

外 国 語

英 語： 1～6 ページ

1. 試験開始の合図があるまで、この問題冊子を開いてはいけません。
2. 解答時間は 60 分間です。
3. 解答用紙の記入にあたっては、解答用紙の注意事項を参照し、HBの鉛筆を使用して丁寧にマークしなさい。
4. 受験番号、氏名、フリガナを解答用紙に記入しなさい。受験番号は正しくマークしなさい。
5. マークの訂正には、消しゴムを用い、消しきずは丁寧に取り除きなさい。
6. 試験開始後、ただちにページ数を確認し、落丁や印刷の不鮮明なものがあれば申し出なさい。
7. 試験終了後、解答用紙のみを提出しなさい。問題冊子は持ち帰りなさい。
8. 解答用紙は折り曲げないようにしなさい。
9. 受験番号欄にマークミスがあった場合は、採点対象外となります。

PASSAGE 1

Use the content from this passage, separated into 8 sections (*sec 1 - sec 8*), to answer the **PASSAGE 1 QUESTIONS**.

sec 1 Imposter syndrome: Term coined in 1970 by psychologists and researchers to informally describe people who are unable to internalize their accomplishments despite external evidence of their competence.

sec 2 When I was in medical school, I remember walking outside the library and trying not to glance inside to see how many of my classmates appeared to be [A] studying for final exams. I remember trying to ignore their off-hand, and occasionally self-congratulating, comments about research projects and leadership positions. My own feelings of inadequacy were bad enough without being compounded by gossip.

sec 3 As I continued on through residency and later during fellowship, I carefully nurtured and protected my slowly growing confidence as a doctor. The objective evidence helped, of course. I matched into¹ emergency medicine, my speciality of choice, and graduated from medical school a few months later. I successfully completed a four-year residency program. I matched into an education fellowship, became board-certified, and accepted an assistant residency program director position straight out of fellowship: markers of success.

sec 4 But as my confidence and my accomplishments grew, so did this nagging suspicion at the corners of my mind. In the beginning, I thought it was simple insecurity — after all, I was just an intern, and later, just a new fellow, then just a new attending [physician]. My friends and family mostly thought I had a case of excessive humility. It felt like a vague disquiet that I could never quite shake, which actually only continued to become even more unsettling as the lines on my CV multiplied. On the occasions when I would bring it up to those I trusted, most of the time my feelings were dismissed as nonsense or irrational in the face of my achievements.

sec 5 It wasn't until very recently that I discovered that I wasn't the only one who felt this way. In fact, my disquiet even had a name: imposter syndrome. Although clinically described as the "inability to internalize one's accomplishments," really, for me, it felt more like I was about to be caught any second, that everyone would suddenly find out that I wasn't in fact as competent or gifted or talented as I was supposed to be. More than simple humility, it felt shameful, as though I was hiding all these secret inadequacies from the public eye; and isolating too. As if by admitting my feelings, I would open myself up to scrutiny and thereby condemn myself to going to wherever it is that failures go.

sec 6 Feelings aside, I discovered that the big problem with imposter syndrome is that it prevented me from taking pride in my work. It preys on that third leg of burnout — a lack of efficacy or a sense that nothing that you do matters. It's a cousin to perfectionism. The more and the greater the accomplishments, the wider the disconnect between reality and perception, and the worse the feelings of shame, inadequacy, and guilt. When I think about it, really it's quite depressing, like running on a perpetual hamster wheel or re-enacting Sisyphus² pushing the boulder up the mountain — you're never done.

sec 7 So I'm a work in progress. Once I discovered that my feelings had a name, I did what anyone else would do: I went on Google. I found a ton of stuff out there, some good and some not so good, most of it simply a matter of awareness and mental re-conditioning. And perhaps that's all it really takes. Like many of the dirty little secrets in medicine, we suffer as a group from a lack of awareness and a lack of transparency with issues related to wellness, or rather, an absence of wellness. If we can just talk to each other about our real issues instead of hiding them out of a sense of shame and embarrassment because we don't match some sort of ideal physician, then maybe as a group we can start taking the steps needed to change our unforgiving cultural standard to one that is more open and honest and accepting.

sec 8 So what have I learned, you ask? - Talk to people [B]. Realize that no one is perfect. Focus on what you do well. And remember, what you do matters.

