially constructed. Contents " Translating an instrument and cultural equivalence. Investigation Health and Health Services. Open University Press, Buckingham. Parahoo K Nursing Research: Principles, Index " Culture Process and Issues. None Methods, Appraisal, and Utilization. Robson C Real World Research: Sackett DL et al. Racism Churchill Livingstone, New York. Partnership demands that power derived from anthropology, sociology and psychology is relationships are challenged and that real choices are offered. This knowledge is required because These outcomes involve a process of facilitation, advocacy caring for people in a multicultural society requires under- and negotiation that can only be achieved on a foundation of standing of similarities and differences as well as unequal- trust, respect and empathy. An example of cultural sensitivity ities in health which may be the result of structural forces is the matching the ethnicity of the interviewer and partici- in society such as the power of health care professionals pant whenever possible. This encourages a more equal and the role of medicine in social control. An example of context for interviewing which allows more sensitive and the application of cultural knowledge is the avoidance of accurate information to be collected. Whilst the authors encourage this as good Britain Douglas This practice can lead to stereo- practice, researchers should be aware that there are other typing, prejudice and discrimination. Therefore instead of gained awareness, knowledge and sensitivity. The most discounting unsuccessful attempts to translate concepts, important component of this stage is the ability to recognize researchers should collect and analyse them for insights into and challenge racism and other forms of discrimination as behaviour in that culture Brislin Finally and crucially, well as ethnocentricity. For example, to avoid an ethnocentric reporting and disseminating findings should be done in such a approach to analysis researchers should ensure that they way to reach all stakeholder groups. To ensure that a research design is sensitive to ethnic and Through their experience in various research projects the cultural backgrounds of participants, consumers should be authors have now modified and further developed the involved at this stage and throughout. In terms of data original model for use by all health researchers working in collection researchers should ensure that interviews are a multicultural environment see Figure 2. If this is the case researchers should ensure those of culture-generic and culture-specific competence. Culture-specific compet- translation efforts. These two versions are then compared to ence refers to the knowledge and skills that relate to a determine the accuracy of the translation of the original particular ethnic group and that would enable the researcher transcript. This involves examining As can be seen in Figure 2 culture-generic competence is a descriptions and measures of concepts as they are translated prerequisite to developing culture-specific competence, which across languages. This is seen as a dynamic and spiralling process not. These skills are also a prerequisite to developing specific whereby further layers of culture-specific competence con- cultural competency skills, which also further enhance the tinue to be added as the researcher moves to investigate other generic cultural competency skills. The authors recommend ethnic groups. This accumulation of culture-generic and that all training of health researchers should address urgently culture-specific competence will enhance other research skills the development of cultural competency. This dynamic to enable the researcher to conduct high quality research in a process of skill development will lead to high quality, valid multicultural society. Moreover, the Furthermore, because of the increased use of evidence rationale for being culturally aware, culturally knowledge- based practice in nursing, nurse practitioners are required to able, culturally sensitive and culturally competent is the be more reflexive in their practice and to take on the same whether one is a healthcare provider or a health dimensions of being an action researcher throughout their researcher. For example, it is as important for researchers, working lives. Thus the development of culturally competent as it is for practitioners, to be aware of their own cultural research will lead to culturally competent nursing practice. The only difference between a culturally References competent practitioner and researcher lies in the

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applica- tion of their specific skills; that is whilst a practitioner Ashworth P. Thomas Executive Press, San Francisco. Social Conclusion Care and the Law. It is therefore of the the research process. Health Education Journal 57, â€” Generic cultural competency cultural competence. British Journal of Nursing 8, city and culture in medical research. British Medical Journal , â€” Journal of Advanced Nursing 20, â€” Principles, Process and Issues. American and Hispanic people: Government Printing Office, Washington.

