

出國報告（出國類別：進修）

北卡羅萊納大學教堂山分校進修家庭護理及  
實證護理

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## 摘要

於 2016 年 08 月 15 日至 2017 年 08 月 14 日至美國北卡羅萊納大學教堂山分校護理學院進修以家庭為中心的婦產科護理、及從事實證護理與護理研究的相關知識及技巧，研習課程包括：From Theory to Intervention、Nursing Inquiry and Evidence-based Practice for Advanced Scholarship、Sexual and Reproductive Health、Statistical Models for Health Research、Synthesis and Translation of Evidence、Clinical Teaching in Nursing 等六門課；亦參與各式學術演講活動、Writing Center 舉辦的口說與寫作課程；也參訪 UNC Hospital、Simulation Room 及生物行為實驗室。針對所見所聞對醫院提出護理臨床、教學及研究上的建議，做為未來在提升臨床照護品質、教學技巧及研究發表上之參考。

關鍵字：國外進修、美國、家庭護理、婦產科護理、實證護理

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## 目的

以家庭為中心的護理一直是婦產科護理的重心，其因在於此能同時提供母嬰優質的照護品質，落實母嬰親善措施的實行，取得母嬰親善醫院認證；而實證護理是現今實證潮流趨勢，期待有科學證據的護理措施，是病人、醫療人員、醫院及社會的期待，所以，家庭護理及實證護理都列為臺中榮總護理部重點發展與培育項目，出國進修研習以提升相關知識及技能有其必要性。由於在臨牀上主要從事婦產科護理，品管上主要負責實證護理及研究方面，故至 UNC 主要著重在家庭護理與實證系統性文獻回顧方面的學習，希望藉由國外進修，透過有系統的完整學習，來拓展國際視野、增加自己的能力，在自己專長的婦產科與實證護理領域有所精進，學習以家庭為中心之健康照護介入及實證護理相關知識，提升護理照護品質與增加實證護理能力。

## 過程

本進修計畫於 2016 年 02 月透過高雄醫學大學護理學院向美國北卡羅萊納大學教堂山分校申請進修，因高雄醫學大學護理學院與美國北卡羅萊納大學教堂山分校護理學院屬姐妹校，故進修申請順利，再加上臺中榮總院內長官的支持，使得送退輔會的出國進修申請，也順利審核通過。於 2016 年 08 月 15 日至 2017 年 08 月 14 日以訪問學者身分進修，取得產兒科護理研究領域之證書（如附件一），透過選修課程、實際參與的方式，來了解以家庭為中心的婦產科護理、從事實證護理與護理研究的相關知識及技巧，研習課程包括：From Theory to Intervention、Nursing Inquiry and Evidence-based Practice for Advanced Scholarship、Sexual and Reproductive Health、Statistical Models for Health Research、Synthesis and Translation of Evidence、Clinical Teaching in Nursing 等六門課；亦參與各式學術演講活動、Writing Center 舉辦的口說與寫作課程；也有以參訪方式來進行學習的，如參觀 UNC Hospital、Simulation Room 及生物行為實驗室，來了解其整體設備及運作情形。其詳細學習成果描述如下。

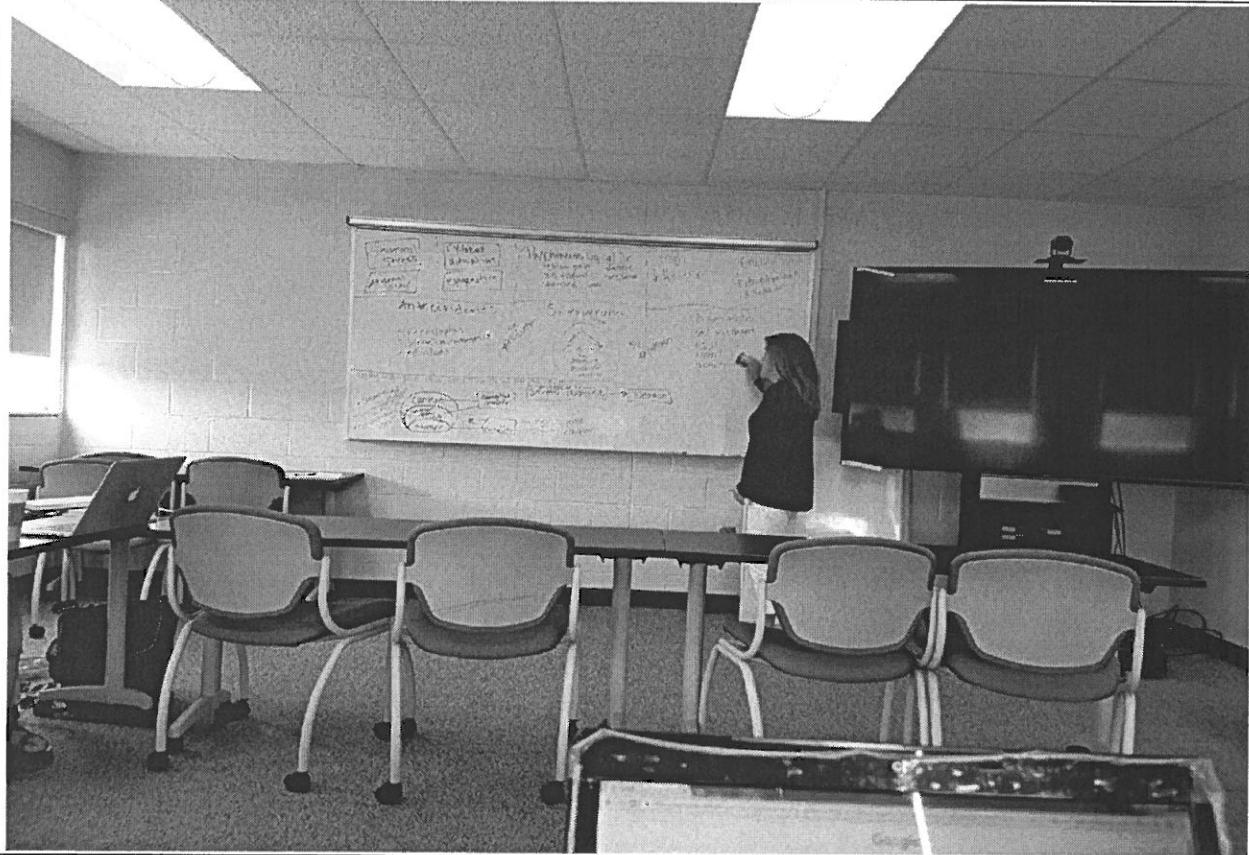
### 一、國外研修之課程學習（課內）

#### （一）From Theory to Intervention

採小班教學，兩位主要負責老師，分別為 Diane Berry 和 Suzanne Thoyre，學習課程內容包括：Orientation to theory-based interventions, Identifying the problem for study, Intervention implementation science, Engaging stakeholders, Theory of the intervention, Describing the intervention, Subject factors-components of sample selection, Moderators and mediators, Measuring change and selecting patient-centered and “so what”

outcomes, Adapting interventions to fit settings and populations, Planning ahead to ensure and evaluate intervention fidelity, 老師於課程表中明列每堂課的 Required Reading 及需預先準備回答的一些問題，引導學生從 Required Reading 中尋找答案，課中多由同學針對有疑慮處進行提問，老師引導並協助解答，偶爾老師前半堂課會上一點 lecture，下半堂課時間由同學每人就本週上課主題講自己目前研究情況及所遇到的問題，此門課老師主要在協助學生思考自己的研究計畫，試著從問題及介入措施中，尋找適合的理論依據，讓研究更具價值，研習此課程，除了讓我取得研習證明（如附件二）外，亦學得從事研究時該如何選擇適合的理論來應用，使我思考自己未來的研究計畫。

上課情形：同學將其研究map劃出，與老師同學進行討論。



## (二) Nursing Inquiry and Evidence-based Practice for Advanced Scholarship

採小班教學，有兩位主要負責老師，分別為 Lixin (Lee) Song 和 Mark Toles，學習課程內容包括：Evidence-based practice, Translational research, Appraising research, Reviewing the literature, Use of theoretical frameworks in guiding research, Moving from a researchable problem to research questions; how questions reflect a theoretical position, Ethics in Research, Introduction to research design: how the research questions drive the design, Quantitative Designs: Purpose statements; Identifying variables from the theoretical framework, Determining differences between groups, Measurement: Reliability and Validity, Observational research, Sampling: Who and how many to study, Basic Principles of Qualitative Inquiry: ethnography, phenomenology, theory development, data collection strategies; rigor and transferability, Studying vulnerable populations, Intervention studies: quasi-experimental and experimental designs, Designing intervention studies; Mixed methods, Outcomes research, Putting it all together: Interpreting and disseminating findings，於課程表中列出每堂課的 Required Reading，每堂課皆含實證研究及統計兩部分內容，主要協助學生看懂研究及思考自己的研究如何進行，研習此課程，除了讓我取得研習證明（如附件三）外，亦加深我對實證及統計內容的認識，有助於目前自己研究計畫之書寫。

## (三) Sexual and Reproductive Health

採小班教學，主要負責老師為 SeonAe Yeo，學習課程內容包括：Breastfeeding, Gestational diabetes, Hypertension in Pregnancy, Well women care for LGBT patient, Contraception, Prenatal genetic screening, Menopause, Sexually transmitted infections, Obesity, Legal and Ethical Issues in Women's Health，於課程表中列出每堂課的 Required Reading，

主要學習婦產科相關之護理，研習此課程，除了讓我取得研習證明（如附件四）外，亦加深我對婦女健康議題的認識，有助提升自己目前的臨床工作。

#### （四）Statistical Models for Health Research

採小班教學，主要負責老師為 Todd Schwartz，有一位助教 Celine Marquez 協助教導 SAS 使用，學習課程內容包括：Correlation, Simple Linear Regression, Polynomial Regression, Multiple Linear Regression, One-Way ANOVA, Two-Way/Factorial ANOVA, ANCOVA, Overview of Logistic Regression，於課程表中列出每堂課的 Required Reading，課前有影音內容可先預習，課後有作業，可供複習，下次課程一開始會討論作業內容，針對疑慮處，討論解答，課中老師會設定課程活動，進行隨機分組討論，老師會隨時至小組進行疑問之解答，結束後，會在課室中對所有同學做總結，研習此課程，除了讓我取得研習證明（如附件五）、學習 SAS 基本使用方式外，亦加深我對統計方法的認識，有助自己研究計畫之進行。

#### （五）Synthesis and Translation of Evidence

1. 採大堂課教學，主要負責老師為 SeonAe Yeo，學習課程內容包括：Develop a clear research, Searching for Studies, Selecting studies and collecting data(Selecting studies with Covidence), Systematic Review Process(Abstracts reading and resolve the conflicts with Covidence, Full text reading and resolve the conflicts with Covidence), Assessing risk of bias in included studies, Analyzing data and understanding meta-analyses, Addressing reporting biases, Presenting results and ‘Summary of findings’ tables, Interpreting results and drawing conclusions: Synthesize findings，於課程表中列出每堂課的 Required Reading，偶有線上

影音課程，學習實證護理相關技巧，研習此課程，除了讓我取得研習證明（如附件六）

外，亦使我對系統性文獻回顧的了解，有助自己研究計畫之進行。

2. 了解協助系統性文獻回顧 Covidence 軟體之使用方式（如附件七）。

#### （六）Clinical Teaching in Nursing

採大堂課教學，主要負責老師為Lisa Woodley，課堂多採實例討論方式進行教學，學習臨床教學技巧，研習此課程，除了讓我取得研習證明（如附件八）外，亦可了解與實際應用這些知識與技巧於臨床教學上。

1. 臨床教學角色是 Guiding, supporting, stimulating, and facilitating learning，護生的角色是 learning，非 doing，是學生角色、是學習者，而非護士。
2. 老師無法提供經驗，只能提供機會以學習經驗；學生以不同的方式學得經驗。
3. 臨床教學活動提供將知識轉變成實務情境的機會；需了解學員在課室表現得好，不見得能夠成功的應用知識在臨床實務上；臨床教學是昂貴的，不可能在臨床領域教所有一切的知識，宜先在課堂有一些事先學習。
4. 臨床教學需提供足夠的學習時間後再評值，在成績評值之前，學生需要練習他們正在學習的技能才能確定成績，獲得技能是一個複雜的過程，涉及到錯誤和學習如何糾正，如何防止錯誤發生。
5. 臨床教學的值與量需考量：臨床活動的長度並不能保證結果的學習量或質量，有時批判性技能學習的 2 小時活動比重複技能和習慣學習的 8 小時活動更有價值。
6. 臨床教師需了解自己的哲學觀，因會影響其臨床如何帶領學生。
7. 臨床教學需考量 Goals of Learning, Roles / Expectations of Teacher, Roles / Expectations of

Learner, Learning Environment, Past Learning Experiences, Personal Beliefs / Values, Educational or Professional Experiences, Personality Traits 等。

8. 有效的臨床教學行為：Knowledge and clinical judgment / skill (K), Teaching skills (T), Interpersonal skills (I), Personal characteristics (P), Evaluation skills (E)等；教學行為前十名：  
Corrects students' mistakes without belittling them (E), Does not criticize students in front of others (E), Is approachable (I), Explains clearly (T), Is open minded and non-judgmental (P), Demonstrates clinical skill & judgment (K), Has realistic expectations of students (E), Provides support and encouragement to students (I), Gives students positive reinforcement for performance (E), Takes responsibility for own actions (K)。
9. 有效的臨床教學：Boost students' self esteem, Encourage students' self confidence, Help students apply theory to practice, Act as a role model for students, Student in clinical setting is a learner, not a nurse, Expectations Not Perfection! Students make mistakes *Learn* how to prevent those mistakes next time, Establish climate for learning and evaluation, Inspire and motivate students, Help students “navigate” clinical setting, Encourage professional development, Enthusiastic, Consistent, Clear expectations, Promote student learning, Thorough, consistent feedback, Get students in the patients' rooms! Fair / objective, Communication, Participation in course meetings / planning。
10. 訓練臨床教師用 simulation 方式，以小組方式來進行課程，每組 6 人，共 6 個護理技術（如造口護理、口服給藥、皮下注射、中央靜脈換藥技術、產後出院衛教、更換鼻胃管）操作情境，小組成員分別擔任每個情境教師，有固定之假病人、及假學

生，每個情境 20 分鐘（含 5 分鐘 debriefing），帶領 simulation 的老師，帶領每個情境的討論，其過程重在彼此互相討論適合的教學方式，以提升教學技巧。

#### （七）學術演講活動

學校不定時會舉辦一些演講與活動，可藉此機會涉獵不同主題，充實自己的內涵。

1. 圖書館簡介 Health Science Library Orientation：UNC 裡有幾處不同的圖書館，我們常用的是 health science library，由館員大致和我們講解圖書借用及文獻查找，校內館藏圖書、文獻資源豐富，重點是館際合作免再付費且可快速取得，可獲得書寫研究所需之參考文獻。
2. Morning Mindfulness (Every Tuesday 0815-0840)：每週二早上由老師指導大家正念放鬆技巧，做為一天活力的起頭。
3. From Ideas to Publication

欲寫英文稿件前，應先尋找欲投稿之期刊，可至 <http://jane.biosemantics.org/index.php> 輸入欲投稿文章之部分內容，其網站會給予建議投稿之期刊排行，這是一個不錯尋找投稿期刊之方式；若欲投稿 RCT 文章可參考 CONSORT 標準書寫，投稿 systematic review 文章則可參考 PRISMA 標準書寫。

4. Financing for value based care

學習成本分析的一些觀念，透過數據具體呈現結果，讓描述客觀可信，可應用於臨床。

#### （八）Writing Center

Writing Center 所舉辦的英文寫作、口說課程，有助提升自己英文能力，以利未來寫

作投稿或口頭發表之用。

1. 學習文法：如 Passive voice、Conditionals 等。
2. 在 UNC 參加 writing group 是一個很好的經驗，是由有經驗的 ESL 老師帶領，每組約 3-5 名欲寫英文投稿文章之成員，每週由成員輪流分享書寫之文章段落內容，老師協助，成員間彼此提問，提供想法，從寫作的邏輯、句型及文法等進行一個小時的討論，以利小組成員修改自己的文章。
3. 在 UNC 參與 Academic Writing for Graduate Students 訓練是很好的體驗，訓練營使用的書籍為 Swales & Feak, *Academic Writing for Graduate Students 3<sup>d</sup> Edition* (AWG)，課程內容包括：Rhetorical structures & CARS、Organizational patterns, Definitions、Stylistic features of academic writing, Flow、Data commentary、Critiques、Discussion sections 等 6 堂課，每堂課 2 小時，獲得一些學術寫作的相關技巧，對未來英文寫作投稿有相當的助益。
4. 在 UNC 參與 Research Presentation Skills Mini-Course 訓練是很好的體驗，其課程內容包括：General Introduction, Self-Assessment, Introductions, Sound Scripting, Volume and Anxiety、Visual Aids, PowerPoint, Prezi, and Assertion-Evidence Presentations、Organizational Patterns, Describing Visuals, Transitions between Topics、Fielding Questions, Body Language, Using Gestures Effectively、Student Presentations: 5 minutes w/ 2 minutes for questions 等 5 堂課，每堂課 2 小時，取得上課證書外（附件九），亦學得英文發表的一些技巧，有助於未來參加國際研討會，以口說發表論文。

