
兒童醫療大樓
YOUR HOSPITAL
CHANGHUA CHRISTIAN HOSPITAL
卓越彰基 品質國際

敘事醫學

陳祖裕

Narrative Medicine 敘事醫學

- 為什麼要說（寫）故事？
- 怎樣說（寫）故事？
- 怎樣教導學生說（寫）故事？

醫學中心任務指標基準及評分說明

任務三：落實全人照護之醫學教育

全人照護（Holistic Health Care）的觀念是在照護病人時，應該把病人視為整體，而不是分開為部分；並以病人的需要，包括生理、心理、靈性以及社會各方面看成一個整體性，尊重以及反應病人的需求、價值以作為所有的臨床決定導向。對於慢性病的長期照護，以及對生命終點的安寧照護也都要列入教育之考量。

1. 提供生理上的舒適：需能提供正確的診斷而給予有實證根據的治療，須要顧及方便性、安全性、即時性、適切性（病人的接受度）、舒適性（少痛苦）及完整性。
2. 提供心理情緒上的支持：需要顧及病人之焦慮、害怕、並尊重其隱私權、個人的價值觀與尊嚴，並能告知、溝通與教育，幫忙病人與家屬了解病情，並參與決定。
3. 瞭解社經環境的需求：提供能夠被接受的具有可近性、持續性、協調整合性、周全性的治療計畫。
4. 提供靈性照顧：能顧及病人的靈性需求，尤其對嚴重病人及安寧照護病人，能評估其靈性需求及提供靈性照護。

如何具備這些能力？

Outcomes Project

- General Competencies
  - Patient Care and Procedural Skills
  - Medical Knowledge
  - Practice-based Learning and Improvement
  - Interpersonal and Communication Skills
  - Professionalism
  - Systems-based Practice

MIS-PPP

Patient Care & Procedural Skills

- 醫療人員執行治療健康問題及促進健康時，須提供慈悲、合宜及有效之照護
- 住院醫師須能施行在其執業領域中所有內科、診斷及外科程序

如何具備慈悲的能力？

Professionalism

- 醫療人員必須展現出貫徹專業責任和堅守倫理原則的承諾
- 預期醫療人員展現出：
  1. 憐憫、廉正和尊重他人
  2. 回應病人的需求優先於自身利益
  3. 尊重病人的隱私和自主
  4. 對病人、社會和專業承擔當負之責
  5. 對不同背景的病人族群，包括但不限於性別、年齡、文化、種族、信仰、失能和性取向等，具備敏感度及回應能力

如何具備敏感度及回應能力？

要懂得「敘事」

為什麼？

JAMA The Journal of the American Medical Association

The Patient-Physician Relationship | October 17, 2001 *JAMA*. 2001;286(15):1897-1902.

Narrative Medicine

A Model for Empathy, Reflection, Profession, and Trust

Rita Charon, MD, PhD Division of General Medicine, College of Physicians and Surgeons of Columbia University

ABSTRACT

The effective practice of medicine requires narrative competence, that is, the ability to acknowledge, absorb, interpret, and act on the stories and plights of others. Medicine practiced with narrative competence, called *narrative medicine*, is proposed as a model for humane and effective medical practice. Adopting methods such as close reading of literature and reflective writing allows narrative medicine to examine and illuminate 4 of medicine's central narrative situations: physician and patient, physician and self, physician and colleagues, and physicians and society. With narrative competence, physicians can reach and join their patients in illness, recognize their own personal journeys through medicine, acknowledge kinship with and duties toward other health care professionals, and inaugurate consequential discourse with the public about health care. By bridging the divides that separate physicians from patients, themselves, colleagues, and society, narrative medicine offers fresh opportunities for respectful, empathic, and nourishing medical care.

The Patient-Physician Relationship Section Editor: Richard M. Glass, MD, Deputy Editor.

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敘事醫學

一種**理解對方內心**、反思、專業和信任的模式

Sympathy = 同情心？

Empathy = 同理心？

Empathy了解對方內心深處

並非「同理」

COLUMBIA UNIVERSITY
School of Professional Studies

NARRATIVE MEDICINE

Master of Science

Rita Charon

https://www.youtube.com/watch?v=24kHX2HtU3o&t=525s

Rita Charon is Professor of Medicine and Executive Director of the Program in Narrative Medicine at the College of Physicians and Surgeons of Columbia University. She completed her MD at Harvard Medical School and the Ph.D. in English at Columbia. A general internist, Dr. Charon took her Ph.D. when she realized how central is telling and listening to stories to the work of doctors and patients. She directs the Narrative Medicine curriculum for Columbia's medical school and teaches literary theory, narratology, and creative writing to students and faculty at the medical center and in the graduate program in Narrative Medicine. Her literary scholarship focuses on aspects of narratology and the novels and tales of Henry James. Her research projects center on the outcomes of training health care professionals in narrative capacities. She is currently Principal

A general internist, Dr. Charon took her Ph.D. when she realized how central is telling and listening to stories to the work of doctors and patients.

Charon是一般內科醫師，當她認知「聽、說故事」對醫病互動的重要性時便去修習英國文學博士學位。

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ABSTRACT

有效的醫療照護需要敘事能力，就是能對他人的故事和困境予以承認、吸收、解讀，並有所行動。所謂敘事醫學，是指具備敘事能力的醫療照護，被視為人道和有效的醫療照護的典範。採用的方法如細讀文學作品和反思寫作使敘事醫學能檢視和照亮醫學的四個中心敘事情境：醫療人員和病人、醫療人員和自我、醫療人員和他的同事，以及醫療人員和社會。憑著敘事能力，醫生可以體會並加入面對病人的病痛、認清自己在醫學之路的個人行程、認可對其他醫護專業人員應有的仁慈和義務，並對公眾開闢醫療照護的言談。藉由連接分隔醫生與病人、同事和社會的藩籬，敘事醫學為尊重、同理心（移情）和提升醫療照護提供了新的機會。

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Narrative Medicine

A Model for Empathy, Reflection, Profession, and Trust

- 有效的醫療照護需要敘事能力（narrative competence）
- 敘事能力＝能對他人的故事和困境予以認知、吸收、解讀，並有所行動
- 敘事醫學＝具備敘事能力的醫療照護，是人道和有效的醫療照護的典範
- 採用的方法：細讀文學作品和反思寫作，使敘事醫學能檢視和照亮醫學的四個核心敘事情境：
  - 醫療人員和病人
  - 醫療人員和自我
  - 醫療人員和同事
  - 醫療人員和社會

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- 憑著敘事能力，醫療人員可以：
  - 體會並與病人共同面對病痛
  - 認清自己在醫學生涯之路的歷程
  - 認可醫護專業人員應有的仁慈和義務
  - 對公眾開闢醫療照護的言談
- 因能穿透醫療人員與病人、同事和社會的藩籬，敘事醫學為尊重、善解對方和提升醫療照護提供了新的機會

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蘭伯特小姐今年33歲，她罹患了進行性神經性腓骨肌萎縮症。她的祖母、母親、兩個阿姨，和她四兄弟姐妹中的三人均患有這種致殘性疾病。她的兩個侄女在兩歲時便呈現該疾病的跡象。儘管必須使用輪椅而她的胳膊和手部的使用亦在減少中，蘭伯特小姐的生活充滿情感和責任。

「菲利普好嗎？」醫生在一次例行複診中問病人。蘭伯特小姐的兒子今年7歲，他活潑、聰明，而且是病人生命的中心和意義的根源。病人回答說菲利普開始雙腳和雙腿無力，導致跑步時他的腳翻倒。縱使尚未作神經系統檢查確診，病人知道這意味著什麼事。她因恐懼而不能入眠，她天天看著她的兒子已經7年，以為自己的孩子逃脫了她的家庭的命運。現在，她因她的小男孩而被悲傷吞噬。「健康了7年已經是很難得的了，」她說：「他怎能承受這事呢？」

在聆聽病人的故事和打量病人的失落時，醫生也被悲傷所吞沒。因為她也認為菲利普是健康的。醫生與病人一起悲痛，重新認識疾病如何改變了一切、它意味著什麼、它宣示了什麼、不公平的事是怎麼隨機而來，以及要全然地面對它是需要多麼大的勇氣。

生病的人需要醫師，他可以理解他們的疾病、治療他們的病，並陪伴他們走過病痛。儘管在診斷和治療疾病的藥物和科技近期有耀眼的進步，醫師有時會缺乏能力去認知病人的困境、對他們的苦痛展現同理心，及誠實而勇敢地與病人共同面對病痛。單憑科技的醫學不能幫助病人為失去的健康作奮鬥或在痛苦中找到意義。除了有科學的能力，醫師還需要傾聽病人的敘述，把握和忠於故事的含義，並為病人作出行動。這就是敘事能力，也就是吸收、解讀和回應故事的能力。本文介紹敘事能力，並指出它可讓醫師展現同理心、反思、專業素養和值得信任。這種靈丹妙藥我們稱為敘事醫學。

作為一種醫療執業的模式，敘事醫學提出理想的照護，並為追求此一理想提供了概念性和實用性的方法。從生物–心理–社會醫學（全人醫療）和以病人為中心的醫療等模式的認知，使醫療人員對病人和病痛有更寬廣的視野，敘事醫學提供方法讓醫師了解病人和醫師間的人際連接、醫師個人的行醫意義、醫師專業的理想，以及醫學與它所服務的社會的對話。敘事醫學同時提供醫師方法以改善他們與患者、自己、同事和公眾所作工作的成效。

建構敘事醫學的模式需採用龐大的理論和作業來檢視及照亮敘述行為。從人文，特別是文學研究，醫師可以了解如何在他們執業中的敘事層面有新的成效。敘事醫學不至於是一個臨床醫療新框架或新的專業，但它可以給醫師技能、方法和指引來學習如何灌輸個別病人和醫師健康和疾病及其後果和含義的事實和目的。