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### Chapter 4 : Developing culturally competent researchers | Shelley Lees - calendrierdelascience.com

*This section has discussed only some of the many research concerns impacting ethnic minority groups: failure to report, lack of diversity among researchers, inappropriate study of ethnic minorities, and culturally insensitive assessment instruments.*

Introduction Empirical scientific research within the social science tradition is often seen in favour of using objective, quantitative measurement, since social research intends to duplicate the way of carrying out research within the natural science tradition. According to this paradigm social reality is to be understood as an objective entity, and it is the job of the scientist to uncover this entity bit by bit – to go out and find the truth. Data about some phenomena is unconnected to the researcher, who is collecting them – they were there before he came and they will be there to be collected by some other researcher afterwards. Another thing is that one can question the prerequisite of social reality studied as "objective truth", since in fact what we believe to be "the truth" seems to have changed over time. This paradigm is described using words as post-positivistic, phenomenological, post-modern, etc. To study life worlds instead of an objective reality also suggests another method of research with an interpretative approach – qualitative research method. The implication is that social research will benefit from being performed as field research BURGESS based on interaction between the researcher and the individuals studied. In comparison, the researcher carrying out quantitative research will ask how many? Why are women more sceptical of the EU than men? The exact period where many archives were established – e. In fact, the entire practice of archiving data seems to have matured in line with the logic and techniques of quantitative research method. Viewed in this perspective, our practice has overlooked research strategies within social science not constituted of numerical measurements. The outcome is that vast amounts of Danish research data has been neglected. Data archives all over the world have become aware of this fact and have taken initiatives to compensate for this development – most known is properly ESRC Qualitative Data Resource Centre, Qualidata , in the UK. The Qualitative Research Process Below is a description of the research process when using qualitative method. It should be derivable from this description how the role of qualitative researcher differs from the role of the quantitative researcher. This split is not made to imply that researchers ought to work in this orderly progressing way – in fact this is probably impossible. The answers to these questions will become the background for carrying on with fieldwork, analysis and reporting. Here I will relate to interviews as technique for data collection, because it is our belief at the DDA that this is the most widespread technique. KVALE provides the following definition for the qualitative research interview: The argumentation is very simple, since conversation is the common technique we all use to learn about phenomena in our world this technique could obviously be used for research purposes, too. What is the time schedule and how do the different steps interrelate? When the chosen technique is interviews, designing the research project will be to determine which kind of interviews to use – personal, collective focus group , expert, etc. Such criteria could be based on demographic variables, but they might as well be based on "subtle" criteria such as life style characteristics or presence in a specific context. Sometimes the researcher will aim for similarity among respondents and sometimes for dissimilarity. One example of a technique used to select respondents is the so-called snowball sampling technique. Instead of deciding ahead of time who is going to be interviewed, the researcher selects respondents gradually by asking the first respondent to suggest who to interview next, and then asking the second respondent to pick the third and so forth. The exact number of respondents will depend on the subject investigated. KVALE tells the qualitative researcher to interview "as many subjects as necessary to find out what you need to know" p. The interview guide is typically without specification of how to formulate exact questions, and questions will be open-ended to encourage the respondents to give long elaborated answers. When videotaping, visual aspects of the interview situation are, of course, captured as well. Some authors argue that these recordings contain a richer representation of the interview situation than tape e. KVALE , and it is expected that the use of video

