出國報告（出國類別：開會）

2018 英國第 25 屆考科藍年會會議報告

服務機關：高雄榮民總醫院藥學部
姓名職稱：毛志民 科主任
派赴國家：英國
出國期間：2018/9/15-2018/9/23
報告日期：2018/10/19

摘要

第 25 屆考科藍年會(Cochrane Colloquium)於 2018 年 9 月 16 日至 9 月 18 日在英國愛丁堡國際會議中心舉行，本屆年會主題是「更好的健康決策證據」，的國內如北榮及北醫等醫院也有醫師代表參加。議程安排諸如實證醫學發展回顧及未來需要面對的挑戰與改變、病人參與實證醫學研究等專題演講、連續三天各式研究主題的壁報論文展示，皆能從中窺探實證醫學最新發展趨勢，例如視每個投入年會活動者平等的評價，實踐病人及其照護者共同設計(co-designed)、共同製作(co-produced)及共同呈現(co-presented)於年會，激發個人思辨與研究動能，運用適當的方法、行為及態度來和病人做個美好的溝通。

關鍵字

考科藍年會、病人參與

目次

一、目的

透過國際學術交流，開拓個人研究視野。

二、過程

1. 9 月 16 日聆聽考科藍執行長 Mark Wilson 開幕專題演講「2018 考科藍所面對的挑戰與改變」(Challenge and change: issues for Cochrane in 2018)、加州大學洛杉磯分校(University of California, Los Angeles, UCLA)的 Christine Borgman 教授的演講「大數據、小數據、沒數據?開放數據年代中的系統性回顧」(Big Data, Little Data, or No Data? Systematic Reviews in an Age of Open Data)；英國考科藍 Anthony 等人講述「知識轉譯進行式：如何以正確的形式向正確的觀眾提供正確的論述」(Knowledge Translation in action: How to get the right reviews in the right format to the right audiences)；壁報展示最常出現的文章標題字是「review」、「evidence」次之。

2. 9 月 17 日 聆聽專題議題「協作：從病人的經驗了解與學習」 (Working together: understanding and learning from patients' experiences)、口頭報告等；壁報展示最常出現的文章標題字是「review」、「trail」次之。

3. 9 月 18 日 聆聽「協作：從理論到實踐」 (Working together: from theory to practice)等專題演講及觀賞壁報展示內容。

大會中諸多專題都引人關注，發表壁報論文「由醫病共享輔助工具競賽作品看病人參與治療決定初探」(Treatment decision by patient participation: a preliminary study based on the workpiece of shared decision making in medicine)，並觀賞各國展示壁報與作者交換意見；今日壁報展示最常出現的文章標題字是「review」、「patient」次之。

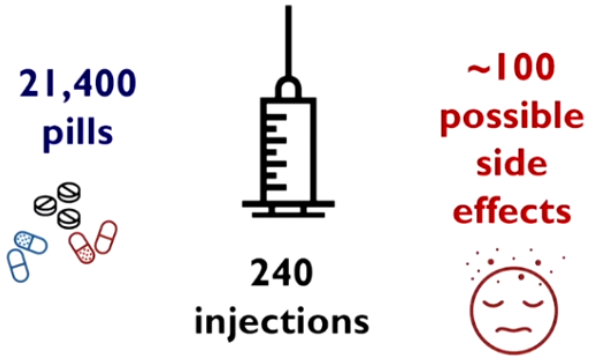
三、心得及建議

在開幕專題中，考科藍執行長 Mark Wilson 提到我們正處於變革和挑戰的時代。在考科藍的兩個關鍵事情的核心是：患者和數據。本次學術討論會的獨特之處在於將患者參與放在心上並首次將年會轉變成為“病人參與”活動。

從加州大學洛杉磯分校(University of California, Los Angeles, UCLA)的 Christine Borgman 教授的演講中，我們亦了解考科藍面對大數據世界的到來，需要面對的挑戰以及真實世界裡醫療保健的現況。

英國考科藍 Anthony 等人講述「知識轉譯進行式：如何以正確的形式向正確的觀眾提供正確的論述」並分享考科藍知識轉譯的實例，討論如何參與及在此現有基礎上進行，為消費者量身打造，培訓民眾學會查找，理解和使用考科藍論述。

