

※ 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。

一、 選擇題 每題五分，共五題 25%

1. A study that followed users and nonusers of oral contraceptives over a 20-year period to find long-term effects would be called a:
 - a. Predictive study
 - b. Prospective study
 - c. Retrospective study
 - d. Descriptive correlational study

2. The dependent variable in the research question, "What is the effect of atmospheric humidity on heart and respiration rate of NICU patients at National Cheng Kung University Hospital?" is:
 - a. National Cheng Kung University Hospital
 - b. atmospheric humidity
 - c. NICU patients
 - d. heart and respiration rate

3. The purpose of an operational definition is to:
 - a. Assign numerical values to variables
 - b. Specify how a variable will be defined and measured
 - c. Designate the overall plan by which the research will be conducted
 - d. State the expected relationships among the variables under investigation

4. The building blocks of a theory are:
 - a. Concepts
 - b. Empirical testing
 - c. Hypotheses
 - d. Models

5. Discussion of the extent to which a measuring instrument measures what it is supposed to, relates to the instrument's:
- Reliability
 - Validity
 - Sensitivity
 - Efficiency

二、家人詢問你「穿著彈性襪能預防長途飛行時出現靜脈栓塞嗎？」。請問何為實證問題的 P, I, C, O? (10%)，請將以上的問題轉成以 PICO 方式呈現 (15%):

三、請仔細閱讀以下英文摘要，請列出該文章之研究族群 (5%)、研究設計及三組的介入措施 (10%)、此研究的結果變項 (10%)、測量時間及次數 (10%)、主要的研究結果 (10%)、以及請用 APA 格式書寫該文章的出處 (5%):

Int J Nurs Stud. 2015 Dec 21. pii: S0020-7489(15)00371-5. doi: 10.1016/j.ijnurstu.2015.12.005. [Epub ahead of print]

Enhanced interdisciplinary care improves self-care ability and decreases emergency department visits for older Taiwanese patients over 2 years after hip-fracture surgery: A randomised controlled trial.

Shyu YL¹, Liang J², Tseng MY³, Li HJ⁴, Wu CC⁵, Cheng HS⁶, Chou SW⁷, Chen CY⁸, Yang CT⁴.

BACKGROUND: Little evidence is available on the longer-term effects (beyond 12 months) of intervention models consisting of hip fracture-specific care in conjunction with management of malnutrition, depression, and falls.

OBJECTIVE: To compare the relative effects of an interdisciplinary care, and a comprehensive care programme with those of usual care for elderly patients with a hip fracture on self-care ability, health care use, and mortality.

DESIGN: Randomised experimental trial.

SETTING: A 3000-bed medical centre in northern Taiwan.

PARTICIPANTS: Patients with hip fracture aged 60 years or older (N=299).

METHOD: Patients were randomly assigned to three groups: comprehensive care (n=99), interdisciplinary care (n=101), and usual care (control) (n=99).

Usual care entailed only one or two in-hospital rehabilitation sessions.

Interdisciplinary care included not only hospital rehabilitation, but also geriatric consultation, discharge planning, and 4-month in-home rehabilitation. Building upon interdisciplinary care, comprehensive care extended in-home rehabilitation to 12 months and added management of malnutrition and depressive symptoms, and fall prevention. Patients' self-care ability was measured by activities of daily living and instrumental activities of daily living using the Chinese Barthel Index and Chinese version Instrumental Activities of Daily Living scale, respectively. Outcomes were assessed before discharge, and 1, 3, 6, 12, 18, 24 months following hip fracture. Hierarchical linear models were used to analyse health outcomes and health care utilisation, including emergency department visit and hospital re-admission.

RESULTS: The comprehensive care group had better performance trajectories for both measures of activities of daily living and fewer emergency department visits than the usual care group, but no difference in hospital readmissions. The interdisciplinary care and usual care groups did not differ in trajectories of self-care ability and service utilisation. The three groups did not differ in mortality during the 2-year follow-up.

CONCLUSION: Comprehensive care, with enhanced rehabilitation, management of malnutrition and depressive symptoms, and fall prevention, improved self-care ability and decreased emergency department visits for elders up to 2 years after hip-fracture surgery, above and beyond the effects of usual care and interdisciplinary care.