## 二、國外研修之參訪行程（課外）

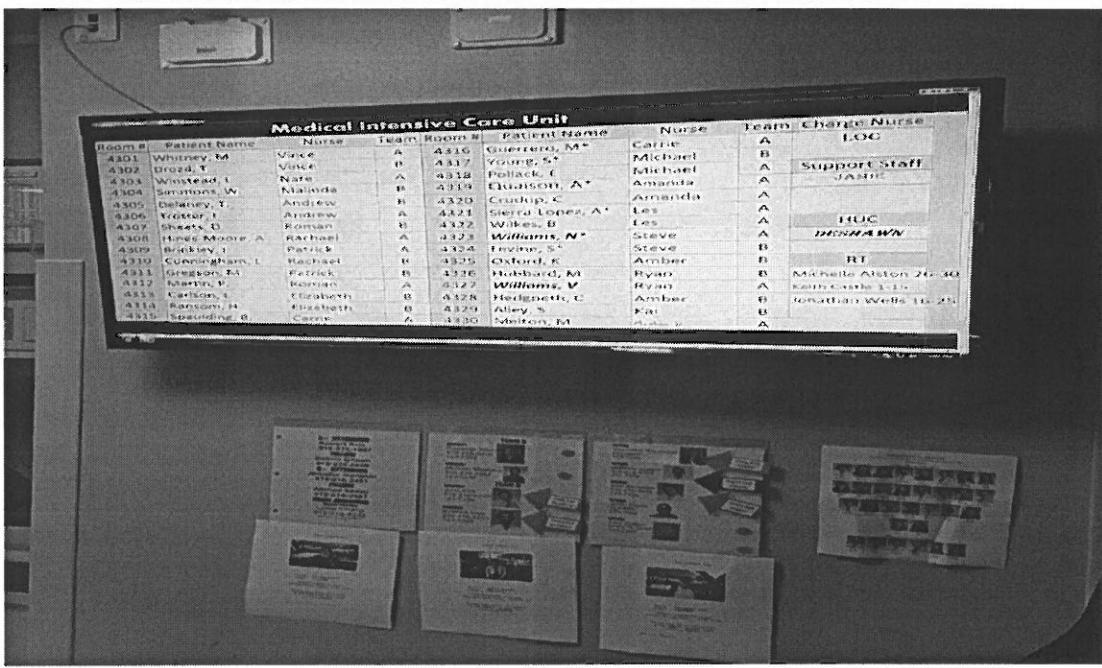
### (一) UNC Hospital

學校安排參觀 UNC 醫院行程約二個半小時，就所見情形做報告。

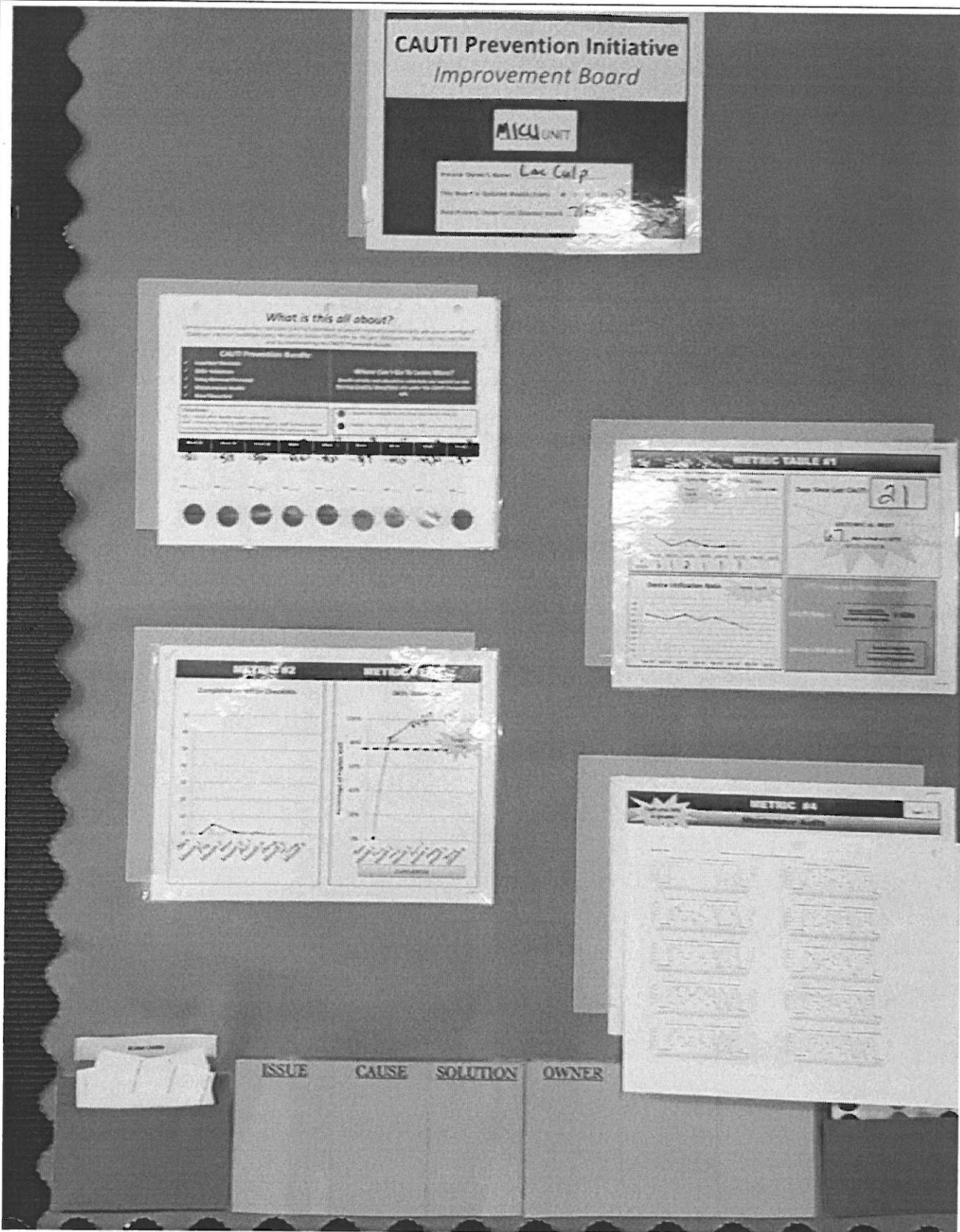
#### (一) 藥物放置於同一區，依床號做區分，並上鎖



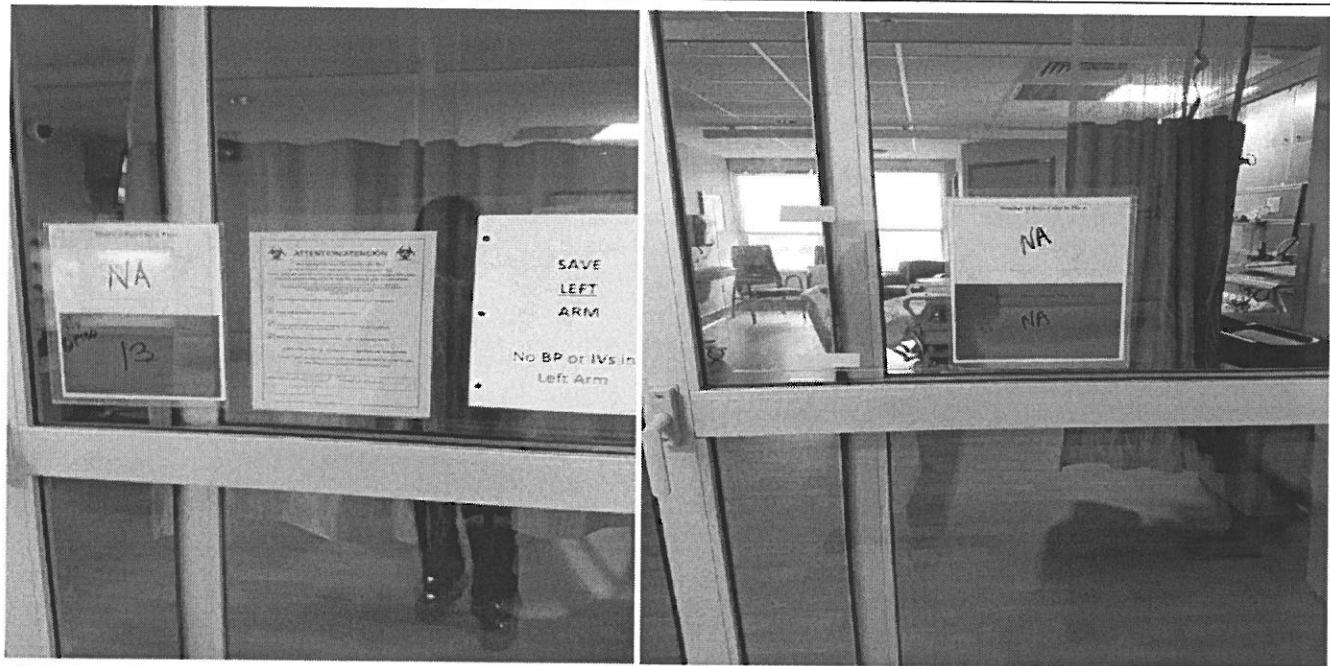
#### (二) 護理站大螢幕顯示病人、主護名字及組別等資料，一目瞭然



### (三) 佈告欄公告各項品管指標



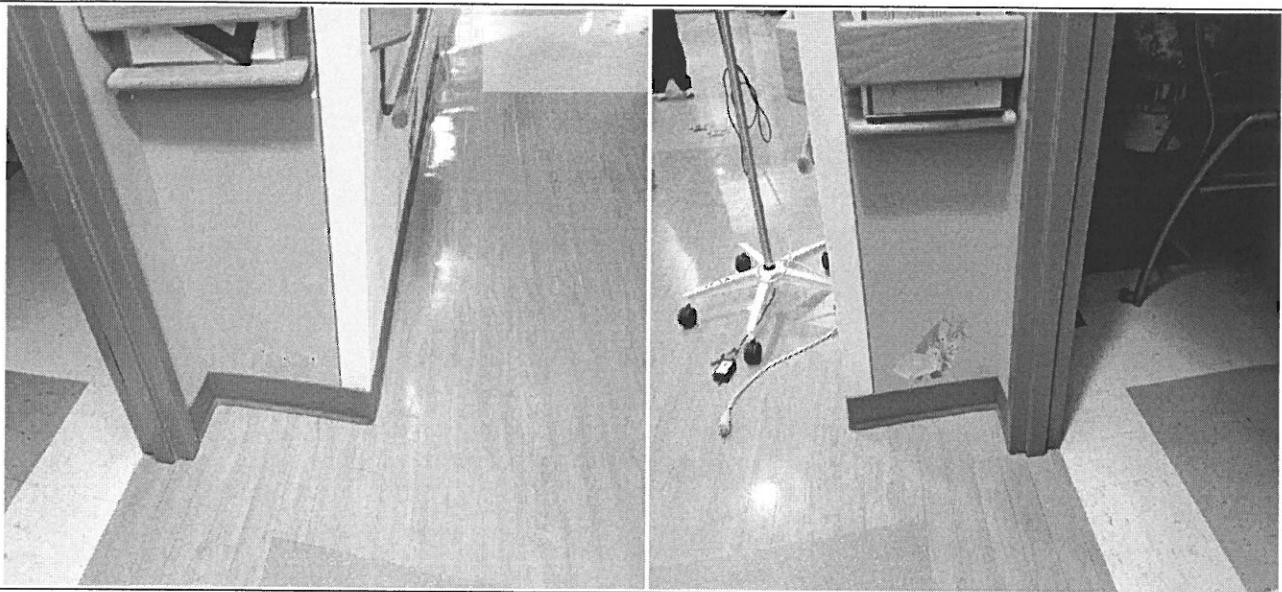
(四) 單人病房門口前標示每位病人需留意事項，如左手禁治療、管路留置天數。



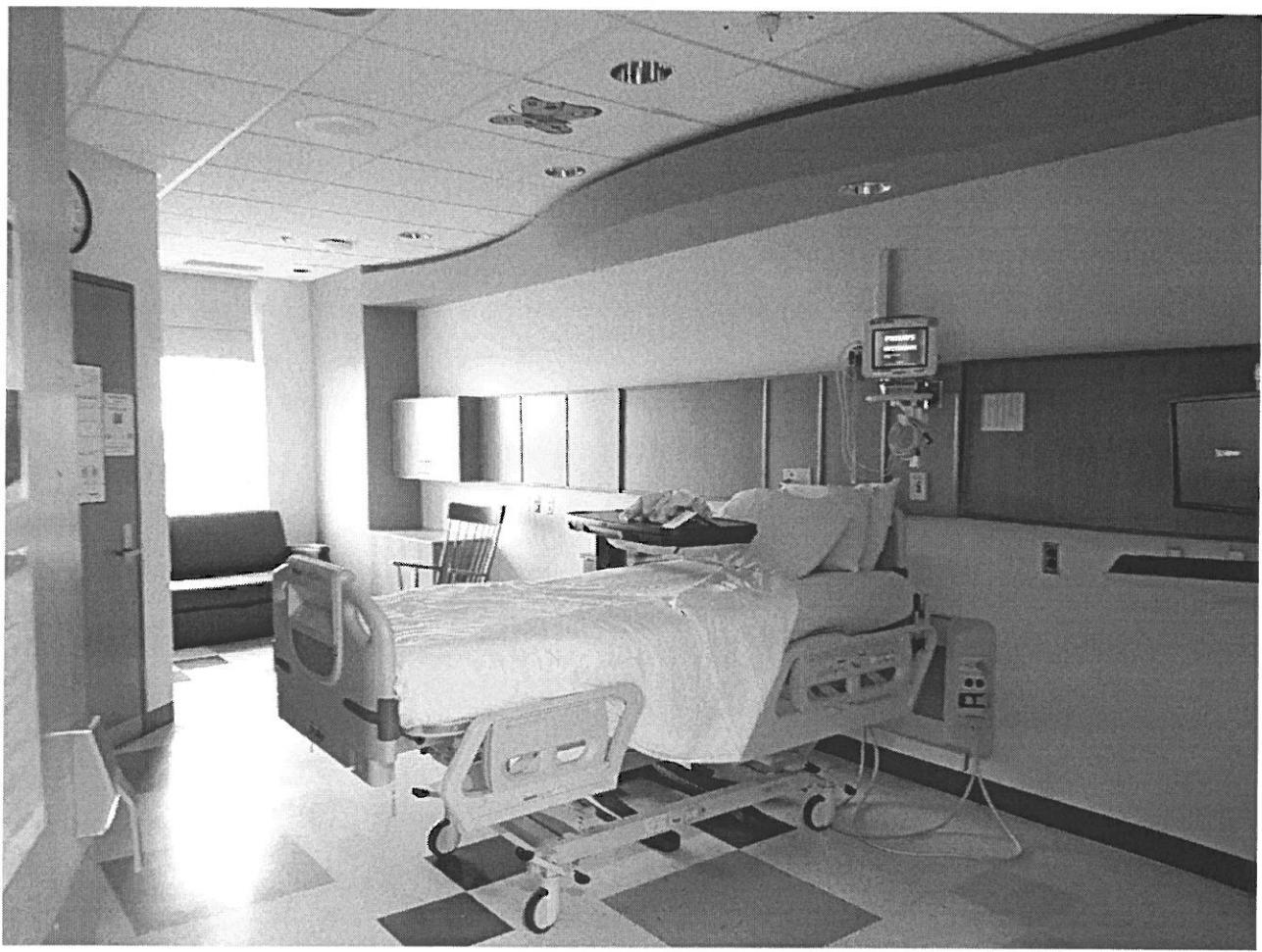
(五) 公佈欄置放宣傳海報



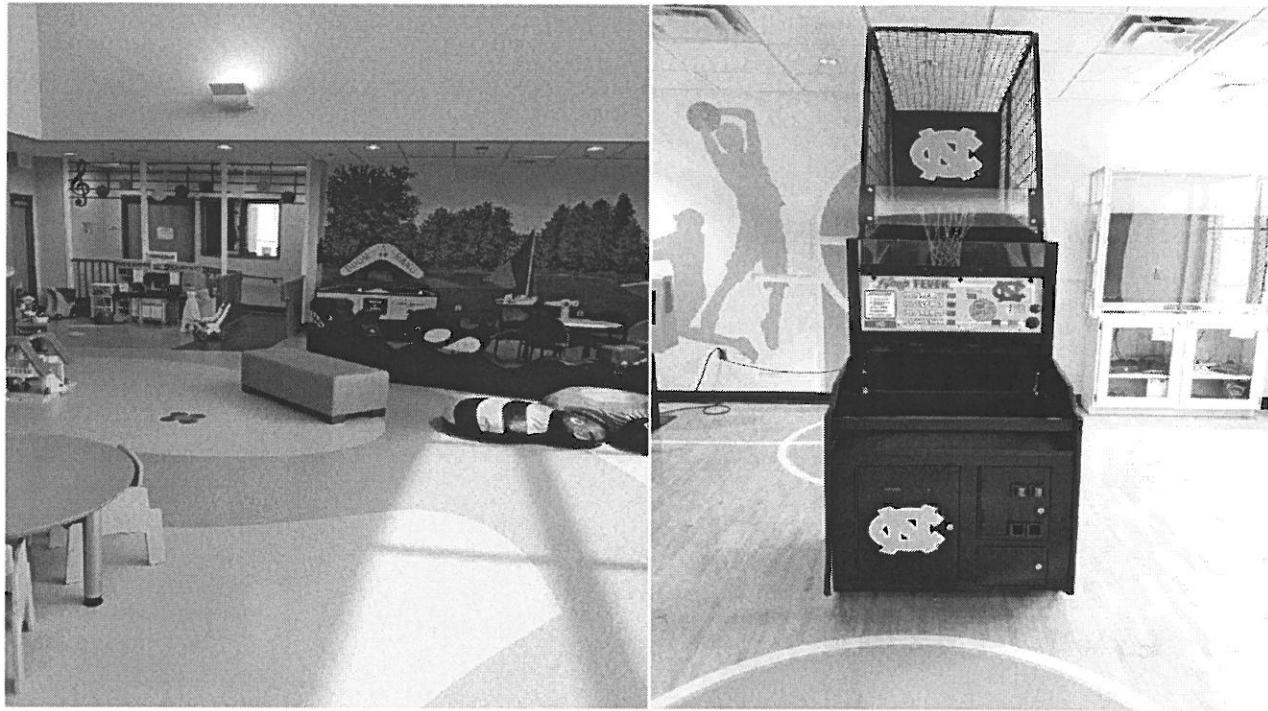
(六) 兒童病房不以號碼做區分，而以動物圖案繪於門口牆腳，以利病童記憶



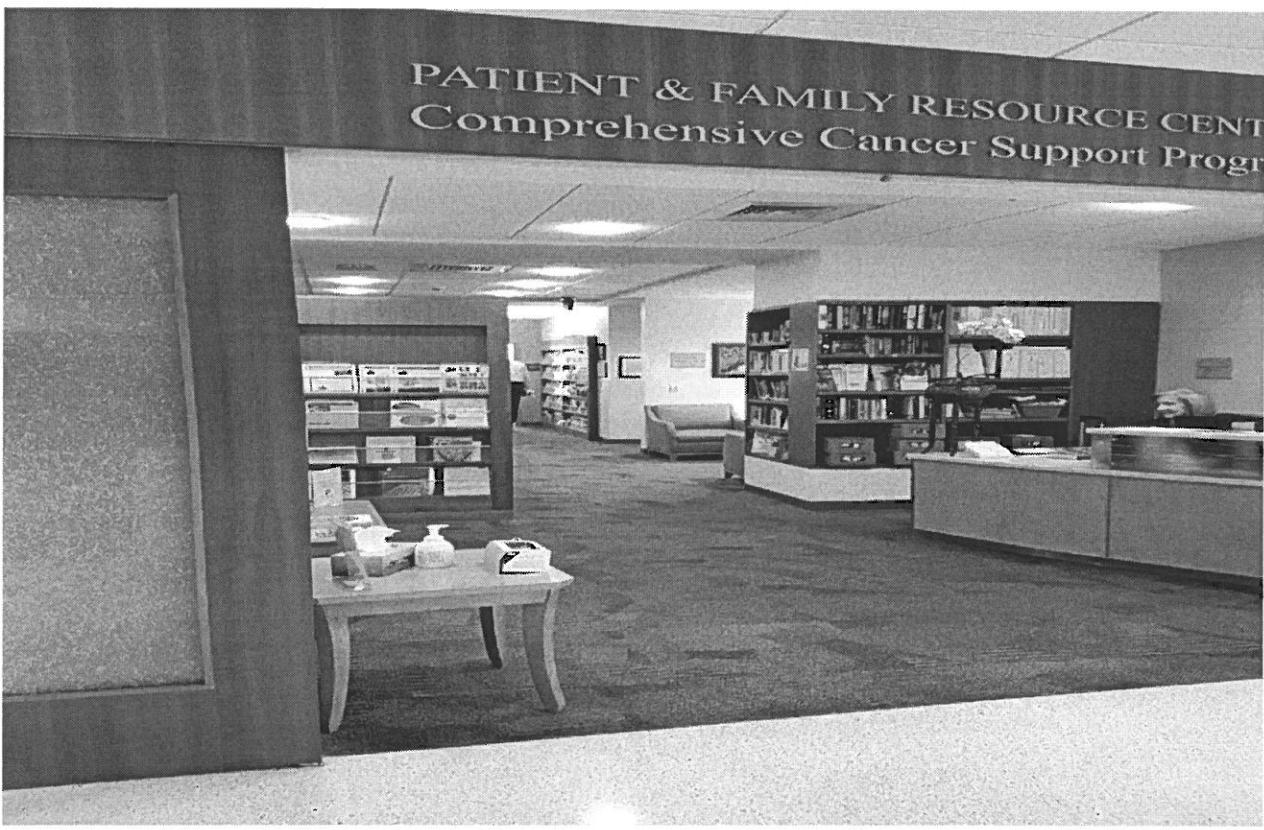
(七) 病床設備及環境



(八) 兒童遊戲室



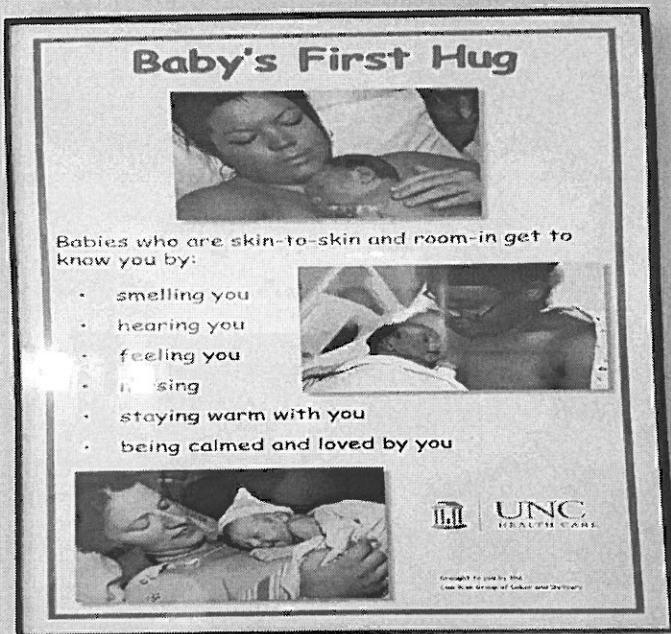
(九) 癌症病人及家庭資源中心



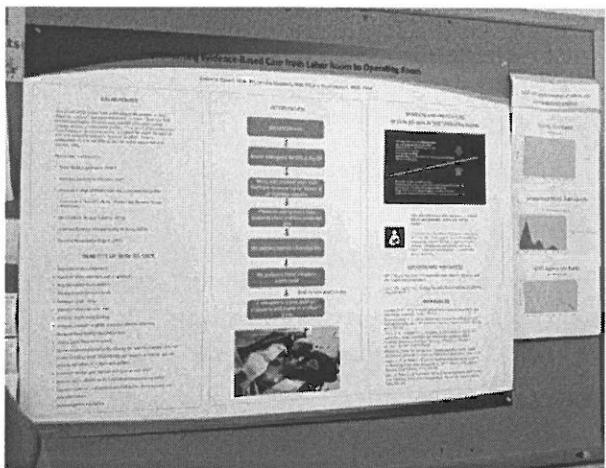
(十) 癌症病人及家庭資源中心提供假髮及按摩服務



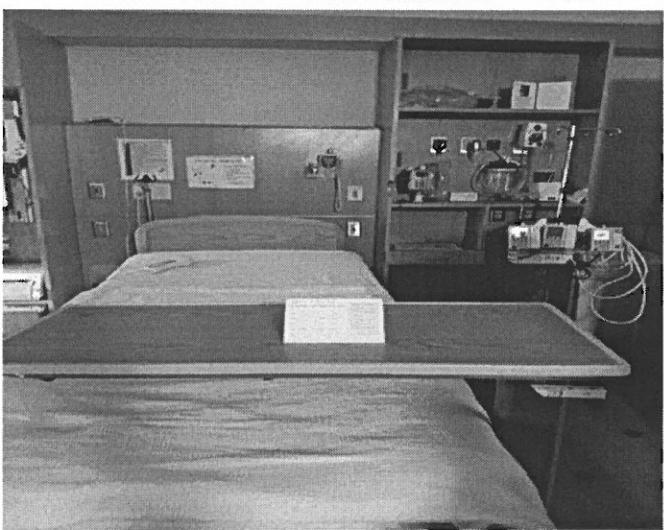
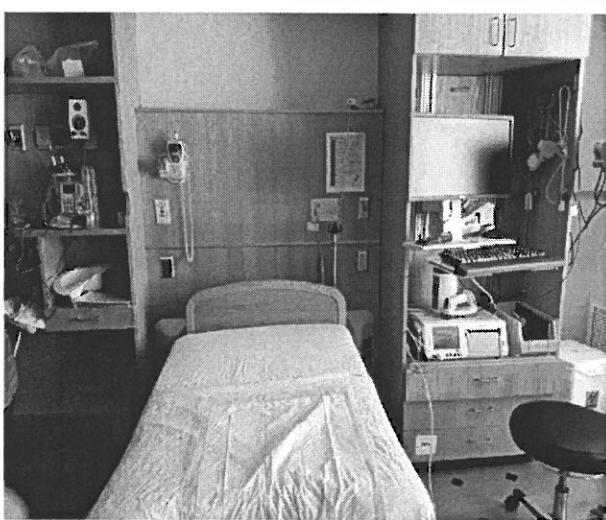
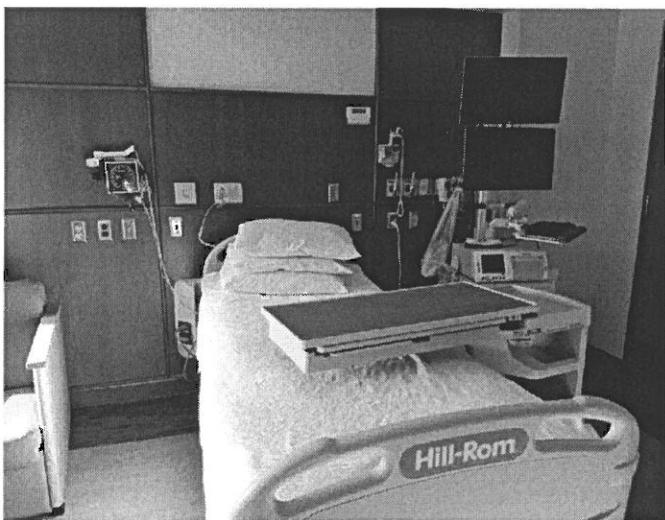
(十一) 婦產科鼓勵 skin to skin



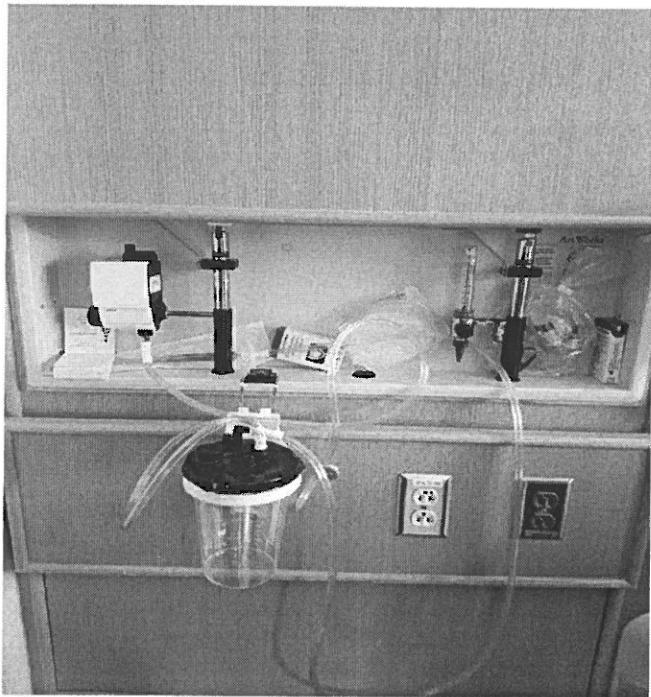
## (十二) 婦產科公告欄



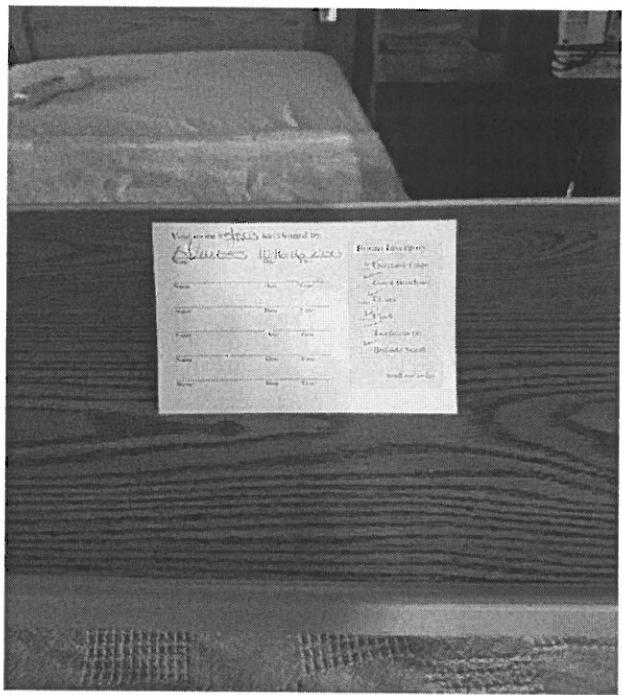
## (十三) 婦產科病房



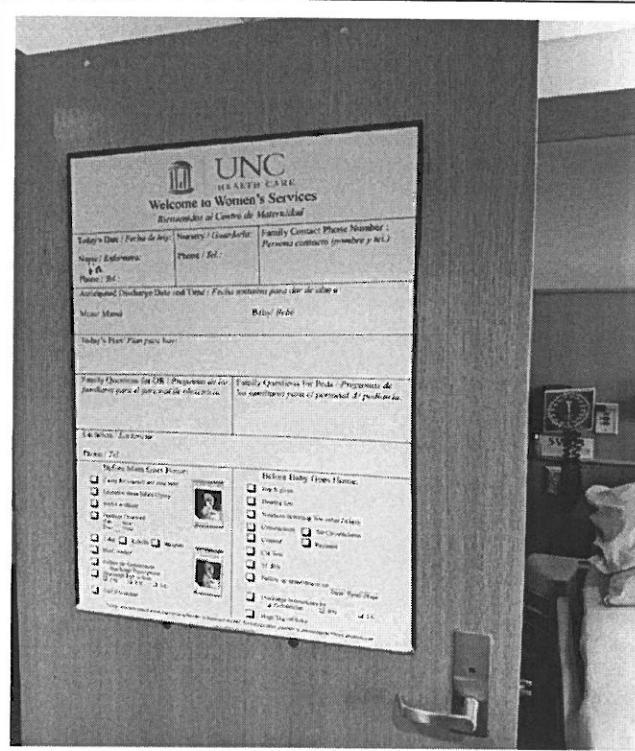
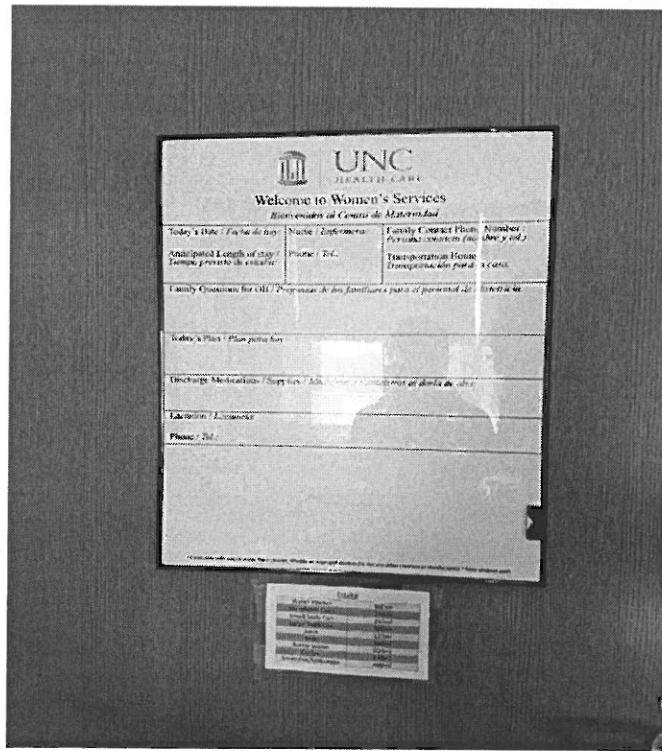
(十四) 婦產科病床床邊醫療儀器



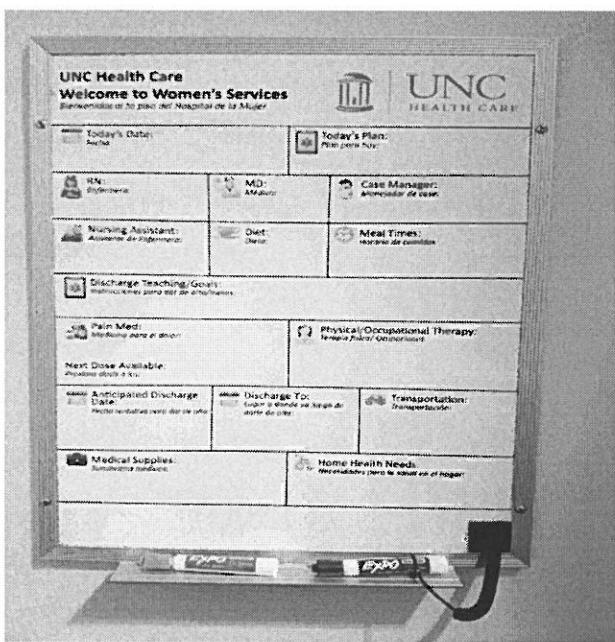
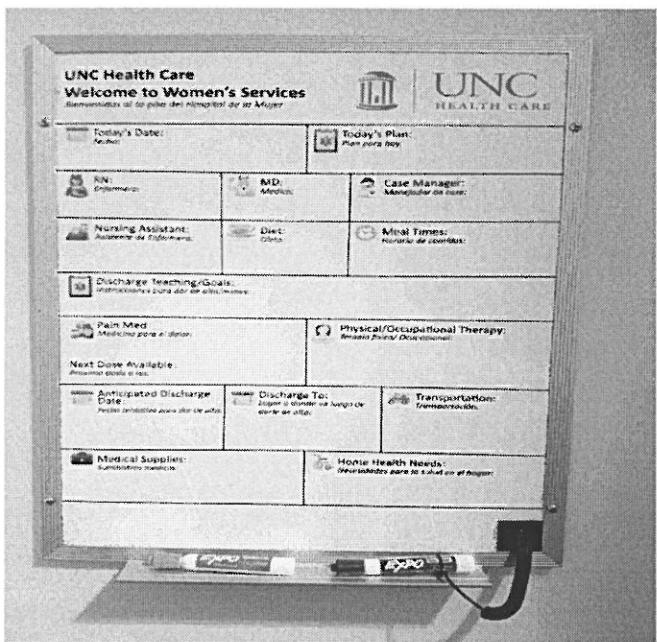
(十五) 婦產科病尾置清潔紀錄



