※ 注意：請於試卷內之「非選擇題作答區」依序作答，並應註明作答之大題及小題題號。

一、請依照下面文章回答問題：

1. What would be the most suitable title of this paragraph? (5分)
   A. Potential Users of the Uniform Requirements
   B. How to Use the Uniform Requirements
   C. Ethical Considerations in the Conduct and Reporting of Research
   D. Potential Conflicts of Interest Related to Commitments of Editors

2. How frequently does the International Committee of Medical Journal Editors hold a meeting? (5分)
   A. Every week
   B. Every month
   C. Every season
   D. Every year

3. Which statement is correct according to this paragraph? (5分)
   A. The Uniform Requirements is suitable for every journal.
   B. The recommendations in the Uniform Requirements are evidence-based.
   C. The recommendations in the Uniform Requirement arise from the shared experiences of many editors and authors.
   D. The purpose of the Uniform Requirements is to set a minimum standard for authors of writing or editing a research article.

A small group of editors of general medical journals met informally in Vancouver, British Columbia, in 1978 to establish guidelines for the format of manuscripts submitted to their journals. The group became known as the Vancouver Group. Its requirements for manuscripts, including formats for bibliographic references developed by the National Library of Medicine, were first published in 1979. The Vancouver Group expanded and evolved into the International Committee of Medical Journal Editors (ICMJE), which meets annually. The ICMJE gradually has broadened its concerns to include ethical principles related to publication in biomedical journals.

The Uniform Requirements state the ethical principles in the conduct and reporting of research and provide recommendations relating to specific elements of editing and writing. These recommendations are based largely on the shared experience of a moderate number of editors and authors, collected over many years, rather than on the results of methodical, planned investigation that aspires to be "evidence-based." Wherever possible, recommendations are accompanied by a rationale that justifies them; as such, the document serves an educational purpose.

Authors will find it helpful to follow the recommendations in this document whenever possible because, as described in the explanations, doing so improves the quality and clarity of reporting in manuscripts submitted to any journal, as well as the ease of editing. At the same time, every journal has editorial requirements uniquely suited to its purposes. Authors therefore need to become familiar with the

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specific instructions to authors published by the journal they have chosen for their manuscript—for example, the topics suitable for that journal, and the types of papers that may be submitted (for example, original articles, reviews, or case reports)—and should follow those instructions.
(Uniform Requirements for Manuscripts Submitted to Biomedical Journals: Writing and Editing for Biomedical Publication. (Updated October 2007), download from www.ICMJE.org.)

二、請依照下面文章回答問題：

1. 請給下文內容一個「英文」標題，請勿過長。(5分)
2. 何謂PROs, 評量PROs之重要性何在（請以中文作答）？(10分)
3. PROMIS 計畫之目標為何（請以中文作答）？(10分)

In a process involving hundreds of scientists in 2002, the National Institutes of Health (NIH) identified high-priority scientific opportunities and needs the agency should pursue. Criteria used to identify the most important initiatives included: goals that could not be accomplished by a single institute, but were the responsibility of the NIH as a whole; initiatives that the NIH could not afford *not* to do; initiatives that no other entity could or would do; and initiatives that would transform biomedical research. This "Roadmap for Medical Research" included, as 1 of 3 major theme areas, the goal of "re-engineering the clinical research enterprise." Initiatives developed under this roadmap theme are intended to facilitate and enhance clinical research in numerous ways, including promoting integration of clinical research networks, harmonizing regulatory processes, revolutionizing clinical research training, and developing technologies to improve clinical outcomes assessment. This supplemental issue of *Medical Care* describes the last of these initiatives, the Patient-Reported Outcomes Measurement Information System (PROMIS)—its rationale, the funded network, and the network's conceptual, analytic, empirical work, and goals.

