

衛生福利部委託辦理 醫病共享決策推廣計畫  
Shared Decision Making

## 醫病共享決策輔助工具(PDA) 基礎概念及選用講座



敬請尊重講師智財，如有閱讀以外之需求請徵詢講師同意。

指導單位：衛生福利部

主辦單位：財團法人醫院評鑑暨醫療品質策進會

時間：109年5月29日(五)

地點：醫策會 601 會議室

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# 醫病共享決策輔助工具(PDA)基礎概念及選用講座

## 課程講義

### 目錄

一、 議程	P.1
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(一) SDM 的導入時機與決策地圖	P.3
(二) 如何選擇適合的 PDA	P.13
(三) SDM 及 PDA 臨床實施流程	P.45



課程當日提問平台  
網址

<https://reurl.cc/QdN3L9>

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## 醫病共享決策輔助工具(PDA)基礎概念及選用講座

- 指導單位：衛生福利部
- 主辦單位：財團法人醫院評鑑暨醫療品質策進會
- 時間地點：2020年5月29日·13:00-16:55  
 新北市板橋區三民路二段33號6樓醫策會601會議室
- 課程目標：了解什麼是PDA，檢視是否有自行開發PDA的需要，學會如何選擇適用的PDA並運用。
- 對象：未開發過決策輔助工具之醫療人員或相關業務負責人。
- 講師介紹(依課程順序排列)：

講師	職稱	服務單位
劉人瑋	副主任	天主教輔仁大學附設醫院藥劑部
陳祖裕	教育長	彰化基督教醫療財團法人彰化基督教醫院
李宜恭	主任	佛教慈濟醫療財團法人大林慈濟醫院急診部

● 議程：

時間	分鐘	課程名稱	講師
13:00-13:20	20	簽到	
13:20-13:25	5	致詞	醫策會 廖熏香副執行長
13:25-14:15	50	SDM的導入時機與決策地圖	劉人瑋副主任
14:15-14:20	5	Q&A	
14:20-14:30	10	休息	
14:30-15:20	50	如何選擇適合的PDA?	陳祖裕教育長
15:20-15:25	5	Q&A	
15:25-15:35	10	休息	
15:35-16:50	75	SDM及PDA臨床實施流程	李宜恭主任
16:50-16:55	5	Q&A	
16:55~		~賦歸~	

【注意事項】

⌘ **課程滿意度問卷**：敬請回饋您的寶貴意見

各機構分場：學員請於課程結束後將紙本問卷交予分場承辦人。

個人連線：學員請於課後至<https://forms.gle/BD6dR67cQhYrjiz56>線上填寫問卷及簽到。

⌘ **學分認證**：本日課程需簽到一次。全程參與可獲得醫策會教育訓練時數3小時。

適用「全民健保醫院總額品質保證保留款實施方案」，請於活動結束三週後上網查詢時數或下載。

(1)醫策會教育訓練時數：<http://bit.ly/2vea1jg> (2)公務人員繼續教育時數：公務人員繼續教育網站

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# SDM 的導入時機與決策地圖

劉人璋 副主任

天主教輔仁大學附設醫院藥劑部

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## 共享決策的導入時機與決策地圖 (Timing of Shared Decision Making & Decision Map)

輔仁大學附設醫院藥劑部 劉人璋副主任

### 前言

Foreword

- 這是個**關鍵**問題：

為什麼  
要 SDM?

### 前言

Foreword

- 這是個**關鍵**問題：

為什麼  
要 SDM?

= 病人參與 + 充分  
了解的決策

敬請尊重講師智財，如有閱讀以外之需求請徵詢講師同意。

# 前言

## Foreword

- 這是個邏輯問題：



# 前言

## Foreword

- 這是個邏輯問題：

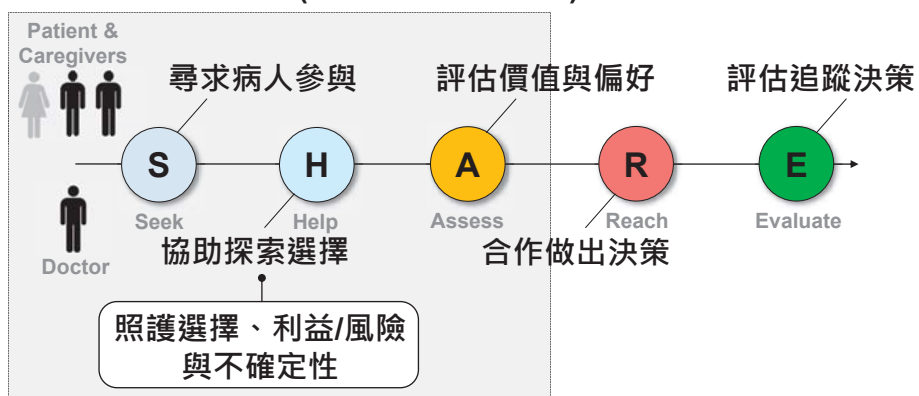


= 困難決策時  
(不是每一個決策  
都要 SDM)

# 決策輔助工具

## Decision Aids

- 決策輔助工具是協助病人結合「價值」與「偏好」進行知情抉擇 (informed choices) 的一種工具。



資料來源: BMJ. 2013;346:f4147.

## 決策輔助工具

### Decision Aids

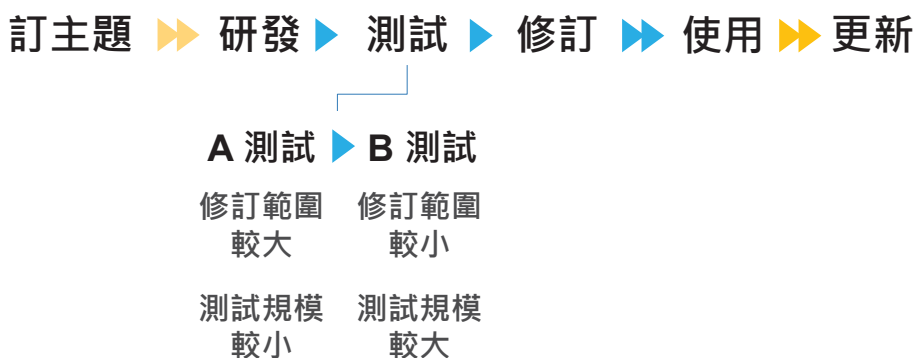
- 決策輔助工具的形式取決於**主題**及**對象**：

單張	影片	互動式網站
通用型	不易想像、容易越想越多的主題	需計算風險、重視數據視覺化的主題
文字閱讀能力可	影片理解能力佳	數字理解能力佳
製作門檻低	製作門檻較高	製作門檻較高

## 研發流程

### Processes

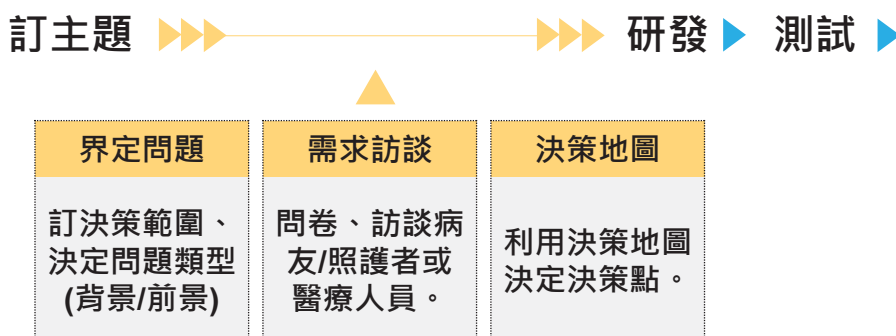
- 決策輔助工具的研發與測試過程：



## 研發流程

### Processes

- 決策輔助工具的研發與測試過程：





## 該 SDM 嗎？

### Needs for SDM

- SDM 適用性檢核：

檢核項目	檢核結果
兩種以上合理選項 <b>必要</b>	口服、吸入、注射多種給藥方式，都被證實可以縮短症狀時間。
病人價值偏好將主導選擇*	不同屬性病人選擇差異性大
目前沒有明確答案	實證為基礎指引未偏好使用哪一種治療方式。
選項各有優缺點	不同給藥方式各有其優缺點。

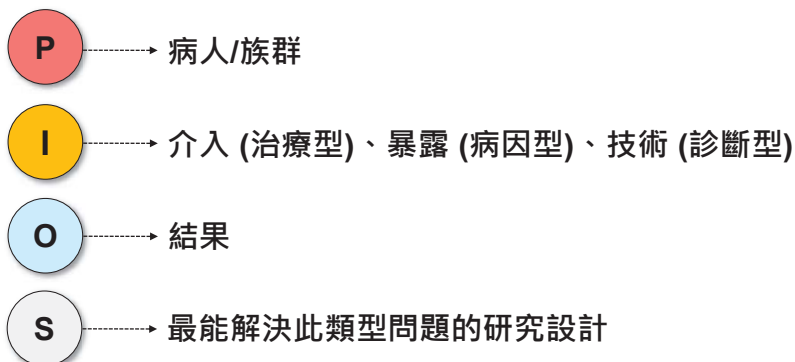
\*在醫策會官方版中，稱為合適的決策，取決於病人價值觀(偏好、期待)、考量或執行力。

## 問題評析

### Question

- 將決策輔助工具內的「決策問題」改寫為「PICO S」

“我有心房顫動，應該使用抗凝血藥品預防中風嗎？”



## 現代神農：我每天吃奎寧預防

川普於 5/19 記者會中透露「我已經吃了一段時間的奎寧預防新冠病毒感染」，我現在還是活跳跳的。

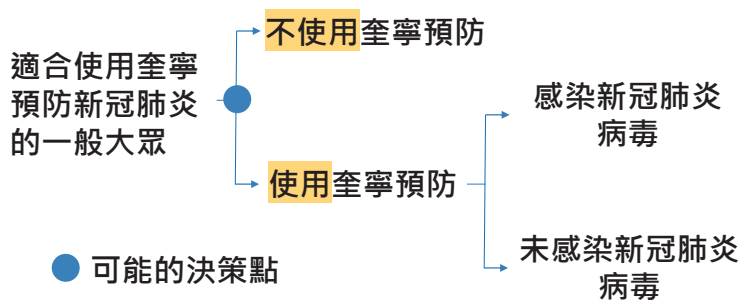


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## 決策地圖

### Decision Map

- 清楚說明這份決策輔助工具的「決策地圖」



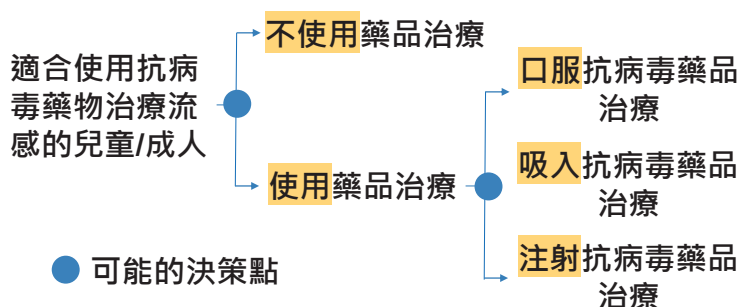
- 可能的決策點

- 一般大眾應根據實證、參照專家 (根據實證的) 意見與醫師共享決策。

## 決策地圖

### Decision Map

- 清楚說明這份決策輔助工具的「決策地圖」



- 可能的決策點

- 團隊應透過「需求調查」或「臨床經驗」決定適用的對象及決策點。

## 決策問題

### Questions

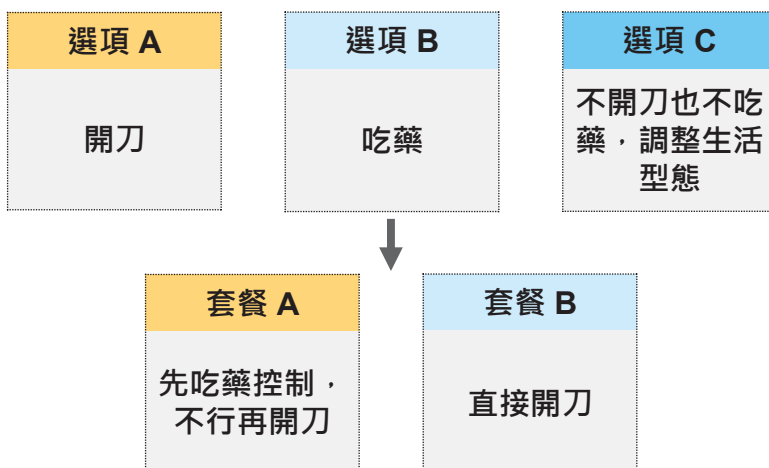
- 「決策問題」的呈現方式取決於「選項」：

決策問題	選項
我是一個心房顫動病人，我該如何預防中風？	很多 控制危險因子 (藥物、運動、生活型態)、抗凝血藥物等。
我是一個心房顫動病人，我該使用抗凝血藥物預防中風嗎？	聚焦 抗凝血藥物 (用/不用)
我是一個心房顫動病人，我該使用新型還是傳統抗凝血藥物預防中風嗎？	聚焦 抗凝血藥物 (新型/傳統)

## 決策問題

### Questions

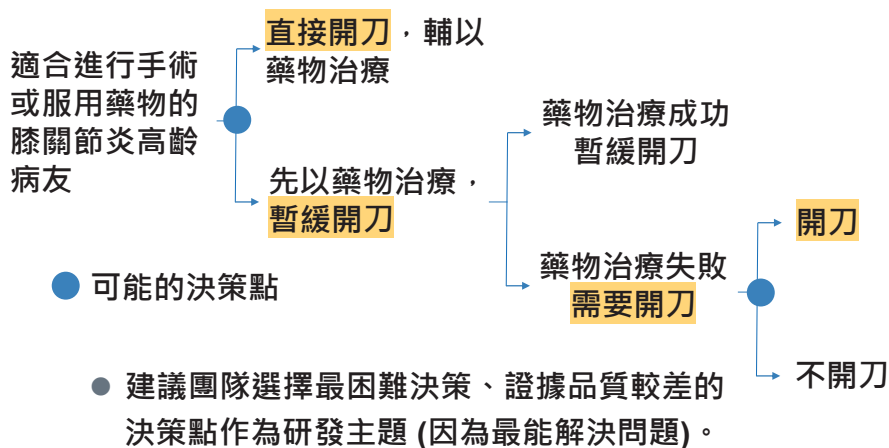
- 「決策選項」的選定是 PDA 有沒有幫助的關鍵。



## 決策地圖

### Decision Map

- 清楚說明這份決策輔助工具的「決策地圖」



## 適用對象

### Population

- 「適用對象」可以讓工具用在對的人身上：

適用範疇	適用對象
廣	心房顫動
中	經醫師診斷為心房顫動，希望預防中風
窄	經醫師診斷為心房顫動，適合使用抗凝血物預防中風

- 應該根據「決策點」界定對象，如果包括「不適合使用藥物」對象，怎麼會有需要使用藥物的決策呢？

## 決策問題

### Questions

- 這些都是「氣管插管替代選擇」的決策問題：

「呼吸衰竭拔管失敗，我的選擇是什麼？」

醫療選擇

「長管還是短管好，我要選擇氣管造口術嗎？」

醫療選擇 + 倫理考量

「加護病房末期病人是否撤除氣管內管，你的選擇？」

倫理考量 > 醫療選擇

## 決策重要性

### Importance

- 清楚說明這份決策輔助工具的「決策重要性」

當您有「心房顫動」時，日後中風的機會會增加，吃藥  
(抗凝血藥物，讓血液比較稀，不容易塞住血管) 可以預防中風，但也可能造成出血。

健康議題

決策重要性

選項可能的優缺點

- 經驗顯示，使用者最困擾的是「專有名詞」。

## 專有名詞

### Terms

- 「專有名詞」絕對是決定成敗的關鍵：

專有名詞	去學術化語言
心房顫動	心跳忽快忽慢、不規律，一種常發生在中老年人的問題
抗凝血藥物	讓血液變稀、比較不會塞住血管
缺血性腦中風	腦血管阻塞，俗稱中風，可能造成手腳無力

- 去學術化的語言可以是任何形式，包括「譬喻」、「描述」、「可能發生的事情」、「視覺」、「不同的語言」。



## 專有名詞

### Terms

- 用「專有名詞解釋專有名詞」是很常見的困擾：

非瓣膜性心房顫動是一種發生在心房的心律不整，常發生在高血壓、甲狀腺功能亢進的病人，會增加缺血性中風的風險。

- 上面這一段話，有多少個人黑人問號的專有名詞呢？答案是「六個」。

## 探索需求

### Explore Needs

- 困難決策有時候是因為不知道最在乎的是什麼？

類型	範例
存活 (survival)	死亡率、中風死亡率
臨床事件 (clinical events)	缺血性中風、失能
不良事件 (adverse events)	嚴重出血、腸胃道出血
病人自述預後 (patient-reported outcomes)	健康照護有關的生活品質
負擔 (burdens)	照護需求、檢驗頻率等
經濟 (economics)	(醫療相關) 費用與資源

資料來源: J Clin Epidemiol. 2011;64:395-400.

## 後記

### Afterword

- 這是個關鍵問題：

為什麼  
要 SDM?

## -筆記欄-

敬請尊重講師智財，如有閱讀以外之需求請徵詢講師同意。

# 如何選擇適合的 PDA

陳祖裕 教育長

彰化基督教醫療財團法人彰化基督教醫院

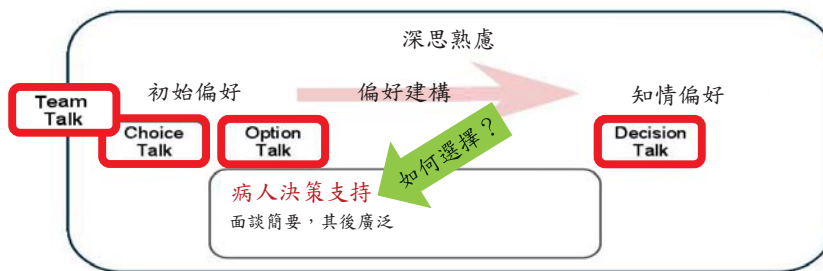
敬請尊重講師智財，如有閱讀以外之需求請徵詢講師同意。



敬請尊重講師智財，如有閱讀以外之需求請徵詢講師同意。

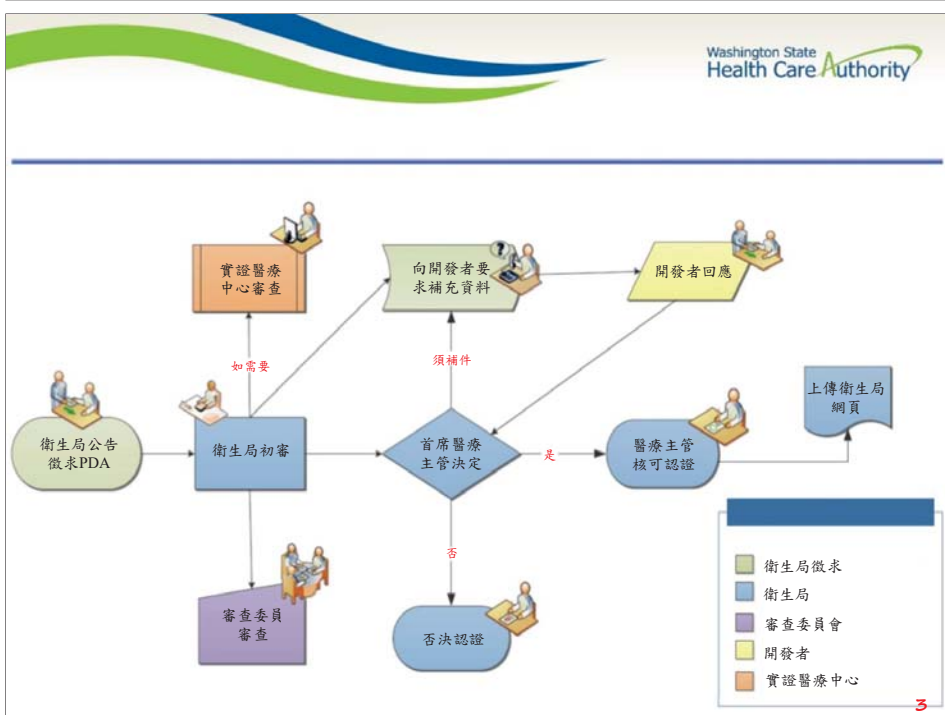
## Three-Step Talk Model

Shared decision making : a model for clinical practice



Elwyn, 2012

2

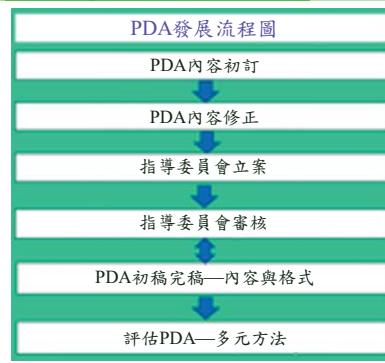


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The “SheEmpowers” PDA, University of Alberta

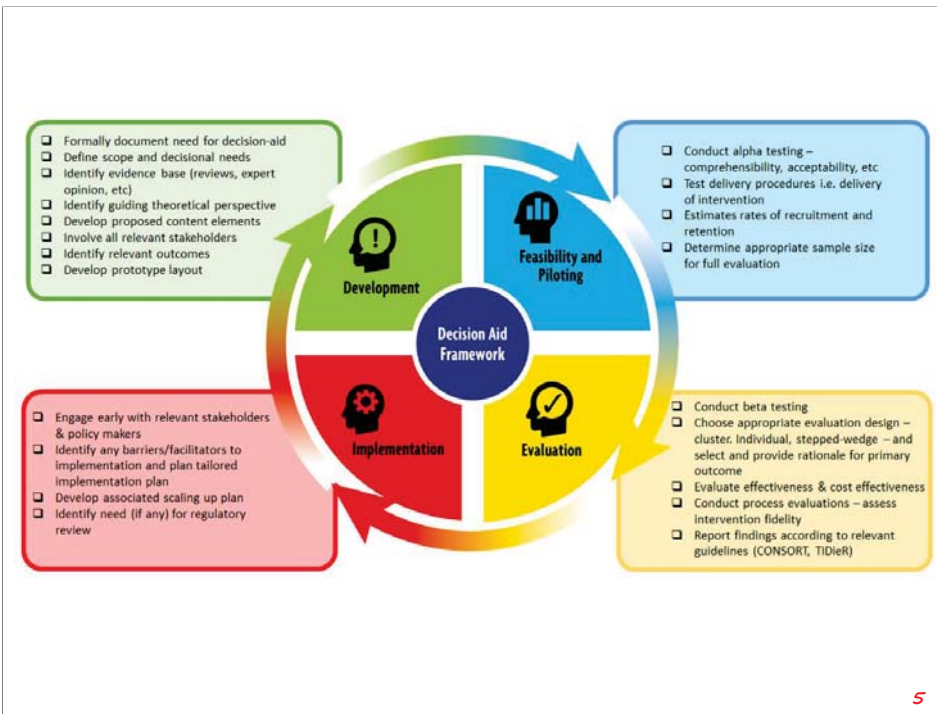
\* For managing surgical menopause

1. Recognizing need for decision and tool
2. Exploring decision support needs
3. Development and evaluation

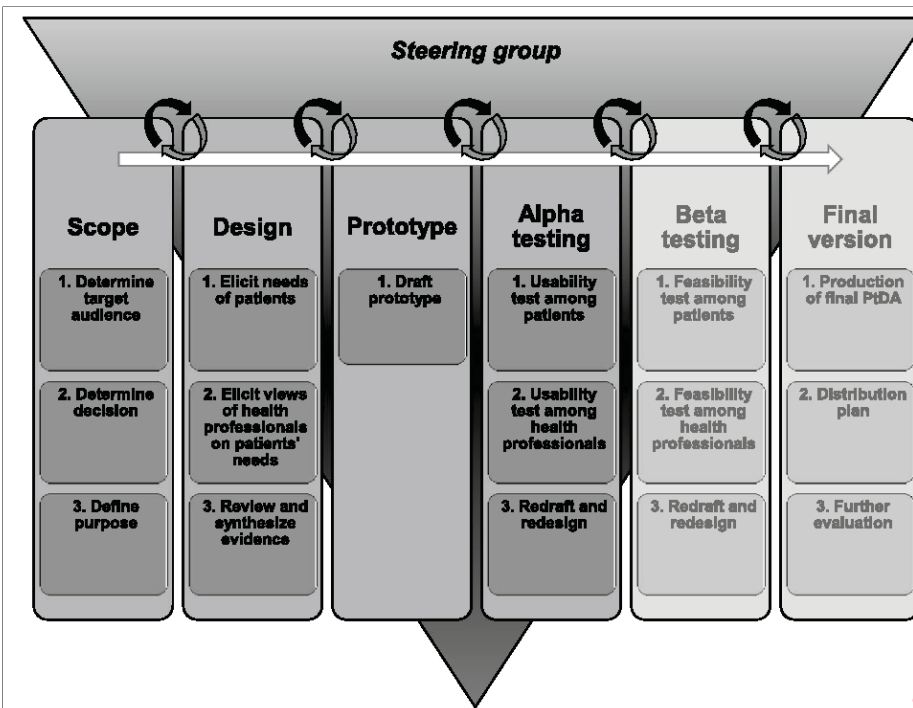


This slide contains a detailed document titled "Developing and evaluating a patient decision aid (PDA) for managing surgical menopause: The story behind the 'SheEmpowers' patient decision aid". It includes sections for Background, Objectives, Methods, Results, and Conclusion. The Methods section is divided into three main phases: Recognizing need for decision aid tool, Exploring decision support needs, and Development and evaluation. It also includes a 'PDA Development Process' flowchart and a 'Points of discussion' section.