Vocabulary

(1) *match into*: be accepted by; (2) *Sisyphus*: mythic figure cursed with an endless task

*Excerpt adapted from "Doctors: Feel like a fraud? You're not alone." (2016) by Arlene S Cheung
<https://www.kevinmd.com/2016/02/doctors-feel-like-fraud-youre-not-alone.html>.*

PASSAGE 1 QUESTIONS

1. Which of the following is the best fit for [A]?

- ① meticulous
- ② meticulously
- ③ meticulousness
- ④ more meticulousness

2. In *sec 2*, which of the following best describes the author's feelings?

- ① ambiguous
- ② confused
- ③ dubious
- ④ insecure

3. In *sec 3*, what does "objective evidence" refer to?

- ① a standard of evaluation of scientific theories
- ② conclusions based on premises generally assumed to be true
- ③ her personal interpretation of success
- ④ what she actually achieved throughout her career

4. In *sec 4*, which of the following best reflects the meaning of "nagging"?

- ① childish
- ② erroneous
- ③ irritating
- ④ unfounded

5. In *sec 4*, which of the following is closest in meaning to "humility"?

- ① chastity
- ② compassion
- ③ modesty
- ④ reluctance

6. In *sec 4*, what does the author mean by "as the lines on my CV multiplied"?

- ① Her job became more confusing.
- ② Her medical career progressed.
- ③ She became more comfortable in her job.
- ④ She felt unprepared for a new position.

7. In *sec 5*, which of the following is closest in meaning to "internalize"?

- ① emotionally demonstrate
- ② introspectively generate
- ③ philosophically determine
- ④ psychologically accept

8. In *sec 6*, which of the following best summarizes the author's view of how imposter syndrome progresses?

- ① As you develop, the only measure of success is perception.
- ② As you develop, the only measure of success is reality.
- ③ The better you do, the worse you feel.
- ④ The worse you do, the better you feel.

9. Which of the following is the best fit for [B]?

- ① who has an opinion you value
- ② who has opinions you value
- ③ who's opinions you value
- ④ whose opinion you value

10. According to the passage, which of the following best describes a person with imposter syndrome?

- ① They do not feel like a fake, and they are not.
- ② They do not feel like a fake, but they are.
- ③ They feel like a fake, and they are.
- ④ They feel like a fake, but they are not.

PASSAGE 2

Use the content from this passage, separated into 7 sections (*sec 1 - sec 7*), to answer the **PASSAGE 2 QUESTIONS**.

sec 1 INTERVIEWER: Hello, today we have Victoria with us. Victoria, why don't you introduce yourself?

VICTORIA: Yeah, my name is Victoria, I'm a late-diagnosed autistic¹ woman. My original diagnosis was Asperger's, but I identify as autistic. I'm also employed full-time.

INTERVIEWER: Awesome! How old were you when you were diagnosed with autism?

VICTORIA: So, it was this year, and I was 31.

sec 2 INTERVIEWER: OK. Does life make more sense with your diagnosis?

VICTORIA: Yeah, a lot more sense. I always had sensory processing issues growing up, so really sensitive to loud noises and not really liking to be touched a whole lot, and people kind of told me that I was being "extreme" [in reacting to the noises/being touched] so it was really nice to know that, no, that was a real thing that I was experiencing. And similar with social deficits, it just helped me understand I wasn't "broken".

sec 3 INTERVIEWER: Being a woman on the spectrum², do you feel like you mask a lot?

VICTORIA: Yeah, I think it's my default. Especially growing up, especially as a girl, you feel like you really need to fit in and you don't want to stick out in any way or attract anyone's attention in a bad way. So I mask, even when it's not really necessary. I mask a lot of my negative emotions, because I don't always feel like I'm safe or going to be heard if I seem frustrated or irritated. I conceal my special interests, especially if they're not, you know, "girly" enough or if they're "boring", so yeah, masking is pretty much a way of life for me.

sec 4 INTERVIEWER: Do you think girls on the spectrum are not diagnosed as easily?