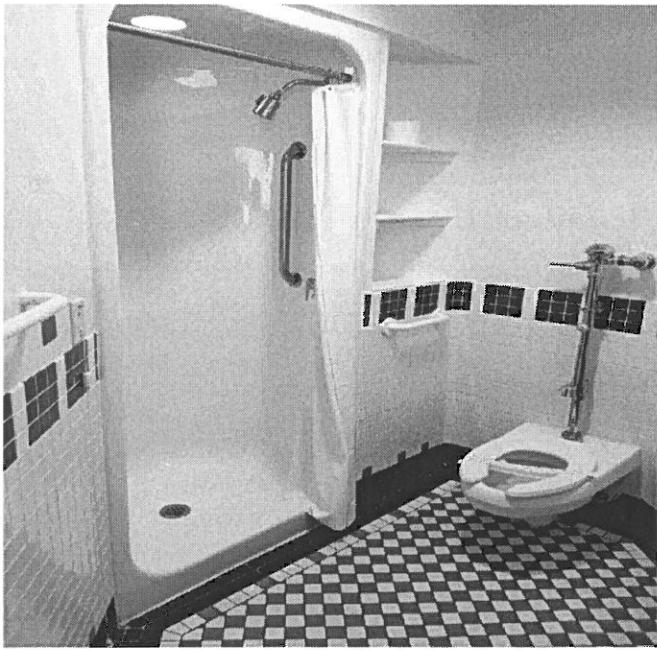
(十六) 婦產科病房白板



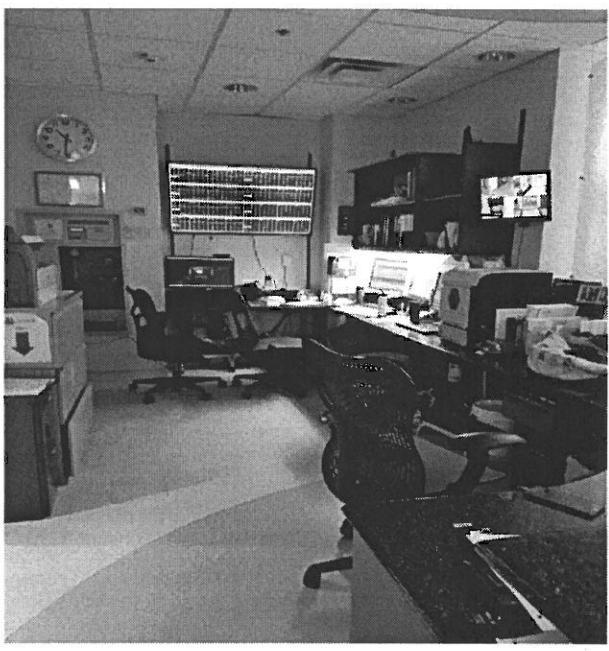
## (十六) 婦產科病房白板



## (十七) 婦產科病房衛浴



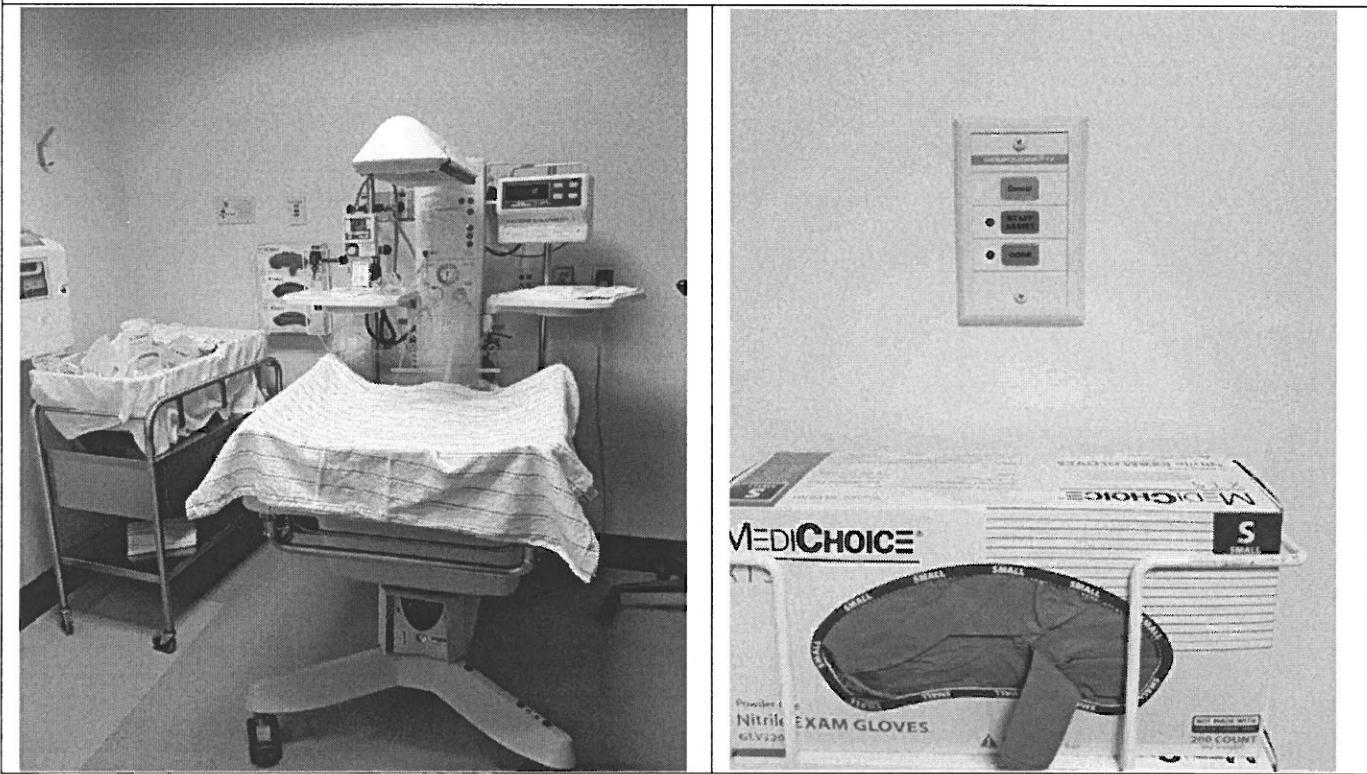
## (十八) 婦產科護理站



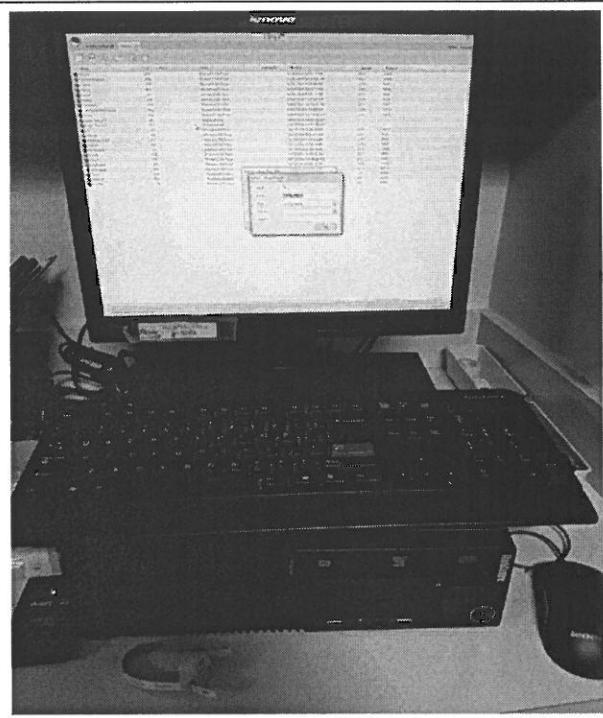
## (十九) 婦產科將病人分類

GREEN (low acuity)	YELLOW	RED (high acuity)
<p>Standard post-op Few call outs (&lt;5/shift) postpartum bowel management straight forward discharge</p> <p>Some caution (interactions, allergies, etc.) Excessive calls, lab workups</p>	<p>new cancer diagnosis diabetic control /teaching palliative care (active) bipolar /other psych dx heparin drip blood transfusion tube feedings TPN &gt; 6 IV meds more than standard discharge NG Tube ostomy &gt;15 PO meds BSC use neuro checks</p> <p>Post op Day 1 (open surgery) Efficiently dealing heavily striking Many call outs</p>	<p>Chemo crushing meds Confused positioning Incontinence bedpan use work ups - fever, lots of tests, etc</p> <p>total care end of life many ostomy changes &gt; 2 wound changes wound vac change (or that) multiple active chronicities &gt; 3 "yellow" tasks</p>

## (二十) 婦產科新生兒處理台



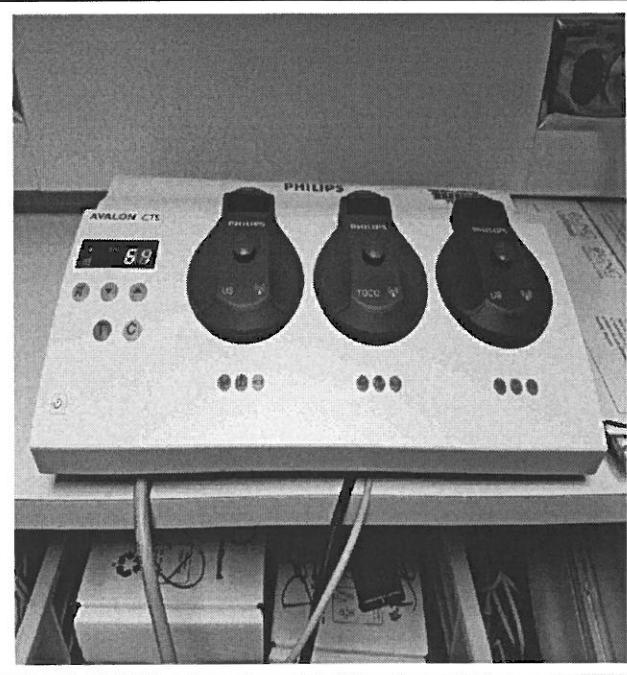
(二十一) 婦產科新生兒手圈



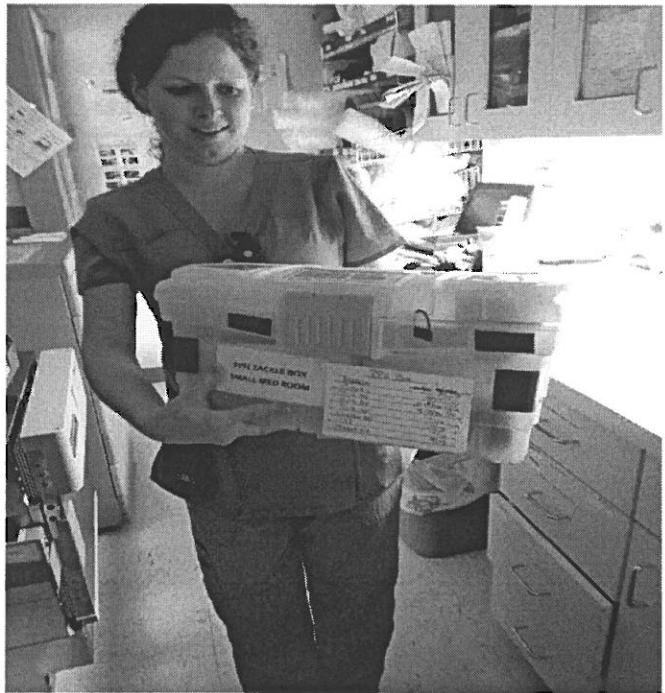
(二十二) 婦產科急救車



(二十三) 婦產科胎兒監視器



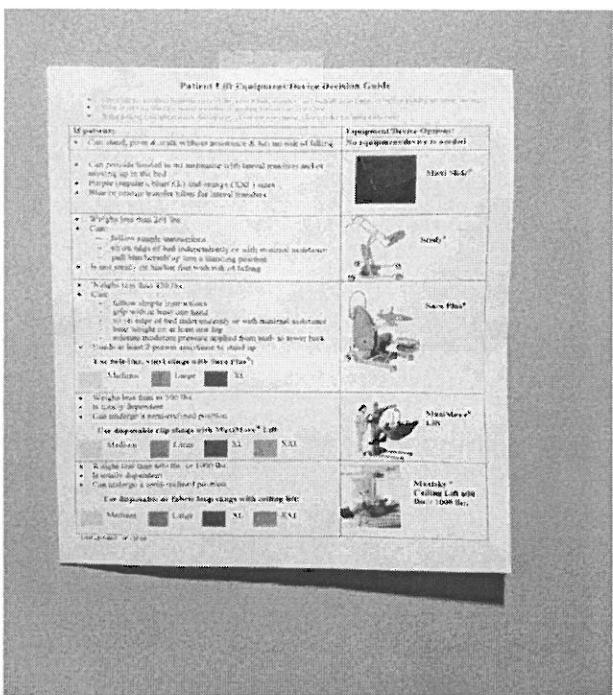
(二十四) PPH BOX



(二十五) 各類出院衛教單張



(二十六) 婦產科 Patient lift equipment



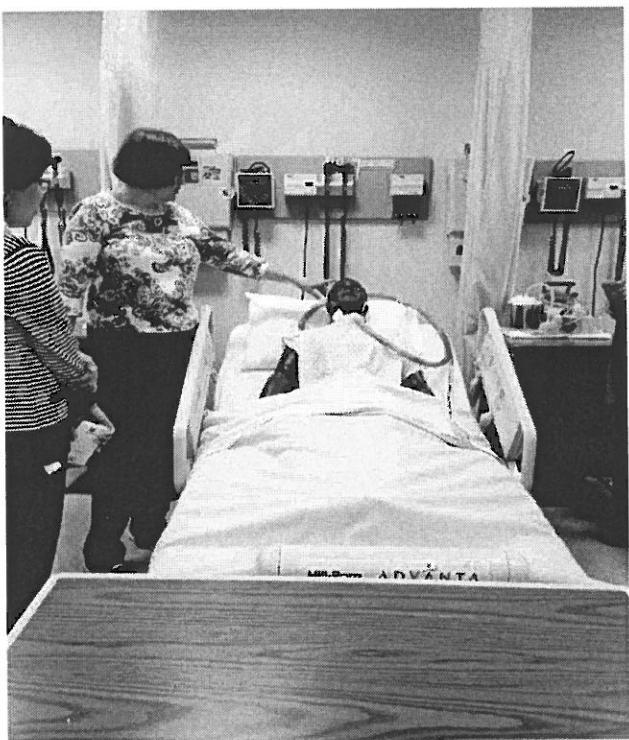
## (二) Simulation Room

學校有多間模擬技能實驗室，可進行小班教學，約有 13 個模擬假人，包括一般成人、孕婦、小孩、嬰兒等，有男、有女，並橫跨不同種族。

(一) 不同種族模擬假人	(二) 產科模擬假人
(三) 嬰兒	

(四) 不同病情之模擬病人

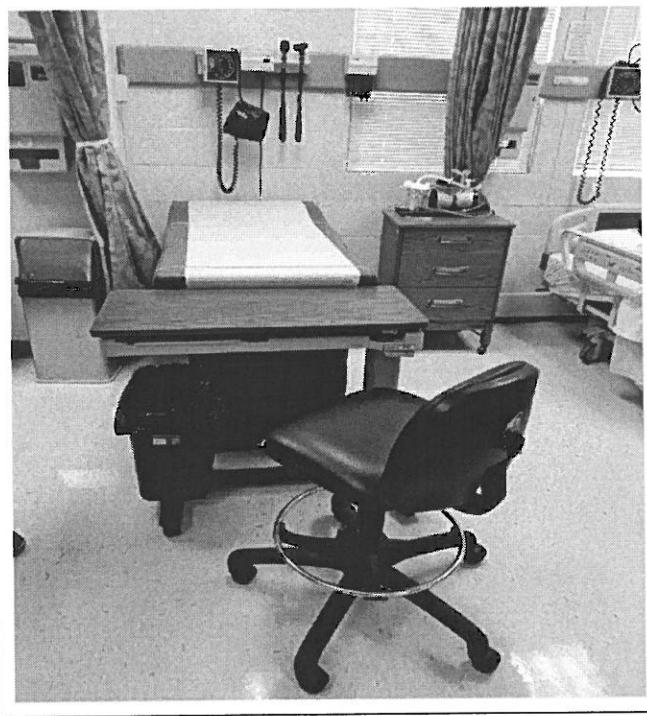
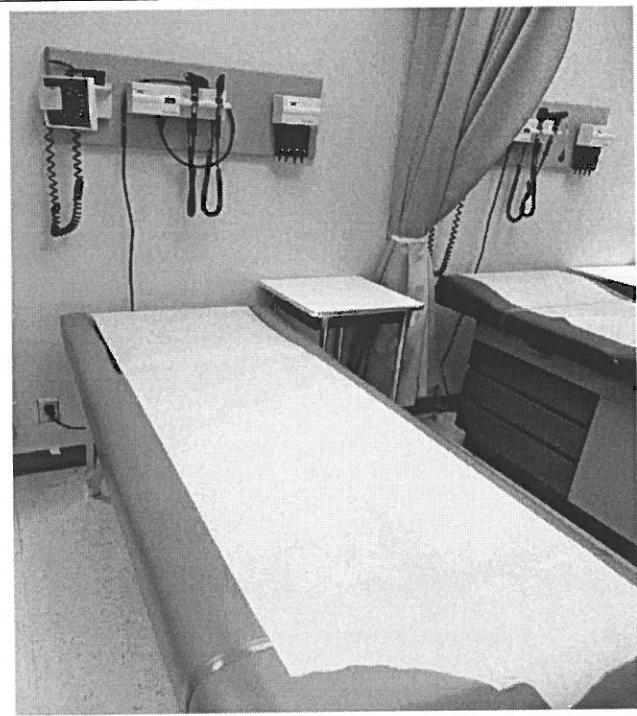
1.氣切模擬假人



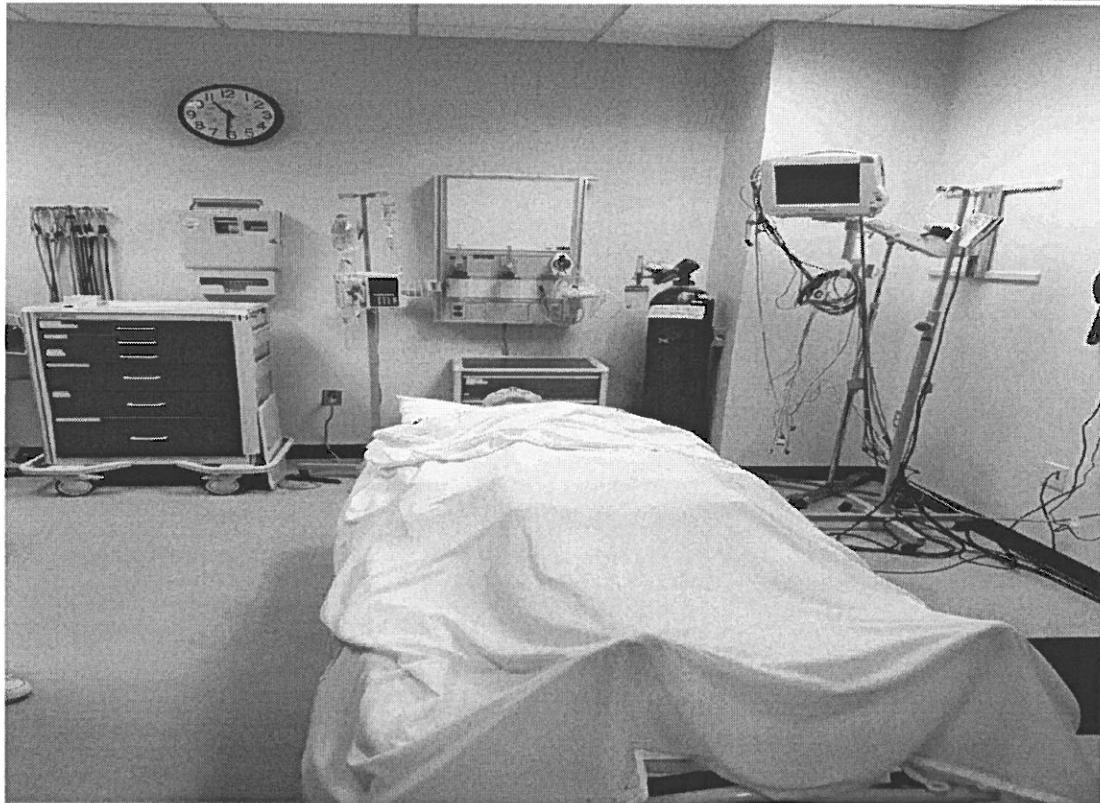
2.糖尿病足模擬假人



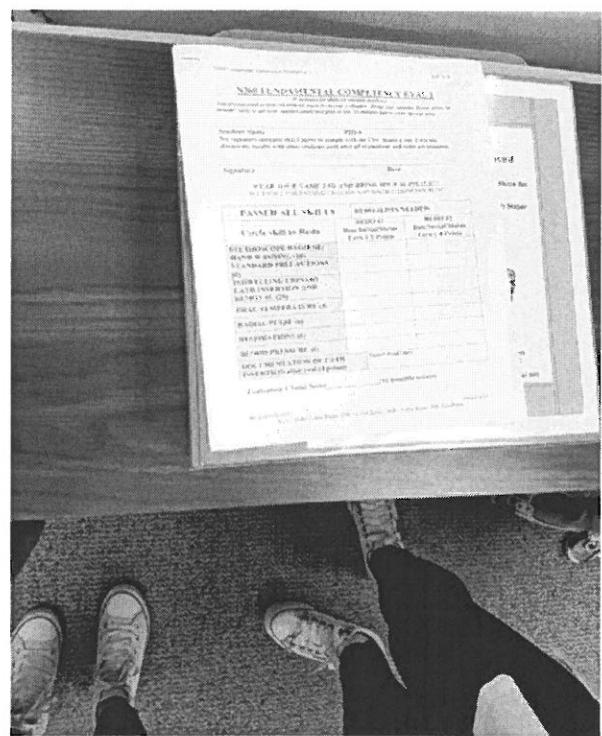
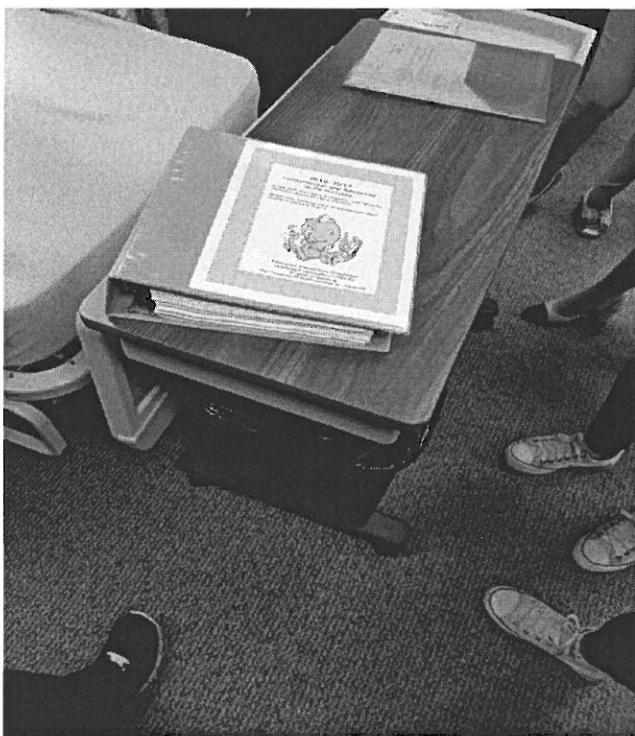
(五) 檢診台



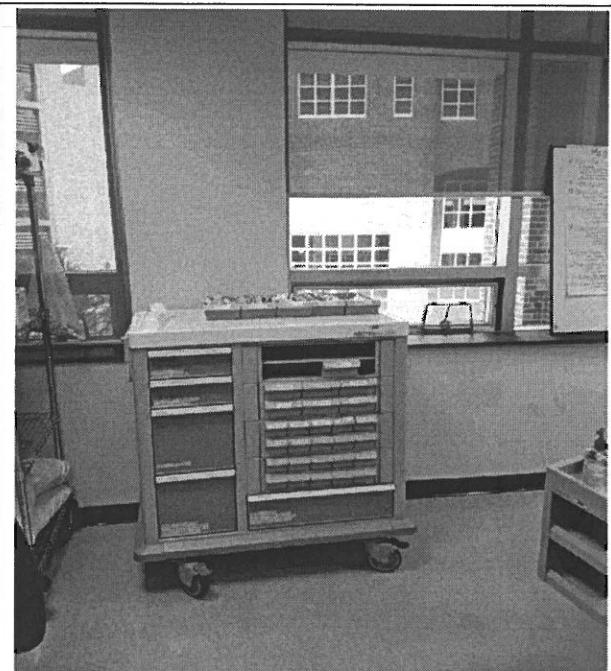
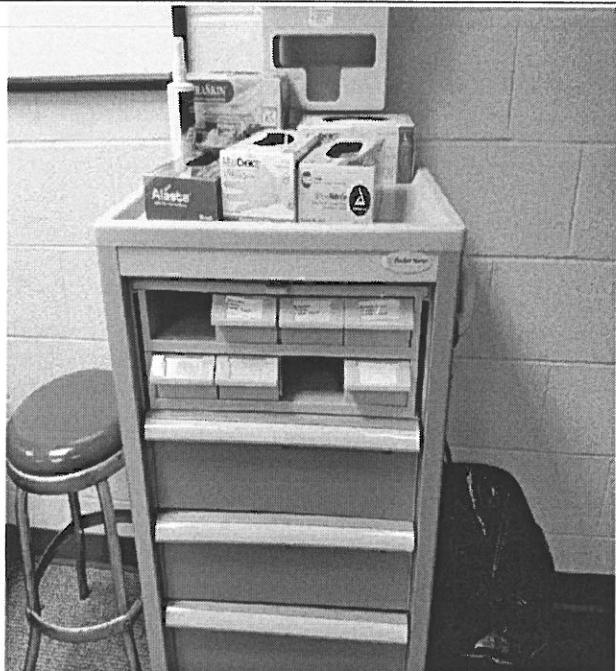
## (六) 模擬病床設備