- 蘭伯特小姐今年33歲，她罹患了進行性神經性腓骨肌萎縮症
- 她的祖母、母親、兩個阿姨和四兄弟姐妹中的三人均患有這種致殘性疾病
- 她的兩個侄女在兩歲時亦呈現病徵
- 儘管必須使用輪椅而她的胳膊和手部的功能亦在減退中，蘭伯特小姐的生活充滿情感和責任

進行性神經性腓骨萎縮症Charcot-Marie-Tooth Disease：
遺傳性周邊神經病變疾病

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- 「菲利普好嗎？」醫生在一次例行複診中問她
- 菲利普是蘭伯特的兒子，今年7歲，他活潑、聰明，是她生命的核心和活著的希望
- 她回答說：「菲利普開始雙腳和雙腿無力，導致跑步時腳步不穩而跌倒...」
- 縱使還未做神經系統檢查來確診，她已知道這意味著什麼事
- 她因恐懼而不能入眠，7年來天天看著她的兒子，期盼他能逃脫悲涼的命運
- 現在，她被悲傷所吞噬

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- 「健康了7年已經是很難得的了」她說：「但...他怎能承受這事呢？」
- 在聆聽病人的故事和打量她的失落時，醫生也被悲傷所吞沒
- 因為醫生原本也認為菲利普是健康的
- 醫生與病人一起悲痛 ⇒ 重新認識：
  - 疾病如何改變了一切
  - 它意味著什麼、宣示了什麼
  - 不公平的事是怎麼隨機而來
  - 要面對它是需要多麼大的勇氣

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- 生病的人需要醫師
- 醫師可以理解他們的病痛、治療他們的疾病，並陪伴他們走過病痛
- 儘管在診斷和治療疾病的藥物和科技有耀眼的進步，醫師有時會缺乏能力去...
  - 認知病人的困境
  - 對他們的苦痛展現**empathy**
  - 誠實而勇敢地與病人共同面對病痛

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- 單憑科技的醫學不能幫助病人為失去的健康作奮鬥或在痛苦中找到意義
- 除了科學的能力，醫師還需要傾聽病人的敘述，把握和忠於故事的含義，並為病人作出行動
- 這就是敘事能力，也就是吸收、解讀和回應故事的能力
- 本文介紹敘事能力，並指出它可讓醫師展現empathy、反思、專業素養和值得信任
- 這種靈丹妙藥我們稱為敘事醫學...

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當病人看醫生時談話便隨之而來。一個故事—事件的陳述或一組狀況—是由病人以敘事行為來呈現，這是一項複雜的敘事，是以語言、手勢、身體的發現，以及沉默來訴說病痛，不僅有病痛相關的客觀資訊，也含有恐懼、希望，以及相關的意涵。正如精神分析，對所有的醫療執業而言，病人故事的敘事是治療的核心作為，因為找到包含疾病和隨之而來的擔憂將有助於了解和控制病痛。

當醫生聆聽病人，他/她沿著故事的敘事線索，想像訴說者的情況（生物、家庭、文化和存在的狀況），識別事件描述和用詞中多重且經常相互矛盾的意義，並且以某種方式進入患者的敘述世界並隨之移動。與文學閱讀行為並無不同的地方，診斷聆聽的行為召喚聽者的內部資源—回憶、聯想、好奇心、創造力、解讀能力、訴說者或其他人引述的典故—來找出意義。只有這樣醫生才能聽到—然後嘗試去面對，如果不完全回答—病人敘述的問題：“我有什麼不對” “為什麼我會發生這樣的事？”和“我會變成什麼呢？”

聆聽病痛的故事，認識到對病人的敘述問題通常沒有明確的答案，需要勇氣和寬厚來容忍和見證不公平的損失和隨機的悲劇。完成目睹這種行為讓醫生能夠繼續其更容易識別的臨床敘述任務：建立治療聯盟、形成鑑別診斷、正確地解釋身體診察發現和實驗室報告、體驗和對病人的經驗表達同理心，並因而可讓病人得到有效的照護。

如果醫生不能執行這些敘述任務，病人可能不會告訴整個故事、也許不問最可怕的問題、可能不會覺得有被聆聽。造成診斷程序無法抓到重點而致不必要的耗費、無法得到正確的診斷、不遵循臨床治療和尋找第二意見，而治療關係變得淺薄和無效。

儘管如此，或者更根本的，因為經濟因素的影響，壓縮可用於談話和限制臨床關係的連續性，醫界已經開始肯定講與聽疾病故事的重要性。隨著執業的加快，醫生需要全部實現同理和有效的治療關係更強大的方法。敘事技巧可以提供這樣的方法，幫助醫生與病人聯結，並表彰所有他們告訴醫師的事。

- 如果醫生不能執行「敘事」
  - 病人可能：
    - 不會告訴整個故事
    - 不問最害怕的問題
    - 不會覺得有被聆聽
  - 診斷程序無法抓到重點而導致不必要的耗費
  - 無法得到正確的診斷
  - 不遵循臨床治療
  - 尋找第二意見
  - 治療關係變得淺薄和無效

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- 醫界已經開始肯定講與聽疾病故事的重要性
- 隨著執業的加快，醫生需要更具效力的方法來致力善解病人和建立良好的治療關係
- 敘事技巧可以提供這樣的方法，幫助醫生與病人聯結，並表彰所有他們告訴醫師的事

有哪些職類需要敘事？

使用病人敘事
來加強職能治療
學生應用原理

Presented by Dr. Katherine Lawson
and Dr. Eugenia C. Gonzalez

Seeking Someone's Story: Enhancing Communication through Narrative Medicine

Session title: Seeking Someone's Story: Enhancing Communication through Narrative Medicine
Date / Time: Saturday 8am - 4:30pm / Sunday, October 18 8am - 12pm
Speaker: Dr. Trisha Parsons
Location: Michener Institute for Applied Health Sciences 222 St. Patrick St., Toronto, ON M5T 1V4

Background:

The skill of listening to a person's story, through their language and context, is at the heart of every therapeutic exchange and its practice can foster empathy, compassion, and patient-centered care.

Narrative Medicine provides us with an evidencebased framework by which to support the ability to attend to the stories of our patients and ourselves. Through close reading (the rigorous examination of English literature and other media) and reflective writing (generative writing exercises) participants will explore with each other how we share story and the impact of these activities.

Learning Objectives:

1. To provide an introductory experience to narrative practice and to explore how people share their stories

2. Through participation in the workshop participants will:

- Understand the principles of Narrative Medicine
- Complete facilitated excercises in close-reading and Reflective writing
- Learn tools to support the development and maintenance of narrative competence to enhance communication

COLUMBIA UNIVERSITY
School of Professional Studies

NARRATIVE MEDICINE

Master of Science

醫學、護理、牙醫、社工、物治、職治、心理、教牧

The care of the sick unfolds in stories. The effective practice of healthcare requires the ability to recognize, absorb, interpret, and act on the stories and plights of others. Medicine practiced with narrative competence is a model for humane and effective medical practice. It addresses the need of patients and caregivers to voice their experience, to be heard and to be valued, and it acknowledges the power of narrative to change the way care is given and received.

Who Should Apply

The M.S. in Narrative Medicine is appropriate for health care professionals and trainees in clinical disciplines such as medicine, nursing, dentistry, social work, physical therapy, occupational therapy, psychoanalysis, and pastoral care. This degree can be combined with other degree programs in medicine or other fields. It could also be valuable for students or alumni of graduate programs in literature, writing and health journalism, oral history, and medical anthropology and other social sciences who want to understand illness and disability in their own scholarly activities or to help teach health care professionals.

INSTITUTE FOR PATIENT CARE

What is a clinical narrative?

A clinical narrative is a first person "story" written by a clinician that describes a specific clinical event or situation. Writing the narrative allows a clinician to describe and illustrate her/his current clinical practice in a way that can be easily shared and discussed with professional colleagues. In addition, the narrative can help clinicians examine and reflect on their clinical practice or analyze a particular clinical situation.

This document describes the essential components of a clinical narrative. It also offers suggestions on how to write a narrative that will effectively illustrate your current level of practice. Narratives written by clinicians from a range of disciplines are included as examples. If after reading this guide you would like more help in writing a narrative, speak to the clinical leaders in your area. They can share their own expertise and can identify other MGH clinicians who are experienced in writing narratives and who are available to coach others.

Sample Narratives

Nursing	護理
Occupational Therapy	職能治療
Physical Therapy	物理治療
Respiratory Therapy	呼吸治療
Social Work	社會工作
Speech, Language and Swallowing Disorders & Reading Disabilities	語言治療

Clinical Narrative
Diana Grobman, RN
Nursing 護理
Clinical Scholar

Being a critical care nurse in a NICU demands that many daily decisions be made. Some of these decisions can be relatively routine, but often they involve complex moral and ethical concerns embracing the parents as well as the patients. Naturally one makes these decisions based on science and medicine, but sometimes there are other less tangible factors that may inform decisions, factors that are born of a sensitivity to a situation, a sensitivity one develops only after years of compassionate experience. The following example will help explain and clarify this point.

Clinical Narrative
Suzanne Curley, OTR/L
Advanced Clinician
Occupational Therapy 職能治療

My name is Suzanne Curley and I am a senior occupational therapist in the Upper Extremity/Hand Therapy outpatient department. I came to MGH over five years ago as a staff therapist and, while I've been an OT for over nine years, regard my years here as the most challenging yet satisfying years of my career. I hope the following patient narrative will show you one of the reasons why I think this is so.

Clinical Narrative
Denise Montalto, PT
Advanced Clinician
Physical Therapy 物理治療

Another tragic story of a teenager's life altered forever. It happens all too often. I entered the PICU to consult on a young man who was in a car accident. Most likely his mother told him to wear his seatbelt, but he wasn't wearing it and the law says, "don't speed", but he did…and there was a question of substance abuse. Now he was here with a spinal cord injury (SCI) and his friend had died in the accident.