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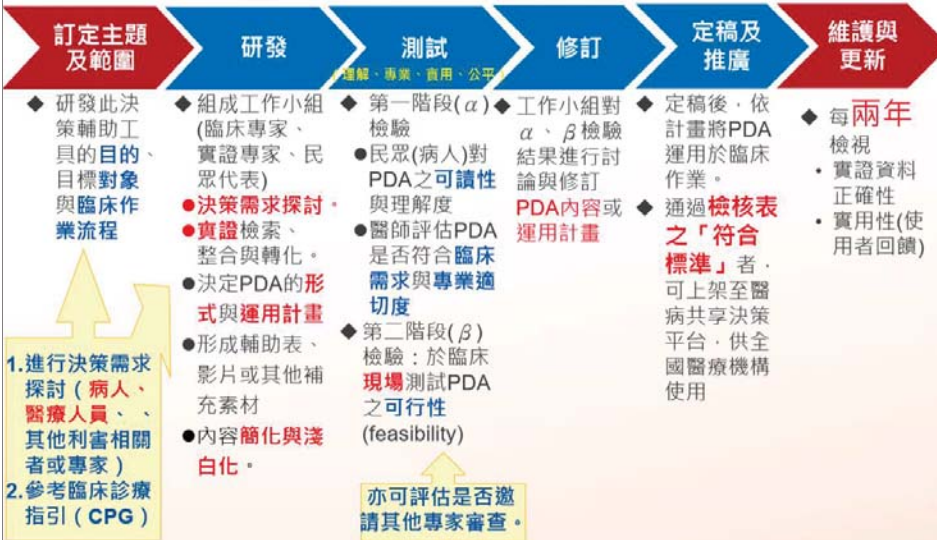
# Shared Decision Making, SDM

## PDA研發流程

財團法人醫院評鑑暨醫療品質策進會  
廖熏香 副執行長  
2019/5/20



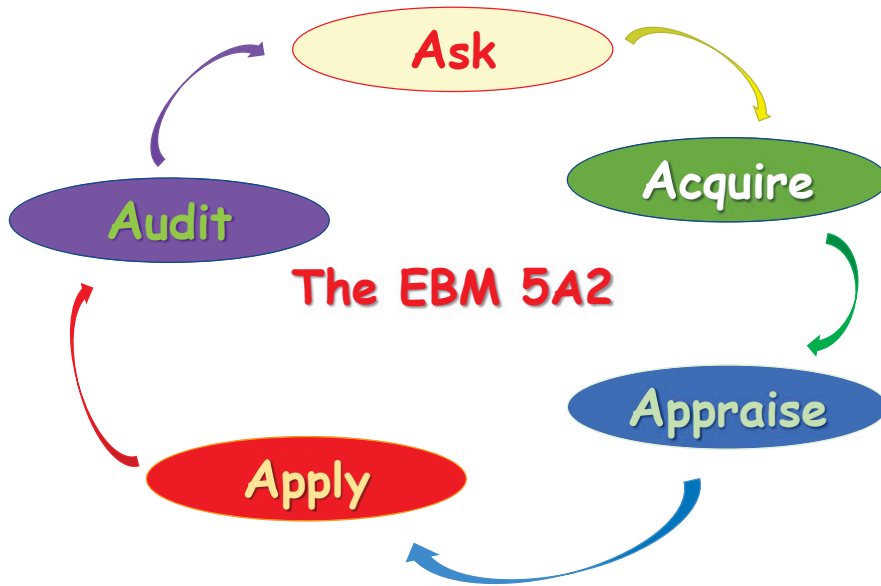
## 決策輔助工具研發與維護流程



如果有好的PDAs，就不必自己做

對於現有的PDAs，怎樣選？

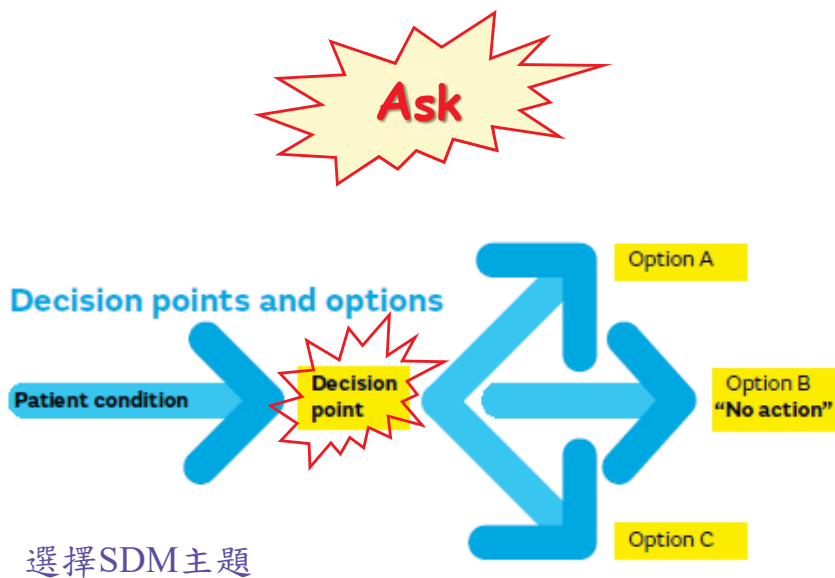
敬請尊重講師智財，如有閱讀以外之需求請徵詢講師同意。



10



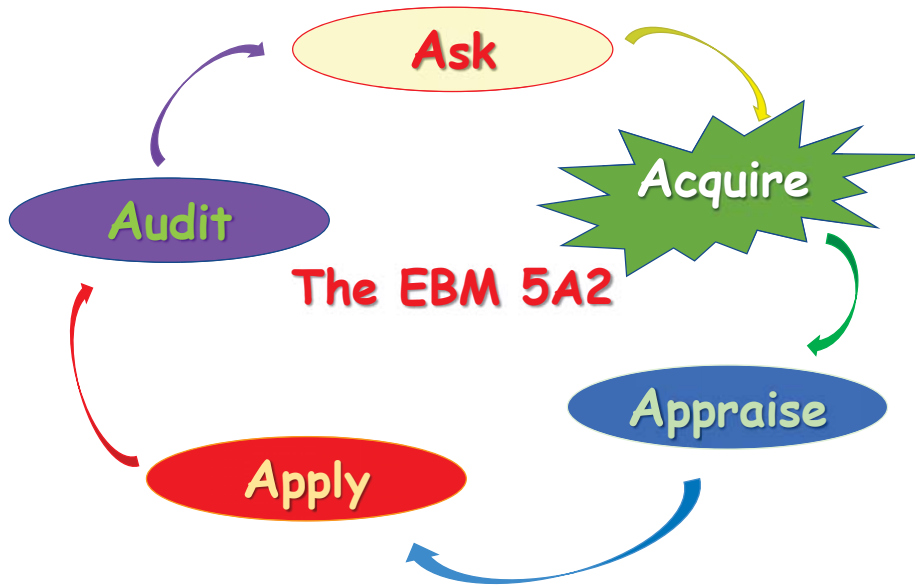
11



12

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The Ottawa Hospital | L'Hôpital d'Ottawa  
 RESEARCH INSTITUTE | INSTITUT DE RECHERCHE

### Patient Decision Aids

Welcome

Patient decision aids are tools that help people become involved in decision making by making explicit the decision that needs to be made, providing information about the options and outcomes, and by clarifying personal values. They are designed to complement, rather than replace, counseling from a health practitioner.

**How can I find decision aids?**

- [A to Z Inventory](#) allows you to search for decision aids on particular health topics.
- [Ottawa Personal/Family Decision Guides](#) can be used for any health or social decision.
- [Decision Aid Library Inventory \(DALI\)](#) allows developers to enter information about their decision aids for inclusion in our inventories.

**Where are the online tutorials?**

- The [Ottawa Decision Support Tutorial \(ODST\)](#), to help practitioners develop knowledge in shared decision making (SDM) and decision support.
- The [Ottawa Patient Decision Aid Development eTraining \(ODAT\)](#) to help people create a patient decision aid using the Ottawa development process.
- The [Implementation Toolkit](#) provides tools and training for incorporating decision support in practice centres.

**What's the evidence?**

- An international research group updates the [systematic review of trials of patient decision aids](#) for treatment or screening decisions using Cochrane review methods.
- The [International Patient Decision Aid Standards \(IPDAS\) Collaboration](#) established a set of internationally approved criteria for determining the quality of patient decision aids.
- Report on [The Ottawa Decision Support Framework: Update, Gaps and Research Priorities](#).

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Home 網站導覽 已登入謝書文 · 您好 註冊身份:醫療承辦人 [登出] 會員專區 註冊

醫病共享決策介紹 · 決策輔助工具 · 教育資源 · 民眾專區 相關網站 · 常見問題 聯絡我們

衛生福利部  
**醫病共享決策平台**  
 Ministry of Health and Welfare,  
 Platform for Shared Decision Making

請輸入關鍵字  搜尋

熱門關鍵字: 人工聽覺助聽器 SDM 輔助工具 呼吸 醫病

您現在的位置: 首頁, 決策輔助工具, 決策輔助工具清單

**決策輔助工具清單**

依主題類別  請輸入您要查詢的關鍵字  搜尋

▶ 1. 肌肉骨骼系統	▶ 2. 消化系統	▶ 3. 呼吸系統
▶ 4. 泌尿生殖系統	▶ 5. 內分泌、營養與代謝	▶ 6. 循環系統
▶ 7. 神經系統及感覺器官	▶ 8. 皮膚系統與皮下組織	▶ 9. 精神與行為
▶ 10. 腫瘤	▶ 11. 妊娠、生產與產後期	▶ 12. 先天性畸形、變形與染色體異常
▶ 13. 其他		

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敬請尊重講師師智財，如有閱讀以外之需求請徵詢講師師同意。

如果找到好的PDAs，就不必自己做

怎樣的PDAs才叫做好？

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International Patient Decision Aid Standards (IPDAS)  
Collaboration

### IPDAS 2005: Criteria for Judging the Quality of Patient Decision Aids

**Steering Committee:** A O'Connor (CA) & G Elwyn (UK) (co-leaders) with A Barratt (AU), M Barry (US), A Coulter (UK), M Holmes-Rovner (US), N Mounjid (FR), H Llewellyn-Thomas (US), M O'Kane (US), R Thomson (UK), D Stacey (CA), T Whelan (CA) **Methods Group:** G Elwyn (leader, UK) with S Bernstein (US), P Shekelle (US), R Thomson (UK), R Volk (US) **Stakeholder Leader:** A Coulter (UK) **Quality Criteria Panels:** A O'Connor (CA) & H Llewellyn-Thomas (US) (editors) with J Austoker (UK), A Barratt (AU), M Barry (US), H Bekker (UK), J Belkora (US), C Braddock (US), P Butow (AU), E Chan (US), A Charvet (Switz), A Clarke (UK), J Davison (CA), J Dolan (US), A Edwards (UK), V Entwistle (UK), A Fagerlin (US), D Feldman-Stewart (CA), J Fowler (US), D Frosch (US), P Hewitson (UK), M Holmes-Rovner (US), T Hope (UK), MJ Jacobsen (CA), A Kennedy (Switz), S Knight (US), M Kupperman(US), B Ling (US), T Marteau (UK), K McCaffery (AU), N Mounjid (FR), A Mulley (US), M O'Connor (US), E Ozanne (US), M Pignone (US), A Raffle (UK), C Ruland (NO), L Schwartz (US), K Sepucha (US), S Sheridan (US), S Stableford (US), D Stacey (CA), D Stilwell (US), V Tait (CA), D Timmermans (NL), L Trevena (AU), T Whelan (CA), C Wills (US), S Woloshin (US), S Ziebland (UK)

#### What are patient decision aids and why are they needed?

Patient decision aids are tools to help people participate in their health decisions in ways they prefer. They are used when there is more than one medically reasonable option to diagnose or treat a health problem. Each of the options has good and bad features that people value differently. Even when two people are in the same situation, what is important for one person may be different for another person. Therefore, there is no clear answer that applies to everyone. The best choice involves matching which features matter most to a person with the option that has these features. To make a good decision, you need an expert on the facts (e.g. a health practitioner) and an expert on which features matter most (e.g. the patient) and a way to share their views with each other in ways they prefer.

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敬請尊重講師智財，如有閱讀以外之需求請徵詢講師同意。

## Assessing the Quality of Decision Support Technologies Using the International Patient Decision Aid Standards instrument (IPDASi)

Glyn Elwyn<sup>1\*</sup>, Annette M. O'Connor<sup>2</sup>, Carol Bennett<sup>2</sup>, Robert G. Newcombe<sup>3</sup>, Mary Politi<sup>4</sup>, Marie-Anne Durand<sup>5</sup>, Elizabeth Drake<sup>6</sup>, Natalie Joseph-Williams<sup>7</sup>, Sara Khangura<sup>8</sup>, Anton Saarikari<sup>9</sup>, Stephanie Sivall<sup>10</sup>, Mareike Stiel<sup>11</sup>, Steven J. Bernstein<sup>12</sup>, Nananda Col<sup>13</sup>, Angela Coulter<sup>14</sup>, Karen Eden<sup>15</sup>, Martin Härter<sup>16</sup>, Margaret Holmes Rovner<sup>17</sup>, Nora Mounjid<sup>18</sup>, Dawn Stacey<sup>19</sup>, Richard Thomson<sup>15</sup>, Tim Whelan<sup>15</sup>, Trudy van der Weijden<sup>15</sup>, Adrian Edwards<sup>20</sup>

### Abstract

**Objectives:** To describe the development, validation and inter-rater reliability of an instrument to measure the quality of patient decision support technologies (decision aids).

**Design:** Scale development study, involving construct, item and scale development, validation and reliability testing.

**Setting:** There has been increasing use of decision support technologies – adjuncts to the discussions clinicians have with patients about difficult decisions. A global interest in developing these interventions exists among both for-profit and not-for-profit organisations. It is therefore essential to have internationally accepted standards to assess the quality of their development, process, content, potential bias and method of field testing and evaluation.

**Methods:** Scale development study, involving construct, item and scale development, validation and reliability testing.

**Participants:** Twenty-five researcher-members of the International Patient Decision Aid Standards Collaboration worked together to develop the instrument (IPDASi). In the fourth Stage (reliability study), eight raters assessed thirty randomly selected decision support technologies.

**Results:** IPDASi measures quality in 10 dimensions, using 47 items, and provides an overall quality score (scaled from 0 to 100) for each intervention. Overall IPDASi scores ranged from 33 to 82 across the decision support technologies sampled (n = 30), enabling discrimination. The inter-rater intraclass correlation for the overall quality score was 0.80. Correlations of dimension scores with the overall score were all positive (0.31 to 0.68). Cronbach's alpha values for the 8 raters ranged from 0.72 to 0.93. Cronbach's alphas based on the dimension means ranged from 0.50 to 0.81, indicating that the dimensions, although well correlated, measure different aspects of decision support technology quality. A short version (19 items) was also developed that had very similar mean scores to IPDASi and high correlation between short score and overall score 0.87 (CI 0.79 to 0.92).

**Conclusions:** This work demonstrates that IPDASi has the ability to assess the quality of decision support technologies. The existing IPDASi provides an assessment of the quality of a DST's components and will be used as a tool to provide formative advice to DSTs developers and summative assessments for those who want to compare their tools against an existing benchmark.

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[Patient Educ Couns](#). 2015 Apr;98(4):462-8. doi: 10.1016/j.pec.2014.12.009. Epub 2014 Dec 31.

### Minimum standards for the certification of patient decision support interventions: feasibility and application.

Durand MA<sup>1</sup>, Witt J<sup>2</sup>, Joseph-Williams N<sup>3</sup>, Newcombe RG<sup>2</sup>, Politi MC<sup>2</sup>, Sivall S<sup>4</sup>, Elwyn G<sup>5</sup>.

Author information

#### Abstract

**OBJECTIVE:** Patient decision support interventions are not currently subject to standardized quality control. The current study aims to assess the feasibility of applying a proposed set of minimum standards (previously developed as part of a possible certification process) to a selection of existing patient decision support interventions.

**METHODS:** A convenience sample of interventions selected from those included in the 2009 Cochrane systematic review of patient decision aids was scored by trained raters using the International Patient Decision Aids Standards (IPDAS) instrument. Scores were then evaluated against the published proposed minimum standards.

**RESULTS:** Twenty-five out of thirty included interventions met all qualifying criteria while only three met the proposed certification criteria. The changes required for an intervention to meet the proposed certification standards were relatively minor. There was considerable variation between raters' mean scores.

**CONCLUSIONS:** Most interventions did not meet the certification criteria due to lack of information on modifiable items such as update policy and funding source.

**PRACTICE IMPLICATIONS:** Specifying minimum standards for patient decision support interventions is a feasible development. However, it remains unclear whether the minimum standards can be applied to interventions designed for use within clinical encounters and to those that target screening and diagnostic tests.

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## International Patient Decision Aid Standards (IPDAS) Collaboration

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### What's New

#### 2018 September

The IPDAS Steering Committee launched the next Update of evidence informing the IPDAS Criteria (update 2.0) and opportunity to identify new topics. For more details see the [Process for the IPDAS Update July 2018](#).

#### 2018 July

IPDAS members involved on the Steering Committee and working groups are now required to complete the [IPDAS Declaration of Interest Form](#).

#### 2018 March – New reporting guidelines for patient decision aids!

The SUNDAE Checklist (Standards for UNiversal reporting of patient Decision Aid Evaluation studies) has 26-items and is intended for authors and researchers designing and reporting on studies evaluating patient decision aids. These guidelines are available on the [EQUATOR reporting guidelines website](#) and in the [IPDAS resources webpage](#).

#### 2017 October

[IPDAS Deliverables Impact & Next Steps](#) presentation at SMDM open session.

#### 2016 December

National Quality Forum releases [National Standards for the Certification of Patient Decision Aids](#)

#### 2016 December

[Norwegian Health Directorate](#)

#### 2016 Summer

[Washington State Health Care Authority Certifies first patient decision aids](#)

敬請尊重講師智財，如有閱讀以外之需求請徵詢講師同意。

IPDAS Patient Decision Aid Checklist for Users

內容

I. Content: Does the patient decision aid ...

Provide information about options in sufficient detail for decision making?

- describe the health condition
- list the options
- list the option of doing nothing
- describe the natural course without options
- describe procedures
- describe positive features [benefits]
- describe negative features of options [harms / side effects / disadvantages]
- include chances of positive / negative outcomes

Additional items for tests

- describe what test is designed to measure
- include chances of true positive, true negative, false positive, false negative test results
- describe possible next steps based on test result
- include chances the disease is found with / without screening
- describe detection / treatment that would never have caused problems if one was not screened

Present probabilities of outcomes in an unbiased and understandable way?

- use event rates specifying the population and time period
- compare outcome probabilities using the same denominator, time period, scale
- describe uncertainty around probabilities
- use visual diagrams
- use multiple methods to view probabilities [words, numbers, diagrams]
- allows the patient to select a way of viewing probabilities [words, numbers, diagrams]
- allow patient to view probabilities based on their own situation [e.g. age]
- place probabilities in context of other events
- use both positive and negative frames [e.g. showing both survival and death rates]

Include methods for clarifying and expressing patients' values?

- describe the procedures and outcomes to help patients imagine what it is like to experience their physical, emotional, social effects
- ask patients to consider which positive and negative features matter most
- suggest ways for patients to share what matters most with others

Include structured guidance in deliberation and communication?

- provide steps to make a decision
- suggest ways to talk about the decision with a health professional
- include tools [worksheet, question list] to discuss options with others

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IPDAS Patient Decision Aid Checklist for Users

發展程序

II. Development Process: Does the patient decision aid ...

Present information in a balanced manner?

- able to compare positive / negative features of options
- shows negative / positive features with equal detail [fonts, order, display of statistics]

Have a systematic development process?

- includes developers' credentials / qualifications
  - finds out what users [patients, practitioners] need to discuss options
  - has peer review by patient / professional experts not involved in development and field testing
  - is field tested with users [patients facing the decision; practitioners presenting options]
- The field tests with users [patients, practitioners] show the patient decision aid is:
- acceptable
  - balanced for undecided patients
  - understood by those with limited reading skills

Use up to date scientific evidence that is cited in a reference section or technical document?

- provides references to evidence used
- report steps to find, appraise, summarise evidence
- report date of last update
- report how often patient decision aid is updated
- describe quality of scientific evidence [including lack of evidence]
- uses evidence from studies of patients similar to those of target audience

Disclose conflicts of interest?

- report source of funding to develop and distribute the patient decision aid
- report whether authors or their affiliations stand to gain or lose by choices patients make after using the patient decision aid

Use plain language?