One clinical research issue highlighted by the roadmap process was the need for more valid, reliable, and generalizable measures of clinical outcomes that are important to patients. Conventional measures of disease status do not fully capture the ways that chronic diseases and their treatment affect individuals. Many aspects of patients' subjective experience, such as symptom severity and frequency, emotional and social wellbeing, and perceived level of health and functional ability, are important targets for disease intervention. Measurement of patient-reported outcomes (PROs) is particularly important in clinical trials, where laboratory or imaging results may not translate into important benefit to patients, or in trials where 2 treatments may be comparably effective, but have different adverse-effect profiles that differentially affect symptoms, functioning, or other aspects of patients' quality of life. The identified need for improved PRO measurement engendered an NIH request for applications to develop a validated, dynamic system to measure PROs efficiently in study participants with a wide range of chronic diseases and demographic characteristics. The intent was to create a collaborative group of funded investigators that would take advantage of computer technologies and advances in modern measurement theory to develop an improved tool for measuring PROs. The broad objectives of the PROMIS project were to: (1) develop and test a large bank of items measuring PROs; (2) create a computerized adaptive testing system that will allow for efficient, psychometrically robust assessment of PROs in clinical research on a wide range of chronic diseases; and (3) create a publicly-available system that can be added to and modified periodically, and that will allow researchers to access a common item repository and a computerized adaptive

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test (CAT).
(From: Medical Care, 2007;45(5) Suppl 1, S1-S2.)

三、請翻譯以下內容:(20 分)

Dependent Variables

Using the approach described by Kazdin (1982) and Deitz (2006), target behaviors were selected and operationally defined and strategies for assessment were identified. This process was completed for both undesired behavior and engagement. In this process, an interdisciplinary team was consulted, literature was reviewed, and pilot ratings were completed to ensure the relevance and repeatability of these measures. Interrater agreement was checked both before data collection and throughout the data collection process.

Undesired behavior. Undesired behavior was defined as those behaviors that interfere with task engagement and participation in daily activities. Two processes were used to operationalize undesired behavior for coding. First, undesired behaviors commonly observed in ASD were identified through a literature review. Next, each child's unique undesired behaviors were identified through caregiver report and observation by the primary investigator during the familiarity period of the study. This information was combined to produce a list of undesired behaviors that might be displayed by the participants during data collection. Data collectors referred to this list to judge whether participants displayed undesired behavior during the tabletop activity segments. For 42% of the completed data collection forms, interobserver agreement for undesired behavior was calculated using the point-by-point method (Kazdin, 1982). Agreement for undesired behavior ranged from 85% to 100%, with a mean of 91%.

Engagement. Engaged behavior was defined as intentional, persistent, active, and focused interaction with the environment, including people and objects. This definition purposefully did not require typical use of the tabletop materials to capture all interactions that held meaning for each child. Participant behaviors were coded as *engaged* if an object was used in a manner that was clearly playful or imaginative and that appeared to have meaning to the child. For example, when a child used a marker to color on his hand and directed his gaze toward his coloring, his behavior was coded as *engaged.* When a child bit or chewed on a marker while looking across the room, his behavior was coded as *not engaged.* Again using 42% of the completed data collection forms, interobserver agreement for engagement was calculated using the point-by-point method (Kazdin, 1982). Agreements for engagement ranged from 81% to 100%, with a mean of 95%.

(From: Watling, R L. & Dietz, J (2007) Immediate Effect of Ayres's Sensory Integration–Based Occupational Therapy Intervention on Children With Autism Spectrum Disorders. AJOT V.61 No.5)

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四、本篇文章，作者採用 **Definitional Rule #2：Parsimony** 評論 **Occupational Therapy Practice Framework**，請解釋其涵意並舉出 2 個文中例子說明。(20 分)

Definitional Rule #2: Parsimony

The definitional rule for parsimony can be stated as follows: the particulars assigned to one term must not be assignable to another term unless there is a logical explanation. Violation of this rule occurs when definitions refer to sets of particulars that are overlapping. Ambiguous terminology makes it impossible to figure out whether a particular should be classified under one concept label (term) or another (Kerlinger, 1986, p. 26).

