吴阶平醫學基金會
WU JIEPING MEDICAL FOUNDATION

模拟医学部护理学专家委员会
护理模拟教学师资培训网络论坛

SP教育的「七宗罪」 我们应该如何克服

The “Seven Sins” of SP Education and How to Overcome Them

李力 MD, PhD, CHSE

吴阶平医学基金会模拟医学部

利益声明
Conflict of Interest

- 吴阶平医学基金会模拟医学部总干事
- 广州市第一人民医院模拟医学中心模拟导师
- 广州市第一人民医院护理部教学顾问
- 标准化病人教育者协会（ASPE）实践标准委员会委员
- iSIM (Improving Simulation Instructional Methods) 课程导师团队成员
- BMJ子刊 Simulation and Technology-enhanced Learning 期刊编委

学习目标

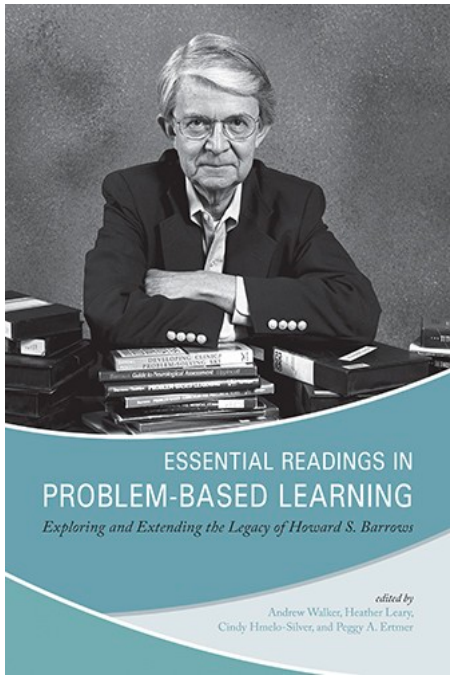
- 通过本次讲授，听众能够：
  - 列举SP教育中常见的问题；
  - 说明ASPE最佳实践标准的内容与运用范畴；
  - 解释如何借助ASPE最佳实践标准及其他教育理论应对SP教育中的常见问题。

1. 当前SP的运用现状

听到「标准化病人」
你首先想到什么？

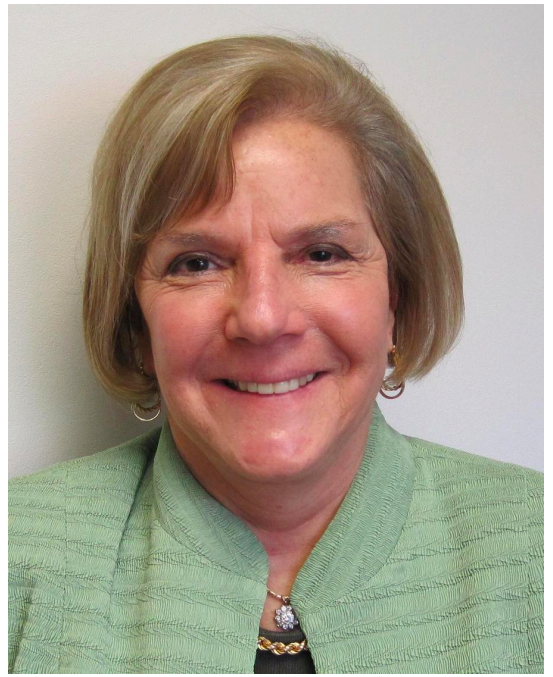
SP的发展历史——关键人物

Dr. Stephen Abrahamson



Dr. Howard Barrows

Prof. Ronald Harden



Dr. Paula Stillman

SP的发展历史——关键事件

- 1963年，美国 Dr. Howard Barrows 与Dr. Stephen Abrahamson首次在神经内科教学中引入“程序化病人”，并于1964年进行有关报道
- 1972年， 美国Dr. Paula Stillman 提出用专人作为体检教学操作对象
- 1975年，英国 Prof. Ronald Harden 提出客观标准化临床考试（OSCE）的概念并纳入SP作为考试手段
- 1989年，调查发现美、加 136 所医学院校中有 94 所学校（70%）在课程教学中采用了SP作为教学手段
- 1991年，在中华医学基金会（CMB）的资助下，Dr. Paula Stillman 将 SP 理念带入中国医学教育，开始在中国培养SP

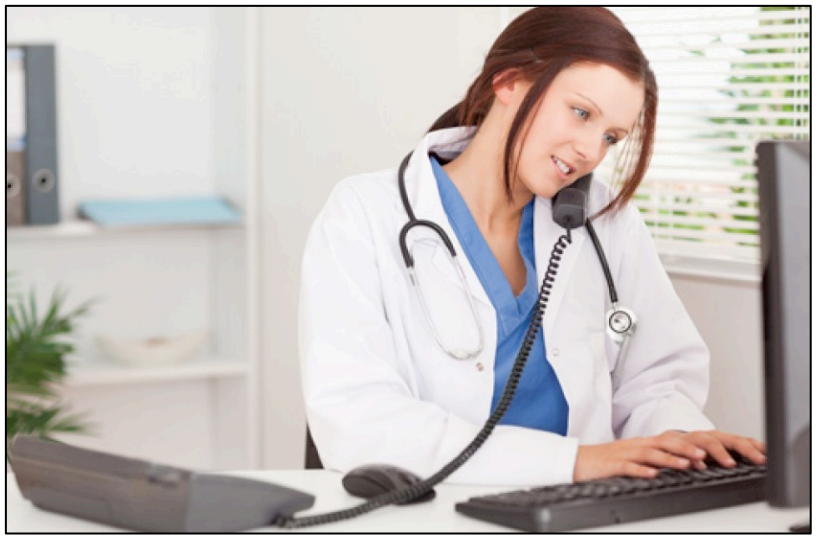
SP的发展历史——关键事件

- 1992年，加拿大医学委员会（MCC）将 SP 纳入加拿大医师执照考试
- 1993年，中国培养出第一批 SP，正式开始应用
- 1998年，美国外国医学生医师执照考试委员会（ECFMG）在临床技能考核（CSA）中运用了 SP 对外国医学生的沟通交流与英语表达能力进行考核
- 2001年，第一个针对SP教育人员的协会ASPE成立
- 2003年，在CMB的资助下，中国新增8所培养SP的医学院校
- 2003年，美国毕业后医学教育委员会（ACGME）在其6大核心胜任力架构中支持运用SP进行胜任力评价

SP的发展历史——关键事件

- 2004年，美国国家医学考官委员会（NBME）开始在美国医师执照考试（USMLE）的 中进行临床技能考试，并运用 SP 作为考核手段
- 2013年，台湾地区开始进行高阶临床医师执照考试，采用 OSCE 的形式，并运用 SP 作为考察手段
- 2015年，中国国家医学考试中心（NMEC）在14所医学院校中进行临床类别的执业医师资格分阶段考试第一阶段实证研究，规定在病史采集的运用 SP
- 2016年，中医类别执业医师资格分阶段考试第一阶段实证研究中纳入SP的考核形式
- 2017年起，SP陆续纳入中国住院医师规范化培训结业实践技能考核

