臺北醫學大學 泌尿腎臟研究中心 會議記錄

時間：**111 年 8 月 25 日(星期四) 14:00-15:00**

地點：視訊會議- (請以正式全名登入會議室，以利進行會議簽到)

使用 Google Meet (會議前 10 分鐘即開啟會議室)

會議室連結： https://meet.google.com/xuy-eihh-ndn

(敬略稱位)

會議主席：吳麥斯

與會人員：

【附醫】劉明哲、葉劭德、吳建志、林孝友、吳政誠、張景欣、陳偉傑、顧芳瑜、羅詩修、方德昭、陳錫賢、林彥仲、吳岳霖、高治圻、陳靜怡、葉曙慶、戴定恩

【萬芳】溫玉清、李良明、林克勳、林雍偉、蕭志豪、許軒豪、賴宗豪、鄭仲益、陳作孝、蘇裕謀、劉崇德、楊韻紅、李明哲、鍾卓興

【雙和】吳佳璋、陳冠州、劉家宏、江怡德、林佳達、鄒凱亦、高偉棠、胡書維、魏汶玲、吳美儀、洪麗玉、鄭彩梅、邱怡仁、陳佑瑋、廖家德、游博翰、陳正憲、邱惠雯

【新國民】許永和、鄒居霖

長官指導：

林建煌校長、李岡遠研發長、許志成教授、崔克宏副院長、陳瑞明所長

議程：

一、泌尿創新技術與手術團隊、重症腎病團隊小組報告

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吳美儀
林雍偉泌尿科
Chen Tim
高偉棠專任主治醫師
Mike Chang
鄭彩梅專任主治醫師
kaietz (TMU)
你

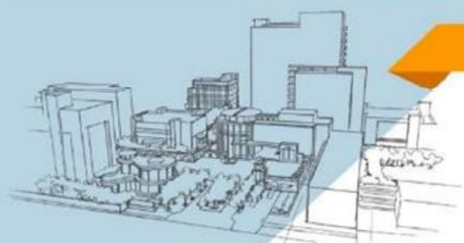
下午2:51 | 20220825泌尿腎臟研究中心例會

2022 臺北醫學大學泌尿腎臟研究中心

例會報告：尿失禁治療SDM訓練課程

單　位：泌尿創新技術與手術團隊

報告人：北醫附醫　吳政誠醫師



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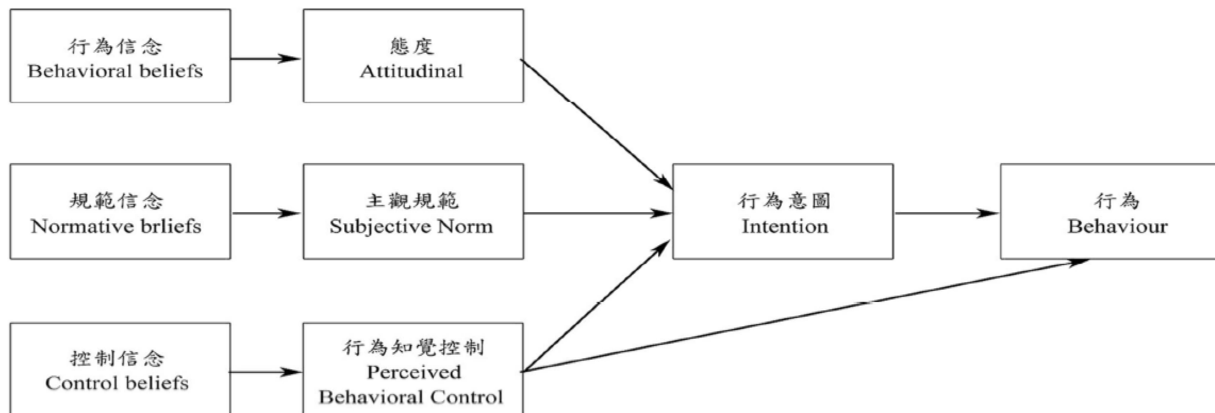
理論架構

This study assessed the influencing factors of SDM behavior among undergraduate medical students under the framework of Theory of Planned Behavior.



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課程設計摘要

Methods:

- Location: A cross-sectional design study
- Participants: A total of 122 5th- and 6th-year undergraduate medial students (UGY)
- Outcome assessments:

➢ Self-administrated questionnaire regarding their attitude, subjective norm, perceived control, and self-efficacy related to SDM

➢ The SDM behavior evaluated by clinical teachers through an Objective Structured Clinical Examination (OSCE)-based simulation with Standardized Patients (SP)

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教學設計模式

ADDIE teaching strategy

Analysis,

Design,

Development,

Implementation,

Evaluation.

SPs' training for SUI scenario

Study team meeting

Raters consensus

OSCE simulations with SPs and Clinical teachers

Analytic Statistic Results

- Multiple regression analyses:
  - The SDM barrier (negative perceived control) was the most significant factor associated with the less SDM behavior by clinical teachers' rating (OPTION[5], β=-.499, $p<.05$) after controlling the background factors of gender, grade, and SDM knowledge.
- Sub-group analysis:
  - For male students, the 6th-year students had better SDM behavior (β=2.434, $p<.05$) compared to the 5th-year counterpart. This is not in female students.
  - For the 6th-year medical students, barrier is a significant negative perceived control factor for SDM behavior (β=-.820, $p<.05$).
  - For the students with low SDM knowledge, higher self-efficacy associated with better SDM behavior (β=.900, $p<.05$) compared to the students with high SDM knowledge.