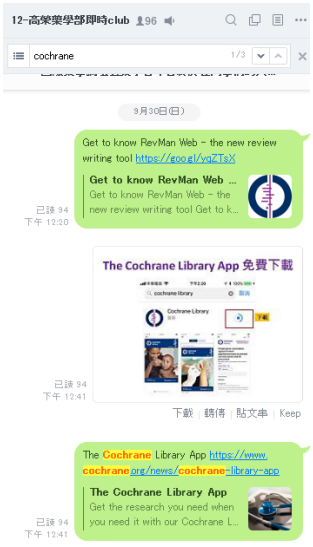
第二天主題「協作：從病人的經驗了解與學習」中，三位講者中以來自秘魯的 Dalila Martínez 博士演講「藥丸太多了！病人如何讓我從事定性研究」(Too many pills! – How being a patient led me to a career



in qualitative research)最讓我印象深刻，尤其是當治療結核病或皮膚型利什曼症時，按照治療指引投予藥物之後，病人的反應未必如預期般康復，可能因為多重藥物引發嚴重的不良反應。

最後一天的主題是「協作：從理論到實踐」，講者或有家屬罹患罕病、或者自身罹患多發性硬化症的現身說法；或是推動監獄內女性的子宮頸癌篩檢及戒毒。口頭演講分為診斷試驗的準確方法、教育訓練、研究偏誤、病人參與共享決策及了解和善用證據。

考科藍組織的 2020 年策略藉由產生證據、讓證據便於取得及倡導證據運用是將證據置於全世界衛生決策的核心。本屆考科藍年會邀請病人及病友團體與會的佳評如潮，也讓我想起擔任高雄榮總醫訊藥學專欄 19 年來，為了讓文章內容能讓小學五年級的學生理解，便請孩子協助閱讀，或請主題相關的親友搶先看，給予修正意見；多年前我們也曾協助中譯考科藍文章摘要，今年部內更將醫病共享決策輔助工具導入藥學生實習教學內容中，參賽也獲得了一銅二佳作的全數獲獎肯定。考科藍邀請病人參與研究的作法更加刺激著我，在未來藥事照護可以與病人進行更深入的溝通，以便了解病人真正所想之事。

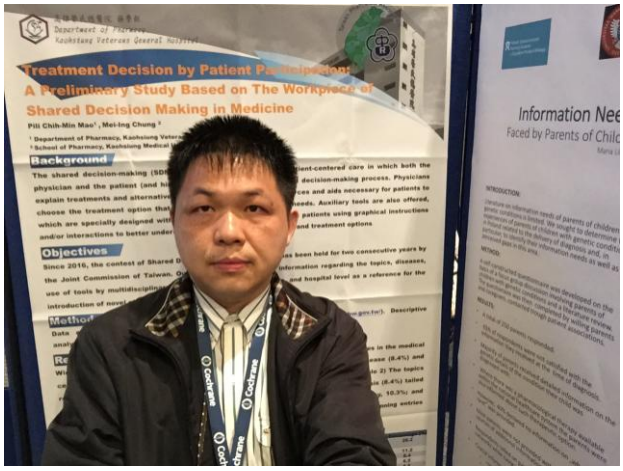


建議事項：

1. 宣傳並鼓勵同仁多加善用考科藍所提供的免費訓練、App、社群網站及等資源：9 月 30 日於 LINE 群組分享「Get to know RevMan Web – the new review writing tool 」(網址 https://goo.gl/yqZTsX)、及 The Cochrane Library App (網址 https://www.cochrane.org/news/cochrane-library-app)；11 月 14 日心得分享時亦介紹考科藍社群(講義頁 19)
2. 病人照護活動可以擴大邀請病人參與：例如在製作醫病共享決策輔助工具時會邀請病友提供意見，在成果發表時也可以邀請病友與會，畢竟古人有云：「三折肱可成良醫」；高雄榮總醫訊網頁或臉書版亦可連結並有回饋意見信箱，有助強化作者與病友間的意見溝通。
3. 擴大實證醫學教育進階訓練工作坊：今年本院利用假日舉辦「全人醫療與實證研究工作坊」是個很好的開始，建議將課程錄製內容至於數位學習平台；日後可以開辦關於文獻偏誤、一致性等議題之實證醫學方法學課程，及應用 R 語言等軟體計量來做實證分析。

附錄

1．活動照片


Treatment Decision by Patient Participation:
A Preliminary Study Based on The Workpiece of
Shared Decision Making in Medicine
Background
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Cochrane for all – better evidence for better health decisions
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2. 論文摘要與壁報

Treatment decision by patient participation: a preliminary study based on the workpiece of shared decision making in medicine

Background

The shared decision-making (SDM) in medicine is a process of patient-centered care in which both the physician and the patient (and his family) contribute to the medical decision-making process. Physicians explain treatments and alternatives to patients to provide the resources and aids necessary for patients to choose the treatment option that best aligns with their personal needs. Auxiliary tools are also offered, which are specially designed with evidence-based medicines for the patients using graphical instructions and/or interactions to better understand the disease, clinical course and treatment options.