SP在医学教育中的应用



SP在中国的运用现状

- SP在中国有超过25年的历史……
- SP的现状：发展与区域局限性
  - 多数用于考核评估
  - 极少用于教学
  - 改进医疗系统？？

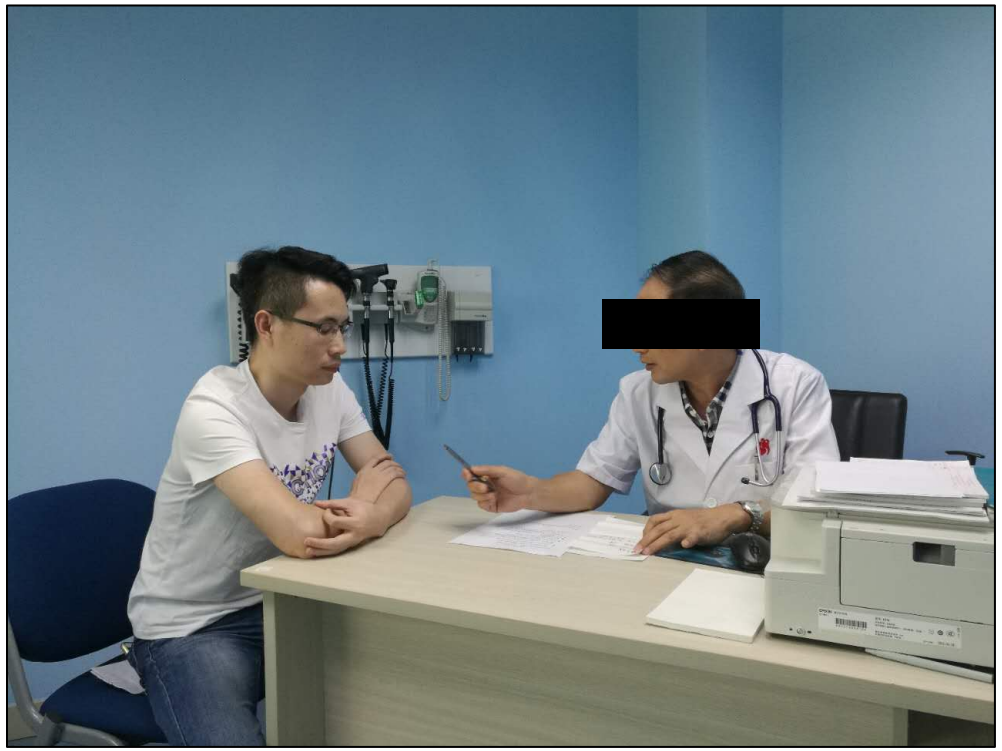
2. SP教育中的典型问题

SP培养与运用过程中的「七宗罪」

1. SP运用费用低廉论
2. SP物化论
3. SP零门槛、零培训论
4. SP唯学生/教师化论
5. SP「戏精上身」论
6. SP运用局限论
7. SP师资低价值论

SP教育「七宗罪」——SP费用低廉论

「跟动辄几百万人民币的模拟人比，SP是成本很低的一种模拟形式」

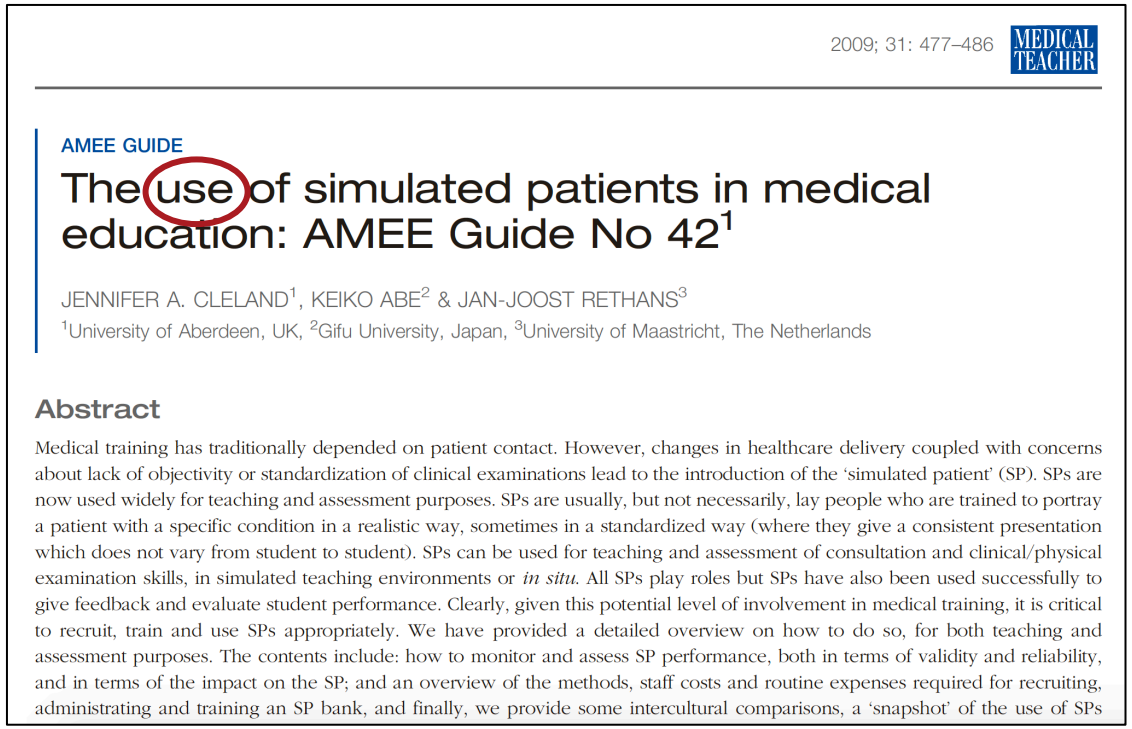


SP教育「七宗罪」——SP物化论

「本次考试的亮点之一就是使用了SP这种考核工具」

「考试结束了SP就可以回家了」

……



2009; 31: 477–486 MEDICAL TEACHER

AMEE GUIDE

The use of simulated patients in medical education: AMEE Guide No 42[1]

JENNIFER A. CLELAND[1], KEIKO ABE[2] & JAN-JOOST RETHANS[3]

[1]University of Aberdeen, UK, [2]Gifu University, Japan, [3]University of Maastricht, The Netherlands

Abstract

Medical training has traditionally depended on patient contact. However, changes in healthcare delivery coupled with concerns about lack of objectivity or standardization of clinical examinations lead to the introduction of the 'simulated patient' (SP). SPs are now used widely for teaching and assessment purposes. SPs are usually, but not necessarily, lay people who are trained to portray a patient with a specific condition in a realistic way, sometimes in a standardized way (where they give a consistent presentation which does not vary from student to student). SPs can be used for teaching and assessment of consultation and clinical/physical examination skills, in simulated teaching environments or *in situ*. All SPs play roles but SPs have also been used successfully to give feedback and evaluate student performance. Clearly, given this potential level of involvement in medical training, it is critical to recruit, train and use SPs appropriately. We have provided a detailed overview on how to do so, for both teaching and assessment purposes. The contents include: how to monitor and assess SP performance, both in terms of validity and reliability, and in terms of the impact on the SP; and an overview of the methods, staff costs and routine expenses required for recruiting, administrating and training an SP bank, and finally, we provide some intercultural comparisons, a 'snapshot' of the use of SPs