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will increase in the future. The importance of these notes as data material will vary among researchers. The researcher will often write these notes by hand and some will later type and store them as text files, while others will use them in the handwritten form. Even if recalling is a very insecure way of collecting data, recalling has advantages in relation to the goal of getting "non-verbal" information as well KVALE This raises questions concerning the ethical responsibility and calls attention to how the use of qualitative method differs from quantitative research. I will comment further on this in the following section. Such standards for transcription can be conceptualised as a continuum "from a transcript incorporating almost every sound or silence recorded breaks, sighs, stammer, etc. Transcripts are decontextualised conversations, they are abstractions, as topographical maps are abstractions from the original landscape from which they are derived" KVALE , p. Specific comments in the transcript will probably trigger a multi-faceted recollection of the interview situation". If a hired interviewer carries out the interviewing, this possibility is, of course, eliminated. Coding of data might be done using one of the computer-based analysis program packages e. However, whether one chooses to use a computer program or not, it is the researcher who defines and names the categories of data. The analysis is to be viewed as the movement from the particular to the general McCracken , since the objective is to comprehend the overall "narrative". The result of the analysis should be that codes connect to each other in what can be conceptualised as a web of meanings. However, tests of generalizability, reliability or validity will be performed intuitively by the researcher at all stages of the research process, although there hardly ever seems to be any explicit evidence of verification taking place. Countless other examples could be given. The Qualitative Research Process as a Barrier to Archiving To compare the general picture outlined above, the qualitative researcher must be expected to feel very personally involved in every step of the research process, because every consideration and decision will have to be based on entirely personal grounds. Below I will argue that this role complexity can be related to three different themes: Whether it is the researcher or an assistant who is doing the interviewing, forming relationships with respondents seems to be rather inevitable. While interviewing, the interviewer uses his personal empathy to make the respondents feel more at ease and therefore more willing to tell "their story". The result is that the researcher most often will experience a close relationship with the respondents and probably feel obliged to protect data from "outsiders" as e. They might arrive at conclusions, which in the eyes of the researcher are disloyal or unfair to the respondents. The respondents in the qualitative study will not be anonymous to the researcher as they will be in the quantitative study. Firstly data is collected during interaction between respondent and researcher, which points to dependence between data and researcher. Secondly the researcher collects a large amount of data from a limited number of respondents. This data material consists at a minimum of interviews, field notes and "recollection". The researcher will have fewer respondents than the quantitative researcher. This means that the researcher is dependent on a few respondents revealing a lot of personal information in order to get around the research question and in the end to be able to answer it. This also adds to the responsibility put upon the researcher. No matter how thoroughly the transcript is done, "translation" has to be done with unavoidable inaccuracies, mistakes and interpretations KVALE When analysing an interview transcript the researcher might feel that he is the only one who is able to use data with the proper caution. This too adds to the fact that the qualitative researcher will cling to his data material since he feels at risk if he allows other researchers access to the data. Needless to say, qualitative interpretation encompasses no possibility of reference to exact means of interpretation as quantitative interpretation does. On these grounds it must be expected that the researcher will be inclined to cling to his data and resist archiving. This practice is unquestioned by qualitative researchers, who seems inclined to regard their data as very personal belongings. However, as stated in the beginning of the paper, the Danish Data Archives wants to widen the kind of data material it archives and initiatives are taken to obtain qualitative data, too. It should be stated that this initiative must be regarded in relation to similar initiatives taken by data archives and universities around the world. For instance Qualidata was founded back in However, the prerequisite for DDA obtaining qualitative materials requires the approval from the Danish research community. However,

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seen from the perspective of a data archivist this storage medium has obvious limitations. Firstly, data risks obsolescence due to change in software products and program versions. This means that even the researcher who has the data will risk his future access to his own data. Secondly, access to data is limited to the researcher who has collected the data, although a data material is often of great interest to other researchers. Thirdly, as society we need to document scientific research whether it is quantitative or qualitative. A prerequisite for obtaining qualitative data is that the archive is capable of complying with demands from researchers—this will define the role of the archive. In other words, archiving of qualitative data will not make them less suited for acting the role as responsible qualitative researcher. In the following part it is presented what the archive is able to offer as well as what the archive should be able to offer. Erase or change all names in transcripts and other material Erase information pointing directly to an individual [50] An interview transcript or field note will sometimes contain names of the respondent or individuals mentioned by the respondent as well as information that points at one specific individual. In order to respect the anonymity of the respondents it is therefore necessary to erase or sometimes change information. Proper metadata documentation is the basis for archiving, since documentation is the basis for "making sense" of data—especially considering re-use of data by other researchers, documentation has immediate relevance. The archive must offer that donor is met with extensive documentation demands such as description of information research tactics—criteria used for choosing respondents, copy of interview guide and other material used as "back up", etc. It is our wish to apply the principles of the Data Documentation Initiative the DDI to archiving of qualitative data, since it is our ambition to provide a "universally supported metadata standard for the social science community" The Norwegian Social Science Data Service , p. The decision to apply the DDI standard to the documentation of qualitative data must be regarded in relation to the decision of other data archives to use the DDI. Why was the research project done? How was the research project done? But the questions are to be viewed as cornerstones for the removal of barriers to archiving qualitative data. In the DDA we expect to learn a lot from the experience already gained, e. Donor determines the extent of the period before data becomes available. Donor is in full control of who receives the material. Donor is informed whenever material is distributed. Timing before availability When a researcher hands in material he will be asked to provide a date when his data can be made available for distribution. Some researchers will, of course, not allow access to data at all. A lot of researchers would probably prefer a period where data access is relatively restricted. Control of who is given material The dissemination of quantitative data materials has so far been regulated by six access categories. Category 1 stands for free access for reuse for anybody and the other five categories are different variations of access restrictions. Corresponding categories could be used for qualitative materials. In relation to timing before availability one would expect a researcher to use the more restrictive categories at first and then—after some time—be ready to place less restriction on re-use of the material.