- is written at a level that can be understood by the majority of patients in the target group
- is written at a grade 8 equivalent level or less according to readability score [SMOG or FRY]
- provides ways to help patients understand information other than reading [audio, video, in-person discussion]

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IPDAS Patient Decision Aid Checklist for Users

發展程序

II. Development Process: Does the patient decision aid ...

Meet additional criteria if the patient decision aid is Internet based

- provide a step-by-step way to move through the web pages
- allow patients to search for key words
- provide feedback on personal health information that is entered into the patient decision aid
- provides security for personal health information entered into the decision aid
- make it easy for patients to return to the decision aid after linking to other web pages
- permit printing as a single document

Meet additional criteria if stories are used in the patient decision aid

- use stories that represent a range of positive and negative experiences
- reports if there was a financial or other reason why patients decided to share their story
- state in an accessible document that the patient gave informed consent to use their stories

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IPDAS Patient Decision Aid Checklist for Users

成效

III. Effectiveness: Does the patient decision aid ensure decision making is informed and values based?

Decision processes leading to decision quality. The patient decision aid helps patients to ...

- recognise a decision needs to be made
- know options and their features
- understand that values affect decision
- be clear about option features that matter most
- discuss values with their practitioner
- become involved in preferred ways

Decision quality. The patient decision aid ...

- improves the match between the chosen option and the features that matter most to the informed patient

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[ IPDAS ] PDA 檢核表

I. 內容

信息的提供

- 相關疾病或狀況的介紹
- 合宜的選項
- 不作處置的選項 (如適用)
- 不接受選項的自然病程
- 各選項涉及的程序
- 選項的優點 [好處]
- 選項的缺點 [危害/副作用/缺點]
- 發生正面及負面效果的機率

檢驗的附加項目：

- 測量何項檢查
- 檢查結果的真陽性、真陰性、假陽性、假陰性的機率
- 根據檢查結果可能的後續步驟
- 在有或無這項檢查的情況下發現疾病的機率
- 若接受檢查對診斷/治療將不會引起的問題

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[ IPDAS ] PDA 檢核表

呈現結果的可能性

- 事件的發生率針對特定族群和時段
- 比較結果概率是使用相同的分母、時段、量尺
- 描述概率的不確定性
- 使用視覺圖表
- 使用多種方法呈現概率 [文字、數字、圖表]
- 病人可選擇了解概率的方式 [文字，數字，圖表]
- 病人可查看符合自己情況的概率 [例如年齡]
- 概率符合其他事件的背景 (如適用)
- 使用正面和負面框架 [例如：同時呈現存活率和死亡率]

澄清和表達病人價值觀的方法

- 描述程序和結果以幫助病人用想像來體會其在身體、心理和社會的影響
- 讓病人考慮哪些優點和缺點是她/他最在意的
- 建議病人用哪些方法來與他人分享什麼是她/他最在意的

「慎思」(deliberation) 和溝通的結構性指引

- 做決定的步驟
- 與醫療人員討論決定的方法
- 與他人討論選項的工具 [工作表、問題列表]

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## 〔IPDAS〕PDA 檢核表

## II. 發展程序

## 以平衡的方式呈現信息

- 能比較選項的優點和缺點
- 呈現優點和缺點的細節 [字體、順序、統計顯示] 相同

## 有系統的開發過程

- 規範開發人員的資格 (包括需具備的證照)
- 訂出使用者 [病人、醫療人員] 需要討論的選項
- 同儕審查：由不參與開發和現場測試的病人/醫療人員執行
- 由使用者進行現場測試 [病人做決策；醫療人員提出選項]

使用者 [病人、醫療人員] 的現場測試顯示 PDA 是：

- 可接受
- 對未作決定的病人能平衡地呈現信息
- 閱讀能力有限的人能理解

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## 〔IPDAS〕PDA 檢核表

## 引用最新的科學證據

- 所用證據的參考資料
- 說明搜尋、評讀及總結證據的步驟
- 報告最近一次更新的日期
- 說明 PDA 的更新頻率
- 說明科學證據的品質 [包括缺乏證據]
- 採納之證據其病人族群與 PDA 的使用族群相符

## 披露利益衝突

- 說明開發此 PDA 的資金來源
- 說明病人使用此 PDA 做選擇對 PDA 製作人或其所屬機構是否有利可圖

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## 〔IPDAS〕PDA 檢核表

## 使用的語言

- 大多數病人可以理解
- 國中以下程度能閱讀
- 提供閱讀以外的其他方法幫助病人理解 [閱讀、音頻、視頻、面對面討論]

## 網路 PDA 的附加項目

- 逐步瀏覽網頁的方法
- 病人搜索用的關鍵詞
- 在 PDA 鍵入個人健康信息的回饋
- 個人健康信息的安全保障
- 在串連到其他網頁後能輕鬆返回 PDA
- 允許列印

## 在 PDA 中有使用故事附加項目

- 包括正面和負面體驗的故事
- 說明病人願意分享故事的原因 (包括經濟或其他因素)
- 說明使用病人的故事有獲得知情同意

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### [ IPDAS ] PDA 檢核表

#### III. 成效：PDA 是否能確保決策制定是基於病人知情及價值觀？

##### 決策過程

- 認識到需要做出決定
- 了解選項及其功能
- 理解價值可影響決策
- 使病人清楚最在意的選項特徵
- 與醫療人員討論價值觀
- 以偏好的方式參與

##### 決策品質

- 讓所選的選項與病人在知情後最在意的事更能匹配

### [ IPDAS ] PDA 檢核表

#### I. 內容

##### 信息的提供

- 相關疾病或狀況的介紹
- 合宜的選擇
- 不作處置的選項（如適用）
- 不接受選項的自然病程
- 各選項涉及的程序
- 選項的優點 [好處]
- 選項的缺點 [危害/副作用/缺點]
- 發生正面及負面效果的機率

##### 相關的附加項目

- 測量何項檢查
- 檢查結果的真陽性、真陰性、假陽性、假陰性的機率
- 根據檢查結果可能的後續步驟
- 在有或無這項檢查的情況下發現疾病的機率
- 若接受檢查對診斷/治療將不會引起的問題

##### 呈現結果的可能性

- 事件發生率對特定族群和情境
- 比較結果並非使用相同的分母、時段、量尺
- 解釋結果的不確定性
- 使用視覺圖表
- 使用多種方法呈現概率 [文字、數字、圖表]
- 病人可查看符合自己情況的概率 [例如年齡]
- 概率符合其事件的背景 [如適用]
- 使用正面和負面結果 [例如：同時呈現存活率和死亡率]

##### 澄清和表達病人價值觀的方法

- 描述程序和結果以幫助病人想像集體存在其身體、心理和社會的影響
- 提供病人考慮價值和缺點如何成在意的
- 提供病人明瞭的方法和與他人分享什麼是他在意的事

##### 「價值」(Values)和溝通的結構化指引

- 解決定的步驟
- 與醫療人員討論決定的方法
- 與他人討論選擇的工具 [工作表、問題列表]

#### II. 檢查表

##### 以平衡的方式呈現信息

- 能比較選擇的優點和缺點
- 呈現優點和缺點的細節 [字體、順序、統計顯示] 相同

##### 有系統的開發過程

- 確認開發人員的資格 [包括受其職的經理]
- 訂定使用會 [病人、醫療人員] 需要討論的選擇
- 同時審查：由不參與開發和視圖測試的成人醫療人員執行
- 由使用者進行視圖測試 [病人或決策：醫療人員提出建議]
- 使用者 [病人、醫療人員] 的視圖測試顯示 PDA 是：
  - 可接受
  - 對未作決定的病人能平衡地呈現信息
  - 簡便且能有有限的人能理解

##### 引用最新的科學證據

- 所用證據的參考資料
- 說明搜尋、評語及證據選擇的步驟
- 報告最近一次更新的日期
- 說明 PDA 的更新頻率
- 說明科學證據的品質 [包括缺乏證據]
- 提供之證據與病人族群與 PDA 的使用族群相符

##### 透明利益衝突

- 說明開發此 PDA 的資金來源
- 說明病人使用此 PDA 做選擇對 PDA 製作人及其所屬機構是否有利益

##### 使用的語言

- 大多數病人可以理解
- 語言以下程度簡單易懂
- 提供閱讀以外的其他方法幫助病人理解 [閱讀、音頻、視頻、面對面討論]

##### 網絡 PDA 的附加項目

- 逐步瀏覽網頁的方法
- 病人搜索用的關鍵字
- 在 PDA 輸入個人健康信息的回饋
- 個人健康信息的安全保障
- 為年邁利其他網頁後能輕鬆返回 PDA
- 充分評估

##### 在 PDA 中未使用故事的原因和價值

- 包括正面和負面經驗的故事
- 說明病人願意分享故事的原因 [包括經濟或其他因素]
- 說明使用病人的故事有獲得知情同意

#### III. 成效：PDA 是否能確保決策制定是基於病人知情及價值觀？

##### 決策過程

- 認識到需要做出決定
- 了解選項及其功能
- 理解價值可影響決策
- 使病人清楚最在意的選項特徵
- 與醫療人員討論價值觀
- 以偏好的方式參與

##### 決策品質

- 讓所選的選項與病人在知情後最在意的事更能匹配

### AUSTRALIAN COMMISSION ON SAFETY AND QUALITY IN HEALTH CARE

#### Acute bronchitis: should I take antibiotics?

- This decision aid can help you decide whether to use antibiotics when you or your child has acute bronchitis (acute cough).
- It is designed to be used with your doctor to help you make a shared decision about what is best for you or your child.

##### What causes acute bronchitis?

- It can be caused by a viral or bacterial infection. It is hard for your doctor to tell which it is.
- The infection is in the airway (bronchus) leading to the lungs. Acute means it is a short-term infection.

##### How long does the cough last?

- The cough will usually get better by about 10-20 days, without needing to take antibiotics.

##### What are the treatment options?

There are 2 options that you can discuss with your doctor:

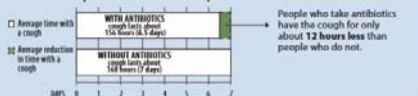
##### 1. Not taking antibiotics

This means letting the infection get better by itself.

##### 2. Taking antibiotics

Symptoms, such as fever, can be treated with over-the-counter medicines. They can be used with either option.

##### What are the likely benefits and risks of each option?



These figures show what is likely happen to people with acute cough who do not take antibiotics and those who do. Each circle is one person. We can't predict who will get better sooner or who will have problems.

##### Possible benefits

- gets better by 1-2 weeks
- has problems due to antibiotics
- no problems

100 people who don't take antibiotics

50 people who get better at 1-2 weeks

50 people who do not get better

##### Possible risks

- has problems
- has problems due to antibiotics
- no problems

100 people who don't take antibiotics

19 people who have problems like vomiting and diarrhea. Other antibiotic side-effects are:

- the cost of buying them
- remembering to take them
- the risk of antibiotic resistance (see next page)

### [ IPDAS ] PDA 檢核表

#### I. 內容

##### 信息的提供

- 相關疾病或狀況的介紹
- 合宜的選擇
- 不作處置的選項（如適用）
- 不接受選項的自然病程
- 各選項涉及的程序
- 選項的優點 [好處]
- 選項的缺點 [危害/副作用/缺點]
- 發生正面及負面效果的機率

##### 附加檢核項目：

- 測量何項檢查
- 檢查結果的真陽性、真陰性、假陽性、假陰性的機率
- 根據檢查結果可能的後續步驟
- 在有或無這項檢查的情況下發現疾病的機率
- 若接受檢查對診斷/治療將不會引起的問題

敬請尊重講師智財，如有閱讀以外之需求請徵詢講師同意。

### Where do these estimates of benefits and risks come from?

- They come from the most up-to-date medical evidence of benefits and risks about what works best. This is a review of 17 studies, and over 5000 people, that looked at antibiotic use in people with acute bronchitis.
- The quality of this research evidence is ranked as high. This means that further research is very unlikely to change these estimates.

### Why might antibiotics be used?

If the infection is in the lung, it is called pneumonia. This is not common, however if you have pneumonia, it can be serious. Your doctor may also talk with you about why antibiotics might be needed, such as if you have a chronic disease. Coughing up coloured phlegm (sput) is not a sign that antibiotics are needed.

### What is antibiotic resistance?

- Using antibiotics means the bacteria can develop resistance to the antibiotic.
- This means that antibiotics may not work if you or your child needs them in the future to treat a bacterial infection.
- A person who has recently used antibiotics is more likely to have resistant bacteria in their body.

### Are there other things I can do to manage acute bronchitis?

- Fever is best treated with over-the-counter paracetamol and/or ibuprofen. Do not give more than the maximum recommended dose. Read the dose information on the packet.
- Aspirin should NOT be used with children who are younger than 16 years.

### When should you see a doctor and get further help?

If the person with the cough has any of these signs:

- Very drowsy
- Fast or difficult breathing, wheezing, or shortness of breath
- Cold or discoloured hands and/or feet with a warm body
- Pain in the arms and/or legs
- Coughing blood
- Unusual skin colour (pale or blue) around the lips
- A rash that does not fade when the skin is pressed

### Questions to consider when talking with your doctor

Q? A.

- Do I need antibiotics?
- What happens if I don't take antibiotics?
- Do I know enough about the benefits and risks of:
  - taking antibiotics?
  - not taking antibiotics?
- Am I clear about which benefits and risks matter most to me?
- Do I have enough information and support to decide?

References: 1. Smith SM, Fisher S, Vignani J, Buckler J.A. Antibiotics for acute bronchitis. Cochrane Database of Systematic Reviews 2015, Issue 1. doi: 10.1002/14651452.CD010219. 2. Fisher S, Vignani J, Buckler J.A. Antibiotics for acute bronchitis. Cochrane Medical Research Review 2015. doi: 10.1002/14651452.CD010219. This information is for general information only. It is not intended as medical advice and should not be taken as a substitute for consultation with a qualified health professional who can assess your or your child's individual needs or wants. Last reviewed: November 2016. Update date: November 2016. Document first published by the Australian Commission on Safety and Quality in Health Care and developed by Professor George Hoffmann, Professor Chris Hill, and the Health Care Leaders for Research in Evidence-Based Practice Team (University).

## [ IPDAS ] PDA 檢核表

### I. 內容

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- 相關疾病或狀況的介紹
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- 選項的缺點 [危害/副作用/缺點]
- 發生正面及負面效果的機率

#### 附加檢核項目:

- 測量何項檢查
- 檢查結果的真陽性、真陰性、假陽性、假陰性的機率
- 根據檢查結果可能的後續步驟
- 在有或無這項檢查的情況下發現疾病的機率
- 若接受檢查對診斷/治療將不會引起的問題

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### AUSTRALIAN COMMISSION ON SAFETY AND QUALITY IN HEALTH CARE

## Acute bronchitis: should I take antibiotics?

- This decision aid can help you decide whether to use antibiotics when you or your child has acute bronchitis (acute cough).
- It is designed to be used with your doctor to help you make a shared decision about what is best for you or your child.

### What causes acute bronchitis?

- It can be caused by a viral or bacterial infection. It is hard for your doctor to tell which it is.
- The infection is in the airway (bronchi) leading to the lungs. Acute means it is a short-term infection.

### How long does the cough last?

The cough will usually get better by about **10-20 days**, without needing to take antibiotics.

### What are the treatment options?

There are 2 options that you can discuss with your doctor:

- Not taking antibiotics**  
This means letting the infection get better by itself.  
Symptoms, such as fever, can be treated with over-the-counter medicines. They can be used with either option.
- Taking antibiotics**

### What are the likely benefits and risks of each option?

**WITH ANTIBIOTICS**  
Average time with a cough: 15.5 days (14-17 days)

**WITHOUT ANTIBIOTICS**  
Average reduction in time with a cough: (2.0 days)

People who take antibiotics have the cough for only about **12 hours** less than people who do not.

These figures show what is likely happen to people with acute cough who do not take antibiotics and those who do. Each circle is one person. We can't predict who will get better sooner or who will have problems.

### Possible benefits

- gets better by 1-2 weeks
- gets better by 1-2 weeks due to antibiotics
- not better by 1-2 weeks

100 people who DON'T take antibiotics: 50 cough will be better at 1-2 weeks, 50 not better

100 people who DO take antibiotics: 68 cough will be better at 1-2 weeks, 32 not better

With antibiotics, 18 more people will be better after 1-2 weeks.

### Possible risks

- has problems
- has problems due to antibiotics
- no problems

100 people who DON'T take antibiotics: 19 will have problems, such as vomiting, diarrhea or rash, 81 no problem

100 people who DO take antibiotics: 23 will have problems, such as vomiting, diarrhea or rash, 77 no problem

With antibiotics, 4 more people will have problems like vomiting and diarrhea. Other antibiotic concerns are:
 

- the cost of buying them
- remembering to take them
- the risk of antibiotic resistance (see next page)

## [ IPDAS ] PDA 檢核表

### 呈現結果的可能性

- 事件的發生率針對特定族群和時段
- 比較結果概率是使用相同的分母、時段、比例
- 描述概率的不確定性
- 使用視覺圖表
- 使用多種方法呈現概率
- 病人可選擇了解概率的方式
- 病人可查看符合自己情況的概率
- 概率符合其他事件的背景 (如適用)
- 使用正面和負面框架

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### Where do these estimates of benefits and risks come from?

- They come from the most up-to-date medical evidence of benefits and risks about what works best. This is a review of 17 studies, and over 5000 people, that looked at antibiotic use in people with acute bronchitis.
- The quality of this research evidence is ranked as high. This means that further research is very unlikely to change these estimates.

### Why might antibiotics be used?

If the infection is in the lung, it is called pneumonia. This is not common, however if you have pneumonia, it can be serious. Your doctor may also talk with you about why antibiotics might be needed, such as if you have a chronic disease. Coughing up coloured phlegm (sput) is not a sign that antibiotics are needed.

### What is antibiotic resistance?

- Using antibiotics means the bacteria can develop resistance to the antibiotic.
- This means that antibiotics may not work if you or your child needs them in the future to treat a bacterial infection.
- A person who has recently used antibiotics is more likely to have resistant bacteria in their body.

### Are there other things I can do to manage acute bronchitis?

- Fever is best treated with over-the-counter paracetamol and/or ibuprofen. Do not give more than the maximum recommended dose. Read the dose information on the packet.
- Aspirin should NOT be used with children who are younger than 16 years.

### When should you see a doctor and get further help?

If the person with the cough has any of these signs:

- Very drowsy
- Fast or difficult breathing, wheezing, or shortness of breath
- Cold or discoloured hands and/or feet with a warm body
- Pain in the arms and/or legs
- Coughing blood
- Unusual skin colour (pale or blue) around the lips
- A rash that does not fade when the skin is pressed

### Questions to consider when talking with your doctor

Q? A.

- Do I need antibiotics?
- What happens if I don't take antibiotics?
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- The infection is in the airway (trachea) leading to the lungs. Acute means it is a short-term infection.

#### How long does the cough last?

The cough will usually get better by about 10-20 days, without needing to take antibiotics.

#### What are the treatment options?

There are 2 options that you can discuss with your doctor:

##### 1. Not taking antibiotics

This means letting the infection get better by itself.

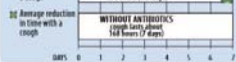
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Average reduction in time with a cough



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100 people who don't take antibiotics

100 people who do take antibiotics

Cough will be better at 1-2 weeks

Not better

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With antibiotics, 18 more people will be better after 1-2 weeks.

#### Possible risks

- has problems
- has problems due to antibiotics
- no problems

100 people who don't take antibiotics

100 people who do take antibiotics

Has problems, such as vomiting, diarrhea or rash

No problem

19 23 81 77

With antibiotics, 4 more people will have problems like vomiting and diarrhea. Other antibiotic **drawbacks** are:

- the cost of buying them
- remembering to take them
- the risk of antibiotic resistance (see next page)

### [ IPDAS ] PDA 檢核表

#### 澄清和表達病人價值觀的方法

- 描述程序和結果以幫助病人用想像來體會其在身體、心理和社會的影響
- 讓病人考慮哪些優點和缺點是她/他最在意的
- 建議病人用哪些方法來與他人分享什麼是她/他最在意的

#### 「慎思」(deliberation) 和溝通的結構性指引

- 做決定的步驟
- 與醫療人員討論決定的方法
- 與他人討論選項的工具

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References  
1. Smith SM, Fisher L, Shetty S, Becker LA. Antibiotics for acute bronchitis. Cochrane Database of Systematic Reviews 2016, Issue 1. Art. No. CD010515. DOI: 10.1002/14651914.cd010515  
2. Cohen ML, Mendonca A, Hoffman S, Fleming L, McLean L, Coombs RW, et al. Co-trimoxazole for acute bronchitis: a systematic review and meta-analysis of randomised placebo-controlled trials for any indication. Cochrane Medical Research Review 2017, Issue 10. DOI: 10.1002/14651914.cd010515  
The information in this protocol was prepared for general dissemination and is not intended to replace a doctor's advice and should not be relied upon as a substitute for consultation with a qualified health professional who can take into account your or your child's individual circumstances.  
Last reviewed: September 2018. Version 2.0. November 2018. © The Australian Commission on Safety and Quality in Health Care and the Department of Health Services, Professor Chris Olden and Dr Peter Gosselin. License: Attribution-NonCommercial-ShareAlike 4.0 International

### [ IPDAS ] PDA 檢核表

#### I. 內容

##### 信息的提供

- 相關疾病或狀況的介紹
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- 不作處置的選項 (如適用)
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- 各選項涉及的程序
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##### 檢驗的附加項目：

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- 檢查結果的真陽性、真陰性、假陽性、假陰性的機率
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保留

### [ IPDAS ] PDA 檢核表

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- 使用視覺圖表
- 使用多種方法呈現概率 [文字、數字、圖表]
- 病人可選擇了解概率的方式 [文字、數字、圖表]
- 病人可查看符合自己情況的概率 [例如年齡]
- 概率符合其他事件的背景 (如適用)
- 使用正面和負面框架 [例如：同時呈現存活率和死亡率]

部分保留

#### 澄清和表達病人價值觀的方法

- 描述程序和結果以幫助病人用想像來體會其在身體、心理和社會的影響
- 讓病人考慮哪些優點和缺點是她/他最在意的
- 建議病人用哪些方法來與他人分享什麼是她/他最在意的

#### 「慎思」(deliberation) 和溝通的結構性指引

- ~~做法定的步驟~~
- ~~與醫療人員討論決定的方法~~
- ~~與他人討論選項的工具 [工作表、問題列表]~~

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### [ IPDAS ] PDA 檢核表

#### II. 發展程序

##### 以平衡的方式呈現信息

- 能比較選項的優點和缺點
- 呈現優點和缺點的細節 [字體、順序、統計顯示] 相同

部分保留

##### 有系統的開發過程

- ~~規範開發人員的資格 (包括需具備的證照)~~
- ~~訂出使用者 [病人、醫療人員] 需要討論的選項~~
- ~~同儕審查：由不參與開發和現場測試的病人/醫療人員執行~~
- ~~由使用者進行現場測試 [病人做決策；醫療人員提出選項]~~
- ~~使用者 [病人、醫療人員] 的現場測試顯示 PDA 是：~~
  - ~~可接受~~
  - ~~對未作決定的病人能平衡地呈現信息~~
  - ~~閱讀能力有限的人能理解~~