Objectives

Since 2016, the contest of Shared Decision Making in Medicine has been held for two consecutive years by the Joint Commission of Taiwan. Our study aimed to provide information regarding the topics, diseases, use of tools by multidisciplinary teams, department distribution, and hospital level as a reference for the introduction of novel aids in the future.

Methods

Descriptive analyses were made for the total of 107 winning entries (Table 1) from 2016 to 2017.

Table 1. The winning entries

Year	Gold Medal	Silver Medal	Bronze Medal	Excellence	Best Selected
2016	1	2	3	11	40
2017	1	2	3	6	38

Results

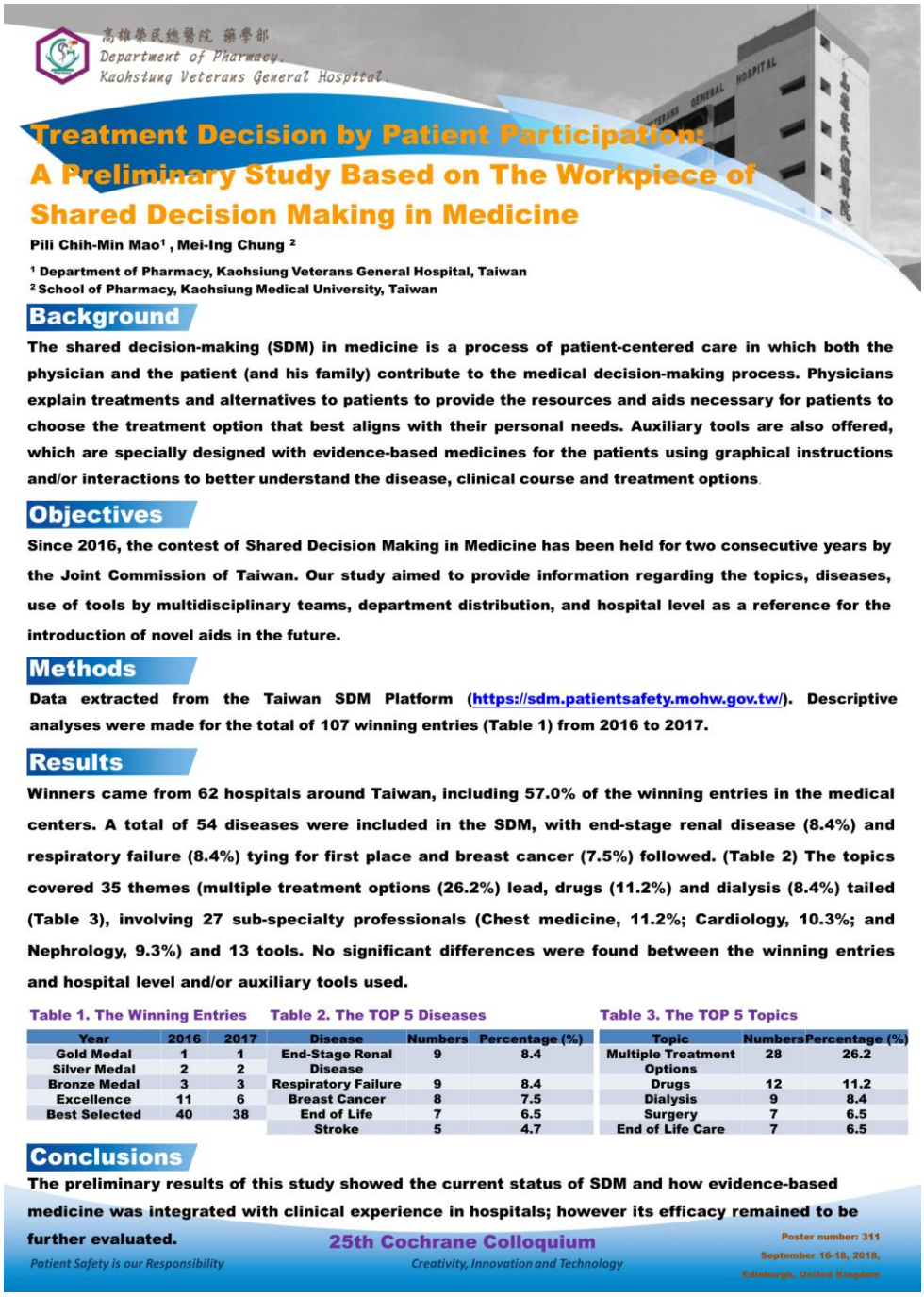
Winners came from 62 hospitals around Taiwan, including 57.0% of the winning entries in the medical centers. A total of 54 diseases were included in the SDM, with end-stage renal disease (8.4%) and respiratory failure (8.4%) tying for first place and breast cancer (7.5%) followed. (Figure 1) The topics covered 35 themes (multiple treatment options (26.2%) lead, drugs (11.2%) and dialysis (8.4%) tailed, involving 27 sub-specialty professionals (Chest medicine, 11.2%; Cardiology, 10.3%; and Nephrology, 9.3%) and 13 tools. (Figure 2) No significant differences were found between the winning entries and hospital level and/or auxiliary tools used.

