## 関西医科大学

### 2016年度入学試験問題(前期)

# 英語 (問題)

#### 注 意

- 1) 英語の問題冊子は11ページあり、問題は4問である。白紙・空白の部分は下書きに使用してよい。
- 2) 別に解答用紙 1 枚があり、解答はすべてこの解答用紙の指定欄に記入すること。 指定欄以外への記入はすべて無効である。
- 3) 解答用紙の所定欄に受験番号を記入せよ。氏名を記入してはならない。 また、\*印の欄には何も記入してはならない。
- 4) 問題冊子,解答用紙はともに持ち出してはならない。
- 5) 途中退場または試験終了時には、解答が他の受験生の目に触れないよう、解答用紙の上に問題冊子を重ねるなど十分配慮の上、監督者の許可を得た後に退出しなさい。

T .	
	Fill in the blanks below with the most suitable English word so that each pair of
	e following Japanese sentences and their English equivalents represents the ne meaning.
	ne meaning. Notes: If a certain letter is written in parentheses, the answer starts with that
	rticular letter.
pω	
1	ここに第8回総会の開会を宣言します。
	I ( d ) the 8th General Assembly now open.
2	このセミナーにご出席くださり,誠にありがとうございます。
	It is a great pleasure for me to ( w ) you to our seminar.
3	講演者,ならびに参加者の皆様に感謝いたします。
	I wish to express my ( a ) to our speakers and to our guests.
4	ご出席いただきありがとうございました。
	I thank you for your ( a ).
_	
5	この第10回世界会議で話す機会をいただき、誠に光栄です。
(	This is indeed an ( ) for me to be here for the 10th World
,	Conference.
6	本会議では,ここにいる全員が討議に参加していただきたいと思います。
U	I encourage and hope for everyone's (p) in today's discussion.
	removing and more for everyone s ( p / ) in today s discussion.
7	その提案に関して、ご意見はございませんか。
	Does anyone have any ( ) regarding the proposal?
8	そのプロジェクトについて異議があるようですね。
	You seem to have some ( ) regarding the project.
9	質問は一人 1 問だけにしてください。
	We can only accept one question ( ) person.
10	あと1分でコメントをまとめていただけますか。
	Would you (s ) your comment in one minute?

П	Answer questions (1) through (6) by following the examples below.
	As for the questions (7) through (10), fill in the blanks with the most suitable
	English word(s) to complete each sentence.
	Notes: If a certain letter is written in parentheses, the answer starts with tha
i	particular letter.
	Examples
	Three plus five equals eight. $3+5=8$
	Two kilograms 2 kg
(	1) x is not equal to y.
(	2) x is less than or equal to 10.
()	3) $a \text{ times } b \text{ equals } e$ .
(4	4) The absolute value of $-x$ is $x$ .
(!	5) four point three cubic centimeters
(6	6) fifteen kilometers per hour
(7	7) Heating water to 100 °C will cause it to ( ).
(8	3) The basic constituents of all matter are ( e ).
(ć	Placing blue litmus paper in an acid will cause the litmus paper to (t) red.
(1)	If zinc were added to dilute hydrochloric acid, hydrogen would be evolved owing to the chemical ( ) which would take place.

Ш

There is a shortage of talking therapy available to people with mental health problems. But Lord Darzi, a former Labour health minister and the current executive chair of the World Innovation Summit for Health (WISH) suggests mobile technology could be used to help fill the gap.

In the UK, one in four people will experience a mental health problem at some point in their lives. Mental illness can be unforgiving and can often leave people feeling hopeless. While treatments do vary depending on the individual or type of illness, they will often include a mixture of therapy, self-help, or medication. People also turn to exercise, meditation and creative art therapies, to help in their recovery process. Often it is a combination of these things that works best. But are there more innovative alternatives we can offer?

#### 'An issue that won't go away'

Increasingly we rely on smart phones in our daily lives, from checking e-mails and reminders or monitoring social media to purchasing goods and services. But I believe mental health services are behind the curve and should be better utilising the communication technology patients already have at their fingertips.

Even with the successful introduction of the Improving Access to Psychological Therapies (IAPT) service, there is a shortage of trained professionals who provide the kind of care patients need. That's an issue which will not go away. It needs to be addressed with innovative thinking.

Mobile technologies are still largely untapped sources of innovation for the National Health Service (NHS). The portability, privacy, and round-the-clock availability of mobile phones offer mental health workers and patients a direct, private, and instantaneous method of communication as well as access to information and self-care support.