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### [ IPDAS ] PDA 檢核表

#### 引用最新的科學證據

- 所用證據的參考資料
- ~~說明搜尋、評讀及總結證據的步驟~~
- ~~報告最近一次更新的日期~~
- ~~說明 PDA 的更新頻率~~
- 說明科學證據的品質 [包括缺乏證據]
- 採納之證據其病人族群與 PDA 的使用族群相符

部分保留

#### 披露利益衝突

- 說明開發此 PDA 的資金來源
- 說明病人使用此 PDA 做選擇對 PDA 製作人或其所屬機構是否有利可圖

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## [ IPDAS ] PDA 檢核表

### 使用的語言

- 大多數病人可以理解
- 國中以下程度能閱讀
- ~~提供閱讀以外的其他方法幫助病人理解 [閱讀、音頻、視頻、面對面討論]~~

部分保留

### 網路 PDA 的附加項目

- ~~逐步瀏覽網頁的方法~~
- ~~病人搜索用的關鍵詞~~
- ~~在 PDA 鍵入個人健康信息的回饋~~
- ~~個人健康信息的安全保障~~
- ~~在串連到其他網頁後能輕鬆返回 PDA~~
- ~~允許列印~~

### 在 PDA 中有使用故事的附加項目

- ~~包括正面和負面體驗的故事~~
- ~~說明病人願意分享故事的原因 (包括經濟或其他因素)~~
- ~~說明使用病人的故事有獲得知情同意~~

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## [ IPDAS ] PDA 檢核表

### III. 成效：PDA 是否能確保決策制定是基於病人知情及價值觀？

#### 決策過程

- ~~認識到需要做出決定~~
- ~~了解選項及其功能~~
- ~~理解價值可影響決策~~
- ~~使病人清楚最在意的選項特徵~~
- ~~與醫療人員討論價值觀~~
- ~~以偏好的方式參與~~

全刪

#### 決策品質

- ~~讓所選的選項與病人在知情後最在意的事受能匹配~~

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## PDA 查核表

### 一、疾病介紹

- 相關疾病或狀況的介紹簡潔易明
- 明確且合理之決策點

### 二、選項介紹

- 選項合宜 (相應於決策點, 可包括不作處置)
- 選項描述簡潔易明
- 各選項平衡報導: 優缺點、排序、統計數據 (如: 分子/分母)、時間、比例均一致
- 優缺點: 明述機率
- 描述不接受選項的結果

### 三、友善呈現

- 字體、大小合宜
- 文字易懂 (適於國中以下程度)
- 善用圖、表、動畫
- 數字呈現易懂
- 必要的正反面並列 (如: 存活率 vs. 死亡率)

### 四、偏好診斷

- 描述程序和結果以幫助病人用想像來體會其在身體、心理和社會的影響
- 讓病人考慮哪些優點和缺點是她/他最在意的
- 建議病人用哪些方法來與他人分享什麼是她/他最在意的

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## PDA 查核表

### 五、實證引用

- 列出實證來源
- 簡述實證推論
- 說明證據品質
- 實證符合 SDM 對象
- 指出不明確處 (如需要)

### 六、利益衝突

- 說明開發此 PDA 的資金來源
- 說明病人使用此 PDA 做選擇對 PDA 製作人或其所屬機構是否有利可圖

### 七、檢驗的附加項目

- 測量何項檢查
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AUSTRALIAN COMMISSION ON SAFETY AND QUALITY IN HEALTH CARE

### Acute bronchitis: should I take antibiotics?

This decision aid can help you decide whether to use antibiotics when you or your child has acute bronchitis (acute cough). It is designed to be used with your doctor to help you make a shared decision about what is best for you or your child.

**What causes acute bronchitis?**

- It can be caused by a viral or bacterial infection. It is hard for your doctor to tell which it is.
- The infection is in the airway (bronchus) leading to the lungs. Acute means it is a short term infection.

**How long does the cough last?**

The cough will usually get better by about **10-20 days**, without needing to take antibiotics.

**What are the treatment options?**

There are 2 options that you can discuss with your doctor:

- 1. Not taking antibiotics**  
This means letting the infection get better by itself.  
Symptoms, such as fever, can be treated with over the counter medicines. They can be used with either option.
- 2. Taking antibiotics**

**What are the likely benefits and risks of each option?**

**WITH ANTIBIOTICS**  
Average time with a cough: 15.6 days (4.9 days less)

**WITHOUT ANTIBIOTICS**  
Average reduction in time with a cough: 10.7 days (about 1 day less)

People who take antibiotics have the cough for only about **12 hours less** than people who do not.

These figures show what is likely happen to people with acute cough who **do not** take antibiotics and those who **do**. Each circle is one person. We can't predict who will get better sooner or who will have problems.

**Possible benefits**

- gets better by 1-2 weeks
- gets better by 1-2 weeks due to antibiotics
- not better by 1-2 weeks

100 people who **DO NOT** take antibiotics: 50 cough will be better at 1-2 weeks, 50 not better.

100 people who **DO** take antibiotics: 68 cough will be better at 1-2 weeks, 32 not better.

With antibiotics, **18 more people** will be better after 1-2 weeks.

**Possible risks**

- has problems
- has problems due to antibiotics
- no problems

100 people who **DO NOT** take antibiotics: 19 will have problems, with 23 wanting, diarrhea or rash, 81 no problem.

100 people who **DO** take antibiotics: 23 will have problems, with 27 wanting, diarrhea or rash, 77 no problem.

With antibiotics, **4 more people** will have problems like wanting and diarrhea. Other antibiotic problems are:  
- the cost of buying them  
- remembering to take them  
- the risk of antibiotic resistance (see next page)

### PDA查核表

- 疾病介紹
  - 相關疾病或狀況的介紹簡潔易明
  - 明確且合理之決策點
- 選項介紹
  - 選項合宜 (相應於決策點, 可包括不作處置)
  - 選項描述簡潔易明
  - 各選項平衡報導: 優缺點、排序、統計數據 (如: 分子/分母)、時間、比例均一致
  - 優缺點: 明述機率
  - 描述不接受選項的結果
- 友善呈現
  - 字體、大小合宜
  - 文字易懂 (適於國中以下程度)
  - 善用圖、表、動畫
  - 數字呈現易懂
  - 必要的正反面並列 (如: 存活率 vs. 死亡率)
- 偏好診斷
  - 描述程序和結果以幫助病人用想像來體會其在身體、心理和社會的影響
  - 讓病人考慮哪些優點和缺點是她/他最在意的
  - 建議病人用哪些方法來與他人分享什麼是她/他最在意的

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Where do these estimates of benefits and risks come from?

- They come from the most up to date medical evidence of benefits and risks about what works best. This is a review of 17 studies, and over 5000 people, that looked at antibiotic use in people with acute bronchitis.
- The quality of this research evidence is ranked as high. This means that further research is very unlikely to change these estimates.

**Why might antibiotics be used?**

If the infection is in the lung, it is called pneumonia. This is not common, however if you have pneumonia, it can be serious. Your doctor may also talk with you about why antibiotics might be needed, such as if you have a chronic disease. Coughing up coloured phlegm (spit) is not a sign that antibiotics are needed.

**What is antibiotic resistance?**

- Using antibiotics means the bacteria can develop resistance to the antibiotic.
- This means that antibiotics **may not work if you or your child needs them in the future** to treat a bacterial infection.
- A person who has recently used antibiotics is more likely to have resistant bacteria in their body.

**Are there other things I can do to manage acute bronchitis?**

- Fever is best treated with over the counter paracetamol and/or ibuprofen. Do not give more than the maximum recommended dose. Read the dose information on the packet.
- Aspirin should NOT be used with children who are younger than 16 years.

**When should you see a doctor and get further help?**

If the person with the cough has any of these signs:

- Very drowsy
- Fast or difficult breathing
- Swallowing, or shortness of breath
- Cold or discoloured hands and/or feet with a warm body
- Pain in the arms and/or legs
- Coughing blood
- Unusual skin colour (pale or blue) around the lips
- A rash that does not fade when the skin is pressed

**Questions to consider when talking with your doctor**

- Do I need antibiotics?
- What happens if I don't take antibiotics?
- Do I know enough about the benefits and risks of:
  - taking antibiotics?
  - not taking antibiotics?
- Am I clear about which benefits and risks matter most to me?
- Do I have enough information and support to decide?

### PDA查核表

- 實證引用
  - 列出實證來源
  - 簡述實證推論
  - 說明證據品質
  - 實證符合 SDM 對象
  - 指出不明確處 (如需要)
- 利益衝突
  - 說明開發此 PDA 的資金來源
  - 說明病人使用此 PDA 做選擇對 PDA 製作人或其所屬機構是否有利可圖
- 檢驗的附加項目
  - 測量何項檢查
  - 檢查結果的真陽性、真陰性、假陽性、假陰性的機率
  - 根據檢查結果可能的後續步驟
  - 在有或無這項檢查的情況下發現疾病的機率
  - 若接受檢查對診斷/治療將不會引起的問題

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敬請尊重講師智財，如有閱讀以外之需求請徵詢講師同意。

兒童膀胱尿管逆流需要手術嗎？

前言

兒童的尿路感染常常是泌尿道構造或功能異常所引起，其中膀胱尿管逆流(又稱尿逆流)是最常見的原因。正常膀胱在排尿時，因壓力升高而壓迫肌肉層內的輸尿管尿道，所以可防止尿液逆流。膀胱尿管逆流的兒童，防止尿液逆流功能不佳，尿液因此逆流到輸尿管及腎臟，造成尿路感染。反覆的感染可能造成腎臟發炎以致傷害腎臟功能，這情形在幼兒比較常見。及早確立診斷及積極治療，可減少泌尿道感染的復發及避免腎臟受到不可挽回的傷害。當醫師診斷您的小孩有膀胱尿管逆流或已經接受過預防性抗生素都無法改善膀胱尿管逆流問題，表示您現在需要思考膀胱尿管注射或手術方式以達到膀胱尿管逆流治療的目標。本表將幫助您瞭解病因及治療選擇，探索自己的需求及在意的的事情，希望能幫助您思考適合自己的選擇。

疾病介紹

膀胱尿管逆流與兒童泌尿道感染有密切關係。小兒泌尿道感染患者當中，約有三到五成會出現膀胱尿管逆流。當小孩有膀胱尿管逆流時(圖一)，很容易讓泌尿道感染變得更嚴重而傷害腎功能。膀胱尿管逆流嚴重程度分為五級(圖二)，級數越高表示越嚴重，疾病診斷需靠輸尿管膀胱逆流攝影(圖三)。



因為細菌進入膀胱、腎臟，嚴重者可引起急性腎盂腎炎。因反覆感染產生腎臟發炎導致腎臟功能受損，造成腎臟硬化、蛋白尿、續發性高血壓，嚴重者還會進行到慢性腎衰竭。

適用對象

經醫師確定診斷為膀胱尿管逆流，並經保守治療(觀察或抗生素治療)效果不理想，或認為需要進一步治療者，在膀胱尿管注射或外科手術治療兩方法作出選擇。

PDA查核表

- 疾病介紹
  - 相關疾病或狀況的介紹簡潔易明
  - 明確且合理之決策點
- 選項介紹
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  - 各選項平衡報導：優缺點、排序、統計數據(如：分子/分母)、時間、比例均一致
  - 優缺點：明述機率
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- 友善呈現
  - 字體、大小合宜
  - 文字易懂(適於國中以下程度)
  - 善用圖、表、動畫
  - 數字呈現易懂
  - 必要的正反面並列(如：存活率 vs. 死亡率)
- 偏好診斷
  - 描述程序和結果以幫助病人用想像來體會其在身體、心理和社會的影響
  - 讓病人考慮哪些優點和缺點是她/他最在意的
  - 建議病人用哪些方法來與他人分享什麼是她/他最在意的

醫療選項簡介

選擇一、膀胱尿管注射

在全身麻醉下，使用膀胱鏡把膀胱尿管注射到輸尿管出口，目的是使其形成一個閉門，阻止尿液逆流至腎臟。外表上看不出傷口，術後不必使用導尿管，相對的級數愈高的患者，成功率愈低。

選擇二、外科手術

在全身麻醉下，以手術加強膀胱及輸尿管之間的閉關作用，達到抗拒流目的。手術可分為傳統或微創方式，前者傷口約3-5公分，後者有數個約0.5公分傷口，術後需放置導尿管三至五天，治療成功率較高。

您目前比較想要選擇的方式是：

1. 膀胱尿管注射
2. 外科手術

請透過以下四個步驟來幫助您做決定：

步驟一、選項的比較

治療方式比較	膀胱尿管注射	外科手術
疼痛	無或輕微	45%疼痛明顯
傷口	無	有
導尿管	不需要	需要
住院	不需要	5-7天
成功率	成功率較低 二級72% 三級63% 四級51% 五級51%	成功率高(90%)

步驟二、您對於醫療方式的考量



步驟三、對於上面提供的資訊，您是否已經了解呢？

1. 外科手術的成功率比較高。 對 不對 不確定
2. 膀胱尿管注射較不疼痛。 對 不對 不確定
3. 外科手術後不必住院。 對 不對 不確定
4. 膀胱尿管注射後須放置導尿管。 對 不對 不確定

步驟四、您現在確認好醫療方式了嗎？

我已確認好想要的治療方式(二擇一)

膀胱尿管注射

外科手術

我目前還無法決定

我想要再與我的主治醫師討論我的決定。

我想要再與其他人討論

對於以上治療方式，我想要再瞭解更多。

瞭解更多資訊及資源：

1. 兒童膀胱尿管逆流-治療方式的選擇 (<https://www.tahs.gov.tw/my/files/SDM/兒童膀胱尿管逆流醫病共享決策輔助分析表.pdf>)
2. 膀胱尿管逆流 (<http://homepage.vghtpe.gov.tw/~peds/gu/vur3.htm>)

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PDA查核表

5. 實證引用
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  - 簡述實證推論
  - 說明證據品質
  - 實證符合SDM對象
  - 指出不明確處(如需要)
6. 利益衝突
  - 說明開發此PDA的資金來源
  - 說明病人使用此PDA做選擇對PDA製作人或其所屬機構是否有利可圖
7. 檢驗的附加項目
  - 測量何項檢查
  - 檢查結果的真陽性、真陰性、假陽性、假陰性的機率
  - 根據檢查結果可能的後續步驟
  - 在有或無這項檢查的情況下發現疾病的機率
  - 若接受檢查對診斷/治療將不會引起的問題

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# 缺了什麼？

## Preference Diagnosis 偏好診斷

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**Patient Decision Aids**

*Français*

**Ottawa Personal Decision Guides**

The Ottawa Personal Decision Guide (OPDG) and Ottawa Personal Decision Guide for Two (OPDGx2) are designed for any health-related or social decisions. They can help people identify their decision making needs, plan the next steps, track their progress, and share their views about the decision. See this [video example of the OPDG being used to coach someone making a decision](#).

They can be used by healthcare professionals to facilitate shared decision making.

**Ottawa Personal Decision Guide**  
(Two-page interactive PDF. Fill in, save your answers, and print using Adobe Reader.)

French Swedish Dutch Danish Norwegian Spanish German Japanese Mandarin Chinese

**Ottawa Personal Decision Guide for Two**  
(Allows 2 people involved in the decision to complete the guide.)  
French

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<https://decisionaid.ohri.ca/decguide.html>

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**Ottawa Personal Decision Guide**  
For People Making Health or Social Decisions

**1 Clarify your decision.**

What decision do you face?  
What are your reasons for making this decision?  
When do you need to make a choice?  
How far along are you with making a choice?

**2 Explore your decision.**

Option #	Reasons to Choose this Option Benefits / Advantages / Pros	How much it matters to you: 0 = not at all 5 = a great deal	Reasons to Avoid this Option Risks / Disadvantages / Cons	How much it matters to you: 0 = not at all 5 = a great deal
Option #1				
Option #2				
Option #3				

Which option do you prefer?  Option #1  Option #2  Option #3  Unsure

**3 Identify your decision making needs.**

**4 Plan the next steps based on your needs.**

**5 Certainty**

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**Ottawa Personal Decision Guide for Two**  
For People Making Health or Social Decisions

**1 Clarify your decision.**

What decision do you face?  
What are your reasons for making this decision?  
When do you need to make a choice?

How far along are you with making a choice?

**2 Explore your decision.**

**Knowledge** List the options and benefits and risks you know.  
**Values** Rate each benefit and risk using stars (★) to show how much each one matters to you.  
**Certainty** Choose the option with the benefits that matter most to you. Avoid the options with the risks that matter most to you.

Options	Reasons to Choose this Option Benefits / Advantages / Pros		How much it matters to you: 0★ = not at all 5★ = a great deal		Reasons to Avoid this Option Risks / Disadvantages / Cons		How much it matters to you: 0★ = not at all 5★ = a great deal	
	Person 1	Person 2	Person 1	Person 2	Person 1	Person 2	Person 1	Person 2
Option #1								
Option #2								
Option #3								

Which option do you prefer?  
Who else is involved?  
What role do you prefer in making the choice?

**3 Identify your decision making needs.**

**Knowledge** Do you know the benefits and risks of each option?  
**Values** Are you clear about which benefits and risks matter most to you?  
**Support** Do you have enough support and advice to make a choice?  
**Certainty** Do you feel sure about the best choice for you?

**4 Plan the next steps based on your needs.**

**Decision making needs**

**Knowledge**  
**Values**  
**Support**  
**Certainty**

Things you could try:  
Find out more about the options and the chances of the benefits and risks.  
Find people who know what it is like to experience the benefits and risks.  
Read stories of what mattered most to others.  
Discuss with others what matters most to you.  
Discuss your options with a trusted person (e.g. health professional, counsellor, family, friends).  
Find help to support your choice (e.g. funds, transport, child care).  
Focus on the views of others who matter most.  
Share your guide with others.  
Ask others to fill in this guide. (See where you agree. If you disagree on facts, get more information. If you disagree on what matters most, consider the other person's views. Take turns to listen to what the other person says matters most to them.)  
Find a person to help you and others involved.  
Work through steps two and four, focusing on your needs.  
List anything else you could try.

**渥太華個人決策指引**  
提供要做醫療或社會決策的人使用

**1 釐清您的決定**

你面臨的是什麼決定？

你做這個決定的理由是什麼？

什麼時候你需要做出選擇？

對於選擇，你已做到什麼程度？

- 沒有想過  
 正在思考



**渥太華個人決策指引**  
提供要做醫療或社會決策的人使用

**2 探索您的決策**

**知識**  
列出選項以及您知道的利益和風險

**價值**  
使用星號(★)評估每個利益和風險，以顯示每一項對您的重要程度

**肯定**  
在利益選項中選擇對您最為重要的利益，在風險選項中避免對您最為在意的風險

選擇這個選項的理由 利益/好處/優點	對您來說有多重要： 0★ 毫不重要 5★ 非常重要	避免這個選擇的原因 風險/壞處/缺點	對您來說有多在意： 0★ 毫不重要 5★ 非常重要
選項 #1			
選項 #2			
選項 #3			

敬請尊重講師智財，如有閱讀以外之需求請徵詢講師同意。

渥太華個人決策指引

提供要做醫療或社會決策的人使用



你比較喜歡哪個選項？  選項 #1  選項 #2  選項 #3  不確定

支持

還有誰參與？			
他們比較喜歡哪個選項？			
這個人是否給你壓力？	<input type="checkbox"/> 是 <input type="checkbox"/> 否	<input type="checkbox"/> 是 <input type="checkbox"/> 否	<input type="checkbox"/> 是 <input type="checkbox"/> 否
他們能怎樣支持你？			
對於選擇，你希望扮演怎樣的角 色？	<input type="checkbox"/> 與...分享決策 <input type="checkbox"/> 聽取...意見後自行決定 <input type="checkbox"/> 別人決定...		