Conclusions

The preliminary results of this study showed the current status of SDM and how evidence-based medicine was integrated with clinical experience in hospitals; however its efficacy remained to be further evaluated.

Patient or healthcare consumer involvement

Good tools are prerequisite to the success. Auxiliary tools for SDM are conducive for physicians to make effective communication with patients and through the contest, it helps to implement SDM.



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Treatment Decision by Patient Participation: A Preliminary Study Based on The Workpiece of Shared Decision Making in Medicine

Pili Chih-Min Mao[1], Mei-Ing Chung [2]

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[2] School of Pharmacy, Kaohsiung Medical University, Taiwan

Background

The shared decision-making (SDM) in medicine is a process of patient-centered care in which both the physician and the patient (and his family) contribute to the medical decision-making process. Physicians explain treatments and alternatives to patients to provide the resources and aids necessary for patients to choose the treatment option that best aligns with their personal needs. Auxiliary tools are also offered, which are specially designed with evidence-based medicines for the patients using graphical instructions and/or interactions to better understand the disease, clinical course and treatment options.

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Methods

Data extracted from the Taiwan SDM Platform (https://sdm.patientsafety.mohw.gov.tw/). Descriptive analyses were made for the total of 107 winning entries (Table 1) from 2016 to 2017.

Results

Winners came from 62 hospitals around Taiwan, including 57.0% of the winning entries in the medical centers. A total of 54 diseases were included in the SDM, with end-stage renal disease (8.4%) and respiratory failure (8.4%) tying for first place and breast cancer (7.5%) followed. (Table 2) The topics covered 35 themes (multiple treatment options (26.2%) lead, drugs (11.2%) and dialysis (8.4%) tailed (Table 3), involving 27 sub-specialty professionals (Chest medicine, 11.2%; Cardiology, 10.3%; and Nephrology, 9.3%) and 13 tools. No significant differences were found between the winning entries and hospital level and/or auxiliary tools used.

Table 1. The Winning Entries

Year	2016	2017
Gold Medal	1	1
Silver Medal	2	2
Bronze Medal	3	3
Excellence	11	6
Best Selected	40	38

Table 2. The TOP 5 Diseases

Disease	Numbers	Percentage (%)
End-Stage Renal Disease	9	8.4
Respiratory Failure	9	8.4
Breast Cancer	8	7.5
End of Life	7	6.5
Stroke	5	4.7

Table 3. The TOP 5 Topics

Topic	Numbers	Percentage (%)
Multiple Treatment Options	28	26.2
Drugs	12	11.2
Dialysis	9	8.4
Surgery	7	6.5
End of Life Care	7	6.5

Conclusions

The preliminary results of this study showed the current status of SDM and how evidence-based medicine was integrated with clinical experience in hospitals; however its efficacy remained to be further evaluated.

25th Cochrane Colloquium
Patient Safety is our Responsibility
Creativity, Innovation and Technology
Poster number: 311
September 16-19, 2018,
Edinburgh, United Kingdom

3. 心得講義

25th考科藍年會論文心得分享

毛志民 科主任

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Key dates

Date	Item
5 January 2018	Call for abstracts and workshops opens
19 February 2018	Early registration opens
19 February 2018	Cochrane-sponsored group registration opens
2 March 2018	Abstract and workshop submission deadline

Cochrane Colloquium 2018投稿要求

- Only abstracts submitted in English will be considered.
- Abstracts must be no longer than 2400 characters (approx. 350 words)
- The abstract should follow the structure: Background, Objectives, Methods, Results, Conclusions, and Patient or healthcare consumer involvement. If your abstract does not fit into this format, please choose alternative headings that are appropriate but you should always have a final statement on patient or healthcare consumer involvement.

Cochrane Colloquium 2018投稿要求

- If abbreviations are used, the abbreviated term should be written out in full the first time it is used.
- Tables and graphs can be submitted with your abstract as an attached image document. Allowed formats are: gif, png, jpg, jpeg, tif, tiff, pdf. Please remember to insert the reference (Table 1 or Figure 1 etc.) in the abstract.
- You can copy and paste text into the text box below.