Clinical Narrative
Patricia English, RRT
Clinical Scholar
Respiratory Therapy 呼吸治療

Just after arriving to work one morning I received a call from the night charge therapist. She asked if I would go on a transport to pick up a five month old in respiratory distress. I headed to the PICU to meet up with the team, a PICU nurse and fellow. The fellow had taken the call from the referring physician. Earlier that morning a five month old was brought to the referring hospital's ER. The baby's mom had become increasingly concerned with the way the baby was breathing. The baby arrived in the ER tachycardic, tachypneac and appearing distressed. His SPO2 was in the mid 80"s on room air. He was placed on oxygen by nasal cannula and received two nebulized albuterol treatments. An arterial blood gas demonstrated severe respiratory failure with a PCO2 of 105 mmHg and a pH of 7.06. Realizing the baby needed intensive care the MGH transport team was called. From the information reported to the PICU fellow, she recommended intubation, placing an IV and giving fluids. The ER physician agreed with the plan but said he did not have much experience intubating and particularly limited experience with infants. The fellow suggested getting assistance from the anesthesia department. He asked if the team could come quickly and for a call once we were in route. She assured him that the transport team would get there as soon as possible. We knew we should not waste any time.

Clinical Narrative
Marie Elena Gioiella, MSW, LICSW
Clinical Scholar
Social Work 社會工作

I have been a Clinical Social Worker with the Gynecologic Oncology Division of the Gillette Center for Women ' s Cancers for the past eight years. I first met S. and her husband D. in April 2000. At age 43, S. was newly diagnosed with ovarian cancer. As is common with ovarian cancer, S. was mis-diagnosed several times in the preceding year and endured many months of debilitating leg pain and weakness. S' s prior medical history was significant for Lymphoma when she was 20 v/o and newly wed. After successful treatment of her Lymphoma, S. and her husband D. tried unsuccessfully to conceive. Ultimately, they proceeded with the adoption of two children from Central America, a son, D. Jr., now 16, and a daughter, N., now 14. Though S. and D. were both from New Jersey, they built a house on farmland in Maine and enjoyed raising their children there.

Clinical Narrative
Kimberly Stewart, SLP
Advanced Clinician
Speech Language Pathology 語言治療
and Swallowing Disorders

Similar to other children, when seven-year-old Adam arrived to the Speech-Language Pathology Department, he was a little leery of having extensive testing in a new environment with some lady he had never met before. His parents explained the situation and asked if it would be possible to be present for the evaluation. Absolutely. I pulled in two more chairs and we were ready to go. After an initial interview with Adam and his parents, I reached for the first test manual and set it up on the table. Adam was clearly uneasy; he was quietly shifting and seemed to be pulled into himself. I looked him in the eye and told him there was one thing that he needed to know before we started testing. I motioned toward the beanie-baby penguin that was on the windowsill between us. Don't listen to the penguin, I said, he tells kids the wrong answers. He started with a smile and we briefly discussed the problems the penguins unacceptable behavior had caused in the past. He was in a better space and willingly started testing.

Narrative Medicine 敘事醫學

- 為什麼要說（寫）故事？
- 怎樣說（寫）故事？
- 怎樣教導學生說（寫）故事？

Narrative Medicine要學什麼？

- 日常醫病互動的敘事手法主要包括對病人特定的開放性及其在診療過程中的敘述，使用敘事技巧如：
  - 對病痛經驗和以病人為中心的視覺的敏感度
  - 依個別背景建立診斷，而非僅是在系統性描述疾病及其病因
  - 敘事溝通技巧，例如：探索歧異與關聯、提出假設、訂定計策、分享權力、反思、主動聆聽及循環詢問（一種針對特定主題不同看法的系統性家庭治療技術；它可以包括以下問題：排名、投機、關係或語境）

Narrative Medicine要學什麼？

- 探索歧異與關聯
- 提出假設
- 訂定計策
- 分享權力
- 反思
- 主動聆聽
- 循環詢問

什麼是Reflection？

- Reflection—物理學名詞：反射、反映、鏡子

什麼是Reflection？

- Reflection：反射、反映、鏡子
- 引申到行為：人對於自己要像照鏡子般察看有沒有問題
- 也就是主動地、有企圖地、有深度地檢視自己的經歷（尤指自己在經歷中的言行）來從中學習

Reflection一定有用嗎？

怎樣才能做好Reflection？

要做好Reflection

慎思明辨

好的Reflection有個特別的名字嗎？

Critical Reflection

Critical Reflection = 批判性反思？

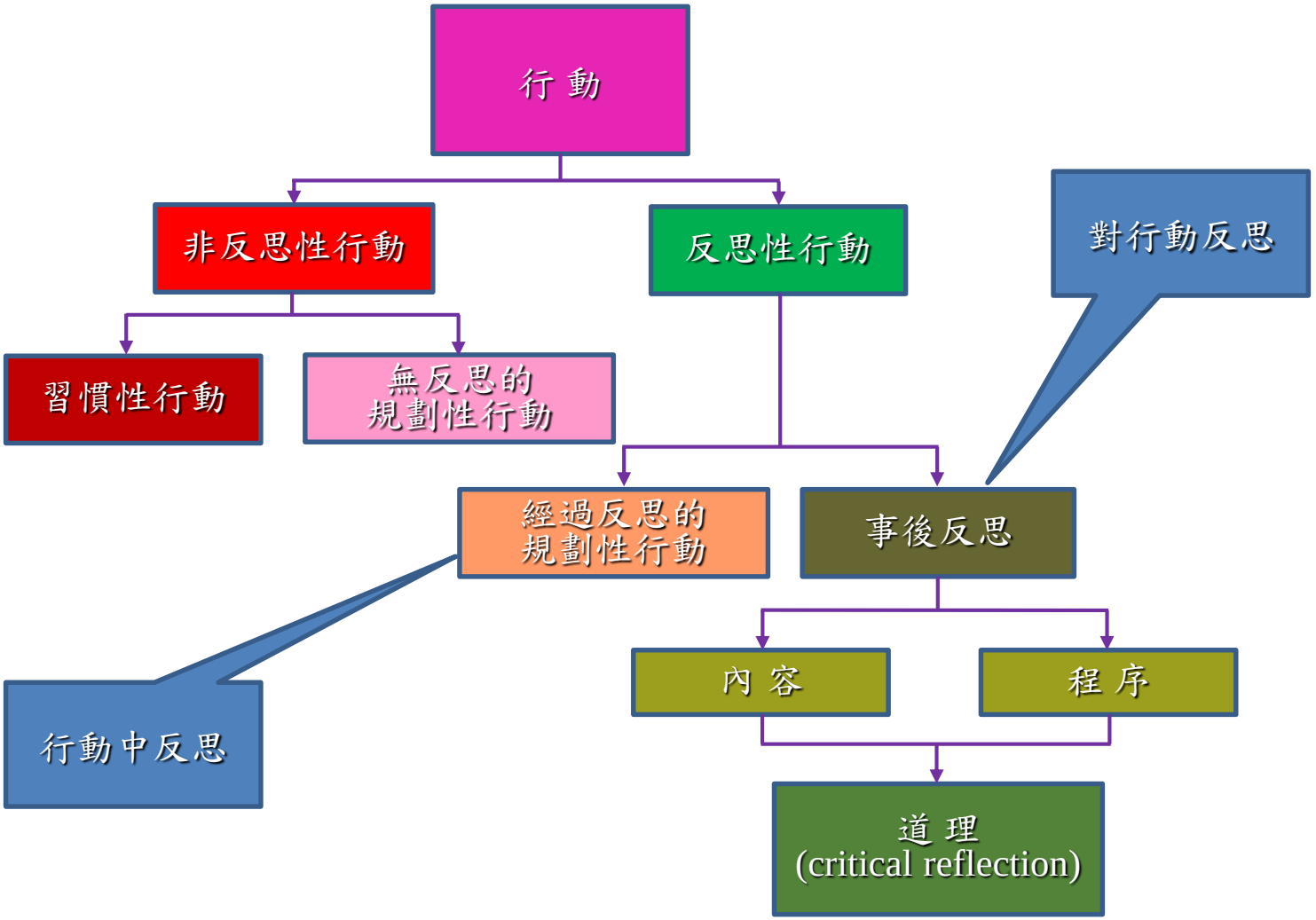
- Jürgen Habermas（德國社會學家，1978）：Critical reflective knowing既不是行為也不是技術，不是真理的建立，也不受限於某一領域。它批判所有其他形式的知識，且超越了將事物再度呈現。
- Alan Bleakley（美國教育學家，1999）：學生應對學習的反思、教學或反思能力作更全面的批判。

*此處的「批判」是強調不要對已知的事就此滿足，必須抱持好學的精神作進一步的思考。

什麼是Critical Reflection？

- ***Critical reflection*** occurs when we analyze and challenge the validity of our presuppositions and assess the appropriateness of our knowledge, understanding and beliefs given our present contexts (Mezirow, 1990).
- 當我們分析和挑戰我們所作假設的確實性、以及評估我們現有的知識、理解和信仰的恰當性時，便會有critical reflection

Mezirow's Critical Reflection (1990)



事後反思 = critical reflection

什麼是Critical Reflection？

- Brookfield（1990）認為critical reflection分三階段：

1. 介定假設：這些假設存在於我們的思想和行動，包括那些已認為理所當然的想法、深信不疑的常識和不言而喻的規則。
2. 評估和審議這些假設的真偽。
3. 使假設變得更具包容性和綜合性，以及使用這種新形成的知識，更恰當地引領我們今後的行動和實踐。