SP教育「七宗罪」——SP零门槛、零培训论

「明天就要考试了，你们谁赶紧帮我找几个SP过来」

「为了考试保密起见，考试当天早上才能让SP知道要扮演啥角色」

「没事，很简单的案例，到时候让SP现场发挥就好」

「SP那么难招募，看到广告过来的就都要了吧，还搞啥面试」

……

SP教育「七宗罪」——SP唯学生/教师化论

「让医学生来担任SP，培养起来容易，成本也低，我们每次就找学生当SP就好」

「招募啥SP哟？直接让老师/医生/高年资护士当就行了，好用、方便、质量还有保障」

……

SP教育「七宗罪」——SP「戏精上身」论

「这个人简直就是一个“戏精”，肯定是个好SP」

X音……

SP教育「七宗罪」——SP运用局限论

「SP就是拿来考学生的假病人，教学中根本用不上」

「SP不就是让人问问诊，摸摸身体做个体检就完了，没啥其他用途」

「SP又没有临床经验，怎么用他们来考察临床思维？」

「SP并非像医生/护士经过十几年的教育培训摸爬滚打出来的，没有资格给考生打分、做评价」

……

SP教育「七宗罪」——SP师资低价值论

「SP师资就是天天跟这群假病人混在一起，偶尔搞搞化妆啥的，没啥前途」

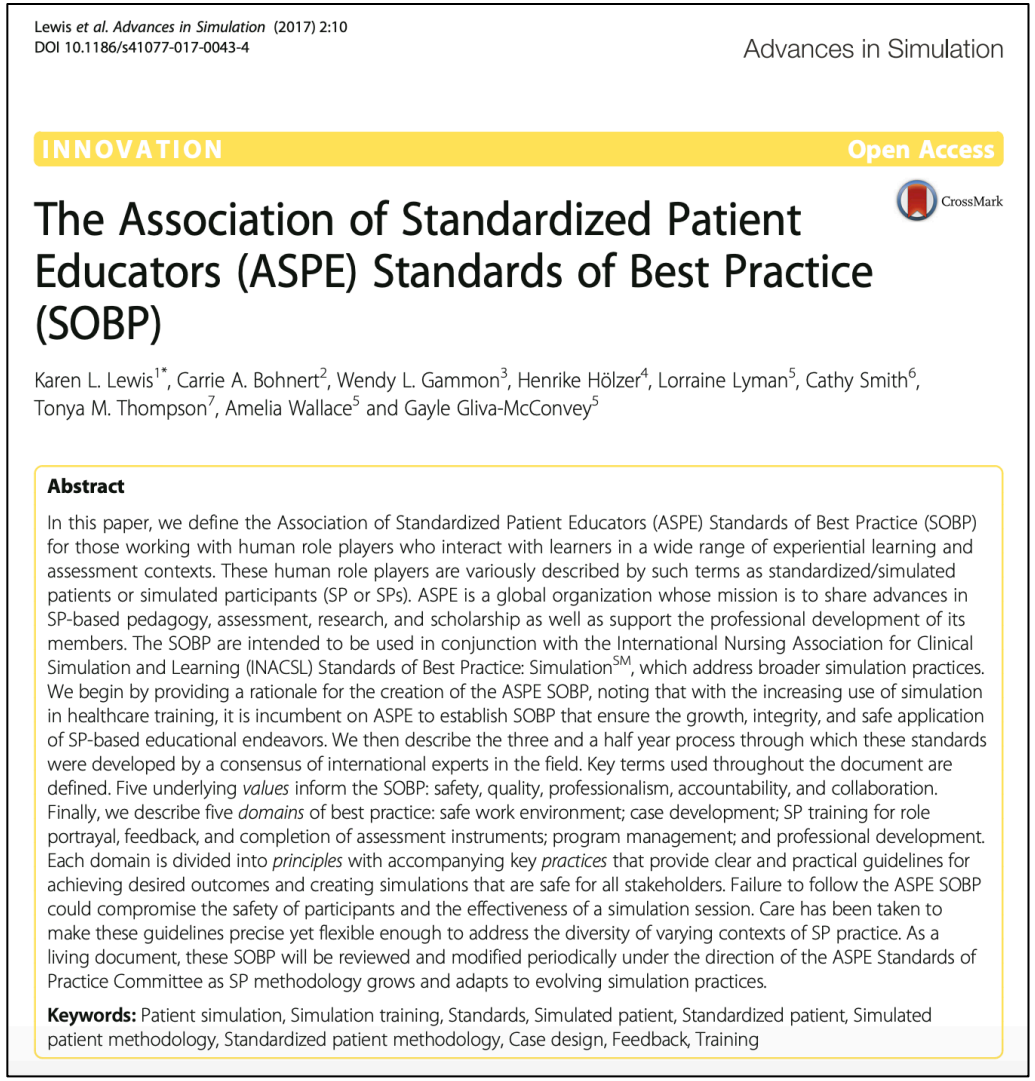
「做SP能发SCI帮忙晋升？」

……

3. 用最佳实践标准应对问题

ASPE最佳实践标准

- **国际标准化病人教育者协会（ASPE）**
  - 成立于2001年
  - 致力于促进通过真人进行模拟的相关事业
  - 由美国发起，成员来自全球各国
- **最佳实践标准（Standards of Best Practice，SOBP）**
  - 由ASPE实践标准委员会（SOP Committee）统筹起草，多轮修改审定
  - 于2017年在Advances in Simulation发布，可免费下载
  - 登载1年即成为该杂志最高获取量的文章



Lewis *et al. Advances in Simulation* (2017) 2:10
DOI 10.1186/s41077-017-0043-4

Advances in Simulation

INNOVATION Open Access

The Association of Standardized Patient Educators (ASPE) Standards of Best Practice (SOBP)

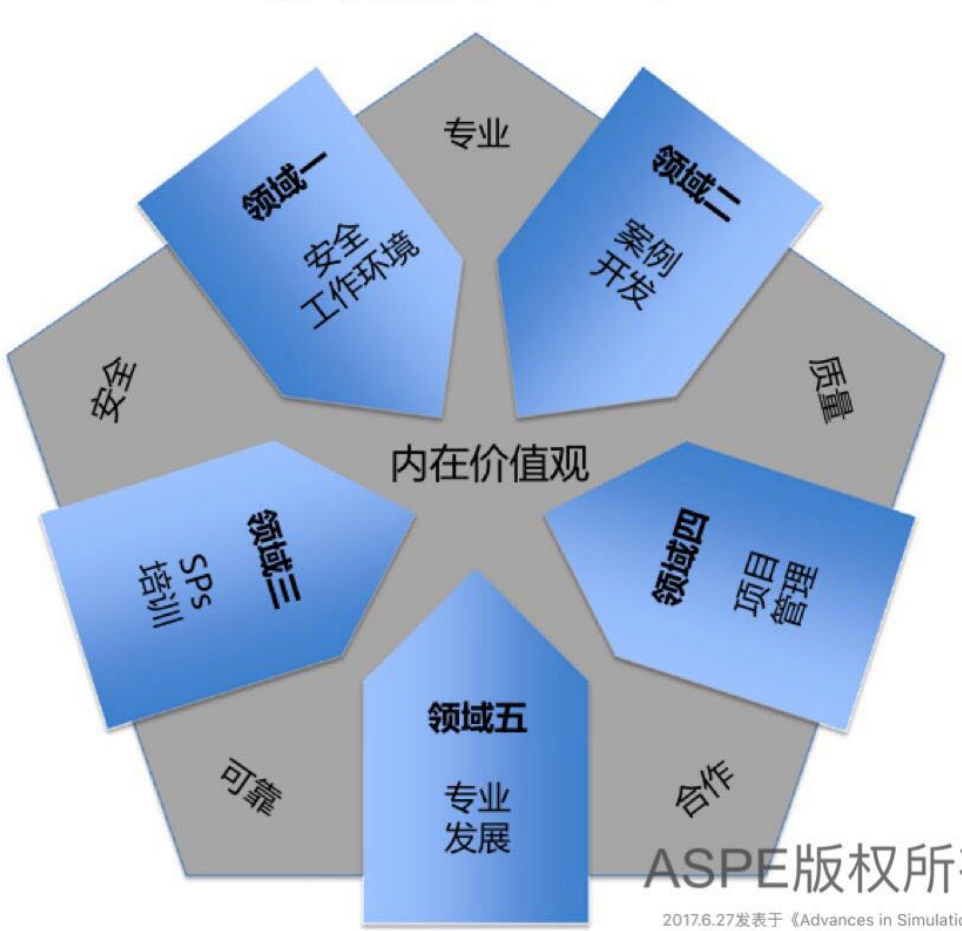
Karen L. Lewis[1*], Carrie A. Bohnert[2], Wendy L. Gammon[3], Henrike Hölzer[4], Lorraine Lyman[5], Cathy Smith[6], Tonya M. Thompson[7], Amelia Wallace[5] and Gayle Gliva-McConvey[5]

Abstract

In this paper, we define the Association of Standardized Patient Educators (ASPE) Standards of Best Practice (SOBP) for those working with human role players who interact with learners in a wide range of experiential learning and assessment contexts. These human role players are variously described by such terms as standardized/simulated patients or simulated participants (SP or SPs). ASPE is a global organization whose mission is to share advances in SP-based pedagogy, assessment, research, and scholarship as well as support the professional development of its members. The SOBP are intended to be used in conjunction with the International Nursing Association for Clinical Simulation and Learning (INACSL) Standards of Best Practice: Simulation℠, which address broader simulation practices. We begin by providing a rationale for the creation of the ASPE SOBP, noting that with the increasing use of simulation in healthcare training, it is incumbent on ASPE to establish SOBP that ensure the growth, integrity, and safe application of SP-based educational endeavors. We then describe the three and a half year process through which these standards were developed by a consensus of international experts in the field. Key terms used throughout the document are defined. Five underlying *values* inform the SOBP: safety, quality, professionalism, accountability, and collaboration. Finally, we describe five *domains* of best practice: safe work environment; case development; SP training for role portrayal, feedback, and completion of assessment instruments; program management; and professional development. Each domain is divided into *principles* with accompanying key *practices* that provide clear and practical guidelines for achieving desired outcomes and creating simulations that are safe for all stakeholders. Failure to follow the ASPE SOBP could compromise the safety of participants and the effectiveness of a simulation session. Care has been taken to make these guidelines precise yet flexible enough to address the diversity of varying contexts of SP practice. As a living document, these SOBP will be reviewed and modified periodically under the direction of the ASPE Standards of Practice Committee as SP methodology grows and adapts to evolving simulation practices.