Patients included

- Patient centered care
- Patient engagement
- Patient experience
- Patient stories
- Patient voices
- Public involvement

Relevance to patients and consumers

- Please include a statement on how the research/initiative will improve (or has improved) a patient-focused health outcome OR discusses a theme identified by patients or healthcare consumers as important to them.
- Please state if your patient/consumer partners helped you reach this statement.
- Please keep the language simple as this field will be the basis for patient evaluation.

由醫病共享輔助工具競賽作品看病人參與治療決定初探

Treatment decision by patient participation: a preliminary study based on the workpiece of shared decision making in medicine

Patient or healthcare consumer involvement

- 工欲善其事，必先利其器。開發醫病共享輔助工具將有利於醫療人員與病人有效溝通，透過競賽更有助於落實「共享決策」。
- Good tools are prerequisite to the success. Auxiliary tools for SDM are conducive for physicians to make effective communication with patients and through the contest, it helps to implement SDM.

接受函

I am pleased to inform you that the above abstract has been accepted for poster presentation at the Cochrane Colloquium 2018 in Edinburgh.

Registration fees

Category	Price (In GBP, incl. VAT)	NT
Early-bird registration (closed 22 June 2018)	850	34000
Standard registration (closes 17 August 2018)	1050	42000
Late/onsite registration (from 18 August 2018)	1200	48000
Low-income, lower-middle-income, & upper-middle-income economies as defined by World Bank	450	
Patients/Consumers* & Students full registration**	395	
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Patients/Consumers* & Students one day registration**	195	

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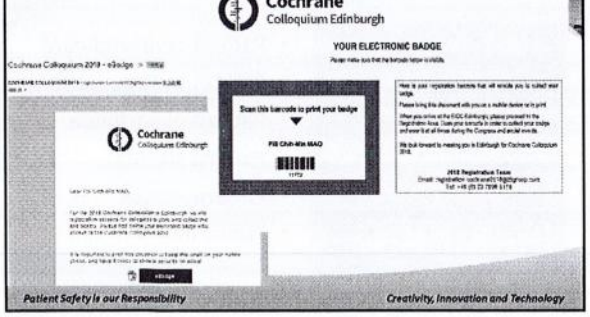