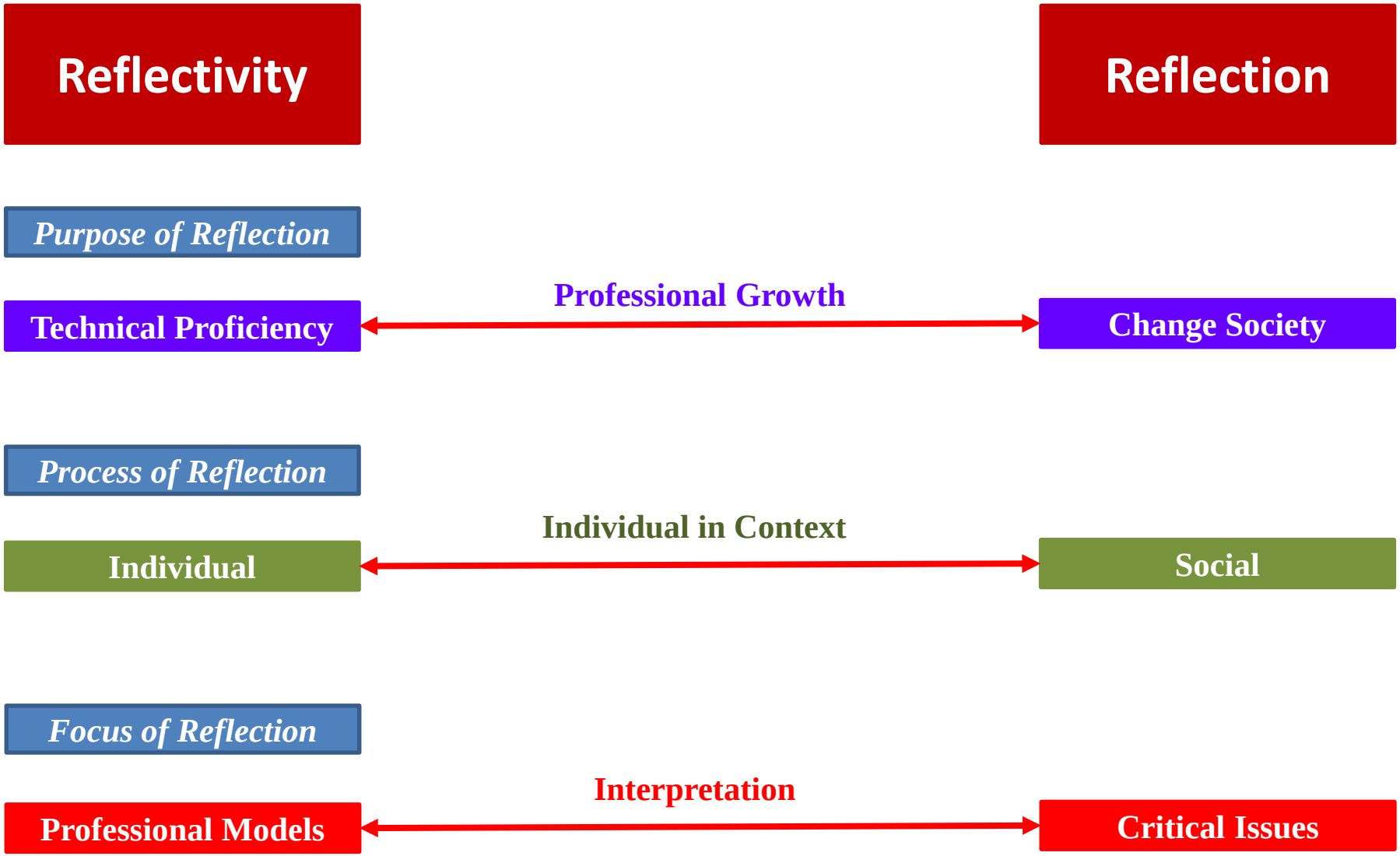
挑戰信念、仔細分析、提升境界

Three models of critical reflection identifying two frameworks that provides guidance for reflecting within each model.

Model of critical reflection	Framework	General comments
Dewey's model of reflective learning		Knowledge can be constructed through active reflection on past and present experiences. Pragmatic approach.
	Gibb's model	A cyclic generic framework. A general and nonspecific approach to reflection. Novices may find it too vague requiring further guidance.
	Stephenson's framework	A detailed set of cue questions. Focuses on consequences of actions and examines practice knowledge.
Habermas's model of critical reflection		Based on 3 areas of knowledge: technical, practical and emancipatory. Critical theory approach.
	Taylor's framework	Describes activities associated with 3 types of reflection: technical, practical and emancipatory. Highly structured.
	Kim's framework	Called critical reflective enquiry. Three phases of reflection: descriptive, reflective, critical/emancipatory. Processes and products applied to each phase.
Kolb's model of reflexive learning		Attempts to integrate thinking and practice. Experiential learning approach.
	Borton's framework	Simplified model using 3 questions: What? So what? Now what? Very easy to remember.
	Rolfe's framework	Expanded Borton's framework. Added questions to each step. Turned the last
		step back to form reflexive cycle. Generic, easily adapted to suit most situations.

* Adapted from Rolfe et al (2011).

Procee's Dimensions of Reflection Model



Critical Reflection：**OUR CHOICE**

- Critical reflection = 能掌握要領*的反思
- 既有效能又有品質的反思
- 利用易學易用的方法（工具）來達成高品質的反思

Good Reflection

*要領：夠深度+有方向

如何做好Critical Reflection？

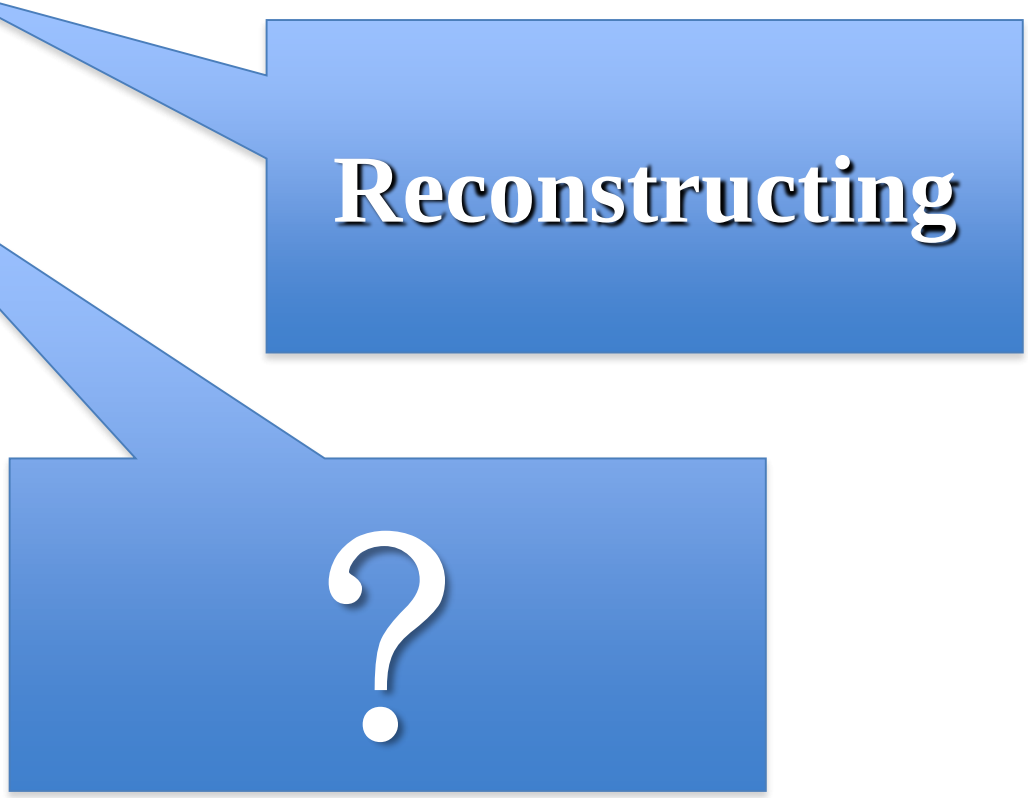
- 夠深度
- 有方向

Reflective Writing & The 5Rs Framework for Reflection

5R Framework	What is it?	Critical Quesions to Ask
Reporting	A brief descriptive account of a situation / issue (ie.the reflective trigger)	What happened, what the situation / issue involved
Responding	Your emotional / personal response to the situation / issue etc	Your observations, feelings, questions about the situation / issue
Relating	Personal and/or theoretical understandings relevant to the situation / issue	Making connections between the situation / issue and your experience, skills, knowledge and understanding
Reasoning	Your explanation of the situation / issue	Explaining the situation/issue in terms of the significant factors, relevant theory and/or experience
Reconstructing	Drawing conclusions and developing a future action plan	Your deeper level of understanding about the situation / issue that is used to reframe / reconstruct your future practice and further develop your understanding of professional practice

如何做好Critical Reflection？

- 有深度
- 有方向



Critical Reflection的方向/工具

- Reflective writing
- Reflective summaries
- Diagrammatic representation
- Creative representation
- Perspective taking
- Interaction

Narrative

Morrow (2009): Teaching critical reflection in healthcare professional education

A "Critical" Reflection Framework

The what?
A description of the incident/experience with just enough detail to support doing your "So what?" section. For example, description about who, what, why, when, where.

Reporting

So what?
This is the sense-making section that asks you to surface general meaning, significance, your position / view point; actions; emotions (pre-during-post).

Responding
Relating
Reasoning

Now what?
This section makes connections from the experience / incident to further actions. For example, what would you do differently / the same next time? How come? What are key points, lessons learnt to share with your colleagues, network and/or group outside the network? (eg. idea, product, process, concept)? How will you do this?