VICTORIA: Yeah. I definitely think there are a lot of obstacles. The main mechanism for people getting diagnosed is to have someone pick you out as a kid — a doctor, or a parent, or a teacher — and say, "Oh, I think that kid is autistic," and that often doesn't happen for girls, because I think we don't show the same behaviors. So then you have to come forward as an adult and advocate for yourself. I think I was lucky to find a psychologist who was a woman, who was my age, who had autistic clients, and who was really up-to-date and educated on autism today.

sec 5 INTERVIEWER: What would help doctors understand girls with autism more?

VICTORIA: I think a major point is understanding that even though autism is a neurological condition, the way that it plays out and how it's expressed is determined by the society that we're in and our culture. So for example, girls tend to feel less safe and less seen than boys, which means we are more highly motivated to mask and work harder to fit in. It feels like survival, to autistic women, to force ourselves to fit in. So, understand that just because someone can make eye contact and smile and talk about the weather doesn't mean they're not autistic. They've just trained themselves to act "normal" for survival.

sec 6 INTERVIEWER: Do you know many other girls with autism?

VICTORIA: Unfortunately, not in real life, not yet... some women in my family are exploring the idea that they might be autistic as well, but I've found a wonderful community on Twitter, so I've made quite a few online friends who are autistic women.

sec 7 INTERVIEWER: Do you have any advice for autistics that have gotten a diagnosis later in their lives?

VICTORIA: Yeah. I guess, one piece of advice that I could've used and that I would offer to others, is to really think about what you want to do next after getting the diagnosis, and the work you feel is called for. It's not really safe for us, all the time, to be exactly who we are and say exactly what we want to say, but often there are things about ourselves that we've been hiding just so we wouldn't feel weird, and they're actually harmless. And if we can bring some of those things, like having a quirky³ personal fashion, or changing some of your social habits to be more comfortable, that can really improve your quality of life. So that's a really important piece of work to do.

Vocabulary

(1) **autistic**: having autism, a condition characterized by barriers to social interaction and communication; (2) **on the spectrum**: having autism; (3) **quirky**: odd or unusual

*Excerpt adapted from "Transcript: My Interview with This Podcast Has Autism" (2019) by Victoria Duncan.
<https://medium.com/@duncanvm/transcript-my-interview-with-this-podcast-has-autism-1f9ee3e12a8c>*

PASSAGE 2 QUESTIONS

11. In *sec 2*, which of the following is NOT mentioned as being related to autism?

- ① having a negative reaction to noise
- ② having a negative reaction to physical contact
- ③ having trouble accepting the diagnosis
- ④ having trouble in social situations

12. In *sec 3*, which of the following best reflects the meaning of “mask”?

- ① a face covering
- ② a hidden feeling
- ③ cover your face
- ④ hide your feelings

13. According to *sec 3*, what is one reason why Victoria chooses to mask?

- ① She hates interacting with other people.
- ② She likes wearing a mask.
- ③ She wants to seem more like everyone else.
- ④ She wants to protect other people.

14. In *sec 4*, which of the following is closest in meaning to “advocate for yourself”?

- ① be neglectful of your own viewpoint
- ② conceal your own intentions
- ③ design your own treatment
- ④ stand up for your own interests

15. According to *sec 4*, which of the following can be inferred about autism diagnoses?

- ① In general, girls with autism diagnose themselves at a young age.
- ② On the whole, it takes a long time to accept an autism diagnosis.
- ③ Typically, boys are diagnosed with autism at a younger age than girls.
- ④ Usually, people are diagnosed with autism in their 30s.

16. According to *sec 4*, what can be inferred about Victoria’s reason for considering herself fortunate?

- ① Her autism is not severe.
- ② Her autism was not diagnosed as child.
- ③ She found a psychologist who understands her.
- ④ She has known her psychologist for a long time.