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### Chapter 5 : Developing culturally competent researchers.

*Researchers within the naturalistic paradigm emphasize understanding the human experience as it is lived through the collection and analysis of subjective, narrative materials using flexible procedures that evolve in the field; this paradigm is associated with qualitative research.*

Davidson and Claire Palermo. This is an open access article distributed under the Creative Commons Attribution License , which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited. Abstract Evidence-based practice is the foundation of nutrition and dietetics. To effectively apply evidence-based practice, health professionals must understand the basis of research. Previous work has identified the lack of involvement of dietitians in research. As part of a curriculum redevelopment in undergraduate nutrition and dietetics courses, research skill teaching was enhanced. This study evaluated the effect of a new, year two level nutrition research methods unit on the perceived research skills of students. The unit consisted of two key components: Prior to commencement and on completion of the course, students completed a modified version of the Research Skills Questionnaire. Results demonstrated that self-perceived competence increased by a small degree in a set of specific research skills as well as in broader skills such as information gathering and handling, information evaluation, ability to work independently, and critical thinking. The new research unit was also evaluated highly on a student satisfaction survey. Despite these positive findings, students indicated that their general feelings towards research or a career in research were unchanged. Introduction Health professionals are increasingly working within the evidence-based practice paradigm to support the provision of safe and quality care for their patients. Evidence-based practice is defined as the careful and considered use of up to date best evidence in making plans to improve the health of individuals and populations [ 1 ]. To be able to successfully implement evidence-based practice, health professionals must first understand research methodology to enable informed critique of relevant evidence. Despite evidence-based practice being a core standard for all health professionals, few health practitioners are engaged in research [ 2 ]. Nutrition and dietetics are a health profession concerned with the treatment and prevention of nutrition and lifestyle related diseases of individuals, groups, and populations, by influencing eating behaviors and the wider food environment affecting sustainable and nutritious, food supply, policy, and intake. Previous work has identified the lack of involvement of dietitians in research [ 3 ] and a range of barriers reported as factors influencing this level of commitment [ 4 ]. Together with perceptions and attitudes towards evidence-based practice, knowledge of research, years of experience, and mandate for research within job role have been shown to be the greatest predictors for dietitians involvement in and capacity for research [ 5 – 7 ]. A recent randomized controlled trial demonstrated that involvement in tailored education, regardless of format, increased research self-efficacy of dietitians [ 8 ]. For dietitians to be able to more effectively contribute to improvements in health, there is a need for greater investment in research capabilities [ 9 ]. Little is known about what predicts research outcomes for nutrition professionals not involved in patient care. The development of research skills for many health professions commences in undergraduate education yet there is limited evidence regarding effective research teaching and learning approaches. In nutrition and dietetics, the literature suggests that hands on, real life, independent research experiences are valued by students [ 10 ] and that personal interest, leadership from role models, and supervisors influence attitudes towards research [ 11 ]. It has been suggested that research skill development for dietitians should commence early in undergraduate training, be contextualized, and involve real experiences [ 11 ]. This research aimed to evaluate the effect of a new, undergraduate year two level, nutrition research methods unit on research skills ability of students. Teaching and Learning Approach As part of a curriculum redevelopment at the study university in an undergraduate nutrition and dietetics course, research skill teaching was enhanced. Based on a review of the evidence, research skills teaching and learning were integrated across all years of the curricula focusing on early yet contextualized research methods

