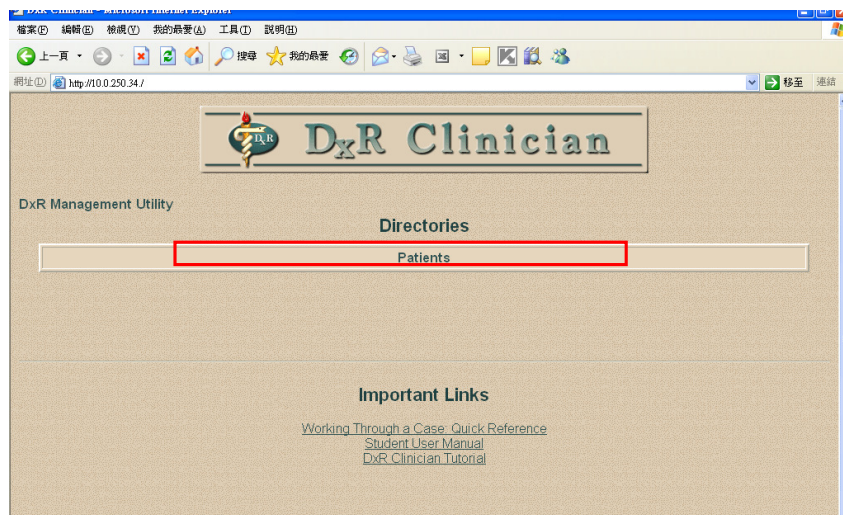


# DxR 操作簡介

## 一、 開始

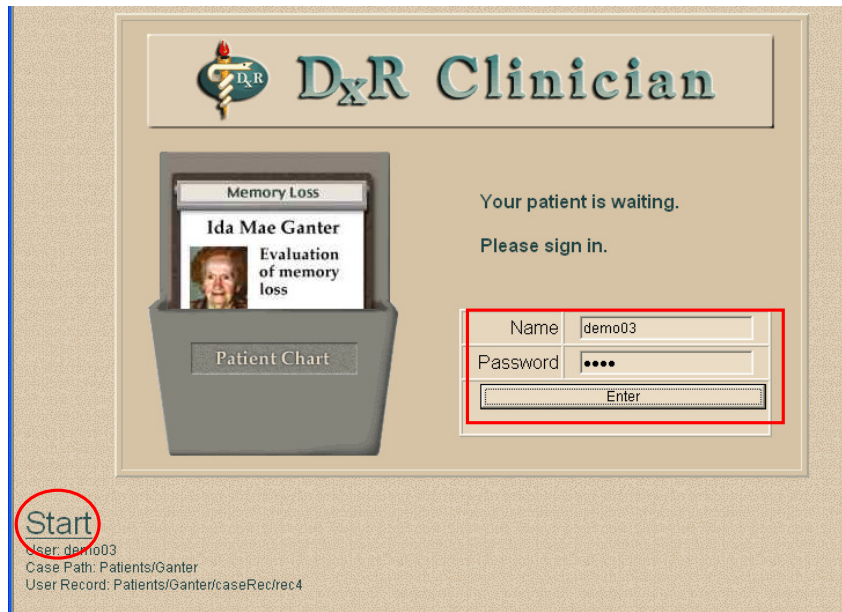
1. 進入教學部網站→點選臨床技能中心→點選 DxR 軟體。或直接在網址位置打：院內連線 10.0.250.34；院外連線 124.219.7.74。
2. 個人電腦需有 Quick time 軟體，才能觀看影音部份。此為免費軟體，可直接上網抓取或進教學部臨床技能中心網站下載。
3. 進入 DxR 網站後，點選 Patients。



4. 進入教師指定的診療室。
5. 點選您想要診斷的病人。
6. 點選 Click here to see the patient








7. 鍵入管理者給您的 Name 及 Password，點選 Enter。
8. 點選 Start。



9. 若您先前已進入過這個病人，Start 的地方會出現 Continue。按 Continue 即可繼續此個案。
10. 閱讀病人狀況的簡略說明後，根據您的需要點選 ask questions、physical exam 或 order lab tests。