渥太華個人決策指引

提供要做醫療或社會決策的人使用



1 指出您的決策需求

知識	您知道每個選項的利益和風險嗎？	<input type="checkbox"/> 是 <input type="checkbox"/> 否
價值	您是否清楚哪些利益和風險對您最重要？	<input type="checkbox"/> 是 <input type="checkbox"/> 否
支持	您有足夠的支持和建議做出選擇嗎？	<input type="checkbox"/> 是 <input type="checkbox"/> 否
肯定	您確定什麼是對您最好的選擇嗎？	<input type="checkbox"/> 是 <input type="checkbox"/> 否

如果您對任一問題回答“否”，您可以聚焦於您的需求來進行第二步 2 和第四步 4 來完成決策。  
凡對這些問題中的一個或多個回答“否”的人，較可能延後他們的決定、改變他們的想法、對他們的選擇感到遺憾，或者因不好的結果而責怪別人。

渥太華個人決策指引

提供要做醫療或社會決策的人使用



4 根據您的需求來規劃下一步

決策需要	<input checked="" type="checkbox"/> 您可嘗試的事情
知識 如果您覺得您還沒有足夠的事實支持	<input type="checkbox"/> 找尋更多機會來了解選項的資訊以及其利益和風險 <input type="checkbox"/> 列出您的問題 <input type="checkbox"/> 列出哪裡可以找到答案（例如：圖書館、衛生專業人員、輔導員）
價值 如果您不確定哪些利益和風險對您最重要	<input type="checkbox"/> 查看第二步 2 中的星號（★），看看什麼對您最重要 <input type="checkbox"/> 找出知道利益和風險的經驗是怎樣的人 <input type="checkbox"/> 與其他已做出決定的人交談 <input type="checkbox"/> 閱讀對別人最為重要的故事 <input type="checkbox"/> 與他人討論對您最為在意的的事情



渥太華個人決策指引

提供醫療或社會決策的人使用



根據您的需求來規劃下一步 (續)

- 支持**
- 如果你覺得你還沒有足夠的支持
- 如果你做出特定選擇會感受到別人的壓力
- 與可信任的人討論你的選擇 (例如：醫療專業人員、顧問、家人、朋友)
  - 尋找支援來支持您的選擇 (例如：資金、交通、托兒)
  - 聚焦於其他最為關注的人的觀點
  - 與他人分享您的指引
  - 要求他人填寫本指引 (找上你認同的地方。如果你不同意事實，獲取更多的信息。如果你不同意您最在意的事情，請考慮他人的觀點。找機會聽取他人談論他們最在意的事情。)
  - 找一個人來幫助你和其他涉及的人

- 肯定**
- 如果你不確定你的最佳選擇
- 其他因素使決策變得困難
- 聚焦於您的需求來進行第二步和第四步



醫病共享決策輔助評估表

Shared Decision Making Assessment

姓名: \_\_\_\_\_ 性別: \_\_\_\_\_  
 出生日期: \_\_\_\_\_ 床號: \_\_\_\_\_  
 評估日期: \_\_\_\_\_

**步驟 1. 釐清您的決策：**

您面臨的醫療決策是：  
 兒童將接受尿管送尿需要手術嗎？

您需要做這個決策的原因：  
 預防性腎囊腫與泌尿道病變的發生，且有兩種治療方式的選擇

您什麼時候必須做選擇：  
 反覆發生感染，需要選擇其他治療方式

您已準備好決定了嗎？  
 還沒想過  正在思考中  差不多可以做決定了  已經做出決定

**步驟 2. 探索您的決策：**

知識：列出決策選項及您所知的好處和風險

價值觀：針對以下的好處和風險，請以 1-5 評分來表示每個選項對您重要的程度  
 確定性：選擇您最在意的好處之選項，避免您最在意的風險之選項

**選項 1 泌尿鏡注射**

利益/好處/優點	一點也不重要	←	→	非常重要	
1. 免服藥	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
2. 可重複注射	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
3. 不必住院	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
風險/壞處/缺點	一點也不重要	←	→	非常重要	
1. 須全身麻醉	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
2. 藥費高(須健保預審) 若自費約4-4.5萬(單例)	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
3. 高度逆流者成功率低 (三級72%; 四級63%; 五級51%)	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
4. 復發率20%	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
5. 須長期追蹤	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5

**選項 2 手術**

利益/好處/優點	一點也不重要	←	→	非常重要	
1. 成功率高，約90%	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
風險/壞處/缺點	一點也不重要	←	→	非常重要	
1. 須全身麻醉	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
2. 術後疼痛約1-3分(總分10分)	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
3. 有傷口	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
4. 住院5-7天	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5

您偏好哪個選項？  選項 1  選項 2  不確定

支持  此項不適用，病人已可自行決定

	決策者1	決策者2	決策者3
相關決策者	<input type="checkbox"/> 配偶 <input type="checkbox"/> 子女 <input type="checkbox"/> 父母 <input type="checkbox"/> 兄弟姊妹 <input type="checkbox"/> 其他: _____	<input type="checkbox"/> 配偶 <input type="checkbox"/> 子女 <input type="checkbox"/> 父母 <input type="checkbox"/> 兄弟姊妹 <input type="checkbox"/> 其他: _____	<input type="checkbox"/> 配偶 <input type="checkbox"/> 子女 <input type="checkbox"/> 父母 <input type="checkbox"/> 兄弟姊妹 <input type="checkbox"/> 其他: _____
偏好選項	<input type="radio"/> 選項1 <input type="radio"/> 選項2	<input type="radio"/> 選項1 <input type="radio"/> 選項2	<input type="radio"/> 選項1 <input type="radio"/> 選項2
決策者會對您造成壓力嗎?	<input type="checkbox"/> 是 <input type="checkbox"/> 否	<input type="checkbox"/> 是 <input type="checkbox"/> 否	<input type="checkbox"/> 是 <input type="checkbox"/> 否

他們可以如何幫助與支持您？

在做選擇時，您想讓自已扮演什麼角色？  
 和 配偶 子女 父母 兄弟姊妹 其他: \_\_\_\_\_ 一起做決定  
 聽取 配偶 子女 父母 兄弟姊妹 其他: \_\_\_\_\_ 的意見後自己做出決定  
 交由 配偶 子女 父母 兄弟姊妹 其他: \_\_\_\_\_ 做決定  
 其他: \_\_\_\_\_

**步驟 3. 確認您的決策需求：**

知識：您是否知道每個選項的好處與風險？  是  否

價值觀：您是否清楚哪些好處與風險對您是最重要的？  是  否

支持：您是否有得到足夠的幫助、意見和支持去做選擇？  是  否

確定性：您是否對您的最佳選擇感到確定？  是  否

說明：  
 1. 當上述任何問題答「否」時，請根據情況選擇再次進行步驟2或步驟4，因為任何問題回答「否」的人表示對決策還未準備好，會難以決定、三心二意，後來比較會感到後悔或後悔備而後言。  
 2. 如步驟3或4填答「是」時，表示已確認您的決策，無須再進行步驟4。

**步驟 4. 根據您的需求規劃下個步驟**

**決策需求**

知識：若您覺得您尚未得到足夠的訊息  
 您可嘗試的事項： 尋找更多關於選項的訊息，以及好處與風險的機率  
 列出您的疑問  
 列出可尋求答案之處 (如：網路、圖書館、醫療專業、諮詢人員)

價值觀：若您不能確定哪些好處和風險對您最重要  
 您可嘗試的事項： 檢視步驟2，再思考哪一項對您最重要  
 與做過相同決策或了解其他各項的好處與風險的人共同討論  
 透過閱讀病友故事了解什麼對其他人覺得最重要  
 和別人討論什麼對您最重要

支持：若您覺得沒有得到足夠支持  
 您可嘗試的事項： 和信任的人談論您的決策選項 (如：醫療專業人員、諮詢人員、家人、朋友)  
 找到可以支持您決策的支持 (如：財源、交通、兒童托育等)  
 若您做某個選擇時感受到別人的壓力  
 您可嘗試的事項： 聚焦在您最在意的別人的觀點  
 和別人分享本決策指引  
 請別人也填寫本決策指引 (找出您同意的地方，如果您們對於訊息意見不同，就去找更多訊息。如果您們對於最重要的事情意見不同，可以參考別人的觀點，並聆聽彼此覺得最重要的事。)  
 找人協助您和其他參與的人

**確定性：**若您不確定哪個選項對您是最好的  
 您可嘗試的事項： 再次進行步驟 2 和步驟 4，以聚焦在您的需求  
 其他造成您決策困難的因素：  
 您可嘗試的事項：列出任何其他您可嘗試的事：

當您完成步驟4勾選的項目後，請重新檢視步驟2、3以完成您的決策。

指導員(Coach)：  
 病人/家屬簽名：\_\_\_\_\_

資料來源：渥太華個人決策指引 Ottawa hospital <https://decisionaid.ohri.ca/>  
 2019/3/8修訂(第五版)

參考文獻：


序號	發表年份	篇名	中文摘要
1	2014	Antibiotic prophylaxis for children with vesicocongested reflux. N Engl J Med. 2014;370(25):2367	泌尿道感染的兒童，預防性抗生素可減少發性泌尿道感染，但未必能降低泌尿道感染之風險。
2	2010	The Swedish reflux trial in children: III. Urinary tract infection pattern. J Urol. 2010;184:286	泌尿道感染及預防性抗生素皆能降低泌尿道感染之減少泌尿道感染之風險。
3	2002	Dextranomer/hyaluronic acid copolymer implantation for vesico-ureteral reflux: A randomized comparison with antibiotic prophylaxis. J Pediatr. 2002;140:230-234	泌尿道注射比預防性抗生素更有被檢體反應迅速，泌尿道注射與抗生素皆無副作用之疑慮。
4	2019	<a href="https://www.uptodate.com/contents/management-of-vesicocongested-reflux">https://www.uptodate.com/contents/management-of-vesicocongested-reflux</a>	建議三-五級泌尿道須接受治療，初期以預防性抗生素為主，而歲以上的四-五級泌尿道或重複感染考慮外科手術。

敬請尊重講師智財，如有閱讀以外之需求請徵詢講師同意。


## 如果找不到合適的PDAs

### 可將acquire到的PDAs加以「微調」

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**Patient Decision Aids**




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**Welcome**

Patient decision aids are tools that help people become involved in decision making by making explicit the decision that needs to be made, providing information about the options and outcomes, and by clarifying personal values. They are designed to complement, rather than replace, counseling from a health practitioner.

**How can I find decision aids?**

- [A to Z Inventory](#) allows you to search for decision aids on particular health topics.
- [Ottawa Personal/Family Decision Guides](#) can be used for any health or social decision.
- [Decision Aid Library Inventory \(DALI\)](#) allows developers to enter information about their decision aids for inclusion in our inventories.


**Where are the online tutorials?**

- The [Ottawa Decision Support Tutorial \(ODST\)](#), to help practitioners develop knowledge in shared decision making (SDM) and decision support.
- The [Ottawa Patient Decision Aid Development eTraining \(ODAT\)](#) to help people create a patient decision aid using the Ottawa development process.
- The [Implementation Toolkit](#) provides tools and training for incorporating decision support in practice centres.


**What's the evidence?**

- An international research group updates the [systematic review of trials of patient decision aids](#) for treatment or screening decisions using Cochrane review methods.
- The [International Patient Decision Aid Standards \(IPDAS\) Collaboration](#) established a set of internationally approved criteria for determining the quality of patient decision aids.
- Report on [The Ottawa Decision Support Framework: Update, Gaps and Research Priorities](#).

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**Patient Decision Aids**



[Français](#)

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**A to Z Inventory of Decision Aids**

Search all decision aids:

OR

[Browse](#) an alphabetical listing of decision aids by health topic.

---

The A to Z Inventory of Decision Aids is designed to help you find a decision aid to meet your needs. It contains up-to-date and available decision aids that meet a [minimal set of criteria](#).

More information about [decision aid developers](#).

You may search for a decision aid using keywords or browse an alphabetical listing.

Note: Addition of other decision aids to the A to Z inventory is an ongoing process.

Last modified: 2014-08-20.

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敬請尊重講師師智財，如有閱讀以外之需求請徵詢講師師同意。



## Search Results - A to Z Inventory of Decision Aids

Your search: **diabetes** found the following decision aids (see list below).

Click on a **title** to view a brief description that will help you decide if the decision aid will meet your needs, or try another keyword search to look for other decision aids.

Search again:

diabetes

Found 7 matches.

### Diabetes

- [Diabetes: Should I Get an Insulin Pump?](#) Healthwise
- [Diabetes: Should I Get Pregnant?](#) Healthwise

### Diabetes Type 2

- [Diabetes Medication Choice.](#) Mayo Clinic Shared Decision Making National Resource Center
- [Diabetes, Type 2: Should I Take Insulin?](#) Healthwise
- [Making Choices: Should I Start Insulin?](#) Department of Primary Care Medicine, Faculty of Medicine, University of Malaya
- [Type 2 diabetes in adults: controlling your blood glucose by taking a second medicine - what are your options?](#) NICE

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Français

## Decision Aid Summary

<b>Title</b>	<b>Diabetes, Type 2: Should I Take Insulin?</b>
<b>Audience</b>	People with type 2 diabetes considering taking insulin.
<b>Options included</b>	Take insulin to keep blood sugar levels under control. Don't take insulin. Try other methods to keep blood sugar levels under control.
<b>Year of last update or review</b>	2015
<b>Format</b>	Web, paper
<b>How to obtain</b>	<a href="#">Click here to view the decision aid</a> on the developer website
<b>Developer</b>	Healthwise
<b>Where was it developed?</b>	www.healthwise.org Healthwise US
<b>Health condition</b>	Diabetes Type 2
<b>Type of decision aid</b>	Treatment
<b>Language</b>	English

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## Diabetes, Type 2: Should I Take Insulin?

You may want to have a say in this decision, or you may simply want to follow your doctor's recommendation. Either way, this information will help you understand what your choices are so that you can talk to your doctor about them.

**Diabetes, Type 2: Should I Take Insulin?**

<b>1</b> Get the Facts	<b>2</b> Compare Options	<b>3</b> Your Feelings	<b>4</b> Get the Facts	<b>5</b> Quiz Yourself	<b>6</b> Your Summary
---------------------------	-----------------------------	---------------------------	---------------------------	---------------------------	--------------------------

### Get the facts

#### Your options

- Take insulin to keep blood sugar levels under control.
- Don't take insulin. Try other methods to keep blood sugar levels under control.

#### Key points to remember

- The goal in treating type 2 diabetes is to keep blood sugar under control. When you control your blood sugar, you decrease your risk for other health problems caused by diabetes, such as eye problems, kidney disease, and nerve damage.
- Losing weight and increasing activity, along with taking diabetes medicine other than insulin, may be enough to keep blood sugar under control. Controlling blood sugar means staying in your target range.
- If your disease gets worse and your blood sugar can't be controlled, your doctor will likely suggest that you take insulin.
- Insulin is the most effective medicine for lowering blood sugar levels to meet target ranges and A1c goals.
- If you decide to use insulin, you'll learn what type is best for you and how much you'll need to take. And you'll need to know the signs of low blood sugar and what to do if you have a low blood sugar emergency.
- Starting insulin doesn't mean that you've failed to control diabetes. Type 2 diabetes is often a disease that gets worse over time. Insulin can help people with type 2 diabetes keep their blood sugar under control.

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for every health decision

FAQs

How is type 2 diabetes treated?	+
What is insulin?	+
How is insulin used?	+
What are the risks of using insulin?	+
What are the benefits of using insulin?	+
Why might your doctor recommend taking insulin?	+
Next >	
Credits	+

Current as of: April 16, 2019  
 Author: Healthwise Staff  
 Medical Review: E. Gregory Thompson MD - Internal Medicine & Kathleen Romito MD - Family Medicine & Adam Husney MD - Family Medicine & David C.W. Lau MD, PhD, FRCPC - Endocrinology

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## Diabetes, Type 2: Should I Take Insulin?

Here's a record of your answers. You can use it to talk with your doctor or loved ones about your decision.

1. Get the facts
2. Compare your options
3. What matters most to you?
4. Where are you leaning now?
5. What else do you need to make your decision?

### 1. Get the facts

#### Your options

- Take insulin to keep blood sugar levels under control.
- Don't take insulin. Try other methods to keep blood sugar levels under control.

#### Key points to remember

- The goal in treating type 2 diabetes is to keep blood sugar under control. When you control your blood sugar, you decrease your risk for other health problems caused by diabetes, such as eye problems, kidney disease, and nerve damage.
- Losing weight and increasing activity, along with taking diabetes medicine other than insulin, may be enough to keep blood sugar under control. Controlling blood sugar means staying in your target range.
- If your disease gets worse and your blood sugar can't be controlled, your doctor will likely suggest that you take insulin.
- Insulin is the most effective medicine for lowering blood sugar levels to meet target ranges and A1c goals.
- If you decide to use insulin, you'll learn what type is best for you and how much you'll need to take. And you'll need to know the signs of low blood sugar and what to do if you have a low blood sugar emergency.
- Starting insulin doesn't mean that you've failed to control diabetes. Type 2 diabetes is often a disease that gets worse over time. Insulin can help people with type 2 diabetes keep their blood sugar under control.

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FAQs

### How is type 2 diabetes treated?

The goal in treating type 2 diabetes is to control blood sugar levels by keeping them in your target range. Lifestyle changes, such as losing weight and being more active, are the first steps to get blood sugar under control. But you may also need to take a diabetes medicine (such as metformin), which helps decrease the body's resistance to insulin and help insulin work better in the body.

Diabetes often gets worse over time. And when it does, diabetes medicines don't work as well. Insulin can help people with type 2 diabetes keep their blood sugar under control. Sometimes your doctor may recommend insulin because of other health problems, such as kidney complications.

### What is insulin?

Insulin is a hormone that helps sugar enter your cells, where your body uses it for fuel. When your body doesn't make enough insulin or can't use it the way it's supposed to, your blood sugar gets too high. This can be serious or even life-threatening.

### How is insulin used?

Most people use insulin as an injection, or shot. It is given into the fatty tissue just under the skin. Learning how to give yourself insulin may take some time. You'll also need to pay more attention to your blood sugar levels than you may be used to. But with practice, monitoring your levels and using insulin correctly can become a routine part of your day.

Some people can take insulin through an inhaler. Inhaled insulin works very fast, so it is usually taken right before eating. People who have lung problems or trouble breathing cannot take inhaled insulin.

### What are the risks of using insulin?

Using insulin has few risks and side effects. You may gain weight, especially if you are already overweight. The biggest risk of insulin use is very low blood sugar (hypoglycemia), which can turn into an emergency if not managed right away.

Using inhaled insulin may reduce how well your lungs work. If you take inhaled insulin, your doctor will test your lungs every 6 to 12 months using a spirometer. This test is done in the doctor's office and is not painful.

#### About low blood sugar

Some common reasons for very low blood sugar include:

- Taking too much insulin.
- Skipping meals or not eating enough food.
- Exercising without eating enough, or being much more active than usual.
- Drinking too much alcohol (especially on an empty stomach).

By checking your blood sugar levels often, taking insulin on a schedule, and eating regular meals, you can avoid low blood sugar.

It's a good idea to know the signs of low blood sugar, which include feeling tired, weak, or shaky. If your blood sugar drops very low and you don't get help, you could get confused or drowsy or even lose consciousness and possibly die.

Most of the time, you can treat mild—and sometimes moderate—low blood sugar by eating something that contains sugar.

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FAQs

**What are the benefits of using insulin?**

Insulin is the most effective medicine for lowering blood sugar levels. Keeping blood sugar under control reduces your risk for other health problems caused by diabetes, such as eye problems, kidney disease, and nerve damage.

**Why might your doctor recommend taking insulin?**

If your blood sugar can't be controlled even if you lose weight and take other medicine for diabetes, your doctor is likely to recommend taking insulin.

**Diabetes, Type 2: Should I Take Insulin?**

You may want to have a say in this decision, or you may simply want to follow your doctor's recommendation. Either way, this information will help you understand what your choices are so that you can talk to your doctor about them.

Diabetes, Type 2: Should I Take Insulin?					
<b>1</b> Get the Facts	<b>2</b> Compare Options	<b>3</b> Your Feelings	<b>4</b> Get the Facts	<b>5</b> Quiz Yourself	<b>6</b> Your Summary
<b>Compare your options</b>					
<b>Compare</b>					
<b>Compare your options</b>					
	<b>Take insulin</b>			<b>Don't take insulin</b>	
<b>What is usually involved?</b>	<ul style="list-style-type: none"> <li>You give yourself insulin 1 to 4 times a day. Most people do this by giving themselves an injection, or shot. Some people may use an inhaler to take fast-acting insulin.</li> <li>You check your blood sugar levels several times a day to make sure that your levels are in your target range.</li> <li>You stay at a healthy weight and get regular exercise.</li> <li>You know the signs of low blood sugar, how to avoid low blood sugar, and what to do in case of a low blood sugar emergency.</li> </ul>			<ul style="list-style-type: none"> <li>You check your blood sugar to make sure that your levels are in your target range.</li> <li>You try losing weight and being more active to control your blood sugar.</li> <li>You take diabetes medicine to decrease your body's resistance to insulin. Or if you are already taking diabetes medicine, you may need to increase your dose.</li> </ul>	



2. Compare your options

	Take insulin	Don't take insulin
<b>What is usually involved?</b>	<ul style="list-style-type: none"> <li>You give yourself insulin 1 to 4 times a day. Most people do this by giving themselves an injection, or shot. Some people may use an inhaler to take fast-acting insulin.</li> <li>You check your blood sugar levels several times a day to make sure that your levels are in your target range.</li> <li>You stay at a healthy weight and get regular exercise.</li> <li>You know the signs of low blood sugar, how to avoid low blood sugar, and what to do in case of a low blood sugar emergency.</li> </ul>	<ul style="list-style-type: none"> <li>You check your blood sugar to make sure that your levels are in your target range.</li> <li>You try losing weight and being more active to control your blood sugar.</li> <li>You take diabetes medicine to decrease your body's resistance to insulin. Or if you are already taking diabetes medicine, you may need to increase your dose.</li> </ul>
<b>What are the benefits?</b>	<ul style="list-style-type: none"> <li>Insulin is the most effective medicine for lowering blood sugar levels.</li> <li>Keeping blood sugar under control decreases your risk for health problems caused by diabetes. These problems include eye problems, kidney disease, and nerve damage.</li> </ul>	<ul style="list-style-type: none"> <li>You don't have to give yourself a shot.</li> <li>You don't need to have inhaled-insulin-related lung tests.</li> <li>You are at risk for high blood sugar emergencies, which can be life-threatening.</li> <li>Uncontrolled blood sugar raises your risk for health problems such as eye problems, nerve damage, and kidney disease.</li> </ul>
<b>What are the risks and side effects?</b>	<ul style="list-style-type: none"> <li>Taking insulin increases your risk of very low blood sugar, which can be life-threatening if not managed right away.</li> <li>You may gain weight if you take insulin.</li> </ul>	<ul style="list-style-type: none"> <li>If your diabetes gets worse, you may not be able to control your blood sugar.</li> <li>You may gain weight while taking some diabetes medicines.</li> <li>You are at risk for high blood sugar emergencies, which can be life-threatening.</li> <li>Uncontrolled blood sugar raises your risk for health problems such as eye problems, nerve damage, and kidney disease.</li> </ul>

**Personal stories about considering insulin**

These stories are based on information gathered from health professionals and consumers. They may be helpful as you make important health decisions.

"My mom had diabetes. She had to give herself insulin shots, and it looked so messy and painful. I swore that it would never happen to me. Well, for 8 years now I've had type 2 diabetes. I feel like I've done everything I can at this point. I don't really want to start insulin, but it's more important to me that I stay as healthy as I can. I am going to try the inhaled insulin."  
— Jeff, age 48

"A few years ago my doctor said I had type 2 diabetes. But I didn't feel any different, so I didn't do anything. Then a few months ago, my doctor reminded me what could happen if we couldn't get my blood sugar under control. I got scared. So I've been eating better and checking my blood sugar, and so far, it's working. My numbers are holding. I'm going to keep it up and see what happens."  
— Maria, age 54

"When I found out I had diabetes, I really got motivated. I started walking every day, tried eating better, and lost about 40 pounds. And I took a diabetes medicine. I was able to control my blood sugar for many years before it started creeping back up. Now I'm still pretty healthy, but my levels are out of control. Taking insulin is the next step."  
— Shannon, age 67

"Take insulin? Not me. Not if I can help it. I'm going to lose some weight and exercise more. I've been keeping a blood sugar diary so I can track what makes it spike. I think I can beat this thing without insulin if I work really hard. I'm just not ready to take insulin now."  
— Mike, age 58

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## Diabetes, Type 2: Should I Take Insulin?

You may want to have a say in this decision, or you may simply want to follow your doctor's recommendation. Either way, this information will help you understand what your choices are so that you can talk to your doctor about them.

**Diabetes, Type 2: Should I Take Insulin?**

<b>1</b> Get the Facts	<b>2</b> Compare Options	<b>3</b> Your Feelings	<b>4</b> Get the Facts	<b>5</b> Quiz Yourself	<b>6</b> Your Summary
---------------------------	-----------------------------	---------------------------	---------------------------	---------------------------	--------------------------

**What matters most to you?**

Your personal feelings are just as important as the medical facts. Think about what matters most to you in this decision, and show how you feel about the following statements.

Reasons to take insulin	Reasons not to take insulin
I'd rather start insulin now than wait until my diabetes gets worse.	I want to avoid taking insulin as long as I can.
More important	More important
Equally important	
I can't control my blood sugar.	I think I can control my blood sugar without insulin.
More important	More important
Equally important	

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### 3. What matters most to you?

Your personal feelings are just as important as the medical facts. Think about what matters most to you in this decision, and show how you feel about the following statements.

Reasons to take insulin	Reasons not to take insulin
I'd rather start insulin now than wait until my diabetes gets worse.	I want to avoid taking insulin as long as I can.
More important	More important
Equally important	
I can't control my blood sugar.	I think I can control my blood sugar without insulin.
More important	More important
Equally important	
I want to avoid other health problems from high blood sugar.	I'm less concerned about other health problems than I am about taking insulin.
More important	More important
Equally important	
I don't mind giving myself shots.	I don't want to give myself shots.
More important	More important
Equally important	
Gaining weight from taking insulin doesn't concern me.	I'm worried about gaining weight.
More important	More important
Equally important	
My other important reasons:	My other important reasons:
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%; height: 40px;"></div> <div style="width: 45%; height: 40px;"></div> </div>	
More important	More important
Equally important	

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## Diabetes, Type 2: Should I Take Insulin?