Keywords: Patient simulation, Simulation training, Standards, Simulated patient, Standardized patient, Simulated patient methodology, Standardized patient methodology, Case design, Feedback, Training

ASPE最佳实践标准



2017.6.27发表于《Advances in Simulation》
李力翻译

ASPE
The Global Network for Human Simulation Education

ASPE最佳实践标准

THE ASSOCIATION OF STANDARDIZED PATIENT EDUCATORS

Standards of Best Practice

1.安全工作环境

*安全工作实践 *保密性要求 *尊重

2.案例开发

*前期准备 *案例组成

3.SPs培训

*训练准备 *角色扮演培训

*反馈训练培训 *评价工具填写培训

*培训过程反思

4.项目管理

*意义 *专长

*规章与制度 *记录管理 *团队管理

5.专业发展

*职业发展 *学术 *领导力

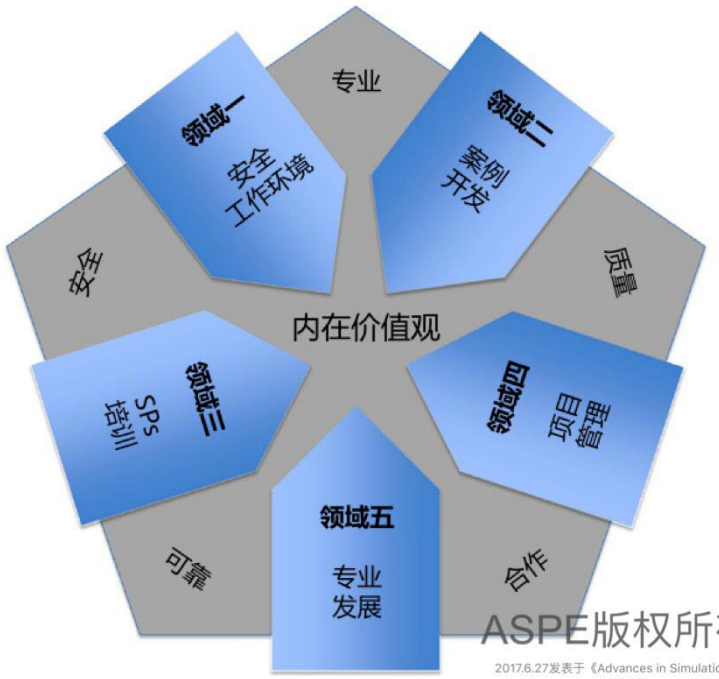
Lewis, K. L., Bohnert, C. A., Gammon, W. L., Hölzer, H., Lyman, L., Smith, C., Thompson, T., Wallace, A., Gliva-McConvey, G. (2017). The Association of Standardized Patient Educators (ASPE) Standards of Best Practice (SOBP). *Advances in Simulation*, 2(1), 10. doi:10.1186/s41077-017-0043-4

应对SP教育中的问题

1. SP运用费用低廉论

THE ASSOCIATION OF STANDARDIZED PATIENT EDUCATORS

Standards of Best Practice



- **SOBP中的表述**
- 1.3.3 Ensure that SPs understand if and how they are being compensated before accepting work (e.g., may include payment for training and work time, travel expenses, food vouchers, gift cards).
- **计算SP相关成本支出**
  - SP劳务费/误工费、车马费、伙食费
  - SP培训（初训、专题培训、复训）的开支
  - SP的人身保险

应对SP教育中的问题

2. SP物化论

2011; 33: 1027–1033 MEDICAL TEACHER

AMEE GUIDE SUPPLEMENTS

The use of simulated patients in medical education: Guide supplement 42.1 – Viewpoint[1]

DEBRA NESTEL[1], CARINE LAYAT BURN[2], SHANE ALAN PRITCHARD[1], RONALD GLASTONBURY[1] & DIANA TABAK[3]

[1]Monash University, Australia, [2]University of Applied Sciences Health Sciences, Switzerland, [3]University of Toronto, Canada

Introduction

We have found the AMEE guide, 'The use of simulated patients in medical education' (Cleland et al. 2009) to be a helpful summary of the current state of simulated patient (SP) methodology in medical education. In this *Viewpoint*, we highlight features of the *Guide*, challenge concepts and propose future directions for SP methodology and programmes. We draw on the literature and our experiences of SP methodology in Australia, England, Canada and Switzerland, and offer SP, faculty and student perspectives.

education but offering scholarly insight to *performance* training.

We wonder the extent to which SP-based education is culturally and/or contextually (and discipline) bound. Although many elements of SP methodology are likely to be shared, others may not of which there were several examples in the Guide. These differences may be a reflection of local needs and the curricula in which SP-based education is located, but it may also be a result of the limited evidence-base which Cleland et al. (2009) articulate. We too acknowledge the excellent work of Wallace (2006), especially in assessment-

- 用work with或engage而不要使用use字眼
- SP并非用完即可打包收拾回家，应关注SP的身心安全

Principle	Practice
1.1 Safe work practices	1.1.1 Ensure safe working conditions in the design of the activity (e.g., number of rotations, number of breaks, physical, cognitive, and psychological challenges in the role portrayal). 1.1.2 Anticipate and recognize potential occupational hazards, including threats to SP safety in the environment (e.g., allergenic substances, exposure to sharps, air quality, live defibrillators). 1.1.3 Screen SPs to ensure that they are appropriate for the role (e.g., no conflict of interest, no compromising of their psychological or physical safety).

SP运用的合理步骤

Nestel D. (2012)

应对SP教育中的问题

3. SP零门槛、零培训论
4. SP唯学生/教师化论

1. 安全工作环境

*安全工作实践 *保密性要求 *尊重

2. 案例开发

*前期准备 *案例组成

3. SPs培训

*训练准备 *角色扮演培训 *反馈训练培训

*评价工具填写培训 *培训过程反思

4. 项目管理

*意义 *专长 *规章与制度 *记录管理 *团队管理

5. 专业发展

*职业发展 *学术 *领导力

THE ASSOCIATION OF STANDARDIZED PATIENT EDUCATORS

Standards of Best Practice

应对SP教育中的问题

5. SP「戏精上身」论

- 过渡扮演让SP无法进行表演以外的任务（观察、反馈）
- 过渡扮演让学员/考生频频脱戏，无法投入教学/考核活动
- 过渡扮演十分消耗SP精力，让SP表现难以持久、标准化

过渡扮演不利于教学、考核目标的实现！

应对SP教育中的问题

5. SP「戏精上身」论

- 足够的角色扮演培训——抑为主、极少鼓励张扬
- 必要时拒绝使用控制不了的「戏精」

3.2 Training for role portrayal	3.2.1 Review with SPs the key objectives, responsibilities, context (e.g., formative, summative, level of learner, placement in curriculum) and format (e.g., length of encounter, type of encounter) of each activity. 3.2.2 Engage SPs in discussion and practice of role portrayal features (e.g., affect, signs and symptoms, behaviors). 3.2.3 Provide SPs with strategies to deal with unanticipated learner questions and behaviors. 3.2.4 Ensure consistency and accuracy of role portrayal of individual SPs, and among groups of SPs portraying the same role. 3.2.5 Ensure SP readiness for the simulation activity through repeated practice and targeted feedback.

应对SP教育中的问题

6. SP运用局限论

- 扬长避短、合理组合——混合模拟（hybrid simulation）
- 给相关人员「洗脑」
  - SP可以进行适当的评分——人际沟通、个人感受
  - 在规则内的医学教学活动反馈
- GTA/MUTA与PETA

4.2 Expertise	4.2.1 Possess depth of knowledge in SP methodology. 4.2.2 Advocate for the integration of SP methodology into the curriculum where appropriate. 4.2.3 Identify when SPs should be incorporated into a simulation activity. 4.2.4 Collaborate with subject matter experts to design SP cases, training, and assessment materials. 4.2.5 Train SPs according to scenario or project parameters.

SP应用局限？反思标准化病人的概念

Standardized Patient (SP) \ stan-dər-ˌdīz-d \ pā-shənt \ *noun*

[Note: this term is often synonymous with Simulated Patient]

Etym. standard - "authoritative or recognized exemplar of quality or correctness" (late 15c.). Meaning "rule, principal or means of judgment" is from 1560s. That of "definite level of attainment" is attested from 1711 (as in standard of living, 1903).

Etym. patient – (n.) "suffering or sick person under medical treatment," late 14c.