Redundancy is a special case of overlap, where all particulars applying to one term also apply to another term. For example, synonyms such as *weightiness* and *heaviness* are redundant to each other. The same particulars can be assigned to either term (or at least to one common definition of each). As Mosey (1970) stated, "Excessive, overlapping, and redundant terms are avoided" (p. 7). In discussing taxonomic and terminological issues, authors of the ICF put it this way: "[Definitions] must uniquely identify the concept intended by the category" (WHO, 2001, p. 217).

Often more confusing than total redundancy is the case where some but not all of the particulars of one concept have dual identities as particulars of another concept. For example, consider the definition of *worker* as a paid employee, and consider the definition of *helper* as a cooperative person who may be paid or unpaid. Given these definitions, particular people might be workers but not helpers, some might be helpers but not workers, and some might be both. Kerlinger (1986) would say that these two concepts, *worker* and *helper,* are at different levels of discourse and cannot be used as logical definitions unless the levels of discourse are logically explained. One level of discourse deals with whether the person is paid or not, and the other deals with whether the person is cooperative or not. The scientist would do best by abandoning the ambiguously overlapping concepts *helper* and *worker*, and develop concepts oriented to payment (or not) and level of cooperation. The scientist can then go on to study the relationships between these two concepts and other concepts in the domain of concern. If the scientist does not deal with this problem of partial overlap, counting is impossible, because there is no logical way of counting whether a cooperative person who is paid should count as a worker, as a helper, as neither, or as both.

Applying the Rule of Parsimony

In the Framework, the following terms overlap with each other in unexplained ways: *occupation, activity, purposeful activity, occupational performance, engagement in occupation,* and *participation* (please see Table 2). We have already considered the ambiguities surrounding the multiple definitions of *occupation* and *activity*. Unambiguously and operationally, can one distinguish between an *occupation* and an *occupational performance*? What rules would one use to make such a distinction? Is it possible for one to occur without the other? If the terms do indeed refer to different phenomena, what is the link between them?

And what is the difference between *occupation* and *engagement in occupation*? The Framework's glossary definition of *engagement in occupation* refers to *commitment, self-choice, and motivation* as well as to objective aspects of involvement (AOTA, 2002, p. 631), but all of these descriptors apply to *occupation* even when not accompanied by the term *engagement*. What precisely is added to the meaning of the term *occupation* by using the word *engagement*?

The same problem of ambiguous overlapping applies to the use of the term *participation*, which is defined in

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the Framework glossary as "involvement in a life situation" (AOTA, 2002, p. 632). Is it possible to *engage* in *occupation* without being involved in a life situation? If one is involved in a life situation, is one not *engaged* in *occupation*?

Consider the key statement: "Engagement in occupation to support participation in context is the focus and targeted end objective of occupational therapy intervention (AOTA, 2002, p. 611). What does "engagement in occupation to support participation" mean if the three terms *engagement in occupation, occupation,* and *participation* are synonymous or overlap with each other? Is there any good reason why one could not just as well say "participation to support engagement in occupation," or "participation to support occupational performance," or "occupational performance to support participation"? On page 615, the statement is made: "'Engagement in occupation' is viewed as the overarching outcome of the occupational therapy process." Assuming that the "focus and targeted end objective of occupational therapy intervention" is the same thing as "the overarching outcome of the occupational therapy process," the Framework is logically equating "engagement in occupation to support participation" and "engagement in occupation." Given its superfluity, what can "participation" then mean?