You may want to have a say in this decision, or you may simply want to follow your doctor's recommendation. Either way, this information will help you understand what your choices are so that you can talk to your doctor about them.

**Diabetes, Type 2: Should I Take Insulin?**

<b>1</b> Get the Facts	<b>2</b> Compare Options	<b>3</b> Your Feelings	<b>4</b> Get the Facts	<b>5</b> Quiz Yourself	<b>6</b> Your Summary
---------------------------	-----------------------------	---------------------------	---------------------------	---------------------------	--------------------------

**Where are you leaning now?**

Now that you've thought about the facts and your feelings, you may have a general idea of where you stand on this decision. Show which way you are leaning right now.

Taking insulin	NOT taking insulin
Leaning toward	Leaning toward
Undecided	

< Previous
Next >

Current as of: April 16, 2019

Author: Healthwise Staff

Medical Review: E. Gregory Thompson MD - Internal Medicine & Kathleen Romito MD - Family Medicine & Adam Husney MD - Family Medicine & David C.W. Lau MD, PhD, FRCP - Endocrinology

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4. Where are you leaning now?

Now that you've thought about the facts and your feelings, you may have a general idea of where you stand on this decision. Show which way you are leaning right now.

Taking insulin		NOT taking insulin
Leaning toward	Undecided	Leaning toward

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### Diabetes, Type 2: Should I Take Insulin?

You may want to have a say in this decision, or you may simply want to follow your doctor's recommendation. Either way, this information will help you understand what your choices are so that you can talk to your doctor about them.

Diabetes, Type 2: Should I Take Insulin?					
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>
Get the Facts	Compare Options	Your Feelings	Get the Facts	Quiz Yourself	Your Summary

#### What else do you need to make your decision?

**Check the facts**

- The goal in treating my type 2 diabetes is to avoid taking insulin.
  - True
  - False
  - I'm not sure
- Insulin is an effective medicine for lowering my blood sugar levels.
  - True
  - False
  - I'm not sure
- Losing weight and increasing activity, along with taking a diabetes medicine (such as metformin), may be enough to keep my blood sugar under control.
  - True
  - False
  - I'm not sure

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5. What else do you need to make your decision?

**Check the facts**

- The goal in treating my type 2 diabetes is to avoid taking insulin.
  - True
  - False
  - I'm not sure

You're right. The goal in treating type 2 diabetes is to keep blood sugar under control.
- Insulin is an effective medicine for lowering my blood sugar levels.
  - True
  - False
  - I'm not sure

You're right. Insulin lets sugar (glucose) in the blood enter cells, where it is used for energy. Without insulin, blood sugar gets too high.
- Losing weight and increasing activity, along with taking a diabetes medicine (such as metformin), may be enough to keep my blood sugar under control.
  - True
  - False
  - I'm not sure

You're right. Some people may be able to control blood sugar by taking diabetes medicine, losing weight, and increasing activity. Controlling blood sugar means staying in your target range.

**Decide what's next**

- Do you understand the options available to you?
  - Yes
  - No
- Are you clear about which benefits and side effects matter most to you?
  - Yes
  - No
- Do you have enough support and advice from others to make a choice?
  - Yes
  - No

**Certainty**

1. How sure do you feel right now about your decision?

Not sure at all		Very sure
	Somewhat sure	

- Check what you need to do before you make this decision.
  - I'm ready to take action.
  - I want to discuss the options with others.
  - I want to learn more about my options.

Use the following space to list questions, concerns, and next steps.

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## Diabetes, Type 2: Should I Take Insulin?

You may want to have a say in this decision, or you may simply want to follow your doctor's recommendation. Either way, this information will help you understand what your choices are so that you can talk to your doctor about them.

### Diabetes, Type 2: Should I Take Insulin?

<b>1</b> Get the Facts	<b>2</b> Compare Options	<b>3</b> Your Feelings	<b>4</b> Get the Facts	<b>5</b> Quiz Yourself	<b>6</b> Your Summary
---------------------------	-----------------------------	---------------------------	---------------------------	---------------------------	--------------------------

### Your Summary

Here's a record of your answers. You can use it to talk with your doctor or loved ones about your decision.

Your decision	+
Your knowledge of the facts	+
Getting ready to act	+
What matters to you	+

< Previous Print Summary

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#### Credits

##### Credits

##### By

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數位課程

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醫療層級: 醫學中心	醫事機構代碼: 1137010024
郵遞區號: 50046	醫院地址: 彰化縣彰化市光南里南校街135號

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▶ 7. 神經系統及感覺器官	▶ 8. 皮膚系統與皮下組織	▶ 9. 精神與行為
▶ 10. 腫瘤	▶ 11. 妊娠、生產與產褥期	▶ 12. 先天性畸形、變形與染色體異常
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Ministry of Health and Welfare,  
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熱門關鍵字: [人工肺輔助](#) [SDM](#) [輔助工具](#) [呼吸](#) [醫病](#)

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- ▶ 我的最愛
- ▶ 決策輔助工具製作流程
- ▶ 決策輔助工具上傳
- ▶ 新增醫療人員帳號
- ▶ 醫療人員資料查詢
- ▶ 基本資料與密碼異動
- ▶ 滿意度問卷調查

主題類別	SDM決策輔助工具標題	開發團隊、機構	年份	備要卷	意見回饋	加入最愛
1. 醫病 輔助系 統	治療優化決策工具決策輔助系統 接受人工肺輔助置換手術嗎？	醫政計畫決策輔助計畫-專科工作小組	2018		<a href="#">意見回饋</a>	<a href="#">加入</a>
1. 醫病 輔助系 統	教育輔助系統，教育專業動作輔助器固定手術嗎？	三基總醫院外科部胸外科	2018		<a href="#">意見回饋</a>	<a href="#">加入</a>
1. 醫病 輔助系 統	有性骨折了，有該舉動嗎？	捷啟經濟醫療發展法人大林經濟醫院牙科部	2018		<a href="#">意見回饋</a>	<a href="#">加入</a>
1. 醫病 輔助系 統	如果我有發生骨鬆性骨折，我該如何減少再次發生骨折呢？	長庚醫療集團 亞人亞神紀念醫院 臨床決策輔助工具由國民健康署部分經費補助	2019		<a href="#">意見回饋</a>	<a href="#">加入</a>
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# SDM 及 PDA 臨床實施流程

李宜恭 主任

佛教慈濟醫療財團法人大林慈濟醫院急診部

敬請尊重講師智財，如有閱讀以外之需求請徵詢講師同意。

# 衝出醫病溝通叢林

大林慈濟醫院  
李宜恭醫師

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據《三立新聞網》報導，29日有傳出劉真起初是想在台大醫院開刀，但院方評估後並沒有將其收治，對此，台大的權威醫師證實，劉真夫婦確實有來過台大，並表示希望能做的手術是「支架瓣膜置放手術TAVI」，卻遭該名醫生拒絕。

依照劉真的病情來看，若使用傳統手術開心，把正胸切開，大開大合，雖然傷口大反而較為安全，因為發生問題時很好應變，但劉真卻選擇採用小傷口的手術，醫師會依照病人要求，把傷口藏在側胸或是乳下，這樣手術過程只能看見部分心臟，發生問題時應變能力就有所限制，所以台大醫生推斷，劉真應該是在手術上台發生不可預料的事情，才導致憾事發生。

現今的醫療技術純熟，傳統的開心手術算是十分常見，尤其在80歲以上了患者採開心手術置換瓣膜，再透過體外循環心肺機及心肌麻痺液的輔助，只要住院一周就能出現，但手術還是有風險存在，**醫病雙方應須溝通過風險及功效後再開刀**，但台大醫師坦言，若劉真不是因為愛漂亮，換成採用大開大合的開心手術，說不定可以避免悲劇發生。

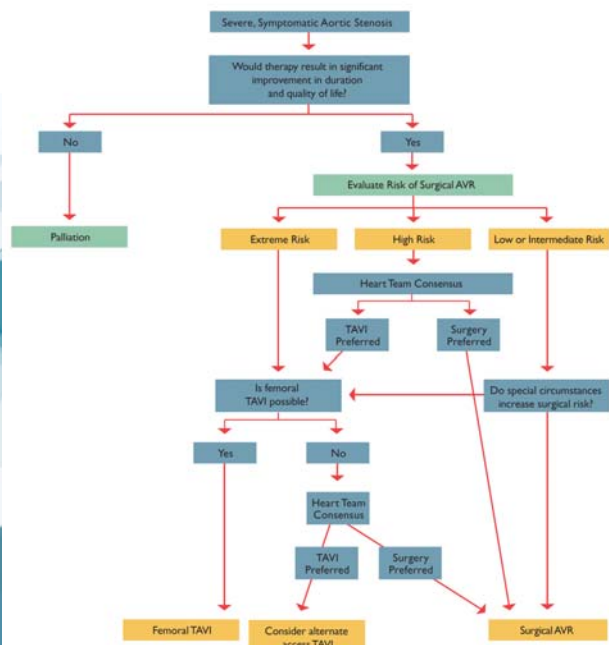
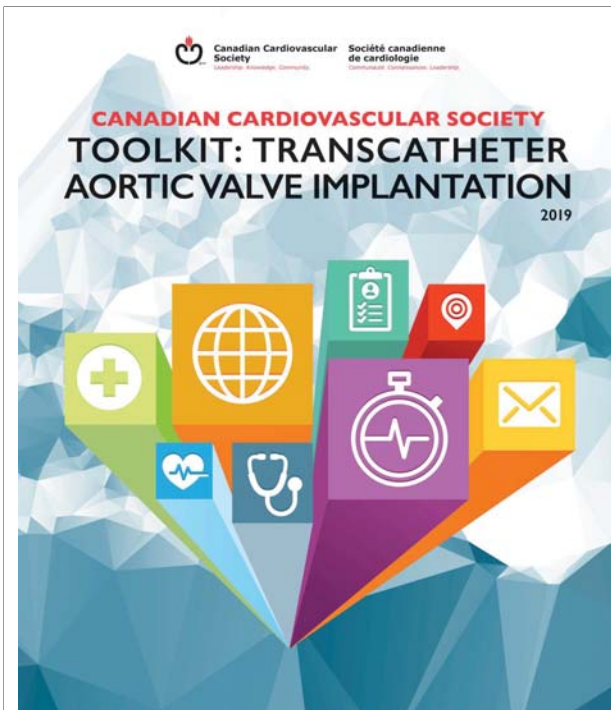
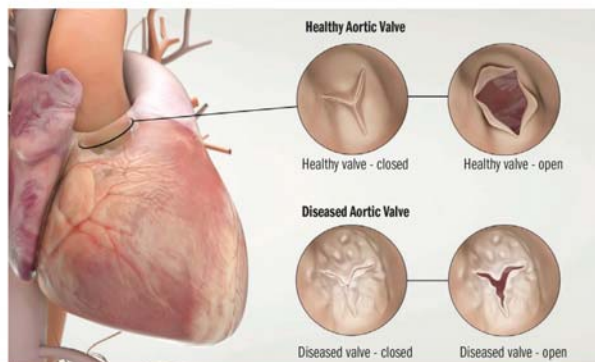


Figure 1. CCS Position Statement: Clinical decision trees for patients with AS<sup>1</sup>

# UNDERSTANDING AS

Aortic Stenosis (AS) is tightening of the aortic valve in the heart. This can get worse over time. AS makes it harder for the heart to do its job.



## SYMPTOMS OF SEVERE AS INCLUDE:

- feeling dizzy like you might pass out
- feeling tired
- trouble breathing
- chest pain
- swelling of the legs

You may be experiencing some of these symptoms. They may make it harder to do the things you want to do. If left untreated, these symptoms usually get worse over time and can lead to death. **Prior to the decision, you may need to have additional testing to help your clinician understand what your options are.**

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## TREATMENT OPTIONS

### TAVR

**Transcatheter Aortic Valve Replacement transcatheter procedure**

**WHAT:**  
TAVR is a procedure where a new valve is placed in the heart through a small tube (called a "catheter") typically in the leg.

**HOW:**  
This procedure involves a small incision where a catheter is inserted to access the heart to replace the valve.

**WHO:**  
This method is an option for both patients who are and those that are not candidates for open-heart surgery.

**HOSPITAL STAY:**  
On average, 2-3 days

**RECOVERY TIME:**  
On average, 1-2 weeks

**VALVE TYPE:**  
A bioprosthetic valve is used

### SAVR

**Surgical Aortic Valve Replacement open-heart surgery**

**WHAT:**  
SAVR is open-heart surgery where a new valve is placed in the heart directly, replacing the old valve.

**HOW:**  
This surgery usually involves an incision along the breastbone to access the heart to replace the valve.

**WHO:**  
Those without other severe health problems are good candidates for open-heart surgery.

**HOSPITAL STAY:**  
On average, 1 week

**RECOVERY TIME:**  
On average, 6-8 weeks

**VALVE TYPE:**  
A bioprosthetic valve or mechanical valve is used

Every patient is different, and we cannot see into the future to know how long your new valve will last. At this time, we know more about how long surgically replaced valves last than we do about TAVR valves. While valve replacements are durable, eventually your new valve may need to be replaced. The timing is different for every patient. Talk to your clinician about any concerns you have about how long your valve might last, and what your options might be if it ever needs to be replaced.

## THE RISKS & BENEFITS OF YOUR OPTIONS

TAVR vs. SAVR: Which is the best decision for me?\*

TAVR	SAVR
<p><b>➕ BENEFITS:</b></p> <ul style="list-style-type: none"> <li>Helps you live longer</li> <li>Helps you feel better</li> <li>Less invasive procedure</li> <li>Shorter recovery time</li> </ul> <p>Nearly <b>9 in 10</b> patients are still living within two years and just over <b>1 in 10</b> patients will die.</p> <p><b>86% live</b> <b>14% die</b></p>	<p><b>➕ BENEFITS:</b></p> <ul style="list-style-type: none"> <li>Helps you live longer</li> <li>Helps you feel better</li> <li>Over 50 years of experience with procedure</li> </ul> <p>Just over <b>9 in 10</b> patients are still living within two years and just over <b>1 in 10</b> patients will die.</p> <p><b>85% live</b> <b>15% die</b></p>
<p><b>➖ RISKS:</b></p> <ul style="list-style-type: none"> <li>Nearly <b>1 in 10</b> patients suffer from a <b>stroke within 2 years</b></li> <li><b>8%</b></li> <li>Nearly <b>1 in 10</b> patients suffer from <b>serious injury to blood vessels</b></li> <li><b>9%</b></li> <li><b>2 in 10</b> need a <b>pacemaker within 2 years</b></li> <li><b>20%</b></li> </ul>	<p><b>➖ RISKS:</b></p> <ul style="list-style-type: none"> <li>Nearly <b>1 in 10</b> patients suffer from a <b>stroke within 2 years</b></li> <li><b>8%</b></li> <li>Less than <b>1 in 10</b> patients suffer from <b>serious injury to blood vessels</b></li> <li><b>6%</b></li> <li><b>1 in 10</b> need a <b>pacemaker within 2 years</b></li> <li><b>10%</b></li> </ul>

Both TAVR and SAVR have **POTENTIAL PROCEDURAL RISKS** including:

- Death
- Bleeding
- Heart attack
- Infection
- Stroke
- Blood clots

These risks are different for different patients. Talk to your doctor about your individual risks.

**IN SUMMARY:**

- TAVR and SAVR are each effective options for helping your aortic valve
- TAVR is a less invasive procedure
- The risk for needing a pacemaker implanted is higher after TAVR
- More is known about how long mechanical valves last (used in SAVR)

### TAVR in Low-Risk Patients

FDA Approval, the New NCD, and Shared Decision-Making

Megan Coylewright, MD, MPH<sup>1</sup>, John K. Forrest, MD<sup>2</sup>, James H. McCabe, MD<sup>3</sup>, Tamara H. Nauff, MD<sup>4</sup>

**A**ortic stenosis (AS) is the most common valvular heart disease requiring intervention in the United States, and over the past decade, there has been a profound and rapid evolution in treatment paradigms. Based on an unprecedented clinical trial effort, transcatheter aortic valve replacement (TAVR) is now approved by the U.S. Food and Drug Administration (FDA) for the treatment of patients with symptomatic AS regardless of surgical risk. Swift adoption of this technology is evident across the country. The availability of evidence-based therapeutic alternatives for AS renews the focus on incorporation of patient values and preferences in a shared decision-making (SDM) approach. SDM for AS originally focused on surgical aortic valve replacement (SAVR), and many of the issues remain salient. These include the avoidance of clinician bias toward one therapy over another, the need for validated risk communication tools such as patient decision aids, and the importance of favorable clinician attitudes and skill sets in SDM. How are recent regulatory and reimbursement changes in TAVR affecting how clinicians partner with their patients in decision making? What is needed to most effectively and efficiently engage patients in these decisions, particularly for low-risk patients? The goal of this paper is to highlight how advances in research and resultant policy changes regarding the treatment of AS are shaping clinician and patient decision making and to recommend future directions to improve patient care.

**FDA APPROVAL OF TAVR FOR LOW-RISK PATIENTS**

The marked increase in high-quality data regarding the treatment of AS requires policy updates from regulatory agencies and payers, thus led to the recent FDA approval of TAVR for low-surgical-risk patients and the reconsideration of the 2002 TAVR National Coverage Determination (NCD). The FDA issued its approval of TAVR in low-surgical-risk patients on August 16, 2019, and was the first regulatory body in the world to do so. The announcement did not address uncertainties being discussed in the cardiovascular and cardiac surgery communities regarding how TAVR would be utilized in lower-risk patients. Understanding the risks and benefits of TAVR in these patients is challenging given both the relatively short time frame for the existing follow-up in the published data (between 5 and 10 years for patients at high to prohibitive surgical risk [1,2] and 1 to 7 years for low-risk), exclusion of bicuspid valve disease in many studies, and the advanced age of patients in the low-surgical risk trials (an average of 79 to 74 years of age) [3,4]. In addition, data is limited to young patients given the small number of patients having completed long-term follow-up with transcatheter bioprosthetic valves and an inability to extrapolate from other populations, due to differences in activity levels affecting bioprosthetic valve durability. Often overlooked, but equally important, is the absence of data on what matters most to low-risk patients with AS. The goals of lower-risk patients are anticipated to be

TABLE 1 Key Aspects of a Shared Decision-Making Process for Low-Risk Patients With Symptomatic Aortic Stenosis

	Details	Examples
Step 1: team talk	<p>Identify the problem and confirm that there is &gt;1 reasonable treatment option.</p> <p>Justify the choice, emphasizing respect for individual preference and the role of uncertainty in outcomes</p> <p>Defer closure. Support the process of deliberation by deferring closure (i.e., the patient says "you decide, doc" before information exchange)</p>	<p>"I would like to share with you the options of SAVR and TAVR and how they differ."</p> <p>"There are unknowns about valve durability, and everyone feels differently about this."</p> <p>"I will help you make a decision about how to treat your valve problem. Before I do, may I describe the options so I can understand how you value the differences?"</p>
Step 2: option talk	<p>Check knowledge. Learn what patients already know, and identify misconceptions.</p> <p>Describe options. Review pros and cons, using effective risk communication</p> <p>Summarize. Use teach back to clarify patient understanding</p>	<p>"What have you heard about aortic valve replacement?"</p> <p>"Using a decision aid for aortic stenosis, let us review the pros and cons of how to fix the valve now, and in the future."</p> <p>"Tell me what you understand about the main differences between SAVR and TAVR for you."</p>
Step 3: decision talk	<p>Focus on preferences.</p> <p>Check the need to defer or make a decision. This may include deferring the decision if more time is needed and offering an opportunity to meet again</p>	<p>"What matters most to you when considering valve replacement?"</p> <p>"Are there more things we need to discuss before deciding how to treat your valve problem?"</p>

Adapted with permission from Elwyn et al. (5).  
SAVR = surgical aortic valve replacement; TAVR = transcatheter aortic valve replacement.



## Could the anti-malarial drug chloroquine treat COVID-19?

By Nicoletta Lanese - Staff Writer 23 days ago

President Trump boasted the drug's promise, but it must still be put through rigorous clinical trials.

 Comments (2)



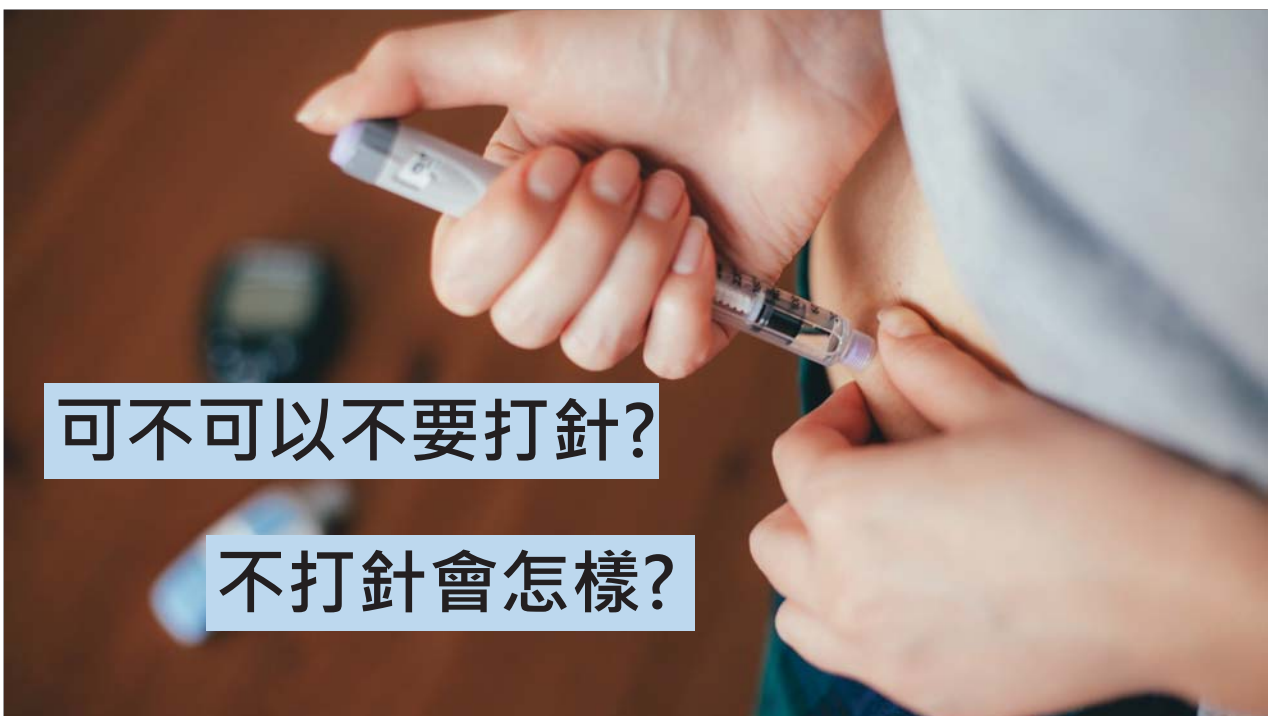
# SDM???



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可不可以不要打針?

不打針會怎樣?