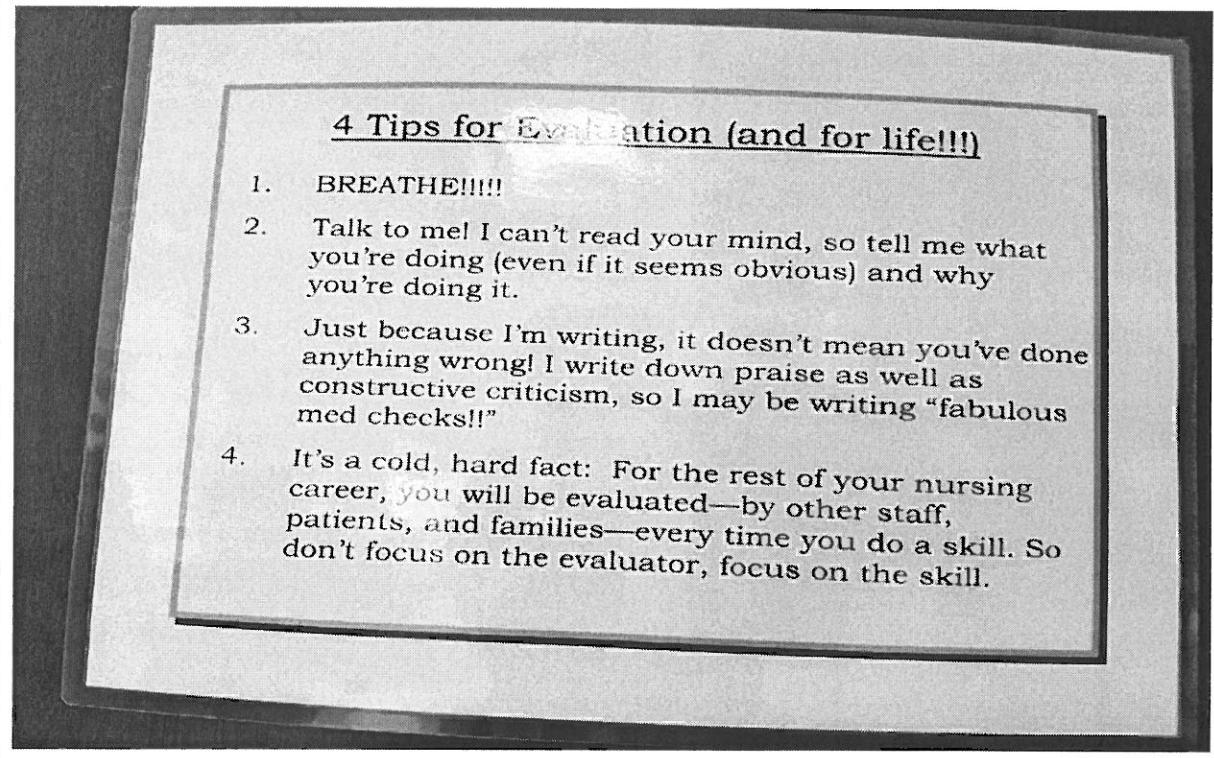
## (七) 每項技術於手冊中有詳細說明，考試評分表供大家練習及老師考試用



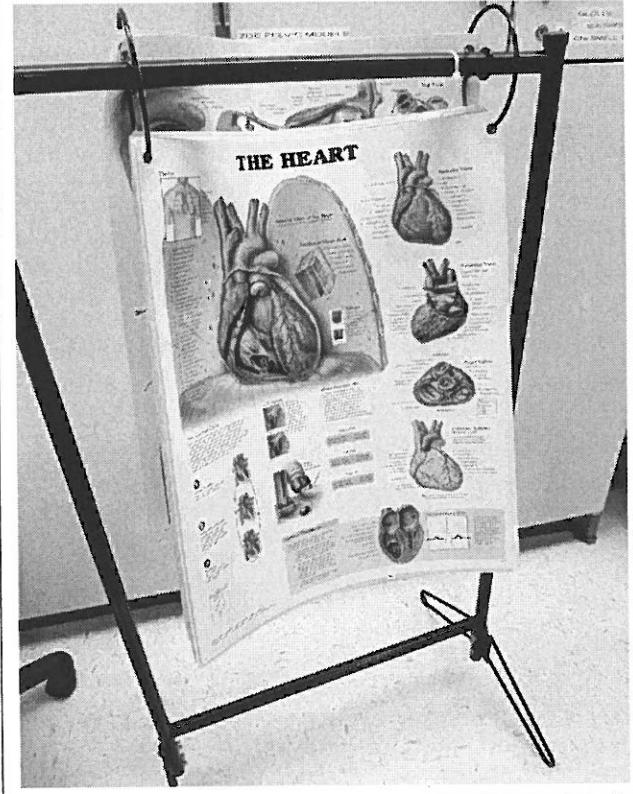
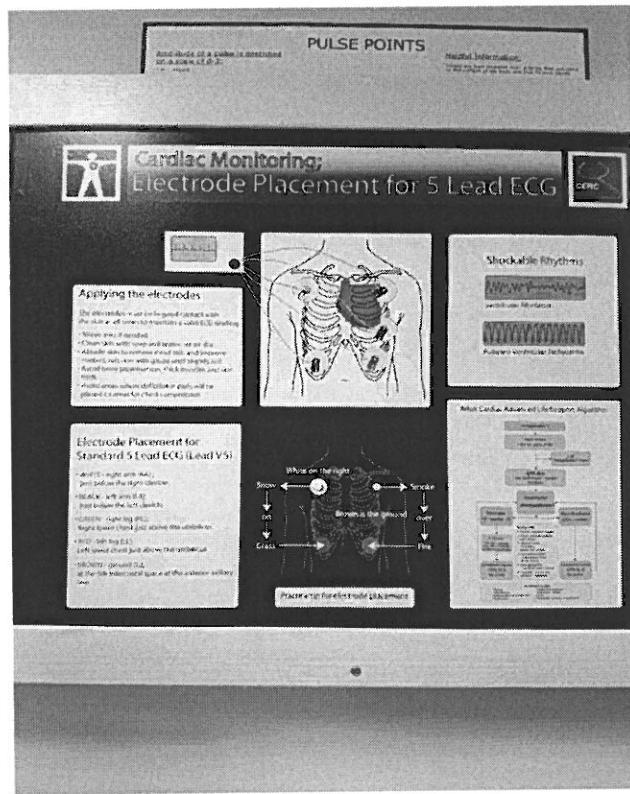
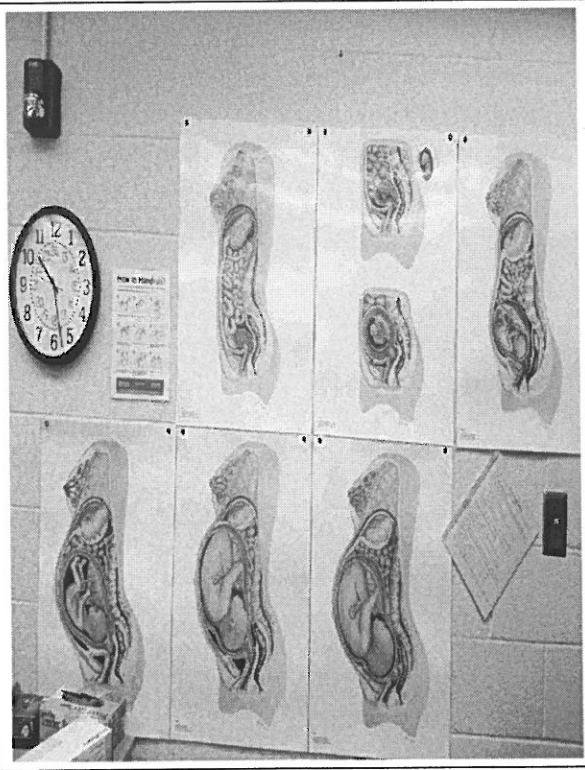
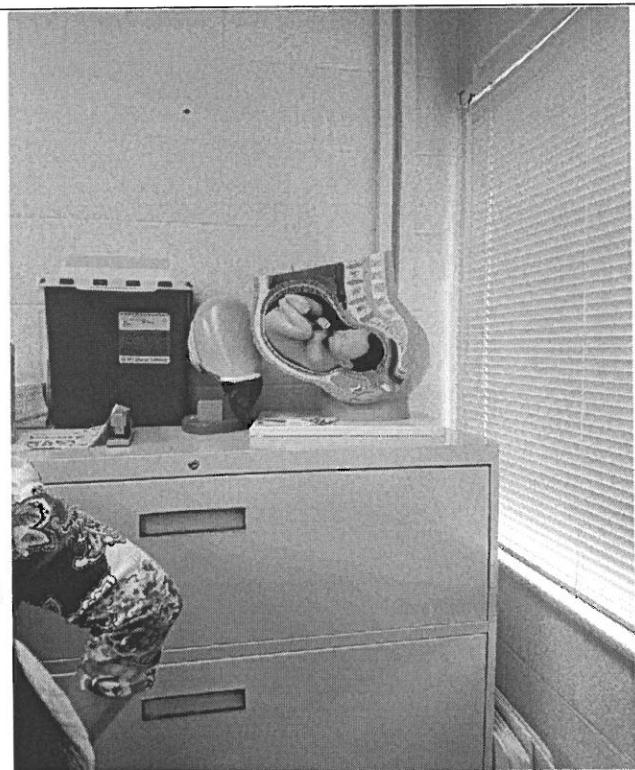
(八) 藥盒

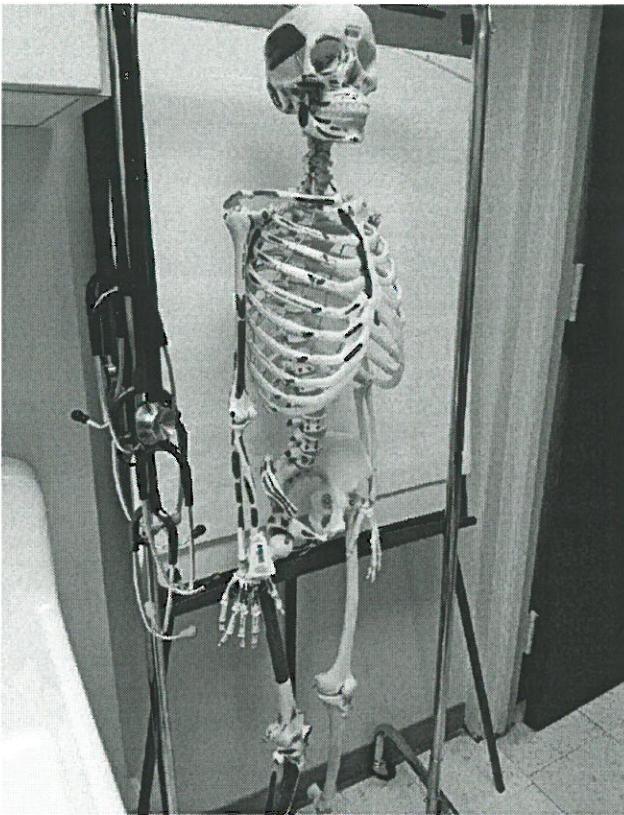


(九) 教室門口前 OSCE 考試小提醒



(十) 教具模型多

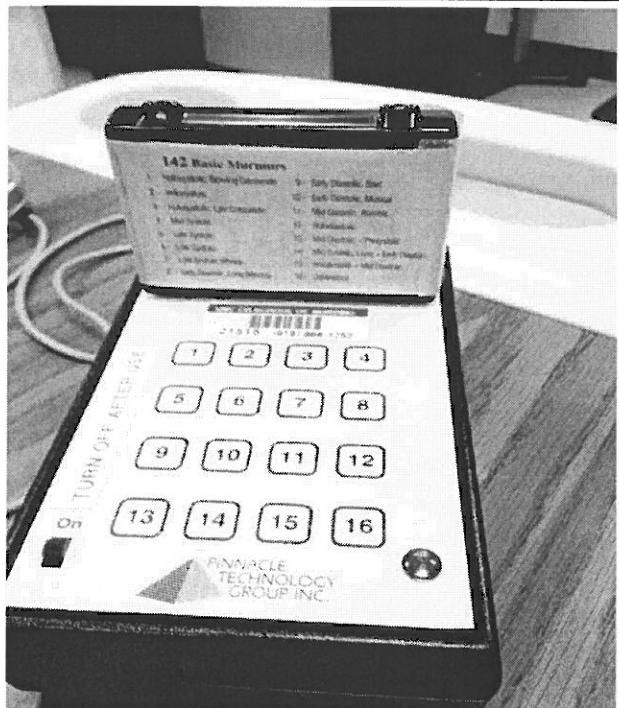




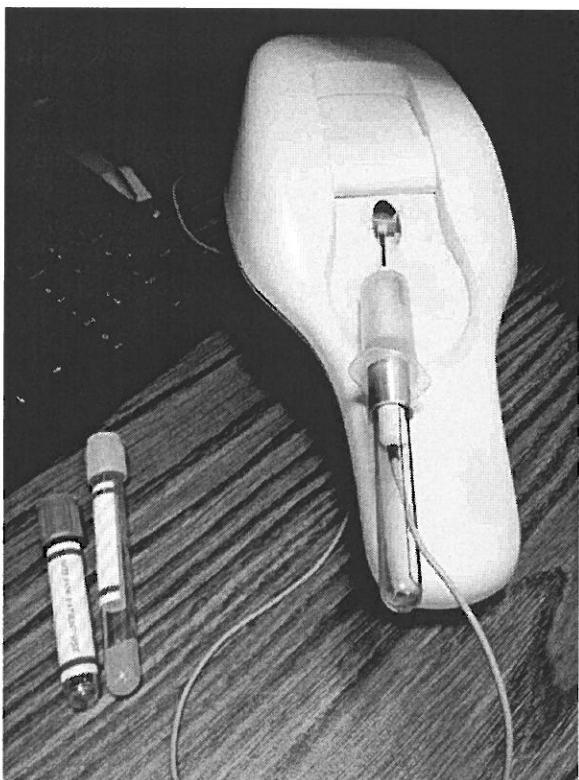
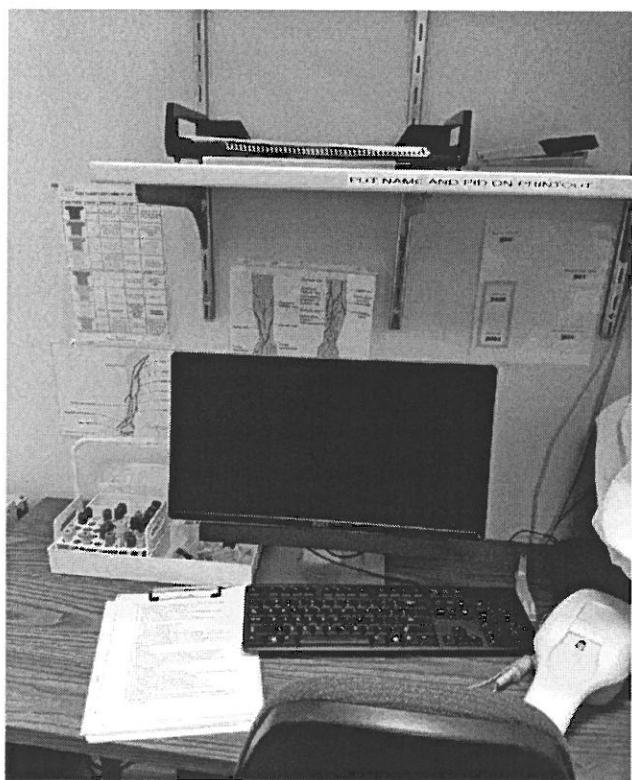
(十一) 強調團隊合作，考試時分配不同角色，每個牌子背後說明職責任務



(十二) 多人可聽同一種心音，老師可及時在聽的過程中進行指導



(十三) 抽血練習模型，可以感應下針及操作是否正確

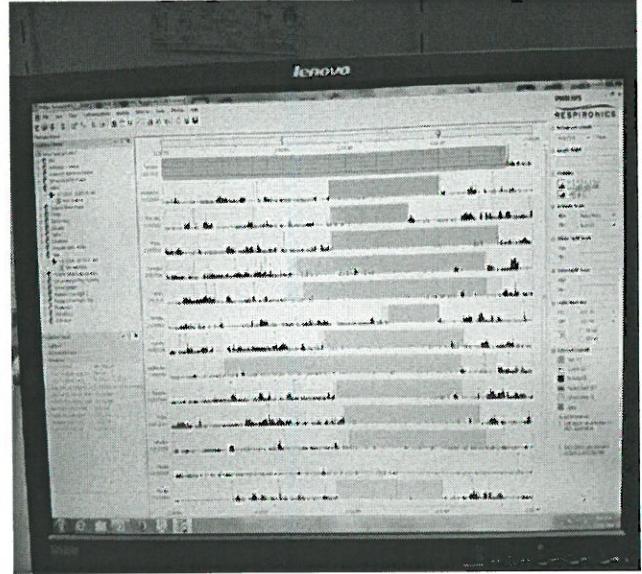
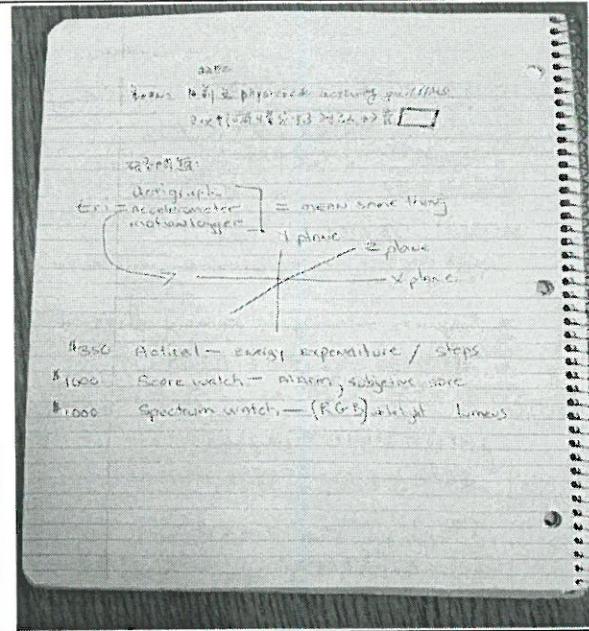


(十四) debriefing 會議室

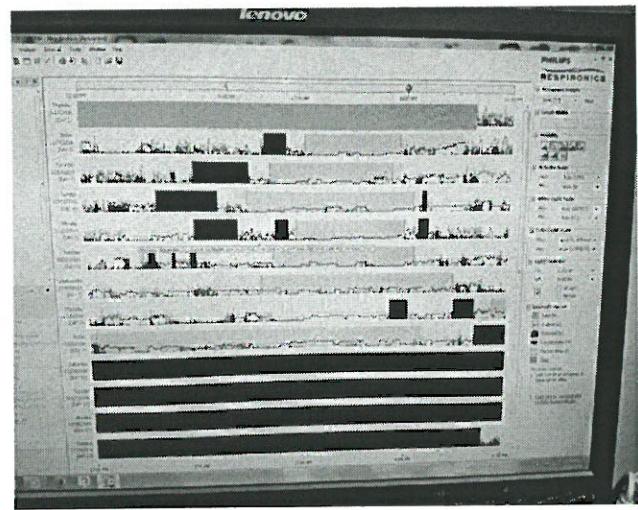
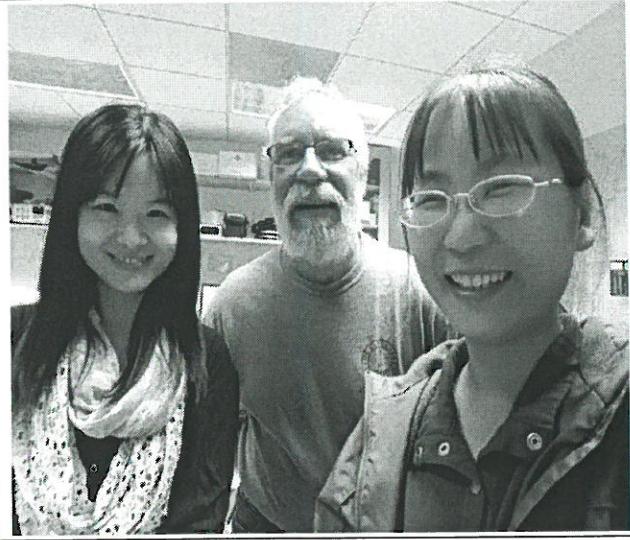


### (三) 生物行為實驗室

#### (一) 戴 score watch



(二) 戴 spectrum watch



## 心得

由於每年醫院皆有送員至國外進修之計劃，正巧本身正就讀高雄醫學大學護理系博士班，讓我有此次至美國出國進修機會，於 2016 年 08 月 07 日前往美國北卡 UNC 進行為期一年的進修計畫，此行進修目的為：一、了解以家庭為中心的婦產科護理，在周產期婦女常見的健康問題上，其健康照護介入之方法；二、了解從事實證護理相關知識及技巧；三、了解從事護理研究相關知識及技巧。

修習課程有 From Theory to Intervention、Nursing Inquiry and Evidence-based Practice for Advanced Scholarship、Sexual and Reproductive Health、Statistical Models for Health Research、Synthesis and Translation of Evidence、Clinical Teaching in Nursing；參與不定時舉辦學術演講；亦參加 Writing Center 舉辦的寫作及口說課程，在婦產科護理、實證護理、護理研究及英文寫作、口說都有不少收穫。

美國的生活，讓我學習到如何在工作、學業與休閒生活間取得平衡的藝術，生活各方面的不偏頗，才是維持健康之道；學習彈性、包容與接納，尊重每一個人的差異性，讓我看見文化的多元性，開拓自己的視野；也對美國人的重視人權、服務態度、獨立自主印象深刻，這些都是值得我們學習的。特別的是，能夠身歷其境感受美國人對運動的熱愛，大家可以一起上籃球場、棒球場及足球場瘋狂吶喊；也可以在假日時，靜下心來上教堂，讓自己的心靈有寄託，使我覺得人生的重心是可以適度調整的，而生活就是一直不斷豐富自己人生的歷程。

## 建議事項

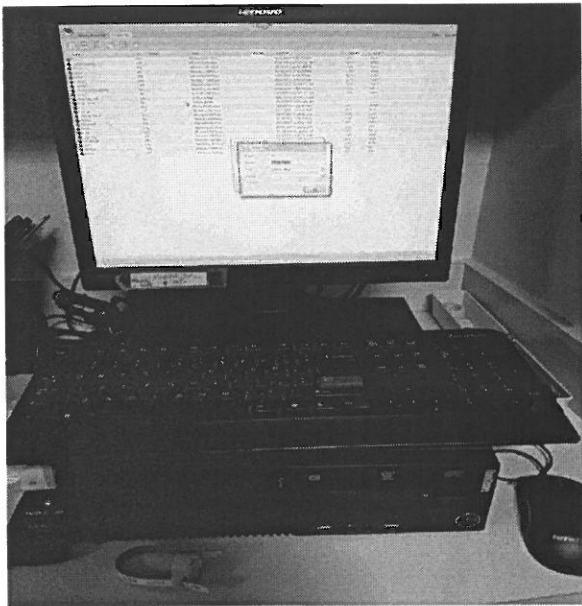
經過一年的進修學習，以下就護理臨床、護理教學、及護理研究三方面提出些許建議：

### 一、護理臨床

(一) 落實訪客監控：醫院參訪時，發現醫院對病房訪客的管控很嚴格，每個病房皆有電動門，欲入病房訪視者，需至服務櫃台登錄，始得有當日訪客照片的訪客貼紙做憑證入病室訪視，建議醫院未來可採用此法，可管控訪客，落實人員管制，以維持病室安全。

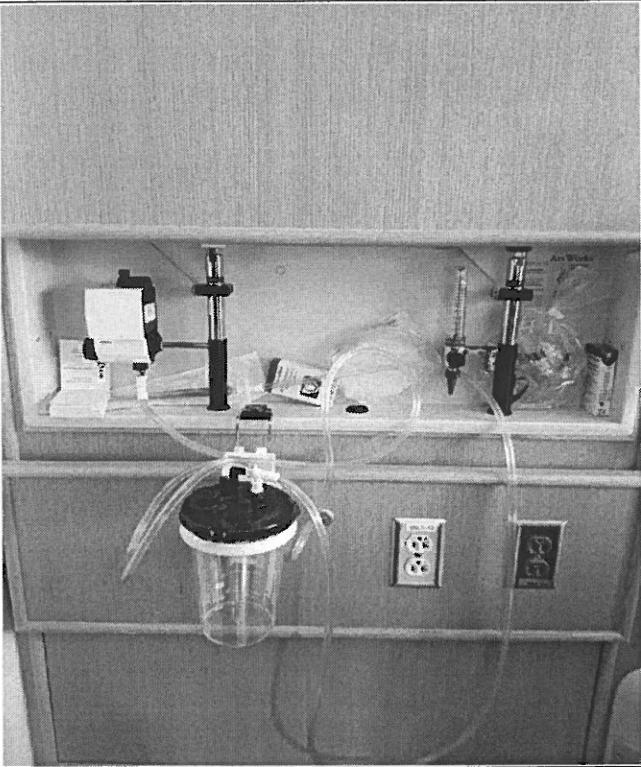
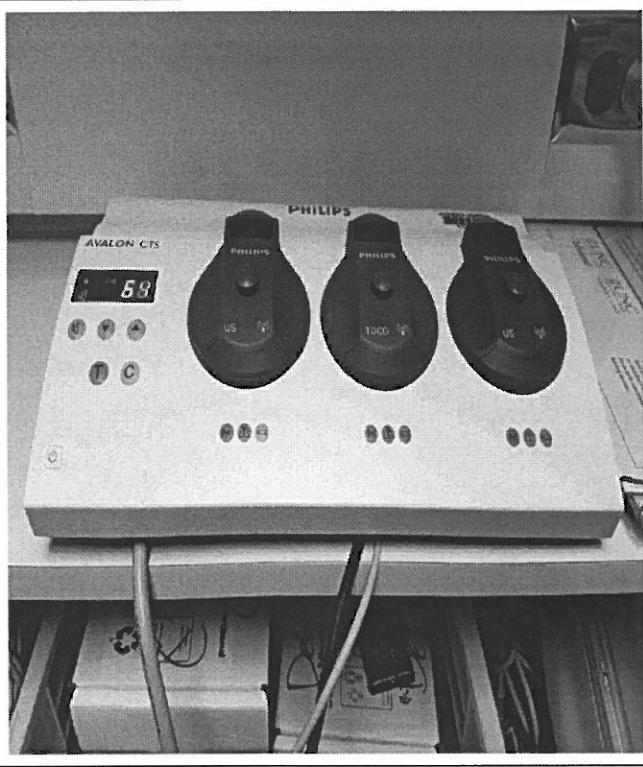
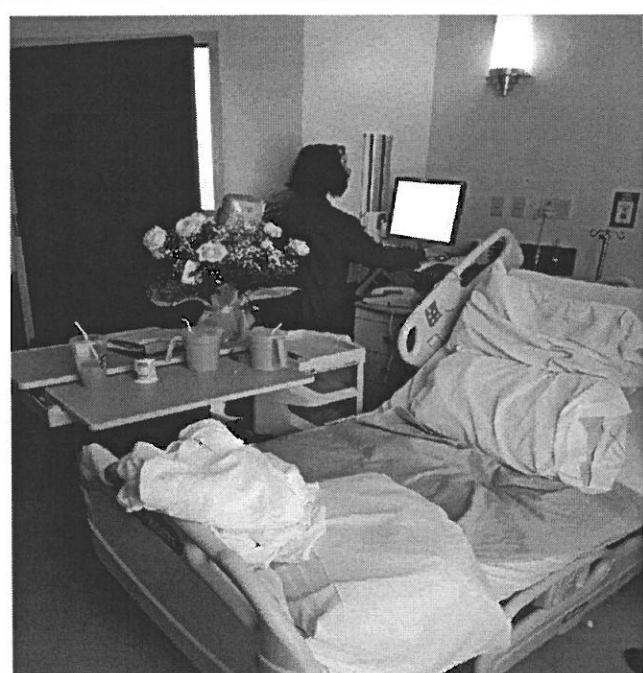
訪客登錄	訪客貼紙
	