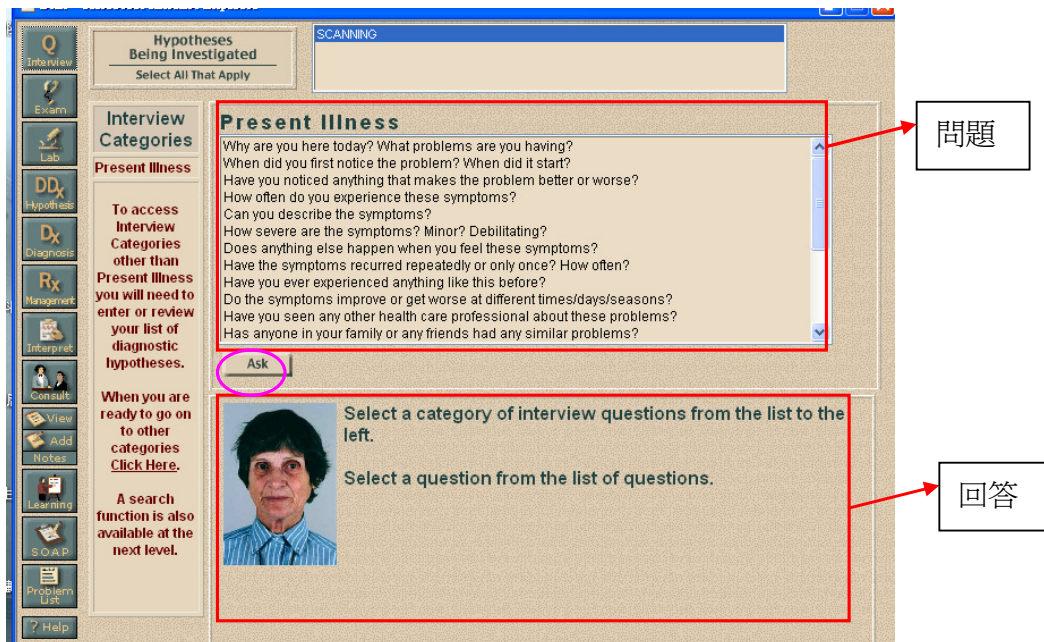
## 二、 按鍵說明

|  |  |
|--|--|
|  | <p>這六個按鍵( interview、exam、lab、hypothesis、diagnosis、management ) 呈現在大部分的畫面上，讓您可以進入診斷病人的主要部份。</p> |
|  | <p>Management：在進入最後的診斷之前皆可以進入 Management，輸入您認為病人需要的處置。</p>                                     |
|  | <p>此按鍵可觀看 question、exams、lab tests 裡面您選擇的部份，加以解釋說明。</p>  |
|  | <p>此按鍵可觀看 interview、exam、lab 這三個按鍵有解釋說明的列表，以及與這些內容相關的諮詢。</p>                                   |

|   |   |
|---|---|
|  | <p>按 Notes 可觀看或修改您 Notes 的內容。Add 可讓您加想要的內容入您的 Notes 裡。只需要 highlight 想要加入的內容再按 Add 即可。</p>   |
|  | <p>此按鍵可允許您建立 note，將所有結束個案後想要學習的內容加入此 note。項目包括 Anatomy, behavioral and social science, biochemistry, clinical medicine, microbiology, pharmacology, physiology。</p> |
|  | <p>此按鍵可允許您進入 Notes，編寫 subjective data, objective data, assessment data, plan。填寫後按 save。</p>   |
|  | <p>可迅速將您認為的病人問題鍵入此部份，以幫助您發展最後的診斷。</p>   |
|  | <p>可查看網上資訊。</p>   |