Reconstructing

原來還是5Rs

The DEAL Model for Critical Reflection

- Describe
- Examine
- Articulate Learning

Clayton P., North Carolina State University

The DEAL Model for Critical Reflection – Describe, Examine, and Articulate Learning

Describe

Describe Experience(s) Objectively

Part I: Overview of "big picture" – what have I done since the last reflection session?
Part II: Home in on 2 or 3 key experiences to focus the reflection on - What were the most significant or reflection-worthy experiences?

- Where was I?
- Who else was there?
- When did this experience take place?
- What was said?
- What did I/others do?
- Why were we there? (NOTE: Be careful here. "Why" can be an objective question, as in "we were having this conversation because the Director had scheduled a meeting of the entire group and had invited both me and Mr. Smith" but it can also open the door to interpretation, as in "we were having this conversation because the Director wanted me and Mr. Smith to advise her")

Assess Progress Since Last Reflection

- What were my goals as articulated at the end of the previous reflection session and/or in my articulated learnings from the previous reflection session? What specific conclusions did I intend to enact or test based on my previous articulated learnings?
- What specific steps did I take in order to attain these goals?
- What obstacles—internal and external—hindered me? What factors made me more effective?
- In what ways did my attempts to attain goals or to enact or test conclusions proceed as expected, based on my earlier understanding, and in what ways was I surprised?
- What do my attempts to enact or test previous conclusions tell me about the validity of those conclusions? In what specific ways is my understanding of those conclusions changing yet again?
- How can I change my behavior or mentality in order to make better progress toward my goals? What specific steps do I need to take in order to continue refining my understanding?

Examine Experience from a Personal Perspective

- How did this experience make me *feel* (positively and/or negatively)? How did I handle my emotional reactions? Do I believe I should have felt differently than I did?
- What *assumptions or expectations* did I bring to the situation (including my assumptions about other persons involved) and how did they affect my actions? To what extent did they prove true? If they did not prove true, why was there a discrepancy?
- How have *past experiences* influenced the manner in which I acted or responded to this situation? Am I comfortable with the influence past experiences has on me?
- What personal *strengths / weaknesses* of mine did the situation reveal? In what ways did they affect the situation, positively and negatively? What might I do to build on strengths/ overcome weaknesses?
- Why did I, or did I not, experience *difficulty working/interacting with other people*? What might I do differently next time to minimize such difficulties?
- What personal *skills* did I draw on in handling this situation? What personal skills would I like to have had in order to have handled it better and how might I develop them?
- How did this situation reveal my own *attitudes or biases*, toward other people, toward the organization in question, etc.? Do I need to make any changes?

The DEAL model was developed by Dr. Patti Clayton of North Carolina State University http://www.ncsu.edu/cece/resources/deal_model.php. Dr. Clayton references **Kiser's Integrative Processing Model in the original document.**

Examine

Examine Experience from a Civic Perspective

- What was I / someone else *trying to accomplish*? In taking the actions I / they did, was the focus on *symptoms* of problems or *causes* of problems? Was the focus (symptom or cause) appropriate to the situation? How might I / they focus more on underlying causes in the future?
- What *roles* did each person / group / organization involved in the situation play and why? What alternative roles could each have played?
- Did I / other individuals act *unilaterally* or *collaboratively* and why? Should I / they have worked with others in a different way?
- Did I *reinforce* or *challenge* an assumption or social system by the way I acted? How does this experience highlight the relationship between and larger systems?
- How else could I have handled the situation? Identify both *the paths of least resistance and the paths of greater resistance*. Why did I / others follow the path I / they did?
- What *agendas* did I and others bring to the situation? Are these agendas appropriate? Are they understandable? Are they shared? How are these agendas related to larger social or cultural issues?
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- In what way did any other *tradeoffs* (long-term / short-term; justice / efficiency; etc.) emerge in this situation? Were the trade-offs made appropriate or inappropriate and why?
- What *changes* does this experience suggest are needed: within my group, within the organization, within our society more generally? How can these changes be accomplished: with individual action or collective action / working within the system or challenging the system / etc.?
- How does this experience help me to better understand the *organization's vision, mission, and goals*? What does it reveal to me about the relationship between the organization and those it serves? What does it suggest about how this relationship might be improved?

Examine Experience from an Academic Perspective

- What specific *elements of our course materials* relate to this experience?
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- Instructor's specific course-related questions.

Articulate Learning

Articulate Learning

1) What did I learn?
2) How, specifically, did I learn it?
3) Why does this learning matter, why is it important?

In what ways will I use this learning, what goals shall I set in accordance with what I have learned in order to improve myself and / or the quality of my learning and / or the quality of my future?

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The DEAL Model for Critical Reflection – Describe, Examine, and Articulate Learning

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- How does this experience ***enhance my knowledge*** of a specific reading, theory, or concept? Does it ***challenge*** or ***reinforce*** my prior understanding?
- Based on analysis of the experience in light of course material, is the ***material (or my prior understanding of it) adequate***? What reasons might there be for any differences or inadequacies? What questions should I ask to put myself in a better position to judge the adequacy of the material?
- Instructor's specific course-related questions.

The DEAL model was developed by Dr. Patti Clayton of North Carolina State University http://www.ncsu.edu/cece/resources/deal_model.php. Dr. Clayton references **Kiser's Integrative Processing Model in the original document.**

The DEAL Model for Critical Reflection – Describe, Examine, and Articulate Learning

Describe Experience(s) Objectively

Assess Progress Since Last Reflection

Examine Experience from a Personal Perspective

Examine Experience from a Civic Perspective

Examine Experience from an Academic Perspective

Articulate Learning

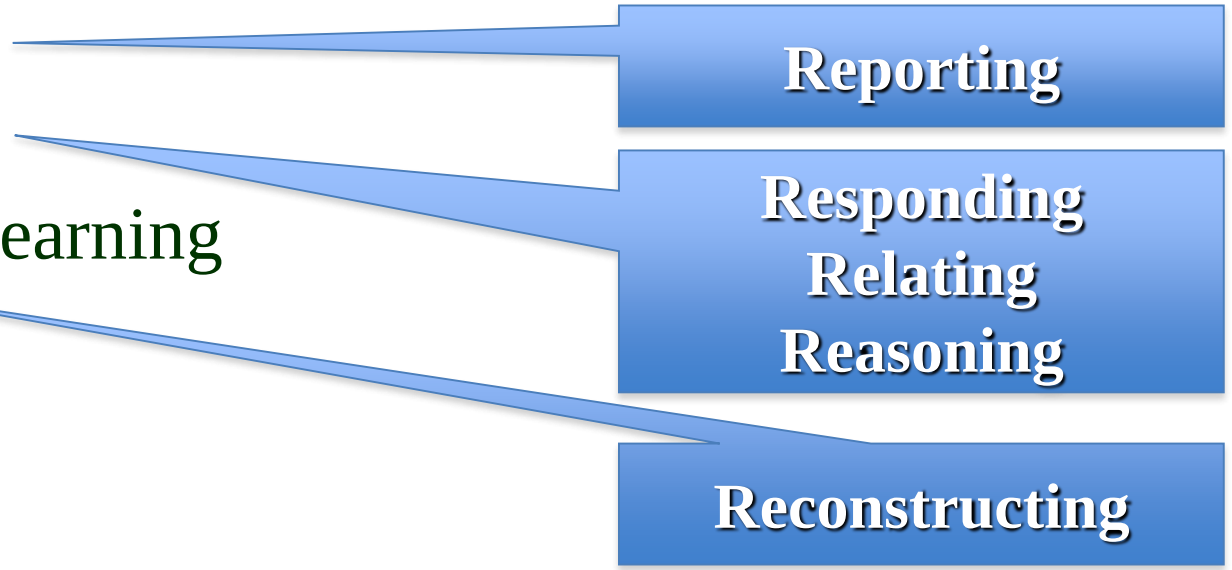
1) What did I learn?
2) How, specifically, did I learn it?
3) Why does this learning matter, why is it important?

In what ways will I use this learning, what goals shall I set in accordance with what I have learned in order to improve myself and / or the quality of my learning and / or the quality of my future?

The DEAL model was developed by Dr. Patti Clayton of North Carolina State University http://www.ncsu.edu/cece/resources/deal_model.php. Dr. Clayton references **Kiser's Integrative Processing Model in the original document.**

The DEAL Model for Critical Reflection

- Describe
- Examine
- Articulate Learning



原來還是5Rs

Introduction to Critical Reflection

Louise Aronson, MD MFA
Marieke Kruidering, PhD
Patricia O'Sullivan, PhD

University of California, San Francisco

U.S.News & WORLD REPORT EDUCATION

Education Rankings & Advice

University of California--San Francisco

#3 Tie Best Medical Schools: Research

#3 Best Medical Schools: Primary Care

又是一個多餘的字

Effective Critical Reflection

- 4 part format based on clinical note structure

- 4 parts = S.O.A.P.
  - Subjective
  - Objective
  - Assessment
  - Plan

Reporting Responding

Subjective

- Discusses the experience
  - What happened? (content)
  - How did it happen? (process)
  - Why did it happen? (premise/ assumptions)
- Considers emotion as well as intellect

Objective

- Includes data
  - Feedback, multiple perspectives
    - Peer, patient, other professional, faculty
  - Scholarly/journal articles
  - Expert consultation
  - Open-minded, open-ended queries to others involved about their interpretations of events
  - Web-based resources

Assessment

- Draws parallels to past experience
  - Go beyond the particular experience
  - How is this a larger challenge or opportunity for you?
- Explicitly identifies learning issues
  - Those selected must stem clearly from the information in S and O

Plan

- Should be SMART
  - Specific
  - Measurable
  - Attainable
  - Relevant
  - Timely
- Note when and how you will assess the plan's effectiveness

