

# 實證醫學

## 問題日誌

## Question Log

“即時”學習工具

A tool for 'just in time' learning

Carl Heneghan &

Paul Glasziou

編譯：台北醫學大學·市立萬芳醫院 實證醫學中心



[非賣品]

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編譯：台北醫學大學·市立萬芳醫院 實證醫學中心

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In association with the  
Centre for Evidence-Based Medicine,  
Dept of Primary Health Care  
University of Oxford



&

The National Library for Health



## 為何要使用本日誌？

我們都處在資訊爆炸的時代，甚至無法讀完送達我們面前的所有科學文獻及其他資訊，而這些僅佔新研究資訊的一小部份：每天大約有 50 個新試驗及 2000 個新研究文章出版！

即使我們有時間讀完其中一些，也很難分辨哪些資料在臨床診療上最有用，同時很難在需要的時候，即時回想起最新醫療進展。但是，我們每天都會面臨一些臨床問題，為了確立最佳病患照護決策，我們必須一一解答這些問題，而這就是實證醫學的由來。

本日誌主要協助您記錄您個人的問題與解答。我們將在這個段落，為您介紹如何使用本日誌及實證醫學的概念，包括一些簡單的方法，幫助您找到並利用最佳證據來回答臨床問題。

## 使醫學繼續教育更容易且更切題

多數人用下列兩種方式獲取資訊：「灌輸」(push) 和「汲取」(pull)。所謂「灌輸」方式，表示我們從所有接收到的各種不同資訊來源中萃取資料，其中有很多各式各樣讓我們感興趣的主題。這有時也稱之為「以防萬一(備用)」學習法(“just in case” learning)。

要以「灌輸」方式獲取資料，應侷限於少量相關性強且效度佳的新研究。這些預先評讀過的、優秀的研究資源，如實證期刊(Evidence-based Medicine journal, BMJ)，其內容包括：由世界各地臨床醫師，遴選出通過嚴格的效度評估，且其結果對臨床診療有重大影響的研究。該期刊每兩個月出版一次，同時提供原始文件的濃縮版。<http://ebm.bmj.com/>

「汲取」可以讓我們在兩分鐘內獲得解答！在本日誌中，我們著重如何形成問題，以及如何在兩分鐘內從文獻中「汲取」解答！這有時也稱之為「恰如其時(即時)」學習法(“just in time” learning)。在以下段落中，我們一起來看看如何建構一個容易回答的問題、如何使用 MEDLINE 及 Cochrane 資料庫、以及如何應用這些結果。

### (a) 如何使用本日誌？

我們之所以沒有回答某些問題，癥結在於我們根本就忘了這回事！因此，在醫學繼續教育中，如何讓「汲取」超越「灌輸」的學習方式，關鍵的第一步正是：在問題一出現時，立刻記錄下來。我們建議您利用本日誌時，遵循下列原則：

- 將本日誌放置在您隨手可得到的地方—如辦公桌上或公事包裡。
- 慢慢養成習慣；每週一個問題，一年就可以記錄並解答 50 個問題！
- 盡可能將問題記錄下來—在問題表單中隨手記錄。
- 和同事討論這些問題。
- 定期複習日誌(如兩週一次)，熟記所有學習內容。
- 你可以對病人說：我不清楚，但我會記下來，把它搞清楚。

記錄問題時，您只需寫下問題重點。有空檔時，再進行搜尋，並分析這個問題(請見下段第一步驟)。假以時日，您將可以在門診時段內，就回答病人這些問題。

## (b) 實證醫學五步驟

關於實證醫學五步驟，我至少應該知道哪些？

實證醫學教育包括四個基本步驟：提問、搜尋、評讀及應用證據。以下是一個簡單的指引。在深入閱讀資料中，我們提供您實證醫學和這些步驟，更完整的指引，及工作坊的相關訊息。

### 步驟一：形成一個可以回答的臨床問題

怎麼樣才算是對病人有幫助的問題？問題的重點為何？

試著將您的問題分成下列四個部分(PICO)：

- Patient or Problem** 病人或問題
- Intervention or Indicator** 介入或指標—某種治療、檢查、危險因子等
- Comparator** 比較—該治療和什麼相比？
- Outcome** 結果—您想要達成或避免什麼？

### 步驟二：搜尋最佳證據

利用問題的 PICO 結構（如上述）設定搜尋策略。回想問題中各部份的每一個詞彙及其同義詞。一次就單一 PICO 元素進行搜尋，如，從介入(intervention)開始，但必須確定您已聯集 (OR) 所有的同義詞。

