共 A～F 六大題：

A. 請閱覽以下論文 摘錄 部份，再回答以下問題。（配分共 20 分）
　　A-1：此段落最可能從 論文那部分 摘錄：甲. 前言，乙. 方法，丙. 結果，丁. 討論。並請說明緣由。（5 分）
　　A-2：請說明 ML 用於發展短版評估工具之優勢為何？並請舉例說明。（15 分）

Developing short-form measures with machine learning (ML) may be promising for clinicians.[19,26-28] ML algorithms can be trained to reproduce the scores of the original (long-form) measures using the scores obtained from a selected set of short-form items.[19,26-28] Two advantages of ML-based short-form measures have been reported. First, ML-based short-form measures comprise substantially fewer items than the original long-form measures while retaining the psychometric properties of the original measures.[16,19,26-28] For example, a ML-based short-form measure of the Fugl-Meyer Motor Scale needs only 20% (10/50 items) of the items of the Fugl-Meyer Motor Scale, but the test–retest reliability and responsiveness of the two measures have been shown to be comparable.[16] This advantage can be ascribed to the robust predictive power of ML algorithms to reproduce the scores of the original measures. Second, ML-based short-form measures have administrative methods (e.g., interview or performance rating) and score interpretation identical to those of the original measures. Thus, original users can easily become accustomed to the ML-based short-form measures. These two advantages make ML a promising approach to generating efficient short-form measures with psychometric performance comparable to that of the original measures for clinicians to assess multiple essential functions in patients with stroke.

B. 請閱覽以下論文摘要，再回答後續問題。（配分共 20 分）
B-1：請簡述此研究之主要發現。（10 分）
B-2：請自行解釋此研究要發現之臨床或學術意義（5 分）
B-3：請試給予此論文之標題（title）（5 分）

Purpose: To examine the relationships among therapist-reported, patient-reported, and objective assessment scores of balance function.

Methods: Inpatients with stroke and occupational therapists were recruited. The objective balance scores were measured using the Balance Computerized Adaptive Testing (Balance CAT) system. The therapist and patient-reported scores were evaluated using a visual analogue scale (VAS) and Likert-type scale.

Results: Eighty-eight patients and 16 therapists participated. The correlations (r= 0.64 and 0.65; R-squared about 0.42 at baseline and follow-up assessments, respectively) between the therapist-reported VAS scores and the Balance CAT system were larger than those (r = 0.31 and 0.21) between the patient-reported VAS scores and the Balance CAT system. Low correlations (r = 0.27 and 0.26 for VAS and Likert-type scores, respectively) were found between the therapist-reported and patient-reported change scores. Low correlations (r = 0.12-0.17) were found between the change scores of therapist- and patient-reported ratings and those of the Balance CAT system.

Conclusions: The therapists' judgments explained <50% of variance of the Balance CAT system scores. Neither therapist-reported nor patient-reported change scores reflected the changes demonstrated by the objective assessments. Further studies are warranted to confirm our findings.

見背面

C. 請閱讀下列摘要後，回答以下問題：（配分共 20 分）

　C-1 請問本篇研究的主要目的為何？（10 分）

　C-2 根據本摘要，影響專業身份(professional identity)的發展和維持的因素為何？（10 分）

Introduction: A strong professional identity helps occupational therapists maintain professional values and thrive when facing work-related challenges and opportunities including generic, blurred or emerging roles, funding pressures and a push for outcome evidence. A scoping review will build understanding of professional identity and how to maintain it in such circumstances. Objectives: To scope what is currently understood of professional identity in occupational therapy and factors which influence ability to maintain this and adapt in challenging work environments. Methods: Using Arksey and O'Malley's scoping review framework three databases were searched using the terms 'occupational therapy' and 'professional identity'. Data extraction and thematic analysis highlighted the extent and nature of current literature and mapped key concepts. Results: 89 papers were included. Professional identity was revealed as a multidimensional construction. Four themes emerged: developing a shared ontology, embracing the culture, enacting occupational therapy, and believing in occupational therapy. Factors which influenced development and maintenance of professional identity included occupation-centred practice, ontological reflexivity, linking theory to practice and professional socialization. Conclusions and significance: The enhanced understanding of professional identity and factors which preserve or enhance it can help the profession identify how to position itself to remain resilient and adaptive in an ever-changing environment.