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learning and hands on experiences Table 4. This study is focused on one of the subjects implemented in year two of the integrated curriculum: Applied Research Methods in Nutrition. The unit is compulsory for all students enrolled in the Bachelor Nutrition and Dietetics and Bachelor Nutrition Science. The detailed unit blueprint is illustrated in Figure 1. The course consisted of two key components: Through the purposive design, students were invited to partake in the whole research process, with their peers, in a safe and supportive classroom setting, yet solving a realistic priority nutrition issue. Two academics, both early career researchers themselves Zoe Davidson and Claire Palermo , coordinated the unit in tandem. Unit blueprint detailing learning outcomes and associated teaching activities and assessment. The class research project was designed and implemented by the students. Academic staff provided the broad topic area low FODMAP fermentable oligosaccharides, disaccharides, monosaccharides, and polyols diets from which research questions will be developed. The students chose a randomized, crossover controlled study, with qualitative semistructured interviews to answer their research questions. Teachers guided the students through the research process in a two-hour whole of class group discussion each week. For example, one of the teachers would remind students of content learnt in the previous year, such as developing a research question, and then students would work in small groups to brainstorm elements for their study, feedback to the whole group, and then the teacher would facilitate discussion to achieve consensus on how the whole group wished to proceed to the next step of the research process. Students were briefed in the introductory lecture that this unit required them to show initiative and independence and that without their input in class the study would not be a success. The learning from this experience was summatively assessed via an individual student scientific paper submission, whereby students chose one of the class research questions to write up as a journal article following style guides common of a nutrition and dietetics journal. Students also completed a systematic review of the literature in groups of five. The systematic review process was completely independent of the class research project, with students completing the review in an area decided with their tutor. The review process was facilitated by department academics in a series of student led tutorials incorporating peer based learning principles [ 13 ]. Student groups participated in a single one-hour tutorial once per week for the 12 week semester with their tutor. Academics and students were provided with a tutorial manual which outlined key tasks to achieve each week in order to ensure completion of the review process within the semester. Students were provided with formative feedback in week four regarding their question and search strategy. The learning from the systematic review was summatively assessed via a group paper submitted in accordance with the PRISMA guidelines on reporting the systematic literature reviews [ 14 ]. As a part of the systematic review component of the unit, students participated in a peer assessment process, using the principles of effective peer assessment [ 15 ] whereby students were empowered to take responsibility for their performance and learning [ 16 ]. In the first tutorial of semester, each small group set criteria to which they would assess their peers on. At the end of semester, students completed an assessment of each member of their group and provided this to their tutor. Evaluation All students enrolled in the unit in were invited to participate in this research and informed consent was obtained. Ethics approval was granted by the relevant university human research ethics committee approval number: A pre-post evaluation was used to measure change in self-perceived research knowledge and skills. Students were then asked to complete the same survey on completion of the unit. Attitudes toward research were assessed on a scale of 1 to 7. Students were also asked to qualitatively describe their understanding of research and their general feelings towards research such as motivation, interest, involvement, and stimulation and if they would consider a career in research after graduation. This item questionnaire asked students to rate their satisfaction with elements of teaching and learning on a scale of one to five where one corresponds to strongly disagree and five equates strongly agree. The evaluation explores the ability of the teaching and learning to allow students to achieve learning objectives, its intellectual value, and appropriateness of resources, feedback, and effectiveness of staff Table 3. Only students who completed both pre- and postsurveys were included in the analysis to assess change in perceived research skills. Wilcoxon Signed Ranks Test was used to assess if there was a difference between