Primary Term	Synonym1	Synonym2
P (	OR	OR )AND
I (	OR	OR )AND
C (	OR	OR )AND
O (	OR	OR )AND

注意：也可使用截斷字(truncation)，並加上"\*"，如以 child\*取代 children  
搜尋治療性文獻：請試著從 Cochrane 開始；其他問題型態則建議試試 PubMed:  
Clinical Queries 或 National Library for Health(NLH)。

### 步驟三：嚴格評讀證據之：

#### (a)效度與(b)重要性（效益大小）

#### (a) 效度(Validity)

各種型的問題都包含以下三個共同項目(**RAM-bo**)：

- 1.研究族群是否具有代表性(**Representative**)？  
(隨機選擇(*random selection*) /連貫性 /起始點病人群)，  
或者，如果是比較性的，組別間是否可以比較？  
(隨機分派(*random allocation*)/調整)
- 2.是否有足夠的確認和追蹤(**Ascertainment/follow-up**)？  
(反應率/追蹤/確認 > 80%)
- 3.結果的估計值(**Measurement**)是否公正？恰當？  
(使用盲法(**blinded**)或客觀的(**objective**)估計)

以上這些問題的答案，通常可以在文章中的方法學(method)部分和結果(result)的第一、二段中找到。這樣的評讀，一開始可能令您覺得困難重重(就像騎腳踏車一樣)，但是，累積了一些經驗之後，您只要幾分鐘就能完成。

註：參考原文如下—

The three general issues (**RAM-bo**) for all types of questions are:

1. Is the population **Representative**?  
(*Random selection*/ consecutive/ inception cohort)  
OR if comparative, were groups comparable?  
(*Random allocation*/ adjustment)
2. Is there adequate **Ascertainment/follow-up**?  
(response rate/follow-up/verification>80%)
3. Were the outcome Measurements unbiased and relevant?  
(blinded or objective measures)

You'll usually find the answers to these questions in part of Methods section and the first paragraph or two of the results. This will be difficult at first (like riding a bicycle) but only takes a few minutes when you've a bit of experience.

## **(b) 重要性－效益大小 (Impact - size of the benefit)**

請看結果段(results section)中所描述的主要結果。效果有多大？多重要？

統計意義要看信賴區間及 p 值；臨床意義則要看效果的估計值：

**效果的相對估計值：**相對危險(relative risk)、相對危險性降低度(relative risk reduction)、勝算比(odds ratio) 代表生物學上的影響。

**效果的絕對估計值：**絕對危險性降低度(absolute risk reduction)、益一需治數(NNT, number needed to treat) 則代表在臨床上對病人的影響。

### **步驟四：將臨床專業與病人價值觀相結合**

- 您的病人是否與研究中的病人差別很大，以至於無法適用該研究結果？
- 您期望您的病人從研究結果中獲得多大的好處？
- 還有哪些替代方案？
- 研究結果適用於您的病人嗎？
- 病人的想法為何？

A. 研究效果需要因應個別病人做調整，如治療：

$$\text{Patient NNT} = 1 / (\text{RRR} \times \text{PEER})$$

### **步驟五：評估執行效果及效用－勤做紀錄，改善過程**

最後一個步驟來看看：在實證醫學的執行過程中，您的表現如何？您可能要問自己下列幾個問題：

- 您正在記錄您的問題嗎？
- 您是否正在廣大的資源中尋找有用的外部證據？
- 您搜尋及評讀證據的速度有多快？
- 您有能力將這些證據應用在適當的病人身上嗎？
- 您是否依循這些新證據來改變您的診療習慣？

## 如何學習更多實證醫學相關知識

如果您想要培養更純熟的實證醫學技巧，有一些很好的教科書和學習機會：

### 實證醫學教科書：

Glasziou P, Del Mar C, Salisbury J. Evidence-Based Medicine.

Workbook. BMJ Books, 2003.

Straus S, Richardson S, Glasziou P, Haynes RB. Teaching and learning Evidence-Based Medicine. Churchill-Livingston 3<sup>rd</sup> Edition, 2005.

Heneghan C and Badenoch D. Evidence-Based Medicine Toolkit. BMJ Books, Blackwells Publishing 2006.

實證醫學--臨床實踐與教學指引，合記圖書出版社 2006.