論文出處：

K. Walder, M. Bissett, M. Molineux and G. Whiteford. Understanding professional identity in occupational therapy: A scoping review. Scand J Occup Ther 2021 Oct 7;1-23. doi: 10.1080/11038128.2021.1974548. Online ahead of print.

D. 請以中文簡要敘述下列這段文字的內容。無須全部翻譯。（配分共 20 分）

Young people in Turkey sit a challenging exam to get the opportunity to enter university. During university life, there are expectations such as ensuring social, academic, and intellectual development, finding adequate scholarships and housing opportunities, successfully graduating, and finding employment after graduation. However, university life is the most important transitional phase of students' lives, where they encounter difficult emotions such as anxiety, stress, and sadness and try to find strategies to deal with them [29]. The necessity of being in different cultural environments, changing conditions, adaptation to university, economic difficulties, accommodation, and environmental variables can negatively affect the lives of students during this process [29]. University life is not only about educating oneself but also supporting students in terms of social life, employment, self-efficacy, social support, independence, and wellbeing. All these aspects are related to ICF participation domains.

出處（以下毋須敘述）：Onur Altuntaş, Esma Özkan, Barkın Köse, Orkun Tahir Aran, Meral Huri, Esra Akı, "Assessment of Participation within the International Classification of Functioning, Disability, and Health (ICF): The Turkish Validity and Reliability of the Participation Scale", Occupational Therapy International, vol. 2021, Article ID 6658773, 10 pages, 2021. https://doi.org/10.1155/2021/6658773

接 次 頁

E. 請閱覽以下文獻內容，再說明 Occupation-Based Coaching 過程的 5 項原則之第 2-4 項。（配分 10 分）

The Occupation-Based Coaching process includes the following five key principles (adapted from Rush & Shelden, 2011):

1. Authentic contexts. Authentic contexts are the places in which the child and family situate themselves in everyday life and are settings for intervention.
2. Family's interests and routines. Providers support caregivers in creating strategies that can occur within naturally occurring family routines and interests. By doing so, providers do not disrupt the natural cohesiveness and structure of the family and provide authentic opportunities for practice.
3. Caregiver interaction and responsiveness. The provider supports the transactional relationship between the caregiver and child as the basis for caregiver insights about the child's behavior. Using the family's patterns creates a chance to foster the family's strengths.
4. Reflection and feedback. The provider and caregiver talk through ways to increase the child's participation and to evaluate the effectiveness of strategies that the family tries in between sessions as the problem-solving method. The reflection and feedback process builds the caregivers' knowledge and insights.
5. Joint plans. The provider and caregiver identify what each will accomplish between sessions to address the family's goals. The provider and caregiver evaluate the effectiveness of the strategies at each subsequent session.

F. 請依據下列文獻內容，說明（配分共 10 分）
　　F-1. 此研究的研究方法 (5 分)
　　F-2. 此研究的結果 (5 分)

Abstract

Objective: This study was carried out to examine the efficacy of a 12-week, low-intensity (1-hour/wk of therapist contact), parent-delivered intervention for toddlers at risk for autism spectrum disorders (ASD) aged 14 to 24 months and their families.

Method: A randomized controlled trial involving 98 children and families was carried out in three different sites investigating the efficacy of a parent delivery of the Early Start Denver model (P-ESDM), which fosters parental use of a child-centered responsive interaction style that embeds many teaching opportunities into play, compared to community treatment as usual. Assessments were completed at baseline and 12 weeks later, immediately after the end of parent coaching sessions.

Results: There was no effect of group assignment on parent-child interaction characteristics or on any child outcomes. Both groups of parents improved interaction skills, and both groups of children demonstrated progress. Parents receiving P-ESDM demonstrated significantly stronger working alliances with their therapists than did the community group. Children in the community group received significantly more intervention hours than those in the P-ESDM group. For the group as a whole, both younger child age at the start of intervention and a greater number of intervention hours were positively related to the degree of improvement in children's behavior for most variables.

Conclusions: Parent-implemented intervention studies for early ASD thus far have not demonstrated the large effects seen in intensive-treatment studies. Evidence that both younger age and more intervention hours positively affect developmental rates has implications for clinical practice, service delivery, and public policy.

試題隨卷繳回