

令和5年度一般選抜前期日程

英語問題紙

注意事項

1. 試験開始の合図があるまで、この問題紙を開いてはいけません。
2. 英語の問題紙は、10ページあります。
3. 解答用紙は4枚あります。
4. 受験番号は、監督者の指示に従って、解答用紙の指定された箇所に必ず記入
しなさい。
5. 受験番号および解答以外のことを解答用紙に書いてはいけません。
6. 解答はすべて解答用紙の指定された欄に書きなさい。
7. 解答用紙のみを提出しなさい。問題紙は持ち帰りなさい。

問題 1 次の英文を読み、問いに日本語で答えなさい。

In the spring of 2010, Michael Housman, a labour economist, was working on a project to figure out why some call centre workers perform better than others. No matter how hard he looked, he couldn't find an answer. Nothing seemed to compute. He told me:

I was working as Chief Analytics Officer for a firm that sells software to employers to help them recruit and retain staff. We had data on 50,000 people who had taken a 45-minute online job assessment and who were subsequently hired. We examined every aspect of the assessment to see if it held clues about longevity and performance. But we kept drawing a blank.

Housman's team had anticipated that those with a history of jumping around employers might, on average, leave quicker. (1)They didn't. Staff could have had five jobs in previous years, or just one, but it didn't predict longevity at all. The team thought that certain aspects of personality revealed by the assessment might correlate with performance, too. That didn't stack up either.

But then one of Housman's research assistants had a flash of insight. The team had data on the web browsers that had been used by the applicants to fill out the assessment forms. Some of the candidates had used Safari, others had used Firefox; some had used Internet Explorer, others Chrome. Might the choice of web browser predict performance? To Housman, it seemed unlikely. Surely, (2)this was just a matter of personal preference.

Yet the results were startling. Those who had filled out their assessments on Firefox or Chrome stayed in their jobs 15 per cent longer than those who

used Safari or Internet Explorer. They then checked the number of absences from work. Again, they found (3)the same gap. Those who used Firefox or Chrome had 19 per cent fewer absences from work than those who had used Internet Explorer or Safari.

If this wasn't puzzling enough, the numbers related to performance were even more striking. Those who used Firefox and Chrome had higher productivity, higher sales, happier customers and shorter call times. 'It was one of the most emphatic sets of results we had found,' Housman said. 'These were big differences, and they were consistent.'

What was going on? Housman said:

It took us a while to figure (4)it out. The key is that Internet Explorer and Safari are pre-installed. PCs come with Explorer as part of the package, and Macs come with Safari. These are the defaults. To use them, you just need to turn on the computer. Chrome and Firefox are different. To use these pieces of software, you have to be curious enough to check if there are better options out there. Then, you have to download and install them.

It wasn't the software itself that was driving these differences in performance, it was what the choices revealed about differences in psychology. Some people have a tendency to accept the world as it is. They stick with the status quo. Others see the world as changeable. They wonder if there are better ways of doing things and, if so, act upon them. A seemingly inconsequential decision on which web browser to use revealed different positions on a psychological spectrum. Translated into the jobs they were doing, this meant many things. Remember, these were professionals working in call centres in retail and

hospitality. Such jobs often have a set of scripts that are used to deal with consumer enquiries. It is easy to stick to a script. It represents the default. But every now and again, you meet a situation that isn't covered by the script, or where a fresh approach might work better. Do you just stick to what you have always done? Or do you find a new way of solving a problem, or selling an idea, or pleasing the customer?

(5)Those call centre workers who could step outside convention performed significantly better. When the status quo wasn't good enough, they came up with something original. This mindset also helps to explain why users of Chrome and Firefox stayed in their jobs longer and had fewer absences. Workers capable of altering the script are more likely to take action to fix problems, and make changes to their jobs that make them happier and more productive. Those who see the status quo as immutable are less likely to fix problems at work. They just put up with the default. Until they quit in frustration. 'We were initially shocked by the size of the results,' Housman said. 'But we came to realise that the web browser decision shone a light on a crucial trait. The ability to question defaults makes a huge difference in a changing world.'

(Adapted from *Rebel Ideas: The Power of Thinking Differently*,
by Matthew Syed)

問 1 下線部(1)の内容を本文に即して述べなさい。

問 2 下線部(2)の内容を本文に即して述べなさい。

問 3 下線部(3)の内容を本文に即して述べなさい。

問 4 下線部(4)の内容を本文に即して述べなさい。

問 5 下線部(5)の理由を本文に即して述べなさい。

問題 2 Read the following text and answer the questions in English according to the text.

I know bad news is coming my way when my oncologist walks into the exam room with a nurse. It doesn't matter that he introduces her as a new nurse getting to know the system. In my more than six years of seeing my oncologist for metastatic colon cancer, he has never come in accompanied. He wants her in the room to learn how to give bad news.