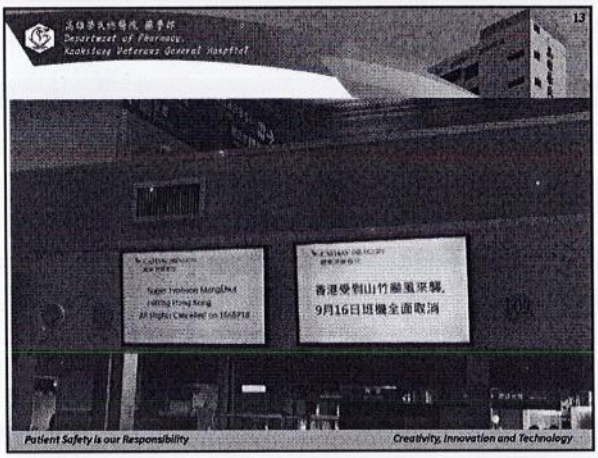
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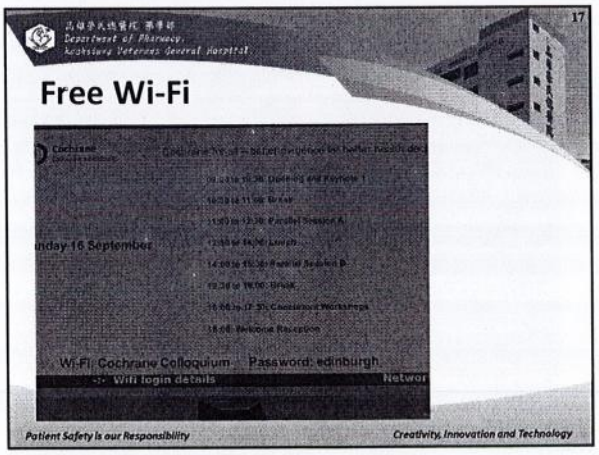
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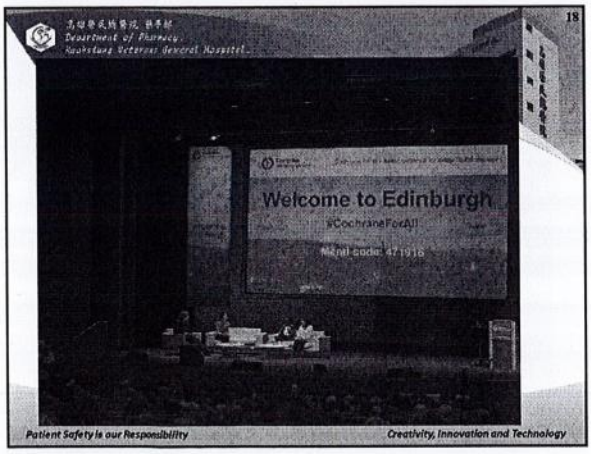
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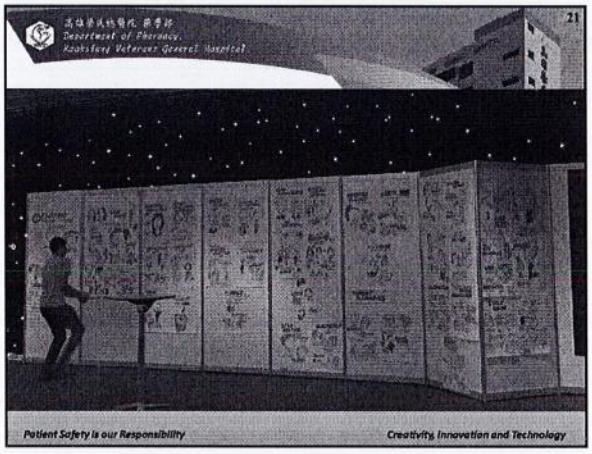
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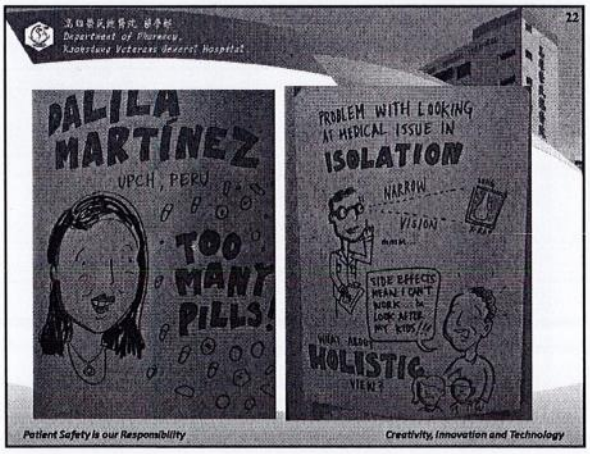
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DALILA MARTINEZ
UPCH, PERU
TOO MANY PILLS!
PROBLEM WITH LOOKING AT MEDICAL ISSUE IN ISOLATION
NARROW VISION
SIDE EFFECTS MEAN I CAN'T WORK... TO LOOK AFTER MY KIDS!!
WHAT ABOUT HOLISTIC VIEW?
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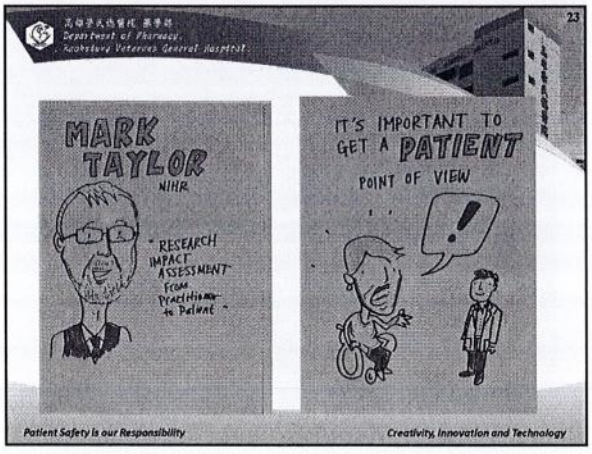
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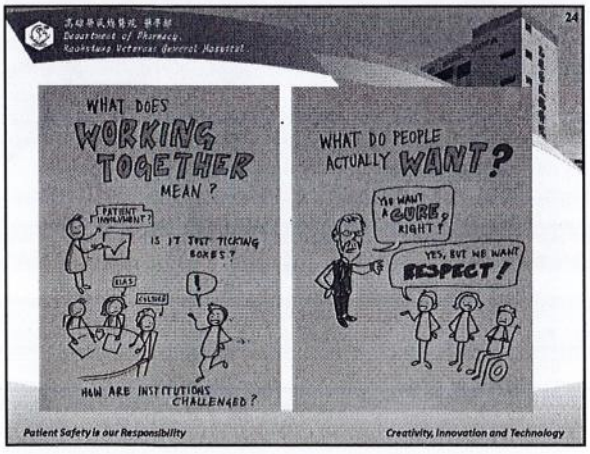
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WHAT DOES WORKING TOGETHER MEAN?