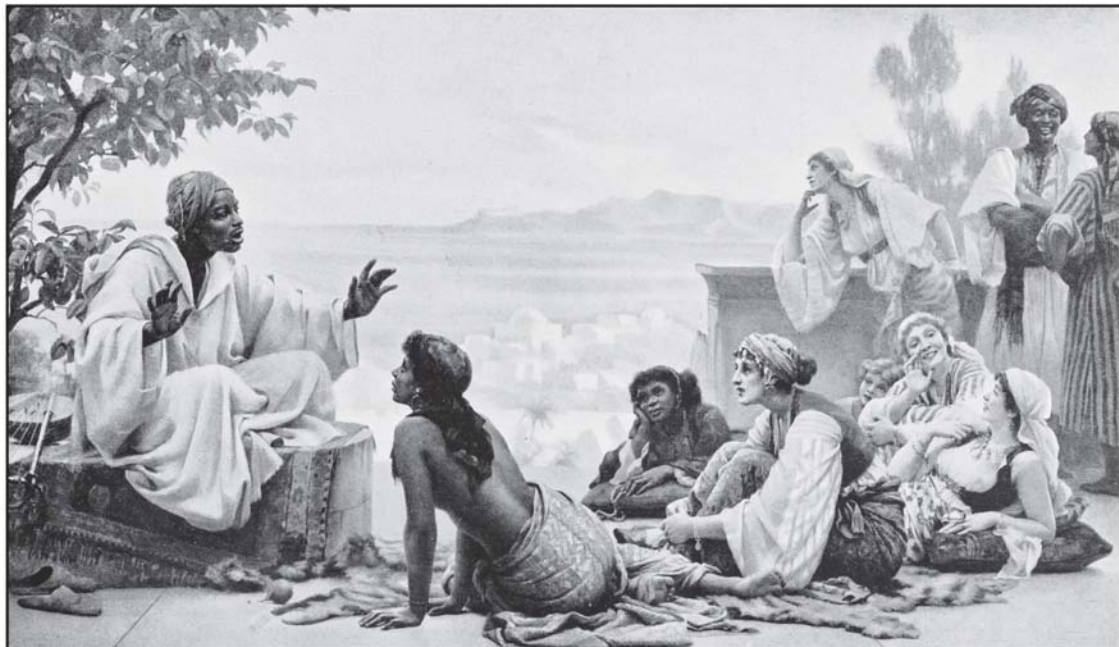
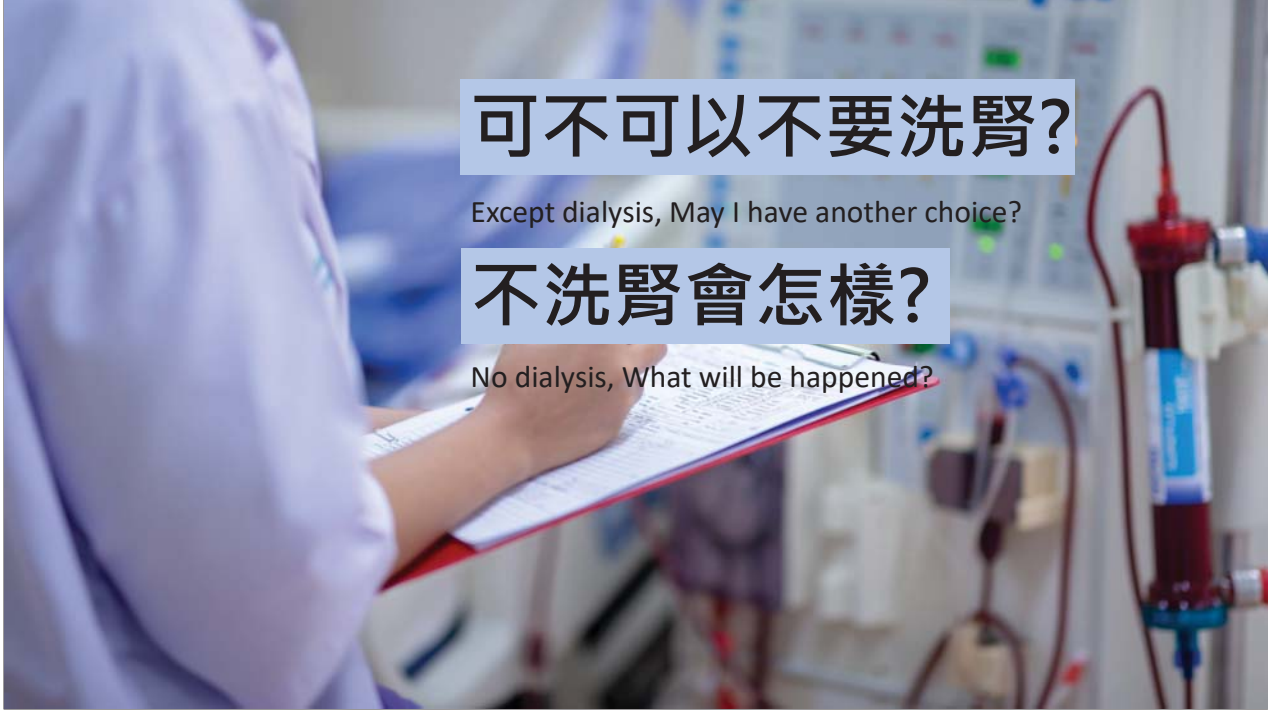


# 可不可以不要洗腎?

Except dialysis, May I have another choice?

# 不洗腎會怎樣?

No dialysis, What will be happened?



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# 交班



# 報告

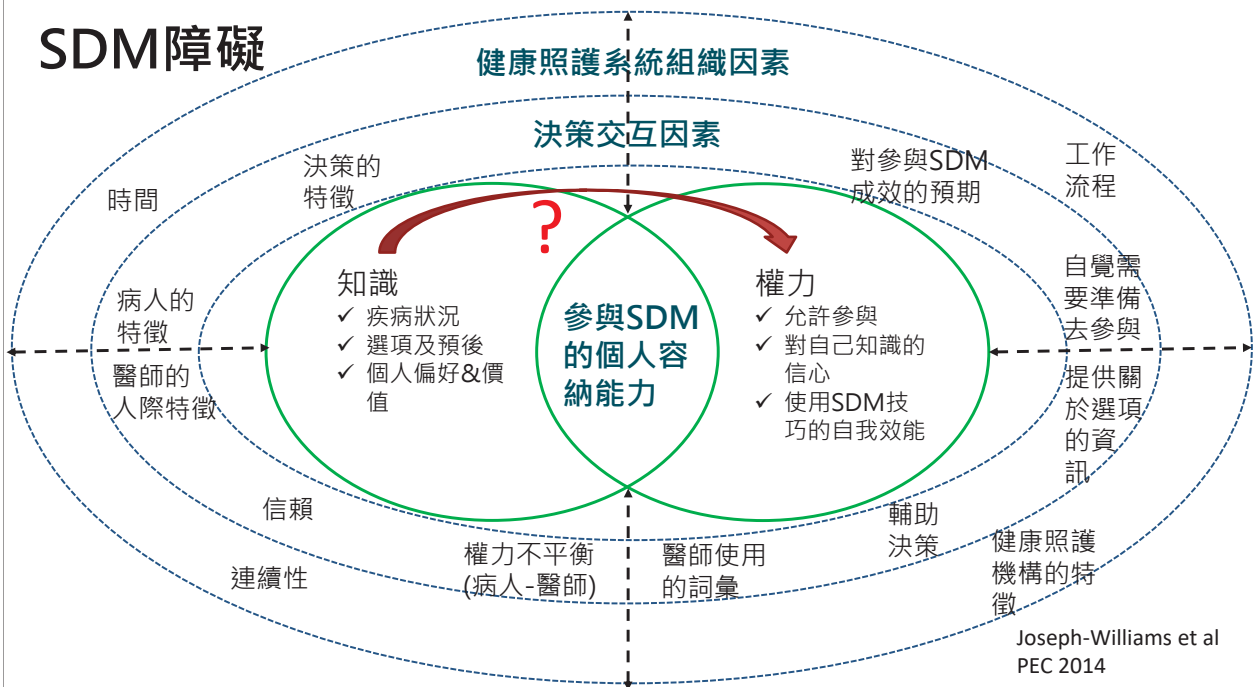


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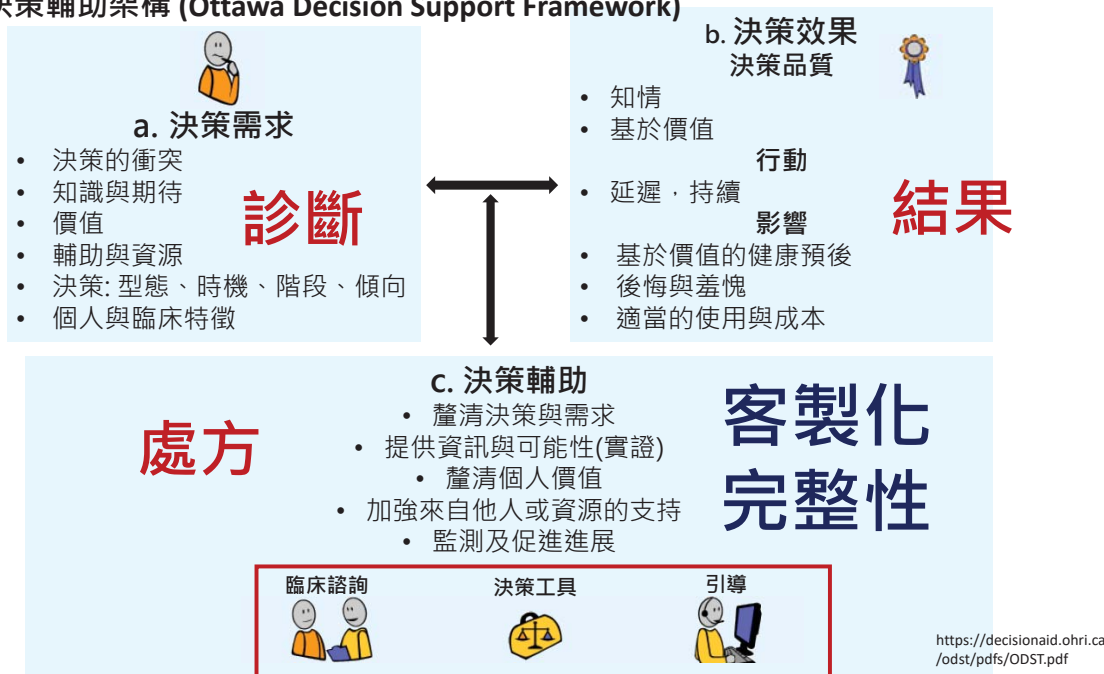
## SDM障礙



Joseph-Williams et al  
PEC 2014

敬請尊重講師智財，如有閱讀以外之需求請徵詢講師同意。

渥太華決策輔助架構 (Ottawa Decision Support Framework)



敬請尊重講師智財，如有閱讀以外之需求請徵詢講師同意。

決策的階段	病人的決策衝突通常是:	評估及確認需求
還沒思考過選項	較高	評估是否病人 <b>願意獲得新資訊</b> (病人可能處於驚嚇或否認狀態)。如果病人願意獲得新資訊做決策, 提供資訊。如果病人不願意做決策, 與病人討論立即會發生, 且與病人相關的課題
思考選項中	較高	決策輔助通常 <b>最有幫助</b>
接近做決定	較低	評估開放性, 討論什麼導致他們接近決定。確認他/她 <b>對選項的理解</b>
已經或準備執行選擇的項目(包括維持現狀)	較低, 如果 <b>給予決策輔助通常會增加</b>	如果患者已經決定了, 評估開放性, 討論什麼導致病人採取他/她採取的步驟/選擇。驗證他/她對選項的理解。有時病人即使沒有完全承諾, 也會開始執行選項(例如, 儘管家庭還沒確定安置方式, 也不了解其他選項, 但卻把家庭成員的姓名列在專門從事癡呆症的療養院的候補名單上)。其他病人可能執行他們傾向於隨時間重新考慮的選項(例如抑鬱症, 注意力缺陷障礙等慢性病症情況)。

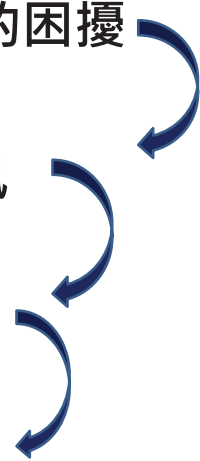
## Preference-sensitive Decision Making

解決偏好/價值決策的困擾

提供必要的資訊

聚焦的討論

動機



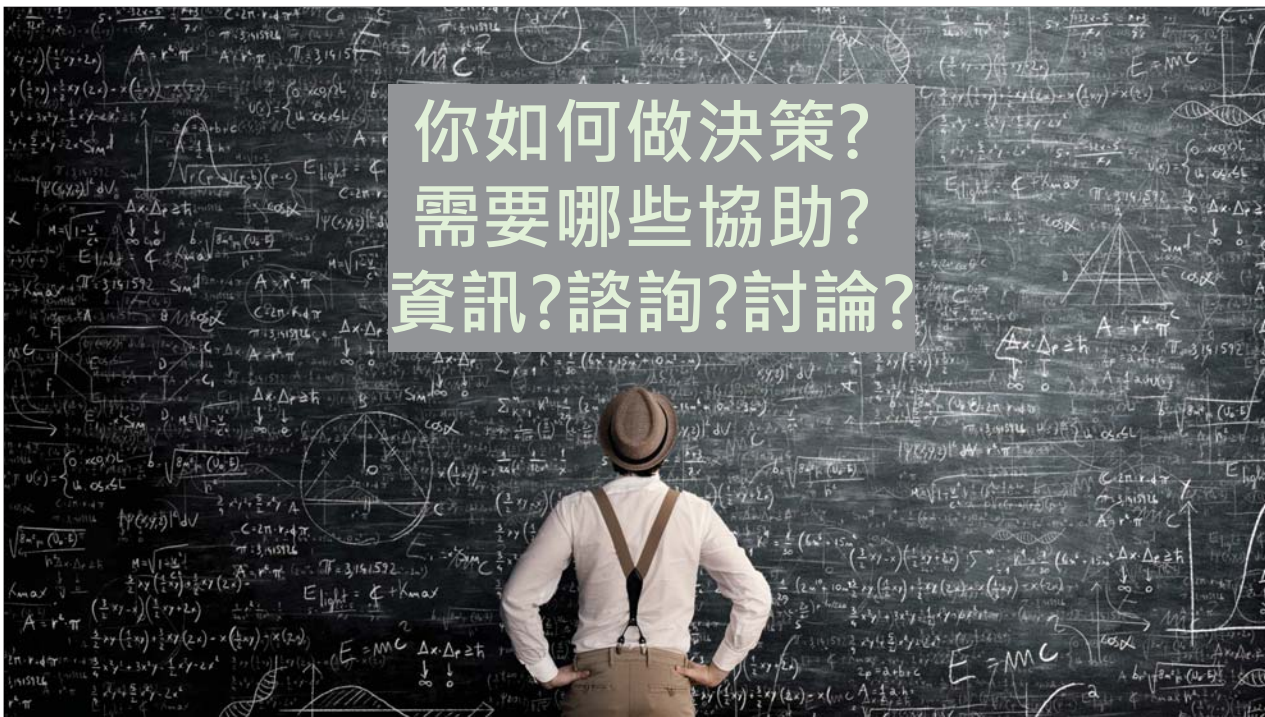


# 早期攝護腺癌

 傳統手術

 內視鏡

 達文西手臂



你如何做決策?  
需要哪些協助?  
資訊? 諮詢? 討論?

敬請尊重講師智財，如有閱讀以外之需求請徵詢講師同意。

	積極追蹤	達文西手術治療	放射治療
疾病控制	較差	相當	相當
生活品質	較好	相當	相當
治療模式	需定期切片	時間較短，需住院 治療約 7-10 天	時間較長，連續 7-9 週， 每日(週一至週五)至門 診治療
治療後追蹤	無	PSA 快速下降，易 追蹤	PSA 下降慢，較不利追蹤 之評估
排尿症狀： 頻尿，尿失禁等	無影響	短期內較嚴重， 長期無差異	短期內較輕微， 長期無差異
勃起障礙	無影響	短期內較嚴重， 長期無差異	短期內較輕微， 長期無差異
腸胃道症狀： 噁心嘔吐，腹瀉等	無影響	短期內較輕微， 長期無差異	短期內較嚴重， 長期無差異
健保給付與否	健保給付	目前無給付	健保給付/選擇性自費項 目
其它治療風險	切片導致敗 血症	無	低機率直腸出血之風險
繼發性的癌症	無	無	有些微增加骨盆腔癌症 風險之可能

●傳統手術

是指開胸剖腹的大傷口處置，直接切開傷口，再用牽引器把傷口撐開，徒手處理患部。



●微創手術

是指開小傷口處置，包含胸腔、腹腔以及骨盆腔兩部位。根據手術儀器還可再細分「內視鏡」及「達文西機械手臂」兩種類型。

傳統與微創手術比一比

	傳統	內視鏡 (微創)	達文西機械手臂 (微創)
視野	廣、清晰	窄、但可放大影像	窄、但3D影像有景深、立體感佳
傷口大小	大傷口	小傷口	小傷口
出血量	多，但緊急狀況能以手直接加壓止血	少	少
觸感	手的觸感佳	需以內視鏡器械來觸碰	需以視覺來取代觸覺
縫合	容易	較難，需要較長學習經驗	容易，適合精密縫合
住院天數	長	短	短
疼痛程度	高	低	低
術後沾黏	機會較高	少	少
適用條件	大腫瘤 早期及晚期癌症 病灶在組織中央、大血管旁	小腫瘤 早期癌症 病灶在器官邊緣或表淺位置	小腫瘤、多類腫瘤 早期癌症 病灶在淺層部位 需精密縫合的部分
費用	健保給付	健保給付，但部分號才需自費約數萬元	自費，平均20-30萬元

你的選擇？為什麼？  
這些資訊可以讓你做決策嗎？  
你還需要哪些資訊

敬請尊重講師智財，如有閱讀以外之需求請徵詢講師同意。

攝護腺根除比較



	傳統手術	腹腔鏡	達文西手臂
手術時間	2-4小時	1.5-4小時	1.5-4小時
出血量	200-2000C.C.	100-600C.C.	50-100C.C.
輸血率	20-60%	5-20%	5%以內
傷口大小	10-15公分	5孔，各約0.5-1.2公分	5孔，各約0.5-1.2公分
導管置放	7-14天	4-12天	3-10天
住院天數	術後5-10天	術後3-6天	術後1-4天
術後疼痛指數	4-8	2-6	2-5
尿失禁解除時間	一年內 60~95%	一年內 90~95%	一年內 90~100%
性功能恢復	一年內 30~80%	一年內 50~90%	一年內 60~95%
費用	健保給付	部分耗材自費	自費，約15-20萬

去年達文西手術量排名



達文西應用各科手術量



比較項目	經口(鼻)氣管內管插管	氣管造口
優點	<ul style="list-style-type: none"> <li>● 不需進行手術，可減少相關風險與花費)</li> <li>● 沒有造口相關併發症</li> </ul>	<ul style="list-style-type: none"> <li>● 更換較容易(造口成形後)</li> <li>● 活動較容易，在適當情形下能夠發聲及吞嚥</li> <li>● 能在加護病房或醫療院所外照護</li> <li>● 抽痰較容易</li> <li>● 患者較舒服</li> </ul>
風險與併發症	<ul style="list-style-type: none"> <li>● 氣囊充氣可能造成併發症</li> <li>● 喉部壓迫之併發症</li> <li>● 更換時必須由專業人員更換且風險較高(重插管)</li> <li>● 大部分需加護病房等級照護</li> <li>● 口鼻壓迫的併發症</li> </ul>	<ul style="list-style-type: none"> <li>● 氣囊充氣可能造成併發症</li> <li>● 造口相關併發症</li> <li>● 出血風險</li> <li>● 感染風險</li> <li>● 造口成形前若滑脫有較高的風險與死亡率</li> </ul>
替代方案	進行氣管造口術	維持氣管內管插管

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## 請討論 並寫下您SDM主題的:

**決策的糾結點: 醫師 vs 病人**

**主要選項**

**關心的內容(優缺點/好壞處/深慮點)**

臨床上的困難/需求 (醫療人員 vs 病人)?

特定的臨床情境? 人事時地物

困難點: 資訊獲得、了解、評判、應用(決策)?

困難/需求的本質是決策困難?