### 三、 Interview 病人

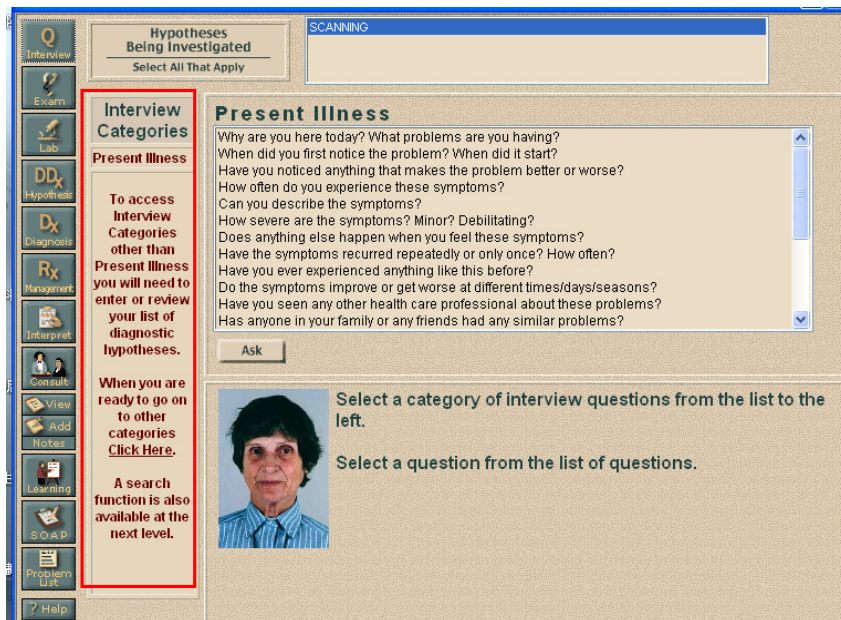
1. 點選 Interview Patient (ask questions)。
2. 點選 present illness 下方您想要問的問題後，按 Ask，下方會顯現您問題的答案。



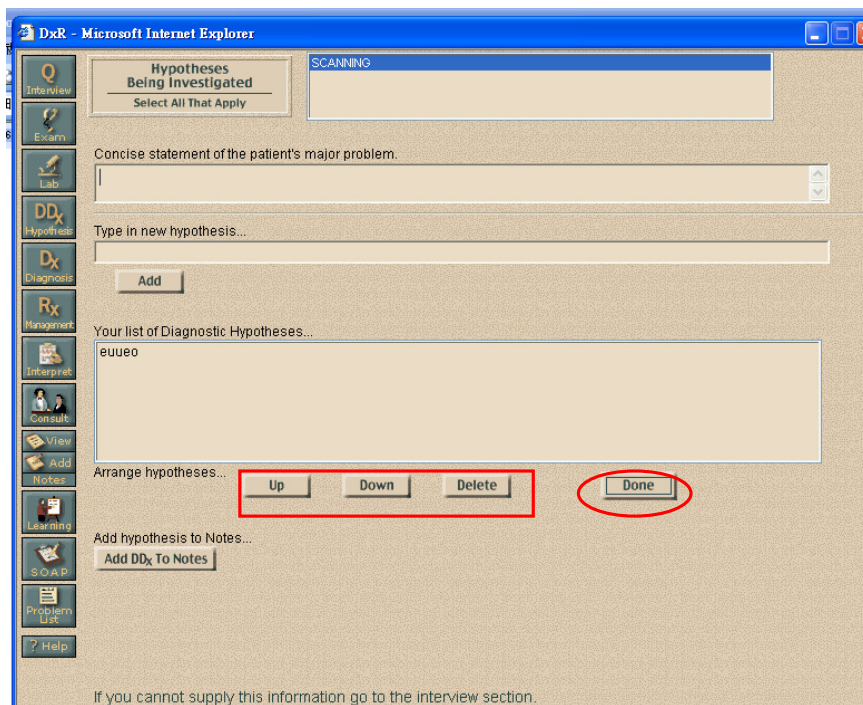
The screenshot shows a software interface for patient interviews. On the left is a vertical toolbar with icons for Interview, Exam, Lab, Hypothesis, Dx, Rx, Interpret, Consult, View, Add, Notes, Learning, SOAP, Problem List, and Help. The main window has a header 'Hypotheses Being Investigated' and a 'SCANNING' status bar. Below the header is the 'Interview Categories' section, with 'Present Illness' selected. A large text area titled 'Present Illness' contains a list of questions. A red box highlights this list, with an arrow pointing to a box labeled '問題'. Below the questions is an 'Ask' button, circled in pink. Below the button is another red box containing a patient's photo and instructions: 'Select a category of interview questions from the list to the left.' and 'Select a question from the list of questions.' An arrow points from this box to a box labeled '回答'.

