

SDM引導及決策評估

財團法人醫院評鑑暨醫療品質策進會

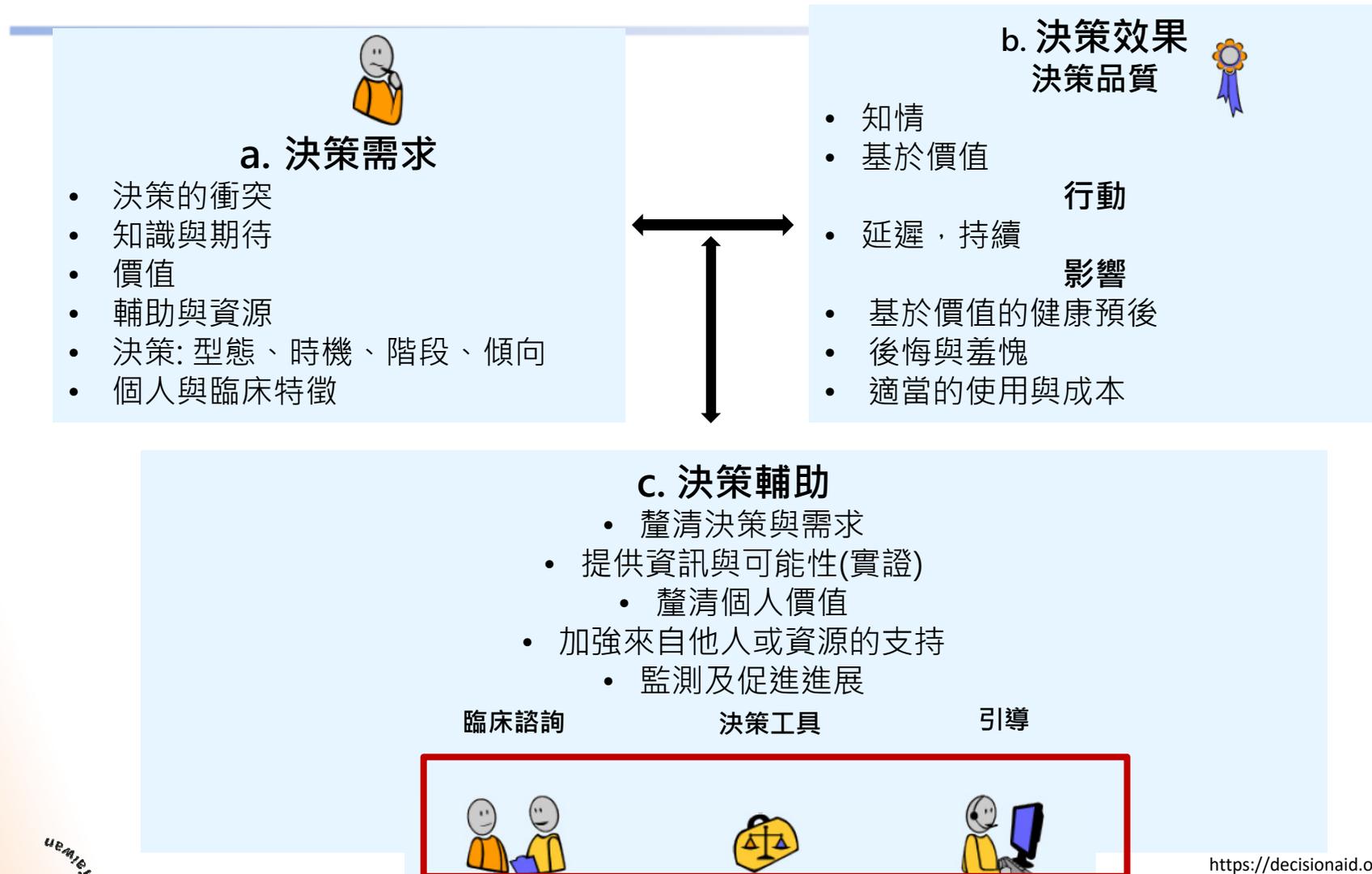
廖熏香 副執行長



評鑑認證、品質促進、專業教育的卓越機構



渥太華決策輔助架構



<https://decisionaid.ohri.ca/odst/pdfs/ODST.pdf>

臨床決策引導 (Coaching)