(二) 嬰兒手圈感應系統：醫院參訪時，發現嬰兒手圈採電腦系統連線之感應系統，當嬰兒不慎被抱出病房時，警鈴會大作，建議醫院未來可使用此一手圈感應系統，以防嬰兒失竊。

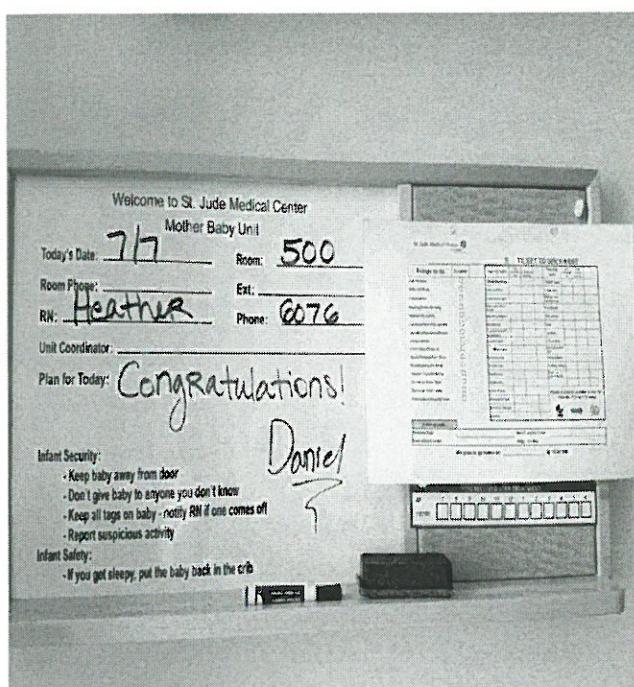
新生兒手圈	新生兒手圈登錄
	

(三) 病室規劃：醫院參訪時，發現醫院病房是單人房，其病房圍簾非圍於病床旁，而是置於病房門後，此會讓病人較無壓迫感，而亦能維護病人隱私；醫療牆內縮，儀器可置於內，不使用時可節省空間；儀器新穎迷你，攜帶方便；每張病床邊設立單獨電腦資訊系統，護理人員在給藥或查詢病人資訊時，迅速方便；病室的電視標示專屬的衛教頻道，可供病人選看，病人可調整自己適合的時間觀賞衛教影片；每間病房設立白板，其上標註醫師、護理師及衛教重點等，隨時可立即更新病人資訊，醫療團隊可一目瞭然；新生兒配方奶為 disposable，不須沖泡，方便衛生；嬰兒餵食登錄表單簡單、方便；兒童病房不以號碼做區分，而以動物圖案繪於門口牆腳，以利病童記憶；單人病房門口前標示每位病人需留意事項，如左手

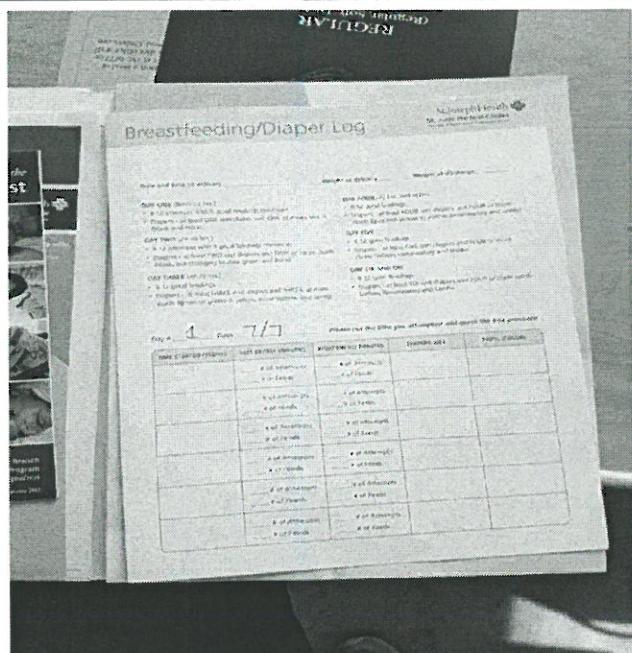
禁治療、管路留置天數，以上建議未來醫院在病室設置時可參考。

醫療牆	胎兒監視器新穎迷你
	
床邊電腦資訊系統	床邊電腦資訊系統
	

病房白板隨時更新病人資訊



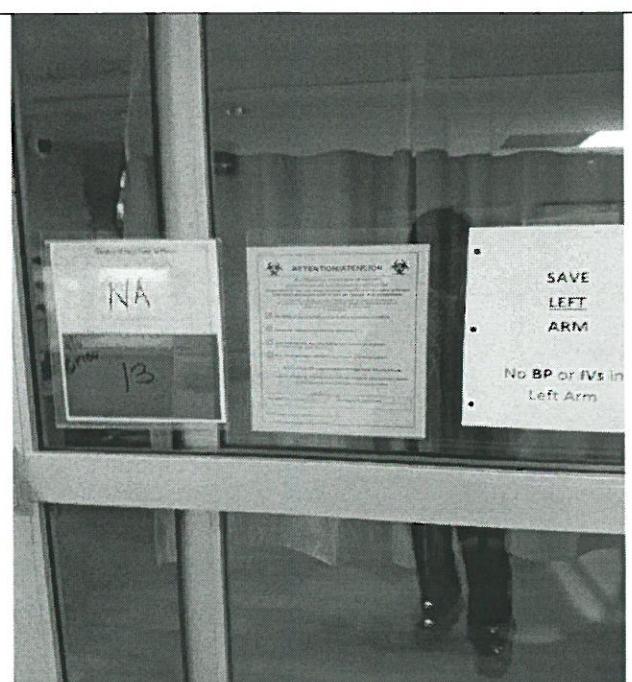
嬰兒餵食單簡易、方便



兒童病房外牆



病房門口前標示



(四) 緊急設備：婦產科病房備有 PPH（產後大出血）急症處理盒，方便緊急時隨時取

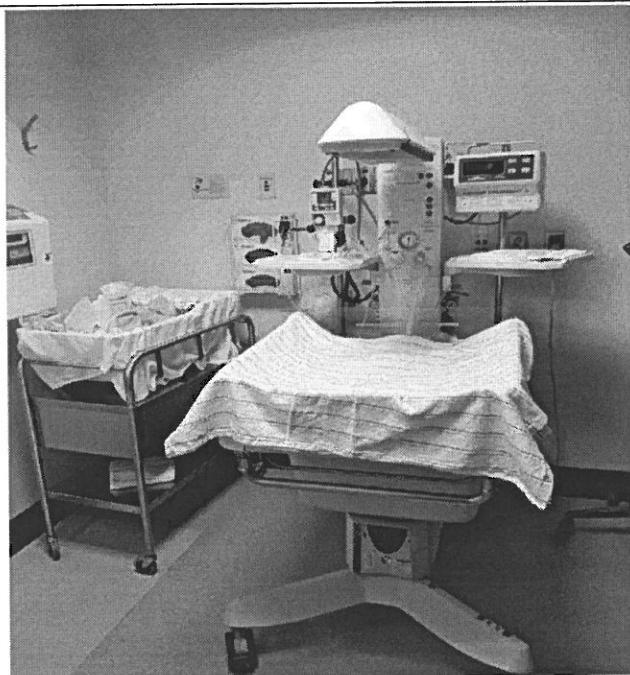
用；亦備有新生兒處理台，其旁牆上設置緊急鈴，方便緊即狀況下使用，可參考

設置。

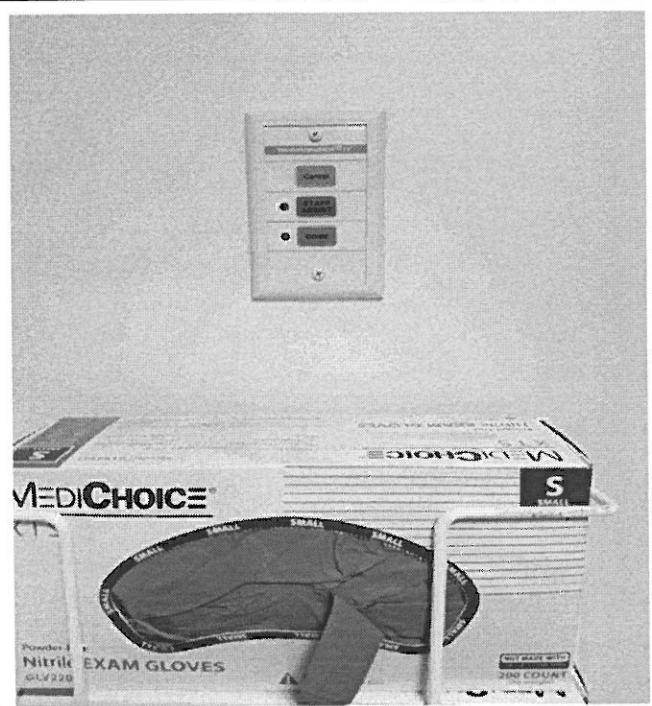
PPH BOX



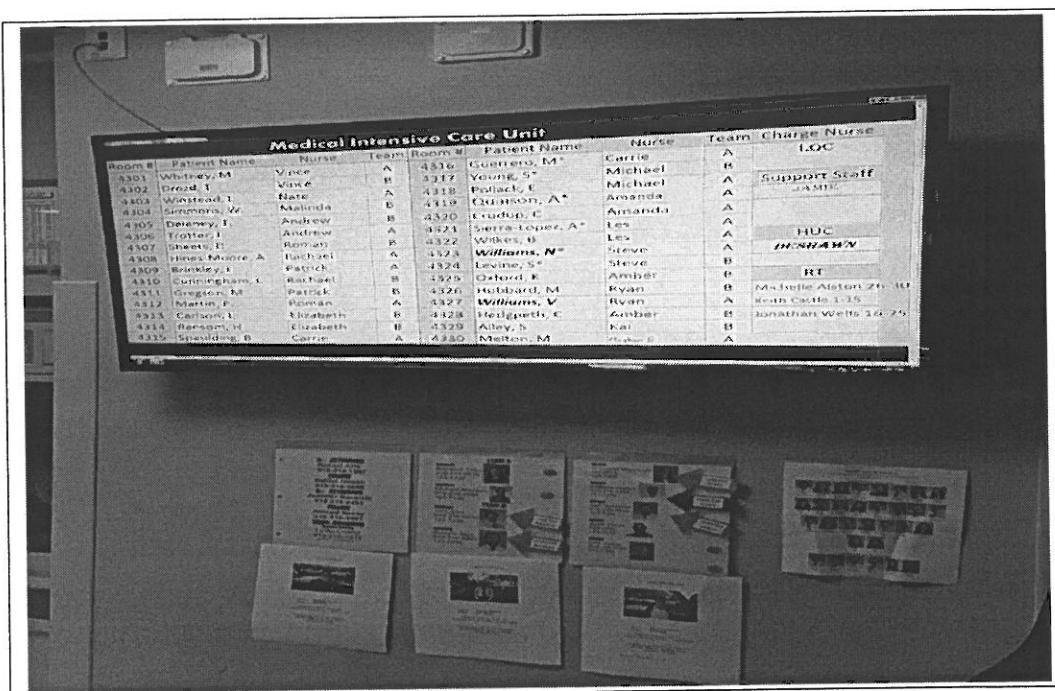
婦產科新生兒處理台



婦產科新生兒處理台



(五) 護理站病人資訊系統：護理站大螢幕顯示病人、主護名字及組別等資料，一目瞭然，可參考設置。

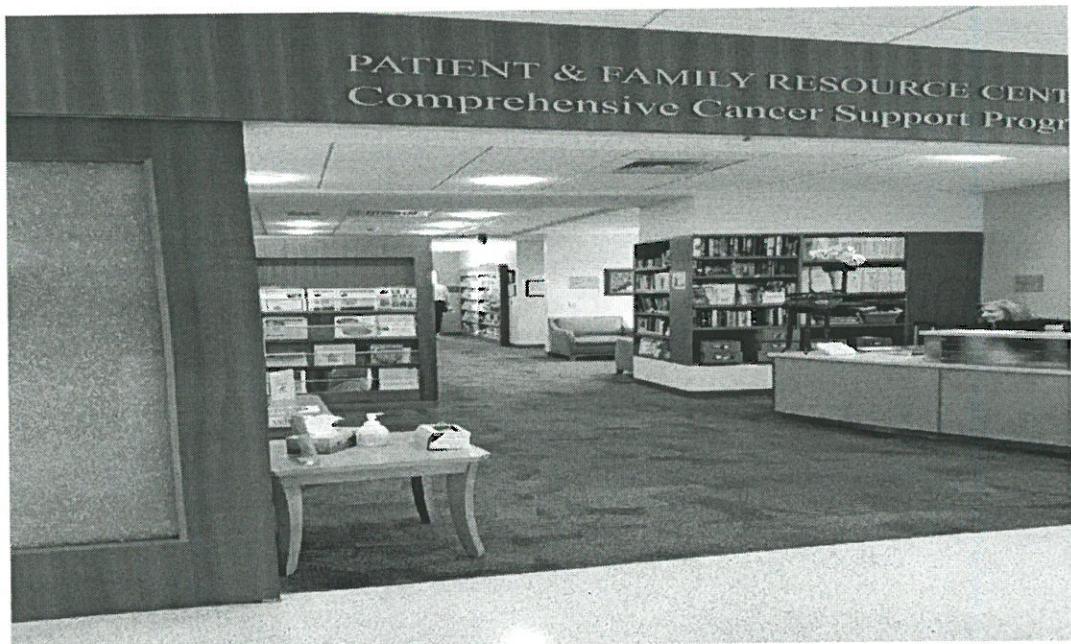


(六) Patient lift equipment，省力、省時與方便，未來醫院採購時可參考。

Patient Lift Equipment Device Decision Guide			
If patient:			
Can stand, pivot & walk without assistance & has no risk of falling			
Can provide lift to an assistance with lateral transfers and/or moving up or down bed			
Purple (regular), Blue (XL) and orange (XXL) sizes			
Blue or orange transfer tubes for lateral transfers			
Weight less than 240 lbs.			
Can:			
• Follow simple instructions • Stand with 2 feet on one side • Sit on edge of bed independently or with minimal assistance • Stand weight at least 1/4 kg. • Transfer independently without assistance from mid to lower back • Needs at least 2 persons to assist with stand up			
Can self-lift, this lifting was done 20%			
Medium      Large      XL      XXL			
No equipment device is needed			
<b>MaxiSlide®</b>			
Stedi®			
Sack Plus®			
ChestMate® LIF			
Mecuity® Ceiling Lift App			
Up to 300 lbs.			

(七) 癌症病人及家庭資源中心：癌症病人及家庭資源中心，除負責工作人員、各項衛教資訊外，尚有提供假髮配戴及按摩儀器服務，可參考設置。

癌症病人及家庭資源中心



假髮服務



按摩儀器服務



(八) 至 UNC 主要是在學校上課，醫院僅有參訪 UNC Hospital 行程，僅能就設計和設備，提出建議，較難對整個照護流程提出具體建議，再者不具美國護理執照，無法實際參與臨床護理，故建議未來進修單位的選擇，可多選擇醫院見習方式來了解不同國家醫院臨床作業模式，也建議未來院方也可有計劃的與國外醫院建立合作關係，互送護理人員進行交流訓練，促進對不同文化背景下醫療環境的了解，取其長處，改善臨床作業。

(九) 簡化技術單張：UNC 護理技術單張簡單明瞭，不論執行技術者或考核技術者都能迅速一目了然，建議臨床使用的護理技術單張宜盡量化繁為簡，方便臨床使用，以口服給藥為例。

#### Skills Checklist: Medication Administration

- Identify correct patient, medication, dose, route and time.
- Check vital signs, including pain assessment, if needed.
- Tell the patient the purpose and side effects of the medication.
- Observe the patient take the medication.
- Re-assess the patient within 1 hour.
- Document.

(十) 在護理業務上，較少使用成本分析的概念來看護理服務，在UNC聽Financing for value based care課程時，深覺護理主管宜多少有經濟成本分析的概念，以利病房管理，故建議護理主管可修習經濟成本分析課程，以下舉二例來說明。

1. 護理主管有時會遇到是否購買新儀器的抉擇，如有一臺新型bypass pump在思考是否買，因為上個月才花\$120,000買較舊型bypass pump，功能狀況與新型相同，預估使用年限5年，每年需花\$20,000運作成本，而新型造價\$40,000元，每年運作成本\$5,000，那是否該購買？

舊型用5年成本： $20000 \times 5 = 100000$

新型用 5 年成本  $40000 + 5000 \times 5 = 65000$

$65000 < 100000$

故應該買新型bypass pump

2. 有時會要思考需要服務多少個案可以回本，亦即收支平衡點（Break-even quantity），其公式為 $\text{Fixed Costs}/(\text{unit price}-\text{variable costs})$ ，如個案管理師每月需有多少服務量，才能回收成本，Fixed Costs為個案管理師每月薪水(以40000元計)，unit price為個案服務費(900元/次)，variable costs為每次訪視車費(100元/次)，運用公式 $40000/(900-100)=50$ 人，亦即每月個案管理師需訪視至少50人才能回收成本。

(十一) 在美國對於殘障者的服務，讓我覺得深感溫馨，公車降低車體，放下階梯，司機主動協助輪椅者上車，繫好安全帶，之後，再回駕駛座開車，下車亦是主動幫忙至下車，司機不會趕時間，乘客也不會有人不悅，而坐輪椅者可自行一個人坐公車不須家人陪伴，建議醫院也可思考對殘障者的服務，從看醫開始至結束能提供一條龍服務。

(十二) UNC 很重視學習與休閒間的平衡，故在佈告欄上，不僅公告學術活動，也會公告運動休閒的課程，鼓勵系所老師及學生一起參與，像每週固定一次，時間約

30 分鐘的 wellness program (like Yoga)，可提升 focus, harmony 及 balance，建議院方可以尋找適合的運動指導老師，固定每週一次提供服務，以利員工在工作之餘，亦能放鬆及紓壓；亦可每年辦理球賽聯誼，院內各單位可以組隊比賽，亦可和其他醫院辦理球賽交流（如籃球），凝聚員工向心力。

## 二、護理教學

(一)課程數位化：UNC 為讓在職進修學生可不受時空限制的學習，故有不少遠距教學，但為了維持學習品質，學生需通過線上測驗，取得學習證明，建議護理部課程，尤其在每年規定必上的課程上，可多多數位化及設立線上測驗，讓輪班的護理人員可不受上課時間限制的進行學習，取得學習時數；有些課若有一定難度（如訓練班課程），在課前也可先預錄教學影片，讓學員能於課前對主題有初步了解，至課室教學時，老師能針對學生提問進行回答或進一步就這主題深入解說，能加深對課程的了解。

(二)課室教學多提問，鼓勵學生思考，注重小組討論，最後將小組討論結果分享出來，讓課室教學生動活潑，並使學生能多方學習、聽取他人意見；椅子在設計上也相當人性化，可旋轉 360 度，且有桌子附於其上，亦附茶杯架，座位下可置放個人物品，方便小組討論時座位之移動，可供未來教學時之參考。

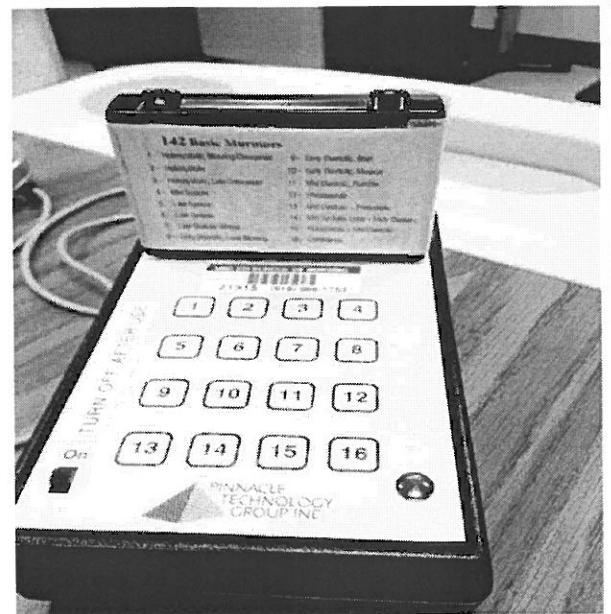
課室椅子



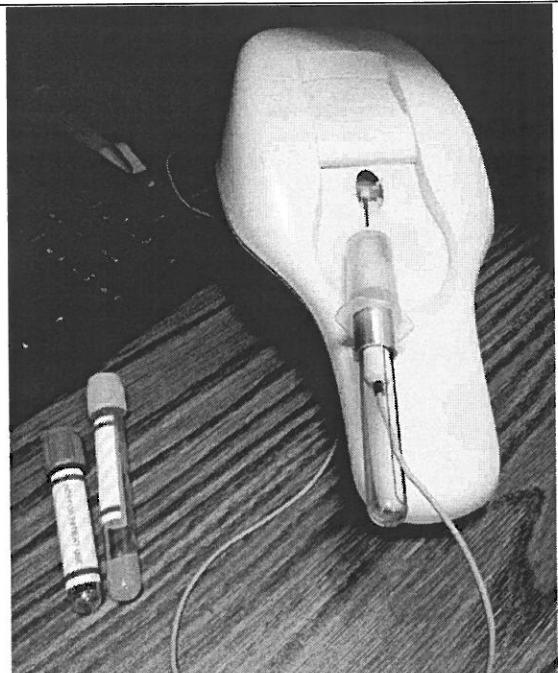
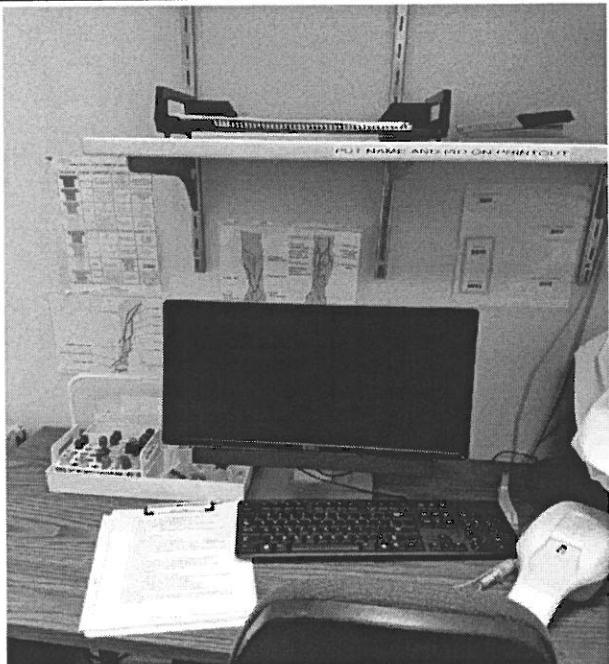
(三) 新穎的教學儀器：UNC simulation room 備有多人同步聽心音儀器、電腦感應抽血