#### 'Buyers beware'

There are thousands of mental health applications (apps) available directly to consumers, bypassing support from trained NHS clinicians. Could this be because these apps are discovered privately, through a medium they trust, are instantly accessible, are in patients' hands at almost any time of day?

But buyers beware: most direct-to-consumer apps have no evidence from clinical trials. Even those with a promising but small evidence base lack the necessary funding to run the type of large clinical trials that would allow them to be evaluated for inclusion in NHS treatment recommendations.

I believe mobile technology can be used as an extension of existing one to one or group therapy, so that when a patient leaves their weekly session they still feel connected to the health service, even if not physically. This kind of engagement could achieve a great deal in getting more patients into treatment, and helping more patients with ongoing support and recovery. If implemented effectively then patients could benefit from a quicker recovery process and shorter waiting lists while the health service will benefit from a shift of burden towards increased patient self-care.

#### Potential

For example, there is an app called 'Viary' created by Swedish startup Hoa's Toolshop, which prompts users to engage in behaviours known to relieve depression, such as writing in a journal, and tracks patients' progress over time and location. The app accumulates data and then visually presents triggers; progress; setbacks; and patterns over time and across locations that the patient and therapist can view together and look at ways to address problems.

A nine-week trial of the app was conducted in Sweden in 2013. Eighty-eight participants with depression received either four face-to-face sessions of cognitive behavioural therapy plus the use of Viary or 10 face-to-face sessions of CBT alone. The study found no between-group differences on levels of

depression, which indicates that four sessions of CBT plus Viary were as effective as 10 sessions of CBT.

While this was only a small study, this — and other similar work that has been done — demonstrates the potential for mobile technologies to support the treatment of a wide range of mental health issues.

Health leaders need to consider greater collaboration with innovators in technology and academic and private-sector cooperatives should be encouraged to foster innovation in this area.

Mental health care professionals deliver fantastic care every day but with such demand it is not an easy task. Bold and innovative thinking is needed to ensure that people living with mental health get the best service possible.

(BBC News, February 13, 2015. "Could smart phones help provide mental health care?" By Lord Darzi)

- 1 In accordance with the passage, put the letter "O" if each of the following sentences is true, and "X" if it is not on your answer sheet.
- (1) Although there are many mental health treatments, drug therapy is the most common one.
- (2) Quite a few apps do not get backing from experienced NHS clinicians.
- (3) In order for a mental health app to be approved by the NHS, large-scale clinical tests need to be conducted.
- (4) The writer thinks all the mental health treatments should be replaced by apps.
- (5) Health-care professionals will also gain benefit from their patients' utilizing apps.
- (6) The treatment with combination of face-to-face therapy and an app is more effective than face-to-face therapy alone.
- (7) The writer thinks health-care professionals and the developers of apps should work together for the brighter future of mental care treatment.

- 2 Translate the underlined phrase marked ① into Japanese. Also, translate the underlined word marked ② into Japanese.
- 3 Translate the underlined sections marked (3) and (4) into Japanese.
- 4 Which English term does the underlined word marked ⑤ stand for in the passage? Answer in English.

IV.

Every other weeknight, it's Marc Kaufman's turn to read to his two young sons. The Roslindale dad sets himself on the couch with Max, 6, and Theo, 3. Every now and then, a red light flashes on his mobile device (BlackBerry), indicating a new e-mail. A moment of palpable tension follows: Does he check the message now and risk feeling compelled to respond, or wait until he's put the kids to bed?

This scenario plays out to some degree for many parents. The same mobile devices that make it possible to check e-mail, look up information, or just take a break to browse Facebook can also divert attention from special moments, often without our realizing it.

For many parents, like Kaufman, work is the <u>driving factor</u>. A founder of ScienceSites, a nonprofit committed to building websites for researchers, he may need to troubleshoot if a site's gone down or get back to West Coast clients before their workday ends. While his sons are used to him checking to see who messages are from, he says it's deciding [②: can / can / it / that / wait / whether] cause a fuss.

"There's a lot of, 'Hang on just a second' while I type out a quick e-mail," says Kaufman, 45.

Much has been made of kids' use of devices and how much screen time ( ④ ) too much. Far less has been said about parents as the offenders. That doesn't mean parents don't think about it or worry how it may impact their kids: Many ( ⑤ ). As a friend and parent lamented when I told her about this story, whether you're "wanting to finish that one quick e-mail, set up a play date, or read the newspaper, it all looks like you are doing the same thing—staring at your phone and ignoring them."

Of course, parents have always had to multitask and to split their attention. But mobile devices seem to exert a unique pull. There's always the

possibility some juicy bit of news is waiting, or one important e-mail, or one more work task to be knocked off the list.

