

請將下列文章簡短的翻譯為中文，並且發表您對這段文章的心得。(譯文與心得合計每題請勿超過 500 字)

1. (50%) Research ethics and the responsible conduct of research (RCR) are terms that are often used interchangeably, but these are not synonymous concepts. While research ethics considers the application of research findings as well as the process of research, RCR focuses on the way the research is carried out. A related notion, research integrity, contains within it the concept of RCR; "The responsible conduct of research is not distinct from research; on the contrary, competency in research encompasses the responsible conduct of that research and the capacity for ethical decision-making." Creating a climate in which research integrity thrives is an important responsibility of the research community. The community of researchers and society as a whole benefit when integrity is understood to be central to the process. But this is not accomplished without attention and effort. For example, each member of the community has a responsibility to think carefully and explicitly about the professional values and standards of the community and the extent to which they are reflected both in the various facets of his or her own professional practices, and in what is communicated to trainees and colleagues.

Recognition is one side of the coin of authorship, and responsibility is the other. Unfortunately, multiple authorship can be used to avoid or confound responsibility and accountability. While the perpetrator of research misconduct is known, the extent to which other co-authors should be held responsible is not so clear-cut. Creating a climate that promotes research integrity requires awareness, openness and communication with regard to competing concerns and interests of various members of the research team, the research community and society as a whole. This takes time and effort, but everyone benefits in the long run. (Sci Eng Ethics. 2006, 12:411-412)

2. (50%) From the originally identified 16 clinical competencies, after reviews in 1991 and 2001, there are now six areas of requisite clinical competency. These are delineated as follows:

- Rehabilitation/return to activity: The rehabilitation of athletes with impairments, functional limitations, or disabilities focusing on the return of the athletes to their sports.
- Acute injury/illness management: Immediate management of acute injury or illness association with athletic activity.
- Sports science: Maximizing the athlete's sports performance, including training consideration and the effect of such factors as nutrition and environment on performance.
- Medical/surgical considerations: The medical and surgical management of athletes.
- Injury prevention: Injury/disease prevention for athletes.
- Critical Inquiry: Maintenance of current knowledge, applying principles of evidence-based practice in sports physical therapy and contributing to the body of knowledge in sports physical therapy.

The sports physical therapist possesses the education and skills necessary to evaluate the athlete in the musculoskeletal and neuromuscular realms, to make decisions concerning interventions for the injured athlete, and to make recommendations on return to sport. (Int J Sports Phys Ther. 2013, 8: 180-193.)

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