After 25 years as a pediatrician, I know the guidelines. Find a quiet room. Give the news directly. Allow for silences. Offer tissues and glasses of water. Wait for the family's questions and answer them as fully as possible.

I've had to tell families that their child has a chronic disease, is gravely ill, has died. Now my oncologist rotates the chair facing the computer so it faces me. He sits down, makes eye contact, glances at the box of tissues by his side.

The nurse stands just behind him, shifting her weight between her feet. I sit on the exam table, with two of my friends next to me, holding my hands.

There are new liver *lesions growing, my oncologist says. For years the lesions were dormant, encased in calcium. But the cancer cells have burst through their calcium borders. They are not yet wreaking havoc. My laboratory values and vital signs are normal. But the new liver lesions mean that the chemotherapy is no longer working.

I step out of my patient role and into my doctor role just long enough to

*lesion 病変

acknowledge that my doctor is very good at giving bad news. He is asking what questions I have. He is allowing for silence. Tears are falling from my eyes, and he is silently handing me the box of tissues.

The nurse nods her head when he talks about the next steps. He will look into †clinical trials and new medications. On Monday, he will meet with his colleagues to discuss my case. They will pull up images of my scans and discuss radiation, surgery, immunotherapy. Possibilities. The nurse nods, optimistic.

I look at the scans on my oncologist's computer screen. He rolls the mouse to make the images bigger than life. He touches the light gray ovals of cancer on the CT scan and contrasts them to the darker gray of the rest of the liver. He points to the bright yellow sunburst-shaped spots of cancer on the PET scan — they stand out starkly against the purple-gray color of the rest of the liver. When I was a medical student, I thought those images looked like modern art. But not today. Today I know that those gray ovals and yellow spots are my growing cancer reacting to the ‡contrast fluid infused in my body.

My oncologist cancels my chemotherapy for the day. While I wait to figure out the next steps, I will be full of uncertainty and fear of the growing cancer. But not having chemo means my next few days will not be full of nausea, diarrhea and exhaustion. No chemo means I will not need to go home and get under the covers.

The day opens up. Having cancer has taught me about patience and lack of

† clinical trial 臨床試驗, 治療

‡ contrast fluid 造影劑

control, and how to spend as much time as I can with those I love. I propose a hike with my friends. They say of course, and we drive the 10 minutes to Sleeping Giant State Park.

One friend chooses a trail I do not know. She says it will wind along the river before rising up the hill.

The trail gives us a good view of the trees that fell from the tornado a few years earlier. Some trees are dead, and others, whose intricate root systems have grown sideways and above the ground, seem to be regenerating. The day of the tornado was during a non-chemo week. I was driving my older daughter home through what was, in our town, just a bad rainstorm. I was not worried. I had no idea there was a serious storm brewing nearby.

We rest on a fallen log in a sunny spot. We talk of our children and partners and politics and cancer.

After our hike, we stop at the pharmacy to pick up passport photos. Last week, before my oncologist walked into the exam room with a nurse, my teenage daughters and I had the photos taken because our passports were expiring.

This week I wonder if I will ever leave the country again. I had hoped to have more adventures. I am confident that my daughters, just on the crest of their adulthood, will travel widely. At the cash register are extra-large chocolate bars. I buy two.

At dinner, my daughters are curious about how I had time to make dinner and why I am eating dinner with them. They know my typical chemo day has me napping all afternoon and into the evening.

I tell my daughters the news. I tell them I am on a chemo holiday because there are new cancerous growing liver lesions. The biggest collection of cells is 1.5 centimeters wide.

My daughters spread their thumbs and index fingers to estimate how big that is. It is small, they say.

We eat Eggplant Parmesan and chocolate, and my daughters retreat to their rooms for homework and Netflix.

I have known for over six years that there would be lesions that would escape the clutches of chemotherapy. I am sad it is now. I had hoped for more time.

But there is no denial. I met the nurse who came into the exam room to learn how to give bad news. She, with her freshly pressed scrubs, will be better prepared to give the bad news next time.

(Adapted from "How to Give Bad News," *The New York Times*,
March 13, 2020, by Marjorie S. Rosenthal, M.D.)

- Question 1. Why did the author realize that her oncologist was going to tell her bad news?
- Question 2. Why did the author's doctor stop chemotherapy?
- Question 3. Why did the author go hiking with her friends?
- Question 4. Why did the author's daughters wonder why the author was having dinner with them?
- Question 5. The author wrote, "...there is no denial." What does this mean?

問題 3 What subjects, other than medicine or English, are important for students in a medical university? Select one or two subjects. Explain your selection(s). Write an essay in English.