原來還是5Rs

Healthcare Matrix

原來還是5Rs

Competencies \ Aims	Safe	Timely	Effective	Efficient	Equitable	Patient-Centered
Assessment of Care						
Patient Care (Overall Assessment) Yes/No						
Medical Knowledge & Skills (What must we know?)						
Interpersonal & Communication Skills (What must we say?)						
Professionalism (How must we behave?)						
System-Based Practice (On whom do we depend and who depends on us?)						
Improvement						
Practice-Based Learning & Improvement (What have we learned? What will we improve?)						
Information Technology						

Reporting, Responding, Relating

Reasoning

Reconstructing

Narrative Medicine 敘事醫學

- 為什麼要說（寫）故事？
- 怎樣說（寫）故事？
- 怎樣教導學生說（寫）故事？

以Narrative Nursing為例

基本原理

- Narrative Nursing
  - 敘述：經歷過的事
  - 觀察⇒記住⇒回憶⇒重組⇒故事⇒說/寫出來
- 人形圖
  - 資訊目視化
  - 理念圖
  - 概念圖
  - 以人為對象 ⇒ 人形圖
  - 以全人為對象 ⇒ 全人人形圖

Narrative Nursing

- Narrative Nursing
  - 把經歷過的事敘述出來
  - 觀察⇒記住⇒回憶⇒重組⇒故事⇒說/寫出來
  - 觀察狀況⇒回憶重組⇒說/寫出故事

我們的故事

美芬今年50歲，22年前和前夫結婚，有一個20歲的女兒。去年五月在台北的一家醫學中心被診斷左側下肢巨細胞瘤，因腫瘤範圍甚大，醫師判斷需截肢根除，於是她接受左側膝下截肢術。在傷口接近復原安排裝上義肢時，才被發現腫瘤復發，於是她在去年八月接受左側膝上截肢術。不幸的是在去年12月發現腫瘤已侵犯骨盆，接受第三次手術治療。術後醫院建議化學治療，但她卻拒絕，自此便沒有到該院追蹤。直到最近，腫瘤侵犯的程度更廣，因為已有多處轉移，除了肝、肺的轉移外，在右臉和右側腰際各長出一個10 x 8 公分及15 x 12 公分的腫瘤，加上幻象肢的痛楚，她在身體、心理和社會等幾個層面都受盡苦痛和折磨。為了給美芬訂出最好的診療規劃，醫療團隊集合了各個不同領域的專家，集思廣益，定期開會討論。每次我看到美芬，她總是帶著微笑，感謝我們的用心。我也覺得醫療團隊確已盡心盡力，表面上都會客套地說這是我們應該做的事，內心則帶著喜悅接受她的感激。

直到有一天，我看到美芬的女兒翠雯在病房外偷偷哭泣。我把她帶到會談室，遞上一杯熱茶，問她什麼回事。翠雯告訴我，她的心很痛，因為看到媽媽因病受盡折磨，卻仍處處為他人設想，自己卻要勉力獨自承擔疾病給她的苦與痛...「在我的面前，她總是帶著微笑，說她很好；但我每次偷偷探視她時不是面帶愁容就是黯然流淚。她其實很在意她身體任何輕微的變化。她很久沒有看著鏡子梳洗，卻經常用手比量臉上腫瘤的大小。」

「...去年醫生診斷左腳腫瘤要截肢時，媽媽差點昏倒，回家哭了好幾天。在手術之後媽媽好不容易才適應過來，在要去裝義肢的那一個早上，她興奮地對我說，過一些日子就可以脫離輪椅和拐杖，要和我出國走一走。但令她晴天霹靂的打擊卻一次又一次，到現在更是愈來愈糟。」

「...媽媽長得很漂亮，也很注重儀容。在三次手術之後已不願被任何外人見到。在臉上長出腫瘤之後連爸爸也不想見...」

我答應翠雯我們一定盡心盡力照護美芬，也跟她說了一些安慰的話，但我心中卻是有些失落。我一向以醫療團隊提供的全人照護自豪，看到病人臉上的微笑卻沒有體會到病人內心的煎熬。對於美芬，我們不但沒能治癒她身體的疾病，她內心的苦痛我們更沒有絲毫的良方。翠雯的話提醒了我，在沒有真正感受到病人的感受之前，一切的關懷和陪伴恐怕都是徒然的。我必須學習如何能更落實去了能解病人，我必須知道她們的過去，我必須用心聆聽她們的故事。

故事 (1/6)

- 美芬今年50歲，22年前和前夫結婚，有一個20歲的女兒
- 去年五月在台北的一家醫學中心被診斷左側下肢巨細胞瘤
- 因腫瘤範圍甚大，醫師判斷需截肢根除，於是她接受左側膝下截肢術
- 傷口接近復原安排裝上義肢時，才被發現腫瘤復發，於是她在去年八月接受左側膝上截肢術
- 去年12月發現腫瘤已侵犯骨盆，接受第三次手術治療

故事 (2/6)

- 術後醫院建議化學治療，但她卻拒絕，自此便沒有到該院追蹤
- 最近，腫瘤侵犯的程度更廣，因為已有多處轉移
- 除了肝、肺轉移外...
  - 右臉長出一個10 x 8 公分的腫瘤
  - 右側腰際長出一個15 x 12 公分的腫瘤
- 加上幻肢痛，在身、心和社會層面都受盡苦痛和折磨
- 為了給美芬訂出最好的診療規劃，醫療團隊集合了不同領域的專家，集思廣益，定期開會討論

故事 (3/6)

- 每次我看到美芬，她總是帶著微笑，感謝我們的用心
- 我也覺得醫療團隊確已盡心盡力，表面上都會客套地說：「這是我們應該做的事」，內心則帶著喜悅，接受她的感激
- 直到有一天...
- 我看到美芬的女兒翠雯在病房外偷偷哭泣
- 我把她帶到會談室，遞上一杯熱茶，問她什麼回事

故事 (4/6)

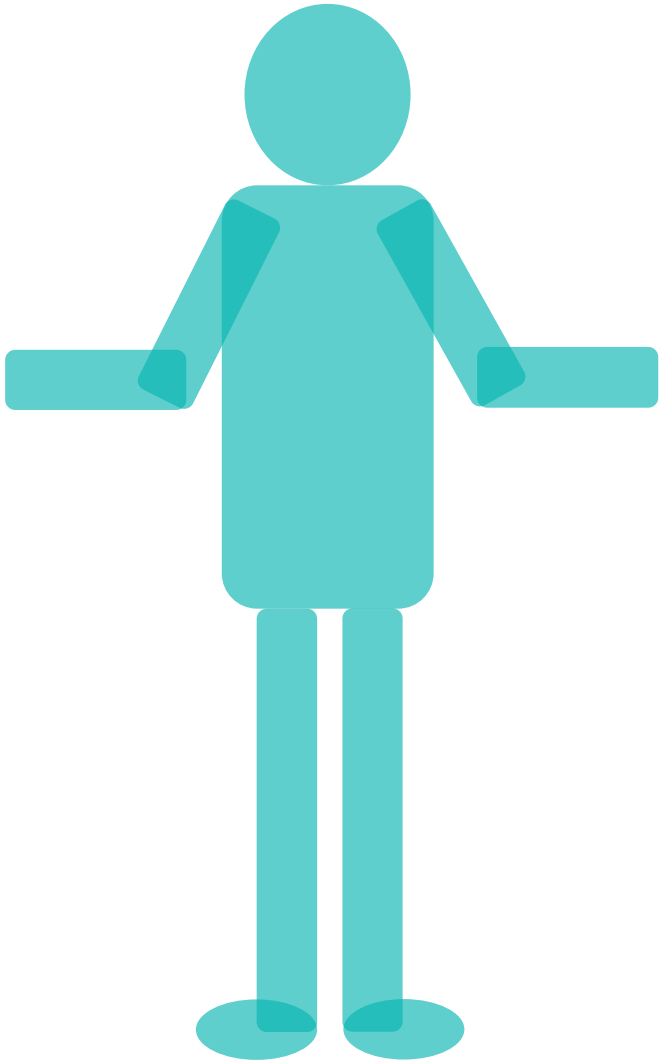
- 翠雯告訴我，她的心很痛，因為看到媽媽因病受盡折磨，仍處處為他人設想，自己卻要勉力獨自承擔疾病給她的苦與痛...
- 「在我的面前，她總是帶著微笑，說她很好；但我每次窺探她時，她不是面帶愁容就是黯然流淚。她其實很在意自己身體任何輕微的變化。她很久沒有看著鏡子梳洗，卻經常用手比量臉上腫瘤的大小。」