PATIENT INVOLVEMENT?
IS IT JUST TICKING BOXES?
BIAS
EVIDENCE
HOW ARE INSTITUTIONS CHALLENGED?
WHAT DO PEOPLE ACTUALLY WANT?
YES WANT A CURE, RIGHT?
YES, BUT WE WANT RESPECT!
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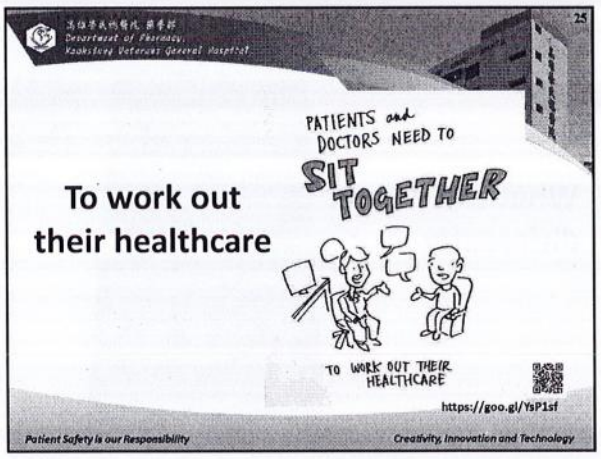
Creativity, Innovation and Technology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To work out their healthcare
PATIENTS and DOCTORS NEED TO
SIT TOGETHER
TO WORK OUT THEIR HEALTHCARE
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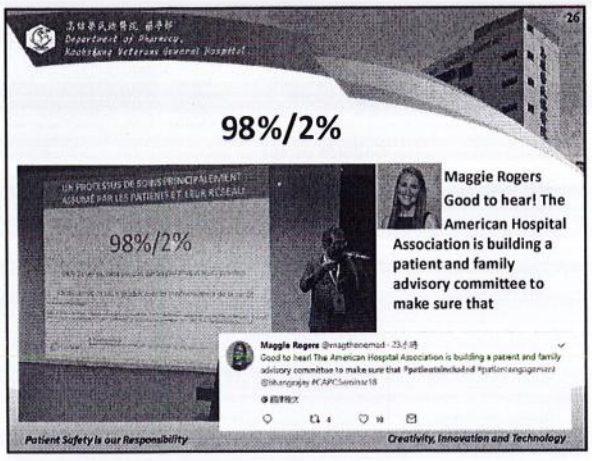
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Maggie Rogers
Good to hear! The American Hospital Association is building a patient and family advisory committee to make sure that
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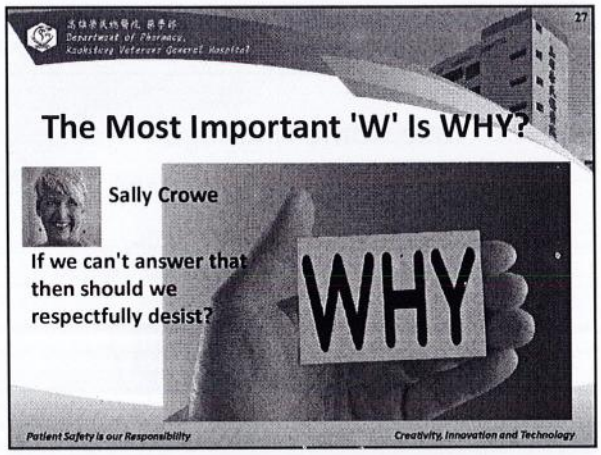
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The Most Important 'W' Is WHY?