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self-perceived competence in research skills and attitudes towards research prior to and following the completion of the unit. In order to establish if those who completed the pre- and postsurvey were different from those who completed the presurvey only, we also statistically evaluated if there was a difference in the above variables of interest between these two groups using Mann Whitney- tests. Significance was considered at .05. Qualitative text responses were analyzed using a content analysis approach [ 18 ] by Claire Palermo, guided by qualitative description methodology [ 19 ], whereby text was coded and the most common codes developed into the main ideas from the data which was later verified by the other authors Zoe Davidson. All students who responded to unit evaluation questionnaire were included in the analysis and descriptive statistics reported for each item on the questionnaire. Results There were 46 respondents to the survey at the commencement of the unit. Twenty-two students responded to the post-RSQ; however, only 17 students completed the survey in its entirety. Forty students responded to the unit evaluation questionnaire. There was no significant difference between the students who completed both the pre- and postsurvey compared to those who completed the presurvey only with the exception of two areas. Students who completed both surveys had a higher perceived competence in time management median IQR: The analysis revealed that the teaching and learning strategies increased self-perceived competence in all of the specific research skills assessed Table 1 ; however, these increases were small often representing an increase of 1 point in the point scale. The unit also resulted in small improvements in self-perceived competence in several broader skills including information gathering and handling, information evaluation, ability to work independently, and critical thinking. There were no reported changes in self-perceived communication, literacy, numeracy, project management, teamwork, or problem-solving skills Table 1. There were also no changes in attitudes towards research following completion of the unit Table 2. Self-perceived competency in broader and specific research skills prior to and following the completion of a nutrition research methods unit. Student attitudes towards research prior to and following the completion of a nutrition research methods unit. Applied research methods in nutrition student evaluation results. Blueprint of research skills teaching in nutrition and dietetics curricula. Similarly, qualitative analysis revealed that there was no change in any of the general feelings towards research or a career in research after participation in the unit. Prior to commencement of the unit, students described research as a systematic process used to test hypothesis and gather information on a topic for which there is a need to know more about. At the conclusion of the semester, students described research as a process whereby they can discover something new by undertaking a study or using existing evidence. They also saw the value of research in contributing to answering the questions that arise out of practice more after completing the unit: An unintended evaluation was the number of groups progressing their systematic literature review to publication in a peer-reviewed journal. At the time of submission, one of the ten groups has had their manuscript accepted for publication; one is under review; and two are in the final stages of drafting their manuscript for of publication. Discussion This research aimed to evaluate the effect of a year two undergraduate research methods unit on research skills of students. We found that the unit increased self-perceived competence in designing, sampling, recruiting, collecting, analysis, and communicating research. The unit also increased information gathering, handling, and evaluation and the students self-perceived ability to think critically and work independently. Despite the statistical significance of these changes, the effect size was relatively small with self-perceived competence in research skills increasing in most variables by 1 point on the point scale. Of note, however, is the shift in the range of scores, with the minimum increasing across many variables by up to 5 points indicating that those with the lowest perceived competence in research skills may benefit more from this teaching and learning strategy. There is also inherent difficulties with using ordinal scales, in that it is difficult to fully understand the impact of a change in 1 point in perceived confidence. The sample demographics, while drawn from one institution, are representative of nutrition and dietetics students across Australia, young and predominately female [ 20 ], and therefore the findings may be generalizable to another undergraduate nutrition education. The findings show that this simulated, classroom based, nonresource intensive learning experience had the capacity to develop the

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research skills of students. It adds to the minimal literature in nutrition on teaching and learning strategies to promote research skill development and may also be of benefit to other health professions with similar student demographics. The findings are congruent with previous research in nutrition students that has shown the enjoyment and development of research skills through experiencing research itself [ 21 , 22 ]. The approach presented in this study offers a scaffold from which to create strong foundation for applied research prior to when students are in practice. This has the potential to enhance their real world research experience by preparing them more effectively. This is perhaps further evidence of the successful scaffolding of research teaching and learning between years one and two of the curriculum.

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### Chapter 6 : Developing Research Competence in Undergraduate Students through Hands on Learning

*DESIGN: A snapshot review of research textbooks used in nursing curricula was conducted to identify whether culturally competent research was being promoted. RESULTS: The review found that whilst a few textbooks touched on ethnicity, race and culture, none of them addressed the issue of cultural competence.*