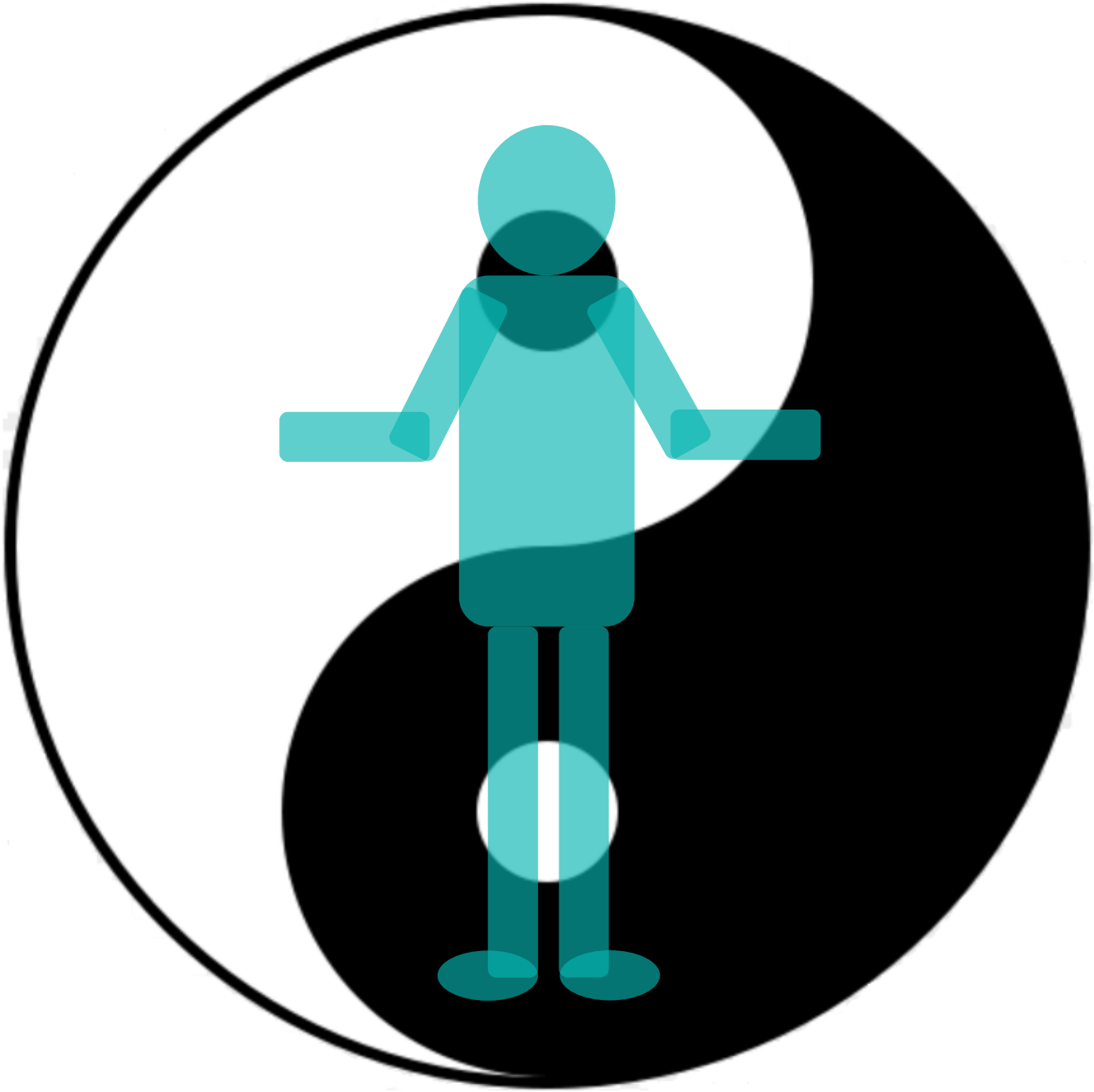
故事 (5/6)

- 「...去年醫生診斷左腳腫瘤要截肢時，媽媽差點昏倒，回家哭了好幾天。在手術之後媽媽好不容易才適應過來，在要去裝義肢的那一個早上，她興奮地對我說，過一些日子就可以脫離輪椅和拐杖，要和我出國走一走。但令她晴天霹靂的打擊卻一次又一次，到現在更是愈來愈糟。」
- 「...媽媽長得很漂亮，也很注重儀容。三次手術之後已不願被任何外人見到，在臉上長出腫瘤之後連爸爸也不想見...」

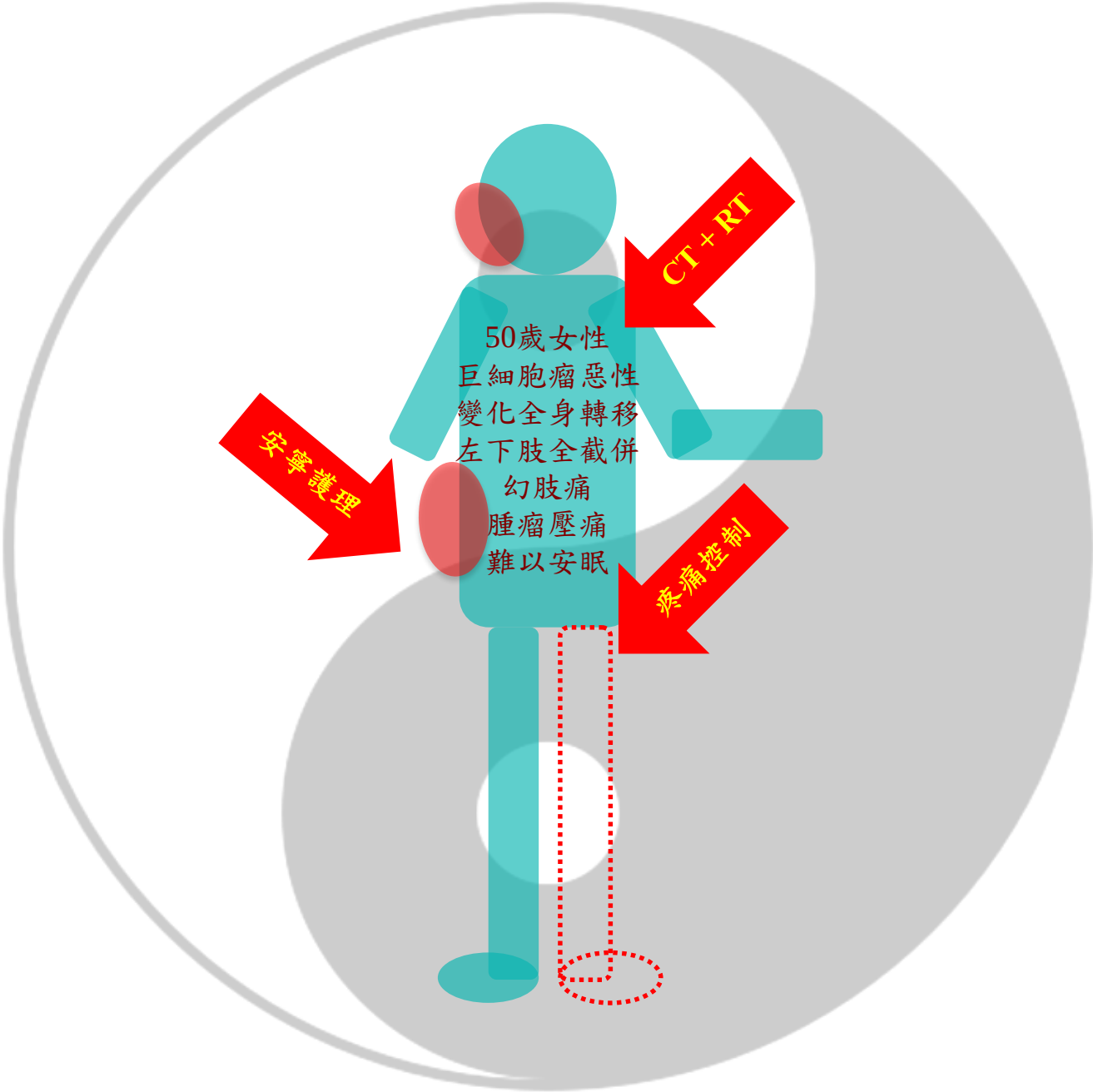
故事 (6/6)

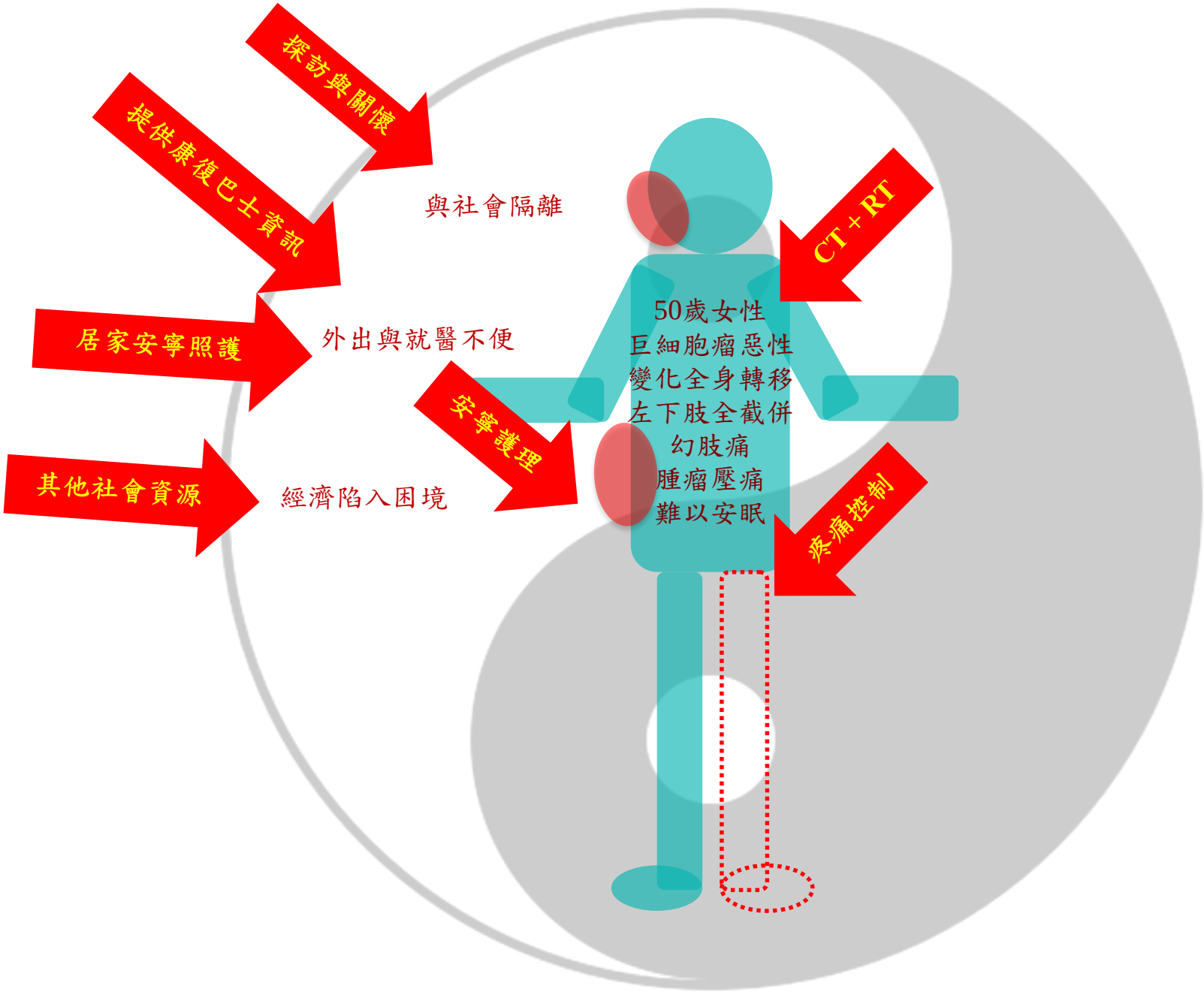
- 我答應翠雯我們一定盡心盡力照護美芬，也跟她說了一些安慰的話，但我心中卻是有些失落
- 我一向以醫療團隊提供的全人照護自豪，看到病人臉上的微笑卻沒有體會到病人內心的煎熬
- 對於美芬，我們不但沒能治癒她身體的疾病，她內心的苦痛我們更沒有絲毫的良方
- 翠雯的話提醒了我，在沒有真正感受到病人的感受之前，一切的關懷和陪伴恐怕都是徒然的
- 我必須學習如何能更落實去了能解病人，我必須知道她們的過去，我必須用心聆聽她們的故事