If it happens often enough, parents' absorption in devices in front of kids can take a toll. Kids depend on face-to-face interactions with parents for key aspects of their development, says Dr. Jenny Radesky, assistant professor of developmental-behavioral pediatrics at Boston University School of Medicine. If parents seem unavailable, kids can get distressed. They may even stop trying to compete with devices for their attention. "Young kids' brains are really wired to seek out interaction with their parents," Radesky says. "For example, when faced with a new situation, they will look at their parents to see their reactions, which helps them gauge how they should react and also helps them make sense of the experience."

In a study published in the journal Pediatrics last year, Radesky and colleagues observed 55 groups of young children and caregivers eating at fast-food restaurants. Forty of the caregivers used their devices during the meal, some almost continuously. Kids' attempts to get the adults' ( ⑦ ) were sometimes ignored, and some adults who were focused on their devices reacted harshly. One woman kicked a child's foot under the table; another pushed a boy's hands away when he tried lifting her face from looking at her tablet.

Parents' device use can also send a message to kids that whoever or whatever is on the other end matters more than they do, says Catherine Steiner-Adair, a clinical psychologist based in Chestnut Hill and author of "The Big Disconnect: Protecting Childhood and Family Relationships in the Digital Age."

Steiner-Adair, who also consults with schools, interviewed more than 1,000 kids for her book and says they used the same ( ( ( ) ) to describe their feelings about their parents' preoccupation with phones and screens: "sad," "mad," "lonely," "frustrated."

Younger children "don't understand the lost boundary between work and

home," she says. "At the park, if Mom or Dad is pushing a swing and on their phone at the same time, the child may think, 'I'm boring,' or at the least, less interesting than what's happening on the phone."

While older kids understand that their parents may need to use their devices for work, many resent it intruding on family time. One 13-year-old Steiner-Adair interviewed recalled his father texting from the ski lift during a family outing.

There is also the matter of modeling behavior. "You knew which kids understood the word '( (9)),' because they would use it to describe their parents," she says. "They'd say, 'my parents say don't text and drive, but then they text and drive. Or, they say ( (10)) to take calls during dinner, but they take calls then. "

Setting rules around device use can help parents find balance. Radesky, for instance, tries to wait until her kids, ages 5 and 1, have gone to bed, and says that many of the parents she's interviewed ( ① ) the same. Other parents allow themselves to check their personal e-mail or Facebook intermittently in front of their kids, but leave more stressful or taxing tasks, like answering work e-mail, until the kids are asleep.

Times that offer opportunities for conversation, such as car rides to and from school, should be technology-free, Steiner-Adair adds. Same goes for coming home from work. "Don't just say a quick 'hi' and disappear to check your e-mail," she says. "Come home with the expectation that you're going to spend time with your family."

Some parents use other occasions to set boundaries between their technology-use and family time. Waltham resident Susan Kane carved out technology-free time by starting to observe Shabbat, which in her household means, among other things, no electronics from sundown Friday to sundown Saturday.

 this restriction," admits Kane, 46. Her and her partner's fondness for screens and their daughter's budding affection for them led the family to make the change 2 years ago.

The family often unwinds with screens during the week—Kane reading online, her partner using an app or playing an online game, and their 6-year-old daughter, Adar, watching "Dora the Explorer" or another show. Sometimes, Adar will want to play and get the grownups to unplug.

"Our daughter is <u>pretty vocal</u> and lets us know if she feels like we are spending too much time online and not enough time paying attention to her," Kane says. "We try to stop what we're doing when that happens, although it's hard."

(The Boston Globe, March 30, 2015. "Parents' absorption in mobile devices can take a toll on kids" by Ami Albernaz)

1	Translate	the	underlined	words	and	phrases	marked	①,	3,	6),	12),	(13)	and
Œ	) into Japa	nese	! <b>.</b>										

2	Rearrange	the wo	ords in	the br	acke	et mar	ked (2)	to mak	e a	corr	ect sen	tence.
	On your o	answer	sheet,	write	the	word	which	comes	to	the	*	position
$b\epsilon$	elow.											

-	_
-	_

- 3 Fill in the blanks marked 4 and 10 with the most suitable English word to complete each sentence.
- 4 Fill in the blanks marked ⑤ and ⑥ with the same English word. Also, fill in the blanks marked ⑥ and ⑥ with the same English word.
- Find the most suitable word to fill in the blank marked  ${rac{n}{2}}$  from the passage.

- 6 Fill in the blank marked  $\otimes$  with the most suitable English word starting with the letter 'a'.
  - 7 Select the best word to fill in the blank marked 9 from the choices below.

honest hypocrite sufficient