3. 剛開始您可能只需要看 present illness category 或 review a summary of the history of the present illness。選擇任何您認為適當的問題來詢問。
4. 問過所有您想要問的問題後，點選 interview categories 下方的 Click here。





5. 出現 concise statement of the patient's major problem 和 type in new hypotheses 方格，填入您的答案。
6. 可按 Up、Down、Delete，排列或刪除您的 Hypotheses。
7. 完成後，按 Done。



8. 進入下列畫面後，選擇您想看的項目。須先選擇 hypotheses、問題，再按 Ask，才能看到您想看的答案。若還不確定診斷，可選 SCANNING。



9. 若要詢問特定的問題，可以點選 search 後打入關鍵字搜尋。

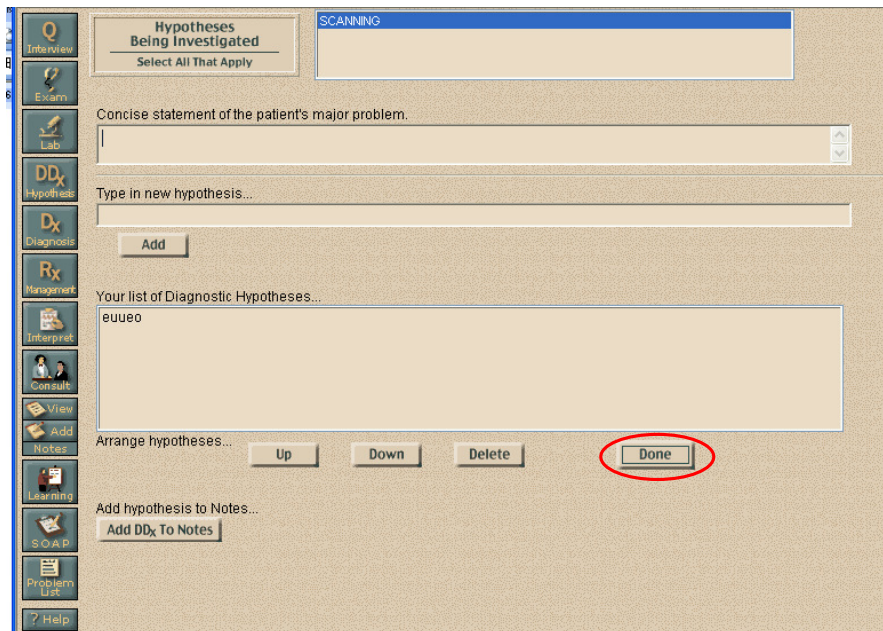
10. 完成 interview 後，點選下一個您想看的大項。

#### 四、 Statement of problem and differential diagnosis

1. 進入任一大項前，會要求您先列出病人可能的問題及鑑別診斷。
2. 若想改變或重排您的診斷，點選 DD<sub>x</sub> 即可進入。

#### 五、 Exam

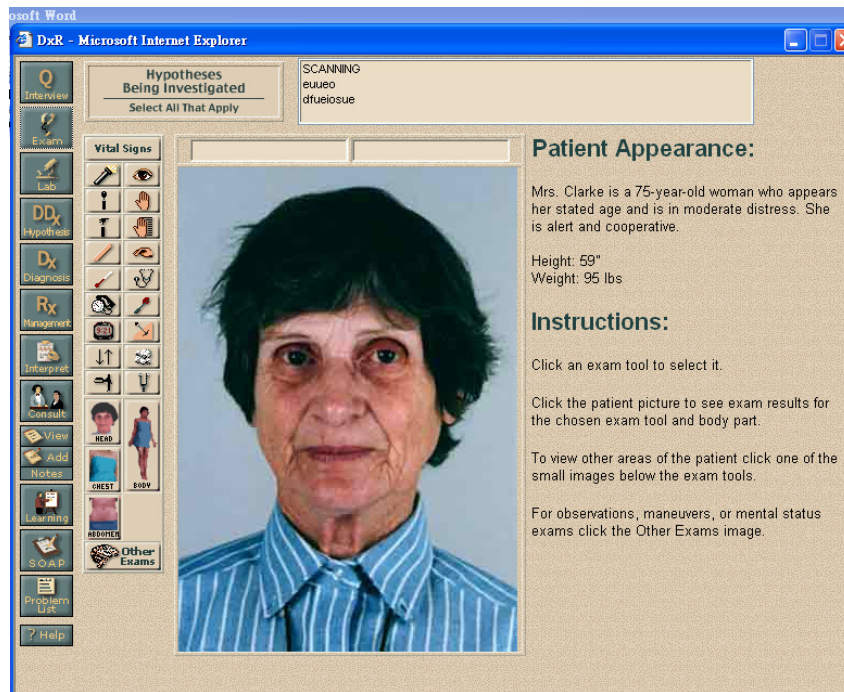
1. 點選 Exam，會先出現下述畫面



2. 輸入您目前的答案後，按 Done。

3. 出現 Exam 畫面。





4. 選擇要檢查的工具後，再選擇要檢查的部位，查看相關說明。說明可能是文字、圖片或聲音檔。



5. 點選 other exams 做其他您需要的檢查。
6. 點選 consult 可獲得諮詢。

## 六、 Lab

1. 點選 lab
2. 再次確認您的診斷假設，修改後按 Done。
3. 選取您想要看的任何實驗室檢查結果。
4. 有些檢查結果不會馬上獲知，在你進入最後的診療計畫後才會獲得檢查

結果。可在看過診斷結果後修改診斷。

5. 可點選 test info 以了解該檢查的相關說明。
6. 若要搜尋特定的檢查可按 search。

## 七、 Diagnosis

1. 做過所有您認為該做的檢查後，點選 **Diagnosis**。
2. 選擇您認為最有可能的診斷後，點選 **select**，輸入您的描述。
3. 若要同時選擇兩個以上的診斷，按診斷時同時按 **Ctrl** 鍵。
4. 完成所有內容後，點選 **enter final diagnosis**。
5. **注意，當您點選 enter final diagnosis，就無法再進入這個個案取得相關訊息。**