儀器及各種不同情況之模擬假人，可供醫院未來教學儀器採購時之參考。

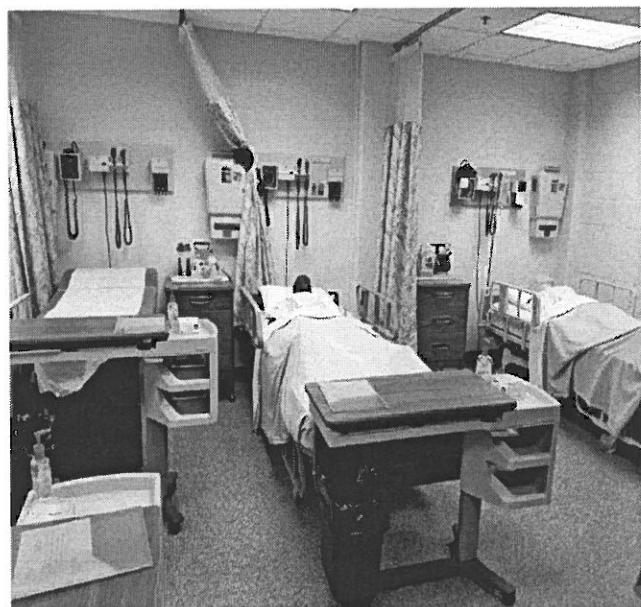
多人可聽同一種心音，老師可及時在聽的過程中進行指導



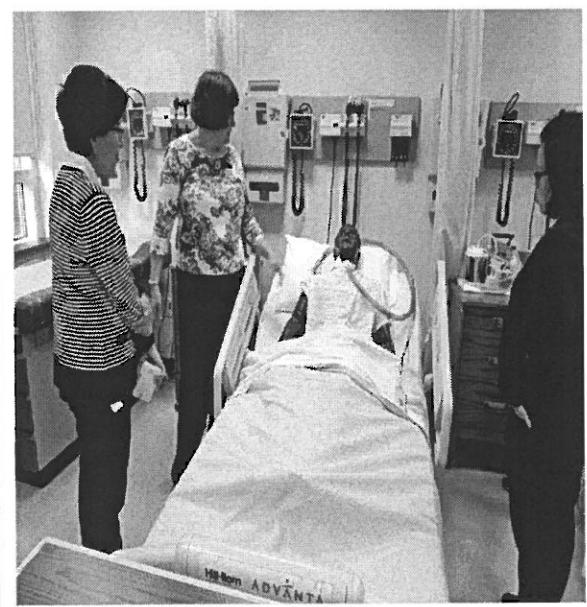
抽血練習模型，可以感應下針及操作是否正確

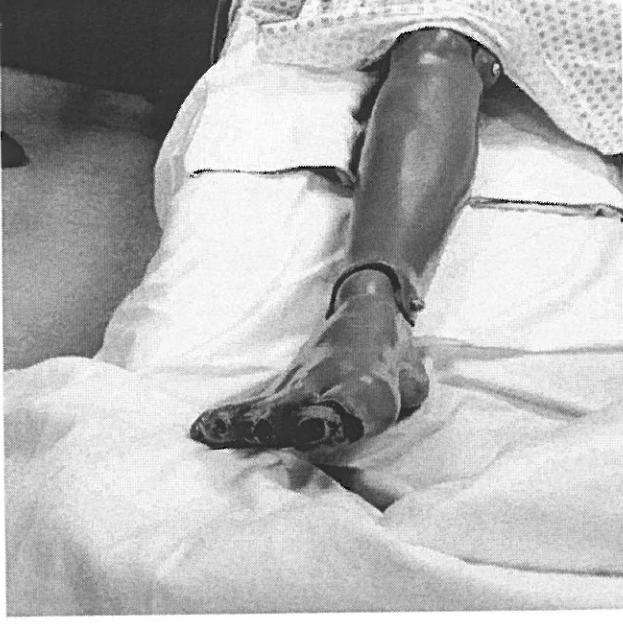
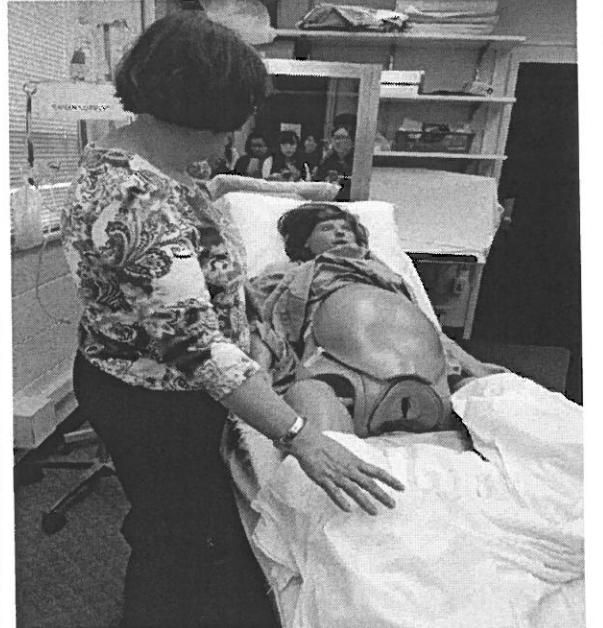
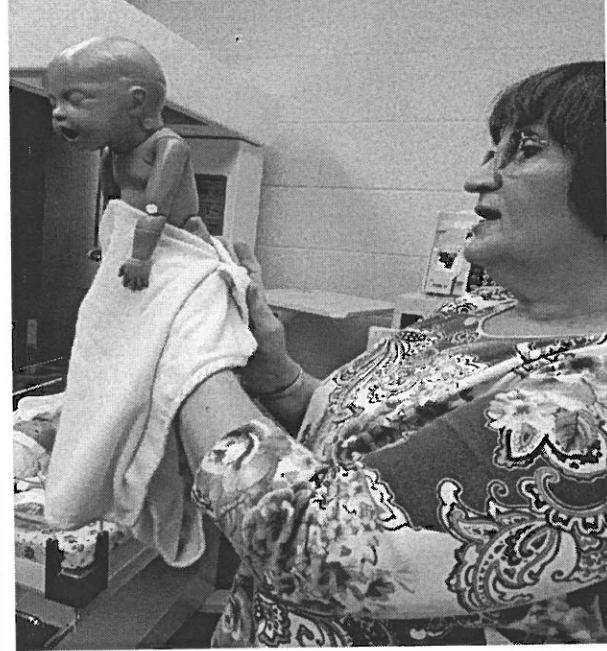
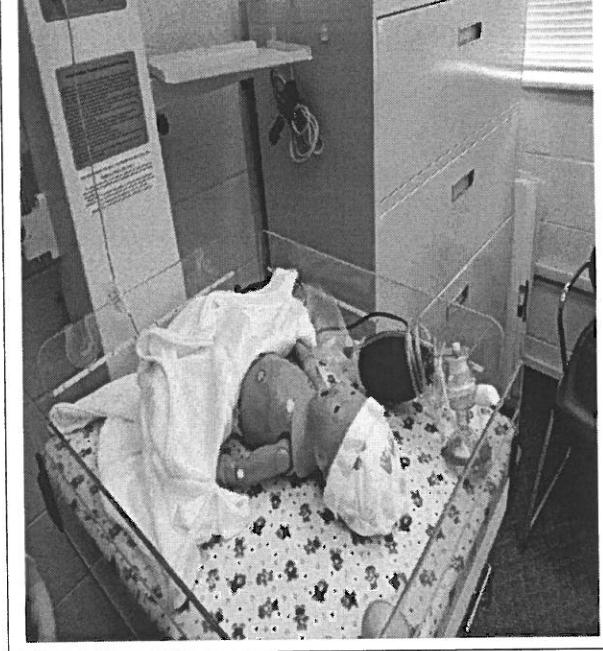


不同種族模擬假人



氣切模擬假人



糖尿病足模擬假人	產科模擬假人
	
嬰兒	嬰兒
	

(四) 臨床教師 simulation 課程：建議可用 simulation 方式讓臨床教師反思教學技巧，以小組討論方式來進行課程，每組 6 人，共 6 個護理技術操作情境，小組成員分別擔任每個情境教師，有固定之假病人、及假學生，每個情境 20 分鐘（含 5 分鐘

debriefing)，simulation 的負責老師，帶領每個情境的討論，其過程重在彼此互相討論適合的教學方式，以提升教學技巧，以下舉例其中一個情境腸造口護理為例。

### Scenario 1: Colostomy Care

#### Objectives

At the completion of this simulation you will be able to:

- Demonstrate effective communication with both the patient and student
- Respond appropriately to correct and incorrect student actions
- Examine student performance to provide an appropriate student evaluation
- Construct an appropriate pre- and post-care clinical meeting with the student regarding patient interaction, procedure, and student feedback

#### Roles:

- You are the Clinical Instructor.
- TBD will act as the undergraduate nursing student and as the patient.
- Lisa will be the role of faculty observer and evaluator.
- Additional N882 students will observe/help prepare the simulation.

**Overview:** This case presents a 4-day postoperative patient with a fresh stoma that is functioning well. The colostomy bag needs to be emptied by the junior-level nursing student.

**Background Information:** The junior-level nursing student worked with a wound ostomy nurse during the previous clinical day. During this semester, the student learned about colostomy care.

The student has had previous challenges in the clinical setting, such as reports from some patients and fellow students that she is rude and discourteous.

**Simulation Actions:** The student will need to empty the ostomy bag during nursing care. The

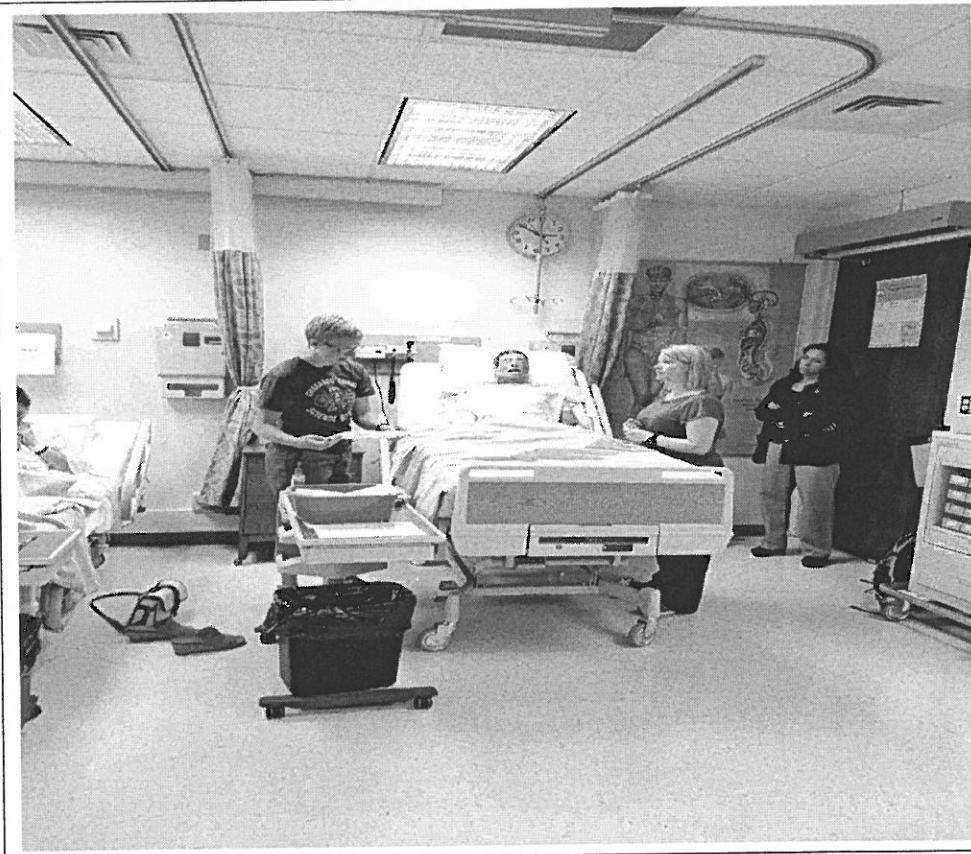
Clinical Instructor will:

- Complete brief pre-care clinical meeting
- Observe nursing care and intervene if/when necessary
- Provide feedback for the nursing student during a brief post-care clinical meeting

**Skills Checklist: Emptying a Colostomy**

- Gather supplies:
  - Tissue, wet washcloth, paper towel or wet wipe
  - Container to dispose of waste
  - Gloves
  - Clean pouch with clip closure
  - Extra pouch supplies
- Position the patient and explain the procedure.
- Wash hands and put on gloves.
- Tilt the bottom of the pouch and remove clamp.
- Fold bottom to form a cuff.
- Slowly unfold end and empty contents.

- Wipe pouch.
- Re-apply clamp.
- Dispose of waste.
- Remove gloves and wash hands.
- Document.



### 三、護理研究

(一) 成立寫作小組：在 UNC 參加 writing group 是一個很好的經驗，是由有經驗的 ESL 老師帶領，每組約 3-5 名欲寫英文投稿文章之成員，每週由成員輪流分享書寫之文章段落內容，老師協助，成員間彼此提問，提供想法，以利作者修改、完成文章書寫後投稿，建議院方亦可成立類似的 writing group (約 3-5 人一組)，讓適合

帶領 writing group 的老師來協助（可適度付費或給予獎勵），成員除了彼此互相學習書寫技巧外，亦有同儕支持的效果。

(二) 寫作訓練營：在 UNC 參與 Academic Writing for Graduate Students 訓練是很好的體驗，建議院方可請有經驗之 ESL 老師辦理集中性 Academic Writing 訓練營（可使用的書籍 Swales & Feak, *Academic Writing for Graduate Students 3<sup>d</sup> Edition* (AWG) 進行教學，課程內容可包括：Rhetorical structures & CARS、Organizational patterns, Definitions、Stylistic features of academic writing, Flow、Data commentary、Critiques、Discussion sections 等 6 堂課，每堂課 2 小時），以提升員工英文寫作能力。

(三) 口頭發表訓練營：在 UNC 參與 Research Presentation Skills Mini-Course 訓練是很好的體驗，建議院方可請有經驗之 ESL 老師辦理集中性 Research Presentation Skills Mini-Course 訓練營（課程內容可包括：General Introduction, Self-Assessment, Introductions, Sound Scripting, Volume and Anxiety、Visual Aids, PowerPoint, Prezi, and Assertion-Evidence Presentations、Organizational Patterns, Describing Visuals, Transitions between Topics、Fielding Questions, Body Language, Using Gestures Effectively、Student Presentations: 5 minutes w/ 2 minutes for questions 等 5 堂課，每堂課 2 小時），以提升員工研討會英文發表的能力。

(四) Covidence 軟體：在 UNC 學習系統性文獻回顧時，學習利用 Covidence 進行文獻整理，覺得很方便，建議未來從事系統性文獻回顧之研究者可使用此軟體，可舉辦院內在職教育示範軟體使用方式。

## 附錄

3414-



The University of North Carolina at Chapel Hill

## VISITING INTERNATIONAL SCHOLAR

*Certificate of Completion  
for  
Yueh-Chu Peng  
A Program of Study in  
Research in Maternal-Child Nursing  
August 2016 - August 2017*

*Gwen Sherwood  
Associate Dean for Practice and Global Initiatives  
Gwen Sherwood, PhD, RN, FAAN, ANEF*



*Seon Ae Yeo  
School of Nursing Mentor  
Seon Ae Yeo, RNC, PhD, FAAN*



Kaohsiung Medical University  
College of Nursing  
*Ph.D. Program in Nursing*

**CERTIFICATE OF OUTSIDE COURSE**

This is to certify that Ms/Mr. Yueh-Chu Peng has successfully completed auditing the course entitled NURS957 From Theory to Intervention at The University of North Carolina at Chapel Hill School of Nursing with faculty Drs. Diane Berry and Suzanne Thoyre.

**TRANSCRIPT/VERIFICATION OF AUDIT**

SEMESTER      from    August / 2016    to    December / 2016  
                        MM           YY              MM           YY

COURSE NO.	TITLE	CREDIT	GRADE
NURS957	From Theory to Intervention	No Academic Credit Awarded.	N/A

Course Audit Completed

\* Please specify the Grading System adopted: No grade assigned for audit

\* Please have pertinent course description and syllabus attached.

\* One copy of this Certificate should be completed for each course.

Student's achievement on learning goals and objectives.

1. I learned how to critically evaluate the research on selected theories and concepts for the guidance they provide for developing theory-based intervention.
2. I learned how to use empirical data from descriptive work and existing theory to identify a theory of the health problem.
3. I learned how to use research on selected theories and concepts to design and evaluate an intervention.
4. I learned how to identify and explore potential mediators and moderators for a selected intervention.
5. I learned how to explore the intervention protocol for assumptions concerning person, culture, environment, health, source of action, cause, and outcome.

Comment(s) on student's overall performance.

Ms. Yuch-Chu Peng was present and fully engaged in the class all semester. She did wonderful asking questions and interacting with other students and faculty. She was a pleasure to have in class.

The above information is verified by

Course Faculty Diane Berry (Signature)

Printed Name: Diane Berry

Position Title: Associate Professor

Telephone: (919) 259-4812

E-mail: dberry@email.unc.edu

Course Faculty Suzanne Thoyre (Signature)

Printed Name: Suzanne Thoyre

Position Title: Professor

Telephone: (919) 966-8418

E-mail: thoyre@email.unc.edu

Institution: The University of North Carolina at Chapel Hill

Address: School of Nursing, UNC Chapel Hill,  
Carrington Hall, CB#7460,  
Chapel Hill, NC 27599

附件三



*Kaohsiung Medical University  
College of Nursing  
Ph.D. Program in Nursing*

**CERTIFICATE OF OUTSIDE COURSE**

This is to certify that Ms./Mr. Yueh-Chu Peng has successfully completed auditing the course entitled NURS671 Nursing Inquiry and Evidence-Based Practice at The University of North Carolina at Chapel Hill School of Nursing with faculty Dr. Lixin Song.

**TRANSCRIPT/VERIFICATION OF AUDIT**

SEMESTER      from    August / 2016    to    December / 2016  
                                MM           YY              MM           YY

COURSE NO.	TITLE	CREDIT	GRADE
NURS671	Nursing Inquiry and Evidence-Based Practice	No Academic Credit Awarded. Course Audit Completed	N/A

\* Please specify the Grading System adopted: No grade assigned for audit

\* Please have pertinent course description and syllabus attached.

\* One copy of this Certificate should be completed for each course.

Student's achievement on learning goals and objectives.

1. I learned how to integrate research evidence, clinical expertise and patient values & preferences in evidence-based practice.
2. I learned how to link between a research problem and research questions.
3. I learned about the relationship between research questions and study design.
4. I learned how to conduct ethical research, including protections of human participants.
5. I learned how to apply appropriate statistical and interpretive techniques for the type of data generated in a study.
6. I learned how to interpret and present results from descriptive and inferential analyses in narrative and statistical formats.

Comment(s) on student's overall performance.

Ms. Yueh-Chu Peng attended all classes and interacted with her cohort throughout this semester. More active participation in class discusses is expected as Ms. Peng's English proficiency improves.

The above information is verified by

Course Faculty Lixin Song (Signature)

Printed Name: Lixin Song

Position Title: Assistant Professor

Institution: The University of North Carolina at Chapel Hill

Address: School of Nursing, UNC Chapel Hill,  
Carrington Hall, CB#7460,  
Chapel Hill, NC 27599

Telephone: (919) 966-3612

E-mail: lsong@unc.edu

附件四



*Kaohsiung Medical University  
College of Nursing  
Ph.D. Program in Nursing*

**CERTIFICATE OF OUTSIDE COURSE**

This is to certify that Ms./Mr. Yueh-Chu Peng has successfully completed auditing the course entitled NURS825 Sexual and Reproductive Health at The University of North Carolina at Chapel Hill School of Nursing with faculty Dr. SeonAe Yeo.

**TRANSCRIPT/VERIFICATION OF AUDIT**

SEMESTER from January / 2017 to May / 2017  
 MM YY MM YY

COURSE NO.	TITLE	CREDIT	GRADE
NURS825	Sexual and Reproductive Health	No Academic Credit Awarded.	N/A

\* Please specify the Grading System adopted: No grade assigned for audit

\* Please have pertinent course description and syllabus attached.

\* One copy of this Certificate should be completed for each course.

Student's achievement on learning goals and objectives.

1. I learned how to analyze current practice and research trends relating to the surveillance and management of sexual and reproductive health conditions and problems
2. I learned how to identify clinical, legal, and ethical issues in reproductive health services including contraception, pregnancy, and prenatal care.
3. I learned how to provide women-centered care in the clinical setting with a focus on sexual and reproductive health including family planning, low risk pregnancy, post partum, breastfeeding and common gynecological problems such as STDs, vaginitis, GYN pain, bleeding.

Comment(s) on student's overall performance.

Ms. Peng attended all classes and participated in class discussion.

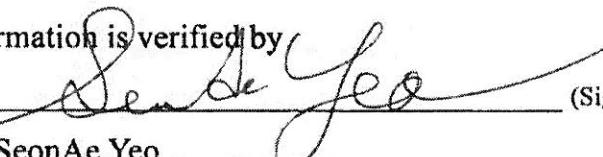
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The above information is verified by

Course Faculty

 (Signature)

Printed Name: SeonAe Yeo

Position Title: Professor

Institution: The University of North Carolina at Chapel Hill

Address: School of Nursing, UNC Chapel Hill,

Carrington Hall, CB#7460,

Chapel Hill, NC 27599

Telephone: (919) 843-1245

E-mail: syeo@email.unc.edu

三才牛王



Kaohsiung Medical University  
College of Nursing  
*Ph.D. Program in Nursing*

**CERTIFICATE OF OUTSIDE COURSE**

This is to certify that Ms. Yueh-Chu Peng has successfully completed auditing the course entitled NURS972 Statistical Models for Health Research at The University of North Carolina at Chapel Hill School of Nursing with faculty Dr. Todd A. Schwartz.

**TRANSCRIPT/VERIFICATION OF AUDIT**

SEMESTER from January / 2017 to April / 2017  
MM YY MM YY

COURSE NO.	TITLE	CREDIT	GRADE
NURS972	Statistical Models for Health Research	No Academic Credit Awarded. Course Audit Completed	N/A

\* Please specify the Grading System adopted: No grade assigned for audit

\* Please have pertinent course description and syllabus attached.

\* One copy of this Certificate should be completed for each course.

Student's achievement on learning goals and objectives.

1. I learn how to demonstrate an understanding of the principles of the correlation, linear regression, analysis of variance (ANOVA), and analysis of covariance (ANCOVA).
2. I could understand statistical aspects of responsible conduct of research.

Comment(s) on student's overall performance.

Yueh-Chu attended the class sessions and participated in the active learning therein. She has has gained knowledge in the application of Correlation, regression, ANOVA, and ANCOVA to health science research.

The above information is verified by

Course Faculty Todd A. Schwartz (Signature)

Printed Name: Todd A. Schwartz

Position Title: Associate Professor

Institution: The University of North Carolina at Chapel Hill

Address: School of Nursing, UNC Chapel Hill,  
Carrington Hall, CB#7460,  
Chapel Hill, NC 27599

Telephone: (919) 966-6306

E-mail: Todd\_Schwartz@unc.edu

附件六



Kaohsiung Medical University  
College of Nursing  
Ph.D. Program in Nursing

CERTIFICATE OF OUTSIDE COURSE

This is to certify that Ms./Mr. Yueh-Chu Peng has successfully completed auditing the course entitled NURS779 Synthesis and Translation of Evidence at The University of North Carolina at Chapel Hill School of Nursing with faculty Dr. SeonAe Yeo.

TRANSCRIPT/VERIFICATION OF AUDIT

SEMESTER      from    January / 2017    to    May / 2017  
                        MM       YY                          MM    YY

COURSE NO.	TITLE	CREDIT	GRADE
NURS825	Synthesis and Translation of Evidence	No Academic Credit Awarded. Course Audit Completed	N/A

\* Please specify the Grading System adopted: No grade assigned for audit

\* Please have pertinent course description and syllabus attached.

\* One copy of this Certificate should be completed for each course.

Student's achievement on learning goals and objectives.

1. I learned how to find the best evidence to serve as the theoretical or empirical foundations for practice improvement.
2. I learned how to critically appraise existing research evidence from nursing and other disciplines.
3. I learned how to summarize relevant scientific evidence for an identified practice problem and the proposed nursing intervention.

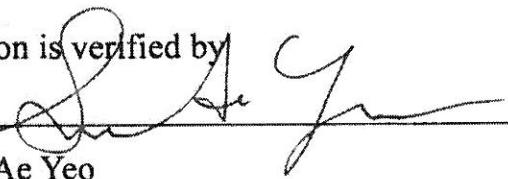
Comment(s) on student's overall performance.

Ms. Peng is asking on her systematic review, "the effect of physical activity on low back pain during pregnancy."

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The above information is verified by

Course Faculty  (Signature)

Printed Name: SeonAe Yeo

Position Title: Professor

Institution: The University of North Carolina at Chapel Hill

Address: School of Nursing, UNC Chapel Hill,  
Carrington Hall, CB#7460,  
Chapel Hill, NC 27599

Telephone: (919) 843-1245

E-mail: syeo@email.unc.edu

附十七

## Covidience A tool for systematic reviews

臺中榮民總醫院  
彭月珠 護理師  
yjpeng1978@gmail.com  
分機：8176

### 大綱

- 1. Covidience -introduction
- 2. Select reference manager-EndNote
- 3. Import references into EndNote- PubMed
- 4. Import references into EndNote- CINAHL
- 5. Find duplication in EndNote
- 6. Export references from EndNote
- 7. Import references to Covidience
- 8. Title-Abstract Screening
- 9. Duplication check in Covidience
- 10. Sign in to Covidience
- 11. Covidience- Settings
- 12. Covidience- 復Settings
- 13. Full Text Screening
- 14. Extraction
- 15. Export results
- 16. Know more

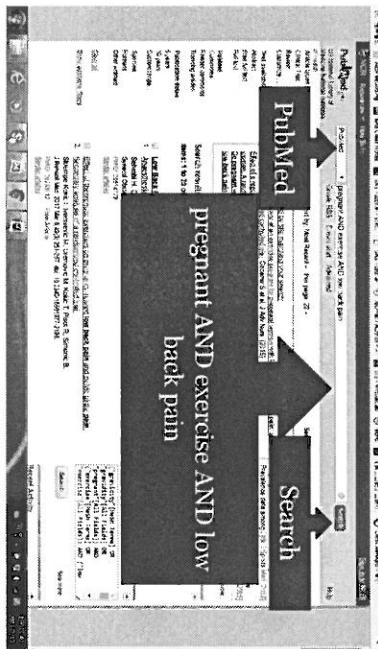
### 1.Covidience- introduction

- Covidience is a web-based program, to keep your references organized and is eligible for:
  - systematic reviews based on RCT
    - \* -a meta-analysis
    - \* -clinical guidelines
- You can import, screen, evaluate and finally export a flowchart.
- In Covidience you can invite other reviewers, you can be two to screen and/or evaluate the references. (for free)
- Covidience is optimized to Google Chrome and Firefox.