Sally Crowe
If we can't answer that then should we respectfully desist?
WHY
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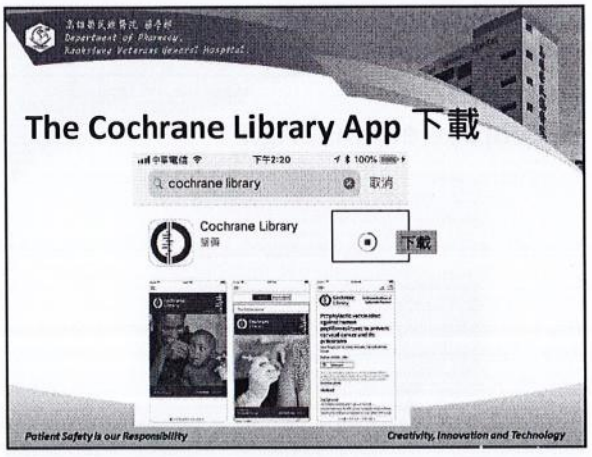
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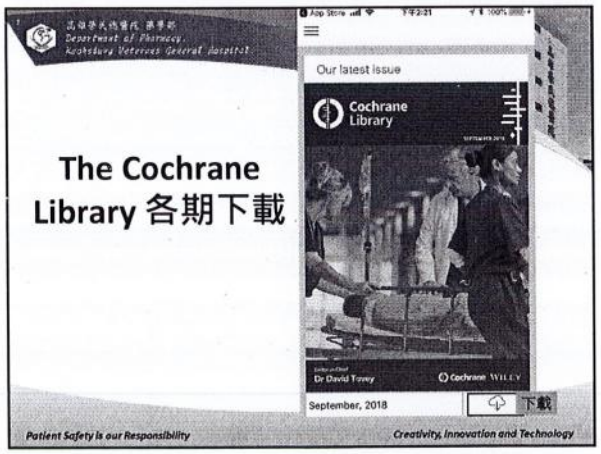
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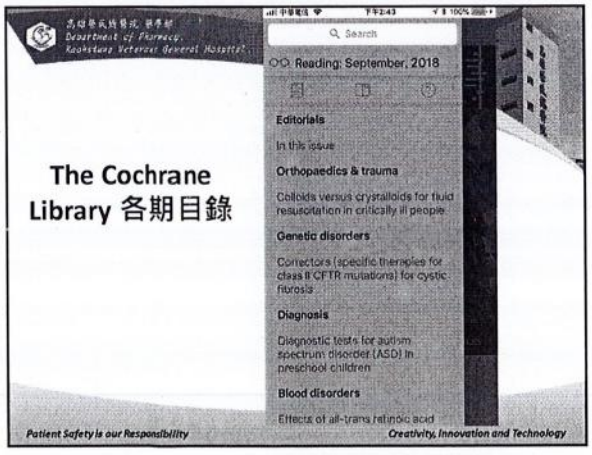
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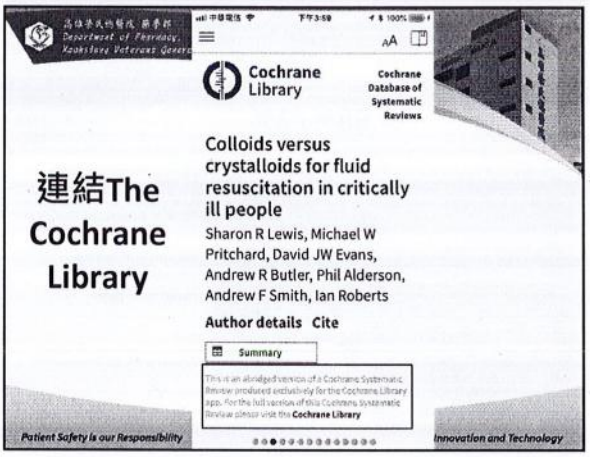
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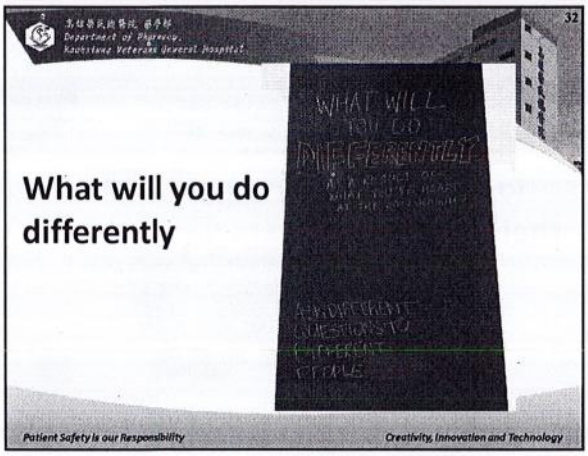
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What will you do differently
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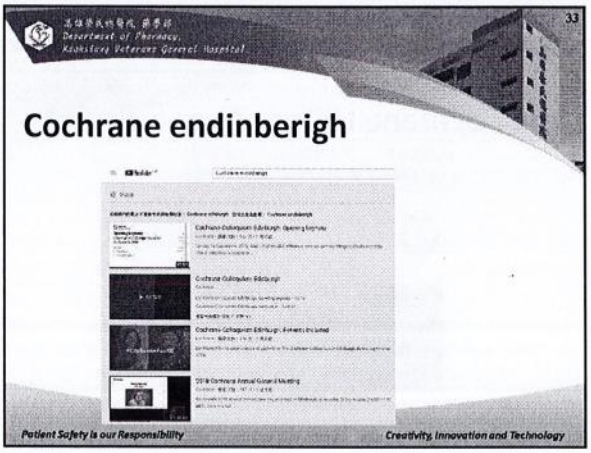
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Take Home Message
• 投稿要留意”期限”、投稿規則
• 申請補助
• 核銷依據
Taiwan Pharmacist Association
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