- 協助病人**理解醫療選擇**
- 利用工具協助病人理解各項選擇的相關訊息，包括優缺點等
- **確定病人瞭解**疾病及治療選擇
- 協助病人與醫師溝通
- 協助病人使用**決策輔助工具**(patient decision aids)
- 掌握決策**進度**

為何需要Coaching

伴隨壓力的溝通，有時沒這麼容易

- 醫師做完詳細說明，病人其實還有一堆疑問
- 病人要做決定，其實是很緊張的
不見得能馬上做出選擇



不想做決定？

不能做決定？

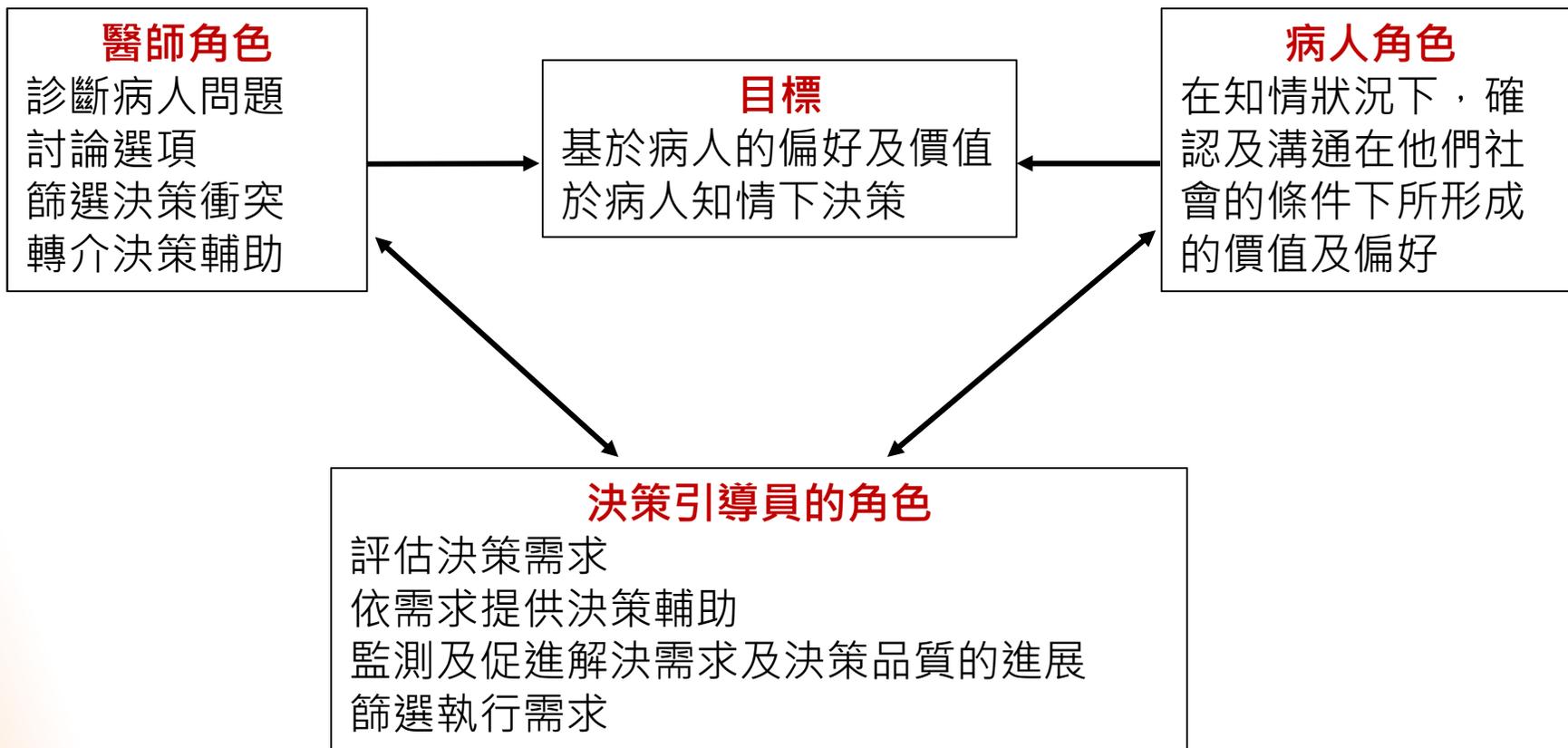
不敢做決定？

- 病人可能面臨「決策衝突」

什麼是決策衝突？

- 表現出苦惱或緊張
- 言語表達了對選擇的不確定
- 在選擇之間搖擺
- 延遲做決定
- 對個人的價值觀或對於什麼是重要的產生疑問

決策引導員於SDM架構的角色



Coaching由誰來做？

	受過訓練的醫師	第三方引導員
優點	<ul style="list-style-type: none">1. 被信賴的關係2. 整合照護	<ul style="list-style-type: none">1. 較少來自醫師的壓力2. 有效的以病人為中心的引導3. 較高品質的引導技巧4. 知識媒介的才能5. 臨床自主性6. 理想的環境
缺點	<ul style="list-style-type: none">1. 醫師偏差2. 訓練時間3. 額外分配人員時間	<ul style="list-style-type: none">1. 不可靠的偏差2. 醫病關係三角化3. 缺乏臨床經驗4. 不熟悉臨床資料5. 若無協調易造成混淆6. 責任不清

醫師 v.s. Coach

行為	SDM醫師	決策引導員
定義或解釋問題/決定	√	√
說明選項	√	√
討論好處/壞處	√	√
討論病人偏好/價值	√	√
討論病人能力/自我效能	√	√
表示醫師的想法/建議	√	無方向性
確認/釐清了解	√	√
做出或延遲決定	√	√
安排後續追蹤	√	√

Coaching要具備三大面向能力

■ 諮詢準備：

以溝通能力為基礎

- 要提出問題和關注的事，與醫師溝通和協商

■ 深思熟慮：

- 釐清牽涉做決定的需求是什麼？

- 善用資訊

- 釐清和溝通價值觀及優先考量的事項

- 評估支持系統和處理壓力

■ 實踐(動機式面談)：

- 增加改變的動力，強化個人信心

SDM決策支持5步驟

1. 決策相關訊息的提供
2. 病人決策相關功能評估
3. 個人價值釐清
4. 支持需求評估
5. 啟動下一步

簡易決策輔助分析工具

(DSAT10: Brief Decision Analysis Tool)

Element	Assessment Criteria	Hear and acknowledge or assess in interaction	Intervened	Comments / Notes / Examples
Decision making status	Identify uncertainty about making a decision	<input type="checkbox"/> (1 point)		
	Timing for when decision needs to be made is discussed / acknowledged	<input type="checkbox"/> (1 point)		
	Stage of decision making: assessed or self-evident	<input type="checkbox"/> (1 point)		
Knowledge of	Options AND Potential benefits of options AND Potential harms of options	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> (if all checked 1 point)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> (if all checked 1 point)	
	Values / preference associated with	Discuss importance of benefits AND Discuss importance of harms	<input type="checkbox"/> <input type="checkbox"/> (if all checked 2 points)	
Others' involvement in the decision	Discuss preferred role in decision making, others involvement and their opinions AND	<input type="checkbox"/> <input type="checkbox"/> (if all checked 1 point)	<input type="checkbox"/> <input type="checkbox"/> (if all checked 1 point)	
	Discuss pressure or support from others			
Next steps	Near end of the encounter, summarize the next steps to address patient's decision making needs	<input type="checkbox"/> (1 point)		
TOTAL SCORE		out of 10		

簡易決策輔助分析工具

(DSAT10: Brief Decision Analysis Tool)