Definition

- A person who has been carefully coached to simulate an actual patient so accurately that the simulation cannot be detected by a skilled clinician. In performing the simulation, the SP presents the gestalt of the patient being simulated; not just the history, but the body language, the physical findings, and the emotional and personality characteristics as well (Barrows 1987).
- An individual trained to portray a patient with a specific condition in a realistic, standardized, and repeatable way and where portrayal/presentation varies based only on learner performance; this strict standardization of performance in a simulated session is what can distinguish standardized patients from simulated patients.
- SPs can be used for teaching and assessment of learners including but not limited to history/consultation, physical examination, and other clinical skills in simulated clinical environments (ASPE). SPs can also be used to give feedback and evaluate learner performance (ASPE).
- An individual who is trained to portray a real patient in order to simulate a set of symptoms or problems used for healthcare education, evaluation, and research (SSH).

More commonly used in the USA and Canada in large part because SPs participate in high stakes assessments in which SP responses to the learner were standardized; in recent years as SPs have been included in more formative teaching scenarios, its meaning has become interchangeable with the term simulated patient.

SP应用局限？反思标准化病人的概念

定义

- 经过**标准化、系统化**培训后，能**稳定、准确地模拟**出病人在临床中可能出现的实际问题的人员

SPs

Standardized Patients	标准化病人
Simulated Patients	模拟病人
Simulated Participants/Person	模拟人员
Confederates	「助演」「内应」

SP应用局限？反思标准化病人的概念

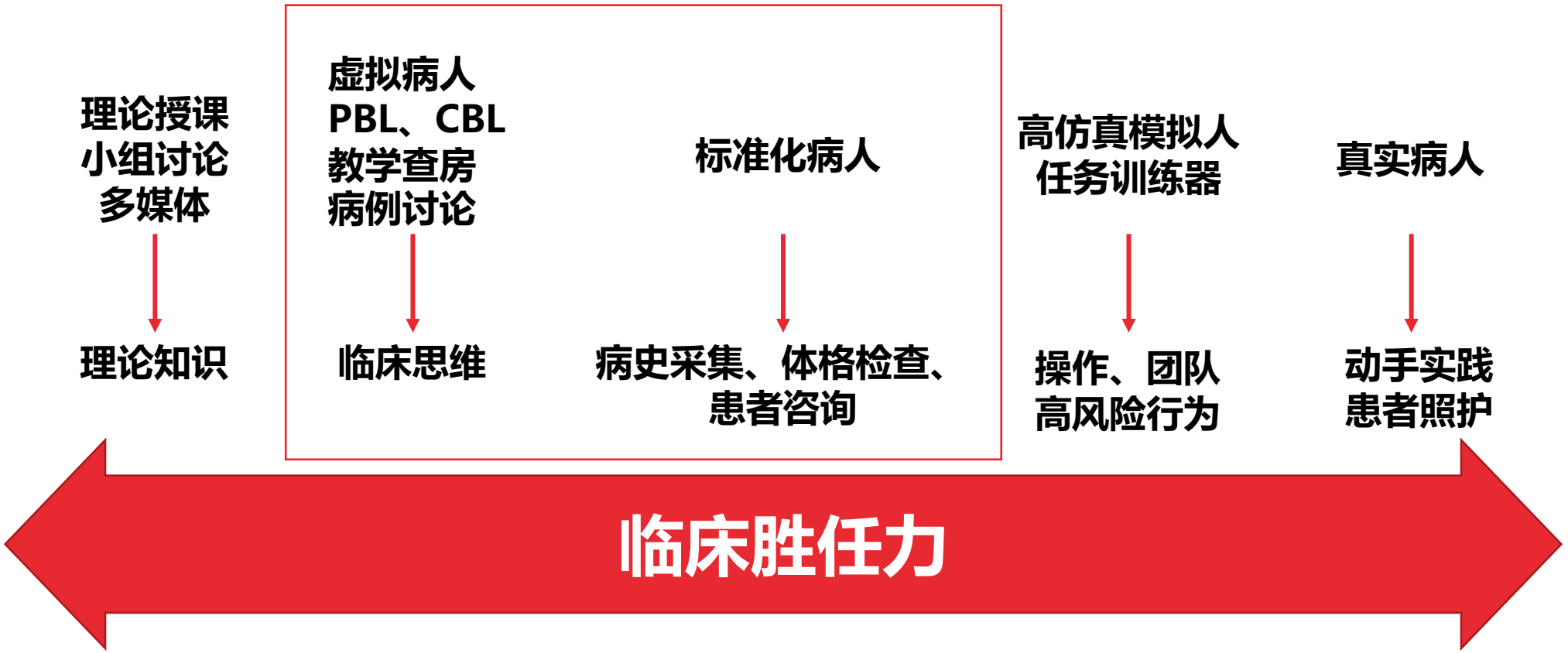
- 通常是经过培训能可靠地再现典型临床病例的病史和/或体征的对象
- 可以是真实病人或健康的人，经过筛选和专业培训，能依照撰写好的脚本扮演「患者」
- 能针对学员的学习与考核，对他们的表现做出直接的评价和反馈

有SP参与的教学与临床思维教学的关系

- 基于问题的学习 (PBL)
- 基于模拟人的模拟教学
- 虚拟病人（ VP ）
- 标准化病人（ SP ）
- 真实病患（临床教导）

- 各有其优势与局限性
- 符合适用范围应用就好

临床思维——如何选择教学工具？



SP的运用不限于考核/OSCE

新冠肺炎门诊预检分诊
在**模拟中心**进行的情境模拟

新冠肺炎门诊预检分诊
在**门诊**进行的**原位模拟（in Situ Simulation）**

SP的运用不限于考核/OSCE

《高级卒中生命支持ASLS》
美国迈阿密大学
戈登医学模拟创新中心研发

GTA/MUTA与PETA

- 生殖系统教学助理（GTA）
- 男性泌尿系统教学助理（MUTA）
- 体格检查教学助理（PETA）

GTA/MUTA的最佳实践标准已完成撰写，即将发布
PETA最佳实践标准即将开始征集专家意见

应对SP教育中的问题

7. SP师资低价值论

- 拓展和探索SP在中国的应用场景和使用量，提高SP应用的性价比
  - 不仅用于考试，还要用于教学
  - 潜伏SP？

Principle	Practice
5.1 Career development	5.1.1 Develop and promote expertise in knowledge, skills, and attitudes related to SP-based simulation. 5.1.2 Develop and promote expertise in theories, principles, and processes of education and assessment relevant to the context of one's practice (e.g., medical education, nursing education, legal, and law enforcement training). 5.1.3 Maintain membership in professional simulation societies (e.g., ASPE, ASPiH, INACSL, SESAM, SSH). 5.1.4 Engage in educational opportunities (e.g., professional conferences, courses, degree programs, certifications). 5.1.5 Develop personal management skills (e.g., time management, wellness strategies, career planning). 5.1.6 Seek out opportunities for career mentoring.
5.2 Scholarship	5.2.1 Develop an understanding of the range of opportunities for scholarship in SP methodology. 5.2.2 Identify and/or develop new contexts for SP methodology. 5.2.3 Contribute to the evolution of best practices through innovation, research, and dissemination of emerging methods in various venues e.g., publications, presentations).
5.3 Leadership	5.3.1 Promote understanding and development of SP methodology locally, nationally, and internationally. 5.3.2 Mentor and support SPs and other SP educators within one's institution and within the community of practice. 5.3.3 Seek out and advocate for growth of leadership skills (e.g., collaboration, team building, change management, interpersonal effectiveness, conflict resolution).

有SP参与的医学、医学教育研究的发表

RESEARCH

Evaluation of symptom checkers for self diagnosis and triage: audit study

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EDITORIAL by Wyatt

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thebmj.com
Watch the video at thebmj.com/content/351/bmj.h3480

STUDY QUESTION
What is the clinical accuracy of symptom checkers for diagnosis and triage?

SUMMARY ANSWER
Symptom checkers provided the correct diagnosis in one third of evaluations and suggested appropriate triage in approximately half of the evaluations. Although both outcomes varied by the severity of the condition, advice on triage was generally risk averse, suggesting users seek care for their conditions when medical attention was not necessary.

WHAT IS KNOWN AND WHAT THIS PAPER ADDS
Members of the public are increasingly turning to the internet to research their health concerns, and symptom checkers, which are offered by physicians' organisations, health plans, governments, and private companies, attempt to streamline and improve this process. This was the first large evaluation of the clinical performance of symptom checkers.

Selection criteria for samples
Using searches of Google and app stores, we identified 23 symptom checkers that were in English, were free, were publicly available, and focused on general medical advice. We used 45 standardised patient vignettes divided equally into three types of conditions: emergent care is required, non-emergent care is reasonable, and a medical visit is generally unnecessary and self care is sufficient.

Primary outcomes
correctly recommended seeking emergent care, non-emergent care, or self care.