17. According to *sec 4* and *sec 5*, why does Victoria think that girls are diagnosed with autism less often than boys?

- ① because girls are less likely to have autism
- ② because girls are naturally better at eye contact and small talk
- ③ because girls feel pressured to hide signs of autism
- ④ because there are fewer women psychologists

18. According to *sec 6*, what role has communicating online played in Victoria’s life?

- ① It has allowed her sisters to explore autism.
- ② It has allowed her to become part of a social group.
- ③ It has allowed her to discuss autism with her family.
- ④ It has allowed her to meet new friends in person.

19. In *sec 7*, what does “work” refer to?

- ① the effort you make to improve your life
- ② the research you do about autism
- ③ the tasks you do at your job
- ④ the time you spend to build social relationships

20. According to *sec 7*, which of the following best summarizes Victoria’s advice?

- ① If you are autistic, you do not need to hide everything that is different about yourself.
- ② If you are autistic, you need to change your fashion and social habits in order to fit in.
- ③ If you are autistic, you should get diagnosed as early as possible.
- ④ If you are autistic, you should think about how to stay safe all the time.

PASSAGE 3

Use the content from this passage, separated into 10 sections (*sec 1 - sec 10*), to answer the **PASSAGE 3 QUESTIONS**.

sec 1 The interpreter gets to me first, with a face grown pale with concern. In a quaking voice, she whispers, "Doctor, the children are asking me not to translate the word 'cancer' every time you say it."

sec 2 The well-groomed, elderly patient is seated in a wheelchair. Her forearm is plastered, a result of her latest fall when she tried to get to the bathroom in a hurry. Her rehabilitation has been hampered by a diagnosis of cognitive impairment, leading her doctors to back off. Then, she complains of abdominal pain and is unexpectedly diagnosed with widespread cancer.

sec 3 "Please tell mum she has an ulcer." In my early years as an oncologist, my face would have revealed my incredulity, but after many of these requests I am more inscrutable. "She doesn't have an ulcer", I say gently.
 "In our culture, this is how it is", he explains. "She has dementia, so what's the point of burdening her even more?"
 I hate my invidious position. "If she has severe dementia, she won't understand me", I reason with him. "I don't want to upset you, but my duty is to your mother."

sec 4 The interpreter wheels her towards me and her children close in, as if poised to catch the grenade I am about to lob.
 "How are you?"
 "Quite well", the patient says via the interpreter. "The arm hurts a bit but that's to be expected." Her dementia can't be too bad, I think.
 "My insides hurt sometimes", she continues.
 "Would you like to know why?" I keep my eye and my focus on my patient although I can sense the children's discomfort. She nods hopefully, or at least I think so.
 "You might remember you had some scans. Unfortunately, they found cancer."

sec 5 "So, it is cancer? But they said the scans were normal."
 "Mother, you must not worry", her son exhorts. "In our culture, we make peace with such things."
 Without batting an eyelid, she says, "Of course we do, son."
 Where I was expecting recriminations, this changes the tenor of the consultation. The tense knot in my stomach relaxes.

sec 6 In the 1960s, 90% of oncologists admitted they would not disclose a terminal cancer diagnosis to a patient. Twenty years later, 90% said they would. Today, in the era of patient autonomy, full disclosure is painted as a moral absolute, but my experience has shown me a more nuanced reality. In many cultures, it is a filial duty to make medical decisions on behalf of a parent. Doctors might bypass a patient and speak first to adult children and patients willingly concede this onerous role to their children.

sec 7 For doctors steeped in the teachings of western medicine, withholding a terminal diagnosis seems anathema¹ but as the requests keep coming, I have learnt that my response needs to be as nuanced as the problem. First, doctors should not generalise based on culture, language, or their own past experience. Second, it's fine for patients to bypass the brutal details of their illness even if the evidence shows that they are not as traumatised by disclosure as we fear. Finally, we will never know what patients want if we fail to ask. We should assume nothing but respect an individual's decision to know only so much. Navigating this fine line comprises the art of medicine.

