

問答題：

1. 請問何謂「知情同意」？在研究中通常要怎麼做？（10分）
2. 試解釋以下名詞（10分）
 - (1) treatment fidelity (in treatment outcome study)
 - (2) single blind and double blind in experimental design
3. 評估效度有多種方法，試說明下列效度評估方法（15分）
 - (1) 內容效度
 - (2) 效標關聯效度
 - (3) 建構效度
4. 依據研究目標來檢視研究時，可將研究分為描述性、相關性、解釋性與探索性研究，試述這四種研究的特質及各舉一例說明之。（10分）
5. 職能治療實務上很重視「方案評估」，即透過研究方法以量測實施方式的效能。從評估的焦點觀點來看，有四種評估方式：方案的規劃、過程/監測、影響/結果、及成本效益，請分別說明四種方式所要評估的主要議題，並各舉出一種可能的評估方法。（10分）
6. 請說明如何判斷一個評估工具是否測量到你想要的特質，宜包含如何從既有證據(論文)判斷哪些心理測量特質(psychometric properties)?並扼要說明上述特質之概念。（10分）
7. 請回答下列問題
 - (1) 什麼是統計檢定中的 Type I error? (2分)
 - (2) 什麼是統計檢定中的 Type II error? (2分)
 - (3) 什麼是統計檢定中的 effect size? (2分)
 - (4) 請問若檢定出來的 Type I error = $p < 0.0001$ 跟 $p < 0.05$ 相比，哪一個的 effect size 較大? 為什麼? (4分)
8. 研究者進行研究時，有些時候會因為研究方法設計或資料收集上的錯誤，造成研究結果的偏差，以至於會有錯誤的解釋。請列出三種導致研究結果偏差之問題(potential flaws/bias)並舉例說明之。（10分）

見背面

9. 請回答下列問題

- (1) 試依美國心理學會(American Psychological Association, APA) 著作格式，列出本論文的參考文獻格式(含作者年代及出處來源在內) (5分)
- (2) 試依據本文摘要的結論(Conclusion)，扼要說明本研究論文的結論，以及後續研究建議(請以中文扼要陳述) (10分)。

Research

Original Investigation

Physiotherapy and Occupational Therapy vs No Therapy in Mild to Moderate Parkinson Disease: A Randomized Clinical Trial

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IMPORTANCE It is unclear whether physiotherapy and occupational therapy are clinically effective and cost-effective in Parkinson disease (PD).

OBJECTIVE To perform a large pragmatic randomized clinical trial to evaluate the clinical effectiveness of individualized physiotherapy and occupational therapy in PD.

DESIGN, SETTING, AND PARTICIPANTS The PD REHAB Trial was a multicenter, open-label, parallel group, controlled efficacy trial. A total of 762 patients with mild to moderate PD were recruited from 38 sites across the United Kingdom. Recruitment took place between October 2009 and June 2012, with 15 months of follow-up.

INTERVENTIONS Participants with limitations in activities of daily living (ADL) were randomized to physiotherapy and occupational therapy or no therapy.

MAIN OUTCOMES AND MEASURES The primary outcome was the Nottingham Extended Activities of Daily Living (NEADL) Scale score at 3 months after randomization. Secondary outcomes were health-related quality of life (assessed by Parkinson Disease Questionnaire-39 and EuroQol-5D); adverse events; and caregiver quality of life. Outcomes were assessed before trial entry and then 3, 9, and 15 months after randomization.

RESULTS Of the 762 patients included in the study (mean [SD] age, 70 [9.1] years), 381 received physiotherapy and occupational therapy and 381 received no therapy. At 3 months, there was no difference between groups in NEADL total score (difference, 0.5 points; 95% CI, -0.7 to 1.7; $P = .41$) or Parkinson Disease Questionnaire-39 summary index (0.007 points; 95% CI, -1.5 to 1.5; $P = .99$). The EuroQol-5D quotient was of borderline significance in favor of therapy (-0.03; 95% CI, -0.07 to -0.002; $P = .04$). The median therapist contact time was 4 visits of 58 minutes over 8 weeks. Repeated-measures analysis showed no difference in NEADL total score, but Parkinson Disease Questionnaire-39 summary index (diverging 1.6 points per annum; 95% CI, 0.47 to 2.62; $P = .005$) and EuroQol-5D score (0.02; 95% CI, 0.00007 to 0.03; $P = .04$) showed small differences in favor of therapy. There was no difference in adverse events.

CONCLUSIONS AND RELEVANCE Physiotherapy and occupational therapy were not associated with immediate or medium-term clinically meaningful improvements in ADL or quality of life in mild to moderate PD. This evidence does not support the use of low-dose, patient-centered, goal-directed physiotherapy and occupational therapy in patients in the early stages of PD. Future research should explore the development and testing of more structured and intensive physical and occupational therapy programs in patients with all stages of PD.

TRIAL REGISTRATION isrctn.org Identifier: ISRCTN17452402

JAMA Neurol. doi:10.1001/jamaneurol.2015.4452
Published online January 19, 2016.

Editorial

Supplemental content and Supplemental content at jamaneurology.com

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試題隨卷繳回