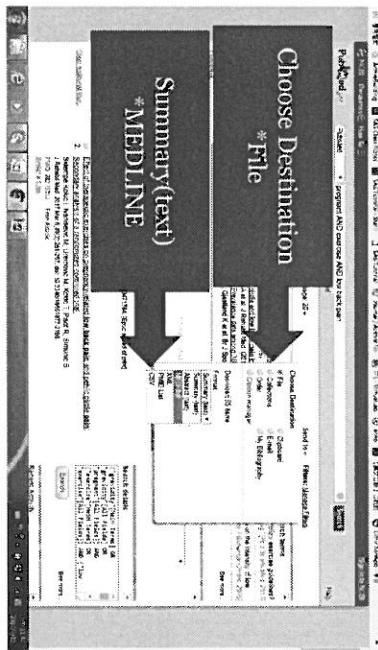
### 2. Select reference manager-EndNote

- EndNote, Zotero, Mendeley or any tools
- Support RIS, CSV or PubMed XML formats
- Take EndNote for example

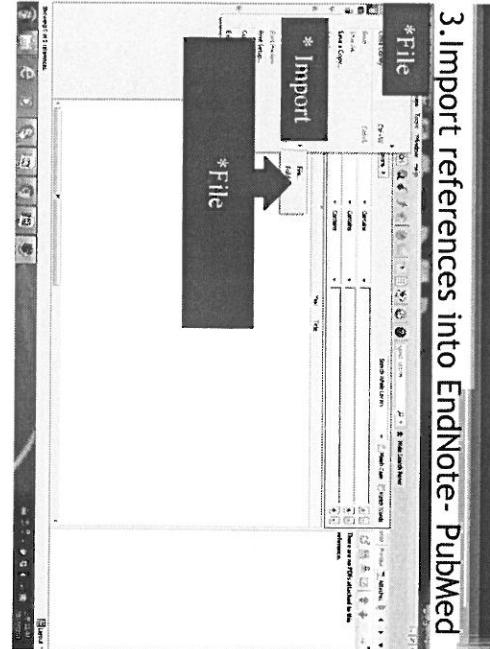
### 3.Import references into EndNote- PubMed



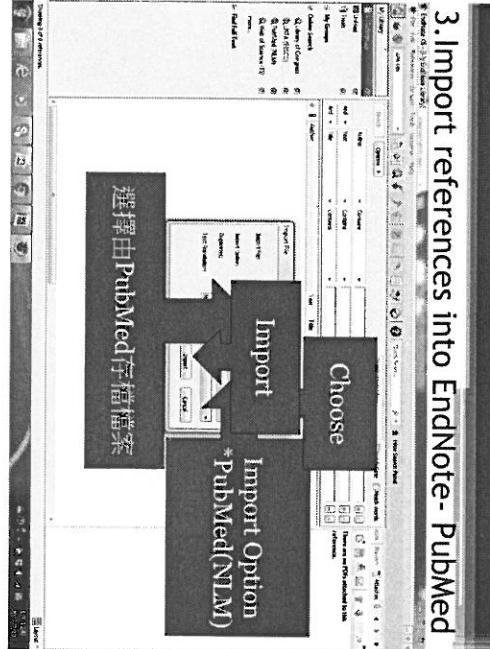
### 3.Import references into EndNote- PubMed



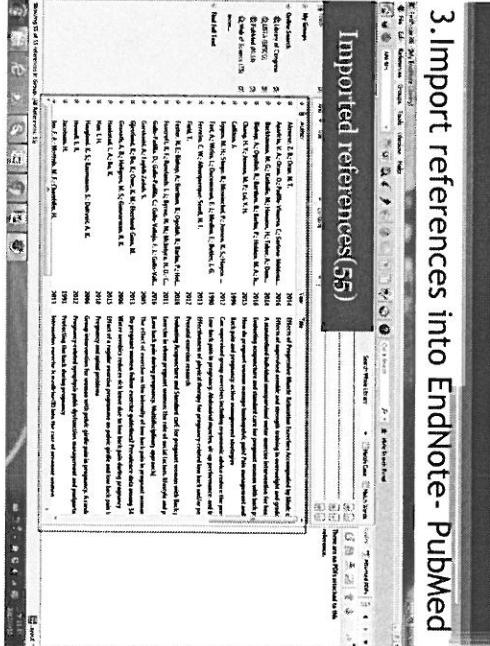
### 3.Import references into EndNote- PubMed



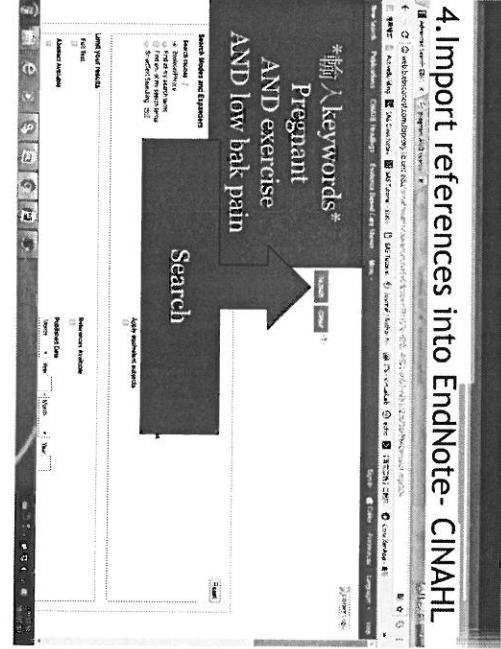
### 3.Import references into EndNote- PubMed



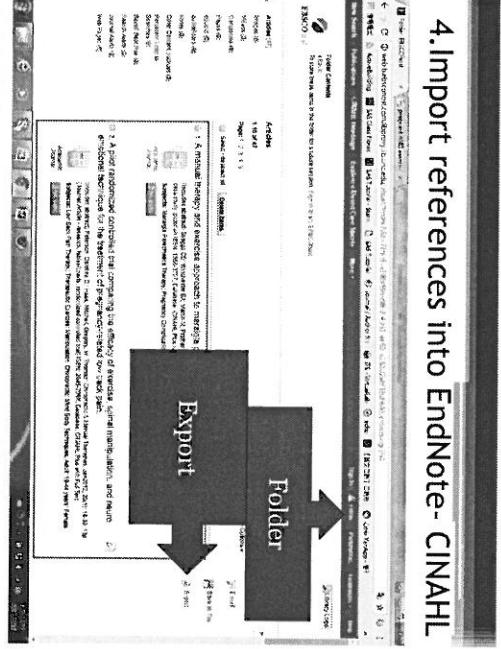
### 3.Import references into EndNote- PubMed



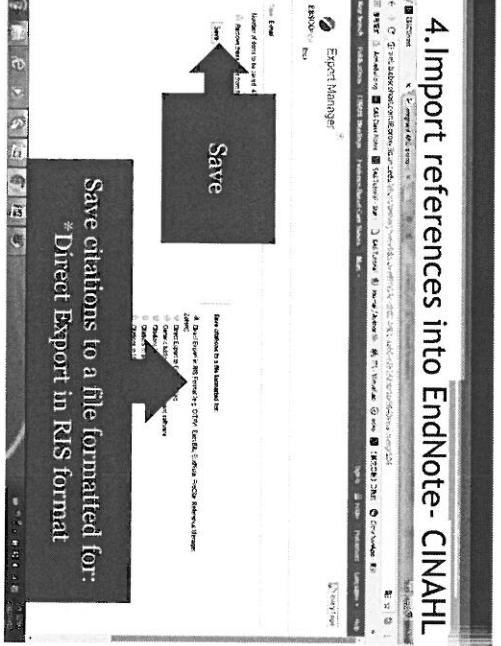
### 4.Import references into EndNote- CINAHL



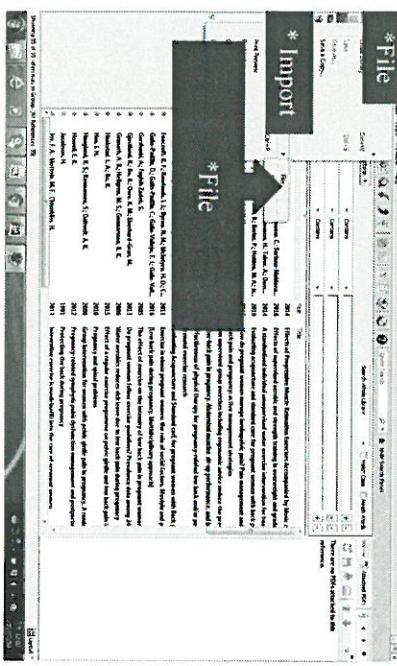
### 4.Import references into EndNote- CINAHL



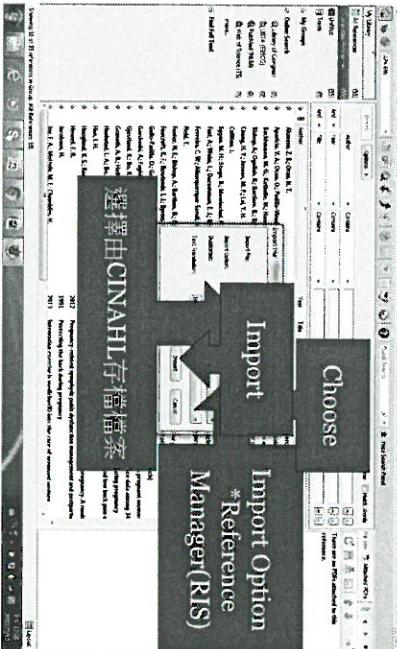
### 4.Import references into EndNote- CINAHL



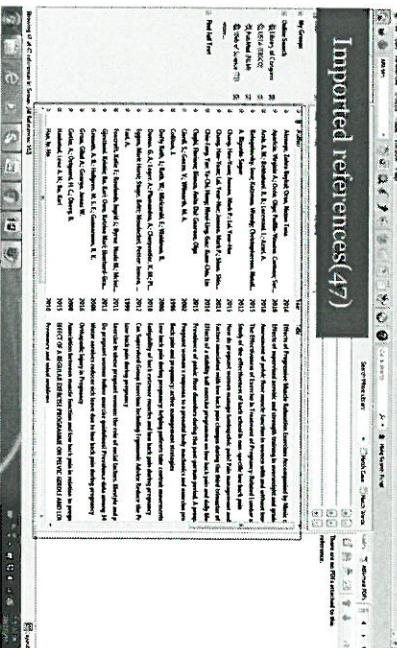
#### 4. Import references into EndNote - CINAHL



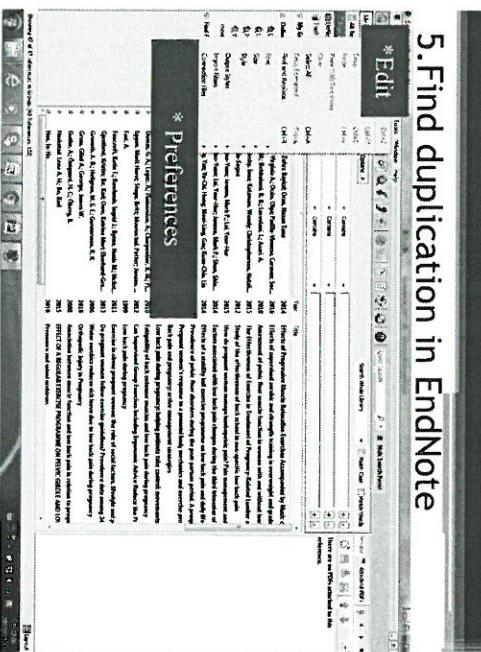
#### 4. Import references into EndNote - CINAHL



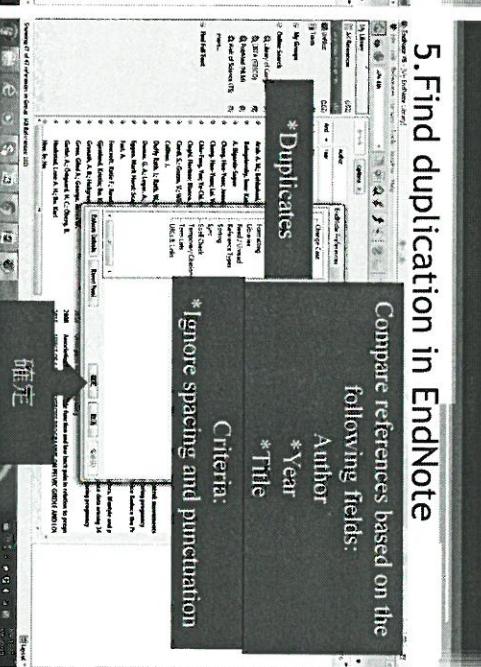
#### 4. Import references into EndNote - CINAHL



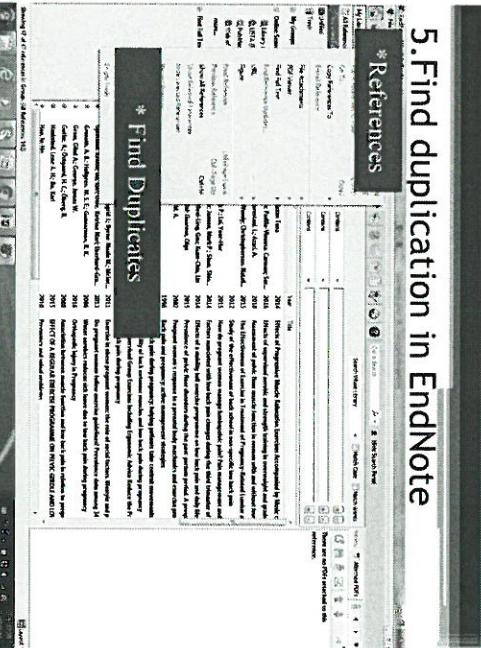
#### 5. Find duplication in EndNote



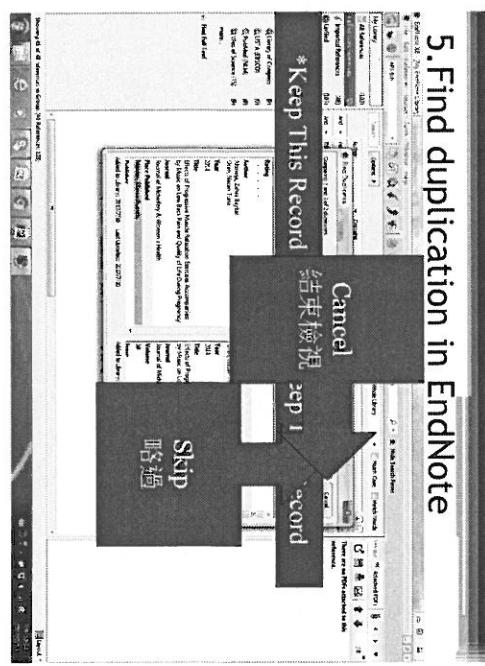
#### 5. Find duplication in EndNote



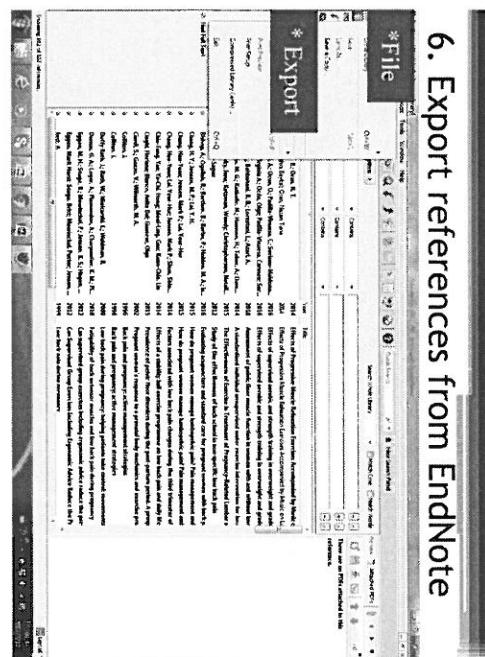
#### 5. Find duplication in EndNote



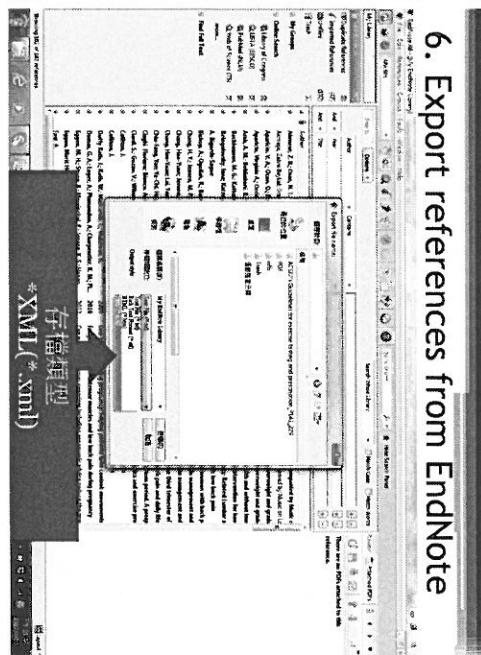
## 5. Find duplication in EndNote



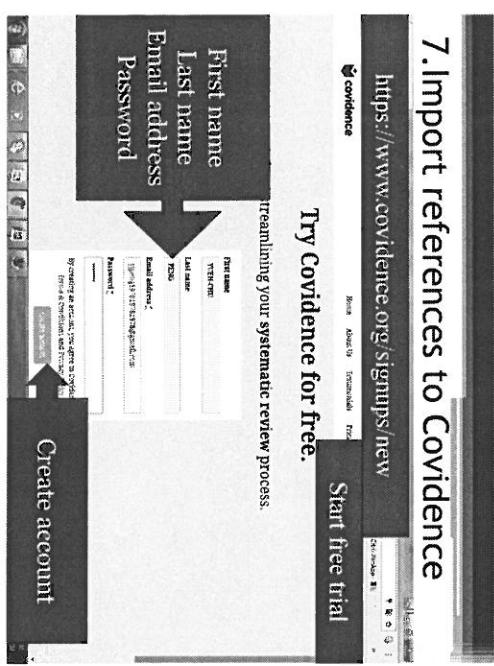
## 6. Export references from EndNote



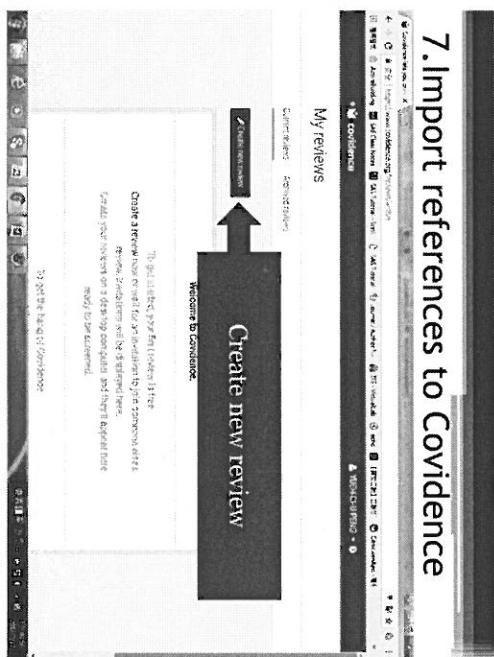
## 6. Export references from EndNote



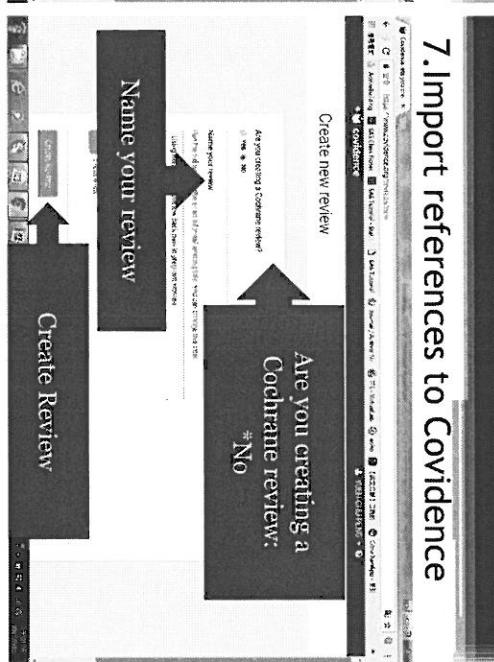
## 7. Import references to Covidence



## 7. Import references to Covidence



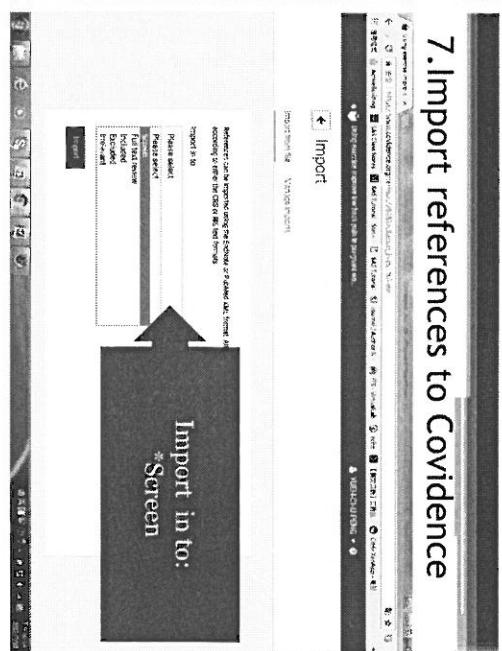
## 7. Import references to Covidence



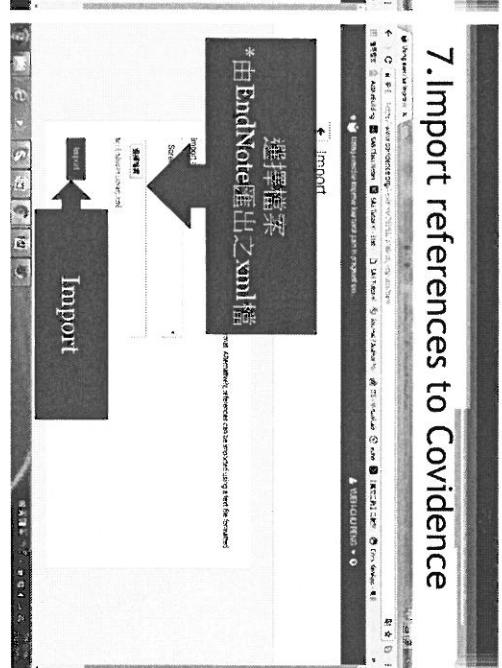
## 7.Import references to Covidence



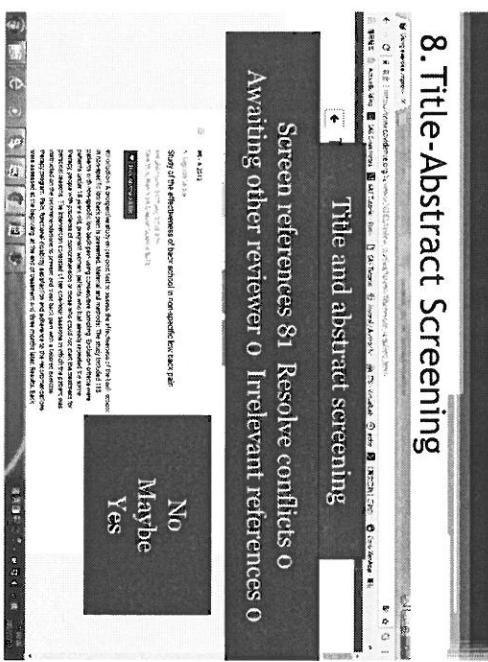
## 7.Import references to Covidence



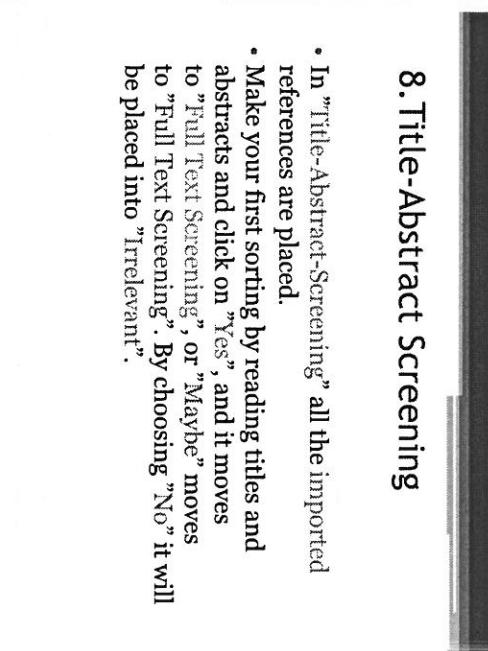
## 7.Import references to Covidence



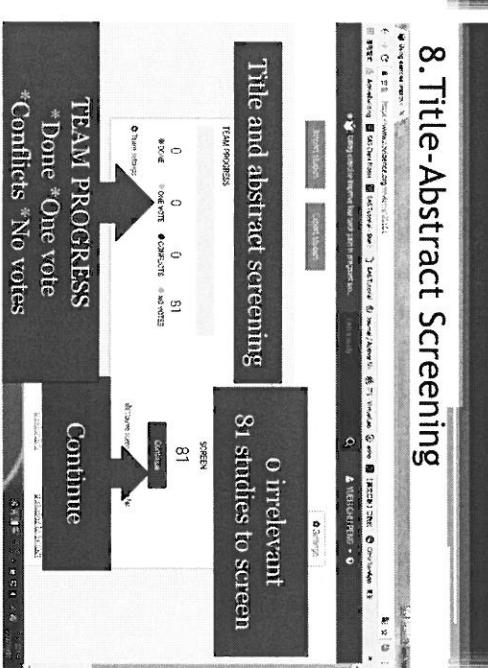
## 8.Title-Abstract Screening



## 8.Title-Abstract Screening



## 8.Title-Abstract Screening



Awaiting other reviewer o Irrelevant references o

No  
Maybe  
Yes

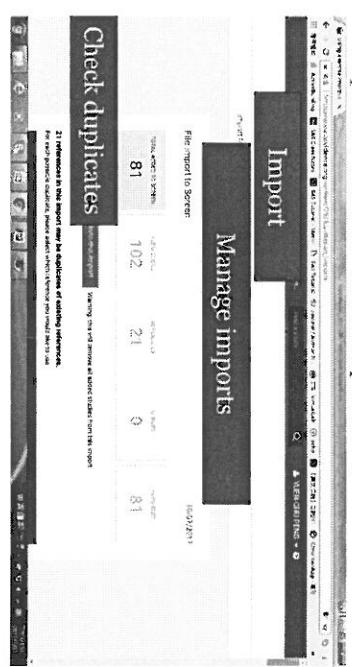
- In "Title-Abstract-Screening" all the imported references are placed.
- Make your first sorting by reading titles and abstracts and click on "Yes", and it moves to "Full Text Screening", or "Maybe" moves to "Full Text Screening", or "No" moves to be placed into "Irrelevant".

TEAM PROGRESS  
\*Done \*One vote  
\*Conflicts \*No votes

Continue

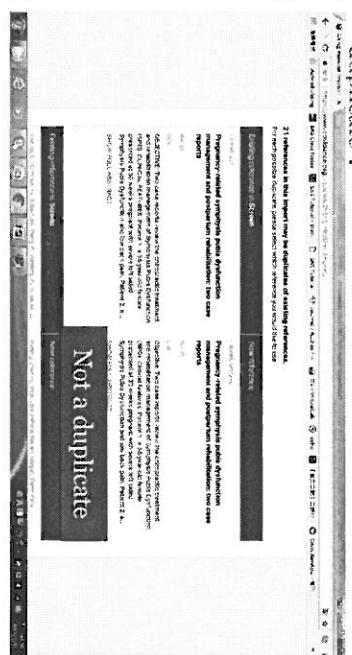
## 9.Duplication check in Covidence

- Duplicates will be placed in "Import" and "Manage imports". Click on "Check duplicates".

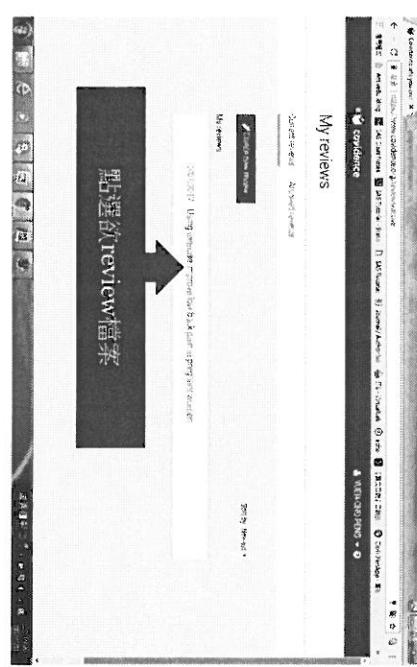


## 9.Duplication check in Covidence

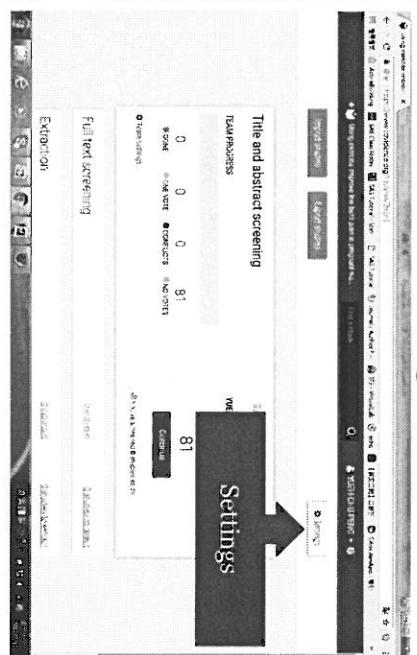
- Covidence original reference and duplicates will be shown side by side. If not a duplicate, Click on "Not a duplicate".