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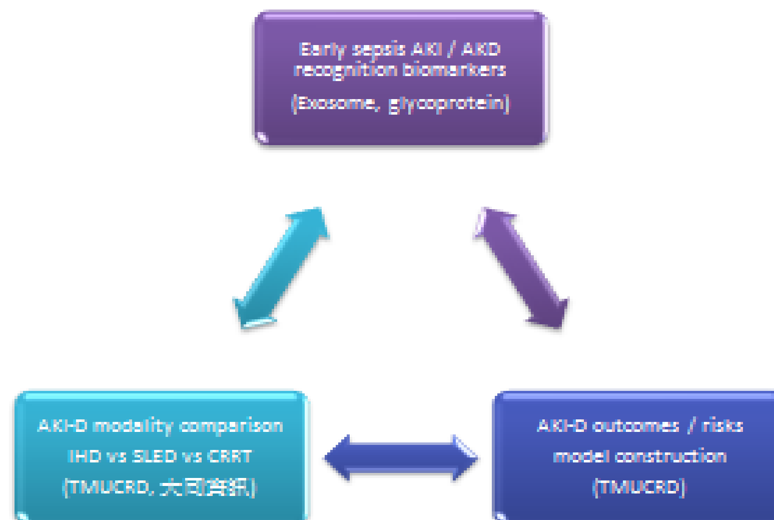
重症腎病團隊

報告人：高治圻醫師

111.08.25

Critical-ill AKI patients

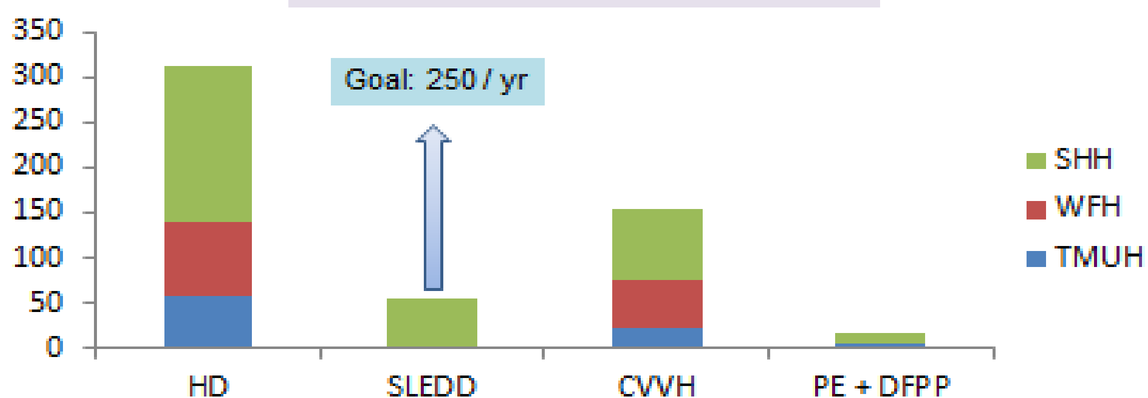


IHD: intermittent hemodialysis
SLED: sustained low efficiency dialysis
CRRT: continuous renal replacement therapy

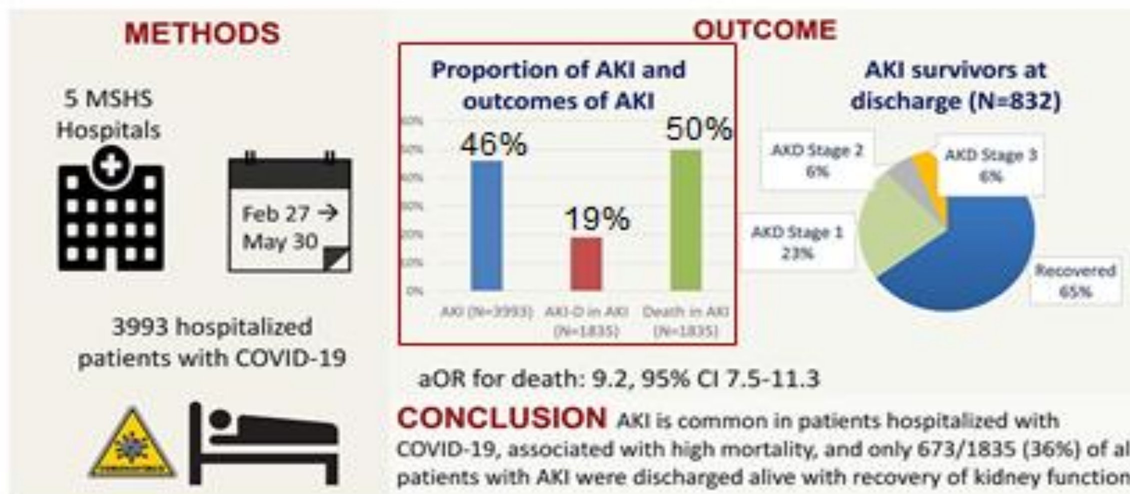
* TMUCRD: TMU-Clinical Research Database

Critical-ill Pt s/p dialysis

- Critical-ill patients s/p dialysis / plasmapheresis (3 affiliated hospitals, **2021/3**)



AKI in hospitalized Pts with COVID-19



976 (24%) patients admitted to ICU, and 76% experienced AKI

JASN 2021; 32: 151-160

Early AKI / AKD recognition biomarker

Patient enrollment IRB 110/8/20已通過→到111/8/24為止、已收案26個病人

We enroll critical-ill patients aged 20-80 years with the diagnosis of sepsis, without a history of malignancy, ESRD and organ transplantation. Sepsis is defined by 1. microbiological proof (cultures) or 2. suspicion of sepsis + >2 SOFA score. Patients will be divided into 2 groups, 1: septic AKI (n=100), 2: septic non-AKI (n=100)

Plasma and **Urine** samples are collected on Day 1, Day 4, and Day 8.