The screenshot shows a 'Diagnosis' form with the following sections:

- 1. Select one or more of your diagnostic hypotheses below that form the basis of your final diagnosis. To select more than one hypothesis, control+click (Windows) or command+click (MacOS) on each one. When the correct hypotheses are highlighted, click the Select button.**  
A list box contains 'euueo' and 'dfueiosue'. Below it is a 'Select' button circled in red.
- 2. Use this space to expand your selected diagnostic hypotheses into a complete but concise pathophysiologic diagnosis.**  
A text area contains 'euueo'.
- 3. Justify your diagnosis with supportive findings from history, physical exam, and lab.**  
An empty text area.
- 4. Select your level of confidence in your diagnosis.**  
Four radio buttons: 'Very confident', 'Confident', 'Somewhat confident', and 'Not at all confident'. To the right, a note states: 'Once you have entered your final diagnosis, you will not be able to access the patient history, exam, or laboratory sections.' Below the radio buttons are 'Cancel' and 'Enter Final Diagnosis' buttons.

## 八、 Management and problem list

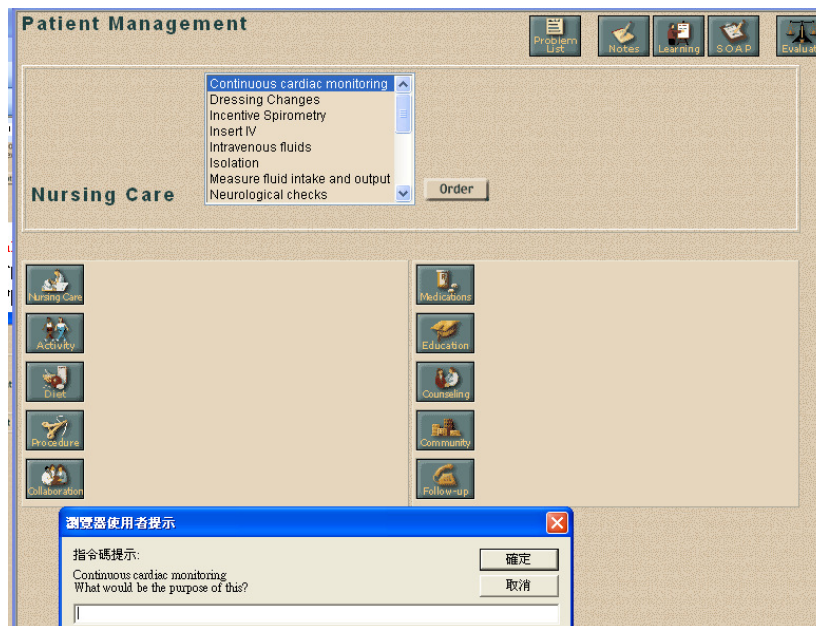
1. 輸入您認為個案有可能有的其他問題，排列順序後按 **save**。
2. 進入下面畫面，選擇要留院治療或出院觀察。按 **save**。