Main results and role of chance
The 23 identified symptom checkers were based in the United Kingdom, United States, Netherlands, and Poland: 11 provided both diagnoses and triage advice, eight provided only diagnoses, and four provided only triage advice. Performance was assessed on a total of 770 standardised patient evaluations for diagnosis and 532 standardised patient evaluations for triage. The 23 symptom checkers provided the correct diagnosis first in 34% (95% confidence interval 31% to 37%) of standardised patient evaluations, listed the correct diagnosis within the top 20 diagnoses given in 58% (55% to 62%) of standardised patient evaluations, and provided the appropriate triage advice in 57% (52% to 61%) of standardised patient evaluations. Performance on triage varied by urgency of condition, with appropriate triage advice provided in 80% (95% confidence interval 75% to 86%) of emergent cases, 55% (47% to 63%) of non-emergent cases, and 33% (26% to 40%) of self care cases (P<0.001).

Bias, confounding, and other reasons for caution
We used clinical vignettes in which the symptoms and diagnoses were typically clear, and few had comorbid conditions, resulting in a possible overestimation of the true clinical accuracy of symptom checkers. We also do not have data on the clinical performance of physicians with the same standardised patient vignettes, preventing a direct comparison between symptom checkers and physi-

BMJ

Research Letter

FREE

March 2015

Standardized Patient–Based Assessment of Dermatology Resident Communication and Interpersonal Skills

Stephanie Wang, BS[1]; Lynda Shadrake, BS[2]; Milena J. Lyon, MD[1]; et al

» Author Affiliations | Article Information

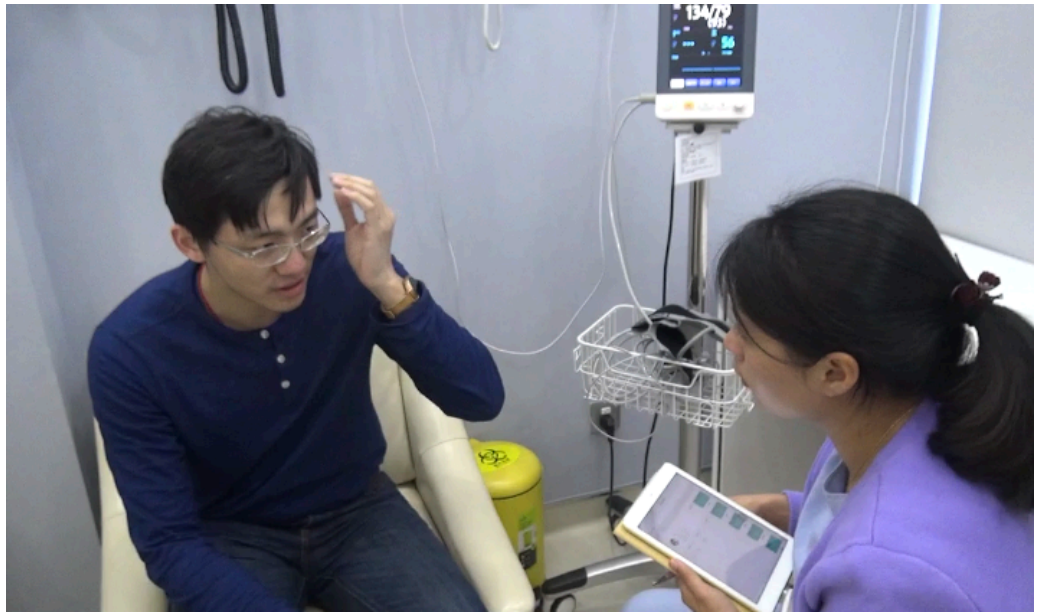
JAMA Dermatol. 2015;151(3):340-342. doi:10.1001/jamadermatol.2014.3646

Effective physician-patient communication is essential for the delivery of quality dermatologic care. The Accreditation Council for Graduate Medical Education recognizes the importance of physician communication and interpersonal skills (CIS) as proficiency in these skills is identified as a core competency in the Program Requirements for Graduate Medical Education in Dermatology.[1] We developed and piloted a 6-station objective structured clinical examination (OSCE) using standardized patient (SP)–based assessments for use in dermatology residency programs to assess CIS.

JAMA

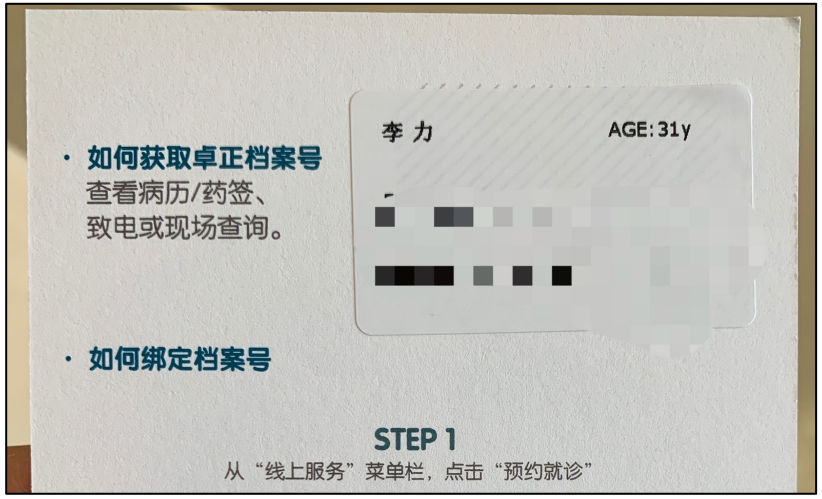
「卧底/潜伏/匿名患者」

「卧底/潜伏/匿名患者」

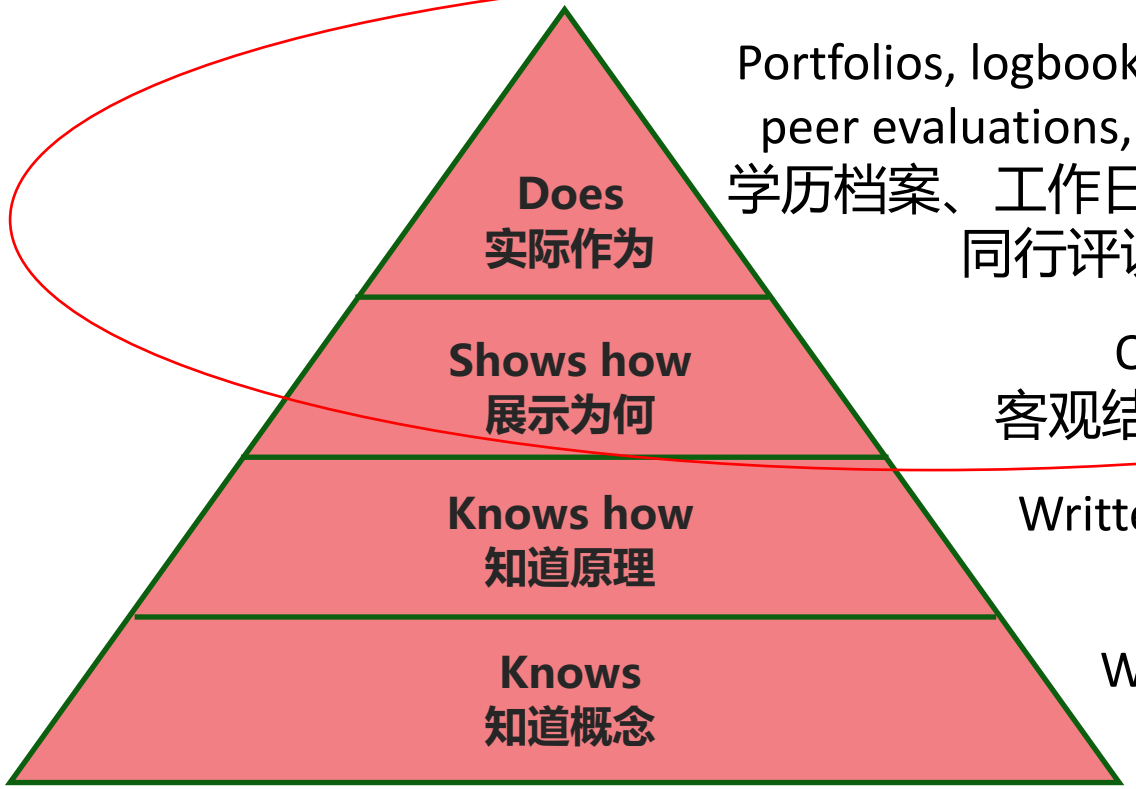


丁香诊所潜伏SP↑

卓正医疗潜伏SP→



Practical Considerations
实用性考虑



Portfolios, logbooks, chart review, observations, peer evaluations, "stealth/incognito patients"
学历档案、工作日志、病例回顾、观察结果、同行评议、 "匿名患者"