決策的性質: SDM? (EBM, Preference/Value)

**Trade-off Points (糾結點):** 內容 動機 系統

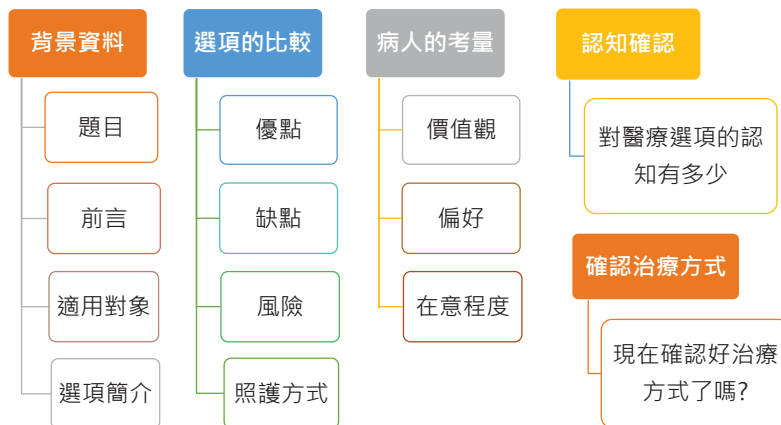
資訊內容 (醫療人員 vs 病人): Option Grid

動機 偏好: 會談

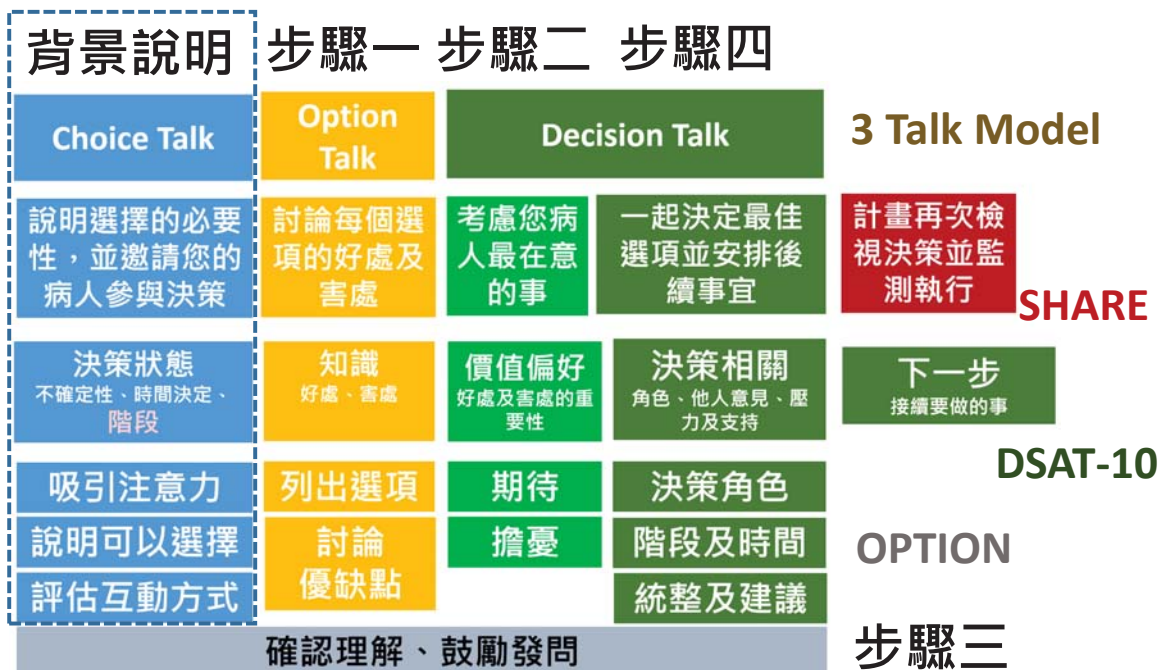
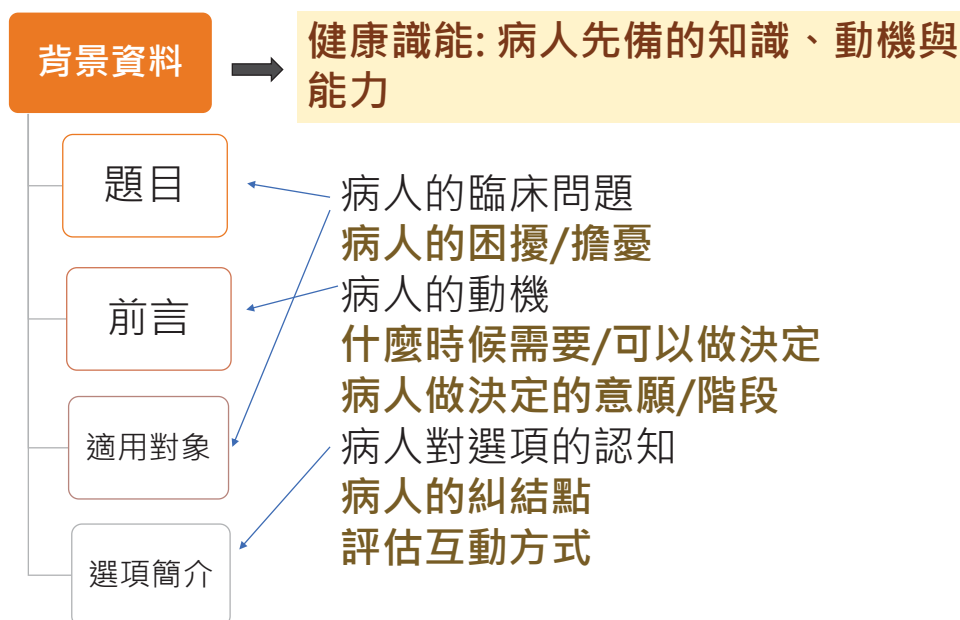
系統: 制度、流程

} 自我效能  
self-efficacy

# 決策輔助工具架構

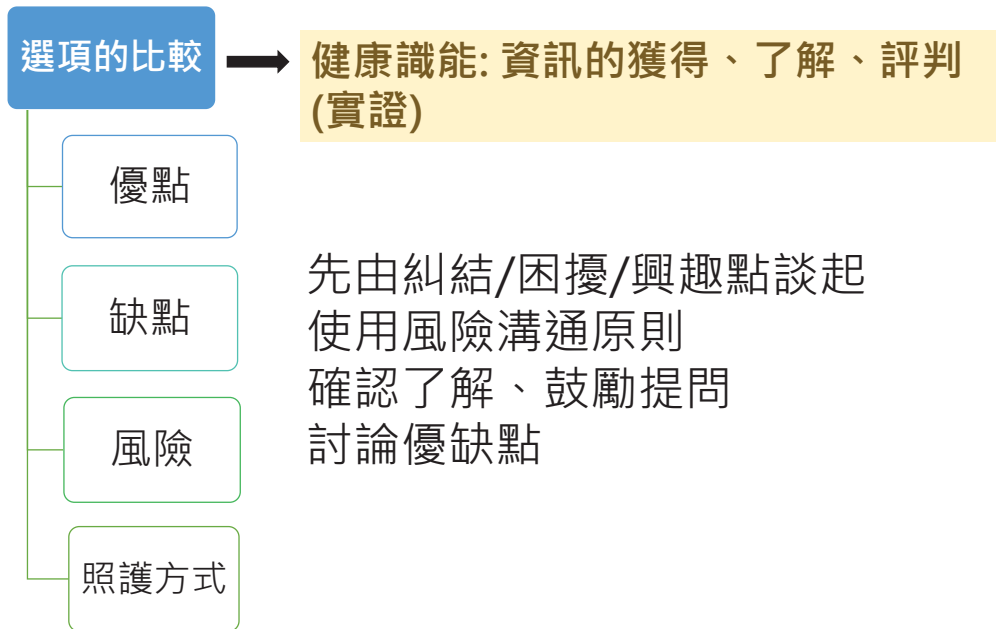


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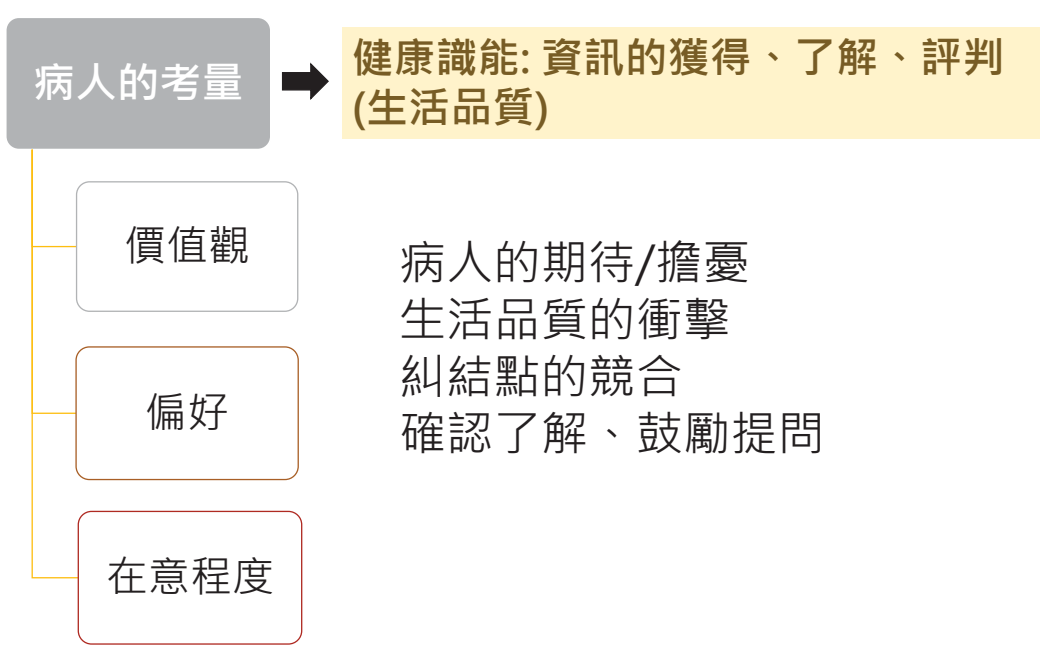


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背景說明	步驟一	步驟二	步驟四	
<b>Choice Talk</b>	<b>Option Talk</b>	<b>Decision Talk</b>		<b>3 Talk Model</b>
說明選擇的必要性，並邀請您的病人參與決策	討論每個選項的好處及害處	考慮您病人最在意的事	一起決定最佳選項並安排後續事宜	計畫再次檢視決策並監測執行
<b>決策狀態</b> 不確定性、時間決定、階段	<b>知識</b> 好處、害處	<b>價值偏好</b> 好處及害處的重要性	<b>決策相關</b> 角色、他人意見、壓力及支持	<b>SHARE</b>
<b>吸引注意力</b>	<b>列出選項</b>	<b>期待</b>	<b>決策角色</b>	<b>下一步</b> 接續要做的事
<b>說明可以選擇</b>	<b>討論優缺點</b>	<b>擔憂</b>	<b>階段及時間</b>	<b>DSAT-10</b>
<b>評估互動方式</b>			<b>統整及建議</b>	<b>OPTION</b>
	<b>確認理解、鼓勵發問</b>			<b>步驟三</b>



敬請尊重講師智財，如有閱讀以外之需求請徵詢講師同意。

背景說明	步驟一	步驟二	步驟四	
Choice Talk	Option Talk	Decision Talk		3 Talk Model
說明選擇的必要性，並邀請您的病人參與決策	討論每個選項的好處及害處	考慮您病人最在意的事	一起決定最佳選項並安排後續事宜	計畫再次檢視決策並監測執行 <b>SHARE</b>
決策狀態 不確定性、時間決定、階段	知識 好處、害處	價值偏好 好處及害處的重要性	決策相關 角色、他人意見、壓力及支持	下一步 接續要做的事
吸引注意力	列出選項	期待	決策角色	<b>DSAT-10</b>
說明可以選擇	討論優缺點	擔憂	階段及時間	OPTION
評估互動方式			統整及建議	步驟三
確認理解、鼓勵發問				

認知確認

對醫療選項的認知有多少

對糾結點的資訊了解

背景說明	步驟一	步驟二	步驟四	
Choice Talk	Option Talk	Decision Talk		3 Talk Model
說明選擇的必要性，並邀請您的病人參與決策	討論每個選項的好處及害處	考慮您病人最在意的事	一起決定最佳選項並安排後續事宜	計畫再次檢視決策並監測執行 <b>SHARE</b>
決策狀態 不確定性、時間決定、階段	知識 好處、害處	價值偏好 好處及害處的重要性	決策相關 角色、他人意見、壓力及支持	下一步 接續要做的事
吸引注意力	列出選項	期待	決策角色	<b>DSAT-10</b>
說明可以選擇	討論優缺點	擔憂	階段及時間	OPTION
評估互動方式			統整及建議	步驟三
確認理解、鼓勵發問				

敬請尊重講師智財，如有閱讀以外之需求請徵詢講師同意。

## 確認治療方式

## 健康識能: 健康資訊的應用(決策)

現在確認好治療方式了嗎?

資訊的統整及建議  
 希望在決策中扮演的角色  
 何時可以做決策  
 還需要那些支持  
 有那些外在壓力  
 接續的行動方案

敬請尊重講師智財，如有閱讀以外之需求請徵詢講師同意。



問題與談話架構

**終將影響**

思維方式與決策

# The SHARE Approach Essential Steps of Shared Decision Making

Five steps for you and your patients to work together to make the best possible health care decisions.



敬請尊重講師智財，如有閱讀以外之需求請徵詢講師同意。

## Step 1: Seek your patient's participation

說明選擇的必要性，並邀請您的病人參與決策

- 健康問題摘要
- 使您的病人參與
- 家屬及照護者也參與決策
- 提醒病人他的參與是重要的

### 您可以這麼說:

“我們已經找出問題，現在我們可以來想想接下來該怎麼做?”

“在我們決定最好的治療方式前，我想要提供並與您討論一些不同的治療方式。”

“我先把所有的方法說明一遍，然後我們再找出比較適合您的方式。”

## Step 2: Help your patient explore and compare treatment options

評估病人對於選項的了解程度  
寫下選項清單並用直白語言描述  
清楚的溝通每個選項的風險與利益  
用病人可以理解的方法溝通科學數字  
可能的話，提供實證的決策輔助工具  
跨領域照護團隊中其他成員的角色  
使用回覆式教的技巧確認病人了解程度



### 評估病人對於選項的了解程度

“您有曾經聽過關於XX疾病的治療方法嗎？”

“您有讀過關於XX疾病的治療方法嗎？”

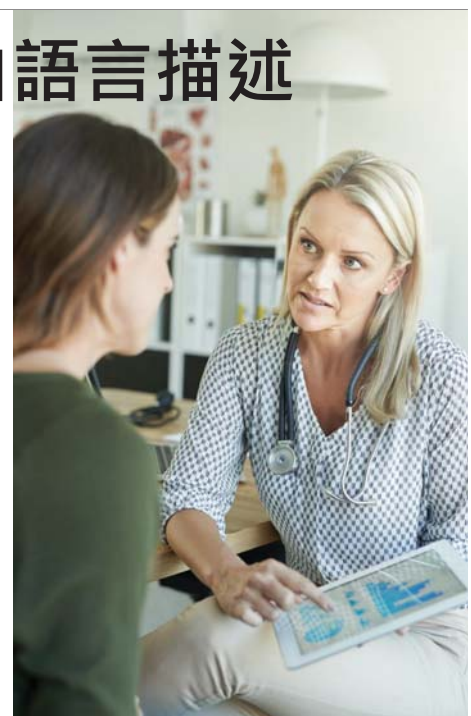
### 寫下選項清單並用直白語言描述

使用白話清楚的解釋每個選項  
避免使用醫學專業用語  
指出選項之間最大的差別  
談及重要但沒有被問到的問題

“在我們詳細討論每個選項前，  
我先把選項列出來。”

“這裡有一些方式，我們可以考慮。”

“我們先把選項看過一遍。”



清楚的溝通每個選項的風險與利益



用病人可以理解的方法溝通科學數字

跨領域照護團隊中其他成員的角色

可能的話，提供實證的決策輔助工具

## 提供資訊而不是資料

- 確認提供那些資訊: early prostate cancer, 擔心擴散 (機會 vs 部位)
- 需求資訊的發生(盛行)率及差(離)異程度
- 客製化個別病人的資訊
- 資訊要基於實證並平衡表現,並基於
  - 病人決策時的需求
  - 倫理及法律上的要求

## 使用回覆式教的技巧確認病人了解程度

使病人在不困窘的情況下，用自己的語言，說出他們需要知道或做的事

不是考試，可以知道你解釋的成效

了解病人理解程度的機會，若有需要，可以再教一次



敬請尊重講師智財，如有閱讀以外之需求請徵詢講師同意。

# 回覆式教: 舉例

請病人用自己的話說出自己了解的事:

“我想要知道我剛剛說的是不是夠清楚?是否可以請您跟我說一下我們剛剛談話的重點?”

“您可以告訴我,今天您丈夫的血壓藥有做了哪些改變嗎?”

“我們今天談了一些事情,有些是您回家後就可以立刻進行的。您可以告訴我,今天您回家後會做那些事嗎?”

Health Literacy Universal Precautions Toolkit  
AHRQ Pub. No. 10-0046-EF



## 回覆式教....

**再次提醒:**

如果病人無法正確說出资訊時  
**請病人用自己的話再說一次:**

直到你認為他們真的了解

**考慮其他方法:**

如果病人一直無法了解

Health Literacy Universal Precautions Toolkit  
AHRQ Pub. No. 10-0046-EF



## 回覆式教....

**不要問yes/no 問題, 例如:**

“您了解嗎?”

“您有任何問題嗎?”

**超過一個概念(主題)時:**

**“Chunk and Check”**

一個概念教2-3個重點&使用回覆式教  
來確認了解程度

然後在進行下個概念

Health Literacy Universal Precautions Toolkit  
AHRQ Pub. No. 10-0046-EF

敬請尊重講師智財, 如有閱讀以外之需求請徵詢講師同意。



## Step 3: Assess your patient's values and preferences

鼓勵病人說出他最在意的事

使用開放性問句

積極聆聽病人的談話

對影響病人生活的問題及效應表現出同理心及關心

了解病人的偏好及價值

贊同對病人重要的事



## 您可以這麼說:

“當您考慮可能的風險時，什麼是您覺得最在意的?”

“當您考慮您的選項時，什麼是您最重要的考量?”

“您最擔心哪一個可能的副作用?”

“哪一個選項最符合我們討論的治療目標?”

“有什麼事可能會妨礙我們這樣做嗎?”





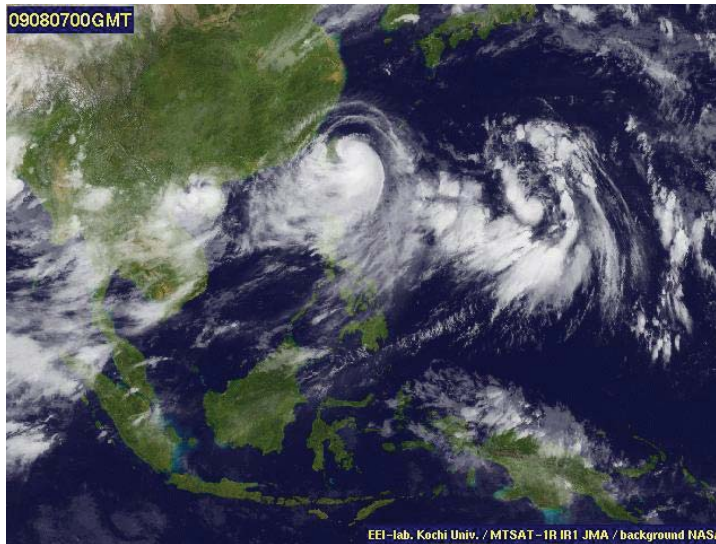
Providing patients with information or evidence alone is sufficient to support patients who are making a decision?

**Offer Conversation, Not Information**

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## 世紀“大豪雨”



歷年單日降雨量前10大		
降雨量(毫米)	站名(地點)	時間
1397.5	尾寮山 (屏東)	2009/08/08
1287.0	溪南 (高雄)	同上
1267.0	御油山 (高雄)	同上
1222.5	布洛灣 (花蓮)	1997/08/29
1181.0	新發 (高雄)	2009/08/08
1174	馬頭山 (嘉義)	同上
1163.0	瑪家 (屏東)	同上
1153.5	寶起湖 (嘉義)	同上
1151.5	小豬山 (高雄)	同上

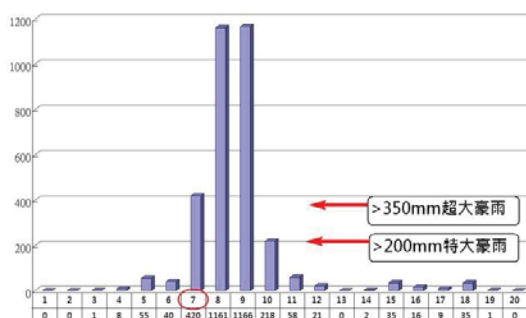
  

累積兩日降雨前10大		
站名(地點)	降雨量(毫米)	
尾寮山 (屏東三地門鄉)	2113.5	
上德文 (屏東三地門鄉)	1951.0	
御油山 (高雄桃源鄉)	1731.5	
寶起湖 (嘉義竹崎)	1654.0	
溪南 (高雄桃源鄉)	1643.5	
馬頭山 (嘉義大埔)	1614.5	
石壁壠 (嘉義竹崎)	1568.0	
大湖 (嘉義番路)	1471.5	
新發 (高雄六龜)	1457.5	
甲仙 (高雄甲仙)	1433.0	

備註：累計時間自8/7 00:00至8/8 23:00  
資料來源：中央氣象局

## 這是什麼意思??

2009年8月阿里山氣象站逐日雨量資料



交通部中央氣象局之「大雨」及「豪雨」定義如下：

- 大雨：指二十四小時累積雨量達五十毫米以上，且其中至少有一小時雨量達十五毫米以上之降雨現象。
- 豪雨：指二十四小時累積雨量達一百三十毫米以上之降雨現象。
- 若二十四小時累積雨量達二百毫米以上稱之為大豪雨；
- 二十四小時累積雨量達三百五十毫米以上稱之為超大豪雨



## Step 4: **R**each a decision with your patient

幫助病人去做決策

詢問病人是否需要其他的資訊工具

檢視病人是否需要更多的時間考慮或與其他人討論

與病人確認決定

確認要進行接續步驟

約定回診時間



## 您可以這麼說:

“花更多的時間思考治療選項是應該的。您想要再想想，還是已經可以決定了？”

“你還有什麼額外的問題要問我，可以幫您做出決定？”

“這是一個很大的決定，重要的是您要考慮您喜歡哪種治療選項？”

“我們約下週再見面，在此期間，這裡有一些資料可以供您閱讀和思考。如果你有任何想法，我們可以繼續討論。”

“您有沒有想要與其他人談談，來幫助您作出決定？”

“現在我們來討論您的治療選項，您認為哪種治療適合您？”

## Step 5: Evaluate your patient's decision

**訂定未來審視決定的計畫:** 改變決定的可能性

**監測治療選項的執行狀況**

**協助病人處理執行決策選項的障礙**

**與病人重新再做決策:** 如果還有其他決定要做

“下星期我們可以談談您要如何去做？”

“我們下一個月再來討論治療進行的效果。”

“如果你覺得病情沒有在改善，下次門診時，我們可以考慮用不同的方法。”



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你可以這樣問醫師...

1. 我需不需要做這項檢查?
2. 為什麼需要這項檢查?
3. 我有其他選擇嗎?

我動腦，您思考  
檢查治療沒煩惱

大林慈濟邀您一起「醫病共享決策」  
Shared Decision Making

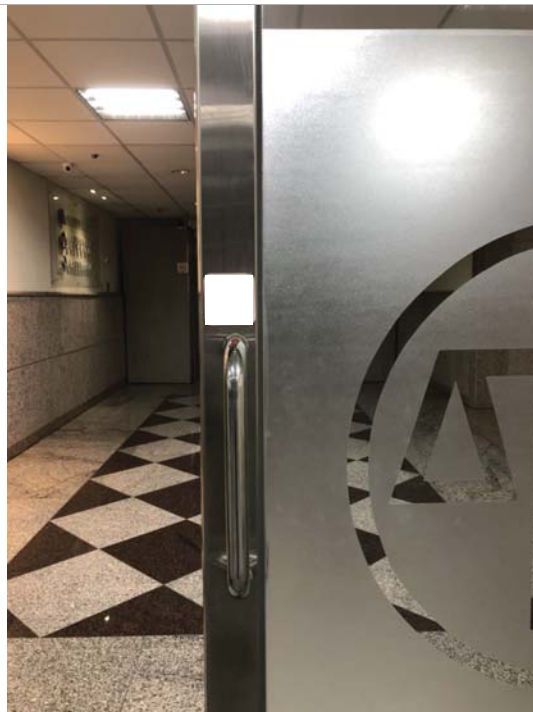
## 把健康握在手中！

醫病共享決策 SDM 您醫療選擇的好夥伴

您可以這麼問醫師……

- 問 目前我的狀況如何?
- 問 接下來的醫療處置?
- 問 為什麼要做這些處置?
- 問 我有哪些可能的選項?
- 問 這些選項的優缺點?
- 問 我如何決定哪個選項?

大林慈濟醫院  
關心任何您在意的事



# NUDGES

- iNcentives
- Understand mappings
- Default
- Give feedback
- Expect error
- Structure complex Choices



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敬請尊重講師智財，如有閱讀以外之需求請徵詢講師同意。

## —筆記欄—

敬請尊重講師智財，如有閱讀以外之需求請徵詢講師同意。

## -筆記欄-

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敬請尊重講師智財，如有閱讀以外之需求請徵詢講師同意。

廣告

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醫策會網站



醫策會 LINE



醫策會 FB



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