

壹、請閱讀以下摘要，並回答下列的問題。(20分)

1. 請說明此研究之研究目的?
2. 請簡要說明此研究是如何進行?以及最後的研究結果

(文章出處: Ehrlich, J. R., Andrews, C., Kumagai, A., Goldstein, J., Jayasundera, K. T., Stelmack, J., ... & Carlozzi, N. E. (2023). Development and Validation of the Low Vision Severely Constricted Peripheral Eyesight (LV-SCOPE) Questionnaire. *American Journal of Ophthalmology*, 256, 70-79.)

PURPOSE

To develop and validate a novel patient-reported outcome (PRO) measure to assess vision-related functioning in individuals with severe peripheral field loss (PFL).

DESIGN

Prospective outcome measure development/validation study.

METHODS

A 127-item questionnaire was developed based on a prior qualitative interview study. A total of 116 participants with severe PFL due to retinitis pigmentosa (RP) or glaucoma were recruited at the Kellogg Eye Center and completed the Likert-scaled telephone-administered questionnaire. Included participants had a horizontal extent of their visual field <20 degrees (RP) or a mixed or generalized stage 4 to 5 defect using the Enhanced Glaucoma Staging System (glaucoma) in the better seeing eye (or in 1 eye if the fellow eye visual acuity was <20/200). Response data were analyzed using exploratory factor analysis and Rasch modeling. Poorly functioning items were eliminated, confirmatory factor analysis was used to ensure scale unidimensionality, and the model was refit to produce the final instrument.

RESULTS

The final Low Vision Severely Constricted Peripheral Eyesight (LV-SCOPE) Questionnaire contains 53 items across 6 domains: mobility, object localization, object recognition, reading, social functioning, and technology. There were 74 items removed because of high missingness, poor factor loadings, low internal consistency, high local dependency, low item information, item redundancy, or differential item functioning. Using Rasch item calibrations, person ability scores could be calculated for each of the 6 unidimensional LV-SCOPE domains with good test-retest stability.

CONCLUSIONS

The LV-SCOPE Questionnaire provides a valid and reliable measure of vision-related functioning across 6 key domains relevant to individuals with severe PFL. Findings support the clinical utility of this psychometrically valid instrument.

見背面

貳、請仔細閱讀此文的摘要，並用中文回答下列問題(20分)

1. 請將主題翻譯成中文
2. 請說明何為 DCD? 為什麼此文會提及 DCD?
3. 請簡單說明本文的結論

來源出處: Miller HL, Licari MK, Bhat A, Aziz-Zadeh LS, Van Damme T, Fears NE, Cermak SA, Tamplain PM. Motor problems in autism: Co-occurrence or feature? *Dev Med Child Neurol.* 2024 Jan;66(1):16-22. doi: 10.1111/dmcn.15674.

Motor problems in autism: Co-occurrence or feature?

Haylie L. Miller¹ | Melissa K. Licari² ⊕ | Anjana Bhat³ | Lisa S. Aziz-Zadeh^{4,5} |
Tine Van Damme⁶ | Nicholas E. Fears⁷ ⊕ | Sharon A. Cermak⁸ | Priscila M. Tamplain⁹ ⊕

¹School of Kinesiology, University of Michigan, Ann Arbor, MI, USA

²Telethon Kids Institute, The University of Western Australia, Perth, Western Australia, Australia

³Department of Physical Therapy, University of Delaware, Newark, DE, United States

⁴Department of Psychology, University of Southern California, Los Angeles, CA, United States

⁵Chan Division of Occupational Science & Occupational Therapy, University of Southern California, Los Angeles, CA, USA

⁶Department of Rehabilitation Sciences, KU Leuven, Leuven, Belgium

⁷School of Kinesiology, Louisiana State University, Baton Rouge, LA, United States

⁸Department of Pediatrics, Keck School of Medicine, University of Southern California, Los Angeles, CA, United States

⁹Department of Kinesiology, University of Texas at Arlington, Arlington, TX, USA

Correspondence

Priscila M. Tamplain, Department of Kinesiology, University of Texas at Arlington, 500 W. Nedderman Drive, Box 19407, Arlington, TX 76019-0407, USA.
Email: priscila.tamplain@uta.edu

Abstract

Motor features of autism have long been acknowledged by clinicians, researchers, and community stakeholders. Current DSM-5 and ICD-11 guidelines allow clinicians to assign a co-occurring diagnosis of developmental [motor] coordination disorder (DCD) for autistic individuals with significant motor problems. DCD is characterized by poor motor proficiency with an onset of symptoms in early development. Studies have shown considerable overlap in the behavioral motor features observed in autism and DCD. However, others indicate that motor problems in autism and DCD may stem from different underlying sensorimotor mechanisms. Regardless of whether autism has a unique motor phenotype or an overlap with DCD, changes need to be made in the clinical pipeline to address motor problems in autism at the stages of recognition, assessment, diagnosis, and intervention. Consensus is needed to address unmet needs in research on the etiology of motor problems in autism and their overlap with DCD, to optimize clinical practice guidelines. The development of screening and assessment tools for motor problems that are valid and reliable for use with autistic individuals is essential, and an evidence-based clinical pipeline for motor problems in autism is urgently needed.

What this paper adds

- Motor problems in autism are highly prevalent, yet underdiagnosed and poorly managed.
- An evidence-based clinical pipeline for motor problems in autism is urgently needed.