OSCEs, Simulations
客观结构化临床考试、 模拟

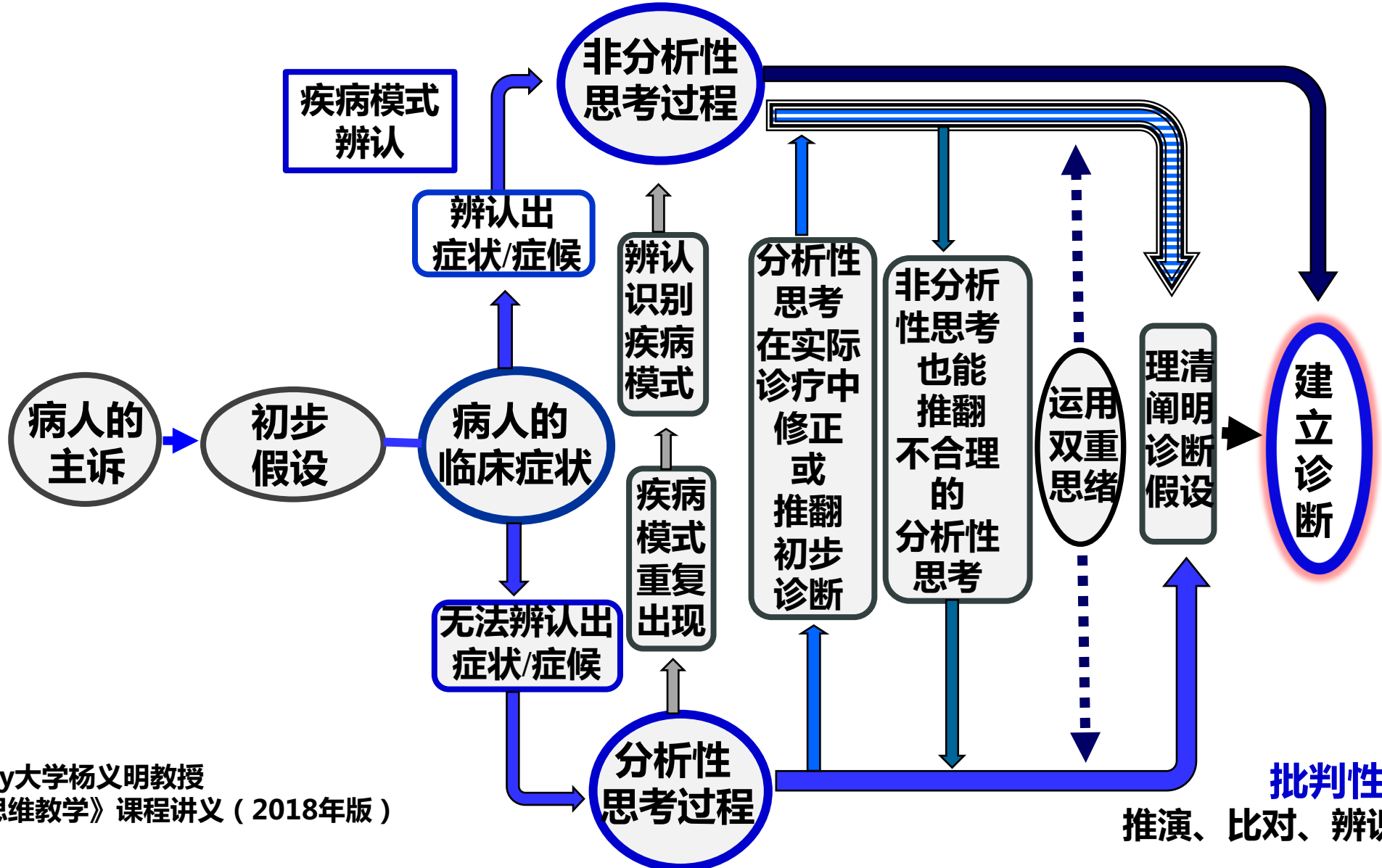
Written tests (short answers, essays)
书面考试（简答题、短文）

Written tests (MCQs, matching)
书面考试（多选题、配对题）

Miller, GE. *Acad Med.* 1990; 65(9 Suppl):S63-7.