### 實證醫學工作坊：

CEBM - <http://www.cebm.net>

Postgraduate Program <http://www.conted.ox.ac.uk/health>

萬芳醫院實證醫學中心 <http://www.wanfang.gov.tw/ebm/>

### 實證醫學討論表：

您可以在下列網址報名，加入實證醫療照護通訊錄：

<http://www.jiscmail.ac.uk/lists/EVIDENCE-BASED-HEALTH.html>

## 搜尋技巧

Truncation and wildcard \*

NEAR = AND plus words dose together

( furunc\* OR ( staphylococc\* NEAR skin)) AND recur\*: TI

BOOLEANS IN CAPITALS

Group words with ( )

Words must be in TITLE

OR	尋找包含某特殊字眼或片語的研究。如，「child OR adolescent」會找到包含「child」或「adolescent」的所有文章。
AND	尋找同時包含兩個特殊字眼或片語的研究。如，「child AND adolescent」會找到包含「child」和「adolescent」的所有文章。
NEAR	類似 AND 的功能，必須同時包含兩個字，而且這兩個字中間的距離間隔，不能超過五個字。
NOT	排除包含某特殊字眼或片語的研究。如，「child NOT adolescent」表示要找包含「child」一詞、但不包括「adolescent」一詞的所有文章。較少使用。
Limits	可以經由在某些方面加以限制，而找到想要找到的文章。如，日期、語言、及是否提供摘要等。
( )	利用括號組合文字。如，“(child OR adolescent) AND (hearing OR auditory)”，會找到包括“child”或“adolescent”以及“hearing”或“auditory”的文章。
*	截斷字：“*”為萬用字元，代表任何字母。如，child*為 child 加任何字母，相當於(child OR child’s OR children OR childhood)。

[ ti ] or :ti	尋找標題中有該字眼的研究。如，hearing[ ti ](in PubMed) 及 hearing:ti (in Cochrane)會找到標題中有 hearing 這個字的研究。
[so] or :so	尋找特定來源的研究，如，hearing AND BMJ [ so ] 會找到 BMJ 中與 hearing 有關的研究。
MeSH	MeSH 為 Medical Subject Headings 的縮寫，是關鍵字特殊語彙，通常用在 PubMed 或 Cochrane。同時使用 MeSH 及內文(text words)，經常會很有用。

**Patient ID:** JLH

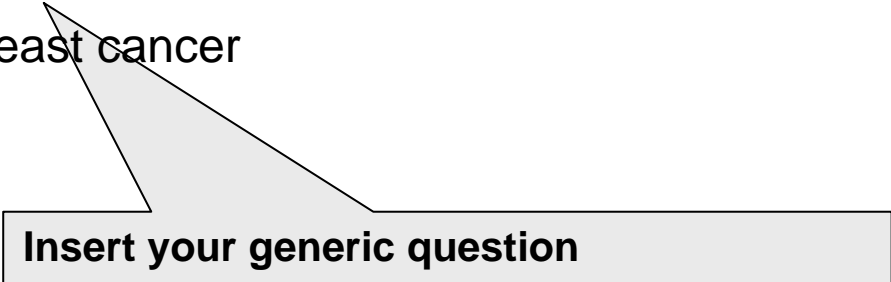
**Keyword** HRT

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**Date:** 1/1/04

**Questions**

Does hormone therapy increase the risk of being diagnosed breast cancer



**Insert your generic question**

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***Clinical Bottom line:***

Women who received HT had a greater incidence of total and invasive breast cancer

All Breast cancer Hazard ratio 1.24 (1.02 – 1.50)

Invasive breast cancer Hazard ratio 1.24 (1.01 – 1.54)

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**Level of Evidence:** 1A

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**Search Terms:**

<i>P</i>
<i>I</i>

Postmenopausal

Hormon\* therapy

<i>C</i>
<i>O</i>

Breast Cancer

**Reference** Chlebowski JAMA 2003; 289; 3243-53

Appraisal and Notes:

The WHI trial

Intention to treat

Also had higher number of abnormal mammogram results

Commentary in EBM journal. Dec 2003 vol.8 no6

Add in your critical appraisal here

Notes:

Section for notes  
relevant to the topics

Action:

Discussed current management with partners

Added summary of effects to practice intranet

Section for actions  
derived from the  
question

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本手冊之印製，已獲原作者 Paul Glasziou 同意印製。

共同策劃編印：

台北醫學大學·市立萬芳醫院 實證醫學中心

行政院衛生署 — 輔導各級醫院推動實證醫學計畫

國家衛生研究院 — 建立健保門住急診給付前十大疾病臨床診療指引計畫