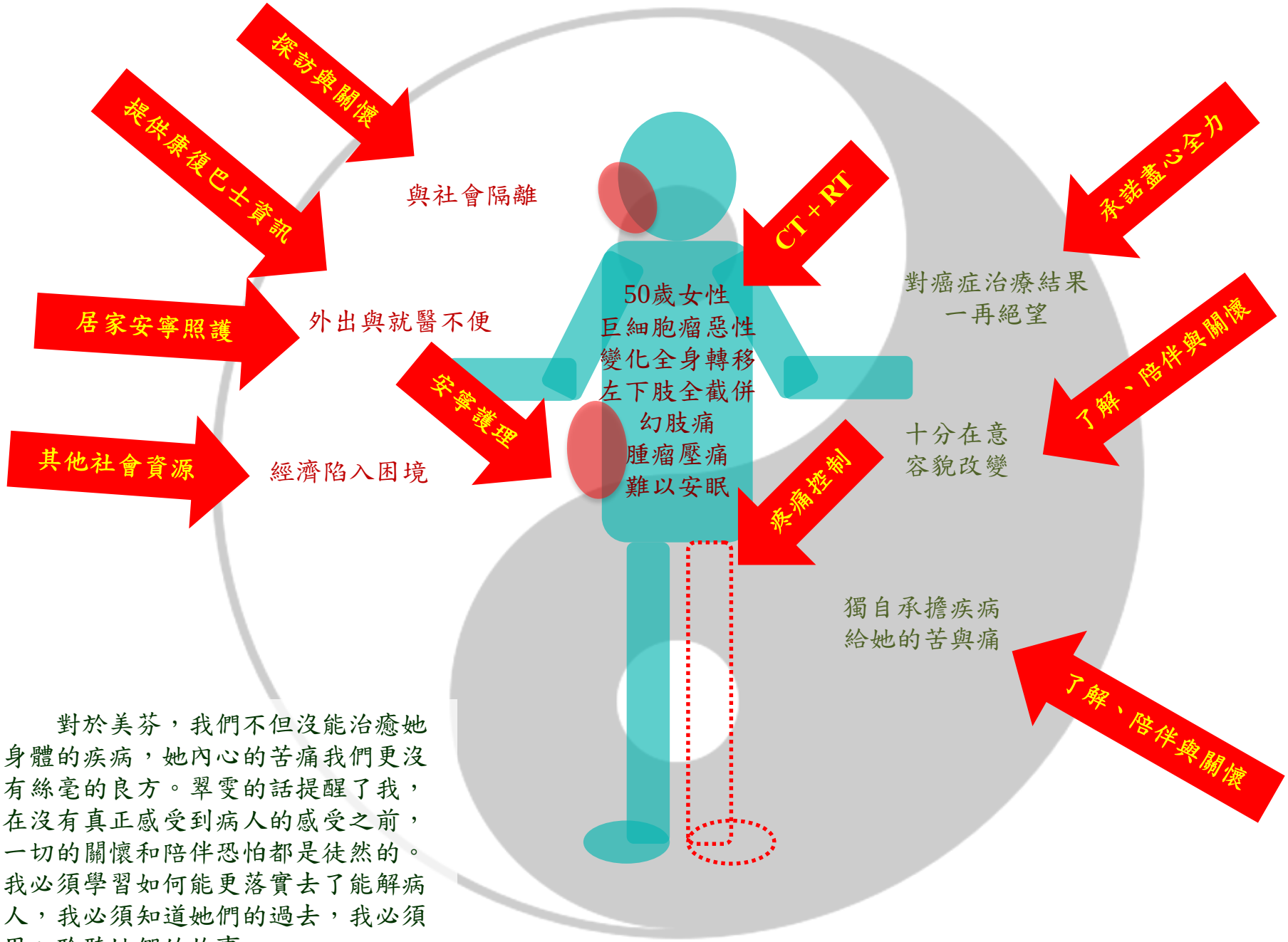





社、經
心、靈


CT＋RT
50歳女性
巨細胞瘤悪性
變化全身轉移
左下肢全截併
幻肢痛
腫瘤壓痛
難以安眠
安寧護理
疼痛控制


探訪與關懷
提供康復巴士資訊
與社會隔離
CT + RT
居家安寧照護
外出與就醫不便
50歲女性
巨細胞瘤惡性
變化全身轉移
左下肢全截併
幻肢痛
腫瘤壓痛
難以安眠
安寧護理
其他社會資源
經濟陷入困境
疼痛控制



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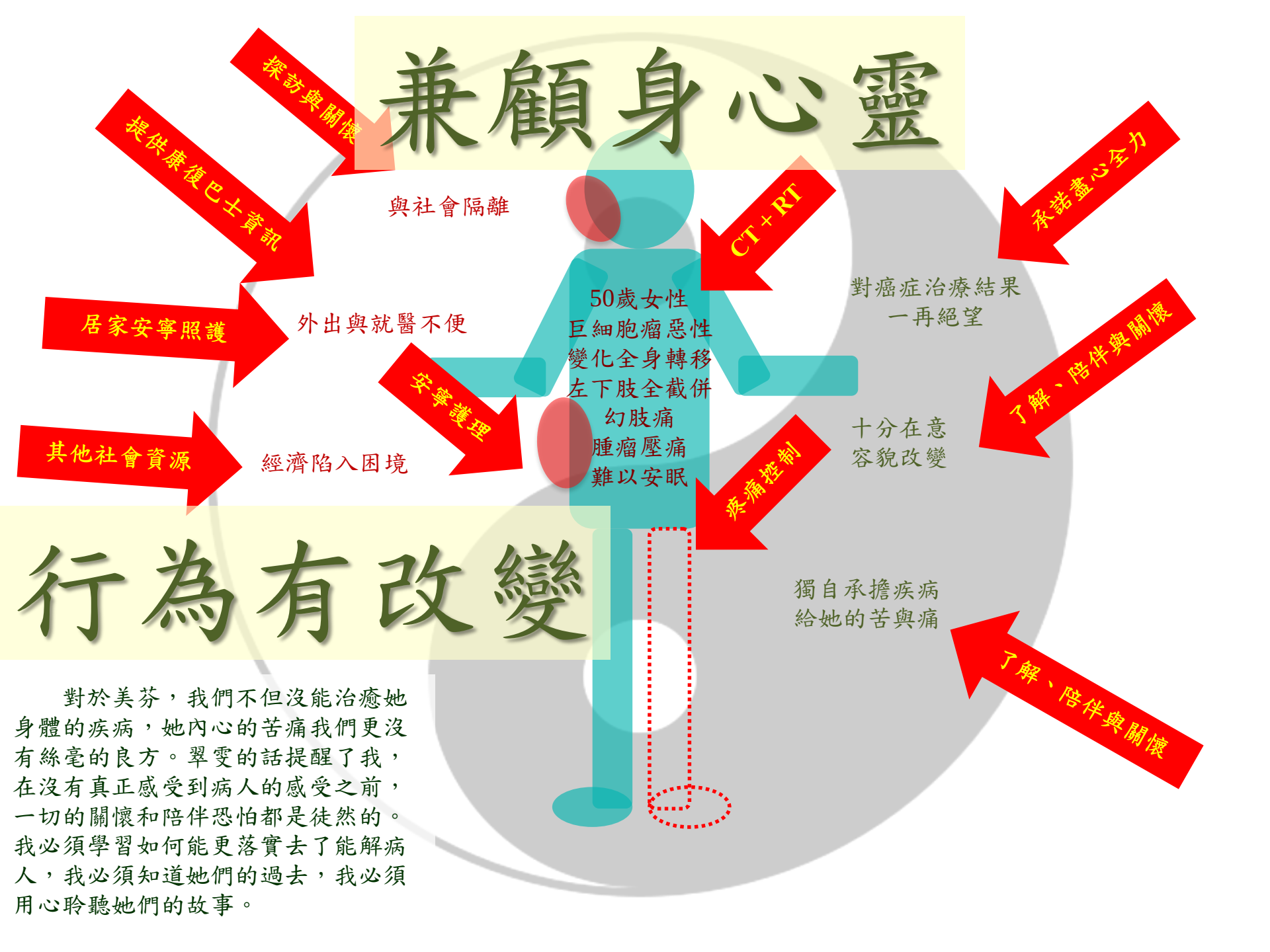

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謝謝聆聽
敬請賜教