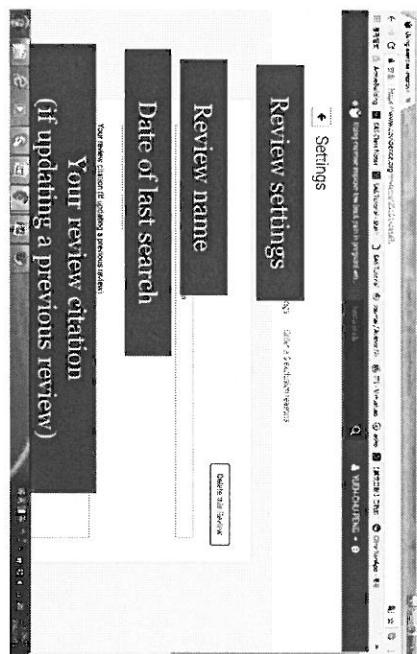
## 10.Sign in to Covidence



## 11.Covidence Settings



## 11.Covidence- Settings→ Review settings

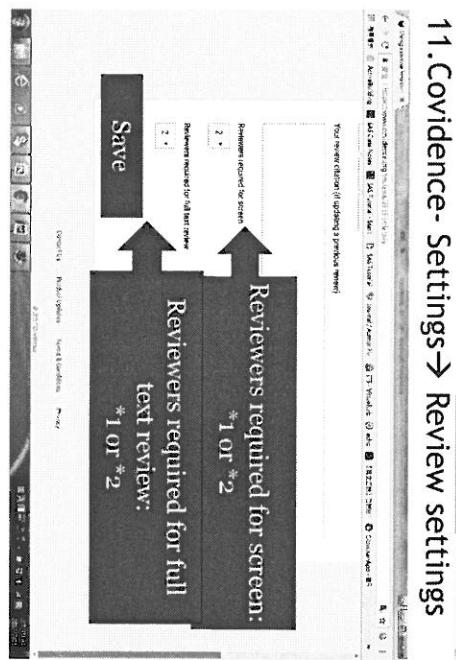


## 10.Sign in to Covidence

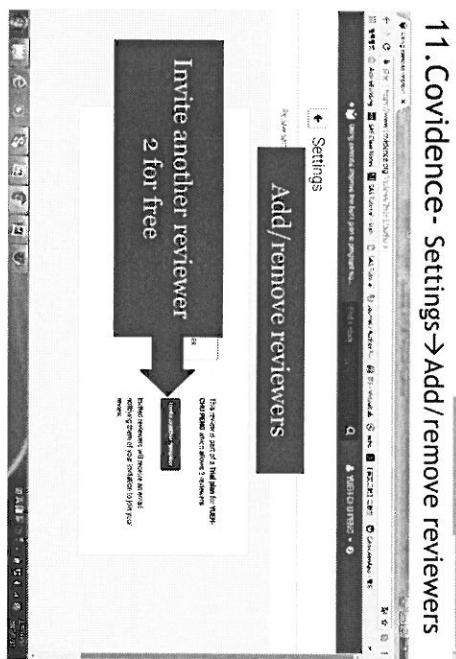
- [https://www.covidence.org/sign\\_in](https://www.covidence.org/sign_in)
- Your E-mail is your username.



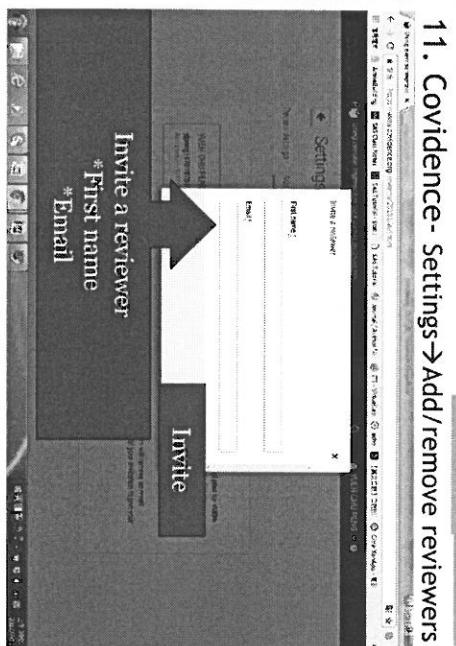
## 11. Covidence- Settings → Review settings



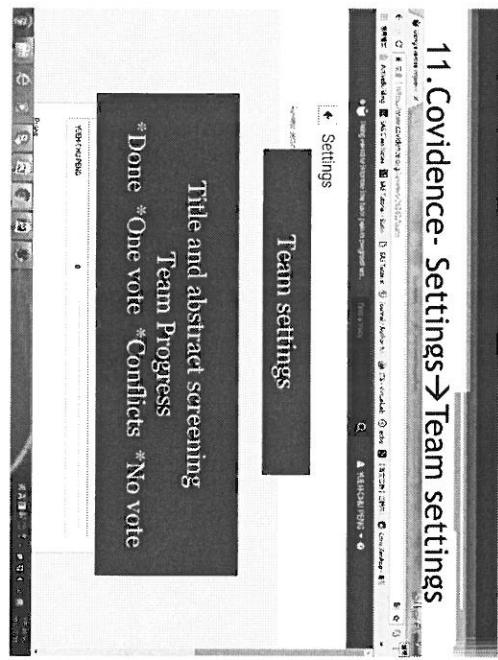
## 11. Covidence- Settings → Add/remove reviewers



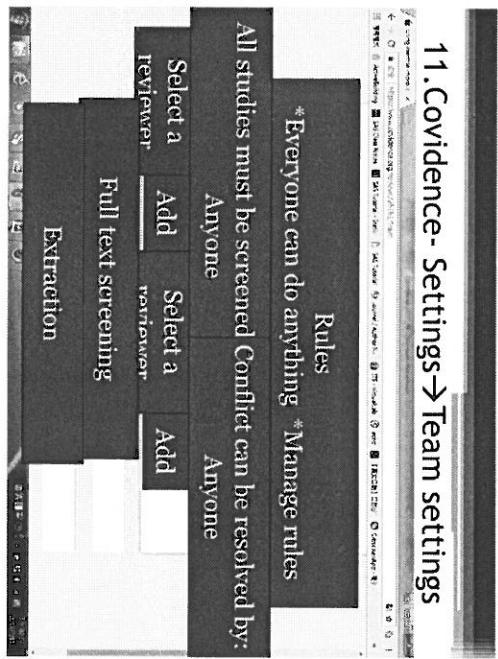
## 11. Covidence- Settings → Add/remove reviewers



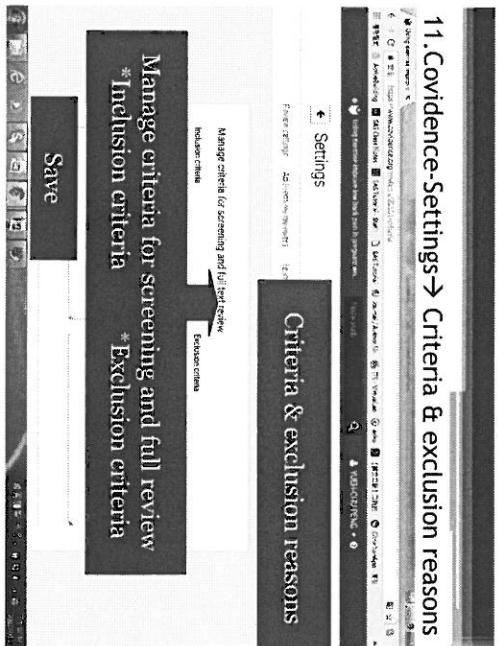
## 11. Covidence- Settings → Team settings



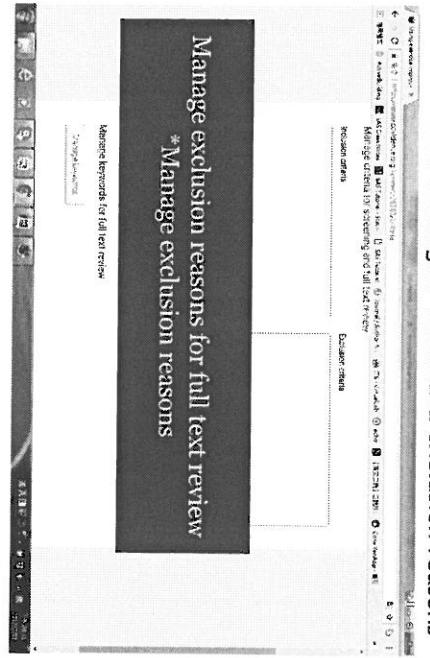
## 11. Covidence- Settings → Team settings



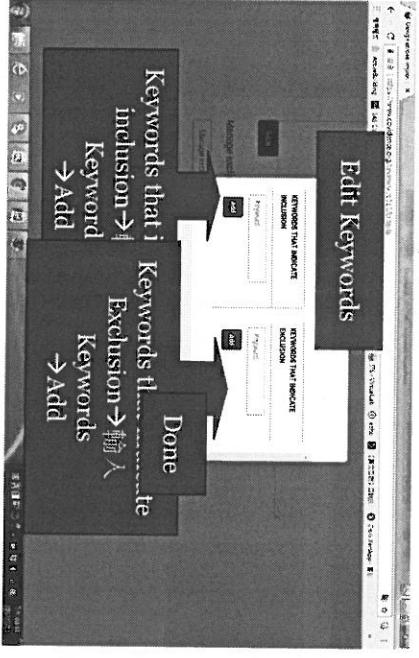
## 11. Covidence- Settings → Criteria & exclusion reasons



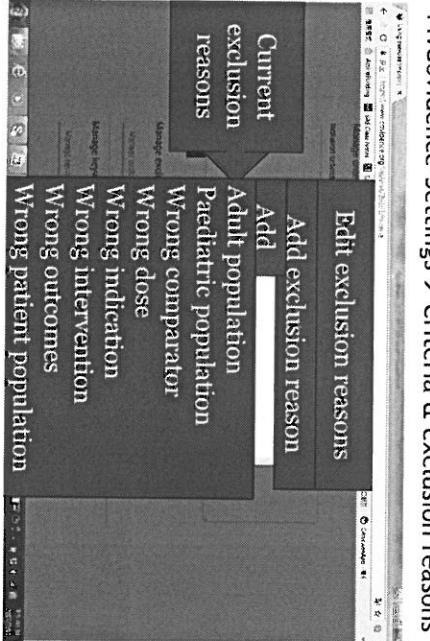
## 11. Covidence-Settings → Criteria & exclusion reasons



## 11. Covidence-Settings → Criteria & exclusion reasons



## 11. Covidence-Settings → Criteria & exclusion reasons

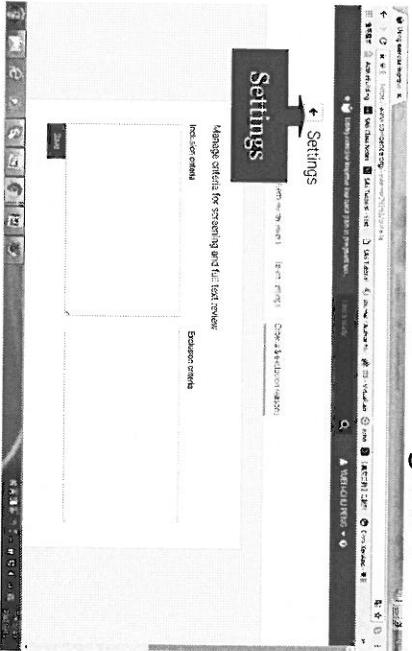


## 11. Covidence-Settings → Criteria & exclusion reasons

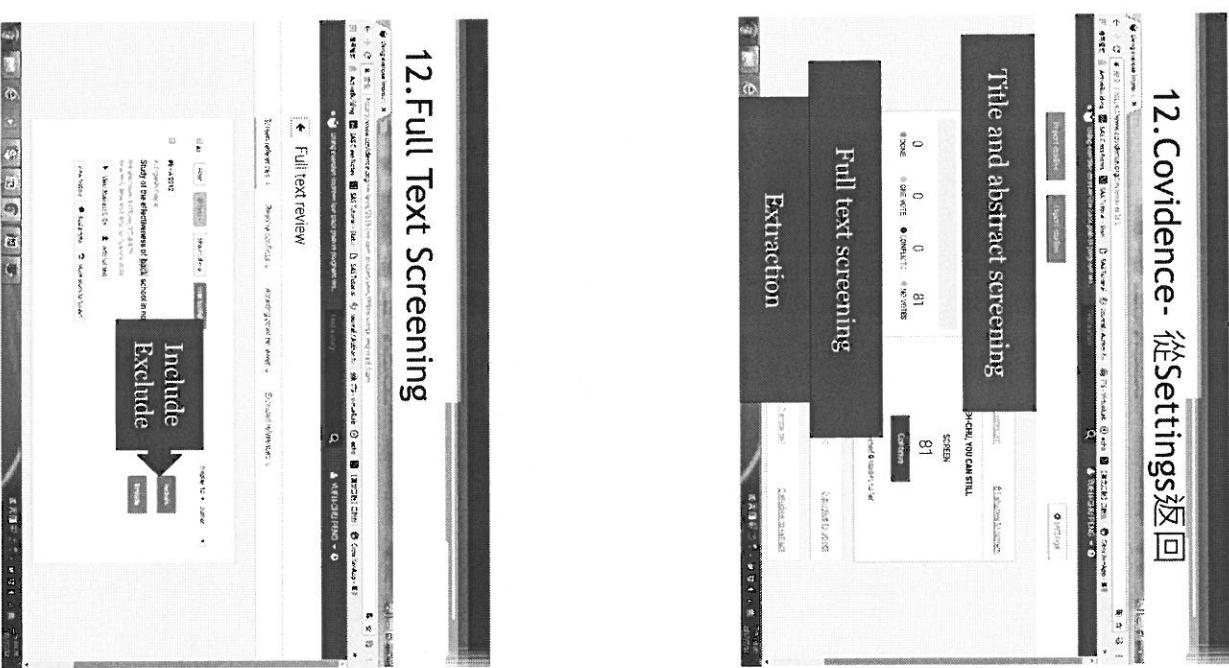
- While screening in "Title/Abstract" or Full Text screening, you can see your criterions by choosing "Show criteria". By clicking on "Show highlights" you can see your inclusions criterions marked with Green or exclusions marked with red.

Show criteria      Show highlights

## 12. Covidence- Settings

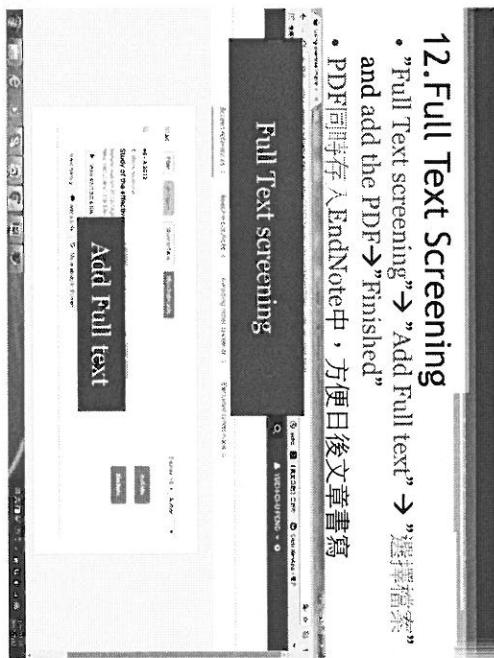


## 12.Covidence- 從Settings返回

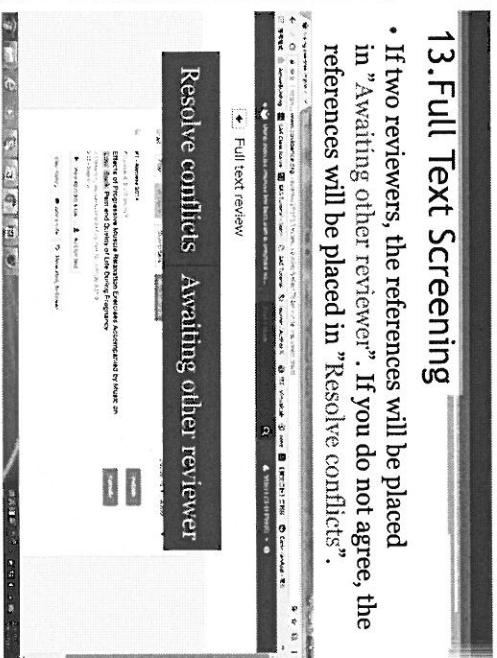


## 12.Full Text Screening

- “Full Text screening” → “Add Full text” → “PDF” → “Finished” and add the PDF to EndNote中，方便日後文章書寫



## 12.Full Text Screening



## 13.Full Text Screening

- If two reviewers, the references will be placed in “Awaiting other reviewer”. If you do not agree, the references will be placed in “Resolve conflicts”.

Awaiting other reviewer

- In the process of screening studies, both reviewers must screen all studies on each level. Not until both reviewers has screened all studies, and has agreed on their voting, they can continue on the next level in the screening process. If one of the reviewers lacks screening some of the studies, these will be placed in “Awaiting other reviewer”.



## Title and abstract screening

## Full text screening

## Add Full text

## 選擇檔案

Finished

## 13.Full Text Screening

Resolve conflicts

- If you are more reviewers sorting the studies in "Title-Abstract Screening" and "Full Text Screening", you will notice, that if you agree e.g. if both reviewers has chosen to include a study, this will be placed in the next level in the process. Of you disagree, the study will be placed in "Resolve conflicts". When you have made a final decision, the study will be placed in the next level.



## 13.Full Text Screening

- Exclude: You can add comments in "Add a note" and you must choose a reason for the exclusion.

Select a reason  
For exclusion

**Add a note**

Filter

ADD A FILTER Type a keyword and press enter

Filter

Activity history

Imported to title & abstract screening

May be vote by Bent's voting

Consensus Reached - MAYBE

Added to full text screening

Full text review

Extraction

- ### 13.Full Text Screening—Undo a selection
- If wanting to undo a selection, from "Full Text Screening" to "Title-Abstract Screening" or from "Extraction" to "Full Text Screening".

- If you need to see your choices, and reasons, you can always click on "View history" for each reference.

## 13.Full Text Screening—Looking for references

Filter

ADD A FILTER Type a keyword and press enter

Filter

Pr. 16-Nov-2014

Official Program: Musical Behavior Effects Associated with Music on Early Risk, Risk, Risk and Quality of Life During Pregnancy

▶ View abstract ▶ Add to list ▶ Add to queue ▶ Remove from list

- ### 13.Full Text Screening—Undo a selection
- If wanting to undo a selection, from "Full Text Screening" to "Title-Abstract Screening" or from "Extraction" to "Full Text Screening".

## 14.Extraction

The screenshot shows the 'Cochrane Risk of Bias' software interface. At the top, there are tabs for 'Start', 'Stop', and 'Unpublished'. Below these are sections for 'Quality assessment' (with a 'Start' button), 'Data extraction' (with a 'Start' button), and 'Summary' (with a 'Start' button). The main area displays a 'Risk of bias profile' for a study by Briffat et al. (2013). The profile includes four columns: 'Risk of bias' (Low risk, High risk, Uncertain), 'First Reviewer', 'Second Reviewer', and 'Consensus'. The 'Risk of bias' column contains colored squares indicating the risk level for each domain: Low risk (green), High risk (red), and Uncertain (yellow). The 'First Reviewer' and 'Second Reviewer' columns show the status of review (e.g., Not yet reviewed, In progress, Completed). The 'Consensus' column shows the final agreed-upon risk level.

## 14.Extraction

This screenshot shows the same 'Cochrane Risk of Bias' interface as the previous one, but for a different study by Briffat et al. (2013). The 'Risk of bias profile' section is identical, showing the same four columns and the same risk levels across the domains. The 'RESEARCH ARTICLE' section at the top right is visible, showing the title 'A systematic review of randomised controlled trials on the effectiveness of exercise programs on Lumbo Pelvic Pain among postnatal women'.

## 14.Extraction

The screenshot shows the 'RCT Data Extraction' software interface. At the top, there are tabs for 'Identification', 'Methods', 'Population', 'Interventions', and 'Outcomes'. Below these are sections for 'Study details', 'Background', 'Objectives', 'Design', 'Setting', 'Participants', 'Interventions', and 'Outcomes'. The 'Background' section contains a detailed abstract. The 'Interventions' and 'Outcomes' sections include tables with data extracted from the study. The 'Outcomes' section also includes a table for 'Baseline characteristics'.

## 14.Extraction

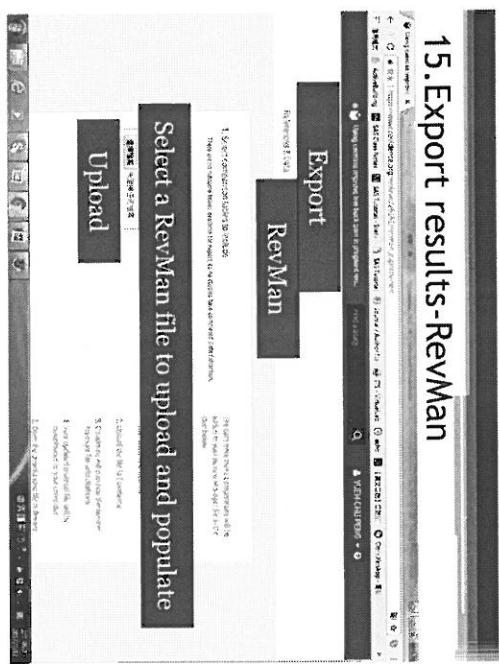
## 15.Export results-References & Data

This screenshot shows the 'RCT Data Extraction' interface, specifically the 'References & Data' section. It features a 'Category' dropdown menu with options like 'Primary', 'Secondary', 'Protocol', and 'Other'. Below the menu is a table with columns for 'Reference ID', 'Title', 'Author(s)', 'Journal', 'Year', and 'DOI'. The table lists several references, including a study by Briffat et al. (2013) and another by Briffat et al. (2012).

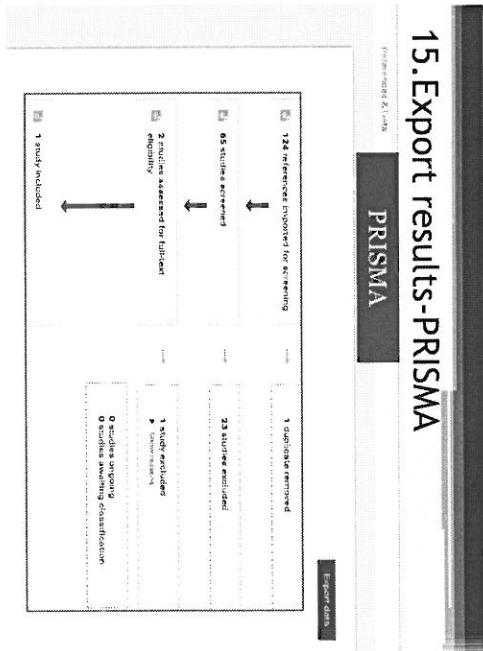
## 15.Export results-References & Data

This screenshot shows the 'RCT Data Extraction' interface, specifically the 'Reference manager' section. It features a 'Reference ID' dropdown menu with options like 'Primary', 'Secondary', 'Protocol', and 'Other'. Below the menu is a table with columns for 'Reference ID', 'Title', 'Author(s)', 'Journal', 'Year', and 'DOI'. The table lists several references, including a study by Briffat et al. (2013) and another by Briffat et al. (2012).

## 15. Export results-RewMan



## 15. Export results-PRISMA



## 16. Know more on Covidence

- [http://support.covidence.org/help\\_center](http://support.covidence.org/help_center)

Thank you for your listening!!

附件八



Kaohsiung Medical University

College of Nursing

Ph.D. Program in Nursing

### CERTIFICATE OF OUTSIDE COURSE

This is to certify that Ms./Mr. Yueh-Chu Peng has successfully completed auditing the course entitled NURS882 Clinical Teaching in Nursing at The University of North Carolina at Chapel Hill School of Nursing with faculty Dr. Lisa Woodley.

### TRANSCRIPT/VERIFICATION OF AUDIT

SEMESTER from May / 2017 to July / 2017  
MM YY MM YY

COURSE NO.	TITLE	CREDIT	GRADE
NURS882	Clinical Teaching in Nursing	No Academic Credit Awarded.	N/A Course Audit Completed

\*Please specify the Grading System adopted: No grade assigned for audit

\*Please have pertinent course description and syllabus attached.

\*One copy of this Certificate should be completed for each course.

Student's achievement on learning goals and objectives.

1. I learn how to analyze the role of the clinical teacher in varied settings and situations.
2. I could understand strategies for clinical teaching and evaluation and their evidence base.

Comment(s) on student's overall performance. \_\_\_\_ Yueh-Chu was a delight to have in class, and she added some valuable insights especially in the international perspectives of clinical teaching in nursing. She was also an active observer in our clinical teaching simulations. I believe she fully met her above specified learning objectives.

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The above information is verified by

Course Faculty Lisa Woodley \_\_\_\_\_ (Signature)

Printed Name: Lisa Woodley

Position Title: Associate Professor

Institution: The University of North Carolina at Chapel Hill

Address: School of Nursing, UNC Chapel Hill,  
Carrington Hall, CB#7460,  
Chapel Hill, NC 27599

Telephone: (919) 966-3584

E-mail: lwoodley@email.unc.edu

# Certificate of Completion

is presented to

*Yueh-Chu Peng*

for successful completion of the

UNC Writing Center Mini-Course

Research Presentations

THE UNIVERSITY  
of NORTH CAROLINA  
at CHAPEL HILL

*Mrs Taylor* 16 Dec 2016  
Dr. Gigi Taylor, Writing Center ESL Specialist Date

*W. Chen* 1d/16/16  
Dr. Warren Christian, Writing Center ESL Specialist Date