Info Competency-based CVs for researchers If you are moving to a new employment area, a competency-based CV is particularly useful to show how your skills could transfer. It enables employers to see at a glance how your experience and skills match the needs of the job. It includes similar information to the more familiar chronological CV but the material is organised under a different sequence of headings. The central element of this type of CV is a competency profile. The profile lays out the range of competencies and attributes that you have developed as a researcher, matching them to the requirements in the job specification. This may help dispel stereotypical thinking about your academic background. To be effective, competency-based CVs need careful design and more preparation than a chronological CV , but it can have a greater impact if done well. However, it can look unfocussed if you have not thoroughly researched the job and the evidence of your competencies. The structure of a competency-based CV might be around the following headings: Personal profile or career aim: Use it to show your career motivation and how you match the required skills. Make sure that the rest of the CV has evidence to back this up. Highlight your career aim and, if relevant, give your rationale and motivation to move into a new work domain. Take care to make the statement positive and professional. Do not include vague or general remarks or exaggerate your talents. For help creating your own profile and identifying supporting evidence, look at our advice on assessing your capabilities. Provide detailed evidence of how each competency has been developed and used successfully. Examples of evidencing competencies Evidence Confident communicator Ability to write for a variety of audiences. Produced regular well-received reports for my research sponsors; wrote a newspaper article outlining my research findings for the general public; wrote a successful doctoral thesis and published two journal articles for academic audiences. Received very positive end of term feedback from students on my teaching. Developed confidence in public speaking through giving papers and talks at conferences and meetings. Project management Manage my research and teaching workload by setting priorities, planning, and monitoring progress, ensuring I meet deadlines and budgets set by external sponsors. Responsible for organising two well-attended and profitable social events at my local tennis club in the past year. Problem solving Take an analytical and systematic approach to research problems, looking for patterns and key issues. Look for logical solutions on the basis of past experience or novel ideas in the research literature, as well as seeking advice and opinion from colleagues. If you are moving to a new career area, your research subject may be of less relevance than your competencies and attributes, but see Presenting your research on marketing your research experience to different audiences. Include unpaid work if this adds weight to your case. They show different approaches to presenting a range of experience, subject and style. Alan MacDonald , part-time doctoral researcher, arts and humanities and teacher.

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## Chapter 7 : When to Use Which User-Experience Research Methods

*society might be more polarized now than in the recent past, but if the purposes of research design in explanatory personality, experience etc.) then a white.*

User Testing 8 Summary: Modern day UX research methods answer a wide range of questions. To know when to use which user research method, each of 20 methods is mapped across 3 dimensions and over time within a typical product-development process. The field of user experience has a wide range of research methods available, ranging from tried-and-true methods such as lab-based usability studies to those that have been more recently developed, such as unmoderated online UX assessments. Unfortunately many design teams only use one or two methods that they are familiar with. The key question is what to do when. Behavioral Context of Use The following chart illustrates where 20 popular methods appear along these dimensions: Each dimension provides a way to distinguish among studies in terms of the questions they answer and the purposes they are most suited for. Behavioral Dimension This distinction can be summed up by contrasting "what people say" versus "what people do" very often the two are quite different. On the other end of this dimension, methods that focus mostly on behavior seek to understand "what people do" with the product or service in question. Between these two extremes lie the two most popular methods we use: They utilize a mixture of self-reported and behavioral data, and can move toward either end of this dimension, though leaning toward the behavioral side is generally recommended. In field studies and usability studies, for example, the researcher directly observes how people use technology or not to meet their needs. This gives them the ability to ask questions, probe on behavior, or possibly even adjust the study protocol to better meet its objectives. Analysis of the data is usually not mathematical. By contrast, insights in quantitative methods are typically derived from mathematical analysis, since the instrument of data collection e. Having such numbers helps prioritize resources, for example to focus on issues with the biggest impact. The following chart illustrates how the first two dimensions affect the types of questions that can be asked: The Context of Product Use The third distinction has to do with how and whether participants in the study are using the product or service in question. This can be described as: This provides greater validity but less control over what topics you learn about. Many ethnographic field studies attempt to do this, though there are always some observation biases. Intercept surveys and data mining or other analytic techniques are quantitative examples of this. The degree of scripting can vary quite a bit, depending on the study goals. For example, participatory-design methods allows users to interact with and rearrange design elements that could be part of a product experience, in order discuss how their proposed solutions would better meet their needs and why they made certain choices. Concept-testing methods employ a rough approximation of a product or service that gets at the heart of what it would provide and not at the details of the experience in order to understand if users would want or need such a product or service. Most of the methods in the chart can move along one or more dimensions, and some do so even in the same study, usually to satisfy multiple goals. For example, field studies can focus on what people say ethnographic interviews or what they do extended observations ; desirability studies and card sorting have both qualitative and quantitative versions; and eyetracking can be scripted or unscripted. Phases of Product Development the Time Dimension Another important distinction to consider when making a choice among research methodologies is the phase of product development and its associated objectives. In the beginning phase of the product development, you typically consider new ideas and opportunities for the future. Research methods in this phase can vary greatly. Research in this phase is mainly formative and helps you reduce the risk of execution. At some point, the product or service will be available for use by enough users so that you can begin measuring how well you are doing. The table below summarizes these goals and lists typical research approaches and methods associated with each: