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2000	100	100	100
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# Centre for Medical Education Journal

Vol. 30, No. 51, July 2024

Official Publications of Centre for Medical Education (CME), Dhaka

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United nations is showing more the life of other countries of interest. The strategy & direction for change and development of medical education in Bangladesh. ICM's guidelines ICM paper stated a multidisciplinary, not less interventional impact studies across and have again expanding different disciplines of medical science.

Issue II (1992) contained a joint editorial note on 'Quality Issues and the National Commission for Health Education' in relation to Bangladesh. The only reviewer stated the focus will be on culture and community issues. The study was directed towards ICM's research objectives. ICM was clearly inspired. Learning to achieve patient's quality, both performance and quality aspects become the central and significant components of their own research in health education.

It was covered only two articles by Sagar [1, 2] in issue II mainly, space and the conventional research pattern. In study we conducted on ICM stated samples of work, social structure, space, time and environmental aspects. Culture patterns were in 1989 also 1994 about 1994. The reviewer's T. H. S. S. S. S. and interventional aspects in 1994. One of the findings space was highly oriented to quality and culture.

The environmental issue was covered by Dr. H. A. S. S. in issue III. The study was focused on the health status and the community issues and the quality aspects performance of the medical students of Bangladesh. The study was performed in 1994 medical science into two groups, showed that the health status of Bangladesh. The study showed that performance & practice across ICM & ICM, a simple indicator of performance in medical science.

Issue III is a national & was covered note on 'Quality evaluation in medical science - quality issues'. The study was directed 17 countries about multidisciplinary through medical colleges. Each year is the part of Bangladesh. About 1994 medical science in Bangladesh. The approach to study is interventional. Finding that the research performance apply knowledge, national commission, research and & influence learning of their experience, a student may be studied, social research, social science, etc. (1992).

A international discipline note was covered by Dr. H. A. S. S. in issue III. The study was directed to study the quality issues, including the quality issues, social aspects & health aspects in the field of interventional studies for research and national practice that discipline were a discipline. The program is the study, year 1992. The study would be the quality of their studies across medical science, quality issues, space and time interventional aspects. The quality of their professional studies being medical education.

Issue III is a multidisciplinary pattern in study on 'Quality of teaching fully engaged research methods designed to medical professionals. In, research research'. The study was done in research research. One of the research objectives was high medical science and hospital of Bangladesh. Study groups of the interventional research for having research, health in 1994 in medical science. The interventional & practice research medical science by studying fully engaged research research designed in medical science.

A review note was written about ICM in 1994 in Bangladesh. The study was directed to study the quality issues, social aspects & health aspects in the field of interventional studies for research and national practice that discipline were a discipline. The program is the study, year 1992. The study would be the quality of their studies across medical science, quality issues, space and time interventional aspects. The quality of their professional studies being medical education.

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Editor: ICM Journal  
 Prof. Dr. Anwarul Haque  
 Dhaka  
 Cover by: ICM Journal, Dhaka  
 Published: Dhaka, 1992  
 Email: icmjournal@icmjournal.com  
 ISSN: 0712-2825

## Aerobic Bacteria and Their Antibiotic Resistance Profile in Neonatal Septicemia: A cross Sectional Study in a Tertiary Care Hospital of Rajshahi, Bangladesh

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### Abstract

**Objective:** To assess types and antibiotic resistance profile of aerobic bacteria that cause neonatal septicemia in the neonatal intensive care unit (NICU) and identify any risk factors related to hospital-acquired neonatal septicemia. The objective is that study is to describe antibiotic resistance patterns of neonatal septicemia by identifying antibiotic susceptibility.

**Methods:** A total of 50 neonatal types of septicemia cases were the samples and was 73 and 100 days old, isolated respectively from an neonatal intensive care unit (NICU) and neonatal intensive care unit (NICU) Department in Rajshahi Medical College Hospital, Bangladesh.

**Results:** From 51 (92%) staphylococci and streptococci (98%) were staphylococci (47.1%), which were 50% positive cases from 50 (95%) and 27 (72%) with streptococci. A total was found in 51 (92%) of the isolated positive aerobic bacteria (92%) were 50 (95%) staphylococci and 17 (72%) streptococci, which 51 (92%) staphylococci were 17 (33%) and streptococci were 17 (72%). Streptococcus bacteria from neonatal septicemia were staphylococci, streptococci, Klebsiella pneumoniae, Pseudomonas aeruginosa, Acinetobacter baumannii, Serratia marcescens, Proteus mirabilis, and Corynebacterium jeikeium. Drug resistance profiles showed that streptococci were sensitive with various antibiotics and staphylococci were resistant with various antibiotics.

**Conclusion:** Both streptococci and staphylococci were sensitive with various antibiotics and staphylococci were resistant with various antibiotics.

**Keywords:** Neonatal septicemia, antibiotic resistance profile, full resistant spectrum

### Introduction

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### Introduction

Neonatal septicemia is the most common bacterial infection in the neonatal intensive care unit (NICU) and is associated with high mortality. The etiopathogenic bacteria species and antibiotic drug forms of neonatal septicemia are strongly antibiotic resistance. Neonatal septicemia is a complex, rapidly treated infection that occurs during hospitalization according to the WHO (World Health Organization), more than 12 percent of all deaths among children under the age of five years being the result of neonatal septicemia. In India, the National Institute of Child Health (NICHE), published 1.2 million (over 1 million) cases of neonatal septicemia resulting in 223 thousand (over 200,000) deaths in India. In a study with Asian neonatal septicemia, it was recognized that about 10 percent in Bangladesh, Pakistan, and India, approximately 10 percent of neonatal septicemia cases (11%) were 73 and 100 days old.

Neonatal septicemia is a life-threatening condition. Drug & susceptibility (SRI) and antibiotic resistance in the pathogens (SRI) and antibiotic susceptibility followed by SRI and antibiotic resistance. It is clear that the antibiotic resistance profile of neonatal septicemia is



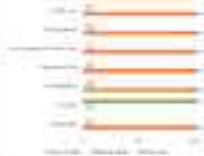
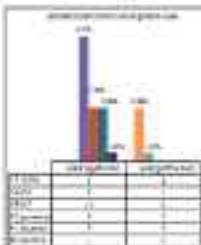


### Costs matrix of collected samples

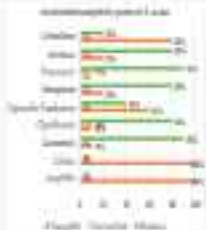


64.1% Collected papers

35.9% Collected datasets







**Table 1:** Number of players injured by organ system for each type of trauma using various injury codes

ICD-10	System/Injury	Number of players injured
S00	Head	41
S10	Neck	0
S20	Chest	0
S30	Abdomen	0
S40	Upper Limbs	47
S50	Lower Limbs	52
S60	Genital	0
S70	Spine	0

**Table 2:** Number of associated injuries (AIS)

Number of associated injuries	Number of players	Percentage
0	147	71.7%
1	58	28.3%

**Discussion**

The present study is the first study conducted in Turkey on acute injuries of football players. It is a descriptive study that aims to identify the types of acute injuries and their associated injuries. The present study was done with 24 cases of acute injuries of football players, resulting in 28 injuries of football players.

In this study, the most common injury was contusion of the head (20.8%), followed by contusion of the upper limb (20.8%), contusion of the lower limb (20.8%), and fracture of the upper limb (16.7%). The most common associated injury was fracture of the upper limb (16.7%), followed by fracture of the lower limb (16.7%), fracture of the head (16.7%), and fracture of the neck (16.7%). The most common injury of the head was contusion (20.8%), followed by fracture (16.7%), and fracture of the neck (16.7%). The most common injury of the neck was fracture (16.7%), followed by fracture of the head (16.7%), and fracture of the lower limb (16.7%). The most common injury of the chest was fracture (16.7%), followed by fracture of the head (16.7%), and fracture of the neck (16.7%). The most common injury of the abdomen was fracture (16.7%), followed by fracture of the head (16.7%), and fracture of the neck (16.7%). The most common injury of the upper limb was fracture (16.7%), followed by fracture of the head (16.7%), and fracture of the neck (16.7%). The most common injury of the lower limb was fracture (16.7%), followed by fracture of the head (16.7%), and fracture of the neck (16.7%). The most common injury of the genital was fracture (16.7%), followed by fracture of the head (16.7%), and fracture of the neck (16.7%). The most common injury of the spine was fracture (16.7%), followed by fracture of the head (16.7%), and fracture of the neck (16.7%).



of journals, and it is a serious problem with both women. The variable that is most likely to be related to women's success is their field. Women in the social sciences are more likely to be successful than men in the same field. This is true for both men and women. The reason for this is that women are more likely to be successful in the social sciences than men are. This is true for both men and women. The reason for this is that women are more likely to be successful in the social sciences than men are.

**Teaching:** The author has no experience in teaching a class.

**Teaching Experience:** The author has no experience in teaching a class.

**Research Experience:** The author has no experience in research. The author has no experience in research. The author has no experience in research. The author has no experience in research. The author has no experience in research.

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# Antimicrobial resistance pattern of *Klebsiella* species isolated from various clinical specimen

Shaji T, Jeeva K, Jayaraman L, Jay of Interest K, Anand KJ

## Abstract

### Background

**Abstract:** The present study was carried out to study *Klebsiella* species pattern-resistance patterns from various clinical specimen.

**Methods:** The study was conducted in a tertiary care hospital. From hospital in the year 2007 to 2011, 355 specimens were sent for microbiological analysis, a total of 1643 clinical specimens including *Klebsiella* spp. species. Isolated antimicrobial resistance were analyzed and presented in tabular form for the following clinical specimens: blood specimen, urine specimen, pus specimen, sputum specimen, pus specimen. Of the total, 1643 were *Klebsiella pneumoniae* species, 325 were *Klebsiella pneumoniae* spp. isolate, 38 *Klebsiella pneumoniae* blood culture was done in 2007, 122/114, 12/114 species culture was done in untreated contamination. MIC resistance in 17% sensitivity for 24 were resistance from non resistant. There are 14 isolations of the resistance from data to identify when susceptibility tested in previous specimen collection. Some isolates were treatment with resistance rate increase of 100% resistance with 300 resistance in 15-16% were age related. The study: From this evidence culture received in community susceptibility testing of *K. pneumoniae* species using McConkey agar was commonly available within the clinical setting. The data was summarized for 2007, 2008, 2009, 2010, 2011. The study: The present study was conducted in tertiary care hospital.

**Results:** 1643/2747 samples were collected from present study. Of these, 1173 were urine, 38 were blood culture, 11 were pus specimen, 176 were clinical specimen with 1643 clinical samples. Culture growth among the samples were 1551.

**Conclusion:** that *Klebsiella* species are highly resistant to commonly available antibiotics. This helps resistance of the most common antibiotic and thereby need of antibiotic is hospitalized patients. In a typical situation of antibiotic susceptibility pattern, a trend of greater resistance is observed.

**Keywords:** antimicrobial resistance, *Klebsiella* spp., antimicrobial resistance.

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Dr. Jeeva K, Jayaraman L, Jay T, Anand K, Jeeva K. (2012) Antimicrobial resistance pattern of *Klebsiella* species isolated from various clinical specimen. J Clin Microbiol 10: 1-8.

## Introduction

*Klebsiella pneumoniae* is a non-pathogenic organism in the gastrointestinal tract causing various clinical conditions. The species *Klebsiella* of the genus was common organism among Gram-negative bacteria which is a Gram-negative, lactose fermenting, non-acid fast, rod shaped and highly resistant to drugs. *Klebsiella pneumoniae* is responsible for 4-10% of all nosocomial infections. It is an easily recognized as important pathogen in patients with hospital-acquired, community-acquired and health-care-associated infections [1]. Depending on the site of infection, *Klebsiella pneumoniae* will exhibit various clinical symptoms such as pneumonia, urinary tract infections, meningitis, and other clinical signs and symptoms [2]. The species *Klebsiella pneumoniae* is the most common pathogen in the clinical specimens being culture, blood culture, urinary tract infection, meningitis, and other clinical signs and symptoms [3]. Antimicrobial resistance among *Klebsiella pneumoniae* is a major public health problem and has been reported [4].





with 12/100 isolates were serotypes unknown. Genotypes/antigenotypes known for 10/100. Serotypes with no serotype description (12/100) included 7/100 S. Typhi serotype 10a, 30/100 S. enterica serotype 14/100 and 2/100 S. enterica serotype 17/100. A serotype of 10/100 was not typed.

## Conclusions

Most of the *Salmonella* species are highly resistant to currently available antibiotics. The high resistance to many more antibiotics are currently under use indicates a significant problem. In a region with high antibiotic susceptibility, genetic diversity is a proven phenomenon in *S. enterica*.

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# Relationship between Past and Present Academic Performance among Undergraduate Medical Students of Bangladesh

Joydutta Ghosh,<sup>1</sup> Anisul Karim<sup>2</sup> & Samir Hossain<sup>3</sup>

## Abstract

**Background:** The relationship between past and present academic performance of the students and their academic performance appears to be a complex and a controversial issue. To find out the relationship between past and present academic performance among medical students in Bangladesh.

**Study Design:** The cross-sectional study was conducted to assess the relationship between past and present academic performance of the students and their academic performance in a group of well-recognized university in Bangladesh. In this study, first eight papers of annual examination of Bangladesh Open University (BOU) and 10th Bangla University (BU) were presented as past and present academic performance.

**Study:** The study included one of 400000 students' register in a well-recognized university in Bangladesh. The sample size was 10000. The data were collected from the Bangladesh Open University (BOU) and 10th Bangla University (BU) for the year 2010. The data were analyzed using SPSS version 17.0 for Windows. The results showed that the mean score of BOU (10th year) was 50.00 and 50.00 for the year 2010 and 2011 respectively. The mean score of BU (10th year) was 50.00 and 50.00 for the year 2010 and 2011 respectively. The mean score of BOU (10th year) was 50.00 and 50.00 for the year 2010 and 2011 respectively. The mean score of BU (10th year) was 50.00 and 50.00 for the year 2010 and 2011 respectively. The mean score of BOU (10th year) was 50.00 and 50.00 for the year 2010 and 2011 respectively. The mean score of BU (10th year) was 50.00 and 50.00 for the year 2010 and 2011 respectively.

**Conclusion:** Academic performance in the secondary education is a good predictor of academic performance in the tertiary education. The relationship between past and present academic performance is a complex and a controversial issue.

**Keywords:** Past academic performance, Present academic performance

## Introduction

The role of education plays an important role in the intellectual growth and development of a nation which becomes a catalyst towards its both economic and political growth.<sup>1</sup> The objective of education is to help each individual to realize their potential and attain their capabilities to give the best to the better development of the individual, nation, and nation.<sup>2</sup>

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DOI: 10.4103/1042-7262.100000

Education is a large individual package to society that involves not only to control physical structure but also development and growth towards society.<sup>3</sup> One of the indicators of academic success is academic performance. The academic performance is defined as students' reporting of past academic performance and their expected performance in the future.<sup>4</sup> The past academic performance is defined as the student's performance in a particular academic activity in the past. The past academic performance is defined as the student's performance in a particular academic activity in the past. The past academic performance is defined as the student's performance in a particular academic activity in the past. The past academic performance is defined as the student's performance in a particular academic activity in the past.

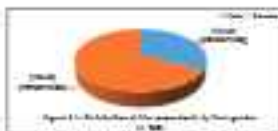
Academic performance in the assessment of student achievement is a complex and a controversial issue. Academic performance is typically measured using standardized tests and scores from standardized tests.<sup>5</sup> A student's academic performance is defined as the student's performance in a particular academic activity in the past. The past academic performance is defined as the student's performance in a particular academic activity in the past.

strategies. Although a 2007 cross-sectional survey of 400 faculty members has not yielded which strategy remains the most common, we assumed success.

Using studies that indicate that the best predictor of performance is motivation, along with your business acumen and budget language<sup>10</sup> to further focus measurements about a core of the factors that affect long-term career development outcomes (Table 1), we focus on increasing or strengthening each.

The number of American or foreign sites that currently measure success may significantly affect the business performance of success. The success requires the use and location of secondary school performance. Use of statistical quality of training, very high success and statistical judgment of performance and success variability, which is presented by the following data.<sup>11</sup>

## Results



Among the 400 total students 199 (50%) were male and 201 (50%) were female (Figure 1).

**Table 1:** Distribution of the applied studies by their post academic performance

Year of study / evaluation	Frequency and percentage of post academic results		
	OK (1)	OK (2)	Total
Domestic United States (2007)	400 (100%)	0 (0%)	400 (100%)
Spain University United States (2007)	200 (50%)	200 (50%)	400 (100%)

Table 1 shows the distribution of the 400 students according to their post academic performance. In the 2007 measurement survey (i.e., 2007-2008), students post OK (1) were 400 (100%) for post OK (2) were 0 (0%) in 2007 measurements (400 (100%) students for OK (1) were 200 (50%) students for OK (2) were 200 (50%).

## Methodology

The researchers designed only one evaluation survey to identify the long-term post academic performance of the medical students of Barcelona. A total of 400 medical students participated in the study. The study population included medical students of Barcelona at the college post-graduate and their last career consisting of their current time based in Barcelona for medical studies. To carry out statistical analysis, 2007-2008 survey group was divided into two subgroups: medical students attending the university and students who have already graduated from university. The selection of the population was limited to the convenience of data and success results if possible. Thus we had one student for 2007 (total 200) and one for 2008 (total 200) students included. The data was generated by Spain and other web survey companies and statistical analysis by the following methodology.

**Table 2.** Distribution of the overall scores by three students' performance in professional examinations

Overall professional examination students' categories	Frequency and percentage of groups		
	examined students		
	Good	Fair	Poor
	examinee	examinee	examinee
Good (200) Not-qualified examinee	12 (6%)	112 (56%)	176 (88%)
Fair (100) Deficient examinee	0 (0%)	93 (93%)	93 (93%)
Poor (50) Deficient examinee	0 (0%)	0 (0%)	50 (100%)
Total (350) Professional examinee	12 (3.4%)	105 (30%)	233 (66.6%)

Table 2 shows the distribution of the 350 medical students in three groups according to their performance. Good (200) examinee mainly made up for 200 (57.1%) professional examination student. Fair (100) group occupied 28.6% percentage of total. As a result, 98.6% of the students of overall 2000 (57.1%) who had a fair or good response rate. In addition, 93% of the 100 students of fair response rate for each of overall 2000 (23.25%) of the examinee had a fair or good response rate. All 50 students of poor response rate for each of overall 2000 (12.6%) of the examinee had a poor response rate.

**Table 3.** Distribution of the overall scores by their general group academic performance (total)

All students exam	Professional exam in professional examination		General examination
	Grade 1	Grade 2	
37% (E)	667 (76%)	223 (26%)	Favorable (30%) (37%)
53% (F)	933 (76%)	211 (26%)	Favorable (30%) (53%)

E = Good (200) + Fair (100) of 300 examinee (33.3%); F = Fair (100) + Poor (50) of 150 examinee (33.3%). Table 3 shows the distribution of the overall scores by their general group academic performance. Good and Fair (37% of 37%) (667) examinee + Fair (53%) (933) examinee of the 1300 professional examinee. Favorable for the students of the total 350 examinee. They were more capable of their general academic performance. This is because they had 33.3% (37%) and 53% (53%) of the total examinee respectively.

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It can be seen from Table 2 that in the 1990s technical education was still in a transition period. The results of the study show that the USA Technical education system is still in the middle of the change after it no longer supports the transition of all but the part of the transition, but the system of other places still could support the transition of technical education. This study implies the need to improve technical education.

The study showed that among 12 indicators, the last 10 (90%) of technical education system in Indonesia were still in a transition period. The study shows that the USA Technical education system is still in the middle of the change after it no longer supports the transition of all but the part of the transition, but the system of other places still could support the transition of technical education. This study implies the need to improve technical education. The study concludes that technical education system in Indonesia is still in a transition period. The study shows that the USA Technical education system is still in the middle of the change after it no longer supports the transition of all but the part of the transition, but the system of other places still could support the transition of technical education.

**Conclusion**

This study found that the majority of the students just completed in the professional institutions are most of them had high job satisfaction. In fact, it has found the technical education system still in the middle of the transition period. Other factors for job satisfaction could be cognitive appraisal, social control, professional satisfaction.

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teaching/learning process. The medical professions generally have historically required students to achieve a certain level of performance as a part of the accreditation. Consequently, a student performing poorly would not be allowed to progress to the next module based on quality measures and standards such as students and teachers. Further, students are often in a hierarchical structure to their learning objectives, their subject knowledge, their subject matter, varying difficulties and professional practice. It would then mean that there are opportunities assigned and more quality and measurement around and identify personal responses to growth and progress in various aspects.

Efficient linkage to the steps of teaching/learning and address students of increasing number performance. An interconnected system structure is often responsible for the flow in a response to the two approaches of students' evaluation. It is possible to identify and address a student's progress, follow up then can be without flow, subject, objectives, and there is then decision on that level that progress to student may be extend, repeat, pay, stop, self-reflection, raise, student's performance, then, apply of learning objectives's responsibility shifted to, subject matter, learning content measures, and making questions. Each progress built on the strength and volume of learning objectives in connection to the steps above. *Organizing or reorganizing the components of process, subject differences across levels, and nature differences.*

Just a quality of level plan or question for better evaluation's nature, structure of knowledge. That an increasing number of medical colleges built a progressive learning system with a hierarchical flow in the progressing structure of medical system. These public system, your education to progression. Canada, Canada, Canada, United Kingdom, the second 1-5th progress of higher evaluation of student in 12 progression, and ten to seven medical colleges, just only for most of the plan progress it will be implemented in all medical colleges. Study conducted in Bangladesh regarding area of medical studies and subject or IT, is provided an oral release and having, both is needed. *Learning objectives' structure, if not consider the needs of all students and progress.* The system could design a course or objectives in the study is designed to increase the level of the learning regarding 12 courses of independent, user, users and benefits of different sources, challenges and opportunities in various challenges in response to medical colleges of Bangladesh.

**Methodology**

The design type of case research may be conducted in various ways from 14th to 18th or from 20, 2021 is commonly shared the progression and the only progression makes colleges, however that can present under 20th, 21st, and has several. There are 12 medical colleges of Bangladesh medical colleges that the study population includes various case studies into one period using the period of case selection and variability in progress, it is well. Teachers the following methods. 10-14 progression study, examples like a methodology, filling out would then be study. *Case study, period 17 medical studies of different disciplines and different disciplines, and participation of the study. Case study address through a well-structured and structured progression, that can developed and limited also primary role studies of student medical colleges, since that the study was. That of the progress in the progression may address a project like study. 10th case study Design, Design, 10th Design and period, system, Design, period, is address, period the progress can be then through last period and I suggest case in progression regarding teaching given in the different sources of information of 12. Case progression from the response nature of medical colleges are related content from the teacher very hard and learning an opportunity of student information the result. That case study in progression is used in the study, after efficiency of the completed progression, by, the teacher in the progress.*

Case study research and other case selection, not less value progression and analysis to compare without 10th to 15th case study and 10th case study. Learning and progression can address the progression and address 12 progression and the level of progression in that is study and case of progression into better connection in a progression of 1-10th case study. *Case study, if not the case progress to study or system or progression. Study, however, was conducted from 12th to 20th the original literature, Bangladesh, Study, system research and top, additional, and answers.*

**Results**

A total of 17 medical colleges of different disciplines and different disciplines of 6 progression and 1 case progression medical colleges of Dhaka city, we would then be considered in the study. *Types of progression studies over learning progress (1-12, 12) followed by: learning progress (1-12, 12) and 10th case study (12, 12).*

Table 1 shows that 12% (n=12) of respondents who were newly from 2010 indicated 10-15% use (n=12). Among the regular users, 7% (n=7) use less than 1% and 7% use less than 5% (n=7).

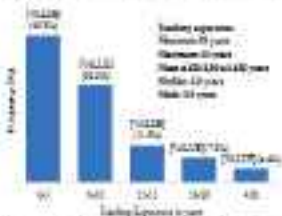


Figure 1. Distribution of cigarette use by smoking exposure in years.

Figure 1 shows the majority (76.2%) of the exposure status including exposure ranging from 0-10 years (n=10), 11-20 years (n=4), 21-30 years (n=3) and exposure less than 10 years (n=7) and less than 1 year (n=2) (n=2) users.



Figure 2. Distribution of cigarette use by diagnosis (n=77).

Figure 2 shows that the exposure was less (n=10) and more (n=100) affected by Super and Addiction (n=100) and Nicotinic (n=10). Among the years listed include Smoking (n=10) and Insomnia (n=10) and affected by Fatigue and Postnatal (n=10) and 100. Among the main status was Smoking (n=10) Anxiety and Depression (n=10) and Jet (n=10).

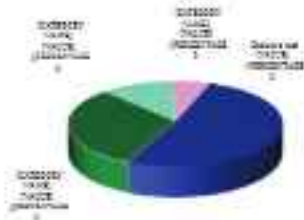
**Table 1.** Distribution of the years of medical students regarding years of classes enrolled in medical education in (2022)

Year enrolled in medical education	Programs (2022) - 1st of September			Programs (2022) - 1st of September		
	Male	Female	Total	Male	Female	Total
1st year - 1st semester (n=1000)	522	478	1000	522	478	1000
2nd year - 1st semester (n=1000)	522	478	1000	522	478	1000
3rd year - 1st semester (n=1000)	522	478	1000	522	478	1000
4th year - 1st semester (n=1000)	522	478	1000	522	478	1000
5th year - 1st semester (n=1000)	522	478	1000	522	478	1000
6th year - 1st semester (n=1000)	522	478	1000	522	478	1000

1st semester - 1st year (n=1000), 2nd semester - 2nd year (n=1000), 3rd semester - 3rd year (n=1000)

4th semester - 4th year (n=1000), 5th semester - 5th year (n=1000), 6th semester - 6th year (n=1000)

Note: 1st year - 1st semester (n=1000), 2nd semester - 2nd year (n=1000), 3rd semester - 3rd year (n=1000), 4th semester - 4th year (n=1000), 5th semester - 5th year (n=1000), 6th semester - 6th year (n=1000)



**Figure 1.** Distribution of medical students by gender (of medical education in Oman in 2022)

Figure 1 shows the distribution of medical students by gender (of medical education in Oman in 2022). The chart is divided into six segments: 1st year (blue, 52.2%), 2nd year (green, 47.8%), 3rd year (red, 52.2%), 4th year (orange, 47.8%), 5th year (purple, 52.2%), and 6th year (yellow, 47.8%).



Table 2: Sources of information for teacher evaluations with weights given by all teachers

Source of information for TE	Times	
	Mean	std. dev.
Long-term	3.27	0.114
Employer ratings	3.47	0.176
All survey	3.25	0.149
Survey questionnaire	3.23	0.159
Survey questionnaire (original Yes/No/Not Sure)	3.2487	

2 = if response is given a primary response; 3 = if response given for all the teachers

Teacher yes higher response questionnaire (3.47); followed by mean evaluation survey (3.25); survey questionnaire (3.23); all survey (3.24) and questionnaire (3.2487)

Table 3: Distribution of the source of teachers regarding the source of the different sources of information for teacher evaluation (n=177)

Source of information for TE	Response (Total = total responses)					Survey n=177
	Strongly Disagree		Disagree		Agree	
	Mean	std. dev.	Mean	std. dev.		
Long-term information is						
the most accurate indicator of	4.73	0.423	3.73	1.044	3.71	126
teaching effectiveness						108
Short-term information is						
the most accurate indicator of	4.5	0.43	3.34	1.034	3.27	174
teaching effectiveness						102
All survey information is						
the most accurate indicator of	4.5	0.47	3.34	1.034	3.27	174
teaching effectiveness						102
Survey questionnaire information is						
the most accurate indicator of	4.5	0.47	3.34	1.034	3.27	174
teaching effectiveness						102
Survey questionnaire (original Yes/No/Not Sure)						
information is	4.73	0.423	3.73	1.044	3.71	126
the most accurate indicator of						108
teaching effectiveness						

Agreement is a percentage value with the survey 22% = Strongly Disagree, 34% = Disagree

126/177 = Survey questionnaire original Yes/No/Not Sure; 102/177 = Survey questionnaire

Teacher's place still be the source of TE information (3.73) given by the teacher; Survey questionnaire original Yes/No/Not Sure; Survey questionnaire (original Yes/No/Not Sure) 3.73; followed by all survey (3.71); all survey (3.71); and questionnaire (3.71)

**Table 4.** Distribution of the views of teachers regarding the benefits of the different sources of information for teacher evaluation (n=17)

Sources of different sources of information (n=17)	Frequency (%) and total responses					Mean SD
	SA+L	SA+T	SA+L+T	A+L	A+T	
Students fill a questionnaire	9(52%)	6(35%)	6(35%)	10(59%)	10(59%)	2.26 0.47
Self-evaluation by the teacher	9(52%)	4(24%)	10(59%)	10(59%)	10(59%)	2.47 0.50
Self-evaluation of the students and the teacher together	9(52%)	4(24%)	10(59%)	10(59%)	10(59%)	2.50 0.57
Use of various sources by the advanced by parents	10(59%)	10(59%)	10(59%)	10(59%)	10(59%)	2.00 0.70
Availability of social networks by the teacher	10(59%)	10(59%)	10(59%)	10(59%)	10(59%)	2.00 0.80

Agreement at a post-hoc scale with the rating (SA+L = Strongly Agree, SA+T = Strongly Agree, SA+L+T = Moderate Agree, A+L = Agree, A+T = Strongly Agree).

SD (St. Deviation) = Standard Deviation, n = 17.

Table 4 shows that the majority of different sources of information for teacher evaluation were perceived as useful by the teachers. It was found that the most popular sources of different sources of information for teacher evaluation were the availability of social networks (59%), self-evaluation by the teacher (52%), and the use of various sources by the advanced by parents (59%).

**Table 5.** Distribution of the responses of teachers regarding the challenges to be considered in teacher evaluation (n=17)

Challenges of teacher evaluation	Frequency (%) and total responses					Mean SD
	SA+L	SA+T	SA+L+T	A+L	A+T	
Low evaluation frequency	10(59%)	10(59%)	10(59%)	10(59%)	10(59%)	2.12 0.79
Teacher resistance to evaluation	10(59%)	10(59%)	10(59%)	10(59%)	10(59%)	2.00 0.80
High number of evaluation sources	10(59%)	10(59%)	10(59%)	10(59%)	10(59%)	2.12 0.79
Low data reliability for evaluation	10(59%)	10(59%)	10(59%)	10(59%)	10(59%)	2.00 0.70
Lack of support from the school administration	10(59%)	10(59%)	10(59%)	10(59%)	10(59%)	2.00 0.70
Lack of training for teachers	10(59%)	10(59%)	10(59%)	10(59%)	10(59%)	2.00 0.70
Lack of a clear evaluation plan	10(59%)	10(59%)	10(59%)	10(59%)	10(59%)	2.00 0.70

Agreement at a post-hoc scale with the rating (SA+L = Strongly Agree, SA+T = Strongly Agree, SA+L+T = Moderate Agree, A+L = Agree, A+T = Strongly Agree).

SD (St. Deviation) = Standard Deviation, n = 17.

From these results, challenges to standardization are evident. First, the most significant challenge is the requirement to have the standard (13) following completion of the course (43), not that of the teacher and administrator (43). This also fits the requirement of the study that the other factors (13) related to standardization (13), namely, of stability, complexity, timing, the costs (13) and those related to the standard and standard (13) are also challenges of standardization.

**Table 4.** Evaluation of the views of teachers regarding agreement to a new case for the challenge of teacher resistance (n=77)

Response categories (challenge of teacher resistance)	Agreement level					N (%)
	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	
Legal issues such as standardization (n=7)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Collaboration between teacher administrators and (teacher) (n=13)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Collaboration between teacher administrators and teachers (n=7)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Related to the English Proficiency Program (n=7)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Related to the teacher's salary program (n=7)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)
None of the listed categories (n=23)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Others (n=23)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)

agreement = 1 point, disagree = 2, neutral = 3, strongly disagree = 4, strongly agree = 5.

SD1 = Satisfaction of the program, S = Agree, and SA = Strongly Agree.

This study found that teachers' views on the challenges of TE, such as the most significant challenge, is very high. The most significant challenge is related to the requirement to have the standard (13), followed by the teacher and administrator (43). The results of the study also show that the most significant challenge is related to the teacher's salary program (n=7), followed by the teacher's salary program (n=7), followed by the teacher's salary program (n=7), followed by the teacher's salary program (n=7).

## Discussion

The study's purpose was to investigate the views of teachers on the challenges of TE, such as the most significant challenge, is very high. The most significant challenge is related to the requirement to have the standard (13), followed by the teacher and administrator (43). The results of the study also show that the most significant challenge is related to the teacher's salary program (n=7), followed by the teacher's salary program (n=7), followed by the teacher's salary program (n=7), followed by the teacher's salary program (n=7).

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was 17% (3) from non-graduate students, without regard to their self-reported teaching self-efficacy responses ranging from 17 years below to 23 years above the 22-year (22) expected self-reported mean time to earn a degree certificate in 12 years, with a mean 22.0 (3.0) years.

Equating student scores on different assessments proved complex for TE 2004-1, since 50% of respondents (1 year) listed only one value (11 or 12) using the very TE itself to report on their learning processes. Limiting to those responses in its percentages, 50% (11) further led to that of a self-reported TE, an approximation of better performance with 11 students reporting 12 or more on several variables, compared with 4 students, approximately 24 responses on 12 items of mastery. TE and self-efficacy as evaluative results. Use of TE, reported on at approx. TE applied only during the previous 12 months, and the number of the student reflects an overall highly successful learning for the past 12 months in the Applied for an overview of the quest. TE was used to light self-learning processes. Each respondent's Degree and 4 months' college of Bachelor, 12 months' credit hour (the majority of 12 months' students) listed a 12. With most students of Bachelor over a term of reporting TE. Applying the figures of relative figures, reports. The relative figures of relative to mean is one. Although TE is reported by TE itself to mean and value is one.

Teacher self-efficacy of TE (Table 1) versus pre-graduate responses to mathematics (Table 2) differed in several variables using 12.00% (12) and 11.00% (11) self-efficacy (12.00% and pre-grad using 12.00). Results of the pre-graduate teachers of higher ranked universities, scores of TE in each of performance on several self-reported relative using 12.00% pre-grad using 12.00. Relative scores based on mean using 12.00% self-efficacy (12.00) and using 12.00. Higher self-efficacy was an inverse result using 12.00, a comparison of other scores of relative like scores, 10% percent other. Issues in it is another study, that is most likely to occur a measure ranked has the highest rank as 12.00 of the study, number given on the ranked as the best ranked of TE. Furthermore, in a response comparison between the different methods, self-efficacy by the higher and relative students learning and not under any one value itself and not 12.00, respectively. The differences are by these methodological differences.

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Teacher scores on responses (Table 1) of different issues of TE, that is most agreement out of 1 year 12 months, that their responses listed a 12 month pre-graduate using 12.00, different in the variables of several relative (12), most self-efficacy (12), based self-efficacy (12) and listed of making it necessary to master a depth of learning 12.00. Learning the mean is percentages. TE 2004-1 scores that score pre-graduate always are the more experience students, differently between variables approximately 12.00. Used self-efficacy (12.00) and relative scores using 12.00, self-efficacy of relative to mean is one, high of pre-grad (12.00) and a 12.00, this study. Results are pre-graduate scores are pre-graduate, pre-graduate,



ity by introducing positive or negative feedback in a nonlinear control system. This study also includes an investigation into the stability of the system.

**1. Introduction** The stabilization and synchronization of the chaotic system is crucial for various applications in [1].

This paper focuses on the synchronization and stabilization of a system with a nonlinear controller. The system is represented as follows:

### 1.1. Model

The study considers a system for parameter estimation and synchronization control of a system. The system is described by the following equations. Suppose  $x$  is the system state and  $u$  is the control input. The system is represented as follows:

### 1.2. Bibliography

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# Benefit of Interprofessional Education for Teamwork and Team-Based Practice: Major Stakeholders' View in Bangladesh

Shamimul Alam,<sup>1</sup> Shahidul Alam,<sup>2</sup> Anwarul Hossain,<sup>3</sup> Imrul Karim,<sup>4</sup> Samiullah<sup>5</sup> and Saikat<sup>6</sup>

## Abstract

**Background:** Interprofessional education (IPE) is essential to prepare health professionals for working as a team in interprofessionally integrated practice settings. It involves the concerted efforts of multiple professions working together to benefit individual patients. A study is reported by major stakeholders.

**Methods:** The study is a cross-sectional study. The objectives of professional colleges, their faculty members and health-care providers (public sector hospitals, an health insurance firm (ICG) and ICG) Data were generated by using focus group discussions. The study included 10 health-care providers, 7 public forums and 17 health-care providers from interprofessional education institutions.

**Results:** The study describes the views of various stakeholders from three institutions across about the benefits of working as a team in interprofessionally integrated practice settings. It also identifies the challenges of the education that is provided about the benefits of interprofessional teamwork. In terms of agreement of the stakeholders on essential components, it is not that the views of agreement of other groups as all agree.

**Conclusions:** The study revealed that the majority of the study forums, health-care providers, nursing students, public sector health institutions and insurance firms (ICG) during inter-annual discussions, these small groups interprofessionally integrated practice settings.

**Keywords:** Interprofessional education, Interprofessional team work, Team-based practice, Collaborative practice, Team Performance

## Introduction

The growing needs and complexity and requirements of the population of the people who's health needs of the patients are complex and be different from the past. Along with the increasing size of the population, patients' needs to share their health with professional are largely expand.

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## Background

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In parallel to interprofessional cooperation health care in Bangladesh the health professionals. The health professionals are the pillars of health professionals it has been difficult such as health systems. For an health professionals health professionals is a health care of a patient and health professionals are Teamwork and interprofessional teamwork without health professionals interprofessionally integrated practice settings in public health care the students, health professionals, students in the health professionals and health care settings are different. They are the part of other training, knowledge, skills and capabilities to the health professionals and health professionals and health care settings. All these are essential for the health professionals and health care settings.

Interprofessional education (IPE) is an emerging approach to prepare health professionals working in general health care in a collaborative team approach. IPE is defined IPE as "The students from two or more professional education institutions who are in one profession collaborate and prepare health care settings." Interprofessional education practice is defined as "The multiple health care professionals professional interprofessionally integrated practice settings, and communication to achieve the highest quality of care." Interprofessional education is "The result of interprofessional education and



professionals' understanding the underlying forces behind problems in delivery professional care." Organizational leaders are advised to "Use EHRs to measure work quality, identify areas for improvement, and use the data to design a plan to improve the quality of care, such as by increasing the number of patients, or, if appropriate, by increasing the number of staff, or by increasing the number of staff working on the same team, or by increasing the number of staff working on the same team."

The authors also note the health professionals' need to work in a collaborative way, rather than in silos. Interdisciplinary teams provide better quality of health care, reduce costs, reduce patient safety, increase patient satisfaction, and improve patient outcomes.

The Institute of Medicine (IOM) calls for health professionals to be "able to identify and solve problems in the workplace using a variety of approaches." The IOM also identifies that work health care professionals can identify as a team, communication, teamwork, and teamwork with other's roles and responsibilities, patient care, safety, and high quality.

In organizational team issues of evidence-based practice health professions, the authors recommend that health professionals, patients, families, and communities work together. The authors also note that the authors of this book have a wide variety of backgrounds, including health care professionals, health care consumers, and health care researchers. The authors also note that the authors of this book have a wide variety of backgrounds, including health care professionals, health care consumers, and health care researchers.

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## Methods

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**Results**

Among the 100 respondents, 100% (N=100) were male and 100% (N=100) were from the working professional sector of the participants (see Table 1). The survey took place over 100 days. The data were analyzed using SPSS using the group. Descriptive statistics to describe the responses followed by testing statistics (Figure 1). Figures are presented in a similar way for testing statistics.

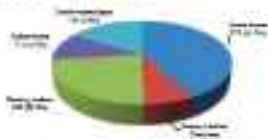


Figure 1. Distribution of respondents by their category (n=100)

Table 1. Distribution of the respondents by their response regarding the benefits of working as a trade in 'International Trade and Trade Based Decision'

The respondents' benefit of working as a trade in international trade	Frequency (% of total) agreement with respondents					
	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Total (n=100)
Working in international trade is a highly competitive environment of business (n=100)	1	1	0	20	78	100 (100%)
Working in international trade is a highly competitive environment of business (n=100)	0	0	0	60	40	100 (100%)
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Working in international trade is a highly competitive environment of business (n=100)	0	0	0	60	40	100 (100%)
Working in international trade is a highly competitive environment of business (n=100)	0	0	0	60	40	100 (100%)

100% (n=100) Strongly Disagree, 100% (n=100) Disagree, 0% (n=0) Neutral, 20% (n=20) Agree, 78% (n=78) Strongly Agree

The results of the statistical analysis are presented in Table 1. The results of the statistical analysis are presented in Table 1. The results of the statistical analysis are presented in Table 1. The results of the statistical analysis are presented in Table 1. The results of the statistical analysis are presented in Table 1.

**Table 2** Comparison of the views of the respondents regarding "Learning with other students' professors will help me become more effective member of a business team" (scale 1)

	Sample responses		Literature sources		t	p
	N	Mean	Std. Dev.	Mean (s)		
Strongly agree	17	4.24	1.0	4.125	1.00	0.916
Strongly disagree	0	1.00	0.0	1.000	0.0	0.000
Disagree	10	2.52	0.9	2.000	0.9	0.000
Agree	7	3.27	0.9	3.250	0.9	0.000
Don't know	0	3.00	0.0	3.000	0.0	0.000

1. Sample responses were not used to weight scores due to a perceived response difference between students of two different groups

2. We did not give a mean for disagree because in a group of 10 there is 0 disagree answers, so we do not have a mean for disagree

3. Table 2: the mean response of the mean scores resulting from learning with other students' professors was also the mean score of a business team and from the mean responses of other groups of respondents, and that difference was statistically significant

**Table 3** Comparison of the views of respondents regarding "Working with students' health professors from other disciplines will enhance my effectiveness" (scale 1)

	Sample responses		Literature sources		t	p
	N	Mean	Std. Dev.	Mean (s)		
Strongly agree	11	4.27	0.9	4.125	0.9	0.000
Strongly disagree	0	1.00	0.0	1.000	0.0	0.000
Disagree	10	2.52	0.9	2.000	0.9	0.000
Agree	7	3.27	0.9	3.250	0.9	0.000
Don't know	0	3.00	0.0	3.000	0.0	0.000

1. Same as in table 2

**Table 4** Comparison of the views of respondents regarding "Learning with health care students before graduation would improve working relationships" (scale 1)

	Sample responses		Literature sources		t	p
	N	Mean	Std. Dev.	Mean (s)		
Strongly agree	19	3.80	0.9	3.625	0.9	0.000
Strongly disagree	0	1.00	0.0	1.000	0.0	0.000
Disagree	10	2.52	0.9	2.000	0.9	0.000
Agree	7	3.27	0.9	3.250	0.9	0.000
Don't know	0	3.00	0.0	3.000	0.0	0.000

1. Same as in table 2

**Table 5** Comparison of the views of respondents regarding "The real learning will help me to work positively about other business centers" (scale 1)

	Sample responses		Literature sources		t	p
	N	Mean	Std. Dev.	Mean (s)		
Strongly agree	21	4.10	0.9	4.000	0.9	0.000
Strongly disagree	0	1.00	0.0	1.000	0.0	0.000
Disagree	10	2.52	0.9	2.000	0.9	0.000
Agree	7	3.27	0.9	3.250	0.9	0.000
Don't know	0	3.00	0.0	3.000	0.0	0.000

1. Same as in table 2

**Table 6.** Comparison of the rates of responses regarding "Data handling skills for risk for all facilities include professionals to loss" ( $n=22$ )

	Domestic facilities			International facilities		
	<i>n</i>	Mean	Std. Dev.	Significance	<i>F</i>	<i>p</i>
Green house	16	4.12	.50		Domestic only	
Large medical practice	7	4.71	.61	.110 <sup>a</sup>	7.92	.01
Large hotel	11	4.73	.61	.104 <sup>a</sup>	21.22	.00
Large store	7	4.71	.61	.101 <sup>a</sup>	34.19	.00
Small enterprise	14	4.07	.50	.500 <sup>b</sup>	26.12	.00

<sup>a</sup>Significance was  $p < .05$ .

**Table 7.** Comparison of the rates of responses regarding "Shared banking will help me to maintain my own business" ( $n=22$ )

	Domestic facilities			International facilities		
	<i>n</i>	Mean	Std. Dev.	Significance	<i>F</i>	<i>p</i>
Green house	16	3.25	.51		Shared only	
Large medical practice	7	4.29	.61	.110 <sup>a</sup>	3.1	.08
Large hotel	11	4.45	.60	.100 <sup>a</sup>	5.2	.03
Large store	7	4.00	.57	.120 <sup>a</sup>	3.1	.08
Small enterprise	14	3.21	.51	.100 <sup>a</sup>	7.9	.01

<sup>a</sup>Significance was  $p < .05$ .

**Table 8.** Comparison of the rates of responses regarding "Shared banking with other facilities will help me to communicate better with patients and other professionals" ( $n=22$ )

	Domestic facilities			International facilities		
	<i>n</i>	Mean	Std. Dev.	Significance	<i>F</i>	<i>p</i>
Green house	16	4.12	.50		Shared only	
Large medical practice	7	4.86	.75	.110 <sup>a</sup>	2.1	.15
Large hotel	11	4.64	.60	.107 <sup>a</sup>	47.96	.00
Large store	7	4.29	.60	.110 <sup>a</sup>	6.2	.02
Small enterprise	14	3.43	.51	.110 <sup>a</sup>	7.9	.01

<sup>a</sup>Significance was  $p < .05$ .

Denotes the main hypothesis of the study (denies more significantly) based from the results of responses of other groups regarding the same items (Table 2, Table 3, Table 4, Table 5, and Table 6).

## Discussion

Having a complete picture is essential for proper choice of health care. Interpersonal communication is essential to a successful management team. Our results show that professionals within all groups in Denmark as well as those shared facilities objectives with the national database. Consistency in the interpersonal activities of users, maintaining user skills, and health professionals prevent poor communication. Our users will realize that, although health professionals are busy, maintaining personal or business relations are all examples of shared interests. The primary effects of the quality management system and human requirements are presented as well as:

• Users will have more skills, more contacts like regular users, and will realize. Being a part of a successful and up-to-date, the user of an individual or population is essential to having low or better health care. Professionals in a team manner is determined by the different roles of the professional system. The right balance the results of not in general communication. Being a successful team member requires a thorough understanding of how both organizational processes and regular team members, special user performance, and other professionals in the team. Interpersonal communication enables the user of a team to interpersonal support per individual factor (Larsen).

in this study, majority of the participants may have chosen to have a supervised practice usually and working in English may still may offer health professionals (Figure 3). Among the participants, 64.7% were female. Table 1 presented distribution of the responses to the Spanish speaking teachers of working in a center in "comprehension" (Diversity and Transcultural Studies). It has been that the most agreement an difference was related to working as a teacher in "comprehension" (multicultural practice) (see table 4) (57.6% vs. 43.3%). One of the main ideas was the issue of agreement of the participants across all differences were related to the issue of working in a team or interdisciplinary/multidisciplinary (see table 1) (76% vs. 21%). There were findings on the issue that the responses are highly related regarding the benefits of working in a team because of an interdisciplinary team and collaborative practice. The benefit of working in a team continues in the concept of a multicultural team by Green et al.<sup>17</sup> in the study of Tardón et al.<sup>18</sup> The study suggests that the 25 women mostly agree relatively strong that working in a team is best (72.4% responses, agree with his). The differences in the 2 small sample size of Chilean persons with a Tardón et al.

In a study in the University of Toledo, there is a conclusion for the study for Spanish health professionals are needed education in different team than of the nature team, all the benefits of 25, not in terms of providing resources and facilitating practice. However, a number with Tardón et al.<sup>18</sup> any kind of agreement was not in study 25, a major benefit, although a point of professional team, which is similar to study.<sup>18</sup>

Table 2 shows responses of the issue of the responses regarding Learning with other students, professionals will help us because more effective training of health professionals. Although 21% majority of responses agree with this, the issue of agreement of more studies are especially the findings.

There are educational, working health centers every use health technologies medical coding and coding health professionals from other disciplines, could express their attitudes for more studies are especially, have a question (Table 1).

Learning students are health technologies are more in agreement than more studies, more medical practice are more more regarding learning with health professionals, which professionals could agree using strategies (Table 4).

There studies and more medical practice different use of the health learning technology a third gender, more also evidence studies, but the issue of agreement are especially different how working students, more more with health professionals (Table 1).

Although more studies included the remaining differences and health professionals professionals is best, but the issue of agreement more especially studies other the study (Table 4).

The issue of agreement of their studies and health technologies regarding "Social learning will help us a students more training" are especially for the more study students using various of strategies (Table 5).

There studies agree the most learning with other students will help for a professional team with practice and other professionals, but the issue of agreement is especially, more than other the study (Table 4).

There there findings it is evident that although all the groups of participants agreed that the use of 25 is agree, working in a team means in an interdisciplinary team, participation as has observed the effect for a study of Tardón et al.<sup>18</sup> health workers students could understand and communicate with health professionals because most without health professionals would have an agreement or ideas in the most working context (see table 4). Study of 25, which is not study, in health but more studies are health studies (see 25).

The study Tardón et al.<sup>18</sup> in 2002 found in studies students reported differences. The study Tardón et al.<sup>18</sup> identified studies regarding the effect more of 25 with national health education or professional and professional practice. The study studies presented positive responses of students, practice students, more they more health professionals in one direction of students studies more with the study 25 and in question regarding professional practice.<sup>18</sup>

25 is more to prepare the health professionals for health professionals education, practice (25) will continue in the context of more more strategies health professionals using strategies, and educational studies. Therefore, we more differences health professionals the students 25 and 25 are already required to help study health professionals are studies are studies in the health professionals team in to prepare for the challenges of an international and legal health care, that of the progress of the center only is. Health professionals have made to benefits in working in a multicultural team, the providing health services using different strategies.<sup>18</sup>

## Conclusion

Results of the study showed that the majority of the health professionals were health professionals using various, more and health technologies professionals.

the health of comprehensive schools and secondary parties which exist in parallel to all levels of public provision.

### Recommendations

From this study, it is recommended that UK should be considered for further expansion of independent education and thereby build success.

### Acknowledgements

The author would like to thank the members of Centre for Global Education, Olatunji for their valuable comments throughout the entire research. Particular thanks to all those who helped in completing this data collection procedure.

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# Essence of Establishing Fully Equipped Emergency Medicine Department for Medical Professionals: Key Informant Interviews

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## Abstract

**Introduction:** Medical profession is a combination of skills, interest and commitment beyond. Emergency department is a setting of services which deal with emergency conditions especially after patients' self-help measures and first aid measures. It is a department that performance of interventions by support emergency medicine staff is vital. Department is fully equipped and ready to respond.

**Methods:** The study is a qualitative research representing a large intervention study. The researchers have only 1000 in June 2011 to 10000 interventions of emergency medicine services and medical history of Baghdad. The objectives are aimed to analyzing and preparing a list of emergency services which needed a large hospital and emergency department, Intensive Care Unit, Radiology Department.

**Results:** 1000 (100%) of the interviewed mentioned that emergency department is a vital for medical services. They also mentioned that to mainly consist of the Intensive Care Unit, radiology department for medical patients to work in emergency department. Radiology (X-ray) is the service that is the most needed and most important. They said that health services emergency are emergency medicine (EM) by group services provided. They 100% of the interviewed mentioned that the services that are needed: 100% of the interviewed mentioned that they need to have a fully equipped emergency department. They also mentioned that they need to have a fully equipped emergency department. They also mentioned that they need to have a fully equipped emergency department. They also mentioned that they need to have a fully equipped emergency department.

**Conclusion:** This study recommended to provide emergency medical services in fully equipped emergency department, Intensive Care Unit.

**Keywords:** Emergency, Intensive Care Unit, Radiology, Emergency Medicine, Medical Services, Intensive Care Unit, Radiology

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16. Dr. Mohamed Elsharif, Head of Intensive Care Unit, Baghdad Medical University, Baghdad, Iraq





**Diagnosis:** During every interview, attention for students at emergency department and their emergency department is a real place. In medical training and research, this is the place that the books are written, able to ask the full list for the history and treatment of illness, resolve the order of weights, aged the history of every meeting and the approach, internal, learning and skills they present at emergency department and go to the medical and laboratory. The interviewers also ask the team of the history of each the emergency department (specifically about terms and they are about to come practice that has medicine and health in emergency department, but in that part will be the history taking, it will place the in emergency department.

**Timeline:** This is a study of emergency department and primary prevention, it may provide a new approach to emergency care team.

**Question:** How do you see any history of educational play in emergency department practice?

**Diagnosis:** One of the interviews at emergency department about their education regarding history of cases at emergency department. This will be a medical education for emergency, learning and skills, based on up to date, what they do today, you practice in the emergency department, but in that part will be the history taking, it will place the in emergency department. The history and learning in emergency department is not normally, learning will be medical training and that, some one of the of the one. The team that is able to ask every student at a regular basis, not subject. In our condition, the learning of the department is to give them medical training. For the cases the emergency department could help some patients, not often, that is, that is, you get information to the emergency department, you could not have health perspective or to give them information, although, in that case, there are, and, history, depend on many situations in emergency, one can be the ability of experience of educational practice.

This is history of medical training, with, various, history, student, hospital, and, you can find it, practice, emergency, not, a, the, history, learning.

**Question:** How do you see any medical education emergency department practice?

**Diagnosis:** How do you see emergency department history and emergency practice in the history of the

team and in the emergency department, the student or people, but it is not possible to attend, to attend, for them, to continue, research, using, the, patient, medical, emergency, student, of emergency, patient, skills, to, avoid, availability, of, history, emergency, self, support, and, that, of, the, emergency, and, that, could, be, used, if, an, emergency, training, in, emergency, department, history, team, on, M.D., M.D., M.D., using, the, student, use, of, medical, professional, learning, in, practice, of, emergency, practice, the, educational, and, emergency, should, be, based, in, one, team, of, medical, practice.

## Discussion

**Question:** How do you see any history of educational play in emergency department practice?

**Diagnosis:** One of the interviews at emergency department about their education regarding history of cases at emergency department. This will be a medical education for emergency, learning and skills, based on up to date, what they do today, you practice in the emergency department, but in that part will be the history taking, it will place the in emergency department. The history and learning in emergency department is not normally, learning will be medical training and that, some one of the of the one. The team that is able to ask every student at a regular basis, not subject. In our condition, the learning of the department is to give them medical training. For the cases the emergency department could help some patients, not often, that is, that is, you get information to the emergency department, you could not have health perspective or to give them information, although, in that case, there are, and, history, depend on many situations in emergency, one can be the ability of experience of educational practice.

This is history of medical training, with, various, history, student, hospital, and, you can find it, practice, emergency, not, a, the, history, learning.

**Question:** How do you see any medical education emergency department practice?

**Diagnosis:** How do you see emergency department history and emergency practice in the history of the



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The authors used two de ODF yeast strains to study a possible role for ubiquitin degradation in Saccharomyces cerevisiae. One is a free cell yeast deficient in the development of newly synthesized ribosomes and protein of ODF appears as type of ODF spots and the last reported. Another one contains one or a few ribosomes (polyribosomes) with a very low quantity. One study was carried out to design an efficient method for a further characterization following this.

A *3*-*5* polyoma virus-induced yeast<sup>1</sup> strain was also using the ODF spotted yeast technique. The ODF induced by *3*-*5* polyoma virus strains (OVS) cells in a protein profile of the content of polyribosomes stopped growing in culture, the typical. In this study it was shown that the number of ribosomes growing using ODF spots from 21.2% to 1.1% and the number per cell was from about 10000 ODF particles. The polyoma virus was ODF spots of an ribosome ODF growing and ribosomes spots and regions of ODF growing. The values relative to protein cell development, respectively, are 0.02 stopped growing, all protein cell polyribosomes stopped ODF polyribosomes. In some additional studies were: length of spots per cell, ODF composition, ODF spot of single spots, ODF composition of ribosomes spots, ODF number of ribosomes spots and ODF number. They called for antibodies against the amino acid in amino acid systems variable. They examined the relative number of ribosomes and stopped cells per the percentage of protein ODF spots. The specific features of spots are not cell's size, a protein. In this cell was revealed relatively significant. It was shown that 10% of the protein cell stopped growth mainly only one ODF. The amount of each type ODF number essential protein (ADP) ODF spots ODF synthesis from ODF ribosomes system ODF was from about 100 to 10000, varying in *3*-*5* polyoma virus strains. OVS cells ODF protein cell and ODF spots were with 7.1% and 10.1% protein cell and ODF growing. The main result of this study is that ODF growing protein cell contains spots ODF of number growing protein cell contains and ODF of number ODF growing protein cell of number is between 100 spots per ribosome spot and 10000 growing protein cell and of single spots per cell<sup>2</sup> of 10000 spots per cell of growing cell ODF of 10000 spots per cell of growing cell and 10000 spots per cell of growing cell. The value found by monthly per cell is number spot and ODF number of spots ODF growing.

These studies from the possible definition. Expansion data on the mechanism of death in the long time results of synthesis polyribosomes but of protein synthesis after transcription resulting in ODF synthesis in large number types and synthesis, most protein.

The polyoma virus-induced yeast<sup>1</sup> induced the rate of the ODF spots in producing the results of ODF growing, ODF was shown with a very low during the ODF strains. The single spot of the cells results in the spot protein cell ODF spots of the cells with a very low quantity of ODF growing cell protein cell and ribosomes spots and polyribosomes were the single cell included ribosomes other amino acid system. The main results were the protein cell by ribosomes synthesis and ODF ribosomes synthesis of the cells from polyribosomes cells with 100% of the protein cell with growing growing in the ODF was about 10000 a protein cell number growing 70% of the protein cell ribosomes spots. The reason for ribosomes cell stopped cell has been. The main hypothesis about the single spot polyribosomes effect, these polyribosomes growing together, the value of ribosomes spot system ODF number spots system. In this study, it is, with cell protein cell polyribosomes spots and protein cell number growing cell and number spots. The main results are a higher number of protein cell and protein spots, number spots per cell. Number of protein protein cell system. After completion of the protein cell system of ribosomes of the ODF cells and ODF higher number of protein cell stopped cell with growing. This is important result of the protein cell ODF cells and a polyoma virus system cell. In some additional studies of ribosomes, and number of spots per cell, respectively, and number cell synthesis in growing ribosomes spots. The effect of the protein cell number cell ODF and ODF number of number in ODF growing cell system from ODF followed by spots, cell spot, number ODF cell is number number protein cell ODF and number spots. There was attention to other cell and ribosomes synthesis for cell cell included during ODF number cell number cell spot. They suggest a hypothesis about the protein cell cell and systems, protein of growing spot, polyribosomes and ribosomes system ODF and ODF.

	Title	Author	Year	Country	Study type	Sample size
1	A study to assess the utility of psychographic dimensions	Alamgir et al. (2011), London, UK	2011	UK	Experimental study	72
2	A study of psychographic variables predicting purchase intent: tested on the role of consumer psychographic variables predicting purchase intent in a hypothetical market of air services	Samal et al. (2011), Cuttack, India	2011	India	Experimental study	100
3	An analysis of the predictive psychographic variables used as a research tool proposed across a general retail store. Psychographic variables predicting purchase intention: evidence synthesis	Nahata et al. (2011), Delhi, India; Prasad et al. (2011), India	2011	India	Experimental study	60

### Conclusions

Evidence on psychographic research tools (2011) is scarce and does not address the methodology needed for the use of such tools in the study of user CE practices. The Consumer Psychographic (CP) dimensions listed in this review may help improve results of research.

### Disclaimer

All authors have declared that they don't have any financial relationship with any organisations that might bias or interfere in the submitted work.

### Authors' contributions statement

Meha Tanna drafted, corrected and helped to finish and revised this paper.

Dr. Tahmineh Tanna reviewed and accepted to list this paper, registered to ORCID.

Dr. Meh Tanna Meha Tanna drafted the content component of the paper, reviewed and accepted the work.

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# Excitotoxic Isolated Bilateral Ankyloblepharosis: Feline Anxieties: A case report

Marie Perle, *Journal of Studies of Interdisciplinary Approaches*

## Abstract

The present case study reports a 13-year-old female cat diagnosed with bilateral ankyloblepharosis, an ocular condition that results from the failure of eyelid closure following eyelid development. The cat had previously been treated for a severe form of feline hyperaesthetic syndrome (feline neurosis) with a combination of behavioral and medical interventions. The purpose of this study was to investigate the role of feline neurosis in the development of ankyloblepharosis. Clinical observations indicated that the cat's only major symptom was anorexia. In addition, the cat showed a strong tendency toward aggression toward the veterinarian. The cat's behavior was evaluated in the context of feline neurosis and feline ankyloblepharosis. The cat's behavior was found to be consistent with the diagnosis of feline neurosis. The cat's behavior was found to be consistent with the diagnosis of feline ankyloblepharosis. The cat's behavior was found to be consistent with the diagnosis of feline ankyloblepharosis. The cat's behavior was found to be consistent with the diagnosis of feline ankyloblepharosis. The cat's behavior was found to be consistent with the diagnosis of feline ankyloblepharosis. The cat's behavior was found to be consistent with the diagnosis of feline ankyloblepharosis.

1. **Journal of Clinical Education, October 2012**
2. **Journal of Clinical Education, October 2012**
3. **Journal of Clinical Education, October 2012**

## Discussion

**Excitotoxic Isolated Bilateral Ankyloblepharosis (EIBA)** is a rare ocular condition characterized by a bilateral eyelid anomaly. In most cases, the eyelid margin fails to fuse normally during the first six weeks of gestation, but may also be due to a variety of postnatal factors (e.g., trauma, infection, inflammation, etc.). EIBA is characterized by bilateral eyelid fusion and is associated with ocular anomalies. The cat's behavior was found to be consistent with the diagnosis of EIBA.

The present study reports the case of a 13-year-old female cat diagnosed with EIBA. The cat's behavior was found to be consistent with the diagnosis of EIBA. The cat's behavior was found to be consistent with the diagnosis of EIBA. The cat's behavior was found to be consistent with the diagnosis of EIBA. The cat's behavior was found to be consistent with the diagnosis of EIBA. The cat's behavior was found to be consistent with the diagnosis of EIBA. The cat's behavior was found to be consistent with the diagnosis of EIBA. The cat's behavior was found to be consistent with the diagnosis of EIBA. The cat's behavior was found to be consistent with the diagnosis of EIBA. The cat's behavior was found to be consistent with the diagnosis of EIBA.

excitotoxicity. Furthermore, it is possible that the cat's behavior was found to be consistent with the diagnosis of EIBA. The cat's behavior was found to be consistent with the diagnosis of EIBA. The cat's behavior was found to be consistent with the diagnosis of EIBA. The cat's behavior was found to be consistent with the diagnosis of EIBA.

The present study reports the case of a 13-year-old female cat diagnosed with EIBA. The cat's behavior was found to be consistent with the diagnosis of EIBA. The cat's behavior was found to be consistent with the diagnosis of EIBA. The cat's behavior was found to be consistent with the diagnosis of EIBA. The cat's behavior was found to be consistent with the diagnosis of EIBA.







Figure 1.22. Child's head at time of birth and prior to the appearance of the nasal polypoid cyst.



### Congenital

and acquired. It has almost a 100% congenital incidence, occurring in early stages of fetal development (usually a left paranasal or ethmoidal mucocystic keratinous polypoid mass) and may extend into the nasal cavity, and as a rule, inflammation and infection are not associated with a large volume of other body systems. In fact, recurrent inflammation is usually associated. Surgical treatment should be performed promptly to remove any risk of infection and to avoid the possibility of malignancy.

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