項目	評估標準	定義
決策狀態	確認決策中的 不確定性	確認特定選項的不確定性，包括確認此特定選項
	討論/告知 什麼時候 需要做決定	根據病人/下次約診時間等來討論或告知， 如果有適當的需求，也可以改變決策時程
	決定 階段 : 評估中或已有定見	也許在會談前，病人已經有想法。引導員也許可以協助釐清 他們正考慮的選項、傾向、是否已經做了決定、或將會作什麼事來完成決定

簡易決策輔助分析工具

(DSAT10: Brief Decision Analysis Tool)

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 願意獲得新資訊 (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 最有幫助
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/她對選項的理解
已經或準備執行選擇的項目(包括維持現狀)	較低, 如果給予決策輔助通常會增加	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)。

觀察患者的參與情況-OPTION Scale

透過評估引導員讓患者參與決策的程度

OPTION Observing patient involvement © March 2009

Date of Rating: ___/___/___
 Rater Name: ___
 Clinician Code: ___
 Consultation Number: ___
 Consultation Duration: ___

Profession: ___
 Patient: ___
 Consultation Type: New Review Corporate
 Another Person In The Room? Yes No/What?

Description of Index Problem: _____

- The clinician **focuses attention** on an identified problem as one that requires a decision making process.
 - 0 = No attempt to draw attention to a need for a decision making process (there is no clarity about problem, or at least no clarity about the decision to be taken about the problem or problem identified).
 - 1 = Very brief or perfunctory attempts to draw attention to the need to embark on a decision making process.
 - 2 = Baseline skill level. Clinician draws attention to a problem that requires a decision making process.
 - 3 = Clinician puts emphasis on the decision making process required.
 - 4 = The skill is exhibited to a high standard (e.g. supplementary explanation and evidence of patient recognizing the need to engage in the process of decision making).
- The clinician **states that there is more than one way to deal with the identified problem** ("equipoise").
 - 0 = The clinician does not state that there is more than one way of managing problems.
 - 1 = Perfunctory attempt to convey the existence of more than one option.
 - 2 = Baseline skill level. Clinician conveys the sense that the options are valid and need to be considered in more depth.
 - 3 = Explains "equipoise" in more detail and that options have pros and cons that need to be considered.
 - 4 = The clinician also explains "why" there are available (e.g. there is genuine professional uncertainty) as to the "best" way of managing the problem - clinical equipoise, the skill is exhibited to a high standard.
- The clinician **assesses patient's preferred approach to receiving information to assist decision making** (e.g. discussion in consultations, read printed material, access graphical data, use videotapes or other media).
 - 0 = The behaviour is not observed.
 - 1 = A minimal attempt is made to exhibit the behaviour.
 - 2 = Baseline skill level. Clinician asks for patient's preferred method of receiving information.
 - 3 = Doing the behaviour well (e.g. states that there are many ways in which information can be conveyed, providing reading for example/consultation).
 - 4 = Gives many examples of the types of information formats and media available for the patient, and then provides an opportunity for the patient to select their preferred method of receiving information.
- The clinician **lists options**, which may include the choice of "no action".
 - 0 = The behaviour is not observed (during options or discussion/consultation about each option).
 - 1 = Minimal or perfunctory attempt to make list of options.
 - 2 = Baseline skill level. Clinician lists options as distinct possibilities that are available (e.g. acting/with/ or planning to describe the existence of options).
 - 3 = Careful listing of all possible options, including the choice of taking no action, or deferring the decision.
 - 4 = Clinician exhibited this behaviour to a high standard.
- The clinician **explains the pros and cons of options to the patient** (making "no action" an option).
 - 0 = No explanation.
 - 1 = The clinician fails to provide information about more than one option (according to the extent that each option is described).
 - 2 = Baseline skill level. The clinician provides details about the pros and cons of the options.
 - 3 = The behaviour is exhibited to a good standard.
 - 4 = The skill is exhibited to a high standard (e.g. by description of options followed with discussion).
- The clinician **explores the patient's expectations or ideas about how the problem(s) are to be managed**.
 - 0 = No attempt to ascertain patient's views about their expectations.
 - 1 = Qualified or perfunctory attempts to ascertain patient's ideas or expectations about management.
 - 2 = Baseline skill level. The clinician explicitly asks (perhaps what they expected (though) about the actions required to manage the problem(s)). Skilled clinicians are able to explore these expectations and ideas (using open ended questions, suggesting a range of common expectations, using pauses, being alert to verbal and physical cues and so on).
 - 3 = This behaviour is exhibited and leads to supplementary questions to clarify expectations or ideas (e.g. exploration of expectations other than those). The behaviour is performed to a good standard.
 - 4 = The behaviour is achieved to high standards and patient's views are discussed and addressed.