接次頁

參、問題：20 分

1. 健康成人心智理論與年齡（證據力最強）的關係為何？
2. 造成健康成人心智理論分數隨年齡下降的可能原因有哪些？

出處：Deng F, Bueber MA, Cao Y, et al. Assessing social cognition in patients with schizophrenia and healthy controls using the reading the mind in the eyes test (RMET): a systematic review and meta-regression. *Psychological Medicine*. 2024:1-27. doi:10.1017/S0033291723003501

Previous findings about the relationship between age and RMET scores have been inconsistent. Dodell-Feder, Ressler, and Germine (2020) used online interviews to assess RMET in 40,248 participants 10–70 years of age and found that RMET scores increased with age up until 65. Cabinio et al. (2015) reported unchanging RMET scores in healthy respondents 20–70. Two cross-sectional studies (Javkowiak-Siuda et al., 2016; Slessor, Phillips, & Bull, 2007) comparing RMET performance in persons over 65 to that of persons under 35 found that the older participants had significantly lower RMET scores. Finally, Pardini and Nichelli (2009), Deng et al. (2022), and Lee, Nam, and Hur (2020) reported that RMET performance started to decline in the fifth decade of life, at age 60 and age 66, respectively. Several hypotheses have been proposed to explain increasing deficits in theory of mind with aging. Slessor et al. (2007) suggested that deficits in theory of mind are manifestations of general impairment in the ability to decode cues. Some researchers suggest that the decline of theory of mind is mediated by impairment in other cognitive domains, such as executive function, information processing speed (Charlton, Barrick, Markus, & Morris, 2009), destination memory (El Haj, Raffard, & Gély-Nargeot, 2016), and verbal intelligence (Slessor et al., 2007). Furthermore, neuroimaging studies report that declines in RMET score with aging are correlated with decreasing volume in the bilateral precentral gyrus, bilateral posterior insula, left superior temporal gyrus, and left inferior frontal gyrus (Cabinio et al., 2015). Our systematic review of 198 studies that administered RMET to 180 separate samples of healthy subjects is the first study to identify a non-monotonic relationship between RMET score and age, suggesting that individuals accumulate knowledge and skills of theory of mind until they reach early middle age (32 years of age), and then their theory of mind performance gradually declines with normal aging. This raises the possibility that the neurodevelopmental trajectory of social cognition is more prolonged than that of other types of cognition (i.e. continuing to develop as the individual's social world expands during adolescence and young adulthood) and, thus, can be disrupted at later ages by serious mental illnesses like schizophrenia.

見背面

肆、請依據以下文章內容，以中文簡要回答以下問題。(20%)

- 1) Stiggelbout et al. (2015) 提出職能治療介入，可簡易應用的四個共享決策步驟為何？
- 2) 請翻譯文中底線的句子。

文章出處: Cahill, S., & Richardson, H. (2022). Health Policy Perspectives—Shared decision making and reducing the use of low-value occupational therapy interventions. *American Journal of Occupational Therapy*, 76, 7603090010.
<https://doi.org/10.5014/ajot.2022.050065>

Shared decision making (SDM) provides a framework for practitioner–client collaboration and an opportunity to acknowledge the client as the primary driver of their own health management. Stiggelbout et al. (2015) proposed four steps for SDM that can easily be applied to occupational therapy intervention decisions: 1. The practitioner presents the decision to the client and stresses that the client’s opinion is important. 2. The practitioner uses evidence and explains the pros and cons of each intervention option. 3. The practitioner elicits the client’s preferences and supports the client as they weigh different considerations. 4. The practitioner and the client negotiate and come to a decision. To effectively collaborate with the client in SDM, the practitioner must understand the client’s expectations related to intervention goals and openly discuss the probability or likelihood that the client will benefit from the intervention (Albarqouni et al., 2020) Deimplementation, or discontinuation of practices that are low value or harmful, is essential to the provision of quality health care. Multiple factors influence deimplementation, such as an individual practitioner’s knowledge and prior experiences, organizational factors such as resources and culture, the nature of the intervention in question, and the client’s historical experiences and unique characteristics (Norton & Chambers, 2020). In addressing client education about best-practice occupational therapy, including the need to discontinue or replace certain familiar or expected but low-value interventions, additional resources may be helpful to provide context about existing evidence, the occupational therapy process, and alternative interventions and applications.”

接次頁

伍、看完此篇摘要後，請回答問題 (20 分)

1. 請問 OSCE 中文翻譯
2. 此篇質性研究發現 5 個主題，分別為何?(請以中文作答)
3. 請翻譯有底線的部分。

St. Jean, C. R., Werther, K., & Roberts, M. R. (2024). OSCEs' Impact on Occupational Therapy Student Learning: Insights from Second- and Third-Year Focus Groups. *The Open Journal of Occupational Therapy*, 12(1), 1-10. <https://doi.org/10.15453/2168-6408.2154>

Abstract

Background: Objective Structured Clinical Examinations (OSCEs) are widely used in health programs to assess clinical skills. We present results of a qualitative study investigating occupational therapy students' perceptions of OSCEs' impact on their learning and readiness for clinical practice.

Method: Six second and six third year students in the University of Alberta's Master of Science in Occupational Therapy program were interviewed in separate focus groups. Independent reviewers applied thematic analysis to the focus group transcripts to identify, analyze, and report themes in the data.

Results: Five themes were constructed from the data: *from learning to action, transition to practice, stress, representativeness, and suggestions for improvement*. Both cohorts perceived OSCEs as intensely stressful but ultimately beneficial to their learning, though third-years more readily identified stress as a catalyst for personal and professional growth. Further, both cohorts noted that OSCEs motivated them to practice clinical skills and constituted important stepping stones toward authentic practice, but the third-year students more frequently drew connections between the skills tested in their OSCEs and their confidence in working as occupational therapists.

Conclusion: OSCEs play an important role in forming students' identities as clinicians in the making, supporting their continued use for formative assessment in MScOT programs.