sec 8 "Mother, can we ask a few things?"
 The patient waits outside while brother and sister pepper me with questions they have been too afraid to ask. We discuss the trajectory of her decline and what to look for. I watch as they shed their feelings of guilt and conflict and understand how their mother's involvement will help them all plan ahead. Their vulnerability is replaced by a sense of empowerment and in leaving, they thank me for treating their mother with "unexpected kindness." This expression makes me a little wistful² but remembering the family members who have thought otherwise, I am mostly relieved.

sec 9 Disclosing a terminal diagnosis to the seemingly unwilling or unprepared may well be amongst the most difficult tasks doctors are called upon to do. Often, there is one chance to get it right, and it ought to be the highest duty of medicine to sensitively encourage a conversation that holds so many consequences. But part of being a good doctor is accepting that a good patient doesn't have to think like you.

sec 10 As my patient deteriorates, her family is able to congregate³ openly, grieve together and find consolation together. The consultation comes full circle when the children reflect that the experience changed their view about disclosure but concede that in future, they might still find themselves at the same starting point. That's okay, I say, thinking of Oscar Wilde's wise words, "The truth is rarely pure and never simple."

Vocabulary

(1) anathema: unacceptable; (2) wistful: emotional; (3) congregate: gather

PASSAGE 3 QUESTIONS

21. In *sec 2*, what effect did the diagnosis of cognitive impairment have on the patient's rehabilitation?

- ① It made it more difficult.
- ② It made it more important.
- ③ It made it more obvious.
- ④ It made it more urgent.

22. In *sec 3*, which of the following is closest in meaning to "inscrutable"?

- ① boldfaced
- ② in-your-face
- ③ poker-faced
- ④ two-faced

23. In *sec 3*, why does the doctor suggest that the elderly patient may not understand that she has been diagnosed with cancer?

- ① because of her cognitive impairment
- ② because she does not speak English
- ③ because she had too many other health problems
- ④ because the interpreter is not accurate

24. In *sec 4*, the use of the metaphor "the grenade" refers to which of the following?

- ① the inexplicable situation
- ② the life-changing bad news
- ③ the sympathetic emotion
- ④ the unpredictable outcome

25. According to *sec 6*, which of the following is true about the author and current medical practice?

- ① Most doctors would not tell their patients about their terminal illness but the author might.
- ② Most doctors would tell their patients about their terminal illness but the author might not.
- ③ Most patients would not tell their doctors about their terminal illness but the author might.
- ④ Most patients would tell their doctors about their terminal illness but the author might not.

26. In *sec 6*, which of the following is closest in meaning to "nuanced"?

- ① clear
- ② complex
- ③ ethical
- ④ simplistic

27. According to *sec 6* and *sec 7*, which of the following best reflects the main idea?

- ① Different cultures have different ways of dealing with terminal illness.
- ② How much information the doctor shares should depend on the specific patient's situation.
- ③ Since the 1960s, it has become more common for a doctor to withhold information from patients.
- ④ The duty of telling patients about terminal diagnoses can often leave doctors feeling traumatized.

28. In *sec 8*, which of the following best describes the expression "trajectory of her decline"?

- ① reassurance and peace of mind in the months ahead
- ② the ability she has to make the most of her remaining life
- ③ the expected progression of her terminal illness over time
- ④ the treatments that might prove effective as time goes on

29. In *sec 9*, what does "if" refer to?

- ① breaking the news of a terminal illness
- ② considering the feelings of the patient when their loved one has become terminally ill
- ③ debating whether or not to tell someone that their family is terminally ill
- ④ withholding the disclosure of a terminal diagnosis

30. In *sec 10*, which of the following best describes "at the same starting point"?

- ① less inclined to trust doctors
- ② more inclined to trust doctors
- ③ opposed to hiding a terminal diagnosis from a family member
- ④ willing to hide a terminal diagnosis from a family member

フリガナ	
氏名	

外語

解答用紙

注意事項

受験者は記入しないこと

欠席者

マークの仕方
・マークはHBの鉛筆で、はつきりマークすること。
(シャーフヘンシル、ボールペン、サインペン等は不可)
・マークを消す時は、消しゴムで完全に消し、消さないこと。
・残さないこと。

(良い例) ● (悪い例) ○ 細い、うすいはみてる

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