Table 2. Inconsistencies With the Logical Rule of Parsimony (i.e., the Particulars Assigned to One Term Must Not Be Assignable to Another Term Unless There Is a Logical Explanation)

Terms	Framework Definitions/Descriptors	Implications Leading to Inconsistencies
Activity	See Table 2 and the following definition: ". . . human actions that are goal-directed" (p. 630)	Is it possible to have a goal-directed action (an *activity*) that does not occupy someone (an *occupation*, according to its definition as "everything that people do to occupy themselves") (p. 632)?
Purposeful Activity	. . . "lead[s] to an occupation or occupation" (p. 628). Examples include "practice" vegetable slicing and "practice" role play.	(a) Practicing things fits the main definition for occupation, which includes everything that people do to occupy themselves. For example, a particular instance of practicing piano-playing fits the criteria both for occupation and purposeful activity? (b) Given that *purposeful activity* is a subset of *activity*, what is *nonpurposeful activity*? Do *nonpurposeful* particulars exist?
Occupational Performance	"The ability to carry out activities of daily life. Includes activities in the areas of occupation. . . . Occupational performance is the accomplishment of the selected activity or occupation. . . ." (p. 632)	Any "carrying out" or any "accomplishment" fits definitions of *activity* and *occupation*. For example, an instance of successfully taking an examination fits Framework definitions of *activity, occupation, and occupational performance.*
Engagement in occupation	"This term recognizes the commitment made in the performance of activities and occupations ... and alludes to the objective and subjective aspects of being involved in and carrying out occupations that are meaningful and purposeful to the person" (p. 631).	(a) Goal-directedness, a feature of *activities*, is a subjective aspect of involvement (thus overlaps with *engagement in occupation*). (b) Accomplishment, a feature of *occupational performance*, overlaps with objective and perhaps subjective aspects of *engagement*. (c) Is there a difference between saying *engagement in occupation* and simply saying *occupation*?
Participation	"Involvement in a life situation" (p. 632).	All the terms above (*occupation, activity, purposeful activity, occupational performance, and engagement in occupation*) denote involvement in life situations. How could a particular act be assigned to one of these classes as opposed to the class represented by the term *participation*?

Note. Framework = *Occupational Therapy Practice Framework: Domain and Process* (AOTA, 2002).

(From: Critiquing the Logic of the *Domain* Section of the *Occupational Therapy Practice Framework: Domain and Process*. The American Journal of Occupational Therapy 2006; 60: 515-516)

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五、請依照下面文章回答問題：

1. 請翻譯以下摘要（10分）
2. 請給一個適當的英文題目（5分）
3. 請給三個英文關鍵字（5分）

ABSTRACT

Objective: To evaluate the effects of mirror therapy on upper-extremity motor recovery, spasticity, and hand-related functioning of inpatients with subacute stroke.

Design: Randomized, controlled, assessor-blinded, 4-week trial, with follow-up at 6 months.

Setting: Rehabilitation education and research hospital.

Participants: A total of 40 inpatients with stroke (mean age, 63.2y), all within 12 months poststroke.

Interventions: Thirty minutes of mirror therapy program a day consisting of wrist and finger flexion and extension movements or sham therapy in addition to conventional stroke rehabilitation program, 5 days a week, 2 to 5 hours a day, for 4 weeks

Main Outcome Measures: The Brunnstrom stages of motor recovery, spasticity assessed by the Modified Ashworth Scale (MAS), and hand-related functioning (self-care items of the FIM instrument).

Results: The scores of the Brunnstrom stages for the hand and upper extremity and the FIM self-care score improved more in the mirror group than in the control group after 4 weeks of treatment (by 0.83, 0.89, and 4.10, respectively; all P_.01) and at the 6-month follow-up (by 0.16, 0.43, and 2.34, respectively; all P_.05). No significant differences were found between the groups for the MAS.

Conclusions: In our group of subacute stroke patients, hand functioning improved more after mirror therapy in addition to a conventional rehabilitation program compared with a control treatment immediately after 4 weeks of treatment and at the 6-month follow-up, whereas mirror therapy did not affect spasticity.

(From: Arch Phys Med Rehabil 2008;89:393)

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