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and the management of the

patient to respond and will

making.

the clinician is sensitive to the

- The clinician **indicates the need for a decision making (or deferring) stage** (here the decision is made if not evaluated - could be potentially: How the decision is made between the participant and who takes "control" is not evaluated).
 - 0 = The clinician does not clearly indicate that a time has come where a decision (or deferral) is required.
 - 1 = Perfunctory or unclear attempts to indicate need for a decision making stage.
 - 2 = Baseline skill level. Clear statement such as, "Perhaps it's time now to make a decision about what should be done."
 - 3 = Exhibiting this behaviour to a good standard.
 - 4 = Clinician that achieves this task to a high standard and will have signalled the transition from consideration of information and views to one of deliberation and choice.
- The clinician **indicates the need to re-examine the decision (or deferral)**.
 - 0 = No attempt to indicate a need to review or defer.
 - 1 = Perfunctory (e.g. after the patient has said he does not want to) or rushed attempt.
 - 2 = Baseline skill level. Clinician indicates that the patient should be seen again to re-consider the decision.
 - 3 = The behaviour is performed to a good standard.
 - 4 = The behaviour is observed and achieved to a high standard (e.g. makes it very explicit and encourages alternative approaches).

For psychometric data see: http://www.glynelwyn.com/uploads/2/4/0/4/24040341/option_12_training_pack.pdf

recognize the extent that clinicians treat their patients in decision making. *Health Expectations*, 5, 11-23, 2002.

Acknowledgements: Lizette Pencille and Libeth Penelope Pines (Mayo Clinic, Rochester, MN, USA) who worked on improving this

For further information:
 Decision Laboratory
www.DecisionLab.co.uk
 Cardiff University
 Email: EL300@cardiff.ac.uk



1	醫師能引起病人對需要決策的 <u>確定問題</u> 的注意	0 1 2 3 4
2	醫師說明有超過一種方式可以來處理這確定的問題 (“相稱”)	
3	醫師評估病人偏好接受資訊的方式以協助決策(例如: 討論、閱讀印出的資料、圖表、影片或其他媒體)	
4	醫師列出”選項”, 可以包括”不作為”的選擇	
5	醫師向病人解釋各選項的優點和缺點 (採取”不作為”是一個選項)	
6	醫師探索病人想要如何處理問題的期待(或意見)	
7	醫師探索病人關於對如何處理問題的擔憂(恐懼)	
8	醫師確認病人已經了解資訊	
9	醫師在決策的過程中, 明顯的給病人問問題的機會	
10	醫師引導病人表達參與決策的偏好程度	
11	醫師顧及決策(或推遲)階段的需求(時間或期限)	
12	醫師顧及回顧決策(或推遲)的需求	



原始資料: http://www.glynelwyn.com/uploads/2/4/0/4/24040341/option_12_training_pack.pdf
 中文翻譯: 李宜恭主任簡報資料

評鑑認證、品質促進、專業教育的卓越機構



讓我們來看段影片

Shared Decision-Making

Supporting Patients and Families
Living with Chronic Kidney Disease

- <https://www.youtube.com/watch?v=AqASjyzqvKc>

觀看影片的
同時
請寫下Coaching的行為

感謝聆聽

E-mail : SDM@jct.org.tw