The screenshot shows the 'Patient Management' form with the following elements:

- Header: 'Patient Management' with icons for 'Problem List', 'Notes', 'Learning', 'SOAP', and 'Evaluate'.
- Instruction: 'First select patient treatment as outpatient or hospital admission and click Save.'
- Radio buttons: 'Treat Patient as an Outpatient' and 'Admit Patient to Hospital'. The 'Admit Patient to Hospital' button is circled in red.
- 'Save' button: Located to the right of the radio buttons, circled in red.



3. 選擇要給予的治療後，按 order，輸入原因。



4. 完成您所有的 order 後，點選 evaluate。
5. 進入下面畫面，完成所有問題後，點選 Done。

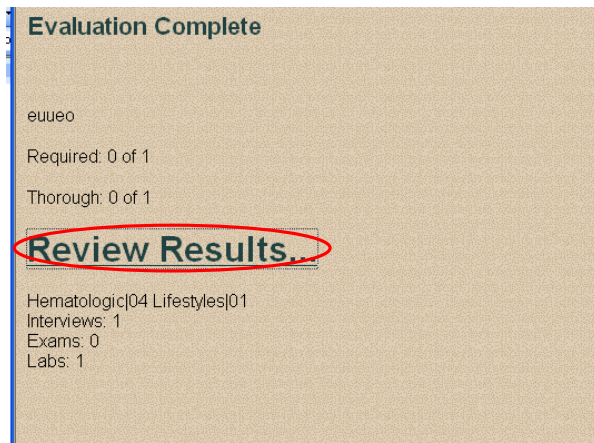
1. Are there any concerns you want to follow-up on with this patient?  
If so, briefly describe them in the space below.
2. Have you seen a patient like this before?  
 Yes  
 No
3. Have you read about a patient like this before?  
 Yes  
 No
4. Indicate your level of confidence in your clinical care of this patient.  
 Very confident  
 Confident  
 Somewhat confident  
 Not at all confident

**Done**

## 九、 Initial self-assessment

1. 進入下面畫面。





2. 點選 review results 。
3. 點選任一目錄，了解您先前的診斷及處置是否正確。若左邊有出現星號，表示您做的選擇正確。

| Index  | Diagnosis   | Consider | Justify | Competing | Thorough | Management          | Cost / Efficiency |
|--|---|----------|---------|-----------|----------|---------------------|-------------------|
| Items Necessary to Rule Out Competing Hypotheses   |   |          |         |           |          | Category Definition |                   |
|  | Medical History 12 Past medical history including psychiatric, surgical, previous lab |          |         |           |          |                     | Notes             |
|  | Gastrointestinal 09 Hematemesis   |          |         |           |          |                     | Learning          |
|  | Gastrointestinal 13 Rectal bleeding, discharge, pain or equivalent                    |          |         |           |          |                     | SOAP              |
|  | Feel Rectum   |          |         |           |          |                     |                   |
|  | <b>★ Hematologic 04 Complete Blood Count (CBC)</b>                                    |          |         |           |          |                     |                   |
|  | X-rays 01 Abdomen (KUB, X-ray)  |          |         |           |          |                     |                   |
|  | Blood A-G 21 AST (SGOT) or equivalent   |          |         |           |          |                     |                   |
| <p>The differential diagnosis of abdominal pain accompanied by fever is fairly broad. The history should include questions related to bleeding in the GI tract, previous surgical procedures, and current medications to include over the counter medications. A physical exam should include a pelvic exam and rectal looking for signs of infection, abscess, or blood in the stool. Evaluating the nasogastric drainage for blood would assist in ruling out gastric bleed. Administering a "GI cocktail" of viscous xylocaine, Mylanta, and donnatol assist in ruling out gastritis and reflux into the esophagus.</p> <p>Initial lab studies often include a supine and upright radiograph of the abdomen, looking for signs of obstruction, stool impaction and free air. A CBC gives valuable information regarding infection</p> |   |          |         |           |          |                     |                   |

4. 閱讀過自我評量後，即結束此個案，不可再用同一組密碼進入同一個病人。

若於操作上有任何問題，請洽教學部組員賴怡君，分機 3645。