4. 举例：如何借助SP进行临床思维带教

临床思维如何教——利用双重思绪运转过程



来源于Emory大学杨义明教授
《现代临床思维教学》课程讲义（2018年版）
已获授权

批判性思维

推演、比对、辨识、筛选、阐明

临床思维教学中的重点

- 允许对决策进行评估
- 强迫学员展现思维过程
- 教学设计应适合学员水平
- 减少对于「正确诊断」 的关注

14岁女性
下腹剧烈痛1 天到急诊

临床思维

人在常理上的思维

-经验性的观察
-反思性的推理
思考过程

把拥有的知识和获得的数据

由病人的线索
主诉、最初症状

青少年,女性,
急性,下腹,剧痛,严重

腹膜炎

败血症

形成初步假设

1.痛 经
2.阑尾炎
3.宫外孕
4.卵巢扭转

在假设下进行思维与探索

建立诊断

给予治疗

情境认知 - 病人当时情况
脉络性 - 病情的前后关连性

临床知识的组块

语意限定词

包裹式

疾病稿本

双重思绪

非分析性
模式辨认

分析性

来源于Emory大学杨义明教授
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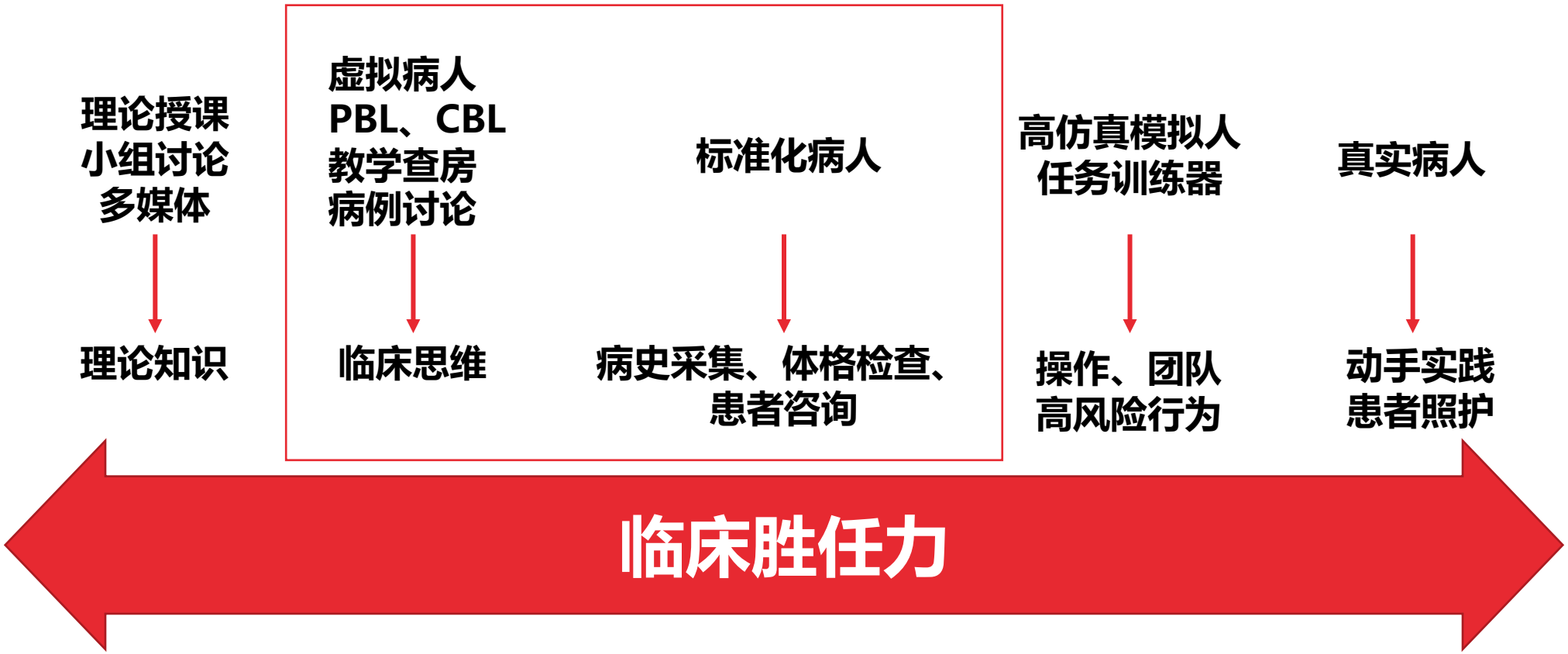
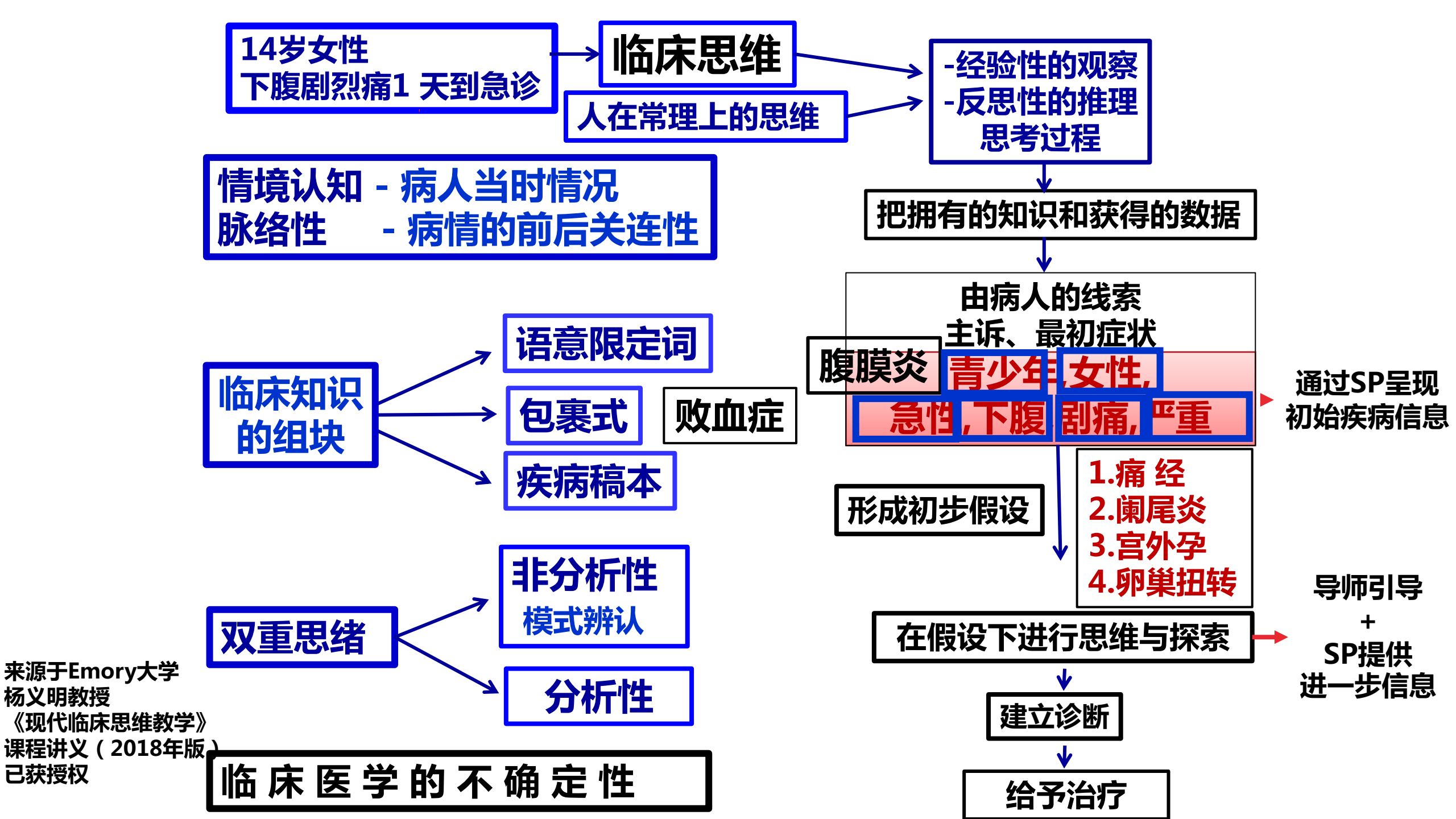
临 床 医 学 的 不 确 定 性

如何选择教学工具？


理论授课
小组讨论
多媒体
虚拟病人
PBL、CBL
教学查房
病例讨论
标准化病人
高仿真模拟人
任务训练器
真实病人
理论知识
临床思维
病史采集、体格检查、
患者咨询
操作、团队
高风险行为
动手实践
患者照护
临床胜任力

不同思维教学方法中的共通性

方法	媒介	场地	介绍	体验	反思
教学查房	真实病患	病房 + 办公室	介绍引入	病史采集 体格检查 回顾资料	讨论
诊间教学	真实病患	诊室	门诊病历	门诊接诊	OMP
PBL/CBL	文字案例	讨论室	资料下发	各自查询整理资料	现场讨论
模拟教学	SP/VP/ 情境案例	模拟 实验室	案例介绍 （Brief）	模拟运行	复盘 （Debrief）



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整合式客观结构化临床教育（iOSCE）

整合式客观结构化临床体验（iOSCE）

Lin *et al. BMC Medical Education* 2013, **13**:102
http://www.biomedcentral.com/1472-6920/13/102

BMC Medical Education

RESEARCH ARTICLE Open Access

An integrative OSCE methodology for enhancing the traditional OSCE program at Taipei medical university ospital - a feasibility study

Che-Wei Lin[1,2†], Daniel L Clinciu[3,4†], Mark H Swartz[5†], Chien-Chih Wu[6], Gi-Shih Lien[7], Cho-Yu Chan[6], Fei-Peng Lee[8] and Yu-Chuan Li[1,9*]

Abstract

Background: Continuous development and use of new technologies and methodologies are key features in improving the learning, performance, and skills of medical students and students of all health care professions. Although significant improvements in teaching methodologies have been made in all areas of medicine and health care, studies reveal that students in many areas of health care taking an objective structured clinical examination (OSCE) express difficulties. Thus, this study was planned as a feasibility study to assess the educational effectiveness of an integrated objective structured clinical examination (iOSCE) using both standardized patients and virtual patients.

Methods: Thirty (30) medical students in their first year of internship at Taipei Medical University volunteered to be part of a feasibility study for demonstrating the concept of iOSCE. They divided themselves into five groups of six students each and were requested to evaluate two cases: 1) a patient with abdominal pain and 2) a patient with headache using a combination of a standardized patient and a virtual patient. For each of the two cases, five stations were designed in which students were given ten minutes per station leading to a final diagnosis and concluded with a debriefing. The five stations were:

- Station 1) Interacting with the standardized patient.
- Station 2) Writing the patient note and developing a differential diagnosis.
- Station 3) Selecting appropriate laboratory and imaging studies.
- Station 4) Making a final diagnosis and stating the evidence for it.
- Station 5) Having the debriefing.

Each group of 6 students was assigned 2 hours per day for each case. All participants completed a survey regarding the usefulness and efficiency of the iOSCE.

- 何谓i：
  - integrated 整合式的
  - informative 信息化的
  - investigative 探究性的
  - innovative 创新性的
- 何谓这里的OSCE：
  - Objective Structured Clinical Eexperience
  - 重点在体验Experience
- 5站式结构化教学
- 混合形式：SP+VP

医生看病人时 → 体验式学习环

本能性教学

实际行动

处理病人

追踪/评估
诊断病人
诊断学生
依需要教学

感观的经历

问病史做体检

怎么
一回事?

反思

评估-鉴别诊断

为什么?

观念的建立

诊断

怎么做?

内在的思考对话

有声的思考

通过提问来教学

来源于Emory大学
杨义明教授
《现代临床思维教学》
课程讲义（2018年版）
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Yang YM et al. Instinctive Clinical Teaching, JGME 2014

David Kolb
（1939- ）

学习目标

- 通过本次讲授，听众能够：
  - 列举SP教育中常见的问题；
  - 说明ASPE最佳实践标准的内容与运用范畴；
  - 解释如何借助ASPE最佳实践标准及其他教育理论应对SP教育中的常见问题。

If you want to go quickly, go alone.

If you want to go further, go together.

只身前行可达速, 结队而行方致远

Thank You for Listening!

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