

※ 考生請注意：本試題不可使用計算機。請於答案卷(卡)作答，於本試題紙上作答者，不予計分。
本試題分為：1. 【共同題組】為所有考生必須作答，隨後考生可依據自己專長，就 2. 【婦產科題組】或 【兒科題組】擇一回答。

【共同題組 40%，共 2 題】

1. 產兒科護理人員須具備文化能力照護(Cultural competent care)能力，請回答以下兩問題：
 - (1) 說明此文化能力照護(Cultural competent care) 應包含概念和其內容 (15%)
 - (2) 舉一實例，說明「文化能力照護」照護經驗 (15%)
2. 請以人類生命發展(Life span)角度，說明女性由青春期到更年期各所面臨的健康問題 (10%)

以下請任選一題組 【婦產科題組】或 【兒科題組】擇一作答。作答請清楚標示題號

【婦產科題組 60%，共 2 題】

3. 謝女士，30 歲，G1PO，39+1 wks，由先生陪伴正在辦理入院手續待產，目前子宮頸口開 1 cm，胎兒先露部位高度為 station-2，宮縮 4-5 分鐘一次，持續 30-45 秒，宮縮壓力：60-75mmhg。護理人員將以溫柔生產概念提供謝女士待產期照護，請回答以下問題：
 - (1) 何謂溫柔生產？(15%)
 - (2) 如您是這位護理人員，請敘述可提供的溫柔生產具體照護措施為何？(15%)
4. 以下是一篇有關生產過程新生兒即刻護理的摘要，請閱讀後，回答以下問題：
 - (1) 寫出 PICO (10%)
 - (2) 請說明研究結果主要發現 (10%)
 - (3) 根據此文獻，提出照護措施之應用 (10%)

AIM: The study aimed to evaluate the effectiveness of antenatal perineal massage (APM) in reducing perineal trauma and post-partum morbidities.

METHODS: A randomized controlled trial of 108 primigravidae at the University of Nigeria Teaching Hospital, Enugu, Nigeria, was conducted from January 2013 to May 2014. The intervention group received

APM, while the control group did not receive APM.

RESULTS: Women who received APM were significantly more likely to have an intact perineum after childbirth [27/53 (50.9%) vs 16/55 (29.1%); RR: 1.75; 95% CI: 1.07-2.86; P = 0.02]. The incidence of episiotomy was lower in the intervention group [20/53 (37.7%) vs 32/55 (58.2%); RR: 0.65; 95% CI: 0.43-0.98; P = 0.03; NNT = 5]. Women who received APM were significantly less likely to develop flatus incontinence [4/53 (8.3%) vs 13/55 (26.0%); RR: 0.32; 95% CI: 0.11-0.91; P = 0.03]. However, the incidences of premature rupture of membranes, preterm labor and birth asphyxia were similar between the two groups (P > 0.05).

CONCLUSION: APM reduces the incidence of episiotomy and increases the incidence of women with an intact perineum after vaginal delivery. It also reduces the risk of flatus incontinence after childbirth without increased maternal or neonatal complications. Women should therefore be counseled on the likely benefits of APM and the information provided during antenatal care. Obstetricians should consider the technique as routine prenatal care for nulliparous women so as to reduce the incidence of perineal trauma during vaginal birth. (J Obstet Gynaecol Res. 2018 Jul;44(7))

【兒科題組 60%，共 2 題】

5. 怡凱今年五歲，就讀幼稚園中班，因持續發燒、臉色蒼白、倦怠、膝蓋疼痛等到醫院就診，診斷為 Acute lymphoblastic leukemia (ALL)，隨後放置右側鎖骨下人工血管，並開始進行誘導緩解治療 (induction therapy)。怡凱平常與父母、祖父母同住，家中之主要照顧者為母親與祖母。怡凱的父親為建築工，母親為輕度智能障礙待業中，家庭經濟主要來源為父親薪資以及祖父母存款。怡凱於住院第二周後開始變得很不配合護理人員的照護與醫療行為，無論是吃藥、打點滴或消毒人工血管，都予以拒絕或大哭大叫，母親與祖母也因此變得疲憊。

- (1) 根據兒童發展理論，您如何評估與解釋怡凱目前的行為表現? (10%)
- (2) 若您是怡凱的主護，您所評估的護理問題有哪些? (10%)
- (3) 可提供的照護計畫/具體措施為何? (10%)

6. 請閱讀以下文章之摘要後，回答下列問題：

- (1) 此研究主題的 PICO 為何? (8%)
- (2) 此研究主要結果為何? (10%)
- (3) 您如何將此研究結果運用於臨床照護? (12%)

Background: Interactive multimedia is an emerging technology that is being used to facilitate interactions between patients and health professionals. The purpose of this review was to identify and evaluate the impact of multimedia interventions (MIs), delivered in the context of pediatric healthcare, in

order to inform the development of a MI to promote the communication of dietetic messages with overweight preadolescent children. Of particular interest were the effects of these MIs on child engagement and participation in treatment, and the subsequent effect on health-related treatment outcomes.

Methods: An extensive search of 12 bibliographic databases was conducted in April 2012. Studies were included if: one or more child-participant was 7 to 11-years-of-age; a MI was used to improve health-related behavior; child-participants were diagnosed with a health condition and were receiving treatment for that condition at the time of the study. Data describing study characteristics and intervention effects on communication, satisfaction, knowledge acquisition, changes in self-efficacy, healthcare utilization, and health outcomes were extracted and summarized using qualitative and quantitative methods.

Results: A total of 14 controlled trials, published between 1997 and 2006 met the selection criteria. Several MIs had the capacity to facilitate engagement between the child and a clinician, but only one sought to utilize the MI to improve communication between the child and health professional. In spite of concerns over the quality of some studies and small study populations, MIs were found useful in educating children about their health, and they demonstrated potential to improve children's health-related self-efficacy, which could make them more able partners in face-to-face communications with health professionals.

Conclusions: The findings of this review suggest that MIs have the capacity to support preadolescent child-clinician communication, but further research in this field is needed. Particular attention should be given to designing appropriate MIs that are clinically relevant. [Raaff *et al.* *BMC Medical Informatics and Decision Making* 2014, 14:8]