

迷你臨床演練評量師資訓練工作坊在護理師資培育的應用

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摘要

鑒於「迷你臨床演練評量(mini-clinical evaluation exercise, mini-CEX)」師資訓練工作坊的效度已在文獻肯定，此次在護理部之臨床教師訓練中引進 mini-CEX 師資訓練工作坊，共有 43 位護理師參訓。將 43 位護理師的評量分數與過去參訓完成的 230 位醫師的評分相互比較，試圖探討不同的醫療訓練背景下的醫護人員對參加 mini-CEX 師資訓練工作坊的成效差異。本文針對學員在工作坊後實際評量 3 段美國內科醫學會(American Board of Internal Medicine, ABIM)官方影帶之結果加以分析。結果發現，護理師整體在諮商衛教影帶部份的評分都略高於醫師，但在醫療面談及身體檢查兩份影帶部分則醫護之間評分沒有差異。在與 ABIM 吻合度方面，雖然醫護兩組沒有統計上顯著意義，但是在醫療面談及身體檢查兩份影帶部分，醫師都有少部分出現與建議答案差異達 2 個等級的異常評分，護理師部分則沒有此差異現象。本研究醫師出現「疑月暈效應」及「不良回饋」的比例都顯著高於護理師。護理師在病房者評分較非病房工作者來得低，尤其在醫療面談方面。工作 5 年以上或職級第三級以上較資深護理師的評分較寬鬆。總結，此次針對護理師參與 mini-CEX 師資訓練工作坊的課後評分與之前醫師參予的評分相近，因此，再次肯定此訓練工作坊的成效。護理師的整體學習認真度稍優於醫師，因此護理師在工作坊的評分共識較醫師容易整合。

Abstract

The validity of the rater training workshop of the mini-clinical evaluation exercise (mini-CEX)' has been confirmed in the literature; therefore the Department of Nursing adopted this workshop in the Preceptor Program for the training of members of nursing faculties. A total of 43 nurses participated in this training. By comparing the rating details of these nurses with the existing rating records of the 230 doctors who had previously attended the same kind of workshops, we have tried to evaluate the efficacy of this workshop when applied to these two medical specialties with different training backgrounds. We analyzed the rating records for the three official videotapes produced by the American Board of Internal Medicine (ABIM) after the completion of this workshop. The rating scores for the tapes involving medical interviewing and physical examination were similar when the nurses and doctors were compared. This contrasted with the results for counseling, where the nurses rated with significantly higher scores than the doctors. Based on the answers provided by the ABIM-authorized videotapes, there was no difference in the concordance rate between the nurses and doctors. However, the unacceptable rating, characterized by a two-level difference between the raters and

the ABIM-answers, was found in a few raters among the doctor group, but none occurred within the nurse group. This was especially true for the medical interviewing and physical examination tapes. Phenomena such as suspected halo effects and poor feedback were prevalent to a significant degree in the doctor group. The nurses working in wards gave a higher level of performance rating than their non-ward counterparts and this was especially true for medical interviewing. Senior nurses with working experience above 5 years or that were the third nursing grade or above were rated less critically than junior nurses. In summary, discrepancies in rating between the nurses and doctors were not very obvious for the mini-CEX training workshop although they were present. Thus, this confirms the validity of this concise and structured workshop yet again. The nurses seem to have worked more earnestly throughout this workshop and a consensus on clinical rating ought to be effectively achieved for nurses. (Full text in Chinese)